

SURGERY / PROCEDURE CHART

Surgery / Procedure Details:

Surgery / Procedure Details:

Date: _____ Duration: _____
 Start Time: _____ End Time: _____

Date: _____ Duration: _____
 Start Time: _____ End Time: _____

a. Surgeon:

a. Surgeon:

b. Assistant:

b. Assistant:

c. Anaesthetist

c. Anaesthetist

Instruments

Instruments

OT Equipment

OT Equipment

Any Other Information

Any Other Information

MEDICAL EQUIPMENT (WARD & ICU)

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature
19/5/12	8:30pm				
19/5/12	4pm	2/4/6 at 6am		Infusion Pump ✓ Syringe Pump ✓	
19/5/12	5:30pm	2/1/6 @ 1pm ✓		Cordial monitor ✓	

INVESTIGAT

Date: _____ Time: _____
 19/5/12 8:30pm

6pm

19/5/12 8:30pm
 20/5/12 5:15pm

20/5/12 8:30pm

PHD

D

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature
19/6/26	Chest AP X-Ray	[Signature]			
19/6/26	Abdomen erect PA X-ray	[Signature]			
19/6/26	US of Abdomen/Pelvis	[Signature]			
6:50 PM	SR-SUPPNI	[Signature]			
20/6	20262626	[Signature]			

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK
PRBC

Date	Units	Remarks
20/6/26	20/6/26	
	44K E15306	PRBC 10ml
	①	①

ANY OTHER INFORMATION

Date : 25/6 Time : 1:15 PM

Prepared By :

Staff Nurse /
Floor Co-ordinator

Nursing Supervisor

Billing Assistant

Billing Supervisor

[Signature]

DISCHARGE SUMMARY

Name	Baby SHAMBHAV OMKAR	UHID	SPB-00022499
Father/Guardian	Mr OMKAR SANKPAL	Age/Gender	1 Y 2 M 4 D/Male
Address	Marathahalli Colony, Bangalore, Karnataka, INDIA, 560037		
IP No	IP27-00006926	Admission Date	19-06-2026
Ref Doctor	SELF	Discharge Date	25-06-2026

**Consultants : Dr. K SWETHA,
CONSULTANT NEONATOLOGIST & PEDIATRICIAN**

**Diagnosis: ? HIRSCHPRUNG'S DISEASE WITH ENTEROCOLITIS WITH
IRON DEFICIENCY ANEMIA WITH FAILURE TO THRIVE**

History: Baby SHAMBHAV OMKAR, 1 Y 2 M 4 D boy presented with history of c/o fever 7-8 days , c/o cold 7-8 days . For the above complaints he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, hemodynamically stable and maintaining saturation at room air. HR- 140beats /min, BP- 74/55 mmHg and RR - 32 cycles /min. Signs of some dehydration were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. Examination of other systems including spine was normal.

Weight on Admission : 7.5 kgs

Investigations: Enclosed.

Management: A 1 year 2 month old child, a known case of simple febrile seizures, was admitted in view of persistent fever. Baseline investigations,



UHID	SPB-00022499
Admission Date	19-06-2026

including blood culture were performed. Initial laboratory evaluation revealed a markedly elevated CRP of 228 mg/dL and severe anemia with hemoglobin of 5.9 g/dL. The child was started on intravenous ceftriaxone along with supportive and symptomatic management. During evaluation for the source of fever, the chest X-ray incidentally revealed dilated bowel loops. A pediatric surgical consultation was obtained, and the child was suspected to have Hirschsprung disease with associated enterocolitis. In view of the need for close monitoring, the child was shifted to the PICU, where serial abdominal girth monitoring was initiated. Oral feeds were withheld (NPO), and antibiotic therapy was escalated to intravenous piperacillin-tazobactam and metronidazole. Conservative management was continued.

Despite treatment, the child continued to have intermittent fever spikes on the second day of admission. Abdominal girth monitoring, NPO status, and intravenous antibiotics were continued. Screening 2D echo done which was normal. A pediatric hematology consultation was sought in view of the severe anemia. Serum hepcidin levels were advised, and packed red blood cell transfusion was planned in two aliquots, with 10 mL/kg administered initially followed by 15 mL/kg after a 12-hour interval. The child remained under close monitoring with regular assessment of vital signs and clinical status. On the third day of admission, a repeat surgical review was obtained, and conservative management was advised to continue. As the child had passed stools, sips of water were allowed.

Over the subsequent days, the child showed gradual clinical improvement. Repeat investigations performed on the fifth day demonstrated a decreasing CRP trend, and the frequency of fever spikes reduced significantly. Intravenous antibiotics were continued, and in view of clinical stabilization, the child was transferred from the PICU to the pediatric ward. On the sixth day of admission, a pediatric gastroenterology consultation was obtained for evaluation of chronic constipation, severe anemia, and failure to thrive. Further investigations including CPK, tandem mass spectrometry (TMS), urinary GC-MS, serum IgA, tissue transglutaminase IgA (tTG-IgA), serum calcium, serum parathyroid hormone (PTH), thyroid-stimulating hormone (TSH), and free T4 were advised. The child remained afebrile on the sixth day

Rainbow Children's Medicare Limited

For Appointments call: 1800 2122 or SMS "RWCH" to 57575



Marathahalli:

Survey No. 8/5,

Marathahalli-KR Puram, Outer Ring Road

Doddanekundi, Bengaluru - 560 037.

Ph: 1800 2122



Bannerghatta Road:

No 178/1 & 178/2,

Opposite Janardhan Towers,

Bilekahalli, Bengaluru - 560 076. Yelahanka Hobli, Bengaluru - 560 092.

Ph: 080-66902200



Hebbal:

No.247/248/288/100

Byatarayanapura Village,

Varthur Hobli, Sarjapur Road, Bengaluru - 560 103.

Ph: 1800 2122

Sarjapur Road :

Sy No. 3/3, 3/4, Ambalipura Village

Varthur Hobli, Sarjapur Road

Bengaluru - 560 103.

Ph: 080 6957 9999

Registered Office: 8-2-120/103/1, Survey No. 403, Road No. 2, Banjara Hills, Hyderabad - 500034, Telangana.

W
en's
Prime
Kai
IP No



BirthRight
RAJAN SHAMSHAY
Your Right to a Safe Delivery

OMKAR

IP27-000006926

UHID	SPP-00022499
Admission Date	19-06-2026

of hospitalization.

By the seventh day of admission, there were no further fever spikes, and the child was hemodynamically stable with continued clinical improvement. A repeat surgical review was obtained, and a contrast study was planned during follow-up to evaluate for and rule out Hirschsprung disease. The child was passing stools, tolerating oral intake, and showed improvement in inflammatory markers and overall clinical condition.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Advice:

1. In case child develops fever, start intermittent prophylaxis syp. PARACETAMOL 250/5 2ML Stat, tab. clobazam 5mg 1-0-1/2 for 3 days
visit pediatrician immediately

Follow Up:

Review with Dr. in Pediatric OPD on _____ appointment booked at _____
Review with Dr manojit with hepcidin levels with prior appointment.
Review with Dr. Lavanya with prior appointment with following reports- CPK, tandem mass spectrometry (TMS), urinary GCMS, serum IgA, tissue transglutaminase IgA (TTG-IgA), serum calcium, serum parathyroid hormone (PTH), thyroid-stimulating hormone (TSH), and free T4.
Review with Dr. Vedanth for contrast study with prior appointment .
In case of emergency Kindly contact 9620688818/9620688814.

To take appointment for OPD consultation at Rainbow Children's hospital Contact 18002122 .



BirthRight™

Test by ~~SHIVA MO BHIRAVS~~ OMKAR
Your Right to a Safe Delivery

IP No
IP27-000006926

UHD	SPB-00022499
Admission Date	19-06-2026

Discharge Summary Prepared by Dr. K S Kirti

Discharge Summary explained to patient, Nurse Name & Signature

.....

DOCTOR'S SIGNATURE

Dr. K SWETHA

MBBS, MD Pediatrics, FNNF Neonatology

CONSULTANT NEONATOLOGIST & PEDIATRICIAN

91399

Parent's /Attender Signature _____

NON - DRUG ORDER

Date	Time	Non Drug Order	Doctor Sign	Nurse Sign
------	------	----------------	-------------	------------

21/6/26 7pm

LPBC Transfusion

Under all aseptic precautions to transfuse 100ml LPBC over 4 hours, to start initially slowly and then to run at 25ml/hr. with midway lasix 2mg to be given.
Adv:
 - To monitor vitals every 30min.
 - If any transfusion and infuse to stop transfusion and inform duty doctor.



Blood Bag details

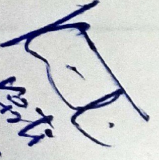

RTTK F15306
 DOC → 18/6/2026
 DOE → 30/7/2026
 DOS → 20/6/2026.
 Blood Bag Blood Group: A +ve
 Staff time: 7:30pm
 Stop time: 21/6/26
 1: 10 AM.

RTTK F15306


Concentrate Of Human Red Cells IP
 (Packed Red Blood Cells)
 Prepared from 450,000 ml Blood collected in CPD Solution from a voluntary donor.
 04210


- Instructions:**
1. Store between +2°C to +6°C
 2. Do not dispense without prescription.
 3. Properly identify intended recipient.
 4. Do not use if hemolyzed, clotted or discolored.
 5. Transfuse without warming.
 6. Do not add any medications.
 7. Use only sterile, disposable transfusion set with filter.
 8. Shake gently before use.
 9. Use appropriate compatible cross matched blood.
- Mfg. license No. KTK/28-C-7195
 Date: 20/06/2026

Concentrated Human Red Cells IP Unit No. RTTK F153
A Rh Positive 04210
 00062
 Non reactive for: Hbs Ag, HCV, HIV, Syphilis, Malaria, NAT
 Patient Name: **Baby Shambhav Om** DOB: 18 Jun 21
 Hospital: Rainbow Hospital - Sarjapur DOB: 30 Jul 21
 Age: 1 Years Sex: Male IP No: IP27-000006926 DOI: 20 Jun 21
 Blood group: A Rh Positive
 Cross match compatible
 Visual Inspection: 
 Licence No: KTK 28-C 7195 Vol: 247
 Bangalore Medical Services Trust Rotary Bangalore TTK Blood


 Dr. Pooja
 14/12/26




NON - DRUG ORDER

Date	Time	Non Drug Order	Doctor Sign	Nurse Sign
20/6/26	11:30pm	<p>Indication - low Hb.</p> <p><u>PRBC</u> transfusion</p> <p>Unit number - RLT 15306</p> <p>blood group - A Rhitter.</p> <p>Volume transfused - 80ml.</p> <p>start time - 12:00am</p> <p>end time - 4:13AM</p> <p>under strict precautions</p> <p>lending transfuse 80ml PRBC</p> <p>over 4 hours, start initiating</p> <p>study and gradually increase</p> <p>the rate. Kidney lax 2mg</p> <p>to be given. Check BP before</p> <p>administering lax.</p> <p>- monitor vitals every 30min,</p> <p>- in case of any transfusion</p> <p>reaction, stop the transfusion</p> <p>Immediately and Inform SAs.</p>	<p><i>[Signature]</i> Dr. Akshay</p>	<p><i>[Signature]</i> Suman</p>

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 21/6/26

Time: 1:30 PM

Blood Group of the Patient: A+ve

Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: Date of Collection: 18/6/26

Date of Expiry: 30/7/26

Date & Time of Starting Transfusion: 21/6/26 @ 7:30 PM

Planned duration of Transfusion: 4 hrs

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Bhanu

Nurse 2:

Before starting transfusion vitals: Temp: 98.1 F HR: 123 bpm RR: 36 bpm BP:

SpO₂: 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
21/6/26	7:45 PM	123	98.1 F	16/51 (63)	97%	-	-	-	-
21/6/26	8:00 PM	127	97.9 F	14/12 (72)	96%	-	-	-	-
21/6/26	8:30 PM	112	99.1 F	95/71 (75)	98%	-	-	-	-
21/6/26	9:00 PM	130	98.9 F	98/61 (74)	97%	-	-	-	-
21/6/26	9:30 PM	135	99.5 F	74/43 (83)	97%	-	-	-	-
21/6/26	10:30 PM	145	100.2 F	90/52 (65)	98%	-	-	-	-
21/6/26	11:30 PM	125	99.0 F	94/70 (72)	97%	-	-	-	-
21/6/26	12:30 PM	136	97.6 F	74/56 (69)	97%	-	-	-	-
22/6/26	1:30 PM	135	97.0 F	102/64 (69)	98%	-	-	-	-

Comments:

Name of the Incharge-Nurse: Aman

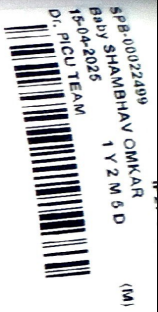
Name of the Nurse: Bhanu

Signature of the Incharge-Nurse: Aman

Signature of the Nurse: Olavos

Date & Time: 22/6/26 @ 8 AM

Date & Time: 21/6/26 @ 7:30 PM



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 21/06/26 Time: 12:00 am

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: Date of Collection: 18/06/26 Date of Expiry: 30/06/26

Date & Time of Starting Transfusion: 21/6/26 @ 12 AM Planned duration of Transfusion: 4 hours

Check for Correct Unit Correct Patient

Blood products cross checked by: Nurse 1: Soma Pramanik Nurse 2: A

Before starting transfusion vitals: Temp: 97.3F HR: 110b/m RR: 40b/m BP: 75/58 (63)po 99%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
21/6/26 (12:00 AM)	15 Min	125	97.3F	85/66 ⁽⁷⁾	98%.	-	-	-	-
21/6/26 (12:30 AM)	15 Min	113	97.0F	90/50 ⁽⁶⁴⁾	100%.	-	-	-	-
21/6/26	30 Min	116	97.5F	95/55 ⁽⁶⁹⁾	100%.	-	-	-	-
21/6/26	30 Min	131	97.0F	85/47 ⁽⁶⁰⁾	99%.	-	-	-	-
21/6/26	30 Min	125	97.0F	95/55 ⁽⁷²⁾	99%.	-	-	-	-
21/6/26	1 Hr	145	97.0F	85/48 ⁽⁶¹⁾	98%.	-	-	-	-
21/6/26	1 Hr	135	97.5F	96/54 ⁽⁶⁹⁾	97%.	-	-	-	-

Comments: NA

Name of the Incharge-Nurse: S.P.M. Name of the Nurse: Soma Pramanik

Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]

Date & Time: 21/6/26 @ 4:30 AM Date & Time: 21/06/26 @ 12:00 AM



Baby SHAMBHAV ONKAR
 BORN 25/03/2017 1 Y 2 M 4 D 00 H 00 M 00 S (M)
 BY SWATHIRAV ONKAR
 194 44 9318
 DR. K. SATHISH
 (M)
 BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery



Ward
 Shared
 Single Room
 PICU
 NICU

Name: Age:

Gender: UHID No.:

Consultant:

Date of Admission:

DRUG ALLERGIES

DRUG CHART

OR THE SAFETY OF THE PATIENT

- GENERAL DOCTOR
- Ensure that all patient Details are entered above.
 - Please use only internationally approved abbreviations.
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English Instruction.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line / 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 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
- DO NOT TAKE VERBAL ORDERS EXCEPT IN AN EMERGENCY. If verbal order is taken, it will be taken by resident doctor from consultant and written & signed in the drug sheet by the resident doctor.

DRUG 5mg PARACETAMOL

Prescriber	Route	Frequency	Start Date	Date/Time																
2mg	IV	SOS	19/6	08:15																
Physician & Signature of the Doctor <u>K. Sathish</u>																				
Additional Instructions																				

DRUG 5mg JSU6ES1c

Prescriber	Route	Frequency	Start Date	Date/Time																
1mg	PO	SOS	19/6	11 PM																
Physician & Signature of the Doctor <u>K. Sathish</u>																				
Additional Instructions <u>mgly dose.</u>																				

DRUG _____

Prescriber	Route	Frequency	Start Date	Date/Time																
Physician & Signature of the Doctor																				
Additional Instructions																				

SPB-000029269
 Baby SHAMBHAV CHIKAR 1 Y 2 M A D (M)
 Dr. K SWEETHA



I.P. No.:
 Sheet No.
 Wards

REGULAR PRESCRIPTIONS

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG INJ PIP20	350mg	IV	TID	1916	1916	2016
Name & Signature of the Doctor					4:40 pm	10:00 am
Additional Instructions					3pm X	10 AM
					6PM	10 PM

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG INJ AMIKACIN	1120mg	IV	OD	1916	1916	2016
Name & Signature of the Doctor					4pm	2016
Additional Instructions					D1	2016
					D2	2016
					D3	2016
					D4	2016
					D5	2016

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG INJ PANTOP	30mg	IV	OD	1916	1916	2016
Name & Signature of the Doctor					3:20 pm	2016
Additional Instructions					6am	2016
					6 AM	2016
					6 AM	2016

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG INJ PAKETAMOL	112mg	IV	QID	1916	1916	2016
Name & Signature of the Doctor					8am	2016
Additional Instructions					8am	2016
					8am	2016
					8am	2016

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG INJ METROGYL	35mg	IV	TID	1916	1916	2016
Name & Signature of the Doctor					5:30 am	2016
Additional Instructions					1:30 pm	2016
					9:30 am	2016
					11pm	2016

SPB-000029269
 Baby SHAMBHAV CHIKAR 1 Y 2 M A D (M)
 Dr. POU TEAM



DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG INJ PIP1A2	350mg	IV	TID	2416	2416	2016
Name & Signature of the Doctor					6	2016
Additional Instructions					1066	2016

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG INJ METROGYL	15mg	IV	TID	1916	1916	2016
Name & Signature of the Doctor					3pm	2016
Additional Instructions					4pm	2016

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG						
Name & Signature of the Doctor						
Additional Instructions						

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG						
Name & Signature of the Doctor						
Additional Instructions						

DRUG	Dose	Route	Frequency	Start Date	Date	Time
DRUG						
Name & Signature of the Doctor						
Additional Instructions						



Baby SHARBAH/OMKAR
1504-2025 1172 R 4 D

I.P. No _____ (M)

Weight(kg) 3.5 kg

Sheet No. _____

I. V. FLUIDS CHART

DATE TIME	Composition of I.V. FLUID <small>(If infusion, mention ml/hr=mcg/kg/min. etc.)</small>	ROUTE	Flow Rate <small>(ml/hr)</small>	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
14/6 3:30pm	IVF DNS	IV	30ml/hr	<u>VS</u> <small>(426#)</small>	<u>Ravinder</u>			<u>VS</u> <small>(426#)</small>
20/6 10am	ZVT DNS <small>(500ml + 10ml 9% KCl)</small>	IV	30ml/hr	<u>VS</u>	<u>Ravinder</u>	20/6		<u>VS</u>

Dr. K. SWEETHA
Marathe
IP27-0C
SELF

DR. K. RSRSC
NEO1
NC1

Patient Name: _____
UHID ID: _____
Department: _____
Consultant: _____

PEI
N



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6 2pm	SIB Dr Shwetha	Dr Kirish
	<p>clo fever 7 days.</p> <p>clo cold</p> <p>clo reduced intake x 2-3 days.</p>	<p>poor history</p> <p>* Abused 11/10 sample</p> <p>febrile rigors 4 days</p> <p>back.</p>
	<p>Child is on Syt (1005mg) 1.5ml BD since 3 days)</p> <p>ofe - Temp - 99.7</p> <p>PR - 140bpm</p> <p>PP - 30gms</p> <p>SPO2 - 94% SEA</p> <p>PP - fcr good volume</p> <p>SLE - CVS - S2 S3 (+) no murmurs</p> <p>RS - Bil air only (+) no crackles</p> <p>PLA - soft, non-tender No organomegaly</p> <p>ANI - conscious, dull & still cool No focal defects</p>	

SP840022499 IP27-00008926
 BABY SHAMBHAV/OMKAR
 1504-2025 11/2/24 D (M)
 DR. N. SWEETHA

IGRESS NOTES AND DOCTOR'S ORDER

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

BIRTH
 BE BORN HERE
 YOUR BIRTHDAY

Date & Time Progress Notes Doctor's Order

Blood Investigations (19/11/26)

→ Hb - 5.9 Urine culture - No growth

PCV - 14.2

MCV - 49.4

MCHC - 30.6

PC - 403

TR - 11.06

N/L - 58/36

→ CR - 225mg/dL

→ Dengue rapid - Negative

Atu. & Blood culture

+ IV → 1g Pps 750mg TID

+ 1g Amoxicillin 112mg OD.

+ 2g Pantor 10mg BID.

* Monitor vitals.

* To trace for pain.

* Chest X-ray for para & visceral reports

* USG Abdomen & Pelvis.

* Blood gas

* CRP, ESR

*Dr. Hitesh
 19/11/26*

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
* Apr	Chest X-ray - Shows = Lung fields - Normal. Abdominal X-ray - Dilated bowel loops.	
	↓ Pediatric Surgeon opinion taken. - ? Hirschsprung disease. ? Mega colon.	
	As per advice → Baby kept NPO. • Sif Mergyl 75mg, 3x TID. • RPT, PT, RNR • Blood grouping.	
	c/s/s Dr. Vedath Doran 90% abdominal dist. other relevant history noted.	
	S/e - distended abd. Palpable loop Sph	
	DRE:- Bowls & habs, no tenderness/dilatation Small amount of stool expressed	
	<u>Att.</u> ① continue all ② Abdominal girth check ③ Consider prokinetics ④ Stool removal	



PROGRESS NOTES AND DOCTOR'S ORDER

Doctor's Order

right

HOSPITALS
 Safe Delivery
 Baby SH
 OMKAR
 Mr-OMI
 Marath
 IP27-C
 SELF

Dr. K
 NEC

IRS
 ENC

SH

Progress Notes

shk p/w temp.

Date & Time

20/6
 4pm

? HIRSCHSPRUNG'S DISEASE ? ENTEROCOLITIS. C
 APENDICITIS (POSITIVE) INJECTION, &
 SEVERE ANEMIA NOT IN FAILURE & FAILURE TO THRIVE

- Baby orally only sips of water & milk.
 - Multiple loose stools (Last sips @ 2am 100% g).
 - No vomiting / loose stools.
 - Passed stool, passing flatus.

ofe - temp - 99° F.

PR - 140b/m

RR - 34 bpm

SPO2 - 99% LEA

BP - 98/59 (73).

S/E - P/A - Diapered.

soft

AC - 4.5cm.

Bowel sound, ⊕

Wt - 5.52 ⊕

RS - B/L air entry ⊕

CNS - no focal defects.

Adv: To continue P/A as per chart.

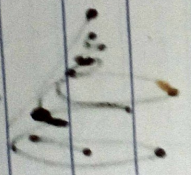
* Surgeon opinion review today.

* Plan blood transfusion.

* Continue AC monitoring.

* Monitor vitals.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6	S/B ↓ NOBSER D/W E DR VEDARTH	
	Constipation since age of 6 months on regular <u>Paracetamol</u> / <u>supportives</u> .	
	clinically <u>spo mega colon / possible HSD</u> / <u>eventually ENTEROCOLITIS</u>	
	<u>Plan</u> Treat Enterocolitis Gentle Rectal wash < 4m conce CPP ↓ / S.c treated	
	Definitely Needs Enema Content + further treatment plan Allow feeds orally	
	↓ No NOBSER / conce 36HST	
		

PROGRESS NOTES AND DOCTOR'S ORDER

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



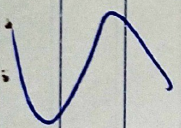
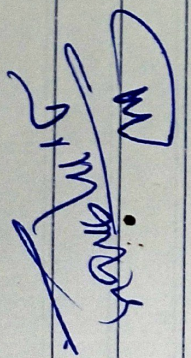
Progress Notes

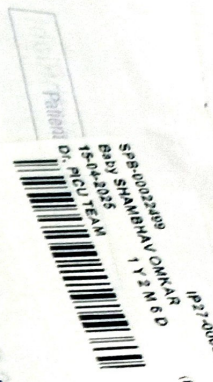
Doctor's Order

Date & Time	Progress Notes	Doctor's Order
20/6/26 11am	<p>CLSB- PCB team</p> <p>? HELICOBACTERIAL DISORDER. C. PERRIE NEGATION</p> <p>C. ANTIBIOTIC T. ADENOVIRUS FOR THE INJECTION</p> <p>WAS NOT SEVERE AND ENEMA NOT ON FAILURE C. FAILURE TO FLUOR</p> <p>WATER</p> <p>- vitals are stable.</p> <p>- NPO, liquid diet only.</p> <p><u>Diagnosis</u></p> <ul style="list-style-type: none"> CVA - D112 ⊕ RS - BIL AEF ⊕ NO added sound. UA - DUTY END. A4 - 42cm CNS - unremarkable. 	<p><u>Advice/Plan</u></p> <ul style="list-style-type: none"> Continue and thermatology opinion to be taken. Ecto to be planned. ESR to be done on next visit. Neckl wash twice daily. Continue PR as per chart.
20/06/2025	<p>CLSB Dr. Vedath.</p> <p>Body</p> <p>Painful stools</p> <p>Abdomen still distended</p>	<p>Symptomatic</p> <p>→ w/h. Social work</p> <p>→ continue</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/04/25 5 PM	History noted. (1) Serum Hepcidin \rightarrow Assay	S/B Dr. Mangil
20/04/25	(1) Paracetamol 10mg (3 functional) (2) Rivaroxaban 10mg (3 functional) (3) Aspirin 10mg (3 functional) (4) Mid BT 1ASIK 2mg (After checking BP)	(1) Paracetamol 10mg (3 functional) (2) Rivaroxaban 10mg (3 functional) (3) Aspirin 10mg (3 functional) (4) Mid BT 1ASIK 2mg (After checking BP)



PROGRESS NOTES AND DOCTOR'S ORDER



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IP27-J
SELF

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Date & Time

Progress Notes

Doctor's Order

2016/26

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Old 2 weeks

to PICU

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Prone

no loose case

S

Docu. No.: RCH/EPH/

SPE-00022496 IP27-00006926
 Baby SHAMBHAY CHAKR 1 Y 2 M 5 D (M)
 15-04-2025 O.C. PICU TEAM



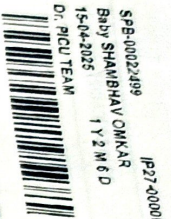

Rainbow Children's Hospital
 It takes a lot to treat the little.


BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes				Doctor's Order			
2016/126	BP centile chart (boy) (girl)							
	sup	dia	sup	dia				
	64	14	57	15				
	81	36	73	32				
	95	51	86	46				
	99	55	89	50				
	106	63	96	57				
	111	68	100	61				

Atkady



PROGRESS NOTES AND DOCTOR'S ORDER

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It takes a lot to treat the little.



No: RCH / RM / CLINIC

Date & Time	Progress Notes	Doctor's Order
20/6/26 8pm	<p>CS/IB- Dr. Adil / Dr. Atif</p> <p>Q10. ? Hydrocephalus diagnosed <input type="checkbox"/> meningitis <input type="checkbox"/> severe anemia not on failure <input type="checkbox"/> failure to thrive.</p>	

Q10. ? Hydrocephalus diagnosed
 meningitis
 severe anemia not on failure
 failure to thrive.

Vitals
HA - 144/60mm

MC - 36/min.

Temp - 99°F

BP - 84/45mmHg.

SpO₂ - 95% on RA.

PP - full, good volume.

Hydrant

CS - 2.1g/dl ⊕

MS - B/LAC ⊕

no added sounds

PIA - distended ⊕

AG - 44cm.

CSF - AFB, cloudy.

2D-echo - normal.

Plan

- To start 8ml PRBC
transfusion x 4hrs.

- continue IV fluids and
transfusions

- with renal work.

- lacto given on Monday

- Trace investigation

-> NPO, liquid allowed.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 8am	<p>CSIB- PICU team</p> <p>NO ? HIRSCHSPRUNG DISEASE E ADENO VIRUS +ve infection E FAILURE TO THRIVE</p>	<p>E MEACOLON E ENTEROCYTIS E STURGE ANEMIA NOT ON FAILURE</p>
<p>Temp - 98.5°C BP - 89/45 mmHg HR - 125 bpm RR - 35/min</p>	<p>NO significant fever spikes (Temp @ range 98-99°F)</p>	<p>NO significant fever spikes (Temp @ range 98-99°F)</p>
<p>PP - kft good volume PMS - BIL AE ⊕ CVT - 2/1 ⊕ P/A - distended ⊕ AA - 43cm (L1cm) CNS - ALCIT conditions</p>	<p>Plan NPO, only liquid diet allowed. Plan to transfuse 2nd aliquot today @ 11am P/B/C over 4hrs. continue IV fluid and IV antibiotics continue PCM QID</p>	<p>Abdominal girth monitoring QID - 50-90th Gastro opinion on Monday. wait renal work. priority vitals and activity. Trace investigations and inform Pr. transplant ir. Parental opt news counselled.</p>
<p>2D ECHO - normal. VIO - 5.3 ml/kg/hr. status - 3 times passed. 2P - 358ml DP - 960ml.</p>	<p>with renal work. priority vitals and activity. Trace investigations and inform Pr. transplant ir. Parental opt news counselled.</p>	<p>with renal work. priority vitals and activity. Trace investigations and inform Pr. transplant ir. Parental opt news counselled.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes

Doctor's Order

Date & Time

21/06/2025
 S/13 D. Vedath

- Clinically stable PBC transposed
- Single aliquot of gamma globulin given
- Complains of generalised tonic clonic seizure
- passed stools Breast milk / use
- tolerating orally

St - Abdomen distended (Parents say this is new)
 Distention less

Soft
 non tender

Adv - continue all as before.

- to rule out blood transfusion reaction
- orally Soft diet as tolerated
- Stool culture report

W. S. S. S. S. S.

Plan

Shall consider rectal biopsy /
 contrast enema one day
 phone in one

Positional diagnosis
 Mesenteric

Duodenal ? Enteritis

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/25 3pm	<p>slb Dr Kati</p> <p>cpo - Hirschsprung disease \bar{c}. Megacolon \bar{c} Enterocolitis. \bar{c} Adenovirus positive infection \bar{c} Severe Anemia not in failure \bar{c} failure to thrive</p>	
15/4/25	<p>* No fresh stool * No faecal spiles. * Plan blood transfusion every. * Tally breast & water stE - vitals - stable</p>	
	<p>stE - Abdomen distension Ak - 48 cm Bowel sounds \oplus</p>	
	<p>CVS } RS } AUS }</p>	
	<p>the \bar{c} R₀ as per chart</p> <ul style="list-style-type: none"> • Transfusion 15mlly @ 7pm. • Soft diet allowed. • Monitor vitals. 	
	<p>Dr Kati (141264)</p>	

SPB-00122499 (M)
Baby SHANBHAV Y 2 M 7 D
14042025
Dr. Pooja Team

PROGRESS NOTES AND DOCTOR'S ORDER

Doctor's Order

Progress Notes
Slr Dr Mindal / Dr Prati

Date & Time	Progress Notes	Doctor's Order
21/11/25 9pm	<p>do Hirschsprung disease? Enterocolitis. \bar{c}</p> <p>Abnormal positive rejection \bar{c}</p> <p>Severe diarrhea not in failure \bar{c}</p> <p>Failure to thrive</p> <p>- Blood transfusion @ 28ml/hr.</p> <p>- No fever spikes</p> <p>- No other fresh issues</p>	<p>Enterocolitis. \bar{c}</p> <p>Severe diarrhea not in failure \bar{c}</p> <p>Failure to thrive</p> <p>Blood transfusion @ 28ml/hr.</p> <p>No fever spikes</p> <p>No other fresh issues</p>
<p>afe - vitals - temp - 97.9°F</p> <p>PR - 126 bpm</p> <p>RR - 36 bpm</p> <p>SPO₂ - 97% on RA</p> <p>BP - 94/72 (-19)</p>	<p>afe - vitals - temp - 97.9°F</p> <p>PR - 126 bpm</p> <p>RR - 36 bpm</p> <p>SPO₂ - 97% on RA</p> <p>BP - 94/72 (-19)</p>	<p>afe - vitals - temp - 97.9°F</p> <p>PR - 126 bpm</p> <p>RR - 36 bpm</p> <p>SPO₂ - 97% on RA</p> <p>BP - 94/72 (-19)</p>
<p>S/E - Abdomen distension mild.</p> <p>Soft, non tender</p> <p>AE → 42.5 cm.</p> <p>Bowel sounds ⊕</p> <p>CNS - S S ⊕</p> <p>RS - BL air early ⊕</p> <p>CMS - no focal def. 1.</p>	<p>S/E - Abdomen distension mild.</p> <p>Soft, non tender</p> <p>AE → 42.5 cm.</p> <p>Bowel sounds ⊕</p> <p>CNS - S S ⊕</p> <p>RS - BL air early ⊕</p> <p>CMS - no focal def. 1.</p>	<p>S/E - Abdomen distension mild.</p> <p>Soft, non tender</p> <p>AE → 42.5 cm.</p> <p>Bowel sounds ⊕</p> <p>CNS - S S ⊕</p> <p>RS - BL air early ⊕</p> <p>CMS - no focal def. 1.</p>
<p>Adv - *T₅ monitor vitals</p> <p>* R as per chart</p> <p>* fo trace report</p>	<p>Adv - *T₅ monitor vitals</p> <p>* R as per chart</p> <p>* fo trace report</p>	<p>Adv - *T₅ monitor vitals</p> <p>* R as per chart</p> <p>* fo trace report</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/16	S/R New Team	
2/16	<p>40- Hirschsprung disease ? / Enteroceleitis <input type="checkbox"/></p> <p>A denovirus positive infection <input type="checkbox"/></p> <p>Severe diarrhea not in failure <input type="checkbox"/></p> <p>Failure to thrive.</p>	
2/16	<p>* 2nd blood transfusion then received yesterday.</p> <p>* Fever spike at 11pm. 100° F</p> <p>* Orally soft diet allowed - baby's oral intake improved.</p> <p>o/e - Temp - 99°F</p> <p>PR - 136 bpm</p> <p>PE - 32 bpm.</p> <p>SPO₂ - 98% on RA.</p> <p>BP - 106/69 mmHg</p>	
2/16	<p>s/e : Per abdomen = Distention mild (Aa →)</p> <p>Soft, Bowel sounds <input type="checkbox"/></p> <p>RS = Bk air entry <input type="checkbox"/></p> <p>no added sounds.</p> <p>CUS = S1 S2 <input type="checkbox"/></p> <p>CNS = no focal deficits.</p>	
2/16	<p><u>Adv</u> : To continue Rx as per chart</p> <p>* To collect H. Hepatitis levels, Retic count lab & Hematology to be revised to be done</p> <p>* Gastroenterologist review today.</p> <p>* Monitor vitals, <input type="checkbox"/> Ate once 4th baby.</p>	

SPB-00232400
Rajiv SHANKAR 1 Y 2 M 7 D
1404-2024
D. P. GUPTA TEAM
IP27-00009296
(11)

PROGRESS NOTES AND DOCTOR'S ORDER

Doctor's Order

Progress Notes

Dr. D. MUND (PCC)

Date & Time	Dr. / Site	Diagnosis	Function	Consent
10:20am	Dr. D. MUND	Corrected Hirsutism / Severe Dyspareunia	Function	Consent

Associated ENTIRE COLITS / Polyps
Low Ferritin Anemia / Polyps
To Take

- Received abnormally PRBC over 48 hour period, tolerated it well.

- last few nights 01pm - 100F.
- Pains stops - 2 times yesterday.
- Alert & Active.

- Taking liquids well.
- Albumin - distention (+) Ascites
- No focal complaints.

Plan:

- To repeat CBC, CRP, WBC, Albumin, electrolytes, Tm
- Monitor AG, p4u.
- Dr. Vedarth regarding rectal wash.
- Continue IV antibiotic.

- Can shift to ward today.
- Dr. Mungil regarding iron supplementation

To discuss & family & decide on RBC line insertion.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/25	8/8 Dr Munn (PICU)	
4:30pm	Child stable, no fever Complaints. No fever spikes noted Oral intake slightly better, started oral Abdomen - distended post feed. Bowel stool - one.	
	Plans:	- ACU monitoring Q4H. - Vitals Q4H monitoring. - Use fever pills. - Continue IV antibiotics. - TIm: CEC, CRP, Albumin, VDg & electrolytes. - If CRP down trending for 24h initiate rectal exam after diarrhea is Dr Vdathk. - Plan to complete 7 days of IV antibiotics & CRP normalization before discharge. - Plan on initiating Probiotics
		Dr Munn Dr Vdathk



PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes

Doctor's Order

Date & Time

10/10/10 @ 10:00am

Suspected cholecystitis, with fluid Enteroceles, c. 100cc. Patient to be managed conservatively.

Feeds Spoke - 100% @ 9:00pm! (100% weight gain)

Vitals - Stable

Abdomen - distended, soft, bowel sounds @ 18 → 20 air entry @, no added sounds

Plan: Watch & hold with monitoring

Investigation - CBC, CRP, Albumin, WBC, SE tomorrow morning w/ green spins

23/06/10 8:00am

GR Pilo team.

Suspected cholecystitis, with fluid Enteroceles & some green. Highway concern with failure to thrive. S/P & RBC transfusion

Feeds Spoke 100% @ 9:50pm

Parent stool - toxic

HR - 110bpm

RR - 28bpm

Abd 9 - massive



PROGRESS NOTES AND DOCTOR'S ORDER



Date & Time	Progress Notes	Doctor's Order
	<p>PP → Rintedan, sgtl, bowel sounds ⊕ no organomegaly</p>	<p>on D4 PETAZ D4 METROPRAM D5 AMIKACIN</p>
	<p>RS → flk air entry ⊕, no added rales LUS → SS, heard, no rales.</p>	
	<p>Abd: . Contour distended</p>	
	<p>Collect investigation - CBC, CRP, SE, albumin.</p>	
	<p>- Diuresis ⊕ Dr Vedant regarding acetab washes if needed.</p>	
	<p>- Continue same treatment.</p>	
	<p>- Stop Amikacin after today's dose.</p>	<p><i>(Signature)</i> Dr. D. S. ... Dr. ...</p>
<p>22/4 8PM</p>	<p>SLR R Kati</p>	
	<p>Suspected Hirschsprung's with Enterocolitis ⊕</p>	
	<p>Severe anemia ⊕ failure to thrive</p>	
	<p>No fever spikes.</p>	
	<p>Orally intake improved.</p>	
	<p>No other fresh issues.</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

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BIRTHRIGHT
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Your Right to a Safe Birth

Date & Time	Progress Notes	Doctor's Order
	<p>ofc = vital = stable</p> <p>ofc = H/o stillborn mild infection.</p> <p>A/G = 4/20m</p> <p>Bowel sounds ⊕</p> <p>CUS = H₂ S₂ ⊕</p> <p>RS = 12L in early ⊕</p> <p>AN = no focal deficit.</p>	
	<p>Also ⊕ to stop Ang stimulation</p> <p>* To continue rest by on per chart.</p> <p>* Monitor vitals regularly</p>	
3/16/26	<p>? H/O symptoms with acute Encephalitis & severe iron deficiency anemia with failure to thrive (S/P RBC transfusion).</p>	<p>VEI Dr. Kati 1/1/2026</p>
3/16/26	<p>op/1 HR 120/100mm</p> <p>RR 24cpm</p> <p>Temp 98.1</p> <p>Pulse: well perf.</p> <p>CH - 3 sec</p> <p>A/G: 4/40m</p>	<p>- no more spites.</p> <p>shift: Yes! night passed.</p>

U. No.: RCH/ERM/...