

39

MILC

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ sultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : _____ Time: _____

BAH-00657906 IP5-00174649
Baby MEENAKSHI MADASU
11-11-2011 14 Y 6 M 22 D (F)
Dr. SHAIKH FARHAN A RASHID



Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/8/18	2p	FR	PJee	Ancud

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/6	Inv monitor			9629343	S. J. Smith
3/6	Inv monitor		stop	9629344	S. J. Smith
	Inf pump				
	Inf pump				



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.
 - 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.**

Signature of the Doctor: J.Y. Name of the Doctor: Jayadi Date & Time: 02/06/2026

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.

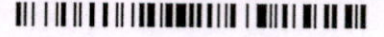
Signature of the Doctor:

Name of the Doctor :

Date & Time:

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174649 Admit Date : 02-Jun-2026 Admit Time : 01:24 PM UHID : BAH-00657906

Patient Details :

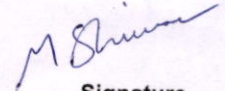
Patient Name : Baby MEENAKSHI MADASU Age : 14 Y 6 M 22 D
Guardian : Mr SHIVA MADASU DOB : 11-11-2011
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : PLOT NO 223, ROAD NO 18 Jubilee Hills Phone No : 9989999952/ 7228811111
Hyderabad Telangana INDIA 500033 E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 212 Ward Name : 2F-PICU I
Room No : PICU 212 Admission Type : First Visit

Contact Details :

Name : Mr SHIVA MADASU Relationship : Father
Contact Address : PLOT NO 223, ROAD NO 18 Jubilee Hills Phone No : 9989999952
Hyderabad Telangana INDIA 500033

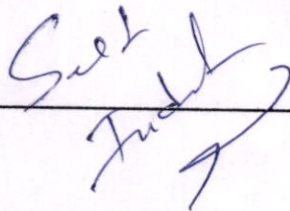

Signature

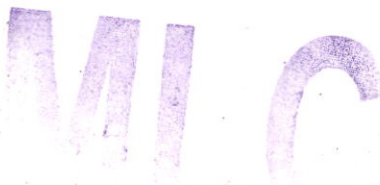
Doctor Details :

Doctor Name : Dr. SHAIKH FARHAN A RASHID Specialisation : PEDIATRIC INTENSIVE CARE
Referral Doctor : Self Phone No :
Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE

Payment Details :

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





PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : As per rota

Date : 02/06/26

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

Start Time of Assessment: 12:30 AM Weight: 38-46 kg

Allergic History: -

Chief Complaints:
do Alleged H/O
Accidental ingestion of Tab.
Azithromycin 500mg (7)
Tab. Diltiazem (4 tab), Tab.
Mebex (100mg) (4 tab) took
at 11pm on 01/06/26, followed by
Pain abdomen, Urine green colour
injection - 2 times.

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

- ↑ WOB
- ↓ WOB
- Normal
- Gaspings / Apnea

C Circulation

- Normal
- Abnormal
 - 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:

Medication History:

Relevant Investigations:

Primary Assessment

Airway

- Open
- Maintainable
- Not Maintainable

Breathing

Rate: 24/min SpO₂ on FiO₂ 98-100% RA

Rhythm:

Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: 2/2 clear

Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No
 If Yes

Circulation

HR: 110/min

BP: 101/45 mmHg

Pulse Volume: Central Peripheral

If in Shock: Compensated Hypotensive

Muffled Heart Sound: Yes No

Engorged Neck Veins: Yes No

CFT Central Peripheral

Murmurs: Yes No

Liver Span:

ECG:

Any Signs of Heart Failure: Yes No

Any urgent interventions needed: Yes No

If Yes:

Disability

GCS: 15/15 AVPU:

Pupils: Responsive Non-Responsive

Size: Right Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: Yes No

If Yes:

Exposure

Temp.: 98.9 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
 - Shock - Compensated
 - Cardiopulmonary Arrest
 - Respiratory Failure
 - Hypotensive
 - Hemodynamically Stable
 - Respiratory Arrest

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

RT, CBC, LFT, Cat 2mg/2

S.E, PO4, PT/INR, aPTT

WE

Treatment Planned:

- PICU Admission

- fluids

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

Final Diagnosis with possible Differential Diagnosis (If necessary):

Assessment done by
Name of the Doctor: Dr. N. Pruthi

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

Signature: N. Pruthi

Signature:

Date & Time: 02/6/26 12:40pm

Date & Time:

**PEDIATRIC INTENSIVE CARE
 ADMISSION RECORD**

Date: 2/06/2026 Time: 2:38pm

Patient Assessment Form:

Informant: Father Mother Other

Presenting Complaints / Chief Complaints : 11 year old girl, from Jubilee Hills.

Came to do:

- Consumption of a combination of 7 tabs of 500mg +
 T. Aspirin 75mg (4 tabs) + T. Mebex (100mg)
 4 tabs. around 11pm - 2/06/2026 at home.

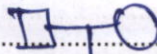
- child recalled consumption of medication today morning.

- no H/O. Seizure, cardiac disorder in family

Past History (Including previous treatment and investigations) : Admitted 4-5 years

for pneumonia - 6-7 days.

Birth and Developmental History :



Good scholastic performance (2nd) Patient A w - 1.8kg / 10 admission for 1 month

Immunization History : upto 10 years of age

H/O Allergy :

- Nil -

Family History :

INITIAL ASSESSMENT

RBS : 1. Temperature : 98.2 Weight (kg) : 40.5

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 : 18/min

SPO2: 100% 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 : 7.38 < 7.35 > 38 < 42.5 EtCO2 : P/F ratio : O.I. :

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

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 92/min Cardiac Rhytho : Sinus

(Heart sounds, murmur etc.) No murmur

Quality of Pulses : good cap refill Time : 2 sec Liver Edge : 2cm cm below Rt costal margin

Blood Pressures : NIBP : IBP : 110/45 mm 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 : Zin: 2x ampicillin

Abdominal Exam : Soft B/O

ENT Exam :

Central Nervous System :

Level of Consciousness (AVPU / GCS score) : 14/15

Neurological Findings : Soft B/O

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

No. focal lesion

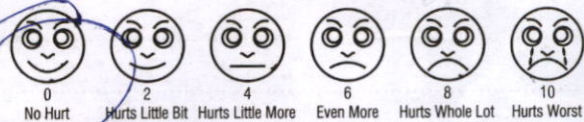
Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
 (Please select and 'tick mark' [✓] the boxes as applicable)

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

N/A

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



Pain Score "Whenever Applicable"

N/A

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: well nourished

Current Medications:

Provisional Diagnosis : Blydny Bitariny of Bitmaneyin
Aspirin and Subendysk

Prism III score at 24 hrs of admission : 0 Worse SOFA Score : 0

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 : Aparna Bitariny

Indication for PICU referral : Bitariny

PLAN OF CARE

Preventive aspects of the treatment : ATD prevent for Anticoagulant Bitariny symptoms

Desired goals of the treatment : to address any symptoms

PLANNED INVESTIGATIONS

- RR
- BAP
- ECG
- P wave
- CUE

Noted by Subina

PLANNED MANAGEMENT

- Di. Seomepale
- ALBW orally
- MLC repharma

Noted by Subyeta

Final Diagnosis :

Doctor's Signature : [Signature]

Name : Shank

Date : 2/06/26

Time : 3:13pm

Consultant's Signature : [Signature]

Name : Shank

Date : 2/06/2026

Time : 5:20 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/06/2026 @ 2pm	<u>CLSB Rurtram</u>	
	<u>As</u> Rlydny Pirming	Ado
	Zulu	① Observation for
	① Azithromycin toxicity	dizziness, EEG changes, Seizures, Renal (or) liver injury
	② Aspirin and Europride mibendazole Pirming	② EEG now.] Ri, 2nd] now CVS
	On room air	
	Hemodynamically stable	③ Rx Eomeprazole
	Chest BIA50 Report MBS	④ Allow only
	pla soft stool cm no stool deficit	⑤ watch for signs of intoxication.
		N: B Mathew 4/6/26 @ 2:10pm
		⑥ Lunch ⑦ 4/6/26 @ 2pm

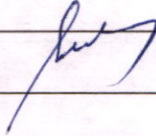
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 3 pm	counseling	room no. 2 - Dr. Monesh
	<p>Patient's attendants have been counseled about the condition of the child i.e.,</p> <ul style="list-style-type: none"> → The drugs that child ingested are azithromycin, mebendazole and aspirin. → Mebendazole and aspirin ingestion was not in toxic dose. → As aspirin is a blood thinner, there can be risk of bleeding until the effect of drug wears off in next 5-7 days. → Mebendazole can cause dizziness, giddiness. → She has ingested azithromycin in toxic dose. She has ingested almost 90 mg/kg of azithromycin which is toxic. It can cause abnormal heart rate, heart rhythm, QTc prolongation, hearing loss, seizures, skin adverse reactions like Steven-Johnson syndrome / toxic epidermal necrolysis, effect on liver. → there there is no role of stomach wash as it has been more than 12 hrs she has ingested. 	<p>Dr. Monesh</p>

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 Dr. SHAIKH FARHAN A RASHID



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/11 3:30 pm		<u>C/O/W Dr. Bhargavi</u>
	ECG informed to Dr. Bhargavi.	
	Interpretation: Normal.	
	No active intervention needed.	

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 11-11-2011 14 Y 6 M 22 D (F)
 Dr. SHAIKH FARHAN A RASHID

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Aspirin</u> :-	
	Toxic dose :- 125mg/kg or more.	
	1/2 life - 2-12 hrs. peak activity - 2-4 hrs.	Plan.
		- Gastric lavage \bar{c} in 1hr.
		- CBP
		- LFT, electrolytes.
		- INR
		- ABG
		*s-salicylate levels in toxic dose.
		ECG
		obtain for 6hr.
		- pul-edema, convulsions do look for.
	if salicylate level > 900mg	; consider dialysis.
	<u>mebendazole</u> :-	
	low toxic subit	- GI symptom.
		vomiting, pain abdomen.
		- LFT
		CBP
		- w/t convulsions

Noted by
 Atashree
 2/6/26
 8:30pm



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 02/06/2026 Day of Admission : Day 2 Today's Date & Time : 03/06/2026
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Poly drug Poisoning of Azithromycin, Aspirin, Mebendazole.</u>	Current Issues : <u>—</u>
VITAL SIGNS	Today's Wt. (kg) : <u>38kg</u> Temp.: <u>98.6°F</u> Blood sugar issues : <u>92mg/dl.</u>	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAE⊕, no added sounds</u>	
	CXR : <u>—</u>	
	SPO ₂ : <u>98%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>on RA</u> 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 : <u>—</u>	
	ABG : <u>2/6</u> - pH: <u>7.2</u> , PCO ₂ : <u>50.7</u> , lac: <u>3.0</u> , HCO ₃ : <u>22.5</u> EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details :	
	Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR: 78/min</u>	
	Quality of Pulses : <u>good</u> cap refill Time : <u><3sec</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : 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 : <u>(R) Hand Cannula (Day 2)</u>	
	Day of arterial line : Day of Central line :	
	Plan of Care :	
CNS	Neuro Exam : <u>AlexActive E.V.M.</u>	
	Pupils : <u>2mm 2mm reactive</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 type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) 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>30</u> ml / hr (..... <u>43/1</u>) times maintenance) TPN : <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 Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
INFECTION	<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 : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.7</u> Bld. Urea : <u>16</u> Other Relevant Labs : P.D. <input checked="" type="checkbox"/> Yes <input 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 :	
HEMATOLOGY	Relevant Labs (CBP etc) : <u>02/06</u> - CBP - <u>10.9</u> / <u>8,340</u> / <u>67/28</u> / <u>8.17 lakh</u> Any Coagulopathy : Relevant Transfusion History : <u>EEG - (W)</u> Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
FINAL COMMENTS	

Doctor's Name (Handover given) : Jayam
 Signature : Ju
 Date & Time : 3/6/22

Doctor's Name (Handover taken) : Shrey
 Signature : Shrey
 Date & Time : 3/6/22

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06/2016 @ 9 AM	S/B. Dr Farhan	
	<p>A Polydrug poisoning - Aspirin, Aspirin and Mebendazole</p>	<p>Adv ① Psychiatrist consultation</p>
	<p>Hb. 80/min for 100% O2 ECG - Normal</p>	<p>② If wants to go, Send on LAMA</p>
	<p>On room air NO ST changes NO leukitis</p>	
	<p>Hemodynamically stable Chest. Blood Equiv MBS</p>	<p>Dr Farhan</p>
	<p>PA diff ASD CM no fid defect</p>	
		<p>noted by venida 3/6/2016 1:50 PM</p>

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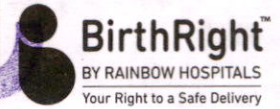
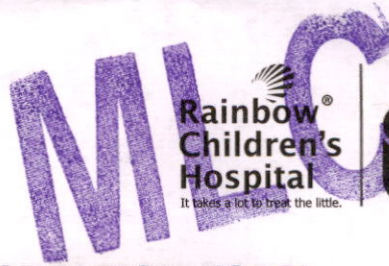


RESULT SHEET

Date	02/06/26				
Time	3:30 PM				
Hb	10.9				
PCV	35.3				
RBC	4.34				
WBC	81340				
N/L	67/28				
Platelets	3.17				
CRP					
ESR					
PCT					
RBS					
Na	141				
K	4.2				
Cl	106				
Ca/Mg	9.6				
Phosphate	3.4				
Urea	16				
Creatinine	0.7				
ALP	80				
SGPT	14				
SGOT	21				
T.Bill/Conj	0.6 ^{0.2} _{0.4}				
T.Protein	7.2				
S.Albumin	4.1				
S.Globulin	3.1				
A/G Ratio	1.3				
Uric Acid	3.2				
S.Amylase	68				
Sr.Lipase					
Blood Lactate					
S.Cholesterol	122				
PT/INR	16/1.2				
APTT	36				
CSF Protein / Sugar					
Cells					
N/L					

Patie

BAH-00657906 IP5-00174649
Baby MEENAKSHI MADASU
11-11-2011 14 Y 6 M 22 D (F)
Dr. SHAIKH FARHAN A RASHID



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: 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						<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

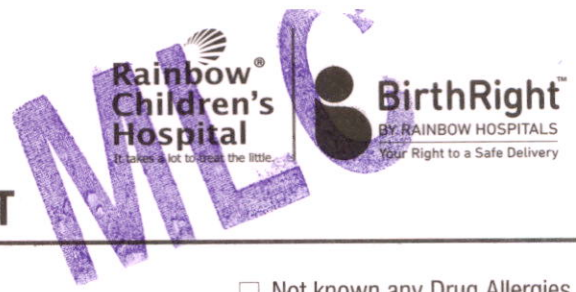
Doctor Name & Signature: N. Prathibha

Date & Time: 02/06/20 12pm

Nurse Name & Signature: Anneeb

Date & Time: 2/6/20 2pm

BAH-00657906 IP5-00174649
 Baby MEENAKSHI MADASU
 11-11-2011 14 Y 6 M 22 D (F)
 Dr. SHAIKH FARHAN A RASHID



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)

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

Signature
Name

REGULAR PRESCRIPTIONS

Weight. 38.46 kg Ward. PW



DRUG : <u>ASPIRIN - AD/E</u>				Date Time
Dose <u>40mg</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>02/16</u>	
Name & Signature of the Doctor Starting the Drugs: <u>N. Praveen</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : <u>ASPIRIN</u>				Date Time <u>2/16/2016</u>
Dose <u>40mg</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>02/16</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Praveen</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

