IN PATIENT FILE - SEQUENCE ORDER		
S.No	FORMS	REMARKS
1	Admission Sheet	
2	Activity Record for Billing	
3	Pediatric ED doctors assessment	
4	Newborn monitoring Form	Only fo new borns in the wards
5	IP medical record / IP admission sheet for obstetrics / IP admission sheet for gynecology / Patinet Intencive care admission record / Neonatal IP medical record	Keep which ever is applicable according to area
6	Partograph	Applicable for NVD at BC
7	Progress Notes & Doctors order	
8	Surgery Notes	Only applicale for OT
9	Cross Consultation Form	
10	Telephone/Verbal Order Form	
11	Result Sheet	
12	RBS Chart / Diabetic Chart	
13	Medication Reconciliation Form	
14	Drug Chart	
15	Regular Prescriptions	If required
16	Stat / Once only drugs	
17	Nebulization Chart	
18	Inotropes Chart	Only applicable in critical areas
19	IV Fluids Chart	
20	Multi-desciplinary plan of care form	
21	Interdisciplinary patient / family education record	
22	ER Triage / Obstetric / Gynecology assessment form	Keep which ever is applicable according to area
23	Nursing Initial assess ment form	Specific forms according to area
24	Erarly Warning Score Chart	
25	Intake & Output Chart	
26	Peritoneal Dialysis chart	
27	Nursing Care Record	
28	Nursing Shift Hand over form	
29	Pain Assessment Form	
30	Braden 'Q' Scale	
31	Checklist for thrombophlebitis	
32	Fall Risk assessment (Humpty Dumpty / Morse)	
33	DVT assessment	As applicable
34	Breastfeeding handover & assessment form	
35	Restraint Monitoring Chart	
36	KIMS Chart	Only applicale for NICU
37	Milk Checklist	
38	Probe & Positioning	
39	Blood Collection	
40	All Bundles	As applicable

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Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 30 D (M)
Dr. ANUPAMA Y

ACTIVITY RECORD FOR BILLING

Name :_____ _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Abhishukh.	6/5/26	9596508	[signature]
2	Dr. Khurshid	7/5/26	9596586	[signature]
3	Dr. Kurshid shaik	8/5/26	9600138	pravalika
4	Dr. vidhi pavandha	9/5/26	9600138	pravalika
5	DR. prashant Baling	11/5/26	9603181	Raj
6				
7				
8				
9				
10				

Docu. No. RCHBH/FRM/GENERAL/145

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/5	Blood Transfusion	(1)	9603180	Raj

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00172324 **Admit Date** : 09-Apr-2026 **Admit Time** : 01:33 PM **UHID** : KUH-00209536

Patient Details :

Patient Name	: Master BHANU PRAKASH YASHWIN SINGIREDDI	**Age**	: 13 Y 10 M 3 D
Guardian	: Mr SURESH KUMAR	**DOB**	: 06-06-2012
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: S/O SURESH KUMAR D NO.302 BALAJI NIVAS ALLAPUR SOCITY Bachupally Hyderabad Telangana INDIA 500090	**Phone No**	: 8985652304/ 8639650753
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : PICU **Bed No** : PICU 211 **Ward Name** : 2F-PICU I

Room No : PICU 211 **Admission Type** : First Visit

Contact Details :

Name : Mr SURESH KUMAR **Relationship** : Father

Contact Address : S/O SURESH KUMAR D NO.302 BALAJI NIVAS ALLAPUR SOCITY Bachupally Hyderabad Telangana INDIA 500090 **Phone No** : 8985652304

Signature

Doctor Details :

Doctor Name : Dr. ANUPAMA Y **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. DINESH KUMAR CHIRLA

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 09/04/26 Time: 1:30pm

Patient Assessment Form:

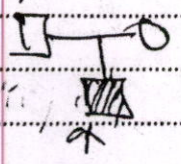
Informant: ☐ Father ☐ Mother ☐ Other

Presenting Complaints / Chief Complaints : 13 years / Male, from Hyderabad.
Came c/o of:
① fall from 5th floor at home on 08/04/2026 - at 10pm while playing on the terrace - then noticed by neighbour, then took to nearby Holistic hospital.
- There child was found to be encephalopathic - Intubated -
Then Referred to Rainbow children's hospital, Hyderguda.
At Rainbow hyderguda, child was noted to be hypotensive, which was managed with 3 units of PRBC over 15 hours and 5% Albumin - 15ml/kg and N.S Bolus of 10 ml/kgl.
In view of repeated episodes of hypotension, child shifted to Rainbow Banjara hills on 09/04/2026 @ 1:30pm for further management

Past History (Including previous treatment and investigations) :

No significant history in the past.

Birth and Developmental History :



Born to non-consanguineously married couple / Term born / Appropriate for Gestation age / Birth weight of 3kg

Immunization History :

H / O Allergy :

Family History : Nil.

Vaccinated as per National Immunization Schedule (Records unavailable

Doc. No. : RCHBH/ FRM / CLINICAL / 105 (P.T.O.)

INITIAL ASSESSMENT

RBS : 116 mg/dl Temperature : 98.6°F Weight (kg) : 45½

Respiratory System Findings:

Air Way: Open Maintainable Not Maintanable (Intubated) If Intubated, size & position of ETT : 6 Smm cuffed

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : ETT tube

On mechanical ventilator air entry reduced in left lower zone

SPO$_2$: 99-100% @ 5 lit/min O$_2$ by NC / FM / NRB mask / Oxyhood, at ..... L/min

Ventilatory Support (Yes) No - Day # of Vent : (3) Respiratory Efforts : Sedated and paralyzed

Ventilatory Settings : Leak around ETT : ..... Delivered Vt : .....

ABG : 7.342 / 34.2 / 29.2 / 140 EtCO$_2$: 28 P/F ratio : 282 OI : –

Any Nebs : NIL ICD? Yes (No) If Yes, details : .....

CXR : .....

Cardio Vascular System Clinical Exam : Heart Rate : 120/min Cardiac Rhytho : Sinus

(Heart sounds, murmur etc.) : S1S2 (+) no murmur sounds.

Quality of Pulses : Good cap refill Time : 2 sec Liver Edge : 3cm cm below Rt costal margin

Blood Pressures : NIBP : – IBP : 98/49 (66) mm CVP : –

Infusion of any Inotropes? : (Yes) No - If yes, then details : Adrenaline - 0.3mcg/kg/min

Noradrenaline - 0.4mcg/kg/min 3 lines - 0.5 ml/kg/hr

Any Other Infusions : –

Last 2D Echo Findings : Dyn. collapse, Biventricular function is good

Size of the heart and lung fields in latest CXR : heart

Arterial line in Situ : (Yes) No Place of art. line & its condition : [redacted] Radial artery

Central line in Situ : (Yes) No Place of central line & its condition : Rt. femoral vein 3 lumen

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) : Rx meropenem

Ongoing Antibiotics : Rx Polymyxin-B

.....

Abdominal Exam : distended. free fluid (+)

Guarding (+) Rebo peritoneum

ENT Exam : (N)

Central Nervous System :

Level of Consciousness : A(V)PU / GCS score : Grimaces to pain

Neurological Findings : E2 V2 M4

Bilateral Pupils Equal and Reactive to light

ORS-12-D:Cb G2-D:Rb.

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

q Pons bleed. Left high parietal

Sub arachnoid hemorrhage

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

a. Nutritional Screening Criteria: Screening is ☐ Positive ☑ Negative

☐ Diabetes Mellitus ☐ Needs Therapeutic Diet. ☐ Diarrhoea > 4days ☐ Food Allergy
☐ Overweight ☐ Psychological Eating Disorder ☐ Major Surgery ☐ Patient in ICU
☐ Under Weight ☐ Difficulty swallowing / Chewing ☐ Hyperemesis gravidarum ☐ Tube Feeding
☐ Poor Appetite > 3days ☐ Unplanned Change in Weight

b. Psychological Screening Criteria: Screening is ☐ Positive ☑ Negative

☐ Non-compliance to offered treatment Over weight ☐ Suspected Drug Abuse
☐ Emotional / Behavioural Problem (Tearful, uncooperative)

c. Functional Screening Criteria: Screening is ☐ Positive ☑ Negative

☐ Patient cannot position himself in bed ☐ Change in Muscle Power
☐ Restricted ROM ☐ Impaired Daily Living Activities

d: Socio-economic Screening Criteria: Screening is ☐ Positive ☑ Negative

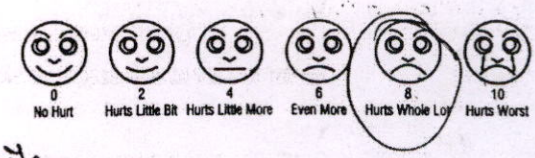
☐ Living alone ☐ Suspected abuse or neglect
☐ Cultural or religious background that would need to know for the plan of care ☐ Unable to assess due to lack of family

e. Need for Interpretar Screening is ☐ Yes ☑ No If Yes then plan .....

6. Patient needs additional specialized assessments: ☐ Yes ☑ No
If yes, Please fill Individualized Initial Assessments Form for Special Populations
Others .....

Pain Screening: 8/10.

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



Pain Score "Whenever Applicable"

Location: Diffuse abdominal pain

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 Paracetamol & Morphine

Nutritional Evaluation: well nourished.

Current Medications: antibiotics, 3/ns, Adraline
Noradrenaline

Provisional Diagnosis : Polytrauma / Traumatic aortic dissection / Left high parietal subarachnoid hemorrhage / Right femur fracture

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

☑ Reffered Patient - ☐ Self Referral - ☐ Rainbow Patient

Transferring Unit : ☐ Ward ☐ OT - Transported? ☑ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

Referring Consultant : .....

Admitting Consultant : Aspernotz

Indication for PICU referral : Mechanical Ventilation

PLAN OF CARE

Preventive aspects of the treatment : To prevent worsening Brain Injury / Hypotension

Desired goals of the treatment : Normotension, Hemodynamic Stability

PLANNED INVESTIGATIONS	PLANNED MANAGEMENT
- CBP	- Dr Meropenem
- PT-INR	- Dr Navipill
- APTT	- Dr Esomeprazole
- Amylase	- Dr Adrenaline
- Lipase	- Dr Nomarculine
- ABG	- Dr Morphine
	- DNS.
	- 3% NS

Final Diagnosis: Polytrauma / Severe TBI / SAH / B/L Hemothorax

Doctor's Signature : Monesh

Name : Monesh

Date : 9/4/26

Time: 1.50pm

Consultant's Signature : [signature]

Name : Dr Anupam

Date : 9/4/26

Time: 2pm

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Dr. ANUPAMA Y

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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, hemofilteration 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 ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall 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: ..... Name of the Doctor: Dr. Anupama Date & Time: 9/4/26 1 pm

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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 : Dr. prathyusha

Date & Time: 4/5/26, 2pm

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Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 9:10 PM	C/D/W Dr Anupama	
	serum electrolytes informed.	plan.
	fever 99.6 at 7pm.	1. stop syp potclor.
		2. stop inj micafungin.
		Dr Mathan
		N.B. Soumyadip
10/5/26 100pm	C/D/W Dr Anupama	
	Issue	plan
	(1) One fever spikes 100 °F Now	(1) chest x ray, CUE, Procalcitonin, Amylase / lipase, S. Albumin — Now
	No Hemmbophebitis	
	(5) episodes of loose stools - morning	(2) CBP tomorrow morning
		(3) TO remove arterial line after morning CBP
		N.B. Soumyadip

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26. 8:30AM	CIS/B PICU fellow.	
	Dsis:- polytraumma	
	Aortic dissection	plan,
	s/p stent	1. continue cyclical feed 70 ml/hr
	Rt femur fracture s/p fixation	3hr on & 1hr off.
	pancreatic injury.	TPN 40ml/hr.
		2. plan to stop TPN today.
	on room Air	3. w/f fever spikes.
	Hemodynamically stable.	4. Gastro Dr prashanth consultation } today
	Yesterday night & today morning	USG abdomen
	prazosin not given.	5. Diet as per Dietician
	Yesterday Amlodipine not given	6. Trace cultures.
	one fever spike at 9pm 100°F	7. Measure NIBP before
	on cyclical feeds 70ml/hr	every anti HTN medication
	3hr on 1hr off	dose give only if BP>120/80mmHg
	TPN - 40ml/hr	
		8. PRBC transfusion now.
	7 loose stools in last 24hrs	9. Trace CUE.
	type 6 volume ~~450gm~~ 450gm.	
	Inj ceftazidime } D7	
	avibactem }	
	azetreonam }	Dr mathew 11/5/26 8:30AM.
	Tab linezolid - D4.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	NUTRITION REVIEW	
9am		STOOL PASSED = 7 | Bristol-6
	PBW: 40 kg (10th Centile)	Hb: 6.7 WBC: 8010 Plt: 1.36L
	REE: 1351 KCal/d	Na: 140 K: 4 Cl: 108
	Fluids: 1900 ml/d	U: 41 C: 0.7 Alb: 2.3 Amy: 150 Lip - 539
TPN:	Oliclinomel N4 550 E	EN: NG Cyclical Feeds
	(Baxter) Bag checked 1000ml	Peptamen junior
	Bag with 750 mOsm/L	C1:40 ND dilution
	Current Rate of flow = 40 ml/hr	70 ml/hr (3 hron 1 hroff)
	Recall vol = 880 ml/d	Recall vol = 1275 ml/d
	MACROS (RECALL)	

	Oliclinomel N4	TPN Recall 880 ml/d	EN Recall 32 scoops/d	Total	per kg/d	
Cal	610 ✓	536.8	1168	1704.8	42.6	
Prt	22	19.3	32	51.3	1.28 ✓	
Carbs	80	70.4	163.2	233.6	5.84	
Fat	20	17.6	41.6	59.2	1.48	RDA
Na	21	18.4	30	48.4	1.21	(2-5)
K	16	14	34.8	48.8	1.2	(2-4)
Ca	2	1.76	57.6	59.3	1.48	(1-2)
Mg	2.2	1.93	10.5	12.4	0.31	(0.25-0.5)
Pb	8.5	7.48	38.4	45.8	1.14	(0.5-1)
Cl	33	29	24	53	1.32	(2-6)

GIR: 4
NPN: [1:178]

Present Rate of flow =
TPN - 40ml/kg, EN - 70ml/hr

Dietitian Monisha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9:30 AM	NUTRITION REVIEW	
		URRA - 41 / AMYCA - 150 / Hb - 7.4
	PBW: 40g	Crt - 0.7 / URAN - 535
	RDA: 2410 kcal	S.cals - 2.3
	STRESS FACTOR: 1.2 to 1.2 (MILD)	Na - 140 / K - 4.0 / Cl - 108
	1.2 to 1.5 (MODERN)	
	1.5 to 2 (SEVM)	
	IF CONSIDER 1.2 stress fed	
	~ 2892 kcal	
		PLAN
	FLUID GOAL = 1900 ml/d	100ml cyclic fed.
	~ 100ml cyclic fed	1 scoop / 37ml DILUTION.
	(1 scoop / 37ml DILUTION)	~ 48 to 49 scoops/d.
	(TODAY)	~ 1728 kcal.
		~ 1.2g pt/kg
		BROWN
		9:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26. 10AM.	C/S/B Dr Anupama.	
	Δ Sd:- polytraema	
	Aortic dissection s/p stent.	
	Rt femur fracture	
	s/p fixation.	plan
	pancreatic injury.	1. USG abdomen } today
		USG chest screening } Dr Nitin sir.
	on room air.	2. Trace cultures < pus, blood, stool
	Hemodynamically stable.	3. Chase to oral voriconazole.
	one fever spike at 9pm 100°f.	4. Gastro consultation
		Dr prashanth sir.
	7 loose stools type 6	5. De escate to inj piptaz
	volume 450 gm.	oral levofloxacin
	on cyclical feeds 70ml/hr	oral voriconazole. based on culture reports.
	3hr on 1hr off	6. Stop prazosin
	TPN - 40ml/hr.	Continue amlodipine BD.
	amylase - 150 ↓	7. Serum electrolyte evening
	Lipase - 539 ↓	8. Make clonazepam on f/b stop 3 days after
		clonidine BD.

N.B. Raj

11/5/26 10am

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 4pm	S/B Dr. Anupama A: polytrauma Aortic dissection s/p stent Right femur fracture s/p fixation pancreatic injury 4 stools since evening - small taking orally on Room air SpO2 - 100 % @ room air HR - 120/min RR - 20/min Child comfortable RS - B/L AE (+)	Plan: (1) plan to stop ceftazidime Avibactam Aztreonam tomorrow (2) to change to piperacillin-tazobactam tomorrow (3) continue clinical feeds. 85ml/hr 3hours on 1hour off (4) cont. medn as per chart (5) Send S. Electrolytes now S. triglycerides (6) CBP tomorrow (7) if any loose stools. to inform. N.B. Roy Madhu

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 8pm	S/B Picu team A: polytrauma Aortic Dissection Right femur fracture S/p fixation pancreatic injury 1 fever spike - 10GF Vitals stable taking orally O/E. HR-100 RTR-135/min BP-113/81 (93) stools - small quantity - 4-5 times semi solid	plan: (1) cont. same mediations as per chart (2) w/f fevers. (3) to inform if any fever/loose stools (4) continue cyclical feeds 85ml/hr 3hours on 1hour off (5) CBP tomorrow (6) plan to deescate Abtibiotics to piptaz.

Madhu

Sowmya

M. BY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 8pm	D/W Dr. Anupama	
		Plan.
	informed labs.	(1) to give levolin nebulisations - (3) back to back now
	Ht - 5.3	
	fever spike (+)	(2) to give levolin nebulisation at 9pm and 10pm.
		(3) to give Insulin Dextrose - 4 IU in 200ml of 10% Dextrose over 3hrs.
		(4) if fever spikes → inform
		(5) w/f loose stools
		(6) to make Tab. Nodosis 500mg → 2tab - 1tab - 1tab
		(7) to Repeat LBP, RP2], tomorrow at 6AM
		(8) to repeat Serum. Electrolytes at 11:20pm by pick nurse (freeflow)
		N.B. Soumyadip Madhu K.Sathya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 5pm	SIB Resident	
		plan
		① cont
	no fever	ceftazidine - Aibactam] - PICC line
	vitals stable	Aztreonam]
		② to send
		CBP] - from Nicclina
		PP2
		S-Albumin]
		③ to be done by
		PICU Shift incharge
		Madhavi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8AM	CISIB PICU fellow.	
	Asis:- polytrauma	
	Aortic dissection	plan
	S/p stent	1. plan to stop ceftazide, avibactem &
	Rt femur fracture	azetreonam today.
	S/p fixation	
	pancreatic injury.	2. plan to deescalate antibiotics
		to piperacillin, tazobactem.
	on room Air	3. continue cyclical feeds 85ml/hr
	Hemodynamically stable.	3hr on & 1hr off.
	one fever spike 100°f at 8pm.	
		4. w/f fever spikes.
	8 loose stools small quantity	
	type volume 270ml.	5. Monitor loose stools.
	on cyclical feeds 85ml/hr	6. encourage oral intake.
	3h on	
	1h off.	
	Inj ceftazide } D8	
	avibactem }	
	azetreonam }	
		Dr Mathew.
	tab linezolid — D5	
	tab voriconazole — D2	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8:40am	NUTRITION REVIEW	
		STOOL PASSED = 9 / B-5, 6
	PBW: 40 kg (10th Centile)	
	REE: 1351 kCal/d	Hb: 8.7 WBC: 10.5
	Fluids: 1900 ml/d	Plt: 1.5 Na: 137 K: 3.8
		Cl: 101 Alb: 2.5
	NG Cyclical Feeds	
	Peptamen junior	
	(1:40 ml) dilution	Recall vol = 1340 ml/d
	85 ml/hr (3hr on 1hr off)	
	MACROS (RECALL)	

		E	P	C	F
Peptamen jr	33.5 scoops/d	1222.7	33.5	170.8	43.5
Rice water	40ml	25.2	0.52	4.8	0.36
Clear chicken soup	40ml	16.4	2.5	0	0.36
Curd rice	10 spoons	70	2.3	11.4	2.0
Egg whites	2	36	7.2	0	0
Total		1370.3	46	187	46.2
Per kg/d		34.2	1.1	4.6	1.15

NPN : [1:159]

~~Change~~ Cangrio TREPIN BLD c Pep Jr feed)

Change dilution to 1 scoop/35ml ~ 1530 ml/d (85ml cycle)

120ml SECOND HOUR fem feed

8am-8pm = ORAL

8m-8m = cycle in Dietitian Mounice

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OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26. 10:10 AM	CS/B Dr Anupama.	
	Asis:- polytraema	
	Aortic dissection s/p stent	plan.
	Rt femur fracture s/p fixation	1. Neuro consultation today.
	pancreatic injury.	
		2. Dr Nitya mam consultation. (psychiatry)
	on room Air.	
	Hemodynamically stable.	3. stop ceftazidime, avibactam, azetreonam } after afternoon dose
	one fever spike 100°F at 8pm yesterday.	Add oral levofloxacin.
		4. keep discharge summary Ready.
	on cyclical feeds - 85ml/hr 3hr on 1hr off.	5. Tab protectiris 1tab/po/BD D/w Dr hema
	Oral intake improved.	6. Chest x-ray in sitting posture T/m - morning
		6. plan discharge tomorrow, 85 ml/hr 3hr on 1hr off
		7 cyclical feeds 1scoop : 35ml
		8. Arrange air bed, pulsue oxygen infusion pump.
		9. Dr venkat ortho consultation.
		10. send file for discharge by 10 pm
		11. stop zinc
		12. stop Domperidone

Dr. Anupama 12/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Anupama.	
12/8/26 6pm	Δ: Polytrauma / Aortic dissection / s/p stent / Rt femur fracture s/p fixation.	Plan:-
		① Keep pulse oximetry, BP machine
		② CXR t/m sitting position.
	Child on room air.	
	No fever spikes.	③ BLS training.
	SpO2: 99% PR: 80/min	
	RR: 24/min BP:	④ Cyclical feed to continue
	Chest: B/L clear	
	CVS: S_1S_2 ⊕.	⑤ Ord Levoflox.
	No murmur.	Ord Voriconcule.
	PA: soft. NT.	
		⑥ Discharge t/m.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

Doctor Name : Dr. NITHYA. N Date : 12/5/26 Time : 4:40pm

Diagnosis : Accidental Injury & psychiatric symptoms in partial remission

Hospital : RCH.

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

C/S/13. Psychiatrist

According to parents - occasional irrelevant talk.
- Maintaining well. otherwise
~~Not~~ speaking in low voice
Sleep - disturbed due to repeated passing of stools & discomfort due to diaper rash.
No other complaints

Consultant :

Name : Dr. NITHYA. N. Signature : Dr. Nithya Date & Time : 12/5/26 4:40pm

O/E

— Child sleeping

MSE could not performed

Rx

Parents counselled

follow up in OPD / online consult after 2 weeks.

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RESULT SHEET

Date	12/5/26					
Time	@ 6AM					
Hb	8.7↑					
PCV	27.8					
RBC	3.16					
WBC	10.51					
N/L	81/8.5					
Platelets	1,54000					
CRP						
ESR						
PCT						
RBS						
Na	137					
K	3.8					
Cl	101					
Ca/Mg						
Phosphate						
Urea	25					
Creatinine	0.6					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin	2.5					
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
Bicarbonate	27					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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RESULT SHEET

Date	10/05/26	10/5/26	10/5/26	11/5/26	11/5/26	12/5/26
Time	6AM	8:30pm	1000pm	600AM	5pm	12:00 AM
Hb	7.4 ↓			6.7 ↓		
PCV	24.4			22.4		
RBC	2.79			2.54		
WBC	7370 ↓			8010		
N/L	85/9			83/9.6		
Platelets	1.23L ↑			1.36 ↑		
CRP						
ESR						
PCT			1.19 ↓			
RBS						
Na	143	140			139	140
K	3.4 ↑	4.0 ↑			5.3	4.4
Cl	107	108			101	106
Ca/Mg						
Phosphate						
Urea	41 ↓					
Creatinine	0.7 ↓					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin			2.3 ~			
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase			150 ↓			
Sr.Lipase			539 ↓			
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells				Triglycerides - 270		
~~Na~~ Bicarb	27					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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RESULT SHEET

Date	06/05/26	7/5/26	8/5/26	8/5/26	8/5/26	9/5/26
Time	7:30pm	7AM	2Am	6Am	5pm	10AM
Hb	8.5 ↑	7.9	8.1			
PCV	26.1	24.8	25.3			
RBC	3.12	2.90	2.94			
WBC	10140 ↓	9200	7890 ↓			
N/L	91/5	89/7	89/7			
Platelets	90000 ↑	99000	96000 ↓			
CRP			(1.2 lakh)			
ESR						
PCT						
RBS						
Na	152 ↑	152		145	146	143
K	(2.8) ↓	(3.1)		(2.7)	2.9	3.1
Cl	123 ↓	123		115	113	109
Ca/Mg						
Phosphate	3.4					
Urea				78 ↓		
Creatinine				0.8 ↓		
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin		2.4		2.3		
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR			15/1.1			
APTT			67			
CSF Protein / Sugar						
Cells Amylase				213 ↓		
N/L Bicarbonate				19		
				1117 ↓		

Date	6/5/26					
Time	8 pm					
CUE - Alb	Trace					
CUE - Sugar	NAI					
CUE - Ketones	Negative					
CUE - PUS Cells	2 to 3					
CUE - RBC Cells	10 to 12					
CUE						
Hemolyzed blood	2+					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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RESULT SHEET

Date	3/5/26	4/5/26	4/5/26	5/5/26	5/5/26	6/5/26
Time	8PM	6AM	12pm	600AM	7pm	6AM
Hb		8.6		8.6		8.2
PCV		27.4		27.3		25.6
RBC		3.19		3.20		3
WBC		17020 ↑		14030 ↓		11,150
N/L		91/4.6		93/3.6		90.4/5.5
Platelets		1.25 lakh ↓		1 lakh ↓		87,000
CRP				(1.26 lakh)		(1,02000)
ESR						normal
[redacted]			4.80 ↕	3.59 ↓		
RBS						
Na	149	149		152	151	151
K	(3.2)	3.8		3.3	3.4	3
Cl	121	124		126	124	124
Ca/Mg	(7.1)/			7.0/		
Phosphate	corr 8.4			5.4		
Urea		166 ↓		146 ↓		121 ↓
Creatinine		1.4 ↓		1.2 ↓		1.1 ↓
ALP				187		
SGPT				51 ~		
SGOT				41 ~		
T.Bill/Conj				1.7/1.3		
[redacted].Protein				4.7		
S.Albumin				2.4 ~		
S.Globulin				2.3		
A/G Ratio				1.1		
Uric Acid				4.9		
S.Amylase				738 ↑		
Sr.Lipase						1992
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L Bicarbo						12

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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RESULT SHEET

Date	1/5/26	2/5/26	2/5/26	3/5/26	3/5/26	3/5/26
Time	7AM	4:30AM	8pm	4AM	3pm	3pm
Hb		8.7				
PCV		27.2				
RBC		3.22				
WBC		15560				
N/L		87/5				
Platelets		1.70 lakh				
CRP						
ESR						
PCT				6.20		
RBS						
Na	142 ↑	146 ↑	144	145		
K	3.5 ↑	3.5 ↑	3.4	3.1 ↓		
Cl	112	114 ↑	116	117 ↑		
Ca/Mg					~~1.6~~	- / (1.5)
Phosphate						5.2
Urea	127 ↓	182 ↑	181	183 ↑		
Creatinine	1.3 ↓	1.6 ↑		1.7 ↑		
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin	(2.4)			2.6		
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase			166			
Sr.Lipase			737 ↑			
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Bicarbonate 22 21

Date	1|5|26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell	3 to 4					
OVA / Cyst	NIL					
Occult Blood	NIL					
Yeast cells	+++					

Culture and Sensitivities : 1\|5\|26 stool for c. difficile - Negative

2\|5\|26 stool for culture -

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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RESULT SHEET

Date	29/4/26	29/4/26	29/4/26	30/4/26	30/4/26	3d/4/26
Time	6 Am	12pm	11pm	4 am	4pm	11:50 PM
Hb	7.7	8.4		7.9		
PCV	23.2	25.2		24		
RBC	2.82	3.02		2.89		
WBC	12720 ↑	16360 ↑		14190		
N/L	89/4	89/9		89/4		
Platelets	1.68 lakhs	1.79 L		1.79 L		
CRP						
ESR						
[redacted]						
RBS						
Na	138	137		138		
K	3.2	3.4	3.3 ↓	3.1 ↓		
Cl	107	107		104		
Ca/Mg		1.9				
Phosphate		4.5				4.1
Urea	115 ↑			188 ↑		
Creatinine	1.7 ↑			2.2 ↑		
ALP					185 ↓	
SGPT					45 ↓	
SGOT					40 ↓	
[redacted] T.Bill/Conj					1.1/0.6 ↓	
T.Protein					5.1	
S.Albumin					2.4	
S.Globulin					2.7	
A/G Ratio					0.8	
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Docu. No. : RCHBH /FRM / CLINICAL / 0138

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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RESULT SHEET

Date	26/04/26	26/4	27/4	27/4	28/04	28/4/26
Time	5AM	8PM	10AM	9PM	4:39AM	
Hb	7.2	7.0	6.7		7.7	
PCV	22.6		19.5		22.7	
RBC	2.63		2.39		2.81	
WBC	11,280		8800		10,270	
N/L	83/17		77/16		83.8/8.6	
Platelets	5,62,000		2.08L		1,49,000	
CRP						
ESR						
PCT					6.71	
RBS						
Na	135			139	139	
K	3.6			3.1	3.2	
Cl	101			110	108	
Ca/Mg	7.6			1.4		
Phosphate	4.5			2.0		
Urea	17L				42 ↓	
Creatinine	4.0				0.9 ↓	
ALP	208					
SGPT	60					
SGOT	48					
T.Bill/Conj	1.4 < 0.9 / 0.5					
T.Protein	5.1					
S.Albumin	2.5		1.9			2.1
S.Globulin	2.6					
A/G Ratio	0.9					
Uric Acid	4.6					
S.Amylase	143					
Sr.Lipase	321					
Blood Lactate						
S.Cholesterol	50					
PT/INR	20/1.5				16/1.2	
APTT	31.85				48	
CSF Protein / Sugar						
Cells						
~~N/L~~ Bicarb					26	

Date	28/4/26	29/4/26				
Time	11 Am					
CUE - Alb	Trace					
CUE - Sugar	NIL					
CUE - Ketones	Negative					
CUE - PUS Cells	6 to 8					
CUE - RBC Cells	80–100					
CUE						
Non hemolyzed blood	3+.					
Casts	granular cast present.					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
28/4/26						
Ascitic fluid						
cell count	650 cells/cm³					
Protein.	2.5g					
Sugar	80.					
Polymorphs	70%					
Lymphocytes	30%					

Culture and Sensitivities : 26/4/26 pleural fluid lipase - 59

protein - 2.3

sugar - 98.

cell count - 13 cells

93% lymphocytes

7% polymorphs

Radiology : USG :

X-Ray : Ascitic fluid

ECHO : Amylase - 56

CT : Lipase - 149

MRI

Others (ECG, Contrast Studies etc.,) :

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 17 D (M)
Dr. ANUPAMA Y

Rainbow® Children's Hospital
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RESULT SHEET

Date		23/4/20.	24/04/26	24/4	25/4	25/4
Time		3:30pm	6:30AM	10PM	6am	10pm
Hb			8.3			
PCV			25.7			
RBC			3.04			
WBC			15000			
N/L			90/6.			
Platelets			3.16L			
CRP						
ESR						
PCT		6.99				
RBS						
Na		133	132↓	131	131	134
K		3.1	3.7	4.2	4.0	3.6
Cl		104.	101	101	99	101
Ca/Mg			7.0			
Phosphate		1.6.	3.5			
Urea			92		139 ↑	
Creatinine			2.3		3.3 ↑	
ALP			263			
SGPT			121			
SGOT			78			
T.Bill/Conj			↑ 1.4 \ 0.8 \ 0.6			
T.Protein			6.8			
S.Albumin			2.2			
S.Globulin			2.6			
A/G Ratio			2.6			
Uric Acid			2.1			
S.Amylase			167 ↑			
Sr.Lipase						
Blood Lactate						
S.Cholesterol			50			
PT/INR			18/1.4			
APTT			49			
CSF Protein / Sugar						
Cells						
N/L						

Bicarbonate

Date	24/4/26					
Time						
CUE - Alb	+					
CUE - Sugar	Nil					
CUE - Ketones						
CUE - PUS Cells	2-3					
CUE - RBC Cells	80-100					
CUE	4-6EC					
	non-hemolyzed					
	3+					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	26/4/26					
	pleural fluid → lipase - 59					
	protein - 2.3					
	Sugar - 98					

Culture and Sensitivities : ..... serum lipase -

..... 26/4. pleural fluid - cells- RBC - 5600 cell/mm³

..... WBC - 13 cells / mm³

..... cell type - lymphocyte - 93%.

Radiology : USG : ..... polymorph - 7%.

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 14 D (M)
Dr. ANUPAMA Y

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RESULT SHEET

Date	20/1/26	20/1/26	21/4/26	22/4/26	22/4/26	23/4/26
Time		10:00 AM	6AM	12AM	6am	4am
Hb	9.1		9.9		9.3	8.8 ↓
PCV	28.6		31.0		28.4	27.9
RBC	3.39		3.65		3.35	3.27
WBC	8140 ↑		13240		15,110 ↑	16560
N/L	81.4/10.2		86.1/8.3		90.4/5.6	90.9/5.3
Platelets	73K ↓ (90,000)		1.33Lac		1.95lakh ↑	2.54 ↑
CRP						
ESR						
PCT						
RBS						
Na			132	131		135
K			2.8	3.0		3.3
Cl			108	101		103
Ca/Mg						
Phosphate						
Urea				56 ↑		
Creatinine				1.1 ↑		
ALP						
SGPT						
SGOT						
T.Bill/Conj		0.7/0.1 ↓				
T.Protein						
S.Albumin		2.4 ↑				2.2 ↓
S.Globulin						100ml 20% Albumin
A/G Ratio						
Uric Acid						
S.Amylase		147 ↑				
Sr.Lipase		905 ↓				
Blood Lactate						
S.Cholesterol						
PT/INR		22/1.7 ↑				
APTT		49				
CSF Protein / Sugar						
Cells						
N/L				26	9738	

CPR.

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 11 D (M)
Dr. ANUPAMA Y

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RESULT SHEET

Date	~~17/04/26~~	17/4	17/4/26	17/4/26	18/4/26	19/04/26
Time	~~3:07~~ AM	5AM	12pm	4pm	4.45Am	
Hb		9.5		9.6	8.5	9.0
PCV		28.5		29.3	25.6	28.1
RBC		3.50		3.52	3.06	3.29
WBC		12860		12,410	8,450	7010
N/L		88/8		89.7/6.7	80.1/13.3	74.4/15.8
Platelets		69000		80,000↑	69,000	85,000
CRP		(84,000)			(1,02,000)	
ESR						
PCT						5.50
RBS						
Na	142	142		142	141	
K	2.7	3.0		3.3	2.7	
Cl	112	111		112	111	
Ca/Mg					9.5	
Phosphate			1.2		1.1	
Urea					22	
Creatinine					0.6	
ALP					168	
SGPT					458↓	
SGOT					650↓	
T.Bill/Conj					1.8/0.6	
T.Protein					4.6	
S.Albumin		2.5			2.3↓	
S.Globulin					2.3	
A/G Ratio						
Uric Acid					0.5	
S.Amylase					72	
Sr.Lipase						
Blood Lactate						
S.Cholesterol					50	
PT/INR			20/1.5			
APTT			41			
CSF Protein / Sugar						
Cells						
N/L						

CPK: 19,277

(P.T.

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

NEW DRUG CHART.
G1 Bleed on 26/4/26
All Enteral Drugs WITHHELD

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40kg Ward .....

DRUG : INJ. POLYMYXIN-B

Dose	Route	Frequency	Start Dt.
5lakhiu	1/v	BD	12/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions: D14(26/4/26)

Date/Time: 26/4 27/4 28/4 29/4 30/4 1/5 2/5

6 Am

6 pm

Stop Dr pratyusha 2/5/26. 3pm

Daily Doctor's Endorsement by a Sign

DRUG : INJ. MINOCYCLINE

Dose	Route	Frequency	Start Dt.
200mg	1/v	BD	22/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions: D6(26/4/26) 12 days of Tigecycline + minocycline

Date/Time: 26/4 27/4 28/4 29/4 30/4 1/5 2/5 3/5

6 Am

6 pm

Stop Dr KS Ahmed 3/5/26

Daily Doctor's Endorsement by a Sign

DRUG : INJ. MICAFUNGIN

Dose	Route	Frequency	Start Dt.
100mg	1/v	QD	23/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Date/Time: 26/4 27/4 28/4 29/4 30/4 1/5 2/5 3/4 4/5 5/4 6/5 7/5 8/5 09/5

10 pm

Stop 10/5/26 Dr Mathew

Daily Doctor's Endorsement by a Sign

DRUG : INJ. LEVETIRACETAM

Dose	Route	Frequency	Start Dt.
800mg	1/v	BD	9/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Date/Time: 26/4 27/4 28/4 29/4 30/4 1/5 2/5 3/5 4/5

10 Am

10 pm

Change to Oral 4/5/26 Dr Mathew

Daily Doctor's Endorsement by a Sign

VERIFIED 20

VERIFIED 20

VERIFIED 10

VERIFIED 20

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...40kg... Ward .....

DRUG : INJ- TEICOPLANIN

Dose	Route	Frequency	Start Dt.
400mg	I/V	OD	26/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/4	27/4	28/4	29/4	30/4
3 PM					

DRUG : CAP- RIFAMPICIN

Dose	Route	Frequency	Start Dt.
400mg	P/O	OD	25/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions: 1cap (300mg) mix 2cap in 10ml water & give 6.6ml

Daily Doctor's Endorsement by a Sign

Date / Time	26/4	27/4	28/4	29/4	30/4
2 PM					

DRUG : NEBC BUDESAL

Dose	Route	Frequency	Start Dt.
1 resp	NEB	8 Hrly	25/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/4	27/4	28/4	29/4	30/4	1/05	2/05	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/05
6 Am																	
2 PM																	
10 PM																	

DRUG : INJ- LASIX

Dose	Route	Frequency	Start Dt.
40mg	I/V	TID	25/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/4
6 Am	
2 PM	
10 PM	

Stop
Dr. K.R. Thyc
26/4/26

VERIFIED

VERIFIED Signature

VERIFIED BY Name

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : SYRUP SUCRALFATE

Dose	Route	Frequency	Start Dt.
10 ml	NG	TID	26/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 26/4 27/4 28/4 29/4 30/4 1/05 2/5

change to BD
Dr. pratyusha
2/5/26.

DRUG : INJ. AUGMENTIN

Dose	Route	Frequency	Start Dt.
500mg	IV	OD	27/04/26

Name & Signature of the Doctor Starting the Drugs: T. Pavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 27/4 28/4 29/4 30/4

Stop
Dr. [illegible]
30/4/26.

DRUG : Tab. AMLODEPINE

Dose	Route	Frequency	Start Dt.
2.5mg	POG	BD	29/4/26

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

Additional Instructions: If BP > 126/80 mm Hg.

Daily Doctor's Endorsement by a Sign

Date/Time: 29/4 30/4 1/05 2/5 3/5

change dose
Dr. pratyusha
31/5/26.

DRUG : Tab. PRAZOSIN

Dose	Route	Frequency	Start Dt.
2.5mg	POG	BD	29/4/26

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

Additional Instructions: If BP > 126/80 mm Hg

Daily Doctor's Endorsement by a Sign

Date/Time: 29/4 30/4 1/5

Change freq
Dr. [illegible]
1/5/26

VERIFIED

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 22 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : INJ ODT IN EURON

Dose	Route	Frequency	Start Dt.
1V		OD	29/4

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
3ml + 7ml NS

Daily Doctor's Endorsement by a Sign

Date/Time: 29/4 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5

2PM

VERIFIED

DRUG : TAB. RIBOFLAVIN

Dose	Route	Frequency	Start Dt.
10mg	PO	OD	29/4

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 29/4 30/4 1/5 2/5 3/5

3PM

STOP Dr. Prasanna 4/5/26 10am

VERIFIED

DRUG : CANDID MOUTH PAIN

Dose	Route	Frequency	Start Dt.
	PO	TID	29/4

Name & Signature of the Doctor Starting the Drugs:
Dr Mathesan

Additional Instructions:
MOUTH APPLICATION

Daily Doctor's Endorsement by a Sign

Date/Time: 29/4 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5

6AM 2PM 10PM

VERIFIED

DRUG : VITAMIN - D

Dose	Route	Frequency	Start Dt.
60K IU	P/O	ONCE A WEEK	29/4/26

Name & Signature of the Doctor Starting the Drugs:
Madhusri

Additional Instructions:
60,000 IU ONCE A WEEK

Daily Doctor's Endorsement by a Sign

Date/Time: 29/4 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5

10PM

VERIFIED

(P.T.O)

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 24 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : TAB PARACETAMOL

Dose	Route	Frequency	Start Dt.
500mg	PO	6th hourly	30/4

Name & Signature of the Doctor Starting the Drugs: Dr mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5

6AM 12PM 6PM 9PM

DRUG : INJ. RANOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	BD	30/4

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5

6AM 6PM

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1 SACHET	NG	BD	1/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 1/5

6AM 6PM

DRUG : PRAG SACHET

Dose	Route	Frequency	Start Dt.
1 SACHET	NG	BD	1/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 1/5 8/5 3/5 4/5 5/5

10AM 10PM

stop 6/5/26 Dr mathew

VERIFIED VERIFIED VERIFIED VERIFIED BY: Name

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 25 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...40.... Ward .....

DRUG : RACECADOTRIL SACHET

Dose	Route	Frequency	Start Dt.
3 sachets	PO	BD	1/5/26

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions: 1 sachet = ~~10mg~~ 10 mg

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 8/5

10 am — Bhanu Prakash

10 pm — Manoj Palash Prakash

change dose Dr. Pradyumna 21/5/26

DRUG : SYP. MELATONIN

Dose	Route	Frequency	Start Dt.
5ml	PO	HS	1/5

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions: 3mg = 5ml

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 2/5 3/5 4/5 5/5 6/5 7/5

10pm — Manoj Palash Prakash Suma Bhanu Prakash Roy

DRUG : Tab. CLONAZEPAM

Dose	Route	Frequency	Start Dt.
½ tab	PO	TID	1/5

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions: 1 tab = 0.25mg
0.01 mg/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5

6 am X — Manoj Palash Prakash Suma Bhanu Prakash Roy

2 pm X — Bhanu Prakash Ashwini Roy

10 pm — Subrata Prakash Suma Bhanu Prakash Roy

DRUG : Tab. PRAZOSIN

Dose	Route	Frequency	Start Dt.
2.5mg	PO	TID	1/5

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions: if BP > 126/80 mmHg.

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5

6 am — N.G Aruna Manoj Palash Prakash Suma Bhanu Prakash Roy

2 pm — Bhanu Prakash Ashwini Roy

10 pm — Manoj Palash Prakash Subrata Bhanu Prakash Roy

stop 11/5/26 Dr Pradyumna

VERIFIED VERIFIED VERIFIED VERIFIED

VERIFIED BY : Name Signature

00209536 IP5-00172745
ster BHANU PRAKASH YASHWIN
6-06-2012 13 Y 10 M 25 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : Tab · METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400mg	PO	TID	1/5

Name & Signature of the Doctor Starting the Drugs: K-Sathya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1/2 sachet	PO	BD	1/5

Name & Signature of the Doctor Starting the Drugs: K-Sathya

Additional Instructions:

Stop 6/5/26 Dr notified

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 2/5 3/5 4/5 5/5 6/5

DRUG : Tab. ZINC

Dose	Route	Frequency	Start Dt.
1 tab	P/O	OD	1/5/26

Name & Signature of the Doctor Starting the Drugs: Mahesh.

Additional Instructions: (1 tab - 20 mg)

Stop 2 days 2/5/26

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5 09/5 10/5 11/5 12/5

DRUG : Tab · CLONIDINE

Dose	Route	Frequency	Start Dt.
100mcg	IV	TID	2/5

Name & Signature of the Doctor Starting the Drugs: K-Sathya.

Additional Instructions: 2.5mcs/kg/dose

Clear discharge 11/5/26 Dr notified

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5

VERIFIED VERIFIED BY : Name ..... Signature

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 25 D (M)
Dr. ANUPAMA Y

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Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

DRUG : Cap CREON

Dose	Route	Frequency	Start Dt.
1 capsule	PO	TID	2/5

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions: Give C food.

Date / Time	2/5	3/5	4/5	5/5	6/5
6 pm	X	Tamil	Tm	Sub	Roy
2 pm	X	Bush	Ashwa		
10 pm	6 pm	Bush	Sub	Roy	

Chase dosage 6/5/26 Dr Mathew

Daily Doctor's Endorsement by a Sign

DRUG : Syp. SUCRALFATE

Dose	Route	Frequency	Start Dt.
10 ml	PO	BD	2/5/26

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

Additional Instructions:

Date / Time	2/5	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5
6 pm		Tm	Tm		Roy	Sub	Roy	Roy	Roy	Sumaiya Palash	Sumaiya Bhanu

Daily Doctor's Endorsement by a Sign

DRUG : Inj. PIPERACILLIN-TAZOBACTAM

Dose	Route	Frequency	Start Dt.
4 gm	IV	BD	2/5/26

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

Additional Instructions:

Date / Time	2/5	3/5	4/5
6 pm	X	Tm	Tm

stop 5/5/26 Dr Mathew

Daily Doctor's Endorsement by a Sign

DRUG : Syp. COGNI-PLUS

Dose	Route	Frequency	Start Dt.
5 ml	PO	BD	2/5/26

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

Additional Instructions:

Date / Time	2/5	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5
6 pm	X	Tm	Tm		Roy	Sub	Roy	Roy	Roy	Sumaiya Palash	Sumaiya Bhanu

Daily Doctor's Endorsement by a Sign

VERIFIED

VERIFIED

VERIFIED

VERIFIED

Signature .....

20

Docu. No. : RCHBH /FRM / CLINICAL / 108

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 25 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : Tab. SIZODON

Dose	Route	Frequency	Start Dt.
0.5mg	POG	OD	2/5/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 2/5 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5

DRUG : RACECADOTRIL CAPSULE

Dose	Route	Frequency	Start Dt.
½ cap	POG	BD	3/5/26

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

Additional Instructions: (1 cap = 100 mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 4/5 5/5 6/5 7/5 8/5

DRUG : Tab. AMLODEPINE

Dose	Route	Frequency	Start Dt.
5mg	PO	BD	3/5/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5

DRUG : SUCRAL ANO oint

Dose	Route	Frequency	Start Dt.
	4/A	QID	3/5

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN (M)
06-06-2012 13 Y 10 M 26 D
Dr. ANUPAMA Y

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Sheet I

REGULAR PRESCRIPTIONS

Weight 40kg Ward .....

DRUG : Neb c̄ 3% NS + adrenaline

Dose	Route	Frequency	Start Dt.
	Neb	TID	3/5

Name & Signature of the Doctor Starting the Drugs: K Sathya

Additional Instructions: 3% NS 3ml, adrenaline - 3ml

Date / Time	3/5	4/5	5/5	6/5	7/5	8/5
6 AM	X	Tarun Subrat	[illegible]	Raj	Sindh Subrat	
2pm	[illegible]	[illegible]	Ashma	[illegible]	[illegible]	
10 pm	Subrat	[illegible]	Raj	Sindh Subrat	[illegible]	
Daily Doctor's Endorsement by a Sign						

DRUG : SYP. CALCIMAX PLUS

Dose	Route	Frequency	Start Dt.
5ml	PO	TID	3/5

Name & Signature of the Doctor Starting the Drugs: K Sathya

Additional Instructions:

Date / Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5
6 AM	X	[illegible]	[illegible]	Raj	Sindh Subrat	Raj	Raj	Raj	Sumeer Palak	Sumeer Bhumesh
2pm	X	[illegible]	Ashma	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Raj	Raj
10 pm	Subrat	[illegible]	Raj	Sindh	Raj	Raj	Raj	[illegible]	[illegible]	Raj
Daily Doctor's Endorsement by a Sign										

DRUG : SYP LEVIPIL

Dose	Route	Frequency	Start Dt.
8ml	PO	BD	4/5

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions: 1ml/100 mg

Date / Time	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/05
10 AM	✓	Ashma	[illegible]	Sowmya Nitesh	Sowmya Subrata	[illegible]	[illegible]	Raj	Raj
10 pm	[illegible]	Raj	Sindh Subrat	Raj	Raj	Raj	[illegible]	[illegible]	Raj
Daily Doctor's Endorsement by a Sign									

DRUG : ~~SYP~~ TAB LINEZOLID

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	
Daily Doctor's Endorsement by a Sign	

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VERIFIED

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Sheet No: .....

REGULAR PRESCRIPTIONS

Dept. ..... Ward. .....

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DRUG : Tab DOMPERIDONE

Dose	Route	Frequency	Start Dt.
1Tab	P/O	BD	5/5/26

Name & Signature of the Doctor Starting the Drugs: Mathuri

Additional Instructions: (Tab-5mg)

Daily Doctor's Endorsement by a Sign

Date/Time	5/5	6/5	7/5	8/5	9/5	10/5	11/5
10 AM	X	Stop 12/5/26 Dr Mathuri					
10 PM							

DRUG : TAB NODOSIS

Dose	Route	Frequency	Start Dt.
500mg	PO	TID	6/5

Name & Signature of the Doctor Starting the Drugs: Dr Mathuri

Additional Instructions:
2 TAB — Morning
2 TAB — afternoon
1 TAB — Evening

Daily Doctor's Endorsement by a Sign

Date/Time	6/5	7/5	8/5	9/5	10/5
6AM	X				
2PM					
10PM					

Close dose 10/5/26 Dr Mathuri

DRUG : CREON CAPSULE

Dose	Route	Frequency	Start Dt.
20000 IU	PO	BD	6/5

Name & Signature of the Doctor Starting the Drugs: Dr Mathuri

Additional Instructions: 1 CAP / 10000

Daily Doctor's Endorsement by a Sign

Date/Time	6/5	7/5	8/5	9/5	10/5	11/5	12/5
6AM							
6PM							

DRUG : SYP POTCHLOR

Dose	Route	Frequency	Start Dt.
10ml	PO	BD	6/5

Name & Signature of the Doctor Starting the Drugs: Dr Mathuri

Additional Instructions: (26 mEq / day)

Daily Doctor's Endorsement by a Sign

Date/Time	7/5	8/5
11AM		
11PM		

Changing dose and frequency @ 8/5/26 7pm

Docu. No. : RCHBH /FRM / CLINICAL / 108

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S. ..... **REGULAR PRESCRIPTIONS** Dept. ..... Ward. .....

DRUG : TAB. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	OD	8/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	8/5	9/5	10/5	11/5	12/5
	8AM				
	GRBS Sugar Breakfast				
Daily Doctor's Endorsement by a Sign					

DRUG : ABC (LONAZEPAM)

Dose	Route	Frequency	Start Dt.
½ tab	PO	BD	8/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(Tab/0.25mg)

Date / Time	8/5	9/5	10/5	11/5
	8PM			
	8PM Sugar Breakfast			
Daily Doctor's Endorsement by a Sign				

Clear fluids, 11/5/26. at noon

DRUG : Syp. Melatonin

Dose	Route	Frequency	Start Dt.
10ml	PO	ONHS	8/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	8/5	9/5	10/5	11/5	12/5
	10PM				
Daily Doctor's Endorsement by a Sign					

DRUG : TAB MYDOZ

Dose	Route	Frequency	Start Dt.
(Tab)	PO	OD	8/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	8/5	9/5	10/5	11/5	12/5
	6PM				
Daily Doctor's Endorsement by a Sign					

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Sheet No: .....

REGULAR PRESCRIPTIONS

Dept. ..... Ward. .....

DRUG : INJ MEROPENAM

Dose	Route	Frequency	Start Dt.
1.2gm	IV	BD	5/5

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 5/5 — 10 Am — 10 Pm

DRUG : INJ LINEZOLID

Dose	Route	Frequency	Start Dt.
400mg	IV	TID	5/5

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ L-AMPHOTERICIN B

Dose	Route	Frequency	Start Dt.
200mg	IV	OD	5/5

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ LAMPHOTERICIN B

Dose	Route	Frequency	Start Dt.
150mg	IV	OD	5/6

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature .....

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Docu. No. : RCHBH /FRM / CLINICAL / 108

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REGULAR PRESCRIPTIONS

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DRUG: INJ-LINEZOLID

Dose	Route	Frequency	Start Dt.
600mg	IV	BD	5/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/5
1PM	
8PM	Ashwini
AM	
8PM	
PM	

VERIFIED Signature

DRUG: TAB. VITAMIN-C

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	5/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/5	6/5	7/5	8/5
12 PM				

VERIFIED BY : Name

DRUG: INJ. CEFTAZIDIME-AVIBACTAM

Dose	Route	Frequency	Start Dt.
2 grams	IV	TID	5/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Give along with Aztreonam
one hour

Daily Doctor's Endorsement by a Sign

Date/Time	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5
6 AM	X							
2 PM								
10 PM								

Stop 12/5/26 Dr notified

VERIFIED

DRUG: INJ AZTREONAM

Dose	Route	Frequency	Start Dt.
1.5 gram	IV	TID	5/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Give along with Ceftazi
one hour

Daily Doctor's Endorsement by a Sign

Date/Time	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5
6 AM	X							
2 PM								
10 PM								

Stop 12/5/26 Dr notified

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REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG: SYP. ZAC-D

Dose	Route	Frequency	Start Dt.
10ml	PO	OD	8/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/5	9/5	10/5	11/5
	12pm Sanjha Surekha	praveen	Roy	
	M	M	M	M

DRUG: TAB-LINEZOLID

Dose	Route	Frequency	Start Dt.
600mg	PO	BD	8/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

600mg-1 tab

Daily Doctor's Endorsement by a Sign

Date / Time	8/5	9/5	10/5	11/5	12/5
	6AM X	Roy	Roy S.P Palam	S.P Ramya	
	6PM Sanjha Surekha	Thrijith	Roy		
	M	M	M	M	M

DRUG: SYRUP. POTCHLOR

Dose	Route	Frequency	Start Dt.
12ml	P/O	TID	8/5/26

Name & Signature of the Doctor Starting the Drugs:

Madhavi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/5/26	9/5	10/5
	6AM 9:00 Sanjha Surekha	Roy	Roy
	2PM	praveen	
	10PM 7:00 PM Sanjha Surekha	Roy	

STOP 10/5/26 Dr Natheen.

DRUG: ~~TAB~~ NODOSIS

Dose	Route	Frequency	Start Dt.
500mg	PO	TID	10/5

Name & Signature of the Doctor Starting the Drugs:

Dr Natheen.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	10/5	11/5
6 Am	—	S.P Palam
2 Pm	Roy	Stop Warning done Madhavi 11/5/26
10 Pm	Sanjha Surekha	

VERIFIED BY : Name ..... Signature .....

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : TAB CLONAZEPAM

Dose	Route	Frequency	Start Dt.
1/2 TAB	PO	OD	11/5

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions: x3 days (1 TAB/0.25mg) f/b stop.

Date / Time	11/5	12/05
10pm	Raj	Raj
Daily Doctor's Endorsement by a Sign	M	

DRUG : TAB CLONIDINE

Dose	Route	Frequency	Start Dt.
100mg	PO	BD	11/5

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions:

Date / Time	11/5	12/05
10pm	Raj	Raj
Daily Doctor's Endorsement by a Sign	M	

DRUG : TAB VORICONAZOLE

Dose	Route	Frequency	Start Dt.
350mg	PO	BD	11/5

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

Additional Instructions: 1 TAB/200mg mix 2 TAB in 10ml water give 9ml.

Date / Time	11/5	12/05
10AM	2pm Raj	Raj
10pm	Raj	Raj
Daily Doctor's Endorsement by a Sign	M	

DRUG : Tab NODISIS

Dose	Route	Frequency	Start Dt.
	PO	TID	11/5/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions: 1 tab - 500mg. 2 tab - 1 tablet - 1 tablet

Date / Time	11/5	12/5
6AM	Raj	S.P
2pm	Raj	Raj
10pm	Raj	Raj
Daily Doctor's Endorsement by a Sign	M	M

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40kg Ward .....

DRUG : TAB LEVOFLOXACIN

Dose	Route	Frequency	Start Dt.
400mg	PO	BD	12/5

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions: 1 TAB/500mg mix in 5ml water give 4ml

Daily Doctor's Endorsement by a Sign

Date/Time: 12/5 — 10pm

DRUG : TAB PROTECTIS

Dose	Route	Frequency	Start Dt.
1 TAB	PO	OD	12/5

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 12/5 — 10pm

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

VERIFIED BY : ..... Signature .....

Patient Sticker

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Sheet 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				

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/5/26	8:30 AM	PRBC	1 unit	IV over 4 hours			
11/5/26	10:30 AM	LASIX	10 mg	IV			
11/5/26	12:30 PM.	LASIX	20 mg	IV			
11/5/26	8pm	LEVOLIN	0.63mg - (5)	NEB			
11/5/26	8pm	INSULIN 4 IU PN	200ml of 10% DEXTROSE	I/V OVER 3 HRS			
11/5/26	9pm	LEVOLIN	0.63mg	NEB			
11/5/26	10pm	LEVOLIN	0.63mg	NEB			
12/5/26	12am	Inj. PANTOPRAZOLE	40 mg	IV			
12/5/26	12am	Syp. SUCRALFATE	10 ml	IV			

Docu. No. : RCHBH /FRM / CLINICAL / 136

Patient Sticker

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2

KUH-00209536 IP5-00172745
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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
1/5/26	11.30 am	Inj. 20% Albumin	100ml	IV over 5hr	KSPK		Subnata
1/5/26	2pm	Inj. LASIX	20mg	IV mid way	KSPK		Subnata 2pm
1/5/26	4.30pm	Inj. LASIX	20mg	IV end way	KSPK		Subnata 4.30 pm
2/5	1PM	Vit-K	10mg	IV	KSPK		
2/5/26	3pm	PLASMALYTE	400ml	IV over 4 hrs			
2/5/26	6pm	TAB LOPERAMIDE	1mg	PO STAT			
2/5/26	6pm	INJ TRAMADOL	40mg	IV			
3/5/26	1PM	INJ. POTASSIUM CHLORIDE	10ml + 100ml NS OVER 6 HOURS	IV			
3/5/26	6PM	Inj. MAGNESIUM SUCPHATE	4ml + 40ml NS	IV over 2hr	KSPK		Subnata 8pm
3/5/26	9pm	Inj. Calcium Gluconate	20ml + 20ml 5%D	IV over 1hr	KSPK		Subnata 9.40 pm
3/5/26	9PM	Inj. Potassium chloride	10ml + 100ml NS	over 4hr	KSPK		Subnata 10pm
4/5/26	11:30AM	BUPRENORPHINE PATCH	5mcg	SC Local application			11:40 pm
6/5/26	8:20AM	INJ POTASSIUM CHLORIDE	3ml + 30ml NS	IV over 3hours			
6/5/26	9:30pm	Inj POTASSIUM CHLORIDE	10ml + 100ml NS	IV over 4 hour			
6/5/26	9:30pm	Inj MAGNESIUM SULPHATE	4ml + 40ml NS	IV over 2hour			
8/5/26	2:30AM	INJ VITAMIN K	10mg	IV			
10/5/26	12:40PM	INJ TRAMADOL	40mg	IV			
10/5/26	12:40PM	INJ PARACETAMOL	400mg	IV			

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 40 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/4/26	6pm	20% ALBUMIN	50 ml	IV over 4 hrs	pratap	Anusha	Rachel
28/4/26	10 pm	Inj. LASIX	20mg	IV	pratap	Anu	R
29/4/26	[redacted]	20% ALBUMIN	50 ml	IV over 4 hrs	pratap	Anu	R
[redacted]	2am						
29/4/26	6am	Inj. LASIX	20 mg	IV	pratap	Anu	R
29/4/26	9pm	Inj. POTASSIUM CHLORIDE	10 ml + 100 ml NS	IV over 4 hrs	pratap	Akash	R
29/4/26	9 pm	Inj. CALCIUM GLUCONATE	20ml + 20 ml 5% D	IV over 1 hr	pratap	Akash	R
29/4/26	9:30 pm	Tab. AMLODEPINE	2.5 mg	POG	pratap	Akash	R
29/4/26	12:30 am	Tab. PRAZOSIN	2.5 mg	POG	pratap	Anu	R
29/4/26	6:30 AM	INJ POTASSIUM CHLORIDE	10ml + 100ml NS	IV over 4 hrs	[illegible]	[illegible]	R
[redacted]							
30/4/26	11AM	Inj-CALCIUM GLUCONATE	20ml + 20ml 5% D	IV over 1hr	[illegible]	Vandana	[illegible]
30/4/26	11AM	Inj MANNITOL	50mg Iv STAT		[illegible]	Vandana	[illegible]
30/4/26	1pm	Inj PHENOBARBITONE	100mg Iv STAT		[illegible]	Hold	Vandana
30/4	3:40 pm	Inj - Ceftriaxone	500mg	IV	[illegible]	Vandana	[illegible]
30/4	4pm	PRBC 100ml over 3hr		IV	[illegible]	Vandana	[illegible]
30/4	8:00 pm	Tramadol	40mg IV 8th hrly via 20g midline	IV	[illegible]	Anu	[illegible]

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...AT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
25/4/26	10 AM	20% ALBUMIN	50 ml	IV over 4 hrs			
25/4/26	12 PM	INJ. LASIX	20mg	IV			
25/4/26	2 PM	INJ LASIX	20mg	IV			
25/4/26	5 PM	20% ALBUMIN	50 ml	IV over 4 hrs			
25/4/26	7 PM	INJ LASIX	20mg	IV			
25/4/26	9 PM	INJ LASIX	20mg	IV			
26/4/26	200 AM	Esomeprazole	40mg	IV			
26/4/26	3:00 PM	Inj Paracetamol	500mg	IV			
26/4/26	300 PM	Tranexamic acid	600mg	IV			
26/4/26	600 PM	Tramadol	40mg	IV			
26/4/26	7 AM	Ondansetron	8mg	IV			
26/4/	9:30 AM	PRBC	1 UNIT	IV over 4 hrs			
26/4/26	9:45 am	Inj. CALCIUM GLUCONATE	20 ml + 2ml NS	IV over 1 hr			
26/04/26	9:15 AM	IVF NS BOLUS	200 ml	IV BOLUS			
26/04/26	3 PM	PRBC	1 unit	IV over 4 hrs			
26/4	7 PM	50ml + Sodium bicarbonate + 50ml NS		IV over 24 hr			
26/4	10 PM	Tab. METOCLOPRAMIDE	5mg	via canula PO			
26/4	10.15 PM	LASIX	40mg	IV			
27/4	2 AM	PRBC	1 unit	IV over 4 hrs			
27/4	5 AM	Inj. LASIX	20mg	IV			

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 40 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE Doctor	Nurse-1	Nurse-2
27/4	8AM	Inj. Potassium Chloride	10ml in 100ml NS	IV over 3hr	KJM	Moses	palas
~~27/4~~	~~11:40AM~~	~~20% ALBUMIN~~	~~50 ml over 4 hours~~	~~IV~~	[illegible]		
~~27/4~~	~~5:40PM~~	~~20% ALBUMIN~~	~~50 ml over 4 hours~~	~~IV~~	[illegible]		
27/4	1pm	Inj. AVIL	2ml	IV	pratyusha	Mary	Palas @ 3pm
27/4	1pm	PRBC	70 ml	IV over 1 hr	pratyusha	Mary	Palas @ 3pm
27/4	2 pm	20% ALBUMIN	100 ml	IV over 5 hrs	pratyusha	Vandana	Sreevani
~~27/4/26~~	~~4pm~~	~~Inj. AZITHROMYCIN~~	~~400mg~~	~~IV~~	pratyusha		
27/04/26	4pm	PRBC	1 unit	IV over 4hrs	[illegible]	Moses	palas
27/4	11:30 pm	Magnesium sulphate	4ml + 20ml	IV over 1hour	[illegible]	Vandana 11:40pm	Sreevani
27/4	11:45 pm	Potassium phosphate	6ml + 60 ml NS	IV over 12hour	[illegible]	Vandana	Sreevani
28/4	8:00 pm	Vitamin K	10mg	IV	[illegible]	Aiwan	Palas 9:00 AM
28/4	8:00 pm	Naloxone	400mg	IV	[illegible]	Aiwan	Palas 8:15 AM
28/4/26	10:30AM	KETAMINE	30mg	Inj STAT	[illegible]	[illegible]	[illegible]
28/4/26	12pm	Inj NALOXONE	400mg	Inj STAT	[illegible]	[illegible]	[illegible]
28/4/26	12:30pm	Inj NALOXONE	400mg	Inj STAT	[illegible]	[illegible]	[illegible]
28/4/26	1pm	Inj NALOXONE	400mg	Inj STAT	[illegible]	Aiwan	Palas
28/4/26	11PM	Inj LASIX	40mg	Inj STAT	[illegible]	Aiwan	[illegible]

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
26/4	2PM	10% ½ DNS + 35M HCO3	IV	30	KSPK		26/4	KSPK	
26/4	2PM	3% NS	IV	20	KSPK		26/4	KSPK	
26/4	2PM	Pantoprazole 200mg in 24 ml NS	IV	1	KSPK		27/4		
		1ml/hr = 8mg/hr (0.2mg/kg/hr.)							
26/04/24		PRBC Transfusion	IV 1 unit	1 unit over 2hr					
26/4	3pm	10% DNS + optineuron	IV	20	KSPK		27/4		
26/4	3pm	10% AMINOVEN	IV	20 ml/hr	KSPK		26/4	KSPK	
26/4	3PM	10% AMINOVEIN	IV	15	KSPK		27/4		
26/4		Inj. LASIX 14.4ml + 9.6ml NS	IV	2	KSPK		27/4		
		2ml/hr = 0.3mg/kg/hr.							

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Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
27/4	4AM	Inj. N-acetyl cysteine 20ml + 4ml NS	IV	1	KSPR	M / B	28/4	[signature]	Vandana / [signature]
27/4	6AM	PANTOPRAZOLE 200mg in 24ml NS (1ml/hr - 8mg/hr) (0.2 mg/kg/hr)	I/V	1ml/hr	[signature]	M / B	30/4/26	[signature]	Vandana / [signature]
27/4	6AM	10% DNS + optineuron	I/V	30	[signature]	M / Buddha	27/4	6pm	Mary / Palash
27/4	6AM	10% AMINOVEEN	I/V	15	[signature]	M / Buddha	27/4	6pm	Mary / Palash
27/4	6AM	INJ. LASIX 14.4ml + 9.6ml NS (2ml/hr = 0.3mg/kg/hr)	I/V	2	[signature]	M / Buddha	30/4	[signature]	Vandana / [signature]
27/4	6pm	OLICLINOMEL WITHOUT LIPID	IV	40 ml/hr	pratap	Mary / Palash	30/4	[signature]	Vandana / [signature]
30/4/26	8AM	PANTOPRAZOLE 200mg in 24ml NS (1ml/hr - 8mg/hr) 0.2 mg/kg/hr)	I/V	1ml/hr	[signature]	Vandana / Subrahmanya	30/4	[signature]	Vandana / [signature]
30/4/26	8AM	OLICLINOMEL WITHOUT LIPID	I/V	40ml/hr	[signature]	Vandana / Subrahmanya	1/5	[signature]	[signature]
30/4/26	12PM	3% NaCl	IV	20ml/hr	[signature]	Vandana / [signature]	30/4	[signature]	[signature]

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 21 D (M)
Dr. ANUPAMA Y

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
2/5	3AM	Kasox (1ml=10mg)	I/V	0-8		Palash	1/05		Subnata
		0.4ml/hr = 0.1mg/kg/hr							
1/5	8AM	DNS + 10M KCl + Inj. celecel	IV	30	KSIK	Subnata	1/5	KSIK	Subnata
1/5	8AM	DNS + 5M KCl + Inj-celecel	IV	30	KSIK	Subnata	1/5		Subnata
1/5	6pm	OLICHNOMEL NX-900- WITHOUT LIPID	IV	65		Subnata	2/5		Palash
2/5/26	8AM	OLICHNOMEL NX-550E WITHOUT LIPID	IV	65		Palash	02/05		Subnata
2/5/26	8AM	PICC line FLUSH (0.1ml + 50ml NS)	IV (PICC)	1ml/hr		Palash	3/5		Bubu
2/5/26	8AM	ABP FLUSH (0.1ml + 50ml NS)	IV	1ml/hr		Palash	3/5		
2/5	11AM	PLASMALYTE	IV	30	KSIK	Bubu Brata	3/5/26		Palash
3/5/26	2AM	IVI PLASMALYTE	IV	50ml/hr		Palash	03/05		Palash

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 26 D (M)
Dr. ANUPAMA Y

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
03/05	8AM	Oliclinomel with out lipid	IV	50			4/5		
03/05	7AM	Plasmalyte	IV	30			4/5		
04/05	7AM	Plasmodyte	IV	30 ml/hr					
04/05	7AM	OLICLINOMEL WITHOUT LIPID	IV	65 ml/hr			4/5/26		
04/05	7AM	0.1ml Heparin + 50ml NS	Arterial line	1ml/hr					
04/05	7AM	0.1ml Heparin +50ml NS	PICC line	1ml/hr					
4/5/26	12pm	OLICLINOMEL N4-550E WITH LIPID	IV	41 ml/hr			5/5/26		
5/5/26	11AM	PLASMALYTE	IV	30ml/hr					
~~5/5/26~~	~~11AM~~	OLICLINOMEL N4-550E WITH LIPID	IV	~~40ml/hr~~	~~5/5/26~~		5/5/26		
5/5/26	11AM	OLICLINOMEL N4-550E WITH LIPID	IV	55ml/hr					

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 28 D (M)
Dr. ANUPAMA Y

shnip . 235

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 4/5/26 Time: 3:40PM

Weight: 40 kg Centile: > 10th

Height: 155 cm Centile: 50th

Inference: Underweight child.

RDA: - Calories: 1800 Kcal/d Protein: 32g/d

Diet Recommendations: Gastro diet (Avoid wheat, Ragi, Oats, Milk, Egg, Nuts, citrus, Fruit juices, sugar and give only rice based, ORS, Sago water)

Re-Assesment:

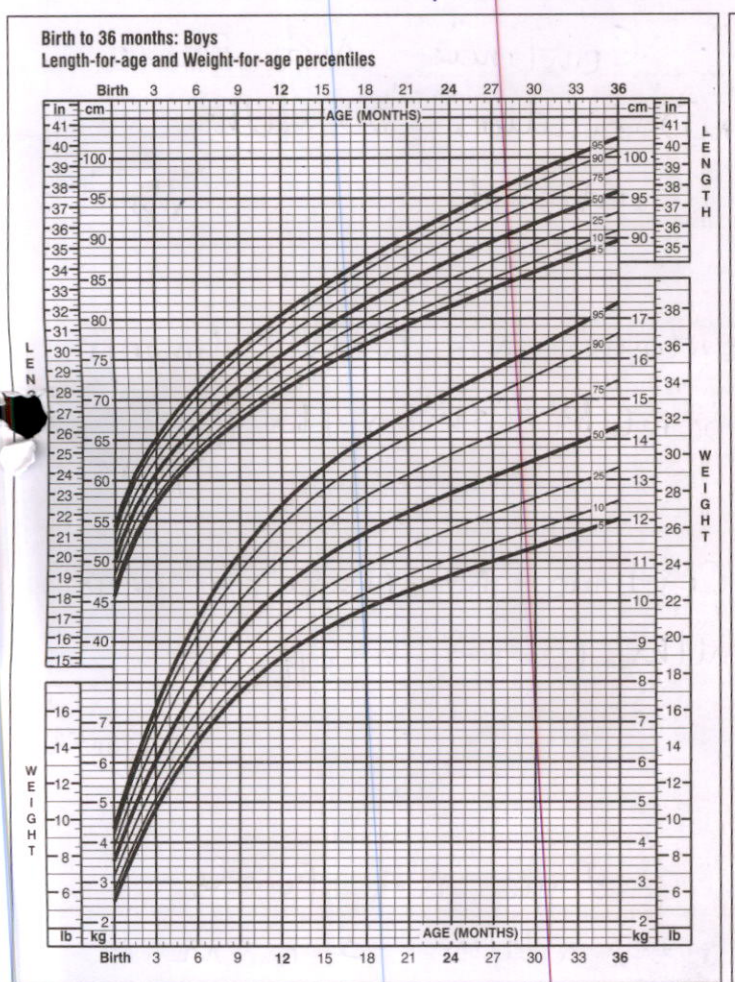
Food Allergies: No Veg/Non-veg Non-veg.

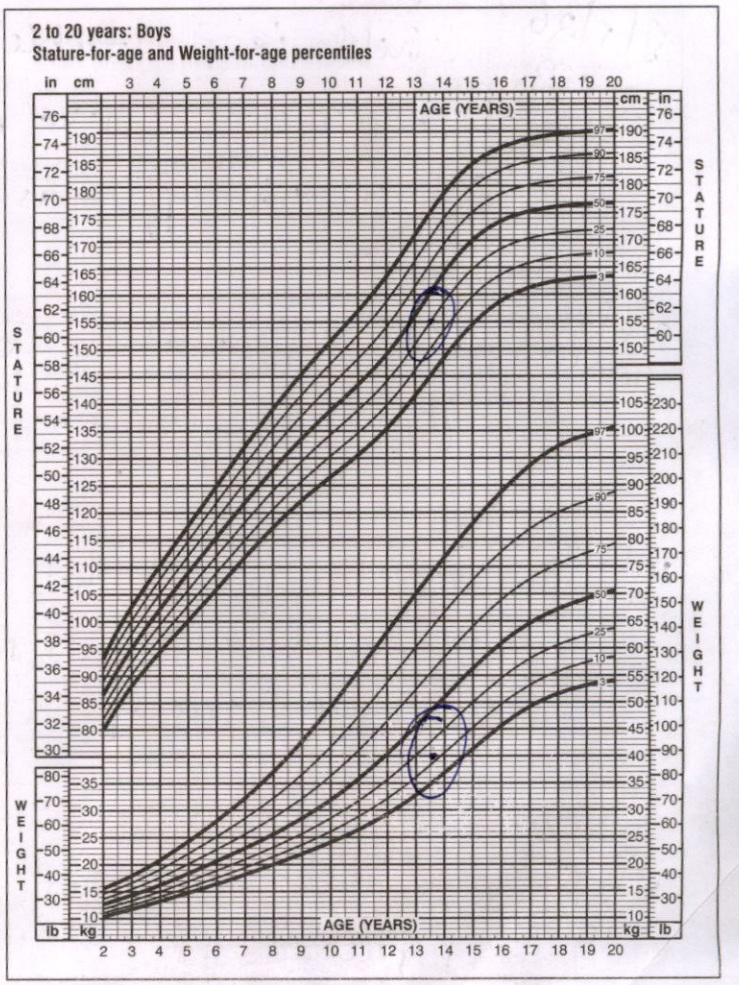
Diagnosis: Poly trauma (Aortic dissection), S/P Grafting

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Mounica Dietician's Signature Mounica

Docu. No. : RCHBH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

5/5/26 11am — Child is stable. Intake is poor. Encourage orally Gastro diet — Mounica

6/5/26 11am — Child is stable. Continue NG Feeds, Encourage orally — Mounica

7/5/26 11am — Child is stable. Continue NG Feeds Peptamen jr (1:40 ml) dilution, 10 ml/hr (3hr on 1 hr off) as advised. — Mounica

8/5/26 11am — Child is stable. Continue NG Feeds Peptamen jr (1:40 ml) dilution 25 ml/hr (3hr on 1 hr off) as advised. — Mounica

9/5/26 10am — Child is stable. Continue NG Feeds Peptamen jr (1:40 ml) dilution 50 ml/hr (3hr on 1 hr off) — Mounica

10/5/26 9am — Child is stable. Continue NG Feeds Peptamen jr (1:40 ml) dilution 75 ml/hr (3hr on 1 hr off). Encourage orally — Mounica

11/5/26 10am — Child is stable. Continue NG Feeds Peptamen jr (1:40 ml) dilution 70 ml/hr (3 hr on 1 hr off). Encourage orally — Mounica

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KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 11 M 6 D (M)
Dr. ANUPAMA Y

Rainbow® Children's Hospital
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 12/5/26 Time: 9am

Weight: 40kg Centile: 71oth

Height: 155cm Centile: 50th

Inference: Under weight Child

RDA: - Calories: 1800 kcal/d Protein: 32g/d

Diet Recommendations: NG Cyclical Feeds Peptamen jr (1:40ml) dilutions, 85 ml/hr (3hr on 1hr off), Rice Based Diet

Re-Assesment:

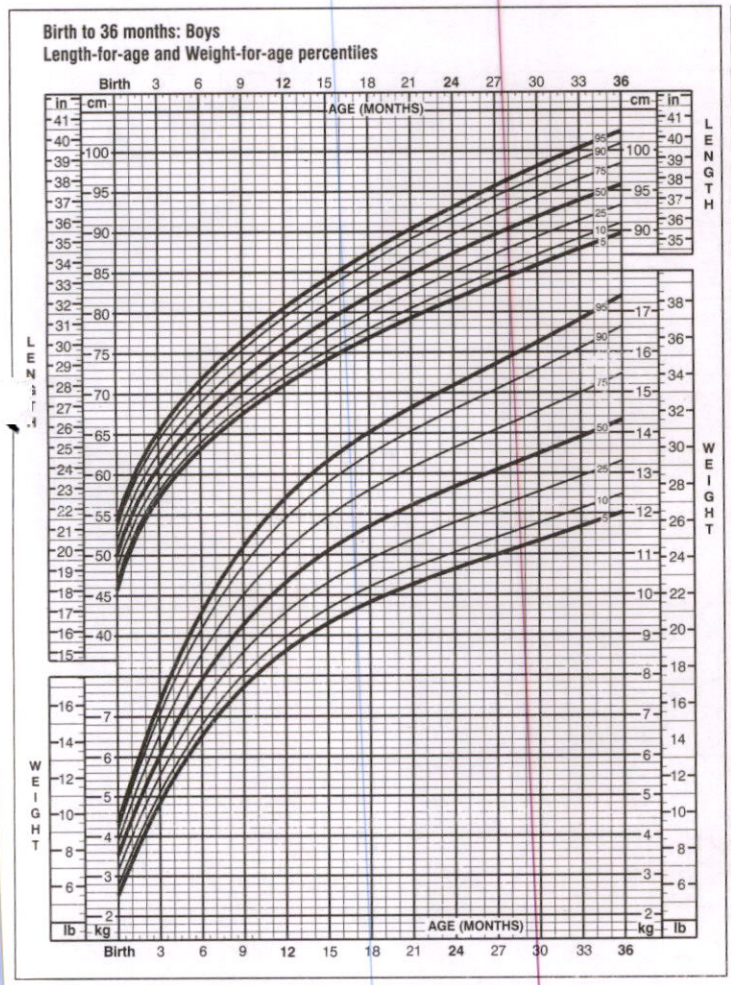
Food Allergies: No Veg/Non-veg Non-veg

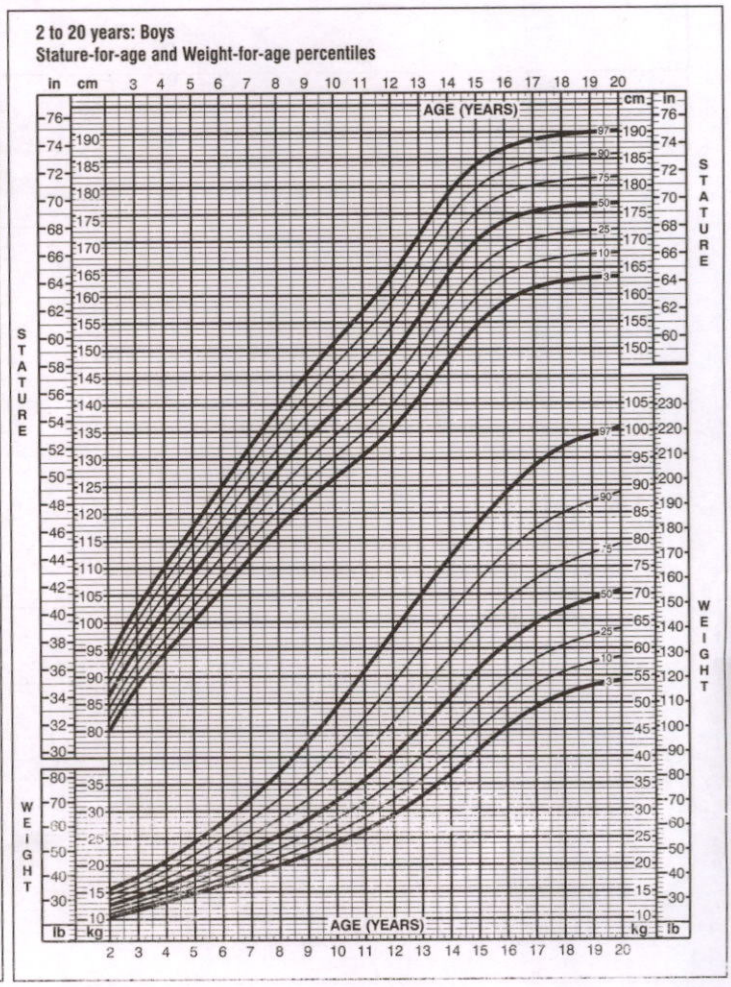
Diagnosis: Polytrauma

Nutritional Intervention - ☒ Oral ☒ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Mounica

Dietician's Signature Mounica

Docu. No. : RCHBH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

ABG - (2)

RADIOMETER ABL800 FLEX

ABL835 Rainbow Childrens H... 6/2026
PATIENT REPORT 25973

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

Identifications

Patient ID	
Patient Last Name	
Sex	U...
Department	
T	37.0 °C

Blood Gas Values			
↓ pH	7.255		[7.350 - 7.450]
↑ pCO_2	57.4	mmHg	[32.0 - 48.0]
↑ pO_2	180	mmHg	[83.0 - 108]
Oximetry Values			
↓ *c*tHb	4.2	g/dL	[12.0 - 17.5]
↑ sO_2	99.5	%	[95.0 - 96.0]
*F*COHb	1.8	%	
*F*HHb	0.5	%	
*F*MetHb	1.0	%	
FO_2Hb	96.7	%	
*c*tBil	0.7	mg/dL	
Electrolyte Values			
↓ cNa^+	133	mmol/L	[136 - 146]
cK^+	4.0	mmol/L	[3.4 - 4.5]
↓ cCa^{2+}	0.92	mmol/L	[1.19 - 1.25]
↑ cCl^-	104	mmol/L	[98 - 103]
Metabolite Values			
*c*Lac	2.0	mmol/L	
Calculated Values			
*c*Base(Ecf)$_c$	-1.6	mmol/L	
$cHCO_3^-$(P,st)$_c$	23.1	mmol/L	

Notes

↑ Value(s) above reference range
↓ Value(s) below reference range
c Calculated value(s)

post-intubation

on hand bagging.

Bed 8 [redacted]

ADIOMETER ABL800 BASIC

J BASIC
ENT REPORT | Syringe - S 195uL | 12:15 PM | 4/20/2026
Sample # | 22132

entifications
Patient ID: KUH-00209536 IP5-00172745
Patient Last Name: Master BHANU PRAKASH YASHWIN
Sex: 06-06-2012 13 Y 10 M 14 D (M)
Department: Dr. ANUPAMA Y
Sample type
T

Blood Gas Values				
?↑ pH	7.453		[7.350 - 7.450]	
pCO_2	39.7	mmHg	[32.0 - 48.0]	
↑ pO_2	171	mmHg	[83.0 - 108]	
Oximetry Values				
↓ ctHb	10.9	g/dL	[11.0 - 17.5]	
[redacted] sO_2	99.3	%	[95.0 - 99.0]	
FO_2Hb_e	98.5	%		
$FHHb_e$	0.7	%		
Electrolyte Values				
↓ cK^+	3.1	mmol/L	[3.5 - 4.5]	
?↑ cNa^+	151	mmol/L	[135 - 145]	
? cCa^{2+}	1.16	mmol/L	[1.15 - 1.29]	
?↑ cCl^-	110	mmol/L	[98 - 107]	
Metabolite Values				
cLac	1.3	mmol/L	[0.5 - 1.6]	
Temperature Corrected Values				
? pH(T)	7.453			
$pCO_2(T)$	39.7	mmHg		
$pO_2(T)$	171	mmHg		
Oxygen Status				
ctO_{2e}	15.5	Vol%		
? $p50_e$	25.21	mmHg		
Acid Base Status				
[redacted] $cBase(Ecf)_c$	3.6	mmol/L		
? $cHCO_3^-(P,st)_c$	27.7	mmol/L		

on face mask oxygen

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)
e	Estimated value(s)
pH	0210: Calibration error(s) present
pH(T)	0210: Calibration error(s) present
cCa^{2+}	0210: Calibration error(s) present
cCl^-	0210: Calibration error(s) preser
cNa^+	0210: Calibration error(s) pres

Printed 12:16:24PM 4/20/2026

ABG - (4)

METER ABL800 BASIC

BASIC
CLIENT REPORT | Syringe - S 195uL | 06:20 AM Sample # | 4/27/2026 22364

Identifications

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 21 D (M)
Dr. ANUPAMA Y

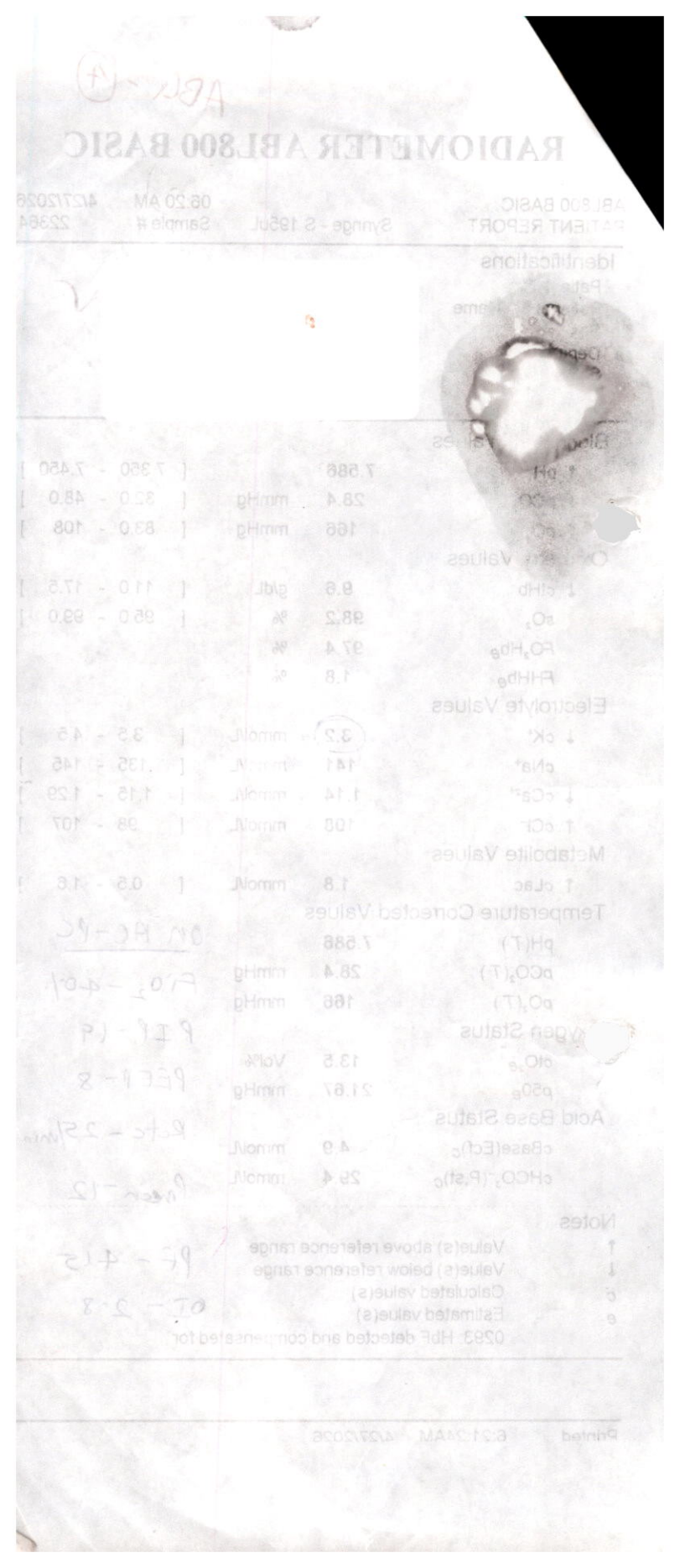
Blood Gas Values			
	7.586		[7.350 - 7.450]
	28.4	mmHg	[32.0 - 48.0]
	166	mmHg	[83.0 - 108]
Oximetry Values			
↓ ctHb	9.6	g/dL	[11.0 - 17.5]
sO_2	98.2	%	[95.0 - 99.0]
FO_2Hb_e	97.4	%	
$FHHb_e$	1.8	%	
Electrolyte Values			
↓ cK^+	3.2	mmol/L	[3.5 - 4.5]
cNa^+	141	mmol/L	[135 - 145]
↓ cCa^{2+}	1.14	mmol/L	[1.15 - 1.29]
↑ cCl^-	108	mmol/L	[98 - 107]
Metabolite Values			
↑ cLac	1.8	mmol/L	[0.5 - 1.6]
Temperature Corrected Values			
pH(T)	7.586		
$pCO_2(T)$	28.4	mmHg	
$pO_2(T)$	166	mmHg	
Oxygen Status			
ctO_{2e}	13.5	Vol%	
$p50_e$	21.67	mmHg	
Acid Base Status			
$cBase(Ecf)_c$	4.9	mmol/L	
$cHCO_3^-(P,st)_c$	29.4	mmol/L	

on AC-PC
FiO_2 - 40%
PIP - 19
PEEP - 8
Rate - 25/min
Pmean - 12
PF - 415
OI - 2.8

Notes

↑ Value(s) above reference range
↓ Value(s) below reference range
c Calculated value(s)
e Estimated value(s)
0293: HbF detected and compensated for

Printed 6:21:24AM 4/27/2026



RADIOMETER ABL800 BASIC

ABL800 BASIC 12:17 AM 5/1/2026
PATIENT REPORT

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 24 D (M)
Dr. ANUPAMA Y

Identification

Patient ID	
Patient Last Name	
Sex	Unknown
Department	
Sample type	Not specif
T	37.0 °C

Blood Gas Values

↑ pH	7.461		[7.350 - 7.450]
pCO_2	36.8	mmHg	[32.0 - 48.0]
pO_2	94.8	mmHg	[83.0 - 108]

Oximetry Values

↓ ctHb			[7.5]
sO_2			[0]
FO_2Hb_e			
$FHHb_e$			

Electrolyte Values

↓ cK^+		mmol/L	[3.6]
↑ cNa^+	141	mmol/L	[136 - 145]
↓ cCa^{2+}	1.14	mmol/L	[1.15 - 1.29]
↑ cCl^-	111	mmol/L	[98 - 107]

Metabolite Values

$cLac$	1.3	mmol/L	[0.5 - 1.6]

Temperature Corrected Values

$pH(T)$	7.461	
$pCO_2(T)$	36.8	mmHg
$pO_2(T)$	94.8	mmHg

Oxygen Status

ctO_{2e}	14.1	Vol%
$p50_e$	27.85	mmHg

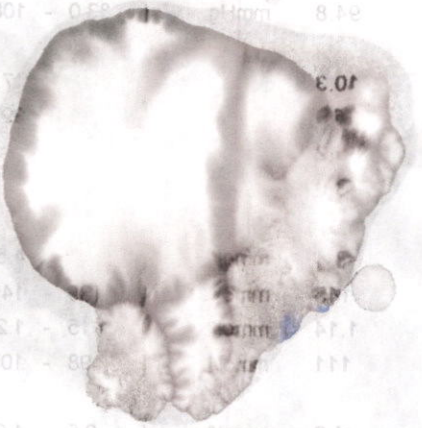
Acid Base Status

$cBase(Ecf)_c$	2.3	mmol/L
$cHCO_3^-(P,st)_c$	26.6	mmol/L

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)
e	Estimated value(s)

Printed 0:19:03AM 5/ 1/2026



RADIOMETER ABL800 FLEX

ABL835 Rainbow Children's Hospital -NICU 11:34 AM 4/30/2026
PATIENT REPORT Syringe - S 195uL Sample # [illegible]6102

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 23 D (M)
Dr. ANUPAMA Y

Identifications

Patient ID
Patient Last Name
Sex
Department
T

Blood Gas Values

↑ pH	[illegible]		[illegible]	]
pCO_2	[illegible]	[illegible]	[illegible]	]
↑ pO_2	[illegible]	[illegible]	[illegible]	]

Oximetry Values

↓ *c*tHb	[illegible]	[illegible]	[illegible]	]
↑ sO_2	[illegible]	[illegible]	[illegible]	]
*F*COHb	1.1			
*F*HHb	0.0			
*F*MetHb	1.0	%		
FO_2Hb	97.9	%		
*c*tBil	1.1	mg/dL		

Electrolyte Values

cNa^+	141	mmol/L	[136 - 146	]
↓ cK^+	3.0	mmol/L	[3.4 - 4.5	]
↓ cCa^{2+}	0.94	mmol/L	[1.19 - 1.25	]
↑ cCl^-	109	mmol/L	[98 - 103	]

Metabolite Values

*c*Lac	1.6	mmol/L

Calculated Values

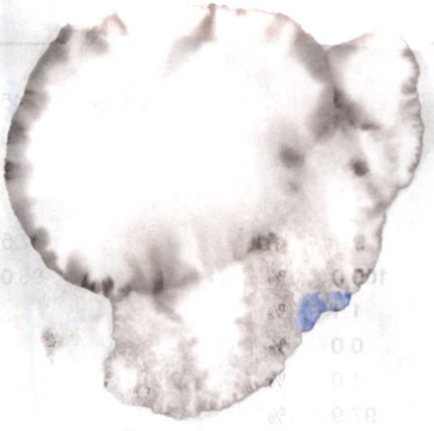
$cBase(Ecf)_c$	0.2	mmol/L
$cHCO_3^-(P,st)_c$	25.0	mmol/L

On NRM [illegible] 2 @ [illegible]

Notes

↑ Value(s) above reference range
↓ Value(s) below reference range
c Calculated value(s)

Printed 11:35:49AM 4/30/2026



6

RADIOMETER ABL800 BASIC

ABL800 BA[illegible] 09:16 PM 4/28/2026
PATIENT [illegible] Syringe [illegible]95uL Sample # 22404

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 22 D (M)
Dr. ANUPAMA Y

Identifi[illegible]

Patient I[illegible]	
Patient Last N[illegible]	
Sex	Unkno[illegible]
Department	
Sample type	Not sp[illegible]
T	37.0 °

Blood Gas Values

↑ pH	7.456		[illegible]	7.450]
pCO_2	[illegible]	[illegible]	[illegible]	48.0]
↑ pO_2	[illegible]	[illegible]	[illegible]	108]

Oximetry Values

↓ *c*tHb	[illegible]	[illegible]	[illegible]	[illegible]]
↑ sO_2	[illegible]	[illegible]	[illegible]	[illegible]]
FO_2Hb_e	[illegible]	[illegible]	[illegible]	[illegible]
$FHHb_e$	[illegible]	[illegible]	[illegible]	[illegible]

Electrolyte Values

↓ cK^+	3.1	[illegible]	[illegible]	[illegible].5]
cNa^+	142	[illegible]	[illegible]	145]
↓ cCa^{2+}	1.09	mmol/L	[illegible].15 -	1.29]
↑ cCl^-	108	mmol/L	[98 -	107]

Metabolite Values

*c*Lac	0.8	mmol/L	[0.5 -	1.6]

Temperature Corrected Values

pH(*T*)	7.456	
$pCO_2(T)$	37.3	mmHg
$pO_2(T)$	150	mmHg

Oxygen Status

ctO_{2e}	12.2	Vol%
$p50_e$	25.06	mmHg

Acid Base Status

$cBase(Ecf)_c$	2.2	mmol/L
$cHCO_3^-(P,st)_c$	26.5	mmol/L

NIV-PS

FiO_2 - 40%

PEEP - 6

PS - 2

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)
e	Estimated value(s)

PF ratio - 375

Printed 9:19:00PM 4/28/2026



(5)

RADIOMETER ABL800 FLEX

ABL8[illegible] Rainbo[illegible] Hospital MICU 06:54 AM 4/28/2026
PATIE[illegible] S 195uL Sample # 26027

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 22 D (M)
Dr. ANUPAMA Y

Identifi[illegible]
Patient [illegible]
Patient [illegible]
Sex
Depart[illegible]
T

Blood Gas Values

↑ pH			[illegible]7.450]
pCO_2			[illegible].0]
↑ pO_2			[illegible]]

Oximetry Values

ctHb			[illegible]]
↑ sO_2			[illegible]0]
FCOHb			
FHHb	0.5		
FMetHb	1.0		
FO_2Hb	96.4		
ctBil	1.2	mg/dL	

Electrolyte Values

↓ cNa^+	135	mmol/L	[136 - 146]
↓ cK^+	3.0	mmol/L	[3.4 - 4.5]
↓ cCa^{2+}	1.10	mmol/L	[1.19 - 1.25]
↑ cCl^-	115	mmol/L	[98 - 103]

Metabolite Values

cLac	1.7	mmol/L

Calculated Values

$cBase(Ecf)_c$	5.0	mmol/L
$cHCO_3^-(P,st)_c$	28.8	mmol/L

SIMU-PC
FiO_2 - 40%
Rate - 15/min
PIP - 20
PEEP - 8
MAP - 11
$ETCO_2$ - 40

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)

Printed 6:55:35AM 4/28/2026

P/F - 387
OI - 2.8



(1)

RADIOMETER ABL800 BASIC

ABL800 BASIC
PATIENT REPORT

Syringe - S 195ul

06:11 PM 4/19/2026
Sample # 22112

Identifications

Patient ID	
Patient Last Name	
Sex	Unknown
Department	
Sample type	Not specifi
T	37.0 °C

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y



Blood Gas Values

pH	7.448		[7.350 - 7.450]
pCO_2	39.7	mmHg	[32.0 - 48.0]
↑ pO_2	145	mmHg	[83.0 - 108]

[redacted]metry Values

↓ ctHb	8.8	g/dL	[11.0 - 17.5]
sO_2	99.0	%	[95.0 - 99.0]
FO_2Hb_e	98.2	%	
$FHHb_e$	1.0	%	

Electrolyte Values

↓ cK^+	3.1	mmol/L	[3.5 - 4.5]
cNa^+	145	mmol/L	[135 - 145]
↓ cCa^{2+}	1.12	mmol/L	[1.15 - 1.29]
↑ cCl^-	111	mmol/L	[98 - 107]

Metabolite Values

cLac	1.3	mmol/L	[0.5 - 1.6]

Temperature Corrected Values

pH(*T*)	7.448	
$pCO_2(T)$	39.7	mmHg
$pO_2(T)$	145	mmHg

Oxygen Status

ctO_{2e}	12.4	Vol%
$p50_e$	25.32	mmHg

Acid Base Status

$cBase(Ecf)_c$	3.3	mmol/L
$cHCO_3^-(P,st)_c$	27.4	mmol/L

SIMV (PC) + PS
FiO_2 - 40%
PEEP - 6
PIP - 16
MAP - 9
rate - 15/min

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)
e	Estimated value(s)

PF ratio - 362

OI - 2.48

Printed 6:12:52PM 4/19/2026

0209536 IP5-00172745
BHANU PRAKASH YASHWIN
2012 13 Y 10 M 20 D (M)
IUPAMA Y

ABG-3

ER ABL800 BASIC

ABL800 BASIC		02:47 PM	4/26/2026
PATIENT REPORT	Syringe - S 195uL	Sample #	22353

Identifications

Patient ID	
Patient Last Name	
Sex	Unknown
Department	
Sample type	Not specified
T	37.0 °C

Blood Gas Values

↑ pH	7.459		[7.350 - 7.450]
↓ pCO_2	30.9	mmHg	[32.0 - 48.0]
↑ pO_2	167	mmHg	[83.0 - 108]

Oximetry Values

↓ ctHb	6.1	g/dL	[11.0 - 17.5]
↑ sO_2	99.5	%	[95.0 - 99.0]
FO_2Hb_e	98.7	%	
$FHHb_e$	0.5	%	

Electrolyte Values

cK^+	3.7	mmol/L	[3.5 - 4.5]
cNa^+	139	mmol/L	[135 - 145]
cCa^{2+}	1.16	mmol/L	[1.15 - 1.29]
cCl^-	107	mmol/L	[98 - 107]

Metabolite Values

↑ cLac	3.1 ↑	mmol/L	[0.5 - 1.6]

Temperature Corrected Values

pH(*T*)	7.459	
$pCO_2(T)$	30.9	mmHg
$pO_2(T)$	167	mmHg

Oxygen Status

ctO_{2e}	8.9	Vol%
$p50_e$	24.71	mmHg

Base Status

$cBase(Ecf)_c$	-1.6	mmol/L
$cHCO_3^-(P,st)_c$	23.2	mmol/L

A/C PC
FiO_2 - 40%
PEEP - 10
PIP - 21
MAP - 14
rate - 25
Vte - 8ml/kg
$etCO_2$ - 30
(NO gap)

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)
e	Estimated value(s)

PF ratio - 417

Printed 2:49:21PM 4/26/2026

OI - 3.3

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00172745 **Admit Date** : 19-Apr-2026 **Admit Time** : 06:40 PM **UHID** : KUH-00209536

Patient Details :

Patient Name	: Master BHANU PRAKASH YASHWIN SINGIREDDI	**Age**	: 13 Y 10 M 13 D
Guardian	: Mr SURESH KUMAR	**DOB**	: 06-06-2012
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: S/O SURESH KUMAR D NO.302 BALAJI NIVAS ALLAPUR SOCITY Bachupally Hyderabad Telangana INDIA 500090	**Phone No**	: 8985652304/ 8639650753
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : PICU **Bed No** : PICU 211 **Ward Name** : 2F-PICU I

Room No : PICU 211 **Admission Type** : First Visit

Contact Details :

Name : Mr SURESH KUMAR **Relationship** : Father

Contact Address : S/O SURESH KUMAR D NO.302 BALAJI NIVAS ALLAPUR SOCITY Bachupally Hyderabad Telangana INDIA 500090 **Phone No** : 8985652304

Signature

Doctor Details :

Doctor Name : Dr. ANUPAMA Y **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. DINESH KUMAR CHIRLA

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

B8

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ACTIVITY RECORD FOR BILLING

Name :_____

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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
27/4	Blood Transfusion	1	9579954	
26/4	SLED	1	9581164	
27/4	SLED	1	9581165	
25/4 hb 27/4	PAE (endoscopy)	1	9581149	
27/4/26	20% Albumin transfusion	1	9581399	

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

B8

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ACTIVITY RECORD FOR BILLING

Name :_____

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 23 D (M)
Dr. ANUPAMA Y

UHID No. : _____ IP N t: _____ Dept : _____

Date of Admission: _____ scharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Rani Reddy	28/4/26	not Showing in System	
2	DR. Khurshid	29/4/26	9584305	
3	DR. Boundevani	29/4	9584305	
4	Dr. Satyaprasad	30/4		
5	Dr. Abhishek.	30/4	9583511	
6	Dr. Ramesh	01/05	9587177	
7	Dr. Pourabja Sai	01/05	9587444	
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/4	Albumin transfusion	1	9883426	[signature]
30/4/26	Nebulization	2	9584839	[signature]
30/4/26	SIED (6 hours)	1	9586015	[signature]
30/4/26	Nebulization	1	9587314	[signature]
30/4/26	Blood Transfusion	1		
	[illegible]			
01/05/26	Albumin Transfusion	1	9587179	[signature]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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ACTIVITY RECORD FOR BILLING

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 25 D (M)
Dr. ANUPAMA Y

Name : _____ u prakash.

UHID No. : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Ramya Bandi	2/5	9589408	
2	Dr. Alisha Babbar	3/5	9590303	Buddhadev
3	Dr. Khurshid Shaib (RT)	4/5		
4	Dr. M. Venkat Naveen	4/5	9591850	
5	Dr. Prasanth Bachina	4/5		Shesha
6	Dr. Nabeel	4/5		
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/4	Albumin Transfusion	1	957204	
25/4/26				

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

237

B8

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 17 D (M)
Dr. ANUPAMA Y
_____ Dept : _____

Date of Admission: _____

charge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/4/26	7pm	PICU	237	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Bhuvaneswari	22/4/26	9574675	
2	DR. Bhuvaneswari	23/4/26	9574676	
3	DR. Khushbu	23/4/26	9574676	
4	DR. Sowmithi. B	23/4/26	9574676	
5	DR- Poushya Sai	24/04/26	9578424	
6	DR. Shruti. B	25/4/26	9578004	
7	DR. Madhu venkateswara	25/4/26	Not showing system	
8	Dr. Lavanya.	26/4	9579394	
9	Dr. Satya Prasad	27/4		
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
23/4	CBP, Albumine	26041182	
	S/E, RBS.	26041182	
23/4/26	Phosphorus	26041469	
	Blood c/s, Electrolytes	26041469	
24/4	CBP, RBS	26041884	
26/4	Fluid for Analysis -		
	grams stain		
	Fluid for Lai pase	26042510	
	Fluid for culture		
	Blood c/s, RBS.		
	ABG, ABG		
27/4	ABG		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/4	Im. monitor.			9568489	
	Inf. pump.				
	Syr. pump.				
	Syr. pump.				
	Alpha bed				
	Syr. pump				
	inv monitor			9568489	
24/4	Inf Pump			9568489	
	Syr pump			9568489	Subrata
	Alpha bed			9568489	
	Syr pump			9568489	
26/4	Im. monitor.				
	Inf. Pump.				
	Inf. pump.				
	Syr. pump. Syr. pump.			9579360	
	Syr. pump Syr. pump.				
	ventilator				
	Alpha bed				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/4	ICD placement	(1)	9579391	
	PICC line	(1)		
	HD line placement	(1)		
	& Intubation			
	Blood transfusion	(1)		

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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ACTIVITY RECORD FOR BILLING

B8

Name : _____

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 14 D (M)
Dr. ANUPAMA Y

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

Date of Admission: _____ Tim _____ ge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Abhishek	22/4		
2	DR. Kushid	22/4	9578949	
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/4	RBS →	26040288	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/4	Sw. monitor.		12pm		
	Inf. pump.				
	Syr. pump Syr. pump.				
	Syr. pump Syr. pump.				
	Syr. pump.				
	Alpha bed				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/4	CRRT 12 hrs.	1		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 14 D (M)
Dr. ANUPAMA Y

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/4/26 Day of Admission : day 12 Today's Date & Time : 20/4/26, 8am

PRISM - III Score in first 24hrs. of Admission : 22 Today's SOFA Score : 11

OVERVIEW

Diagnosis : polytrauma / Cervical TBI / DAI / B/L hemothorax / hemopneumo / aortic dissection / Rt. femur # / AFI

Current Issues : Oliguranuric AKI

VITAL SIGNS

Today's Wt. (kg) : 40 kgs Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : RAE (+) clear.

CXR :

SPO_2 : 100% O_2 by NC / FM / NRB mask / Oxyhood, at L / min

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : day 12 **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details :

CPAP/PS2- FiO_2 - 40%, PEEP - 6, PS - 5

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : $EtCO_2$: 39 P/F ratio : 362 O.I. : 2.48

Chest Physiotherapy Plan : Suctioning Needs :

Any Nebs : **ICD ?** ☐ Yes ☑ No, if Yes, details :

Plan of care :

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 82/min

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

Blood Pressures : NIBP : IBP : 114/50 (68) CVP :

Infusion of : ☐ Dopamine – mcg / kg / min - ☐ Dobutamine – mcg / kg / min

☐ Epinephrine – mcg / kg / min - ☐ Nor Epinephrine – mcg / kg / min

☐ Milrinone – mcg / kg / min

Any Other Infusions :

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

Arterial line in situ : ☑ Yes ☐ No Place of art. line & its condition : Rt. radial A.

Central line in situ : ☑ Yes ☐ No Place of central line & its condition : Rt. IJV

Day of arterial line : 3 day 7 Day of Central line : day 7

Plan of Care :

CNS

Neuro Exam : E4 V1 M6

Pupils : 3T 3T **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : Types of Paralysis :

Relevant CT Scan, MRI EEG, Neurosonogram etc. :

Plan of Care :

Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : −954 / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : DNS @ 40 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 ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : soft.

Any organomegaly ? ☐ Yes ☐ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

IVF - 960 ml
Infusion - 72 ml
Drugs - 230 ml
3% NS - 480 ml
1742 ml
(80 ml/kg)

INFECTION

☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☐ Yes ☐ No - If yes, details : .....

Describe c/s Reports : .....

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

Inj: Meropenem D1
Tab. Linezolid D3
Inj: poly-B D9
Inj: Tigecycline D7
Inj: Micafungin D9

NEPHROLOGY ISSUES

Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : .....

P.D. ☐ Yes ☐ No - If yes, details : SLEDD ongoing

Diuretics : ☐ Yes ☐ No - If yes, details : .....

Catheterized : ☐ Yes ☐ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : 9.1 | 8140 (81/10) | 73000

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 : cardiology consultation.

FINAL COMMENTS

1) Trace manual count
2) SBT
3) Trace PT/INR

Doctor's Name (Handover given) : Dr. pratyusha

Signature : .....

Date & Time : 20/4/26, 8am.

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

Signature : .....

Date & Time : .....

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26 9am	NUTRITION REVIEW	
		STOOL PASSED = 1 | Bristol-5 ✓
	PBW: 40 kg (50th Centile)	
	REE: 1351 kCal/d ✓	Hb: 9.1 Plt: 73000
		Alb: 2.3 t: 2.7
	NG Cyclical Feeds	SGPT: 458 SGOT: 650 ✓
	Peptamen junior ✓	
	(1:35 ml) dilution	
	60 ml/hr (4hr on, 1hr off)	Recall vol = 900 ml/d
	37 scoops for REE	26 scoops for recall ✓
	Vol = 1295 ml/d for REE	
	64 ml/hr (cyclical) for REE	
	MACROS (REE)	MACROS (RECALL)
	Cal : 1350.5 ; 33.7 kCal/kg/d	Cal : 949 ; 23.7 kCal/kg/d
	Prt : 37 ; 0.92 g/kg/d	Prt : 26 ; 0.65 g/kg/d
	Carbs : 188.7 ; 4.71 g/kg/d	Carbs : 132.6 ; 3.31 g/kg/d
	Fat : 48.1 ; 1.2 g/kg/d	Fat : 33.8 ; 0.84 g/kg/d ✓
		Present Feed: 60 ml/hr
		Child is on NPO
	20/4/26	Dietitian Mounica

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B	Dr. Anupama
20/4/26 10 AM	Polytrauma/ severe TBI/ aortic dissection/ s/p graft placement/ AKI - ATN/ Rhabdomyolysis/ CRAB - Tracheobronchitis # Femur - external Fixator Blunt inj abdomen/ hemoperitoneum/ pancreatic injury	Plan - arterial line to place & ABG. - Buprenorphine patch. - send samples from central line Sr-albumin, pt-aptt (same barcod sr-bilirubin, ~~RP~~, amylase, lipa
	on CPAP PEEP-6.	- Put child on T-piece for 1hr ↓ if tolerating plan extubation
	Negative balance - 950ml No urine output	- Trace Bl c/s, tracheal c/s (19/4) - USG abdomen by Dr. Nitin
	chest - air entry B/L (+) CNS - alert. B/L pupils reactive P/A - soft.	- If child fails extubation trial plan to consider tracheostomy. - Stop enoxaparin (I/v/o fresh bleed from pancreas to
	HR - 103/min RR - 24/min SpO_2 - 98% BP - 160/90 mmHg.	Sample PT/INR/APTT. S.albumin/S.bilirubin Amylase/Lipase
	USG abd: Bleed (hematoma) at tail of pancreas. Hemoperitoneum static. Hence cannot place Tenkoff immediately.	N.B. Jamal

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/2026 2:50 pm	C/S/B Dr Anupama	
	Polytrauma	Plan
	Extubated today.	(1) Try oral feeds.
	Hypertension (+)	(2) Metalazone stat
	HR - 95/min	(3) Anti-HTN medications - Amlodipine to Add.
	SpO_2 - 100% IRA	
	BP - 150/85	(4) Inj. Ondensetron stat
		(5) Xray chest and Xray femur @ 400pm
		(6) 500pm → POCUS and Assess.
		M.B. Tarun
1)	Adrenal - EJ line	
2)	centralline	
	- IVF	
	- Lasix infusion	
3)	correction peripheral port.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Dr Anupama

Date & Time	Progress Notes	Doctor's Order
20/4/26. 4pm	Counselling Notes. patient is not fit for peritoneal dialysis, fracture needs external fixator, toes fractures Splint was kept. Heart cardiology consultation taken. Heparin is stopped. Jaundice is decreasing trend. Albumin yesterday given. swelling over body decreased. amylase, lipase levels are decreasing. patient is extubated to face mask, maintaining saturations. Yesterday blood culture growing bacteria, platelets are @5,000, PCT > 100 was decreasing to 6. dialysis is recurring. peritoneal bleed is present. Next 2 weeks NO infection should occur. we will optimize antibiotics. It will take 2 weeks time to recovery from dialysis. If urine is not coming catheter should be kept for 2 weeks to 6 months. There is 20% chance of getting back to ventilator present. every day 12 hours dialysis requirement is present. Multiple problems are there. If no infection is present, antibiotics can be downgraded. Tracheostomy is not needed at this point of time. Kidney should improve	Dr Mathew

(Father)

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PICU - 1
BED 8

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26	NUTRITION REVIEW	
	PBW: 40 kg.	
	(1) AKI	
	(2) PANCREATITIS	
	(3) SURGICAL - AORTIC DISSECTION	
	(4) LOOSE STOOLS	
	(5) ANEMIA.	
	(6) HYPOKALEMIA	
	(7) HYPOALBUMINEMIA.	AS ADVISM
		PEPTAMIN 1 scoop / 35 ml DILUTION
	REE = 1351 kcal/d.	
	RDA: 2410 kcal/d	80 ml/hr - 3 HOURS 'ON'
		ONE HOUR OFF
(1)	WORK TOWARDS REE WITH	Add 1 scoop NESTUM / cyclic
	PEPTAMIN.	
	37 scoops / day.	ALLOW SOFT DIET
(2)	ORAL DIET PLANNING	IDLU c̄ DAL
	FOR 1000 kcal/d.	KITCHADI c̄ EGG WHITE
	[LOW FAT / LOW PROT]	AND CURD
		CURD RICE c̄ EGG WHITE
		[BONE MARROW FOOD INSTRUCT]
		R/V GI ISSUES
		TOMORROW
		BROTTA 21/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/o Dr. Anupama	
20/4/2016 6PM	polytrauma/ severe TBI/.	Plan
	B/L hemothorax/ left ICD.	
	pancreatic injury/ Rt femur #/	- Do not reload NAC
	s/p fixation.	once completed.
	on Room air.	
	HR - 116/min	- start feeds.
	RR - 20/min	
	SpO_2 - 98%	- Decrease IV Fluid to
	BP - 110/60 mm Hg.	30ml/hr
		N.B. Tarun

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Fluid Calculat	
	- 1UF - 240 ml	
	- 3% Nal - 240 ml	
	- Feeds - 1200 ml	
	- medium - 300 ml	
	- Impure - 72 ml	
	@ 87 ml/hour	
		[signature]
	SLED-F	
	- Use N pro 0.9 filter	
	- 5008 machine	
	- Blood flow - 150 ml/min	
	- Qp - 300 ml/min.	
	- Nat - 150	[signature]
	- HCO3 - 35	
		* Stop Lasix once SLED is started
		* 3% Nal - 10 ml/h
		* 20% DNS - 10 ml/hr

20/4/2026
5:00pm

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EVENING HANDOVER SHEET OF PICU

Situation:

Current issues: ① Day ① Post extubation
② Hypertension ③ AKI - Anuria.

Background:

Provisional diagnosis- Polytrauma / Severe TBI / B/L Hemothorax / Aortic dissection / AKI / ⑭ Femur #

Events leading to current situation-

polytrauma - Fall from 5th floor

Assessment:

Ventilation/ ECMO/ Respiratory Support :

on Room air

Hemodynamics:

Hypertension ④ → on Amlodipine 5mg BD

Neurology: $E_4V_5M_6$ - following commands

Nephrology: Anuria ④
child on intermittent Renal Replacement therapy

Infection and antibiotics:

- Meropenem – D1
- Linezolid → D4.
- polymyxin-B - D9
- Tigecycline - D7
- Micafungin - D9.

Recommendation:

Plan of care:

1. SOS low flow oxygen if Required
2. W/F Hypotension
   - Optimize Anti-HTN medications
3. Alert to Add prazocin.
4. W/F any change in Sensorium
5. Urine output monitoring
6. Feeds to discuss
7. W/F fever spikes
8. NG feeds 100N (milk) if not taking orally.
9. Allow orally (solids)
10. IV Fluids + infusions + drugs all included 30ml/hr.
11. 11:00 PM – 12 AM (TO plan SLED)
12. Round the clock zofer.

Overnight escalation triggers:

1. Hypotension
2. Fluid overload
3. Fever Spikes

Doctor's name (Handover given):	Doctor's name (Handover taken): Dr Vikas	Consultant name:
Signature :	Signature:	Signature:
Date & Time:	Date & Time: 20/4/2020	Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	~~child abdominal scan is showing bleed (fresh) in pancreas. Hence blood thin~~	
20/4/26 11AM	Bed side councelling notes	
	condition of child explained to parents that child will be since extubation trial and if child needs reintubation (if child not tolerating extubation) child will be reintubated.	
	~~Need for CRRT~~ If child does not tolerate extubation, child might need tracheostomy.	
	child parents also explained about need for CRRT.	
	Satyavathi Father / Mother	[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26 11am	Extubation notes	
	After successful spontaneous breathing trial, child was extubated to O_2 with face mask @ 5 L/min	
	O/E, child comfortable on low flow oxygen HR - 106/min BP - 138/70 mm Hg RR - 22/min RS - BAE (+) clear	Plan 1) ABG @ 12pm 2) CXR @ 6pm. 3) plan to start NG feeds after CXR N.B. Jamal Dr. pratyu
20/4/2026 12:30pm	C/D/W Dr Anupama	
		Plan (1) continue SLED-F till -ve Balance 500ml (2) Use UF till Next 2 hours (3) Return Blood at end (4) Bicarbonate containing fluids during off SLED N.B. Jamal

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/4/26 Day of Admission : day 13 Today's Date & Time : 21/4/26, 8am

PRISM - III Score in first 24hrs. of Admission : 22 Today's SOFA Score : 9

OVERVIEW

Diagnosis : polytrauma/ severe TBI/ DAI/ hemothorax/ hemoperitoneum/ aortic dissection

Current Issues : oligo-anuric AKI hypertension.

VITAL SIGNS Today's Wt. (kg) : 40 kgs Temp.: Blood sugar issues : Hypokalemia

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
BAE (+) clear

CXR :

SPO_2 : 100% O_2 by NC / FM / NRB mask / Oxyhood, at room air L / min

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

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : 7.453/ 39.7/ 171/ lac-1.3 $EtCO_2$: P/F ratio : O.I. :

Chest Physiotherapy Plan : Suctioning Needs :

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

Plan of care :

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR- 104/min, S1S2 (+)

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

Blood Pressures : NIBP : IBP : 140/80 CVP :

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

☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min

☐ Milrinone mcg / kg / min Tab. Amlodepine 5mg/BD

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 : Rt. radial A.

Central line in situ : ☐ Yes ☐ No Place of central line & its condition : Rt. IJV

Day of arterial line : day 8 Day of Central line : day 8

Plan of Care :

CNS

Neuro Exam : $E_4V_2M_6$

Pupils : 3+ 3+ **Sedation Used ?** ☐ Yes ☐ No **Any paralysis ?** ☐ Yes ☐ No

Types of Sedation : dexmed @ 0.2 mcg/kg/hr Types of Paralysis :

Relevant CT Scan, MRI EEG, Neurosonogram etc. :

Plan of Care :

Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : -596 / (+/-) ..... Input : ..... ml/k/d UO : 2.2 ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : 20% DNS @ 10 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 ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : Soft.

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

.....

.....

feeds - 1440 ml
IVF - 240 ml
Infusions - 120 ml
corrections - 150 ml
Drugs - 320 ml
2270 ml (120%)
(94 ml/kg)

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : Inj. Meropenem D.2

Cultures Sent ? ☐ Yes ☐ No - If yes, details : Tab. Linezolid D4

Describe c/s Reports : Inj. Poly B D10

Other Labs (Latex, Serology, etc) : Inj. Tigecycline D4

Ongoing Antibiotics : Inj. Micafungin D.10

.....

NEPHROLOGY ISSUES

Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : SLEDD ongoing

Diuretics : ☑ Yes ☐ No - If yes, details : Lasix 0.2 mg/kg/hr.

Catheterized : ☑ Yes ☐ No - If yes, then day of Catheter : day 12

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

.....

HEMATOLOGY

Relevant Labs (CBP etc) : 9.9 / 13240 (86.1 / 8.3) / 1.3 (atthl

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

Doctor's Name (Handover given) : Dr. Pratyusha

Signature : .....

Date & Time : 22/4/26, 9am

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

Signature : .....

Date & Time : 22/4/26 9am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26	NUTRITION REVIEW	
		STOOL PASSED = 5 / Bristol-5
	PBW: 40 kg (50th Centile)	
	REE: 1351 KCal/d	Hb: 9.1 WBC: 8140
		Plt: 73,000 Alb: 2.4
	NG Cyclical Feeds	Amy: 147 Lip: 905
	Peptamen junior	
	(1:35 ml) dilution	
	180 ml @ 3rd hrly	Recall vol = 330 ml/d
	37 scoops for REE	9 scoops for recall
	Vol = 1295 ml/d for REE	
	170 ml @ 3rd hrly for REE	
	MACROS (REE)	MACROS (RECALL)
	Cal : 1350.5 ; 33.7 KCal/kg/d	Cal : 328.5 ; 8.21 KCal/kg/d
	Prt : 37 ; 0.92 g/kg/d	Prt : 9 ; 0.22 g/kg/d
	Carbs : 188.7 ; 4.71 g/kg/d	Carbs : 45.9 ; 1.14 g/kg/d
	Fat : 48.1 ; 1.2 g/kg/d	Fat : 11.7 ; 0.29 g/kg/d
		Present Feed: 180ml/3rd hrly
		Dietitian Mounica

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26	C/S/B	Dr Anupama
10 am		Plan
	Ds:- polytrauma / severe TBI / DAI / Hemothorax / Hemoperitoneum / aortic dissection	(1) Add Regular Metalazone
		(2) Add prazosin
		(3) Delirium score WAT-3 score
	Issues:- 1) oligoanuric AKI	(4) Nephrology consultation (inform mam)
	2) Hypertension	(5) lasix @ 0.2 mg/kg/hr
	3) Hypokalemia	(6) Dr. Venkat Ram review (inform)
	4) Delirium	(7) 20% Albumin transfusion 100 ml over 5 hrs.
	CAPD score:- 2+2+2+3+1+0 +4+2 (16)	↓
	CAPD ≥ 9 = delirium	SLEDD till 4pm
	WAT-3 score - 2	(8) Stop NAC
	on room air	(9) Remove central line
	Hypertension (+)	(10) after SLEDD
	~~Nonoc~~ oligoric AKI.	(10) Stop 3% NS
		(11) Cardiologist review (informed)
		(12) 1 more peripheral cannula.
		(13) Allow solids orally
		(14) ~~180 ml / Q3H NG feeds.~~
		(15) Add enteral clonidine

Noted by Shah

— P.T.O. —

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		(16) Tape dressed by D.S / every 6th hrly.
		(17) & simultaneously give enteral clonidine
		(18) Remove CVP
		(19) Gastroenterology consultation
		(20) Send stool for C. diff.
		(21) Dr. Brundavani to give diet chart.
		(22) change to cyclical feeds with hag. 80 ml/hr x 3 hrs on 1 hr off.
		(23) Trace Blood Cs (19/4) MiniBAL Cs (19/4) Swab Cs (18/4).
		(24) Add 1 scoop nestum rice in 250 ml NG feeds
		(25) To optimize antibiotics after Cs.
		Add Melatonin Tab.
		Noted by Shanthi
	Dr. Anupama 21/4/24 10 am.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order Dr Anupama
21/4/26 11 AM	Counselling notes blood culture is growing bacteria, maintaining saturation without oxygen, today albumin we are giving, today dialysis will not be done after 4pm. If no breathless, condition stable dialysis is stopped. loose motions present. can be due to antibiotics, platelets are improving, today central line will be removed. No intervention for femur fracture by orthopaedician. Foot fractures will be managed by splint. pedema will be present. Interaction is improving. kidney should improve. we will wait for 2-3 days, grade I changes are present. low-fat diet should be given. patient condition explained to attenders in their own language.. Dr Mathew	

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(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2.30pm 21/04/2026	S/B Dr. Anupama	
		Adv
	Ac Polyhexane - / aortic direction / Inform #1.	① Increase ultrafiltrate to 200ml/hr x 2hours from 3pm-5pm
	Review	
	① Delirium - Hypoactive	② Tigecycline to Iv minocycline
	② AKI - KDIGO-3.	
	③ Hypertension	③ Stop SLODD at 5pm
	④ Hypokalemia	
		④ continue taper dexmedetomidine
	On Toomair	
	Hypertension	⑤ Address delirium
		⑥ Address hypertension
		⑦ Return blood at end
		⑧ Noted by Shanty
	Dr. Anupama 3:30pm 21/4/26.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/26 8:50am	NUTRITION REVIEW.	• STOOL PASSED = 3/Bristol-6
	PBW: 40kg (50th Centile)	
	REE: 1351 kCal/d	Hb: 9.3 Plt: 1.95L
		K: 3 U: 56 C: 1.1
	NG Cyclical Feeds	Alb: 2.4 Amy: 147 Lip: 905
	Peptamen junior	Recall Vol = 1380 ml/d
	(1:35 ml) dilution	(34 cal/kg/d)
	80 ml/hr (3hr on 1 hr off)	
	37 scoops for REE	39 scoops for recall
	Vol = 1295 ml/d for REE	
	72 ml/hr (cyclical) for REE	
	MACROS (REE)	MACROS (RECALL)
	Cal : 1350.5 ; 33.7 kCal/kg/d	Cal : 1423.5 ; 35.5 kCal/kg/d
	Prt : 37 ; 0.92 g/kg/d	Prt : 39 ; 0.97 g/kg/d
	Carbs : 188.7 ; 4.71 g/kg/d	Carbs : 198.9 ; 4.97 g/kg/d
	Fat : 48.1 ; 1.2 g/kg/d	Fat : 50.7 ; 1.26 g/kg/d
		Present feed: 80 ml/hr
		Encourage orally
		Dietitian Monica

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/2026 10:00 AM	C/S/B	Dr. Anupama
		Plan
	Polytrauma / Severe TBI / (R) femur #/ Hemoperitoneum / Aortic dissection	(1) Prazocin - TID
		(2) Lasix 40mg Now 40mg 6.00pm
	on Room air	(3) No dialysis if no Resp distress
	Hypertension (+)	(4) Add Nodosy
	Hemodynamically stable	(5) 3% Nacl - 10ml/hour
	No fever spots	(6) Neuro Review (Hypoactive delirium)
	Tolerating feed well	(7) Try 2 scoops in feeds 240ml
	HR - 120/min	(8) Give Zinc and Liupizyme orally 5ml BD 5ml TID
	SpO2 - 100%	(9) Feeds - 50ml/cycle. Add
	BP - 134/68 mmHg	(10) physiotherapy - Dr Khurshed
	RR - 18/min	

22/4/26 10:00am

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/4/26 Day of Admission : Day (14) Today's Date & Time : 22/4/2026

PRISM - III Score in first 24hrs. of Admission : 22 Today's SOFA Score : (8)

OVERVIEW

Diagnosis: Polytrauma / Square + B1 / DAI / B/L Hemothorax / Hemoperitoneum / Aortic dissection / (R+) Femur # / AKI

Current Issues: (1) Oligo-Anuric AKI (23 ml) (2) HIN

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

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE (+). No added sounds RR - 15/min on Room air

CXR :

SPO_2 : 100% O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : — **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details :

Ventilatory Settings : Leak around ETT : — Delivered Vt : —

ABG : — $EtCO_2$: — P/F ratio : — O.I. : —

Chest Physiotherapy Plan : — Suctioning Needs : —

Any Nebs : — **ICD ?** ☐ Yes ☑ No, if Yes, details :

Plan of care :

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 100/min

Quality of Pulses : Good cap refill Time : Liver Edge : cm below Rt costal margin

Blood Pressures : NIBP : IBP : 122/57 CVP :

Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min

☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine — mcg / kg / min

☐ Milrinone — mcg / kg / min

Any Other Infusions : —

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

Arterial line in situ : ☐ Yes ☐ No Place of art, line & its condition :

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

Day of arterial line : Day of Central line :

Plan of Care :

✓ Amlodipine - BD
✓ Prazolin - BD
✓ Clonidine - TID

CNS

Neuro Exam : Interacting c̄ parents

Pupils : **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : Types of Paralysis :

Relevant CT Scan, MRI EEG, Neurosonogram etc. :

Plan of Care :

Ramsay Sedation Score :

23 mf

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : +713 / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : ..... @ ..... 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 ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : .....

Any organomegaly ? ☐ Yes ☐ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

Feeds → 1,440 ml

Fluids → 600 ml

TPN → 50 ml

Dmp → 320 ml

2400 → 100 ml/h

INFECTION

☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☐ Yes ☐ No - If yes, details : .....

Describe c/s Reports : .....

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

Pip-Tz D4-13 - 11

Linezolid → D5

Fluconazole ✗

Meropenem - D2 (Day)

MICA → D11

NEPHROLOGY ISSUES

Sr. Creat : 1.1 Bld. Urea : 56 Other Relevant Labs : .....

P.D. ☐ Yes ☐ No - If yes, details : .....

Diuretics : ☐ Yes ☐ No - If yes, details : 0.3 mg/kg/hr

Catheterized : ☐ Yes ☐ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : 9.3 / 5110 / 195 Gm

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 : CPK

Pending Consultations : ☑ Yes ☐ No

If yes, then details : .....

FINAL COMMENTS

Trend CPK

Doctor's Name (Handover given) : Dr. Ali

Signature : .....

Date & Time : 22/4/2021

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

Signature : .....

Date & Time : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/2026	NUTRITION REVIEW	
		LUPIZYMS
		5ml TID - ORAL
		ZINCOVIT
		5ml BID - ORAL
		✓ BROUND 22/4/26 TO
		Noted by
23/4/26		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/2020 10:30 AM	Bed side Counselly Note Dr Anupama Father has been counselled that, child has low Urine output. child is off dialysis now. We will observe the chest. if needed we have to start dialysis in the night. Dr Vijay	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 6pm	S/B Dr. Anupama	
	Underwent SLRD-F stopped @ 5pm. only 5ml UO since morning. received 100ml of 20% albumin	Plan.
		1) Stop 5% NaCl stop NaCl.
		2) make Dexmed 0.5ml/hr & then stop.
		3) ABX → Polymyxin Mixoquine Voriconazole Linezolid
		4) ~~[illegible]~~ RP_2 → 11pm
		5) monitor his sensorium.
		6) CBP → 22/4.
		7) SOI ABG.

Noted by Shanty

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15AM	S/B Dr Anupama [illegible]	
	Performed the [illegible]	Adv
	[illegible]	① Start 3% NS @ 15ml/hr
		½ [illegible] @ 10ml/hr
		② Send CPK
		[signature]
22/4/26 2pm	S/B Dr. Anupama	Plan
	Polytrauma.	1) Blood c/c (2 bottles)
	Aortic Dissection S/p Graft.	cleared appropriately t/m.
	Blunt Inj Abdomen.	
	Pancreatitis	2) D/w c̄ Nephrologist t/m
	# femur	after bacteriuria clearance
	AKI - ATN (Rhabdomyolysis)	rob of steroids.
	Oliguric	3) Give 40mg IV Furosemide
	HR - 112/min	6pm.
	SpO2 - 100	4) Discuss around 10pm
	AIBP - 130/67 (80)	for SLED (plan)
	last blood c/c — CRAB.	
		5) RP2 → 23/4
	[signature] 22/4/26 2pm	6) Fluids as per
		morning plan. [signature]

Docu. No. : RCHBH /FRM / CLINICAL / 088

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EVENING HANDOVER SHEET OF PICU

Situation:

Current issues: HTN / low urine output

Background:

Provisional diagnosis- polytrauma / severe TBI / (R) femur # / Hemoperitoneum / Aortic dissection

Events leading to current situation-

Assessment:

Ventilation/ ECMO/ Respiratory Support :

on RA

Hemodynamics: Hypertension (+)

Neurology:

Nephrology: Low urine output on I/d dialysis
Intermittent

Infection and antibiotics:

Recommendation:

Plan of care: 1) Trace stool for c. diff.
2) discuss about SLEDD at 10pm.
3) ~~RP 2 HM~~.
4) Inj. 40 mg Lasix @ 6pm.
5) d/w Nephrologist HM
6) SOS 2 bottles blood cl.
7) ~~SLEDD~~ HD from 4am - 10 am
8) CBP, S. albumin, S. electrolytes @4am HM.
9) IV antibiotics after SLEDD.

Overnight escalation triggers:

Doctor's name (Handover given): Dr. pratyu	Doctor's name (Handover taken): Nish	Consultant name:
Signature :	Signature:	Signature: D Anupama
Date & Time: 22/4/26, 6pm	Date & Time: 22/4/26	Date & Time: 22/4/26. 6pm

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PICU - 1
BED - 8

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26 11am	NUTRITION REVIEW	
	SODIUM CORRECTION	
	PBW: 40 kg	
	IBW: 43 kg	
	SODIUM BEFORE CORRECTION: 131 mg/dl	
	SODIUM REQUIRED : 135 mg/dy	
	CORRECTION FACTOR BOYS 0.6	
	= 0.6 × 43 (135 - 131)	
	= 25.8 (4)	
	≈ 103.2 mEq/dy	
	1g SALT HAS 16.9 mEq SODIUM	
	≈ 6g SALT/dy	
		PLAN
		6g SALT/dy
		ALONG 2 feeds
		1g/SALT/CYCLE
		BRUNDA 23/4/26 11am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCHBH /FRM / CLINICAL / 088

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : ~~23/4/26~~ 9/4/26 Day of Admission : D15 Today's Date & Time : 23/4/26

PRISM - III Score in first 24hrs. of Admission : 22 Today's SOFA Score :

OVERVIEW

Diagnosis : polytrauma / severe TBI / B/L hemothorax / hemoperitoneum / rhabdomyolysis / ALI - ATN.

Current Issues : ~~NOA~~ oligoanuria Hypertension

VITAL SIGNS Today's Wt. (kg) : 40 kgs Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : air entry B/L ⊕ NVBS

CXR :

SPO_2 : 100% O_2 by NC / FM / NRB mask / Oxyhood, at — L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details :

Ventilatory Settings : Leak around ETT : — Delivered Vt : —

ABG : (20/4) $EtCO_2$: P/F ratio : O.I. :

Chest Physiotherapy Plan : — Suctioning Needs : —

Any Nebs : — **ICD ?** ☐ Yes ☑ No, if Yes, details :

Plan of care :

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 126

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

Blood Pressures : NIBP : IBP : 130/65 (84) CVP :

Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min

☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min

☐ Milrinone mcg / kg / min

Any Other Infusions : Casir 0.3 mg/kg/hr amlodipine, prazosin TID BD

Last 2D Echo Findings : clonidine 50 mcg QID.

Size of the heart and lung fields in latest CXR :

Arterial line in situ : ☑ Yes ☐ No Place of art, line & its condition :

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

Day of arterial line : Day of Central line :

Plan of Care :

CNS

Neuro Exam : $E_4 V_5 M_6$ Interacting

Pupils : 2+ 2+ **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : — Types of Paralysis : —

Relevant CT Scan, MRI EEG, Neurosonogram etc. :

Plan of Care :

Ramsay Sedation Score :

urine – 110ml. 1700 over 6hrs

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☑ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : +882 / (+/-) ..... Input : ..... ml/k/d UO : 110ml ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : ..... @ ..... 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 135 K 3.3 Cl 103 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : ..... Feed – 940ml

Abd Exam : ..... IV Fluid – 240ml

Any organomegaly ? ☐ Yes ☐ No - If yes, describe : ..... Intusion – ~~[illegible]~~ 302ml

Plan (G.I. & Liver) : ..... albumin – 100ml

Medication – 320ml

~~1342~~ ml 80 ml/hr

~~1902~~ ~~55 ml/hr~~

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☐ Yes ☐ No - If yes, details : ..... Poly – B – D8 11

Describe c/s Reports : ..... Linezolid – D6

Other Labs (Latex, Serology, etc) : ..... Minocycline – D2

Ongoing Antibiotics : ..... Voriconazole – D2

CRAB ~~Drugs~~ –

NEPHROLOGY ISSUES

Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☑ Yes ☐ No - If yes, details : latex – 0.3mg/kg/hr, metolazone OD 5mg

Catheterized : ☐ Yes ☐ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : 23/4 8.8 | 16560 | 2.54

Any Coagulopathy : 90

Relevant Transfusion History : ..... 5. Albumin – 2.2.

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

Nephro review 20% albumin

Trace stool for C-diff

Trace BL c/s (19/4) – CRAB

send B/L c/s

Doctor's Name (Handover given) : Krathys

Signature : .....

Date & Time : 23/4/20

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

Signature : .....

Date & Time : 23/4/20

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26 8am	NUTRITION REVIEW	
		STOOL PASSED = 3/ Bristol-6
	PBW: 40 kg (50th Centile)	
	REE: 1351 KCal/d	Hb: 8.8 WBC: 16560
		Plt: 2.54L U: 56 C: 1.1
	NG Cyclical Feeds	Alb: 2.2 Amy: 147 Lip: 905
	Peptamen junior	Recall vol = 940 ml/d
	(1:35 ml) dilution	
	50 ml/hr (3 hr on 1 hr off) +	
	Nestum rice 1 scoop	
	in each cycle.	
	37 scoops for REE	27 scoops for recall
	Volume = 1295 ml/d for REE	
	72 ml/hr (cyclical) for REE	
	MACROS (RECALL)	
		E P C F
	Peptamen jr 27 scoops/d	985.5 27 137.7 35.1
	Nestum rice 6 scoops/d	144 1.8 33.6 0.06
	Total	1129.5 28.8 171.3 35.16
	per kg/d	28.2 0.72 4.28 0.87
	Cat. LUPRYMA / ZINCOVIT	Present feed: 50 ml/hr
	BOTH AND Cat. FERN.	Encourage orally Dietitian Mounica
	ADD PROBIOTIC	
	BRUNO 23/4/26	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes c/s/B	Dr. Anupama Doctor's Order
23/4/26 9:30AM	Polytrauma / severe TBI / DAI / B/L Hemothorax / hemoperitoneum / aortic dissection / Rt femur # / AKI	Plan
	Issues:	- send blood c/s - 2 bottles.
	Oliguric AKI	- Dr. venkat ram for dressing (informed)
	HTN	- Rt up and supine 4th hrly
		- 20% albumin @ 25ml/hr [4hr]
	on amlodipine	- stop SLEDD at 12pm
	prazosin	- Return the blood
	clonidine.	- Dr. satya priyad to review for steroids for ATN. (informed)
	Lasix - 0.3mg/kg/hr	- shift to zone - B single room/sho
	U/O - 110ml. last 24 hr	- chest physio & limb physio - OD - Dr. Nitya
	On SLEDD ongoing started @ 5AM.	- Add 3% saline (cnl)
		D/w Brundavani regarding adding to feed (informed)
	chest - clear	- keep arterial line for sampling & clear instructions about arterial line.
	P/A - soft	
	CNS - interacting & potents alert	- lasix to continue.
	CVS - HTN.	- encourage solids orally.
	HR - 130/min	
	RR - 18/min	- Inj. Lasix 40mg 1:20 PM
	SpO_2 - 100%	
	BP - 150/80 (104)	

22/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order Dr Anupama
23/4/26. 12 PM	Counselling notes.	
	patien is requiring alternate dialysis, after 4 days we will decide on urine output, regarding further dialysis. orthopedician will review for dressing, platelet counts are more than 1 lakh. Dietian is reviewing for diet. fat food should be avoided. patient can be shifted to zone-B. we are sending blood cultures now, will decide on course on duration of antibiotics. patient attendors explained about condition in their own language. we are taking Dr Nitya for psychology for consultation.	
		Dr Mathew
	(Father)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26 @3pm	S/B Dr Anupama	
	Dev Polytrauma / Aortic dissection /	Adv
	Child responding to commands.	① Add A to Z Syrup and OD
	Hypertensive BP: 160/76 (91) mmg	② Add vitamin D 800 OD
	On room air	③ Optimize antihypertensives
	Chest: Bl AE ⊕ Epul. NNBS	④ Stop 3% NS ✗
		⑤ Send phosphorus now electrolytes
	NA Soft BS ⊕	⑥ Add 1 gram Salt to each cycle of feed
	Cm. Bl pupils Epul and Reactive to light	⑦ If low phosphate plan to treat
	HR: 130/min Spn 99-100%	⑧ Tomorrow labs - CBP
	Enterobacter Add growth cefoxime	⑨ Make Background fluids at 20ml/hour ō Lasix infusion
		⑩ Keep arterial line ⊕ Infusion

23/4/26
3pm

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/22 @ 10.14pm	SB Dr Anupama	
	Abdominal distension	Adm
		① ~~Stop Feed now for 2 hours~~
	febrile -	
	Temp - 101°F	
	Abdominal Distension (A)	② Check temperature
		(B) ↑ IV fluids 30ml/hr
		4) stop feeds for 6 hrs
		→ If Fever comes down ⇓ give 40mg Lasix Stat
		→ Send PCT, CUE } Now
		→ STOP cefixime Add Meropenam, BD Dose
		T Pavan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/01/26 @10.15pm	SB Dr Anupama	
	HD line contaminated	Ab
		① Give Meropenem Milafungin via central HD line
	Abdominal distension	
		and Remove HD catheter
		② Plan to continue (or) not based on tomorrow status
		Noted by Shanty
	Dr. Anupama 23/01/26 10.15pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/10/26 6 AM	2nd/0 C/S/B Dr. Anupama mam	
	On 50 ml feed L Abdomenal discomfort noted.	Plan → Send RP, Now → USG Abdomen today → Keep NPO

Dr. T Pavan

Dr. Arjun 24/10/26 6am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/04/26 Day of Admission : 16 Today's Date & Time : 24/04/26 8:20Am

PRISM - III Score in first 24hrs. of Admission : 8 Today's SOFA Score : 4

OVERVIEW

Diagnosis : Polytrauma / SEVERE TBI B/L Hemothorax / hemoperitoneum / Rhabdomyolysis / AKI-ATN

Current Issues : Oliguria ~~Hypophosphatemia~~ Hypertension, sepsis, Pyrexia abd distention

VITAL SIGNS Today's Wt. (kg) : 40kg Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L AE⊕ NUBS

CXR :

SPO_2 : 100 % O_2 by NC / FM / NRB mask / Oxyhood, at RA L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details :

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

ABG : ⊖ $EtCO_2$: ⊖ P/F ratio : ⊖ O.I. :

Chest Physiotherapy Plan : ⊖ Suctioning Needs : ⊖

Any Nebs : **ICD ?** ☐ Yes ☑ No, if Yes, details :

Plan of care :

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 126 /min

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

Blood Pressures : NIBP : IBP : 130/65/84 CVP :

Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min

☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine — mcg / kg / min

☐ Milrinone — mcg / kg / min

Any Other Infusions : Inj LASIX 0.3 mg/kg/hr Hydralazine BD

Last 2D Echo Findings : Amlodipine BD

Size of the heart and lung fields in latest CXR : Prazosin BDTID

Arterial line in situ : ☑ Yes ☐ No Place of art, line & its condition : CLONIDINE QID

Central line in situ : ☑ Yes ☐ No Place of central line & its condition : Jugular line on 13/04/26

Day of arterial line : — Day of Central line : D11

Plan of Care : ABP flush

CNS

Neuro Exam : E4 V5 M6

Pupils : 2+ ⊕ **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : ⊖ Types of Paralysis : ⊖

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

Plan of Care : ⊖

Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I

☑ NPO ☑ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : ~~K88~~ 148ml / (+/-) ..... Input : 1.6 ml/k/d UO : 1.4 ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : ~~1/2~~ DNS + 3 mmol NaHCO3 @ 30 ml / hr (40% 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 133 K 3.1 Cl 104 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : 1.4 < 0.8 / 0.6 ALP-263 SGOT-78 SGPT-121 4.8 < 2.2 / 2.6 ratio 2.6

Abd Exam : Soft mildly distended.

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

NPO ; USG Abdomen today.

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☑ Yes ☐ No - If yes, details : 24/04/26

Describe c/s Reports : Inj Polymixin B D12 Minocycline - D3

Other Labs (Latex, Serology, etc) : Inj MICAFUNGIN D2

Ongoing Antibiotics : Inj Meropenam D2

~~T. VORICONAZOLE D3~~

T. LINEZOLID - D6

NEPHROLOGY ISSUES

Sr. Creat : 2.3 Bld. Urea : 92 Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☑ Yes ☐ No - If yes, details : Inj LASIX infusion 0.3mg/1kg/hr

Catheterized : ☑ Yes ☑ No - If yes, then day of Catheter : D14

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : .....

Any Coagulopathy : 8.3 > 15600 / 90/6 < 3.16L

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

NPO to continue

Trace BK/S (24/04/26)

USG Abdomen today

Doctor's Name (Handover given) : T. Pavani

Signature : [signature]

Date & Time : 24/04/26 8:30 AM

Doctor's Name (Handover taken) : K Sathya

Signature : [signature]

Date & Time : 24/4/26

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Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 18 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26	NUTRITION REVIEW	
8am		STOOL PASSED = 2 / Bristol - 6
	PBW : 40 kg (50th Centile)	
	REE : 1351 kcal/d	Hb: 8.8 Plt: 2.54
		U: 92 C: 2.3
	NG Cyclical Feeds	SGPT: 121 SGOT: 78
	Peptamen junior	Alb: 2.2 Amy: 167
	(1:35 ml) dilution	
	50 ml/hr (3hr on 1 hr off)	Recall vol = 600 ml/d
	with Nestum rice 1 scoop	
	in each cycle.	
	37 scoops for REE	17 scoops for recall
	Vol = 1295 ml/d for REE	
	72 ml/hr (cyclical) for REE	
	MACROS (RECALL)	
		E P C F
	Peptamen jr 17 scoops/d	620.5 17 86.7 22.1
	Nestum rice 4 scoops/d	96 1.2 22.4 0.04
	Total	716.5 18.2 109.1 22.14
	per kg/d	17.9 0.45 2.72 0.55
→	ALLOW OAS / COCONUT WAN	Present feed: 50 ml/hr
	ORALLY	Child is on NPO
→	10% AMINM - 1-2g/kg/d	Dietitian Mounica
	BRUNN	
	24/4/26	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/04/26 @9AM	C/O/W Dr Anupama [illegible]	Adv
		① Peripheral smear - to look for toxic granules
	Informed the lab	② Time Blood cultures
		~~③ USG abdomen now~~
		③ ~~Microfungin 3 days~~ ~~Stop voriconazole~~
		④ Secure peripheral cannula 1 more site -
		⑤ Dr Pushya [illegible] review for feeds and abdomen
		~~⑥ Stop calcimax-P Syrup~~
		⑦ Plan to shift to [illegible] based on USG report
		Dr. Anupama 24/4/26 9AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b	Dr. Anupama
29/4/26 12PM	Polytrauma / severe TBI / B/L hemothorax / hemoperitoneum / Rt Femur # / s/p fixation / aortic dissection / s/p graft / AKI - ATN.	P/o - Atarax anti-itch lotion to add ~~Dr.~~ Venkat Ram review. ~~Info~~ (informed) Make Dolo 650 QID - Train parents for NG feed - Restart NG feed 50ml/hr 3hr on 1 hr off 1gm salt in 150ml feed. - No need of nestem rice - Dr. Poushya mam review for feed and abdomen - Avoid ~~pot~~ banana & coconut water - shift to zone-B single room. - T. Clonidine 50mcg · TID x 3day BD x 2day OD x 2day and stop - RP$_2$ (T/M) - continue lasix infusion - sampling from EJ line - IV Fluid 20 ml/hr once we start feed
	Issues:- abdominal distention Fever spike 102°F Hypoalbuminemia Soakage from fixator site	
	On room air Hemodynamically stable activity better	
	HR - 135/min RR - 23/min SpO$_2$ - 100% BP - 130/90 mm Hg.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26. 5:40pm	Shifting notes	
	Dsis:- polytraema / severe TBI	
	B/L hemothorax / hemoperitoneum	
	Rt femur # /s/p fixation	plan.
	aortic dissection	
	AKI — ATN.	1. w/f fever spikes
		2. Monitor vitals.
	on room Air	3. Monitor urine output.
	Hemodynamically stable.	4. Train parents NG feed
	activity better	5. cyclical feeds 50ml/hr
		3hr on 1hr off
	Issues:- Abdominal distention	1gm salt in 150ml feed.
	hypoalbuminemia.	6. Avoid banana & coconut water
		(potassium rich foods)
	Vitals.	
	HR- 130	7. shift to zone-B single
	BP 135/95 (107)	room.
	RR- 32	8. plan clonidine taper
		50mcg TID x3 days
		BD x2 days
		OD x2 days
		stop
		9. tomorrow RP_2 (F/M)
		10. Continue lasix infusion
		11. sampling from EJ line
		12. Continue IV fluids 20ml/hr

Dr Matheen.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26. 8 PM	C/S/B pICU fellow. (Evening Round)	
	Δsis:- polytrauma / severe TBI.	plan
	Rt femur fracture.	1. W/I fever spikes.
	AKI - ATN.	2. Monitor vitals.
	on room Air	3. Monitor urine output.
	hemodynamically stable.	4. cyclical feeds 50ml/hr
		3h on & 1h off.
	vitals.	1gm salt in 150ml feed.
	HR - 120	
	BP - 138/94 (100) mmHg.	5. avoid ~~potassium~~
	RR - 30	banana & cocount water.
		6. plan Conidine taper
	urine 300 ml	50mcg TID x 3 days
		BD x 2 days
		OD x 2 days.
		7. Stop
		7. RB tomorrow.
		8. continue lasix infusion.
		9. sampling from EJ line
		10. continue IV fluids 20ml/hr
		Dr Nathan.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/D/w Dr. Anupama	
24/4/26		
9PM	polytraum/ severe TBI)	Plan
	B/E hemothorax	
	Rt femur #, aortic dissection	Hourly urine output
		stop feeds (NPO) for 4hrs
	Issues.	IV Fluid @ 30ml/hr
	Distended abdomen (+)	send sr-electrolytes
		(now)
	HR - 125	w/f fever spikes
	BP - 110/60 (81)	Inform PICU if any fever spike
	SpO_2 - 100%	
	RR - 18/min	
		D Anupama 24/4/26 9pm

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Anupama
Room No: 2

Date & Time	Progress Notes	Doctor's Order
24/4/26 1 PM	councelling Notes condition of child explained to parents that child will be shifted to ward. child has significant fever spike. child immune system needs support. Dr. venkat Ram dressing will be done. plan to sent cls from around site. Urine output is improved. Tomorrow urea, creatinine levels will be checked t/m. If increased, we need to plan dialysis. Feed will be restarted. Restrict fluids. Avoid oily food. Antifungals have been changed to injections.	

Father

K. Sathya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B	Dr. Sandeep
24/4/26 10:30PM	Polytrauma / severe TBI / B/L hemothorax / hemoperitoneum / Rt femur # / s/p fixation. aortic dissection / s/p grafting.	Plan
		- ~~exec~~ x-ray abdomen NOW
	Issues :-	- Inj. ondem NOW
	abdominal distention	
	irritability	- pull out NG fix at 40cm
	on room air	-
	Hemodynamically stable	
	no fever spikes	
	O/E	
	chest - air entry B/L ⊕	
	NVBS	
	P/A - distention ⊕	
	passed stools	
	CNS - alert, interacting.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26 8AM	CIS/B pico fellow.	
	polytrauma / severe TBI.	
	B/L hemothorax	plan.
	Rt femur # / s/p fixation	1. w/f fever spikes.
	aortic dissection s/p grafting.	2. keep NPO.
		3. continue IVF ½ DNS + $NaHCO_3$
	on room Air	30ml/hr.
	Hemodynamically stable	4. urine output hourly monitoring.
	one fever spike 6Am 100.3f.	
	Abdominal distention	5. continue Lasix infusion.
	5 semisolid stools	
	Inj polymyxin B – D7	Dr Mathew.
	Tab linezolid D7	
	Inj minocycline D4	
	Inj Meropenam D3	
	Inj micafungin D3	
	creatine – 3.3 ↑	
	urea – 139 ↑	
	Na^+ – 131	
	K^+ – 4.0	
	Cl – 99.	
	urine out – 430ml.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26. 9 AM	C/D/W Dr Anupama.	
	Issue :- Abdominal distention.	
		plan.
		1. Give 20% Albumin 50 ml over 4 hours with midway 20mg & endway lasix - 20mg.
		- Give 3 hours gap.
		2. 2nd aliquot 20% Albumin 50 ml over 4 hours with midway 20mg & endway lasix 20mg.
		3. Dr Shruti Nephrology Review.
		4. Dr Nabeel Sir Review.
		5. D/W Dr Nitin X-ray abdomen. regarding feed intolerance. whether to Repeat USG abdomen.
		Dr Mathew

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Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Anupama	
25/4/26 9:55AM	polytrauma/severe TBI.	
	B/L hemothorax/hemoperitoneum	plan
	Rt femur # S/p fixation.	1. Albumin transfusion As per plan.
	aortic dissection	2. Stop meropenam, Add Rifampicin
	S/p grafting.	3. Do trophic feeds cyclic feeding.
		30ml/hr 3hr on & 1hr off.
	on room Air	Do not add Nestum rice.
	hemodynamically stable	salt to diet.
	one fever spike 6Am 100.3f.	4. continue 1/2 DNS + HCO_3
	C/o 5 semisolid stools.	30ml/hr.
	Irritability.	5. Continue 3% NS at 10ml/hr
		6. Remove canula at left elbow.
	urine out put last 24hrs — 738ml	7. plastic surgeon consultation (Informed)
	last 24 hrs.	for wound. (Dr Naveen Sir)
		8. put PICC line 8cm Righthand.
	Inj polymyxin B — D7	start Aminovein 500 ml
	Tab Linezolid — D7	at 15 ml/hr.
	Inj minocycline — D4	9. Continous cardiac monitoring.
	Inj Meropenam — D3	
	Inj micafungin — D3.	
		Dr Mathoon.
	Last blood culture } showing CRAB	
	wound swab	
		Dr Anupama
		25/4/26
		9:53am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26. 6:30pm	C/S/B Dr Anupama.	
		plan.
	polytraema / severe TBI	1. Stop lasix infusion.
	B/L hemothorax / hemoperitoneum	2. allow Rice water.
	Rt femur # / s/p fixation	3. Start Inj lasix 40mg / IV / TID from 10pm
	aortic dissection s/p grafting	if U.O < 40ml
		inform PICU doctor
	on room Air.	strict asepsis
		4 serum electrolytes at 10pm.
	Hemodynamically stable	5. canula to be placed by IW nurses IW people
	urine out put 30 to 40ml/hr	6. T/m ~~CBP~~, RP1
		7. PICU doctor to Review night.
		8. continue 1/2 DNS + 35ml HCO_3 fluids 30 ml/hr
		9. Continue 3% NS 10ml/hr
		10. Continue trophic feeds cyclic feeding 30ml/hr 3hr on 1hr off
		D. Anupama 25/4/26 6:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/2026 2:40 AM	C/S/B PCW Fellow	
	Issues	plan
	(1) child had Retching and Blood tinged Vomiting ~20 ml	(1) Shift to PCW
		(2) Keep NG on free aspirate
	child was irritable	(3) NPO
	→ SpO_2 - 89% ↓ room air	(4) IVF DNS @ 30 ml/hour & NS @ 10 ml/hour
	HR 110/min	
	SpO_2 - 100% c̄ facemask	
	BP - 110/88 (96) mmHg	(6) Strict I/O Monitoring
	RR - 36/min	(8) Inj Esomeprazole Stat
	Focus done	
	B/c effusion (+) (Left > Right)	
	ucc - collapsing	
	Good left ventricular function.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 8:30 am	c/o/B PICU team	Plan
	child had an episode of hematemesis, bloody contents from nose ↓ patient placed in recovery position, suction done. ↓ child developed respiratory distress, gasping breathing airway - not maintainable ↓ child intubated with 6 mm cuffed ET tube, fixed at 18	1) start mechanical ventilation 2) Dr. poushya consultation 3) arterial line 4) ABG 5) pediatric surgeon consultation 6) PEEP titration 7) CXR Dr. pratyush

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Date & Time	Progress Notes				Doctor's Order			
	26/4/20 10AM		Optimal	PEEP.				
PEEP	PIP	Pplat	DP	Cdyn	HR	BP	SpO2	etCO2
6	22	17	11	17.2	121	97/42	90%	35
8	23	19	11	19.3	124	99/45	89%	43
10	25	21	11	19.5	126	100/45	88%	37
12	26	23	11	19.6	125	102/46	89%	38
14	28	25	11	19.3	122	102/45	90%	39
12	26	22	10	20	122	101/46	87%	38
10	24	19	9	21	122	102/45	88%	37
8	23	19	11	19.3	123	104/46	89%	38
6	22	18	12	18.6	122	103/50	88%	37
	optimal PEEP = 10							

Patient Sticker

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Dr Vikas

Date & Time	Progress Notes	Doctor's Order
26/4/26. 8AM	counselling notes.	
	patient is having irritability, urine out put is 40ml per hour, platelet have improved, indicator of clearance of infection, Hemoglobin is decreasing, urea & creatinine, are increasing. Increased urea causes retechis, blood vomiting, brain dysfunction can occur. Albumin is on lower side. one major issue, left side accumulation of blood is present. patient with pancreatic injury effusion is present. now presently continuing oxygen, 4 hours dialysis is needed. If normal water, healing occurs, no intervention required. pediatric surgeon will review will keep ICD for drainage. liver function tests., Hemodynamics is required. Albumin transfusion is required. patient condition explained to attenders in their own lame.	
	Satyavathi Mother	Dr Mathieu. 26/4/26. 8AM.

Patient Sticker

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Date & Time	Progress Notes	Doctor's Order
26/4/26. 8:30AM	Intubation Notes.	
	under Aseptic precaution, patient intubated with 6 size cuffed tube fixed at 16 cm, procedure uneventful.	
	Vitals.	
	HR - 100/min.	plan.
	Bp - 130/90 (90) mm Hg.	1. CXR.
	RR - 20	2. ABG
		3. PEEP titration.
		Dr Nachiket 26/4/26 8:30AM.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/2026 9:40AM	Counselling Notes Dr. Kapil	Room-2
	Parents have been Counselled that	
26/4/26 9:40AM	Counselling Notes	Dr. Kapil Room No-2
	condition of child explained to parents that child had blood in vomiting, severe bleeding, poor sensorium, child needs to be intubated and started on ventilator support.	
	Child hemoglobin is low. PRBC transfusion will be given. Gastro opinion about gastric bleed will be taken.	
	I/v/o AKI, decreased urine output child needs to be started on dialysis support	
	Satyavathi Father/Mother	K. Kathy 26/4/26 9:40AM

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06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Dr. Anupama	Plan
26/4/26 11 AM	Δ: polytrauma	1) 10 Fr X 12 cm
	Blunt injury Abdomen	right IJV HD catheter
	Aortic Dissection post Grafting	2) 14 size ryle's tube
	Acinetobacter Sepsis	& connect to
	Severe TBI	100 ml NS bottle
		3) Stop enteral
		drugs
	Concern: upper GI Bleed (2° to uremic Gastropathy/ pancreatic injury)	4) NTG infusion to
	Severe anemia	start
	not on any drugs causing upper GI Bleed — Encephalopathy	Target SBP 100-110
		5) continue morphine
	urea - 172	infusion
	Creat - 4	6) SLEDD for 4 hrs - 6 hrs.
	planning - SLED today	7) ~~CBP~~ / Q8H
	U/O - 1ml/kg/hr on diuretic	Hb /
	infusion	8) SLEDD-F
	S. Alb - 2.5 received 20%	Remove 1000 ml over
	Albumin yesterday	6 hrs.
		Blood flow - 150
	post intubation: localising to pain	Dialysate flow - 300.
	on morphine 60mg/kg/min	9) plan endoscopy tomorrow
	Drop in Hb: 7 to 4.4 mg/dl	morning for upper
	in 3-4 Hours	GI bleed
		10) SOS CECT Abdomen
		N.By [signature]
		12 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		11) Ventilation after SLED
	Last 3 day	Retitrate PEEP.
	issues of: feed intolerance septic ileus	
	USG Abd yesterday (25/4/26). → - Resolving pancreatic hematoma	CXR after left ICD & IJrline.
	- Ascites	12) Sedation: to cont. morphine
	- Dilated Bowel loops.	13.) Keep NPO
	(No surgical cause found)	14) to Decide on peripheral
	Last 24hrs - ↑ left side	PN — aminoven.
	pl- effusion	15.) Stop linezolid & all
	(∵ Probably 2° to pancreatic injury)	enteral drugs
		16.) IV Teicoplanin
		17.) Stop enteral antihypertensives
		16.) UK IV Antihypertensives
		17.) Cabs: Hb 8th hourly (~~2pm~~, 10pm)
		(8pm 4 4 AM) ABG at end of SLED
		send Lipase
		pl. Fluid
		18.) Analysis
		Gram stain
		culture
		pl. fluid lipase → to be sent (Pleural fluid)
		18.) to place PICC line
		- DNS + optineuron
		19.) to decide on 3% NS
		after ABG (to be done 2-3 hrs of SLED)
		N. By. Mosey @ 1pm
		26/4

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CULTURES SO FAR	
26/4/26 11 AM		
	09-04-2026: Blood culture - no growth	
	11-04-2026: Urine culture - no growth	
	11-04-2026 - Blood culture - no growth	
	11-04-2026: mini BAL culture - Acinetobacter baumanii	(Cs^n - Tigecycline & colistin)
	14-04-2026: Blood culture - no growth	
	18-04-2026: Swab - MRSA	(Cs^n - Genta, Amikacin, Clindamycin, Linezolid, Vancomycin, Teicoplanin, Linezolid)
	19-04-2026: mini BAL	
	(1) Culture - Enterobacter	
	(2) Culture - Acinetobacter	
	19-04-2026 - Blood culture - Acinetobacter	(Sn: Tigecycline & colistin)
	24-04-2026 - Blood culture - no growth (Interim report) 48hrs.	
	→ 24/04/26. - Pus c/s: Gram Negative + candida growth,	
	23/4/26 — CRAB → Needs to be updated	
	26-04-2026 - Blood culture - So far no growth	
	26/4/26 — Blood c/s.	
	28/4/26 — Urine c/s	
	tracheal c/s	

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Bed 8

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11 Am	Counselling Notes	Dr. Poushya
	Attendees have been counselled that the child had a couple of episodes of bloody vomitings which has tipped the balance. For now, high dose antacid infusion has been started. The cause for such bleeds will be evaluated. Upper GI Endoscopy will rule out if any big ulcers. Previous aortic dissection can be the reason for such bleeds. Background of pancreatitis predisposes child to risk of pseudoaneurysm and high urea levels could have resulted in uremic gastritis. For the aneurysm & previous aortic dissection history, CT angio will be needed for further management	
	Keshavtony	(Father)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SLED PRESCRIPTION	
26/4/26 2pm	c/o/w Dr. Satya Prasad	
		Plan
		- Use 4008 machine
	Drugs - 100 ml	- Nipro 0.9 Filter
	Aminoven - 500 ml	
	Infusions - 120 ml	- 1000ml to remove
	3% NS - 480 ml	over 6 hrs
	IVF - 480 ml	
	1680 ml	- Heparin free
	(67% M)	
		- Q_B 150 ml/min
		Q_d 300ml/hr.
		- Sodium profiling 150 meq/L
		Bicarbonate 35 meq.
		N.By Manu 26/4/26 @2pm
	send lipase 2hr of SLED.	
	ABG at ~~end of SLED~~	
	Hb - 8th hrly - 8PM, 4AM	
	Retitrate PEEP after SLED	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/2026 12:30pm	Counselling notes Dr. Anupama / Dr. Sandeep Parents have been counselled that child's situation now is worrying but not in panic situation. Child had upper GI Bleed. Cause of GI Bleed could be due to uremia or due to pancreas injury. Left lung effusion is more today, hence we have inserted ICD yesterday. Child had fall in hemoglobin from 7.2 to 4.2 gm/dl. We have to do dialysis Alon. We will plan to do endoscopy tomorrow. For pancreatic cause of Bleed, we have to do a contrast CT. As child has kidney injury, after contrast, we have to dialysis again. We have to monitor the child closely today and take decision on endoscopy and CT scan. We will do 6 hours dialysis session now. Parents counselled regarding jejunal feeding. Based on pancreatic injury, we will plan regarding feeding. Possibility of pancreatic cyst and Aneurism explained to parents. Acinitobacter bacteria is not clearing from Blood.	
	Dr. Vikas	(Feather)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	pancreatic injury is difficult to treat, we will have feeding difficulties, tomorrow CT chest will do; we have to remove contrast through dialysis, jejunostomy feeding (or) TPN to be given to be decided. No fresh bleeding from NG tube. patient condition is explained to attenders in their own language. pancreatic pseudocyst will leave, aneurysm can occur surgical treatment is needed. jejunostomy is required. for feeding, till pancreas is recovered. amylase report is normal range. today we will ~~remove~~ test lipase from lung fluid. Risk for life is present. patient condition is very critical. we have treat infection on priority basis today, tomorrow ventilator will be continued.	
		Dr Mathew
	(Father)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/9/22 4 AM	SLED C/O/W Dr. Satya Prasad	PRESCRIPTION
		Plan.
	Issue:-	
		- Use 5008 machine
	↓ urine output.	
		- Nipro 0.9 filter
	Increased urea.	
		- Heparin free.
		- Q_B 150 ml/min
		Q_d 300 ml/hr.
		- sodium profiling 150 meq/L
		Bicarbonate 35 meq
		N.B. Panel

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/D/W Dr. Sandeep	
27/4/26 6 AM		Plan
	IV Fluid - 720 ml	
	Aminovein - 360 ml	- ABG now
	Infusions - 336 ml	- ↑ UF to 100 ml/hr
	Medication - 80 ml.	- ↑ IV Fluid to 30 ml/hr (post PRBC)
	Bl products & correction - 200 ml.	- Restart aminovein @ 15 ml/hr
	1696 ml 70 ml/hr.	H.B. Tarun
		K Sathya

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/4/26 Day of Admission : D19 Today's Date & Time : 27/4/26

PRISM - III Score in first 24hrs. of Admission : 21 Today's SOFA Score : 1 + 3 + 4 = 8

OVERVIEW

Diagnosis : polytrauma / severe TBI / B/c hemothorax / Left ICD / ~~B/c~~ Hemoperitoneum. Rt femur # / S/p fixation / Aortic dissection / S/p graft.

Current Issues : HTN (on NTG) Hb drop, hematemesis. Oligoanuric AKI

VITAL SIGNS Today's Wt. (kg) : 40 Hematemesis. Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
air entry B/L ⊕

CXR : (26/4)

SPO_2 : 100% O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

Ventilatory Support : ☑ Yes ☐ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☐ No - If Yes, details :
AC-PC / FiO_2 - 40% / pressures - 19/8 / Rate - 20

Ventilatory Settings : Leak around ETT : ..... Delivered Vt : 7 ml/kg

ABG : 7.586 166 28.4 29.4 $EtCO_2$: 29 P/F ratio : 415 O.I. : 2.8

Chest Physiotherapy Plan : — Suctioning Needs :

Any Nebs : Budesal / TID **ICD ?** ☑ Yes ☐ No, if Yes, details : left ICD - 170 ml.

Plan of care :

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 136, S_1S_2 ⊕

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

Blood Pressures : NIBP : ..... IBP : 113/65 (80) CVP :

Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min

☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine ..... mcg / kg / min

☐ Milrinone ..... mcg / kg / min

Any Other Infusions : Nitroglycerine, stopped.

Last 2D Echo Findings : Lasix 0.3 mg/kg/hr.

Size of the heart and lung fields in latest CXR :

Arterial line in situ : ☑ Yes ☐ No Place of art, line & its condition : Rt radial

Central line in situ : ☑ Yes ☐ No Place of central line & its condition : Rt HD IJV, PICC line 20cm

Day of arterial line : day 2 Day of Central line : day 2, day 2

Plan of Care :

CNS

Neuro Exam : E, V, M, (sedated) ONSD 0.59 / 0.60

Pupils : 2+ 2+ B/L reactive **Sedation Used ?** ☑ Yes ☐ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : Morphine 60 mcg/kg/hr Dexmedetomedine 0.5 mcg/kg/hr Types of Paralysis : —

Relevant CT Scan, MRI EEG, Neurosonogram etc. :

Plan of Care :

Ramsay Sedation Score :

NG asp - 36ml ICD - 170ml.

FLUIDS STATUS NUTRITION AND G.I

☑ NPO +1036 ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : ~~+1308~~ / (+/-) ..... Input : ..... ml/k/d UO : 0.35 ml/kg/hr Stools : passed

NG output : ..... PO intake : .....

Feed Formula : — Feed Schedule : —

IV Fluids - Type of IVF : 10% DNS + optineuron @ 30 ml / hr (..... times maintenance)

TPN : ☑ Yes ☐ No - If yes, details : aminovein - 15ml/hr

1.25 % of Dext, Glu Inf Rate (mg/kg/min) 0.9 Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day)

..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI

Labs : Na ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : ..... IV Fluid - 720

Abd Exam : soft, distended Infusion - 264

Any organomegaly ? ☑ Yes ☐ No - If yes, describe : Aminovein - 360ml

Plan (G.I. & Liver) : hepatomegaly. Drugs - 80ml

Bl products & correction - 200ml

pantoprazole infusion. 1624 6.7ml/hr

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☑ Yes ☐ No - If yes, details : Teicoplanin - D_2

Describe c/s Reports : polymyxin-B - D_{15}

Other Labs (Latex, Serology, etc) : minocycline - D_6

Ongoing Antibiotics : micafungin - D_5

cap. Rifampicin - D_3

NEPHROLOGY ISSUES

Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☑ Yes ☐ No - If yes, details : 0.3mg/kg/hr.

Catheterized : ☑ Yes ☐ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : .....

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

Doctor's Name (Handover given) : K. Sathy

Signature : [signature]

Date & Time : 27/4/26 8 AM

Doctor's Name (Handover taken) : Dr. pratyne

Signature : [signature]

Date & Time : 27/4/26, 8am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 9:44Am	C/S/B Dr. Anupama	
	Δ: polytrauma	plan.
	Blunt trauma Abdomen	(1) Change PC above PEEP to 8
	Aortic Dissection - post Grafting	(2) % of fluid overload - 6%
	Acinetobacter sepsis/severe TBI	(3) to trace Blood Cs.
		(4) CT Abdome c̄ contrast
	issues: oliguric AKI	c̄ CT Angio c̄ vasopec
	upper GI Bleed	(5) upper GI Endoscopy at 2pm
	severe anemia	(6) once CT is done, to
	% fluid overload - 6%	Restart ~~CRRT~~, ~~SLED-F~~
	urine output - <1ml/kg/hour.	plan SCUF till 5pm
	ventilation	(7) Dr. Satyaprasad Sir Consultation
	on AC-PC mode	(8) to cont. NAC for 24 hours
	FiO2 - 40%	post CT Abdomen.
	PIP/PEEP - 19/8	(9) post CT Abdomen to Do:
	rate - 20/min.	CBP
		S. Albumin
	HR - 130/min	(10) Plan to do RP2 after
	BP - 113/67 (81)	4-6 hrs of stopping SCUF. (4--6hrs)
		(11) Duration of RRT to be discussed & decided after Dr. Satyaprasad Sir opinion.
		(12) PRBC Reserve at endoscopy
		R Anupama 27/4/26 9:44am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	plan. Doctor's Order
27/4/26. 11:30AM	C/S/B Dr. Anupama.	1. Trace serum Albumin if ≤3
		2. 20% Albumin 50 ml over 4 hours.
	case came from CT-scan.	8. f/b gap 2 hours.
		3. 20% Albumin 50 ml over 4 hrs.
	Vitals.	
	HR-120	- 2pm endoscopy
	BP-140/10 (100) mmHg.	
	RR-20.	4. orthopedician for dressing (informed)
		5. plan to continue SLEDD till 6pm.
		6. trace CBP, Albumin.
		Dr Matheen
27/4/26 12PM	C/D/W Dr. Anupama	
		- Get PRBC
		- Prime circuit c̄ PRBC
		- Remaining PRBC give to child ↓
		- PRBC f/b 30% albumin.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 1pm	c/o/w Dr. Anupama	Plan
	Issues :-	i) SLEDD for 8 hrs
	1) oliguranuric AKI	2) UF - 100 ml/hr
	2) upper GI bleed ↓ evaluation	3) PRBC + prime the circuit + Give remaining to patient
	3) Anasarca.	4) Reserve another unit PRBC for endoscopy
		5) stat dose avil
		6) PRBC Hb → 20% albumin 100 ml over 5 hrs.
		→ Xray Abdomen at 8PM
		Dr. prabhu
		Dr. Anupama 27/4/26 1pm

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Date & Time	Progress Notes	Doctor's Order

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EVENING HANDOVER SHEET OF PICU

Situation:
Current issues: 1) upper GI bleed – Gastric ulcers, erosive gastritis
s/p endoscopy + clipping.
2) Hypertension 3) oligo-anuric AKI

Background:
Provisional diagnosis- polytrauma | B/L hemothorax | hemoperitoneum pancreatic injury|

Events leading to current situation-

Assessment:
Ventilation/ ECMO/ Respiratory Support : FiO_2-40%, rate-25/min, pressure 16/8, V_{TE}- 8ml/kg

Hemodynamics: Hypertension – on NTG 1 µg/kg/min

Neurology: E4 VT M5

Nephrology: SLEDD started at 3pm

TPN - 1000 ml.
Inotropes -

Infection and antibiotics: continue same

Recommendation:

Plan of care: 1) olidinomel N4,550 E — without lipid. @ 40 ml/hr. & stop aminoven, IVF.

2) 20% Albumin 100 ml over 5 hrs after PRBC transfusion

3) continue SLEDD till 12 pm → restart lasix infusion

4) Remove extra-UF for 2 hrs before stopping SLEDD & give blood return.

5) CBP, RP-2, ABG, PT/INR @ 4am tmr.

6) Stop morphine at 5am, dexmed at 6am. SOS naloxone at 7am)

7) plan extubation tmr)

8) Titrate NTG to maintain SBP ~ 110 mm Hg.

9). PICC line — olidinomel, lasix, NTG, labetalol

10) Trace cls.

11) Stop NAC after this is completed.

Overnight escalation triggers:

1) worsening oxygenation
2) shock
3) upper GI bleeding

Doctor's name (Handover given): Dr. pratyu	Doctor's name (Handover taken):	Consultant name:
Signature :	Signature:	Signature:
Date & Time: 27/4/26, 5pm.	Date & Time:	Date & Time: 27/4/26 5 pm

12) USG - guided ascitic tap ↓ fluid for amy lase, lipase

13) Trace E, Mg, Phos

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/2020 1000pm	Fluid Calculation	Plan
	- IVF → (TDN) → 960ml	① Make UF 180ml @ 10:00pm
	- Injections → 360ml	
	- medication → 90ml	② Return blood @ 1200AM
	→ PRBC → 300ml	
	- Albumin - 100ml	
	1860ml	
	@ 78ml/hour	
		Dr. [signature]
		Note by Aiven

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/2026 @ 10.20AM	S/B Dr Anupama	
	Polytrauma / TBI / Aortic dissection / (L) Sep - Right femur # / Pancreatitis	Adv
		① Cert pleural fluid cell count -
	Issues	②
	① AKI - oliguric	② Change foley's catheter
	② Pancreatitis - Abdominal distension	③ Trace PCT, CUE, Urinals
	③ Hypertension controlled c̄ NTG and Labetalol	④ Trace Pus cls & Blood cls on 24/04/2026
	On mechanical ventilation fix. 40% PCUP 6. Rate: 12 PS-12 Hemodynamically Stable Chest BLAED Equal MBS	⑤ USG - abdomen and ascitic fluid tapping
		⑥ SBT + Plan for Extubation
	Pla. distended.	
	Gm. Bh pupils Equal & RR	⑦ Taper NTG and continue labetalol
	U/O ~ 30-35ml/hr last 2 hours.	
		⑧ Chest physiotherapy
		⑨ Keep HFNC ready
		⑩ Continue Lasix

D. Anupama 28/4/26 10:20AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B	Dr. Sandeep
26/4/26 2PM	Issues:-	Plan
	GRBS - 67 mg/dl.	- make IV Fluid
		~~10% 1/2 DNS + 35ml HCO3~~
		10% DNS + optineuron
		- Recheck GRBS after 1hr.
		KS Thp.
	C/D/W	Dr. Anupama
26/4/26 4PM	Drugs - 100 ml	Plan
	IV Fluids - 720	
	Aminovein - 360	- stop 3% NS
	Infusions - 144 ml	- IV Fluid 10% DNS @ 30ml/hr
	1324 ml	- Aminovein - 15ml/hr
	55 ml/hr.	
		M. Bay Manas 26/4/26 @ 4:20pm
		D Anupama 26/4/26 4pm.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/9/24		
9PM	IV Fluids - 720	
	Aminovein - 360	
	Infusion - 288	
	Drugs - 80	
	1448	
	60ml/hr.	
	C/S/B PICU Team	
27/9/24		
4AM	IV Fluids - ~~480~~ 480ml	Plan
	Infusion - 336ml	
	Drugs - 80ml	- SLED for 12hr
	Blood - 200ml.	in 5008 machine
	1096ml	
	45ml/hr.	
	Issues:	
	Decreased Urine output	
	ongoing PRBC.	

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Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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EVENING HANDOVER SHEET OF PICU

Situation:

Current issues:

27/4/26

Background:

Provisional diagnosis- polytrauma / severe TBI / B/L hemothorax / left ICD / hemoperitoneum / Rt Femur # / s/p fixation. aortic dissection s/p grafting

Events leading to current situation-

Assessment:

Ventilation/ ECMO/ Respiratory Support :

on AC-PC FiO2 - 40%
PIP - 19
PEEP - 8
Rate - 25/min

Hemodynamics:

HR - 126/min
RR - 25/min
SpO2 - 100% BP - 116/70 (84)

Neurology:

E1 VT M1

Nephrology:

Decreased U/O

Teicoplanin
poly- B
Minocycline
Micafungin

Infection and antibiotics:

Recommendation:

Plan of care:

- PEEP titration after SLED
- SBP 100 - 110mm Hg.
- Trace pleural fluid analysis, gram stain
- send sr. lipase
- ONSD monitoring
- PAC, POC for endoscopy
- SOS CECT abdomen (T/m)
- R/v regarding starting 3% NS after PRBC transfusion
- Hb to send @ 8pm, 4AM

Overnight escalation triggers:

- ↑ $EtCO_2$, ↑ distress,
- Fresh bleed
- Hemodynamic instability
- positive balance.

Doctor's name (Handover given): K. Sathya	Doctor's name (Handover taken): K. Sathya	Consultant name: D Anupama
Signature :	Signature:	Signature:
Date & Time:	Date & Time:	Date & Time: 27/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/9/2026 Day of Admission : D20 Today's Date & Time : 28/9/2026

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 8

OVERVIEW

Diagnosis : Polytrauma Severe TBI B/L Hemothorax Left PCD (P1) Femur # Shaft post IMIL plate

Current Issues : ① UGI Bleed - Gastric ulcers ② Falling platelet count ③ DIC

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

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE (+) Rhonchi all over

CXR : -

SPO_2 : 100% O_2 by NC / FM / NRB mask / Oxyhood, at L / min

Ventilatory Support : ☑ Yes ☐ No - Day # of Vent : **Nitric Oxide :** ☐ Yes ☐ No - If Yes, details :

SIMV - Rate 15 PIP/PEEP - 20/8

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : 7.45/58/41/155 $EtCO_2$: 42 P/F ratio : 387 O.I. : 2.8

Chest Physiotherapy Plan : - Suctioning Needs :

Any Nebs : **ICD ?** ☑ Yes ☐ No, if Yes, details : Sound

Plan of care : Platelet first Ch: Packed

Cefoxitin

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 110/min

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

Blood Pressures : NIBP : - IBP : 110/64 CVP : -

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

☐ Epinephrine - mcg / kg / min - ☐ Nor Epinephrine - mcg / kg / min

☐ Milrinone - mcg / kg / min

Any Other Infusions : Pantoprazole

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 : Day (3)

Central line in situ : ☑ Yes ☐ No Place of central line & its condition : Day (6)

Day of arterial line : Day of Central line :

Plan of Care :

CNS

Neuro Exam : Spontaneous eye Opening (+)

Pupils : 2+ 2+ **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : Types of Paralysis :

Relevant CT Scan, MRI EEG, Neurosonogram etc. : Stopped Sedation @ 7pm

Plan of Care :

Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I

☑ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : +147 / (+/-) Input : ml/k/d UO : ml/kg/hr Stools :

NG output : PO intake :

Feed Formula : Feed Schedule :

IV Fluids - Type of IVF : @ 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 K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :

Latest LFT :

Abd Exam :

Any organomegaly ? ☐ Yes ☐ No - If yes, describe :

Plan (G.I. & Liver) : Calorie 500 kcal/kg

Protein 0.4g/kg/day

Pulse

TPN - ↓ to 60 ml

Zyrin - 30 mg

Inf - 30 ml

Cant - 30 ml

Omz - 40 mg

↓ to 20 ml

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Sent ? ☐ Yes ☐ No - If yes, details :

Describe c/s Reports : Pyuria D4

Other Labs (Latex, Serology, etc) : A 2 Hrs - D2.

Ongoing Antibiotics :

poly-B → D16

Meropenem - P14 (Inc)

Metronidazole - D

Teicoplanin - D3

↓ to 7 ml/hr

NEPHROLOGY ISSUES

Sr. Creat : 0.9 Bld. Urea : 42 Other Relevant Labs :

P.D. ☐ Yes ☑ No - If yes, details :

Diuretics : ☑ Yes ☐ No - If yes, details : 0.3 ml/kg/hr

Catheterized : ☐ Yes ☐ No - If yes, then day of Catheter :

Ralevant Radiology (USC, MCUG radioisotope scan etc) :

Plan of Care :

HEMATOLOGY

Relevant Labs (CBP etc) : 7.7 | 102 | 10 | 1.9

Any Coagulopathy : Hb 1.2

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

- Plan for Extubation
- Ascitic tap to be planned.
- Plan for SUDD

Doctor's Name (Handover given) :

Signature :

Date & Time : 20/4/20

Doctor's Name (Handover taken) :

Signature :

Date & Time :

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2 Shoulder @ 12.30pm	Counselling room-2	Dr Venkatesan Dr Anupama
	Child is having ooze from External fixator with pins. We are having bacteria and fungal growth from the culture of the pin site ooze. We are planning to remove the fixator and control the infection. We will need to address infection now and regarding the limb she will require surgery for fixation of bone. We will go ahead and continue antibiotics to control the infection. Child pins will be removed and under sedation, bedside. There is minimal blood from trachea and mouth. We had done paracentesis to look for pancreatitis. There is drop in blood platelet counts which is of major concern. If cultures are showing major bacteria or fungus, we will decide on dialysis by night. We will plan for pain medication based on child pain sensors	

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/25 @ 4pm	counselling room-2	Dr Ramireddy Dr Anupama
	child is having ongoing infection and there is ascites. we had done fluid which is showing signs of infection. we are planning to place 2 abdominal drain - one into pancreas and one into abdomen. we will all intruments radiologist regarding the placement of drain into the abdomen.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Dr Anupama.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26. 6.40pm.	pancreatic scan has to be done, counselling notes. if Hemoglobin is dropping, next two days, special scan is needed. CT scan showing injury to pancreas, no leakage from aorta. Kidney is improved, now urine out put has decreased. we have to monitor urine output, we have to keep npo to recover. urea is also contributor. tomorrow we will see. blood, urea, creatinine. Kidney should improve. patient having irritability, upper GI endoscopy was showing ulcers. patient condition is critical, tomorrow can be final of extubation can be given. Dialysis reassessment needs to addressed. patient to be kept in ICU for 7 days. today CT chest, CT abdomen was done. yesterday 3 PRBC transfusion given. pantoprazole infusion is given. gastric ulcers are having bleeding. patient should come out of ventilator, dialysis should be stopped. DSA scan for pancreatic injury may be needed. NO new infection should not come. patient condition explained to attendees in their own language. today, sedation will be continued. Ascitic fluid needs to evaluated. if ascitic fluid is pancreatic fluid, ~~USG~~ ERCP may be needed.	Dr Mathew

(Father)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/26 @11AM	Procedure notes	P/B Dr Manesh
	Under strict aseptic precautions ascitic fluid tapping done. 2 Ml of ascitic fluid, yellow coloured drained.	
		Send fluid for ① Analysis ② culture ③ Amylas ④ Lipase
		Noted by Sudhir
12.40pm	S/B Dr Anupama	
	Clinical urine output reducing to 10-1 ml/hr	Adv ① Inj. Neloxone 40mg Iv ct

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/26		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/Bry.	Dr. Venkat Ram (Ortho)
28/4/2026		
1:30pm		→ C/S → Polytrauma
		→ # femur Rt (R)
		Inspected pin tract infection
		Often explaining to parents,
		→ Extend Fixation Removal
		Pin tracts are clean
	Will track child after complete recovery.	

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Date & Time	Progress Notes	Doctor's Order

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Dr. ANUPAMA Y

28/4/18.

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EVENING HANDOVER SHEET OF PICU

Situation:
Current issues: 1) Hypertension
2) Erosive gastritis / Gastric ulcers / upper GI bleed
3) Sepsis 4) peritonitis 5) pancreatic injury.

Background: 6) left pleural effusion / S/p ICD 7) ~~Oligo-anuric~~ AKI

Provisional diagnosis-
polytrauma / severe TBI / traumatic aortic dissection / S/p grafting
Rt. femur fracture

Events leading to current situation-

Assessment:

Ventilation/ ECMO/ Respiratory Support : SIMV rate-15/min, FiO_2-40%,
pressures - 16/6, V_{TE} - 8ml/kg.
RR - 23/min, SpO_2 - 100%, BS - RAE (+) clear

Hemodynamics: Hypertension :- On labetalol 0.5 mg/kg/hr

Neurology: on dexmedetomedine @ 0.2 mg/kg/hr

Nephrology: Urine output ~ 2 ml/kg/hr

Infection and antibiotics: continue same

Recommendation:

Plan of care: 1) pediatric surgeon consultation
2) plan extubation after abdominal drain insertion
3) plan trophic feeds from tomorrow
4) continue labetalol
5) change to nexpro tomorrow
6) 20% albumin transfusion in 2 aliquots
7) CBP, RP-2, tomorrow morning
8) CXR now.

Overnight escalation triggers:

1) extubation failure
2) recurrence of GI bleed
3) ↓ urine output.
4) worsening sensorium
5) Hemodynamic instability

Doctor's name (Handover given): Dr. pratyush	Doctor's name (Handover taken): K Sathya	Consultant name: D Arun
Signature :	Signature:	Signature:
Date & Time: 28/4/26 4pm	Date & Time: 28/4/26 4PM.	Date & Time: 29/4/26 4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/26 6:00 pm	Extubation notes	
	After successful SBT, child was extubated to oxygen with face mask @ 5l/min.	Plan
		1) Start NIV - CPAP c oronasal mask
		2) ABG after 2 hrs
	HR - 90/min	3) chest x-ray after 6 hrs.
	SpO_2 - 100%.	
	RR - 20/min	4) enteral anti-hypertensives SOS.
	BP - 140/70 mm Hg.	
		N. Bhanu Dr. Pratyusha

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Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26	NUTRITION REVIEW	
8:30 am		STOOL PASSED = 3 | Bristol = 5
	PBW: 40kgs	
	REE: 1351 Kcal/d	Hb: 7.7, WBC: 12720, PH: 1.68
		Na: 138, K: 3.2, Cl: 107
		U: 115, Creat: 1.7
PPN:	Oliclinomel N4 550E (Baxter)	
	Bag checked 1000ml Bag	
	with 750 ml 0sm/L	
	Total volume: 960 ml/d	
	current rate of flow: 40 ml/hr	
	MACROS (RECALL)	

	Oliclinomel N4	PPN recall 960 ml/d	Per kg/d	RDA
	Cal : 430 (without lipid)	412.8	10.32	
	Prt : 22	21.12	0.52	
	Carbs : 80	76.8	1.92	
	Na : 21	20.16	0.5	(2-5)
	K : 16	15.36	0.38	(2-4)
	Ca : 2	1.92	0.04	(0.5-1)
	Mg : 2.2	2.1	0.05	(0.125-0.25)
	Ph : 8.5 (with lipid)	8.16	0.2	(0.5-1)
	Cl : 33	31.68	0.79	(2-6)

	[redacted]	Present feed: PPN = 40ml/hr
		Nikitha Dietician

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/2026 11:14AM	Counselling Notes Dr Anupama	Room-2

Parents have been counselled that, we have extubated the child yesterday. Yesterday we have done Ascitic tapping. We will start cyclical feeding Now. If child tolerates feeds well then we will increase feeds child may require one more Session of SCED also in next 2-3 days. We will get an X-ray today. We will keep the child in PCW for next 1 week. If the condition worsens, child requires further NIV. Urine output is Good. Platelets are okay.

Anil

Plan
1. X-ray Right femur
2. B/C feet
3. Restart Vitamin-D.

(Father)

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : -55ml / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : ..... @ ..... 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 ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : .....

Any organomegaly ? ☐ Yes ☐ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

TPN - 960ml
Injen - 100ml
meal - 90ml
1260 @ 50 one/hour

INFECTION

☑ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☐ Yes ☐ No - If yes, details : .....

Describe c/s Reports : .....

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

Poly-B - D17 | A2 - D3
Tisethmiabocycline - D15
Mica Punm -
Eco plan - D3.
Rejunsa n - D4

NEPHROLOGY ISSUES

Sr. Creat : 1.7 Bld. Urea : 115 Other Relevant Labs : .....

P.D. ☐ Yes ☐ No - If yes, details : .....

Diuretics : ☐ Yes ☐ No - If yes, details : 0.3mg/kg/hour

Catheterized : ☐ Yes ☐ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : 7.7 | 12.7 | 20 | 1.68 Lakh

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

Doctor's Name (Handover given) : Dr. Vikas

Signature : .....

Date & Time : 29/9/2020 @ 9:00 AM.

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

Signature : .....

Date & Time : 29/9/20

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Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26. 10:15AM	C/S/B Dr Anupama.	
		plan.
	Asis:- polytrauma	1. observe for 4 hours on NRM
	Rt femur # s/p fixation	Mask.
	Aortic dissection	d/w Dr Sandeep, whether patient
	s/p grafting.	needs home ventilator Bipap.
	on NIV - Face mask.	2. Dr Khurshid for physiotherapy.
	FiO_2 - 50%. PEEP - 5	3. Dr Nitin sir USG abdomen to
	Ps - 2.	look for Ascitic fluid collection.
	extubated yesterday.	4. cyclical feeds 20ml/hr
	400ml Ascitic fluid tapped.	3hr on } peptamine junior
		1hr off }
	IV labetalol, NTG stopped	2 cycles, use foot drop splint
	currently on Amlodipine, prazosin (oral)	based on tolerance plan to
		increase 20ml each cycle.
	GCS $E_4V_2M_5$ 12/15.	
	preferring to sleep more	5. One more ~~[illegible]~~ bag (TPN)
		6. Renal parameter & urine out
	edema in both feet	put to inform Dr Satya prasad sir.
	discoloration over foot	CBP - 12th hourly
	pressure sore on knee	7. evening - electrolytes, CBP,
	diaper area rash present.	8. Send phosphate, magnesium - now.
		9. Continue Amlodipine, prazosin
		through NG
		10. optineuron MVT OD.
		11 stop Azithromycin after today dose.
		12 sucral Ano to Diaper area.
		Destin

[signature] 28/4/26 10:55am

noted by [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		14. candid mouth paint TID
		15. Tab Riboflavin 10mg/po/OD.
	Mouth – candid mouth paint / Quadrigel.	
	Diaper → Destin / Sucral Ano	16. continue pantop, lasix infusion to continue.
	cyclical feeding.	17 X-ray Rt femur. X-ray B/L foot
	11Am to 1pm 20ml/hr	
	2pm to ~~6pm~~ 5pm 20ml/hr	
	7pm to 10pm 30ml/hr.	
	11pm to 2Am 40ml/hr.	
	3Am to 6Am 40ml/hr.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/26 @ 5pm	S/B Dr Sandeep/ new team	
	A) Polytrauma/ Aortic dissection/ S/P Endovascular graft/ Pancreatitis/ Right femur fracture. S/P Nutrition/ Sepsis/ Upper GI Bleed.	Adv ① Start NIV- i Mechanical Ventilation i Oronaval mask 2 hr & 2 hr NRM; ② Send CBP, Electrolytes now.
	Sum ① Sedation withdrawal ② Hypertension On Ord antihypertensive ③ Pressure Sore	③ continue cyclical feeds at 20ml/hr 3hr on 1hr off ④ continue TPN @ 40ml/hr ⑤ Increase feeds to 30ml/hr - 40ml/hr as per plan
	On NIV- PS FiO2 50% POOP 5 PS 2 Hemodynamically stable Chest BhAOO Equal. MBS PA Soft BSD CNS No focal deficit	⑥ Arrange for vented mask with single limb circuit ⑦ mobilise left lower limb. ⑧ To stop aftermorphin after today's dose ⑨ True culture ⑩ Input output charting
	HR: 110/min Spo 100% i 50% FiO2 RR: 18/min	Noted by

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5pm 29/4/26	c/o/w Dr Anupama Mam	
	Informed the labs	Also ① Send Serum Potassium at 11pm ② CBP, RF2] Tomorrow morning
		Noted by [signature] [signature] 29/4/26 4pm

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/4/26 Day of Admission : 22 Today's Date & Time : 30/4/26

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

OVERVIEW

Diagnosis : polytrauma / Rt Femur # / s/p fixation / aortic dissection / s/p grafting / severe TBI / Bl hemothorax /

Current Issues : AKI
Gastric ulcers

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

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
air entry Bl c @, clear NRM 10 lit/min — 2hr
CXR : NIV
SPO_2 : 98% O_2 by NC / FM / NRB mask / Oxyhood, at L / min
Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : **Nitric Oxide :** ☐ Yes ☐ No - If Yes, details :
NIV - PS, FiO_2 - 50% / PEEP - 5, PS - 2
Ventilatory Settings : Leak around ETT : Delivered Vt :
ABG : $EtCO_2$: P/F ratio : O.I. :
Chest Physiotherapy Plan : Suctioning Needs :
Any Nebs : Budesol TID **ICD 2** ☐ Yes ☒ No, if Yes, details :
Plan of care : left ICD drain - 144 ml.

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 106/min
Quality of Pulses : good cap refill Time : < 3sec Liver Edge : cm below Rt costal margin
Blood Pressures : NIBP : IBP : 126/(80) 60 CVP :
Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min
☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min
☐ Milrinone mcg / kg / min
Any Other Infusions : amlodipine 2.5mg BD
Last 2D Echo Findings : Tab. Prazosin 2.5mg BD
Size of the heart and lung fields in latest CXR :
Arterial line in situ : ☒ Yes ☐ No Place of art. line & its condition : Right radial - D_3
Central line in situ : ☒ Yes ☐ No Place of central line & its condition : Rt IJV HD line, left UL PICC line.
Day of arterial line : D_3 Day of Central line :
Plan of Care :

CNS

Neuro Exam : Irritable
Pupils : 2mm 2mm reactive **Sedation Used ?** ☐ Yes ☒ No **Any paralysis ?** ☐ Yes ☒ No
Types of Sedation : — Types of Paralysis : —
Relevant CT Scan, MRI EEG, Neurosonogram etc. :
Plan of Care :
Ramsay Sedation Score :

WAT score (4), RASS (+2), CAPD - 21 (P.T.O.)

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☐ PO feeds ☑ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : -1133 / (+/-) ..... Input : ..... ml/k/d UO : 2.7 ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : peptamen Jr Feed Schedule : cyclical 40ml/hr 3hr on 1 hr of

IV Fluids - Type of IVF : ..... @ ..... ml / hr (..... times maintenance)

TPN : ☑ Yes ☐ No - If yes, details : Oliclinomel without lipid 20ml/kg. 40ml/hr.

..... % 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 138 K 3.1 Cl 104 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : ..... TPN - 960ml. TPN Feed

Abd Exam : ..... Feed - 720ml. cal 480 720 120

Any organomegaly ? ☐ Yes ☐ No - If yes, describe : Infusion - 96ml. protein 22g 20gm 42

Plan (G.I. & Liver) : ..... medication - 100ml.

correction - 100ml. NPN - 153

pantoprazole infusion - 0.2mg/kg/hr. 2000ml. 85ml/hr REE - 1350cal. 80.

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : poly - B - D19

Cultures Sent ? ☑ Yes ☐ No - If yes, details : Teicoplanin - D5

Describe c/s Reports : minocycline - D9

Other Labs (Latex, Serology, etc) : Azithromycin - D4

Ongoing Antibiotics : micafungin - D8

cap ~~Rifampicin - D6~~

NEPHROLOGY ISSUES

Sr. Creat : 2.2 Bld. Urea : 188 ↑ Other Relevant Labs : .....

P.D. ☐ Yes ☐ No - If yes, details : .....

Diuretics : ☐ Yes ☐ No - If yes, details : stopped.

Catheterized : ☑ Yes ☐ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : .....

Any Coagulopathy : 7.9) 14190 / 89/4 (1.79 lakhs

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

Trace ET c/s.

arrange vented mask

Doctor's Name (Handover given) : K Sathya

Signature : [signature]

Date & Time : 30/4/26 8AM

Doctor's Name (Handover taken) : Vikas

Signature : [signature]

Date & Time : 30/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26	NUTRITION REVIEW	
9am		STOOL PASSED = 0
	PBW: 40 kg (50th Centile)	Hb: 7.9 WBC: 14190 Plt: 1.79L
	REE: 1351 KCal/d	K: 3.1 U: 188 C: 2.2
	Fluids: 1900 ml/d	
	TPN: Oliclinomel N4 550E (Baxter)	EN: Peptamen junior
	Bag checked 1000 ml Bag	NG Cyclical Feeds
	with 750 m Osm/L	(1:35 ml) dilution
	without lipid	40 ml/hr (3 hr on 1 hr off)
	Current Rate of flow = 40 ml/hr	Recall vol = 420 ml/d
	Recall vol = 960 ml/d	12 scoops for recall
	MACROS (RECALL)	

Oliclinomel N4	TPN Recall 960 ml/d	EN Recall 12 scoops/d	Total	per kg/d	
Cal : 430 (without lipid)	412.8	438	850.8	21.2	
Prt : 22	21.1	12	33.1	0.82	
Carbs: 80	76.8	61.2	138	3.45	
Fat : 0	0	15.6	15.6	0.39	RDA
Na : 21	20.1	11.2	31.3	0.78	(2-5)
K : 16	15.3	13	28.3	0.70	(2-4)
Ca : 2	1.92	21.6	23.5	0.58	(1-2)
Mg : 2.2	2.1	3.96	6	0.15	(0.25-0.5)
Ph : 8.5 (with lipid)	8.16	14.4	22.5	0.56	(0.5-1)
Cl : 33	31.6	9	40.6	1	(2-6)

GIR : 2.3
NPN : 1:130

Present Rate of flow : EN = 40 ml/hr
TPN = 40 ml/hr

Dietitian Maurice

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/04/26 @1pm	Clinic Dr Abhishek Sir	
	Encephalopathy (+)	Adv
	EEG: Normal background activity (+)	(1) Can go ahead and give phenobarbitone
	Sleep spindles (+)	(2) Start SLODD as per Kwitcan plan
30/4/2026 200pm	Fluid calculation	
	→ cyclical feeds → 70ml	→ 1260 ml
	→ PPN 30ml/hour	→ 720 ml
	→ Medications	→ 90 ml
	→ Injections	→ 72 ml
		2142 ml 110%
		(1) 90ml/hour.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26. 3:30pm	C/S/B Dr Anupama.	
		plan.
	Assis:- polytrauma.	1. Give stat dose of comitive
	Aortic dissection	2. send Ammonia, LFT - Now.
	s/p grafting.	3. keep NPO.
	Right femur #	4. TPN 40ml/hr.
	s/p fixation.	
		noted by
	Issues:-	Vendor
	encephalopathy.	
		Anupama 30/4/26 3:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26 13:36pm	Counselling notes	D. Anupama D. Gaten.

Family has been explained about the medical condition of the child. They have been explained that child is drowsy and he is not responding to voice and pain as before. His vasc is 180 and Gucot is 2.0. He would need SLED (form of deliyei) for delayed serial parameters. Neurologist opinion was sought. Plan is to do EEG and to reason erroneous. ~~Bf [illegible]~~ ~~[illegible]~~, Post deliyei serum cried is drowsy, not responding to voice and pain plan is to do CT/MRI. For MRI Brain he has nails (leg) and aortic graft. We need to discuss c Cult teams about the compatibility. Need for additional serum of deliyei explained. Guarded prognosis need for prolonged in stay and risk of death explained. Risk of secondary infection, stroke (brain), ~~[illegible]~~ prolonged hospital stay explained

D. Anupama

Satyavathi Gotha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26 @ 10.30 AM	S/B Dr. Anupama	
	Dx Polytraumal	
	Aortic dissection - s/p	Adv
	Endovascular graftingl.	① Dr. Subapprasad consultation
	Right femur fracture -	for Sun
	s/p intramedullary nailingl.	
	Pancreatitis / Traumatic	② 6 hrs SLEDD
	Brain Injury	prime circuit with PRBC.
		Return blood at end of session
	Issues	remove 500ml during SLEDD.
	① Rising urea and	
	Creatinine	③ Neurology Review
	② Delirium and	once pantoprazole infusion over
	sedation withdrawal.	change to IV pantoprazole.
	③ Gastric ulcer - post	④ every cycle increase feed 10ml
	Banding - On Pantop infusion	each cycle today to reach till
	④ Hypertension - Controlled	70 ml/hr 3 hr on 1 hr off.
	with amlodipine + Fragorin	⑤ After dialysis over do ABG
		with phosphate.
	On NIV + NRM Cycling (2hr)	
	Excessive sleepiness since morning	⑥ Change to O_2 via NP @ 2 lit/min
	Hemodynamically stable	
	HR 114/min Spo: 100%	Dr Matheen
		Noted by Vaidyanathan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26.		
11:31am		
	Discussed c̄ Dr. Satya Prasad.	
	child is Drowsy.	
	Response to deep pain	
	increase in urea 115	– 188
	Drowsy → ? LO to ↑ urea.	
		Plan
		– Mannitol 2ml/kg.
		Phenobarbitone 3mg/kg.
		(after pr Abhishek sound)
		– SLED for 6hr.
		BF – 100ml.
		DF – 200ml.
		– Remove 500ml over
		6hr.
		– Run 3% Nacl @.
		20ml/hr.
		– Monitor sensorium during
		SLED.
		– w/H antihypertensives.
		During SLED.

– Neurocons

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NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/2026	C/S/B	Dr. Anupama
700pm		(1) Stop SLED after 2hours - Do not return Blood
	polytrauma.	(2) Feeds 50ml/hour
	MRI sto micro hemorrhages in Brain	(3) End of PRBC - To give Lamp
	encephalopathy - Better	(4) Stop Azithromycin and Tcioplanin
	Hemodynamicy stable	(5) poly-B 21 days Minotrise
		(6) Rigampam - 7days.
		(7) TAB Paracetamol 6m hourly
		(8) SOS Dexmed
		Noted by Vandana @ 7:40pm.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/2026 7:45pm	Counselling Notes	Room-2
	Dr. Anupama / Dr. Sandeep	
	Parents have been counselled that, child has changes in MRI. There are microbleeds in MRI. Microbleeds could be due to trauma, injection; due to long bone fracture. Currently child is able to open eyes. We will restart feeds. Regarding Neuro-prognostication tomorrow Neurology specialist will see and decide on further Neuroprognostication and further treatment. Fungal injection is one more possibility. We will stop dialysis after 2 hours. If child is irritable, we will give Dexmed injection.	
		(Father)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

30/5/2026

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EVENING HANDOVER SHEET OF PICU

Situation:
Current issues: ① Encephalopathy (? Uremic encephalopathy)
② AKI → Non-oliguric
③ Ref ICD insitu - 14 Fr ④ Gastric ulcers.

Background:
Provisional diagnosis-
Polytrauma | TBI | Blc Hemothorax / Hemoperitoneum / Pancreatic injury
Rt femur # | Aortic dissection
Rt ICD insitu
Events leading to current situation-
polytrauma ← fall from 5th floor

Assessment:
Ventilation/ ECMO/ Respiratory Support : RR → 18/min.
on low flow oxygen with Nasal prongs.

Hemodynamics: on 2 Anti-HTN medications HR - 110/min
SpO2 - 100%
BP - 110/60
RR - 18/min (78)

Neurology:

Nephrology: U.O per hour ② 2.5 - 3ml/hour
Input ~ 90ml/hour Output ③ ~ 120ml/hour

No fever spikes

Infection and antibiotics:

Polymyxin-B - D19
Minocycline → D9 (Tige + mno D8)
Teicoplanin - D5
~~Azithromycin - D4~~
Micafungin - D8
Rifampicin - D6.

Recommendation:

Plan of care: (1)

(1) Continue low flow oxygen
(2) N/F HTN
(3) NG feeds cyclical max 70ml

Overnight escalation triggers: (a) SLED for 6 hours

Doctor's name (Handover given): Vikas	Doctor's name (Handover taken): K. Sathya	Consultant name:
Signature :	Signature:	Signature:
Date & Time: 30/4/26	Date & Time: 30/4/26	Date & Time: 30/4/26 6pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/26	NUTRITION REVIEW	
9:30am		STOOL PASSED = 13/ Bristol-6
	PBW: 40 kg (50th Centile)	
	REE: 1351 KCal/d	Hb: 7.9 WBC: 14190 Plt: 1.79L
	Fluids: 1900 ml/d	Na: 142 K: 3.5 Cl: 112
		U: 127 C: 1.3 Alb: 2.4
TPN: Olidinomel Ny 550 E		EN: NG Cyclical Feeds
Baxter) Bag checked 1000ml Bag		Peptamen junior
with 750 ml Osm/L		(1:35 ml) dilution
without lipid		50 ml/hr (3hr on 1hr off)
Current Rate of flow = 40 ml/hr		Recall vol = 720 ml/d
Recall vol = 890 ml/d		20 scoops for recall
MACROS (RECALL)		

Olidinomel Ny	TPN Recall 890 ml/d	EN Recall 20 scoops/d	Total	per kg/d
Cal : 430 (without lipid)	382.7	730	1112.7	27.8
Prt : 22	19.5	20	39.5	0.98
Carbs : 80	71.2	102	173.2	4.3
Fat : [redacted]	0	26	26	0.65 RDA
Na : 21	18.6	18.8	37.4	0.93 (2-5)
K : 16	14.2	21.8	36	0.9 (2-4)
Ca : 2	1.78	36	37.7	0.94 (1-2)
Mg : 2.2	1.95	6.6	8.55	0.21 (0.25-0.5)
Ph : 8.5 (with lipid)	7.56	24	31.5	0.78 (0.5-1)
Cl : 33	29.3	15	44.3	1.10 (2-6)

GIR : 3	Present Feed: TPN - 40 ml/hr
NPN : (1:146)	EN - 50 ml/hr (cyclical) Dietitian Monica

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/2026 800AM	c/o/w Dr. Anupama	
		plan
	Issues	(1) 20% Albumin 100ml IV over 5 hours c̄ 20mg lasix mickey and 20mg endway
	(1) Loose stools over night	
	currently used is in room air	(2) Continue Infusion @ hours 0.1 mg/kg/hour
	hypotensive on 2 antihypotensive	(3) Neuro consult Gastro consult
		(4) Stop fi Jamepicin
		(8) Trace cultures.
		(5) Feeds 60ml cycled
		(6) IVF. DNS + 5ml kcl + Calcel IVinf 30ml/hour
		(7) keep IVF 15ml during Albumin transfusion
	Dr. Anupama 1/5/26 Sam	N.B. Tamil

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/08/26 @4pm	S/B Dr Sandeep	
	Dx Polybrauma / Aortic dissection S/P Endovascular graphy / Right femur fracture S/P Nasy / Pancreatitis	Adv ① Add oral metronidazole ② Make half calories as Oral(NC)+ 1/2 PPN.
	Issues ① Ongoing loose stool ② Sacropenia ③ Pain at Perianal area.	③ Diclinomel at 65ml/hr without limit ④ Keep cyclical feed at 40 ml/hr
	On room air Hemodynamically stable chest BLAT ⊙ Equal MBS NA Sgt B ⊙ Neurology Responding to mother Trucking ⊕ E4V3M6.	⑤ Continue Probiotics ⑥ Continue Input/Output monitoring ⑦ CBP, RP2 T/M

N.B. Tamil

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06-06-2012 13 Y 10 M 25 D
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6pm 01/05/26	Cpho Dr Anupama uniam	
	Informed regarding the ongoing loose stools	Also
	5 Episode of large volume watery stool	(1) Continue PPN @ 65ml/hr
		(2) continue feed at 60ml/hr
		(3) Add Oral zinc 20mg OD
		(4) continue Probiotics
		(5) Don't move right leg.
		(6) WF dehydration
		(7) CBP, RBS] 1 Pm
		NBy. MOSES 1/5/2026 @ 8pm

Docu. No. : RCHBH /FRM / CLINICAL / 088

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 24 D (M)
Dr. ANUPAMA Y

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/4/26 Day of Admission : 23 Today's Date & Time : 1/5/26

PRISM - III Score in first 24hrs. of Admission : 22 Today's SOFA Score : 0+1+0+0+0+2

OVERVIEW

Diagnosis : polytrauma/ Rt femur #/ s/p fixation/ aortic dissection/ s/p grafting/ severe TBI/ Blc hemothorex/ Gastric ulcers.

Current Issues : AKI = (3)
Gastric ulcers
encephalopathy (improving)

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

RESPIRATORY SYSTEM

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

CXR :

SPO_2 : 99% O_2 by NC / FM / NRB mask / Oxyhood, at RA L / min

Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : **Nitric Oxide :** ☐ Yes ☒ No - If Yes, details :

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG (1/5) 7.46/36.8/94.8/26.6 $EtCO_2$: lactate - 1.3 P/F ratio : O.I. :

Chest Physiotherapy Plan : Suctioning Needs :

Any Nebs : Budesol TID **ICD ?** ☒ Yes ☐ No, if Yes, details :

Plan of care : left ICD - 80ml.

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 110/min

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

Blood Pressures : NIBP : IBP : 130/70 (90) CVP :

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

☐ Epinephrine - mcg / kg / min - ☐ Nor Epinephrine - mcg / kg / min

☐ Milrinone - mcg / kg / min

Any Other Infusions : amlodipine 2.5mg BD

Last 2D Echo Findings : prazosin 2.5mg BD.

Size of the heart and lung fields in latest CXR :

Arterial line in situ : ☒ Yes ☐ No Place of art. line & its condition : Rt radial D4

Central line in situ : ☒ Yes ☐ No Place of central line & its condition : Rt IJV HD line, left UL PICC line.

Day of arterial line : D4 Day of Central line :

Plan of Care :

CNS

Neuro Exam : $E_4V_5M_6$

Pupils : 2mm 2mm reactive **Sedation Used ?** ☒ Yes ☐ No **Any paralysis ?** ☐ Yes ☐ No

Types of Sedation : Dexmedetomedine 0.4mg/kg/hr. Types of Paralysis :

Relevant CT Scan, MRI EEG, Neurosonogram etc. :

Plan of Care : MRI brain -

Ramsay Sedation Score :

RASS - 0 (-1) WAT-1(2) CAPD-18. (P.T.O.)

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☐ PO feeds ☑ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : -331 / (+/-) ..... Input : ..... ml/k/d UO : 2.6 ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : peptamen JR ..... Feed Schedule : cyclical 50ml 3hrs on 1 hr off

IV Fluids - Type of IVF : DNS + KCl @ 40 ml / hr (50% 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 142 K 3.5 Cl 112 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : Soft. peptamen JR 900ml.

Any organomegaly ? ☑ Yes ☐ No - If yes, describe : 900 kcal. 26 gm protein

Plan (G.I. & Liver) : 22.5 kcal/kg 0.7 gm/kg.

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☑ Yes ☐ No - If yes, details : poly - B D 20/21

Describe c/s Reports : ~~Teicoplanin - D6~~

Other Labs (Latex, Serology, etc) : minocycline D 18/21

Ongoing Antibiotics : ~~Tigecycline~~ ~~Azithromycin D5~~

micafungin - D9

NEPHROLOGY ISSUES

Sr. Creat : 1.3 ↓ Bld. Urea : 127 ↓ Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☑ Yes ☐ No - If yes, details : Lasix 0.1 mg/kg/hr

Catheterized : ☑ Yes ☐ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : albumin - 2.4 gm

HEMATOLOGY

Relevant Labs (CBP etc) : .....

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

- To decide about albumin infusion
- To " " feed.
- send stool for Cl. diff

Dr. Poushya } opinion
Dr Ramesh

Doctor's Name (Handover given) : K Sathya

Signature :

Date & Time : 1/5/26

Doctor's Name (Handover taken) : Uday

Signature :

Date & Time : 1/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

C/S/B Dr. Sandeep

Date & Time	Progress Notes	Doctor's Order
1/5/26	Polytrauma/ severe TBI/ Aortic dissection/ S/p graft/ Rt femur #/ S/p. Fixation/ B/L hemothorax/ Gastric ulcer	Plan - stop lasix - Trace CSE, cl-difficle
	on room air. Hypertensive ⊕ Encephalopathy (improving)	- optimize anti-HTN (↑ prazosin BD to TID) - Gastro opinion
		~~Add syp melatonin, clonazepam~~ M.B. Tarun

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(P.T.O)

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☐ PO feeds ☑ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : -148 / (+/-) ..... Input : ..... ml/k/d UO : 2.5 ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : peptamen JR cyclical Feed Schedule : 40ml/hr 3hr on, 1hr off

IV Fluids - Type of IVF : — @ — ml / hr (..... times maintenance)

TPN : ☑ Yes ☐ No - If yes, details : PPN oliclinomel N4 & lipid 65ml/hr

..... % 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 146 K 3.5 Cl 114 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : Soft

Any organomegaly ? ☐ Yes ☐ No - If yes, describe : .....

Plan (G.I. & Liver) : Feed - 720 ml
PPN - 1560 ml.
Infusion - 120 ml.
medication - 80 ml
2480 ml

1900

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☐ Yes ☐ No - If yes, details : .....

Describe c/s Reports : polymyxin-B D21/21

Other Labs (Latex, Serology, etc) : (Tigecycline) minocycline - D 14/21

Ongoing Antibiotics : meropenem - D10
T-metronidazole + D2

NEPHROLOGY ISSUES

Sr. Creat : 1.6 ↑ Bld. Urea : 182 (↑) 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 : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : REE - 1350 ~ 1400
700 kcal 700 kcal
peptamen JR PPN

HEMATOLOGY

Relevant Labs (CBP etc) : 8.7) 15560 (1.70L

Any Coagulopathy : 8715

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

Doctor's Name (Handover given) : Moned

Signature : AA

Date & Time : 2/5/26

Doctor's Name (Handover taken) : K Safiya

Signature : 2/5/26

Date & Time : 8 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26	NUTRITION REVIEW	
7.40am		STOOL PASSED = 13/ Bristol-6
	PBW: 40kg (50th Centile)	
	REE: 1351 kCal/d	Hb: 8.7 WBC: 15560 Alb: 2.4
	Fluids: 1900 ml/d ✓	Plt: 1.70L Na: 146 K: 3.5
		Cl: 114 U: 182 C: 1.6
TPN:	Oliclinomel N4 550E	EN: NG Cyclical Feeds
	(Baxter) Bag checked 1000ml	Peptamen junior
	Bag with 750m Osm/L	(1:35 ml) dilution
	without lipid	40 ml/hr (3hr on 1hr off)
	Current Rate of flow = 65 ml/hr	Recall Vol = 850 ml/d
	Recall Vol = 845 ml/d ✓	24 scoops for recall
	MACROS (RECALL)	

	Oliclinomel N4	TPN Recall 845 ml/d	EN Recall 24 scoops	Total	per kg/d
Cal	: 430 (without lipid)	363.3	876	1239.3	30.9 ✓
Prt	: 22	18.5	24	42.5 ✓	1 ✓
Carbs	: 80	67.6	122.4	190	4.75 ✓
Fat	: 00	0	31.2	31.2	0.78 ✓
Na	: 21	17.7	22.5	40.2	1 ✓
K	: 16	13.5	26.1	39.6	0.99 ✓
Ca	: 2	1.69	43.2	44.8	1.12 ✓
Mg	: 2.2	1.85	7.92	9.7	0.24 ✓
Pb	: 8.5 (with lipid)	7.18	28.8	35.9	0.89 ✓
Cl	: 33	27.8	18	45.8	1.14 ✓

GIR	: 3.2 ✓	Present Rate of flow = EN - 40 ml/hr
NPN	: 1:153	TPN - 65 ml/hr

Dietitian Mounica

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B	Dr. Anupama
2/5/26	Polytrauma/ Rt femur #/	
10:30 AM	s/p Fixation/ aortic dissection/	Plan
	s/p grafting/ severe TBI/	
	B/c hemothorax /left ICD/	Bristol stool chart to use
	gastric ulcer.	~~DNS~~ plasmalyte @ 30ml/hr
		PPN @ 30ml/hr. → 30ml/hr.
	Issues:-	- allow orally.
	- loose stools (antibiotic associated diarrhoea)	- ↑ NG feed to 55ml/hr
	- hypertension	
	- ↑ urea	- 6th hrly input-output
	on room air	if +ve >200ml. inform
	Hemodynamically stable	- Diaper weight for stool loss
	encephalopathy better	Clamp ICD
	- understanding verbal commands	start oral clonidine
	- asking for food	100mcg 8th hrly
		8th hrly ↓ dexmedetomidine
	Chest - air entry B/L ⊕	by 0.5ml/hr.
		(↑clonidine, ↓ dexmedetomidine)
	HR - 115/min	
	RR - 20/min	urea, electrolytes @ 8PM
	SpO2 - 100%	stop polymyxin-B after
	BP - 130/70 mmHg	evening dose.
		PS (aak) — Neutrophilic predominance rest ⊕
		- Trace c/s. cl. diff.
	- send stool for c/s.	
		2/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Anupama
Room no: 2

Date & Time	Progress Notes	Doctor's Order
2/5/26 11AM	Councelling notes	
	condition of child explained to parents that MRI brain report showed multiple bleeds. child has loose stools, cause could be due to damage to intestine, antibiotics, child nutrition need to be supported.	
[redacted]	Child needs to be encouraged orally. We are continuing IV fluid & PPN. semisolid diet to be continued. Antibiotics are decreased. Child is better (neurologically).	
	We plan to continue fluids. Evening urea levels will be checked. In case of any disturbances we plan for dialysis.	
	Child will be shifted to ward (zone - B) tomorrow. ICD has been blocked. We plan to do x-ray in evening.	
[redacted]		
	Father.	K Sathya

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 3 pm	C/S/B Dr. Anupama	Plan
	As:- polytraumal severe TBI / B/L hemothorax / hemoperitoneum / pancreatic injury / rhabdomyolysis / AKD / Gastric ulcers / erosive gastritis / upper GI bleed	1) Stop poly-B 2) Start piptaz Inj. 3) Trace stool c/s ↓ consider loperamide if c/s negative 4) Allow orally ~~5) RP-2 @ 8pm~~
	on room air Hypertension (+) HR - 105/min BP - 124/65 (84). SpO_2 - 100%.	6) Target isobalance 7) monitor stool output 8) PCT, RP-2, S. albumin tomorrow morning 9) urea, Electrolytes } 8pm
	NG feed - 990 ml PPN - 720 ml plasmalyte - 720 ml. Drugs - 80 ml. Infusions - 84 ml 2610 ml. (137% M).	10) plan to stop minocycline tomorrow 11) CXR tomorrow morning NB Bussa

D. Anupama
2/5/26
5pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling notes	
		Bed &
2/12/26		Dr Ramya
10:30 am		
	Dr MRI brain, there is edema at multiple foci that can be due to trauma causing injury. The systemic issues will take some time.	
[redacted]		
	L & L	Dr Haribe
[redacted]		

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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1000ml - 620

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PROGRESS NOTES AND DOCTOR'S ORDER

990+

Date & Time	Progress Notes	Doctor's Order
2/5/26 11AM	IV Fluid (plasmalyte)	30ml/hr = 720ml.
	PPN	30ml/hr = 720 ml.
	NG feed (peptamen)	= 990 ml.
		2430ml.
	Intusion	120ml
	medication	80ml
		2630ml.
		C/D/w Dr. Anupama
2/5/26 12PM	polytraumal	
	gastric ulcer	Plan
	antibiotic cm diarrhoea	
		- send serum amylase lipase.
		- one dose of vit-K.
		NB Bush
		D. Anupama 2/5/26 1128am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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06-06-2012 13 Y 10 M 18 D (M)
Dr. ANUPAMA Y

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EVENING HANDOVER SHEET OF PICU

Situation:
Current issues: oligo-anuric ARI.

Background:
Provisional diagnosis- polytrauma / severe TBI / DAI

Events leading to current situation-

Assessment:
Ventilation/ ECMO/ Respiratory Support : room air

Hemodynamics: Hypertension on amlodepine, prazosin

Neurology: drowsy, RR - 15/min

Nephrology: feeds - 1440 ml
drugs - 50 ml.
Infusions - 50 ml
1540 ml.

Infection and antibiotics: Stop meropenem

Recommendation:

Plan of care:

1) oral pcm, Mito-Q7, Strocit, lacosamide, voriconazole.
2) RP-2 @ 11 pm
3) CBP tomorrow morning.
4) SOS ABG

Overnight escalation triggers:

1) worsening sensorium
2) ↑ in respiratory distress → SOS plan SLEDD session
3) Hypertension
4) Bradypnea

Doctor's name (Handover given): Dr. Pratyna	Doctor's name (Handover taken): Dr. Vibas	Consultant name:
Signature :	Signature:	Signature:
Date & Time: 21/4/26 6pm.	Date & Time: 21/4/26 6pm	Date & Time: 24/4/26 6p

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 2AM	C/S/B PICU fellow.	
	Issues:-	plan.
	10 loose stools since morning	1. Make plasmalyte 50ml/hr
		Dr Mathew M.B. Tamil
3/5/2026 600AM	C/O/W Dr. Anupama	
	✓ Labs discussed	plan
	✓ Issue: Loose stools	(1) stop cyclical feeds
		(2) Increase PPN to 50ml/hr continue Plasmalyte @ 30ml/hour
		(3) Nephrology opinion
		N.B. Tamil Dr. [signature]
3/5/26 8000AM	C/O/W Dr. Sitaraprasad	
	Labs discussed	plan
		(1) continue 14 hy charters
		(2) No need of SLED Now
		M.B. Tamil Dr. [signature]

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Date & Time	Progress Notes	Doctor's Order
3/5/26	NUTRITION REVIEW	
7:40 dm		STOOL PASSED = 20 | Bristol = 6
	PBW: 40 kg (50th centile)	
	REE: 1351 Kcal/d	Hb: 8.7, WBC: 15560, PLT: 1.70L
	Fluids: 1900 ml/d	Na: 145, K: 3.1, Cl: 117
		U: 183, Cr: 1.7
TPN:	Oliclinomel N4 550 E [Baxter] Bag checked 1000ml Bag without lipid	EN: NG cyclical feeds peptamen junior (1:3.5 ml) dilution.
	current Rate of flow = 50 ml/hr	55 ml/hr [3hr on 1hr off]
	Recall vol = 825 ml/d	Recall vol = 960 ml/d
		27 scoops for Recall
	MACROS (RECALL)	

Oliclinomel N4		TPN recall 825 ml/d	EN Recall 27 scoops	Total	Per kg/d
Cal : 430	(without lipid)	354.7	985.5	1340.2	33.5
Pot : 22		18.15	27	45.15	1.12
Carbs : 80		66	~~137~~ 7	203.7	5.09
fat : 0		0	35.1	35.1	0.87
Na : 21		17.3	25.3	42.6	1.06
K : 16		13.2	29.3	42.5	1.06
Ca : 2		1.65	48.6	50.25	1.25
Mg : 2.2		1.81	8.91	10.72	0.26
ph : 8.5	(with lipid)	7.01	32.4	39.41	0.98
Cl : 33		27.2	20.2	47.4	1.18

GIR : 3.5	Present Rate of flow : TPN: 50 ml/hr
NPN : [1:156]	EN: Child is on NPO

Nikitha Dietha

800 — 480
1000 — 800

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Date & Time	Progress Notes	Doctor's Order
		C/S/B Dr. Anupama
3/5/26 2 PM	Polytrauma / Rt femur #/	
	s/p fixation / aortic dissection /	Plan
	s/p grafting / B/L hemothorax /	
	gastric ulcers / loose stools /	Hold make medication (levipil)
	antibiotic associated loose stools	- Increase PPN to 65ml/hr.
		- Diaper wt measurement every
	Issues :-	6hr and replace with
	Hypertension (intermittent)	plasmalyte.
	loose stools.	Hold - Remove NG, encourage orally
		soft diet.
	On room air	- Give medication orally.
	Hypertension ⊕	- apply T. Bact oint for cannula swelling
		- stop Minocycline after today dose.
	Chest - air entry B/L ⊕	- Send Magnesium, PO_4^{2-} (Now)
	NVBS	- shift to zone - B with
	P/A - soft	PICU nurse
	CVS - $S_1 S_2$ ⊕	- Allow soft diet (idly,
	CNS - alert, interacting with	curd rice)
	parents	- D/w gastro team and plan for
		- sr. electrolytes @ 8PM
	HR - 130/min	- Keep arterial line. (do not remove)
	RR - 24/min	- Air bed to use.
	SpO_2 - 100%	- Any fever spike do CBP.
	BP - 140/80 mm Hg	- CBP, RP_2 (T/m)
		- Sucral Ano for L/A.
		- Recalculate fluid &
		calories.

N.B. Buddhadev

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/4/26 Day of Admission : 25 Today's Date & Time : 3/5/26 8AM

PRISM - III Score in first 24hrs. of Admission : 22 Today's SOFA Score : 2

OVERVIEW

Diagnosis : polytrauma / Rt femur # s/p fixation / aortic dissection. s/p patting

Current Issues : loose stools.

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

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE (+)

CXR :

SPO_2 : 99% O_2 by NC / FM / NRB mask / Oxyhood, at Room Air . L / min

Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : **Nitric Oxide :** ☐ Yes ☒ No - If Yes, details :

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : $EtCO_2$: P/F ratio : O.I. :

Chest Physiotherapy Plan : Suctioning Needs :

Any Nebs : Budesal TID . **ICD ?** ☒ Yes ☐ No, if Yes, details :

Plan of care : left ICD . Clamped yesterday morning .

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S1S2 HR - 120

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

Blood Pressures : NIBP : IBP : 137/76 (100) mm Hg . CVP :

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

☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min

☐ Milrinone mcg / kg / min Tab Amlodipine 2.5mg | po | BD .

Any Other Infusions : Tab prazosin 2.5mg | po | BD .

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 : RT Radial D6

Central line in situ : ☒ Yes ☐ No Place of central line & its condition : RT IJV TID line, left PICC line

Day of arterial line : Day of Central line : D8 , D8

Plan of Care :

CNS

Neuro Exam : E4V5M6 . WAT - 2 . Inj levipil . CAPD - 11 syp melatonin

Pupils : 2mm 2mm reactive . **Sedation Used ?** ☒ Yes ☐ No **Any paralysis ?** ☐ Yes ☒ No

Types of Sedation : Inj Dexmedetomidine 0.1mcg/kg/hr Types of Paralysis : RASS - Tab clonazepam

Relevant CT Scan, MRI EEG, Neurosonogram etc. : Tab clonidine

Plan of Care : Tapes dexmedetomidine plan to increase dose of clonidine Tab Sizdan .

Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☐ PO feeds ☑ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : −36.6 / (+/-) ..... Input : 3.0 ml/k/d UO : 3.4 ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : peptamine junior Feed Schedule : 55ml − 3hrly on − 1hr off

IV Fluids - Type of IVF : plasmalyte @ 50 ml/hr ml / hr (..... times maintenance)

TPN : ☑ Yes ☐ No - If yes, details : clinisol without lipid . 30 ml/hr

..... % 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 145 K 3.1 Cl 117 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : Soft .

Any organomegaly ? ☐ Yes ☐ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

Ranitidine 50mg BD.

Feed − 960 ml .
PPN − 825 ml .
IV Fluids − 1000ml .
Medication − 100ml .
Infusion − 124ml .
3009 . 125 ml/hr .

INFECTION

☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☐ Yes ☐ No - If yes, details : .....

Describe c/s Reports : .....

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

Inj PIPTAZ − D2
Inj Minocycline − D20/21
Inj Meropenem − D11
Tab Metronidazole − D3

NEPHROLOGY ISSUES

Sr. Creat : 1.7 Bld. Urea : 183 ↑ 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 : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

PPN − 1200
IV Fluid − 720
Medication − 100
Infusion 124
2144 ml

1900

HEMATOLOGY

Relevant Labs (CBP etc) : 2/5/26 8.7 | 15560 | 1.7 lakh .

Any Coagulopathy : 87

Relevant Transfusion History : ..... 3/5 PCT − 6.20

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

Review ICD removal

Review SLEDD

Doctor's Name (Handover given) : Dr Mateen

Signature : .....

Date & Time : 3/5/26 8 AM .

Doctor's Name (Handover taken) : Dr. .....

Signature : .....

Date & Time : 3/5/26, ...

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 26 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 11 AM	c/D/w Dr. Anupama polytrauma/ gastric ulcer/ antibiotic associated diarrhoea	Plan - encourage orally solids, semisolids - D/w gastro team regarding changing to aminomix novum - stop NG feed. - Trace chest X-ray film. - Remove ICD. - ~~pt~~ Candida auris - examine for bed sores. - Trace stool c/s. - correct potassium. - send BL c/s 4 bottles c one entry. - Dr pourings consult. M.B. Buddhadev Dr. Anupama 3/5/26 11 AM

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Sandeep	
3/5/26 6PM	Polytraumal Rt femur #1	Plan.
	aortic dissection / s/p grafting)	
	B/L hemothorax / gastric ulcer /	- Diaper wt measurement
	loose stools	every 6hrly and replace
		with plasmalyte.
	Issues:-	
	loose stools (better)	- encourage orally
	Hypertension (controlled)	
	on room air	- shift to zone - B
	Hemodynamically stable	
		- sr. electrolytes @ 8PM.
	Chest - air entry B/L (+)	
	NVBS	- CBP, RP2 (T/m)
		N.B. Buddhadev
	PA - soft	
	CVS - S_1S_2 (+)	
	CNS - alert, active	
	interacting c̄ parent	
	IV Fluid - 720 ml	
	PPN - 1560 ml.	
	Infusion - 48 ml.	
	medication - 100 ml	
	2468 ml	

Docu. No. : RCHBH /FRM / CLINICAL / 088

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Bed 8

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PROGRESS NOTES AND DOCTOR'S ORDER

D.r. Anupama
Room no-2

Date & Time	Progress Notes	Doctor's Order
3/5/18 3pm	Condition of child explained to parents that child loose stools are still continuing. We are decreasing antibiotics. Loose stools could be due to antibiotics, gastric ulcers, indigestion and pancreatic insufficiency.	
	C-diff test in stool is negative. Stool test is not showing any infection. For pancreatic issue; fat is being avoided. Sometimes Naso-Jejunal tube need to be put and NJ feed can be started.	
	Today oral peptamen Jr feed has been stopped. PPN volume has increased.	
	In case loose stools are continued; we need to consider NJ tube.	
	Child is passing urine without lasix. Today no plan to do SUEDD. But if any change in consciousness; we need to consider SUEDD.	
	Satyavathi Father/Mother	K.S. Thyo
		Plan Dietician review – Venkatram sir opinion.

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/4/26 Day of Admission : 26 Today's Date & Time : 4/5/26.

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

OVERVIEW

Diagnosis : polytrauma

Current Issues : loose stools
Non-oliguric AKI
thrombocytopenia

VITAL SIGNS Today's Wt. (kg) : 40 kgs Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
BAE (+) clear.

CXR : .....

SPO_2 : 100% O_2 by NC / FM / NRB mask / Oxyhood, at room air L / min

Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☒ No - If Yes, details : .....

Ventilatory Settings : Leak around ETT : ..... Delivered Vt : .....

ABG : ..... $EtCO_2$: ..... P/F ratio : ..... O.I. : .....

Chest Physiotherapy Plan : ..... Suctioning Needs : .....

Any Nebs : Budesal / TID **ICD ?** ☐ Yes ☒ No, if Yes, details : .....

Plan of care : .....

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR- 110/min, S1S2 (+)

Quality of Pulses : ..... cap refill Time : ..... Liver Edge : ..... cm below Rt costal margin

Blood Pressures : NIBP : ..... IBP : ..... CVP : .....

Infusion of : ☐ Dopamine ..... mcg / kg / min - ☐ Dobutamine ..... mcg / kg / min

☐ Epinephrine ..... mcg / kg / min - ☐ Nor Epinephrine ..... mcg / kg / min

☐ Milrinone ..... mcg / kg / min amlodepine, prazosin, clonidine.

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 : Rt. radial A.

Central line in situ : ☑ Yes ☐ No Place of central line & its condition : Rt. HD line, left PICC line IVC

Day of arterial line : D9 Day of Central line : day 9, day 9.

Plan of Care : .....

CNS

Neuro Exam : E4V5M6. WAT-3 :- 2, CAPD - 11.

Pupils : 2+ 2+ **Sedation Used ?** ☐ Yes ☒ No **Any paralysis ?** ☐ Yes ☒ No

Types of Sedation : ..... Types of Paralysis : .....

Relevant CT Scan, MRI EEG, Neurosonogram etc. : clonazepam, sizodon

Plan of Care : .....

Ramsay Sedation Score : .....

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☑ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : +86 / (+/-) ..... Input : ..... ml/k/d UO : 2.7 ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : plasmalyte @ 30 ml / hr (..... times maintenance)

TPN : ☐ Yes ☐ No - If yes, details : .....

3.5 % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day)

..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI

Labs : Na ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : cals - 860 - 22 kcals/kg/day PPN - 1560 ml.

Abd Exam : protein - 44 - 1.1 gm/kg/day plasmalyte - 720 ml.

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : ..... Drugs - 100 ml

Plan (G.I. & Liver) : ..... Infusion - 48 ml

2428 ml

(128% M).

INFECTION

☐ Febrile ☑ Afebrile, Current Antibiotics Details (antibiotic name and day #) : Inj. piptaz - D3

Cultures Sent ? ☑ Yes ☐ No - If yes, details : Inj. Micafungin - D1

Describe c/s Reports : Blood c/s (3/5) Tab. metronidazole - D4

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

NEPHROLOGY ISSUES

Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : 630 kcal/kg

Diuretics : ☐ Yes ☑ No - If yes, details : .....

Catheterized : ☑ Yes ☐ No - If yes, then day of Catheter : day

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : 8.6 / 17020 (91/4.6) / 1.25 lakhs

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

1) update c/s chart

Doctor's Name (Handover given) : Dr. pratyushe

Signature : [signature]

Date & Time : 4/5/26, 8am

Doctor's Name (Handover taken) : Subeya

Signature : [signature]

Date & Time : 4/5/26 8:10am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 7PM.	c/o/w Dr Anupama	Plan Hold. - shift to PICU - II - Magnesium correction - D/w Dr satya Prasad regarding phosphate binder. - send sr. calcium. M.B. Buddhadev D Anupama 3/5/26 7pm.
3/5/26 9PM	c/o/w Dr satya Prasad Plan Ca +2 — 7.1 phosphate - 5.2	60ml calcium g - correct calcium. - Add calcimax plus 5ml TID. - phosphate is acceptable. - Recheck (T/m) M.B. Rama

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 8am	NUTRITION REVIEW	
		STOOL PASSED = 11 / B-6,7
	PBW : 40kg (50th Centile)	
	REE : 1351 KCal/d	Hb: 8.6 WBC: 17020
	Fluids : 1900 ml/d	Plt: 1.25L U: 166 C: 1.4
TPN:	Oliclinomel N4 550E	(Baxter) Bag checked
	1000 ml Bag without	lipid, with 750 mOsm/L
	Current Rate of flow = 65 ml/hr	
	Recall vol = 1470 ml/d	(36cc/kg/d)
	MACROS (RECALL)	

Oliclinomel N4	TPN Recall 1470 ml/d	per kg/d	
Cal : 430 (without lipid)	632.1	15.8	
Prt : 22	32.3	0.80	
Carbs : 80	117.6	2.94	RDA
Na : 21	30.8	0.77	(2-5)
K : 16	23.5	0.58	(2-4)
Ca : 2	2.94	0.07	(1-2)
Mg : 2.2	3.23	0.08	(0.25-0.5)
Pb : 8.5 (with lipid)	12.4	0.31	(0.5-1)
Cl : 33	48.5	1.21	(2-6)

GIR : 2	
NPN : (1:92)	
Bareen 4/5/26 8:53 a	Present Rate of flow = 65 ml/hr
	Encourage orally
	Dietitian Mounice

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 8:56 AM	NUTRITION REVIEW	
	ON PPN	
	OLICLINOMEL N4 550E	
	@ 65 ml/hr.	
	YESTERDAY PPN = 147 ml/kg	
	MACROS PPN. gm/kg	
	CALORIES 623 15.8	
	PROTEIN 32 0.8	
	CHO 117.6 2.94	
	ORAL DIET.	
	8 am - IDLI / DAL / KITCHDI / STEAMED DOSA / PONGAL	
	10 am - SAGO WATER	
	TARMIN BISCUIT - ONE	
	1 pm - SOFT RICE & CURD.	
	CHICKEN CLEAR	BLAND SALTED SOUP - 100 ml
	(SIP FEED)	(TRIAL)
	4 pm - ISOMIL - 120 ml	(SIP FEED) (TRIAL)
	7 pm - SOFT RICE & CURD	
	1/4 BANANA / ANAR - 2 tbsp	
	CHICKEN CLEAR	BLAND SALTED SOUP - 100 ml
	10 pm - ISOMIL - 120 ml	(SIP FEED) (TRIAL)
	NEUTROPENIC FOOD	HANDLING FROM
	IN HOUSE FOOD SERVICE	BHANU 4/5/26 8:56 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26. 10:30AM	c/s/B Dr Anupama.	
	Asis:- polytrauma.	plan.
	aortic dissection	1. Buprenorpine 5mg patch for
	s/p grafting.	local application.
	Rt femur # s/p fixation.	
		2. Dr Khurshid Chest physiotherapy
	on room Air.	3 to 5 days
	on Amlodipine, prazosine, Clonidine	Incentive spirometry.
	for Hypertension.	
	on clonazepam, sizdon.	~~3.~~ Dr prashath (Gastro) consultation.
		4.
	vitals.	
	HR-107	
	BP- 140/90 (100)	
	RR- 28.	
	2/5 - 16 loose episode 60 to 70%. type 7.	960ml (Formula)
	1/5 - 13 loose stools.	850 ml (Formula)
	30/4 - 14 loose stools.	720 ml (formula)
	3/5 - 11 loose stools type 6.	No milk.
	29/4 - No loose stools	420 ml (formula).
	concerns.	
	Diarrhoea	
	cough while feeding	
	pain at fracture site.	
	Rt hand IV cannula site	
	Abscess.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/18 11 am	c/s/B Dr Anupama.	plan.
		1. Dr prashant consutation
		2. Dr Hafsa peripheral smear
	peripheral smear	look for toxic granules.
	NO toxic granules	3. Trace yesterday blood c/s
	Neutrophilia present.	stool c/s.
		4. Send vac fluid for culture
	— polymyxin-B - 21 days.	change VAC dressing.
	— minocycline - 12 days.	5. place Buprenorphine 5 mcg patch
		for pain management.
		6. Trace candida auris sensitivity.
		7. Make levipil oral.
		stop Riboflavin.
		8. R/w Gastro team about
		pro GG, Econorom, Racecadrotil
		9. Dr Malika Review / Dr Nabeel
		Add oral linezolid (after PCT, smear report)
		Send PCT - Now.
		10. plan to Remove HD line in
		Next 24 hours if platelets decreasing
		11. Review drug chart total duration
		of polymyxin-B, minocycline.
		12. Remove NG tube
		continue PPN 65 ml/hr
		plasmate rate based on stool
		13. USG abdomen
		14. Dr. Naveen to d/w
		15. Remove HD line
		16. If type 6-7, send 5 samples for stool for C. diff.

Noted by [signature]

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08-06-2012 13 Y 10 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 5pm	C/S/B PICU team	Plan
	As:- polytrauma / severe TBI / ~~[illegible]~~ / pancreatic injury / hemoperitoneum / B/L hemothorax (resolved) / rhabdomyolysis - AKD / non-oliguric AKI / Sepsis	1) chest physiotherapy by Dr. Khurshid + incentive spirometry 2) Soft diet as per dietician plan 3) continue plasmalyte @ 30 ml/hr + replacement as per stool output measured 6th hrly
	on room air Hypertension (+) on 3 anti-hypertensives RS - BAE (+) clear loose stools - type-5 on TPN (with lipid).	4) TPN @ 41 ml/hr 5) Antihypertensives as per drug chart 6) Trace cultures. 7) If stools type-6/7, send 5 serial stool samples for stool for C. difficile 8) ~~CBP, RP 2~~ RP, tomorrow morning. 9) If fever, tonight. send CBP.

notes by [illegible]

Dr. Pratyusha

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06-06-2012 13 Y 10 M 28 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/2026 6:00 pm	C/S/B Dr Anupama	
	Polytrauma / B/C Hemothorax / Hemopentum / Aortic dissection / (R) Femur #	Plan: (1) Diet strictly as per diet chart
	Issues (1) Loose stools.	(2) If any fever spikes inform PIW
	child on Room air HTN - controlled with (4) Anti HTN medications	(3) RP, tomorrow
	- Taking Solid diet	Noted by [signature]
	on TPN @ 1000ml/day and isolyte-P 30ml/hour	
	- No fever Spikes ∵ morning.	[signature] 4/5/26 6:00 pm [signature] Dr Anupama

Docu. No. : RCHBH /FRM / CLINICAL / 088

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Dr. ANUPAMA Y

Bed- 8

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 11:24 am	counseling room no.1	Dr. Anupama
	patient's attendants about the condition i.e,	have been counseled of the child
	→ child has loose loose stools and is improving.	stools, number of consistency of stool
	→ Dr. prashant, pediatric gastroenterologist has seen and advised parenteral nutrition with lipid. we will start lipid in parenteral nutrition today.	
	→ He can take dietician chart.	oral diet as per
	→ we are keeping sepsis / infection. cultures yesterday. PCT today.	a close watch on we have sent blood we are sending
	→ There is no increase in pancreatic collection in today's scan.	
	→ we will plan tomorrow, if his remains good and are not increasing.	to remove HD line urine output urea, creatinine
	→ we will shift him to Zone-B today.	
	→ Strict infection to be followed.	control practices need

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(P.T.O)

Dr. pratyusha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26	NURSING INSTRUCTIONS in ward.	
~~4~~ pm		
	1) Strict aseptic measures. follow all 5 moments of hand hygeine	
	2) PICU shift in-charge to handle PICC line, for PICC line care and connecting TPN	
	3) Head end elevate to 45°	
	4) Monitor urine output hourly	
	5) Anti-septic dressing of right thigh after 2-3 days	
	6) prevent coiling of right thigh wound. cover with draw sheet.	
	7) Mention stools according to bristol chart and mention stool output by diaper weight.	
	dr. pratyusha	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/2020 200 AM	C/S/B PCW fellow	
	Issue	
	(1) Small, frequent loose stools	plan
	⇓	
	Discomfort while passing stools	(1) Replace stool volume as planned
	Otherwise, No fresh complaints	
	No fever spikes.	
	HR - 110/min	
	SpO2 - 100%	
	BP - 130/80 mmHg	
	RR - 18/min	
	UO - Adequate	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26. 8:15 AM	C/D/W Dr Anupama.	
		plan.
		1. send PCT
		2. Blood culture 2 bottles picc line
		2 bottles peripheral
		3. put Grey caula in right hand
		4. TPN through Grey caula.
		4. start Meropenam, linezoid, L-ampho B } through picc line
		Dr matheen.
	D Anupama 5/5/26 8:15 am	M. B. Ashma.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/2026 10:45AM	C/S/B Dr. Anupama	
	Polytrauma / TBI / B/C Hemothorax / Hemopentoneum / Aortic dissection / (Rt) femur # / Gastric ulcers	Plan
	Issues	(1) ENT consultation - Dr Chandana (Dysphagia to liquids > solids)
	(1) Loose stools. (12 episodes in last 24 hours)	(2) Trace Manual platelet count (1.26 lakhs)
	(2) Fall in Platelet counts	(3) 2 Peripheral cultures 5/5 2 - PICC line sent
	(3) AKI → Improving	(4) ECG → QTc interval.
	child on Room air	(5) Dietician Recall
	HTN → controlled.	(6) Plasmalyte @ 40ml/hour
	Oral intake - poor	(7) TPN → 1C BAG in PICC line.
	Hemodynamically stable	(8) Nut for L-Ampho B
	HR - 110/min	(9) Selectrolyte @ 4:00pm.
	SpO2 - 100% ↓ RA	(10) Gastro - Dr Prashant Review
	BP - 130/74 mmHg	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	INSTRUCTIONS FOR NURSES	
	→ NO MILK	
	→ GIVE ONLY DIET WHICH IS PRESCRIBED BY DR. BRUNDAVANI	
	→ PICC LINE - HANDLE ONLY ONCE BY PICC INCHARGE	
5/4/2006	c/o Dr Anupama	
	- stool cs showing Growth of pseudomonas.	plan
	- VAC dressing fluid showing Klebsiella and Acinetobacter	(1) Add ceftazidime-Acebutam Aztreonam
	pus from wound - Staph	(2) Stop meropenem
		(3) Continue W Linezolid
		(4) Continue MICAFUNGIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 12:40 pm	NUTRITION REVIEW	RECALL!
		CURD RICE - 2 lts] ~ 100 kg
		RICE STAM - 100-200 ml]
	PBW: 40 kg.	TPN = 632 + 100 (ORAL) = 732 kg/d
	RER: 1351 kg.	PROT = 32 g/d (PPN)
	FLUID: 1900 ml/day	BRUNO
	① ALLOW DIET FROM CANTEEN AS INSTRUCTED	
	② ASSURED FEED	
	ISOMIL 2½ scoop - 140 ml Q3 HOURLY	
	~ 880 kg/d; 24 g pt	
	TREATIN BISCUIT - 2 f seed.	
	~ 350 kg/d; 20 g pt.	
	~ 1230 kg; 44 g pt ASSURED NUTRITION	
		BRUNO 5/5/26 1:30 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Dr. Anupama	
5/5/24 4pm	A: polytrauma/ TBI/ B/L Hemothorax/ Aortic dissection/ Fracture femur.	Plan: ① continue TPN - @ 55ml/hr ② at 9pm → TPN to continue @ 60ml/hr
	no fever ↓ RA SpO2 - 100% BP - 139/97 (100). HR - 120/min. B/L AE (+) Pr good	③ if persistent PICC line occlusions → inform Dr. pratyusha ④ cont. plasmalyte at 30ml/hr ⑤ Hold plasmalyte during linezolid infusion
	had 2 stools - semisolid today	⑥ at 7pm → Serum electrolytes
	Oli - marginally better.	⑦ CBP, RP2 → tomorrow 6Am
		⑧ to inform if any fever/ hemodynamic instability
		⑨ Tab. pamstad 5mg BD
	N.B. Ashma.	Dr. Anupama 5/5/24 4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 6pm	SIB Pitt team	
	S: polytrauma / TBI Aortic dissection BIL hemothorax Fracture femur	plan: ① cont. medication as per chart ② cont TPN @ 55ml/hr ③ to Inf TPN → to 62ml/hr at 9pm ④ ~~at~~ 7pm → serum electrolytes ⑤ trace and inform labs ⑥ CBP, RP2 → Tomorrow 6Am.
	no fever. vitals stable ↓ RA - SPO2 - 100%.	
	passed - 3 - 2 small 1 large quantity (semisolid).	
		M.B. Ashwin.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8 pm	c/s/B PICU resident	Plan
	As:- polytrauma (TBI) pancreatic injury/ aortic dissection s/p graft stenting/ Rt. femur fracture/ AKI	1) continue plasmalyte @ 30 ml/hr 2) TPN @ 62 ml/hr from 9 pm 3) CBP, S.lipase, RP-2 } tomorrow morning
	Issues:- 1) sepsis ↓ platelet count 2) loose stools 3 episodes - semi-solid today on room air Hemodynamically stable No fever spikes	4) inform in PICU if fever spikes / HR > 130/min / BP < 100/60 mm Hg 5) Hold plasmalyte during linezolid infusion
		Dr. prabjeet

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26. 8AM	CTS/B	picu fellow.
	ISS!- polytrauma	
	Rt femur #	
	s/p fixation	plan.
	B/L hemothorax	
	Aortic dissection	1. continue plasmalyte
	s/p grafting.	30ml/hr.
	on room Air.	2. TPN 62 ml/hr.
		3. encourage oral intake.
	Hemodynamically stable.	4. Hold plasmalyte during Piperacillin infusion.
	3 loose stools type-6 over night.	
	No fever spikes.	5. Inform picu doctor if fever spikes.
	oral intake - poor.	HR >130 min
		BP < 100/60 mm Hg.
	Inj micafungin - D14	
	Inj Piperacillin - D2	6. Monitor vitals.
	Inj ceftazidime avibactam - D2.	
	azetreonam	Dr Mathesan.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26.	C/S/B picu fellow.	
8:30AM	Last SLEDD - 30/4/26.	
	6/5/26 urea - 121	
	Creatinine - 1.1	
	2D ECHO - 21/4/26.	
	Aortic stent insitu with good flow	
	mild TR NO HR.	
	NO RVOTO	
	Good biventricular function.	
	No pericardial effusion.	
	CNS :- GCS 15/15.	
	Endoscopy :-	
	27/4/26 - endoscopy with bandings.	
	Amylase	Lipase.
20/4	147	905
~~25/4~~	~~183~~	~~826~~
24/4	167	
26/4	143	321
2/5	166	737
5/5	738	

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	loose stools.	
	30/4/26 – 14 loose stools	
	1/5 – 13 loose stools.	
	2/5 – 16 loose stools.	
	3/5 – 11 loose stools type-6.	
	4/5 – 10 loose stools type-6.	
	5/5 – 6 loose stools. type-6.	
	Respiratory :- Room Air.	
	Hemodynamics :- on anti hypertensive.	
	(CVS) Tab Amlodipine	
	tab prazosin.	
	CNS :- antiepileptics	
	syp levipil.	
	Tab clonazepam	
	Tab clonidine	
	tab sizdone.	
		Dr Mathreen

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26. 10:20 AM	C/S/B Dr Anupama / Dr Farhaan	
	Dsis:- polytrauma / TBI.	
	aortic dissection	plan.
	s/p grafting.	1. Gastrology Review
	Rt femur fracture	Neurology Review
	s/p fixation.	2. D/w Dr Satyaprasad
	pancreatic injury.	Regarding Nodosis..
		for low bicarbonate
	on room Air.	2. Remove PICC line
		place new PICC line
	on antihypertensive	before shifting toward.
	Tab Amlodipine	3. D/w Dr Ramreddy
	Tab prazosin.	plan to take to star
	Neurologically alert, active.	hospital for ERCP.
	on plasmalyte - 30ml/hr	4. CBP, serum electrolytes - 6pm
	TPN - 62ml/hr.	
	on oral Isomel feeds	5. Send CUE, urine culture - Now.
	yesterday 6 loose stools type	6. Change to condom catheter.
		7. Ormotor stimulation by Dr Vidi.
	Issues:-	8. Trace cultures.
	loose stools.	

6/5/26
10:22 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26. 10:40 AM	C/D/W Dr Satyaprasad.	
	Issues:-	
	low bicarbonate	plan.
		1. Add tab Nodosis 500mg
		2 tab — 2 tab — 1 tab
		Dr mathew.
6/5/26 12:45 pm	C/S/B Dr. Anupama C/D/W Gastroteam	Plan
		1) Use oliclinomel N4550E ~~2 bags~~ over 24 hrs.
	Discussed c̄ Gastroteam (Dr. Prashanth / Dr Pavlagi)	2000 / 2500 ml bag.
	↓	2) Sips of peptamen Jr orally. (WH).
	Keep NPO Continue TPN.	3) Repeat S. Amylase S. Lipase after 48 hrs.
		4) 20000 IU/BD Creon
		Dr pratyam

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26	NUTRITION REVIEW	
2pm		FLUIDS: 1900ml/d
	2000ml/dy	30% = 570ml/d
	OLICINOMEL N4 550R	50% = 950ml/d
	PBW: 40kg	
	MACROS PPN	pu/ml/d
	ENERGY = 1220 kcal/d	30.5
	PROT = 44g/dy	1.1
	CHO = 160g/dy	4
	FAT = 40g/dy	1
	PEPTAMEN - 1 scoop / 40ml DILUTION	
	~ 30ml/hr (30% GOAL)	
	START 10ml/hr, cyclic feeds.	
	[DO NOT CHARGE	BRONW
	CONSULT]	6/5/26
		2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Diet Recall.	last 24 hours.
6	7Am – milk – 20ml.	
	Idli – small piece.	
	1pm – Isomil 2 scoops. + 2 biscuits.	
	4pm – Isomil + 1 biscuit. 1 scoop	
	1 Am – Isomil + 1 biscuit. 1 scoop	
	4Am – Isomil + 1 biscuit. 1 scoop	
	8Am – Isomil + 1 biscuit. 1 scoop	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 14:28pm	SB Dr. Anupama	
	Discussed c̄ Dr. Prashanth Bachiri Vgaudy PN/EN in v/o ↑ Upare & Diarrhoea.	
		Plan
		- cyclical feeds. 10 ml/hr 3 hr on 1 hr off 6 1 scoop in 40 ml (peptamine junior)
		- 2000 ml/day of Ochinomel N4.
		- stop Isomotive
		- Plan ERCP after 7-10 days if required.
		- 2 pm Give Antibiotic to Pic line & Remove it
		- S. Electrolytes CRP } 8pm.
		D. Anupama

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	NUTRITION REVIEW	
9am		8 TOOL PASSED = 6 | Bristol-6
	PBW: 40 kg (10th Centile)	
	REE: 1351 KCal/d	Hb: 8.2 NBC: 11.1 Plt: 102
	Fluids: 1900 ml/d	Na: 151 K: 3 Cl: 124
		U: 121 Lip- 1992 Alb: 2.4
TPN:	Olidinomel N4 550E (Baxter) Bag checked 1000 ml Bag with 750 mOsm/L Current Rate of flow = 62 ml/hr Recall vol = 1204 ml/d	Oral Feed Isomil C1: 60 ml dilution 140 ml @ 3rd hrly + Threptin Biscuits 2 with each Feed.
	MACROS (RECALL)	

Olidinomel N4	TPN Recall 1204 ml/d	Oral Feed Isomil+Threptin	Total	per kg/d
Cal : 610	734.4	735.2	1469.6	36.7
Prt : 22	26.4	27.8	54.2	1.35
Carbs: 80	96.3	81.7	178	4.45
Fat : 20	24	32.3	56.3	1.40
Na : 21	25.2	8	33.2	0.83
K : 16	19.2	9.79	28.9	0.72
Ca : 2	2.40	20.2	22.6	0.56
Mg : 2.2	2.64	2.53	5.17	0.12
Ph : 8.5	10.2	18.7	28.9	0.72
Cl : 33	39.7	7.37	47	1.17

GIR : 3	Current Rate of flow TPN - 62 ml/hr
NPN : [1:140]	Continue Isomil 140 ml/3rd hrly + Threptin Biscuits, Encourage orally

Dietitian Maunica

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26. 3pm	NURSING INSTRUCTIONS	
	TPN BAG should be changed by shift Incharge (or) PICU Nursing Incharge.	
		Dr nathean.

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 12:15 pm	Counselling notes (Dr. Anupama / Dr. Poushya)	
	He has pooling of secretions, weak cough, maybe due to some brain injury. We will ask neurologist to assess. Major issue is his loose stools, pancreatic injury this lipase level is increasing. We will continue TPN for now and plan discharge with TPN, for 2 weeks. We will discuss regarding whether we can give him any food orally or not and will inform you. There is risk of infection here we cannot stop antibiotics. We will change his PICC line today.	
	L Satyanathi	Dr. Hema

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 6pm	C/S/B PICU fellow.	
	Dsis:- polytraema	
	Aortic dissection s/p grafting	
	Rt femur # s/p fixation	plan.
	pancreatic injury.	1. Continue plasmalyte 30ml/hr
		TPN - 80ml/hr.
	on room Air	(with lipid)
	Hemodynamically stable.	Oliclonomel N4
		2. continue cyclical feed (peptamin junior)
	alert, active.	10ml/hr 3h on & 1hr off.
	Chest - clear.	(1 scoop in 40ml)
	on plasmalyte - 30ml/hr	3. W/F fever spikes.
	TPN - 80ml/hr	4. Monitor vitals.
	Oliso clomel N4	
	with lipid	5. Monitor loose stool frequency
	cyclic feeding 10ml/hr	Monitor urine output.
	3h on 1hr off.	
	Issues:-	6. TPN bag 2000ml to
	loose stools - 3 times since	be used.
	morning.	
		7. plan ERCP after 7-10 days
		if required.
		8. Serum electrolytes } 8pm.
		CBP
		9. Trace CUE, urine culture.
		Dr mathew.
		10. Repeat serum amylase } after
		lipase } 48 hours.

D. Anupama 6/5/26 6pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/05/26 @ 9pm	Cl/w Dr Anupama mam	
	By Polytrauma	Adv
	Informed the labs	① Correct potassium and magnesium in PCW
		② Send phosphate now
		③ CBP, Albumin, Electrolyte] Tomorrow morning
		④ watch for dull activity
		noted by sundhu
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26 8AM	C/S/B PICU fellow.	
	Dis:- polytrauma	
	Aortic dissection	
	s/p grafting	plan.
	Rt femur # s/p fixation.	
	pancreatic injury.	1. continue plasmalyte 30ml/hr
		TPN 80ml/hr.
	loose stools - 6 episodes type (6)	cyclical feeds 10ml/hr
	on room Air	3hr on 1hr off.
	Hemodynamically stable.	
	No fever spikes.	2. Monitor vitals.
	Irritable	3. w/f fever spikes.
	Not slept overnight.	
	Chest - clear.	4. ERCP after 7-10 days.
	plasmalyte 30ml/hr	5. Repeat serum Amylase
	TPN 80ml/hr	lipase 8/5/26.
	cyclical feeds 10ml/hr 3hr on 1hr off.	
	Inj micafungin - D15	Dr Mathew
	Tab metronidazole - D7	
	Inj ceftazidime, avibactem, azetreonam } D3	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26 8:52 am	NUTRITION REVIEW	6 STOOLS - BRISTOL - 6.
	DAY - 29	Labs:
		Hb: 7.9.
		WBC: 9,200
	PBW: 40 kg.	Plat: 99,000.
	RECALL: 1779 ml/d (PPN)	Na - 152 ↑
	PPN = OLICLINOMEL N4 550E	k - 3.1
		cl - 123
	CYCLIC: 120 ml feed (Peptamen 1.5)	S. alb - 2.4 (HOLDING SINCE 5/5/26)
	@ 3 ml/hr.	CRENAL - 121/1.1 (6/5/26)
	PPN	CPAP CRMS - 738/1992 - AMYLASE LIPASE (5/5/26)
	MACROS per/day per/kg/d.	LFT - 5/5/26.
	CALORIES 1085 27	
	PROT 39.1 0.977	
	CHO 142.3 3.55	
	FATS 35.5 0.885	Plan
	EN. 108 kcal, 3g prot VLOA	Cont PPN
	Na (PPN) 5.5 0.13 2-3	(83 ml/hr)
	K 4.1 0.10 2-4	@ 2000 ml/day
	Mg 1.36 0.03 0.125-0.25	Cont Cyclic feed
	Cl 7.8 0.19 2-6	120 ml/hr.
	Ca 0.88 0.02 0.5-1	
	PO4 1.72 0.04. 0.5-1	BRONOR
		7/5/26.
		8:52

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Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26 9 am	NUTRITION REVIEW	
		STOOL PASSED = 6 / Bristol-6
	PBW: 40 kg (10th centile)	
	REE: 1351 Kcal/d	Hb: 7.9 WBC: 9200
	Fluids: 1900 ml/d	Plt: 99000 Na: 152 K: 3.1
		Cl: 123 Alb: 2.4
	TPN: Olicinomel N4 550E (Baxter) Bag checked 1000 ml Bag with 750 mOsm/L Current Rate of flow = 80 ml/hr Recall Vol = 1779 ml/d	EN: NG Cyclical Feeds Peptamen junior (1:40 ND dilution 10 ml/hr (3 hr on 1 hr off) Recall vol = 120 ml/d
	MACROS (RECALL)	

Olicinomel N4	TPN Recall 1779 ml/d	EN Recall 3 scoops/d	Total	Per kg/d
Cal : 610	1085.1	109.5	1194.6	29.8
Prt : 22	39.1	3	42.1	1
Carbs : 80	142.3	15.3	157.6	3.94
Fat : 20	35.5	3.9	39.4	0.98 RDA
Na : 21	37.3	2.82	40.1	1 (2-5)
K : 16	28.4	3.27	31.6	0.79 (2-4)
Ca : 2	3.5	5.4	8.9	0.22 (1-2)
Mg : 2.2	3.91	0.99	4.9	0.12 (0.25-0.5)
Ph : 8.5	15.1	3.6	18.7	0.46 (0.5-1)
Cl : 33	58.7	2.25	60.9	1.52 (2-6)

GIR : 2.7
NPN : (1:146)

Present Rate of flow =
TPN = 80 ml/hr ; EN = 10 ml/hr

Dietitian Monica

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26. 10:40 AM	C/S/B / Dr Anupama.	
	Dis:- polytrauma.	
	Aortic dissection	plan.
	s/p grafting.	
	Rt femur # s/p fixation	1. continue TPN 80ml/hr
	pancreatic injury.	shift incharge or PICU incharge
		to change.
	loose stools - 6 episodes	
	type (6).	2. Add syp potchlor 10ml/po/BD
	on room Air.	3. evening 3pm based on diarrhoea last 24 hours
	hemodynamically stable	stool output < 30ml/kg (if less than 900ml)
	Irritable	increase feeds 20ml/hr
	No fever spikes.	3hr on & 1hr off
	Not slept overnight	After D/W Gastro team.
		4. Trace pending cultures.
	on plasmalyte - 30ml/hr	
	TPN - 80ml/hr	5. Tomorrow CBP, RP2
	cyclical feed - 10ml/hr	amylase, lipase.
	3hr on	
	1h off.	6.
	CHECK LFT	
	AFTER - 36-48 HOURS	
	AFTER LIPIDS IN PPN	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26 3pm		plan: ① to Increase cyclical feeds to 25ml/hr for 3hrs. 1hr off
7/5/26 5:30pm	S/B Pice team Dr: polytrauma Aortic dissection B/L hemothorax Right femur # S/P fixation no fever passed 2 stools since morning no new issues O/E Child alert vitals stable Dr good PS - B/L AE (+) CVS - S1S2 (+) SPO2 - 100% ↓ Room air perianal Rash (+) - minimal bleed (+)	Madhuri plan: ① cont cyclical feeds 25ml/hr for 3hrs 1hr off ② Allow sps of water orally ③ cont TPN @ 80ml/hr Shift incharge / Pice incharge to change ④ cont medicn as per chart ⑤ CBP, RP2, S-lipase/Amylase → Tomorrow ⑥ to Inform pice if any fever / loose stools. ⑦ Inform if urine output > 200 ml/ Inform if > 3 loose stools overnight. Madhuri Dr. pratyusha

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 2:30 AM	CIS/B pt Anupama.	
	Bleeding from wound site	plan.
	Swab taken.	1. send CBP, PT/INR — Now RP2, amylase, lipase, Albumin.
	Dressing done.	2. Give 9mg vitamin K.
	Hemodynamically stable.	3. send wound swab for culture.
		Dr Kathleen
		N.B Raj

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26. 800 AM	C/S/B PICU fellow.	
	Assis:- polytrauma	
	severe TBI	
	Aortic dissection	plan.
	s/p grafting	
	Rt femur fracture #	1. continue plasmalyte 30ml/hr
	s/p fixation	TPN with lipid 80ml/hr
	pancreatic injury.	
		cyclical feed 25ml/hr 3hr on 1hr off.
	on room Air	2. w/F loose stools.
	Hemodynamically stable	
	No fever spikes.	3. Monitor vitals.
	6 loose stools — 3 large quantity	4. Dr venkat sir ortho consultation
	3 small quantity	5. Trace wound swab culture.
	yesterday bleeding from femur site.	6. plan to Repeat serum electrolytes.
	on plasmalyte 30 ml/hr	
	TPN 80ml/hr	
	cyclical feed 25ml/hr 3hr on 1hoff	Dr mathew.
	Inj micafungin — D16	
	Tab Metronidazole — D8	

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Inj ceftazidime
avibactem
azetreonam } D4.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26	NUTRITION REVIEW	
9am		STOOL PASSED = 6 / B-5, 6, 7
	PBW: 40 kg (10th Centile)	
	REE: 1351 KCal/d	Hb: 8.1 WBC: 7890 Plt: 96000
	Fluids: 1900 ml/d	Na: 145 K: 2.7 Cl: 115
		U: 78 C: 0.8 Alb: 2.3
TPN:	Oliclinomel N4 550E	EN: NG Cyclical Feeds
	(Baxter) Bag checked	Peptamen junior
	1000 ml Bag with 750 m Osm/L	(1:40 ml) dilution
	Current Rate of flow = 80 ml/hr	25 ml/hr (3 hr on 1 hr off)
	Recall vol = 1920 ml/d	Recall vol = 375 ml/d
	MACROS (RECALL)	

Oliclinomel N4	TPN Recall 1920 ml/d	EN Recall 9 scoops/d	Total	per kg/d	
Cal : 610	1171.2	328.5	1499.7	37.4	
Prt : 22	42.2	9	51.2	1.28	
Carbs : 80	153.6	45.9	199.5	4.98	
Fat : 20	38.4	11.7	50.1	1.25	RDA
Na : 21	40.3	8.46	48.7	1.21	(2-5)
K : 16	30.7	9.81	40.5	1	(2-4)
Ca : 2	3.84	16.2	20	0.50	(1-2)
Mg : 2.2	4.22	2.97	7.19	0.17	(0.25-0.
Pb : 8.5	16.3	10.8	27.1	0.67	(0.5-1
Cl : 33	63.3	6.75	70	1.75	(2-6)

GIR : 3.4
NPN : [1:152]

BNVon 8/5/26 Nam

Present Feed: TPN - 80 ml/hr
EN - 25 ml/hr

Dietitian Mounice

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/2012 1000AM	14	
	- plasmalyte — 720 ml	
	- TPN → 1920 ml	
	- Feeds → 400 ml	
	- medium → 100 ml	
	3200 ml — 120%	
8/5/2012 1100AM	c/o/w Dr. Anupama	
	Last 24 hours	Plan
	6 stools (530 ml)	(1) Stop plasmalyte
		(2) Feeds to increase Now ↑ to 35 ml/hour Now)
	50% will be 50 ml cycled	
		(3) Gastro Review Ortho Review
		(4) Continue Same TPN

M. B. Soumya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/2026 12:00pm	C/S/B Dr. Anupama	
	Issues	Plan
	(1) Thrombocytopenia	(1) Change Buprenorphine patch
	(2) Loose stools. Bed sore	(2) pantop - oral
	(3) AKI → improving	(3) Clonazepam - BD Melatonin - 6 mg
	(4) HTN → controlled.	(4) Add TAB MITA Q7 ZAC-D 10ml OD.
	child on Room air	(5) Feeds → Target 50ml cyclical body.
	Hemodynamicly stable	(6) Continue TPN 80ml/hour
	Tolerating cyclical feeds	(7) stop plasmalyte.
	child able to communicate needs.	(8) Monitor stool output
	No fever spikes.	(9) Ortho Review
	Last 24 hours → 6 stools 5 30ml	(10) TAB linezolid 600mg BD
		(11) S-electrolytes - 400pm.

N.B. Soumyadip

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/2026	C/S/B Dr. Sandeep	
500pm		Plan
	Polytrauma / (Rt) Femur # / Hemothorax / Hemoperitoneum / Pancreatic injury / Gastric ulcer / Aortic dissection	(1) Measure NIBP before every anti-HTN medication dose
	Issues	Give only if BP > 120/80
	(1) Hoarseness of Voice	
	(2) Loose stools	(2) Continue cyclical feeds 35ml/hour 3 hours on and one hour off
	(3) AKI - Improving	
	(4) Thrombocytopenia.	
	2 loose stools (90ml each - morning)	(3) Continue TPN @ 80ml/hour To change TPN bag by Nurse in charge in the Night
	No fever spikes	
	UV - 2.5ml/kg/hour	
	on cyclical feeds 35ml.	(4) To do 2DECHO To send Blood c/s tomorrow
	HR - 70/min	
	SpO_2 - 100%	(5) Trace Selectivity
	BP - 140/74 mmHg	
	RR - 18/min.	

noted by Ashma

Dr. [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/2026 7pm	S/B resident	
	Δ: polytrauma	plan:
	Right femur #	① cyclical feeds to
	Hemothorax/	increase 40ml/hr 3hrs
	Hemoperitoneum/	on and 1hour off
	Aortic Dissection	for one cycle
		② to make cyclical feeds
	no fever	50ml/hr 3hrs on and
	total: 2 loose stools	1 hour off from next
	since morning	cycle
	vitals stable	③ stop plasmalytes
		④ cont. TPN at 80ml/hr

M.B [signature]

Madhu

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 8AM	CIS/B pcu fellow.	
	Asis:- polytrauma	
	Aortic dissection s/p grafting	
	Rt femur fracture	plan.
	s/p fixation	1. continue cyclical feeds
	pancreatic injury.	50ml/hr 3h on
		1hr off
	on room - Air	2. continue TPN 80ml/hr
	Hemodynamically stable.	
	On TPN - 80ml/hr.	3. Measure N/BP
	cyclical feeds - 50ml/hr	before every anti HTN
	3h on	Medication dose
	1hr off.	give only if BP >120/80.
	chest - clear.	
	loose stools - 7 times	x 4. plan to do 2D ECHO.
	small quantity.	Send blood culture today.
	(414 gm).	
	Inj micafungin - D17	5. Monitor vitals.
	Inj ceftazidimine, avibactem, azetreonam } - D5	
	Tab linezolid - D2	Not cut by pranaliya Dr Matheen.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 9am	NUTRITION REVIEW	
		STOOL PASSED = 7 |B- 5,6
	PBW: 40 kg (10th Centile)	
	REE: 1351 kCal/d	Hb: 8·1 WBC: 7890 Plt: 96000
	Fluids: 1900 ml/d	K: 2·9 U: 48 C: 0·8 Alb: 2·3
TPN:	Olclinomel N4 550 E (Baxter) Bag checked 1000 ml Bag with 750m Osm/L	EN: NG Cyclical Feeds Peptamen junior (1:40 MD) dilution
	Current Rate of flow = 80 ml/hr	50 ml/hr (3hr on 1hr off)
	Recall Vol = 1920 ml/d	Recall vol = 705 ml/d
	MACROS (RECALL)	

Olclinomel N4	TPN Recall 1920 ml/d	EN Recall 18 scoops/d	Total	per kg/d	
Cal : 610	1171·2	657	1828·2	45·7	
Prt : 22	42·2	18	60·2	1·50	
Carbs : 80	153·6	91·8	245·4	6·13	
Fat : 20	38·4	23·4	61·8	1·54	RDA
Na : 21	40·3	16·9	57·2	1·43	(2-5)
K : 16	30·7	19·6	50·3	1·25	(2-4)
Ca : 2	3·84	32·4	36·2	0·90	(1-2)
Mg : 2·2	4·22	5·94	10·1	0·25	(0.25-0.5)
Ph : 8·5	16·3	21·6	37·9	0·94	(0.5-1)
Cl : 33	63·3	13·5	76·8	1·92	(2-6)

GIR : 4·2	Present Feed: TPN - 80 ml/hr
NPH : [1: 159]	EN - 50 ml/hr

Dietitian Maurice

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/8/26	NUTRITION REVIEW.	
9am		
	DOA. - 21 ; PBW.	
	FLUIDS: 1900ml/dy	
	(1900ml/dy)	
	CYCLIC GOAL = 100ml/kg for full volume. feeds	
	TAPER DOWN PPN TO 1000ml/d.	
	INCREASE EN TO 1000ml/d.	
	1000ml/EN = 55ml/kg cyclic GOAL	
	GRADUAL TAPER: PPN AN ↑ EN.	
	CHECK AMYLAS/LIPASE BEFORE REACHING	
	FULL FEEDS.	
		BROMAN
		9am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 9:40AM	CIS/B Dr Anupama.	
	Day - 30 of hospitalization.	
	polytrauma	
	Thoracic Aortic dissection	plan
①	s/p stent ~~& grafting~~	
	Las Echo done yesterday	1. 2pm. Dr Chandana
	flow around graft are good.	to shift to opn to assess
		vocal cord mobility (Hold)
②	Blunt injury abdomen with pancreatitis	
	focal transection of pancreatic duct	2. same time USG abdomen
	Last amylase - 213	with Dr Nitin Sir (Hold)
	lipase - 1117.	
		3. Donot restart cyclic feed at 2pm.
③	currently on TPN & EN.	4. Continue TPN 80ml/hr (hold).
	Recieved 1820 cal yesterday	Reduce TPN to 60ml/hr
	Last 5 day recieving 1400 cal	
	TPN more than EN	5. Send wound swab for cultre
④	persistent diarrhoea.	6. Send electrolytes now.
	Last 24hrs stool output 10ml/kg/day	
	USG abdomen needs to be repeated today	7. Consell family
		about duration of
⑤	Sepsis probable Gram negative	hospital stay.
	carbapenam resistant	
	Last B/c/s growing CRAB 23/4	
	26/4 } Blood cultre — Nosrowth	
	3/5	
	8/5	

noted by pravalika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6	VAC drain fluid from fracture site	
	urine culture	8. Increase cyclical
	→ pseudomonas	feeds to 60ml/hr
	Carbapenam resistant klebsiella	3hr on & 1h off.
	swab culture from Rt fore arm wound site } awaited.	
		9. Dr vidhi to assess
		Oral feeding today.
7	AKI/AKD/ATN.	
	Not on diuretic	10. send blood culture - 4 bottles.
	urine out put >3ml kg/hr.	stool culture
	urea - 78	11. Dr khurshid to teach
	creatine - 0.8	parents.
	on Nodosis - Bicarbonate - 18.	
		12. CBP Tomorrow morning.
8	Fracture femur site with	
	metatarsal site	
	wound on Right thigh.	
	Assisted by Dr venkat ram.	
	yesterday dressing done	
	wound healing.	
	2 pins at upper part of	
	lateral thigh showing	
	granulation tissue.	

noted by pranalika

9/5/12

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
(9)	cough with hoarness of voice with regurgitation	
	suspecting Recurrent ~~Recl~~ laryngeal superior laryngeal of vagus nerve due to thoracic injury.	
	plan to do Nasal endoscopy at 2pm to assist vocal cord mobility & swallowing.	
9/5/26. 5:30pm	C/S/B pICU fellow.	
	Asis:- polytrauma Aortic dissection s/p stent Rt femur # s/p fixation pancreatic injury AKI	plan. 1. continue cyclical feed 50ml/hr 3hr on 1hr off. 2. continue TPN with lipid 60ml/hr.
	on room Air Hemodynamically stable. On TPN with lipid - 60ml/hr cyclical feed - 50ml/hr 3hr on 1hr off	3. Measure NIBP before every anti HTN medication dose give only if BP> 120/80 mmHg

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Chest - Clear	4. w/f loose stools.
	loose stools - 3 episodes (200gm)	
		5. Monitor urine output.
		6. Trace blood culture
		wound swab culture.
		stool culture
		7. encourage oral intake
		8. CBP Tomorrow morning
		Dr Mathew
		9/5/26 5:30pm

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Yashwin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/24	counseling	room no. 2
10:54 am		Dr. Anupama
	Patient's attendants have been counseled about the condition of the child i.e,	
	→ child has polytrauma affecting many organ systems in the body.	
	→ child had aortic dissection for which he underwent grafting of aorta. we use aspirin longterm for children with such grafts, but because of other system involvement, we are not able to give aspirin to him	
	→ He had acute kidney disease due to muscle breakdown due to trauma. currently he is passing normal amount of urine and it is improving.	
	→ He had ulcers in stomach causing major bleed, which has been addressed by endoscopy and clipping of major ulcers. The ulcers could be due to trauma and stress.	
	→ He has pancreatic injury, which evolved and formed a pancreatic pseudocyst. He might need ERCP procedure after 6 weeks of injury if pancreatic enzymes persist to be high and he has digestion issues.	
	→ Due to large volume loose stools, he is on parenteral nutrition. Slowly we started	

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 11 M 1 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	feeds through stomach again. Slowly we are increasing feeds and decreasing parenteral nutrition.	
	→ He has sepsis i.e. infection in blood, stools and in pus in different areas of body. we are	continuing antibiotic.
	→ He has recurrent swallowing. This could of recurrent laryngeal	cough and difficulty be due to injury nerve due to trauma.
	→ He might need to assess for it, if in next few days.	endoscopic assessment / MLB there is no improvement
	→ He will need to feeding and small as tolerated.	be continued on NG tube volume oral spoon feeds
	→ We will send repeat today to decide on	blood and stool cultures further antibiotics plan.
	→	
		Plan
		1) Dr. Vidhi to assess oral feeding today
	Dr. Pratyusha	2) Send blood for c/s stool for c/s
		3) CBP tomorrow morning
		4) Dr. Khurshid to teach parents

Refer to my manuscript

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Adv
		① Don't start TPN after 6 Billions (Hold)
09/05/2026 @ 4pm	S/B Dr Anupama	
	Polytrauma / Aortic dissection. s/p Endovascular grafting. Right femur II - s/p nailing. Pancreatic contusion	① Make TPN as 20ml/hr from 5AM tomorrow
		② Increase feeds to 75ml/hr from 6AM
		③ Spinometry
		④ CBP tomorrow morning
	On room air	⑤ will decide on shopping (or) starting TPN.
	Hemodynamically stable	⑥ True culture.
	Chest: Bilaterally equal normal vesicular breath sounds	⑦ CBP, RP2] tomorrow morning
		⑧ watch for fever spikes
	Pt dept BSO	
	CM No focal deficit	
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6AM	S/B PW team	
10/05/26	AU Polytrauma	
	② aortic dissection - s/p	Adv
	graphy / Right femur	① Encourage oral intake
	fracture - s/p [illegible]	② Make TPN to 20ml/hr
	Renewable [illegible]	③ Increase cyclical feeds
		to 70ml/hr
	on room air	④ Time labs
	hemodynamically	
	stable	[signature]
	Chest BHAOO equal.	[signature]

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 8AM	C/S/B PICU fellow.	
	Dx:- polytrauma.	
	aortic dissection	plan.
	S/p stent.	1. continue cyclical feed
	Rt femur fracture	75ml/hr 3hr on
	S/p fixation.	1hr off
	pancreatic injury.	TPN 20ml/hr.
	on room Air	2. Measure NIBP before every
	Hemodynamically stable.	anti HTN medication dose
	No fever spikes.	give only if BP > 120/80mmHg
	on cyclical feeds 75ml/hr	3. w/f loose stools.
	3hr on	
	1hr off	4. Trace blood cultre
	TPN - 20ml/hr	wound swab cultre
		stool cultre.
	Last 24 hrs loose stools	
	7 episodes. 640 gms.	5. Monitor urine output.
	Inj micafungin - D18.	
	Inj ceftazidime } D6.	
	avibactem }	Dr Mathew
	azetreonam }	10/5/26 8:00 AM
	Tab linezolid - D3.	

Docu. No. : RCHBH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26	NUTRITION REVIEW	
9am		STOOL PASSED = 7/B-5,6
	PBW: 40 kg (10th Centile)	
	REE: 1351 kcal/d	Hb: 7.4 WBC: 7390 Plt: 1.23L
	Fluids: 1900 ml/d	Na: 143 K: 3.4 Cl: 107
		U: 41 C: 0.7
TPN:	Oliclinomel N4 550E	EN: NG Cyclical Feeds
	(Baxter) Bag checked 1000ml	Peptamen junior
	Bag with 750 m Osm/L	(1:40 ml) dilution
	Current Rate of flow = 20ml/hr	75 ml/hr (3 hr on 1 hr off)
	Recall vol = 1360 ml/d	Recall vol = 960 ml/d
	MACROS (RECALL)	

	Oliclinomel N4 TPN Recall 1360 ml/d	EN Recall 24 scoops/d	Total	per kg/d
Cal	: 610 829.6	876	1705.6	42.6
Prt	: 22 29.9	24	53.9	1.34
Carbs	: 80 108.8	122.4	231.2	5.78
Fat	: 20 27.2	31.2	58.4	1.46 RDA
Na	: 21 28.5	22.5	51	1.27 (2-5)
K	: 16 21.7	26.1	47.8	1.19 (2-4)
Ca	: 2 2.72	43.2	45.9	1.14 (1-2)
Mg	: 2.2 2.99	7.92	10.9	0.27 (0.25-0.5)
Ph	: 8.5 11.5	28.8	40.3	1 (0.5-1)
Cl	: 33 44.8	18	62.8	1.57 (2-6)

GIR : 4	
NPN : (1:168)	Present Feed: TPN - 20 ml/hr
	EN - 75 ml/hr

Dietitian Mounica

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 10:40AM	CB/B Dr Anupama.	
		plan.
	Δ#s:- polytrauma.	1. Tab Nodosis 500mg
	Aorta dissection	1Tab/po/TID.
	S/p stent.	2. TPN at 40ml/hr
	Rt femur fractre	cyclical feeds ~~75ml/hr~~ 3hrs on
	S/p fixation.	7oml/hr. 1hr off
	pancreatic injury.	3. Trace pending culture
		4. TFM CBP, PCT, amylase, lipase
	on room Air.	Serum Albumin.
	Hemodynamically stable.	5. Serum Electrolytes 8pm.
		6. plan to stop TPN tomorrow.
	cyclical feeds 75ml/hr	7. Gastro consultation Dr prashanth - Tm
	3hrs on	USG abdomen tomorrow.
	1hr off.	8. Diet as per Dietician
	TPN - 20ml/hr.	
10/5/26 12:40PM	C/D/W Dr Anupama.	
	c/o pain abdomen.	
		plan.
		1. Give 9ij paracetamol, 1ij tramadol
		2. Diet as per dietician ~~Advice~~
		Dr nathan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26. 5:30pm	C/S/B PICU fellow.	
	ASB:- polytrauma.	
	Aortic dissection s/p stent.	
	Right femur fractre	plan.
	S/p fixation	
	pancreatic injury.	1. continue TPN 40ml/hr
		cyclical feed 70ml/hr 3hr on 1hr off.
	on room Air.	2. plan to stop TPN tomorrow.
	Hemodynamically stable.	
	No fever spikes.	3. Serum electrolytes 8 pm.
	on cyclical feeds 70ml/hr 3hr on 1h off.	4. Gastro consultation Dr prashanth sir } Tomorrow
	TPN 40ml/hr.	USG abdomen - T/m.
	4 loose stools since morning	5. Diet as per Dietician.
	type 6 volume 240gm.	6. CBP, PCT, amylase, lipase, Serum Albumin } Tomorrow
	pain abdomen decreased.	7. Trace cultures.
		8. Measure NIBP before every anti HTN medication dose give only if BP > 120/80 mm Hg.

Noted by.

Dr Mathews
10/5/26
5:30pm

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06-06-2012 13 Y 11 M 6 D (M)
Dr. ANUPAMA Y

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CROSS CONSULTATION FORM

Doctor Name : Dr Abhishek. Date : 12/5/26. Time :

Diagnosis : polytrauma, Aortic dissection s/p stent
pancreatic injury.

Hospital : Rainbow hospital.

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations : Ds/B Neurology

Accepting solids — slowly
while liquid → coughing

sensorium following command, recognizing power
Irritability ↓↓ Remote memory intact
Sleep disturbance
(2-3hr @night)

EOM full, pupil, B/L NSRL
No facial weakness
Bulbar weakness ⊖, weak gag ⊕
Uvula deviated to right

Consultant :
Name : Dr Abhishek Jain Signature : Dr Abhishek. K. Jain Date & Time : 12/5/26

Doc. No. : RCHBH/ FRM / CLINICAL / 049

B/L UL → 3/5

low ~~lead~~ volume voice

plan

① ~~SYP NERNAP-M~~

~~← 7.5mg~~

② Tab CLONAZEPAM 0.25mg

← ½ tab (9pm)

SOS ← 1 tab

③ Tab SIZODON 0.5mg

← 1 tab (8pm)

④ physiotherapy & oromotor exercises.

⑤ Melatonin, levipil to continue

⑥ plan to Clonidine over 1 week taper & stop

⑦ Stop mito Q 7

⑧ c/f Cognophin 1

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CROSS CONSULTATION FORM

Doctor Name : Dr. Prashant. B Date : 11/5/26 Time : .....

Diagnosis : .....

Hospital : .....

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

- feeding plan

Signature:

Findings and Recommendations :

c/o Polytrauma
c̄ pancreatic injury
c̄ loose stools
(getting better)

stool output:
450 gm.

on TPN: 40 ml / hr
960 ml
(~~[illegible]~~) of total maint. 43%

cyclical feed = peptamin Jr (1:40 ml)
40 ml / hr - 3 hrs on
- 1 hr off
(~~[illegible]~~)
57% of total maint.

orally: Idly, curd rice.

Plan:
① Egg whites.
omlete c̄ egg white
② Can stop TPN if oral intake improves.
③ continue cyclical feeds.
(Parents to learn)
④ cont. Creon

Consultant :

Name : Dr. P. Bachina Signature : ..... Date & Time : .....

Doc. No. : RCHBH/ FRM / CLINICAL / 049

2200

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CROSS CONSULTATION FORM

Doctor Name : Dr Ram Pal (Dr Bhargavi) Date : 21/4/26 Time : 2pm

Diagnosis :

Hospital : Real Bangahills

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

traumatic aortic dissection

Signature: Dr. prabhuteja

Findings and Recommendations :

c/o Polytrauma / AKI.

S/P Aortic stenting for aortic dissection

HR - 112/min
SpO_2 - 97%.
BP - 133/72 in RUL.
(On Clonidine, Amlodipine & Prazosin)

Pedal edema (+).
Platelet count = 1.3 lakhs
PT INR = 1.7

Communicating well

ECHO

- Aortic stent insitu & good flow across it.
  Peak gdt 18mm Hg. No AR.
- DTA doppler pulsatile.
- Mild TR / No MR
- No RWMA
- Good biventricular function. LVEF = 70%.
- IVC collapsible
- No Pericardial effusion

Ao vel = 1.1 m/s.
No thrombus / clot / veg.

NAME PAL Signature : Dr Ram Date & Time : 21/04/26 @ 2pm

FRM / CLINICAL / 049

Adv (Discussed ē KNR Sir)

. Ecosprin can be withheld as per the patients condition. To be restarted after the child improves.

Sonam

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CROSS CONSULTATION FORM

Doctor Name : Dr. MNV Poornuja Sai Date : 21/4/26. Time : 3pm

Diagnosis :

Hospital : RCH

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

loose stools

Signature: Dr. pratyusha

Findings and Recommendations :

c/o LOOSE stools - (6) episodes - Large quantity watery
- on 80ml/kg 3hrs on 1hr off.
- on multiple Antibiotics.
- pancreatic bleed. ? AAD/C.diff

Adv:
(1) continue Peptamen Jr.
(2) send CSE, stool c/s, stool for C.difficile.
(3) Pro G G drops 1 satchel BD
Econorm 1 satchel BD
5 days
(4) Zinconia syrup 5ml — o — for 14 days.
(5) consider adding Racecadotril.
If c/o abd. pain (pancreatitis) consider ↓/stopping Peptamen for 24 hours - & give clear liquids.

sultant :

: ..... Signature : ..... Date & Time : 21/4/26 @ 3p.m

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CROSS CONSULTATION FORM

Doctor Name : Dr. Khurshid Shaik (PT) Date : 29/4/26 Time : 5 pm

Diagnosis : Polytrauma

Hospital : RCH; Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

[redacted] physiotherapy

Signature:

Findings and Recommendations :

s/B physiotherapist

c/o:- Polytrauma / TBI
(RT) femur #.
OR Aortic dissection s/p - Graft.

[redacted] c/o:- child on (R) femur external fixators
B/L shoulder movements restricted.

k/c:- AAROM exs to B/L UL & LL's
- gentle chest physiotherapy
- Breathing exs. - Incentive Spirometer
- Gentle Stretches.

Consultant :

Name : Dr. Khurshid Shaik (PT) Signature : Khurshid Date & Time : 29/4/26; 5pm

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CROSS CONSULTATION FORM

Doctor Name : Dr. Khushid Shaik (PT) Date : 22/4/26. Time : 10:15am

Diagnosis : Polytrauma

Hospital : RCH; Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

C/O:- Polytrauma / severe TBI

(Rt) femur #.

O/E:- shoulder ROM - restricted beyond 90°.

- (R) femur ext. fixator.

P:- - AAROM ex's
- AROM ex's
- Breathing ex's
- Incentive spirometer.

Consultant :

Name : Dr. Khushid. Shaik (PT) Signature : Khushid. Date & Time : 22/4/26; 10:5am

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CROSS CONSULTATION FORM

Doctor Name : DR Date : 23/4/26 Time : 11:30 am

Diagnosis :

Hospital : RCH1

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

S/B Dr. Sruthi (Nephrology)

C/o Polytrauma/ Rhabdomyolysis / AKI → ATN
oligo anuric
HD dependent

- CPK ↓↓ trend
- U/O Last 24 hrs 110ml.
- HTN on Amlodipine
  Clonidine
  Prazocin

22/4/2026 U - 56
Cr - 1.1

Electrolytes - ok

Adv

1) Wait for Steroids
2) Continue Alternate day or

(502393)

Consultant :

Name : DR. SRUTHI Signature : Sruthi Date & Time : 23/4/2026 11:30AM

- Once in 2 days Intermittent HD
  based on U/O
  & volume status
- Continue Antihypertensives
  If needed start on Labetalol
  50mg TID.
- Continue Lasix injection
  Melatazone
- Strict I/O charting
- Monitor RBS. A/D.
- If HCO_3 < 20,
  to add T. Nodosis
  500mg 1-0-1.
- Inform SOS.
- Total Fluids + Feeds
  Restrict to
  1500 - 1600
  ml/day.
- To do CXR, USG abdomen.

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CROSS CONSULTATION FORM

Doctor Name : Dr. NITHYA. N Date : 23/4/26 Time : 3:50p.m.

Diagnosis : ? Delirium post accidental injury

Hospital : RCH.

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

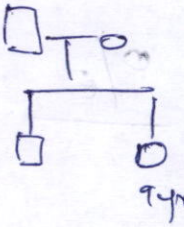
Delirium.

Signature: Madhuri

Findings and Recommendations :

E/S/B. Psychiatrist Child

Alleged fall from terrace of apartment on April 8th, 7:30pm & fell down. The child was found after fall & severe injuries & admitted in nearby hospital & subsequently shifted to Rainbow Hyderagar. Child was unconscious, on ventilator till 19th. Extubated on 20th. After According to parents child was speaking relevantly. except once episode when he spoken about Mahabharata when asked



Consultant :

Name : Dr. NITHYA. N Signature : N. Nithya Date & Time : 23/4/26

3:50pm

irrelevance continued on that day. Subsequent irrelevant talk disappeared. Since 3rd day he became dull / slowness in talking, expressing discomfort, decreased appetite. Currently on dialysis. Does not remember the incident.

Past H/o - was a happy child, occasional anger, behavioral issues, good at studies, well adjusted, conflicts : sister (usually about TV). No problems on studies at home. Goes to terrace to get clothes talkative child, loves drawing., friendly, respectful.

Family H/o - Nil on both sides for depression / anxiety / Sister - hearing impaired, speech delay, other psychiatric issues
father - lecturer. mother - Housewife.

Medically - child in Delirium

O/E - not engaging.
answering in single words. occasionally unintelligible
unable to perform MSE.

f/u : child after shifting to general ward.

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CROSS CONSULTATION FORM

Doctor Name : Dr. M N V Poushya Sai Date : 24/4/26 Time :

Diagnosis : polytrauma

Hospital : RCH B

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

Upper GI Bleed

Signature:

Findings and Recommendations :

c/o abdominal distension

stools - 2/day, greenish ass i mucus.

alb = 2.2.

u/s abd - s/o bowel wall edema.

Adv:

1. consider 20% albumin transfusion
2. continue Peptamen JR.
3. monitor K^+/Mg^+ levels.

CSE - (N)

Cdiff - negative

pancreatic hmg - stable.

Consultant :

Name : Signature : Replied Date & Time :

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CROSS CONSULTATION FORM

Doctor Name : Dr Shruti Date : 25/4/26 Time : 10 AM.

Diagnosis : polytrauma / severe TBI. Aortic dissection / S/P grafting

Hospital : Rainbow hospital.

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

S/B Dr. Smitha

U/o —

U - 139
Cr - 3.1

Electrolytes - ok

USG - Renal findings stable.

BP's - ok
Urine - colour - ok.

Adv

- IVF Counic Bicarbonate containing Fluids 30 ml/hr.
- Monitor RP2 daily
- Strict I/o charting
- IV Lasix TID 40mg.
- Counic Melatazone

Consultant : (502393)

Name : DR. SRUTHI Signature : Date & Time : 25/4/2026 10 Am.

If NPO, today

↑ fluids to 1/2 maintanie.

Sutton

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Dr. ANUPAMA Y

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CROSS CO... ON FORM

Doctor Name : DR. MVN Date : 22/4/26 Time : 12pm

Diagnosis : .....

Hospital : .....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

25/4/26

S/B Dr M.V Naveen Reddy

Second ooze +ve from wound ...

Hb 8.3

Plate

no active Platelet bleeding — Betadine ointment

intervention — ↑ Hb x /

Plates

M.V Naveen Reddy Signature : M.V Naveen Date & Time : .....

...NICAL / 049

IP5-00172745

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 11 M 3 D (M)
Dr. ANUPAMA Y

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CROSS CONSULTATION FORM

Doctor Name : Dr. Vidhi Navandhar Date : 9/5/26 Time : 2:07pm

Diagnosis : Feeding difficulties c TBI

Hospital : RCH; Banjara

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Feeding & Swallowing Review Signature: Vidhi

Findings and Recommendations :
* child was active & cooperative
* Assessed using semi-solid khichdi & lukewarm water via spoon feeding
* Oral movements appeared weak; with reduced lip strength noted during feeding.
* Pre-feeding oral stimulation was provided using oral swabs; a chewing tube & NUK brush.
* However, the child was willingly accepting food orally. Tongue movements were adequate, and the child was able to localize food within oral cavity.

Consultant :

Name : Dr Vidhi Navandhar Signature : Vidhi Navandhar Date & Time : 9/5/26 3:10pm

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...LTATION FORM

Doctor Name : Khurshid. Shaik (PT) Date : 7/5/26 Time : 4pm

Diagnosis : Polytraume

Hospital : RCH ; Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

Clust + limb physiotherapy

Signature: Dr. pratyu

Findings and Recommendations :

S/B physiotherapist

c/o :- Polytraume
(R) femur.

Ex :- Clust percussion
- DBEs
- Incentive Spirometer
- UL strengthening Ex's
- Neck ARCM Ex's
- Abdominal isometrics.

Consultant :

Name : Dr. Khurshid Shaik (PT) Signature : Khurshid Date & Time : 7/5/26 ; 4pm

Doc. No. : RCHBH/ FRM / CLINICAL / 049

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CROSS CONSULTATION FORM

Doctor Name : Dr. Vidhi Navandhar Date : 5/5/22 Time : 12:30pm

Diagnosis : feeding difficulties ? Severe TBI

Hospital : KCH; Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

feeding & swallowing Assessment Signature: @dvi

Findings and Recommendations : *child was active & cooperative well.
*OPME was assessed & revealed structurally & functionally adequate.
* Assessed using semi-solid consistency Kichdi and lukewarm water. He accepted well via spoon feeding.
* NO signs of respiratory distress; aspiration (or) choking were observed during assessment.
* A single episode of coughing was noted, likely due to existing cough rather than swallowing difficulty.
* Parents were counselled & trained with feeding techniques. (1) Posture maintain (90°)
(2) Spoonfeeding skills (small bites)

Consultant :
Name : Dr. Vidhi Navandhar Signature : @dvinavandhar Date & Time : 5/5/22 12:00pm.

Doc. No. : RCH / FRM / CLINICAL / 049

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CROSS CONSULTATION FORM

Doctor Name : Dr Chandana Date : 5/5/26 Time : 5:00pm

Diagnosis : polytrauma / DAI / Severe TBI / (R) Femur # /

Hospital : Rett, 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:

feeding & swallowing difficulties

Signature: Dr. Prashanth

Findings and Recommendations :

c/o - feeding issues
gurgling sounds/
nasal regurgitation

O/E
- awake
- mouth opening adequate
post nasal drip (+)

Flexible Laryngoscopy.

B/L nose - clear
floopy epiglottis
pooling of secretions
in hypopharynx / supraglottis
B/L VC - mobile / subglottis normal.

Imp: Oropharyngeal Dysphagia

Adv
- NG feeds
- oromotor therapy
- swallow assessment and safe feeding strategies

Consultant :

Name : Dr. Chandana Signature : Date & Time : 5/5/26 5:00pm

Doc. No. : RCH / FRM / CLINICAL / 049

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CROSS CONSULTATION FORM

Doctor Name : Khurshid . Shaik (PT) Date : 5/5/26 Time : 1:30pm

Diagnosis : polytrauma

Hospital : RCH; Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

chest physiotherapy

Signature: Dr. Pratima

Findings and Recommendations :

S/B physiotherapist

c/o:- Polytrauma

Rt. femur

child on room air

O:-

- chest physiotherapy given.
- child not-cooperative for limb physio / Spirometer.

Consultant :

Name : Dr. Khurshid . Shaik (PT) Signature : Khurshid Date & Time : 5/5/26; 1:30pm

KUH-00209536 IP5-00172745
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CROSS CONSULTATION FORM

Doctor Name : Dr. Khurshid. Shaik (PT) Date : 4/5/26 Time : 4:00pm

Diagnosis : Polytrauma

Hospital : RCH; Banjara

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

chest physiotherapy

Signature: Dr. pratyusha

Findings and Recommendations :

S/B physiotherapist

c/o :- Polytrauma
aortic dissection s/p grafting
Rt femur s/p - fixation.

o/e :- child on room air.

R/s :-
- chest physiotherapy given.
- Incentive spirometer (didn't perform as the child is sleeping)
- Gentle mouth to (L) LL.

Consultant :

Name : Dr. Khurshid. Shaik (PT) Signature : Khurshid. Date & Time : 4/5/26; 4pm

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CROSS CONSULTATION FORM

Doctor Name : Dr. Prashant. B Date : 4/5/26 Time : 10a

Diagnosis : Polytrauma / Diarrhoea

Hospital : B. Rch Rd no 2

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

in v/o persistent Diarrhea.

Signature: Dr. Pratyusha

Findings and Recommendations :

Diarrhea - ∵ 1 week.
Uremia - improved.
1 peripheral line / 1 PICC line.
No fever's.
Acinetobactor sepsis -
21 Day's - Poly B / Minocycle.
Stools - No growth.
C/S.

Plan

1) TPN to start.
@ 60ml/kg/day - Day 1 [1 litre back
↓
100ml/kg/day - Day 2 [2 litre back
↓
~~100ml/kg/day - Day 3~~

To increase, if Electrolyte's are normal Ca, Mg, P.

2) Can Allow egg white.

3) To continue Pro 44 / Econom & Racecadotril (for 7-10 days in total).

Oliclinomel N4-550E

Consultant :

Name : Dr. Prasanth - B Signature : Date & Time : 4/5 @ 10a

Doc. No. : RCH / FRM / CLINICAL / 049

4) Repeat UCG
Abdomen.
today

Dr. Kumar

RCH-00209536 IPS-00172745
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CROSS CONSULTATION FORM

Doctor Name : Dr. Alishaik Date : 3/5/2026 Time : 1 pm

Diagnosis :

Hospital : RCH-BH

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Diarrhoea.

Signature:

Findings and Recommendations :

→ c/o Polytrauma/ Pancreatitis with duct disruption / Diffuse gastric ulcers / Sepsis

current issue: diarrhoea

watery stool after starting NG feeds with Peptamen. creon added yesterday / but feeds stopped today

Adv

① We can consider - NJ (nasojejunal tube placement) endoscopically → give cyclical feed via NJ with creon & assess status of gastric ulcers @ the same time along with a duodenal biopsy

② withhold creon till the child is NPO

③ switch to Amunaven for higher calories

Consultant :

Name : Dr Alishaik Signature : Date & Time : 3/5/2026 1pm

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CROSS CONSULTATION FORM

Doctor Name : Dr. M. V. Naveen Date : 4/5/26 Time : 12pm

Diagnosis : Polytrauma

Hospital : B. Rest Adm 2

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

Right thigh wound,
to review need for VAC dressing

Signature: Dr. Pratyusha

Findings and Recommendations :

4/5/26

SIB Revaucer Redd

Wound Health

— Regular dress

— C T-Bedrock

Consultant :

Name : M V Naveen Signature : Date & Time : 4/5/26 12pm

Doc. No. : RCHBH/ FRM / CLINICAL / 049

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CONSULTATION FORM

Doctor Name : Dr. MNV Pavithya Sai. Date : 8/5/26 Time : 3pm

Diagnosis : polytrauma

Hospital : RCH, Banjara Hills

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

loose stools

Signature: Dr. pratyusha

Findings and Recommendations :

- c/o polytrauma.
- having loose stools since yesterday night.
- on Peptamen JR - cyclical - 60ml/hr. 3hrs on 1hr off.
- 11 loose stools
-

Adv:

① add racecadotril.
② send c.diff CSE.
③ add oral metronidazole
④ continue Pantop. cream.
⑤ consider using oral feeds if stunting TPN.
⑥ Econorm satchet BD.

Consultant :

Name : Dr. Pavithya Signature : Date & Time : 8/5/26 3pm

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CROSS CONSULTATION FORM

Doctor Name : Dr Satyaprasad Date 30/04/26 Time : 4AM

Diagnosis : Polyhydroxyl AGI

Hospital : Rch. Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

for rising neural overlying — [signature]

Signature:

Findings and Recommendations :

Informed equally
Rising urea - 188
Creat - 2.2
Urine output ~ 3-4 ml/hr

- 6 hrs SLEDD
- QB - 120 ml/min
- QD - 300 ml/min
- UF - 500 ml over 6 hours
- Nat - 150
- Bicab - 35] Profiling
- Nipro 0.9.
- Prime c̄ PRBC
- withhold Anti hypertensive during SLED
- Half Return blood after SLED @ 10AM
- RP2 - T/m.

- IVF DNS + 5ml KCl 30ml/hr (1/3rd maintainence).

Consultant :

Name : Dr Satyaprasad Signature : [signature] Date & Time : 30/4/26.

Doc. No. : RCHBH/ FRM / CLINICAL / 049

– IVF · DNS + 5mL KCl 30mL/hr ·
(1/3rd maintenance)

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CROSS CONSULTATION FORM

Doctor Name : Dr- Nabeel Date : 4/5/26 Time : 3:30 pm

Diagnosis :

Hospital : RCH

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

swelling on right forearm

Signature: Dr. pratyusha

Findings and Recommendations :

C/S/B Dr. Nabeel.

c/o ?hematoma on (RT) forearm.

Adv

1) Daily dressings.

[redacted]/E

soft swelling
fluctuant
pus point (+).

~~I+D~~ Pus drained.
~5ml.

Consultant :

Name : Dr- Nabeel Signature : [signature] Date & Time : 4/5/26 3:30 pm

Doc. No. : RCH / FRM / CLINICAL / 049

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CONSENT FOR SPECIAL PROCEDURES

KUH-00209536 IP5-00172745
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06-06-2012 13 Y 10 M 30 D (M)
Dr. ANUPAMA Y

Patient Name : ..... Gender: ☐ Male ☐ Female

UHID No : ..... it : ..... Date : 6/5/26.

I ..... S / D / W / O .....

Here by give consent for procedure of : PICC line.

For my patient, Named : Bhanu Prakash

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

Bleeding, infection.

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

nil

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

Name of the Doctor performing the procedure: Dr. mateen

Patient Attendant :

Signature : Satyavathi

Name : Satyavathi

Relationship with Patient: .....

Date & Time : 6/5/26 1:30pm.

Witness :

Signature : .....

Name : .....

Date & Time : 6/5/26 1:30pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr mateen

Date & Time : 6/5/26 1pm.

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

KUH-00209536 IP5-00172745
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PRE CHECK LIST (TIMEOUT OUTSIDE OT)

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Patient Name: Master. Bhanu prakash. Gender: ☑ Male ☐ Female UHID. No: KUH-00209536 Age: 13Y8

Date: 6/5/25 In-Time: ..... Out-Time: .....

Doctor Performing Procedure: Dr. Moteen Doctor Giving Sedation: Dr. K. Sathya Assisting Nurse: Dhanu.

SIGN IN Time:	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	☑	☐	☐
All required documents, images, studies are available	☑	☐	☐
NPO Status Checked from Patient / Patient Attendant	☑	☐	☐
Consent is Signed	☑	☐	☐
Any need for blood products	☐	☐	☐
If Yes Comment:			
Any Risk of Hemodynamic Compromise	☐	☑	☐
If Yes Comment:			
Any drug or food allergy	☐	☑	☐
If Yes Comment:			
Correct Site of Procedure Marked	☑	☐	☐
All resources required are correct, available and functioning	☑	☐	☐

Signature of the Doctor: K. Sathya

Name of the Doctor: .....

TIME OUT Time:	Yes	No	NA
Correct Patient	☑	☐	☐
Correct Site	☑	☐	☐
Correct Procedure	☑	☐	☐
All the team members introduced	☑	☐	☐

Signature of the Nurse: Pavithra.

Name of the Nurse: Soumyadip

SIGN OUT Time:	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☐	☐	☐
Instrument, Sponge and Needle Count Completed	☐	☐	☐
Specimens are labeled	☐	☐	☐
Any equipment problems are addressed	☐	☐	☐

Signature of the Nurse: Pavithra.

Name of the Nurse: Soumyadip

Any Adverse / Unexpected Events

.....

.....

.....

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CROSS CONSULTATION FORM

Doctor Name : Khurshid Shaik (PT) Date : 29/4/26 Time : 4pm

Diagnosis : poly Trauma

Hospital : RCH; Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

C/o :- Polytrauma
(R) femur
child on NW - face mask.
(L) ICD

Q :- AARom Ex's to B/L UL's & (L) LL'
- ARom Ex's
- DBE's.
- Gentle chest physiotherapy (child complaining of pain)

Consultant :

Name : Dr. Khurshid Shaik (PT) Signature : Khurshid Date & Time : 29/4/26, 4pm

Doc. No. : RCH / FRM / CLINICAL / 049

Clabd 2 chns (27/4/26)

- Mild to moderated Rt pleural effusion.
- Loculated collection noted in the region of proximal / mid.
  c̄ thin subtle enhancing wall (53 x 33 x 83 m)
- Moderate to marked ascites.

Plan

- continue antibiotics 20 mm [illegible]
- Small reinsertion
- can give tubal feeds

pig tail drainage of ascites & peripancreatic collection.

→ Send Ascitic fluid Pancreatic collection for cultures

- Inj: Nexpro 20 mg IV BD
- Syp. Sucrabil-o 25 ft
  " — " — "

→ aerobic
→ anerobic
→ fungal [illegible]

→ collect AF analysis Reports

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CROSS CONSULTATION FORM

Doctor Name : Dr. Y. Rami Reddy Date : 28/4/2026 Time : 2:54 pm.

Diagnosis : Polytrauma c̄ Acute Pancreatitis.

Hospital : RCH, Banjara Hills.

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

polytrauma/pancreatic injury

Signature: Y. Rami Reddy

Findings and Recommendations :

c/o H/o fall on 8/4/2026

- polytrauma
- TBI
- Aortic dissection.
- # Rt femur
- Acute pancreatitis
- UGI Bleed

c/o. - femur
- Abdominal distention.

$E_4M_5V_7$

OIR



- soft
- distended
- Ascites ⊕.

Consultant :

Name : Dr. Rami Reddy Signature : Date & Time : 28/4/26, 3pm

Doc. No. : RCH / FRM / CLINICAL / 049

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CROSS CONSULTATION FORM

Doctor Name : Dr. Lavanya Date : 26/4/26 Time : 11:30 AM

Diagnosis : polytrauma

Hospital : RCH Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

left pl. effusion

Signature: Madhu

Findings and Recommendations :

26/4/26
11:30 am

S/B Dlay,

By/m / Polytrauma.
Sudden GI Blunder i
pleural effusion

Left ICD no 16 placed into
the left 5th ICS under asepsis
mercaulin. ≃ 300ml serous fluid
drained.
Adv care of ICD

Consultant :

Name : LAVANYA. Signature : [signature] Date & Time : 26/4/26

Doc. No. : RCHBH / FRM / CLINICAL / 049

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 19 D (M)
Dr. ANUPAMA Y

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CROSS CONSULTATION FORM

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 16 D (M)
Dr. ANUPAMA Y

Doctor Name : ..... Date : 28/4/26 Time : 9am

Diagnosis : ....

Hospital : RCH

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

withdrawal

Signature: Dr. pratyusha

15yr/male

Findings and Recommendations : Thanks for Referral

case of Polytrauma c̄ AKI c̄ HTN.

since yesterday response to parents (1)

Child conscious, following commands

Fixing & tracking

EOM -

pupils - B/L NSRL

Nodding head for yes/no

Tone -

power - Antigravity movements MUL (1)

Abhishek Jain Signature : Dr. Abhishek K. R. Jain Date & Time : 28/4/26 @ 9am

FRM / CLINICAL / 049

Plan

① Shift AEDs to Oral

② physiotherapy

③ Psychology counselling.

④ Taper clonidine

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06-06-2012 13 Y 10 M 22 D (M)
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CROSS CONSULTATION FORM

Doctor Name : Dr. Abhishek Date : 30/04/26 Time : 12pm

Diagnosis : Polytrauma

Hospital : RCH, Banjara

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Encephalopathy

Signature: [signature]

Findings and Recommendations :

On Examination
- Pupils. Equal & RTL
-

Adv
1. Baseline EEG now.
2. If no improvement will decide on CT Brain by evening

Consultant :

Name : Dr. Abhishek R-Jain Signature : Dr. Abhishek Date & Time : 30/4/26 @ 12PM

Doc. No. : RCHBH/ FRM / CLINICAL / 049

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Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 24 D (M)
Dr. ANUPAMA Y

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CROSS CONSULTATION FORM

Doctor Name : Dr Ramesh Konanki Date : 1/5/26 Time : 10:20AM

Diagnosis : polytrauma / severe TBI Aortic dissection s/p grafting

Hospital : Rainbow bajara AKI Hills.

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

severe TBI

Signature:

Findings and Recommendations :

A 13y/m child c̄ AFH/O fall from 5th floor on 8/4/26
↓
Aortic dissection
Hemothorax
Hemoperitoneum
(R) femur #
↓
intubated
↓
extubated 10 dys ago
↓
Reintubated 2 dys ago i/v/o encephalopathy
extubated yest ←

Consultant :

Name : Dr Ramesh Signature : Date & Time : 1/5/26 10:20AM

Doc. No. : RCHBH/ FRM / CLINICAL / 049

O/E

child conscious
comfull

No facial weakness

very weakness

good UL antigravity movements

MRI with

mixed f/o ↑ uremia, HTN,
blend

plan

(1) T. Melatonin
for sleep

KUH-00209536 IP5-00172743
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 26 D (M)
Dr. ANUPAMA Y

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CROSS CONSULTATION FORM

Doctor Name : ~~Dr. Anupama~~ Dr. Ramya Date : 2/5/26 Time : Gam

Diagnosis : polytraumal

Hospital : RCH

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

Review of MRI report and neuroprognostication

Signature: Dr. pratyusha

Findings and Recommendations :

For review

c/o persistent loose stools

Now child sleeping

when awake,

EOM ~~full~~ → + O + + O −1 (−1, −1)

No facial weakness

comprehension intact

Good antigravity movements of UL

(IE) LL → flexion @ knee, toes

Consultant :

Name : Dr. Ramya Signature : [signature] Date & Time : 2/5/26 @ Gam

Doc. No. : RCH / FRM / CLINICAL / 049

Issues

→ persistent diarrhea
→ ↑urea (5mg)
→ HTN episodes

plan

① continue same Rx
② 2tsp Syp COGNIPLUS
③ Tab AMANTADINE later.

Tab SIZODON 0.5mg SOS.

MRI Brain -

Multifocal Diffusion restriction

& white matter hyperintensities seen in corpus callosum

(L) frontal (R) temporal (R) occipital [illegible] regions

findings s/o Multifactorial (hypertensive, trauma related & other systemic issues related) injury. According to present scan there is a chance of having neurodevelopmental sequelae like learning disabilities, Epilepsy and probable motor difficulties. However the severity can't be predicted now.

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06-06-2012 13 Y 11 M 2 D (M)
Dr. ANUPAMA Y

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CROSS CONSULTATION FORM

Doctor Name : Dr Abhishek. Date : 6/5/26 Time : 10 AM

Diagnosis : polytrauma Aortic dissection
S/p grafting

Hospital : Rainbow hospital.

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

difficulty in swallowing

Signature:

Findings and Recommendations :

→ 14 y/m child polytrauma → for review
c/o diff in swallowing both solids, liquids
also pooling of secretions
also cough, nasal regurgitation

O/E child conscious
slow response to commands
somnolent, hoarse voice ⊕
No facial weakness
gag ⊕ but weak
no tongue deviation / atrophy

~~Antigravity~~
movements of UL ⊕

Consultant :

Name : Dr Abhishek. R - ENT Signature : Date & Time :

? Bulbar weakness

Plan

(1) Oromotor stimulation

(2) NG feeds/
Gastrostomy/
Jejunostomy

(3) If persistent
pooling of secretions,
to shift T. & collate

/H-00209536 IP5-00172324
aster BHANU PRAKASH YASHWIN
6-06-2012 13 Y 10 M 4 D (M)
Dr. ANUPAMA Y

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heet No: .....

REGULAR PRESCRIPTIONS

Weight 40kg Ward PW

DRUG : Inj. LEVIPIL

Dose	Route	Frequency	Start Dt.
800mg	IV	BD	9/4

Date/Time: 9/4 10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4 19/4

6am ✓ Sub Alvu Sub Aine Samarth Nikita Dr Nikita Alvu Sub Akash Shaty Hakim

Name & Signature of the Doctor Starting the Drugs: K-Sathya

Additional Instructions:

6pm Sub Aine Sub Sub Sub Buddadev Buddadev Dhee Sub

Daily Doctor's Endorsement by a Sign

DRUG : Tab. TRANEXAMIC ACID

Dose	Route	Frequency	Start Dt.
500mg	PNC	TID	9/4

Date/Time: 9/4 10/4 11/4 12/4

6am ✓ X Aine Sub Nikita Samarth

2pm ✓ X

10pm X Aine Sub Nikita Samarth

Name & Signature of the Doctor Starting the Drugs: K-Sathya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	9/4

Date/Time: 9/4 10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4 19/4

6am Sub Sub Aine Samarth Nikita Alvu Sub Akash Shaty Hakim

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj. TELCOPLANIN

Dose	Route	Frequency	Start Dt.
300mg	IV	12H	9/4

Date/Time: 9/4 10/4 11/4 12/4

10pm ✓ Sub Sub Sub Sub

Name & Signature of the Doctor Starting the Drugs: Johith

Additional Instructions: 350mg/mL 12H x 3 doses then OD.

10pm ✓ Sub Sub X X

2am

Stop Madhu 12/4/26

Daily Doctor's Endorsement by a Sign

RCHBH /FRM / CLINICAL / 108

Da

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

Additional Instructions:

6pm

Daily Doctor's Endorsement by a Sign

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 8 D (M)
Dr. ANUPAMA Y

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Patient Sticker

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : PROG G

Dose	Route	Frequency	Start Dt.
1 SACHET	PO	BD	19/4

Name & Signature of the Doctor Starting the Drugs: Dr Mathuram

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	19/4															
Time																
	10AM															
	108m															

DRUG : SYP ZINC

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	19/4

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	14/4															
Time																
	12PM															

DRUG : Tab PANTODAC

Dose	Route	Frequency	Start Dt.
40mg	P/O	OD	24/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸																
Time																

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸																
Time																

(P.T.O)

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Dr. ANUPAMA Y

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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.

[redacted]RSES - 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 : Inj. KETAMINE				Date / Time
Dose: 20mg	Route: IV	Frequency: SOS	Start Date: 9/4/26	
Doctor's Signature: Dr. pratyusha	Valid Period: 5days	Pharm.		
Additional Instructions: If inadequately sedated, please inform doctor before giving				

[redacted]RUG : Inj. ROCURONIUM				Date / Time
Dose: 20 mg	Route: IV	Frequency: SOS	Start Date: 9/4/26	
Doctor's Signature: Dr. pratyusha	Valid Period: 5 days	Pharm.		
Additional Instructions: only with advice of doctor				

DRUG : INJ PARACETAMOL				Date / Time 12/4 13/4
Dose: 600mg	Route: iv	Frequency: SOS	Start Date: 11/4/26.	
Doctor's Signature: [signature]	Valid Period:	Pharm.		
Additional Instructions: if >100°F.				

VERIFIED BY : Name ..... Signature .....

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 4 D (M)
Dr. ANUPAMA Y

REGULAR PRESCRIPTIONS

Weight. 40 Ward. PW

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ PIPTAZ

Dose	Route	Frequency	Start Date
4gm	IV	TID	9/4

Date / Time

Name & Signature of the Doctor Starting the Drugs: K Sathy

Stop

Additional Instructions: max dose 16gm per day

Daily Doctor's Endorsement by a Sign

DRUG : Inj. MEROPENEM

Dose	Route	Frequency	Start Date
4gm	IV	TID	9/4

Date / Time 9/4 10/4

6am X Sue

2pm Sue X

10pm Sue

Stop Sue 2 10/4

Name & Signature of the Doctor Starting the Drugs: K Sathy

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj. FLUCONAZOLE

Dose	Route	Frequency	Start Date
400mg	IV	OD	9/4

Date / Time 9/4 10/4 11/4 12/4 13/4

6pm Sue AN Sue Sue Sue

Name & Signature of the Doctor Starting the Drugs: K Sathy

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

VERIFIED

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 4 D (M)
Dr. ANUPAMA Y

Weight. 20kg Ward. PICU

	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.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
[redacted]**IG :**		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
9/4/26	2:30pm	INJ TRANEXAMIC ACID	600 mg	iv		
[redacted]4/4/26	3 PM	FFP	400ml	I/V		
9/4		Tetanus toxoid	0.5ml	IM	KSK	
9/4	5:30 pm	plasmalyte	400ml	IV over 2hr	KSK	
9/4	6:30pm	Inj CALCIUM GLUCONATE	20ml + 20ml RS	1 hour		
9/4/26	6:45pm	Inj. SODIUM BICARBONATE	20ml + 20ml 5% D	IV over 1 hr		
9/4/26	6:45pm	Inj. INSULIN in	4 units 60 ml 25% D	IV over 1 hr		
9/4/26	6:50pm	LEVOLIN	1.25mg	neb		
9/4/26	9pm	NALOXONE	back to back 3 times IV 400mcg			

06-06-2012 13 Y 10 M 3 D (M)
Dr. ANUPAMA Y

I.V. FLUIDS CHART

Weight. 40 Ward. PW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/4	3PM	Inj. NAC 20ml + 4N NS	IV	1	KSPR	Meena / Sneha	10/4	Jaya	Aiva / Sub
9/4	2PM	DNS	IV	20	KSPR	Meena / Sneha	10/4	Jaya	Aiva / Sub
9/4	4PM	3% NS	IV	20	KSPR	Meena / Sneha	10/4	Jaya	Aiva / [illegible]
10/4	9:30 pm	Inj. FUROSEMIDE 24 ml	IV	1 ml/hr	pratyu	Aiva / Sub	10/4	Jaya	Aiva / Sub
		(1ml/hr = 0.3mg/kg/hr)							
11/4		~~Inj FUROSEMIDE 24ml (1ml/hr = 0.3mg/kg/hr)~~	IV	0.2 ml/hr	Jayasri				
11/4	6am	DNS	IV	20	Jayasri	Subhu / Aiva	11/4	[signature]	[illegible] / Samad
11/4	8am	Inj FUROSEMIDE 24ml (01ml = 0.3mg/kg)	IV	0.2 ml/hr	Jaya	Aiva / Subhu	11/4/25	[signature]	[signature] / Sreen
11/4	11AM	DNS + OPTINEURON	IV	20	[signature]	[signature] / [signature]	12/4	[signature]	Nikita / Sana
11/4	1 pm	Inj. N-ACETYL CYSTONE 20ml IN 24ml NS	IV	1	[signature]	[signature] / Sreen	12/4	[signature]	Nikita / Sana

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40kg Ward PW

DRUG : INJ. LACOSAMIDE

Dose	Route	Frequency	Start Dt.
150mg	1/v	BD	14/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4

10AM ✓

10PM

Stop
Dr. [signature] 21/10/26.

DRUG : INJ. STROCIT

Dose	Route	Frequency	Start Dt.
500mg	1/v	BD	15/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4

10AM ✓

10PM

Stop
Dr. [signature] 21/10/26.

DRUG : BUDESAL NEBULISATION

Dose	Route	Frequency	Start Dt.
1resp	NEB	6Hrly	17/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4 22/4 23/4 24/4 25/4 26/04

12AM ✓

6AM ✓

12PM ✓

6PM ✓

DRUG : INJ. ENOXAPARIN

Dose	Route	Frequency	Start Dt.
40mg	S/C	OD	17/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4

6PM

Stop
Dr. K. Sathya
20/4/26.

VERIFIED

VERIFIED 10

VERIFIED

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06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40 kg Ward PICU

DRUG : INJ. CEFTAZIDIME AVIBACTAM

Dose	Route	Frequency	Start Dt.
2.5g	IV	TID	13/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Date / Time: 14/4 — 6AM ✓ — 2PM ✓ — 10PM ✓

20/4/26 STOP

Daily Doctor's Endorsement by a Sign

DRUG : INJ. AZITHROMAM

Dose	Route	Frequency	Start Dt.
2g	IV	TID	13/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Date / Time: 14/4 — 6AM ✓ — 2PM ✓ — 10PM ✓

20/4/26 STOP Mythily

Daily Doctor's Endorsement by a Sign

DRUG : INJ. TIGECYCLINE

Dose	Route	Frequency	Start Dt.
40mg	IV	BD	14/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Date / Time: 14/4 — 6AM ✓ — 6PM

20/4 STOP 21/4/26

Daily Doctor's Endorsement by a Sign

DRUG : INJ. OPTINEURON

Dose	Route	Frequency	Start Dt.
	IV	OD	14/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions: 3ml + 10ml NS

Date / Time: 14/4 — 6PM

20/4 STOP 21/4/26

Daily Doctor's Endorsement by a Sign

VERIFIED BY

(P.T.O)

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40kg Ward PW

VERIFIED 20

DRUG : Inj. MEROPENEM

Dose	Route	Frequency	Start Dt.
1.0gm	IV	BD	20/04

Name & Signature of the Doctor Starting the Drugs: Nisenthal

Additional Instructions:

21/4/26

Daily Doctor's Endorsement by a Sign

Date/Time: 20/4 21/4

DRUG : TAB AMLODIPINE

Dose	Route	Frequency	Start Dt.
5mg	PO	BD	20/4

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

Additional Instructions: Do not give if less than 107/63.

WITHHOLD TODAY 26/4/26 @ 11AM

Date/Time: 20/4 21/4 22/4 23/4 24/4 25/4

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Dt.
4mg	IV	TID	20/4

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 20/4 21/4 22/4

DRUG : Tab. PRAZOSIN

Dose	Route	Frequency	Start Dt.
2.5mg	PO	BD	21/4

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

Additional Instructions:

Change frequency to nocte on 22/4/26.

Date/Time: 21/4 22/4

Daily Doctor's Endorsement by a Sign

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06-06-2012 13 Y 10 M 14 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ...40kg Ward ...PW...

DRUG : Tab. METOLAZONE

Dose	Route	Frequency	Start Dt.
5mg	PO	OD	21/4/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/4	22/4	23/4	24/4	25/04
10pm	[signature]	[signature]	[signature]	[signature]	[signature]

WITHHOLD 26/4/26 @ 11AM

DRUG : Tab. CLONIDINE

Dose	Route	Frequency	Start Dt.
100 mg	PO	TID	21/4/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/4	22/4
6AM	X	[signature]
2PM	[signature]	
10PM	[signature]	

Dr. Nikas

DRUG : Tab. MELATONIN

Dose	Route	Frequency	Start Dt.
3mg	PO	HS	21/4/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/4	22/4	23/4	24/4	25/04
10pm	[signature]	[signature]	[signature]	[signature]	[signature]

WITHHOLD 26/4/26 @ 11AM

DRUG : Inj. MINOCYCLINE

Dose	Route	Frequency	Start Dt.
100mg	[illegible]	BD	21/4/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/4	22/4
6AM	X	[signature]
6PM	[signature]	

Dr. [signature]

VERIFIED BY : Name ..... Signature .....

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..40.6.. Ward ..PCW..

DRUG : SYRUP. POTKLOR

Dose	Route	Frequency	Start Dt.
10ml	NG	QID	19/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4

DRUG : Tab. CINEZOLD

Dose	Route	Frequency	Start Dt.
600mg	POG	BD	18/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Stop Madhuri 26/4/26 @ 11AM

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4 22/4 23/4 24/4 25/4

DRUG : PROCG

Dose	Route	Frequency	Start Dt.
1sachet	P/O	BD	19/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

HOLD Madhuri 26/4/26 @ 11AM

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4 22/4

DRUG : SYRUP ZINC

Dose	Route	Frequency	Start Dt.
5ml	P/O	OD	19/4/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED VERIFIED VERIFIED

VERIFIED BY : Name ..... Signature .....

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40 Ward PW

DRUG : ADPHOS SACHET

Dose	Route	Frequency	Start Dt.
1 sachet	NG	BD	17/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/04 21/4

6AM ✓ Varun

6pm Budda

Stop D. 21/4/26

DRUG : INJ- PARACETAMOL

Dose	Route	Frequency	Start Dt.
500mg	I/V	TID	17/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/04 21/4

6AM ✓ Varun

2pm ✓ Budda

10pm

Stop D. 21/4/26

150

VERIFIED

DRUG : INJ- TRAMADOL

Dose	Route	Frequency	Start Dt.
40mg	I/V	TID	17/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/04 21/4

12AM ✓ Varun

8AM ✓ Budda

4pm

Stop D. 21/4/26

15

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DRUG : Tab. CHYMEROL FORTE

Dose	Route	Frequency	Start Dt.
1 tab	P/O	TID	17/4/26

Name & Signature of the Doctor Starting the Drugs: Madhu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4 22/4 23/4 24/04

6AM ✓ Hold

2pm ✓ Budda

10pm

Stop Dr. 24/4/26

VERIFIED

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40kg Ward PW

DRUG : TAB DOLO 650mg

Dose	Route	Frequency	Start Dt.
650 mg	PO	TID	21/4

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/4	22/4	23/4	24/04
6 AM	X	[signature]	[signature]	[signature]
2 PM	X	[signature]	[signature]	
10 PM	[signature]	[signature]	[signature]	

DRUG : SYP STROCIT

Dose	Route	Frequency	Start Dt.
5ml	PO	BD	21/4

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB VORICONAZOLE

Dose	Route	Frequency	Start Dt.
400mg	PO	BD	21/4

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/4	23/4	24/04
6 AM	[signature]	[signature] Hold	
6 PM	[signature]		

Stop [signature] 24/04/26

DRUG : TAB MITO Q7

Dose	Route	Frequency	Start Dt.
1 TAB	PO	BD	21/4

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/4	23/4	24/04	25/4
8 AM	[signature]	[signature]	[signature]	[signature]
8 PM	[signature]	[signature]	[signature]	[signature]

Stop Madhu 26/4/26 @11 AM

Signature .....

VERIFIED BY : Name

Docu. No. : RCHBH /FRM / CLINICAL / 108

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40kg Ward PW

DRUG : SYP LACOSAMIDE

Dose	Route	Frequency	Start Dt.
10ml	PO	BD	21/4/26

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/4	22/4	23/4	24/04	25/4
10 Am	X				
10 Pm					

Stop. Mathew 26/4/26 @ 11 Am

DRUG : Syp. NEUCITI - PLUS

Dose	Route	Frequency	Start Dt.
5ml	ROG	BD	21/4/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/4	23/4	24/04	25/4
10 Am				
10 Pm				

WITHHOLD 26/4/26 @ 11 Am

DRUG : TAB. CLONIDINE

Dose	Route	Frequency	Start Dt.
50mcg	N/4	QID	22/4

Name & Signature of the Doctor Starting the Drugs: Dr Vikas

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	10 Am	23/4	24/04
12 Am	X		
6 Am	X		
12 Pm			
6 Pm			

Change freq Dr. K Sathy 24/4/26

DRUG : TAB PRAZOSIN

Dose	Route	Frequency	Start Dt.
2.5mg	PO	TID	22/4

Name & Signature of the Doctor Starting the Drugs: Dr Mathew

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/4	23/4	24/04	25/4
6 Am	X			
2 Pm				
10 Pm				

WITHHOLD 26/4/26 @ 11 Am

VERIFIED BY : Name ..... Signature .....

Docu. No. : RCHBH /FRM / CLINICAL / 108

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40 KG Ward PW

DRUG : Syp NODOSIS

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Syp ZINC

Dose	Route	Frequency	Start Dt.
5ml	PO	BD	22/4

Name & Signature of the Doctor Starting the Drugs:
Dr Mathuram

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 22/4 23/4 24/4 25/4

WITHHOLD 26/4/26 @ 11AM

DRUG : SYP LIPIZYME

Dose	Route	Frequency	Start Dt.
5ml	PO	TID	22/4

Name & Signature of the Doctor Starting the Drugs:
Dr Mathuram

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 22/4 23/4 24/4 25/4

STOP WITHHOLD 26/4/26 @ 11AM

DRUG : Inj MINOCYCLINE

Dose	Route	Frequency	Start Dt.
200mg	IV	BD	22/4

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
200mg

Daily Doctor's Endorsement by a Sign

Date / Time: 22/4 23/4 24/4 25/4 26/4

Docu. No. : RCHBH /FRM / CLINICAL / 108

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward ..... PCW

DRUG : Tab HYDRALAZINE

Dose	Route	Frequency	Start Dt.
1 tab	PO	BD	23/4.

Name & Signature of the Doctor Starting the Drugs: K. Sathya

Additional Instructions: 1 tab = 25mg.

Date / Time	24/4	24/4	25/4	26/04
4 pm	[illegible]	[illegible]	[illegible]	[illegible]
4 pm	[illegible]	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign	[illegible]	[illegible]		

HOLD.

DRUG : SYP. A TO Z

Dose	Route	Frequency	Start Dt.
5ml	P.O.	OD	23/4

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Date / Time	24/4	25/4
12pm	[illegible]	[illegible]
Daily Doctor's Endorsement by a Sign		

HOLD

DRUG : VITAMIN D DROPS

Dose	Route	Frequency	Start Dt.
1ml	P.O.	OD	23/4

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Date / Time	24/6	25/4
10am	[illegible]	[illegible]
Daily Doctor's Endorsement by a Sign	[illegible]	

HOLD

DRUG : T-CEFIXIME

Dose	Route	Frequency	Start Dt.
200mg	P.O.	BD	23/4

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Date / Time
Daily Doctor's Endorsement by a Sign

STOP
23/04/26
T Pavani

VERIFIED

VERIFIED

VERIFIED

Docu. No. : RCHBH /FRM / CLINICAL / 108

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : Syl. CALUMAX-P				Date / Time	23/4	24/4	
Dose	Route	Frequency	Start Dt.				
10ml	P.O.	BD	23/4	6AM	X	SH Paly	
Name & Signature of the Doctor Starting the Drugs:				2PM			Stop 24/4/2026
Additional Instructions:				10AM	Hold		
Daily Doctor's Endorsement by a Sign							

DRUG : Inj Para				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 : Inj MEROPENAM				Date / Time	23/04	24/4	25/4
Dose	Route	Frequency	Start Dt.				
1.6gm	IV	BD	23/04/26	10AM	X	[illegible]	
Name & Signature of the Doctor Starting the Drugs: T. Pavani							Stop 25/4/26 Dr Mathan
Additional Instructions: 40mg/kg Hose.				10PM	SH Paly	Nsing Hania	
Daily Doctor's Endorsement by a Sign							

DRUG : Dr MILAFUNEN				Date / Time	23/04	24/4	25/04
Dose	Route	Frequency	Start Dt.				
100m	P	OD	23/4				
Name & Signature of the Doctor Starting the Drugs:				10PM	SH Paly	Nsing Hania	Pop
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

20

Docu. No. : RCHBH /FRM / CLINICAL / 108

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Sheet No: ..... lotion **REGULAR PRESCRIPTIONS** Weight ....40.... Ward .....

DRUG : Atarex anti-itch

Dose	Route	Frequency	Start Dt.
	L/A	QID	24/4

Name & Signature of the Doctor Starting the Drugs: K-Sathya

Additional Instructions:

Date / Time	24/4	26/04
12AM		Roy
6AM	✓	Roy
12PM	Bavil	X
6PM	Bavil	

Daily Doctor's Endorsement by a Sign

DRUG : Tab. Dolo 650

Dose	Route	Frequency	Start Dt.
1 tab.	PO	QID	24/4

Name & Signature of the Doctor Starting the Drugs: K-Sathya

Additional Instructions:

Date / Time	24/4	25/4	26/4
12AM	X	Nagini Hanika	
6AM	✓	Nagini Hanika	X
12pm	11am	Bavil	
6pm	Bavil	Bavil	

Stop Madhne 26/4/26 @ 11AM

Daily Doctor's Endorsement by a Sign

DRUG : Tab. CLONIDINE

Dose	Route	Frequency	Start Dt.
50mg	NG	TID	24/4

Name & Signature of the Doctor Starting the Drugs: K-Sathya

Additional Instructions: TID x 3 days, BD x 2 days | OD x 2 days

Date / Time	24/4	25/4	26/04
6pm	✓	Bavil	
2pm	✓	Roy	
10pm		Roy	

WITHHOLD 26/4/26 @ 11AM

Daily Doctor's Endorsement by a Sign

DRUG : CAP RIFAPICIN

Dose	Route	Frequency	Start Dt.
400mg	PO	OD	25/4

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions: 1 CAP (300mg) Mix 2 capsules in 10 ml water

Date / Time	25/4	26/4
2pm	Bavil	NPO

Daily Doctor's Endorsement by a Sign

VERIFIED

Signature

Docu. No. : RCHBH /FRM / CLINICAL / 108 (P.T.O)

give 6.6 ml

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40 Ward .....

DRUG : INJ LASIX

Dose	Route	Frequency	Start Dt.
40mg	IV	TID	25/4

Name & Signature of the Doctor Starting the Drugs: Dr Matheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	25/04	26/4
6AM	X	S.A
2PM	X	
10PM		

DRUG : Inj. Pantoprazole

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	26/4

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/4
6AM	S.A

Stop Madhu

DRUG : SYP Sucralgate

Dose	Route	Frequency	Start Dt.
10ml	N/G	TID	26/4

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/4
6 AM	X
2 pm	
10 pm	

DRUG : Inj. AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
500mg	IV	OD	27/4/26

Name & Signature of the Doctor Starting the Drugs: Dr Pratyusha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name ..... Signature .....

Docu. No. : RCHBH /FRM / CLINICAL / 108

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Sheet 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 .....

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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 : Inj PARACETAMOL				Date / Time
Dose: 500mg	Route: IV	Frequency: SOS Q 8HRY	Start Date: 23/04/26	
Doctor's Signature: T. Pavani		Valid Period:	Pharm.:	
Additional Instructions: T>100°F				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
octor's Signature		Valid Period	Pharm.	
itional Instructions:				

G :				Date / Time
	Route	Frequency	Start Date	
s Signature		Valid Period	Pharm.	
onal Instructions:				

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y

REGULAR PRESCRIPTIONS

Weight. 40kg Ward. PW

DRUG : INJ. LEVIPIL

Dose	Route	Frequency	Start Date
800 mg	IV	BD	9/4/26

Name & Signature of the Doctor Starting the Drugs: Madhusi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4 22/4 23/4 24/4 25/4 26/4 27/4

6AM ✓ Vasudha Patel Patel Patel Monika BD PNM

6PM Akhil Buddha Buddha Sudha Patel Patel Patel

VERIFIED 10

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	9/4/26

Name & Signature of the Doctor Starting the Drugs: Madhusi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4 22/4 23/4 24/4

6AM ✓ Vasudha Patel Patel Patel Stop Madhusi 24/4/26

VERIFIED

DRUG : INJ. POLYMYXIN B

Dose	Route	Frequency	Start Date
5 lakh IU	IV	BD	12/4/26

Name & Signature of the Doctor Starting the Drugs: Madhusi

Additional Instructions: 5 lakh IU

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4 22/4 23/4 24/4 25/4 26/4

6AM ✓ Vasudha Patel Patel Patel Patel Patel Stop Dr. Kalyan 26/4/26

10PM Akhil Buddha Buddha Sudha Patel Patel Patel

VERIFIED 20

DRUG : INJ. MICAFUNGIN

Dose	Route	Frequency	Start Date
100mg	IV	OD	12/4/26

Name & Signature of the Doctor Starting the Drugs: Madhusi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 19/4 20/4 21/4

5PM Akhil Buddha Buddha Stop Dr. 21/4

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06-06-2012 13 Y 10 M 18 D (M)
Dr. ANUPAMA Y

Weight. 40kg Ward. PW

		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.	

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
3:21	13/4/12	Inj KETAMINE	30mg	IV	[signature]	[signature]
19/4	7:18pm	Inj. LASIX	40 mg	IV	pratyusha	[signature]
		Inj ~~DEXAMETHASONE~~	~~8mg~~	~~IV~~		
20/4	10 AM	Inj. DEXAMETHASONE	4mg	IV	KSPR	[signature] Buddha
20/4	3pm	Ondensetron	4mg	IV	[signature]	[signature] Buddha
20/4		~~Dexmedtomide~~				
21/4.	2.15pm	Inj. MINOCYCLINE	200mg	IV. STAT	[signature]	Shanty
21/4	6:30 pm	Inj. NALOXONE	400 mg	IV	pratyusha	Shantha
23/04		Inj LASIX	40mg	IV	[signature]	venu

Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 17 D (M)
Dr. ANUPAMA Y

I.V. FLUIDS CHART

Weight. 40.50 Ward. PW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/4	5PM	3% NS	IV	10			22/4	KSPK	
22/4	6PM	Inj. LASIX undiluted	IV	1.2 ml/hr	prathy		25/4		
		1.2 ml/hr = 0.3 mg/kg/hr.							
24/4	9PM	½ DNS + 35 mMol $NaHCO_3$	IV	30	KSPK		26/4	KSPK	
26/4	9am	3% NS	IV	20 ml/hr	prathy		26/4	KSPK	
~~Voided~~ 26/4		~~Pantoprazole (400mg) in 50ml NS~~ (80mg/hour)	IV	10	~~KSPK~~				
26/4	10:30 AM	Pantoprazole 200mg in 24ml NS (1ml/hr: 8mg/hour)	IV	1	KSPK		26/4	KSPK	
26/4	2 PM	DNS + Optineuron 3ml	IV	30ml/hr	KSPK		26/4	KSPK	

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Dr. ANUPAMA Y

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
12/4	7AM	DNS + OPTINEURON	IV	20	[signature]	Nikith Samarth	12/4	[signature]	[signature]
12/4	7AM	N-Acetyl Cysteine 20ml in 24ml NS	IV	1	[signature]	Nikith Samarth	13/4/26	[signature]	Nikith Samarth
12/4	7AM	1mg FUROSEMIDE 24ml (1ml/hr = 0.3 mg/kg/hr)	IV	0.2	[signature]	Nikith Samarth	[signature]		[signature]
12/4	7pm	1/2 DNS + 35ml HCO_3	IV	20	[signature]	[signature]	12/4	KSR	[signature]
12/4	800 pm	Lasix 10ml + 14ml NS (1ml/hr = 0.1mg/kg/hr)	IV	0.5	[signature]	Nikith Samarth	13/4	[signature]	[signature]
12/4	7pm	DNS + OPTINEURON	IV	20	[signature]	Nikith Samarth	12/4/26	[signature]	Nikith Samarth
12/4/26	11pm	DNS + OPTINEURON	IV	5	[signature]	Nikith Samarth	12/4	KSR	[signature]
13/4/26	2AM	N-ACETYL CYSTEINE 20ml in 24ml NS	IV	1	[signature]	Nikith Samarth	17/4/26	[signature]	[signature]
14/4	10AM	3% NS	IV	20	KSR	[signature]	14/4	KSR	[signature]

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
17/4	1PM	IVF 20% DNS	IV	10ml/hr	[signature]	Suchisha Dhuba	18/4	[signature]	Mary Shante
17/4	1PM	3% NS	IV	20ml/hr	[signature]	Suchisha Dhuba	18/4/26	[signature]	Mary Shante
17/4	2:50pm	INJ CLONIDINE 1000mcg (10ml) in 50ml NS.	iv	1-4ml/hr	[signature]	Suchisha Dhuba	18/4/26	[signature]	Mary Shante
18/4	6AM	N-ACETYL-CYSTEENE 20ml in 24ml NS	IV	1ml/hr	[signature]	Mary Shante	19/4	[signature]	[signature]
18/4	6AM	INJ. LASIX 10ml + 14ml NS	IV	1ml/hr	[signature]	Mary Shante	[signature] 18/4/26	[signature]	[signature]
18/4	6AM	IVF 20% DNS	IV	10ml/hr	[signature]	Mary Shante	18/4	[signature]	[signature] Harim
18/4	6AM	3% NaCl	IV	20ml/hr	[signature]	Mary Shante	18/04	[signature]	[signature] Harim
18/4	6AM	INJ. CLONIDINE 1000mcg (10ml) in 50ml NS	IV	1-4 ml/hr	[signature]	Mary Shante	19/4	[signature]	[signature]
18/4	600 pm	Lasix (1ml = 10mg) (1.2ml/hr = 0.3mg/5hr)	IV	1.2 ml/hr	[signature]	Suchisha [signature]	[signature] 19/4	[signature]	[signature] Harim

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ICATION 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: 237

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. MYTO Q7	1Tab	P/o	BD		☑C ☐DC
2	SYRUP. LACTULOSE	10ml	P/o	BD		☑C ☐DC
3	SYRUP. NEUCTI PLUS	5ml	POG	BD		☑C ☐DC
4	Tab. PRAZOSIN	2.5mg	P/o	TID		☑C ☐DC
5	SYRUP. ZINC	5ml	P/o	BD		☑C ☐DC
6	SYRUP. UPITYME	5ml	P/o	TID		☑C ☐DC
7	INJ. MINOCYCLINE	200mg	I/V	BD		☑C ☐DC
8	Tab. HYDRALAZINE	1Tab	P/o	BD		☑C ☐DC
9	SYRUP A to Z	5ml	P/o	OD		☑C ☐DC
10	VITAMIN D DROPS	1ml	P/o	OD		☑C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Madhu
Madhu

Date & Time : .....

Nurse Name & Signature: 24/4/26 NS

Date & Time : 25/4/25 @ 8A

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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: ..... Shifted to: .....

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. MEROPENEM	1.6g	I/V	BD		☑C ☐DC
2	INJ. MULAFUNGIN	100mg	I/V	OD		☑C ☐DC
3	ATARAX ANTI ITCH LOTION	-	LA	QID		☑C ☐DC
4	Tab. DOLO 650	1Tab	P/O	QID		☑C ☐DC
5	Tab. CLONIDINE	50mg	P/O	TID		☑C ☐DC
6	INJ. LEVEPIL	500mg	I/V	BD		☑C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Madhu.

Date & Time : 24/4/26

Nurse Name & Signature: .....

Date & Time : .....

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PATIENT ASSESSMENT ON RESTRAINT

Doctor Ordered : ☑ Yes ☐ No

Consent Obtained : ☑ Yes ☐ No

Nursing Incharge Notified : .....

Type of Restraint : ☐ Physical ☑ Chemical

Drug Name: Inj. Morphine Dose: 20-60 µl/kg/hr

PATIENT RISK FACTORS: (to be filled by Doctor)

Indicate any that could possibly make the patient a higher risk during seclusion / restraints notify the physician:

Heart Problems : Nil

thers : .....

.....

Respiratory Problems : Nil

Others : .....

.....

Other Medical Problems : polybacune

'Others : Nil

.....

Psychological Risk Factors : .....

Comments : —

Patient Behaviour : —

Reasons explained to patient \ Attender : .....

Comments : Nil

Less Restrictive Measure : .....

Reason for Discontinuation : .....

Doctor Signature: .....

Doctor Name: .....

Date & Time: 21/4/22

Restraint Monitoring (to be filled by Nurse)

Parameters	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time
	21/04 8am					
Pulse	101					
Respiration	22					
Circulation	Good					
Patient Response						
Calm						
Sleeping						
Unaware						
Restless	Restless					
Skin						
Redness	X					
Swelling at Restrained Area	X					
Need for Continuous Restraint						
Yes	Yes					
No						
Restraint Released Time	x					
Restraint Re-applied Time	x					
Restraint Discontinued Time	x					

Signature of the Nurse: ..... Suchismita .....

Name of the Nurse: ..... Suchismita .....

Date & Time: ..... 21/04/20 .....

CONSENT FORM FOR RESTRAINT

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KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 10 D (M)
Dr. ANUPAMA Y

Patient Name: ..... UHID No : .....

Gender: ☐ ..... Date of Restraint : 17.04.2026 Time of Restraint : 6am

Type of Restraint:

Physical : -

Chemical : Inj. fentanyl

Duration of Restraint : Continue

Any likely complications: ☑ Hypotension ☑ Bradycardia ☐ Injury to skin

Any alternatives: ☐ Yes ☑ No if 'Yes' Specify: .....

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : [signature]

Name : S. Suresh

Relationship with Patient: father

Date & Time : 17.04.26, 6am

Witness :

Signature : Nalma

Name : Nalma

Address : RCH

-

-

Contact No: .....

Date & Time: 17.04.26, 6am

Doctor (who is taking the consent) :

Signature : [signature]

Name : SWATHYA

Date & Time : 17/4/26 6am

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నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు ..... యు.హెచ్.ఐ.డి .....

వయస్సు ..... లింగం పు స్త్రీ నియంత్రణ సమయం ..... నియంత్రణ రకం: .....

నియంత్రణ రకాలు:

భౌతిక .....

రసాయన .....

నియంత్రణ యొక్క వ్యవధి .....

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

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06-06-2012 13 Y 10 M 14 D (M)
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CONSENT FORM FOR RESTRAINT

Patient Name : ..... UHID No : .....

Gender: ☑ Male ☐ Female Age : 13 yr Date of Restraint : 21/4/26 Time of Restraint : 8am.

Type of Restraint:

Physical : —

Chemical : Inj. morphine

Duration of Restraint : 24 hrs

Any likely complications: ☑ Hypotension ☐ Bradycardia ☐ Injury to skin

Any alternatives: ☐ Yes ☑ No if 'Yes' Specify: .....

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : .....

Name : S. Swain

Relationship with Patient: father

Date & Time : 21/04/26, 8am

Witness :

Signature : Suchismita

Name : Suchismita

Address : .....

.....

Contact No: .....

Date & Time: 21/04/26, 8am

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 21/4/26, 8am

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నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు ..... యు.హెచ్.ఐ.డి .....

వయస్సు ..... లింగం పు స్త్రీ నియంత్రణ సమయం ..... నియంత్రణ రకం: .....

నియంత్రణ రకాలు:

భౌతిక .....

రసాయన .....

నియంత్రణ యొక్క వ్యవధి .....

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Bhanu Prakash ..... Gender: ☑ Male ☐ Female

UHID No : ..... Department : ..... Date : 28/4/26

I ..... S / D / W / O .....

Here by give consent for procedure of : Paracentesis.

For my patient, Named : Bhanuprakash

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

Pain. Bleeding

Infection

Bowel Injury

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

- Nil -

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

Name of the Doctor performing the procedure: Dr. Akash

Patient Attendant :

Signature : .....

Name : S. Suresh Kumar

Relationship with Patient: father

Date & Time : 28/4/26 11.30AM

Witness :

Signature : Aiven

Name : Aiven

Date & Time : 28/4/26 @ 11.30AM

Doctor (who is taking the consent) :

Signature : .....

Name : Akash

Date & Time : 28/04/26 @11.30AM

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

LEUCO REDUCED BLOOD CELLS I.P

Qty. 270 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.

A

Rh Positive

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

Unit No.: BAH26-00963
Blood Group: A Rh Posit.
Collection Date: 19/Apr/2026
Expiry Date: 31/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do No
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Fil c if
There is
Approp
Antibod

Issue Label / CrossMatching Report

Patient : **Mast. Bhanu Prakash -**
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr er
UHID No.: KUH-00209536 Wd-Bed No.:

Product : LR-PRBC
Blood Group : A Rh Positive
Unit No.: **BAH26-00963**
XMatching Report:Compatible
X-matched by: K.SAIKUMAR

Issue Dt : 11/May/2026
Colln. Dt :19/Apr/2026
Exp. Dt :31/May/2026
Issued By :

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

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 25 D (M)
Dr. ANUPAMA Y

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CONSENT FORM FOR RESTRAINT

Patient Name : Bhanu prakash yashwin UHID No : .....

Gender: ☑ Male ☐ Female Age : 13yr..... Date of Restraint : 01/05/2026..... Time of Restraint : .....

Type of Restraint:

Physical : ✓

Chemical : Dexmeditomedine

Duration of Restraint : .....

Any likely complications: ☑ Hypotension ☑ Bradycardia ☑ Injury to skin

Any alternatives: ☐ Yes ☑ No if 'Yes' Specify: .....

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : .....

Name : S. Srinath Kumar

Relationship with Patient: father

Date & Time : 1/5/26 @10pm

Witness :

Signature : .....

Name : Jamal

Address : RCH

.....

Contact No: .....

Date & Time: 01/05/26 @ 12pm

Doctor (who is taking the consent) :

Signature : Madhu'

Name : Madhu'

Date & Time : 1/5/26 @10:00

Doc. No. : RCHBH/ FRM / CLINICAL / 022

Docu. No. : RCHBH /FRM / CLINICAL / 115

(P.T.O.)

Restraint Monitoring (to be filled by Nurse)

Parameters	Date / Time: 01/05 8AM-8PM	Date / Time: 01/05 8pm-8am	Date / Time: 03/5 8AM	Date / Time	Date / Time	Date / Time
Pulse	105	98	100			
Respiration	18	20	20			
Circulation		good	good			
Patient Response		irritable	Irritable			
Calm	yes					
Sleeping						
Unaware						
Restless		Restless	Restless			
Skin						
Redness	NA	No	NA			
Swelling at Restrained Area	NA	No	NA			
Need for Continuous Restraint						
Yes	yes	yes	yes			
No						
Restraint Released Time	continue	continued	continue			
Restraint Re-applied Time	continue	Continued	continue			
Restraint Discontinued Time	continue	Continued	continue			

Signature of the Nurse: .....

Name of the Nurse: Rama

Date & Time: 01/05/26 @ 10AM.

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Dr. ANUPAMA Y

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : Bhanu Prakash Yashwin Gender: ☑ Male ☐ Female

UHID No : ..... Department : PICU Date : 27/04/26

I Suresh F/o S/D/W/O Bhanu prakash Yashwin

Here by give consent for procedure of : Endoscopy

For my patient, Named : Bhanu Prakash yashwin

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

Trauma to GIT / Risk of stricture
GI Bleed.

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

NA

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

Name of the Doctor performing the procedure: Dr. Alisha

Patient Attendant :

Signature : .....

Name : S. Suresh Kumar

Relationship with Patient: father

Date & Time : 27/04/26 4pm.

Witness :

Signature : .....

Name : Mohd

Date & Time : 27/4/26 @ 4pm

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 27/4/26 @ 4pm

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

REQUISITION FOR HISTOPATHOLOGICAL EXAMINATION

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Name :	Age :	Gender : ☐ Male ☐ Female
UHID No.		
Date of Procedure :	Consultant :	
Name of the Surgery :		

Clinical Diagnosis :
Clinical Brief :
) / Imaging Results :
Operative Findings :
ecimen/s :
Special Instruction to Pathologist :
Contact Details of doctor In - Charge of the Patient :

Surgeon :

Signature : .....

Name : .....

Date & Time :.....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 21 D (M)
Dr. ANUPAMA Y

CECT angio
CECT abd
& CT brain screening

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : Bhanu PRAKASH YASHWIN Gender: ☒ Male ☐ Female

UHID No : ..... Department : PICU Date : 27/4/26

I ..... S / D / W / O .....

Here by give consent for procedure of : CT angiogram & iodixanol, CECT abdomen

For my patient, Named : Bhanu CT brain screening

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

Hypotension

contrast induced nephropathy

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

NIL

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

Name of the Doctor performing the procedure: .....

Patient Attendant :

Signature : .....

Name : S. Sivesh Kumar

Relationship with Patient: father

Date & Time : 27/4/26 @ 9:50AM

Witness :

Signature : .....

Name : MOSES

Date & Time : 27/4/26 @ 9:50AM

Doctor (who is taking the consent) :

Signature : K SATHYA

Name : .....

Date & Time : 27/4/26 @ 9:50AM

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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CONSENT FORM FOR RESTRAINT

Patient Name : Bhanu prakash UHID No : .....

Gender: ☑ Male ☐ Female Age : 13 yr. Date of Restraint : 26/04/26 Time of Restraint : .....

Type of Restraint:

Physical : X

Chemical : Dex medito medine

Duration of Restraint : .....

Any likely complications: ☑ Hypotension ☑ Bradycardia ☐ Injury to skin

Any alternatives: ☐ Yes ☑ No if 'Yes' Specify: ..... nil

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : [signature]

Name : S. Suresh kumar

Relationship with Patient: father

Date & Time : 26/4/26 @8 pm

Witness :

Signature : [signature]

Name : Tamal

Address : RCH

Contact No: —

Date & Time: 26/04/26 @ 8pm

Doctor (who is taking the consent) :

Signature : Madhu

Name : Madhu

Date & Time : 26/4/26 @ 8pm

Doc. No. : RCHBH/ FRM / CLINICAL / 022

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నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు ..... యు.హెచ్.ఐ.డి .....

వయస్సు ..... లింగం పు స్త్రీ నియంత్రణ సమయం ..... నియంత్రణ రకం: .....

నియంత్రణ రకాలు:

భౌతిక .....

రసాయన .....

నియంత్రణ యొక్క వ్యవధి .....

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

CONSENT FORM FOR RESTRAINT

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Patient Name : Bhanu prakash UHID No : KUH-00209536

Gender: ☑ Male ☐ Female Age : 13yr. Date of Restraint : 26/4/26 Time of Restraint : .....

Type of Restraint:

Physical : ✓

Chemical : Morphine

Duration of Restraint : .....

Any likely complications: ☑ Hypotension ☑ Bradycardia ☑ Injury to skin

Any alternatives: ☐ Yes ☑ No if 'Yes' Specify: .....

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : .....

Name : S. Sarath Kumar

Relationship with Patient: Father

Date & Time : 26/4/26 @10AM

Witness :

Signature : .....

Name : MOSES

Address : RCH

–

.....

Contact No: –

Date & Time: 26/4/26 @10 AM

Doctor (who is taking the consent) :

Signature : Madhu

Name : Madhu

Date & Time : 26/4/26 @10AM

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నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు ..... యు.హెచ్.ఐ.డి .....

వయస్సు ..... లింగం పు స్త్రీ నియంత్రణ సమయం ..... నియంత్రణ రకం: .....

నియంత్రణ రకాలు:

భౌతిక .....

రసాయన .....

నియంత్రణ యొక్క వ్యవధి .....

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : Bhanu prakash yashwin Gender: ☐ Male ☐ Female

UHID No : ..... Department : PICU Date : 26/04/26

I Suresh kumar S / D / W / O F/o Bhanu

Here by give consent for procedure of : ~~Intubation~~ Arterial line

For my patient, Named : Bhanu prakash yashwin

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

Excessive bleed

damage to neuro vascular bundle

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

NA .

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

Name of the Doctor performing the procedure: Arterial line [Dr. Prathyusha

Patient Attendant :

Signature : .....

Name : S. Suresh kumar

Relationship with Patient: father

Date & Time : 26/04/26 8:30Am.

Witness :

Signature : .....

Name : MOSES

Date & Time : 26/4/26 @ 8:30Am

Doctor (who is taking the consent) :

Signature : .....

Name : T Pavani

Date & Time : 8:30Am 26/04/26

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : ..... Gender: ☑ Male ☐ Female

UHID No : ..... Department : PCW ..... Date : 26/4/2026

I ..... S / D / W / O .....

Here by give consent for procedure of : Left ICD insertion

For my patient, Named : .....

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

..... Bleeding/Injection

.....

.....

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

..... Nil

.....

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

Name of the Doctor performing the procedure: Dr. Kanagavel

Patient Attendant :

Signature : .....

Name : S. Suresh

Relationship with Patient: father

Date & Time : 26/4/26 @ 10 AM

Witness :

Signature : .....

Name : MOSES

Date & Time : 26/4/26 @ 10 AM

Doctor (who is taking the consent) :

Signature : .....

Name : V Bowles

Date & Time : 26/4/2026 @ 10 AM

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR BLOOD TRANSFUSION

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KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 23 D (M)
Dr. ANUPAMA Y

Name: ..... Age: ..... Gender: Male ☐ Female ☐

UHID.No : ..... Date: 28/4/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
2gm ☑ Albumin	☐ Red Blood Cell	☐ Others .....

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: .....

Date & Time 28/4/26 5pm

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. pratyusha

Date & Time 28/4/26 5pm

Witness

Signature: .....

Name: Arun

Date & Time 28/4/26 5pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CONSENT FOR BLOOD TRANSFUSION

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

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Your Right to a Safe Delivery

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 25 D (M)
Dr. ANUPAMA Y

Name: ..... Age: 13Yr Gender: Male ☑ Female ☐

UHID.No : ..... Date: 1/5/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
20% Albumin	☐ Red Blood Cell	☐ Others .....

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

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

Nil

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

Patient (Or Patient Relative / Guardian):

Signature: Satyavathi

Name: Satyavathi

Date & Time 1/5/26

Doctor (Who is talking the consent)

Signature: S

Name: K SATHYA

Date & Time 1/5/26

Witness

Signature: (N)

Name: Tamil

Date & Time 01/05/26 (N) 11.30 am

Doc. No. : RCHBH/ FRM / CLINICAL / 014

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CONSENT FOR BLOOD TRANSFUSION

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

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Your Right to a Safe Delivery

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 24 D (M)
Dr. ANUPAMA Y

Name: ..... Age: ..... Gender: Male ☑ Female ☐

UHID.No : ..... Date: 30/4/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☑ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others .....

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: S. Suresh Kumar

Date & Time 30/4/26 @4pm

Doctor (Who is talking the consent)

Signature: .....

Name: .....

Date & Time 30/4/26 @4pm

Witness

Signature: .....

Name: Vandana

Date & Time 30/4/26 @4pm

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 24 D (M)
Dr. ANUPAMA Y

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/4/26 Time: @4pm

Blood Group of the Patient: ..... Blood Group on the Blood Bag: .....

Blood Bank Issue No: ..... Date of Collection: ..... Date of Expiry: .....

Date & Time of Starting Transfusion: ..... Planned duration of Transfusion: "3 hours"

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Vandana Nurse 2: Subhasa

Before starting transfusion vitals: Temp: 98.4 F HR 114 RR: 21 BP: 134/80 SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
30/4	15 Min	112	98.4 F	128/56	99%	–	–	–	–
	15 Min	116	98.2 F	130/79	100%	–	–	–	–
	30 Min	109	98.6 F	104/75	100%	–	–	–	–
	30 Min	116	98.2 F	112/71	100%	–	–	–	–
	30 Min	126	98.2 F	109/64	100%	–	–	–	–
	1 Hr	102	98.4 F	134/80	100%	–	–	–	–
	1 Hr								

Comments: N.O reactions during Transfusion

Name of the Incharge-Nurse: ..... Name of the Nurse: Vandana

Signature of the Incharge-Nurse: ..... Signature of the Nurse: Vandana

Date & Time: ..... Date & Time: 30/4/26 @ 4pm

Docu. No. : RCHBH /FRM / CLINICAL / 078

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

LEUCO REDUCED BLOOD CELLS I.P

Qty. 190 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D.A. Solution.

A

Rh Positive

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

Unit No.: BAH26-00936
Blood Group: A Rh Positive
Collection Date: 18/Apr/2026
Expiry Date: 30/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add A... 4) Check Blood Group on Label & Recipient's Group... on Set With... Use if There... Appr... Antib...

Issue Label / CrossMatching Report

Patient : **Mast. Bhanu Prakash -**
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR. ANUPAMA
UHID No.: KUH-00209536 Wd-Bed No.:

Product : LR-PRBC
Blood Group : A Rh Positive — Issue Dt : 30/Apr/2026
Unit No.: **BAH26-00936** — Colln. Dt :18/Apr/2026
XMatching Report:Compatible — Exp. Dt :30/May/2026
X-matched by: R.RAMESH — Issued By : R.RAMESH

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

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 14 D (M)
Dr. ANUPAMA Y

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CONSENT FOR BLOOD TRANSFUSION

Name: ..... Age: ..... Gender: Male ☑ Female ☐

UHID.No : ..... Date: .....

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others 20% Albumin

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: ..... Satyavathi .....

Name: ..... Satyavathi .....

Date & Time ..... 21/4/26 ..... 11AM .....

Doctor (Who is talking the consent)

Signature: .....

Name: ..... Dr. prathyusha .....

Date & Time ..... 21/4/26 ..... 11 am .....

Witness

Signature: ..... Shanty .....

Name: ..... Shanty .....

Date & Time ..... 21/4/26 ..... 11AM .....

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y

C ...OOD TRANSFUSION

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Name: Bhanu Prakash Age: 13y Gender: Male ☑ Female ☐

UHID.No : Date: 19/04/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☑ Others 20% ALBUMIN

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: Satyavathi

Name: Sathyavathi (mother)

Date & Time 19/04/26 9Am

Doctor (Who is talking the consent)

Signature:

Name: T Pavani

Date & Time 19/04/26 8:30 9:00AM

Witness

Signature:

Name: Akash

Date & Time 19/04/26 9 Am

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CONSENT FOR BLOOD TRANSFUSION

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Bhanu Prakash Yashwin Age: 13 Y 10 M Gender: Male ☑ Female ☐

UHID.No : IUH - 0020953 6 Date: 23/4

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others 20% albumin.

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

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

..... NIL .....

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

Patient (Or Patient Relative / Guardian):

Signature: Satyavathi

Name: Satyavathi

Date & Time 23/4/26 / 9:27 Am

Doctor (Who is talking the consent)

Signature:

Name: K-JATHYA.

Date & Time 23/4/26 / 9:27 Am

Witness

Signature:

Name:

Date & Time 23/4/26 @ 9:27 Am

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: Master Bhanu Prakash Yashwin Age: 1 Yr 10m Sex: male UHID.No : KCH-00209536.

Date: 18/04/2026 Time: 9 AM. Proposed Operation: Bedside Tracheostomy.

Diagnosis: Polytrauma multiorgan failure.

B.P / CRT: 144/70 H.R: 98 Weight: 10Kgs. ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	8.5	Glucose:		Protein:	4.6	HIV:		X-Ray:	
PCV:	25.6	Urea:	22	Alb:	2.3	HBS Ag:		ECG:	
WBC:	8,450	Creat:	0.6	Total Bill:		HCV:		2D Echo:	
Plate:	69,000	Na:	141	Dir. Bill:		Blood group:		Stress/Anglo:	
PT:		K:	2.7	LDH:		T3		Other:	
PTT:		Ca++:	9.5	Alk phos:		T4			
INR:		Mg++:		Amylase:		TSH			
		Cl -:	111	SGOT/SGPT:					

Allergies: NKDA

Medical History: CVS: Aortic dissection S/p Aortic graft placement.

RESP: Polytrauma, multiorgan failure (L) Diabetes: ICD (+).

CNS: Severe cerebral edema Septic encephalopathy Autonomic dysfunction

Renal: AKI. On CRRT. Rhabdomyolysis

Hepatic / GE: Physical Activity:

Others: S/P closed Reduction of Rt femur #

Past Anaesthetic History: Aortic Stent placed for Aortic dissection on 10/4/26

Physical Exam:

Airway: on mechanical ventilation. 6.5mm ETT. MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: Crepts (+). PEEP: 6.

Heart: S1S2 (+).

CNS:

Pregnant: ☐ Yes ☐ No ☑ NA

Venous Access Site (R) IJV (L) FJV Spine Exam for regional :

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☐ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Inj LASIX Infusion	
Inj CLONIDINE Infusion.	
Inj NAC Infusion	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☑ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions: ongoing Rt correction.

Consent pending.

Signature: Name: Dr. Tejaswini

Restraint Monitoring (to be filled by Nurse)

Parameters	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time
	11/4/26 6AM	12/4/26 6am	13/4/26	14/ 4	15/ 04	16/4 11PM
Pulse	145	148	116	134	113	89
Respiration	20	20	20	20	20	20
Circulation	Good	Good	Good	Good	Good	good
Patient Response						
Calm	✓	✓	✓	✓	✓	Yes
Sleeping						
Unaware						
Restless						
Skin						
Redness	NA	NA	NA	NA	NA	NA
Swelling at Restrained Area	NA	NA	NA	NA	NA	NA
Need for Continuous Restraint						
Yes						Yes
No	NO	NO	NO	NO	NO	
Restraint Released Time	6AM.	6am	6am	6AM	6AM	Continue
Restraint Re-applied Time						Continue
Restraint Discontinued Time	REFER ICU CHART	REFERICU CHART	REFERICU CHART			

Signature of the Nurse: Hiwot .....

Name of the Nurse: Hiwot. .....

Date & Time: 14/4/26 5AM .....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

Department of Anaesthesiolo
PRE-ANAESTHETIC EVAL

Rainbow® Children's Hospital
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Name: Bhanu Prakash Yashwin Age: 13y Sex: M UHID.No: KUH-00209536

Date: 26/4/26 Time: 6:00pm Proposed Operation: UGI Endoscopy

Diagnosis: Polytrauma – TBI – S/p Aortic stent S/p femur fixation

B.P / CRT: ..... H.R: 127 Weight: ..... ASA Physical Status: ☐1 ☐2 ☑3 ☐4 ☐5

Laboratory Data:

Hgb: 7.2	Glucose:	Protein:	HIV:	X-Ray: (L) ICD insitu. Aortic stent insitu
PCV:	Urea: 172	Alb:	HBS Ag: NR	ECG: Sinus
WBC: 11380	Creat: 4.0	Total Bill:	HCV:	2D Echo:
Plate: 562	Na: 135	Dir. Bill:	Blood group: A+ve	Stress/Anglo:
PT: 20	K: 3.6	LDH:	T3	Other:
PTT: 31.8	Ca++:	Alk phos:	T4	
INR: 1.5	Mg++:	Amylase:	TSH	
	Cl -: 102	SGOT/SGPT:		

Allergies: Nil

Medical History: CVS: S/Gn (+)

RESP: Pneumothorax → (L) ICD. Diabetes: Nil

CNS: TBI.

Renal: On CRRT.

Hepatic / GE: Hematemesis / Pneumoperitoneum Physical Activity: –

Others: –

Past Anaesthetic History: Aortic stenting for dissection & Femur #

Physical Exam: → Couldnt assess.

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

Lungs: BAE (+)

Heart: S/Gn (+)

CNS: On MV →

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site: Spine Exam for regional: Couldnt assess

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☑ GA-ETT ☐ LMA (R) Radial arterial. (L) UL PICC line (R) → 18g UL. (R) femoral HD. IJV

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
On CRRT →	
On Morphine infusion →	
Adrenaline	

Pre-Operative Instructions:

1. DVT Prophylaxis:
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☑ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: [signature] Name: Dr. Akhila. K

Docu. No.: RCHBH /FRM / CLINICAL / 044

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant: ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : S. Suresh Kumar

Relationship with Patient: father

Date & Time : 26/4/26 @6pm

Witness :

Signature : .....

Name : Moses

Date & Time : 26.4.26 @6pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Akhila-K

Date & Time : 26/4/26 6:15pm.

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 21 D (M)
Dr. ANUPAMA Y

Rainb
Child
Hosp
It takes a lot to

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : BHANU PRAKASH YASHWIN Gender: ☐ Male ☐ Female Age : 13Y

UHID No : KUH-00209536 Date : .....

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

UGI Endoscopy ± Endotherapy (injection/clip) upon

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding / Perforation

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: .....

Consentee :

Signature : .....

Name : S. Suresh Kumar

Date & Time : 27/04/26

Patient Attendant :

Signature : .....

Name : S. Suresh Kumar

Relationship with Patient: father

Date & Time : 27/04/26 at

Witness :

Signature : .....

Name : D. MOSES

Date & Time : 27/6/26 @ 10AM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Alisha

Date & Time : 27/4/2026 at

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 16 D (M)
Dr. ANUPAMA Y

BRADEN 'Q' SCALE

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

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Your Right to a Safe Delivery

				Date : / Time :	23/4 6AM	24/4 6AM	25/4 6AM	27/4 6AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	2	2	2
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	19	19	19	19
				Evaluator's Name	(M)	Shilpa	(M)	(M)

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 27/4/26 @ 8AM

Assessment: POLY-TRAUMA / BP fluctuations

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess the general Condition of the child	8:30AM	* Assessed the general Condition of the child	* All the plans are implemented successfully.
9 Am	*Plan to intubate	9:30Am	* Child is intubated	
10Am	* Plan to place ICD insertion	10:30Am	* ICD insertion done	
11 Am	* Plan to Place HD line	11:30Am	* HD line placed.	
12 pm	* Plan to place Picc Line	12:30pm	* Picc line placed	
1 pm	* Plan to do plex	1:30 pm	* Sled done removed to ICU	
6pm	* Administer medication as per the Drug Chart.	7pm	* Administered medication as per the Drug Chart.	

Re-Assessment: Re-assessment Done

Special Notes: watch for BP fluctuations

Nurse Signature: Manu Nurse Name: MOSES Date & Time: 27/4/26 @ 8pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 26/04/26

Assessment: Observed baby condition.

Goals
- ☑ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	- Moniton vitals	9pm	- Monitored vitals.	All plan implemented.
9pm	- Plan for Sending Hb.	10pm	- Hb Sended.	
10 pm	- Plan for Stop 10% Aminoven.	11pm.	- Aminoven Stopped.	
12Am	- Administer medicatn as per order.	2Am	- Administered medicatn as per order.	
4Am	- Plan for Start Sled	6Am	- Sled started.	

Re-Assessment: Re-assessment Done.

Special Notes:

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

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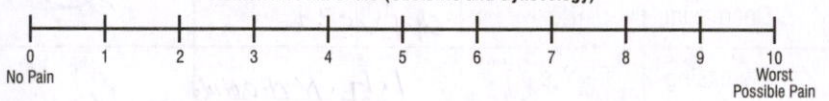
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/4/26	12pm	2/10	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Tab. Dolo	
24/4/26	8pm	01/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Tab-DOLO given	
25/4	4AM	01/10	surgical site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Tab-DOLO given	
26/4/26	8AM	1	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	INJ. MORPHINE	
26/4/26	12pm	1	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	INJ. MORPHINE	
26/4/26	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	
26/4/26	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	
27/4/26	2 AM	0	surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	On Sedation	
27/4	10AM	0	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	On Sedation	
27/4/26	4pm	1	Surgical site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	On Sedation	

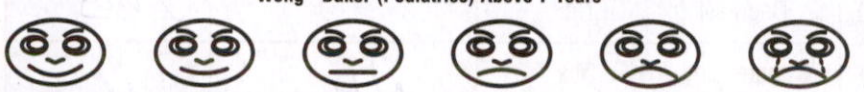
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 9/4/26	Diagnosis : POLY TRAUMA/TBI			Surgery / Procedures :		
	Allergies :				Post OP Day :		
	Date :	26/4/26	28/04	27/4/26	27/4/26	28/4/26	28/4/26
	Area / Shift Time	PICU Days	PICU Night	PICU Days	PICU night	PICU day	PICU Night
	Diet :	NPO	NPO	NPO	NPO	NPO	NPO
	Ventilation (RA, NP, NIV, VENTI)	VENTI	venti	Venti	Venti	Venti	venti
INVASIVE LINES	1.	CANNULA (2)	cannula (2)	Cannula (1)	Cannula (2)	Cannula (2)	cannula (2)
	2.	Arterial line (1)	Arterial line (1)	Arterial line (1)	Arterial	PICC line (1)	PICC line (1)
	3.	HD Line (1)	HD line.	HD Line (1)	line (1)	HD line (1)	HD line (1)
	4.			PICC Line (1)	HD line (1) Foley (1)		
ASSESSMENT	Infusions / Transfusions	10% DNS	10% DNS	TPN	TPN	Labetalol	TPN
		AMINOVEN	Aminoven Pantop	ABP FLUSH	NTG labetalol	ABP Flush	ABP FLUSH
		PANTOP	ABP FLUSH	LASIX	morphine NAC	TPN LASIX	PICC line Flush
		ABP FLUSH	Morphine.	NTG	dexmedomid/ pantop	Pantoprazole	LASIX
		MORPHINE	NAC Dexmid	Labetalol	ABP flush		
	PU Prophylaxis	NA	Airbed	airbed	Air bed	Airbed	Airbed
	DVT Prophylaxis	NA	NA	NA	NA	NA	NA
	Vitals BP	122/70	110/63	131/64	110/44	140/80	140/80
	PR	143	135	120	96	110	98
	RR	25	20	20	15	20	20
	SpO_2	100%	100%	100%	100%	99%	100%
	Temp	98°F	98.7°F	98.3°F	98.4°F	98.9F	98.6
	Pain Score	0	0	0	On Sedation	2	0
	LOC (Alert, Conscious, Confusion, Unconscious)	unconcious	unconcious	unconcious	Semi Conscious	Conscious	unconcious
	Skin Integrity (Intact / Bedsore / Any other condition)	Bedsore	Bedsore	Bedsore	Bedsore	Bedsore	Bed sore.
	Restraints If any Physical	Restrains	NA	NA	NA	NA	NA
	Chemical	Morphine	Morphine	Morphine	Morphine	Dexmedomid	NA
	Fall Risk (Vulnerable (Y/N) if yes score	yes	yes	yes	yes	yes	yes
	(Ambulation, walking, moving with assistance, bed ridden)	Bedridden	Bedridden	Bedridden	Bedridden	Bedridden	Bedridden
	ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent	dependent	Dependent	Dependent
	Critical Lab Test / Values (if any)	HB 4.2	Hb Still	nil	Hb-6.7	NA	NA

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures							
		Date :	26/4/26	28/4	27/4/26	27/4/26	28/4/26	28/4/26
		Area / Shift Time	PICU / Days.	PICU / Night	PICU / Days	PICU / Night	PICU / DAY	PICU / Night
		Ordered / Planned	followed the doctors order.	followed doctor order	Followed the doctors order.	followed doctors orders	Followed doctor order	Followed DOCTOR ORDER.
		Due	No due	NO due.	No due	N/O due	No due	NO Due
		Reports Pending	B c/s	Blood c/s	Blood c/s	N/O reports pending	Mini Bal Urine c/s	NO Reports pending
		Referrals (If any)	No refferals	NO referral	No refferals	N/O referrals	No referals	No Referal
	Remarks (Special Interventions like, Drainage Tube flushing etc.)		No remarks	NO remarks	Lt ICD	Lt ICD	Lt ICD	Lt ICD
Handed Over By Name :			MOSES	Tamal	Mary	Vandana	Aivan	Akash
Signature :			Mary	[signature]	Moses	[signature]	Aivan	[signature]
Date :			26/4/26	27/4	27/4/26	28/4/26	28/4/26	29/4/26
Time :			@8pm.	8AM	8pm	@8AM	8pm	@8AM
Taken Over By Name :			Tamal	MOSES	Vandana	Aivan	Akash	Suchishnita
Signature :			[signature]	Mary	[signature]	[signature]	[signature]	[signature]
Date :			26/4	27/4/26	27/4/26	28/4/26	28/4/26	29/04/26
Time :			8pm	8AM	@8pm	8pm	8pm	@8AM

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 28/4/26

Assessment: Assess the vital sings & BP

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☑ Maintain Skin Integrity
- ☑ Maintain Personal Hygiene
- ☑ Prevent Infection
- ☐ Meet Elimination Needs
- ☑ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the General condition of the pt	9pm	→ Assessed General condition of pt.	All planed Implemented
10pm	→ Monitoring vital sings & Record	11 PM	→ Monitoring vital sings & Record	
12AM	→ Administered AMLODEPINE	1AM	→ Administered Amlo Dep. 2.	
2 AM	→ plan For 20% Albumin transfusion	3 AM	→ planed 20% Albumin transfusion.	
4AM	→ provided Medication. as per physion ord.	5 AM	→ provided Medication	
6AM	→ planing For CBP, RP-2	7AM	planed For eRP, RP2	
8AM	planing For ex R	8 AM	Done ex R	

Re-Assessment: RE-ASSESSMENT DONE.

Special Notes: Chided BP, Fever spike, subcutaneous.

Nurse Signature: AW Nurse Name: Akash Date & Time: 29/4/26 (W) 8AM

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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 29/04/26

Assessment: Assess hypertension.

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☑ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the patient condition	8:05am	Assessed patient condition.	All the plans are implemented.
9am	monitor the vitals	9:30am	monitored the vitals.	
10am	Planned to change the position 4th hourly	10:30am	~~Planned to~~ changed the position 4th hourly	
11am	planned to start cyclical feed w/r hypertension	11:30am	started cyclical feed.	
12pm		1pm	watched for hypertension.	
2pm	plann to x-ray	2:30pm	x-ray done.	
3pm	continue pantop and lasix infusion	3:30pm	continued pantop and lasix infusion	
6pm	Administer the medication as per order	6:30pm	Administered the medication as per order.	

Re-Assessment: Re-assessment done.

Special Notes: Cyclical feed leave to increase 10ml

Nurse Signature: ..... Nurse Name: Suchismita Date & Time: 29/04/26, @7PM

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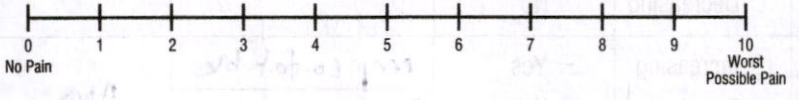
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/4	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	On Sedation	[illegible]
27/4	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	On Sedation	[illegible]
28/4	6Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	On Sedation	[illegible]
28/4/26	10Am	02	fracture site	☐ Continuous ☑ Intermittent	☐ Acute ☑ Chronic	☐ Sharp ☐ Dull ☐ Aching ☑ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	keep comfortable position	Aiva
28/4/26	4pm	02	Rt Leg	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☑ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Paracetamol given	Aiva
28/4/26	7pm	01	Rt Leg	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Aiva
28/4/26	11pm	01	Rt Leg	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	AK
29/4/26	3Am	01	Rt Leg	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	AK
29/4/26	7Am	01	Rt Leg	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	AK
29/4/26	10Am	01	Rt leg	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	[illegible]

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 18 D (M)
Dr. ANUPAMA Y

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/4	DATE 25/4	DATE 27/4	DATE 28/4	DATE 29/4
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	1
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3				3	3
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3				3	3
	Narcotics	3			3	3	
	One of the Meds listed above	2					
	Other Medications / None	1	1	1		1	1
	Total		11	11	13	19	16

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		X	X	X	X	X
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	X	X	X
Other Intervention(s) Specify		X	X	X	X	X
Nurse's Name:		Shanty	[illegible]	Tamal	Vandana	Akash
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		24/4/26	26/4	27/4	28/4	29/4
Time:		6AM	6AM	6AM	@ 6am	6AM

Docu. No. : RCHBH /FRM / CLINICAL / 005

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CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☑ PICC Line ☐ UAC ☐ UVC ☐ Other ..... Date of Initial Line Insertion: 26/4/26 Duration of Central Line: .....

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters / Date / Shift Time	26/4/26 Day	26/4 Night	27/4/26 Day	27/4/26 Night	28/4/26	28/4/26 Night	29/4/26 day
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is dressing clean and dry? (If no inform the doctor)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Dressing intact and labelled properly	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Central line changed on	-	NA	NA	NA	- NA -	NA	NA
Name of the Nurse	MOSES	Tamal	MOSES	Vaupana	Akash	Akash	Syothy
Signature of the Nurse	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

Docu. No. : RCHBH /FRM / CLINICAL / 081

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 09/4/26 Date of Removal: 28/4/26 (Removed) and placed new one

Parameters / Date / Shift Time	26/4/26 Day	26/4 Night	27/4/26 Day	27/4/26 Night	28/4/26 Day	28/4/26 Night	29/4/26 day
Need for the Catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is the line removed as Policy?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Name of the Nurse	MOSES	Tamal	MOSES	Vandana	Aiva	Akash	Jyothy
Signature of the Nurse	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

Docu. No. : RCHBH /FRM / CLINICAL / 114

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 25 D (M)
Dr. ANUPAMA Y

NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 01/05/26

Assessment: Polytrauma

Goals:
- ☑ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8AM	- Monitor vitals	9AM	- Monitored vitals.	All plan implemented.
9AM	- Plan for start 20% Albumin.	11AM	- 20% Albumin started.	
12pm	- Plan for stop lasix infusion	12.10 pm	- Lasix infusion stopped.	
2pm	- Administer medicn as per doctor order.	6pm	- Administered medicn as per doctor order.	
3pm	- Plan for sending CSE	8pm	- CSE sended.	

Re-Assessment:

Special Notes: LH - ICD

Nurse Signature: (M) Nurse Name: Jamal Date & Time: 01/05/26 @ 8pm

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06-06-2012 13 Y 10 M 24 D (M)
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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 30/4/26

Assessment: Poly Trauma

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	- Assess the child condition	8pm	- Assessed the child condition	- maintain oxygenation
9pm	- monitor vitals and i/o chat	10pm	- monitoring vitals and i/o chat	- No fever spike
10pm	- start Dextomid infusion	11pm	- started Dextomid infusion	
11pm	- stop 3% NS	1am	- started cyclical feeds 50ml/hr 3hr on 1hr off	
12Am	- start cyclical feeds	2Am	- Sanded ABG and Phosphat as per dr. orders	
12.30Am	- After sled ABG and Phasphat	5Am	- Administer medication as per dr. orders	
4Am	- Administer medication as per dr. orders			

Re-Assessment:

Special Notes: w/f hyperten and Loose Stools

Nurse Signature: [signature] Nurse Name: Akash Date & Time: 7/05/26 6 Am

Docu. No: RCHBH /FRM / CLINICAL / 148

IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 23 D (M)
Dr. ANUPAMA Y

NURSING CARE RECORD

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Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 30/4/26 @ 8pm

Assessment: Drowsyness

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☑ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ Any Others. Specify
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☑ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	-To Asses the child general condition	8:10	-Assesed the child general condition	All the Implementations done
10pm	-To monitor Vitals and record	10:10	-monitored vitals and recorded	
2pm	-To Administer medications as per doctors orders	2:10	-Administered medications as per doctors orders	
4pm	-To provide comfortable position	4:10	-provided comfortable position	
6pm	-To Give PRBC Transfusion	6:10	-Given PRBC Transfusion	
8pm	-To maintain I/O chart	8:10	-maintaining I/O chart	

Re-Assessment: Re-assesment done

Special Notes: c/o Hypertension. Drowsyness

Nurse Signature: [signature] Nurse Name: Vandana Date & Time: 30/4/26 @8pm

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 23 D (M)
Dr. ANUPAMA Y

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 29-4-2026

Assessment: Assessed the general condition

Goals

- ☑ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☑ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☑ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	> Assess the general condition of the child	9pm	> Assessed the general condition of the child	All plans are implemented
10pm	> Monitor vitalsigns and urine output	11 pm	> Monitored vitalsigns and urine output.	
12am	> Plan to give NIV break	1am	> NIV break given T NRM.	
3am	> Provide comfortable position	4am	> Provided comfortable position	
6am	> Administered medications as per drug chart	7am	> Administered medication as per drug chart	

Re-Assessment: Done.

Special Notes:

Nurse Signature: ..... Nurse Name: Rahul. Date & Time: 30-4-2026 8am.

CARDIOLOGY REQUISATION FORM

Name:	Bhanu Prakash Yashwin. S.	**Age:**	13 y
Sex:	Male	**Date:**	13/04/26
UHID No:	KUH-00L09536	**Weight:**	

DIAGNOSIS: Polytrauma (Fall from 5th Floor) Aortic Arch w Descending thoracic Aortic Dissection.

SILENT CLINICAL FINDINGS:

CPK - > 96,000 ↑
Urea 152 ↑ Amylase - well.

IMPORTANT LAB PARAMETERS:

PT - 21 APTT - 71 INR - 1.7

INDICATION FOR ECHO & REQUIRED INFORMATION:

Post stent placement 2D Echo

CONSULTANT NAME: P. ANUPAMA

RESIDENT SIGNITURE: (T. Pavan)

RADIOMETER ABL800 FLEX

ABL835 Rainbow Childrens Heart Institut 02:09 PM 4/10/2026
PATIENT REPORT Syringe - S 195uL Sample # 7473

Identifications

Patient ID	ABG
Patient Last Name	BHANU PRAKASH
Sex	Male
Department (Pat.)	CL
FO_2(I)	21.0 %

Blood Gas Values

↓ pH	7.218		[7.350 - 7.450]
pCO_2	43.1	mmHg	[35.0 - 48.0]
pO_2	89.1	mmHg	[83.0 - 108]

Electrolyte Values

↑ cNa^+	159 ↑	mmol/L	[136 - 145]
↓ cK^+	3.2	mmol/L	[3.5 - 4.5]
↓ cCa^{2+}	1.02	mmol/L	[1.15 - 1.33]
↑ cCl^-	126 ↑	mmol/L	[98 - 107]

Metabolite Values

?↑ cLac	2.6 ↗	mmol/L	[0.5 - 1.5]

Oximetry Values

↓ ctHb	10.7 ↓	g/dL	[11.0 - 17.0]
sO_2	95.9	%	[95.0 - 99.0]
Hct_c	32.9	%	

Calculated Values

$cHCO_3^-(P,st)_c$	16.5	mmol/L
$cHCO_3^-(P)_c$	16.9	mmol/L
$ctCO_2(B)_c$	36.4	Vol%
$ctCO_2(P)_c$	40.8	Vol%
cH^+_c	60.6	nmol/L
$cBase(B,ox)_c$	-10.0	mmol/L
$cBase(Ecf,ox)_c$	-9.5	mmol/L

On
Ac/Pervc
fiz - 100%
P/P. 22
Pulp 8
MAP 12
Rate 20
Sroz 40
Gap - 3.
P/F - 89.
OI - 13.4.

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)
cLac	0210: Calibration error(s) present

Printed 2:10:33PM 4/10/2026

AG. 17
(17-12) - (24-16)
ΔAG. = 5 - 8 = -3

RADIOMETER ABL800 FLEX

ABL835 Rainbow Childrens Heart Institut 02:09 PM 4/10/2026
PATIENT REPORT Syringe - S 195uL Sample # 7473

Identifications

Patient ID	ABG
Patient Last Name	BHANU PRAKASH
Sex	Male
Department (Pat.)	CL
$FO_2(I)$	21.0 %

Blood Gas Values

↓ pH	7.218		[7.350 - 7.450]
pCO_2	43.1	mmHg	[35.0 - 48.0]
pO_2	89.1	mmHg	[83.0 - 108]

Electrolyte Values

↑ cNa^+	159 ↑	mmol/L	[136 - 145]
↓ cK^+	3.2	mmol/L	[3.5 - 4.5]
↓ cCa^{2+}	1.02	mmol/L	[1.15 - 1.33]
↑ cCl^-	126 ↑	mmol/L	[98 - 107]

Metabolite Values

?↑ cLac	2.6 ↗	mmol/L	[0.5 - 1.5]

Oximetry Values

↓ ctHb	10.7 ↓	g/dL	[11.0 - 17.0]
sO_2	95.9	%	[95.0 - 99.0]
Hct_c	32.9	%	

Calculated Values

$cHCO_3^-(P,st)_c$	16.5	mmol/L
$cHCO_3^-(P)_c$	16.9	mmol/L
$ctCO_2(B)_c$	36.4	Vol%
$ctCO_2(P)_c$	40.8	Vol%
cH^+_c	60.6	nmol/L
$cBase(B,ox)_c$	-10.0	mmol/L
$cBase(Ect,ox)_c$	-9.5	mmol/L

On
Ac/Pre
fiz - 100%
P/P. 22
Pulp 8
MAP 12
Rate 20
Sroz. 40
Cap - 3.
P/F - 89.
OI - 13.4.

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
c	Calculated value(s)
cLac	0210 Calibration error(s) present

Printed 2:10:33PM 4/10/2026

A9. 17
ΔA9. (17-12) - (24-16)
= 5 - 8 = 3

RENAL REPLACEMENT THERAPY INITIATION FORM

1. Patient Details

Weight: 40 kg

Height: _____ cm

BSA: _____ m^2 BMI: _____

Diagnosis: Polytrauma / (RT) Femur Fracture / Aortic dissection

2. Decision & Timeline

Date & Time RRT decision Taken: 1:00 AM 13/4/2026

Indication: (AKI)/Fluid overload/Acidosis/(Dyselectrolytemia)/Sepsis/
Others (_____)

Date & Time RRT started: 13/4/2026 @ 4:15 AM.

Downtime at initiation: 3 hours 15 m.n.

Downtime reason: (Machine)/ Technician/ Access/ Instability/ Consent/
Consumables/ Others (_____)

3. Technical Details

Machine: 5008

Filter: N.pro 0.9

Tubing Set: 5008

Circuit Lifespan:

Priming volume: 120 ml

Access site: Lyt Femoral Vein

Catheter size: 12 Fr

4. RRT Prescription:

Modality : CVVH/CVVHD/(CVVHDF)/SCUF/SLED/SLED-F/PD/HD

Blood Flow Rate: 150 ml/min

Dialysate Flow Rate: 300 ml/hr

Replacement Fluid Rate: _____ ml/hr

Pre-blood pump Rate: _____

Ultrafiltration Rate: _____ml/hr

Total Effluent Dose: _____ml/kg/hr

Fluid Balance Goal: _____ml (Negative/Even/Positive)

5. Peritoneal Dialysis Prescription

Dialysate type: _____

Dialysate volume: _____

Total cycle Duration: _____

Dwell time: _____

In-time: _____

Out-time: _____

6. Anticoagulation

None / Heparin (Bolus _____Units/ Infusion _____Units/hr)

Regional Citrate (Rate: _____ml/hr) / Other: _____

Monitoring targets: ACT_____ /aPTT_____ /Post-filter iCa _____

7. Accountability

RRT Technician Name & Signature: _____

Primary Doctor Name & Signature: Dr Vikas _____

Consultant Signature: _____

Date: _____ Time: _____

RENAL REPLACEMENT THERAPY MAINTENANCE FORM *(enter details for the last 24 hours)*

Day	RRT Modality	Q_B (ml/min)	Q_D (ml/hr)	UF (ml/hr)	Q_E (ml/hr)	Q_R (ml/hr)	Anticoagulation (type & infusion rate)	Downtime Duration	Downtime Reason	Circuit change (Date &Time)	Circuit change Reason	Event during RRT
1	CVVHDF	150	300				—					
2												
3												
4												
5												
6												
7												

Circuit change reason

1	Clotting
2	Scheduled
3	Pressure Alarm
4	Others

Clinical Events

1	Hypotension
2	Increased ventilator settings
3	Circuit clotted
4	Access dysfunction
5	Bleeding
6	Dyselectrolytemia
7	Hypothermia
8	Others

Downtime Reason

1	Circuit dysfunction
2	Access dysfunction
3	Off-unit procedure
4	Fluid/Bag changes
5	Alarms
6	Hemodynamic instability
6	Others

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 3 D (M)
Dr. ANUPAMA Y

CARDIOLOGY REQUISATION FORM

Name:	**Age:**
Sex: **Date:**	
UHID No:	**Weight:**

DIAGNOSIS: polytrauma | Blunt abdominal trauma | Blc hemothorax | hemoperitoneum | severe TBI

SILENT CLINICAL FINDINGS:

IMPORTANT LAB PARAMETERS:

11.5) 5700 / 74/20 < 1.7 Lakh

INDICATION FOR ECHO & REQUIRED INFORMATION:

Dilated aorta in CT Thorax

CONSULTANT NAME: Dr. Anupama

RESIDENT SIGNITURE: K Sathya

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills, Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master BHANU PRAKASH YASHWIN SINGIREDDI**	**Age :**	**13 Y 10 M 13 D**
IP No:	**IP5-00172745**	**Sex:**	**Male**
Consultant:	**Dr. ANUPAMA Y**	**Ward/Bed No:**	**2F-PICU I/PICU 211**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature:.....

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Suresh Kumar D
Relationship: Father
Date: 19/04/2026 Time: 06:40PM
Wittness Name:
Wittness Signature:

Patient Address:
S/O SURESH KUMAR D NO.302 BALAJI NIVAS ALLAPUR SOCITY Bachupally Hyderabad Telangana INDIA 500090

KUH-00209536 IPS-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 13 D (M)
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Rainbow Children's Hospital

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM. Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason th'en hospital tariff will he applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery/scans performed in Emergency hours (8pm-7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges for every TPA cases as per insurance.
- All charges vary as per Room category, e›:cept Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP or IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYEMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
08-06-2012 13 Y 10 M 19 D (M)
Dr. ANUPAMA Y

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/05/25 Time:	12 AM	2 AM	4 AM	6 AM	
Doctor / Nurse / Family Concern?					
Temperature (°F) 104 103 102 101 100 99 98 97 96 95 94			*98.1°F		
Heart Rate (bpm) and Blood Pressure (mmHg) * 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50			110 ↑ (77) ↓ 67		
Note: BP does not score in early warning scoring					
Heart Rate (Number)		126 bpm			
Resp. Rate (bpm) (Over 1 Minute) 70 60 50 40 30 20 10					
Resp Rate (Number)		26 bpm			
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)		100 %			
Conscious Level: Normal / Altered					
GCS *		15/15			
TOTAL SCORE Number of shaded boxes		1			
Pain Score		0			
Observer's Initials		D			

ACTIONS NB: Scores 3 should be recorded overleaf	
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.

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 19 D (M)
Dr. ANUPAMA Y

25/4

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

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

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

- 10 AM: * epi ur
- 12 pm: 97.5°F *
- 2 pm: 98.5°F *
- 6 pm: 98.6°F *
- 10 pm: * 98.8°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

(190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50)

- 10 AM: 122 / (89) / 60
- 12 pm: 130 / (80) / 70
- 2 pm: 113 / (75) / 80
- 4 pm: 122 / (71) / 80
- 10 pm: 100 / (71) / 64

Heart Rate (Number)	136 bpm	126 bpm	120 bpm	125 bpm	126 bpm

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

Resp Rate (Number)	23 bpm	24 bpm	22 bpm	22 bpm	28 bpm

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	100%	100%	99%
Conscious Level	Normal / Altered	C	C	C		
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

ACTIONS	
NB: Scores 3 should be recorded overleaf	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.

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:		10pm	2AM	6AM
Doctor / Nurse / Family Concern?				
Temperature (°F)	104			
	103			
	102			
	101			
	100			
	99			
	98	*98.8F	*99.3°F	*103F
	97			
	96			
	95			
	94			
Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110	109	106	112
	100			
Note: BP does not score in early warning scoring	90	(70)	(70)	(70)
	80			
	70			
	60	55	55	50
	50			
Heart Rate (Number)		120b/m	125b/m	120b/m
Resp. Rate (bpm) (Over 1 Minute)	70			
	60			
	50			
	40			
	30			
	20			
	10			
Resp Rate (Number)		28b/m	29b/m	29b/m
Resp Distress	Mod/ Severe			
	None / Mild	✓	✓	✓
Receiving O_2 (l/min)		R/A	R/A	R/A
O_2 Saturations (%)		99%	100%	99%
Conscious Level	Normal	✓	✓	✓
	Altered			
GCS *		(15/15)	(15/15)	(15/15)
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials		[illegible]	[illegible]	[illegible]

PICU

Tab-DOLO given.

ACTIONS NB: Scores 3 should be recorded overleaf		
	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.

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

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Patient Name: BHANU PRAKASH Gender: ☒ Male ☐ Female UHID. No: KUH-00209536 Age: 13 y 10M

Date: 26/4/26 In-Time: 10:30 AM Out-Time: 11 AM

Doctor Performing Procedure: DR. LAVANYA Doctor Giving Sedation: Dr. Vitesh Assisting Nurse: Moses

SIGN IN Time:	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	☒	☐	☐
All required documents, images, studies are available	☒	☐	☐
NPO Status Checked from Patient / Patient Attendant	☒	☐	☐
Consent is Signed	☒	☐	☐
Any need for blood products	☐	☒	☐
If Yes Comment:			
Any Risk of Hemodynamic Compromise	☐	☒	☐
If Yes Comment:			
Any drug or food allergy	☐	☒	☐
If Yes Comment:			
Correct Site of Procedure Marked	☒	☐	☐
All resources required are correct, available and functioning	☒	☐	☐

Signature of the Doctor: K-SATHYA

Name of the Doctor: K-SATHYA

TIME OUT Time: 10:30 AM	Yes	No	NA
Correct Patient	☒	☐	☐
Correct Site	☒	☐	☐
Correct Procedure	☒	☐	☐
All the team members introduced	☒	☐	☐

Signature of the Nurse: Moses

Name of the Nurse: MOSES

SIGN OUT Time: 11 AM	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☒	☐	☐
Instrument, Sponge and Needle Count Completed	☒	☐	☐
Specimens are labeled	☒	☐	☐
Any equipment problems are addressed	☒	☐	☐

Signature of the Nurse: Moses

Name of the Nurse: MOSES

Any Adverse / Unexpected Events

procedure uneventful

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Rainbow Children's Hospital — It takes a lot to treat the little.
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Patient Name: BHANU PRAKASH Gender: ☑ Male ☐ Female UHID. No: KUH-00209536 Age: 13y 10M

Date: 26/4/26 In-Time: 10:30 AM Out-Time: 10:40 AM

Doctor Performing Procedure: DR-PRATHYUSHA Doctor Giving Sedation: Dr. Satya Assisting Nurse: Moses

SIGN IN Time: 10:30Am.	Yes	No	NA
Patient is verified using two identifires (Name & UHID)	☑	☐	☐
All required documents, images, studies are available	☑	☐	☐
NPO Status Checked from Patient / Patient Attendant	☑	☐	☐
Consent is Signed	☑	☐	☐
Any need for blood products	☐	☑	☐
If Yes Comment:			
Any Risk of Hemodynamic Compromise	☐	☑	☐
If Yes Comment:			
Any drug or food allergy	☐	☐	☑
If Yes Comment:			
Correct Site of Procedure Marked	☑	☐	☐
All resources required are correct, available and functioning	☑	☐	☐

Signature of the Doctor: K-SATHYA

Name of the Doctor: K-SATHYA

TIME OUT Time: 10:40Am	Yes	No	NA
Correct Patient	☑	☐	☐
Correct Site	☑	☐	☐
Correct Procedure	☑	☐	☐
All the team members introduced	☑	☐	☐

Signature of the Nurse: Mary

Name of the Nurse: MOSES

SIGN OUT Time: 11:20Am	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded	☑	☐	☐
Instrument, Sponge and Needle Count Completed	☑	☐	☐
Specimens are labeled	☑	☐	☐
Any equipment problems are addressed	☑	☐	☐

Signature of the Nurse: Mary

Name of the Nurse: MOSES

Any Adverse / Unexpected Events

procedure uneventful

Docu. No. : RCHBH /FRM / CLINICAL / 083

CONSENT FOR BLOOD TRANSFUSION

Rainbow® Children's Hospital
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Name: Bharu prakash Age: 134 Gender: Male ☑ Female ☐

UHID.No : KUH - 00209536 Date: 27/4/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: S. Suresh Kumar

Date & Time 27/04/26

Doctor (Who is talking the consent)

Signature: .....

Name: T Pavan

Date & Time 27/04/26

Witness

Signature: .....

Name: MOSES

Date & Time 27/4/26 @ 3p.m

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 21 D (M)
Dr. ANUPAMA Y

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 27/4/26 Time: 3pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: BAH26-00942 Date of Collection: 18/4/2026 Date of Expiry: 30/5/2026

Date & Time of Starting Transfusion: 27/4/26 @ 3pm Planned duration of Transfusion: 1 hour

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Bro. MOSES Nurse 2: Bro. Palash

Before starting transfusion vitals: Temp: 98.3°F HR 121 RR: 20 BP: 125/68 SpO_2

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
27/4/26	15 Min	121	98.3°F	130/70	100%	Nil	Nil	No	No
27/4/26	15 Min	128	98.2°F	128/69	100%	Nil	Nil	No	No
27/4/26	30 Min	131	98.3°F	132/71	100%	Nil	Nil	No	No
27/4	30 Min	110	98.4°F	144/78	99%	–	–	–	–
27/4	30 Min	98	98.2°F	149/77	100%	–	–	–	–
27/4	1 Hr	94	98.6°F	153/82	98%	–	–	–	–
27/4	1 Hr	96	98.4°F	146/78	99%	–	–	–	–

Comments: No reaction during Transfusion

Name of the Incharge-Nurse: Name of the Nurse: D. MOSES

Signature of the Incharge-Nurse: Signature of the Nurse: Yours

Date & Time: Date & Time: 27/4/26 @ 4pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
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Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 232 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.

A

Rh Positive

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

Unit No.: BAH26-00942
Blood Group: A Rh Positive
Collection Date: 18/Apr/2026
Expiry Date: 30/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibo[illegible] Recipient Should Be Used

Issue Label / CrossMatching Report

Patient : **Mast. Bhanu Prakash -**
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr er
UHID No.: KUH-00209536 Wd-Bed No.:

Product : LR-PRBC
Blood Group : A Rh Positive
Unit No.:**BAH26-00942**
XMatching Report:Compatible
X-matched by: B.Abhishek

Issue Dt : 27/Apr/2026
Colln. Dt :18/Apr/2026
Exp. Dt :30/May/2026
Issued By : B.Abhishek

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

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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CONSENT FOR BLOOD TRANSFUSION

Name: BHANU PRAKASH Age: 13Yr: Gender: Male ☑ Female ☐

UHID.No : Date: 27/4/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☑ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others .....

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: S. Suresh Kumar

Date & Time 27/4/26 @ 2AM

Doctor (Who is talking the consent)

Signature: Madhuri

Name: B.SAI MADHURI

Date & Time 27/4/26 @ 2AM

Witness

Signature: .....

Name: Tarak

Date & Time 27/04/26 @ 2AM

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: .....

UHID. సంఖ్య : .....

☐ పురుషుడు ☐ స్త్రీ

.....

రక్త ఉత్పత్తి రకాలు:

☐ Random Donor Platelets

☐ Whole Blood

☐ ఇతరులు.....

నేను .....

ఉన్నపుడు పూర్తి చికిత్సలో భాగంగ

దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బ

లక్షణాలు లేవని పరీక్షించి బడినది

ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదు

ప్రతిచర్యలు సోకే ప్రమాదం వుంద

చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గు

.....

ాత్రిలో అడ్మిట్ అయి

ంగీకారం తెలుపుతున్నాను.

యా మరియు సిఫ్లిస్

ీక్షలో కనబడని అనేక

ుల మార్పిడికి సంబంధించిన

ాలెత్తవచ్చు అని నేను అర్థం

.....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్ర

వివరించబడ్డాయి. చికిత్స చేస్తున్న

ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు,

నాకు పూర్తిగా అర్థమగు భాషలో నా

డాక్టర్ ద్వారా నాకు

త్పత్తులు ప్యాక్ చేయబడిన

రము తెలుపుతున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

Doc. No. : RCHBH/ FRM / CLINICAL / 014

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
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Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-3

Qty. 240 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

A
Rh Positive

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

Unit No.: BAH26-00835
Blood Group: A Rh Positive
Collection Date: 09/Apr/2026
Expiry Date: 21/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

Issue Label / CrossMatching Report

Patient : **Mast. Bhanu Prakash -**
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr er
UHID No.: KUH-00209536 Wd-Bed No.:

Product : LR-PRBC Pedia-3
Blood Group : A Rh Positive
Unit No.:**BAH26-00835**
XMatching Report:Compatible
X-matched by: PILLEM

Issue Dt : 27/Apr/2026
Colln. Dt :09/Apr/2026
Exp. Dt :21/May/2026
Issued By : PILLEM

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

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 27/04/26 Time: 2AM

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: BAH26-00835 Date of Collection: 09/04/26 Date of Expiry: 21/05/26

Date & Time of Starting Transfusion: 27/4/26 @2AM Planned duration of Transfusion: 4hrs

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Tamal Nurse 2: Buddhadev

Before starting transfusion vitals: Temp: 98.6F HR 130 RR: 25 BP: 129/70 SpO 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
27/4	2AM ~~15 Min~~	130	98.6°F	120/70	100%	—	—	—	—
27/4	2.30AM ~~15 Min~~	132	98.5°F	125/71	100%	—	—	—	—
27/4	3AM ~~30 Min~~	133	98.5°F	129/70	100%	—	—	—	—
27/4	4AM ~~30 Min~~	130	98.6°F	125/73	100%	—	—	—	—
27/4	5AM ~~30 Min~~	132	98.4°F	124/72	100%	—	—	—	—
	1 Hr								
	1 Hr								

Comments: NO Reaction

Name of the Incharge-Nurse: Buddhadev Name of the Nurse: Tamal

Signature of the Incharge-Nurse: Buddhadev Signature of the Nurse: (TM)

Date & Time: 27/4 @ 5AM. Date & Time: 27/04 @ 5AM

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

LEUCO REDUCED BLOOD CELLS I.P

Qty. 275 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.

A Rh Positive	**HIV I & II/ HBsAG/ HCV - Non reactive** **VDRL - Non reactive** **MP - Negative** **NAT(HIV I & II/ HBsAG/ HCV)- Non reactive**
	Unit No.: BAH26-00824 **Blood Group: A Rh Positive** **Collection Date: 08/Apr/2026** **Expiry Date: 20/May/2026**

...ter Without W... Do Not

...20/May/...

...warming. 2) Shake Gently Before Use. 3) Do No...
...ation. 4) Check Blood Group on Label & Recipient's
...e Before Administration. 5) Use Sterile Transfusion Set
...7) Do Not Use if

Issue Label / CrossMatching Report

Patient : **Mast. Bhanu Prakash -**
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr er
UHID No.: KUH-00209536 Wd-Bed No.:

Product : LR-PRBC
Blood Group : A Rh Positive
Unit No.:**BAH26-00824**
XMatching Report:Compatible
X-matched by: Premalatha

Issue Dt : 27/Apr/2026
Colln. Dt :08/Apr/2026
Exp. Dt :20/May/2026
Issued By : Premalatha

B
U
X

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
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CONSENT FOR BLOOD TRANSFUSION

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KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 20 D (M)
Dr. ANUPAMA Y

Name: ..... Bhanu Prakash Yashwin Age: 13y Gender: Male ☑ Female ☐

UHID.No : ..... Date: 26/04/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: ..... S. Sruthi Kumar

Date & Time 26/04/26 3PM

Doctor (Who is talking the consent)

Signature: .....

Name: ..... T. Pavani

Date & Time ..... 26/04/26 3 PM

Witness

Signature: ..... Paresh

Name:..... Paresh

Date & Time 26/04/26 3PM

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

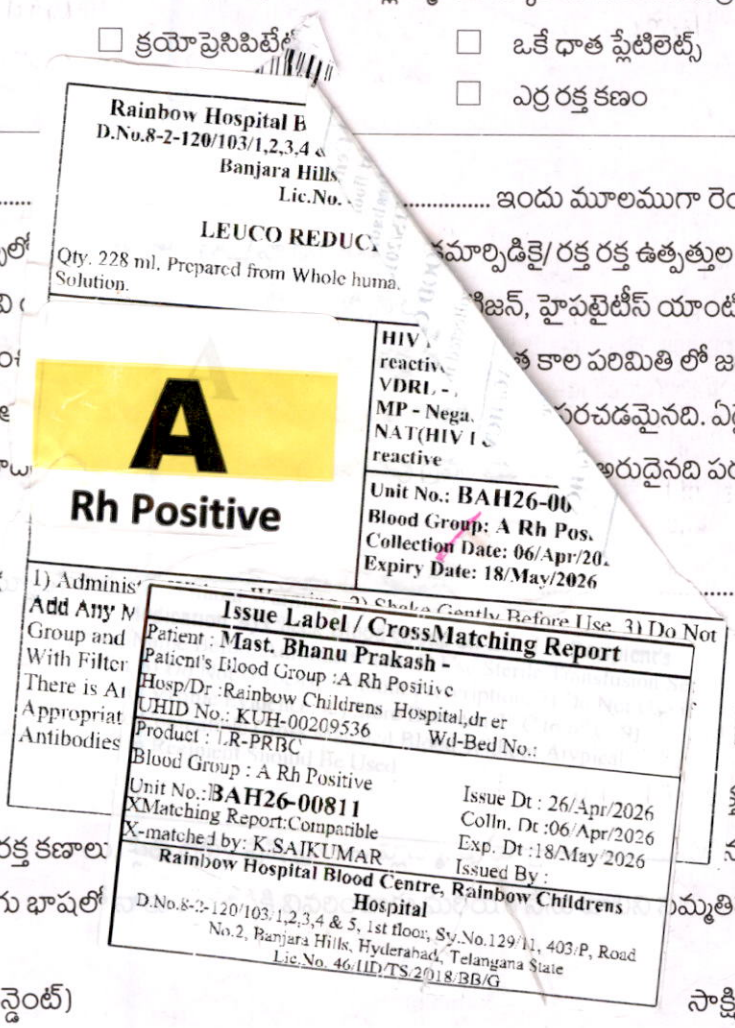
UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయో ప్రెసిపిటేట్ ☐ ఒకే దాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....



నేను .... ఇందు మూలముగా రెయినోబో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో ...మార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి ...జిన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షిం... ...కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా ... ...రచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమా... ...రుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యా... .....

....

పైన పేర్కొన్న అన్ని ... చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. ... ...క్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు ...నవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో ...మ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CONSENT FOR BLOOD TRANSFUSION

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Name: Bhanu Prakash Yashwin Age: 13yr Gender: Male ☑ Female ☐

UHID.No : ..... Date: 26/4/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: S. Suresh Kumar

Date & Time 26/4/26 @ 9:50 AM

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. Pratyusha

Date & Time 26/4/26, 9:50 am

Witness

Signature: .....

Name: MOSES

Date & Time 26/4/26 @ 9:50 AM

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు: ☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్లేట్‌లెట్ కణాలు ☐ Random Donor Platelets

☐ Whole Blood

☐ ఇతరులు.....

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

LEUCO REDUCED BLOOD CELLS I.P

Qty. 256 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A. Solution.

A
Rh Positive

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

Unit No.: BAH26-00805
Blood Group: A Rh Positive
Collection Date: 05/Apr/2026
Expiry Date: 17/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antib

Issue Label / CrossMatching Report

Patient : Mast. Bhanu Prakash -
Patient's Blood Group :A Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr er
UHID No.: KUH-00209536 Wd-Bed No.:
Product : LR-PRBC
Blood Group : A Rh Positive
Unit No.:BAH26-00805
XMatching Report:Compatible
X-matched by: Nachiket
Issue Dt : 26/Apr/2026
Colln. Dt :05/Apr/2026
Exp. Dt :17/May/2026
Issued By : Nachiket

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
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నేను ..... ప్లే ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో ప్లడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి య, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి ఉప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం నాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నా .....

....

పైన పేర్కొన్న అన్ని ప్రమాదా క చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న స క్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లే నవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాక స్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము ..... సంతకం .....

పేరు ..... పేరు .....

తేదీ మరియు సమయము ..... తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 21 D (M)
Dr. ANUPAMA Y

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 28/4/26

Assessment: Hypertension

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☑ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☑ Any Others. Specify
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☑ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☑ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☑ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8Am	→ To Assess the Baby condition	9Am	→ Assessed Baby condition	All plan are implemented
10Am	→ To monitor vitals of baby	11Am	→ monitored vitals of baby	
12pm	→ plan to do paracentisis	1pm	→ paracentisis done	
3pm	→ plan to send Mini Bal and Urine cls	3pm	→ Sended all Labs	
4pm	→ plan to do dressing	5pm	→ Dressing Done	
6pm	→ plan to start Dextomid	7pm	→ Started Dextomid	

Re-Assessment: Re-Assessment Done.

Special Notes: W/F Hypertension

Nurse Signature: Aiven

Nurse Name: Aiven.

Date & Time: 28/4/26 8p

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 21 D (M)
Dr. ANUPAMA Y

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 27/4/26 @8pm

Assessment: Hypertensive

Goals

- ☑ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☑ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☑ Early Ambulation Reduce Anxiety
- ☑ Maintain Skin Integrity
- ☑ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	- To Assess the child general condition.	8:30	Assessed the child general condition	All the Implementations done
10pm	- To monitor vitals and record.	10:10	- monitored vitals and recorded	
12am	- To Administer medications as per doctors orders	12:30	- Administered medications as per doctors orders	
2am	- To Titrate NTG as per orders	2:30	- Titrating NTG as per orders	
4am	- To stop Dexmedomid and morphine	4:10	- stopped Dexmedomid and morphine	
8am	- To maintain I/O chart	8:10	- maintaining I/O chart	

Re-Assessment: Re-assessment done

Special Notes: - unit hypertensive
- NPO

Nurse Signature: ..... Nurse Name: Vandana Date & Time: 28/4/26 @ 8am

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	24/4 DAY-1			25/4 DAY-2			26/4 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	PTW		NA			checked	-	-	checked	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA			checked	-	-	checked	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA			checked	-	-	checked	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA			checked	-	-	checked	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA			checked	-	-	checked	
		Signature of the Nurse								MOSES	MOSES		

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Nsina Name : Nsina

Signature of Ward In Charge :

Signature : Ahitha Name : Ahitha

Doc. No. : RCHBH/ FRM / CLINICAL /137

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 12 D (M)
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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 9/04/26	Diagnosis : TBI			Surgery / Procedures :		
	Allergies :				Post OP Day :		
	Date :	18/04	19/4	19/04/26	20/4	20/04/26	21/4/26
	Area / Shift Time	PICU / Night	PICU / Day	PICU / Night	PICU / DAY	PICU / Night	PICU / Day
	Diet :	OG Feed	OG Feeds	OG feed		OG feed	NG Feed
	Ventilation (RA, NP, NIV, VENTI)	venti	venti	Venti	RA	RA	RA
INVASIVE LINES	1.	EJ Line IJV Line	EJ Line	EJ Line(1)	EJ Line	EJ Line	EJ Line
	2.	HD Line Arterial Line.	IJV Line	IJ (1)	IJ Line	IJ Line (1)	IJ Line
	3.		HD Line	HD Line(1)	HD Line	Cannula (2)	Cannula (1)
	4.		Arterial Line	Arterial Line(1) Cannula(1)	Arterial Line Cannula (3)	HD Line(1)	HD Line
ASSESSMENT	Infusions / Transfusions	ABP Flush	ABP Flush	ABP flush	ABP,	ABP flush	ABP Flush
		CBP Flush			CVP Flush	CVP flush	CVP Flush
				20% DNS	Dextomid	Dextomid	Dextomid
				Lasix	Lasix	Lasix	Lasix
				NAC	NAC	NAC	
				Clonidine	1/2 DNS	20% DNS	20% DNS
	PU Prophylaxis	Air bed	Air bed	Air bed	Air bed	Air bed	Air bed
	DVT Prophylaxis	position change	position	Biotin Patches water gloves	position change	water gloves	water glove
	Vitals BP	120/60	136/59	110/49	120/80	142/95	126/68
	PR	102	101	90	100	108	103
	RR	18	19	19	21	20	15
	SpO_2	100%	100%	100%	100%	98%	100%
	Temp	98.7°F	98.6°F	98.2°F	98.3°F	98.1°F	98.4°F
	Pain Score	02	02	02	2	02	2
	LOC (Alert, Conscious, Confusion, Unconscious)	confusion	conscious	Conscious	Alert	Alert	Alert
	Skin Integrity (Intact / Bedsore / Any other condition	Blisted Bed sore	bed sore	Bed sore	Bed sore	Bed sore	Bed Sore
	Restraints If any Physical	NA	NA	NA	NA	NA	NA
	Chemical				Dextomid	Dextomid	Dextomid
	Fall Risk (Vulnerable (Y/N) if yes score	yes	yes	yes	yes	yes	yes
	(Ambulation, walking, moving with assistance, bed ridden)	moving	moving	Moving	moving	Moving	Moving
	ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Critical Lab Test / Values (if any)	Nil	Nil	Nil	Nil	Nil	Nil

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures							
		Date :	18/04	14/4	19/04/26	20/4	20/04	21/4
		Area / Shift Time	PICU Night	PICU	PICU Night	PICU Night	PICU Night	PICU Day
		Ordered / Planned	Followed doctor order	follow dr order	followed all the doctor's order.	Followed all the doctor order	followed all the doctor's order.	Follow the Doctor Order
		Due	NO due	NO due	NO due	NO due	NO due	NO Due
		Reports Pending	Minibal	Blood cs minibal	Blood c/s	Mini bal	Blood c/s	Blood c/s
		Referrals (If any)	NO referral	No Referrals	NO Referrals	NO referral	NO Referrals	No Referrals
	Remarks (Special Interventions like, Drainage Tube flushing etc.)		Left ICD	Left ICD	NO Remark.	NO remark	NO Remark.	No Remark
Handed Over By Name :			Tamal	Anil	Suchismita	Tamal	Suchismita	Shanty
Signature :			[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date :			19/4	14/4	20/04/26	20/4	21/04/26	21/4/26
Time :			8AM	8PM	@ 8AM	8pm	8AM.	8PM
Taken Over By Name :			Anil	Suchismita	Tamal	Suchismita	Shanty	Suchismita
Signature :			[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date :			19/4	19/04/26	20/4	20/04/26	21/4/26	21/4/26
Time :			8AM	@8PM	8AM	@ 8PM.	8AM	@8PM

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 16 D (M)
Dr. ANUPAMA Y

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA :	Diagnosis : T13			Surgery / Procedures :		
	Allergies :				Post OP Day :		
	Date :		22/04	23/4	23/4	24/4	
	Area / Shift Time	PICU DAY	PICU Night	PICU DAY	PICU Night	PICU Day	
	Diet :	Orally/NG	Orally NG	Orally	Orally	Orally NG	
	Ventilation (RA, NP, NIV, VENTI)	RA	RA	RA	RA	RA	
INVASIVE LINES	1.	ET Line	ET Line	ET Line	ET Line	ET line	
	2.	I Cannula	Cannula (1)	Cannula (2)	Cannula (2)	cannula (2)	
	3.	HD Line	HD Line	HD line			
	4.	Arterial line	Arterial Line (1)	Arterial line			
ASSESSMENT	Infusions / Transfusions	ABP + Heal	ABP + Heal	ABP + Heal			
		½ DNS +	3% NS		½ DNS + Lasix	½ DNS + NAHCO3	
		NAHCO3	½ DNS	½ DNS		Lasix	
		Lasix	Lasix	Lasix		ET Flush	
		3% NS					
	PU Prophylaxis	Air bed	Air bed	Air bed	Air Bed	air bed	
	DVT Prophylaxis				—	—	
	Vitals — BP	122/60	1	120/65	123/83	138/88	
	PR	104	120	138	136	138	
	RR	18	20	20	23	24	
	SpO_2	100%	100%	100%	100%	100%	
	Temp	98.6 F	98.6 F	98.6 F	98.8	99.6 F	
	Pain Score	02/10	2/10	2/10	2/10	2/10	
	LOC (Alert, Conscious, Confusion, Unconscious)	Conscious	Conscious	Conscious	Conscious	Conscious	
	Skin Integrity (Intact / Bedsore / Any other condition)	Bedsore	Bedsore	Bedsore	Bed Sore	Bedsore	
	Restraints If any — Physical	ND	NA	NA	ND	NA	
	Chemical	ND				NA	
	Fall Risk (Vulnerable (Y/N) if yes score	Yes	Yes	Yes	Yes	Yes	
	(Ambulation, walking, moving with assistance, bed ridden)	moving	moving	moving	moving	moving	
	ADL (Dependent / Non-Dependent)	dependent	Dependent	Dependent	Dependent	Dependent	
	Critical Lab Test / Values (if any)	Nil	Nill	Nil	Nil	Nil	

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures						
		Date :	22/04	22/4	23/4	23/4	24/4/26
		Area / Shift Time	PICU DAY	PICU Night	PICU DAY	PICU Night	PICU Day
		Ordered / Planned	followed doctor order	Followed doctor order	followed doctor order	Follow the DR orders	follow the doctor's order's
		Due	NO due	NO due	NO due	NO Due	NO Due
		Reports Pending	Reports pending	NO Report pending	B/S reports pending	Blood CLS	Blood CLS pus CLS
		Referrals (If any)	No Referrals	NO referral	NO referral	NO Referral	NO Referrals
	Remarks (Special Interventions like, Drainage Tube flushing etc.)		No Remarks	NO remarks	NO Remarks	NO Remarks	NO remarks
Handed Over By Name :			[signature]	Tamil	[signature]	Shanty	Vennela
Signature :			[signature]	[signature]	[signature]	[signature]	[signature]
Date :			22/4/26	23/4	23/4	24/4/26	24/4/26
Time :			8pm	8AM	8PM	8AM	@8PM
Taken Over By Name :			Tamil	[signature]	Shanty	Vennela	Nagini
Signature :			[signature]	[signature]	[signature]	24/4/26 [signature]	[signature]
Date :			22/4	23/4	23/4/26	[signature]	24/4
Time :			8PM	8A	8PM	8am	@8pm

KUH-00209536 IP5-00172324
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06-06-2012 13 Y 10 M 12 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 19/4	DATE 20/04	DATE 21/04	DATE 22/04	DATE 23/4
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	1
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	11	11

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		X	X	X	✓	X
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		X	X	X	X	X
	Other Intervention(s) Specify		X	X	X	X	X
	Nurse's Name:		Tamal	Sudha	Sudha	Sudha	Tamal
	Signature:		TM				TM
	Date:		19/4	20/04/24	21/04	22/04	23/4
	Time:		7AM	6AM	6AM	6AM	6AM

KUH-00209536 IP5-00172324
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06-06-2012 13 Y 10 M 13 D (M)
Dr. ANUPAMA Y

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 19/04/26

Assessment: Assess the child condition.

Goals:
- ☑ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☑ Maintain Skin Integrity
- ☑ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8PM	Assess the child condition	8:30PM	Assessed the child condition.	All the plans are implemented
9PM	Monitor the vitals	9:30PM	Monitored the vitals.	
10PM	CRRT starting plan at 12:00AM.	11AM	CRRT started at 12:00AM	
12AM	Continue cyclical feeding 60ml 4th hourly 1 hour gap.	1AM	Continued cyclical feeding 4th hourly 1 hour stop.	
6AM	Administer the medication as per order.	6:30AM	Administered the medication.	

Re-Assessment: Re-Assessment done

Special Notes: Tomorrow plan for tracheostomy. NPO from 6AM.

Nurse Signature: Suchismita Nurse Name: Suchismita Date & Time: 19/04/26.

Docu. No: RCHBH /FRM / CLINICAL / 148

(P.T.O)

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 14 D (M)
Dr. ANUPAMA Y

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 20/4/26

Assessment: Assessed baby condition

Goals:
- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Place of Care	Time	Implementation	Evaluation
8pm	- Monitor vital.	4pm	- Monitored vitals.	All plan implemented.
10 pm	- Plan for extubate.	12pm	- Extubation done.	
12pm	- Plan for central line care.	2pm	- central line care done.	
2pm	- Administer medication as per doctor order.	4pm	- Administered medication as per doctor order.	
4pm	- Plan for xray	6pm	- Xray done.	

Re-Assessment: Re-assessment done.

Special Notes:

Nurse Signature: (W) Nurse Name: Tamal Date & Time: 20/4/26 (2) 8pm

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 12 D (M)
Dr. ANUPAMA Y

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 18/04/26

Assessment: Addend baby condition.

Goals:
- ☑ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
	- Monitor vitals. - Plan for ABG. - Plan for CRRT start - Plan for pending Minibal. - Administer medicatn as per doctor order.		- Monitored vitals. - ABG Done. - CRRT started. - Minibal sended. → Administered medicatn as per doctor order.	All plan implemented.

Re-Assessment: Re-assessment Done.

Special Notes: Plan for Monday bedside Tracheostomy

Nurse Signature: TM Nurse Name: Tamil Date & Time: 19/04/26 @ 9AM.

Docu. No: RCHBH /FRM / CLINICAL / 148

(P.T.O)

KUH-00209536 IP5-00172324
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 12 D (M)
Dr. ANUPAMA Y

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 19/4/26

Assessment: TBI

Goals
- ☑ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Place of Care	Time	Implementation	Evaluation
8:00AM	Assess the Child general condition.	8:30AM	Assess the child condition	- maintain oxygenation
10:00AM	monitor vital signs.	10:10AM	monitor vital signs	- continue same treatment
12:00pm	provide comfortable position.	12:15pm	provide comfortable position.	
2:00pm	Administer medication as per as doctor's order	2:10pm	Administer medication as per as doctor's order	
6:00pm	Ensure safety.	6:20pm	Ensure safety	
8:00pm	maintain Ilochart	8:00pm	maintain Ilochart	

Re-Assessment:

Special Notes: w/f hypertention

Nurse Signature: [signature] Nurse Name: [signature] Date & Time: 19/4/26 6pm

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 16 D (M)
Dr. ANUPAMA Y

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 20/04/26

Assessment: Assess the patient condition.

Goals
- ☑ Maintain Airway and Oxygenation
- ☑ Relieve Pain & Discomfort
- ☑ Maintain Fluid Balance
- ☑ Improve Activity Tolerance
- ☑ Maintain Good Nutritional Status
- ☑ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☑ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

Time	Place of Care	Time	Implementation	Evaluation
8PM	Assess the child condition	8:30PM	Assessed the child condition.	All the plans are implemented.
9PM	Monitor the vitals.	10:00PM	Monitored the vitals.	
11PM	Plan to start SLEED at 12AM.	12AM	SLEED started at 12:00AM.	
1AM	Continue NG feeding 3rd hourly 150ml.	2AM	Given NG feeding 3rd hourly.	
6AM	Administer the medication as per order	6:30AM	Administered the medication.	

Re-Assessment: Re-Assessment done

Special Notes:

Nurse Signature: Suchismita Nurse Name: Suchismita Date & Time: 20/04/26

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 16 D (M)
Dr. ANUPAMA Y

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 21/04/26

Assessment: Assess the child condition

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8PM	Assess the child condition.	8:30PM	Assessed the child condition.	all the plans are implemented
9PM	Monitor the vitals.	9:30PM	Monitored the vitals.	
10PM	Maintain the I/O chart.	10:00PM	Mained the I/O chart.	
11PM	Continue orfeeding 80ml Cyclical 3 hours 1 hours	12PM	Continued the OG feeding 80 ml given	

Re-Assessment: Re-Assessment done

Special Notes:

Nurse Signature: Nurse Name: Sushmita Date & Time: 22/04/26

237

KUH-00209536

Patient Sticker

Prakash
13y10m

need to enter.

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 25/4/26 Time: 10:20am

Weight: 40 kg Centile: 10th

Height: 170 cm Centile: >99th

Inference: Under weight Child

RDA: - Calories: 1800 KCal/d Protein: 32 g/d

Diet Recommendations: NG feeds Peptamen junior (1:35 ml) dilution 30 ml/hr (3hr on, 1 hr off)

Re-Assesment:

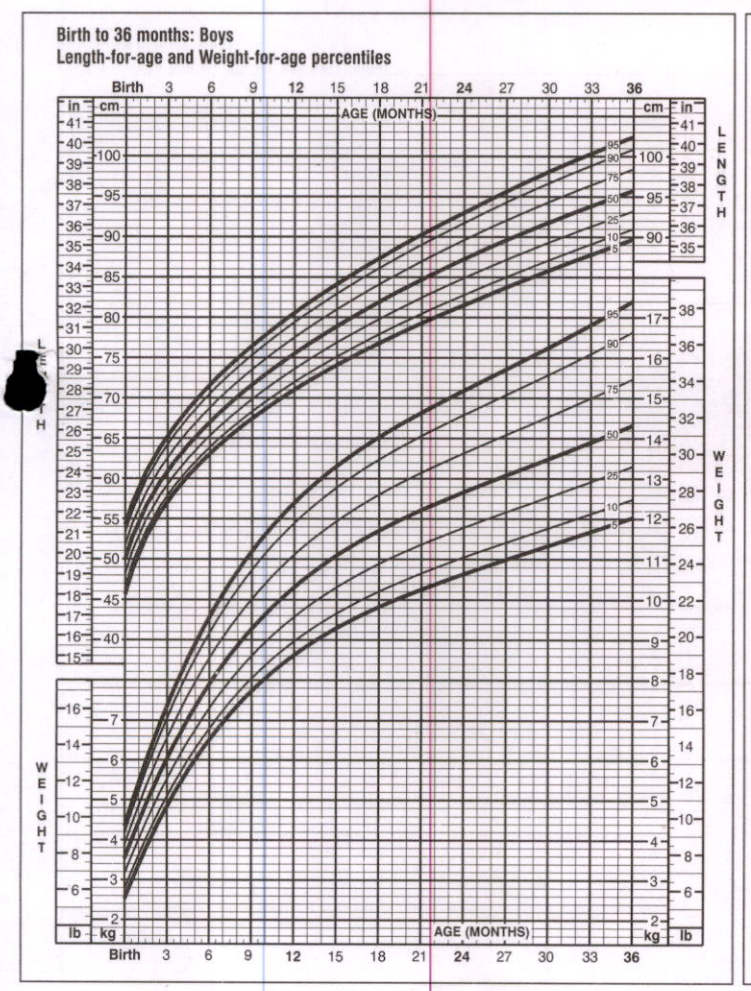
Food Allergies: No Veg/Non-Veg Non-veg

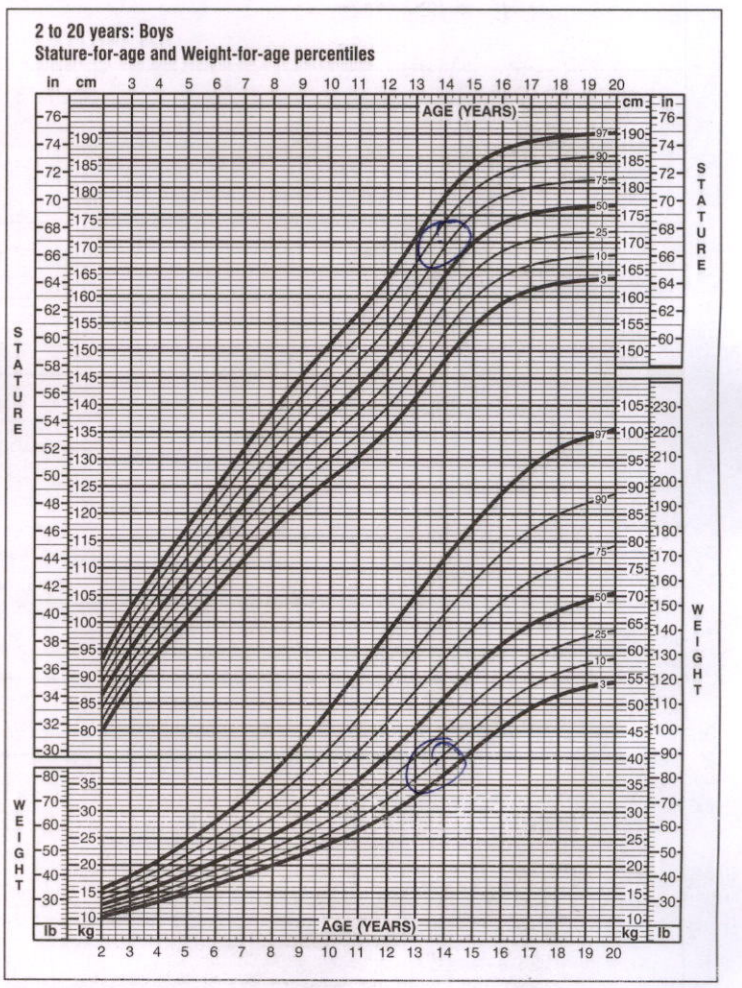
Diagnosis: Polytrauma, Severe TBI, Hemothorax

Nutritional Intervention - ☐ Oral ☑ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Monnica

Dietician's Signature Monnica

Daily Notes:

KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 24 D (M)
Dr. ANUPAMA Y

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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Bhanu Prakash Yashwin Age: 13 Sex: 10 M UHID.No: KUH-00209536.

Date: Aerodissection Time: Proposed Operation: MRI-Brain.

Diagnosis: Polytrauma / S/p → Nailing # femur / Traumatic Brain Injury. Encephalopathy / AKI.

B.P / CRT: 132/88 mg H.R: 118 Weight: ASA Physical Status: ☐1 ☐2 ☑3 ☑4 ☐5

Laboratory Data:

Hgb: 7.9.	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea: 188 ↑	Alb:	HBS Ag:	ECG:
WBC: 14190.	Creat: 2.2 ↑	Total Bill:	HCV:	2D Echo:
Plate: 14.1-79	Na: 138.	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K: 3.1	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -: 104.	SGOT/SGPT:		

Allergies: NKDA.

Medical History: ~~GVS~~: On 6hrs SLEDD. Diabetes: (-) / not on support.

RESP: Pt was on NIV till yesterday.

CNS: Extubated yesterday.

Renal: on SLEDD. drowsy since morning. Physical Activity: (-)

Hepatic / GE:

Others: → Intubated twice

Past Anaesthetic History: S/p → Nailing for # femur was done 10 days back.

Physical Exam: Drowsy.

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: — Neck: (N) Teeth:

Lungs: BAE, on 4 L O2 Nasal prongs. could not access.

Heart: S1 S2 (P).

CNS: not responding to pain stimulus

Venous Access Site: 18G (P) (N) Leg Aline (P) Spine Exam for regional: —

Pregnant: ☐ Yes ☐ No ☑ NA

Anaesthetic Plan: ☑ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Inj. Optineuron.	-
Inj - TEICOPLANIN.	-
T. AMLODIPINE	-
B. CALCIVIN GLUCANE	—
B - MANNITOL.	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☑ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

3PM - on cycle

Signature: [signature] Name: Dr. Anuca.

Docu. No. : RCHBH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No

Physical Status: ☐ Patient Identified ☐ Consent Present ☐ Chart Reviewed

Fasting Status:

H.R: B.P / CRT: SpO_2: R.R:

Pre-OP Diagnosis: ..... Last Feed:

Surgeon: ..... Operation: ..... Date : .....

Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

240 220 200 180 160 140 120 100 80 60 40 20 10 0

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ Bilat = BS
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity
☐ Spinal ☐ Epidural ☐ Caudal Specify: .....
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : .....
Signature of the Doctor : .....

Positioning

Pressure Points Checked

Line (Size & Location)

☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

Eye Care

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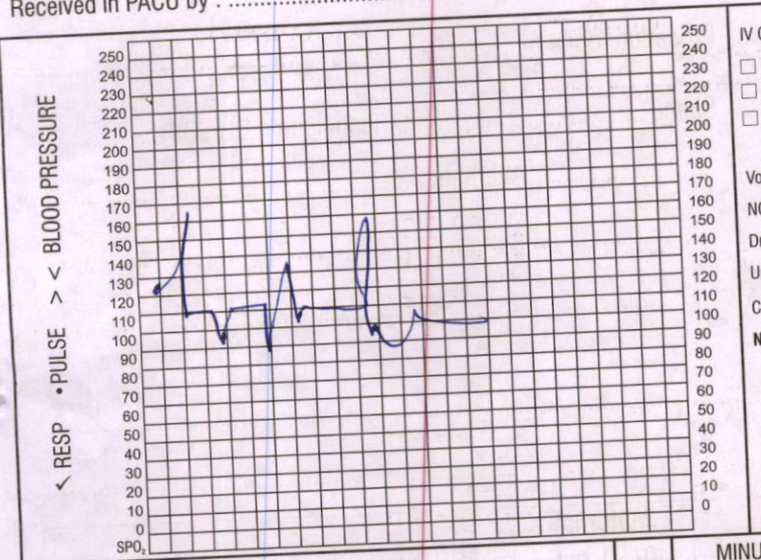
Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....

NG Tube : ☐ Yes ☐ No

Drain: ☐ Yes ☐ No

Urinary Catheter: ☐ Yes ☐ No

Chest Tube: ☐ Yes ☐ No

Nil Oral ☐ Yes ☐ No

IV Fluids: .....

Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		1	1	1	3	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		1	1	1	3	
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		1	1	1	3	
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		1	1	1	3	
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		1	1	1	3	
		TOTAL		3	3	3		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every *2 hours for first 24 hours*
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....

Anaesthesiologist Signature: .....

Date & Time: .....

PACU Nurse Name : .....

PACU Nurse Signature: .....

Date & Time: .....

Transferred to Unit by (PACU): .....

Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details:
KUH-00209536 IP5-00172745
Master BHANU PRAKASH YASHWIN
06-06-2012 13 Y 10 M 24 D (M)
Dr. ANUPAMA Y

Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test MRI Brain plain (SOS) Contrast Under Anesthesia in your diagnostic center on credit basis. Request you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For any further queries, please contact the billing manager.

Order ID: C0009585653

Thanking you,
Department of Inpatient Billing

Coordinator:
Signature: B. Srikanth
Name: B. Srikanth
Date & Time: 30/4/26 @ 2.35pm.

Billing Executive:
Signature: ABdul
Name: ABdul Khadeer.
Date & Time: 30/4/2026 | 9:38PM
Mobile (Billing Manager): 9247505898
Billing Department
Rainbow Children's Medicare
Banjara Hills, Hyd

Manager on Duty (MOD):
Signature: M. R
Name: M. Ramya Krishna
Date & Time: 30/4/26
Mobile: 9676838787

Docu. No: RCH/ FRM/ GENERAL/ 663

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CONSENT FOR SPECIAL SEDATION

Patient Name: Bhanu Prakash Yashwin Gender: ☑ Male ☐ Female

UHID No: KUH-00209536. Department: PIW Date: 30/4/26

I Satyavathi S / D / W / O Suresh kumar,

Here by give consent for procedure for my patient : Bhanu Prakash Yashwin

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : Ketamine
- Possible complications from the procedure of sedation: Worsening encephalopathy, Increased oxygen requirement, hypoxia, Bradycardia, intubation

The doctors have explained to me about the benefits, risk, alternative of the procedure.

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

Patient Attendant :

Signature : Satyavathi

Name : Satyavathi

Relationship with Patient:

Date & Time : 30/4/26 @5pm

Witness :

Signature :

Name : Vandana

Date & Time : 30/4/26 @5pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. [illegible]

Date & Time : 30/4/2026 @ 5:00 pm

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ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

నేను ..... కుమారుడు / కుమార్తె / భార్య .....

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

- సెడేషన్ రకం .....
- మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....

.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....