

B2

**ACTIVITY RECORD FOR BILLING**

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

UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ Dept : \_\_\_\_\_  
 BAH-00656054 IP5-00173700  
 Master MOHAMMED ABDUL KHADER  
 12-03-2026 0 Y 1 M 29 D (M)  
 Dr. KAPIL BHAGWATRAO SACHANE

Date of Admission: \_\_\_\_\_ Tir \_\_\_\_\_ rge : \_\_\_\_\_ Time: \_\_\_\_\_



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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
11/05	10:40pm	QR	PICU	[Signature]
14/5	6pm	PICU	114	[Signature]

**Cross Consultation Visit**

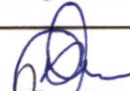
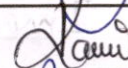
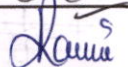

	Doctors Name	Date	Order No.	Signature
1	Dr. JONAM POL	12/5	9606uu1	[Signature] [System wise not coming]
2				
3				
4				
5				
6				
7				
8				
9				
10				

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/5	CBP, CRP, blood us	}	}
	Rg, Rms	26046073	}
	Sviral panel		}
	NBG	26048224	Vinchaya
	CRP →	23880	}
12/5	RBS →	26048089	}
12/5	2D echo	2509317	}
13/5	CRP	024035	Suban
13/5	RBS	26048464	Suban
14/5	RBS	2604887	



**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
11/5	SV placement	①	9603613	
12/5/26	Neb e o2	③	9605036	
13/5/26	Neb e o2	③	9606732	
14/5	Neb e o2	②	960542	

13/5/26  
14/5/26


**ANY OTHER INFORMATION**

.....  
 .....  
 2D echo - ①  
 vBG - ①  
 X-ray - ①  
 .....

Date : 16/5/26

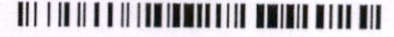
Time : 10AM

Prepared By : Aruna

Staff Nurse  	Shift / Ward  SPT.	Billing Assistant	Billing Supervisor
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**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00173700      Admit Date : 11-May-2026      Admit Time : 10:39 PM      UHID : BAH-00656054

**Patient Details :**

Patient Name : Master MOHAMMED ABDUL KHADER      Age : 0 Y 1 M 29 D  
Guardian : Dr. MOHAMMED ABDUL TAJMOOL      DOB : 12-03-2026 01:00 AM  
Gender : Male      Religion :  
Occupation :      Martial Status : Single  
Address (H) : #6-3-663/5 JAFFAR ALI BAGH Somaji Guda      Phone No : 900080062/ 8978199483  
Hyderabad Telangana INDIA 500082      E-mail : nomailid@gmail.com


**Admission Details :**

Bed Type : PICU      Bed No : PICU 214      Ward Name : 2F-PICU I  
Room No : PICU 214      Admission Type : First Visit

**Contact Details :**

Name : Dr. MOHAMMED ABDUL TAJMOOL      Relationship : Father  
Contact Address : #6-3-663/5 JAFFAR ALI BAGH Somaji Guda      Phone No : 000080062 / 8978199483  
Hyderabad Telangana INDIA 500082

90060 80062

  
Signature

**Doctor Details :**

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE      Specialisation : PEDIATRIC INTENSIVE CARE  
Referral Doctor : Dr. Tajammul      Phone No :  
Co-Consultant : Dr. FAISAL B NAHDI

**Payment Details :**

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

ADMISSION SHEET

Registration Details :



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Guardian : Dr. MOHAMMED ABDUL TAJMOOL DOB : 12-03-2026 01:00 AM  
Gender : Male Religion :  
Occupation : Martial Status : Single  
Address (H) : #6-3-663/5 JAFFAR ALI BAGH Somaji Guda Phone No : 900080062/ 8978199483  
Hyderabad Telangana INDIA 500082 E-mail : nomailid@gmail.com

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Name : Dr. MOHAMMED ABDUL TAJMOOL Relationship : Father  
Contact Address : #6-3-663/5 JAFFAR ALI BAGH Somaji Guda Phone No : 900080062 / 8978199483  
Hyderabad Telangana INDIA 500082

Signature

Doctor Details :

Doctor Name : Dr. FAISAL B NAHDI Specialisation : GENERAL PEDIATRICS  
Referral Doctor : Dr. Tajammul Phone No :  
Co-Consultant : Dr. SANDEEP REDDY

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 22283.00  
Payor Name : SELFPAY

Patient Name: Mr. Arshad Chaudhry  
P.A.H. 00656054  
114.

### DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	10			
7	Nursing plan of care and handover sheets	6			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	4			
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra	4			
<b>Total No. of Pages</b>		57			

## 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

CARDIOLOGY REQUISITION FORM

Name: Mohammed Abdul Kader	Age: 2 months
Sex: Male	Date: 12/12/16
UHID No: 1344-0665654	Weight: 4.6kg

DIAGNOSIS:

SILENT CLINICAL FINDINGS:

IMPORTANT LAB PARAMETERS:

INDICATION FOR ECHO & REQUIRED INFORMATION:

to see structural heart defect

RESIDENT SIGNATURE:

M. Madhu

CONSULTANT NAME:

Dr. Farid B. Nardi

CEP-33  
Echocardiogram - 1st negative

soft systolic murmur  
on low flow oxygen

where assessed  
LFT



## 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 and/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.
  - O<sub>2</sub> Saturation < 90 % or need for O<sub>2</sub> > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO<sub>2</sub> < 60 torr, PaCO<sub>2</sub> > 50 torr.
  - Distress and risk of exhaustion
  - Change of level of consciousness: GCS < 13.**
  - Persistent oliguria with acidosis.**

Signature of the Doctor: ..... *Madhusi* ..... Name of the Doctor: ..... *Madhusi* ..... Date & Time: ..... *11.5.26 @ 11pm* .....

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: .....



# PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Farid Nohri

Date: 11/5/26

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

Start Time of Assessment: 9:30am

Weight: 4.0kg

Allergic History: \_\_\_\_\_

**Chief Complaints:**  
Cough = 20  
Fever = morning  
Resp. distress  
↓ oxygen sat / peels  
wheezing

**Pediatric Assessment Triangle**

A Appearance - TICLS \_\_\_\_\_

B Breathing

C Circulation

Normal  
 Abnormal

↑ WOB  
 ↓ WOB  
 Normal  
 Gasping / Apnea

Pallor   
 Cyanosis  
 Mottling  
 Bleeding

Initial Physiological Status:  Stable  Unstable

Any urgent interventions needed:  Yes  No

Life Threatening   
 Non Life Threatening

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

Significant Past History: H/O New admission in v/o LOS / AR2 - req IV Antibiotic (10/10/26)

Medication History: \_\_\_\_\_

Relevant Investigations: \_\_\_\_\_

**Primary Assessment**

**Airway**

Open  
 Maintainable  
 Not Maintainable

**Breathing**

Rate: 22/min SpO<sub>2</sub> on FIO<sub>2</sub>: 90% @ RA

Rhythm: reg

Retractions:  Suprasternal  ICR  SCR  
 Sternal  Supraclavicular  Nasal Flaring

Respiratory Noises:  Stridor  Wheezing  Grunting

Air Entry: BAE @, lyc crepts @

Palpation Findings (If necessary): lyc wheeze @

Any urgent interventions needed:  Yes  No

If Yes: O<sub>2</sub> ENP @ 2L/min  
O<sub>2</sub> support -



**Circulation**

HR: 200/min

CFT  Central  < 2 sec  
 Peripheral

Any urgent interventions needed:  Yes  No

If Yes

BP: ..... mmHg

Murmurs:  Yes  No

Pulse Volume:  Central  radial  
 Peripheral

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: 15/15

AVPU: crny

Any urgent interventions needed:  Yes  No

If Yes

Pupils:  Responsive  Non-Responsive  
Size  Right .....  
 Left .....

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

Signs of Neurological compromise .....

**Exposure**



Temp.: 101.9°F

Any urgent interventions needed:  Yes  No

If Yes lipem tongue/lord

Any Rash:  Yes  No

If yes describe the rash .....

Active bleed .....

Lacerations  Abrasions  bruises

Describe: .....

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: Tachycardia, grunty

**Labs Planned:**

CBP, CRP, PCT, RFT, s/e, ABG, CXR - PA view

5 mins respiratory panel

**Treatment Planned:**

1) 1mg Hydrocort

2) 1g RIBAVIRIN

3) 1g AUGMENTIN

4) DMS

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

Final Diagnosis with possible Differential Diagnosis (if necessary): Broncholitis

Assessment done by Name of the Doctor: [Signature]

Signature: [Signature]

Date & Time: 11/5/26

Sr. Doctor on Duty (if necessary) Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....



# PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 11.15.26 Time: 10:50pm

### Patient Assessment Form:

Informant:  Father  Mother  Other

Presenting Complaints / Chief Complaints :

2 months / male ch  
complaints of cough since 2 days.  
mild cough  
Sleep-good  
no pt吐 or vomiting  
fever since today morning  
3 spikes since morning  
moderate grade  
no associated with rash

Past History (Including previous treatment and investigations) :

nil

Birth and Developmental History : Term / NVD / 2.7 kg / no ill observation  
nil respiratory distress

on days of life → jaundice neonatal sepsis (AKI) → admitted for 3 days.

Immunization History : vaccinated till date

H / O Allergy :

Family History : nil

INITIAL ASSESSMENT

RBS : 196mg/dl Temperature : 101.9 F Weight (kg) : 46 kgs

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 : 46/min  
Bil AE @, wheeze @

SPO2: 100% O by NC / FM / NRB mask / Oxyhood, at with 12L/min L/min

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

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : 7.38 pH PO2-49.4 / HCO3-20 EtCO2: P/F ratio : O.I.:

Any Nebs : lactate-1.7 ICD? Yes No, if Yes, details :

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 180/min Cardiac Rhytho : S1S2 @

(Heart sounds, murmur etc.) :

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 : none

Abdominal Exam : soft, non-tender

ENT Exam :

Central Nervous System :

Level of Consciousness : AVPU / GCS score : alert GCS

Neurological Findings : no abnormality detected moving all 4 limbs equally

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

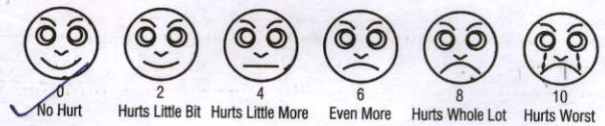
**Special Needs Screening:** (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)  
 (Please select and 'tick mark' [ ✓ ] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is  Positive  Negative
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Diabetes Mellitus     | <input type="checkbox"/> Needs Therapeutic Diet.         | <input type="checkbox"/> Diarrhoea > 4days      | <input type="checkbox"/> Food Allergy              |
| <input type="checkbox"/> Overweight            | <input type="checkbox"/> Psychological Eating Disorder   | <input type="checkbox"/> Major Surgery          | <input checked="" type="checkbox"/> Patient in ICU |
| <input type="checkbox"/> Under Weight          | <input type="checkbox"/> Difficulty swallowing / Chewing | <input type="checkbox"/> Hyperemesis gravidarum | <input type="checkbox"/> Tube Feeding              |
| <input type="checkbox"/> Poor Appetite > 3days | <input type="checkbox"/> Unplanned Change in Weight      |   |  |
- b. Psychological Screening Criteria: Screening is  Positive  Negative
- Non-compliance to offered treatment Over weight  Suspected Drug Abuse
- Emotional / Behavioural Problem ( Tearful, uncooperative)
- c. Functional Screening Criteria: Screening is  Positive  Negative
- Patient cannot position himself in bed  Change in Muscle Power
- Restricted ROM  Impaired Daily Living Activities
- d. Socio-economic Screening Criteria: Screening is  Positive  Negative
- Living alone  Suspected abuse or neglect
- Cultural or religious background that would need to know for the plan of care  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:**   Jaw   .....

**Current Medications:** .....

Provisional Diagnosis : ..... wheeze associated lower respiratory tract infection

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 : ..... as per rota

Indication for PICU referral : ..... Respiratory distress

**PLAN OF CARE**

Preventive aspects of the treatment : ..... respiratory failure/hypoxia

Desired goals of the treatment : ..... resolution of symptoms hemodynamic stability

**PLANNED INVESTIGATIONS**

**PLANNED MANAGEMENT**

CBP, CRP, Blood c/e  
PP2  
chest x-ray  
5 viral panel

- 1) i.v ceftriaxone BD
- 2) i.v hydrocortisone TID
- 3) levofloxacin + 3% saline q6hly
- 4) low flow oxygen
- 5) monitor vitals

noted by [Signature]

Final Diagnosis : ..... wheeze associated lower respiratory tract infection

Doctor's Signature : [Signature]  
Name : ..... M. Khuroo  
Date : ..... 11/5/2023  
Time : ..... 11pm

Consultant's Signature : [Signature]  
Name : ..... Dr. Fiaz Ahmad  
Date : ..... 12/05  
Time : ..... (9am)

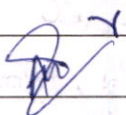


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 11pm	SIB <u>Pflu</u> + <u>com</u>	plan.
	d: wheeze aggravated LRTI	① Inj. latix 0.5mg/kg stat ceftioaxone oral Azeo
	cb cough since 2 days fever since 1 day	Ribavirin
	fast breathing since evening	② levelin 0.31mg nebs. + 3ml 3% saline 6+1xly
	o/c child alert	Hydrocortisone 2mg/kg 2+1xly
	on vitamin = NP- (Pp2-100%)	③ S viral panel CBP, CP, RP2, Blood Culture CNCU-X + Ray.
	K- BIL ACF ⊕ Wheezes ⊕ crepts ⊕	④ 2D-Echo tomorrow
	LRT c/ses Pv good.	note & sign @er.
		Dr. Prathap



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 1:30 AM	<p style="text-align: center;"><u>Counselling notes</u></p> <p>Childs parents have been counselled that the child has Respiratory distress. Child has wheeze, crepitations. POCUS- 2DCNO was done. 2DCNO will be done tomorrow as child has 2 Colicms. If Respiratory distress worsens, child may need HFNC (or) CPAP</p>	<p style="text-align: center;">Dr. prathyusha</p>
	<p style="text-align: center;">             AMINA            AG. MOTHER         </p>	



### DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 11/1/26 Day of Admission : D2 Today's Date & Time : 12:15:26

PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 6

OVERVIEW	Diagnosis : wheeze associated CRTI	Current Issues : Resp. picked. O2 requirement
----------	------------------------------------	---

VITAL SIGNS Today's Wt. (kg) : 4.6 Kgs Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/C Crepiti
	CXR :
	SPO <sub>2</sub> : 100% O <sub>2</sub> by NC / FM / NRB mask / Oxyhood, at 2lt/min in NP 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 : EtCO <sub>2</sub> : P/F ratio : O.I. :
Chest Physiotherapy Plan : Suctioning Needs :	
Any Nebs : Levo (bn +3) - saline 6mlly ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details :	
Plan of care : hydrocortisone tid	

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 120/min
	Quality of Pulses : good cap refill Time : < 300 Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : 85/42 (57) 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"/> Milrinone 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 :	

Neuro Exam : alert
Pupils : 2p 2p Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Types of Paralysis :
Scan, MRI EEG, Neurosonogram etc. :
Ramsay Sedation Score :










PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/s/B PICU Team / Dr Sandeep
12/5/26 4 PM	Bronchiolitis	Plan
	on low flow $O_2$	- start HFNC
	SCR ⊕	5 lit/min
	Tachypnoea ⊕	50% FiO <sub>2</sub>
	alert, active	- keep RIV things bedside.
	Hemodynamically stable	- continue nebulization
	HR - 180/min	- Allow DBM. feed.
	RR - 70/min	- w/ ↑ diuresis
	SpO <sub>2</sub> - 100%	- Trace Adeno PCR
	BP - 100/60 mmHg	- send CVC. (NOW)
		- put one IV cannula left
		- stat doc MgSO <sub>4</sub> . (NOW)
		N.B. Vinchya
	c/s/B Dr Faisal	
	child on HFNC	Adv Continue MPS / current
	5L 40%	ⓐ keep on HFNC today
		5L 40%
	O/E: tachypnoea ⊕	ⓑ To do chest Xray
	RR - 70/min	t/m.
	HR - 153/min	Ⓒ SOS MgSO <sub>4</sub> / Aminophylline
	SpO <sub>2</sub> - 99-100%	Ⓓ HFNC
	R/S: B/L wheeze ⊕	N.B. Vachya



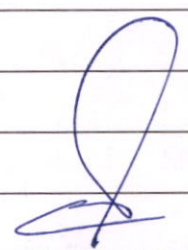
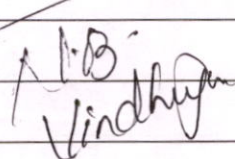
**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<p>11/2/5  <del>5:45pm</del></p>	<p><u>Dr. Faisal Nahdi</u>   <u>Counselling notes</u></p>	
	<p>parents counselled that <del>due</del> due to worsening RD, child had to taken on HFNC. child is doing better on HFNC but still tachypnea is present. If any worsening of distress or decreasing Resp efforts, we may have to escalate respiratory support. We will go tray hrs to see if any worsening!</p>	
	<p></p>	<p>Akhile</p>
	<p>Dr. Amine    mohammed</p>	





...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 2:20 PM	c/s/B Dr. Sandeep	<u>Plan</u>
	As:- Bronchiolitis	1) NG feeds to start
	on HFNC - 5L/min 40% FiO <sub>2</sub>	2) 30 ml/Q3H FiO <sub>2</sub> - 30% flow - 5 L/min
	RR - 50-60/min mild subcostal	3) CVF DRS @ 5 ml/hr
	retractions (+)	4) .
	Other systemic exam - (N).	
		
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 @ 09am		S/B Dr. Sanderup / Mrs team
	By Bronchialitis	Adv
	On HFNC	① Increase feeds to 40ml/ml by
	flow - 2l/min	
	hr - 30%	② Paper Airtite to 2ml/hr
	Hemodynamically stable	
	chest B/L APT	
	Equal N/VA	③ watch for fever/ Respiratory distress
	NA soft B/L	
	cm No foul dys	④ Sppt/sgnt chng wean flows to 2l/min @ hr - 20%
	Distress better	⑤
	Rr - 30/min	the lunch
	SpO2 99% @ 20%	
	Total Input 85ml	
		noted by Ameer.





### DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 11/15/26 Day of Admission : D3 Today's Date & Time : 12/15/26

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

<b>OVERVIEW</b>	Diagnosis : wheezing associated LRTI	Current Issues : O2 requirement
-----------------	--	------------------------------------

**VITAL SIGNS** Today's Wt. (kg) : 4.6 kgs Temp.: Blood sugar issues :

<b>RESPIRATORY SYSTEM</b>	<b>Respiratory System Findings</b> : (Air entry, breath sounds, s/o distress etc.) : HFNC - 5L/50%.
	CXR :
	SPO <sub>2</sub> : 100% O <sub>2</sub> by NC / FM / NRB mask / Oxyhood, at _____ L / min
	<b>Ventilatory Support</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ <b>Nitric Oxide</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____
	<b>Ventilatory Settings</b> : Leak around ETT : _____ Delivered Vt : _____
	ABG : _____ EtCO <sub>2</sub> : _____ P/F ratio : _____ O.I. : _____
Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
<b>Any Nebbs</b> : 3% NS + levolin / QTY _____ <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : _____	
Plan of care : Rudecort / SBH	

<b>CARDIO VASCULAR SYSTEM</b>	<b>Cardio Vascular System Clinical Exam.</b> (Heart sounds, murmur etc.) : HR - 126/min, L.L. 0
	Quality of Pulses : good cap refill Time : 2 Liver Edge : _____ cm below Rt costal margin
	<b>Blood Pressures</b> : NIBP : _____ IBP : _____ CVP : _____
	<b>Infusion of</b> : <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"/> Milrinone _____ mcg / kg / min
	Any Other Infusions : _____
	Last 2D Echo Findings : _____
	Size of the heart and lung fields in latest CXR : _____
	<b>Arterial line in situ</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : _____
<b>Central line in situ</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : _____	
<b>Day of arterial line</b> : _____ Day of Central line : _____	
Plan of Care : _____	

<b>CNS</b>	<b>Neuro Exam</b> : abn
	Pupils : _____ <b>Sedation Used ?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Any paralysis ?</b> <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 : \_\_\_\_\_

<b>FLUIDS STATUS NUTRITION AND G.I</b>	<input 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>+46</u> / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : ..... NG output : ..... PO intake : ..... Feed Formula : ..... Feed Schedule : ..... <b>IV Fluids</b> - Type of IVF : ..... @ ..... ml / hr ( ..... times maintenance) <b>TPN</b> : <input type="checkbox"/> Yes <input 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 <b>Labs</b> : Na ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : ..... Latest LFT : ..... Abd Exam : ..... <u>soft</u> ..... <b>Any organomegaly</b> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : ..... Plan (G.I. & Liver) : ..... ..... .....	
	<b>INFECTION</b> <input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : ..... <u>Ceftriaxone</u> <b>Cultures Sent</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : ..... <u>Azee</u> Describe c/s Reports : ..... <u>Ribavirin</u> Other Labs (Latex, Serology, etc) : ..... Ongoing Antibiotics : ..... <u>Zn. methylpred / B9</u>	
	<b>NEPHROLOGY ISSUES</b> Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : ..... <b>P.D.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... <b>Diuretics</b> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... <b>Catheterized</b> : <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 : .....	
	<b>HEMATOLOGY</b> Relevant Labs ( CBP etc) : ..... Any Coagulopathy : ..... Relevant Transfusion History : ..... Plan of Care : .....	
	<b>CARE PROTOCOLS</b> 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 : .....	
	<b>FINAL COMMENTS</b>    	

Doctor's Name (Handover given) : Dr. Pratyushe  
 Signature : [Signature]  
 Date & Time : 13/5/26, 8 AM

Doctor's Name (Handover taken) : K. Sathya  
 Signature : [Signature]  
 Date & Time : 13/5/26 8 AM



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>14/3/2026</del> 10 AM		C/S observation
	Rb 2nd no secretion	All - Temp $O_2$ - Remove NG tube if tubig water only - Encourage breast feed - Breast skin out - - Lactin RM - Breast 30 - Sig methylphenidate 20.
	Sperm found	Plan:
14/3/2026 11/5 (2-30pm)	Acroph' easy well Seeds green Cundy stool	⊕ Can be soft toward stool ⊕ Continue low flow oxygen
		Dr. Faisal B Nahdi Reg. No: 66828 

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>14/5/26            4:30 pm</p>	<p><u>Shifting notes</u>            d: Bronchiolitis</p> <p>no fever            on low flow oxygen            O/E HR-139/min            SpO<sub>2</sub>- 98% on nasal prongs at 1lit/min            RR- 48/min            Pv good.</p>	<p><u>plan.</u></p> <ol style="list-style-type: none"> <li>① cont low flow O<sub>2</sub></li> <li>② off cont. low flow O<sub>2</sub></li> <li>③ off O<sub>2</sub> trial</li> <li>④ wean off oxygen</li> <li>⑤ monitor vitals</li> <li>⑥ Infans sol.</li> </ol>
<p>14/5/26            8:30 pm</p>	<p><u>C/S/B Resident</u></p> <p>NO fever ∴ shifting            on low flow O<sub>2</sub>            hemodynamically stable            O/E            SpO<sub>2</sub>- 98% on 1lit O<sub>2</sub>            RR: 45/min            vitals stable</p>	<p><u>Plan</u></p> <p>continue as charted</p> <p><u>Sohel</u>            (Dr. Sohel)</p>

BAH-01656054 IP5-00173700  
 Master MOHAMMED ABDUL KHADER  
 12-03-2026 0 Y 2 M 3 D (M)  
 Dr. FAISAL B NAHDI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/3 8:00am	CSIR Resident	2m 4.6 kg
	Δ: Ac. Bronchitis	Plan
	afebrile - 1 day. on low flow oxygen. 1lit	① Inj Ceftriaxone (D <sub>5</sub> )
	taking oral feeds. no fresh complaint hemodynamically stable	② Syz Azithromycin (D <sub>5</sub> )
		③ Tab LANZOL 15mg (D <sub>5</sub> )
	OIE :- child is active SPO <sub>2</sub> - 1lit O <sub>2</sub> 100% 93% off O <sub>2</sub>	④ NEB LEVOLIN 0.31mg QID
		⑤ NEB BUDECORT 0.5mg BD
	HR: 120/min	⑥ INS METHYL PREDNISOLONE 00
	RR: 39/min	⑦ No IVF.
	PIA: Soft	Soheli
	WS: S, S, ⊕	(Dr. Soheli)
	6	stop oxygen
	st	1900
		Dryjwan
		9 am



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	8/13 M fund	
<u>12/noon</u>	Culd i Adx bronchulit	Contin serum
<u>End</u> <u>M/K</u>	on feon an	
		<u>End</u>
<u>15/5</u> <u>4pm</u>	<u>C/S/B Resident</u> Dr. Agushona Δ - Acute bronchiolitis SpO <sub>2</sub> - 94% T RA PR - 133/min Taking direct breast feeds Umi (M) Stool - pending Hemodynamically stable	<u>Plan</u> • Cont. antibiotic • Cont. Neb <sup>e</sup> • Check 4 hourly SpO <sub>2</sub>
		<u>Agushona</u>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 8am	<p>q/s/b Resident  <u>Dr. Ayushma</u></p>	
	<p><u>Acute bronchitis</u></p>	
	<p>Spr 2 - 98% RFA            PR - 94/mm</p>	
	<p>Taking ABP            No fever            oral intake good            hemodynamically stable            passed stool → Today</p>	<p><u>Plan</u>, D/C today            - Cont. Antibiotic            - Cont diet            - Etc. Vital            monitor</p>
		<p>- Inform sup</p>
		<p><u>Ayushma</u></p>
	<p>Discharge</p>	
		<p>Review - Monday</p>
		<p>Lorwin 600</p>
		<p>Bracon 600</p>
		<p>Ceftioxa</p>
		<p>500mg OD dose today</p>
		<p>f15 cefixim x 3 days</p>
		<p>Lanwi x 3 days</p>

Dr. Ayushma



BAH-00656054 IP5-00173700  
Master MOHAMMED ABDUL KHADER  
12-03-2026 0 Y 2 M 0 D (M)  
Dr. FAISAL B NAHDI



# CROSS CONSULTATION FORM

Doctor Name : Dr. Jonaki Date : 12-5-2026 Time : 10:40 AM

Diagnosis : Respiratory tract infection

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:

2D-ECHO

Signature: Dr. Pratapa

### Findings and Recommendations :

GO Where associated LRTI.  
 HR - 180/min (crying).  
 SpO<sub>2</sub> - 99% on ~~2L~~ 2L/min moist O<sub>2</sub>  
 BP - 103/61/76.

### ECHO

- PFO, L→R shunt
- Mild TR
- No MR
- No LUOTO / RUOTO / AR
- Left arch No COA No PDA
- Normal sized cardiac chambers
- GBVF
- No significant PAM

### Consultant :

Name : JONAKI PA Signature : Jonaki Date & Time : 12/05/26

10:40 AM.

6054 IP5-00173700  
 OHAMMED ABDUL KHADER  
 26 0 Y 2 M 0 D (M)  
 IL BHAGWATRAO SACHANE



## RESULT SHEET

Date	11/5/26			
Time	11:45pm			
Hb	10			
PCV	31			
RBC	3.55			
WBC	6560			
N/L	38.4/48.6			S
Platelets	4.79 lakh			
CRP	33.1			
ESR				
PCT				
RBS				
Na	136			
K	3.9			
Cl	103			
Ca/Mg				
Phosphate				
Urea	17			
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	Bicarb: 23			





## 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: ..... PIU .....

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input 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 : ..... Mahmud .....

Date & Time : ..... 11/5/26 @ 11pm .....

Nurse Name & Signature: ..... Subner .....

Date & Time : ..... 11/5/26 @ 11pm .....



# DRUG CHART

Date of Admission: ..... 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> <i>Pen Drops</i>				Date Time																
Dose	Route	Frequency	Start Date																	
<i>0.5ml</i>	<i>P.O.</i>	<i>BD</i>	<i>12:15</i>																	
Doctor's Signature		Valid Period	Pharm.																	
<i>[Signature]</i>																				
Additional Instructions:																				
<i>Tricef</i>																				

<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 .....



REGULAR PRESCRIPTIONS

Weight. 4.6 kgs Ward. puw

DRUG : 1NS - CEFTRIAXONE				Date Time	11/5/25	13/5	15/5													
Dose	Route	Frequency	Start Date																	
230mg	IV	BD	11/5/26	10 AM	X	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak
Name & Signature of the Doctor Starting the Drugs:				Madhusri																
Additional Instructions:				10 mg qd Palak Sub 10:2 am																
Daily Doctor's Endorsement by a Sign				G A te																

DRUG : SYRUP AZITHROMYCIN				Date Time	12/5/25	14/5	15/5	16/5												
Dose	Route	Frequency	Start Date																	
2.5 ml	PO	OD	11/5/26	6 AM	X	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak
Name & Signature of the Doctor Starting the Drugs:				Madhusri																
Additional Instructions:				(5ml/100mg)																
Daily Doctor's Endorsement by a Sign				G A te																

DRUG : capsule RIBAVIRIN				Date Time	11/5	12/5	13/5													
Dose	Route	Frequency	Start Date																	
10	PO	BD	11/5/26	10 AM	X	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak
Name & Signature of the Doctor Starting the Drugs:				Madhusri																
Additional Instructions:				10 (200mg) in 5ml water & give 0.9ml																
Daily Doctor's Endorsement by a Sign				G A te																

DRUG : Tab. CANZOL 15mg				Date Time	12/5	13/5	14/5	15/5	16/5												
Dose	Route	Frequency	Start Date																		
1	PO	OD	11/5/26	6 AM	X	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	Sub	Palak	
Name & Signature of the Doctor Starting the Drugs:				Madhusri																	
Additional Instructions:				1 tab to mix in 3ml water & give 1ml																	
Daily Doctor's Endorsement by a Sign				G A te																	

VERIFIED

VERIFIED

VERIFIED



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 4.6 kg Ward puw

VERIFIED

<b>DRUG:</b> NEBULISATION LEVELIN				Date Time	12/5																
Dose	Route	Frequency	Start Dt.	12	Am																
	NEB	Q4Hly	11/5/26	6	Am																
Name & Signature of the Doctor Starting the Drugs:				6	Am																
Additional Instructions:				12	Pm																
→ 0.3mg + 3ml of 3% saline				6	Pm																
Daily Doctor's Endorsement by a Sign				Q																	

VERIFIED

<b>DRUG:</b> INJ. HYDROCORTISONE				Date Time	11/5	12/5																
Dose	Route	Frequency	Start Dt.	6	Am																	
10mg	IV	TID	11/5/26	2	Pm																	
Name & Signature of the Doctor Starting the Drugs:				10	Am																	
Additional Instructions:				12	Pm																	
Daily Doctor's Endorsement by a Sign				Q	Q																	

<b>DRUG:</b> NEB LEVELIN				Date Time	12/5	13/5																
Dose	Route	Frequency	Start Dt.	0.3mg	NEB	Q4H	12/5															
Name & Signature of the Doctor Starting the Drugs:				4	Pm																	
Additional Instructions:				8	Pm																	
→ Add in 3ml 3% NS				12	Pm																	
Daily Doctor's Endorsement by a Sign				7	7																	

<b>DRUG:</b> NEB BUDELOXT				Date Time	12/5	13/5																
Dose	Route	Frequency	Start Dt.	0.5mg	NEB	TID	12/5															
Name & Signature of the Doctor Starting the Drugs:				2	Pm																	
Additional Instructions:				10	Pm																	
Daily Doctor's Endorsement by a Sign				7	7																	



BAH-00656054 IP5-00173700  
 Master MOHAMMED ABDUL KHADER  
 12-03-2026 0 Y 2 M 0 D (M)  
 Dr. FAISAL B NAHDI



Weight 4.6kg Ward puw

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/5/26	11:40pm	1mg LASIX	2mg	iv	[Signature]	[Signature] 11:40 PM
12/5/26	7pm	Inf. Magnesium sulphate	0.5ml + 10ml IV	IV over 1hr	KSPR	[Signature] 7:45P

VERIFIED BY : Na Signature



I.V. FLUIDS CHART

Weight 4.6 kg Ward P-10

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
12/5/26	2 am	DNS	IV	10 ml/hr	<i>Paratp</i>	<i>Amal</i> <i>Bir</i>	2/5	<i>A</i>	<i>Mathu</i> <i>Palach</i>
12/5/26	8 am	DNS	IV	10 ml/hr	<i>A</i>	<i>Palach</i> <i>Mathu</i>	12/5	<i>A</i>	<i>Palach</i> <i>Vinay</i> <i>Sneha</i>
13/5/26	2 pm	DNS	IV	5 ml/hr	<i>Paratp</i>	<i>Vinay</i> <i>Sneha</i>	13/5	<i>M</i>	<i>Amal</i> <i>S</i>
14/5/26	5 AM	MF DNS	IV	2 ml/hr	<i>M</i>	<i>Amal</i> <i>Saba</i>	14/5	<i>Amal</i>	<i>Sudha</i> <i>Sudh</i>

Signature

VERIFIED BY : Name

AH-00653054      IPS-00173700  
 Master MOHAMMED ABDUL KHADER  
 12-03-2023      0 Y 2 M 3 D (M)  
 Dr. FAISAL B NAHDI



## 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	INS. CEFTRIAXONE	230mg	IV	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	SUPP. AZITHROMYCLIN	2.5ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Tab. CANZOL 15mg	1 tab to mix in 3ml water & give 1ml	PO	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	NEBULISATION WITH LEVOLIN	0.31mg	NTB	6-11/8ly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	NEBULIZATION WITH BUDENORF	0.5mg	NTB	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INS. METHYLPREDNISOLONE	5mg	IV	OD		<input checked="" 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 : ..... M. Khan .....

Date & Time : ..... 14/5/26 at 5pm .....

Nurse Name & Signature: ..... [Signature] .....

Date & Time : ..... 14/5/26 6:30pm .....

BAH-00656054 IP5-00173700  
 Master MOHAMMED ABDOUL KHADER  
 12-03-2025 0 Y 2 M 3 D (M)  
 Dr. FAISAL NAHDI

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

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

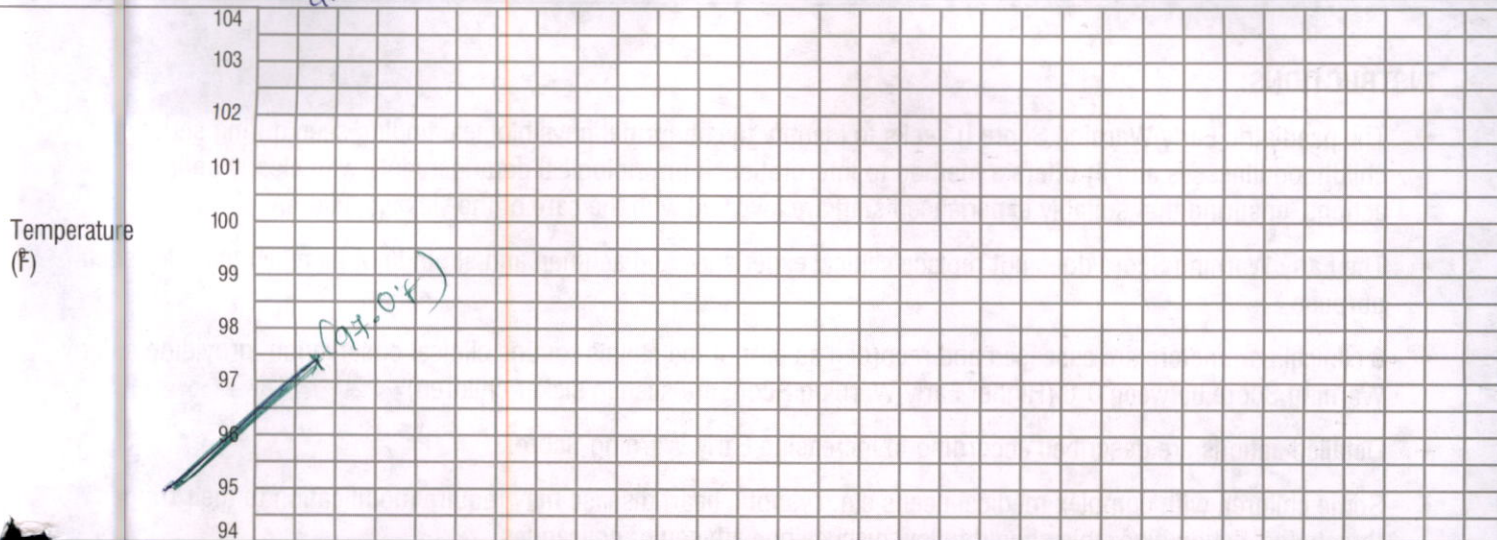
Pratiksha  
**Rainbow Children's Hospital**  
 It takes a lot to treat the little.

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

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

Date: 16.5 Time: 6 am

Doctor/Nurse/Family Concern? am



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*

Heart Rate (Number) 107 bpm

Resp. Rate (bpm) (Minute) \*

70	
60	
50	
40	
30	
20	
10	

Resp Rate (Number) 30b/m

Resp Distress Mod/ Severe None / Mild

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

Conscious level Normal Altered

S\* 15/15

**TOTAL SCORE**  
 Number of shaded boxes 1  
 Score 2  
 Doctor's initials 1

- NS**
- 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 /NICU fellow or PICU/NICU consultant to be informed

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-0068054 IP5-00173700  
 Master MOHAMMED ABDUL KHADER  
 12-03-2023 0 Y 2 M 3 D (M)  
 Dr. FAISAL B NAHDI

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

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

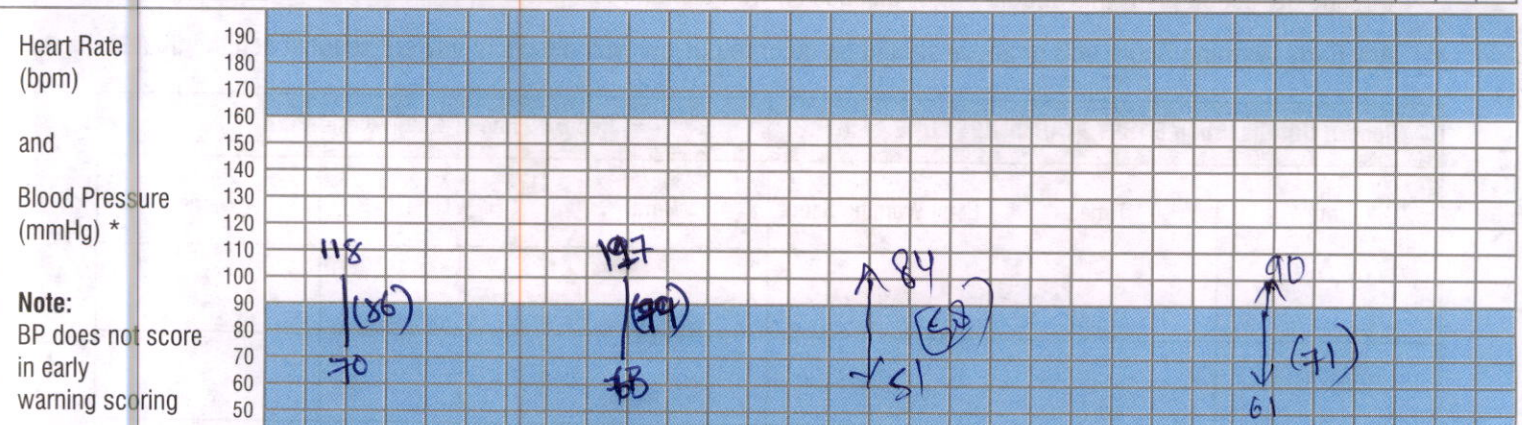
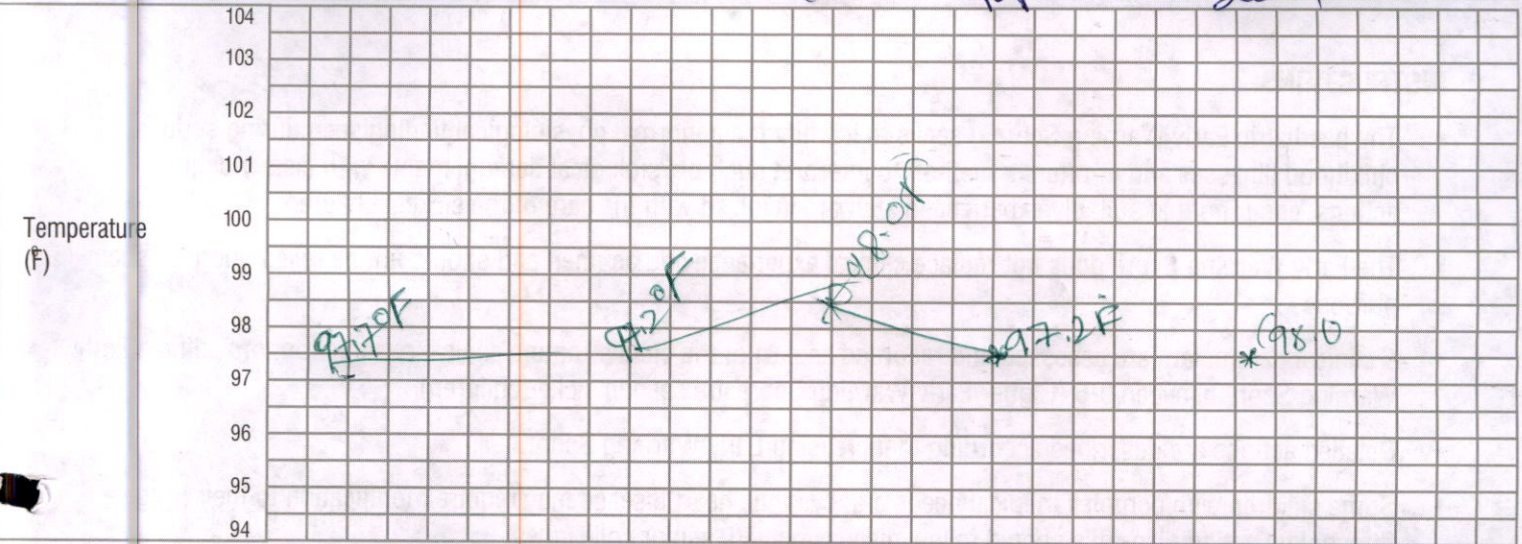
Pratiksha  
**Rainbow Children's Hospital**  
 It takes a lot to treat the little.

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

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

Date: 15/1/26 Time: \_\_\_\_\_

Doctor/Nurse/Family Concern? 10AM 1pm 6pm 10pm 2am



Heart Rate (Number) 142b/m 135b/m 126b/m 133b/m 133b/m

Resp. Rate (bpm) (Over 1 Minute) \* \_\_\_\_\_

Resp Rate (Number) 32b/m 35b/m 26b/m 26b/m 30b/m

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

Receiving O<sub>2</sub> (l/min) RA RA RA RA RA

O<sub>2</sub> Saturations (%) 92% 92% 96% 100% 99%

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

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

**TOTAL SCORE** Number of shaded boxes 1 1 1 1 1

Pain Score 0 0 0 0 0

Observer's Initials O O W O O

**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

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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.

<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)



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

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

Date: 14/5 Time: 10PM 2AM 6AM

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

Temperature (F)	104			
	103			
	102			
	101			
	100	100		
	99	97.5F	97.1F	98.2F
	98	⊗	⊗	⊗
	97			
	96			
	95			

PICU

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
Note: BP does not score in early warning scoring	170			
	160			
	150			
	140			
	130			
	120			
	110			
	100			
	90	87		100
	80	(61)		(55)
70	453		46	
60				
50				

Heart Rate (Number) 118b/m 127b/m 116b/m

Sp. Rate (bpm) (Over 1 Minute) *	70			
	60			
	50			
	40			
	30			
	20			
	10			
	0			

Resp Rate (Number) 22 b/m 30 b/m 21 b/m

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) ± 1 L O<sub>2</sub> without O<sub>2</sub> ± 0.2 L without O<sub>2</sub>  
 O<sub>2</sub> Saturations (%) 100% 91% 100% 93-95%

Conscious Level Normal Altered

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

**TOTAL SCORE** Number of shaded boxes 2 2 2

Pain Score 1 1 1

Observer's initials S a a

- 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: Scores 3 should be recorded overleaf

\* 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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<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-00656054 IP5-00173700  
 Master MOHAMMED ABDUL KHADER  
 13-03-2026 0 Y 2 M 3 D (M)  
 Dr. FAISAL B NAHDI



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

BirthRight  
 BY RAINBOW HOSPITAL  
 Your Right to a Safe

# 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 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												
Total Intake :													
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :													
	08:00 pm	↑											
	09:00 pm	NO											
	10:00 pm	NO											
	11:00 pm	NO											
	12:00 am	NO											
	01:00 am	↓											
Total Intake :													
	02:00 am	↑											
	03:00 am												
	04:00 am	NO											
	05:00 am	NO											
	06:00 am												
	07:00 am	↓											
Total Intake :													
Total 24 hrs. Intake													
Total 24 hrs. Output													

# FLUID CHART

Dr. FAISAL B NAHDI  
0Y2M3D (M)  
Barcode

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			
15/5	08:00 am												
	09:00 am												
	10:00 am	No											
	11:00 am	IVF											
	12:00 pm												
Total Intake :												Total Output :	
15/5	02:00 pm												
	03:00 pm	No											
	04:00 pm	IVF											
	05:00 pm												
	06:00 pm												
Total Intake :												Total Output :	
15/5	08:00 pm												
	09:00 pm												
	10:00 pm	No											
	11:00 pm	IVF											
	12:00 am												
Total Intake :												Total Output :	
15/5	02:00 am												
	03:00 am	No											
	04:00 am	IVF											
	05:00 am												
	06:00 am												
Total Intake :												Total Output :	