

### ADMISSION SHEET

#### Registration Details :



Admission No : IP5-00174558      Admit Date : 31-May-2026      Admit Time : 03:06 AM      UHID : BAH-00641090

#### Patient Details :

Patient Name : Baby Of EDLA PRAVALLIKA      Age : 0 Y 7 M 30 D  
Guardian : MR BOMMA KRISHNA CHAITANYA      DOB : 01-10-2025 04:13 PM  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : H NO 1-7-171/B/A, 60 FEET ROAD , WARD NO  
13 Psr Centre Nalgonda Telangana INDIA      Phone No : 9985911607/ 9603174467  
508213      E-mail :  
CHAITANYA.CHANDU5142@GMAIL.CO

#### Admission Details :

Bed Type : PICU      Bed No : PICU 217      Ward Name : 2F-PICU I  
Room No : PICU 217      Admission Type : First Visit

#### Contact Details :

Name : MR BOMMA KRISHNA CHAITANYA      Relationship : Father  
Contact Address : H NO 1-7-171/B/A, 60 FEET ROAD , WARD  
NO 13 Psr Centre Nalgonda Telangana INDIA      Phone No : 9985911607  
508213



Signature

#### Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : Self      Phone No :  
Cc-Consultant : Dr. SANDEEP REDDY

#### Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : TGSPDCL

Biq



**ACTIVITY RECORD FOR BILLING**

Name: BAH-00641090 IP5-00174558  
 Baby Of EDLA PRAVALLIKA  
 01-10-2025 0 Y 7 M 30 D (F)  
 Dr. VIJAYANAND JAMALPURI

UHID I 

----- 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
31/05/26	3:05AM	ER	PICU	Kette Dewi
31/5/26	4:36pm	puw	239	

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	DR. Lavanya	31/5/26	9636560	Dewi
2				
3				
4				
5				
6				
7				
8				
9				
10				







BAH-00641090 IPS-00174558  
 Baby Of EDLA PRAVALLIKA  
 01-10-2025 0 Y 7 M 30 D (F)  
 Dr. VIJAYANAND JAMALPURI



## ADMISSION CRITERIA – PICU

### Admission / Transfer from:

- Emergency  
  Outpatient (OPD)  
  Ward  
  Operation Theater  
  Others: .....

### Tick (✓) any of the following criteria requiring admission / transfer to PICU

- All patients requiring mechanical ventilation;
  - Patients with impending respiratory failure;
    - Upper airway obstruction;
    - Lower airway obstruction;
    - Alveolar disease; and
    - Unstable airway;
  - All Paediatric patients after successful resuscitation;
  - Comatose Patients;**
    - Meningitis, encephalitis;    Hepatic encephalopathy;    cerebral malaria;
    - Head injury;    Poisonings; and    Status epilepticus;
  - All types of shock/hemodynamic instability:**
    - Septic shock;
    - Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
  - Cardiac arrhythmias after consulting with the treating consultant
  - Hypertensive Emergencies;
  - Severe acid base disorders;
  - Severe electrolyte abnormalities;
  - Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
  - Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
  - Post-Operative Patients;**
    - Requiring ventilation;
    - Unstable patients; and
    - Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
  - Patients requiring nitric oxide therapy;
  - Malignant hyperpyrexia;
  - Acute hepatic failure
  - Severe dehydration with mental status change;
  - Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- “UNSTABLE” PATIENT IS DEFINED AS**
- HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic an or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
  - Signs of peripheral poor perfusion or suspicion of any type of shock.
  - Capillary refill time > 4seconds.
  - Children Blood pressure (Syst.) < [70 + (2× age “Years”)].
- Respiratory failure or high risk of failure or airway obstruction:**
- Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
  - O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
  - Distress and risk of exhaustion
  - Change of level of consciousness: GCS < 13.**
  - Persistent oliguria with acidosis.**

*? septic ideas*

Signature of the Doctor: Neela Name of the Doctor: Dr. Nandana Date & Time: 31/05/2026

*3AM*

Patient Sticker



### DISCHARGE CRITERIA – PICU

**Discharge to:**

HDU / Step down ICU       Ward       Outside Facility       Others: .....

**Tick (✓) any of the following criteria requiring discharge / transfer from PICU**

- Stable hemodynamic parameters.
- Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- Minimal oxygen requirements that do not exceed patient care unit guidelines.
- Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- Cardiac dysrhythmias are controlled.
- Neurologic stability with control of seizures.
- Removal of all hemodynamic monitoring catheters.
- Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

BAH-00641090 IP5-00174558  
Baby Of EDLA PRAVALLIKA  
01-10-2025 0 Y 7 M 30 D (F)  
Dr. VIJAYANAND JAMALPURI



# PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 31/05/26 Time: 3:59 AM

### Patient Assessment Form:

Informant:  Father  Mother  Other

Presenting Complaints / Chief Complaints : Abdominal distension since evening  
Not passing stools since 1 day  
Last stool passed @ 7 AM on 30/05/2026.

K/clo Congenital hypothyroidism on medication

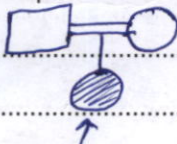
Post ileostomy + laprotomy [On 23/11/2025]

Surgery prolapse on 1/01/2026  
↳ dit excessive cry

### Past History (Including previous treatment and investigations) :

(UE (29/5/26) 2-3 Pus cells  
10-15 Epithelial cells  
Nitrite - negative  
No leucocytes

Birth and Developmental History : 28 wks / 900 gm / 2 SCS / NICU admission for 100 days  
On ventilator for 2 weeks



Immunization History : Immunized upto 6 months age.

H/O Allergy : NO known allergies

Family History : No H/O similar complaints in the family  
Consanguinous marriage

INITIAL ASSESSMENT

RBS : - Temperature : 98.4°F Weight (kg) : 6kg

Respiratory System Findings:

Air Way: Open Maintainable Not Maintainable Intubated, If Intubated, size & position of ETT : -

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 32/min

SPO2: 95-96% on RA O by NC / FM / NRB mask / Oxyhood, at - L / min

Ventilatory Support : Yes No - Day # of Vent : - Respiratory Efforts : -

Ventilatory Settings : Leak around ETT : - Delivered Vt : -

ABG : - EtCO2 : - P/F ratio : - O.I. : -

Any Nebs : - ICD? Yes No, if Yes, details : -

CXR : -

Cardio Vascular System Clinical Exam : Heart Rate : 137/min Cardiac Rhytho : Regular

(Heart sounds, murmur etc.) : S1 S2 (+)

Quality of Pulses : Good cap refill Time : <3sec Liver Edge : - cm below Rt costal margin

Blood Pressures : NIBP : - IBP : - CVP : -

Infusion of any Inotropes? : Yes No - If yes, then details : -

Any Other Infusions : -

Last 2D Echo Findings : -

Size of the heart and lung fields in latest CXR : -

Arterial line in Situ : Yes No Place of art, line & its condition : -

Central line in Situ : Yes No Place of central line & its condition : -

Infection and Antibiotics :

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) : -

Cultures Done outside? Yes No - If yes, details : -

Describe c/s Reports : -

Other Labs (Latex, Serology, etc) : -

Ongoing Antibiotics : clavum drops

Abdominal Exam : Soft, distended, non tender

Bowel sounds heard

ENT Exam : (N)

Central Nervous System :

Level of Consciousness : AVPU / GCS score : A1e1t

Neurological Findings : Intact - cranial nerves

(N) - Power, reflexes

Relevant data from outside (Neuro imaging any ongoing medications etc) : -

**Special Needs Screening:** (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)  
 (Please select and 'tick mark' [ ✓ ] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is  Positive  Negative
- Diabetes Mellitus
  - Overweight
  - Under Weight
  - Poor Appetite > 3days
  - Needs Therapeutic Diet.
  - Psychological Eating Disorder
  - Difficulty swallowing / Chewing
  - Unplanned Change in Weight
  - Diarrhoea > 4days
  - Major Surgery
  - Hyperemesis gravidarum
  - Food Allergy
  - Patient in ICU
  - Tube Feeding

- b. Psychological Screening Criteria: Screening is  Positive  Negative
- Non-compliance to offered treatment Over weight
  - Emotional / Behavioural Problem ( Tearful, uncooperative)
  - Suspected Drug Abuse

- c. Functional Screening Criteria: Screening is  Positive  Negative
- Patient cannot position himself in bed
  - Restricted ROM
  - Change in Muscle Power
  - Impaired Daily Living Activities

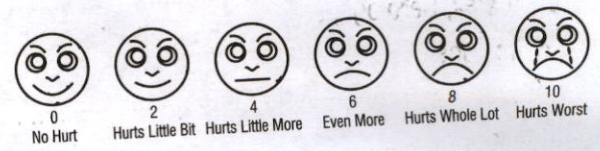
- d. Socio-economic Screening Criteria: Screening is  Positive  Negative
- Living alone
  - Cultural or religious background that would need to know for the plan of care
  - Suspected abuse or neglect
  - Unable to assess due to lack of family

e. Need for Interpreter Screening is  Yes  No If Yes then plan .....

6. Patient needs additional specialized assessments:  Yes  No  
 If yes, Please fill Individualized Initial Assessments Form for Special Populations  
 Others .....

**Pain Screening:**

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)



Pain Score "Whenever Applicable" .....

Location: .....

Duration: ..... days / weeks / months (Strike Out that is not applicable)

Character:  localized  diffuse  sharp  aching  referred  vague  burning / soreness

Frequency:  constant  intermittent  occasional

Pain Management done  Yes  No

Nutritional Evaluation: ..... *Low for age.* .....

Current Medications: ..... *Thyronorm, Coliced, Crocin drops, clavum drops* .....

Provisional Diagnosis : ? sepsis

Prism III score at 24 hrs of admission : ..... Worse SOFA Score : .....

Referred Patient -  Self Referral -  Rainbow Patient

Transferring Unit :  Ward  OT - Transported?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

Referring Consultant : .....

Admitting Consultant : Dr. Vijayanand

Indication for PICU referral : .....

**PLAN OF CARE**

Preventive aspects of the treatment : Complications

Desired goals of the treatment : Resolution  
Hemodynamic stability

**PLANNED INVESTIGATIONS**

CBP, RP2  
VBG  
Blood cls  
PCT

Noted by  
Palash

**PLANNED MANAGEMENT**

INJ. CEFTRIAXONE  
INJ. PANTOPRAZOLE  
NPO  
Pediatric surgeon Review

Noted by  
Palash

Final Diagnosis : ? sepsis ? Paralytic ileus

Doctor's Signature : Bhaleth

Name : Bhaleth Reddy

Date : 31/05/26

Time : 4:03 AM

Consultant's Signature : .....

Name : .....

Date : .....

Time : .....

## PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : PICU as per Rota

Date : 31/05/26

Type of Admission:  OPD  ER  Referral (if referral, Doctor's Name: \_\_\_\_\_)

Start Time of Assessment: 2:00 AM Weight: 6 kg

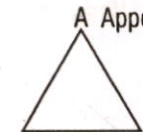
Allergic History: No

Chief Complaints: \_\_\_\_\_

Abdominal distension since evening  
Not passing stools since 1 day.  
(30/5/26 - 7AM)

Pediatric Assessment Triangle

A Appearance - TICLS 0/11

B  C Circulation  Normal  Abnormal

Breathing  ↑ WOB  ↓ WOB  Normal  Gaspings / Apnea

Pallor  Cyanosis  Mottling  Bleeding

Initial Physiological Status:  Stable  Unstable  
 Life Threatening  Non Life Threatening

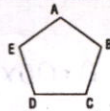
Any urgent interventions needed:  Yes  No  
 If Yes \_\_\_\_\_

Significant Past History: Post ileostomy + laprotomy ; x1c1c Congenital hypothyroidism

Medication History: BORN at 28 wks Bt.wt - 900gms

Relevant Investigations: CUE (29/5/26) - 2-3 Pus cells ; 10-15 EC ; UrTaste : -ve  
Neutrocytes

### Primary Assessment



Airway



Open  
 Maintainable  
 Not Maintainable

Any urgent interventions needed:  Yes  No

If Yes \_\_\_\_\_

Breathing



Rate: 32/min SpO<sub>2</sub> on FiO<sub>2</sub> 95-96% on RA

Rhythm: Regular

Retractions:  Suprasternal  ICR  SCR  
 Sternal  Supraclavicular  Nasal Flaring


Respiratory Noises:  Stridor  Wheezing  Grunting

Air Entry: B.A.E. ⊕

Palpation Findings (if necessary) \_\_\_\_\_

Any urgent interventions needed:  Yes  No

If Yes \_\_\_\_\_

**Circulation**  HR: 137/min

CFT  Central .....  Peripheral } 13sec

Any urgent interventions needed:  Yes  No

If Yes .....

BP: ..... mmHg

Murmurs:  Yes  No

Pulse Volume:  Central .....  Peripheral } Good

Liver Span: .....


If in Shock:  Compensated .....  Hypotensive .....

ECG: .....

Muffled Heart Sound:  Yes  No

Any Signs of Heart Failure:  Yes  No

Engorged Neck Veins:  Yes  No

**Disability**  GCS: ..... AVPU: Alert

Any urgent interventions needed:  Yes  No

If Yes .....


Pupils:  Responsive  Non-Responsive

Size:  Right .....  Left .....

Active Seizures:  Yes  No

Sugars: ..... NO

Signs of Neurological compromise .....

**Exposure**  Temp.: 98.4°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: Ileostomy opening @ over @ side abdomen

**Labs Planned:** CBC, RP-2

VBG

~~PT/PTT~~

Blood c/s

PLT

**Treatment Planned:**

INJ. AMOXICLAV

INJ. PANTOPRAZOLE

Pediatric Surgeon Review T/m

NPO

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

Final Diagnosis with possible Differential Diagnosis (If necessary): ? Sepsis ? Paralytic ileus

Assessment done by

Name of the Doctor: Bhargath Reddy

Signature: Bhargath

Date & Time: 31/05/26; 2:55 AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....



**DAILY ASSESSMENT AND HANDOVER SHEET OF PICU**

Date of Admission : 31/07/26 Day of Admission : D1 Today's Date & Time : 31/07/26

PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

<b>OVERVIEW</b>	Diagnosis : <u>Ex-proctum / NEC - Ileal stenosis</u> <u>s/p Ileostomy</u>	Current Issues :
	<b>VITAL SIGNS</b> Today's Wt. (kg) : <u>6.4</u> Temp.: Blood sugar issues :	
<b>RESPIRATORY SYSTEM</b>	<b>Respiratory System Findings</b> (Air entry, breath sounds, s/o distress etc.) : <u>B/L clear.</u>	
	CXR :	
	SPO <sub>2</sub> : <u>99.1 (room air)</u> O <sub>2</sub> by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : <u>7.34</u> <u>34.7</u> <u>23.3</u> EtCO <sub>2</sub> : _____ P/F ratio : _____ O.I. : _____	
	Chest Physiotherapy Plan : <u>47-3</u> Suctioning Needs : _____	
	Any Nebs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____	
Plan of care : _____		
<b>CARDIO VASCULAR SYSTEM</b>	<b>Cardio Vascular System Clinical Exam.</b> (Heart sounds, murmur etc.) : <u>since HR = 136/min</u>	
	Quality of Pulses : <u>Good</u> cap refill Time : <u>&lt; 2 sec</u> Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : <u>90/56</u> IBP : _____ CVP : _____	
	Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min	
	<input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min	
	<input type="checkbox"/> Milirone _____ mcg / kg / min	
	Any Other Infusions : _____	
	Last 2D Echo Findings : _____	
Size of the heart and lung fields in latest CXR : _____		
Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : _____		
Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : _____		
Day of arterial line : _____ Day of Central line : _____		
Plan of Care : _____		
<b>CNS</b>	Neuro Exam : <u>Alert, Active.</u>	
	Pupils : <u>2+ 2+</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : _____	
Ramsay Sedation Score : _____		

FLUIDS STATUS NUTRITION AND G.I	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>4.6</u> / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : ..... NG output : ..... PO intake : ..... Feed Formula : ..... Feed Schedule : ..... IV Fluids - Type of IVF : <u>DNS</u> @ <u>24</u> ml / hr ( ..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... ..... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day) ..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI Labs : Na ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : ..... Latest LFT : ..... Abd Exam : <u>SJA, NT</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : ..... Plan (G.I. & Liver) : ..... ..... .....	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : ..... Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Ceftazidime D1</u> Describe c/s Reports : ..... Other Labs (Latex, Serology, etc) : ..... Ongoing Antibiotics : ..... .....	
	Sr. Creat : <u>0.4</u> Bld. Urea : <u>15</u> Other Relevant Labs : ..... P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : ..... Relevant Radiology (USC, MCUG radioisotope scan etc) : ..... Plan of Care : ..... .....	
	Relevant Labs ( GBP etc ) : <u>10.2</u> <u>13.630</u> <u>3.49</u> <u>all</u> <u>35.7/52.8</u> Any Coagulopathy : ..... Relevant Transfusion History : ..... Plan of Care : ..... .....	
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : ..... Pending Lab Results : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : ..... Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : .....	
	FINAL COMMENTS : <u>Start feeds after wash.</u> ..... .....	

Doctor's Name (Handover given) : Subey  
 Signature : [Signature]  
 Date & Time : 31/5/26 8a

Doctor's Name (Handover taken) : Dr Mathew  
 Signature : [Signature]  
 Date & Time : 31/5/26 8AM



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
31/5/20	c/s/b PICU team	Plan
3:46 am		
	As:- Ex-preterm / NEC - Ileal stenosis /	1) NPO + NG tube aspiration / O2H
	s/p ileostomy.	2) keep NG tube open
	Issues:- 1) abdominal distension	3) IVF 100% maintenance
	2) Didnot pass stool ∴ yesterday morning	4) 2i. Ceftriaxone 2i. Esomeprazole
	on room air	5) send CBP, RP-2, VBG, Blood cts, CRP
	-hemodynamically stable	6) trace labs 7) counsel family
	HR - 110/min	<del>ADP</del>
	BP - 100/54	
	SpO <sub>2</sub> - 100%	
	RR - 30/min	
	P/A - soft	
	bowel sounds - good	
	other systemic exam <sup>n</sup> - (N)	

Dr. Pratyusha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/2026 @ 10 AM	<p><u>S/B Dr. Sandeep</u></p> <p>Extreme prematurity            Neurologic Intensive Care /            Sp. Neurology / Septic            Sepsis</p> <p>① Abdominal distension</p> <p>On room air            hemodynamically stable            chest clear</p>	<p>Adm</p> <p>① Start feeds after  <del>6 hours</del> 6 hours</p> <p>② continue IV fluids</p> <p>③ S/S Leamethromone</p> <p>④ Plan to shift</p> <p>⑤ Surpan review ✓</p> <p>⑥ Trace urine cl</p> <p>N.B. Amulya            3/5/26            @ 10:10 AM</p>
3/5/26. 4:30 PM	<p><u>shifting notes:</u></p> <p>extreme prematurity            NEC sp. pleostomy            now abdominal distension.</p> <p>on room air            hemodynamically stable.            one episode of vomiting            passed stools.</p>	<p>plan.</p> <p>1. shift to room.</p> <p>2. continue oral feeds            60ml 2nd hour</p> <p>3. w/F abdominal distension            vomitings</p> <p>4. monitor vitals.</p> <p>5. Trace urine culture.</p>

3/5/26  
 Dr. Mathan  
 M  
 4:30 PM



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
11/6/26 8:00am	C/S/B Resident	
	Δ: Extreme Preterm	Plan
	e NEC	① IVF DNS @ 12ml/h
	s/p Pleostomy	
	e/o abdominal distention	② INS CEFTRIAXONE
	child is afebrile	300mg I'V BID.
	no vomiting	③ INS PANTO PRAZOLE
	taking proper oral	
	feeds.	④ Continue oral feed
	on room air.	2nd hly. @ 60ml.
	hemodynamically stable	⑤ monitor vitals
	OLE: child is alert	⑥ Trace urine c/s.
	active	⑦ watch & inform
	CVS - S, S, (A)	for vomiting &
	RS - BAE (A)	abdominal distention
	PIA - Soft, no distention	Sohela
	nose - NG tube present.	Cdr. Sohela
	SIB Dr. V.J Sir	Plan
	Δ: UTI	① Remove NG tube
	no vomiting	② Continue antibiotics
	stoma output - good	③ Monitor stoma output
	urine o/p - good	④ Trace urine c/s repeat
		⑤ ongoing surgical

DR. VIJAYANAND JAMALPURI  
 Registration No: 40526

DR. VIJAYANAND JAMALPURI  
 Registration No: 40526  
 (P.T.O)

Sohela  
 Cdr. Sohela

BAH-00641090 IP5-0017  
 Baby Of EDLA PRAVALLIKA  
 01-10-2025 0 Y 7 M 30 D  
 Dr. VIJAYANAND JAMALPURI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/28	CS/B Resident   V-J Sir	
3:30 PM		
	Δ: UTI.	
		<u>Plan</u>
	NO vomiting	
	Afebrile, feeding well.	① i.v antibiotics
	OLE child is alert	AMOXICILLIN
	P/A - soft	CEFAURANIC ACID
	CVS - S1S2 ⊕	
	RS - BAE ⊕	② monitor vitals
	vitals stable	③ stop ceftriaxone
	hemodynamically stable	
		Sohule
		(Dr. Sohule)

DR. VIJAYANAND JAMALPURI  
 Registration No. 405

BAH-00641090 IPS-00174558  
 Baby Of EDLA PRAVALLIKA  
 01-10-2025 0 Y 8 M 0 D (F)  
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/25 8:10 am	C/SIB Resident	
	D: UTI KICD NEC SIP ibostamp.	Plan ① IVF DNS @ 12ml/h. ② INS AMOXICILLIN + CLAVULANIC ACID.
-	child is afebrile. taking oral feeds. Passed stools - three since night - no fresh complaint hemodynamically stable.	TID ③ INS PANTO PRAZOLE. ④ oral feed 60ml 2nd hly. ⑤ monitor vitals Sohel (Dr. Sohel)
	D/E: child is alert, active CVS: S <sub>1</sub> S <sub>2</sub> (+) , RS: BAE(+) P/A: soft, non tender ENT: clear	
	S/B Dr. V. J. Ser.	
	D: UTI. Feeding - good stool output - good.	Plan ① discharge ② <del>INS AMOXICILLIN +</del> DOO ③ oral COAMOXICLAV 1.5ml BID.
	D/E vitals - stable	R/V 2 days (Friday) MCOG on follow up Sohel (P.T.O.)

DR. VIJAYANAND JAMALPURI  
 Registration No: 40526



# CROSS CONSULTATION FORM

Doctor Name : Dr. Lavanya Date : 31/5/26 Time : 11 AM

Diagnosis : Dis. NEC - 2nd stenosis

Hospital : RCH

Type of Referral :  
 Emergency  
 Urgent  
 Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

## Findings and Recommendations :

cf abdominal distension  
- 1 day  
did not pass stool - 1 day - Adv

cf Congenital hypothyroidism -

1) Start oral feeds.

O/E  
abdominal distension ⊕  
passed stool (stoma functional).

- 2) Can shift to ward once taking adequate feeds from surgical side.
- 3) Clamp NG tube  
Pre-feed aspirate.

NG - 4ml.

## Consultant :

Name : Dr. Lavanya Signature : [Signature]

Date & Time : 31/5/26  
11 AM

BAH-00641090 IP5-00174558  
 Baby Of EDLA PRAVALLIKA  
 01-10-2025 0 Y 7 M 30 D (F)  
 Dr. VIJAYANAND JAMALPURI



## RESULT SHEET

Date	31/05/26				
Time	4:30AM				
Hb	10.2				
PCV	33				
RBC	4.20				
WBC	13,630				
N/L	35.7/52.8				
Platelets	3,49,000				
CRP	31				
ESR					
PCT					
RBS					
Na	136				
K	5.3				
Cl	104				
Ca/Mg					
Phosphate					
Urea	15				
Creatinine	0.4				
ALP					
SGPT					
SGOT					
T.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 Bicarbonate	21				

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ..... ~~USG~~ USG- Abd ← gaseous bowel loop in central abd  
acet. unremarkable

Bld cs - no growth 24 hrs

Urine cs - E. coli

↳ susp - Augmentin

Piptaz

Gentamicin

Amikacin

Tobramycin

Nicotinamide

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.) : .....

BAH-0041090 IP5-00174558  
 Baby Of EDLA PRAVALLIKA  
 01-10-2025 0 Y 7 M 30 D (F)  
 Dr. VIJAYANAND JAMALPURI



## 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: PICU Shifted to: 239

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	INJ PANTOPROZOLE	6mg	IV	OD	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ CEFTRIAXONE	300mg	IV	BD	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input 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 : Dr. Nathan M

Date & Time : 31/5/26 4 PM

Nurse Name & Signature : Siti Amulya Hai

Date & Time : 31/5/26 @ 4:30 pm



## 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: ER

Shifted to: PICU

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	ROGIN DROPS	0.9ml	PO	SOS	31/05/26 12:00 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	CLAVUM DROPS	1.5ml	PO	BD	30/05/26 11:30 PM	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	COLICAIID DROPS	0.5ml	PO	BD	31/05/26 1:00 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input 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: Bhagath Reddy; Bhagath

Date & Time: 31/05/2026; 3:00 AM

Nurse Name & Signature: Kaethe Ke

Date & Time: 31/05/2026 e 3:10 AM



# DRUG CHART

Date of Admission: 31/5/26 Drug Allergies:  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)

<b>DRUG :</b> CROCIN DROPS (100/1)				Date Time															
Dose	Route	Frequency	Start Date																
0.9ml	PO	SOS for fever	31/5/26																
Doctor's Signature <u>Aleeb</u>		Valid Period	Pharm.																
Additional Instructions:																			

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY : Name .....





BAH-00641090 IP5-00174558

Baby Of EDLA PRAVALLIKA

01-10-2025 0 Y 7 M 30 D (F)

Dr. VIJAYANAND JAMALPURI



### I.V. FLUIDS CHART

Weight. 6kg Ward. ICU

Indication of I.V. Fluid  
(on ml/hr = Mcg/kg/min. etc)

Route

Flow Rate  
ml/hr

Doctor  
Sign

Nurse  
Sign

Date of  
Stopping

Doctor  
Sign

Nurse  
Sign

31/05/26

4 PM

IV FLUIDS  
DNS (Full-maintenance)

IV

24

Shalokh

Roh  
Pun

31/5

M

[Signature]  
[Signature]

31/5/26

4 PM

IVF DNS

IV

12 ml/hr

[Signature]

Bee  
min

1/6/26

[Signature]

[Signature]  
[Signature]

1/6/26

8:00am

IVF DNS

IV

12 ml/hr

[Signature]

Mam  
Nitio

2/6/26

[Signature]

[Signature]  
[Signature]

2/6/26

8:00am

IVF DNS

IV

12 ml/hr

[Signature]

Bee  
min

2/6/26

[Signature]

[Signature]  
[Signature]

Signature

VERIFIED BY : Name

2/6/26

BAH-00641090 IP5-00174558  
Baby Of EDLA PRAVALLIKA  
01-10-2024 0 Y 8 M 0 D (F)  
Dr. VIJAYANAND JAMALPURI

Doc. No. : RCH / FRM / CLINICAL / 124

# INFANT (<1 year) Children's Observation & Early Warning Scoring Chart



## EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 9am

Doctor/Nurse/Family Concern? gcm

Temperature (F)	104	
	103	
	102	
	101	
	100	
	99	* 98.5 F
	98	
	97	
	96	
	95	
94		

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

*Handwritten scribble*

Heart Rate (Number) 120/1m

Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	

Resp Rate (Number) 22/1m

Resp Distress Mod/ Severe None / Mild —

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

Conscious Level Normal Altered —

GCS \* 15/15

TOTAL SCORE Number of shaded boxes 0

Pain Score 0

Observer's Initials W

- 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 incharge and PICU /NICU fellow or PICU/NICU 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:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- 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

- 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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00641090 IP5-0017455e  
 Baby Of EDLA PRAVALLIKA  
 01-10-2025 G Y 7 M 30 D  
 Dr. V. JAYANAND JAMALPURI

No. : RGH / FRM / CLINICAL / 124

1/6/26

**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

Pratiksha 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: 10 AM 2 PM 6 PM 10 PM 2 AM 6 AM

Doctor/Nurse/Family Concern? \_\_\_\_\_

Temperature (F)	104					
	103					
	102					
	101					
	100	98.5 F *				
	99					
	98		97.5 F *			
	97			97.5 F *		
	96					
	95					
94						

Heart Rate (bpm)	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
and Blood Pressure (mmHg) *	90						
	80						
	70						
	60						
	50						
	<b>Note:</b> BP does not score in early warning scoring						

Heart Rate (Number) 120b/m 115b/m 105b/m 102b/m 101b/m 126b/m

Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					

Resp Rate (Number) 30b/m 33b/m 25b/m 26b/m 23b/m 26b/m

Resp Mod/ Severe Distress None / Mild \_\_\_\_\_

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) RIA 100% RIA 98% RIA 100% RIA 99% RIA 100% RIA 99%

Conscious Level Normal Altered \_\_\_\_\_

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

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

- 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 incharge and PICU /NICU fellow or PICU/NICU 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:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- 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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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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.

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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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00641090 IP5-00174558  
 Baby Of EDLA PRAVALLIKA (F) No.: RCH / FRM / CLINICAL / 124  
 01-10-2025 0 Y 7 M 30 D  
 Dr. VIJAYANAND JAMALPURI

# INFANT (<1 year)

## Children's Observation & Early Warning Scoring Chart

Pratiksha  
 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: 7 PM 10 PM 7 AM 6 AM

Doctor/Nurse/Family Concern? 7 PM 10 PM 7 AM 6 AM

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

*Handwritten temperature entries:*  
 99.5 F \*    99.8    99.7    99.8

Heart Rate (bpm) and Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	94				

*Vertical red line with 'N/C' written vertically.*

Heart Rate (Number) 130b/m 128b/m 134b/m

Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				

Resp Rate (Number) 34b/m 28b/m 32b/m 26b/m

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) RM 100% RA 99% RA 100% RA 98%

Conscious Level Normal / Altered

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

**TOTAL SCORE** Number of shaded boxes

Pain Score 0 0 0 0

Observer's Initials g g g g

<b>ACTIONS</b>	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
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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.

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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)

BAH-00641090 IP5-00174558  
 Baby Of EDLA PRAVALLIKA  
 01-10-2025 0 Y 7 M 30 D (F)  
 Dr. VIJAYANAND JAMALPURI



# FLUID CHART

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Sheet No. : .....

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	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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			12ml									
	05:00 pm	IVF	milk	12ml						0		Baral	
	06:00 pm	DNS		12ml						0		Baral	
	07:00 pm									6		Baral	
<b>Total Intake :</b>			24			<b>Total Output :</b>					M-1 U-2		
	08:00 pm			12ml						0		Baral	
	09:00 pm		milk	12ml						0		Baral	
	10:00 pm	IVF		12ml						0		Baral	
	11:00 pm	DNS		12ml						0		Baral	
	12:00 am		milk							0		Baral	
	01:00 am									0		Baral	
<b>Total Intake :</b>			28			<b>Total Output :</b>					M-2 U-2		
	02:00 am			12ml						0		Baral	
	03:00 am		milk	12ml						0		Baral	
	04:00 am	IVF		12ml						0		Baral	
	05:00 am	DNS	milk							0		Baral	
	06:00 am			12ml						0		Baral	
	07:00 am									0		Baral	
<b>Total Intake :</b>			28			<b>Total Output :</b>					M-1 U-2		
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>					M-4 U-6		

# FLUID CHART

1/6/26

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					V Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
1/6	08:00 am	↑		12ml							0	Barnai
	09:00 am	↑	60ml	12ml							0	Barnai
	10:00 am	IVF		-							0	Barnai
	11:00 am	Dns	60ml	-							0	Barnai
	12:00 pm			12ml							0	Barnai
	01:00 pm	↓	60ml	-							0	Barnai
<b>Total Intake :</b>			180ml	36ml		<b>Total Output :</b>					M-2	U-2
1/6	02:00 pm	↑		12ml							0	Barnai
	03:00 pm	↑	60ml	12ml							0	Barnai
	04:00 pm	IVF		-							0	Barnai
	05:00 pm	Dns	60ml	-							0	Barnai
	06:00 pm			-							0	Barnai
	07:00 pm	↓	60ml	12ml							0	Barnai
<b>Total Intake :</b>			180ml	36ml		<b>Total Output :</b>					M-1	U-2
1/6	08:00 pm	↓		-							0	Mouni
	09:00 pm	↓		-							0	Mouni
	10:00 pm	IVF Dns	100ml	2ml							0	Mouni
	11:00 pm			12ml							0	Mouni
	12:00 am			12ml							0	Mouni
	01:00 am	↓	60ml	12ml							0	Mouni
<b>Total Intake :</b>			160ml	48ml		<b>Total Output :</b>					U-1	M-1
2/6	02:00 am	↓		12ml							0	Mouni
	03:00 am	↓		12ml							0	Mouni
	04:00 am	↓	100ml	12ml							0	Mouni
	05:00 am	IVF Dns		12ml							0	Mouni
	06:00 am		60ml	-							0	Mouni
	07:00 am	↓		-							0	Mouni
<b>Total Intake :</b>			160ml	48ml		<b>Total Output :</b>					U-1	M-1
<b>Total 24 hrs. Intake</b>			P-Feed - 880ml R - 168ml			<b>Total 24 hrs. Output</b>			U - 8ml-6			

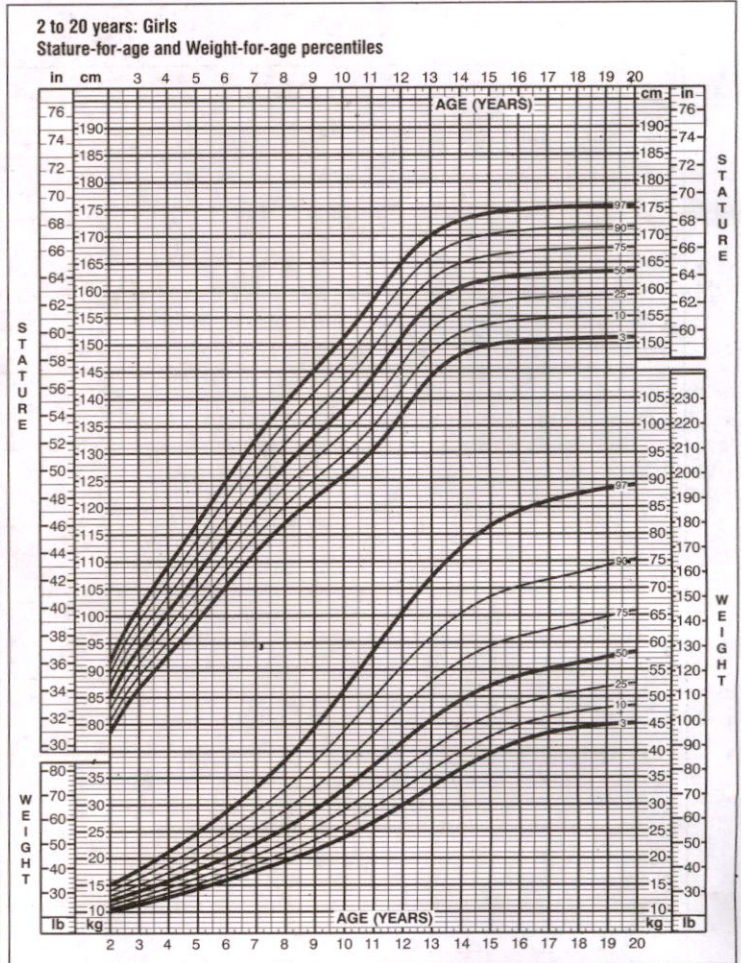
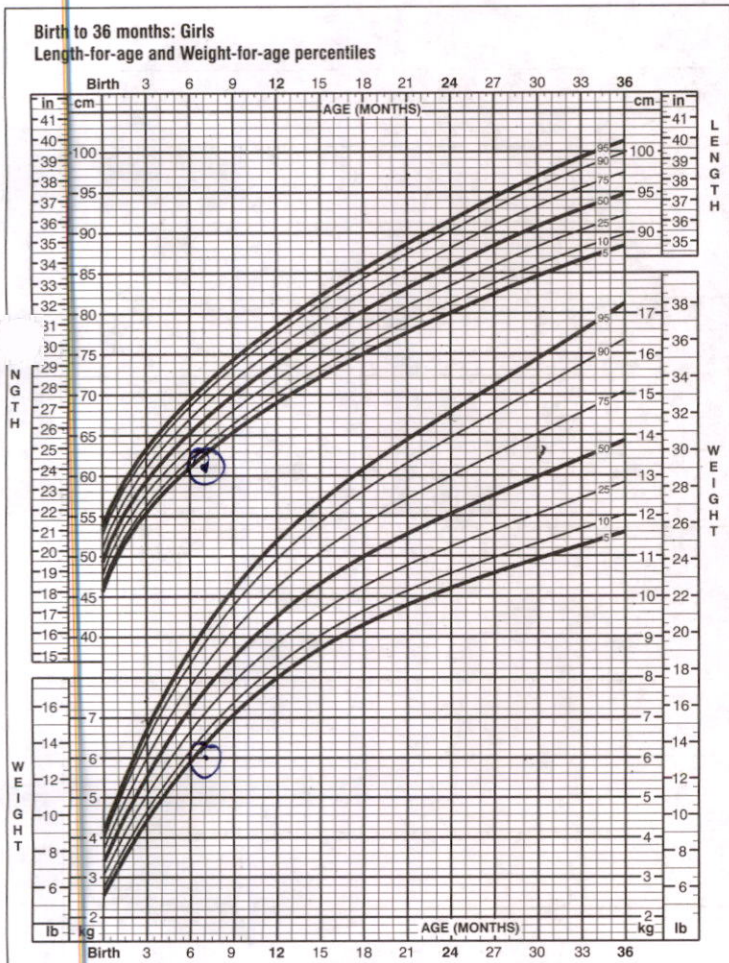
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## NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 1/6/26 Time: 9am

Weight: 6kgs Centile: <5<sup>th</sup>  
 Height: 61cms Centile: <5<sup>th</sup>  
 Inference: Underweight child  
 RDA: - Calories: 98kcal/kg/d Protein: 1.6g/kg/d  
 Diet Recommendations: Child is on Neocate LCP (1:30ml) dilution 60ml of 2nd hely  
 Re-Assessment:  
 Food Allergies: No Veg/Non-veg: Non-veg  
 Diagnosis: Ex-preterm / NEC - Ileal stenosis s/p ileostomy  
 Nutritional Intervention -  Oral  Enteral  Parenteral  
 Patient's Signature: [Signature]

### GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: [Signature]

