

ADMISSION SHEET



Registration Details :

Admission No : IP5-00173500 Admit Date : 07-May-2026 Admit Time : 01:09 PM UHID : MAH-00313241

Patient Details :

Patient Name : Baby SHANVI DHARAVATH Age : 10 Y 3 M 8 D  
Guardian : MR. SATEESH DHARAVATH DOB : 29-01-2016  
Gender : Female Religion : Hindu  
Occupation : Martial Status : Single  
Address (H) : H NO 11-6-143 GROUND FLOOR, NEHRU NAGAR Yellandu Cross Rd Khammam  
Telangana INDIA 507002 Phone No : 9000616907/ 9293609331  
E-mail : DHARAVATHSATEESH1@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE Bed No : TEMP SPVT 307 A Ward Name : 3F-ZONE A  
Room No : TEMP SPVT 307 A Admission Type : First Visit

Contact Details :

Name : MR. SATEESH DHARAVATH Relationship : Father  
Contact Address : H NO 11-6-143 GROUND FLOOR, NEHRU NAGAR Yellandu Cross Rd Khammam  
Telangana INDIA 507002 Phone No : 9000616907 / 9293609331

*Sateesh*  
Signature

Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD Specialisation : PEDIATRIC NEPHROLOGY  
Referral Doctor : Self Phone No :  
Co-Consultant : Dr. SRUTHI BALLA

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00  
Payor Name : STATE BANK OF INDIA

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

MAH-00313241 IP5-00173500  
Baby SHANVI DHARAVATH  
29-01-2016 10 Y 3 M 8 D (F)  
Dr. DR.V.V.R.SATYA PRASAD



UHID No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
7/5	2pm	OP	307A	L. Subram
11/5	1pm	307-A	321	Suvarna

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
7/5/26	CBP, CRP, blood clts, Mg <sup>++</sup> , PTH, EPK, vBh, RP <sub>2</sub>	6468	}
8/5/26	CUE	26046484	Pooja
8/5/26	RP <sub>2</sub> , CBP	26046690	Alexya
8/5/26	urine clts	26046728	Jyoti
8/5/26	USG abdomen	023299	Jyoti
8/5/26	phosphorus	26046816	Jyoti
8/5/26	CUE	26046805	Jyoti
8/5/26	phosphorus	26046816	Jyoti
9/5/26	CBP, CRP, RP <sub>2</sub> , <del>Ca<sup>++</sup></del> , GBV PCR dengue chikungia	26048054	Jyoti
10/5/26	CBP, RP <sub>2</sub> , calcium	26047414	Jyoti
11/5/26	CBP, RP <sub>2</sub>	26047717	Jyoti
12/5/26	CBP, CRP, RP <sub>2</sub>	26048481	Seema
13/5/26	CUE	26048711	Satyaj
13/5/26	BK vitals	26048697	Satyaj
14/5/26	RP <sub>2</sub>	26048851	Seema
15/5/26	CBP, RP <sub>2</sub>	26049188	Seema
16/5	RP <sub>2</sub>	26049529	Seema





MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 8 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD

**PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)**

Admitting Doctor: Dr. Satya Prasad. Date: 7/5/26.

Type of Admission:  OPD  ER  Referral (if referral, Doctor's Name: .....

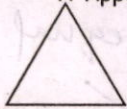
Start Time of Assessment: 1 p.m. Weight: 30 kg.

Allergic History: 0

Chief Complaints: post renal transplant child  
no fever & body aches: id.

Pediatric Assessment Triangle

A Appearance - TICLS Normal

B  C Circulation  Normal  Abnormal

Breathing

- ↑ WOB
- ↓ WOB
- Normal
- Gasping / Apnea

- Pallor
- Cyanosis
- Mottling
- Bleeding

Initial Physiological Status:  Stable  Unstable

Any urgent interventions needed:  Yes  No

Life Threatening  If Yes .....

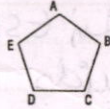
Non Life Threatening

Significant Past History: live related renal transplantation done on 27/3/26

Medication History: CKD grade IV / nephronophthisis / mineral bone dis / anemia / HTN.

Relevant Investigations: USG abd = renal doppler @ - 5/5/26.


**Primary Assessment**



Airway  Open  Maintainable  Not Maintainable

Any urgent interventions needed:  Yes  No

If Yes .....



Breathing

Rate: 24 SpO<sub>2</sub> on FiO<sub>2</sub>: 98% JRA

Rhythm: regular

Retractions:  Suprasternal  ICR  SCR

Sternal  Supraclavicular  Nasal Flaring

Respiratory Noises:  Stridor  Wheezing  Grunting

Air Entry: BAB @

Palpation Findings (If necessary) .....

Any urgent interventions needed:  Yes  No

If Yes .....

**Circulation**

HR: 118/min

BP: 122/83(93) mmHg

Pulse Volume: Central  good: Peripheral

If in Shock: Compensated  Hypotensive

Muffled Heart Sound:  Yes  No

Engorged Neck Veins:  Yes  No

CFT: Central  edge Peripheral

Murmurs:  Yes  No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure:  Yes  No

Any urgent interventions needed:  Yes  No

If Yes .....

**Disability**

GCS: 15/5 AVPU: .....

Pupils: Responsive  Non-Responsive   
Size: Right  Left  equal

Active Seizures:  Yes  No Sugars: .....

Signs of Neurological compromise .....

Any urgent interventions needed:  Yes  No

If Yes .....

**Exposure**

Temp: 99.2°F

Any Rash:  Yes  No

If yes describe the rash .....

Active bleed .....

Lacerations  Abrasions  bruises

Describe: .....

Any urgent interventions needed:  Yes  No

If Yes .....

- Final Physiological Status:**  Respiratory Distress  Respiratory Failure  Respiratory Arrest  
 Shock - Compensated  Hypotensive   
 Cardiopulmonary Arrest  Hemodynamically Stable

**Secondary Assessment:** Head to toe examination with positive findings: (N)

**Labs Planned:** CBP, Blood C/S, CRP  
 PTH  
 CPK  
 VBG  
 CUE  
 RPR, Magnesium

**Treatment Planned:** 2ij ESDMEPRAZOLE  
 IV fluids - 100% maint.  
 4ij CEFTRIAZONE  
 4ij TRAMADOL - stat.  
 steroids to be decided based on CRP report.

Need for Oxygen:  Yes  No if yes Low Flow  High Flow  PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): Acute febrile illness

Assessment done by  
 Name of the Doctor: Saheti  
 Signature: [Signature]  
 Date & Time: 7/5/26 1PM

Sr. Doctor on Duty (If necessary)  
 Name of the Sr. Doctor:  
 Signature:  
 Date & Time:



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

MAH-00313241 IP5-00173500  
Baby SHANVI DHARAVATH  
29-01-2016 10 Y 3 M 8 D (F)  
Dr. DR.V.V.R.SATYA PRASAD



Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_)

Weight (kgs) ) 30kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 99.2°F Pulse Rate : 118/min B.P. 122/83 SPO2 98%  
(93)

Resp.rate and type of breathing : 24/min

Rash ⊖ no petechiae

Lymphadenopathy ⊖  
Oedema : mild periorbital puffiness

Allergies (if any): \_\_\_\_\_

**Respiratory System :**

Inspection (any s/o distress) : ⊖

Air entry & breath sounds : BAE ⊕

Any addes sounds : clear

Relevant data from outside (Chest X-Ray, ABG,etc..) \_\_\_\_\_

**Cardiovascular System :**

Inspection of procordium : ⊖

Heart Sounds : ⊖

Any murmur : \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : \_\_\_\_\_

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : soft / NT / no H&M

Ausculation : BS ⊕

Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc..) \_\_\_\_\_



**Pediatric Multiorgan History & Physical Examination**

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor System:**

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

DTR \_\_\_\_\_ Superficials: \_\_\_\_\_  
Plantars \_\_\_\_\_

**Sensory System :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic:**

AFI (D2)  
in post renal transplant for  
CKD ▽ / nephrophtsis



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: infection control

Desired goals of the treatment: resolution of febrile illness

**Planned Labs:**

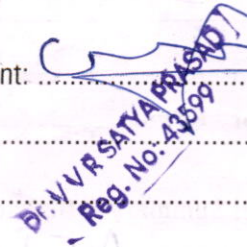
- VBG
- CBP
- CRP
- Blood cfs.
- PTH
- CPK
- RP2, Magnesium.
- CUE.

**Planned Management**

- 1- Ceftriaxone
- 2- Esomeprazole
- 3- Tramadol stat
- 4- IVF full maintenance
- 5- To continue all previous medications except. Omnacortil / Tacrolimus / NME / Bactrim / Lanzol

Signature of the Doctor: Akhila  
Name of the Doctor: Dr. Akhila  
Date & Time: 7/5/26

Signature of the Consultant: [Signature]  
Name of the Consultant: \_\_\_\_\_  
Date & Time: \_\_\_\_\_





## ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /  
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/26	C/O Dr. Satyaprasad.	
	G/S/B Resident	
	AFI (D <sub>2</sub> )	
	Δ: Post renal transplant	
	for CKD V / nephronophthisis / Adv:	
	EMBD 2 anemias	
	CRP - 52.	1.) BP monitoring 3hly
	P/E - 1.05L ↓	2.) To continue all anti hypertensives.
	Wca - 76	3.) To keep IVF DNS @ 70ml/h.
	Creatinine - 1.4	continuously.
	Fever spike ⊕	4.) Monitor for fever spikes
	No pain over (R) calf.	5.) Change from IV Ceftriaxone to IV Meropenam
	O/E: vitals stable	6.) Add IV Hydrocortisone
	BP - 144/105	7.) W/h Valganciclovir
	chest clear.	
	No dehydration	
	tongue moist	
	abd soft	
	no petechia.	
		Akshila

MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 8 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Satyaprasad	
8/5		Adv.
5pm		1.) To do:
		✓ RP <sub>2</sub>
		CBP   t/m.
		2.) Add Inj MPS instead of hydrocorti
		3.) Add IV line solid.
		4.) Send CUE now.
		noted by Poorna

Dr. V.V.R.SATYA PRASAD  
 Reg. No: 43599



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 8:45 am	C/S/B Resident	
	<p>Δ: post renal transplant (14/3/20)          now AF I (D<sub>2</sub>)          ? UTI</p>	<p>Adv:</p>
	<p>- E.Wt - 30.7 kg (↑ 700g)</p>	<p>1) Send urine for culture &amp; sensitivity</p>
	<p>- BP - ↑ &gt; 130/90          on 3 anti HTN.</p>	<p>2) R/V sp UPCR.          3) Trace peripheral smear.</p>
	<p>- fever - 1 spike</p>	<p>RP2 report</p>
	<p>- I/O - 880ml since admission</p>	<p>4) R/V optimising antihypertensives.          5) R/V stopping IV after labs</p>
	<p>O/E: pain - over B/L knees &amp; legs</p>	<p>R/V albumin</p>
	<p>O/E: child alert          BP - 136/109</p>	<p>6) Infection control precautions</p>
	<p>vitals stable          edema ⊖</p>	<p>7) IV Meropenam          IV linezolid</p>
	<p>tongue moist          p.p.w.f. / warm.</p>	<p>IV MPS 2mg/kg/day          Amlodipine 160mcg/kg/day</p>
	<p>abdomen distended          chest clear</p>	<p>Labetalol 1mg/kg TID          Hydralazine</p>
		<p>Achilla</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 UAM	Seen By Dr. Satya Prasad Sir	
		Send CUE. again now
		• USG abdomen today
		• FLUCONAZOLE IV.
		180mg
		• manual count of platelets
		• Methylpred → make
		60mg OD.
		• continue IV fluids at
		100%
		• CBP <sup>Phosphate</sup>
		RP2 } T/m 6Am
	• Phosphate	• CMV, EBV PCR <sup>sample</sup> in morning
	• Dengue, Chikungunya	
	Dr. V.V.R.SATYA PRASAD Reg. No: 43599	
		• IV Paracetamol for pain
		• 1 unit NEOSTOMU enema
		CBP, RP2, CMV, EBV PCR
		T/m } Dengue Chikungunya
		Noted by JUVV (605575)

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 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 9 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 4 PM	Seen by Resident: Dr. Sahithi	
	Axi - post Renal Transplant (14/3/26) new $\bar{c}$ AFI & Urinary Tract infections.	
	No fever spikes today. BP - 120/90 (82) mmHg. 40 joint pains - knees. Oral intake - poor. O/E child active, alert, afebrile CUS - S1S2 ⊕ RS - BAE ⊕, clear PA - soft, seems distended	<p style="text-align: center;">Plan</p> 1. continue MEROPENEM LINEZOLID METHYLPREDNISOLONE STAMLO @ 60mg qd LABETALOL HYDRALAZINE FLUCONAZOLE - DI.
	USG abd - minimal ascites mild omental inflammation. CVB - 30-40 pus cells. 3+ protein 25-30 RBC.	2. CBP CRP RP2 CMV, EBV PCR Dengue, chikungunya
	Manual plt count - 90K. passed hard stools after Neotomic enema.	3. monitor vitals, BP & body & inform SOS
		T/m @ 6 AM.
		Sahithi

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
 cap Rocal level 0.25 Am  
 Dr. VVR SATYA PRASAD  
 Reg. No: 43599  
 Noted by  
 Suman  
 06/7/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5 9:20am	C/S/B Resident	
	Δ: post renal transplant (27/3/28) AFI (DA) c UTI	
Great ↑ Wear ↑	lifebite for 40h on reg PCM. pain less. c/o puffiness over BE	Adv: 1) Discuss urine culture
	u/o - 847 ml/24h. BP ↑.	2) <del>St</del> ⊕ thikungu 2 EBV PCR!
	t.wt → 31.4 kg (↑ 200g)	3) by evening Trace Dengue NS, IgM E/m
	O/E: child alert vitals stable mild pedal edema ⊕ periorbital puffiness no dehydration	4) Inj Meropenam Inj Linezolid Inj Fluconazole Inj MPS 2 m/kg/d
	IV cannula swelling ⊕ site	5) Anti HTN: Labetalol hydralazine amlodipine
	P/A: soft / NT chest clear	
		6) Strict I/O charting daily wt check

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Dr. DR. V. V. R. SATYA PRASAD



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Children's  
Hospital  
It takes a lot to treat the little.

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 10:30 am	CP/B Dr. SP/SB	
		<u>Adv.</u>
		① CBP / 4m Cam RP2 cart
		② Inj MPS 500mg IV OD ↓ give dose now
		③ Place cannula now
		④ Strict I/O charting
		⑤ Add Lasix 30mg BP
		⑥ Continue IVF + 10ml DNS HCO <sub>3</sub> <sup>-</sup>
		⑦ @ 60ml/h
		Noted by Swap  Dr. V. V. R. SATYA PRASAD Reg. No: 43599



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/2016 2:30pm	8/B Dr. Sulli	
	Cox Received	Adv
	No Pain ab donec	
	No fever	- Continue same
	Lans given now	- strict I/O charting
		- Daily wt
	C/S/B Resident	
9/5/2016 5pm	afebrile for 48h	Sulli
	- up since morning	Adv:
	= ~400ml.	
	BPs okay. ~250 post lasix	CBP
		RP2 } 4m 6am
		Calcium
	- passed stools.	
	O/E: alert	→ keep IVF + 10ml
	vitals stable	bicarbonate.
	Chest clear	→ Strict I/O
	no rashes.	charting
	abdomen soft	
		→ Daily weight
	→ (+) Chikungunya,	
	Dengue, CMV,	→ All medications
	EBV.	as per chart

Shruti → BP 3x daily noted by shruti 9/5/2016 (P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/3/26 8:30 AM	Seen by Resident: Dr. Sainthi / Dr. - Sruthi	
	Advs - Post renal transplant (27/3/26). AFI (D5) = UTI.	Plan
	Afebrile > 48 hrs.	1. Continue medications
	U/O - 1,480 in 24 hrs. = 2cc/kg/hr.	MEROPENEM } Du LINEZOLID }
	BP - 121/87(91) mutty @ 6 AM	Methylprednisolone 500mg
	passed stools.	FLUCONAZOLE D3.
	leg pain - @ subsided.	antiHTN - STAMLO, LABETALOL
	wt - 31.4 → 31.6 kg	HYDRALAZINE.
	O/E child active, afebrile	2. Trace urine C/S.
	Hemodynamically stable	3. Trace today labs.
	CVS - S, S2 ⊕	4. Daily wt check, I/O
	RS - BA E ⊕, clear	monitoring, BP monitoring
	PA - rft -	SB wly.
	Dengue, CMV, Chikungunya, EBV - Negative.	Sainthi
	urine C/S } (NG) Bact C/S }	Continue 500mg MethylPred
	urea - 98 → 122 Creat 2.5 → 2.7	1/4 RP2 CBP
		Dr. SRUTHI BALLA Registration No: APMC/FMR/79729 Noted by R.V.V.R. Satya Prasad 02/11/2016



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
11/5 9am	C/S/B Resident	
	Δ: AFI / UTI	
Urea - 122 → 139 Creat 2.7 → 2.3	pp renal transplant (27/3)	Adv:
	afebrile pain less no rashes. activity - good oral intake - ↑ sof	1) Inj MPS 500mg D <sub>3</sub> Inj Meropenam D <sub>4</sub> Inj Linezolid D <sub>4</sub> Inj Fluconazole D <sub>4</sub>
	u/o - 24 80ml/24h. BP okay / high wt ↑ 100g 31.6 → 31.7	2.) R/v stop regular IV PCM & IVF 3.) Strict Ipo charters Daily wt check
	o/e: child alert vitals stable no dehydration tongue moist	4.) BP 3 hly  Akhila
	C/S/B Dr. Satyaprasad / Dr. Smiti	
	Dr. VVR SATYA PRASAD Reg. No: 43599	Adv - CBP, CRP, RP <sub>2</sub> on 13/5 - KCL in IVF

noted by  
smiti

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 Dr. DR.V.V.R.SATYA PRASAD



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>11/5/2016</del> 2pm	S/B Dr. Sruithi	
	Case Revisited No new issues No good.	A/S CST.  h
<del>11/5/2016</del> 4pm	Seen by Resident: Dr. Sruithi	Dr. SRUTHI BALLA Registration No: APMC/FMR/79729
	Acis - AF1 / UTI post renal transplant (27/3/26)	Plan
	Afebrile No fresh issues. Oral intake better. passing urine ~ 700ml @ 6 hrs.	1. continue METHYL PREDNISOLONE - MEROPENEM LENGXOLID FLUCONAZOLE
	O/E child active, afebrile BP - 120/66 mmHg. Chest clear Abdomen soft.	2. R/V to stop regular IV PCM. 3. CBP, CRP, R P <sub>2</sub> on 13/5. 4. continue IV fluids
		S Sruithi
		NB

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 10 am	<p>YS/B Resident</p> <p>Δ: s/p renal transplant (27/3)                      know c UTI</p>	
	<p>twt: ↓ 500g                      upo - 3310 ml/24h</p>	<p>Adv.</p> <p>To do</p>
	<p>Stools - soft / passed                      BP - occasionally ↑</p>	<p>① CBP / CRP / RP<sub>2</sub>                      or 4m bam</p>
	<p>O/E = child alert                      vitals stable                      no s/p dehydration</p>	<p>② IV Meropenam                      IV Linezolid (D)                      IV Fluconazole</p>
	<p>P/Az soft                      mild edema (+)</p>	<p>③ IV MPS 500mg (D4)</p>
		<p>④ Continue TVE DNI                      c 5ml KCl &amp; cont                      HCO<sub>3</sub><sup>-</sup></p>
		<p>⑤ Encourage orally                      Fluid intake 2L / day</p>
		<p>⑥ Stop reg PCM</p> <p>Atyula</p> <p>NB. Revathi                      9010543</p>

Dr. V.V.R.SATYA PRASAD  
 Reg. No: 43599

MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 13 D (F)  
 Dr. DR. V.V.R. SATYA PRASAD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>12/5/2016</del> 2pm	S/B Do. Suthi	12/5/2016 2:30pm
	Care Resumed	Ad
	No new issues u/o good.	- Continue same - 2.5U/day (oral)
	Hemodynamically stable	- T/M
		CRP } RP2 } 6 Am. CRP }
		Dr. SRUTHI BALLA Registration No: APMC/FMR/79729
		Noted by Dorakhi



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
13/5/20 9: 40 AM	Seen by Resident: Dr. Sanithi	
	8/P Renal transplant (27/3) now > UTI.	Plan
	child Afebrile Oral intake fair	1. Continue medications as charted.
	Knee pain subsided	2. R/V stop Methylpred-nisolone (500mg - OD)
	U/O - 3,020 ml @ 24hr. O/E ~ ucc/kg/hr.	3. MEROPENEM LINFZOLID FLUCONAZOLE } D6
	child alert, active, afebrile Hemodynamically stable.	4. IV fluids - DNS + 10ml HCO <sub>3</sub> + 5ml KCl.
	BP - 122/88 (98) mmHg	
	CVS - S1S2 ⊕	
	RS - BAF ⊕, clear	
	PA - soft.	
	wt - 31.2 → 30.8 kg	Adv: Add Diphtheria/tet/ MMR wine To do: BK viral load new KUE. RP2 1/1m.
		Change IVF to DNS + 7.5ml KCl.
		Daily 2L/day orally.

Dr. V.V.R.SATYA PRASAD  
 Reg. No: 43599

MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 13 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/2016 2pm		S/B Dr. Sruithi
	<p>U/o good          No fever          oral Intake fair          Hemodynamically stable</p>	<p>Adv          - Send - CUE          - Urine BKV</p>
		<del>today</del>
		- Strict I/O charting
		- T/M R <sub>2</sub> .
		- Oral intake 2-5C/day.
	Seen by Resident : Dr. Sruithi	
13/5/2016 5pm	S/P Renal transplant (2/3) CUTI	<p>Dr. SRUTHI BALLA          Registration No: APMC/FMR/79729</p>
	Afebrile, passing urine No fresh issues. O/E	<p>Plan          1. continue same          2. R<sub>2</sub> T/M.</p>
	Child alert, afebrile hemodynamically stable.	
	BP - 125/80 (93) mmHg.	
	Abdomen soft.	S Sruithi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/20 9:30 AM	Seen by Resident: Dr Sahitui	
	SIP Renal Transplantation (27/3) = UTI.	
	Afebrile	Plan
	Oral intake fair	1. continue medications
	NO fresh issues.	as per charted
	U/O - 3920 ml @ 24 hrs.	MEROPENEM
	5.4 cc/kg/hr.	LINEZOLID
	wt - 30.8 → 29.9 kg.	FLUCONAZOLE
	O/E	2. methylpred 600mg od
	child active, alert, afebrile	3. BP monitoring
	hemodynamically stable	4. Monitor I/O charting
	BP - 115/78 (89) mmHg.	of vitals & daily wt check
	Chest clear	
	abdomen soft.	
	BK Virus - Negative	Sahitui
	COE - 6-8 per cells	
	K - 3 → 3.3. Creat - 1.4 → 0.9	
	Urea - 119 → 90.	
	S & S - [Signature]	
		CAF, RP2

[Signature]

NB [Signature]  
 901012

MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 13 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/2016 2pm	S/B Dr. Sullin	
	Case Reviewed NO fever NO new issues.	<p>Adv</p> <ul style="list-style-type: none"> <li>- Keep IV Cannula</li> <li>- Continue IVF</li> <li>- T/M CBP } 6 AM RP2 }</li> <li>- I/O charting</li> </ul> <p>Dr. SRUTHI BALLA          Registration No: APMC/FMR/79729</p>
14/5/26 5:00pm	Seen by Resident s/p Renal Transplantation (27/3) EUTI	
	<p>NO fever NO fresh issues u/o - Good.</p> <p>O/EI - child - active, alert, afebrile Hemodynamically stable Abdomen - soft</p> <p>BP - 124/80 mmHg</p>	<p>Plan -</p> <ul style="list-style-type: none"> <li>- Continue medication as charted</li> <li>- Continue IV fluids</li> <li>- CBP } T/M 6 AM RP2 }</li> <li>- I/O charting</li> <li>- BP monitoring</li> <li>- Monitor vitals and Inform SOS.</li> </ul> <p>Noted by Sully</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 9am	Seen by Resident: Dr Sahitya S/P Renal transplantation c UTI.	
	# wt - 29.3 → 29.8 kg ↓ U/O - 3140 cc @ 24hrs ~ 4.3 cc/kg/hr.	Plain 1. Continue medication as charted.
	Afebrile oral intake good. No fresh lesions -	MEROPENEM LINEZOLID FLUCONAZOLE } Dr.
	O/E child alert, afebrile Vitals stable	R/√ METHYLPREDNISOLONE - 5 (500mg OD)
	BP - CVS - S, S2 ⊕ RS - BAE ⊕, clear FA - soft, NT	2. Urine output monitoring 3. Daily wt check IV fluids - DROS + 5 ml kce @ 40 ml/hr
	K - 3.3 → 2.8 Urea - 90 → 65 Creat - 0.9 → 0.8	\$

MAH-00313241 IP5-00173500  
Baby SHANVI DHARAVATH  
29-01-2018 10 Y 3 M 14 D (F)  
Dr. DR. V. V. R. SATYA PRASAD



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
S/S 10:45	c/s/B Dr. Satyaprasad	
		<u>Adv.</u>
		Ⓟ today
		→ Labetalol
		Stamlo
		hydralazine
		Lanzol
		Calcimax P. / Rocal
		* Valgan <del>Tab</del> BP.
		* <del>Fluconazole</del>
		MMF 250 BD.
		Tac. 1mg BD
		Omnacortil
		Potchlor. 4.5ml / TID x 3d
		Bechim 6.5ml OD.
		→ T. Augmentin 625mg BD x 5d
		Flug Tuesday.
		CBP / CRP / RP <sub>2</sub> / CuE Calcium

DR. V. V. R. SATYA PRASAD  
Reg. No: 43599



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 11:00 am	- continued -	1. IV fluids - DNST 7.5 ml kee @ 50ml/hr
		2. Plan discharge t/m.
		3. RP <sub>2</sub> T/m @ 6 am
		↓ Santari
		Prescribed antibiotic for local infection
	Dr. V V R SATYA PRASAD Reg. No: 43599	
15/5/26 5:40 pm	G/S/B Resident c/o. loose stools 12 small episodes O/E: no dehydration abdomen soft	Adv: 1) W/H Duphalar 2) Monitor for hydration 3) RP <sub>2</sub> t/m 4) Gastrodiet only

Akhila

Noted by S.S. Satyanarayan  
15/5/26 at 11:30 pm

MAH-00313241      IPS-00173500  
Baby SHANVI DHARAVATH  
29-01-2016      10 Y 3 M 15 D (F)  
Dr. DR.V.V.R.SATYA PRASAD



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/1/26 8:20 AM	Seen by Resident	
	S/P renal transplant (2/3).	
16/1/26 9 AM	Seen by Dr. Satya Prasad.	Discharge today
		* → Pecef 200mg 1 tab BD
		* - Tab OMNACORTIL 300mg BD.
		→ Rest meds as per chart.
		R/v Wed - CBP / CRP
		R P <sub>2</sub> / <del>ETC</del> CUE Calcium.

Dr. VVR SATYA PRASAD  
Reg. No: 43599



MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 14 D (F)  
 Dr. D.V.V.R.SATYA PRASAD



## RESULT SHEET

Date	14/5	15/5/26	16/5/26		
Time		6:17am	6:01am		
Hb		9.6			
PCV		27.9			
RBC		3.31			
WBC		5290			
N/L		80.7/10-6			
Platelets		1.82			
CRP					
IF					
PCT					
RBS					
Na	138	136	136		
K	3.3 ✓	2.8 ↓	3.2 ↑		
Cl	98	96	97		
Ca/Mg					
Phosphate					
Urea	119	90 ↓	65 ↓	48 ↓	
Creatinine	1.4	0.9 ↓	0.8	0.6	
ALP					
SGPT					
SGOT					
Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L	HCO <sub>3</sub>	29.	31	31	



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 Baby SHANVI DHARAVATH  
 29-01-2018 10 Y 3 M 8 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD

5/5 - Tac levels - 2.46



**RESULT SHEET**

OP

Date	5/5	7/5/26	8/5	9/5	10/5	11/5	12/5
Time		1:31pm				6:44	5:28AM
Hb	12.3	11.2	11.4	10.9	10.1	9.7	9.2
PCV		32.9	34%	31%	29.5	28.4	26.5
FBC		3.84			3.49	3.32	3.16
WBC	13820	8.85	10,500	8960	6.41	5.34↓	4.13
ML	72/23	570/30.3	80/10	88/7.6	88/7.8	90/7.1	85.4/9.2
Platelets	1.6L	105 ↓	90,000 ↓	99,000	1.3L	151 ↑	163 ↑
CRP		52.0		49 ↓			5.0 ↓
ESR							
PCT							
FBS							
Na	135	132	134	129	131	133	134
K	3.4	3.6	3.9	4.4	3.8	3.4	3.0 ↓
Cl	100	105	107	101	101	102	96
Ca/Mg	9.9	11.7			8.2		
Phosphate	-3.0						
Urea	26	72 ↑	86 ↑	98 ↑	122 ↑	139 ↑	119 ↓
Creatinine	0.5	1.4 ↑	1.9 ↑	2.5 ↑	2.7 ↑	2.3 ↓	1.4 ↓
ALP	102						
SGPT	54						
SGOT	31						
T.Bill/Conj	0.7/0.2						
T.Protein	6						
S.Albumin	4						
S.Globulin	2						
A/G Ratio	2						
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT - PTH		↑ 56 (2.5-25)					
CSF Protein / Sugar							
<del>Cells</del> CPK		20					
<del>PL</del> Bi Carbonate	27	18	17 ↓	16	16	19	25 ↑





## MEDICATION RECONCILIATION FORM

Drug Allergies: .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING	
1	Syp BACTRIM	6.5 ml	PO	OD	}	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC	
2	T. LANZOL	30 mg	PO	OD.		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC	
3	Cap. TACROCORD	1.5 mg	PO	BD.		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC	
4	T. MOFECON	250 mg AM 500 mg PM	PO	BD.		7/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	T. VALGANCYCLOVIR	450 mg	PO	OD.		main dose	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
6	T. CALCIUMAX P	1 Tab	PO	OD			<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	T. STAMLO	5 mg	PO	BD			<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	T. HYDRALAZINE	25 mg	PO	BD			<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9	T. LABETALOL.	100 mg	PO	TID.			<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC	

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Sanitha S

Date & Time: 7/5/26 1 PM

Nurse Name & Signature: Subnu

Date & Time: 7/5 at 2 pm



# DRUG CHART

Date of Admission: 7/5/26 Drug Allergies: N  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

### SOS / PRN (As Required Medication)

DRUG : <u>Sup: PARACETAMOL 500mg</u>				Date Time
Dose <u>1 tab</u>	Route <u>PO</u>	Frequency <u>SOS</u>	Start Date <u>7/5</u>	<u>5:30 pm</u>
Doctor's Signature <u>Sahitri</u>		Valid Period <u>48 hrs</u>	Pharm. <u>[Signature]</u>	
Additional Instructions: <u>1 tab = 500mg</u> <u>for Temp &gt; 100 mg</u> <u>max 6 times daily.</u>				
DRUG : <u>[Blank]</u>				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... Signatur



REGULAR PRESCRIPTIONS

Weight. 30 kg Ward. ....

VERIFIED

DRUG : <u>5mg CEFTRIAXONE</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>1.5g</u>	<u>IV</u>	<u>BD</u>	<u>7/5</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Sarithi</u>				<u>change to Meropenam</u>
Additional Instructions: <u>50mg/kg dose.</u>				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : <u>5mg ESOMEPRAZOLE</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>30mg</u>	<u>IV</u>	<u>OD</u>	<u>7/5</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Sarithi</u>				<u>change to Pantoprazole</u>
Additional Instructions: <u>1mg/kg dose.</u>				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : <u>Tab STAMLO</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>5mg</u>	<u>PO</u>	<u>BD</u>	<u>7/5</u>	<u>7/5</u> <u>8/5</u> <u>9/5</u> <u>10/5</u> <u>11/5</u> <u>12/5</u> <u>13/5</u> <u>14/5</u> <u>15/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>Akhile</u>				<u>change to Pantoprazole</u>
Additional Instructions: <u>1 tab = 5mg</u>				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : <u>T. LABETALOL</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>100mg</u>	<u>PO</u>	<u>TID</u>	<u>7/5</u>	<u>7/5</u> <u>8/5</u> <u>9/5</u> <u>10/5</u> <u>11/5</u> <u>12/5</u> <u>13/5</u> <u>14/5</u> <u>15/5</u> <u>16/5</u> <u>17/5</u>
Name & Signature of the Doctor Starting the Drugs: <u>Akhile</u>				<u>change to Pantoprazole</u>
Additional Instructions: <u>1 tab = 100mg</u>				
Daily Doctor's Endorsement by a Sign				



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Rainbow Children's Hospital  
 It takes a lot to treat the little.

BirthRight  
 BY RAINBOW HOSP  
 Your Right to a Safe D

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 30kg

Ward .....

**DRUG :** Tab HYDRALAZIN

Date/Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	25mg								
Route	PO								
Frequency	BID								
Start Dt.	7/5								
Name & Signature of the Doctor Starting the Drugs:	Akhila								
Additional Instructions:	11pm <del>10/5</del> <del>self</del> <del>self</del> <del>self</del> <del>self</del> <del>self</del> <del>self</del> <del>self</del> <del>self</del>								
Daily Doctor's Endorsement by a Sign	8	8	8	8	*				

**DRUG :** Tab CALCIMAX P

Date/Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	1tab								
Route	PO								
Frequency	OD								
Start Dt.	7/5								
Name & Signature of the Doctor Starting the Drugs:	Akhila								
Additional Instructions:									
Daily Doctor's Endorsement by a Sign	8	8	8	8	*				

**DRUG :** Tab VALGANCICLOVIR

Date/Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	450mg								
Route	PO								
Frequency	OD								
Start Dt.	7/5								
Name & Signature of the Doctor Starting the Drugs:	Akhila								
Additional Instructions:									
Daily Doctor's Endorsement by a Sign	8	8	8	8	*				

**DRUG :** Inj MEROPENEM

Date/Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	900mg								
Route	IV								
Frequency	TID								
Start Dt.	7/5								
Name & Signature of the Doctor Starting the Drugs:	Akhila								
Additional Instructions:	@ 30mg/kg/dose								
Daily Doctor's Endorsement by a Sign	8	8	8	8	*				

*change to BD*

VERIFIER: Name .....



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

**DRUG:** Inj ONDANSETRON

Date	Time	Dose	Route	Frequency	Start Dt.
8/5	6 AM	8mg	IV	TID	8/5
9/5	6 AM	8mg	IV	TID	9/5
10/5	6 AM	8mg	IV	TID	10/5
11/5	6 AM	8mg	IV	TID	11/5
12/5	6 AM	8mg	IV	TID	12/5
13/5	6 AM	8mg	IV	TID	13/5
14/5	6 AM	8mg	IV	TID	14/5
15/5	6 AM	8mg	IV	TID	15/5

Name & Signature of the Doctor Starting the Drugs: Akhila

Additional Instructions:

Daily Doctor's Endorsement by a Sign: [Signatures]

**DRUG:** Inj METHYLPREDNISOLONE

Date	Time	Dose	Route	Frequency	Start Dt.
8/5	6 AM	60mg	IV	OD	8/5
9/5	6 AM	60mg	IV	OD	9/5

Name & Signature of the Doctor Starting the Drugs: Sanithi

Additional Instructions:

Daily Doctor's Endorsement by a Sign: [Signatures]

**DRUG:** Inj PARACETAMOL

Date	Time	Dose	Route	Frequency	Start Dt.
8/5	6 AM	450mg	IV	TID	8/5
9/5	6 AM	450mg	IV	TID	9/5
10/5	6 AM	450mg	IV	TID	10/5
11/5	6 AM	450mg	IV	TID	11/5
12/5	6 AM	450mg	IV	TID	12/5

Name & Signature of the Doctor Starting the Drugs: Sanithi

Additional Instructions: @15mg/kg/dose

Daily Doctor's Endorsement by a Sign: [Signatures]

**DRUG:** Inj FLUCONAZOLE

Date	Time	Dose	Route	Frequency	Start Dt.
8/5	6 AM	180mg	IV	OD	8/5
9/5	6 AM	180mg	IV	OD	9/5
10/5	6 AM	180mg	IV	OD	10/5
11/5	6 AM	180mg	IV	OD	11/5
12/5	6 AM	180mg	IV	OD	12/5
13/5	6 AM	180mg	IV	OD	13/5
14/5	6 AM	180mg	IV	OD	14/5
15/5	6 AM	180mg	IV	OD	15/5

Name & Signature of the Doctor Starting the Drugs: Sanithi

Additional Instructions: @6mg/kg/dose

Daily Doctor's Endorsement by a Sign: [Signatures]

VERIFIED  
 VERIFIED  
 VERIFIED  
 VERIFIED

VERIFIED

Sheet No: ..... REGULAR PRESCRIPTIONS Weight ..... Ward .....

**DRUG:** Cap. ROCACETRIOL

Date/Time	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	1cap							
Route	PO							
Frequency	OD							
Start Dt.	8/5							

Name & Signature of the Doctor Starting the Drugs: *Sahitri*

Additional Instructions: 1cap @ 25mg

Daily Doctor's Endorsement by a Sign: *S* *S* *S* *S* *S* *S* *S* *S* *S*

**DRUG:** Taj MEROPENAM

Date/Time	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5
Dose	1g							
Route	IV							
Frequency	BID							
Start Dt.	9/5							

Name & Signature of the Doctor Starting the Drugs: *Shrile*

Additional Instructions:

Daily Doctor's Endorsement by a Sign: *S* *S* *S* *S* *S* *S* *S* *S* *S*

**DRUG:** Taj METHYL PREDNISOLONE

Date/Time	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5
Dose	250mg							
Route	IV							
Frequency	OD							
Start Dt.	9/5							

Name & Signature of the Doctor Starting the Drugs: *Shrile*

Additional Instructions: *Stop*

Daily Doctor's Endorsement by a Sign: *S* *S* *S* *S* *S* *S* *S* *S* *S*

**DRUG:** Taj METHYL PREDNISOLONE

Date/Time	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5
Dose	500mg							
Route	IV							
Frequency	OD							
Start Dt.	9/5							

Name & Signature of the Doctor Starting the Drugs: *Shrile*

Additional Instructions: *stop 14/5*

Daily Doctor's Endorsement by a Sign: *S* *S* *S* *S* *S* *S* *S* *S* *S*

VERIFIED

Signature

VERIFIED BY: Name

VERIFIED

H  
L  
O  
D  
Sahitri  
15/5/26

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 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 10 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 30kg Ward .....

DRUG: <u>Tab LASIX</u>				Date/Time					
Dose	Route	Frequency	Start Dt.	9/5	10/5	11/5	12/5	13/5	
<u>30mg IV</u>	<u>IV</u>	<u>BD</u>	<u>9/5</u>	<u>10 AM</u>	<u>10 PM</u>	<u>11 AM</u>	<u>12 PM</u>	<u>1 PM</u>	
Name & Signature of the Doctor Starting the Drugs:				<del>           [Signature]            [Signature]            [Signature]         </del>					
Additional Instructions:				<del>           10 PM            10 PM            10 PM         </del>					
Daily Doctor's Endorsement by a Sign				<del>           [Signature]         </del>					
DRUG: <u>Cap MMF</u>				Date/Time					
Dose	Route	Frequency	Start Dt.	13/5	14/5	15/5			
<u>Tab</u>	<u>PO</u>	<u>BID</u>	<u>13/5</u>	<u>11 AM</u>	<u>Self</u>	<u>Self</u>	<u>Self</u>		
Name & Signature of the Doctor Starting the Drugs:				<del>           [Signature]         </del>					
Additional Instructions:				<del>           11 AM            11 AM            11 AM         </del>					
Daily Doctor's Endorsement by a Sign				<del>           [Signature]         </del>					
DRUG: <u>Tab TACROLIMUS</u>				Date/Time					
Dose	Route	Frequency	Start Dt.	13/5	14/5	15/5			
<u>0.5mg</u>	<u>PO</u>	<u>BID</u>	<u>13/5</u>	<u>11 AM</u>	<u>Self</u>	<u>Self</u>			
Name & Signature of the Doctor Starting the Drugs:				<del>           [Signature]         </del>					
Additional Instructions:				<del>           11 AM            11 AM            11 AM         </del>					
Daily Doctor's Endorsement by a Sign				<del>           [Signature]         </del>					
DRUG: <u>Syr DIPHENHIDRAMINE</u>				Date/Time					
Dose	Route	Frequency	Start Dt.	13/5	14/5				
<u>15ml</u>	<u>PO</u>	<u>HS</u>	<u>13/5</u>						
Name & Signature of the Doctor Starting the Drugs:				<del>           [Signature]         </del>					
Additional Instructions:				<del>           10 PM            10 PM            10 PM         </del>					
Daily Doctor's Endorsement by a Sign				<del>           [Signature]         </del>					

VERIFIED

Signature

Name

MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 14 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight .....

Ward .....

<b>DRUG : T. TACROLIMUS</b>				Date Time	15/5/16/5															
Dose	Route	Frequency	Start Dt.																	
1mg	PO	BD	15/5																	
Name & Signature of the Doctor Starting the Drugs:				2PM 2AM 3AM 4AM 5AM 6AM 7AM 8AM 9AM 10AM 11AM 12M 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12N																
Additional Instructions:				2PM self																
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : Tab VAN GANCICLOVIR</b>				Date Time	15/5															
Dose	Route	Frequency	Start Dt.																	
450mg	PO	OD	15/5																	
Name & Signature of the Doctor Starting the Drugs:				6PM 5AM 10PM																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : PROCTOGARD Ointment</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
	LA	TID	16/5																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				for local application over diaper rash.																
Daily Doctor's Endorsement by a Sign																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY: Name .....



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	
					Dose
DRUG :		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Start Date	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

**VARIABLE DOSE**

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	
					Dose
DRUG :		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Start Date	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/5	4pm	Inj TRAMADOL	30mg	IV	[Signature]	Sejath, pooj (4:05 pm)
8/5	HOLD	Inj TRAMADOL	30mg	IV	[Signature]	simany (2:10 pm)
8/5	11:10 AM	NEOTOMIC enema	1unit	PR	[Signature]	Sejath, simany
8/5	1:20 PM	Inj FUROSEMIDE	30mg	IV	[Signature]	Sejath, simany
13/5	8 am	NEOTOMIC ENEMA	1unit	PR	Bhasath	Kvathi, Anamma (8:10 am)
16/5	9:30 am	Inj METHYL PREDNISOLONE	60mg	IV	[Signature]	Kalyani, Alekhya

Signature  
Verified by: Name

I.V. FLUIDS CHART

Weight. 30kg Ward. ....



Signature

VERIFIED BY: Name

DATE	TIME	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/5	2:55pm	DNS (100% maint)	IV	70 ml/hr	<i>[Signature]</i>	Pooja Sijath	8/5	<i>[Signature]</i>	Jyothi
9/5	6:30 pm	DNS + 10 ml HCO <sub>3</sub> <sup>-</sup>	IV	60	<i>[Signature]</i>	Rim Rim	11/5	<i>[Signature]</i>	Shree Sijath
11/5	1pm	DNS + 10ml HCO <sub>3</sub> <sup>-</sup> + 5ml KCl	IV	60	<i>[Signature]</i>	Suguna Sijath	13/5	<i>[Signature]</i>	Revathi Sathya
13/5	4pm	DNS + 7.5 ml KCl	IV	60	<i>[Signature]</i>	Revathi Suman	14/5	<i>[Signature]</i>	Sathya Revathi
14/5	ppm	DNS + 7.5 ml KCl	IV	40	<i>[Signature]</i>	Revathi Suman	14/5	<i>[Signature]</i>	Sathya Revathi
14/5	4pm	DNS + 5 ml KCl	IV	40	<i>[Signature]</i>	Sathya Suman	15/5	<i>[Signature]</i>	Vijaya Sathya
15/5	12pm	DNS + 7.5 ml KCl	IV	50	<i>[Signature]</i>	Kalyani Sathya in			

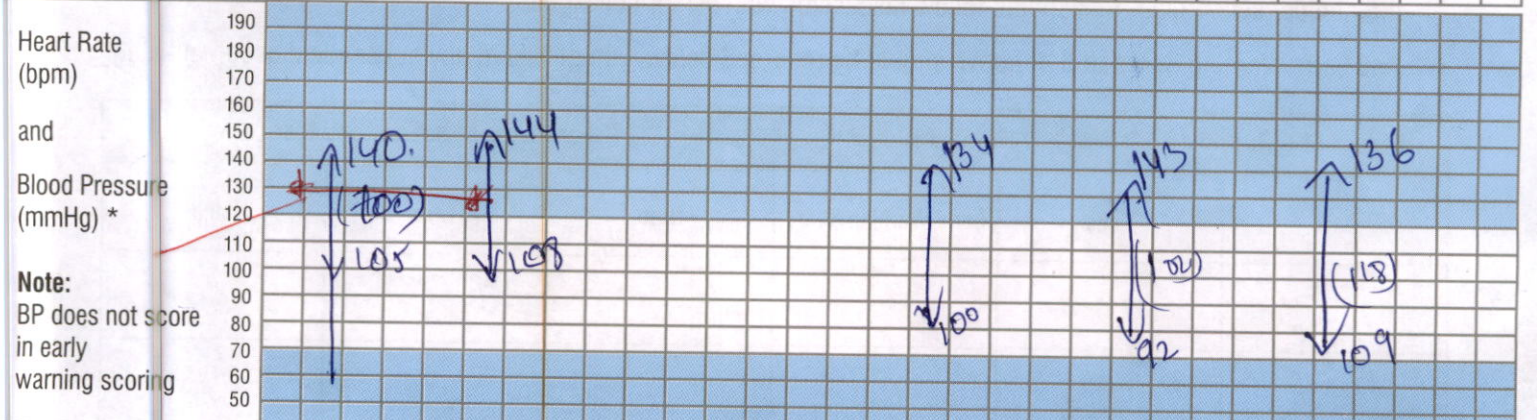
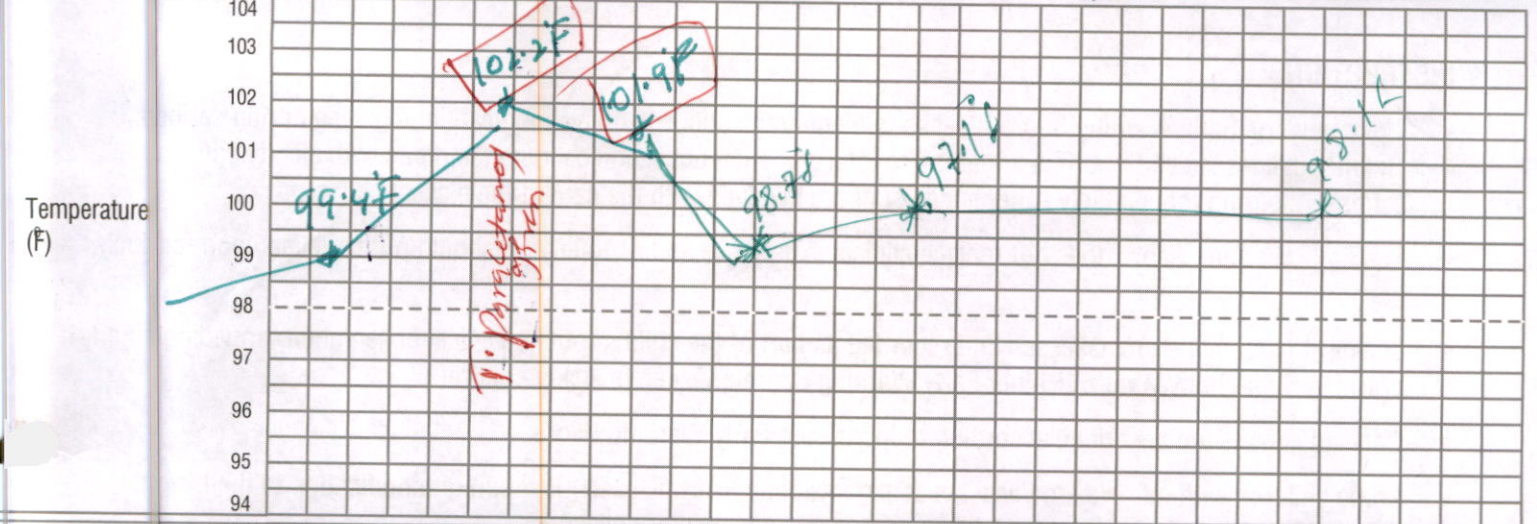
7/5/26

**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**

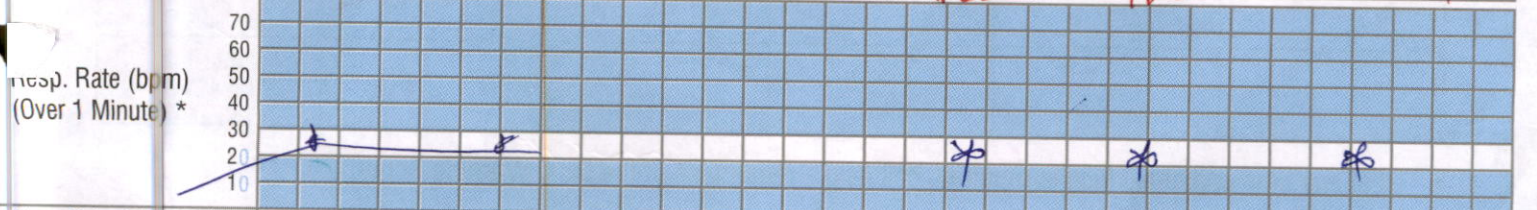


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 2:30pm 5:30pm 6:30pm 8:30pm 11 AM 2 AM 6 AM  
 Doctor / Nurse / Family Concern? .....



Heart Rate (Number) 130b/m 126b/m 100b/m 108b/m 100b/m



Resp Rate (Number) 24b/m 23b/m 26b/m 23b/m 23b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 99% 99% 100% 99%

Conscious Level Normal / Altered

GCS \* 15/15 15/14 15/14 15 15

**TOTAL SCORE**  
 Number of shaded boxes 0 0 0 0 0  
 Pain Score 0 0 0 0 0  
 Observer's Initials

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
  - Score 2 : Shift in charge nurse to be informed and continue hourly observations
  - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
  - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
  - Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

If GCS is below 2 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
<b>A</b>	<b>ASSESSMENT :</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

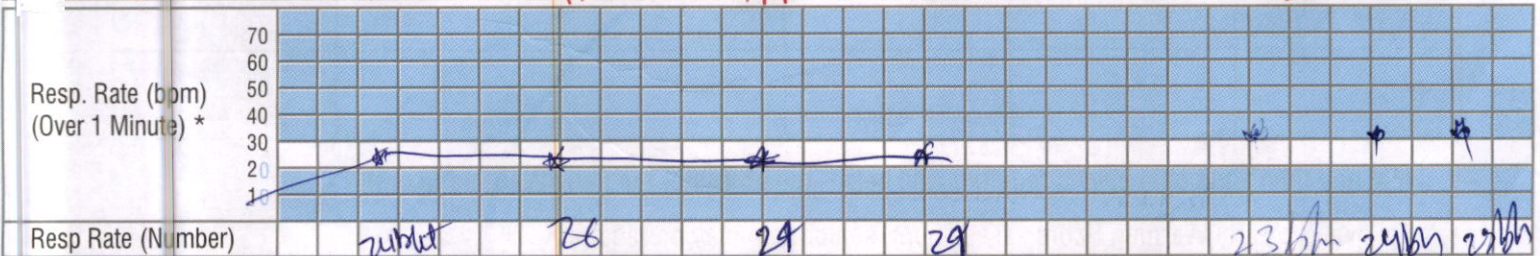
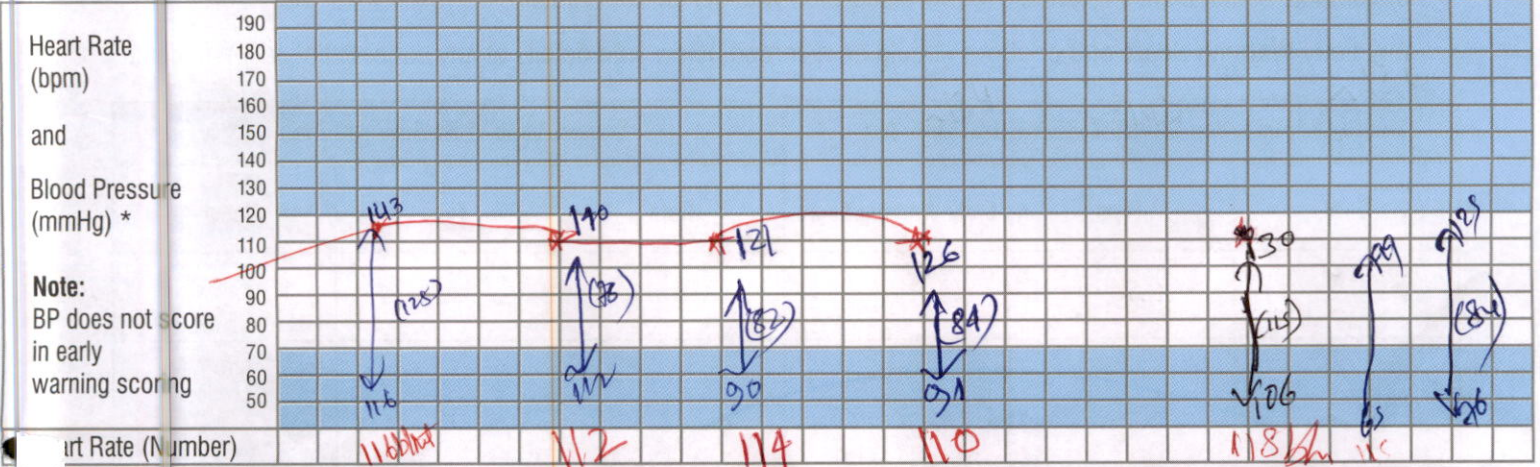
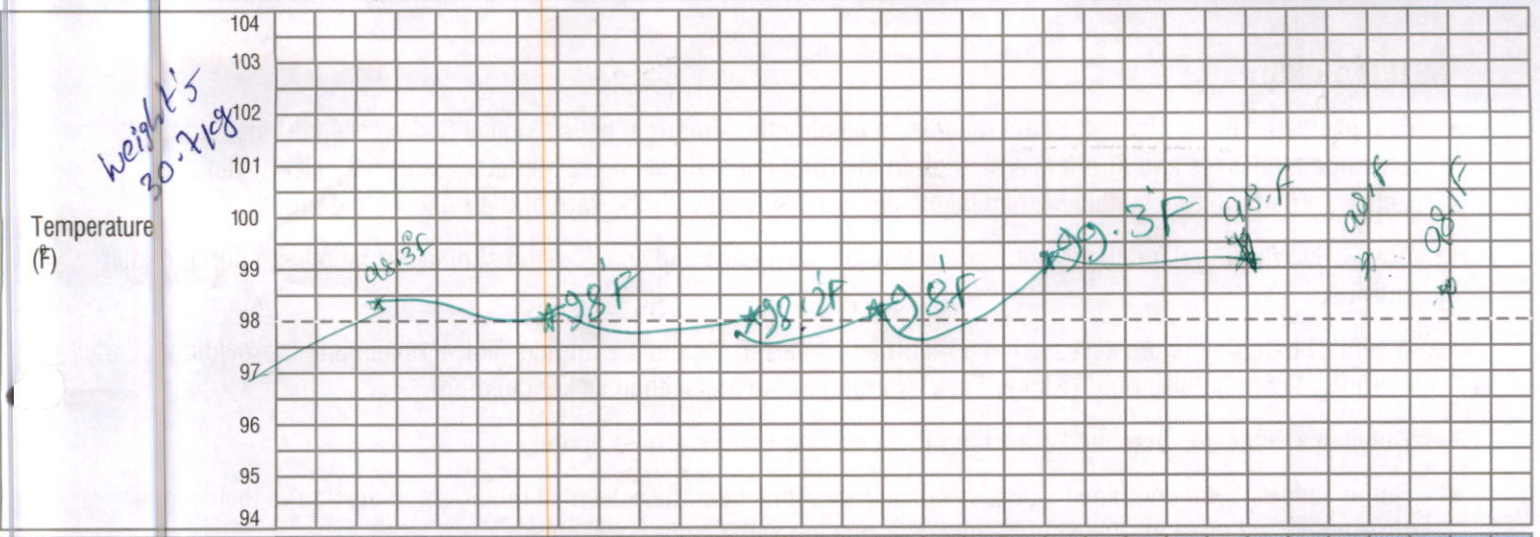
MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 28-01-2016 10 Y 3 M 8 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD

*2/12/16*  
**SCHOOL AGE (5-12 years)**  
 Children's Observation & Early Warning Scoring Chart



**WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: *10:30 AM* *11:30 AM* *12:30 PM* *1:30 PM* *2:30 PM* *3:30 PM* *4:30 PM* *5:30 PM*  
 Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%)

Conscious Level Normal / Altered

GCS \*

**TOTAL SCORE**

Number of shaded boxes

Pain Score

Observer's Initials

**ACTIONS**

NB: Scores 3 should be recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 10 D (F)  
 Dr. DR. V. R. SATYA PRASAD



Doc. No.: RCHBH/FRM/CLINICAL/126

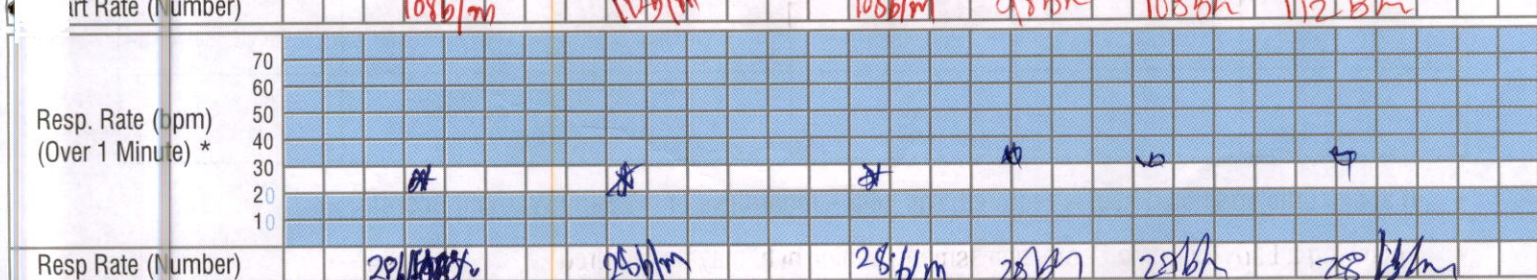
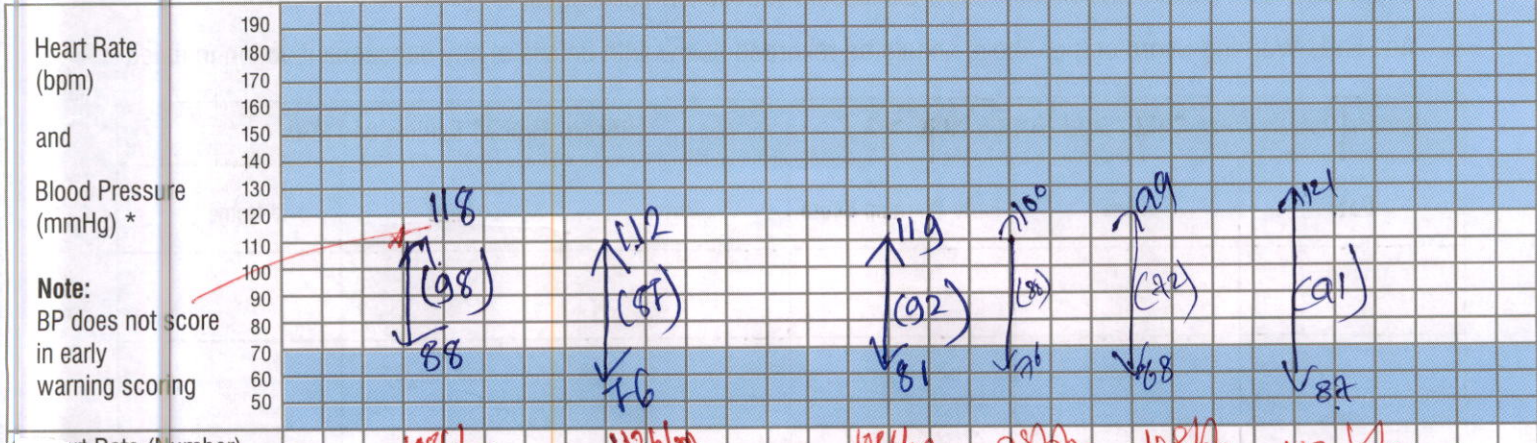
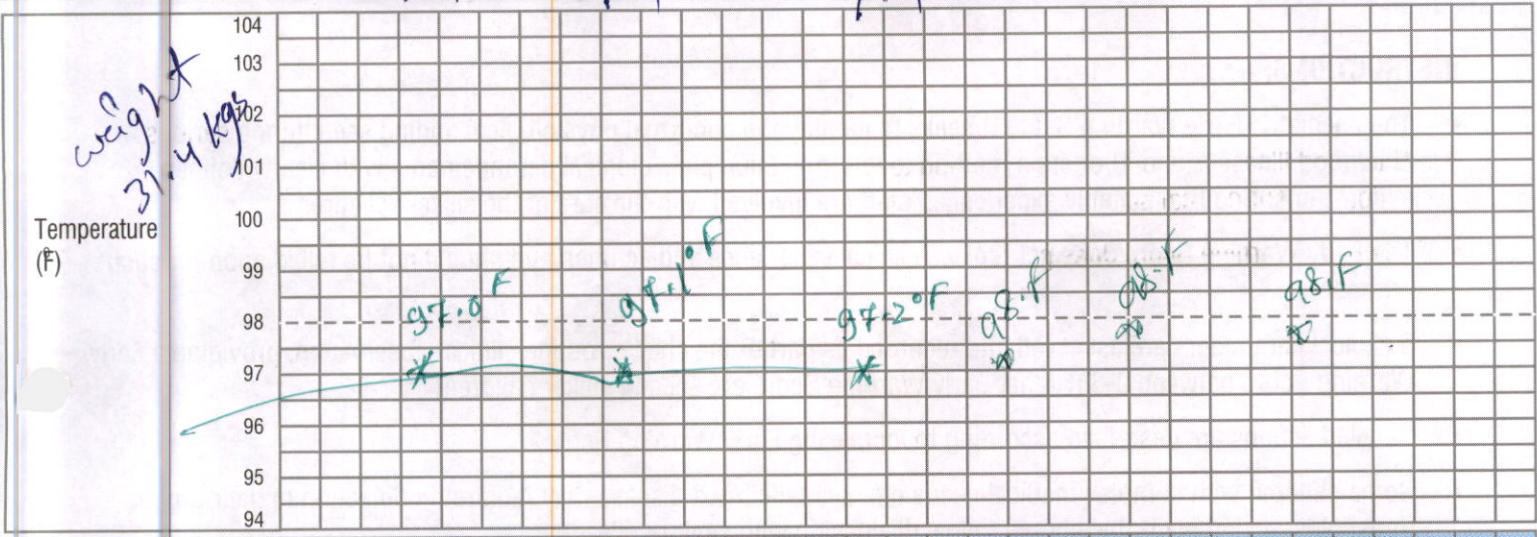
**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**

Rainbow Children's Hospital  
 It takes a lot to treat the little.

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 12 pm 4 pm 7 pm 10 pm 11:30 pm 6 AM  
 Doctor / Nurse / Family Concern? .....



Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> /min O<sub>2</sub> Saturations (%)

Conscious Level Normal / Altered

GCS \*

Time	Distress	O <sub>2</sub> Sat (%)	Level	GCS
12 pm		98%	Normal	15
4 pm		98%	Normal	15
7 pm		98%	Normal	15
10 pm		99%	Normal	15
11:30 pm		99%	Normal	15
6 AM		99%	Normal	15

**TOTAL SCORE**

Number of shaded boxes

Pain Score

Observer's Initials

Time	Total Score	Pain Score	Initials
12 pm	0	0	Rm
4 pm	0	0	Rm
7 pm	0	0	Rm
10 pm	0	0	Rm
11:30 pm	0	0	Rm
6 AM	0	0	Rm

**ACTIONS**

NB: Scores 3 should be recorded over leaf

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10/5/26

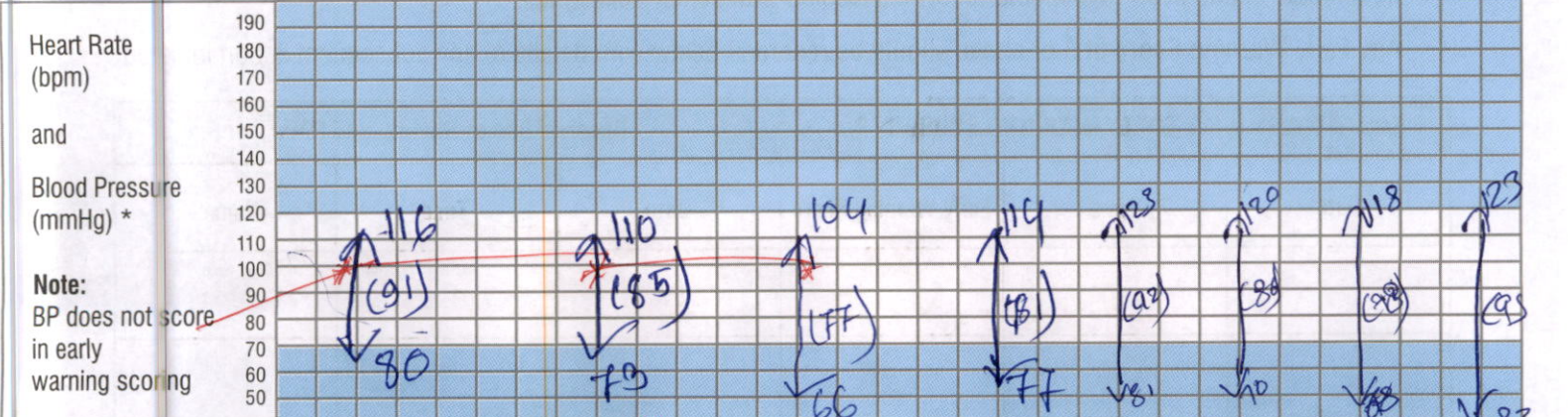
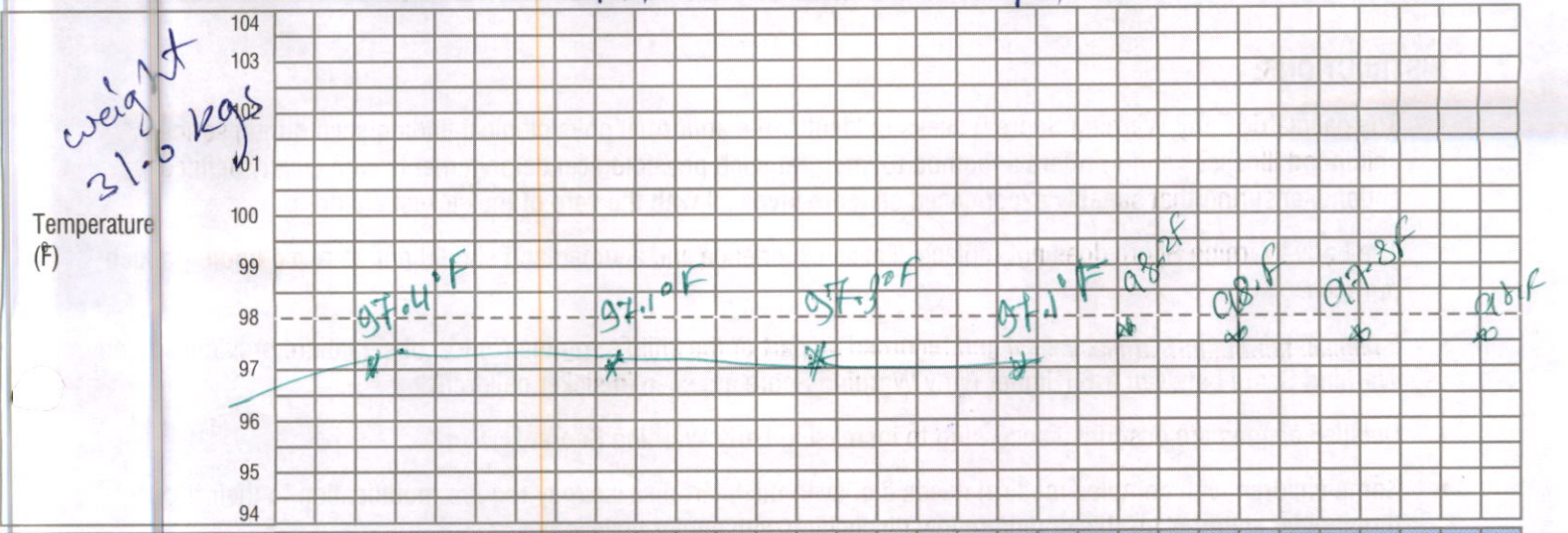
Doc. No. : RCHBH/ FRM / CLINICAL / 126

**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**

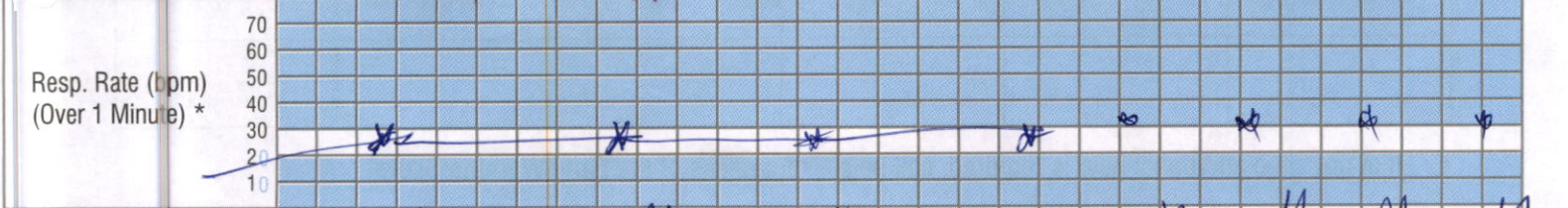


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 10 AM 1 PM 4 PM 7 PM 10 PM 1 AM 3 AM 6 AM  
 Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%)

Conscious Level Normal / Altered

GCS \*

TOTAL SCORE Number of shaded boxes

Pain Score

Observer's Initials

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MAH-00313241 IPS-00173500  
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 29-01-2016 10 Y 3 M 12 D (F)  
 Dr. DR. V. V. R. SATYA PRASAD

11/5/26  
 oc. No. : RCHBH/FRM/CLINICAL/126

**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : .....	Time: 10 AM	1 PM	2 PM	7 PM	11 PM	3 AM	7 AM
Doctor / Nurse / Family Concern?							
Temperature (F)	97.6	97.8	Returned	Returned	97.0	97.2	97.8
Heart Rate (bpm)	116	100	102	103	94	106	106
Blood Pressure (mmHg) *	120/66	110/70	115/72	124/70	112/82	106/64	120/80
Resp Rate (Number)	28	28	28	28	17	20	20
O <sub>2</sub> Saturations (%)	99%	98%	Returned	Returned	100%	100%	98%
GCS *		15		14	14	14	14
TOTAL SCORE	0	0	0	0	0	0	0
Observer's Initials							

Weight 2.7 Kg

Note: BP does not score in early warning scoring

**ACTIONS**

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\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
<b>A</b>	<b>ASSESSMENT :</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



12/5/2020

**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 10 AM 1 pm 4 pm 7 PM 10 pm 2 AM 6:30 AM  
 Doctor / Nurse / Family Concern? AM pm pm pm pm pm pm

Temperature (F)	104						
	103						
	102						
	101						
	100						
	99						
	98						
97							
96							
95							
94							

*wt 31.2 kg*

*Refused -* *Refused -* *Refused* *Refused* *Refused* *Refused* *Refused*

*97.9* *97.9* *97.9*

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
120							
110							
100							
90							
80							
70							
60							
50							

*Note: BP does not score in early warning scoring*

*128 (83) 124 (78) 135 (84) 125 (89) 115 (89) 109 (80) 122 (88)*

*95 88 79 80 78 68 88*

Heart Rate (Number) 97 b/m 105 b/m 102 b/m 104 b/m 119 b/m 106 b/m

Resp Rate (Number)	70						
	60						
	50						
	40						
	30						
	20						
	10						

Resp Rate (Number) 26 b/m 26 b/m 26 b/m 26 b/m 20 b/m 21 b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) Refused Refused Refused Refused 100% 100%

Conscious Level Normal / Altered

GCS \* - - - 14 14 14

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	<u>e</u>	<u>e</u>	<u>e</u>	<u>e</u>	<u>e</u>	<u>e</u>

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
  - Score 2 : Shift in charge nurse to be informed and continue hourly observations
  - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
  - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
  - Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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- Following a Early Warning Score assessment, senior help may be required

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<b>S</b>	<b>SITUATION:</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND:</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
<b>A</b>	<b>ASSESSMENT:</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

13/5/26

**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



HBH/FRM/CLINICAL/126



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 10 am 1 pm 4 pm 7 pm 10 pm 9 AM 6 AM  
 Doctor / Nurse / Family Concern?

wt 30.8 kg

Temperature (F)	104						
	103						
	102	Refused	Refused	Refused	Refused		
	101						
	100						
	99						
	98						
	97						
	96						
	95						
	94						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
	90						
	80						
	70						
	60						
	50						
Heart Rate (Number)		99b/m	105b/m	110b/m	110b/m	111b/m	116b/m

Note: BP does not score in early warning scoring

Resp. Rate (bpm) per 1 Minute *	70						
	60						
	50						
	40						
	30						
	20						
	10						
Resp Rate (Number)		22b/m	26b/m	26b/m	26b/m	26b/m	26b/m

Resp Distress	Mod/ Severe						
	None / Mild						
Receiving O <sub>2</sub> (l/min)							
O <sub>2</sub> Saturations (%)		98%	Refused	Refused	Refused	98%	100%

Conscious Level	Normal / Altered						
GCS *		15	15	15	15	14	14

TOTAL SCORE							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	P	C	V	Q	Q	S	S

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 14 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



HBH/ FRM / CLINICAL / 126

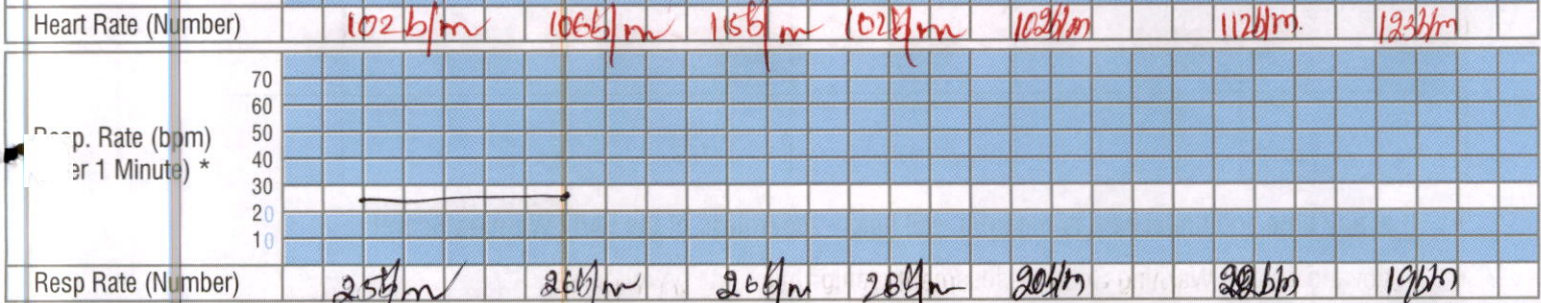
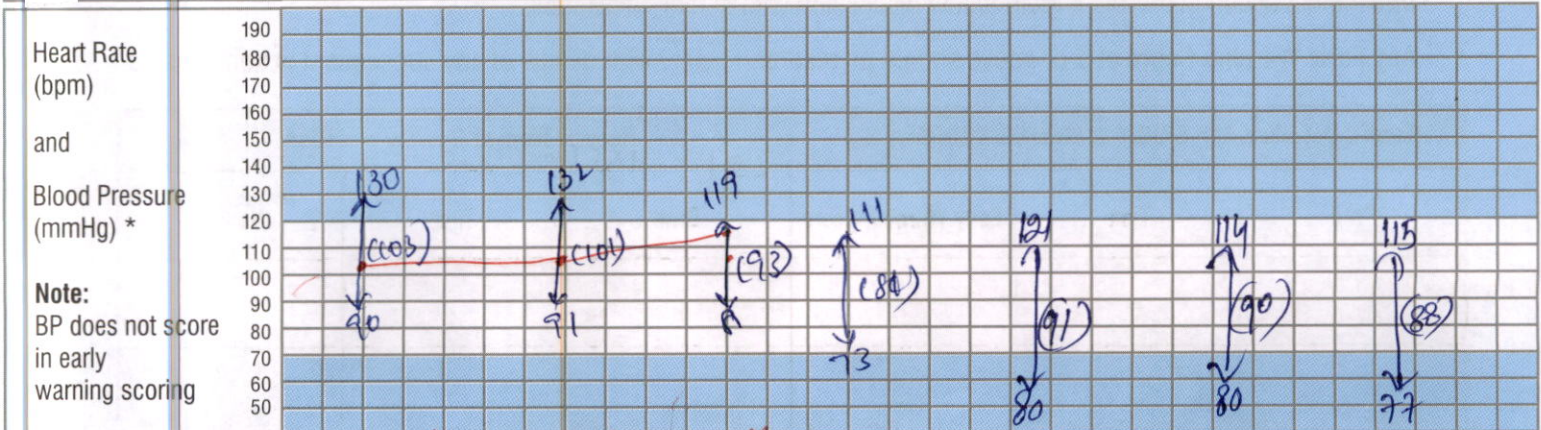
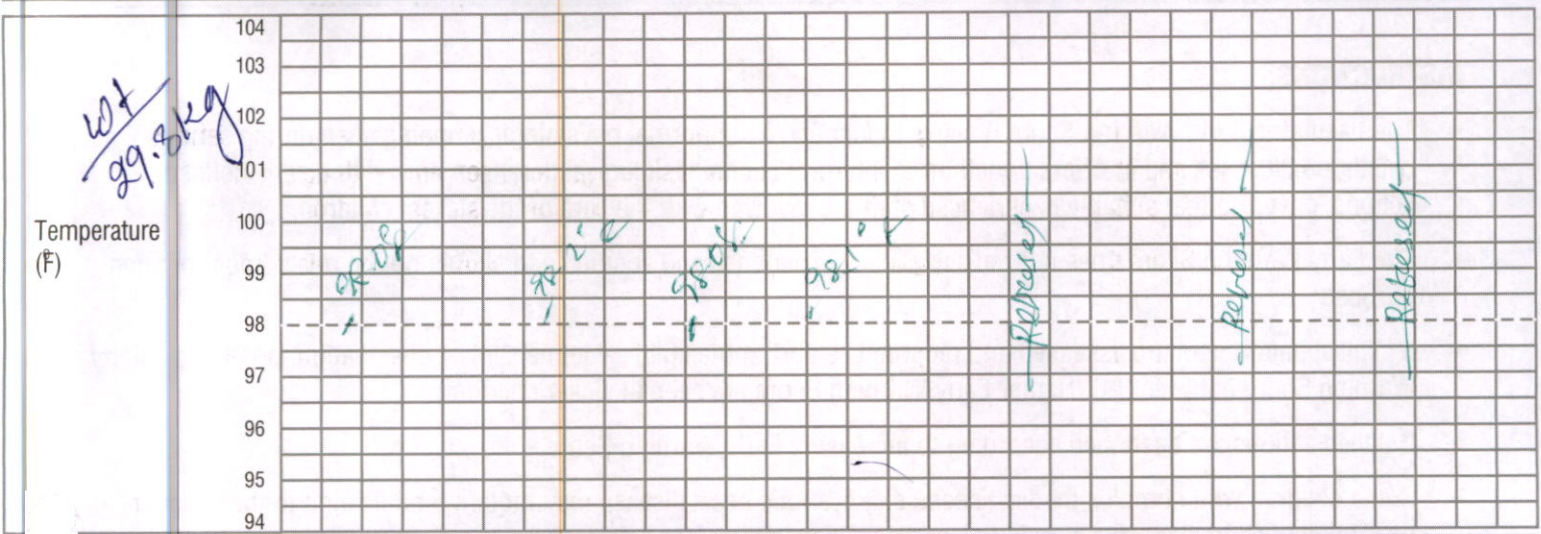
15/1/26

**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 15/1/26 Time: 9am 11am 3pm 7pm 10:30 PM 9:00 AM 7:30 AM  
 Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress	None / Mild						
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	100%	100%	100%	100%	99%	100%
Conscious Level	Normal / Altered	15/15	15/15	15/15	15/15	14	14

<b>TOTAL SCORE</b>							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	SP	SP	SP	SP	SP	SP	SP

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

# FLUID CHART

Sheet No. : 1

7/5/26.

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>				<b>Total Output :</b>									
	02:00 pm									0		Pooja	
	03:00 pm			70ml						0		Pooja	
	04:00 pm	ORS	HS	70ml						0		Pooja	
	05:00 pm			70ml					100ml	0		Pooja	
	06:00 pm			70ml					50ml	0		Pooja	
	07:00 pm			70ml					100ml	0		Pooja	
<b>Total Intake :</b>				<b>Total Output :</b> 0 - 160ml m - 0									
	08:00 pm			70ml					100ml	0		Alu	
	09:00 pm		HS	70ml						0		Alu	
	10:00 pm	DMS		70ml						0		Alu	
	11:00 pm		HS	70ml					100ml	0		Alu	
	12:00 am			-						0		Alu	
	01:00 am		HS	-						0		Alu	
<b>Total Intake :</b>				<b>Total Output :</b> 0 - 200ml m - 0									
	02:00 am		HS	-					200ml	0		Alu	
	03:00 am			70ml						0		Alu	
	04:00 am			70ml						0		Alu	
	05:00 am	DMS	HS	70ml						0		Alu	
	06:00 am			70ml					200ml	0		Alu	
	07:00 am		HS	70ml					120ml	0		Alu	
<b>Total Intake :</b>				<b>Total Output :</b> 0 - 420ml m - 1									
<b>Total 24 hrs. Intake</b>				980ml.		<b>Total 24 hrs. Output</b>				m - 1		0-880ml	

MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 28-01-2018 10 Y 3 M 8 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD

*8/8/20*

*weight 30.7kg*

# FLUID CHART



Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			70ml							0	Julli
	09:00 am	↓	H <sub>2</sub> O	90ml			✓		100		0	Julli
	10:00 am	DNS		Abx					50		0	Julli
	11:00 am	↑	H <sub>2</sub> O	Abx					20		0	Julli
	12:00 pm			Abx							0	Julli
	01:00 pm		H <sub>2</sub> O	Abx					100		0	Julli
<b>Total Intake :</b>						<b>Total Output :</b>					U - 270 ml - 1	
	02:00 pm			70ml							0	Samant
	03:00 pm		H <sub>2</sub> O	70ml			✓				0	Samant
	04:00 pm	DNS									0	Samant
	05:00 pm			70ml					100		0	Samant
	06:00 pm		H <sub>2</sub> O	70ml					40ml		0	Samant
	07:00 pm										0	Samant
<b>Total Intake :</b>						<b>Total Output :</b>					U - 290 ml - 7	
	08:00 pm	DNS		70ml					150ml		0	Jyothi
	09:00 pm	DNS	H <sub>2</sub> O	70ml			✓		100ml		0	Jyothi
	10:00 pm	DNS		70ml							0	Jyothi
	11:00 pm	DNS	H <sub>2</sub> O	70ml					10ml		0	Jyothi
	12:00 am	DNS		70ml							0	Jyothi
	01:00 am										0	Jyothi
<b>Total Intake :</b>						<b>Total Output :</b>					U - 350 ml - 0	
	02:00 am		H <sub>2</sub> O								0	Jyothi
	03:00 am								100ml		0	Jyothi
	04:00 am	DNS		70ml							0	Jyothi
	05:00 am	DNS	H <sub>2</sub> O	70ml					180ml		0	Jyothi
	06:00 am	DNS		70ml							0	Jyothi
	07:00 am	DNS		70ml					150ml		0	Jyothi
<b>Total Intake :</b>						<b>Total Output :</b>					U - 430 ml - 0	
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>					U - 827	



9/5/26

**FLUID CHART**

Sheet No. : 3

30.7 kg

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am										1	Rim
	09:00 am		H2O						100ml		0	Rim
	10:00 am	DNS									0	Rim
	11:00 am								50ml		0	Rim
	12:00 pm		H2O .MP								0	Rim
	01:00 pm			70ml							0	Rim
<b>Total Intake :</b>						<b>Total Output :</b> U - 150ml M - 1						
	02:30 pm			80ml					100ml		0	Rim
	03:30 pm			80ml							0	Rim
	04:00 pm	DNS		80ml					100ml		0	Rim
	05:00 pm	+ 10ml HCO3		80ml					50ml		0	Rim
	06:30 pm			60ml					100ml		0	Rim
	07:00 pm			60ml					50ml		0	Rim
<b>Total Intake :</b>						<b>Total Output :</b> U - 400ml M - 1						
	08:00 pm			60ml					50ml		0	Jyothi
	09:00 pm	DNS	H2O	60ml					50ml		0	Jyothi
	10:00 pm			60ml					150ml		0	Jyothi
	11:00 pm			60ml					60ml		0	Jyothi
	12:00 am	HCO3	H2O	60ml							0	Jyothi
	01:00 am			60ml							0	Jyothi
<b>Total Intake :</b>						<b>Total Output :</b> U - 300ml M - 0						
	02:00 am			60ml					100ml		0	Jyothi
	03:00 am		H2O	60ml					150ml		0	Jyothi
	04:00 am	DNS		60ml					180ml		0	Jyothi
	05:00 am			60ml							0	Jyothi
	06:00 am	HCO3	H2O	60ml					120ml		0	Jyothi
	07:00 am			60ml							0	Jyothi
<b>Total Intake :</b>						<b>Total Output :</b> U - 550ml M - 0						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						
						U - 1400ml M - 2						

excreta change  
 new excreta

MAH-00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 10 D (F)  
 Dr. DR. V. V. R. SATYA PRASAD

# FLUID CHART



Sheet No. : 4

10/5/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	IV Medication	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			80ml						160ml	0	Rim	
	09:00 am		H2O	60ml						100ml	0	Rim	
	10:00 am	DNS		60ml							0	Rim	
	11:00 am	+ HCO3		60ml						120ml	0	Rim	
	12:00 pm	HCO3	H2O	60ml							0	Rim	
	01:00 pm			60ml						110ml	0	Rim	
<b>Total Intake :</b>						<b>Total Output :</b> U - 490ml M - 0							
	02:00 pm			60ml+20ml						150ml	0	Rim	
	03:00 pm		H2O	60ml+20ml						100ml	0	Rim	
	04:00 pm	DNS		60ml+20ml			NP			100ml	0	Rim	
	05:00 pm	+ HCO3		60ml						100ml	0	Rim	
	06:00 pm		H2O	60ml						155ml	0	Rim	
	07:00 pm			60ml							0	Rim	
<b>Total Intake :</b>						<b>Total Output :</b> U - 605ml M - 0							
	08:00 pm			60ml						120ml	0	Jyothi	
	09:00 pm		H2O	60ml						105ml	0	Jyothi	
	10:00 pm	DNS								100ml	0	Jyothi	
	11:00 pm	+ HCO3		60ml			NP			100ml	0	Jyothi	
	12:00 am	low	H2O	60ml						100ml	0	Jyothi	
	01:00 am			60ml						150ml	0	Jyothi	
<b>Total Intake :</b>						<b>Total Output :</b> U - 675ml M - 0							
	02:00 am			60ml						200ml	0	Jyothi	
	03:00 am		H2O	60ml						150ml	0	Jyothi	
	04:00 am	DNS		60ml						205ml	0	Jyothi	
	05:00 am	+ HCO3		60ml			NP				0	Jyothi	
	06:00 am	low	H2O	60ml						155ml	0	Jyothi	
	07:00 am			60ml							0	Jyothi	
<b>Total Intake :</b>						<b>Total Output :</b> U - 710ml M - 0							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>			U - 2480ml M - 0				

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 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 12 D (F)  
 Dr. DR. V.V.R. SATYA PRASAD



# FLUID CHART

Sheet No. : .....

11/5/26

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output			Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine	IV Site Thrombophlebitis Score	
11/5	08:00 am			60 ml					100 ml	0	Swape	
	09:00 am		H <sub>2</sub> O	60 ml						0	Swape	
	10:00 am	ONS + H <sub>2</sub> O		-			NP		150 ml	0	Swape	
	11:00 am	KCL	H <sub>2</sub> O	-					100 ml	0	Swape	
	12:00 pm			60 ml					150 ml	0	Swape	
	01:00 pm		H <sub>2</sub> O	60 ml					110 ml	0	Swape	
<b>Total Intake :</b>						<b>Total Output :</b> U - 710 ml M - 0						
11/5	02:00 pm			20 ml					120 ml	0	} perathi	
	03:00 pm		POKA	20 ml					100 ml	0		
	04:00 pm	ONS + H <sub>2</sub> O	H <sub>2</sub> O	20 ml					150 ml	0		
	05:00 pm	H <sub>2</sub> O + KCL	amlet	20 ml					100 ml	0		
	06:00 pm	fm	chopathi	20 ml			✓		20 ml	0		
	07:00 pm			20 ml						0		
<b>Total Intake :</b>						<b>Total Output :</b> U = 490 ml M = 1						
	08:00 pm			60 ml					150 ml	0	} perathi	
	09:00 pm	ONS + H <sub>2</sub> O	H <sub>2</sub> O	60 ml					140 ml	0		
	10:00 pm	sm		-			NP		150 ml	0		
	11:00 pm		H <sub>2</sub> O	-						0		
	12:00 am			-					200 ml	0		
	01:00 am		H <sub>2</sub> O	60 ml					200 ml	0		
<b>Total Intake :</b>						<b>Total Output :</b> M - 0 U - 840 ml						
	02:00 am			60 ml					200 ml	0	} perathi	
	03:00 am	ONS + H <sub>2</sub> O	H <sub>2</sub> O	60 ml					200 ml	0		
	04:00 am	ONS + H <sub>2</sub> O		60 ml					200 ml	0		
	05:00 am	sm + KCL		60 ml			NP		200 ml	0		
	06:00 am		H <sub>2</sub> O	60 ml					150 ml	0		
	07:00 am			60 ml					120 ml	0		
<b>Total Intake :</b>						<b>Total Output :</b> M - 0 U -						
<b>Total 24 hrs. Intake</b>		IV + 900 ml										
<b>Total 24 hrs. Output</b>		M - 1 U = 3,310 ml										

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 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 13 D (F)  
 Dr. DR. V. V. R. SATYA PRASAD



# FLUID CHART



Sheet No. : .....

12/5/26

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
29/5/26			Mouth	I.V	N.G						0	P. Peravathi
	08:00 am			80ml						0		
	09:05 am			20ml					120ml	0		
	10:00 am	idly		60ml		NP			90ml	0		
	11:00 am	soup		60ml					20ml	0		
	12:00 pm			-					100 ml	0		
	01:00 pm	milk		-					170ml	0		
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm		H <sub>2</sub> O	60ml					120ml	0	}	
	03:00 pm	DNST		60ml		✓			100ml	0		
	04:00 pm	100ml H <sub>2</sub> O + 5ml KCL	H <sub>2</sub> O	60ml					100ml	0		
	05:00 pm		H <sub>2</sub> O	20ml					150ml	0		
	06:00 pm		H <sub>2</sub> O	20ml					140ml	0		
	07:00 pm		H <sub>2</sub> O	40ml					150ml	0		
<b>Total Intake :</b>					<b>Total Output M-1</b>							
	08:00 pm			60ml						0	}	
	09:00 pm	DNST		60ml					150ml	0		
	10:00 pm	100ml H <sub>2</sub> O + 5ml KCL	H <sub>2</sub> O	60ml					100ml	0		
	11:00 pm			20ml		NP			100ml	0		
	12:00 am		H <sub>2</sub> O	20ml					160ml	0		
	01:00 am			20ml					120ml	0		
<b>Total Intake :</b>					<b>Total Output M-1</b>							
	02:00 am			80ml					800ml	0	}	
	03:00 am	DNST	H <sub>2</sub> O	60ml					150ml	0		
	04:00 am	100ml H <sub>2</sub> O + 5ml KCL		60ml						0		
	05:00 am			60ml					250ml	0		
	06:00 am		H <sub>2</sub> O	60ml		✓			100ml	0		
	07:00 am			20ml						0		
<b>Total Intake :</b>					<b>Total Output M-1</b>							

**Total 24 hrs. Intake** IVP → 960ml

**Total 24 hrs. Output** M-2 U-3, 020ml

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 Baby SHAM DHARAVATH  
 29-01-2016 10 Y 3 M 13 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD

# FLUID CHART

Sheet No. : .....

13/5/26

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
13/5/26	08:00 am			20ml		✓			200ml	0	Revathi	
	09:00 am	ORS + H <sub>2</sub> O	Orally	20ml					50ml	0		
	10:00 am	H <sub>2</sub> O		20ml					250ml	0		
	11:00 am	KCL	H <sub>2</sub> O	20ml					20	0		
	12:00 pm			20ml					250ml	0		
	01:00 pm	ORS + KCL	Orally	20ml					150ml	0		
<b>Total Intake :</b>			2120 ml			<b>Total Output :</b>					U = 1120 ml	M = 2
	02:00 pm			40ml					150ml	0	Satya	
	03:00 pm	ORS + H <sub>2</sub> O		20ml		NP			252ml	0		
	04:00 pm	H <sub>2</sub> O		20ml					180ml	0		
	05:00 pm	ORS		20ml					180ml	0		
	06:00 pm	H <sub>2</sub> O		20ml					100ml	0		
	07:00 pm			20ml					200ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>					M = 0	U = 922 ml
	08:00 pm			60ml					100ml	0	Seema	
	09:00 pm	ORS + H <sub>2</sub> O		60ml					150ml	0		
	10:00 pm	ORS + H <sub>2</sub> O		60ml					100ml	0		
	11:00 pm	KCL	H <sub>2</sub> O	60ml						0		
	12:00 am			60ml						0		
	01:00 am			60ml		Little			150ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>					M = 1	U =
	02:00 am			60ml					150ml	0	Seema	
	03:00 am	ORS + H <sub>2</sub> O		60ml						0		
	04:00 am	ORS + H <sub>2</sub> O		60ml		Little			200ml	0		
	05:00 am	KCL	H <sub>2</sub> O	60ml		Little			150ml	0		
	06:00 am			60ml		Little			200ml	0		
	07:00 am			60ml		Little			150ml	0		
<b>Total Intake :</b>						<b>Total Output :</b>					M = 4	U =
<b>Total 24 hrs. Intake</b>		IV - 840 ml			<b>Total 24 hrs. Output</b>		M - 6 U - 392 ml					

MAH-00313241  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 13 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD

# FLUID CHART



Sheet No. : .....

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
21/5/20			Mouth	I.V	N.G						0	
	08:00 am	-		-					150ml	0		Kavathi Removed of swelling & redness
	09:00 am			20ml						0		
	10:00 am	DNS + KCL + 5ml		20ml						0		
	11:00 am		H <sub>2</sub> O	20ml					50ml	0		
	12:00 pm			20ml					150ml	0		
01:00 pm								100ml	0			
<b>Total Intake :</b>					<b>Total Output :</b> U = 700ml M = 2							
	02:00 pm								150ml	0		Satsy
	03:00 pm	DNS							150ml	0		
	04:00 pm	KCL + 5ml	H <sub>2</sub> O	20ml					150ml	0		
	05:00 pm			20ml					150ml	0		
	06:00 pm		H <sub>2</sub> O	20ml					120ml	0		
	07:00 pm			20ml					150ml	0		
<b>Total Intake :</b>					<b>Total Output :</b> M = 2 U = 870							
	08:00 pm	DNS		40ml					170ml	0		Satsy
	09:00 pm	5ml KCL	H <sub>2</sub> O	40ml					170ml	0		
	10:00 pm			40ml					200ml	0		
	11:00 pm		H <sub>2</sub> O	40ml					150ml	0		
	12:00 am			40ml					180ml	0		
	01:00 am		H <sub>2</sub> O	40ml						0		
<b>Total Intake :</b>					<b>Total Output :</b> M = 0 U = 870							
	02:00 am			40ml					200ml	0		Satsy
	03:00 am	DNS + 5ml	H <sub>2</sub> O	40ml					100ml	0		
	04:00 am			40ml					100ml	0		
	05:00 am	KCL		40ml						0		
	06:00 am		H <sub>2</sub> O	40ml					200ml	0		
	07:00 am			40ml					100ml	0		
<b>Total Intake :</b>					<b>Total Output :</b> M = 1 U = 600							

**Total 24 hrs. Intake**      **IVF -> 640**

**Total 24 hrs. Output**      **M = 4 U = 3140**



# FLUID CHART

Sheet No. : .....

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
15/1/2016	08:00 am	↑ DRIS		40ml			✓			150ml	0	Kalyani	
	09:00 am	5ml H <sub>2</sub> O		40ml			✓			150ml	0		
	10:00 am	KCL		40ml			✓			150ml	0		
	11:00 am	* H <sub>2</sub> O		40ml			✓				0		
	12:00 pm	DRIS + 7.5ml		50ml			✓			E motion	0		
	01:00 pm	↓	H <sub>2</sub> O		50ml						0		
<b>Total Intake :</b>						<b>Total Output :</b>							
15/1/16	02:00 pm		H <sub>2</sub> O	50ml			✓			E motion	0	Kalyani	
	03:00 pm		H <sub>2</sub> O	50ml			✓			E motion	0		
	04:00 pm	DRIS + 7.5ml	H <sub>2</sub> O	50ml			✓			E motion	0		
	05:00 pm	KCL		50ml			✓			E motion	0		
	06:00 pm		H <sub>2</sub> O	50ml			✓			E motion	0		
	07:00 pm		H <sub>2</sub> O	50ml							0		
<b>Total Intake :</b>						<b>Total Output :</b> m - u -							
	08:00 pm			50ml			✓			u	0	Seema	
	09:00 pm	DRIS + 7.5ml	H <sub>2</sub> O	50ml						u	0		
	10:00 pm		H <sub>2</sub> O	50ml						u	0		
	11:00 pm	KCL	H <sub>2</sub> O	50ml						u	0		
	12:00 am			50ml						u	0		
	01:00 am		H <sub>2</sub> O	50ml						u	0		
<b>Total Intake :</b>						<b>Total Output :</b> m - u - y							
	02:00 am			50ml						u	0	Seema	
	03:00 am	DRIS + 7.5ml	H <sub>2</sub> O	50ml						u	0		
	04:00 am		H <sub>2</sub> O	50ml						u	0		
	05:00 am	KCL	H <sub>2</sub> O	50ml						u	0		
	06:00 am			50ml						u	0		
	07:00 am		H <sub>2</sub> O	50ml						u	0		
<b>Total Intake :</b>						<b>Total Output :</b> m - 0 u - 3							
<b>Total 24 hrs. Intake</b>			IVF → 1,160ml			<b>Total 24 hrs. Output</b>			m - u - 7				

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 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 14 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



# FLUID CHART

Sheet No. : .....

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

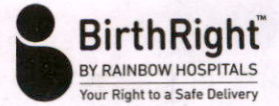
Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
<i>16/5/26</i>	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
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MAH 00313241 IP5-00173500  
 Baby SHANVI DHARAVATH  
 29-01-2016 10 Y 3 M 9 D (F)  
 Dr. D. V. V. R. SATYA PRASAD

307-A



# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 7/5/26 Time: 3:16pm

Weight: 30 kgs Centile: 25<sup>th</sup>

Height: 131 cms Centile: 10<sup>th</sup>

Inference: well child

RDA: - Calories: 1650 kcal/d Protein: 29 g/d

Diet Recommendations: Normal diet + low salt

Re-Assessment: Avoid spicy, chilled, outside foods

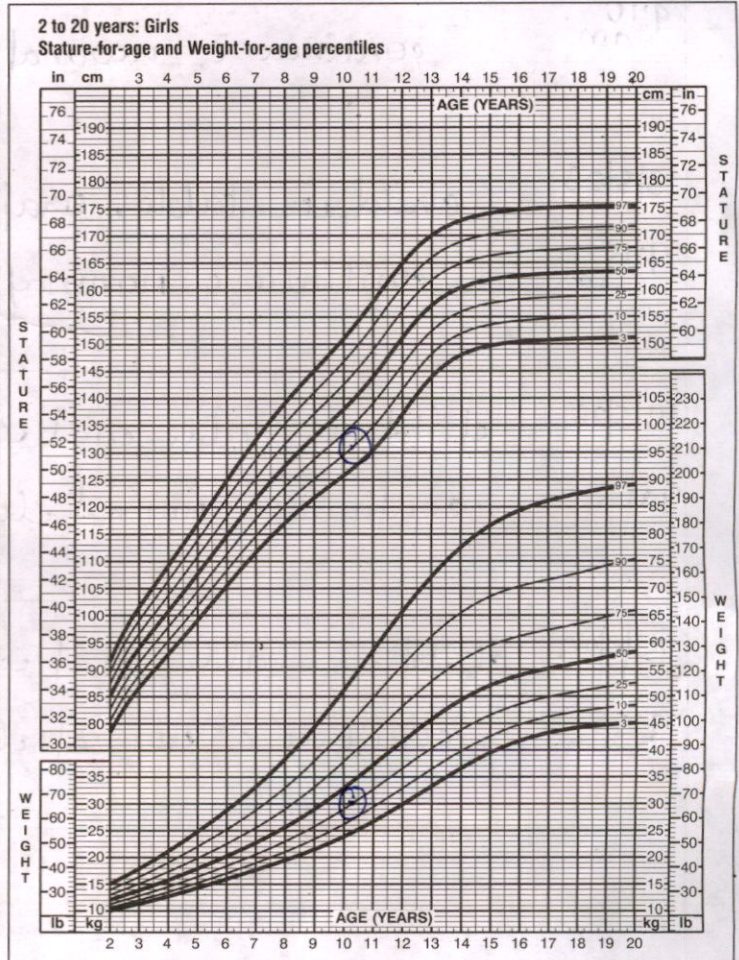
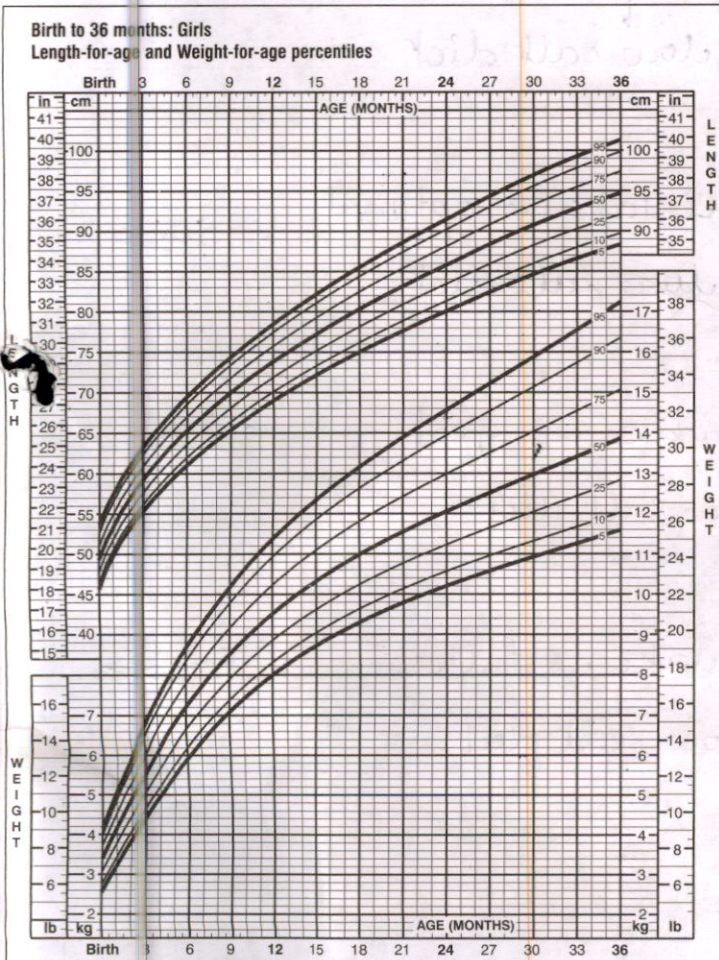
Food Allergies: No Veg/Non-veg: veg

Diagnosis: API (D2)

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: *[Signature]*

## GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: *[Signature]*

Daily Notes:

8/5/26 8am	Child is stable. oral intake is better Continue $\bar{c}$ normal low salt diet	<del>Nil</del>
10/5/26 8am	Child is stable Intake is sub optimal Continue $\bar{c}$ normal low salt diet	<del>10/26</del>
11/5/26 9:30 am	child is stable intake is good continue $\bar{c}$ normal low salt diet	<u>Sains</u>
12/5/26 9:10 am	child is stable, intake is fair continue $\bar{c}$ normal low salt diet	<u>Sains</u>
13/5/26 9:15 am	child is stable, oral intake is optimal. continue $\bar{c}$ normal low salt diet	<u>Sains</u>
14/5/26 9am	child is stable, oral intake is good continue $\bar{c}$ normal low salt diet	<u>Sains</u>
15/5/26 9:30 am	child is stable, oral intake is better continue $\bar{c}$ normal low salt diet	<u>Sains</u>