

Bio



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

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

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

BAH-00656512 IP5-00173924
 Master AASIF SHAIKH
 10-03-2025 1 Y 2 M 7 D (M)
 Dr. SHAIKH FARHAN A RASHID

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/5/20	12:50 AM	ER	PICU	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Archana	18/5	9613606	[Signature]
2	DR. Khurshid Shaik	19/5	9616225	Appu
3	DR- Fanny Blanes	20/5/20	96170399	[Signature]
4				
5				
6				
7				
8				
9				
10				

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173924

Admit Date : 17-May-2026

Admit Time : 01:18 AM UHID : BAH-00656512

Patient Details :

Patient Name : Master ASIF SHAISTA SAMEER SHAIKH

Age : 1 Y 2 M 8 D

Guardian : Mr SAMEER MAHMADHANIF SHAIKH

DOB : 10-03-2025 01:00 AM

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : #49,NEW TIRHEGAON FOREST NEAR
MARUTHI MANDIR SOLAPUR NORTH Solapur
H O Sholapur Maharashtra INDIA 413001

Phone No : 9860905406/ 9637883242

E-mail : nomailid@gmail.com

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 121

Ward Name : 1F-GENERAL WARD I

Room No : GW 121

Admission Type : First Visit

Contact Details :

Name : Mr SAMEER MAHMADHANIF SHAIKH

Relationship : Father

Contact Address : #49,NEW TIRHEGAON FOREST NEAR
MARUTHI MANDIR SOLAPUR NORTH Solapur
H O Sholapur Maharashtra INDIA 413001

Phone No : 9860905406 / 9637883242

Signature

Doctor Details :

Doctor Name : Dr. ABHISHEK RAVINDRA JAIN

Specialisation : PEDIATRIC NEUROLOGY

Referral Doctor : DR. PRATHIBHA PATIL M

Phone No :

Co-Consultant : Dr. ANUPAMA Y

Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 100957.00

Payor Name : SELFPAY

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173924 Admit Date : 17-May-2026 Admit Time : 01:18 AM UHID : BAH-00656512

Patient Details :

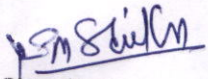
Patient Name : Master AASIF SHAIKH Age : 1 Y 2 M 7 D
Guardian : Mr SAMEER SHAIKH DOB : 10-03-2025 01:00 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : #49,NEW TIRHEGAON FOREST NEAR Phone No : 9860905406/ 9637883242
MARUTHI MANDIR SOLAPUR NORTH Solapur E-mail : nomainid@gmail.com
H O Sholapur Maharashtra INDIA 413001

Admission Details :

Bed Type : PICU Bed No : PICU 213 Ward Name : 2F-PICU I
Room No : PICU 213 Admission Type : First Visit

Contact Details :

Name : Mr SAMEER SHAIKH Relationship : Father
Contact Address : #49,NEW TIRHEGAON FOREST NEAR Phone No : 9860905406 / 9637883242
MARUTHI MANDIR SOLAPUR NORTH Solapur
H O Sholapur Maharashtra INDIA 413001


Signature

Doctor Details :

Doctor Name : Dr. SHAIKH FARHAN A RASHID Specialisation : PEDIATRIC INTENSIVE CARE
Referral Doctor : DR. PRATHIBHA PATIL M Phone No :
Co-Consultant : Dr. SANDEEP REDDY

Payment Details :

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

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : As per Rota

Date : 17/8/25

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

Start Time of Assessment: Weight: 10 kgs

Allergic History:

Chief Complaints:
Weakness of L hand & L leg
Deviation of Angle of mouth to R side
Since 1 day
W/o cold cough, AGE → ~~3 days~~ 2 days ago

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

- ↑ WOB
- ↓ WOB
- Normal
- Gasping / Apnea

C Circulation

- Normal
- Abnormal
 - Pallor
 - Cyanosis
 - Mottling
 - Bleeding

Initial Physiological Status: Stable Unstable

Any urgent interventions needed: Yes No

Life Threatening If Yes

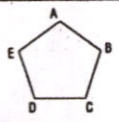
Non Life Threatening

Significant Past History: Admitted at Solapur → on Friday → referred to RCH

Medication History: Given Ins, Levipil, Mannitol, Aspirin 75mg 1/2 tab at 9pm

Relevant Investigations: MRI - Acute Infarct - hyperintensity seen in R capsulo-ganglionic region

Primary Assessment



Airway

Open

Maintainable

Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing

Rate: 24/min SpO₂ on FiO₂: 84% on 2 low flow

Rhythm: Regular

Retractions: Suprasternal ICR SCR

Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: Normal

Palpation Findings (If necessary).....

Any urgent interventions needed: Yes No

If Yes On low flow O₂



Circulation

HR: 146/min

CFT Central
 Peripheral

Any urgent interventions needed: Yes No

If Yes*

BP: mmHg

Murmurs: Yes No

Pulse Volume: Central
 Peripheral

Liver Span:

If in Shock: Compensated
 Hypotensive

ECG:

Muffled Heart Sound: Yes No

Any Signs of Heart Failure: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: R AVPU: Alert

Any urgent interventions needed: Yes No

If Yes

Pupils: Responsive Non-Responsive
Size Right
 Left

Active Seizures: Yes No Sugars: RBS - 100mg/dl

Signs of Neurological compromise

Exposure



Temp.: 98.6 F

Any urgent interventions needed: Yes No

If Yes

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

Treatment Planned:

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Acute Ischemic Stroke

Assessment done by
Name of the Doctor: Ayushma

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

Signature: [Signature]

Signature:

Date & Time: 17/5/26

Date & Time:

EAH-00656512 IP5-00173924
 Master AASIF SHAIKH
 0-03-2025 1 Y 2 M 7 D (M)
 Dr. SHAIKH FARHAN A RASHID



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 an or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - Signs of peripheral poor perfusion or suspicion of any type of shock.
 - Capillary refill time > 4seconds.
 - Children Blood pressure (Syst.) < [70 + (2× age “Years”)].
- Respiratory failure or high risk of failure or airway obstruction:**
- Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
 - Distress and risk of exhaustion
 - Change of level of consciousness: GCS < 13.**
 - Persistent oliguria with acidosis.**

Signature of the Doctor: Asute Infact
 Name of the Doctor: Dr. Nadeem
 Date & Time: 17/5/26 1:30am

BAH-00656512 IP5-00173924
Master AASIF SHAIKH
10-03-2025 1 Y 2 M 7 D (M)
Dr. SHAIKH FARHAN A RASHID



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:

BH-00656512 IP5-00173924
Master AASIF SHAIKH
10-03-2025 1 Y 2 M 7 D (M)
D. SHAIKH FARHAN A RASHID



**SION
VE CARE UNIT**



Name: Age: Gender: Male Female

UHID.No : Date: 17/5/26

I Shaista S/o, D/o, W/o, Sameer hereby declare that our patient Master/Baby Aasif 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 :

Asst cardiopulmonary stroke.

The doctors have clearly explained to me that my patient Master / Baby Aasif 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 : Aasif 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: Shaista

Name: Mother

Relationship with Patient:

Date & Time: 17/5/26 1:30 AM

Witness :

Signature: [Signature]

Name: Navaneetha

Date & Time: 17/5/26 @ 1:20 AM

Doctor (who is taking the consent) :

Signature: [Signature]

Name: Dr. Motheen

Date & Time: 17/5/26 1:30 AM

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



రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.హె.ఐ.డి
నేను s/o. d/o. w/o.

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ఫోర్స్ పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

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

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను 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 ఇన్ఫర్మ్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్ఫర్మ్ మొదలైనవి.

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

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు 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 ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు)లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

BAH-0656512 IP5-00173924
Master: AASIF SHAIKH
10-03-2025 1 Y 2 M 7 D (M)
Dr. SHAIKH FARHAN A RASHID



PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 17/5/26 Time: 1:30 PM

Patient Assessment Form:

Informant: Father Mother Other

Presenting Complaints / Chief Complaints :

Mother noticed child leaning to one side
15/5/26 afternoon 2 pm.

↓
took to local hospital
on the way to hospital parents noticed
decreased movement in left upper & lower limb
NO H/O seizures.
NO H/O fall, trauma
NO H/O vomiting, loose stools, cold, cough.

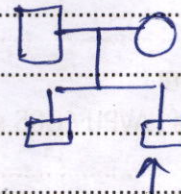
Past History (Including previous treatment and investigations) :

Hospitalization at 10 months of age for
Acute Gastroenteritis.

Hospitalization at 5 months pneumonia?

Birth and Developmental History :

Term | LSCS | 3.5 kg | No NICU admission.



Non-consanguineous

Immunization History :

H / O Allergy : Attributed milk stains on per eye.

Family History : vaccinated thru age.

INITIAL ASSESSMENT

RBS : 104 Temperature : Weight (kg) : 10kg

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 :

BAE ⊕ Clear

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

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

Ventilatory Settings: Leak around ETT : Delivered Vt :

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

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

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 116 Cardiac Rhytho : sinus

(Heart sounds, murmur etc.)

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

Blood Pressures : NIBP : 90/70 (80) 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 :

ENT Exam :

Central Nervous System :

Level of Consciousness : AVPU / GCS score : Alert, active Euv's H4

Neurological Findings :

power Rt UL 5/5 Lt UL 4/5
Rt LL 5/5 Lt LL 4/5

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

pupil 2mm reacting 2mm

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

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

- b. Psychological Screening Criteria: Screening is Positive Negative
- Non-compliance to offered treatment Over weight Suspected Drug Abuse
- Emotional / Behavioural Problem (Tearful, uncooperative)

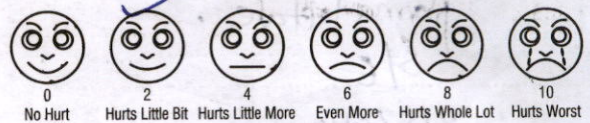
- c. Functional Screening Criteria: Screening is Positive Negative
- Patient cannot position himself in bed Change in Muscle Power
- Restricted ROM Impaired Daily Living Activities

- d. Socio-economic Screening Criteria: Screening is Positive Negative
- Living alone Suspected abuse or neglect
- Cultural or religious background that would need to know for the plan of care Unable to assess due to lack of family

- e. Need for Interpreter Screening is Yes No If Yes then plan
6. Patient needs additional specialized assessments: Yes No
- If yes, Please fill Individualized Initial Assessments Form for Special Populations
- Others

Pain Screening:

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



Pain Score "Whenever Applicable"

Location:

Duration: days /weeks / months (Strike Out that is not applicable)

Character: localized diffuse sharp aching referred vague burning / soreness

Frequency: constant intermittent occasional

Pain Management done Yes No

Nutritional Evaluation: *well nourished*

Current Medications:

Provisional Diagnosis : Acute onset hemiparesis

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 : stroke

PLAN OF CARE

Preventive aspects of the treatment : seizures

Desired goals of the treatment : hemodynamic stability

PLANNED INVESTIGATIONS

CBP
PT/INR
CRP
ESR
RFT
Lipid profile
LFT
plasma lactate
S/E
2D ECG
AB
Navaneetha

PLANNED MANAGEMENT

1. IVF DNS 25ml/hr
2. Tab Aspirin 5mg/kg/day

Final Diagnosis : Acute onset hemiparesis

Right capsulogastric stroke

Doctor's Signature : [Signature]

Name : Dr. Navaneetha

Date : 17/5/20 1:30 PM

Time :

Consultant's Signature : [Signature]

Name : DR. ABHISHEK R JAIN
Registration No: 2757

Date :

Time :

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 1:30 AM	C/S/B <u>piru fevaw.</u>	
	Δ88:- <u>ARSt</u> capsulo sand Brst stroke.	
	History of <u>leaving one side</u>	<u>plan.</u>
	noticed on 15/5/26 2pm.	1. send RP, 2D ECHO, CRP.
	↓	ESR, Blood culture, PT/INR.
	took to local hospital.	2. monitor vitals.
	on way hospital noticed.	3. neuro consultation.
	decreased movements on left	4. increase oral intake.
	Upper & lower limb.	5. physiotherapy.
	No t/o seizures, fever	
	No t/o trauma, cold, cough	
	No t/o vomiting, loose stools.	
	Chest - clear.	
	E3 V3 M4	
	pupil 2mm 2mm reacting.	Dr. Nathan
	power RT UL 4 UL	
	5/5 1/5	
	RT LL 4 LL	
	5/5 1/5	
	NO meningeal signs.	
	<u>Vitals.</u>	
	HR - 116	
	BP - 90/70 (80) mmHg	

FLUIDS STATUS NUTRITION AND G.I

NPO PO feeds NG Feeds NJ Feeds GT Feeds
 I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools :
 NG output : PO intake :
 Feed Formula : Feed Schedule :
 IV Fluids - Type of IVF : DNS @ 25 ml / hr (..... times maintenance)
 TPN : Yes 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 136 K 4 Cl 108 Ca 10.2 Mg P HCO3 Sr. Amylase : Sr. Lipase :
 Latest LFT :
 Abd Exam : Soft
 Any organomegaly ? Yes No - If yes, describe :
 Plan (G.I. & Liver) :

INFECTION

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) : CRP 6
 Cultures Sent ? Yes No - If yes, details :
 Describe c/s Reports :
 Other Labs (Latex, Serology, etc) :
 Ongoing Antibiotics : 0

NEPHROLOGY ISSUES

Sr. Creat : 0.4 Bld. Urea : 6 Other Relevant Labs :
 P.D. Yes No - If yes, details :
 Diuretics : Yes No - If yes, details :
 Catheterized : Yes No - If yes, then day of Catheter :
 Relevant Radiology (USC, MCUG radioisotope scan etc) :
 Plan of Care :

HEMATOLOGY

Relevant Labs (CBP etc) : 17/5/26
9.9 / 12.740 / 3.35 k/h
28/58
 Any Coagulopathy :
 Relevant Transfusion History :
 Plan of Care :

CARE PROTOCOLS

VAP Bundle Used ? : Yes No NA
 CRBSI Bundle Used ? : Yes No NA
 CA - UTI Bundle Used ? : Yes No NA
 Patient Managed as per Relevant Protocols : Yes No NA
 If yes, then details :
 Pending Lab Results : Yes No
 If yes, then details :
 Pending Consultations Yes No
 If yes, then details :

FINAL COMMENTS

→ 2D-Echo.

Doctor's Name (Handover given) : Madhwa
 Signature : Madhwa
 Date & Time : 17/5/26 @ 9AM

Doctor's Name (Handover taken) : F Seetha
 Signature : [Signature]
 Date & Time : 17/5/26 9AM

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 12/15/26 Day of Admission : D2 Today's Date & Time : 18/15/26 at 7:50 Am
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Right Capuloganglionic Stroke</u>	Current Issues :
VITAL SIGNS	Today's Wt. (kg) : <u>10 kg</u>	Temp.: Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>Bilateral air entry present</u>	
	CXR : SPO ₂ : <u>100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>on 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 : <u>0</u> Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : <u>0</u> Suctioning Needs :	
	Any Nebbs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details :	
	Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR = 100/MLW</u>	
	Quality of Pulses : <u>good</u> cap refill Time : <u>3 sec</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <u>96/68 (74)</u> IBP : CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min	
	<input type="checkbox"/> Epinephrine <u>0</u> mcg / kg / min - <input type="checkbox"/> Nor Epinephrine <u>0</u> mcg / kg / min	
	<input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition :	
	Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition :	
	Day of arterial line : <u>0</u> Day of Central line :	
	Plan of Care :	
CNS	Neuro Exam : <u>Alert</u>	
	Pupils : <u>2f 2f Bilateral reactive</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : <u>0</u>	
	Plan of Care : <u>0</u>	
	Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>DBM</u> Feed Schedule : <u>on Demand</u> IV Fluids - Type of IVF : <u>0</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>13.6</u> K <u>4</u> Cl <u>10.8</u> Ca <u>10.2</u> Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
INFECTION	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>0</u>	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.4</u> Bld. Urea : <u>6</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>PT/26</u> <u>9.9 / 12.7 / 40 / 3.35 hct</u> Any Coagulopathy : <u>28 / 58</u> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :	
FINAL COMMENTS	<u>plan 20-ellu today</u>	

Doctor's Name (Handover given) : Madhu
 Signature : Madhu
 Date & Time : 18/12/26 at SAMU

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

BAH-00656512 IP5-00173924
 Master AASIF SHAIKH
 10-03-2025 1 Y 2 M 7 D (M)
 Dr. SHAIKH FARHAN A RASHID

PROGRESS NOTES AND DOCTOR'S ORDER

Dr. K. Sedhyc

Date & Time	Progress Notes	Doctor's Order
17/5/26		Counselling notes
2 PM	<p>condition of the child explained to parents that child is having weakness in left side of body and limb due to blood clot in brain. MRI brain which has been done is showing the region of brain involved. We need to know the reason for clot. So few blood tests will be sent. Tomorrow heart scan will be done to see source of clots if any. To prevent further clots few medication has been started.</p>	
	Shaista	
	Father	

BAH-00656512
 Master AASIF SHAIKH
 10-03-2025 1 Y 2 M 7 D
 Dr. SHAIKH FARHAN A RASHID (M)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order																					
12/5/26	<p>clg Nuroteam</p> <p>Aut onset (L) Hemiparesis with (L) Urom facial weakness -> to (R) a peritganglionic stroke.</p>																						
	<p>found</p> <p>(R) Hemiparesis U > L - (R) Urom facial weakness</p>																						
	<p>vitals -> stable</p> <p>- HMF - Feeding well (P) Resp - good ECG - full suppurative ER Good subaer function.</p>																						
	<p>motor:</p> <table border="1"> <tr> <td></td> <td>R</td> <td>L</td> </tr> <tr> <td>SA</td> <td>4.</td> <td>3-</td> </tr> <tr> <td>EF</td> <td>4.</td> <td>3-</td> </tr> <tr> <td>HF</td> <td>4</td> <td>3-</td> </tr> <tr> <td>KE</td> <td>4</td> <td>2.</td> </tr> <tr> <td>ADF</td> <td>4</td> <td>3</td> </tr> <tr> <td>APF</td> <td>4.</td> <td>3.</td> </tr> </table>		R	L	SA	4.	3-	EF	4.	3-	HF	4	3-	KE	4	2.	ADF	4	3	APF	4.	3.	<p>Adv</p> <p>- CT</p> <p>- vitals</p> <p>- physio thm.</p> <p>- aspirin 7mg/kg/day</p>
	R	L																					
SA	4.	3-																					
EF	4.	3-																					
HF	4	3-																					
KE	4	2.																					
ADF	4	3																					
APF	4.	3.																					

DR. ABHISHEK R JAIN
 Registration No: 2757

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 9:20am	<p>c/s/B Neuroteam.</p> <p>Acute onset left Hemiparesis & left arm facial weakness. Rt capsuloganglionic infarct.</p> <p>child conscious, oriented to mother.</p> <p>Irritability (+) Accepting. breast feeding (+).</p> <p>Vitals - Vtally stable.</p> <p>Ht - 47cm. / facial deviation to rt side. (Asymmetry neuro labial fold) Rt prominence.</p> <p>left Hypotonia. (No oxygenation)</p> <p>DSR - Bink on left K/A/B. 2+ 2+ 2+. Rt (+)</p> <p>(+) OLU (1/5)</p> <p>No feeding difficulty</p>	<p>plan</p> <p>1) shift to word - (now)</p> <p>2) Physio Ther of 7-</p> <p>3) 2D Echo (to decide) (not)</p> <p>4) Tricee robot</p> <p>5) (17 brain - affected) (3D reconstruction) word</p>
		<p>Abhishek</p> <p>DR. ABHISHEK R JAIN Registration No: 2757</p>

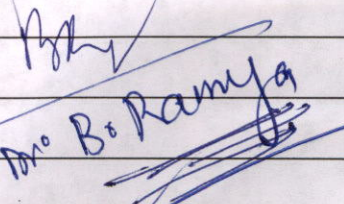


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5	<u>child neurology</u>	
	Acute onset (1) Hemiparesis (1) arm & face weakness (2) Cop subacute onset & no movement of right arm	(1) Serum Homocysteine (previous sample) send (2) NBM
	(3) CT brain plain + contrast (4) No seizure/few/convulsions (5) Trace sickling (6) U/L U/L (3/5) Acrophysiology EBM for, neuroblastoma	(3) CT brain plain + contrast (4) Trace sickling (5) Physiotherapy to comb
		(6) Physiotherapy to comb (7) Apply
		(8) Apply (9) Apply (10) Apply (11) Apply (12) Apply (13) Apply (14) Apply (15) Apply (16) Apply (17) Apply (18) Apply (19) Apply (20) Apply (21) Apply (22) Apply (23) Apply (24) Apply (25) Apply (26) Apply (27) Apply (28) Apply (29) Apply (30) Apply (31) Apply (32) Apply (33) Apply (34) Apply (35) Apply (36) Apply (37) Apply (38) Apply (39) Apply (40) Apply (41) Apply (42) Apply (43) Apply (44) Apply (45) Apply (46) Apply (47) Apply (48) Apply (49) Apply (50) Apply (51) Apply (52) Apply (53) Apply (54) Apply (55) Apply (56) Apply (57) Apply (58) Apply (59) Apply (60) Apply (61) Apply (62) Apply (63) Apply (64) Apply (65) Apply (66) Apply (67) Apply (68) Apply (69) Apply (70) Apply (71) Apply (72) Apply (73) Apply (74) Apply (75) Apply (76) Apply (77) Apply (78) Apply (79) Apply (80) Apply (81) Apply (82) Apply (83) Apply (84) Apply (85) Apply (86) Apply (87) Apply (88) Apply (89) Apply (90) Apply (91) Apply (92) Apply (93) Apply (94) Apply (95) Apply (96) Apply (97) Apply (98) Apply (99) Apply (100) Apply

DR. ABHISHEK R JAIN
 Registration No: 2757

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order									
20/3	C/S Neurotrans										
Dr. A	acute onset (L) Hemiparesis (L) UMN facial weakness so to (R) gonylance jaw										
	No new issues improving (L) sided weakness	Adm!									
	vitals - stable	ophthal examination (lens, fundus)									
	HNF (N) en -> (L) UMN facial weakness (improving)	Add vit B12 orally.									
	(N) tongue (L) hypostomia	check per the antibiotic workup.									
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>R</td> <td>L</td> </tr> <tr> <td>UL -> P</td> <td>4/5</td> <td>3/5</td> </tr> <tr> <td>D</td> <td>4/5</td> <td>3/5</td> </tr> </table>		R	L	UL -> P	4/5	3/5	D	4/5	3/5	- 0/5 today.
	R	L									
UL -> P	4/5	3/5									
D	4/5	3/5									
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>R</td> <td>L</td> </tr> <tr> <td>LL -> P</td> <td>4/5</td> <td>3/5</td> </tr> <tr> <td>D</td> <td>4/5</td> <td>3/5</td> </tr> </table>		R	L	LL -> P	4/5	3/5	D	4/5	3/5	
	R	L									
LL -> P	4/5	3/5									
D	4/5	3/5									
	- No cerebellar signs.	<p style="text-align: right;">  Dr. B. Ramya </p>									



CROSS CONSULTATION FORM

Doctor Name : Khushid. Shaik (PT) Date : 19/5/26 Time : 2pm

Diagnosis : (R) eq infaut

Hospital : RCH; Banjara

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:

physiotherapy

Signature: _____

Findings and Recommendations :

S/B physiotherapist

clia - (R) eq infaut

acute onset left hemiparesis - = UMN facial weakness.

Mild (L) toe movements & mouth started.

- weight bearing exs
- Pelvic bridging
- Side-lying to sitting
- CMT to (R) UL
- trunk control exs ; facial & oromotor exs

Consultant :

Name : Dr. Khushid. Shaik (PT) Signature : Khushid. Date & Time : 19/5/26, 2pm



CROSS CONSULTATION FORM

Doctor Name : Ashika Venaraju Date : 18/5/26 Time : 10:30 am

Diagnosis : Right CA stroke injact

Hospital : RLH - Banjara Hills

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:

Physiotherapy

Signature:

Findings and Recommendations :

s/b physiotherapy

o/c → (R) CA injact.

Anti oral (L) hemiparesis
& facial weakness
(L).

o/c dilatation of mouth towards (R)

o/c ↑ tone (L) in (L) gastrocnemius
(mus),
and biceps.

Exercise protocol

(1) stretching → (L) gastrocnemius

(2) Facial ex's

(3) PROM ex's for (L) VLEU.

Consultant :

Name : Ashika Venaraju Signature : Ashika Date & Time : 18/5/26 10:30 am



RESULT SHEET

Date	17/5/26				
Time	5Am				
Hb	9.9				
PCV	31.7				
RBC	4.42				
WBC	12740				
N/L	28/58				
Platelets	335000				
CRP	6.0				
ESR	20				
PCT					
RBS	0				
Na	136				
K	4.0				
Cl	108				
Ca/Mg	10.2/				
Phosphate	5.2				
Urea	6				
Creatinine	0.4				
ALP	180				
SGPT	18				
SGOT	32				
T.Bill/Conj	0.3/0.1				
T.Protein	6.2				
S.Albumin	3.8				
S.Globulin	2.5				
A/G Ratio	2.5				
Uric Acid	2.9				
S.Amylase	45				
Sr.Lipase					
Blood Lactate					
S.Cholesterol	125.				
PT/INR	14/1.0				
APT	43				
CSF Protein / Sugar					
Cells					
N/L					

BAH-00656512 IP5-00173924

Master AASIF SHAIKH
10-01-2025 1 Y 2 M 7 D (M)
Dr. SHAIKH FARHAN A RASHID



OUTSIDE.

RESULT SHEET

Date	15/5/26				
Time					
Hb	11.8				
PCV	35.5				
RBC	5.02				
WBC	11200				
N/L	26/63				
Platelets	385000				
CRP	1.1				
ESR					
PCT					
RBS					
Na	133				
K	4.5				
Cl	105				
Ca/Mg	1.13				
Phosphate					
Urea					
Creatinine	0.5				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid	4.6				
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	17/1.4				
APTT	36				
CSF Protein / Sugar					
Cells					
N/L					

Date	15/5.					
Time						
CUE - Alb	NP					
CUE - Sugar	NP					
CUE - Ketones	NP					
CUE - PUS Cells	3 to 4					
CUE - RBC Cells	Absent					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 15/5. MRI Brain - Acute infarct on
 RBC capsule ganglionic cell

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



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: 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	inj LEVIFLUC	1ml	W		9 pm 16/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	inj MANNITOL		W		9 pm 16/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. Aspirin (75)	1/2 tab	P/O		9 pm 16/5/26	<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: Ayushma

Date & Time: 17/5/26, 1am:

Nurse Name & Signature: Navanutha

Date & Time: 17/5/26 @ 1:30am

BAH-00656512 IP5-00173924
 Master AASIF SHAIKH
 10/03/2025 1 Y 2 M 8 D (M)
 Dr. BANDI RAMYA



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: PICU Shifted to: WARD (General)

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. ECOSPRIN. (75mg)	1/2 Tab	PO	OD	18/05/20	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	SYP. LEVIPIL	1ml	PO	BD	18/05/20	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	SYP. NEUCITIL PLUS	2.5ml	PO	OD	17/05/20	<input checked="" 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 : Dr. Kantu Ambale

Date & Time : 18/05/20 11:30 AM

Nurse Name & Signature : Matthew

Date & Time : 18/05/20 11:30 AM

BAH-00656512 IP5-00173924
 Master AASIF SHAIKH 1 Y 2 M 7 D (M)
 10-03-2025
 Dr. SHAIKH FARHAN A RASHID



Sh. No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight. 10kg Ward. Pw

DRUG: TAB ECOSPIRIN				Date Time
Dose	Route	Frequency	Start Date	17/5
50mg	PO	OD	17/5	
Name & Signature of the Doctor Starting the Drugs:				7 AM Naveed
Additional Instructions:				STOP ALL
Daily Doctor's Endorsement by a Sign				

5mg/10g/day
 1 TAB/175mg
 mfx 9n 5ml
 give 3.5ml.

DRUG: INJ CITICOLINE				Date Time
Dose	Route	Frequency	Start Date	17/5
100mg	IV	BD	17/5	6 AM Naveed
Name & Signature of the Doctor Starting the Drugs:				17/5
Additional Instructions:				6 PM Naveed
Daily Doctor's Endorsement by a Sign				

DRUG: INJ LEVITIL				Date Time
Dose	Route	Frequency	Start Date	17/5
100mg	IV	BD	17/5	6 AM Naveed
Name & Signature of the Doctor Starting the Drugs:				17/5
Additional Instructions:				6 PM Naveed
Daily Doctor's Endorsement by a Sign				

DRUG: Tab. ECOSPIRIN				Date Time
Dose	Route	Frequency	Start Date	17/5
2 tab	PO	OD	17/5	7 AM Naveed
Name & Signature of the Doctor Starting the Drugs:				7 AM Naveed
Additional Instructions:				1 PM
Daily Doctor's Endorsement by a Sign				

45mg/Hab.

VERIFIED

VERIFIED

VERIFIED

BAH-00656512 IP5-00173924
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Weight. 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	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Additional Instructions:		Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/5/26	6:12pm	Syp. PEDIATRICORAL	5ml	PO	<i>[Signature]</i>	Madam Sreer
18/5/26	12:00pm	ANAL	5mg	iv	<i>[Signature]</i>	Madam Sreer

Signature
VERIFIED BY Time

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Master Aasif Shaikh Age: 17am Sex: male UHID.No: BAM-00656512
 Date: 18/05/2026 Time: 2:55pm Proposed Operation: CT Brain
 Diagnosis: Right Capuloganglionic stroke left hemiparesis u>ll
 B.P / CRT: H.R: Weight: 10kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>9.9</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV: <u>31.7</u>	Urea:	Alb:	HBS Ag:	ECG:
WBC: <u>12,740</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>3.3</u>	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: NKD

Medical History: CVS: -

RESP: N/O hospital admission for Pneumonia at 5 months of age
 Diabetes: -

CNS: N/O acute onset left ll & ul Paresis & left unnl facial weakness

Renal: -

Hepatic / GE: -

Physical Activity: Active

Others: -

Past Anaesthetic History: -

Physical Exam: (W)

Turn/cscs / 3.5kg NO NICK

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth: stay

Lungs: BAE (+) clear

Heart: S1k (+)

CNS: -

Pregnant: Yes No NA

Venous Access Site: 22GR & LL Spine Exam for regional: (W)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions: breast milk 4hrs

- DVT Prophylaxis: Water / ORS 2 Hours
- NIL ORAL Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: Consent pending - done

Signature: [Signature] Name: Dr. Tejaswini

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)

UH-00655512 IP5-00173924
 Doctor ASIF SHAJISTA SAMEER
 03-2025 1 Y 2 M 9 D (M)
 ABHISHEK RAVINDRA JAIN

cc. No. : RCH/ FRM / CLINICAL / 125

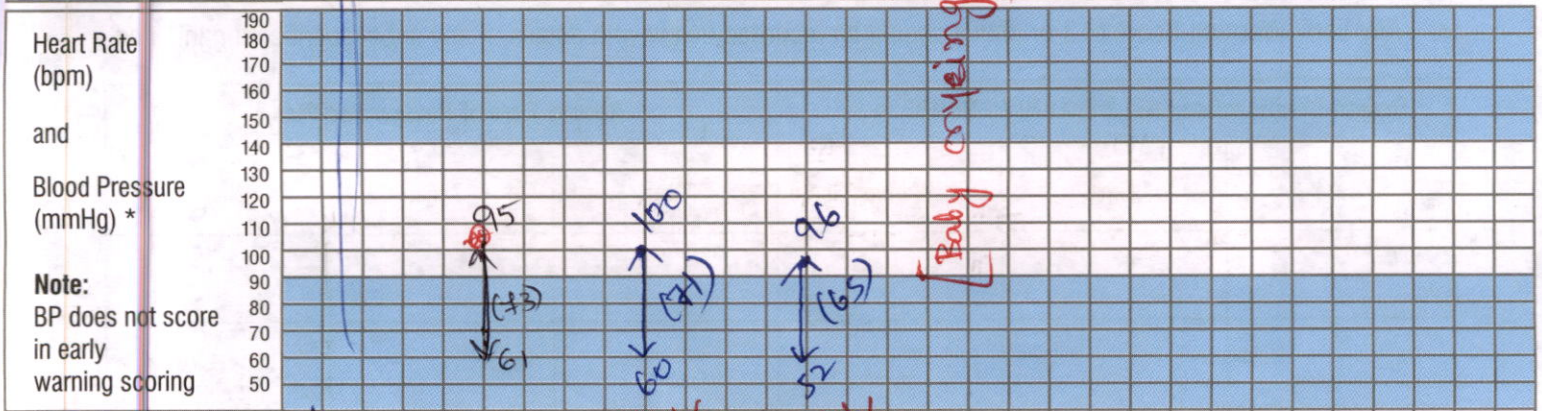
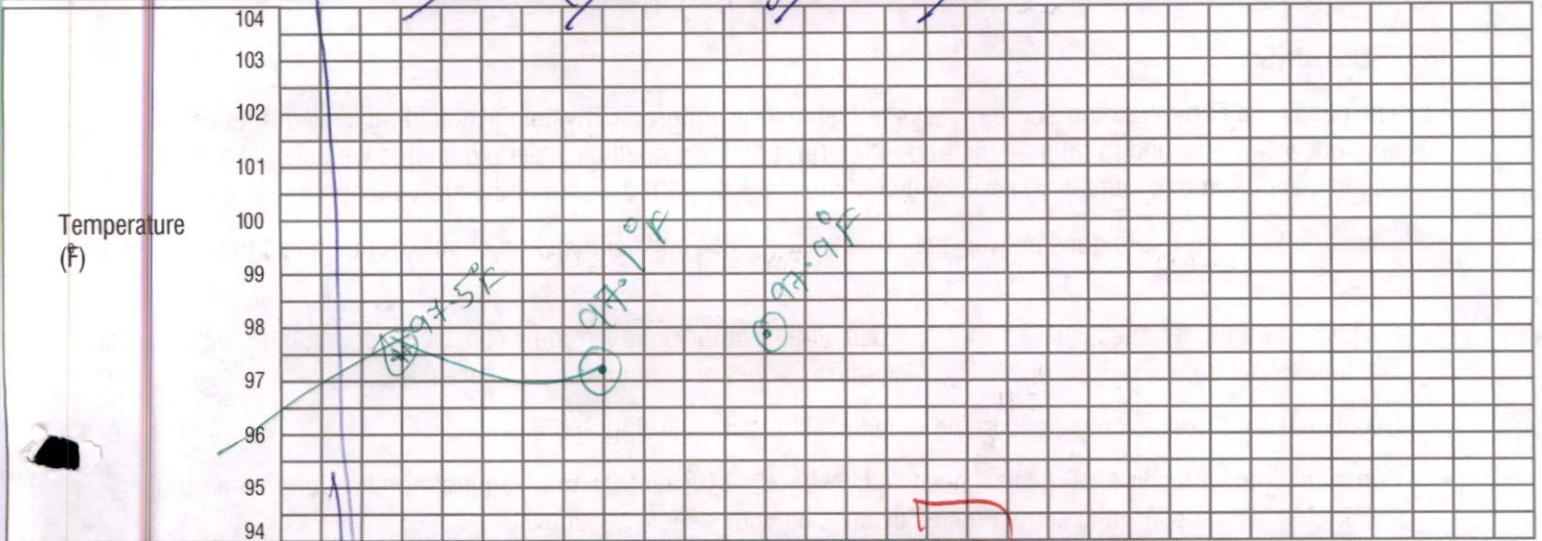
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/12/26 Time: _____

Doctor / Nurse / Family Concern? _____



Heart Rate (Number) _____



Resp Rate (Number) _____

Resp Distress: Mod/ Severe / 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
 - 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: 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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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)

4-00656512 IP5-00173924
 for ASIF SHAISTA SAMEER
 3-2025 1 Y 2 M 9 D (M)
 ABHISHEK RAVINDRA JAIN

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	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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm									0		
	03:00 pm									0		praveen
	04:00 pm	NO MILK								0		praveen
	05:00 pm	NO I.V								0		praveen
	06:00 pm									0		praveen
	07:00 pm									0		praveen
Total Intake :					Total Output :							
	08:00 pm									0		Sona
	09:00 pm	Milk								0		Sona
	10:00 pm	NO MILK								0		Sona
	11:00 pm	NO I.V	DBM							0		Sona
	12:00 am									0		Sona
	01:00 am		DBM							0		Sona
Total Intake :					Total Output :							
	02:00 am									0		Sona
	03:00 am		DBM							0		Sona
	04:00 am	NO MILK								0		Sona
	05:00 am	NO I.V	N	25ml						0		Sona
	06:00 am	NO I.V	P	25ml						0		Sona
	07:00 am	NO I.V	O	25ml						0		Sona
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

ISB: 2 IP5-00173924
 ASIF: JAISTA SAMEER
 I25 1 Y 2 M 9 D (M)
 ISHEK: VINDRA JAIN

FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. : 2

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			
19/05	08:00 am		NPO	25ml							0	Suresh	
	09:00 am		NPO	25ml					✓	0			
	10:00 am	NO		25ml						0			
	11:00 am	W/F		-						0			
	12:00 pm			-					✓	0			
	01:00 pm			-					✓	0			
Total Intake :						Total Output :							
19/05	02:00 pm		NPO			✓	✓	✓	✓	0	Suresh		
	03:00 pm					✓	✓	✓	✓	0			
	04:00 pm	NO				✓	✓	✓	✓	0			
	05:00 pm	W/P				✓	✓	✓	✓	0			
	06:00 pm					✓	✓	✓	✓	0			
	07:00 pm					✓	✓	✓	✓	0			
Total Intake :						Total Output :							
19/5	08:00 pm					✓	✓	✓	✓	0	Suresh		
	09:00 pm					✓	✓	✓	✓	0			
	10:00 pm	NO	milk			✓	✓	✓	✓	0			
	11:00 pm	W/P				✓	✓	✓	✓	0			
	12:00 am		milk			✓	✓	✓	✓	0			
	01:00 am					✓	✓	✓	✓	0			
Total Intake :						Total Output :							
19/5	02:00 am					✓	✓	✓	✓	0	Suresh		
	03:00 am					✓	✓	✓	✓	0			
	04:00 am	NO	milk			✓	✓	✓	✓	0			
	05:00 am	W/P				✓	✓	✓	✓	0			
	06:00 am					✓	✓	✓	✓	0			
	07:00 am					✓	✓	✓	✓	0			
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

EAH-00656512 IP5-00173924
 Master ASIF SHAISTA SAMEER
 10-03-2025 1 Y 2 M 9 D (M)
 Dr. ABHISHEK RAVINDRA JAIN

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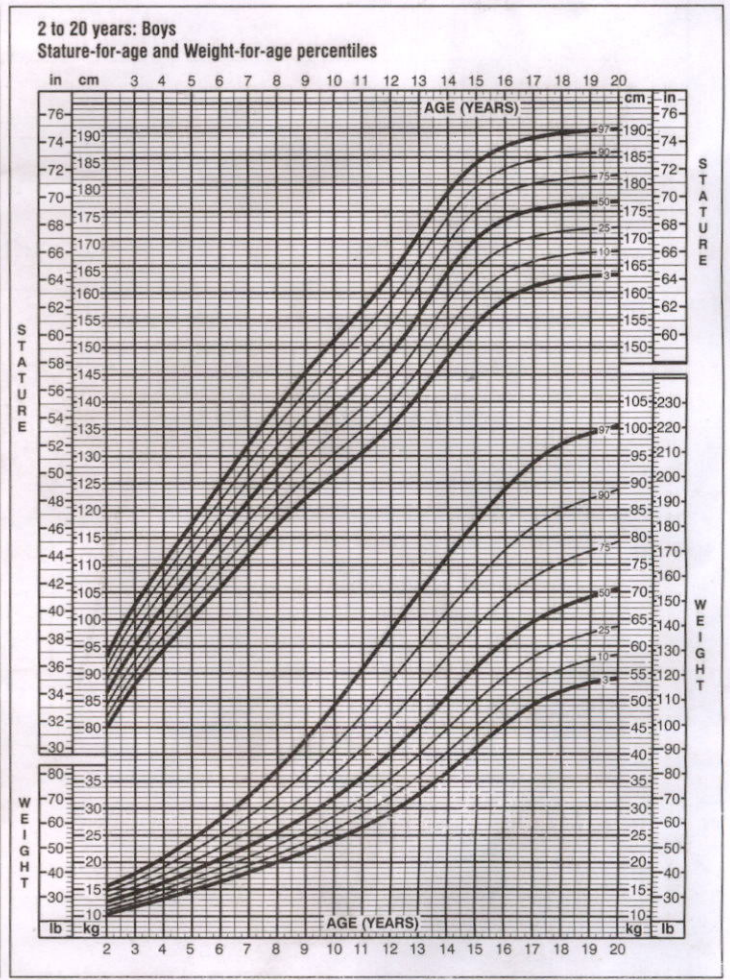
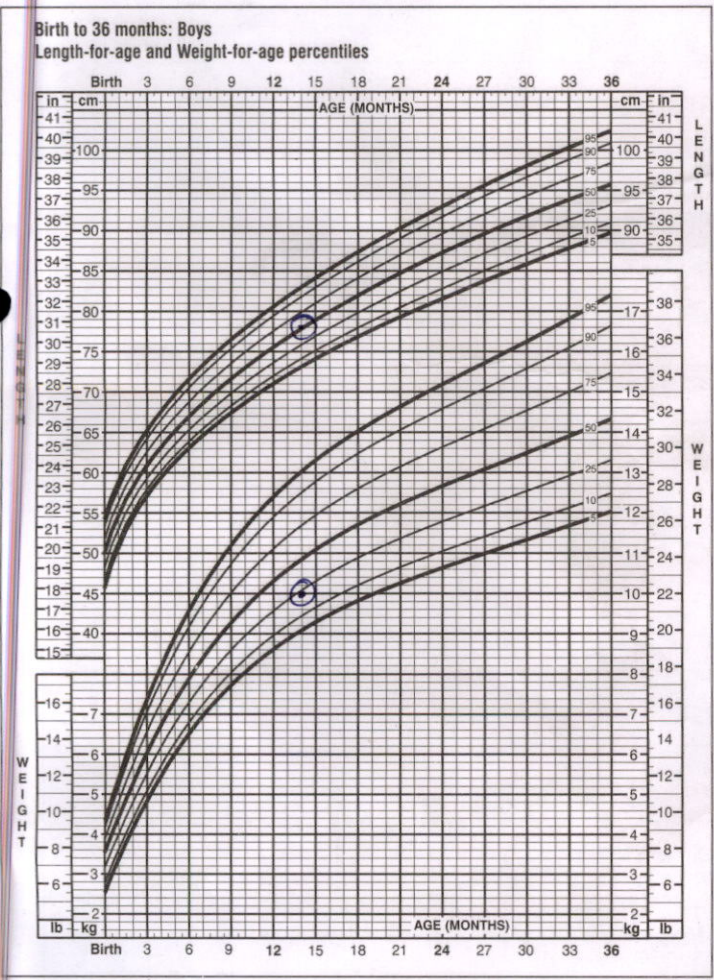


NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 12/6/26 Time: 1:30pm

Weight: 10 kgs Centile: > 10th
 Height: 78 cms Centile: 50th
 Inference: under weight child
 RDA: - Calories: 1200kcal/d Protein: 20g/d
 Diet Recommendations: DBM feeds + soft Diet
 Re-Assessment: Avoid spicy, chilled and outside foods
 Food Allergies: NO Veg/Non-veg: non-veg
 Diagnosis: Acute onset hemiparesis
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: Shaista

GROWTH CHART (BOYS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

Daily Notes:

19/5/26
11 AM

Child is stable Oral Intake is poor

Continue \bar{c} DBM feeds.

Ngwenke

Present Child is on NBM.

20/5/26
8 AM

Child is stable. Intake is better

Continue \bar{c} soft diet

Niketha

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 Dr. SHAIKH ARHAN A RASHID



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 1:30 AM	CIS/B piro fever.	
	Δ885:- ARS/ct capsulo ganglionic stroke.	
	History of leaning one side noticed on 15/5/26 2pm.	<u>plan.</u> 1. send RP, 2D ECTG, CRP, ESR, Blood culture, PT/INR.
	↓ took to local hospital.	2. monitor vitals.
	on way hospital noticed decreased movements in left upper & lower limb.	3. neuro consultation.
	NO H/O seizures, fever	4. encourage oral intake.
	NO H/O trauma, cold, cough	5. physiotherapy.
	NO H/O vomiting, loose stools.	
	Chest - clear.	
	E3 V3 H4	Dr Nathan
	pupl 2mm 2mm reacting.	
	power RT UL 4 UL	
	5/5 1/5	
	RT LL 6 LL	
	5/5 1/5	
	NO nasogastral s/w.	
	Vitals. HR - 116 BP - 90/50 (80) mmHg	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/24 12:00am	Child neurology	(D2 of weakness)
	<p>Acute onset of (L) Hemiparesis (UL > LL)</p> <p>(L) UMN facial weakness</p> <p>(R) carpal tunnel stroke</p> <p>epilepsy</p>	<p>① CBP, PT, aPTT, INR, URF, ESR, Fickling, RFT, Lipid profile, PE, LFT, Plasma lactate.</p> <p>② 2D Echo.</p>
Hc 4 hr	<p>ob child concen.</p> <p>irritable, crying</p> <p>consolable by mother</p> <p>fixing & tracking</p>	<p>③ 750 ASPIRIN (single day)</p>
J.T.O	<p>norm</p> <p>④ UMN full</p> <p>pupils reactive</p>	<p>④ 1000 mg CITICOLINE</p>
FT	<p>④ UMN facial weakness</p>	
	<p>④ UL > LL weakness</p> <p>2/5 3/5</p>	
No trauma no loss of consciousness	<p>④ good Agn</p> <p>No meningeal sign</p>	