



ADMISSION SHEET



Registration Details :

Admission No : IP22-00023356

Admit Date : 23-Jun-2026

Admit Time : 12:15 AM UHID : HCV-00035593

Patient Details :

Patient Name : Master NALADI JESWITH RAJ

Age : 4 Y 10 M 2 D

Guardian : SRIKANTH

DOB : 21-08-2021

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : Managapaka Vishakhapatnam Andhra Pradesh INDIA 531033

Phone No : 8125590883

E-mail : no@gmail.com

Admission Details :

Bed Type : PICU

Bed No : PICU 125

Ward Name : 1F-FIRST FLOOR-PICU

Room No : PICU 125

Admission Type : First Visit

Contact Details :

Name : SRIKANTH

Relationship : S/O

Contact Address : Managapaka Vishakhapatnam Andhra Pradesh INDIA 531033

Phone No :

*N. Sreelakshmi*  
Signature

Doctor Details :

Doctor Name : Dr. SHASHWAT MOHANTY

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



**ACTIVITY RECORD FOR BILLING**

Name:----- HCV-00035593 IP22-00023356  
 UHID No :----- Master NALADI JESWITH RAJ 21-08-2021 4 Y 10 M 2 D (M) Consultant :----- Dept.:-----  
 Date of Admissio Dr. SHASHWAT MOHANTY .....Date of Discharge:----- Time:-----  
 Room / Bed No :----- Suggested Billable bed type:-----



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
23/6/26	1:30 AM	GR	PIW	Pammy
23/6/26	7:40 PM	PIW	IO'S	Rajeev

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Dr. Ananth	23/6/26	690571	A. vijayakumar
2.	Dr. L.V Prasad (eye inst.)	23/6/26	690592	A. vijayakumar
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*cross checked by  
 Chandrika  
 23/6/26  
 7:30 PM*

# MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/6/26	Cardiac monitor infusion pump syringe pump	1:30 AM	2:10 AM	69052	S. Latha
24/6/26	Syringe pump	1 AM		90702	S. Latha

*Handwritten notes in red ink:*  
 construction  
 2:10 AM  
 2:10 AM  
 2:10 AM









## PRISM SCORE FORM

Variable	Age Restriction				Score Appointed	Score
	Neonate	Infant	Child	Adolescent		
Systolic Blood Pressure (mmHg)	40-55 <40	44-65 <45	55-75 <55	65-85 <65	3 7	0
Temperature	All ages <33° C OR > 40° C				3	0
Mental Status	All ages stupor or coma (GCS<8)				5	0
Heart Rate	215-225 >225	215-225 >225	185-205 >205	145-155 >155	3 4	0
Pupillary reflexes	All ages = One Pupil fixed, pupil > 3mm All ages = Both fixed, pupil > 3mm				7 11	0
Acidosis (pH) or total CO <sub>2</sub> (mmol/L)	All ages = pH 7.0 - 7.28 or total CO <sub>2</sub> 5 - 16.9 All ages = pH < 7.0 or total CO <sub>2</sub> < 5				2 6	0
pH	All ages = 7.48 - 7.55 All ages > 7.55				2 3	0
PCO <sub>2</sub> (mmHg)	All ages = 50.0 - 75 All ages > 75.0				1 3	0
Total CO <sub>2</sub> (mmol/L)	All ages > 34.0				4	0
Arterial Pao <sub>2</sub> (mmHg)	All ages = 42.0 - 49.9 All ages < 42.0				3 6	0
Glucose	All ages > 200mg/dl				2	0
Potassium	All ages > 6.9mmol/L				3	0
Creatinine (mg/dl)	Neonate >0.84mg/dl	Infant >0.9mg/dl	Child >0.9mg/dl	Adolescent >1.3mg/dl	3	0
Urea (mg/dl)	Neonate 11.9mg/dl	All other ages 32 mg/dl			3	0
White blood cells	All ages < 3000 cells/mm or >40000				4	0
Prothrombin time (PT) Or Partial thromboplastin time (PTT)	Neonate PT > 22.0 sec or PTT > 85.0 sec	All other ages PT > 22.0 sec or PTT > 57.0 sec			3	0
Platelets (cells/mm <sup>3</sup> )	All ages = 100,000 to 200,000 All ages = 50,000 to 99,999 <50,000				2 4 5	0
Total PRISM III - 24 hours.						0

Name of the Doctor: ..... Dr. Yash

Signature of the Doctor: .....

Date & Time: .....



Ref. No. : F/PICU / ADMR / 08



# PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Name: Jaswath Raj Age: 5y Gender: male  
 I.P. No.: 00023356 UHID No.: 00035593  
 Father's / Mother's Name: N. Srikanth Age: \_\_\_\_\_  
 Address: N. Srikanth Mahagarak, VSKP, Andhra Pradesh  
India 531033  
 Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

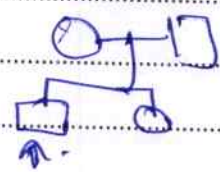
Date of PICU admission: 23/6/26 Time: 12:10  am  pm  
 Referred Patient  Self Referral  - Rainbow Patient   
 Transferring Unit:  Ward  OT - Transported?  Yes  No - If yes:  Long (> 30 kms)  Short (<30 kms)  
 Referring Consultant: Self  
 Admitting Consultant: Dr. Shaswal  
 Indication for PICU referral: hcs low, Drowsy

Prism III score at 24 hrs of admission: 0 Worse SOFA Score: \_\_\_\_\_  
 Date of Discharge: \_\_\_\_\_ Transfer: \_\_\_\_\_ Death: \_\_\_\_\_  
 Duration of ICU Stay: \_\_\_\_\_  
 Final Diagnosis: \_\_\_\_\_

Presenting Complaints / Chief Complaints : 54 old male with H/O fall from  
 due to dash by bike. at TOL = 6:30 pm DOT - 22/6/26, POI - Anakpally,  
 H/O nose bleed (+) from (R) side, stopped currently.  
 H/O vomiting x 2 episodes, content: food material, non-projectile  
 e/o drooping (+) since fall.  
 e/o: (R) peri-orbital ecchymosis  
 No H/O LOC, Ear bleed, Seizures, Rhinorrhoea, headache  
 No H/O restriction of movement in joints  
 Initially went to outside hospital, treated. Come to Rainbow  
 for further management. → 54 IT given for oral therapy.

Past History ( Including Previous treatment and investigations ) :

Birth and Developmental History : LSCS / Term / AUA



H / O Allergy : -

Family History : -

immunization History :



INITIAL ASSESSMENT

RBS: 115 mg/dl. Temperature: 99.4 Weight (kg): 14.8 kg

RESPIRATORY SYSTEM FINDINGS :

Air Way :  Open  Maintainable  Not Maintainable  Intubated, If Intubated, Size & position of ETT :

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

22b/min B/L AE @ 99.4 @ RA SPO2: O2 by NC / FM / NRB mask / Oxyhood, at L / min

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

Ventilatory Setting : Leak around ETT : Delivered Vt :

ABG : EtcO2: P/F ratio: O.I :

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

CXR :

CARDIO VASCULAR SYSTEM CLINICAL EXAM : Heart Rate : 92/min Cardiac Rhytho : S1, S2 @

(Heart sounds, murmur etc.) :

Quality of Pulses : good cap refill Time : 2.3 sec Liver Edge : cm below Rt costal Margin

Blood Pressures : NIBP : 116/70 mm Hg IBP : CVP :

Infusion of any Inotropes? :  Yes  No - If yes, then details :

Any Other Infusions :

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

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

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

INFECTION and ANTIBIOTICS :

Febrile  Afebrile Current Antibiotics Details ( Antibiotic name and day #):

Cultures Done outside ?  Yes  No - If Yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc):

Ongoing Antibiotics :

Abdominal Exam:

ENT Exam : Ear - (N) Nose - No Active bleed Throat - Normal

Central Nervous System:

Level of Consciousness : AVPU / GCS score : 14/15 - GCS

Neurological Findings :

Drowsy.

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

Clinical Summary and Provisional Diagnosis: Traumatic Brain Injury -  
? (R) orbital #  
bne

**PLAN OF CARE**

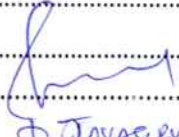
Preventive aspects of the treatment:.....  
 .....  
 Desired goals of the treatment:.....  
 .....

**PLANNED INVESTIGATIONS**

CBC  
 Se. electrolyte  
 Si Creatine  
 Coase matching  
 PT, aPTT, TTR  
 23/6/16  
 1 AM

**PLANNED MANAGEMENT**

CT Brain -  
 CT Facial bone  
 Start 3-1-NS 5ml/kg  
 75ml over one hr  
 f/b 15ml/hr  
 LEVIPIL 150mg IV BD  
 Syp PARACETAMOL (after 80%)

Doctor's Signature:   
 Name: D. JAVASURYA

Consultant's Signature:.....  
 Name:.....


**PLEASE FILL UP THE FOLLOWING DETAILS**

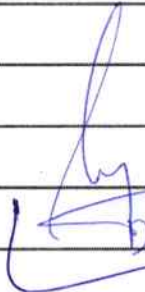
1. Name of the referring Doctor:.....
2. Name of the referring Hospital:.....  
 Address:.....  
 Contact Numbers:.....
3. Contact Details of the referring Doctor:.....  
 Mobile No : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team:.....  
 .....on whose name the patient is being referred.



**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00035593 IP22-00023356  
Patient No: Master NALADI JESWITH RAJ  
21-08-2021 4 Y 10 M 2 D (M)  
Age : ..... Dr. SHASHWAT MOHANTY  
I.P. No. : 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26	3am	c/s/B Dr Aditya / Dr 'Srinivas' Dr Surja.
		A = Right Orbital Bone fracture
		F - NPO
		Wt 70% maintenance
		R - B/L A&O SpO <sub>2</sub> - 97% @ R a
		I - No fever
		C - HR - 132/min
		Bp - 110/90 mmHg
		CRP < 32mg
		M - Na - 136
		K - 4.7
		Cl - 105 <u>Advice</u>
		A - P/A seq.
		BS (+) → keep NPO
		WBC → Cont 3% NaCl & (70% maintenance)
		N - ACS - 14/15 DNS
		Arrouy → Cont of LEVIPIL
		paracetamol 500mg (+) → Start of AUGMENTIN
		→ Ophthalmologist opinion Tobrex
		→ 2g PARACETAMOL SOS
		 Dr. JAYASHREE MS. 16/06/2026 3AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS





# DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

HCV-00035593 IP22-00023356  
 Master NALADI JESWITH RAJ  
 21-08-2021 4 Y 10 M 2 D (M)  
 Dr. SHASHWAT MOHANTY  
 Na  
 Ac  
 IF

Date of Admission : 23/6/26 Day of Admission : Tuesday Today's Date & Time : 23/6/26 2am  
 PRISM - III Score in first 24hrs. of Admission : 0/20 Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Orbital Bone #</u>	Current Issues :

VITAL SIGNS Today's Wt. (kg) : 14.8 kg Temp: 99 F Blood sugar issues : 115

**RESPIRATORY SYSTEM**

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

CXR : \_\_\_\_\_

SpO<sub>2</sub> : 99 % @ RA O<sub>2</sub> 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<sub>2</sub> : \_\_\_\_\_ P/F ratio : \_\_\_\_\_ O.I. : \_\_\_\_\_

Chest Physiotherapy Plan : \_\_\_\_\_ Suctioning Needs : \_\_\_\_\_

Any Nebbs : \_\_\_\_\_ ICD ?  Yes  No, if Yes, details : \_\_\_\_\_

Plan of care : monitor SpO<sub>2</sub>

**CARDIO VASCULAR SYSTEM**

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S. b. @

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

Blood Pressures : NIBP : 110/60 mmHg IBP : \_\_\_\_\_ CVP : \_\_\_\_\_

Infusion of :  Dopamine \_\_\_\_\_ mcg / kg / min -  Dobutamine \_\_\_\_\_ mcg / kg / min

Epinephrine \_\_\_\_\_ mcg / kg / min -  Nor Epinephrine \_\_\_\_\_ mcg / kg / min

Milrinone \_\_\_\_\_ mcg / kg / min

Any Other Infusions : \_\_\_\_\_

Last 2D Echo Findings : \_\_\_\_\_

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

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

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

Day of arterial line : \_\_\_\_\_ Day of Central line : \_\_\_\_\_

Plan of Care : monitor HR + Bp

**CNS**

Neuro Exam : GCS - 14/15 Drax

Pupils : B/L pupil 2mm RTI Sedation Used ?  Yes  No Any paralysis ?  Yes  No

Types of Sedation : \_\_\_\_\_ Types of Paralysis : \_\_\_\_\_

Relevant CT Scan, MRI EEG, Neurosonogram etc. : inferior wall of orbit #

Plan of Care : monitor GCS  
continue to monitor level of sedation Ramsay Sedation Score : \_\_\_\_\_

<b>FLUIDS STATUS NUTRITION AND G.I</b>	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : ..... / (+/-) ..... Input : ..... ml/k/d UO : <u>0.2</u> ml/kg/hr Stools : <u>1</u> NG output : ..... PO intake : ..... Feed Formula : ..... Feed Schedule : ..... IV Fluids - Type of IVF : <u>D5</u> @ <u>20</u> ml/hr ( <u>70</u> / times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day) ..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI ..... Labs : Na <u>136</u> K <u>4.7</u> Cl <u>105</u> Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : ..... Latest LFT : ..... Abd Exam : <u>sgt</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : ..... Plan (G.I. & Liver) : .....	
<b>INFECTION</b>	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : ..... Cultures Sent ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... Describe c/s Reports : ..... Other Labs (Latex, Serology, etc) : ..... Ongoing Antibiotics : <u>Continue w/ Augmentin</u>	
<b>NEPHROLOGY ISSUES</b>	Sr. Creat : <u>0.3</u> Bld. Urea : ..... Other Relevant Labs : ..... P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : ..... Catheterized <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : ..... Relevant Radiology (USC, MCUG radioisotope scan etc) : ..... Plan of Care : <u>monitor I/O</u>	
<b>HEMATOLOGY</b>	Relevant Labs ( CBP etc ) : ..... Any Coagulopathy : ..... Relevant Transfusion History : ..... Plan of Care : .....	
<b>CARE PROTOCOLS</b>	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : .....	Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : ..... Pending Consultations : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : .....
<b>FINAL COMMENTS</b>	<ul style="list-style-type: none"> <li>- keep NPO</li> <li>- Monitor 70% IVF maintenance</li> <li>- Cont of temp</li> <li>- ophthal opinion tomorrow</li> </ul>	

Doctor's Name (Handover given) : Dr. Sree Valli  
 Signature : [Signature]

Doctor's Name (Handover taken) : [Signature]  
 Signature : [Signature]

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26	8AM	SIB. Dr. Shashwat / Dr. Aditya / Dr. Manitha
		Dsis - Orbital Floor and Medial wall fracture with Intra-cranial Brain Injury
		→ Fluids - TV. 2/3 <sup>rd</sup> Maintenance - TV - 825 ml Su. IVF DNS @ 20ml/hr 3% NS @ 15ml/hr
		→ R/S - Child on R.A, No Signs of Distress - RR - 20/min SpO <sub>2</sub> - 98%
		→ CVS - HR - 90 BPM CRT < 3 sec - Peripheries - warm BP - 119/59 mmHg
		→ Infection - No Fever
		→ CNS - Right Periorbital swelling (+) - ACS 15/15 - NO Further Vomits, NO ENT Bleed Further - No Seizures - B/L Pupils - Reactive
		→ O/G - Sleeping
		→ P/A - soft, Non Tender.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Picum

- NPO till further orders
- 2/3<sup>rd</sup> IV Fluids
- Wnt. 3% NS @ 15 ml/hr
- Dr. Ananth's opinion
- Opthal Evaluation Today
- (+) Sagittal section of orbits @ Film
- (+) CT Reports
- Wnt. Antiepileptics - Inj. Levetiracetam
- Wnt. Inj. Augmentin.
- S<sub>o</sub>. Na<sup>+</sup> level at 4 PM.

  
Dr. TASH

N-B  
A. Visayakumar  
23/6/14  
10PM

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26	5:15 PM	SIB - Dr. Shashwat / Dr. Yash
		Dis - orbit Floor and Medial wall Fracture with Traumatic Brain injury
		- Child on <del>A</del> Room air
		- No signs of Distress
		- No vomit
		- No Fever
		- No Seizures
		o/t - Active
		R/S - Clear
		CVS - S1S2 (+)
		CNS - GCS 15/15
		U/E - (R+) Periorbital swelling (+)
		<u>Adm</u>
		- Cont. Zin-levipil
		Zin. Augmentin
		- Encourage orally
		- Plan ward shift <del>AM</del> <del>PM</del> Now
		- Stop N3. No
		Dr. Yash

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/26

573 Dr Som / Dr Mann

8 AM

(R+) Nasal-orbit Floor and Medial wall Fracture with Traumatic Brain Injury.

- Child on Room air, No Oitum
- No Fever
- No vomit
- No seizures
- NO ENT Bleed

O/E - Active

RIS - Clear

P/A - soft

Tolerating oral feeds

CNS - GCS 15/15

L/E - Purplish color swelling over (R+) Periorbital Region

Adm

- Encourage orally

- cont. Tx - Augmentin


Tx - Levipil

Tx - Ondansetron

Tx - Etomidate

- consider oral Medications after rounds.

- Sos Ap today &

  
Dr. Mann



# CONSULTATION FORM

Doctor Name : Dr. Ananth

Date : 23/6/26 Hour : 9 AM

Hospital : Reh Vizag

Type of Referral :  Emergency (within one hr.)

Referred for :  Opinion  Co-Management

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Transfer of care

Date : 23/6/24 Time : 9 AM By : -

**Reason for Consultant :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis: - Orbital Floor and Medial Wall Fracture with Traumatic Brain injury

Signature: \_\_\_\_\_

M.D.

**Report of Findings and Recommendations :**

→ 5 year old Male with NIO fall from bicycle due to collision with bike with NIO Nasal Bleed from (RT) Side, 2 episodes of vomit and drowsiness after fall

- NO History of Loss of consciousness, seizures

O/E - Child Active  
GCS - 15/15

Walking: Gait - (N)  
DTR L: (N)

Adm

On NECT Brain -

- 9? Left side Edema due to wintercap injury

- (RT) Orbital Floor, Medial Wall Fracture

- Opthal opinion

- Wnt. 3% NS

- Sr-Na<sup>+</sup> @ 4PM

- (T) CT Reports

(T) Sagittal section orbit.

**Consultant :**

Name : Dr. Ananth Signature: [Signature] Date & Time : 23/6/26 9 AM

**NOTE :** If more space is required use another consultation sheet as continuation



# CONSULTATION FORM

Doctor Name : Dr. Chitra Arasada, LV Prasad Eye hospital

Date : 23-6-26, 12:00 pm Hour :

Hospital : RCH Vizag

Type of Referral :  Emergency (within one hr.)

Referred for :  Opinion  Co-Management

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Transfer of care

Date : 23.6.16 Time : 12:00 By : .....

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

Signature: \_\_\_\_\_

M.D.

### Report of Findings and Recommendations :

23-6-26

pt: Jasvith Raj ; 4/M

History noted.

pt conscious, cooperative at the time of examination

On Bedside & Torch light examination ;

V.A  $\uparrow$  CF >4mts  
CF >4mts

EOM:- RE: full & free

RE: orbital continuity couldn't be made d/t Edema.

RE

~~Exo~~- Upper lid & peri-orbital Edema +

- Mechanical ptosis +

- SCH + Temporarily, post' limit seen

- Conjunctival Congestion +

- Cornea: appears clear

- pupil: Round, reacting, NO RAPD

LE

Als: WNL

### Consultant :

Name : Dr. A. Chitra

Signature : Chitra

Date & Time : 23-6-26  
12:30 pm

NOTE : If more space is required use another consultation sheet as continuation

RE:  
→ Fundus: media: clear  
OD: (N), Margins clear  
CDR: 0.3:1  
retina ON

LE:  
media: clear  
OD & V: (N)  
0.3:1

→ CT brain with facial bones :- # Inferior & Medial wall of Right orbit

Imp: (RE) closed globe injury

plan: . Meds as advised

- Explained about long term affects of glo closed globe injury
- Refer to Oculoplasty dept - LV Prasad upon discharge & Once general condition stabilises - with CT/MRI films
- Gonio, DFE 1 week.

Rx:

1.) E/D EYEMAC X 6td x (RE) X 1w.

2.) E/D TOBA - 4td - If Eye discharge

3.) SUP. IBUGESAC

4.) TO continue rest of the Rx as adv.

Chitra. A

LV Prasad Eye Hospital.

23-6-26

12:30 pm

Ref. No. : F / HW / DC / INPR / 05



Patient Name : ..... Age : .....  
 Gender  M  F - Hc  
 Consultant : .....  
 Date of Admission : 23/6/26

HCV-00035593 IP22-00023356  
 Master NALADI JESWITH RAJ  
 21-08-2021 4 Y 10 M 2 D (M)  
 Dr. SHASHWAT MOHANTY



**DRUG ALLERGIES : NKDA**

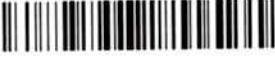
**FOR THE SAFETY OF THE PATIENT**

- 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)**

<b>DRUG :</b> 50 PARACETAMOL				Date																		
				Time																		
Dose	Route	Frequency	Start Dt.																			
150 mg	IV	SOS	23/6/26																			
Doctor's Signature		Valid Period	Pharm.																			
[Signature]																						
Additional Instructions																						
If temp > 100.4 1ml = 10 mg.																						
<b>DRUG :</b>				Date																		
				Time																		
Dose	Route	Frequency	Start Dt.																			
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions																						
<b>DRUG :</b>				Date																		
				Time																		
Dose	Route	Frequency	Start Dt.																			
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions																						



Pa		I.P. No. 23356	Sheet No. ①	Wards PICU	Weight (kg) 14.14
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REGULAR PRESCRIPTIONS

<b>DRUG</b> EYE MAC EYE DROP				Date 23/6																	
Dose	Route	Frequency	Start Dt.																		
1 drop	Rt eye	96H	23/6	12 AM																	
Name & Signature of the Doctor starting the Drugs: D. SHASHWAT				6 AM																	
Additional Instructions: 0.5 wlv				12 PM																	
Daily Doctor's Endorsement by a Sign.				6 PM																	

<b>DRUG</b> EYE MAC EYE DROPS				Date 23/6	21/6																
Dose	Route	Frequency	Start Dt.																		
1 drop	Rt eye	94H	23/6	2 AM																	
Name & Signature of the Doctor starting the Drugs: D. SHASHWAT				6 AM																	
Additional Instructions: carbonyl-methyl-cellulose 0.5 wlv				10 AM																	
Daily Doctor's Endorsement by a Sign.				2 PM																	

<b>DRUG</b> Syp - AUGMENTIN DDS				Date																		
Dose	Route	Frequency	Start Dt.																			
3.5ml	PO	Q12H	24/6																			
Name & Signature of the Doctor starting the Drugs: D. SHASHWAT																						
Additional Instructions: Sml = 400mg AMOXICILLIN + 57mg CLAVULANIC ACID																						
Daily Doctor's Endorsement by a Sign.																						

<b>DRUG :</b>				Date																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					





**PATIENT TRANSFER FORM**

HCV-00035593 IP22-00023356

Master NALADI JESWITH RAJ  
21-08-2021 4 Y 10 M 2 D (M)  
Dr. SHASHWAT MOHANTY



Date & Time of Admission <i>23/6/20 12:15 PM</i>	Date & Time of Transfer Order <i>23/6/20 01:40 PM</i>	
Treating Consultant <i>Dr. Shashwat</i>	Transfer ordered by <i>Dr. Shashwat</i>	Reason for Transfer <i>ward shifting</i>
From Bed / Ward / Hospital <i>PLW</i>	To Bed / Ward / Hospital <i>103 II FL</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>(20)</i>	Number of Imaging films <i>CT Brain &amp; facial</i> <i>(4)</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>medications (IV) PMO</i>	
2.	<i>syringes, syringe</i>	
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name of Signature of Person filling this part <i>Shashwat</i>	Name of person ordering transfer <i>Dr. Shashwat</i>	Name & Signature of Nurse Supervisor <i>Shashwat</i>	Referral note & referral Doctor Name: <i>-</i>
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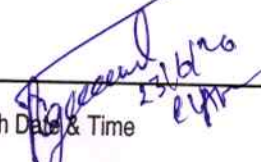
Patient & Clinical records received by:  
*Shashwat*

Signature with Date & Time

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:  
 Unavailable bed       Nurse not available       Available bed not ready



# PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00035593 IP22-00023356 Master NALADI JESWITH RAJ 21-08-2021 4 Y 10 M 2 D (M) Dr. SHASHWAT MOHANTY 		Date & Time of Admission 23/6/20 12:15 AM		Date & Time of Transfer Order 23/6/20 1:30 AM	
		Transfer ordered by Dr. Jaya Surya		Reason for Transfer Admission	
From Bed / Ward / Hospital ER		To Bed / Ward / Hospital PICU		Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 18		Number of Imaging films 1		Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over					
Sl.No.	Item Name	Quantity			
1.	E.C.G leads				
2.	50ml syringe - ①				
3.	3.0 ml - ①				
4.					
5.					
Shifting Summary / Notes written by Doctor:					
Name and Signature of Person filling this part Saw		Name of person ordering transfer Dr. Jayasurya		Name & Signature of Nurse Supervisor Sreelakshmi	
Referral note & referral Doctor Name: Self					
Patient & Clinical records received by:					
Signature with Date & Time  23/6/20 12:15 PM					

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready