

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173986      Admit Date : 18-May-2026      Admit Time : 06:56 PM      UHID : KUH-00211416

Patient Details :

Patient Name : Baby Of ASHWINI DURKE      Age : 0 Y 0 M 15 D  
Guardian : Mr BAPU RAO TUKARAM DURKE      DOB : 03-05-2026 10:10 AM  
Gender : Male      Religion :  
Occupation :      Martial Status : Single  
Address (H) : KEDUGI NIWAS, KOTHALA ROAD Hadgaon      Phone No : 8149880799/ 8087901808  
Nanded Maharashtra INDIA 431712      E-mail : NOMAIL@GMAIL.COM

Admission Details :

Admission Type : NICU      Bed No : NICU 274      Ward Name : 2F-NICU 3  
Room No : NICU 274      Admission Type : First Visit

Contact Details :

Name : Mr BAPU RAO TUKARAM DURKE      Relationship : Father  
Contact Address : KEDUGI NIWAS, KOTHALA ROAD Hadgaon      Phone No : 8149880799  
Nanded Maharashtra INDIA 431712

  
Signature

Doctor Details :

Doctor Name : Dr. NITASHA BAGGA      Specialisation : NEONATAL INTENSIVE CARE  
Referral Doctor : DR. SANDEEP PATIL      Phone No :  
Co-Consultant : Dr. NALLA ANURAAG REDDY

Payment Details :

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

*SELF  
INDENT*

KUH-00211416 IP5-00173986  
Baby of ASHWINI DURKE  
03-05-2026 0 Y 0 M 15 D (M)  
Dr. NITASHA BAGGA



### ADMISSION CRITERIA – NICU

**Admission / Transfer from:**

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

**Tick (✓) any of the following criteria requiring admission / transfer to NICU**

**Prematurity and Low Birth Weight Babies:**

- Respiratory Distress
- Congenital Heart Disease
- Suspected or CONFIRMED SEPTICAEMIA
- Suspected or Diagnosed Meningitis
- UTI
- Septic Arthritis or Osteomyelitis
- Congenital Infections (Varicella, Pneumonia)
- Acquired Viral Illness
- Hyperbilirubinemia
- Severe Dehydration
- Bleeding Manifestations
- Neonatal Seizures
- Birth Asphyxia
- Surgical Problems
- Suspected Metabolic Disorders
- Dysmorphic Features
- Congenital Serious Cutaneous Disorder

**Major Surgical Problems:**

- Congenital Hydrocephalus
- Neural Tube Defects
- Choanal Atresia
- Trachea- Esophageal Fistula
- Esophageal Atresia
- Congenital Diaphragmatic Hernias
- Eventration of Diaphragm
- Congenital Cystic Adenomatoid Malformation
- Intestinal Atresias
- Gastric Volvulus
- Cleft lip or Cleft Palate
- Omphalocele / Gastrochiasis
- Anorectal Malformations
- Gross Hydronephrosis
- Posterior Urethral Valves
- Congenital Tumors *? Wilms ? Nephroblastoma*
- Cystic Hygromas

**Criteria for shifting inborn babies from wards to NICU:**

- Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- Any Baby with Severe Jaundice Requiring Exchange Transfusion
- Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- Any Baby with Temperature Instability
- Any Baby with Signs of Sepsis
- Any Baby with Seizures
- Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: *Nitasha*

Name of the Doctor: *Nitasha*

Date & Time: *18/5/2026*

Patient Sticker



## DISCHARGE CRITERIA – NICU

**Discharge to:**

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

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

- The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- Preterm baby once attained weight of > 1.5kgs and crossing the PMA of >35 weeks of gestation.
- Preterm babies maintaining normal temperatures (36.5-37.5°C) in room temperature.
- All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....



**Blood Culture:**

S.No	Date	DOL	Specimen	Findings	Antibiotics

**Neurosonogram:**

S.No	Date	DOL	Findings

**ROP Screening:**

S.No	Date	DOL	Findings

**2D ECHO:**

S.No	Date	DOL	Findings

**Thyroid Function:**

S.No	Date	DOL	Findings

**Hearing Screening:** Date .....

Results: .....

- Supplements:
- |              |                  |                            |
|--------------|------------------|----------------------------|
| 1) Calcium   | 2) Multivitamins | 3) HMF                     |
| 4) Iron      | 5) Vitamin D     | 6) 3% NaCl                 |
| 7) Vitamin A | 8) Caffeine      | 9) Fluconazole Prophylaxis |



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : ..... Age : ..... Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No.: .....  
 NICU Consultant : ..... Referring Consultant : .....  
**Transferring Unit :**  OT  Labour Room  ER  Ward  
**Transported ?**  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : ..... *B/o Ashwini Durke* ..... Mother's Blood Group : ..... *B Positive* .....  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : *3100* ..... Length (cms) : .....  
 Date of Birth : *03/05/26* ..... Time of Birth : *5 pm* ..... OFC (cms) : .....  
 Place of Birth : *Maharashtra (Mumbai)* ..... Estimated Gesth Age : *Term* .....

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : *24 years* ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....  
 Conception : Spontaneous or with Rx : .....  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : *8 04/26 - 37 weeks / Dopplers - said to be normal*  
*AFI - 12, 3kg, Cephalic.*  
 Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs                  Consanguinity : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>3<sup>rd</sup> degree</i>                  If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3                  H/o PIH (after 20 weeks) / PE                  How many Drugs / Doses / Since how long : .....                  H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....                  IUGR - when detected : .....                  Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : .....                  AFI : <i>16</i> .....</p>	<p>H/o GDM/ pre GDM/ on diet or insulin                  Controlled or not, recent values, HbA1 values : .....                  Compliance with Rx : .....                  Scans : LGA, TIFFA , <i>Fetal Echo - Normal</i>                  H/o Hypothyroidism : when diagnosed ? Medication?                  Any other Chronic Medical Problems, when detected drugs ? .....                  ( Anemia, SLE, Jaundice, CHD, Heart Disease )                  Infection : H/O, Fever                  ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )                  UTI : when : ..... Any culture : .....</p>
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**PPROM:** Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....



**PAST OBSTETRIC HISTORY**

G : 2 P : ..... A : 2 L : .....

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
1	MARR	2	2 months			
2	present		pregnancy			

**PERINATAL HISTORY**

Treating Obstetrician : ..... Hospital : .....  Inborn  Outborn

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig) <u>NVD.</u></p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : .....</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
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**NEONATAL RESCUSTITION DETAILS**

**APGAR SCORE**

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes

not known.

**TOTAL**

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

**Snapee II Score**

**Score**

	> 30 (0)	20-29 (9)	< 20 (19)		
Mean BP (mmHg)	> 96 (0)	96-95 (8)	< 95 (15)		
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	
Pao2 / Fio2 (mmHg%)	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)		
Lowest Serum PH	No (0)	Yes (19)			
Multiple Seizures	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)		
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)			
Apgar Score	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
Brith Weight	> 3rd percentile (0)	< 3rd (12)			
SGA				<b>Total</b>	

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :



Antenatal scan in 9th month - 8/9 Right Kidney

Said to be cried immediately after birth

Started ~~direct~~ feeding

37 weeks (08/04/26) - Right kidney enlarged in size.  
64 x 33 mm with solid mass with solid mass like lesion of  
size 37 x 39 mm noted with minimal cyst part? cause?  
(vaccination not done)

? Inflammatory pathology  
& benign neoplastic etiology.  
like Wilms tumour.

NEW renal mass after birth.

NBS, OAE, Thyroid profile - not done.

Investigation details in previous Hospital :

DOL - 07 8/4/26 - USG Abd -> Right renal mass. ? Wilms tumour  
DOL - 11 Days - CECT abdomen -> (15/5/26) - 7.8 x 5.2 x 5.2 cm - large iso echo  
DOL - 14 - Repeat USG abdomen  
New.  
? Wilms tumour  
Cystic mass seen in Right Lumbosacral region  
- Extending superiorly into Right hypochondrium  
and inferiorly into the Right iliac fossa. Contains

Feeding History :

DOL - 15D - NSG - (N)  
multiple internal cystic areas and scattered  
calcific foci. Mass does not cross midline.  
? Wilms/Neuroblastoma / mesoblastoma  
nephrogenic mesenchyma

On OPD basis Dr. Lavanya (paed. surgeon) Dr. Anurag (Haematologist/oncologist)  
Consultation done

Advised blood tests, CECT chest + abdomen with subtraction & contrast  
& surgery need.



*[Faint handwritten notes in the top section]*

Family History :

*[Faint handwritten notes]*

```
graph TD
    A[ ] --- B[ ]
    A --- C[ ]
    B --- D[ ]
    C --- D[ ]
    D --- E[ ]
    E --- F[ ]
    style A fill:#fff,stroke:#000
    style B fill:#fff,stroke:#000
    style C fill:#fff,stroke:#000
    style D fill:#fff,stroke:#000
    style E fill:#fff,stroke:#000
    style F fill:#fff,stroke:#000
```

Socio Economic History :

*[Faint handwritten notes]*

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

*[Faint handwritten notes]*

VITALS : Temperature : 98.5° HR : 146/min RR : ..... NIBP : ..... CFT : 22 sec

Color of the extremities : pink

Jaundice : ..... Pallor : ..... SpO2 : 98.1% RA

ANTHROPOMETRY: Birth Weight : 3.1 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....



**HEAD TO TOE EXAMINATION**

**HEAD :** Fontanelles :  
Sutures  
Shape / Moulding : Af @  
Edema / Bruising :  
Size - (H.C.) :

**FACIES :**  
(Any Facial  
Dysmorphism) *protrusion over face @*

**NECK and CLAVICLES :** Range of Motion :  
Asymmetry :  
Masses :

**EYES :** Symmetry :  
Red Reflex : *To be checked*  
Discharge :

**EARS, NOSE MOUTH and THROAT :** Ear set / Shape :  
Periauricular Pits / Tags :  
Nasal shape / Patency :  
Palate :  
Gums :  
Lips :  
Tongue :

**THORAX and BREASTS :** Shape of Thorax :  
Position of Nipples and Number :

**ABDOMEN and UMBILICUS :** Shape :  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump : *Right-sided palpable mass present*  
Discharge :

**GENITALIA :** Labia / Hymen :  
Testicles/penis :  
Anus :

**HERNIAL ORIFICES** *Free*

**TRUNK and SPINE :** *B*

**SKIN LESIONS :**

**EXTREMITIES :** Fingers / Toes : Arms / Legs :  
Deformities : Mobility :  
Hip Joint Examination :

**SYSTEMIC EXAMINATION**



**Breathing Pattern :**  Regular  Periodic  Shallow  Gasping

Mention if baby has Respiratory distress: RR: ..... SCR / ICR / See - Saw breathing : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : .....

SpO<sub>2</sub>: ..... Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

**CARDIOVASCULAR SYSTEM :** *hypertensive ⊕*

HR : ..... BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

**ABDOMEN:**

Shape : ..... Hernia orifice : .....

Palpation : ..... Anal Patency : .....

Palpable masses : *⊕ Rt hypochondria* ..... Umbilical Cord : .....

Abdominal girth : ..... *Rt lower a* ..... First urine passed : *1/2* .....  
*Rt iliac a* ..... Meconium passed : *1/2* .....

**NERVOUS SYSTEM:**

Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

**MOTOR SYSTEM:**

Passive Tone : ..... *up to 2nd* .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp :  Palmar  Plantar  Sucking  Rooting  Crossed adductor : .....

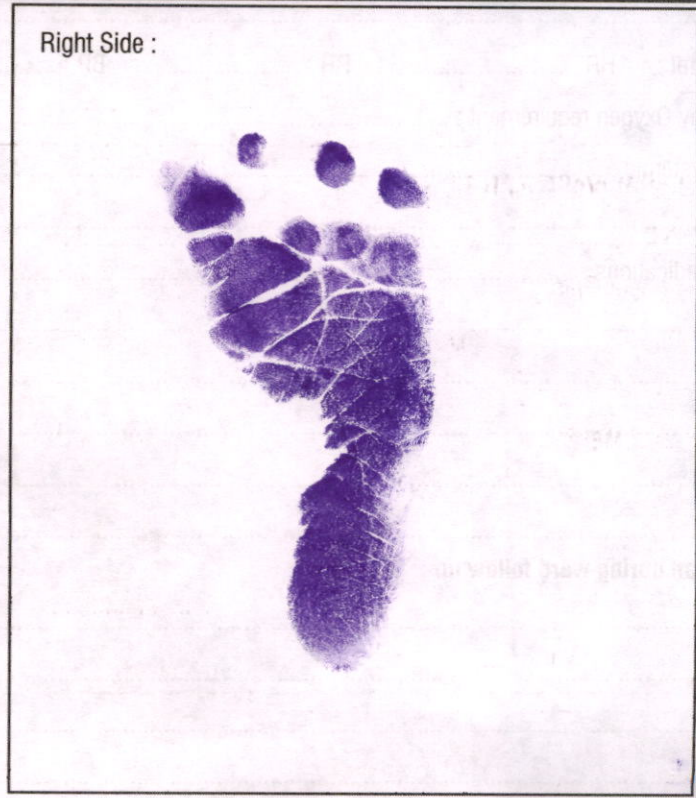
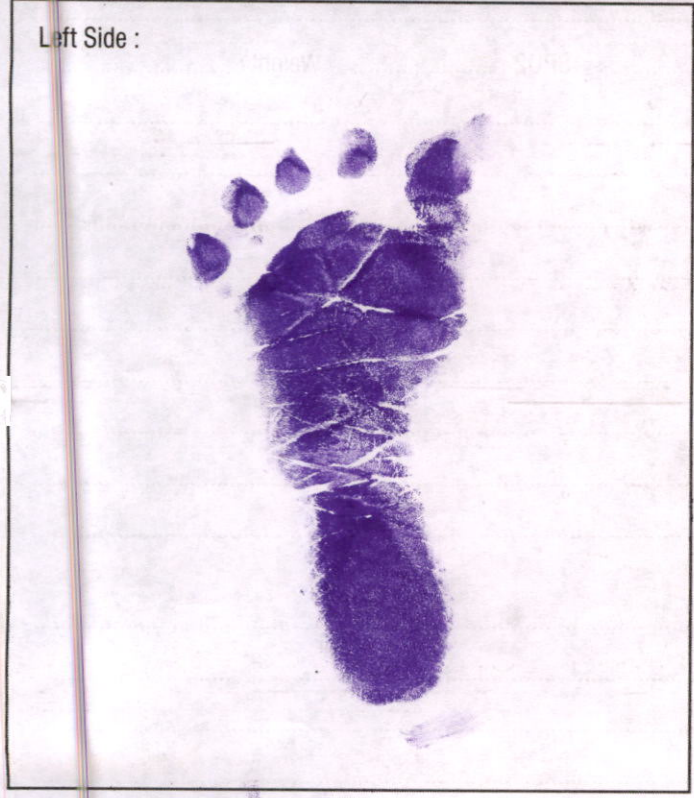
Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

KUH-002114 IP5-00173986  
 Baby Of ASHWANI DURKE  
 03-05-2026 0 Y 0 M 16 D (M)  
 Dr. NITASHA BAGGA

Diagnosis : ..... Person AQA (MVD) Puffing tumour .....

**FOOT PRINTS**



**Resident Doctor :**  
 Signature : ..... [Signature] .....  
 Name : ..... N. Prarwbu .....  
 Date & Time : ..... 18/05/26 .....

**Consultant :**  
 Signature : ..... [Signature] .....  
 Name : ..... DR. NITASHA BAGGA .....  
 Date & Time : ..... 18/05/26 .....

**PLEASE FILL UP THE FOLLOWING DETAILS**

1. Name of the referring Doctor : .....
  2. Name of the referring Hospital : .....
  - Address : .....
  - Contact Numbers : .....
  3. Contact Details of the referring Doctor : .....
  - Mobile No. : ..... E-mail ID : .....
  4. Name of the Doctor in Rainbow Team : .....
- ..... on whose name the patient is being referred.



**AT THE TIME OF TRANSFER TO THE WARD**

Final Diagnosis : .....

Neonatal condition at the time of Transfer: .....

Vital : HR : ..... RR : ..... BP : ..... SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up : .....

Feeding Plan at the time of shifting : .....

Screenings done during NICU Stay : .....

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): ..... Doctor Signature (Handover Taken): .....

Doctor Name: ..... Doctor Name: .....

Date & Time: ..... Date & Time: .....



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/16 5 PM	D9 L-4/f	seen by Dr. Nisha
	Term Right side abdomen mass /	Plm
1	<p>✓ SpO<sub>2</sub> - 98%</p> <p>HR - 140/min</p> <p>RR - 38/min</p>	<p>✓ ATP</p> <p>✓ Gas</p> <p>✓ RBS</p> <p>✓ Spod culture</p> <p>✓ NPI</p> <p>✓ LFT</p> <p>✓ CDH</p> <p>✓ B-HCG</p> <p>✓ PT/INR, aPTT</p> <p>✓ Blood group</p> <p>in canal</p>
	on D9 Feeds	<p>→ IV - 150 ml/kg/day</p> <p>1/2 feed 10% 150p</p> <p>2nd + parents</p>
		<p>→ Hy: piper 3 to start</p> <p>→ BP monitoring</p> <p>→ Review urine catecholamine</p>
		<p>→ CECT chest + abdomen &amp; scrotum</p>
	<p>Dr. NITASHA BAGGA                  Reg. No: 68260</p>	<p>→ 1b HTN Discuss with nephrologist</p> <p>→ change the monitor</p> <p>Dr. Nisha</p>



19/5/26. (3)

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 15 PMA: .....

Term  Preterm  Gestation: Term (-10 weeks) Corrected Gestational Age: ..... Today's Weight: 1.3 kg

		Problems	
		S.No. Current	Past Problems
Overview	1.	Term / NVD / AGA (3.1 kg)	
	2.	Antenatally diagnosed mass	
	3.	in Right kidney / CIAS /	
	4.	? wllms tumour / ?	
	5.	Neuroblastoma. (Hypertension episode initially)	
	6.		
Clinical Assessment	on room air BP between 25th-50th centile. on Paleda feeds - Potently feed well. P/A - no distension, mass on palpation ⊕.		
	Medications Used Lij. Piperacillin - Tazobactam (P <sub>2</sub> )		
Plan of Care: 1. IV - 150 ml / 15 day [ 1/2 fluids - 9.6 ml/hr 10:1-15:07 1/2 feeds 19 ml C Paleda feeds EBM ↑ 5ml each feed. (TF-39m) 2. Trace AFP, BHCG, Tumoroid reports 3. CECT abd + chest contrast under sedation today - plan. 4. If 2 BP > 95th centile give stat dose of T-Nicardipine retard			

Doctor's Name (Hand over given): N. Prashanth  
 Signature: N. Prashanth  
 Date & Time: 19/05/26.

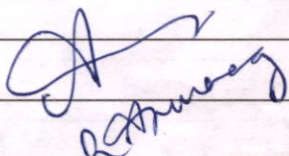
Doctor's Name (Hand over taken): Dr. Nitasha Bagga  
 Signature: Nitasha Bagga  
 Date & Time: 19/05/26





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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>19/05/26</del> 10 am		Seen by Dr. Anurag
		Shift to NICU-3.
		Dr. N. Pectishy
<u>19/05/26</u>	- plan for <del>2D</del> <sup>2D</sup> <del>ect</del> <sup>ect</sup> abdominal @ FET & chest	Adv - give full feeds - Syp Pediclargyl 1.5ml P/O - stat.
<u>19/05/26</u>		Case seen by Dr. Anurag
		- plan the shift to room after scans
		- Paed SA opinion regarding from Dr. Labanya
		- trace AFP report
		Rup'se.



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/05/26 2:00pm	- CEET abdomen + chest was done Inj Midazolam sedation.	
	- Baby remained with head in procedure well.	
19/05/26 2:30pm	Post procedure vital	<u>Adv</u>
	HR = 150	- Continue low
	RR = 40/m.	flow O <sub>2</sub>
	SpO <sub>2</sub> = 92%	- NPO, O <sub>2</sub> insits
		- TV - 150cc/kg/day
		I.V of
		- R/V after 1 hour
		- N/F apnea, bradycardia
		PVR

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/05/23 6:10 PM	- Baby is on room air	<p style="text-align: center;"><u>Adv</u></p> <p>- TV. 150 cc / 5 / da</p>
		<p style="text-align: center;">↙ ↘</p>
	- HR - 133	20ml Ret Iso-A
	- RR = 44/min	- Shuntly 2.00 F
	- SpO <sub>2</sub> = 98.1.	
		↑ 5ml each feed.
	- Stage of wakefulness.	-
		- W/A apnea, brady desat



KUH-00211416 IP5-00173986  
 Baby Of ASHWINI DURKE  
 03-05-2026 0 Y 0 M 17 D (M)  
 Dr. NITASHA BAGGA

## DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: ..... PMA: .....

Term  Preterm  Gestation: ..... Corrected Gestational Age: ..... Today's Weight: .....

		Problems	
Overview	S.No.	Current	Past Problems
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment	.....		
	.....		
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	.....		
Medications Used	.....		
	.....		
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	.....		
Plan of Care:	.....		
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	.....		
	.....		
	.....		
	.....		

Doctor's Name (Hand over given): .....

Doctor's Name (Hand over taken): .....

Signature: .....

Signature: .....

Date & Time: .....

Date & Time: .....

Patient Sticker

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/05/26		seen by [signature]
10:30am		
		Discharge request
		- Patient feeds
		Dr. [signature]





KUH-00211416 IP5-00173986  
 Baby Of ASHWINI DURKE  
 05-05-2026 0 Y 0 M 15 D (M)  
 Dr. NITASHA BAGGA



## RESULT SHEET

Date	18/5/26			
Time				
Hb	14.9			
PCV	44.2			
RBC	4.57			
WBC	14.55			
N/L	36.4/52.5			
Platelets	478			
CRP	5.0			
ESR				
PCT				
FBS				
Na	137			
K	5.2			
Cl	107			
Ca/Mg	11.2			
Phosphate				
Urea	11			
Creatinine	0.5			
ALP	199			
SGPT	23			
SGOT	48			
T.Bill/Conj	3.2 < 3.1			
T.Protein	<del>3.2</del> 3.1			
S.Albumin	3.5			
S.Globulin	2.4			
A/G Ratio	1.4			
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR	14/1			
APTT	37			
CSF Protein / Sugar				
Cells				
W/E	LH	445		

AFP  
 B-HCG

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
TFT						
T3	255.7					
T4	16.02					
TSH	4.91					

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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

*Nishi Durke*

## DRUG CHART

Date of Admission: ..... Drug Allergies: .....  Not known any Drug Allergies

### FOR THE SAFETY OF THE PATIENT

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

### SOS / PRN (As Required Medication)

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

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

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

signature  
verified by name

REGULAR PRESCRIPTIONS

Weight. 3.1 kg Ward. MCO



**DRUG :** 100mg Piperacillin-Tazobactam Date  
Time

Dose	Route	Frequency	Start Date				
	<u>IV</u>						

Name & Signature of the Doctor Starting the Drugs:  
N. Peatwaha

Additional Instructions:  
100mg/Kg/dose.

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

**DRUG :** 100mg Piperacillin-Tazobactam Date  
Time

Dose	Route	Frequency	Start Date				
<u>310mg</u>	<u>IV</u>	<u>8H</u>	<u>18/5</u>	<u>can</u>	<u>X</u>	<u>X</u>	<u>20/5</u>

Name & Signature of the Doctor Starting the Drugs:  
N. Peatwaha

Additional Instructions:  
100mg/Kg/dose

**Daily Doctor's Endorsement by a Sign** N.P.

**DRUG :** Tab NICARDIPINE RETARD Date  
Time

Dose	Route	Frequency	Start Date				
	<u>PO</u>	<u>Q12H</u>	<u>19/5/26</u>				

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

Additional Instructions:

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

**DRUG :** Date  
Time

Dose	Route	Frequency	Start Date				

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

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



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

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

**STAT / ONCE ONLY DRUGS**


Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/5		TAB. NICARDIA D&DADA	1.5mg 10mg Tablet + 10ml D <sub>2</sub> O give 1.5ml (0.5mg/kg) 15 BP > 95mmHg	P/O	[Signature]	nisha
19/5	12:34 PM	Pedialoxyt	0.5 ml / kg / stat = 1.5 ml stat	P/O	Ruparaj	Am 12:35 PM nisha

Signature  
VERIFIED BY NAME



**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_ KUH-00211416 IP5-00173986  
 Baby Of ASHWNI DURKE  
 03-05-2026 0 Y 0 M 15 D (M)  
 Dr. NITASHA BAGGA

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

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

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
18/5/26		ER	NICU	Kurathi

**Cross Consultation Visit**

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

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/5	RBS		
	VBA		
	Creatinine, Bilirubin,		
	Electrolytes, CBP, urea,	26050596	A
	Alpha-feto protein, calcium		
	C-reactive protein, Blood		
	culture & sensitivity, LFT		
	CDH		
	TFT	26050640	
20/5	GRBS	26051186	A







18/5/26

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

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



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

Date: ..... Time: 10PM 12AM 2AM 4AM 6AM  
 Doctor/Nurse/Family Concern? AM AM AM AM AM

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

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

Heart Rate (Number) 135 155 139 155 139

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

Resp Rate (Number) 42 60 44 53 65

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 100% 100% 98% 97%

Conscious Level Normal / Altered

GCS \* C C C C C

**TOTAL SCORE**  
 Number of shaded boxes 1 1 1 1 1  
 Pain Score 0 0 0 0 0  
 Observer's Initials R R R R R

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

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

19/5/26

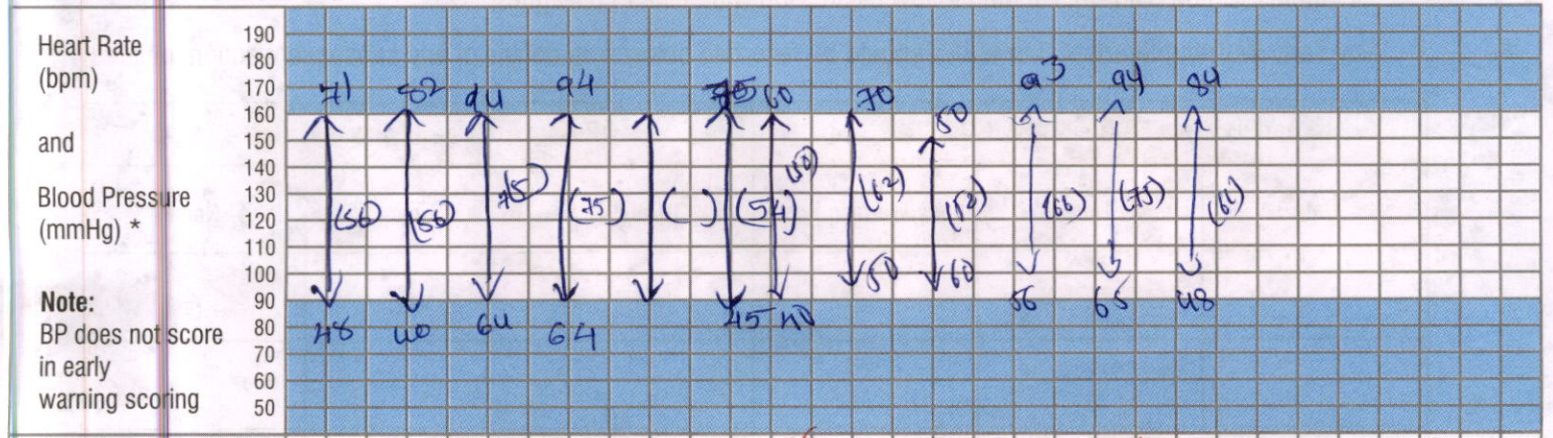
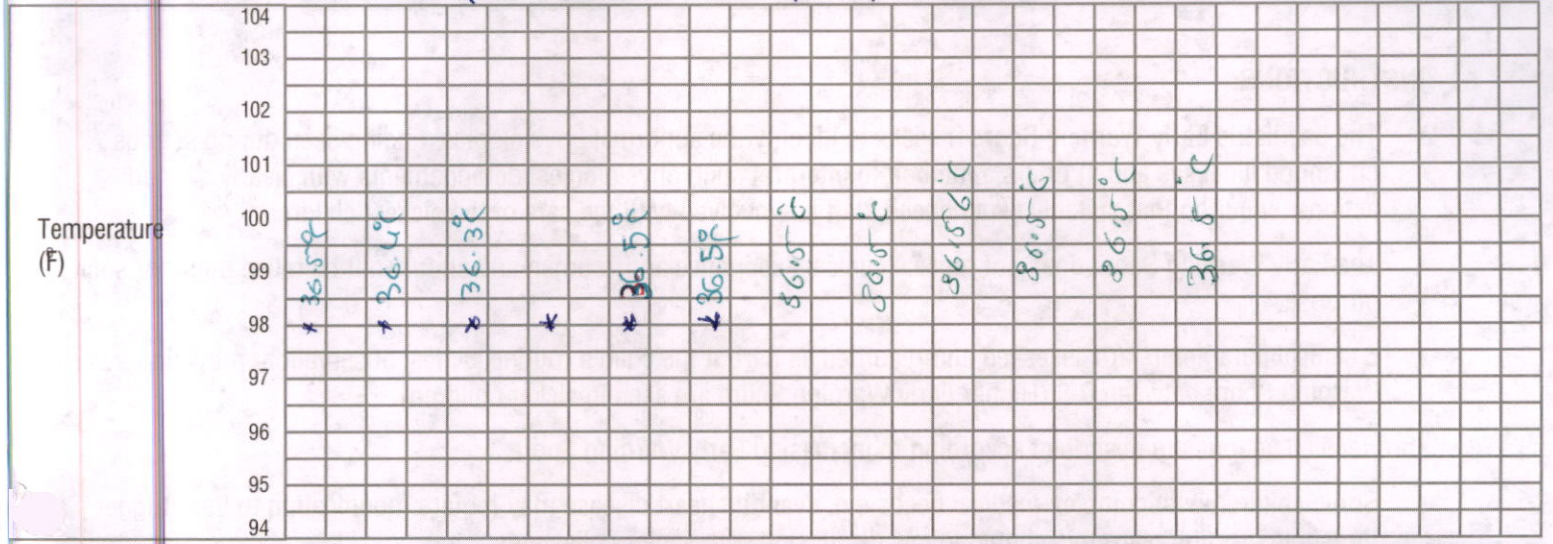
Doc. No. : RCH / FRM / CLINICAL / 124

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



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

Date: ..... Time: 8 10 12 2 4 6 8 10 12 2 4 6  
 Doctor/Nurse/Family Concern? AM AM PM PM PM PM PM PM PM AM AM AM



Heart Rate (Number) 136 132 130 131 138 150 135 80 132 119 82 100  
 sp. Rate (bpm) over 1 Minute \*  
 Resp Rate (Number) 60 64 60 34 63 29 40 40 39 35 82 64

Resp Distress Mod/ Severe None / Mild  
 Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 97% 98% 97% 93% 99% 98% 97% 98% 97% 99% 99% 98%  
 Conscious Level Normal Altered  
 GCS \* C C C C C C C C C C C C  
**TOTAL SCORE**  
 Number of shaded boxes 1 1 1 1 1 1 1 1 1 1 1 1  
 Pain Score 1 1 1 1 1 1 1 1 1 1 1 1  
 Observer's Initials A S Z B E G H P R N T T L

**ACTIONS**  
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20/5/26

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

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

Date: ..... Time: 8 16 12 2 4 6

Doctor/Nurse/Family Concern? am am pm pm pm pm

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

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

Heart Rate (Number) 134 142

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

Resp Rate (Number) 99 86

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 98% 97%

Conscious Level Normal / Altered N N

GCS \* C C

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

Pain Score 0 0

Observer's Initials D B

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  - 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

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<b>A</b>	<b>ASSESSMENT :</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



**FLUID CHART**

BW - 3.1 kg  
 PA 30ml

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	NG	Diarrhoea	Vomit	Drainage	Urine				
					NG								
	08:00 am				NG								
	09:00 am				NG								
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm	EBM		9.6ml	19ml								
	10:00 pm			9.6ml									
	11:00 pm	EBM		9.6ml	19ml		passed			2.5ml			
	12:00 am			9.6ml									
	01:00 am	EBM		7.3ml	24ml								
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am			7.3ml						2.2ml			
	03:00 am	EBM		4.8ml	29ml								
	04:00 am			4.8ml									
	05:00 am	EBM		2.3ml	34ml		passed			2.6ml			
	06:00 am			2.3ml									
	07:00 am	EBM		Stop	30ml					10ml			
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake :** 74cc / kg over 12hrs

**Total 24 hrs. Output :** 2.5cc over 12hrs



(2)

# FLUID CHART

Sheet No. : .....

TF - 39 ml  
 TV - 150cc  
 BW - 3 kg

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am							5	5ml			
	09:00 am	EBM	39ml								NA	
	10:00 am								3ml			
	11:00 am	EBM	39ml									
	12:00 pm								18ml			
	01:00 pm	EBM	39ml									
<b>Total Intake :</b>										<b>Total Output :</b>		
	02:00 pm											
	03:00 pm	N									NA	
	04:00 pm	P	200ml					passed				
	05:00 pm		15ml									
	06:00 pm		10ml	48ml								
	07:00 pm	EBM	42ml	48ml								
<b>Total Intake :</b>										<b>Total Output :</b>		
	08:00 pm			8.7ml				Passed	5ml		0	
	09:00 pm	EBM	25ml	8.7ml							0	
	10:00 pm			6.7ml					4ml		0	
	11:00 pm	EBM	30ml	3.7ml							0	
	12:00 am			3.7ml				Passed			0	
	01:00 am	EBM	35ml	1.2ml							0	
<b>Total Intake :</b>										<b>Total Output :</b>		
	02:00 am			1.2ml				not passed	6ml		0	
	03:00 am	EBM	40ml	uoml	Stoped						0	
	04:00 am							not passed			0	
	05:00 am	EBM	uoml								0	
	06:00 am								8ml		0	
	07:00 am	EBM	uoml					not passed			0	
<b>Total Intake :</b>										<b>Total Output :</b>		
<b>Total 24 hrs. Intake</b>										<b>Total 24 hrs. Output</b>		
347ml										41ml		
115 cc/kg										11.23		

24 hrs. Output  
 41ml  
 11.23



3

# FLUID CHART

TV  
 TK  
 Bwct

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	NG							
	08:00 am											
	09:00 am	EBM			40ml	passed			8ml	1		Fy
	10:00 am									0		
	11:00 am											
	12:00 pm									1		
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Patient Sticker

# FLUID CHART



Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>								