

B11
B2

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 6 D (M)
Dr. VIJAYANAND JAMALPURI



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5/26	6:49pm	CR	PIU PIU	Keerthi
23/5/26	8pm	PIU	121C	Nithishan
26/5/26	5:30pm	121C	PIU	Mithu

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Alisha	20/5/26	9617997	DRC
2	DR. Satya prasad	20/5/26	9617997	
3	DR. mainak Deb	21/5/26	9619838	
4	DR. Shaikh Faehan	21/5/26	9619838	
5	DR. Boudawan	21/5/26	9619838	
6	DR. Aishu	22/5/26	9621704	
7	DR. Boudawan	22/5/26	9621704	
8	DR. Faehan	22/5/26	9621704	
9	DR. Alisha	25/5/26	9621704	
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
	CBP: CRP, SE, Urea.		
19/5	meal. Blood cts,	50994	Ful
	VBC, Rb ₂ - 12 mg/dl		
20/5	VBC ² →	26051114	[Signature]
	SE →	26051106	[Signature]
	RBS, SE →	26051115	[Signature]
20/5	USG Abdomen	2605282	[Signature]
20/5/26	CVA, Spot urine Electrolytes	26051340	[Signature]
	Magnesium, Phosphorus		[Signature]
20/5	RBT	26051436	[Signature]
	CSE →	26051458	[Signature]
21/5	RBS, RPa →	26051495	[Signature]
22/5	CBP, CRP, SE	26051921	[Signature]
	RBS		[Signature]
22/5/26	Renin activity		[Signature]
	Aldosterone	26052135	[Signature]
23/5	RBS	26052362	[Signature]
26/5	CBP, CRP, RPa / VBC	[Signature]	[Signature]
26/5	urine cat	2692	[Signature]

MEDICAL EQUIPMENT (WARD & ICU)

PROCEDURE

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/5	INV. Monitor Inf. Pump	}	(1)	9616316	}
20/5	Inv. monitor. Inf. pump.	}	STOP	9618275	}
21/5	Inv. monitor. Syr. pump. Inf. pump.	}	STOP	9616315 9618546	}
22/5	INV. 2 Monitor Inf. 2 Pump Syr. 2 Pump	}	11am 11am	9616315 9618546	}
23/5	INV. Monitor	}	STOP	9616315	}
26/5/26	Inv. monitor Inf. pump	}	4pm	9628163 9628163	}

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/5	w placenta	①	6112	[Signature]
19/5	Del e o2	②	9616287	[Signature]
20/5/26	del e o2	①	9616003	[Signature]
21/5/26	del e o2	①	9616539	[Signature]
22/5	del e o2	①	9620054	[Signature]
26/5/26	Blood Transfusion	①	9628165	[Signature]

ANY OTHER INFORMATION

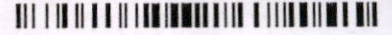
.....

Date: 28/5/26 Time: 3pm Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward Crew-1 ----- 121-e	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174034

Admit Date : 19-May-2026

Admit Time : 05:31 PM UHID : BAH-00651112

Patient Details :

Patient Name : Baby Of SANDHYA RANI

Age : 0 Y 2 M 6 D

Guardian : Mr K VENKATARAMANA

DOB : 13-03-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO 5-5-27/61/1A ,GANDHI NAGAR, NEAR
DATTATHREYA TEMPLE Budwarpet Adilabad
Telangana INDIA 504106

Phone No : 9533667896/ 9848491998

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 116

Ward Name : 1F-GENERAL WARD I

Room No : GW 116

Admission Type : First Visit

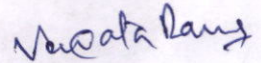
Contact Details :

Name : Mr K VENKATARAMANA

Relationship : Father

Contact Address : H NO 5-5-27/61/1A ,GANDHI NAGAR, NEAR
DATTATHREYA TEMPLE Budwarpet Adilabad
Telangana INDIA 504106

Phone No : 9533667896 / 9848491998



Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

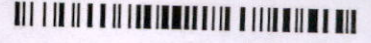
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : TG TRANSCO

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174034 Admit Date : 19-May-2026 Admit Time : 05:31 PM UHID : BAH-00651112

Patient Details :

Patient Name	: Baby Of SANDHYA RANI	Age	: 0 Y 2 M 7 D
Guardian	: Mr K VENKATARAMANA	DOB	: 13-03-2026 01:00 AM
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: H NO 5-5-27/61/1A ,GANDHI NAGAR, NEAR DATTATHREYA TEMPLE Budwarpet Adilabad Telangana INDIA 504106	Phone No	: 9533667896/ 9848491998
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 222 Ward Name : 2F-PICU II
 Room No : PICU 222 Admission Type : First Visit

Contact Details :

Name : Mr K VENKATARAMANA Relationship : Father
 Contact Address : H NO 5-5-27/61/1A ,GANDHI NAGAR, NEAR DATTATHREYA TEMPLE Budwarpet Adilabad Telangana INDIA 504106 Phone No : 9533667896 / 9848491998

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI Specialisation : GENERAL PEDIATRICS
 Referral Doctor : Self Phone No :
 Co-Consultant : Dr. SHAIKH FARHAN A RASHID

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 5000.00
 Payor Name : TG TRANSCO

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI (M)
 13-03-2026 0 Y 2 M 6 D
 Dr. V. JAYANAND 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 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 > 4 seconds.
- 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: *Dr. Mathew* Name of the Doctor: *Dr. Mathew* Date & Time: *19/5/26 7:30pm*

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-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 14 D (M)
 Dr. VIJAYANAND JAMALPURI

12/C



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	3			
5	In-patient Medical record	1			
6	Doctors progress sheets	19			
7	Nursing plan of care and handover sheets	10			
8	Consultation sheet	5			
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	1			
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	2			
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	6			
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)	5			
32	Investigation Values (result sheet)	2			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	5			
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	3			
38	Braden Q Scale	3			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Other:-	16			
	Missing:-	2			
	Total No. of Pages	<u>83</u>			

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Baby of Sandhya Rani

UHID ID:

Bah-00651112.

Department:

Consultant:

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 6 D (M)
Dr. VIJAYANAND JAMALPURI



Pediatric Multiorgan History & Physical Examination

Name : Baby of Sandhya Rani Age/Sex 2 months / Male
Information given by: Father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o vomiting :- 1 week.
Increased stoma Output

History of present illness :

As per informant - child apparently well.

Term (37 weeks) / SGA (Birth wt :- 2.3 kg) / Male Baby /
S/p Type III Ileal Atresia - S/p Ileostomy

Now since 1 week - Had Vomiting

5-6 episodes/day initially - nonprojectile,

non bilious
watery & milk
content

now 6-7 episodes
after every feed

a/w Increased stoma Output since 2 days

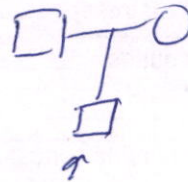
a/w dull activity & decreased
urine output.

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

(n) perinatal
transmission



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : middle

Developmental History :

Attained appropriate for age.

Immunization History :

Immunised till date.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____)

Weight (kgs)) 2.64kg (Centile _____)

On Examination :

Temperature : 97.2°F Pulse Rate 140/min B.P. 60/54 SPO2 98%

Resp. rate and type of breathing : 28/min
regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+), clear

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1, S2 Heard.

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : soft stoma (+)

Ausculation : BS (+)

Spine : (N) External Genitalia : (N)

Relevant data from outside (CT, USG etc..) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active.

Cranial Nerves : _____

Motor System:

Nutriton : Good

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

2

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Acute Gastritis & Moderate Dehydration.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: For Hemodynamic stability

Planned Labs:

- CBP, CRP, Sr-electrolytes
- Urea, Creatinine
- Blood gas
- CRBS - 122mg/dl ✓
- Blood culture

Planned Management

- TV = 150 cc / (kg / day)
- 1) IV fluids - Half
 - (Neocate) → Half feeds (20ml-Q2H)
 - 2) Entero-gemina vial
 - 3) Gastroenterologist review (Dr. Alitha)
 - 4) Surgical review (Dr. Harish Jayaram)
 - 5) NS Bolus - 10ml/kg stat.

NB
 Aug
 19/05/26
 P
 6:30 PM

DR. VIJAYANAND JAMALPURI
 Registration No: 40526

Signature of the Doctor: JV

Signature of the Consultant: [Signature]

Name of the Doctor: Jayashri

Name of the Consultant: Dr. Vijayanand

Date & Time: 19/05/26 @ 5:30 PM

Date & Time: 21/05/2026 @ 9:25 am

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 7 D (M)
 Dr. VIJAYANAND JAMALPURI



PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 19/5/26 Time: 7pm

DOB 13/3/25

Patient Assessment Form:

Informant: Father Mother Other

Presenting Complaints / Chief Complaints : At birth diagnosed as type III Pileal atresia operated at 4th day of life, with colostomy Puerto.

At 20 days of life - admitted outside hospital review of diarrhoea, dehydration.

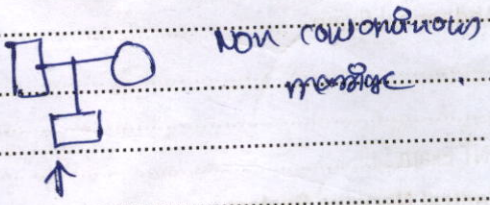
on normal saline supplementation review of hyponatraemia.

At 26 days of life - admitted review of diarrhoea, vomitings, outside hospital.

At 50 days of life - admitted Rainbow hospital began review of metabolic acidosis, dehydration, dyselectrolytemia.

Past History (Including previous treatment and investigations):

Now presented with vomiting 1 week increased stoma output loose stools 1 week



Birth and Developmental History :

Term | Bwt 2.3kg | LSCS | NICU admission

Immunization History :

vaccinated full up

H/O Allergy :

Family History :

INITIAL ASSESSMENT

RBS : Temperature : 97.2 °F Weight (kg) : 24 kg

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 :

SPO₂: 98% O by NC / FM / NRB mask / Oxyhood, at Room Air L / min

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

Ventilatory Settings: Leak around ETT : Delivered Vt :

ABG: pH-7.2 pCO₂-42 pO₂-40 EtCO₂-3.2 P/F ratio-6.7 HCO₃-18.7

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

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 160 Cardiac Rhytho : sinus

(Heart sounds, murmur etc.): Quality of Pulses : good cap refill Time : Liver Edge : cm below Rt costal margin

Blood Pressures : NIBP : 60/40 (50) mmHg 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 :

Abdominal Exam : colostomy, intact

ENT Exam :

Central Nervous System : Level of Consciousness : AVPU / GCS score : ~~awake~~ drowsy, drowsy, sunken eyes

Neurological Findings : CFF > 3sec

pulse volume - low

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

skin turgor - delayed

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 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)

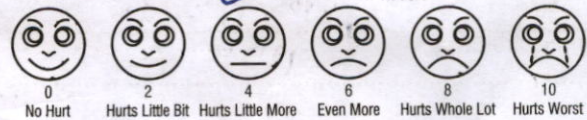
- c. Functional Screening Criteria: Screening is Positive Negative
- Patient cannot position himself in bed Change in Muscle Power
- Restricted ROM Impaired Daily Living Activities

- 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 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:

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: *unbalanced*

Current Medications:

Provisional Diagnosis : Ileal atresia with Acute gastroenteritis with dyselectrolytemia

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 : As per rota

Admitting Consultant :

Indication for PICU referral : dyselectrolytemia, dehydration

PLAN OF CARE

Preventive aspects of the treatment : cardiac arrest

Desired goals of the treatment : hemodynamic stability

PLANNED INVESTIGATIONS

- VBG
- CBP
- serum electrolytes
- CRP
- Blood Cls.

M. By Jais 19/5/26 7:45 pm

PLANNED MANAGEMENT

1. N/S bolus
2. 1g calcium gluconate
3. ~~1g~~ insulin + dextrose
4. V-band 1p r1
5. IVF DUS 16ml/hr

M. By Jais 19/5/26 @ 7:45 pm

Final Diagnosis: Ileal atresia s/p ileostomy acute gastroenteritis with dyselectrolytemia

Doctor's Signature : [Signature]
Name : Dr. Nathan
Date : 19/5/26
Time : 7:30 pm

Consultant's Signature : [Signature]
Name : DR. VITAYAMAND
Date : 20/5/26
Time : @ 10 am

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI (M)
 13-03-2028 0 Y 2 M 6 D
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 6:15 PM	Blood gas:- pH: 7.28 HCO ₃ ⁻ : 18.7 Lactate: 3.2 Na ⁺ /K ⁺ : 112/6.7	Can P/W Dr. Vijayanand Plan 1) Shift PICU for observation. 2) Stat Levolin Nebulization 3) IV fluids - 100cc/kg/day.
		NB
		Augi 19/5/26 6:30 PM
		- Trace reports.
		- To decide on IV Na after serum electrolytes.
		Jayash



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/3/26	cls/B PICU / team	Plan
7 pm	type-3 As:- ileal atresia / s/p ileostomy / cMPA / Sepsis / acute gastroenteritis	1) Hyperkalemia correction + Nebs z levolin 0.21 ml back to back 3 times - 2ij. calcium gluconate + K-bind PR + 2ij. zincin + dextrose + 2ij. sodium bicarbonate
	Issue:- 1) severe dehydration 2) dyselektrolytemia Nat ⁺ -120, K ⁺ -8.1,	2) NS bolus 30 ml / stat 3) IVF DNS @ 16 ml / hr 4) NPO 5) VBG at 11 pm
	3) Metabolic acidosis pH-7.287, HCO ₃ ⁻ -18.7	↓ If persistent acidosis / dyselektrolytemia, place arterial line
	on room air HR-160/min SpO ₂ -98% BP-90/50	6) 2ij. ceftriaxone 7) warmel care 8) measure stoma losses.
	peripheries - cool pulse - good volume, regular	keep colostomy bag. ↓ plan to replace based on stoma output.
	% severe dehydration sunken eyes dry mucosa reduced urine output	9) monitor urine output. measure diaper weight

Handwritten signature/initials

Handwritten signature/initials



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 9PM	C/P/W Dr	Tirish s/s (pediatric surgeon).
	Asst! - Pleal absq	
	s/p Pleostomy / CHPA Sepsis / dyselectrolytemia	plan:
		1. colostomy bag to applied. if possible!
	<u>Issue</u> - severe dehydration dys electrolytemia	2. Measure stoma losses replace as per picu protocols
	colostomy losses.	4. Advice family for stoma also closure once
		child condition stabilized once child weight improves.
		M Dr. V. N. R.
		Rahul



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 10pm	C/S/B. Dr. Kapil.	
	Δ: I feel stress type III / s/p ileostomy / CMPA / sepsis / Acute gastroenteritis	Plan: ① Cerebrin's
	Issue:- Hyponatremia Hypokalemia Acidosis	② S. electrolytes at 2am. ③ fluids 150ml/kg/day
	Child on room air SpO ₂ : 97% PR: 170/min RR: 58/min periphonic: warm pulse: good.	④ Monitor urine output. ⑤ Draw output monitoring July.
	Chest: B/L clear. CVS: S1S2 @. PA: soft, NT.	N.B Poi 19/5/26 10pm
		S. electrolytes at 7am Send Blood C/S. N.B Ray 20/5/26 7 AM

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 7 D (M)
 Dr. VIJAYANAND JAMALPURI



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/5/26 Day of Admission : D2 Today's Date & Time : 20/5/26 8c
 PRISM - III Score in first 24hrs. of Admission : 9 Today's SOFA Score : 2

OVERVIEW
 Diagnosis : Ileal atresia type III / sp ileostomy / CMPA / sepsis
 Current Issues : Dehydration, Tachycardic Hypokalemia, Hyponatremia Acidosis

VITAL SIGNS Today's Wt. (kg) : 2.8kg Temp.: Blood sugar issues : 97mg/dl.

RESPIRATORY SYSTEM
 Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L air entry @
 CXR :
 SPO₂ : 99% (RA) O₂ by NC / FM / NRB mask / Oxyhood, at L / min
 Ventilatory Support : Yes No - Day # of Vent : Nitric Oxide : Yes No - If Yes, details :
 Ventilatory Settings : Leak around ETT : 28-30% Delivered Vt :
 ABG : 7.31/38/41.8/7.31/19.7 EtCO₂ : - (leak) P/F ratio : - O.I. : -
 Chest Physiotherapy Plan : Suctioning Needs :
 Any Nebbs : ICD ? Yes No, if Yes, details :
 Plan of care :

CARDIO VASCULAR SYSTEM
 Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Since HR : 170/min
 Quality of Pulses : Good cap refill Time : < 2s Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : 90/50 IBP : CVP :
 Infusion of : Dopamine mcg / kg / min - Dobutamine mcg / kg / min
 Epinephrine mcg / kg / min - Nor Epinephrine mcg / kg / min
 Milrinone mcg / kg / min
 Any Other Infusions : IVC coagulation
 Last 2D Echo Findings : Good contractility
 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 :
 Day of arterial line : Day of Central line :
 Plan of Care :

CNS
 Neuro Exam : Alert active
 Tone : 0
 Pupils : 2+ 2- Sedation Used ? Yes No Any paralysis ? Yes 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>+168</u> / (+/-) Input : ml/k/d UO : <u>2.5</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>16</u> ml / hr (<u>150%</u> 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>SOA, NT</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) : <u>Start feeds</u>	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : <u>Re Amix on</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : <u>113</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : <u>D2</u> Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>10.2</u> <u>17580</u> <u>1.33</u> <u>666</u> Any Coagulopathy : <u>34/42</u> 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 checked="" 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>Trace & electrolytes RP2</u> <u>Start feeds</u> <div style="text-align: right;"><u>Nephro</u> <u>auto</u> <u>used</u></div>	

Doctor's Name (Handover given) : Seehy
 Signature : [Signature]
 Date & Time : 21/5/26 8:20

Doctor's Name (Handover taken) : [Signature]
 Signature : [Signature]
 Date & Time : 20/5/26 8:40

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 7 D (M)
 Dr. VIJAYANAND JAMALPURI

GRESS NOTES AND DOCTOR'S ORDER

20/8/26.
 8:40am

C/S/B Dr. Vijayanand.

Date & Time	Progress Notes	Doctor's Order
	<p>Δ: Ileal atresia type II / CMPA / Acute gastroenteritis Dyselectrolytes</p>	<p>Plan</p>
	<p>⊕ Issue: Acidosis.</p>	<p>⊙ Water for apnea & respiratory distress.</p>
	<p>Hypotensive Hypokalaemic Dehydration. Thrombocytosis.</p>	<p>⊙ IV fluids 150ml/kg/Day.</p>
	<p>Child on room air. spo₂: 98% PR: 178/ RR: 30/min peripher: Warm pulse: good volume</p>	<p>⊙ S. electrolytes ⊙ RP₂ evening.</p>
	<p>U.O: 2.5ml/kg/hr. Skin pinch: ⊕ Active alert.</p>	<p>⊙ Gastro review. (informal) ⊙ Monitor stoma output</p>
		<p>⊙ I/O charts Ghr</p>
		<p>⊙ CRBS BD</p>
		<p>⊙ Monitor BP. (appropriate cuff size)</p>
		<p>⊙ USG abdomen & renal doppler. (informal)</p>
		<p>⊙ Probiotics.</p>
		<p>⊙ Nephrology review. (informal)</p>

Noted by
 Gopitce

DR. VIJAYANAND JAMALPURI
 Registration No: 40526



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	C/S/B Dr. Fakhram.	
10:30 AM	Δ S/S :- Ileal Atresia	
	s/p Pileostomy	plan.
	CHPA / Dyselectrolytemia	
	on room A/R	1. continue IV fluids
	hemodynamically stable.	150ml/kg/day.
	on 150ml/kg/day IV fluids.	2. monitor vitals.
	Issues :-	3. Gastro Review
	Hyponatremia.	Nephrology Review.
	Hypercalcemia (Resolved)	4. Monitor urine out put
	Vitals.	Noted by
	HR - 150	Nephro
	BP - 90/70 (60) mmHg.	Dr. Nathan
	RR - 40.	
	USG abdomen with 2	
	Renal doppler } normal.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	Ileal atresia	c/s/b Dr Sandeep
12 PM	s/p ileostomy.	Plan
	CMPA / Dyselectrolytemi	- send CUE
	On room air	spot urine electrolyte
	Hemodynamically stable.	Sr. magnesium, PO_4^{2-}
	Alert, active	- add 14p. Nodomin
		2.5ml PO TID
	Chest - clear	
	PA - soft	- serum electrolyte in evening
	CVS - S1,2 ⊕	Rp2 (Tm)
	CVS - clear, active	- stool routine exam? to send.
		cls
	HR - 160/min	
	RR - 33/min	- TO start neocate
	SpO ₂ - 98%	cyclical feed
	BP - 100/60 mmHg	5ml/hr 3hr on
		1hr off.
		increase by 2ml every cycle.
		max till 15ml/hr.
		- Add 3% NS to neocate
		(1ml to 30ml feed.)
	<p>Noted by Gopika</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/3/26	S/B Dr. Sandeep	
4pm	dx: Ileal Atresia type III S/P Ileostomy	Plan:
	now with Acute Gastroenteritis Metabolic acidosis	(1) continue
Issues:		ceftriaxone D2
Dyselectrolemia		medication as per chart
metabolic acidosis		(2) S. Electrolytes
Severe Dehydration/shock		S. Mg ⁺² , poi ⁻³ → to send
	no vomitings since morning	(3) Trace cue
no fever.		Spot urine Electrolytes
Stoma output - 25ml		(4) Send cse
urine output - 55ml @ 2.64ml/kg/hr		Stool culture
O/E: on Room air.		(5) Start Neocate
SpO2 - 100% ↓ Room air.		cyclical feeds
BP - 102/46 (66)		5ml/hr for 3 hours
RR - 31/min		and 1 hour off
PV - good.		to increase by 2ml every
		cycle - max tlc 15ml/hr.
		(6) to Add 3% Saline to
		Neocate (1ml to 30ml feeds)

Noted by
 Anika
 20/3/26
 @ 4:10pm

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI (M)
 13-03-2026 0 Y 2 M 8 D
 Dr. VIJAYANAND JAMALPURI



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/5/26 Day of Admission : 02 Today's Date & Time : 20/5/26 at 4pm
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW
 Diagnosis : Ileal Atresia type 3
 S/p Ileostomy now = Acute Gastroenteritis / metabolic acidosis
 Current Issues :

VITAL SIGNS Today's Wt. (kg) : 2.6kgs Temp.: Blood sugar issues :

RESPIRATORY SYSTEM
 Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : Bilateral air entry present
 CXR :
 SPO₂ : 98% O₂ by NC / FM / NRB mask / Oxyhood, at Room air L / min
 Ventilatory Support : Yes No - Day # of Vent : Nitric Oxide : Yes No - If Yes, details :
 Ventilatory Settings : Leak around ETT : Delivered Vt :
 ABG : EtCO₂ : P/F ratio : O.I. :
 Chest Physiotherapy Plan : Suctioning Needs :
 Any Nebbs : ICD ? Yes No, if Yes, details :
 Plan of care :

CARDIO VASCULAR SYSTEM
 Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 147/min
 Quality of Pulses : good cap refill Time : 2.5 sec Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : 102/46/66 IBP : CVP :
 Infusion of : Dopamine mcg / kg / min - Dobutamine mcg / kg / min
 Epinephrine mcg / kg / min - Nor Epinephrine mcg / kg / min
 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 : Yes No Place of art, line & its condition :
 Central line in situ : Yes No Place of central line & its condition :
 Day of arterial line : Day of Central line :
 Plan of Care :

CNS
 Neuro Exam : alert
 Pupils : 2+ 2+ Sedation Used ? Yes No Any paralysis ? Yes No
 Types of Sedation : Types of Paralysis :
 Relevant CT Scan, MRI EEG, Neurosonogram etc. :
 Plan of Care : Ramsay Sedation Score :

Stomach = 153ml

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 : <u>+290ml</u> (+/-) Input : ml/k/d UO : <u>1.9</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>N</u> Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>16ml/hr</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 <u>131</u> K <u>4.7</u> Cl <u>103</u> 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) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>ceftriaxone D2</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.3</u> Bld. Urea : <u>43</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>10.2 / 11.580 / 13.38 taken</u> Any Coagulopathy : Relevant Transfusion History : 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 : <u>trace stl</u> <u>5.0mg⁺, par⁺</u> <u>ure, urine Hct/dur</u>	

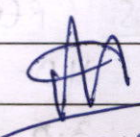
Doctor's Name (Handover given) : Madhni
 Signature : Madhni
 Date & Time : 20/5/26 @ 4:10pm

Doctor's Name (Handover taken) : Duok
 Signature : [Signature]
 Date & Time : 20/5/26

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 7 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/2026	<u>Fluid - Feed plan</u>	Full feeds <u>21ml cycled</u>
	<p><u>Feeds</u> → <u>Flux</u></p>	
	5ml → 14ml/hour	cycled feeds
	↓ 7ml → 12ml/hour	3 hours →
	↓ 9ml → 10ml/hr	1 hour eq
	↓ 11ml → 8ml/hour	Add 1ml of
	↓ 13ml → 6ml/hour	3ml of
	↓ 15ml → 5ml/hour	3ml feed
		<p style="text-align: center;">  <u>Dr. Vijay</u> </p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	<u>NUTRITION REVIEW</u>	
8am		STOOL PASSED = 0
	PBW: 2.6 kg (< 5th Centile)	
	REE: 104.3 kcal/d	Hb: 10.2 ✓ Plt: 13.3 ✓
		Na: 140 K: 4.2 Cl: 111
	NA Cyclical Feeds	
	Neocate	
	C1: 30 ml dilution	Recall vol = 96 ml/d
	11 ml/hr (3hr on 1hr off)	
	5 scoops for REE	3 scoops for recall
	Vol = 150 ml/d for REE	
	8 ml/hr (cyclical) for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal: 110 ; 42.3 kcal/kg/d	Cal: 66 ; 25.3 kcal/kg/d
	Prot: 3.5 ; 1.34 g/kg/d	Prot: 2.1 ; 0.80 g/kg/d
	Carbs: 12 ; 4.61 g/kg/d	Carbs: 7.2 ; 2.7 g/kg/d
	Fat: 5.5 ; 2.1 g/kg/d	Fat: 3.3 ; 1.26 g/kg/d
		Present Feed: 11 ml/hr
		Target Feed: 15 ml/hr

Cf. Same feeds
 B/w 11m
 21/5/26
 9:24am

Dietitian
Mounick

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 8 D (M)
 Dr. VIJAYANAND JAMALPURI



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/5/26 Day of Admission : 03 Today's Date & Time : 21/5/26 at 8 AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Neel akrenia type III</u> <u>SP Electrolyte / CMPA</u>	Current Issues :
----------	--	------------------

VITAL SIGNS Today's Wt. (kg) : 2.6 kgs Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings (Air entry, breath sounds, s/o distress etc.) : Bilateral air entry present

CXR : _____

SPO₂ : 98% O₂ by NC / FM / NRB mask / Oxyhood, at on Room air L / min

Ventilatory Support : Yes No - Day # of Vent : _____ Nitric Oxide : Yes No - If Yes, details : _____

Ventilatory Settings : Leak around ETT : _____ Delivered Vt : ⊖

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

Chest Physiotherapy Plan : _____ Suctioning Needs : _____

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

Plan of care : _____

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 129/min

Quality of Pulses : good cap refill Time : 3 sec Liver Edge : _____ cm below Rt costal margin

Blood Pressures : NIBP : 80/40 (63) IBP : _____ CVP : _____

Infusion of : Dopamine _____ mcg / kg / min - Dobutamine _____ mcg / kg / min

Epinephrine _____ mcg / kg / min - Nor Epinephrine ⊖ _____ mcg / kg / min

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 : Yes No Place of art, line & its condition : _____

Central line in situ : Yes No Place of central line & its condition : _____

Day of arterial line : _____ Day of Central line : _____

Plan of Care : ⊖

CNS

Neuro Exam : Alert

Pupils : 2F 2F Sedation Used ? Yes No Any paralysis ? Yes No

Types of Sedation : ⊖ Types of Paralysis : ⊖

Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____

Plan of Care : ⊖

Ramsay Sedation Score : _____

same = 155 ml.

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+290</u> / (+/-) Input: ml/k/d UO: <u>1.9</u> ml/kg/hr Stools: NG output: PO intake:	
	Feed Formula: <u>Neonatal 1st 1ml</u> Feed Schedule: <u>Cyclical feeds 11 ml/hr for 3 hrs</u> IV Fluids - Type of IVF: <u>DNS @ 37.5 ml/hr</u> ml/hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: <u>@ 8 ml/hr</u>	
	% 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 <u>140</u> K <u>4.2</u> Cl <u>111</u> Ca Mg P HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam:	
	Any organomegaly? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver): <u>plan to increase 2ml each cycle</u>	
	
	
	
	
	
INFECTIO	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): <u>Cef-41</u> Cultures Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>ceftriaxone Day 3</u> Describe c/s Reports: Other Labs (Latex, Serology, etc): Ongoing Antibiotics:	
	
NEPHROLOGY ISSUES	Sr. Creat: <u>0.3</u> Bld. Urea: <u>13</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:	
	
	
	
HEMATOLOGY	Relevant Labs (CBP etc): <u>11.5/26</u> <u>10.2/12.5/50</u> <u>13.3 lach</u> Any Coagulopathy: Relevant Transfusion History: 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 checked="" 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	- trace csk, stool 4s, u/e - to discuss with nephrologist - Surgeon opin on drain & replacement	

Doctor's Name (Handover given): Madhu
 Signature: Madhu
 Date & Time: 2/15/26 at 8AM

Doctor's Name (Handover taken): Suby
 Signature: Suby
 Date & Time: 2/15/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 9:30am	c/s/B Dr. Vijayanand.	
	Δ: Ileal stricture type III. slp ileostomy / CMPA / FTT	Plan: ① Increase cyclical feeds to full feed. 23ml/hr
	Issue: High stoma output.	
	Child on room air. SpO ₂ : 98%. PR: 140/min.	② Cont. Nodosis
	RR: 30/min peripheral. Warm	③ Cont Sodium supplement.
	④ Chest: clear CVS: S1, S2 @	④ Surgical review (informed)
	CNS: alert, active PA: soft, NT	⑤ Band Plasma renin aldosterone. Hm
	Dysselectolytic reticulov.	⑥ If stoma output > 13ml in > 2ml in 6hr, replace with RL.
		⑦ Gastro review (informed)
		⑧ Trace CSE, stool C/S. CUG.
	Noted by Lam	⑨ CBP, CRP, electrolyte Hm.

DR. VIJAYANAND JAMALPURI
 Registration No: 40526



6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/3/26 11am	C/S/B Dr. Farhan	
	Δ: Thick stool type (M) / sp ileostomy / PFF / CMFA.	Plan: ① Increase full feed.
	Issue: High stool output.	② Watch for feed intolerance
	Child on room air SpO ₂ : 99%. PR: 140/min RR: 30/min	③ Gastro review ④ Surgery review.
		⑤ Monitor vitals.
		⑥ S. electrolyte H ₂ O
		M.B Maamita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	c/y/B Dr. Alisha (Kids Gastro)	
	ileostomy output = 5me/kg.	Adv
	urine output = 2.2me/kg/hour	Total Input
	AKI passive	150me/kg/day (feed + fluid).
	Serum Na ⁺ = 141.	⊕
	on cyclical feed (neocate + 3% NS @ present 13me/hr)	- Replacement of > 30me/kg/day
	⊕	5me/kg / 4hrly
	DNS = 8me/hr.	ileostomy output
		- ↑ cyclical feeds (by 30-50ml each rapidly)
		- Target full feed (by bolus) from 22/5/26.
		⊕ 3% NS mixed in feed
		- Collect mg/POU / CSE / stool c/s / stool Kola.
		- After achieving full feed -
		Add. supplements
		Iron / At 2 / Met ord.
	Noted by Lam	

BAH-00651112
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 8 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 4:30 PM	CIS/B or vijayanand sr.	plan.
	<p>Diagnosis:- Gland atresia Sp pleostomy CHPA / Failure to thrive</p>	<p>1. Increased feeds as per plan.</p>
	<p>on room APs hemodynamically stable</p>	<p>2. Blood tests explained. NIB Moomita</p>
	<p>on oral feed 15ml/hr show growth</p>	
	<p>target feeds 21ml/hr.</p>	
		<p>DR. VIJAYANAND JAMALPURI Registration No: 40526</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26		c/s/B Dr Sandeep
9:40 AM	Ileal atresia type III	Plan
	sp ileostomy (ETT)	
	CMP A	- continue cyclical feed
		↑ 2nd every cycle
	On room air	target feed 21ml/hr
	Hemodynamically stable	
	DNS @ 5ml/hr	- w/ ↑ colostomy output
		w/ ↑ vomiting
	On cyclical feed	- To replace colostomy
	neocate 15ml/hr 3hr on	output if > 20ml over
	1hr off	Ghr
	Target feed 21ml/hr	
	T 2ml/hr each cycle	- colostomy output monitoring
	HR - 150/min	
	RR - 20/min	- Add 1ml 3% Na in
	SpO ₂ - 100%	30ml neocate
	BP - 90/40 mmHg	
		- CBL, CRP, Sr-electrolytes T/m
		- To add replacement
		after achieving full feed cycle
		M.B. Moumita

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 8 D (M)
 Dr. VIJAYANAND JAMALPURI



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/05/2026 Day of Admission : Day 4 Today's Date & Time : 22/5/26 8:30
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>ileal atresia Type III</u> <u>s/d ileostomy (mpa)</u> <u>present with dehydration & dyselektrolytemia</u>	Current Issues : <u>↑stoma Output (Controlled than previous)</u> <u>20/5 - 150ml (57ml/410)</u> <u>21/5 - 75ml (29ml/1310)</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues : <u>91 (2am)</u>	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>Al. AE ⊕, clear</u>	
	CXR : <u>96% T.R.I.A</u>	
	SPO ₂ : <u>96% T.R.I.A</u> O ₂ 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 type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EICO ₂ : _____ P/F ratio : _____ O.I. : _____	
CARDIO VASCULAR SYSTEM	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebs : <u>⊖</u> ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : _____	
	Plan of care : _____	
	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR - 157 bpm</u>	
	Quality of Pulses : <u>good</u> cap refill Time : <u>2.3 sec</u> Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : <u>67/35/45</u> IBP : <u>⊖</u> CVP : _____	
	Infusion of : <input type="checkbox"/> Dopamine <u>⊖</u> _____ mcg / kg / min - <input type="checkbox"/> Dobutamine <u>⊖</u> _____ mcg / kg / min	
	<input type="checkbox"/> Epinephrine <u>⊖</u> _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine <u>⊖</u> _____ mcg / kg / min	
<input type="checkbox"/> Milrinone <u>⊖</u> _____ 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 : _____		
CNS	Neuro Exam : <u>GA - 12/5 alert, active</u>	
	Pupils : <u>Both equal (P.T.C)</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : <u>⊖</u>	

stoma output - 75ml

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds	
	I/O/Balance : / (+/-) \oplus 197 Input : ml/k/d UO : ml/kg/hr Stools :	
	NG output : PO intake :	
	Feed Formula : <u>Neocate + 3% NS</u> Feed Schedule : <u>Cyclical feeds 23ml</u> 3hr on 1hr off	
IV Fluids - Type of IVF : \ominus @ 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 <u>137</u> K <u>4.2</u> Cl <u>110</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :		
Latest LFT : <u>2/5/26</u>		
Abd Exam : <u>soft</u>		
Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : <u>feeds - 414ml (160ml/kg/day)</u>		
Plan (G.I. & Liver) : <u>off iv feeds @ 4Am today</u>		
INFECTIO	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) :	
	Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>CRP ↓ (11) → (15)</u>	
	Describe c/s Reports :	
	Other Labs (Latex, Serology, etc) : <u>14j. cefmaxore - D+</u>	
Ongoing Antibiotics :		
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : 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 :		
HEMATOLOGY	Relevant Labs (CBP etc) : <u>2.3(15); 12.630 (PLC); PC - 9.32L</u>	
	Any Coagulopathy : \ominus	
	Relevant Transfusion History : \ominus	
	Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	CRBSI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If yes, then details : <u>Cultures</u>
CA - UTI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		If yes, then details :
If yes, then details :		If yes, then details :
FINAL COMMENTS	<u>Chase cultures (stool), (Blood)</u> <u>Boleu feeding plan.</u> <u>Addy supplements.</u> <u>Weight check today</u>	

Doctor's Name (Handover given) : Dr A. Kettler

Signature : [Signature]

Date & Time :

Doctor's Name (Handover taken) : K. Jethi

Signature : [Signature]

Date & Time : 22/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 9:30 AM	C/S/B Dr Vijayanand.	plan. (30 ml / 2nd hourly)
	ASIS:- Pleal atresia	1. Change to bolus feeds 2nd hourly
	S/P Pleostomy	2. Continue NPT supplementation.
	CMPA / dehydration	3. Gastro Review (b/w regarding ongoing address supplements)
		4. ongoing surgeon Review
	on room Air	Monitor stoma output
	Hemodynamically stable.	5. Trace stool culture.
	No fever spikes.	Trace Aldosterone, Renin.
	on cyclical feeds 25ml/hr	Noted by
	3hr on.	Niteeh
	1hr off.	
22/5/26 10 AM	C/S/B Dr Fashaan.	DR. VIJAYANAND JAMALPURI Registration No: 40526
	ASIS:- Pleal atresia.	plan.
	S/P Pleostomy	1. Change to bolus feeds
	dehydration / CMPA / electrolyte	30ml / 2nd hourly.
	On room Air	2. Continue sodium supplementation
	Hemodynamically stable.	3. Monitor stoma output.
	No fever spikes.	4. Monitor vitals.
	on cyclical feeds 25ml/hr	Noted by
	3hr on	Niteeh
	1hr off.	Dr Mathew

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	✓ To Add 1.3ml 3/1ml to 40ml	Feeds ① 40ml 2 nd hour
	✓ To Add 0.5ml 1070.1 to 4 feeds / day	AA Prb
<u>22/07/2020</u> <u>3:00 pm</u>	Di: Sp. colobony Dysselectrolyte on baby feeds to baby well ← Kinodynamic study HR - 140/min SpO ₂ - 100% PFT < 2 sec	C/S/B Dr. Vijayanand <u>Plan</u> ① stop Antibiotic ② Try oral feeds and hold baby feeds ③ shift air tomorrow ④ Monitor stool output
		Noted by Nethen

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

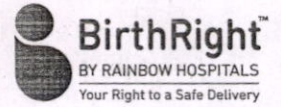
BAH-00651112
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 8 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order $Wt = 2.98 \text{ kg}$
<u>22/05/26</u>	<u>Feeding plan</u>	
	Neocate 40ml / Q2H (Bottle feeds)	} 161ml / kg / day
	3% Nacl 1.3ml / every feed	
	MCT Oil 0.5ml added to 4 feeds / day	
	From 3% Nacl = $1.3 \times 12 = 15.6 \text{ ml / day}$	
	= 8 meq / day 2.7 meq / kg / day	
	From MCT oil = $0.5 \times 4 = 2 \text{ ml / day}$	
	= 16.6 Kcal / day (5.6 Kcal / kg / day)	
	From Neocate = $480 \times 0.67 = 322 \text{ Kcal / day}$ (108 Kcal / kg / day)	
	* Total estimated energy intake = 114 Kcal / kg / day	
	* Total protein intake from Neocate (1.98 / 100ml)	
	= 9.1 g / day 3g / kg / day	
		A. Kulkarni

BAH-0051112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 9 D (M)
 Dr. VIJAYANAND JAMALPURI



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/5/26 Day of Admission : Day - 4 Today's Date & Time : 22/5/26 5pm

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

OVERVIEW	Diagnosis : <u>pleal atresia type III</u> <u>Sp Pleostomy (cuff)</u> <u>dehydration</u> <u>anselectrolytesia</u>	Current Issues :
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAED clear</u>	
	CXR :	
	SPO ₂ : <u>98%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>Room Air</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 :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details :	
	Plan of care :	
	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>SR44</u> <u>HR-120</u>	
	Quality of Pulses : <u>good</u> cap refill Time : <u>2.2 sec.</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <u>92/50 (70mmHg)</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"/> 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 type="checkbox"/> No Place of art, line & its condition :	
Central line in situ : <input type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition :		
Day of arterial line : Day of Central line :		
Plan of Care :		
.....		
CNS	Neuro Exam : <u>Alert, active</u>	
	Pupils : <u>2mm 2mm reacting to light</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 type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>-17</u> / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>Neocate + 3% NS</u> Feed Schedule : <u>Bdus feeds 30ml/2nd hour</u> IV Fluids - Type of IVF : @ ml / hr (..... 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 <u>132</u> K <u>4.2</u> Cl <u>110</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> <u>Pleostomy</u> <u>9x2cm</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : <u>Ig cephalosporin - IV.</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :		
		NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : 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 :	
			HEMATOLOGY	Relevant Labs (CBP etc) : <u>8.3</u> <u>12,630</u> <u>9.32</u> Any Coagulopathy : Relevant Transfusion History : Plan of Care :
CARE PROTOCOLS	VAP Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input 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			<u>Bdus feeds.</u> <u>Add MCT oil + 3% NS.</u>

Doctor's Name (Handover given) : Dr Nathan
 Signature : [Signature]
 Date & Time : 22/5/26 5pm.

Doctor's Name (Handover taken) :
 Signature :
 Date & Time :

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 8 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	<u>NUTRITION REVIEW</u>	
8:30 am		STOOL PASSED = 0
	PBW: 2.6 kgs	Hb: 8.3, WBC: 12630, PLT 932000
	REE: 104.34 kcal/d ✓	Na: 137, K: 4.2, Cl: 110
	NG feeds	
	Neocate	
	(1:30 ml) dilution	
	40 ml @ 2nd hly ✓	Recall vol = 429 ml/d
	5 scoops for REE	14 scoops for Recall
	vol = 150 ml/d for REE	
	15 ml @ 2nd hly for REE	
	<u>MACROS (REE)</u> ✓	<u>MACROS (RECALL)</u>
	Cal: 110; 42.3 kcal/kg/d	Cal: 308; 118 kcal/kg/d
	Prot: 3.5; 1.3 g/kg/d	Prot: 9.8; 3.7 g/kg/d
	Carbs: 12; 4.6 g/kg/d	Carbs: 33.6; 12.9 g/kg/d
	Fat: 5.5; 2.1 g/kg/d	Fat: 15.4; 5.9 g/kg/d
		✓
	Brown	Present feed: 40 ml @ 2nd hly
	23/5/26	
	Low	
		A little Dilution



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/01/2026 Day of Admission : Day 5 Today's Date & Time : 23/01/26 8AM

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

OVERVIEW	Diagnosis : ileal atresia Type III S/P ileostomy / CMPA / dehydrated; dyselektolytemia	Current Issues :
	VITAL SIGNS Today's Wt. (kg) : 2.98 (22) Temp.: Afebrile Blood sugar issues : 99 @ 7 AM	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BIL AET, clear	
	CXR :	
	SPO ₂ : 96% T R/A O ₂ 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 type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EtCO ₂ : _____ P/F ratio : _____ O.I. : _____ Chest Physiotherapy Plan : _____ Suctioning Needs : _____ Any Nebbs : _____ ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : _____ Plan of care : _____	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : 95% ⊕ Rate - 118bpm	
	Quality of Pulses : good cap refill Time : 3 sec Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : 62/35 (++) 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 : peripheral line @ right hand 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 : _____	
CNS	Neuro Exam : Alert, achie	
	Pupils : 2mm bil equal RTL Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input 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 type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) <u>12.8</u> Input : ml/k/d UO : <u>4.47</u> ml/kg/hr Stools : <u>10</u> NG output : PO intake : <u>75ml/day</u> Feed Formula : <u>40ml / 0.2H - Neocate + 3/4 NS</u> Feed Schedule : (<u>1ml/kg/hr</u>) IV Fluids - Type of IVF : <u>⊖</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>feeds - @ 160ml/kg/day</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) : <u>Add MCT oil to 4 feeds/day</u> <u>↑ 8% Nacl to 1.3 ml/feed</u>	
	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : <u>Klebsiella pneumoniae in 8501 c/s</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>⊖ Omitted</u>	
	Sr. Creat : Bld. Urea : 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 (CBP etc) : Any Coagulopathy : <u>⊖</u> Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Renin, aldosterone</u> Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
	FINAL COMMENTS	

Doctor's Name (Handover given) : Alkathel
 Signature : Alkathel
 Date & Time : 23/05/20 8:15 AM

Doctor's Name (Handover taken) : K. Sathya
 Signature : A
 Date & Time : 23/5/20 8 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26		c/s/b <u>Dr. Vijayanand</u>
9:30 AM	Ileal atresia type III	Plan
	S/p ileostomy / CMPA /	
	dehydration / dyselektrolytemia	- continue 160ml/ks/day
	on room air	- Remove NG
	Hemodynamically stable	Try bottle feed
	On NG feed 2hrly 40ml	- surgical review (plw surgeon about stoma closure)
	3% Nacl 1.3ml per feed	- shift to ward.
	MCT oil 4 feeds / day.	- Trace Renin, aldosterone.
	chest - air entry B/L ⊕	
	P/A - 1off	Noted by
	CW - S ₁ , S ₂ ⊕	Nethelw
	HR - 150/min.	DR. VIJAYANAND JAMALPURI
	RR - 30/min	Registration No: 40526
	SpO ₂ - 98%	
	BP - 80/40 mmHg.	

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 10 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>SIB PICU team</u>	
<u>23/5/26</u> <u>9:40pm</u>	Δ: Ileal atresia type 3 SIP Ileostomy	<u>Plan:</u> ① medication as per chart ② Trace Renin Aldosterone
	No vomitings/fever Stoma output - 30ml since morning.	③ monitor vitals
	taking feeds	④ continue feeds 40ml 2 nd hourly
	vitals stable on Room air. HR - 168/min SpO ₂ - 100% on Room air. RR - 28/min. Pr - good	⑤ in form SOS ⑥ to discuss regarding Ileostomy closure
<u>23/5/26</u> <u>2:50pm</u>	<u>SIB Dr. Vijayanand</u>	<u>Madhvi</u>
	taking feeds vitals stable on Room air HR - 168/min SpO ₂ - 100% on Room air RR - 32/min	<u>Plan:</u> ① continue supplements ② continue full feeds ③ Ongoing Surgical Review ④ <u>shift to ward</u> ⑤ Trace Renin Aldosterone
		 Dr. VIJAYANAND JAMALPURI Registration No: 40526

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 8 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3/26 7pm	<p style="text-align: center;"><u>shifting notes</u></p>	<p style="text-align: center;"><u>Plan.</u></p>
	<p>1. Ileal atresia type 3 SIP ileostomy</p>	<p>1) medication as per chart 2) Trace Renin Aldosterone</p>
	<p>no issues taking feeds</p>	<p>3) monitor vitals 4) continue feeds comb 2nd hourly</p>
	<p><u>O/E</u> - on Room air - SpO₂ 98% vitals stable HR - 124/min Pr good RR - 34/min</p>	<p>5) Infants 60s 6) Distal cologram on Monday</p>
		<p style="text-align: right;"><i>N B Roy</i></p>
		<p style="text-align: right;"><i>N B Roy</i></p>
		<p style="text-align: right;"><i>Madhu</i></p>

BAH-00551112 IP5-00174034
Baby Of SANDHYA RANI (M)
13-03-2026 0 Y 2 M 10 D
Dr. VIJAYANAND JAMALPURI

Patient



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 6:27 pm	<u>Counselling Notes</u>	
	Parents have been counselled regarding further surgical management of their child, Baby of Sandhya Rani, (BAH 0065112), (2m 7d male)	
	→ Distal Cologram on Monday 25/5/26 in order to assess calibre and length of distal bowel.	
	→ Tentative plan of ILEOSTOMY CLOSURE on Tuesday 26/5/26 or Wednesday 27/5/26.	
	Parents have been explained that in future if post surgery, need for ileostomy (redo) may be there present.	
		Vedanta Ganang (Father)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26 9:30am		
	C/S/B - Resident / Dr. VJ	
	O Head - afebrile T-3	
	S/P.	Plan
		→ monitor Stoma Colours
	- O/E - looks well	
	hydration fair	→ etc
	CRT - <3 sec	Cont supplements
		→ Ongoing surgical review
	Stool → 40ml 1cut 12hr	
	T.wtg - 3.117kg	- Monitor BP
		- Neocate
	taking - orally	- 45ml - 2nd half
	on neocate	
	- 40ml 2nd half	→ PAC
		- distal cologram film
		→ remove annula
		DR. VIJAYANAND JAMALPURI
		Registration No: 40526
		Che
		MB

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/3/26 9am	9/2/26 Resident	
	Δ - <u>11eal atresia</u> -	<u>Plan</u>
	S/P - Double barrel	
	colostomy	① Monitor stoma losses
	child doing well.	② SYP A to Z
	no fresh complaint	③ vit B ₂ drops
	aplastic	④ sachet NEXPRO
	hemo dynamically stable	⑤ SYP NODOSU
	<u>Vitals</u>	⑥ Z & D DROPS
	O ₂ S - S ₁ S ₂ (+)	⑦ ENTEROGERMINA VIAL
	RS - BAE(+)	⑧ IVP DNS + NO fluids Stopped on 22/5
	PIA - Soft, colostomy	⑨ TO
	ENT - clear beg(+)	do <u>soluh</u>
		distal colostogram
		now as dew
		Dr. Vijay Anand sir

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 10 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 8:10am	<p>EWIB Resident D: ileal atresia child is sp - double barrel ileostomy</p> <p>child is afebrile doing well</p> <p>no fresh complaints stat</p> <p>O/E Child is active CVS - S, S, (F) RS - BAE ⊕, airway clear P/A - Soft</p>	<p style="text-align: center;"><u>Plan</u></p> <p>① CROCIN drops stat</p> <p>② ongoing surgical consultation</p> <p>③ monitor vitals</p> <p style="text-align: right;"><i>Moted by mty</i></p> <p style="text-align: right;"><u>Soheli</u> (Dr. Soheli)</p> <p style="text-align: center;">4stB <u>VJ Sir</u></p> <p style="text-align: center;"><u>Plan</u></p>
26/5/26 9:30am	<p>Seen By Dr. Vijay Anand Sir</p> <p>Trace</p>	<p>① Co-Amoxiclav to start</p> <p>② Surgical review</p> <p>③ Gls to entrology review (Dr. Alisha mam)</p> <p>④ Trace Renin, aldosterone</p> <p>⑤ <u>Plan</u> CBP, CRP, RR-2</p>

Soheli (Dr. Soheli) now
No further mty
 (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 12:30pm	C/S/B - Received	
		Plan
		- Serch - CBP / CRP / R P / VBG - Urine Na ⁺
		→ Start Amoxiclav
		Power
26/5/26 1:15pm	Na ⁺ - 131	U/D/E - Dr. Alisha
		- Plan
		- 3% NS - to give 2.5ml every 2 hrs C each feed.
		(30ml / day (15mg / day))
		- MCT - 1 to 3ml - / day
		Power Noted by mtey

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI (M)
 13-03-2026 0 Y 2 M 13 D
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 2:20pm		C/O/C - Dr. VJ
	Hb - 7g/dl	Plan
	Baby BA - A+ve. Mother BA - O+ve	- Blood Transfusion to be given in PICU
		- Blood grouping / cross matching to be done.
		- Mother's blood group to be cross matching
		Paracetamol
26/5/26 6:20pm	D/W Dr. vijayanand	Noted by <u>mfls</u>
	CRP-53	Plan: 1) inj. Amoxicillin clavulanate
		Noted by <u>mfls</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 9:30am	V. J. - 5/10/5	
	<u>CS/B - R</u> <u>severe</u>	Plan
	1 lead Atrial T-3	
	2 double barrel / bloody	- Cont. IV antibiotics
	3 - electrolyte / dehydration	→ supplements to be continued
	→ received PRBC 60ml	
	→ child - drowsy	
	- oral intake - fair	
	urine output - fair	
	Stoma	
		Paracetamol
22/5/26 9:30am	CS/B - Dr. V. J.	Plan
	→	- Continue IV antibiotics
	Baby well / active	→ Torace Aldosterone
	hemodynamically stable	
	feeds - 50ml / 2nd hb	→ continue supplements
	urine output - fair	
		M/B Pulamash 22/5/26 10:00 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 4:30pm	CLS/B Resident	Wt : 3.17kg
	Nileal Atresia type-III	Plan
	• double barrel ileostomy • dyselectrolytemia & dehydration	⊕ continue ① I.V INS AMOXACILLIN + CLAVULANIC ACID.
	feeds - 50ml/2hrly Urine out - good.	② ZSD drops ③ ENTEROGERMINA VIALS
	hemodynamically stable OIE: Baby is alert, active.	④ SYP NODOSIS ⑤ VIT D DROPS 0.5ml OD ⑥ AT02 Drops
	Vitals - stable BP - 92/59 RR - 32 bpm.	Trace Sr. Aldosterone
	Plasma Renin - 28.07	Solich (or Solich)
25/5/26 6:00pm	CLS/B - Dr. VJ	Plan
	Nileal atresia - TIT. • dyselectrolytemia / dehydration	- CONT IV antibiotics Supplements
	Hemodynamically Stable	→ Monitor Stoma output → Surgery - RIU - Tim

VJ/B
 25/5/26
 6:10pm

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI (M)
 13-03-2026 0 Y 2 M 14 D
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>22/3/26 8:30am</p>	<p style="text-align: center;"><u>C/S/B - Re-eval</u></p> <p>11cal stress T-3 c double barrel colon c dehydrated c electrolytes</p> <p>S. Adrenon 31.5 (N < 15.9) Remin - 28.07, @ 2.4 - 3.8 Stoma output -</p> <p>Baby in table last night No vomiting No fever feeds - small/short Last feed @ 7am No fever</p> <p>BP - 97/61 mmHg</p>	<p style="text-align: center;"><u>Plan</u></p> <ul style="list-style-type: none"> o Antibiotics to cont o Sy R/V to be done today o St Trace Adrenon level o IV Amoxicillin + Vancomycin o Syp 2nd o EnteroGenie o Naden o Ab 2 drops o Vit D drops 0.5ml <p style="text-align: center;"><u>Ayudhman</u></p> <p style="text-align: right;">M/B P/MS 22/3/26 8:40am</p>

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2028 0 Y 2 M 14 D (M)
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>28/05/26 9.10am</p>	<p>Seen By Dr. Vijayanand ◊ - Pseudohypoparathyroidism & CMPA & renal stress & skull base abnormal & delay dat & dyselectrolytosis</p>	<p>Plan ◊ Cont. IV Antibiotic ◊ R/V discharge Tomorrow ◊ Cont all other supplement</p> <p>N/B Pulse 5:20 AM</p>
<p>28/05/26 17hr</p>	<p>Evening ward rounds</p> <p>◊ Taking feeds well</p> <p>◊ Stoma output = 50ml since morning</p>	<p>plan</p> <p>①. continue IV antibiotics</p> <p>②. Monitor vitals</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 5pm	<p>C/S/B Resident <u>Dr. Ayushman</u></p>	
	<p>5 - Ileal atresia - II, 2 Double barrel colostomy 2 Pseudohypogastrics</p>	<p><u>Plan</u></p>
	<p>No fever No vomiting No new issues</p>	<p>• Cont. IV antibiotics</p>
	<p>Hemodynamically stable</p>	<p>• R/v discharge time or monitor vital</p>
		<p><u>Ayushman</u></p>

BAH-00651112
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 13 D (M)
 Dr. VIJAYANAND JAMALPURI

IPS-00174034



CROSS CONSULTATION FORM

Doctor Name : Dr. Alshra Date : 26/5/26 Time : 12 noon

Diagnosis : Keelateria / sp. Keelostomy / with dehydr^y / AKI

Hospital : RCH-BH

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:

*Increased
stoma output*

Signature: Madhuri

Findings and Recommendations :

Blood/c/s Kleb. Pneum. (sto Amoxycyclan.)
 Feeds - 45ml q 2 hourly (163 → 184) ^{next plan} } 6.8 mg/day
 } 2.11 mg/kg/day

3% NS → 18 ml/day = 9 mEq Na⁺ = 2.78 mg/kg/day

MCT oil → 0.5 ml → 6 times/day (every 4 hourly)
 (Total 3 ml)

O/p → good quantity / fever → only 99.5 (single)

Stoma output → ? 40-50 ml/day (acc to history)

Weight = 3.24 kg

Na⁺
K⁺
Cl⁻ } latest 22/5

PH
 Vomiting - none

Consultant :

Name : Dr. Alshra Signature : [Signature] Date & Time : 26/5/26 @ 12 pm

Adv

- ① Repeat Serum e^- , urea, creat, Hb.
- ② To do urine Na⁺
- ③ collect aldosterone levels.
- ④ CBG or VBG for pH assessment

will receive with reports.

Adv

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI (M)
13-03-2026 0 Y 2 M 9 D
Dr. VIJAYANAND JAMALPURI



1



REFERRAL FORM

Doctor Name : Dr. Alshab Date : 22/5/2026 Time : 11 am

Diagnosis : Ileal atresia/ileostomy/Recurrent Vomiting

Hospital : RCH - BH

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 :

→ K/CO Ileal Atresia
with ileostomy in situ

currently: →

Feed cyclical 23ml/hr (started @ 8 am) (total 220ml).

3% NS →

Na⁺ maintenance $3.196 + 5_{\text{from feed}} = 8.2$ (+ DNS - (intarget).

IV fluid stopped

inj ceftriaxone

U/O = 3.5 ml/kg/hour

Ileostomy volume → 28 ml/kg/day output

Consultant :

Name : Dr. Alshab Signature : [Signature] Date & Time : 22/5/2026

Plan

→ switch to Bolus feeds (oral > NG)

60 ml q 3 hourly.
(Neocate)

(Add) → 2 ml 3% NS in each bolus feed.

→ Add MCT oil (SimulMet) to feeds.

0.5 ml q 6 hly.

→ Aspirin drops (vet D) 0.5 ml OD.

→ A to Z drops 0.5 ml OD.

→ (will add Tonoferson @ discharge).

Check $\left[\begin{array}{l} \text{Mg}^{2+} \\ \text{PO}_4^{2-} \\ \text{and electrolytes} \end{array} \right]$

→ Stop Syrup Ranitidine.

→ Switch by Esomeprazole to oral

sachet Nexpro sachet $\frac{1}{4}$ once daily
(1 sachet = 10mg)

collect stool c/s - ~~Penicillin~~ Penin & Aldetera

CROSS CONSULTATION FORM

Doctor Name : Dr. Manak Deb. Date : 21/5/26 Time : 10:23am

Diagnosis : K/c/o Type D1 Ileal atresia s/p Ileostomy

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:

Ileostomy.

Signature: Manak Deb.

Findings and Recommendations :

Thanks for the referral,
 History noted.

c/o 2m/ male s/p Divided Ileostomy
 for Type D1 Ito Ileal atresia

c/o multiple episode vomiting & diarrhea
 for which child was pre-hospitalized

No similar complaint is c/o of stoma output

O/E - Child active

Ht - 155 cm
 Bt SpO₂ - 99% JRA

P/A - soft
 Stoma firm \rightarrow Distal mucous fistula - prolapsed
 high output (155 ml / 24hr)

Plan

- ① Plan - Ileostomy closure as soon as feasible
- ② Monitor stoma output & replace 6th hourly as per Plev protocol
- ③

Consultant :

Name : Dr. Manak Deb.

Signature : Manak Deb.

Date & Time : 21/5/26

@ 10:23 am

23/5/24
5:30p

Chs / B Dr Mainak Deb

2 mo / m s/p divided Ileostomy
for Type III Ileal atresia

Adv

① Distal cologram

② Plan:- Tentatively
(Wednesday ^{27/5/24}
~~Tuesday~~ ^(27/5/24) for
Ileostomy closure

③ Financial clearance

④ PAC.

⑤ Can shift to ward
from surgical side

O/E - Child active

HR - 148 bpm

BP - 66/51 mmHg

SpO₂ - 97% - JRA

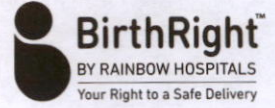
S/E - P/A - soft
stoma - functional

Dr. Mainak Deb

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 7 D (M)
Dr. VIJAYANAND JAMALPURI



3



Cross CONSULTATION FORM

Doctor Name : DR. Satya prasad Date : 20/5/26 Time : 11am

Diagnosis : ileal atresia
s/p ileostomy

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:

Electrolyte imbalances

Signature: [Signature]

Findings and Recommendations :

Ileal atresia
s/p ileostomy
CPA / dyselectrolytemia

plan.

1. CUE
spot urine electrolytes.
2. syp nadosis
2.5ml / po / TID.
3. continue IVF DNS
150ml / 15g / day.
4. S/E evening
RP2 tomorrow.

Consultant :

Name : Satya prasad Signature : [Signature] Date & Time : 20/5/26, 11am

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 7 D (M)
Dr. VIJAYANAND JAMALPURI



C



REFERRAL FORM

Doctor Name : DR. Alisha Date : 20/5/26 Time : 10:30 am

Diagnosis : ileal atresia s/p ileostomy

Hospital : RCH

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

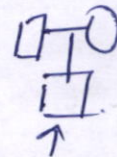
Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

electrolyte
imbalance
Increased stoma
output

Signature: [Signature]

Findings and Recommendations :

2M/8days - Day 4 of life - diagnosed as
ileal atresia type III.
s/p ileostomy + colostomy T/ 2.3kg | LSCU | UAB
(inv/o abd distension / bilious vomiting / Not passed stools)
↓
Frequent admission.
4 times (inv/o diarrhea / vomiting / Hyponatremia / Hyperkalemia / dehydration)
↓
last admission.
last week of April 2025



Nutrition

Now - Vomiting & stools.

0 - 18 days - Nanypro
18 days - 36 days - Aptamuppept
36 - 50 days - Nusubee
last 2-3 wks - Neocate

earlier on -> Kater
Not maint 5mg/kg/day
8.8mg/kg/day

Consultant :

Name : Dr. Alisha

Signature: [Signature]

Date & Time : 20/5/26 @ 10:30 am

Issues. [usually vomiting happens after stopping 3% NS]

- 1) ongoing vomiting on neocate
↑ since last 3-4 days.
- 2) ↑ stomal watery output
for last 3 days.
- 3) ↑ mucous/shiny
- 4) Prerenal AKI / [Hyporat / Hypertalemia] Repeated episode

? Dyselectrolytemia leading to vomiting.
(usually happens after stopping 3% NS)
with Post ileostomy pseudohypoadosteronism

USG abd (N) (Nitin sui) : ⑤ [Thrombocytosis / Anemia / TCRP] likely stress induced
NSG done previously (N)

Adv

- ① Spot urine electrolytes as advised (Na/K/Cl/Creat).
- ② Add PPI (esomeprazole @ 1mg/kg/day) + Rifaximin @ 1mg/kg/dose BD.
- ③ Mg/PO₄ levels to check.
- ④ stool R/E, c/s / ~~stool~~ Stool Retention → If all ⊖ → consider ~~laxative~~ loperamide
- ⑤ Continue Neocate (cyclical feed) - 5ml/hr [1 tab 2mg = 1 sachet / sachet BD]
- ⑥ [Add MCT oil once 100ml/kg/day ~~add~~ 0.5ml QID with feed] every cycle 3ml ↑
- ⑦ watch for vomiting & monitor stomal output. Target ↓ 150ml/kg/day
- ⑧ will review.
- ⑨ Add 3% NS to Neocate feeds (1ml : 30 ml feed) / ORS may also be used. To maintain urine Na > 10 in FIU. Target Na intake - 8-10 meq/kg/day (9 meq/day from + 5 meq/kg/day from 3% NS).

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 Baby Of SANDHYA RANI (M)
 13-03-2026 0 Y 2 M 9 D
 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: 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	Z E U D DROPS	0.5ml	oral	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	ENTEROGERMINA	1ml	oral	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	SUROP NODOSIS	2.5ml	oral	TID		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	NEXPRO Sachet	1/4 th sachet	oral	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	DROPS VITAMIN D	0.5ml	oral	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	SUROP A to Z	0.5ml	oral	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: Medhavi

Date & Time: 23/5/26 at 9:50pm

Nurse Name & Signature: Jays

Date & Time: 23/5/26 at 10pm

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 Baby Of SANDHYA RANI (M)
 13-03-2026 0 Y 2 M 6 D
 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: FK 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	<u>3-1-NS</u>	<u>1ml</u>	<u>PO</u>	<u>Alternate feed</u>	<u>16/5/26</u>	<input type="checkbox"/> C <input checked="" 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: Jayashree

Date & Time: 19/5/26 @ 6:30 PM

Nurse Name & Signature: Arjun

Date & Time: 19/5/26 @ 6:30 pm

BAH-00651112 IP5-00174034

Baby Of SANDHYA RANI

13-03-2026 0 Y 2 M 15 D (M)

Dr. VIJAYANAND JAMALPURI



ONP



RESULT SHEET

Date	26/05/26				
Time	1PM				
Hb	7.5				
PCV	24.6				
RBC	2.85				
WBC	17,850				
N/L	55/40				
Platelets	9.47 lakh				
CRP	53				
ESR					
PCT					
RBS					
Na	135				
K	5.2				
Cl	108				
Ca/Mg					
Phosphate					
Urea	19				
Creatinine	0.3				
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	Bil rub	20			

BAH-00651112
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 7 D
Dr. VIJAYANAND JAMALPURI (M)
IPS-00174034

RESULT SHEET

Date	19/5/26	20/5/26	20/5/26	20/5/26	21/5/26	22/05/26
Time	6:30PM	2am	7am	4pm	4AM	6AM
Hb	10.2					8.3
PCV	32.5					28.5
RBC	3.89					3.11
WBC	17580					12,630
N/L	34/47					25.7/57.8
Platelets	1338,000					9,32,000
CRP	41					15
ESR						
PCT						
RBS						
Na	120	129	131 ↑	138 ↑	140	137
K	8.1	5.6 ↓	4.7 ↓	4.0	4.2	4.2
Cl	87	100	103	110	111	110
Ca/Mg	.			12.1	20	
Phosphate				4.4		
Urea	113 ↑		43 ↓		13 ↓	
Creatinine	0.5		0.3 ↓		0.3	
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	HCO ₃		17		19	

Date					
Time					
CUE - Alb					
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					
	20/05 (Stool)				
	Mucus (+)				
	Blood (-)				
Stool Pus Cell	pus cells - 4-6				
OVA / Cyst	RBC - (1-2)				
Occult Blood	Starch (-)				
	Fat Globules - 2+				
	Yeast, protozoa (-)				
	urine Electrolytes				
	Cl ⁻ - 59				
	K ⁺ - 49.6				
	Na ⁺ - 70				
	VAG = 60.6				
	22/5/16 Pl. Requin - 28.07				
	(W) 2.4-37				

Culture and Sensitivities : stool cl - *Klebsiella pneumoniae* — ESBL (probable CTX^M)
 (sensitive - Amoxicillin-clav, cefoxitin, Levoflox, moxiflox)
 Ampicillin-sulb, ciproflox, oflox, amikacin
 Resistant to Ampicillin, ceftazidime, ceftiofur, ceftiofur, ceftiofur, ceftiofur
 ceftiofur, ceftiofur, ceftiofur, ceftiofur
 carbapenem sensitive

Radiology :
 USG :
 X-Ray :
 ECHO :
 CT :
 MRI :
 Others (ECG, Contrast Studies etc.) :



DRUG CHART

Date of Admission: 19/08/26 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)

DRUG : <u>CROCIIN Drops</u>				Date Time
Dose <u>0.4ml</u>	Route <u>p/o</u>	Frequency <u>sos</u>	Start Date <u>25/5</u>	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: <u>Pen - 1ml → 10mg</u>				

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. 2.64 kg Ward. PICU

DRUG: ENTEROGERMINA vial				Date/Time	19/5																	
Dose	Route	Frequency	Start Date																			
1/2 vial	PO	BD	19/5																			
Name & Signature of the Doctor Starting the Drugs:				10AM X																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG: Z and D drops				Date/Time	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5									
Dose	Route	Frequency	Start Date																			
0.5ml	PO	OD	19/5																			
Name & Signature of the Doctor Starting the Drugs:				10pm																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG: Ceftriaxone				Date/Time	19/5	20/5	21/5	22/5														
Dose	Route	Frequency	Start Date																			
150 mg	IV	BD	19/5/26																			
Name & Signature of the Doctor Starting the Drugs:				10AM X																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG: ENTEROGERMINA				Date/Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5										
Dose	Route	Frequency	Start Date																			
1 vial	PO	BD	20/05																			
Name & Signature of the Doctor Starting the Drugs:				10AM																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

VERIFIED

VERIFIED

VERIFIED

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI (M)
 13-03-2026 0 Y 2 M 7 D
 Dr. VIJAYANAND JAMALPURI

Sheet No:

REGULAR PRESCRIPTIONS

Weight 2.16kg Ward puw

DRUG: SYP NODOSIS

Date/Time	Dose	Route	Frequency	Start Dt.
20/5	2.5ml	PO	TID	20/5

Name & Signature of the Doctor Starting the Drugs:
 Dr. Natheem.

Additional Instructions:
 2pm 2x
 10pm 1x
 10pm 1x
 10pm 1x

Daily Doctor's Endorsement by a Sign

DRUG: INT. ESOMEPRAZOLE

Date/Time	Dose	Route	Frequency	Start Dt.
20/5	3mg	IV	OD	20/5/26

Name & Signature of the Doctor Starting the Drugs:
 Madhusri

Additional Instructions:
 STOP Dr. Pratyush 22/5/26 4 PM

Daily Doctor's Endorsement by a Sign

DRUG: SYRUP. RANITIDINE

Date/Time	Dose	Route	Frequency	Start Dt.
20/5	0.3ml	ORAL	BD	20/5/26

Name & Signature of the Doctor Starting the Drugs:
 Madhusri

Additional Instructions:
 6pm 1x
 12pm 1x

Daily Doctor's Endorsement by a Sign

DRUG: Sachet Nexpro

Date/Time	Dose	Route	Frequency	Start Dt.
22/5	1/4th	PO	OD	22/5

Name & Signature of the Doctor Starting the Drugs:
 Dr. Pratyush

Additional Instructions:
 (1 Sachet = 10mg)

Daily Doctor's Endorsement by a Sign

VERIFIED
 VERIFIED
 VERIFIED



Sheet No:

REGULAR PRESCRIPTIONS

Weight 2.16kg

Ward Puw

VERIFIED

VERIFIED

VERIFIED

DRUG: DROP VITAMIN D₃ Date/Time: 22/05, 23/5, 24/5, 25/5, 26/5, 27/5, 28/5

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	22/5

Name & Signature of the Doctor Starting the Drugs: *Dr. Nandan*

Additional Instructions: (ml = 80000)

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: Syp. A to 2 Date/Time: 22/05, 23/5, 24/5

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	22/5

Name & Signature of the Doctor Starting the Drugs: *Dr. Nandan*

Additional Instructions:

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: DROP. A to 3 Date/Time: 24/5, 25/5, 26/5, 27/5, 28/5

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	24/5

Name & Signature of the Doctor Starting the Drugs: *Dr. Nandan*

Additional Instructions:

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: Syp CO-AMOXICLA Date/Time: 26/5

Dose	Route	Frequency	Start Dt.
1.5ml	PO	BD	26/5

Name & Signature of the Doctor Starting the Drugs: *P. Nandan*

Additional Instructions: 5ml / 200mg - Amoxicillin, 28.5mg - Clavulanic acid

Daily Doctor's Endorsement by a Sign: *[Signature]*

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 14 D (M)
 Dr. VIJAYANAND JAMALPURI



Sheet No: **REGULAR PRESCRIPTIONS** Weight 2-6kg Ward 1st floor

DRUG : INJECTION. AMOXICILLIN CLAVULANATE
 Date/Time: 26/3/26 8:30 AM

Dose	Route	Frequency	Start Dt.
80mg	Vr	8 Hrsly	26/3/26

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

Additional Instructions: *100% Amox Clav 8 Hrsly 8 AM*

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

VERIFIED

Signature
Name

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI (M)
 13-03-2026 0 Y 2 M 6 D
 Dr. VIJAYANAND JAMALPURI

Weight. 2.64kg.. Ward. P.W



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/5	5:40 PM	NS BOLUS	26 ml over 1 hour	IV	Jayash	Subrat, Monika 5:40 PM
19/5	5:50 PM	Levolin neb	0.3 mg 8 times	neb	Jayash	Subrat, Monika 6 PM
19/5	6:30 PM	INTJ CALCIUM GLUCONATE	2.5 ml + 10 ml 5% D	IV over 1 hr	MJ	Subrat, Monika 6:40 PM
19/5	6:30 PM	INSULIN + DEXTROSE	0.2 IU + 5 ml 5% D	IV over 1 hr	MJ	Subrat, Monika 6:30 PM
19/5	7 PM	IC BIND	3 gm	PR	MJ	Subrat, Monika 7:15 PM
19/5	7 PM	SODIUM BICARBONATE	3 ml + 3 ml	IV over 2 hrs	MJ	Subrat, Monika 7:20 PM
19/5	8 PM	NS bolus	30 ml	IV	pratik	Subrat, Monika 8:01 PM
19/5	8 PM	Insulin 0.3 IU in 30 ml 10% Dextrose		IV over 30 mins	pratik	Subrat, Monika 8:05 PM

Signature



I.V. FLUIDS CHART

Weight: 2.64kg Ward: PW

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
19/5	7PM	IVF-DNS (100.1.) (100cc/kg/day)	IV	10	Jayashri	Sudha Moushi	19/5	Y	[Signatures]
19/5	9PM	IVF DNS (150ml/kg/day)	IV	16ml/hr	[Signature]	Raj	20/5	Y	Raj
20/5	5AM	IVF DNS (150ml/kg/day)	IV	16ml/hr	[Signature]	Raj	21/5/26	[Signature]	Sudha Moushi
21/5/26	6AM	DNS	IV	8ml/hr	[Signature]	Rudh Moushi	21/5	[Signature]	Kandam Sreedevi
22/5/26	6AM	IVF DNS	T						

Signature

VERIFIED BY: Name

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 6 D (M)
 Dr. VIJAYANAND JAMALPURI



ot baby A



STAT / ONCE ONLY DRUGS

Name:

Weight: 2.16 kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE			
					Doctor	Nurse-1	Nurse-2	
20/5/26	3am	INS INSULIN 0.3 IU + 10% Dextrose 30ml		iv over 1hr	[Signature]	Raj	Pahul	3:05 AM
20/5/26	3am	INS NaHCO ₃ 3ml + 3ml D ₅		iv over 1hr	[Signature]	Raj	Pahul	3:10 AM
20/5/26	3am	K-BIND	3g	per rectal	[Signature]	Raj	Pahul	3:15 AM
20/5/26	5am	NS	30ml	iv over 1hr	[Signature]	[Signature]	[Signature]	5:01 AM
26/5/26	5:31 PM	PRBC	60ml	IV over 4hr	[Signature]	[Signature]	[Signature]	6:41 PM
26/5/26	11:30 PM	Inj FUROSEMIDE	1.5mg end way	IV	[Signature]	[Signature]	[Signature]	11:20 PM
26/5/26	6:42 PM	NEBULIZATION - LEVONIN	0.3mg - 2	NEBULIZATION	[Signature]	[Signature]	[Signature]	6:42 PM

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI 0 Y 2 M 14 D (M)
 13-03-2026 Dr. VIJAYANAND JAMALPURI

Io. : RCH / FRM / CLINICAL / 124

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

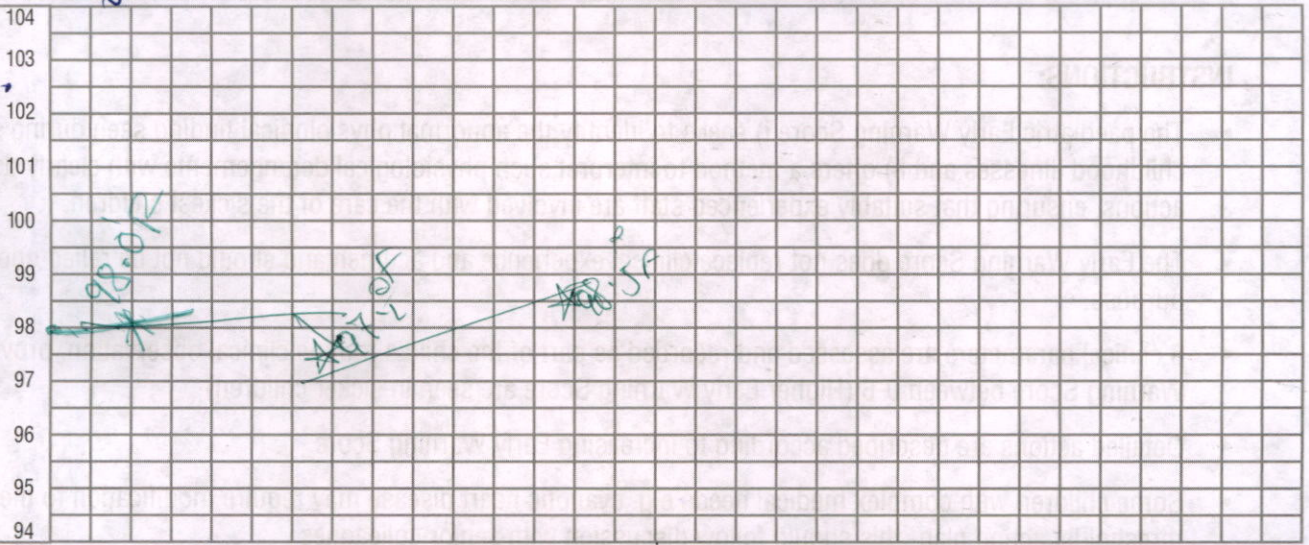
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/3/26 Time: 10:00 AM

Doctor/Nurse/Family Concern? *SW* *LOP-M* *2PR*

WT
3.1 kg

Temperature (F)

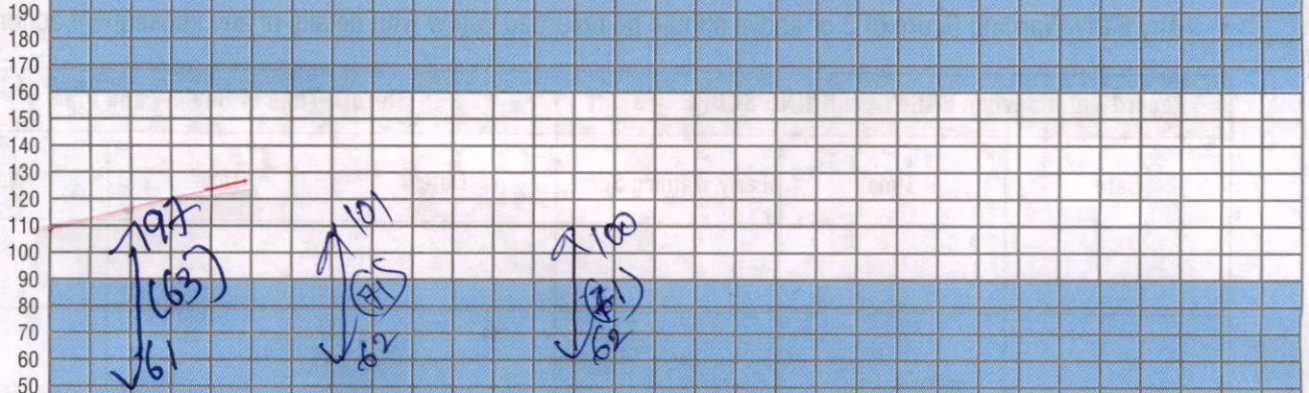


Heart Rate (bpm)

and

Blood Pressure (mmHg) *

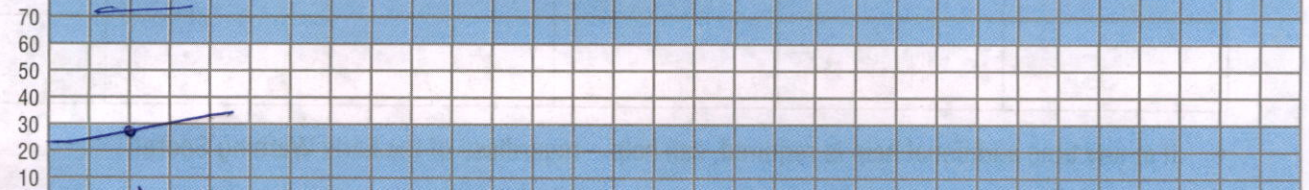
Note:
 BP does not score in early warning scoring



Heart Rate (Number)



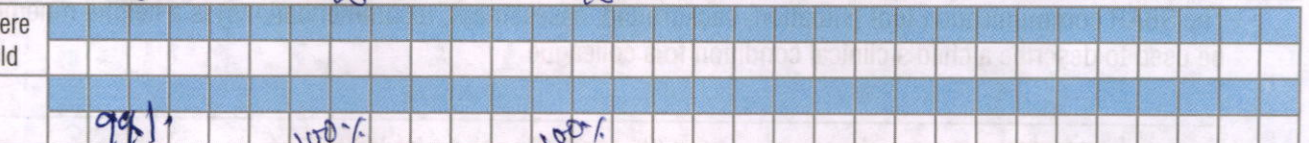
Resp. Rate (bpm) (Over 1 Minute) *



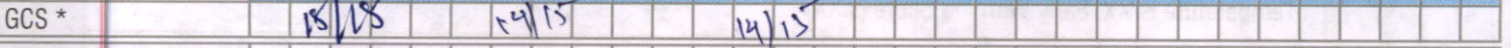
Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)



Conscious Level Normal / Altered

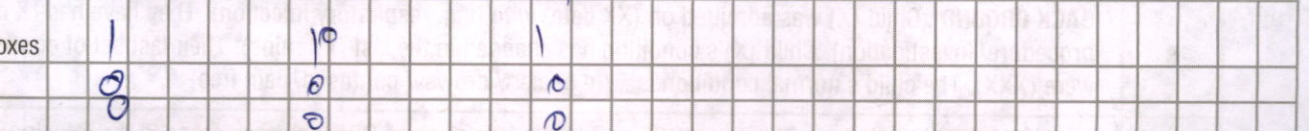


TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials



ACTIONS

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

- 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.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: 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	BACK GROUND: 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)
A	ASSESSMENT: 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.
R	RECOMMENDATION: 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-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 14 D (M)
 Dr. VIJAYANAND JAMALPURI

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

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

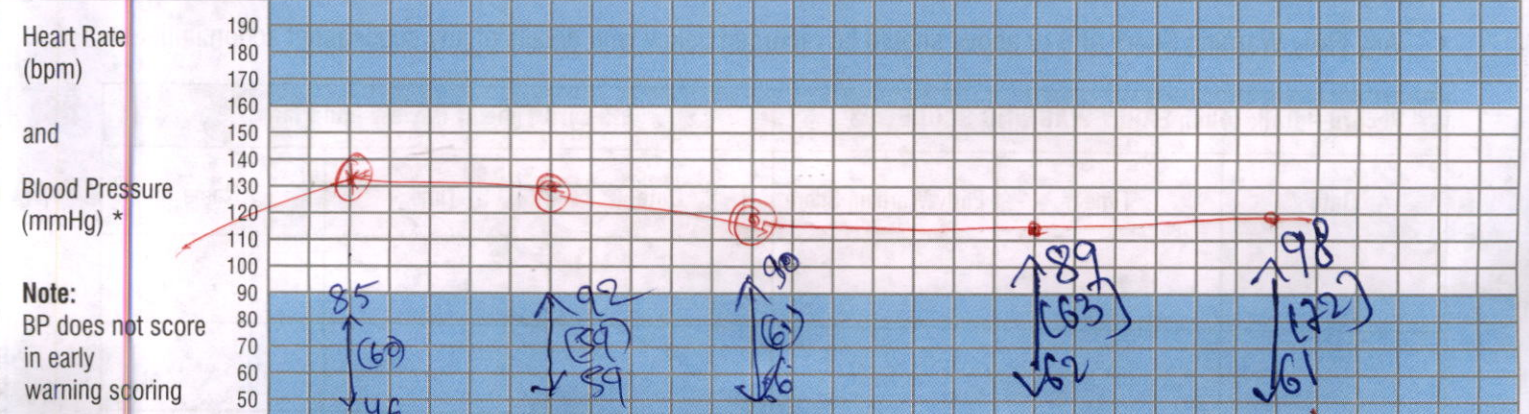
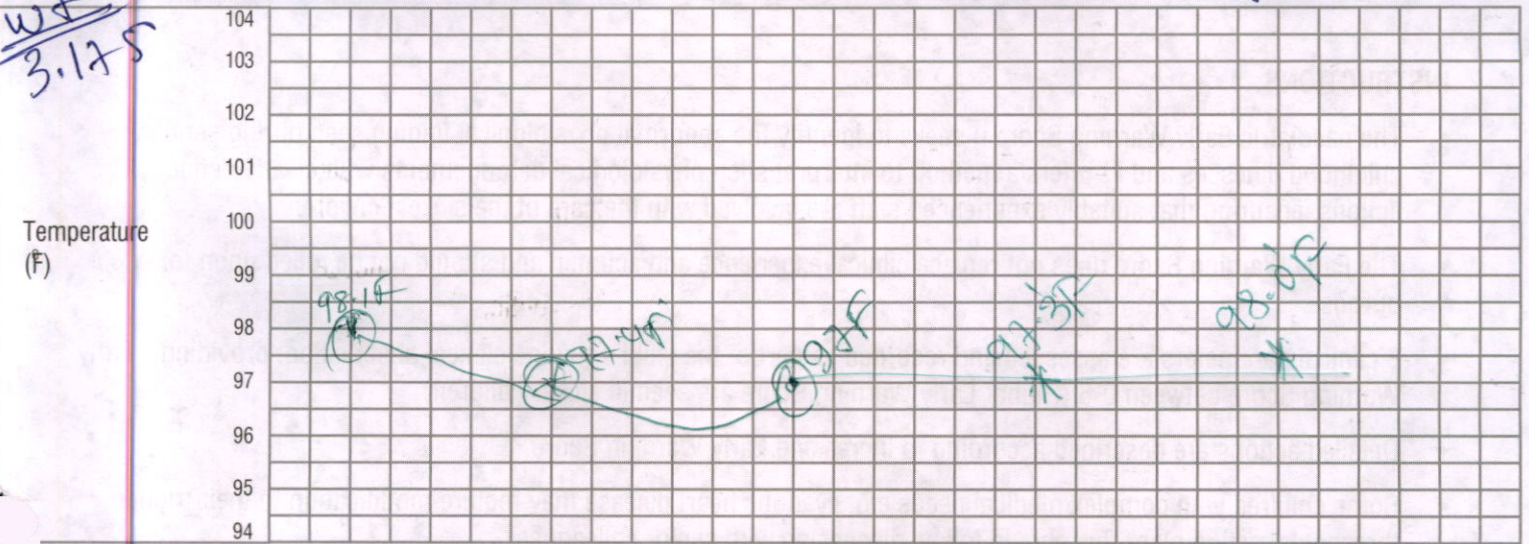
Pratiksha
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

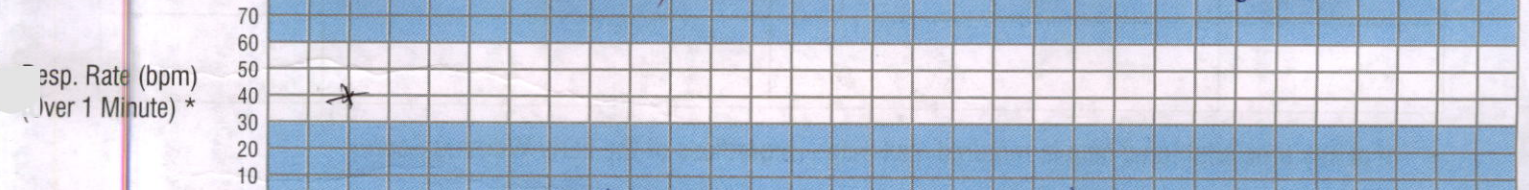
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/5 Time: 10 AM 2 PM 6 PM 10 PM 2 AM

Doctor/Nurse/Family Concern?



Heart Rate (Number) 135 bpm 120 bpm 100 bpm 118 bpm 121 bpm



Resp Rate (Number) 38 bpm 32 bpm 30 bpm 28 bpm 28 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 100% 99% 99%

Conscious Level Normal Altered

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

TOTAL SCORE Number of shaded boxes 0 1 0 1 1

Pain Score 0 0 0 0 0

Observer's Initials 00m 2 0 0 0

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

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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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A	ASSESSMENT: 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.
R	RECOMMENDATION: 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)

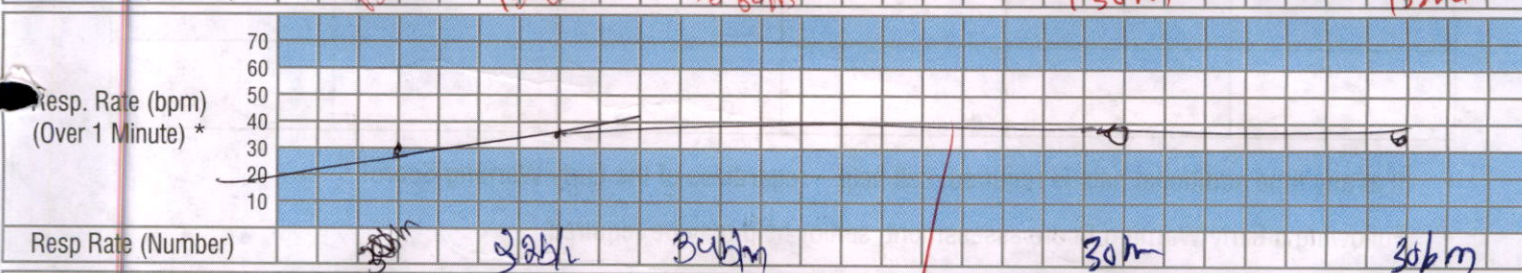
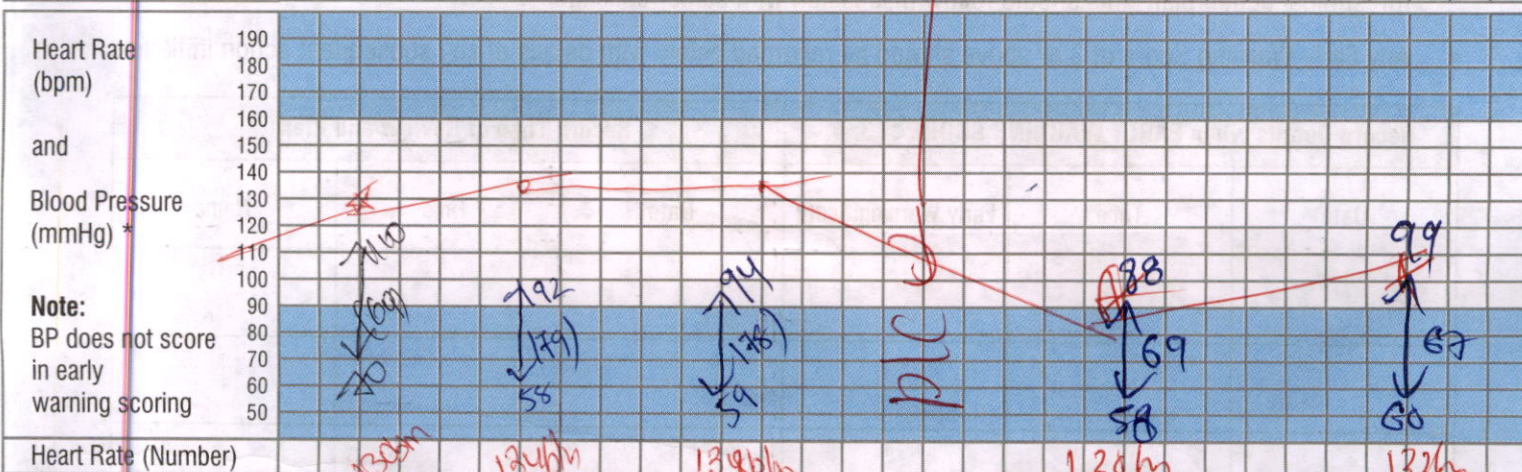
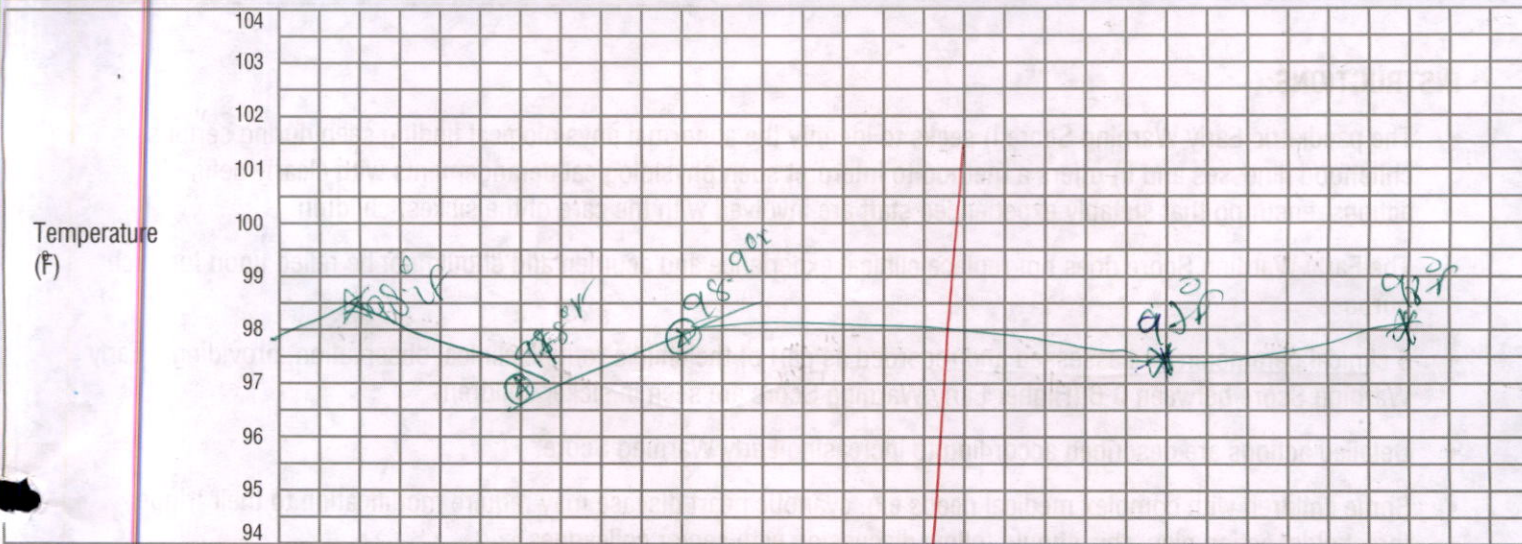


①

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/03/26 Time: 6 am 10 AM 2 PM 10 pm 2 AM 6 AM
 Doctor/Nurse/Family Concern?



Resp Mod/ Severe Distress	None / Mild					
Receiving O ₂ (l/min)						
O ₂ Saturations (%)		99%	99%	99%	99%	100%
Conscious Level	Normal / Altered					
GCS *		15/11	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		D	S	D	P	S

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

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- 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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B	BACK GROUND : 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)
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BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI



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

2

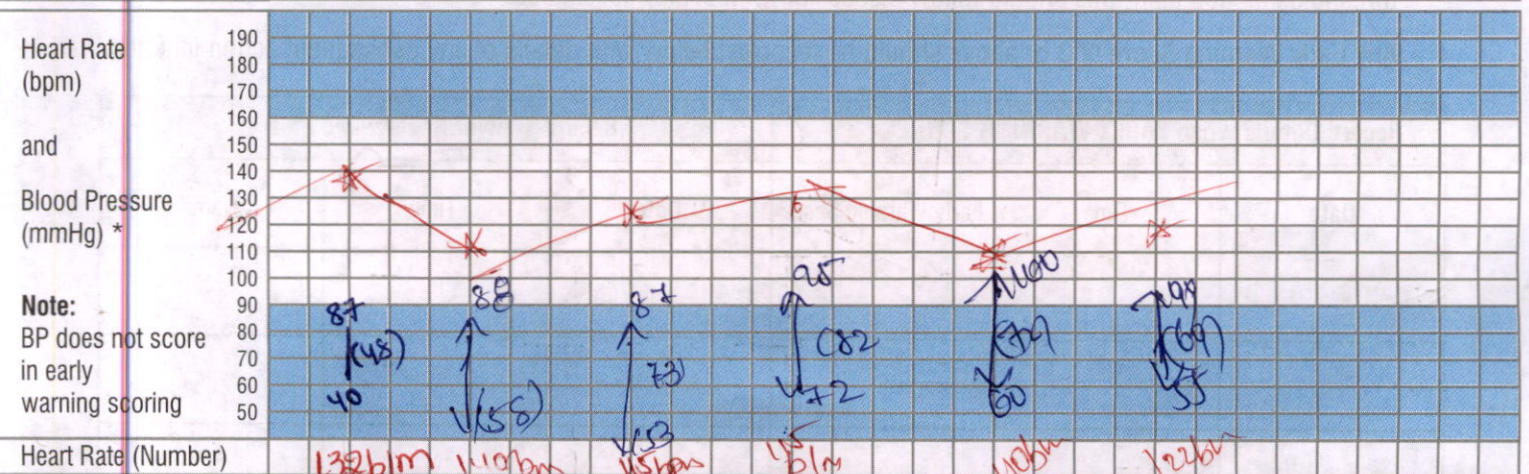
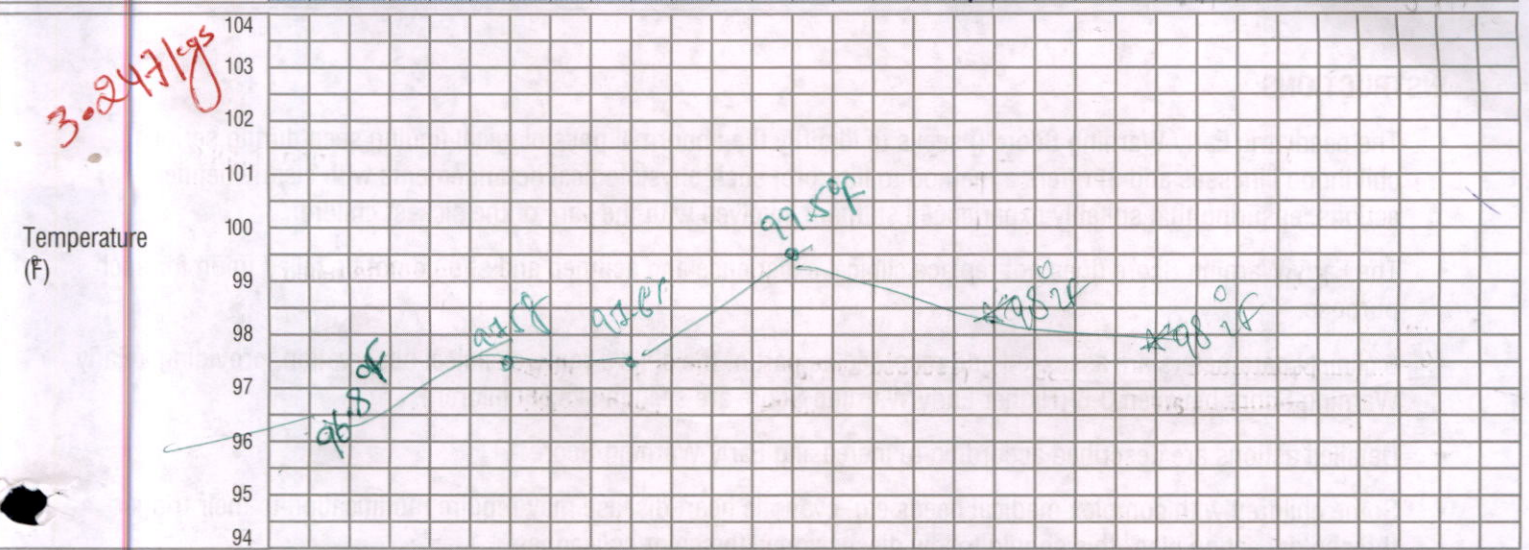
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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: 25/5/26 Time: 6AM 10am 2pm 6pm 10 PM 2 am



Resp Rate (Number)

30b/m	27b/m	26	26b/m	28b/m	20b/m
-------	-------	----	-------	-------	-------

Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O ₂ (l/min)					
O ₂ Saturations (%)	98%	100%	100%	100%	100%
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	0	0	0	0	0

ACTIONS

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
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NB: Scores 3 should be recorded overleaf

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 10 D (M)
 Dr. VIJAYANAND JAMALPURI



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



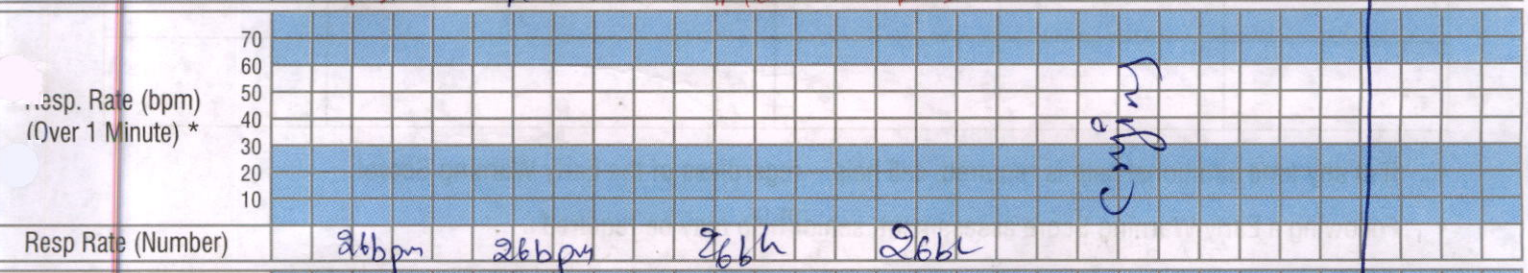
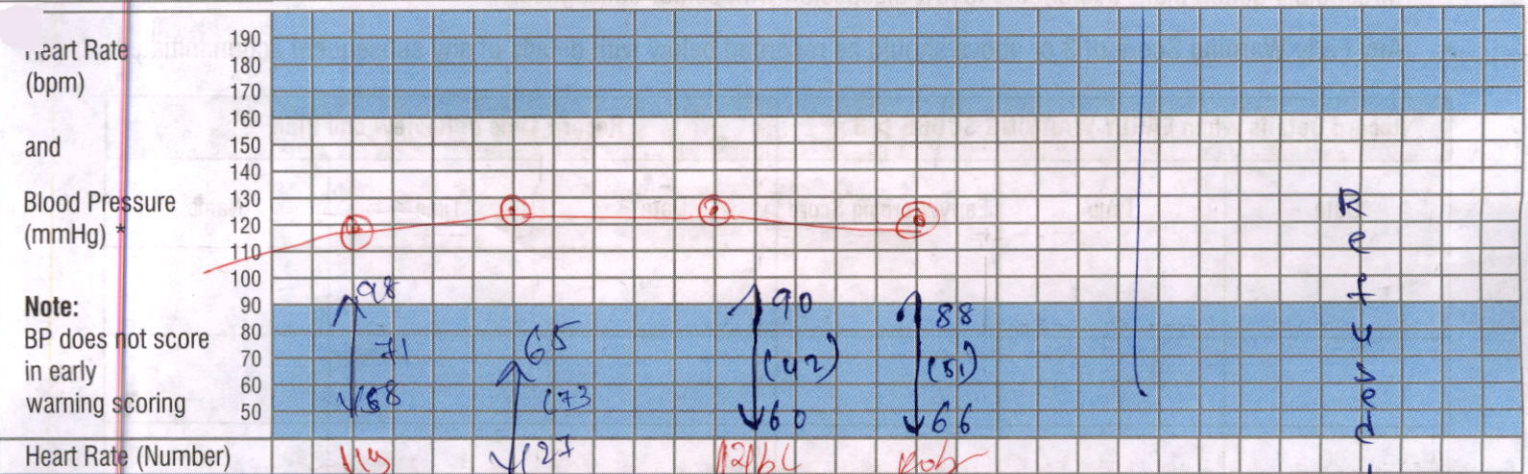
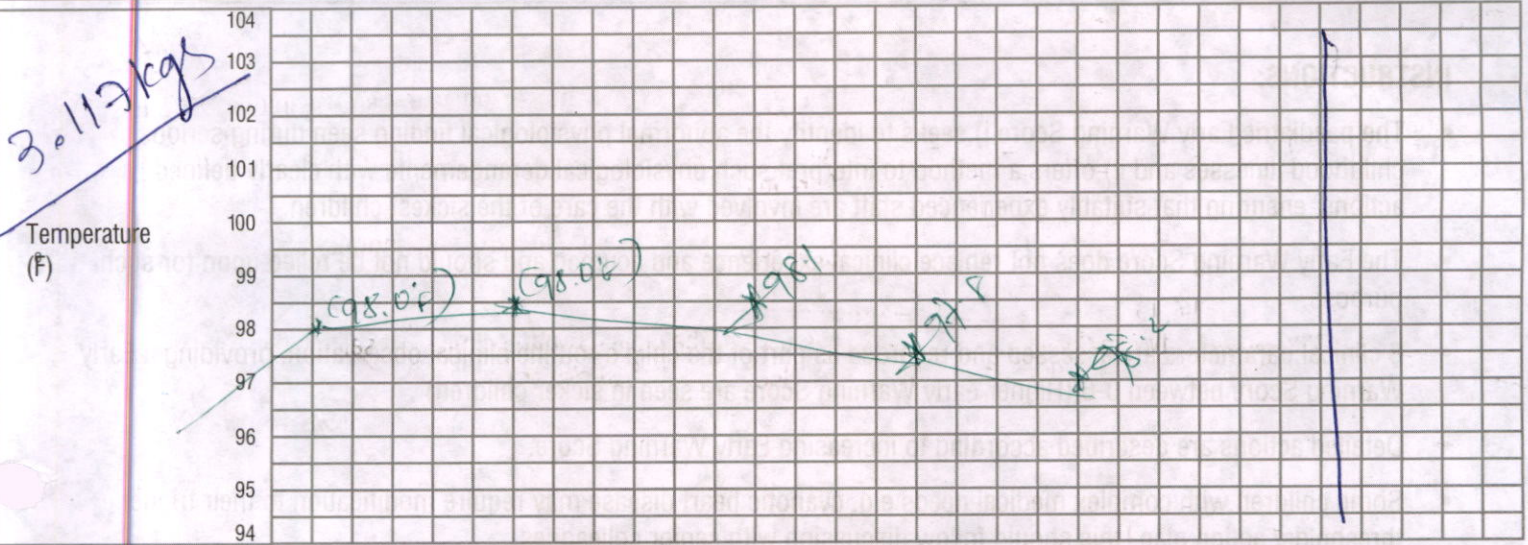
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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: 04/05 Time: 2am 6am 10am 2pm 8pm 10pm
 Doctor/Nurse/Family Concern?



Resp Mod/ Severe Distress	None / Mild				
Receiving O ₂ (l/min)					
O ₂ Saturations (%)		100%	100%	99%	100%
Conscious Level	Normal / Altered				
GCS *		15/15	15/15	13/15	13/15
TOTAL SCORE					
Number of shaded boxes		1	1	0	0
Pain Score		0	0	0	0
Observer's Initials		0	0	0	0

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/05 Time: 9:30 PM

Doctor/Nurse/Family Concern?

Temperature (F)

104
103
102
101
100
99
98
97
96
95
94

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)

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

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

Conscious Level Normal / Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

Score 1 : Continue normal observation by staff nurse

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IP5-00174034
 BAH-00651112
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 10 D (M)
 Dr. VIJAYANAND JAMALPURI

FLUID CHART

Sheet No. : 1

- 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 :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	↑	MRIC							✓	0		Shari
	10:00 pm	↓	MRIC							✓	0		Shari
	11:00 pm	↑	MRIC							✓	0		Shari
	12:00 am	↓	MRIC							✓	0		Shari
	01:00 am	↓								✓	0		Shari
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	↑	MRIC							✓	0		Shari
	04:00 am	↓	MRIC							✓	0		Shari
	05:00 am	↑	MRIC							✓	0		Shari
	06:00 am	↓	MRIC							✓	0		Shari
	07:00 am	↓	MRIC							✓	0		Shari
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

plc u

clomoxony tag

23/5

24/5

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI

FLUID CHART



Sheet No. : 2

- 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								
24/5	08:00 am					/					0	Ch						
	09:00 am	No milk			/											0	Ch	
	10:00 am	No milk																/
	11:00 am	IVF			/											0	Ch	
	12:00 pm																	34ml
	01:00 pm												/				0	Ch
Total Intake :			Total Output :															
24/5	02:00 pm					/					0	Ch						
	03:00 pm	No milk			/											0	Ch	
	04:00 pm	No milk																/
	05:00 pm	No milk			/											0	Ch	
	06:00 pm	IVF																/
	07:00 pm				42ml								/				0	
Total Intake :			Total Output :															
24/5	08:00 pm					/					NO	Arora						
	09:00 pm												/				NO	Arora
	10:00 pm	No milk			/													
	11:00 pm	IVF											/				NO	Arora
	12:00 am				/													
	01:00 am												12ml	/				NO
Total Intake :			Total Output :															
25/5	02:00 am					/					NO	Arora						
	03:00 am												/				NO	Arora
	04:00 am	No milk			/													
	05:00 am	No milk											/				NO	Arora
	06:00 am	IVF			/													
	07:00 am												34ml	/				NO
Total Intake :			Total Output :															
Total 24 hrs. Intake			Total 24 hrs. Output															



FLUID CHART

Sheet No : 8

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
25/03/26	08:00 am												
	09:00 am												
	10:00 am	NO SUP											NO IV
	11:00 am	SUP											Cannula
	12:00 pm												
	01:00 pm								30ml				
Total Intake :			Total Output :										
25/03/26	02:00 pm												
	03:00 pm												
	04:00 pm	NO SUP											NO IV
	05:00 pm	SUP											IV cann
	06:00 pm												
	07:00 pm								20ml				
Total Intake :			Total Output :										
25/03/26	08:00 pm												
	09:00 pm												
	10:00 pm	NO SUP											NO IV
	11:00 pm	SUP											Cann
	12:00 am												
	01:00 am												
Total Intake :			Total Output :										
26/03/26	02:00 am												
	03:00 am												
	04:00 am	NO SUP											NO IV
	05:00 am	SUP											Sup
	06:00 am												
	07:00 am												
Total Intake :			Total Output :										

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

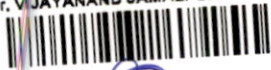
Sheet No. : W

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
26/5	08:00 am	Milk	—	—	—	—	bag	—	—	—	NO IV	mish	
	09:00 am	Milk	—	—	—	—	—	—	—	—	CONULGANT	mish	
	10:00 am	NO	—	—	—	—	—	—	—	—	—	mish	
	11:00 am	IRR	—	—	—	—	—	—	—	—	—	mish	
	12:00 pm	Milk	—	—	—	—	—	—	—	—	—	mish	
	01:00 pm	Milk	—	—	—	—	—	—	—	—	—	mish	
Total Intake :						Total Output :							
26/5	02:00 pm	Milk	—	—	—	—	—	—	—	—	NO CONULGANT	mish	
	03:00 pm	NO	—	—	—	—	—	—	—	—	—	mish	
	04:00 pm	IRR	—	—	—	—	—	—	—	—	—	mish	
	05:00 pm		—	—	—	—	—	—	—	—	—		
	06:00 pm		—	—	—	—	—	—	—	—	—		
	07:00 pm		—	—	—	—	—	—	—	—	—		
Total Intake :						Total Output :							
26/5	08:00 pm		—	—	—	—	—	—	—	—	—		
	09:00 pm		—	—	—	—	—	—	—	—	—		
	10:00 pm		—	—	—	—	—	—	—	—	—		
	11:00 pm		—	—	—	—	—	—	—	—	—		
	12:00 am		—	—	—	—	—	—	—	—	—		
	01:00 am		—	—	—	—	—	—	—	—	—		
Total Intake :						Total Output :							
27/5	02:00 am	Milk	—	—	—	—	bag	—	—	—	0	Mish	
	03:00 am	Milk	—	—	—	—	4.5	—	—	—	0	Mish	
	04:00 am	Milk	—	—	—	—	—	—	—	—	0	Mish	
	05:00 am	Milk	—	—	—	—	—	—	—	—	0	Mish	
	06:00 am	Milk	—	—	—	—	—	—	—	—	0	Mish	
	07:00 am	Milk	—	—	—	—	—	—	—	—	0	Mish	
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

Patient Sticker

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 14 D (M)
Dr. VIJAYANAND JAMALPURI



FLUID CHART

Sheet No. : 5

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
27/5	08:00 am											
	09:00 am											
	10:00 am	NO I.V	milk									
	11:00 am											
	12:00 pm											
	01:00 pm									20ml		
Total Intake :					Total Output :							
28/5	02:00 pm											
	03:00 pm											
	04:00 pm	NO I.V										
	05:00 pm		milk									
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
28/5	08:00 pm						23ml					
	09:00 pm											
	10:00 pm	NO I.V	milk									
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
28/5	02:00 am											
	03:00 am		milk				16ml					
	04:00 am											
	05:00 am	NO I.V										
	06:00 am		milk									
	07:00 am											
Total Intake :					Total Output :							
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 14 D (M)
 Dr. VIJAYANAND JAMALPURI



FLUID CHART



Sheet No. :

6

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
08/03/26	08:00 am		Milk	-			15ml				0	shu	
	09:00 am	100ml	Milk	-						✓	0	pu	
	10:00 am	100ml									0	pu	
	11:00 am										0	pu	
	12:00 pm										0	pu	
	01:00 pm										0	pu	
Total Intake :						Total Output :							
08/03/26	02:00 pm						23ml				0	pu	
	03:00 pm	100ml	Milk								0	pu	
	04:00 pm	100ml									0	pu	
	05:00 pm										0	pu	
	06:00 pm										0	pu	
	07:00 pm										0	pu	
Total Intake :						Total Output :							
08/03/26	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
08/03/26	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

BAH-00651112 IP5-00174034
 Baby Of SANDHYA RANI
 13-03-2026 0 Y 2 M 13 D (M)
 Dr. VIJAYANAND JAMALPURI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 26/5/26 Time: @ 6:41pm
 Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve
 Blood Bank Issue No: BAH 26-01 229 Date of Collection: 22/5/2026 Date of Expiry: 31/7/2026
 Date & Time of Starting Transfusion: 26/5/26 Planned duration of Transfusion: over over uhrs
 Check for Correct Unit: Correct Patient:
 Blood products cross checked by: Nurse 1: Sreevani Nurse 2: @shavani
 Before starting transfusion vitals: Temp: 98.3 F HR: 149 RR: 42 BP: SpO₂: 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>26/5/26</u>	<u>15 Min</u>	<u>148b/m</u>	<u>98.3 F</u>	<u>89/70</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>	<u>138b/m</u>	<u>98.6 F</u>	<u>78/36</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>148</u>	<u>98.6 F</u>	<u>79/30</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>148</u>	<u>98.6 F</u>	<u>82/50</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>142</u>	<u>99.0 F</u>	<u>85/40</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>160</u>	<u>99.2 F</u>	<u>90/45</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>152</u>	<u>99.5 F</u>	<u>95/46</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Comments: → NO reactions ←

Name of the Incharge-Nurse: [Signature]
 Signature of the Incharge-Nurse: [Signature]
 Date & Time: 26/5/26 @ 6pm
 Docu. No. : RCHBH / FRM / CLINICAL / 078

Name of the Nurse: Shavani
 Signature of the Nurse: [Signature]
 Date & Time: 26/5/26 @ 6pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 60 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.



Rh Positive

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ H. / HCV)- Non reactive

Unit No. F
Blood Gr
Coll

H&RI OPERATOR **ud** DATE **26/5/22**
LOOD BANK
5 Gy INDICATOR **IRRADIATED**

Issue Label/ Crossmatching Report

Patient : **B/O. SANDHYA RANI**
Patient's Blood Group : **A Rh Positive**
Hosp/Dr : **Rainbow Hospital, dr vijaya jamalpur**
UHID No.: **BAH-00651112** Wd-Bed No.:
Product : **LR-PRBC Pedia-1**
Blood Group : **O Rh Positive** Issue Dt : **26/May/2026**
Unit No.: **BAH26-01229** Colln. Dt : **22/May/2026**
XMatching Report: **Compatible** Exp. Dt : **03/Jul/2026**
X-matched by: **IILLEM** Issued By : **Nachiket**
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 13 D (M)
Dr. VIJAYANAND JAMALPURI



OOD TRANSFUSION



Name: B/o - Sandhya Rani Age: 2yrs Gender: Male Female
UHID.No: BAH-00651112 Date: 26/5/26

- Type of Blood Product:
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that
Nil

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):
Signature: [Signature]
Name:
Date & Time: 26/5/26 @ 6:30 pm.

Doctor (Who is talking the consent):
Signature: [Signature]
Name: Pavani
Date & Time: 26/5/26 @ 6:30 pm

Witness
Signature: [Signature]
Name: Laxmi
Date & Time: 26/5/26 @ 6:30 pm

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

<input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా	<input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు	<input type="checkbox"/> Random Donor Platelets
<input type="checkbox"/> క్రయో ప్రెసిపిటేట్	<input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్	<input type="checkbox"/> Whole Blood
<input type="checkbox"/> మొత్తం రక్తం	<input type="checkbox"/> ఎర్ర రక్త కణం	<input type="checkbox"/> ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడి/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటిస్ బి సర్వేస్ యాంటీజన్, హైపటైటిస్ యాంటీబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, పైప్ ప్రాజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)
సంతకము
పేరు

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 6 D (M)
Dr. VIJAYANAND JAMALPURI



CC
IN

ARE UNIT



Name: Sandhya Rani Age: 2 months Gender: Male Female

UHID.No: 174034 Date:

I, Sandeep Raj, S/o, D/o, W/o, Vaalkata Ramana, hereby declare that our patient Master/Baby who is related to me as is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

The doctors have explained to me in a language understood by me that my child has following health related issues :

Acute gastroenteritis with dyselectrolytemia

The doctors have clearly explained to me that my patient Master / Baby during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: [Signature]
Name: S. Sandhya Rani
Relationship with Patient: Mother
Date & Time: 19/5/26 6 PM

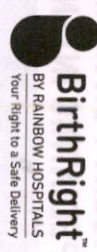
Witness :

Signature: [Signature]
Name: Raj
Date & Time: 19/5/26 6 PM

Doctor (who is taking the consent) :

Signature: [Signature]
Name: Dr. Motneer
Date & Time: 19/5/26 6 PM

**పిల్లల ఇంటర్నల్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**



రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.పా.బి.డి \$/o. d/o. w/o

నేను అనే బాలుడు / బాలిక యొక్క బకిత్తు మేరకు రెయిన్బో పిల్లల అనువత్తి లోని పిల్లల ఇంటర్నల్ కేర్ యూనిట్
..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

రెయిన్ బో బిల్డెస్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో చేరించి జిడ్డుకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఉన్న సమయంలో ఆతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫెక్షన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ఫ్లీస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా వెరిటోనియల్ డ్రెయిన్ ఇన్ఫర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైతప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జిడ్డు ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఆనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది. ఒక జిడ్డు ఆనారోగ్యంతో పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఉన్నప్పుడు ఆతని/ఆమె పై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు సస్మాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటర్నల్ కేర్ యూనిట్ (ఐ.బి.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్) _____ సాక్షి _____
సంతకము సంతకము

పేరు పేరు

వైద్యుడు (ప్రవర్తతే సమ్మతి తీసుకుంటున్నారో) _____ తేదీ మరియు సమయము

సంతకము

BAH-00651112 IP5-00174034
Baby Of SANDHYA RANI
13-03-2026 0 Y 2 M 6 D (M)
Dr. VIJAYANAND JAMALPURI



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Sandhya Rani Gender: Male Female

UHID No : 681112 Department : _____ Date : _____

I Sandhya Rani S/D/W/O Veerata Ramani

Here by give consent for procedure of : Foley's catheterization

For my patient, Named : _____

The doctors have clearly explained to me that the procedure has following possible complications:

Infection, trauma

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

NP1

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Rahul

Patient Attendant :

Signature : [Signature]

Name : S. Sandhya Rani

Relationship with Patient: Mother

Date & Time : 19/5/26 11. Pm

Witness :

Signature : [Signature]

Name : Raj

Date & Time : 19/5/26 11. Pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Pateen

Date & Time : 19/5/26 HPM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు తిరగం పురుషుడు స్త్రీ

యు.హెచ్.బి.డి బిభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో వైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (వివరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



BCU SIDE CHECK LIST FOR NURSES

Date:	20/5	20/5	21/5	22/5	23/5				
Doctor's Orders	Followed	Followed	Followed	Followed	Followed				
Carried out or not	Carried out	Carried out	Carried out	Carried out	Carried out				
Bed Side	clean	clean	clean	clean	clean				
Structured Handover done	done	done	done	done	done				
IV Site	Yes	Yes	Yes	Yes	NO				
Central Lines	NO	NO	NO	NA	NA				
Arterial Lines	NO	NO	NO	NA	NA				
Feeding Catheter	NO		Yes	Yes	Yes				
Urinary Catheter	Yes	Yes	NO	NA	NA				
Skin Care	Yes	Yes	given	given	given				
Eye Care	Yes	Yes	given	given	given				
Mouth Care	Yes	Yes	given	given	given				
Sterillum Bottle, Stethoscope	empty bedside	Bedside	Bedside	Bedside	empty bedside				
Suction Bottle (Should be clean & empty)	empty	empty	empty	empty	empty				
Intubation Tray	NA	NA	NA	NA	NA				
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	Adrenaline not in line labeled	Adrenaline	loaded	unlabeled	loaded				
Ventilator Tubing, (Any Water, Blood)	NA	NA	NA	NA	NA				
Humidification	NA	NA	NA	NA	NA				
Check all Infusion (Labelling, Correct Preparation)	Yes	Yes	labeled	labeled	Yes				
Chest Physio & Neb	NA	NA	NA	NA	NA				
Handed Over By Name :	Raj	Gopika	Mansu	Smruti	Ita				

Checked & Handover given by
 Name of the Nurse : Raj
 Signature : [Signature]
 Date & Time : 20/5/26 4 AM

Checked & Handover taken by
 Name of the Nurse : Gopika
 Signature : [Signature]
 Date & Time : 20/5/26 08 AM



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 19/5/26 11 AM

Date of Removal: 20/5/26 @ 4 PM

Parameters	Date		Shift Time		20/5 Night		20/5 Day							
Need for the Catheter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hand Hygiene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Usage of Sterile Equipment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Collection bag below the level of bladder	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Catheter dated as policy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Collecting bag is been emptied regularly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance of closed system for the catheter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dressing clean and dry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the line removed as Policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performance of Perineal Care	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Onset of New Fever	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asses for the leakage at the site of insertion	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the Nurse	Raj		Gopika											
Signature of the Nurse														