

Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits. Goyt General Hospital Kda, Vishakhapatnam, Andhra Pradesh, INDIA, 530040.

TEL NO :891-3501601

WEB : <https://rainbowhospitals.in>**ADMISSION SHEET****Registration Details :**

Admission No : IP22-00023267

Admit Date : 14-Jun-2026

Admit Time : 03:04 PM UHID : HCV-00040783

Patient Details :

Patient Name	: Baby N DEVANSH YADAV	Age	: 3 Y 9 M 3 D
Guardian	: Mr N RAMESH KRISHNA YADAV	DOB	: 12-09-2022
Gender	: Male	Religion	:
Occupation	:	Marital Status	:
Address (H)	: Malkapuram Visakhah Vishakhapatnam Andhra Pradesh INDIA 530011	Phone No	: 9985577499
		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	: Mr N RAMESH KRISHNA YADAV	Relationship	: Baby/O
Contact Address	: Malkapuram Visakhah Vishakhapatnam Andhra Pradesh INDIA 530011	Phone No	:

Signature

Doctor Details :

Doctor Name	: Dr. SHASHWAT MOHANTY	Specialisation	: GENERAL PEDIATRICS
Referral Doctor	: DR FISHAL <i>DR. FAISAL</i>	Phone No	:
Co-Consultant	: Dr. RAVI HIMAJA		

Payment Details :

Payment Mode	: DC/CC Card	Deposit Amount	: 70000.00
		Payor Name	: SELFPAY

①



ACTIVITY RECORD FOR BILLING

HCV-00040783 IP22-00023267
 Name: Baby N DEVANSH YADAV
 12-09-2022 3 Y 9 M 2 D (M)
 Dr. SHASHWAT MOHANTY
 UHID N Consultant : Dept:
 Date of Time: Date of Discharge: Time:
 Room / Bed No : Ward : Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/6/26	4pm	ER	PICU	See C
18/6	11am	PICU	309	Murali

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	^{Ravi} Dr. Himaja madam	15/6/26	688688	Deepika
2.	Dr. Anath Sir	15/6/26	688691	Deepika
3.	Dr. Suresha ^(LV Prasad Instt)	15/6/26	688753	Arivian
4.	Dr. Ravi Himaja madam ^(Ophthalmology)	16/6/26	689001	Deepika
5.	Dr. Himaja	17/6/26	689236	Arivian
6.	Jyothilaxmi	18/6/26	689472	Arivian
7.	Dr. Himaja	18/6/26	9476	Arivian
8.	Dr. Himaja	19/6/26	9780	Arivian
9.	Dr. II			
10.				

users used by...

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/6/26	Cardiac Monitor (ABP Flush)	} 4pm	} 15/6/26 4pm 15/6/26 6 AM	688388	Rajesh
	Syringe pump - 1				
	Syringe pump - 2 (ABP)				
	Infusion pump				
	Oxygen				
15/6/26	Cardiac monitor	} 15/6/26 4pm	16/6/26 4pm	688776	WPN WPN 19/6/26
	Syringe pump				
	Syringe pump				
	Infusion pump				
16/6/26	Cardiac monitor	} 16/6/26 4pm	17/6/26 4pm	688998	WPN
	Syringe pump				
	Syringe pump				
	Infusion pump				
17/6/26	Cardiac monitor	} 17/6/26 4pm	18/6/26 @ 4pm 18/6/26 @ 6am	689293	viana
	Syringe pump				
	Syringe pump				
	Infusion pump				
18/6/26	Syringe pump	4pm	19/6 @ 4pm	9628	maly CROSS WALKE BY
19/6	Syringe pump	4pm	20/6 @ 4pm	9890	WPN WPN
					WPN WPN WPN Deleted by WPN

INVESTIGATIONS

Date	Investigations	Order No.	Signature
14/6/26	GRBSC 82 mg/dl	6012920	Sunita (018317)
	CBP, CRP-Electrolytes	6012918	
	LET, PT (A PTT)		
	urea, creatinine		
	CVE	6012919	
14/6/26	ABG & lactate	12932	Rajesh
14/6/26	Blood c/s	12921	Rajesh
14/6/26	CECT - Abdomen & brain		
	Screening [Pennade hst]]	Outside	
14/6/26	Chest X-ray	6652	Rajesh
15/6	CBP, SIE	6012948	
15/6	GRBS @ 7 AM (109 mg/dl)	6012917	Laxma
15/6/26	ECG	06659	
15/6/26	Mg, phosphorus	12957	Deepika
15/6/26	2d-echo	06669	Deepika
15/6/26	CRP, ESR, Blood c/s (Rt leg)	12976	Deepika
15/6/26	Blood c/s [Lft leg]	12977	
16/6/26	GRBS @ 6 AM 82 mg/dl	6013012	Qu.
16/6/26	CBP, electrolytes	3030	Deepika
16/6/26	X-ray erect abdomen	6704	
16/6/26	USG abdomen	622-006717	A. vijayalakshmi
17/6	Electrolytes	26013078	Ramesh
17/6	GRBS @ 6 AM - 82 mg/dl	26013077	
17/6	Ionized Ca	6013090	Murati
18/6	GRBS @ 6 AM 84 mg/dl	3163	Ramesh

WBS
 Chacky
 18
 Ramesh
 20



PEDIATRIC INTENSIVE CARE ADMISSION RECORD


Name: N. DEVANSH Age: 3yr 9 months Gender: male

I.P. No.: UHID No. :

Father's / Mother's Name : Age:

Address : Malkapuram, Visakhapatnam, AP

HCV-00040783 IP22-00023267
 Baby N DEVANSH YADAV
 12-09-2022 3 Y 9 M 2 D (M)
 Dr. SHASHWAT MOHANTY



Tel : E-mail:

Date of PICU admission : 14/6/26 Time 4 Pm 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 :

Admitting Consultant : Dr. Aditya

Indication for PICU referral :

Prism III score at 24 hors of admission : 0 Worse SOFA Score : 0

Date of Discharge : Transfer : Death:

Duration of ICU Stay:

Final Diagnosis :

Presenting Complaints / Chief Complaints :

op. Abdominal pain 3: 5 days
Bloody stool 3: 5 days Bow

Went to local Hospital

USG. Abdominal - ? Intussusception on 10/6/26
↓
Tried Hydrate Reducing

Re-scan on 11/6/26

Shows - ? Intussusception with Accts
↓

s/p. Laparotomy & Resection Anastomosis with
mesenteric Repair done on 11/8/26

Today POD-4,

op. Altered Sensation

Past History (Including Previous treatment and investigations) :

Abdominal Distension 1/2 Yesterday

2/4/26 Hemodynamic Instability

poor pulses & Decreasing GCS
↓

child Referred to Rainbow Hospital

1/0 Blood Transfusion

Birth and Developmental History :

10 PRBC - Intra-op

30 PRBC - post-operative

10 FFP

H / O Allergy :

? 1/0 Drug Reaction to 1st. Monoclonal

Family History :

none changed to 1st. monoclonal

immunization History :

INITIAL ASSESSMENT

RBS: 82 mg/dl Temperature: Weight (kg): 19kg

RESPIRATORY SYSTEM FINDINGS :

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

Respiratory Examination Finding : (Air entry, breath sounds, S/o distress etc.) : Respiratory Rate 26

SPO2: 96 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 : 72/min Cardiac Rhytho :

(Heart sounds, murmur etc.) :

Quality of Pulses : cap refill Time : ~3sec Liver Edge : cm below Rt costal Margin

Blood Pressures : NIBP : 114/89 (98) 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: Abdomen. Distension (out)

post-operative Dressing out.

ENT Exam :

Central Nervous System: E4V4M6

Level of Consciousness : AVPU / GCS score :

Neurological Findings :

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

post-op case of Hemoperitoneum with Bowel perforation

Clinical Summary and Provisional Diagnosis:.....

PLAN OF CARE

Preventive aspects of the treatment:.....

Desired goals of the treatment:.....

PLANNED INVESTIGATIONS

PLANNED MANAGEMENT

CBP
cep
CXR, X-Ray Erect Abdomen
S. Electrolytes
CRT
PT, aPTT, INR
B. urea, S. Creatinine
Cult
CECT Abdomen with CT Brain
Blood C/S Screens

1. IV Drip @ 60ml/hr
2. IV MEROPENEM 760mg IV TID
3. IV FLORAZOLAM 20mg IV OD
4. IV PARACETAMOL 190mg IV QID
5. IV ONSORAN 2mg IV SOS
6. IV VANCOMYCIN 170
6. IV METRONIDAZOLE 300mg
IV TID

Doctor's Signature:.....

Consultant's Signature:.....

Name: Dr. Venu Gopal Reddy

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 - E / LINA / 001
HCV-00040783 IP22-00023267
Baby N DEVANSH YADAV
12-09-2022 3 Y 9 M 2 D (M)
Age Dr. SHASHWAT MOHANTY
I.P. I

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
14/6/26	6pm	C/S/B Dr. sm / Dr. sv.
		D = - S/p Laparoscopy + Resection of Anastomosis (POD-4) - Hemoperitoneum.
		F - on IVF Dns @ 6am/h + 5 ml kcl NPO
		R - on Lfnc @ 3 L O ₂ No drains SpO ₂ - 100%
		I - CRP - 38 on 9 mg mesoparam J D ₁ 4 mg metronidazole
		C - HR - 76/min BP - 116/63 mmHg
		H - Hb 15.6 WBC 10.30 plt 215
		<u>Plat</u> m - Na - 134 (1-105) 1) on IVF Dns @ 8am/hr k - 4.00 2) w/ft drains D - Plt a/cg Resooled 3) cont 9 mg mesoparam N - Drawing pupil - Blk - 2mm / 4 mg metronidazole. 4) Dr. Himja mem consultation
		N.B Rajesh

on 14/6/26 @ 6 pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<u>CFCI - Abdomen procedure monitoring</u>
3 PM		<u>Before transport in table</u>
3 PM		Child is Alert
		PR - 72h
		RR - 28h
		SpO ₂ - 110/70 mmHg (84)
		CNS - S1 ⊕
		RI - A ⊕
		CAT - Euvolemia
		Pupils - Blue React
		PIA - Distended
		Surgeon Dressing @ over Abdomen
3:30 PM		<u>During procedure vital signs</u>
		Child is Conscious
		PR - 76h
		RR - 24h
		SpO ₂ - 120/80 mmHg (98)
		CNS - S1 ⊕
		RI - A ⊕
		CAT - NAD
		PIA - S0/L
		Medication given

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ypm

post procedure vitals? -

child is drowsy

PR - 74/1

RR - 26/1

BP - 110/74 (88)

CNS - S1200

RS - 1A10

P/A - 80/1

Dress in title

CNT - E4 V₁₂ M₄

pup^l, R/L reactive

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. HCV-00040783 IP22-00023267
Baby N DEVANSH YADAV
12-09-2022 3 Y 9 M 2 D (M) ay

Patient Name: Dr. SHASHWAT MOHANTY
Age: 3
I.P. No.:



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<u>Counselling notes</u>
14/8/26		Dr. Shashwat
4:30 PM		cf. Abdominal pain & Bloody stool on Wednesday Intussusception with Bowel Necrosis (Gangrene) on Thursday in USG Abdomen Laparotomy & Bowel Resection anastomosis done ON 11/8/26 Refer to RCH vizag on 14/8/26 ↓ - Now CFCT Abdomen done - Report Awaited - possibility of re-look surgery → Risk of post-operative ileus → possibility of peritonitis & Anastomotic leak → Risk of Obstruction & Obstruction
		Dr. Venugopal
		<i>[Signature]</i>
		father

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

14/6/26

10 pm.

Counselling Notes

- Dr Himaja.

After reviewing history, lab workup and imaging
Child's parents were counselled regarding:

- Current clinical condition of the child
 - Possibility of ? Paralytic Ileus or Obstruction post operatively.
 - Child will be observed for next 24 to 48 hours for recovery/response.
 - Once stable oral intake will be allowed.
 - Parents were explained regarding the possible need for 2^o Surgery for exploration.
 - Currently supportive Mx is being continued
 - Neuro consultation will be done for neuro-logical evaluation
 - USG abdomen will be planned after 48 hours
- Himaja

✓ N. DEVIKA

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
14/6/26	10pm	C/S/B. Dr RH/ Dr HR/ Dr SV
		A -- S/P Laparotomy with resection of Anastroms - Hemoperitoneum
		F - on 1st DNB @ 60ml/hr + 5ml kcl on LFAC @ 210,
		RR - 27/min, Bp - 116/63 mmHg SpO ₂ - 96% @ R.A. (90% on h/o) HR - 92/min
		NO desaturation / opnea P/A soft, distended, melena - present G.O - 5-2 ml/kg/hr CNS - Drowsy B/L pupil - 2mm RTI
		<u>Plan</u> 1) Continue 1st DNB @ 60 ml/hr + 5ml kcl
		2) w/f distress
		3) Low of meperidine for analgesia
		4) Neuroconsultation t/m.
		5) Dr Ananth consultation for neuroevaluation
		6) USG abd after 48 hours
		NOTE BY Rahul @ 10pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

HCV-00040783 IP22-00023267 S/07
 Baby N DEVANSH YADAV
 12-09-2022 3 Y 9 M 3 D (M)
 Dr. SHASHWAT MOHANTY JF

Date of Admission: 14/6/26 Day of Admission: Sunday D2 Today's Date & Time: 15/6/26

PRISM - III Score in first 24hrs. of Admission: 0 Today's SOFA Score: 0

OVERVIEW	Diagnosis : s/p laparotomy Hemoperitoneum	Current Issues : Hypocalcaemia Diarrhoea	
	VITAL SIGNS	Today's Wt. (kg):	Temp.:
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L AEC		
	CXR : -		
	SPO ₂ : 98% O ₂ by NC/FM / NRB mask / Oxyhood, at 3 L/min		
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, details :		
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : Nph EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : Suctioning Needs :		
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care : Lfnc @ 3L O ₂		
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) :		
	Quality of Pulses : good cap refill Time : < 3 sec Liver Edge : 42 cm below Rt costal margin		
	Blood Pressures : NIBP : 130/90 mmHg IBP : 110/90 mmHg CVP :		
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min		
	Any Other Infusions : Last 2D Echo Findings :		
	Size of the heart and lung fields in latest CXR : Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : Central line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : Day of arterial line : D2 Day of Central line : D1 Plan of Care : maintain Bp 50-90 mmHg		
CNS	Neuro Exam : Diarrhoea		
	Pupils : B/L Pupil 2mm RTI Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Types of Sedation : Types of Paralysis :		
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Neuroprotective Maxims Ramsay Sedation Score :		

14
15
20
2006

FLUIDS STATUS NUTRITION AND G.I	<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 : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>8.0</u> ml/hr (<u>75%</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>134</u> K <u>4</u> Cl <u>105</u> Ca - Mg - P - HCO3 - Sr. Amylase : - Sr. Lipase : - Latest LFT : - Abd Exam : <u>p/a - soft, distended</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) : <u>monitor I/O</u>	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Si meropenem</u> <u>q. metronidazole</u>	
	Sr. Creat : <u>0.4</u> Bld. Urea : <u>4.6-5</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care : <u>monitor I/O</u>	
	Relevant Labs (CBP etc) : <u>Hb - 15.6, WBC - 10-30, pcv - 46.3</u> Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	NEPHROLOGY ISSUES	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :
	INFECTION	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Blood cts</u> Pending Consultations : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Nephro</u> <u>consultation</u>
	HEMATOLOGY	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :
	CARE PROTOCOLS	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Blood cts</u> Pending Consultations : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Nephro</u> <u>consultation</u>
	FINAL COMMENTS	

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

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

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref HCV-00040783 / INDR / 15
IP22-00023267
Baby N DEVANSH YADAV
12-09-2022 3 Y 9 M 3 D (M)
Patient Dr. SHASHWAT MOHANTY
Age :
I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
15/6/26		SIB. Dr. Shashwat / Dr. Yash
	8AM	
		Dis - SIP Laparotomy + Resection and Anastomosis (POD 5)
		9 Peritonitis
		9 Anastomosis leak (Post op)
		9 Paralytic ileus
		9 Post op. Bowel obstruction
		- Issues - Hypocalcemia
		Drugs Proxys
		Hypokalemia
		→ Fluids - 2/3 rd Maintenance
		at home ltr
		DNS + 5ml KCl
		- Currently NPO
		→ Respiratory - Currently child on room air
		- No signs of Distress
		- RR - 30/min SpO ₂ - 98%
		- BIL AC (+), Clear

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

→ Infection - NO fever

CRP - 38

Inj. Meropenem D₂

Inj. Methyl D₂

→ CVS - HR - 60 BPM

BP - 116/67 mmHg

Peripheries - warm

Pulse - Slightly low volume

CRT < 3 sec.

→ Haemat - hb - 15.5 wbc - 6.78

P - 204 Na - 135 K - 3.36

Cl - 105

→ Metabolic - pH - 7.42 Ca²⁺ - 0.73

PCO₂ - 27.6 lactate - 0.9

HCO₃⁻ - 20

$$\text{AG} = 135 - (105 + 20) \quad \text{Ex. CO}_2 = 1.5 \times 20 + 8$$

→ +10 -38

→ Compensated Normal anion gap
Metabolic Acidosis.

→ PIA - Soft, BS (+), mildly Distended

AG - 55 cm

- Stools - Large volume ~~At~~ Melena
Passed after enema

- Black color, Watery consistency.

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		- Previung Intact, No Soakage
		U/O - 2.7 ml / Kg / hr I/O - 855 ml / 840 ml - + 15 ml
		- <u>CNS</u> - Drowsy shifts but response to - <u>CNS</u> - 15/15 Common C purposeful movements
		<u>Plan</u>
		→ CT NPO, w/ any bloody stools & NG → collect CECT Reports Approved
		→ (T) Blood C/S
		→ Cont. Tri-Moxipenem D2 Tri-Metrogyl D2 Tri-Comeprazole Tri-Paracetamol
		→ Neuro. consultation for Drowsy sensorium
		<u>USA</u> USG → w/ Vitalr.
		Abdomen → ↑ KCl in fluid to 10ml in 500ml IVF T/m KCl + DNS @ 40ml/hr
		→ Magnesium, phosphate - Serum sample
		→ KCl auto correct now

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NB Deeptika

15/6/26

S/p Dr. RH

POD-4

S/p laparotomy done outside
i ileoileal anastomosis

passed stool once yesterday night after
proctoclysis enema

black coloured stool.

RTA - 50ml.

P/A - soft
no distension

BS (+).

dressings changed
wound - healthy?

Ro

- 1) continue NPO & IVF
- 2) IV antibiotics
- 3) Mobilise child.

15/6/26

11AM

Plan

- USG Abd - T/m
- To do CRP, ESR Now
- 2 Blood C/S from 2
different sites

Dr. Arun

NB by Deepika

(Avoid site from where it was
sent yesterday)

15/6/26
SPM

SIB Dr. Sharwat / Dr. Tahir

SIP laparotomy +
Resection + Anastomosis PODS

- ? Peritonitis
- ? Obstruction
- ? Paralytic ileus
- ~~?~~

- Child on R.A, No signs of distress
- No Bloody stools (Melena) Passed today
- ~~No stools~~ - No Fever, No vomit

o/c - Active

RIS - Clear

PIA - soft, BS (+)
- Mild Distension

Urine - 1.3 ml/kg/hr

Stool - Not Passed Today

Vitals HR - 60 BPM

SpO₂ - 100%

BP - 122/76 mmHg

Adm

- USH Abdomen TIM
- (+) Blood LIS
- NPO till further orders
- Cont. IV Antibiotics

Dr. Ash

15/6/26
Dr. Ash

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU



Date of Admission: 14/10/20 Day of Admission: Sunday 23 Today's Date & Time: 16/10/20

PRISM - III Score in first 24hrs. of Admission: 0 Today's SOFA Score: 0

OVERVIEW	Diagnosis: SIP Laparotomy & Peritonitis & Obstruction	Current Issues:
	VITAL SIGNS Today's Wt. (kg): Temp.: Blood sugar issues:	
RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): BIL AE (+), Clear	
	CXR:	
	SPO ₂ : 98% RA O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Day # of Vent: Nitric Oxide: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details: Plan of care: W/E Distress	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): S.I.S.L.G., No murmur	
	Quality of Pulses: Good cap refill Time: 2 sec Liver Edge: cm below Rt costal margin	
	Blood Pressures: NIBP: IBP: 108/68 mmHg CVP:	
	Infusion of: <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions: Last 2D Echo Findings: Size of the heart and lung fields in latest CXR: Arterial line in situ: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition: Left Radial artery Central line in situ: <input type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition: Day of arterial line: D3 Day of Central line: Plan of Care: W/E B.P.	
CNS	Neuro Exam: Active MCS 15/15	
	Pupils: BIL Reactive to light Sedation Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Types of Sedation: Types of Paralysis: Relevant CT Scan, MRI EEG, Neurosonogram etc.: Plan of Care: Neuroprotective Measures Ramsay Sedation Score:	

FLUIDS STATUS NUTRITION AND G.I	<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: 1259/909 / (+/-) Input: 66 ml/k/d UO: 1.9 ml/kg/hr Stools: <u>NO</u> NG output: <u>30 ml</u> PO intake: Feed Formula: Feed Schedule: IV Fluids - Type of IVF: @ ml/hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs: Na <u>135</u> K <u>3.3</u> Cl <u>105</u> Ca Mg P <u>3.7</u> HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam: <u>Soft, Distension (+)</u> Any organomegaly? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver): <u>w.p.f. vomits, Bloody stool</u>	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>Blood cl</u> Describe c/s Reports: <u>Pending</u> Other Labs (Latex, Serology, etc): Ongoing Antibiotics: <u>Zy-Meropenem</u> <u>Tr. Metrogyl</u>	
	Sr. Creat: <u>0.4</u> Bld. Urea: <u>46.5</u> Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Diuretics: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Catheterized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter: Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:	
	Relevant Labs (CBP etc): <u>Hb-15.5 WBC-6.78 p-204</u> Any Coagulopathy: Relevant Transfusion History: Plan of Care:	
	VAP Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details: Pending Lab Results: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details: <u>Blood cl</u> Pending Consultations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details:	
FINAL COMMENTS		

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

Signature: [Signature]

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

Signature: [Signature]



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

F HCV-00040783 IP22-00023267
 Baby N DEVANSH YADAV
 12-09-2022 3 Y 9 M 3 D (M) F
 Dr. SHASHWAT MOHANTY
 I.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
15/6/26	11 PM	SIB. <u>Dr. Jayashree / Dr. Yash</u>
		- Child Review
		- No Fever, No Bloody Stool
		- child on R.A, No Distress
		O/E - Sleepy
		Vitals - HR - 72 BPM
		SpO ₂ - 98%
		RR - 30/min
		BP - 122/75 mmHg
		<u>Ache</u>
		- USG Abdomen - TIM
		- (F) Blood C/S
		- NPO till further order
		- W/O Antibiotics
		<u>Dr. Yash</u>
		<u>N.B. Chandrika Reddy</u> (016739)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

15/6/26
ECPM

1616126
8AM

SIB Dr. Shaswath / Dr. Yank

SIP Laparotomy POD 6 +

Resection and Anastomosis

9 Peritonitis

9 Obstruction

9, Penalytic ileus

→ Fluids - 2/3rd Maintenance

⊙ 40 ml/hr

ONS + 10 ml KCl

- currently NPO

→ Respiratory - currently on R.A

- No signs of distress

- RR - 32/min

- SpO₂ - 100%

- BILAE ⊕, clear

→ Infection - No fever

⊕ Mewhem D₃

⊕ Metwqyl. D₃

→ CVS - HR - 70 BPM

BP - 105/68 mmHg

Peripheries - warm

Pulse - good

CRT < 3 sec

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040783 IP22-00023267

Patient: Baby N DEVANSH YADAV
12-09-2022 3 Y 9 M 4 D (M)
Dr. SHASHWAT MOHANTY

Age :



I.P. N.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<p><u>A/A</u> - Soft, Distension (+) ACN - 57 cm Black colored stools - Stool - Not Passed since Passed at 10:30 AM Yesterday - B.S - (+) - Dressing Intact, No Soakage</p>
		<p>U/O - 1.9 ml / Kg / hr T/U - 125g / 90g = +350 ml</p>
		<p><u>CNS</u> - Drowsy Respond on calling, Move limbs and Body ACS 15 / 15</p>
		<p><u>Optical</u> - (N) Plan - NPO till further orders - (+) Blood LIS - USG Abdomen - Today - Cont. Tri-Metoprolol D3 Tri-Metoprolol D3 Tri-Esomeprazole Tri-Paracetamol Tri-Thiamine</p>
		<p>Cons Denny - Repeat Hb, Electrolytes Now</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Fluids - TV - 990 ml (2/3rd)

- DNS + KCL = 400 ml/hr = 960 ml

- Drugs - Inj. Meropenem 60 ml

Inj. Metwagyl - 90 ml

Inj. PCM - 60 ml

Inj. Thiamine - 10 ml

220 ml

Input - 1180 ml

16/6/26

S/b Dr. RH
POB - 5

RTA - 40 ml .

passed stool .

PA - soft .

BS ⊕ .

urine output - adequate

dressings - dry .

Adv

- To block NGT .

- continue IVF &

IV antibiotics .

Adv

X-ray erect abdomen .

Hb

SS. electrolytes .


Noted by
Deepika

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16/8/26	spring	e/s/B Dr s m / Dr s v. Intussusception i Bowel Gangrene D = S/p Papaverolony. POD-5 + Resection of Amputomus. Em? Intestinal Obstruction ? paralytic ileus i ? Infective Endocarditis on IVT Dns - 40 ml/hr + 5ml kcl 2/3 rd medline NPO. On Room air, No distress SpO ₂ - 98% @ R _a HR - 72/min Bp - 115/70 mmHg. P/A - soft BS ⊕. usg → • mild asc • B/L pleural eff • Dilated bowel loops Dressing - intact. ? post op abs? SBO Urine output - 2.2 ml/kg/hr over 6 hours CNS - Conscious, Alert. Plan: 1) Continue IVT 2/3 rd medline 2) Continue NPO till further orders 3) Continue IV Ab - Tri metopron, Sig metopron 4) ⊕ blood cts

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

16/6/26
9pm

1/5/13 Dr. Aditya / Anurag

Child Review
Maintaining on boom air

O/E ACS - 10/10
Pupils - 2L NSRL

S/E ACS - 6/2 (+)
2L - 2L NSRL (+)
PLA - Bowel sounds (+)
CNS - No FND

PR - 61/min, pv good
warm peripheria

RR - 24/min

Temp - 37.4°C

SpO2 - 95% @ RA

PBP - 110/70 mmHg
(86)

subtle Asites found
Sp - sterile

Act

- IV fluids DMS + KCl
2/3rd maintenance
@ 40 ml/hour
- NPO till further orders
- Cont IV antibiotics
- (+) Abundant eps require
- Monitor vitals
- S. Electrolytes 7m

Urgency

NOTE BY
Ravneet

9pm

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

HCV-00040783 IP22-00023267
Baby N DEVANSH YADAV
12-09-2022 3 Y 9 M 5 D (M)
Name: Dr. SHASHWAT MOHANTY
Age: IP No.

Date of Admission : 14/6/20 Day of Admission : D3 Today's Date & Time : 17/6/20

PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW	Diagnosis : Intussusception & bowel gangrene SP - lapotomy, resection & anastomosis & ? Intestinal obstruction, ? paralytic ileus, ? infective endocarditis	Current Issues :
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L A/E @, clear	
	CXR :	
	SPO ₂ : 98% RA O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input type="checkbox"/> 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 ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care : w/f distress	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S1, S2 @, no murmur	
	Quality of Pulses : good cap refill Time : < 3sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : 100/63 (100) IBP : 10.2/6.3 (77) CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : left radial artery Central line in situ : <input type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : Day of arterial line : D4 Day of Central line : Plan of Care :	
CNS	Neuro Exam : Active GCS 15/15	
	Pupils : B/L reactive to light Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Neuroprotective measure Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	<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 : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>129</u> K <u>7.3</u> Cl <u>102</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft, distension</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) : <u>w/ vomit, blood in stool</u>				
	INFECTION	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Blood culture</u> Describe c/s Reports : <u>sterile</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Inj. Meropenam</u> <u>Inj. Metrogyl</u>			
		NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :		
			HEMATOLOGY	Relevant Labs (CBP etc) : <u>Hb - 15.9, WBC - 8.92, Platelets - 215</u> Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
				CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :
FINAL COMMENTS					

Doctor's Name (Handover given) : G. Suminao
 Signature : Suminao

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

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F/HM/150-
IP22-00023267
HCV-00040783
Pati Baby N DEVANSH YADAV
12-09-2022 3 Y 9 M 5 D (M)
Age Dr. SHASHWAT MOHANTY
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16		SIB. Dr. Shashwat / Dr. Yash
17/6/20		
	8 AM	Dr. SIB Laparotomy PODO + Resection and Anastomosis for with Intussusception and Bowel gangrene.
		? Intestinal obstruction ? Paralytic ileus ? Infective Endocarditis
		→ Not passed stools in last 24 hrs. (last 10:30 AM yesterday)
		→ <u>Fluids</u> - Currently child NPO Cont. 2/3rd Maintenance fluid
		→ <u>Respiratory</u> - Currently on Room air - No signs of Distress - RR - 30/min - BILALV, clear
		→ <u>Infection</u> - NO Fever Im - Meropenem D4 Im - Metrogyl D4 Blood CS (14/6) - sterile

NOTE : DO NOT WRITE OUTSIDE THE MARGINS Ascitic fluid - sterile

CVS - HR - 76 BPM

Peripheries - warm

BP - 108/63 mmHg

Pulse - good

CRT < 3 sec.

BP centiles

	SBP	DBP
50 -	91	46
90 -	105	61
95 -	109	65
99 -	116	73

Metabolic - No-135 R-4.24 Gl-105

PIA - soft

- BS (+)

- Dressing intact, dry

- Stools last passed yesterday
10:30 AM

- U/O - 2.1 ml/kg/hr

CNS - ACS 15/15

- Active, talking, Moving Body

Plan :-

- Cont. Zin-Meropenem 0.4
Zin-Metrogyl 0.4

- Consider stopping KCL after rounds (W/H)

- NPO till further order

- (T) Blood C/S (15/6/26)

- Send Ionized Ca²⁺

Onyash

Dr. [Signature]

17/6/26

S/OB Dr. Shashwat / Dr. Yash

SAB

S/P Laparotomy P006

Theraction and Anastomosis
for Intussusception and Bowel gangrene

? Paralytic ileus

? Intestinal obstruction

? Infective endocarditis

→ Child Tolerating clear liquids

No vomit

→ No stool since yesterday

→ Passing Bowel gas

→ No Fever

O/E - Active

Rx - Clear

PIA - soft, Non distended

Vitals HR - 70 BPM

SpO₂ - 98% RA

BP - 109/73 mmHg

RR - 30/min

Both leg Blood cis -

NO ~~to~~ growth presently

@

Plan

- Allow clear liquids
stop if vomit, Distension

- Cont. Tx. Meropenem
+ Metrogyl

Dr. YASH

Dr. Yash
17/6/26
6M

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	18/6/26	cls/ds Dr. Praveen / Dr. Belaji
	12:30 PM	<p>Diagnosis: s/p lapotomy + resection & Anastomosis</p> <p>for intussusception & bowel gangrene</p> <p>? paralytic ileus</p> <p>? intestinal obstruction</p> <p>? infectious endocarditis</p> <p>• child toleratory clear liquids</p> <p>• NO Vomiting</p> <p>• NO abd fever</p> <p>• stools + passed.</p> <p><u>OLE:</u></p> <p>active</p> <p>RS + BIL AB⁺, clear</p> <p>• CVL + 8/10/17</p> <p>• PLA + soft, non-distended</p> <p><u>Vitals:</u></p> <p>• HR + 62/min</p> <p>• SpO₂ 97%</p> <p>• BP + 87/60 mmHg</p> <p><u>Adm:</u></p> <p>• cont. inj. meropenem</p> <p>• inj. metrogyl</p> <p>• Tab. Theamin</p> <p>• Encourage orally</p>
		<p><i>(Signature)</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Name: Devansh Yadhav
 Age: 5y 9m Gender: M F
 IP No.:

Date of Admission: 14/6/26 Day of Admission: D₄ Today's Date & Time: 14/6/26
 PRISM - III Score in first 24hrs. of Admission: 0 Today's SOFA Score: 0

OVERVIEW	Diagnosis: <u>Inlet septum & bowel gas</u> Current Issues: <u>None</u> <u>slp. Laprotomy & resection,</u> <u>anatomical</u>
	VITAL SIGNS Today's Wt. (kg): _____ Temp.: _____ Blood sugar issues: _____
RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): <u>LL AP (A) clear</u>
	CXR: _____
	SPO ₂ : <u>97.1 on RA</u> O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min
	Ventilatory Support: <input type="checkbox"/> Yes <input type="checkbox"/> No - Day # of Vent: _____ Nitric Oxide: <input type="checkbox"/> Yes <input type="checkbox"/> 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 Nebbs: _____ ICD? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details: _____ Plan of care: <u>w/f chest phys</u>
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): <u>S1, S2 (A), no murmur</u>
	Quality of Pulses: <u>Good</u> cap refill Time: <u>< 3 sec</u> Liver Edge: _____ cm below Rt costal margin
	Blood Pressures: NIBP: <u>87/60 mmHg</u> IBP: _____ CVP: _____
	Infusion of: <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min
	<input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min
	<input type="checkbox"/> Milrinone _____ mcg / kg / min
	Any Other Infusions: _____
	Last 2D Echo Findings: _____
Arterial line in situ: <input type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition: _____	
Central line in situ: <input type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition: _____	
Day of arterial line: _____ Day of Central line: _____	
Plan of Care: _____	
CNS	Neuro Exam: <u>Autonomous GCS + 15/15</u>
	Pupils: <u>Both reactive to light</u> Sedation Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Types of Sedation: _____ Types of Paralysis: _____
	Relevant CT Scan, MRI EEG, Neurosonogram etc.: _____
	Plan of Care: <u>Neuroprotective measure</u> Ramsay Sedation Score: _____

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO Feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS + 5% KCl @ 30</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input 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 K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft, non-distended</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) : <u>w/lf stools</u>	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Blood, cly</u> Describe c/s Reports : <u>sterile</u> Other Labs (Latex, Serology, etc) : <u>9</u> Ongoing Antibiotics : <u>inj. meropenem</u> <u>inj. metrogyl</u>	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>Hb +15.9, WBC 1 & 92, platelets - 215</u> Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :	
	FINAL COMMENTS	

Doctor's Name (Handover given) : Balazp

Signature : Balazp

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

Signature : J

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
18/6/26		S/B Dr. Shashwat / Dr. Yash
	8 AM	SIP Laparotomy P.O.D + Resection and Anastomosis for Intussusception and Bowel gangrene ? Paralytic ileus ? Intestinal obstruction ? Infective Endocarditis
		Respiratory Fluids - Child on oral Clear liquids → No vomit, No Abdominal Distension
		<u>Respiratory</u> - Child on Room air - No signs of Distress - RR 30/min - SpO ₂ - 98 % - BIL AC(+), Clear
		<u>Infection</u> - All 3 Blood C/S - sterile - No Fever - On Tri: Mersopenem D ₅ Tri: Metrogyl D ₅

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CVS - HR - 78 BPM
- warm peripheries
- BP - 96/68 mmHg
- Pulse - good
- CRT < 3 sec

PIA - soft, Non distended
- AN - 53 cm ↓↓
- U/O - 3.3 ml/kg/hr
- Stools - Large quantity
Black stools (Melena?)
Passed yesterday 8:00 PM

I/O - + 218 ml
- Dressing Intact

CNS - Active, alert
- GCS 15/15

Plan:

- Cont. tri-Meropenem D5 (Stop)
- tri-Metwogyl D5
- Allow clear liquids
- W/F vomitings, Abdominal Distension
- Ward Shift Plan Today
- ~~Add~~ Tri-Ceftioaxone D1
 Change to

J
Dr. YASH



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient No.:

HCV-00040783

IP22-00023267

Age :

Baby N DEVANSH YADAV

12-09-2022

3 Y 9 M 4 D

(M)

I.P. No. :

Dr. BHASHWAT MOHANTY



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
18/6/26		<u>8/6 DS - RH</u>
		<u>POB - 7</u>
		passed stool yesterday
		tolerating liquids
		no vomiting
		P/A - soft
		no distension
		sound healthy
		<ol style="list-style-type: none"> 1) Liquid diet 2) Stop IVF 3) IV antibiotics
		<p>Noted by Kunal 02/8/24 19/6/26 @ 11:30 AM</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/26

SIB. Dr. Sharwat / An Yeh

SIM

S/P Laparotomy POD 7

+ Resection and Anastomosis

for Intussusception and

Bowel gangrene

~~Pat~~ Paralytic ileus?

Obstruction?

Infective enterocolitis

- No Fever
- No vomit
- Tolerating clear liquids

O/E Active

R/S Clear

P/A - soft

Non Distended

stool - Not Passed

Today

Aus

- Allow liquid diet

- Cont. z. Ceftriaxone
z. Metrogyl


Dr. NAM

noted by Kalyani



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040783 IP22-00023267
 Baby N DEVANSH YADAV 12-09-2022 3 Y 9 M 4 D (M) F
 Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
19/6/26	8am	C/S/B Dr Shashwat / Dr Srinivas / Dr. R.
		Δ = S/P Laparotomy POD-2. Resection of transverse for Intussusception of Bowel paralytic ileus? Obstruction?
		No fever / Abdominal pain/distension. On liquid diet / sennalids yesterday, passed stool yesterday o/e u/o - good.
		Alert tolerating well P/A - sat No vomiting. B S (+)
		Hemodynamic - stable.
S/R	tomorrow	<u>Plan:</u> 1) plan to start solid diet by 2) cont of ceftriaxone of meropenem & change to oral 3) plan d/c T/m
		W.K Dr

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/26

S/B Dr. PV / Dr. York

5 PM

SIP Laparotomy POD 8

Resection and Anastomosis w/
Intussusception and Bowel gangrene

Paralytic ileus?

obstruction?

- No fever
- No vomit
- NO stools passed today

OIC - Active

BS - Clear

PIA - soft, Non Distended

BS (+)

Tolerating feeds

UIO - good

Adm

- Plan DIC TIM
- S/R (suture removal) TIM
- Encourage soft diet

RB Wnt
at 5:30pm


Dr. VASH



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name :

Age : Gender M F

I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26		Sing. Dr. SM / Dr. Venk
	8AM	
		S/P - Laparotomy POD 9
		Resection and Anastomosis
		for Intussusception and
		Bowel Ischemia
		Paralytic ileus ?
		Obstruction ?
		- No Fever
		- No vomit
		- No Abdominal Distension
		- Stool - Not passed since yesterday
		- Tolerating oral feeds
		O/C Active
		RIS - Clean
		P/A: soft, Non-Tender, BS (+)
		U/O: good.
		CNS - BCS 15/15
		<u>Adv</u>
		- Plan D/L Today
		- Suture Removal Today
		D/L Adv:-
		- Review Friday
		- Syn Metrogyl
		Syn Cefixime
		<u>Dayan</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



CONSULTATION FORM

Doctor Name Dr. Suyeche

Date: 15.6.16 Hour: Men

Hospital: Beh. 1.12.01

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Referred for : Opinion Co-Management
 Transfer of care

Date: 15.6.16 Time: 6:31pm By:

Reason for Consultant: If for concurrent care specify the particular need, especially in the absence of a second diagnosis: S/P Laparotomy + RFA + haemoperitoneum 2° to gangrenous Perforated bowel.

Signature: _____ M.D.

Report of Findings and Recommendations :

- History Noted
- child is cooperative & cheerful
- can read Boards at a distance of 6mts.

Anterior Segment: Both Eyes
 Eyelids Normal
 Conjunctiva Normal
 Cornea clear & normal sheen.
 Anterior chamber Normal Depth
 Pharmacologically dilated Pupils
 Clear Lens

Posterior segment: Both eyes
 media clear
 Disc CDR 0.3, HRR, well defined margins
 Blood vessels Normal
 Background Normal
 macula FR(+), Retina On.

Impression: Normal Anterior & Posterior segment at the time of examination in both eyes

Consultant: Dr. Suyeche Signature: Suyeche Date & Time: 15/6/2016 6:30pm

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

CONSULTATION FORM



Doctor Name : P. Ananth

Date : 15/6/2028 Hour : 11:00

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 : 15.6.14 Time : 10 AM 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 :

S/P Laparotomy + R & A + Haemoperitoneum
↓
POD-4 2° to Gangrenous Perforated bowel.

From Midnight POD-5 = child had
↓ drop in Gcc (8-10)

Immediate Sugns = 66

Bolus Deatmk given
No much improvement.

↓
Slowly getting better over last 24 hours

↓
still Gcc = 11-12, Poor orientation.
Recorded Artrial E, NIBP high readings
↓ self better.

Consultant :

Name : Dr. Ananth Signature : P. Ananth Date & Time : 15.6.14 10 AM

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

O/E:

child conscious, mild hetero (7)
 not oriented
 can follow single step command only.
 Repetition = x
 Comprehension = x
 Com: full
 fundus: hyperaemic.

Sp: 140/85

Na⁺ (2)

K⁺ ↓

CRP: 28.

Hb ↑ (2)

TC ↑ (2)

RFT: (2)

LFT → (2)

CT Brain
↓

2 Cerebellar
arachnoid
cyst

↓
Nil significant

Rx:

1) CST

$\frac{D_1}{3}$

3)

4)

5)

6)

Emp. Thiamine 100mg OD x 3 days

Optical opinion.

watch for BP

if persistent low GCS
plan → imaging &
further evaluation
including CSF

Rf Tomorrow

Patient



I.P. No. 23262 Sheet No. 1 Wards PICU Weight (kg) 19kg

REGULAR PRESCRIPTIONS

DRUG: *inj. MEROPENEM*

Date	Time	Dose	Route	Frequency	Start Dt.
14/6	12 AM	750mg	IV	Q8H	14/6
15/6	12 AM				
16/6	12 AM				
17/6	12 AM				
18/6	12 AM				

Name & Signature of the Doctor starting the Drugs: *Dr. Shashwat Mohanty*

Additional Instructions: *18/6/20*

Daily Doctor's Endorsement by a Sign. *[Signatures]*

DRUG: *inj. METRONIDAZOLE*

Date	Time	Dose	Route	Frequency	Start Dt.
14/6	5 AM	150mg	IV	Q8H	14/6
15/6	5 AM				
16/6	5 AM				
17/6	5 AM				
18/6	5 AM				

Name & Signature of the Doctor starting the Drugs: *Dr. Shashwat Mohanty*

Additional Instructions: *changed to oral*

Daily Doctor's Endorsement by a Sign. *[Signatures]*

DRUG: *inj. ESOMEPRAZOLE*

Date	Time	Dose	Route	Frequency	Start Dt.
14/6	4 PM	20mg	IV	Q24H	14/6
15/6	4 PM				
16/6	4 PM				
17/6	4 PM				
18/6	4 PM				

Name & Signature of the Doctor starting the Drugs: *Dr. Shashwat Mohanty*

Additional Instructions:

Daily Doctor's Endorsement by a Sign. *[Signatures]*

DRUG: *ip. PARACETAMOL*

Date	Time	Dose	Route	Frequency	Start Dt.
14/6	12 AM	200mg	IV	Q8H	14/6/20
15/6	12 AM				
16/6	12 AM				
17/6	12 AM				
18/6	12 AM				

Name & Signature of the Doctor starting the Drugs: *Dr. Sameer Gopal*

Additional Instructions: *18/6/20*

Daily Doctor's Endorsement by a Sign. *[Signatures]*

Patient	I.P. No. 23260+	Sheet No. 21	Wards Picu	Weight (kg) 19 kg
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REGULAR PRESCRIPTIONS

DRUG : Inj. THIAMINE				Date	15/6	16/6	17/6												
				Time	6	6	6												
Dose	Route	Frequency	Start Dt.																
100 mg	Z	Q24H	15/6																
Name & Signature of the Doctor starting the Drugs :				<p>Dr. YASH</p> <p>Stop 15/6/20</p>															
Additional Instructions :				<p>x 3 days</p>															
Daily Doctor's Endorsement by a Sign.				<p>c o c</p>															

DRUG : Inj. CEFTRAXONE				Date	18/6	19/6	20/6												
				Time	8 AM														
Dose	Route	Frequency	Start Dt.																
950 mg	ZV	Q12H	18/6																
Name & Signature of the Doctor starting the Drugs :				<p>Dr. YASH</p>															
Additional Instructions :				<p>Dilute in 20ml NS over 1 hour.</p>															
Daily Doctor's Endorsement by a Sign.				<p>[Signature]</p>															

DRUG : SYP METRONIDAZOLE				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
2.5ml	P/O	8 hourly	19/6																
Name & Signature of the Doctor starting the Drugs :				<p>ANJANA</p> <p>done changed</p>															
Additional Instructions :				<p>5ml / 400mg</p>															
Daily Doctor's Endorsement by a Sign.				<p>[Signature]</p>															

DRUG : SYP METRONIDAZOLE				Date	19/6	20/6													
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
5 ml	P/O	8 hourly	19/6																
Name & Signature of the Doctor starting the Drugs :				<p>[Signature]</p>															
Additional Instructions :				<p>5ml / 200mg</p>															
Daily Doctor's Endorsement by a Sign.				<p>[Signature]</p>															

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.

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
14/6/26	5:30 pm	9g Calcium gluconate	20ml + 20ml D5 over 2 hours.	IV	[Signature]	[Signatures]
14/6/26	11 PM.	PROCTOGLYTES ENEMA	30ml	PIR	[Signature]	Ramesh Chaudhary, Rishi
15/6/26	9:33 am	9g KCl	5ml + 50ml D5	IV over 2hr	[Signature]	Murali, Deepika
16/6/26	9:30 AM	PROCTOGLYTES ENEMA	30ml	PIR	[Signature]	[Signature]

RESTRICTED ANTI-MICROBIAL USE JUSTIFICATION FORM

Patient Name Aldevanah Yadav I.P.No 23267 Dept. PICU DOA 14/6/26

Diagnosis

Brief Clinical History : SIP Laparotomy with Resection and Anastomosis
TIKIO-Intussusception Peritonitis Intubation

Clinical Features & Relevant Investigations suggestive of Infection

DATE/DOA					
Fever					
Other C/F					
HB		<u>15.6</u>			
TLC		<u>10.3</u>			
N,LE		<u>53.6 / 36.9</u>			
PLT		<u>215</u>			
CRP		<u>38</u>			
PCT/ESR					
WIDAL					
MP Optimal					
WEIL-FELIX					
CUE					
BODY FLUID CYTOLOGY					
LATEX					

Restricted Antimicrobial Used

Antimicrobial	DATE	DOA	Justification	Antimicrobial	DATE	DOA	Justification
<u>1. Tiji-Meropenem</u>	<u>14/6/26</u>	<u>14/6/26</u>	<u>5.</u>				
<u>2.</u>			<u>(Suspected</u>	<u>6.</u>			
<u>3.</u>			<u>Peritonitis</u>	<u>7.</u>			
<u>4.</u>			<u>and sepsis)</u>	<u>8.</u>			

Any Other comment :

Culture Tracker	1			2			3		
	DATE	DOA	RESULT	DATE	DOA	RESULT	DATE	DOA	RESULT
A Blood									
B Urine									
C CSF									
D Secretion									
E BAL									
F Mini BAL									
G Body Fluids									
H PCR									

Elaboration:

At 72 hours, based on culture report de-escalation done : YES/NO

If no please justify

At Day 7 De-escalation done : YES/NO

If not please justify

Justification

I	Risk factor for ESBL	I	Risk factor for MDR Infection
11	Prior antibiotic use (within 90 days)	11	Prior antibiotic use (within 90 days)
12	Recent hospitalization ion(>2d, within90d)	12	Recent hospitalization(>2d, within 90d)
13	durrent hospitalization of (>5days)	13	Current hospitalization of (>5days)
14	Immunosuppression	14	Chronic/Nursing home care
15	Prolonged mechanical ventilation(>3 days)	15	Dialysis
16	Suspected septic shock-hit first hit hard policy	16	Immunosuppression
17	Other	18	Suspected septic shock-hit first hit hard policy
		19	Others
K	Risk factors for invasive candidacies/candidemia:	L	Risk factors for MRSA
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged hospitalization(>5 days)	L3	Exposure to MRSA
K4	Previous Broad spectrum antibiotic Use	L4	Central lines, ICD, PD, Cathter, ET tubes
K5	CVP/HD Catheter / PA catheter	L5	Chronic/Nursing home care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida coloniation
K7	Others	L7	Suspected septic shock hit first hit hard policy
		L8	Others

Signature of Consultant

Signature of Infection control nurse



CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : N. Devaush Yadav
Gender : M F IP No. : 23267
Age : 37 Department : PICU
Date : 14/6/26

I, N. Ramesh Krishna Yadav S/D/W/O N. Rajashekar
hereby consent for the procedure of CECT - Abdomen

For my patient / myself named N. Devaush Yadav UHID NO. HEU-00040783

The doctor have clearly explained to me in language known to me about the following possible complications of the procedure : Tachycardia, Vomiting, Dyspnea

The doctor have explained to me about the alternative to the procedures as :

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : 1mg. KETAMINE
1mg. MIDAZOLAM

I have been explained about possible complication of sedation such as : fall in blood pressure
Fall in heart rate , suppression of spontaneous breathing . Others.....

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure :

Name of the Doctor administering the sedation : Dr. Aditya Kiran

Patient Attendant :

Signature : [Signature]

Name :

Relationship with Patient : Son

Date & Time : 14/6/26 3 PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Venu Gopal Reddy

Date & Time : 14/6/26 3 PM

Witness :

Signature : A. Vijayalakshmi

Name : A. Vijayalakshmi

Date & Time : 14/6/26 3 PM

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం



పేషెంట్ పేరు :

లింగం : పు స్త్రీ

ఐ.డి. నెం.

వయస్సు.....డిపార్ట్‌మెంట్.....

తేది :

నేను :S/D/W/O.....

నేను/నా బాలుడు/బాలికఐ.డి.నెం.....

జరుగు.....అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా :

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని గుండే రేటు తగ్గుట సహజ శ్వాస తగ్గుట ఇతర కారణాలు :

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు :

మత్తు ఇచ్చు డాక్టరు పేరు :

సహాయకుడు :

సాక్షి :

సంతకము :

సంతకము :

పేరు :

పేరు :

తేది మరియు సంతకము :

తేది మరియు సంతకము :

డాక్టర్ :

సంతకము :

పేరు :

తేది మరియు సంతకము :



CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I Ramesh Krishna Yadav S/o Mr./ Ms Devansh yadav
hereby declare that our patient Mr. / Ms Devansh Yadav who is related to me as
..... is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's
Hospital on 14/6/26 with UHID No. : 40783

The doctors have explained to me in a language understood by me that my child has following health related issues :

Post op care of Hemoperitoneum &
bowel perforation.

The doctors have clearly explained to me that my patient Mr./ Ms. Ramesh Krishna Yadav
during his / her stay in the PICU may undergo various medical and surgical procedures like airway
management, mechanical ventilation, central line insertion, PICC Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent
for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available
for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my
child.

I understand that a sick child in PICU has life threatening medical conditions.

I understand that when a child is sick in the PICU with multiple medical and surgical procedures performed
upon him / her, there are inherent risks due to these high risk procedures, and high risk medications, in the form
of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms : Devansh
Yadav..... in the PICU fully understanding the associated risks involved from various
procedures, high risk medications and infections in the PICU and treat him / her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : [Signature]
Name : Ramesh Krishna Yadav
Relationship with Patient: Father
Date & Time : 4pm 14/6/26

Witness :

Signature : [Signature]
Name : Rajesh
Date & Time : 4pm 14/6/26

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Venu Gop Reddy
Date & Time : 14/6/26 @ 4PM



CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Devansh Yadav
Gender : M F IP No. : 23267
Age : 3y Department : PICU
Date : 14/6/26

I, Ramesh Krishna yadav S/D/W/O Devansh yadav
hereby consent for the procedure of Arterial line

For my patient / myself named Devansh yadav UHID NO. 40783

The doctor have clearly explained to me in language known to me about the following possible complications of the procedure : Bleeding, Hematoma

The doctor have explained to me about the alternative to the procedures as : NO

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : NO

I have been explained about possible complication of sedation such as : fall in blood pressure
Fall in heart rate , suppression of spontaneous breathing . Others

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure : Dr. Aditya

Name of the Doctor administering the sedation : -

Patient Attendant :
Signature : [Signature]
Name : Ramesh Krishna Yadav
Relationship with Patient : Father
Date & Time : 14/6/26 4pm

Witness :
Signature : Rajesh
Name : Rajesh
Date & Time : 14/6/26 4pm

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. Venu Gopal Reddy
Date & Time : 14/6/26 4pm

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం



పెషెంట్ పేరు :

లింగం : పు స్త్రీ

బి.డి. నెం.

వయస్సు.....డిపార్ట్‌మెంట్.....

తేది :

నేను :S/D/W/O.....

నేను/నా బాలుడు/బాలికబి.డి.నెం.....

జరుగు.....అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా :

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని గుండే రేటు తగ్గుట సహజ శ్వాస తగ్గుట ఇతర కారణాలు :

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు :

మత్తు ఇచ్చు డాక్టరు పేరు :

సహాయకుడు :

సాక్షి :

సంతకము :

సంతకము :

పేరు :

పేరు :

తేది మరియు సంతకము :

తేది మరియు సంతకము :

డాక్టర్:

సంతకము :

పేరు :

తేది మరియు సంతకము :



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 14/6/26
 Source of Admission: OPD Ward Other:
 Reason for Admission: post: surgical management for cleft
 Admission Diagnosis: post: cleft lip & palate & hearing loss
 Accompanied By: Parent Guardian Other Name:
 Primary Language: Telugu English Hindi Other Specify
 Do you require an interpreter? Yes No
 Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Source of Information: Family Patient Others, Specify

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	<u>c/o abdominal pain, Bloody stool since today back</u>	<u>hepatitis & admission & anastomosis & Meckel's diverticulum</u>	<u>11/6/26 for surgical management</u>
	Family History:		
	Has the child or close family member had recent contact with a communicable disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes please list, Was the child's birth normal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe problems: Are the child's immunization up to date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CURRENT MEDICATIONS	Taking Medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Fill the reconciliation form Medicine brought to the hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Observations: Weight: <u>19 Kg</u> Length: Head Circumference (< 2 years): Temp.: <u>97.3°F</u> HR: <u>75</u> RR: <u>20</u> BP: <u>116/59 (75)</u> Pain Score: <u>5/10</u> Specify Site: <u>Inferior eye</u> (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Score: <u>14</u> (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score <u>23</u>) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on Admission :

- Sleeping Crying Calm Distressed/Console Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Parents

Siblings in household Yes No (if yes How Many?) 2da or brother

Orientation has been given regarding the following aspects:

- ID Band in situ
 Bedside safety explained
 PICU Routine: Doctor's rounds/Medication time
 Visiting policy explained

Orientation given to: Family Others specify father

Name of Person Orientation was given to: Parents & brother

Orientation not given Reason:

Nurse Name: Rajeev Nurse Signature: Rajeev

Date & Time: 14/6/26 4:10pm

DISCHARGE PLAN

- Source of Information: Family Friend
Will patient require transportation arrangements to go home: Yes No
Will Physiotherapy require at home: Yes No
Is home medical equipment anticipated: Yes No
Is home oxygen therapy anticipated: Yes No
Are dressing needs at home anticipated: Yes No
Any other needs anticipated: Yes No If Yes Specify

Discharge Medications: Yes No

Details:

Final Diagnosis:

Nurse Name: Nurse Signature:

Date & Time:

PATIENT TRANSFER FORM

Patient Name / I.P. No <i>N. Dhanush Yadav.</i>	Date & Time of Admission <i>14/6/20 3:04pm</i>	Date & Time of Transfer Order <i>14/6/20 4pm</i>
Treating Consultant <i>Dr. S. Kashwanth Mohanthy</i>	Transfer ordered by <i>Dr. Adithyan</i>	Reason for Transfer <i>Admission</i>
From Bed / Ward / Hospital <i>ER</i>	To Bed / Ward / Hospital <i>PIU</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>18</i>	Number of Imaging films <i>1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>outside file</i> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>E-C-G leads</i>	<i>①</i>
2.	<i>50ml syringe</i>	<i>②</i>
3.	<i>High pressure</i>	<i>②</i>
4.	<i>Dr's round</i>	<i>①</i>
5.	<i>W. set</i>	<i>①</i>
	<i>Dentures 10% + 5%</i>	<i>①</i>

Shifting Summary / Notes written by Doctor:

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

Signature with Date & Time
[Signature]

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

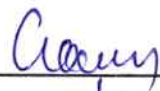
Patient Name / I.P. No Baby Devansh Yadav. 23267	Date & Time of Admission 14/6/26 2:04 PM	Date & Time of Transfer Order 18/6/26
Treating Consultant Dr. Shashwat Sr	Transfer ordered by Dr. Shashwat Sr	Reason for Transfer stable
From Bed / Ward / Hospital PICU	To Bed / Ward / Hospital	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file	Number of Imaging films x ray - (2)	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.	→ INJ:- Meropenem 1g - (2)	→ NS 100ml - (1)
2.	→ INJ:- Pcm - (1)	
3.	→ Syringes -	
4.	→ hand care - (1)	
5.	→ Dns - (3)	

Shifting Summary / Notes written by Doctor:

Name of Signature of Person filling this part Murali	Name of person ordering transfer Dr. Shashwat	Name & Signature of Nurse Supervisor Mounika.	Referral note & referral Doctor Name:
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Patient & Clinical records received by:


Signature with Date & Time
 18/6/26 11 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