

ACTIVITY RECORD FOR BILLING


Name : _____

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

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

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

VIH-00190890
Master GOJUR MITHUN IP5-00174029
16-08-2022 3 Y 9 M 3 D
Dr. SANDHYA VADDADI (M)



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5/26	3:30 pm	ER	109	[Signature]
20/5	6: Am	109	Plcu	Somea

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/5	IV placed -	①	15527	[Signature]
19/5	NHA	①	9616299	Priyanka
20/5	Blood transfusion	①	9616945	[Signature]

ANY OTHER INFORMATION

Don't charge for NHA — Monica

dt

Date: 20/5/26 Time: 1pm Prepared By: Nikita

Staff Nurse Nikita	Shift / Ward 1st floor	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174029 Admit Date : 19-May-2026 Admit Time : 03:00 PM UHID : VIH-00190690

Patient Details :

Patient Name	: Master GOJUR MITHUN	Age	: 3 Y 9 M 3 D
Guardian	: Mr GOJUR MAHIPAL	DOB	: 16-08-2022
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO 1-9/8/B PADKAL JAKRANPALLI, Dichpalli Nizamabad Telangana INDIA 503175	Phone No	: 9966055676/ 8497954515
		E-mail	: GOJURMAHIPAL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 109 Ward Name : 1F-VIBGYOR
 Room No : SPVT 109 Admission Type : First Visit

Contact Details :

Name : Mr GOJUR MAHIPAL Relationship : Father
 Contact Address : H NO 1-9/8/B PADKAL JAKRANPALLI,
Dichpalli Nizamabad Telangana INDIA 503175 Phone No : 9966055676

Gr. Akhilesh
 Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI Specialisation : HEMATO ONCOLOGY
 Referral Doctor : SELF Phone No :
 Co-Consultant : Dr. SIRISHA RANI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
 Payor Name : STAR HEALTH AND ALLIED
 INSURANCE CO LTD

VIH-00190690 IP5-00174029
 Master GOJUR MITHUN
 16-08-2022 3 Y 9 M 4 D (M)
 Dr. SANDHYA VADDADI

101

Patient



DEFICIENCY CHECK LIST OF CASE SHEET

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

131

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: Master Gojur Mithun

UHID ID: VIH-00190690

Department: _____

Consultant: _____

VIH-00190690
Master GOJUR MITHUN
16-08-2022 3 Y 9 M 3 D (M)
Dr. SANDHYA VADDADI
IP5-00174029




Pediatric Multiorgan History & Physical Examination

Name : Master Gojur Mithun Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever :- 7 days
decreased oral intake

History of present illness :

As per informant, child apparently well then had

1) Fever :- 7 days
low grade-
not afw chills & rigors
relieved with medication

2) Decreased appetite.
afw dull activity

no cold/cough/vomiting/loose stools
no bleeding manifestations

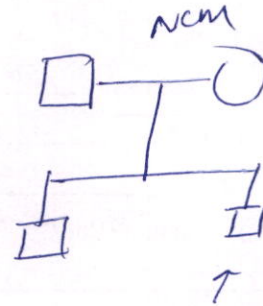


paediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Ⓝ perinatal transition



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)) 13.2kg (Centile _____)

On Examination :

Temperature : 98.1°F Pulse Rate : 104/min B.P. 95/62 SPO2 99% @ RA

Resp. rate and type of breathing : 24/min
regular

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

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

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

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____ (N)

Heart Sounds : _____ S1 S2 heard.

Any murmur : _____

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

Per Abdomen :

Inspection _____ (N)

Palpation : _____ Soft, nontender

Auscultation : _____ 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 : Intact

Motor System:

Nutriton : Good

Tone: (N) Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : regular

Clinical Summary & Diagnostic:

Anemia for Evaluation



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : For Hemodynamic stability

Planned Labs:

IV Cannula - CBP
CRP
Plain (3ml)

Planned Management

- 1) Inj ceftriaxone
- 2) Inj Avil
- 3) Inj Hydrocort
- 4) Inj IRON (FCM)
- 5) Tab Folvite
- 6) Tab LIMCEE
- 7) IVF Hydration

NB
Aug
19/8/26
3:30 PM

Signature of the Doctor: JY
Name of the Doctor: Jayanthi
Date & Time: 19/08/26 @ 2:30 PM

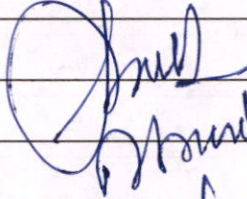
Signature of the Consultant: [Signature]
Name of the Consultant: [Signature]
Date & Time: 19/8/26 4PM

Assessment & consent:
Patient transfer:

VIH-00190690 IP5-00174029
 Master GOJUR MITHUN
 16-08-2022 3 Y 9 M 3 D (M)
 Dr. SANDHYA VADDADI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/22	<u>Morning Rounds</u>	
10.45 am	<u>Clot Anemia & Evaluation</u>	
	No fever/won'ty	
	Oral intake @	
	Vitals - @	plan
		①. DLc today
		②. R/L CCBP on 5/6/22 5/6/22 5/12/22 } VC
		 Sandhya V 20/5
		@ 10:45 am

VIH-00190690 IP5-00174029
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 16-08-2022 3 Y 9 M 3 D (M)
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RESULT SHEET

Date	19/5/26				
Time					
Hb	4.7				
PCV	18.7				
RBC	2.74				
WBC	7.20				
N/L	53/43				
Platelets	419				
CRP	5				
ESR					
PCT					
FBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
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					

Handwritten signature/initials in blue ink.

VIH-00190890 IP5-00174029
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MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Onco

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	Tab FOLVITE 5mg	1/2 tab	PO	OD	18/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Jayasri (Jn)

Date & Time : 19/5/26 @ 2:20 PM

Nurse Name & Signature: Anji

Date & Time : 19/5/26 @ 3:30 pm



Mithun

DRUG CHART

Date of Admission: 19/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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:																				

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 12.7kg.. Ward.

VERIFIED

DRUG : <u>Inj CEFTRIAZONE</u>				Date Time
				<u>19/5</u> <u>20/5</u>
Dose	Route	Frequency	Start Date	
<u>500mg</u>	<u>IV</u>	<u>BD</u>	<u>19/5</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Jayashri</u>				<u>Amirbhan</u> <u>Sona</u>
Additional Instructions:				
				<u>Amirbhan</u> <u>Poo</u> <u>Am</u>
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : <u>Tab FOLVITE</u>				Date Time
				<u>19/5</u>
Dose	Route	Frequency	Start Date	
<u>1/2 tab</u>	<u>PO</u>	<u>OD</u>	<u>19/5</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Jayashri</u>				<u>Amirbhan</u> <u>Sona</u>
Additional Instructions:				
<u>1 tab = 5mg</u>				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : <u>Tab LIMCEE</u>				Date Time
				<u>19/5</u>
Dose	Route	Frequency	Start Date	
<u>1/2 tab</u>	<u>PO</u>	<u>OD</u>	<u>19/5</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Jayashri</u>				<u>Amirbhan</u> <u>Sona</u>
Additional Instructions:				
<u>1 tab = 500mg</u>				
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				

VH-00190690 IP5-00174029
 Master GOJUR MITHUN
 16-08-2022 3 Y 9 M 3 D (M)
 Dr. SANDHYA VADDADI

Weight. 1.2:7kg Ward.



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

VARIABLE DOSE

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/5	5:44PM	Inj AVIL	0.4ml	IV	Jayshri	Aulani Aryavathi 5:45PM
19/5	5:44PM	Inj HYDROCORTISONE	25mg	IV		
19/5	5:45PM	Inj FCM	180mg with 100ml NS @ 30ml/hr	IV		
19/5		Inj LAsix	5mg	IV	Ⓟ	
19/5						
20/5	6AM	Inj LAsix	5mg	IV	Ⓟ	Ⓟ Anurba
20/5	6AM	Inj AVIL	0.3ml	IV	Ⓟ	Ⓟ Anurba
20/5	6AM	Inj HYDROCORTISONE	25mg	IV	Ⓟ	Ⓟ Anurba

Signature
VERIFIED BY - Name

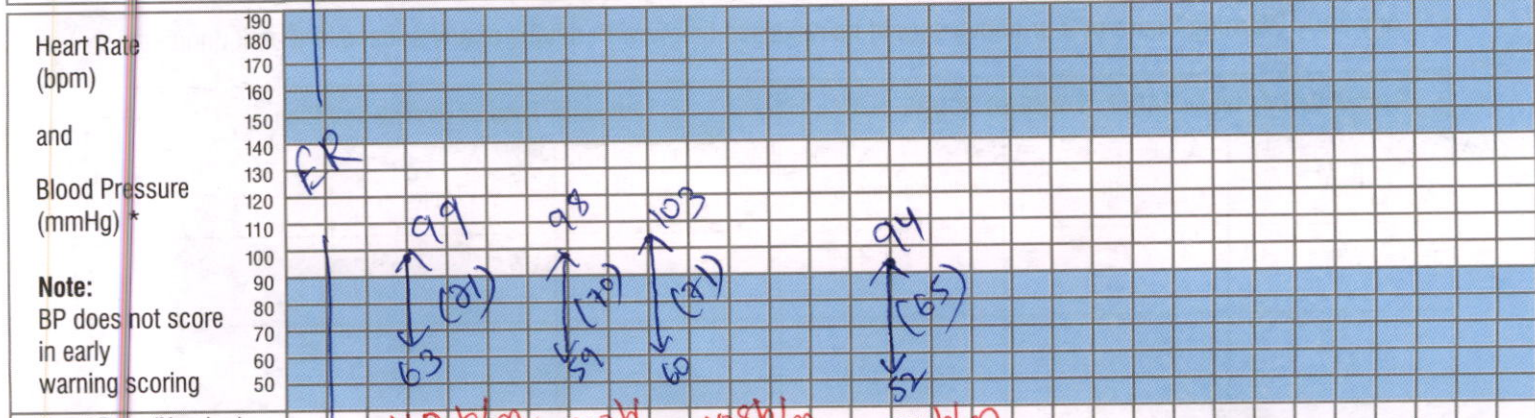
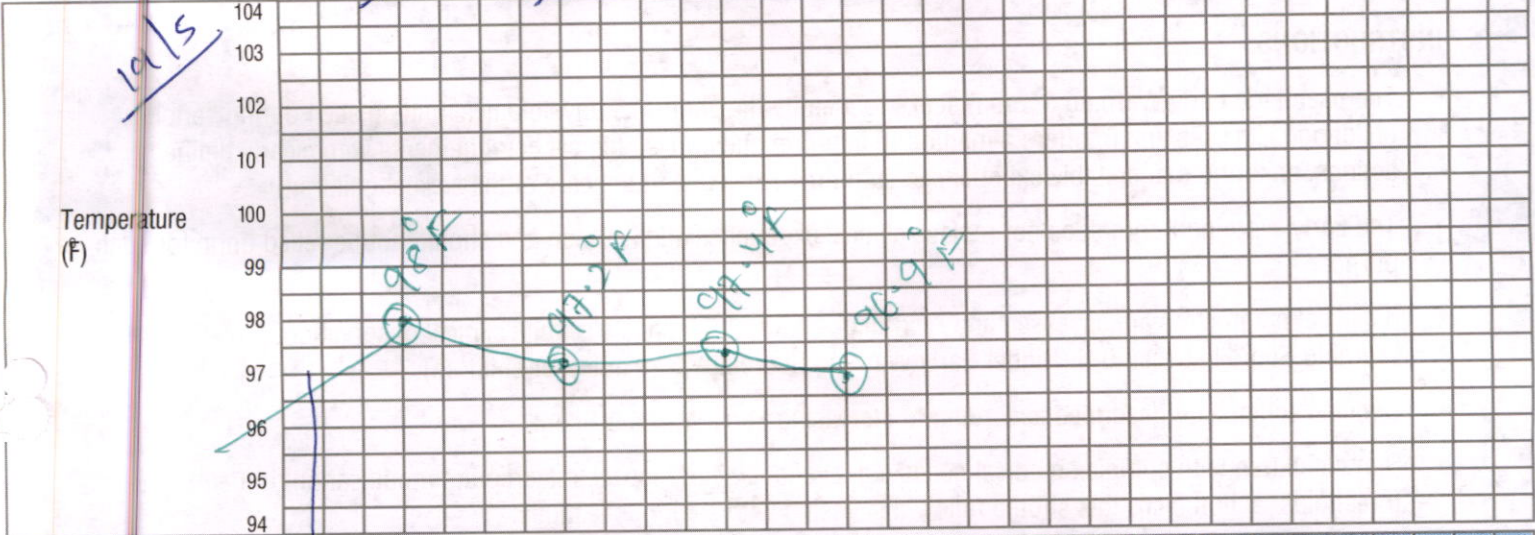
6:2 AM
6:2 AM
6:2 AM



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 6pm 10pm 2am 5:30am

Doctor / Nurse / Family Concern? ER



Heart Rate (Number) 110 b/m 107 b/m 108 b/m 98 b/m



Resp Rate (Number) 26 b/m 28 b/m 23 b/m 29 b/m

Resp Distress: Mod/ Severe / None / Mild

Receiving O₂ (l/min) / O₂ Saturations (%) 100% 98% 100% 98%

Conscious Level: Normal / Altered

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

TOTAL SCORE Number of shaded boxes 1 1 1 1

Pain Score 0 0 0 0

Observer's Initials S S S 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 in charge AND PICU fellow or PICU 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)



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
19/5	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm					ER						
	01:00 pm											
	Total Intake :					Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm									0	P.B	
	05:00 pm	DNS								0		
	06:00 pm			25ml						0		
	07:00 pm									0		
Total Intake :					Total Output :							
19/5	08:00 pm		Idly							0	Sona	
	09:00 pm			medicine						0	Sona	
	10:00 pm	DNS	milk	25ml						0	Sona	
	11:00 pm			25ml						0	Sona	
	12:00 am			25ml						0	Sona	
	01:00 am			25ml						0	Sona	
Total Intake :					Total Output :							
20/5	02:00 am			25ml						0	Sona	
	03:00 am			25ml						0	Sona	
	04:00 am	DNS		25ml						0	Sona	
	05:00 am			25ml						0	Sona	
	06:00 am			25ml						0	Sona	
	07:00 am			25ml						0	Sona	
Total Intake :					Total Output :							
Total 24 hrs. Intake												
Total 24 hrs. Output												

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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 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													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	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



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 19/5/26 Time: 4 PM

Weight: 13.2 kg Centile: 10th

Height: 98 cm Centile: 25th

Inference: under weight child

RDA: - Calories: 1300 kcal/d Protein: 22 g/d

Diet Recommendations: soft high protein & iron rich foods diet.

Re-Assessment: Avoid spicy, chilled & outside foods.

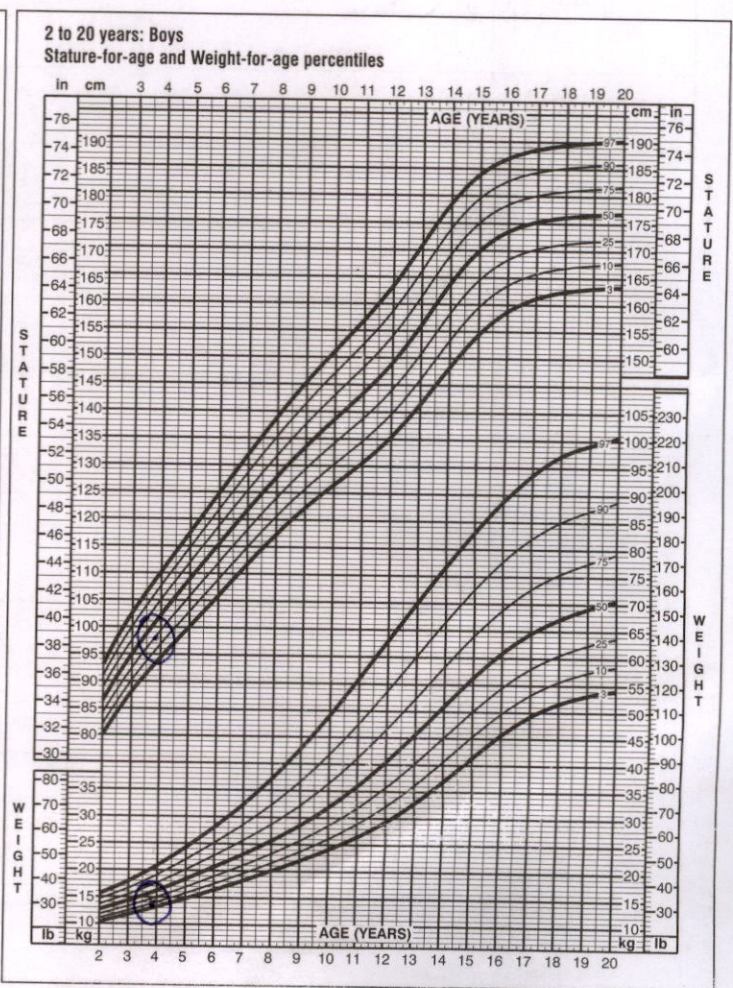
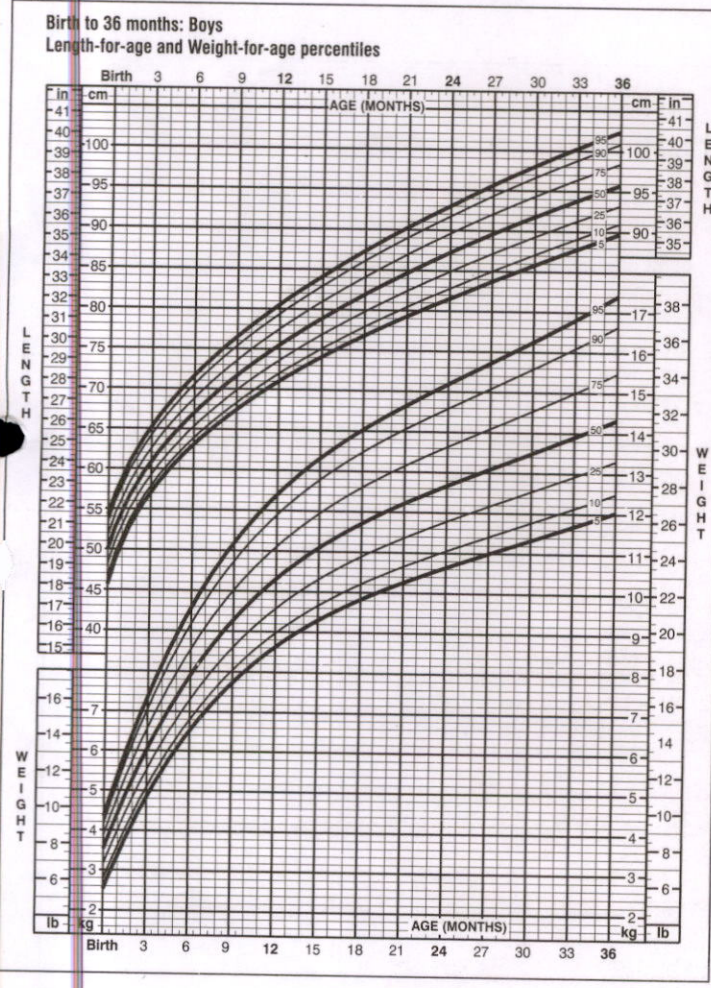
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: Kk10 - Anemia & Evaluation

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: parent's don't need dietitian. don't charge for nhs.

GROWTH CHART (BOYS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

