

ACTIVITY RECORD FOR BILLING


Name : _____

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

Date of Admission: _____ Discharge : _____ Time: _____

Room / Bed No : _____ Billable bed type : _____

BAH-00535425 IP5-00174928
Master MOHAMMAD ABDUL
01-02-2011 15 Y 4 M 8 D (M)
Dr. SIRISHA RANI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	3PM	ER	104	Anneel

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/6/26	CBP, CRP, LFT Blood Uls	} ophans	Charan
9/6/26	AttraSecund Abdomen	28943	Amul
9/6/26	USG Abdomen	28943	Charan
9/6	Dengue NSIT Dengue Igm	260583070	[Signature]
9/6	[Signature]	26058170	[Signature]
10/6	UG	2615205	[Signature]
11/6	CBP	2509615	[Signature]
11/6	urine culture	0299619	[Signature]

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174928 Admit Date : 09-Jun-2026 Admit Time : 02:05 PM UHID : BAH-00535425

Patient Details :

Patient Name : Master MOHAMMAD ABDUL RAHMAN Age : 15 Y 4 M 8 D
Guardian : Mr MOHAMMAD QAMAR UDDIN DOB : 01-02-2011
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 8-1-332/A/180, ARIVIND NAGAR,AZIZ BAGH, GOLCONDA, Tolichowki Hyderabad
Telangana INDIA 500008 Phone No : 9849254189/ 9347902411
E-mail : QAMARUDDIN.SDPT@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 104 Ward Name : 1F-VIBGYOR
Room No : SPVT 104 Admission Type : First Visit

Contact Details :

Name : Mr MOHAMMAD QAMAR UDDIN Relationship : Father
Contact Address : H NO 8-1-332/A/180, ARIVIND NAGAR,AZIZ BAGH, GOLCONDA, Tolichowki Hyderabad
Telangana INDIA 500008 Phone No : 9849254189 / 9347902411


Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. NALLA ANURAAG REDDY

Payment Details :


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



**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00535425 IPS-00174928
Master MOHAMMAD ABDUL
01-02-2011 15 Y 4 M 8 D (M)
Dr. SIRISHA RANI



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

High grade fever since 3 days.
Cough, Cold since 2 days.
1 episode of vomiting

History of present illness :

Child is 12/90 Chronic ITP, &
Had CSVT with TPO analogues, now off treatment > 1yr.
Come with above mentioned complaints.

High grade fever - max 103°F
- max 3-4 spikes/day.
- decreased \bar{c} antipyretic medication, but recurs.

Cough, Cold since 2 days
- occasionally.
- Not associated vomiting

1 episode of nonbillious, nonprojectile vomiting.
Poor oral intake
Nausea (+)



Physical Examination

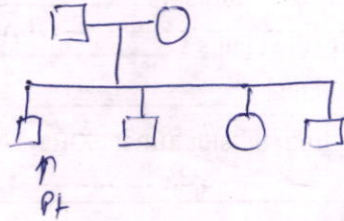
Past History : (Including details of any previous investigation or treatment)

ITP diagnosed @ Jan 2023, Bone marrow aspiration -
reduced megakaryocytes.

CT Brain - Jan 2023 - Right sigmoid sinus & right transverse
sinus thrombosis

Birth & Neonatal History:

2.2kg | NVD | CIAB, NO H10NICU stay.



Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____
} upper middle class

Developmental History :

(N) development

Immunization History :

IAP schedule @ Candy hospital.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 48.14kg (Centile _____)

On Examination :

Temperature : 103.2° F Pulse Rate : 140/min B.P. 100/57/66 SPO2 96% on RA
Resp. rate and type of breathing : RR = 22/min

Rash _____ } Flushed (+)
Lymphadenopathy _____ } nil Sick looking (+), dull activity
Oedema : _____ } no
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : B/LA (+)
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S1S2 (+)
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : soft, NT
Ausculation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

BAH-00535425 IP5-00174928
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Dr. SIRISHA RANI



Pet

Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Chronic ITP

Acute febrile illness - ? Bacterial infection ? cholecystitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP }
 CRP } done on OPD
 LFT } basis
 Blood Ue }

Extra plain collected in ER
 USA Abdomen

of B Anus
 9/6/26

Planned Management

- Inj Ceftriaxone
- Inj Amikacin
- Syp. Relcut plus
- Tab Crocin
- D/F 1/2 maintenance

N/B Anus
 9/6/26

Signature of the Doctor: Ramy

Name of the Doctor: Dr. RAMYA

Date & Time: 9/6/26; 2pm

Signature of the Consultant: _____

Name of the Consultant: Dr. Sirisha Rani

Date & Time: _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>9/6 <u>3 pm</u></p>	<p><u>C/S/B Resident</u></p>	
	<p>A: Chronic TPP <u>AFI (D4) / cholelithiasis</u></p>	
	<p>O/E: febrile sick look (+) mild dehydration (+) flushed. chest clear. P/A: soft. ?(R)LO tenderness</p>	<p><u>Adv:</u></p> <ol style="list-style-type: none"> 1-) Cont. <u>IVF</u> 1/2 maintenance 2-) Add Inj Ondem. Inj Ceftriaxone. Inj Amikacin 3-) Fever management 4-) Blood c/s sent on OP basis
	<p><i>[Faint handwritten notes]</i></p>	<p>Send Dengu N₁ Igm + Akhile mp optimal</p>
	<p><i>[Handwritten signature]</i></p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	Acute febrile illness - DS.	
10 AM	Probable viral pyrexia.	
	fever spikes (+)	
	No vomiting	
	vitals - stable.	Plan
	Peyre No.	1. Continue IV antibiotics
	1 gm } negative	2. Trace mp optimal, blood cts.
	amikacin	3. send WBC
	ceftioxone } D2	4. CBP
		1 extra plain } Tlm.
		Sarani
	Ammu	
	Sarani @ 11:30 AM	noted by
		Sarani
	Every rounds.	
	No myalgia	1. Trace WBC
	No fever since morning	2. CBP
		1 extra plain } Tlm
	vitals - stable	noted by
		Sarani
		noted by
		Sarani

BAH-00535425 IP5-00174928
 Master MOHAMMAD ABDUL
 01-02-2011 15 Y 4 M 8 D (M)
 Dr. SIRISHA RANI



RESULT SHEET

Date	8/5	9/6				
Time						
Hb		10.6				
PCV						
RBC						
WBC		23810				
N/L		90/6				
Platelets	1.31L	1.58L				
CRP		31				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP		119				
SGPT		21				
SGOT		23				
T.Bill/Conj		0.6 < 0.1				
T.Protein		6.3				
S.Albumin		3.9				
S.Globulin		2.4				
A/G Ratio		2.4				
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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 01-02-2011 15 Y 4 M 8 D (M)
 Dr. SIRISHA RANI



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Ward.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Udilor tab	1 tab PO	PO	OD	8/6/21	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Tab Syp Celeston / Celest					<input type="checkbox"/> C <input type="checkbox"/> DC
3	Tab Shelcal	1 tab	PO	OD	8/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. RAMYA

Date & Time : 9/6/26; 2pm.

Nurse Name & Signature: Anneel

Date & Time : 9/6/26 2pm

BAH-00535425 IP5-00174928
 Master MOHAMMAD ABDUL
 01-02-2011 15 Y 4 M 8 D (M)
 Dr. SIRISHA RANI



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date															
Dose	Route	Frequency	Start Dt.	Time															
7eb CROCIN 650mg				9/6/26															
1tab	PO	QID	9/6/26	6am															
Name & Signature of the Doctor Starting the Drugs:																			
Dr Ramee																			
Additional Instructions:																			
(Paracetamol 650mg)																			
Daily Doctor's Endorsement by a Sign																			
7eb UDILIV				9/6/26															
1tab	PO	BD	9/6/26	10am															
Name & Signature of the Doctor Starting the Drugs:																			
Dr Ramee																			
Additional Instructions:																			
(1 tab = 300mg)																			
Daily Doctor's Endorsement by a Sign																			
7eb SHEL CAL				9/6/26															
1tab	PO	OD	9/6/26																
Name & Signature of the Doctor Starting the Drugs:																			
Dr Ramee																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
Inj ONDANSETRON				9/6/26															
4mg IV	TID		9/6/26	6am															
Name & Signature of the Doctor Starting the Drugs:																			
Achille																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

Signature
VERIFIED BY : Name

BAH-00535425 IP5-00174928
 Master MOHAMMAD ABDUL
 01-02-2011 15 Y 4 M 9 D (M)
 Dr. SIRISHA RANI



REGULAR PRESCRIPTIONS

Weight Ward

DRUG : <i>ly BUCCORAN</i>				Date Time																			
Dose	Route	Frequency	Start Dt.																				
<i>20mg</i>	<i>IV</i>	<i>BD</i>	<i>9/6</i>	<i>6am</i>	<i>10/6</i>	<i>11/6</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>Sirisha</i>				<i>6am / 10/6 / 11/6 / Sirisha Rani</i>																			
Additional Instructions:				<i>6pm daily Sun Day started</i>																			
Daily Doctor's Endorsement by a Sign				<i>d d</i>																			
DRUG : <i>ECONORM SACHET</i>				Date Time																			
Dose	Route	Frequency	Start Dt.																				
<i>1 SACHET</i>	<i>P/O</i>	<i>BID</i>	<i>09/06</i>	<i>10AM</i>	<i>11/6</i>	<i>11/6</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>Sohib</i>				<i>10AM / 11/6 / 11/6 / Sohib</i>																			
Additional Instructions:				<i>10PM / 12AM / 11/6 / 11/6 / Sohib</i>																			
Daily Doctor's Endorsement by a Sign				<i>A N .</i>																			
DRUG :				Date Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG :				Date Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

Signature

VERIFIED BY : Name

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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 Master MOHAMMAD ABDUL
 01-02-2011 15 Y 4 M 9 D (M)
 Dr. SIRISHA RANI

Doc. No. : RCHBH/ FRM / CLINICAL / 127

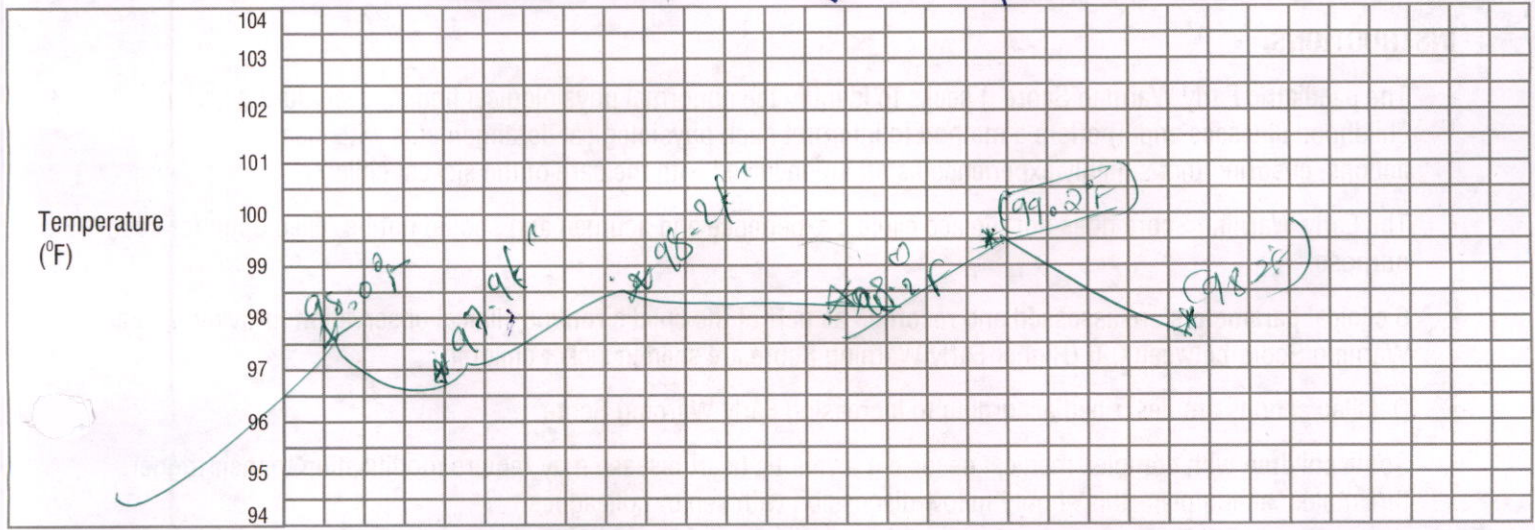
TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/6..... Time: 6 am 10 AM 4 PM 6 PM 10 PM 2 am



Heart Rate (bpm)	BP (mmHg) *
96	96/70 (46)
91	91/51 (63)
100	100/58 (62)
103	103/60 (69)
90	90/50 (53)
98	98/60 (71)

Note: BP does not score in early warning scoring

Heart Rate (Number)	Resp Rate (Number)
101b/m	26b/m
87b/m	26b/m
96b/m	26b/m
103b/m	28b/m
98b/m	26b/m
103b/m	26b/m

Resp Distress	Mod/ Severe	None / Mild	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	Normal / Altered	GCS *
			97l	100%	15/15		15/15
			100l	100%	15/15		15/15
			100l	100%	15/15		15/15
			100%	100%	15/15		15/15
			100%	100%	15/15		15/15
			99%	99%	15/15		15/15

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
1	1	0	
1	1	0	
1	1	0	
1	1	0	
1	1	0	
1	1	0	

ACTIONS

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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 (M)

Doc. No. : RCHBH/FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16.12.11 Time: 2:20pm

Doctor / Nurse / Family Concern? 3pm 5pm 6pm 8:20pm 10:30pm 11pm 12am

Temperature (°F)	104						
	103	x103.0°F					
	102		x100.1°F				
	101						
	100			x100.9°F			
	99						
	98						
	97						
	96						
	95						
	94						

Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						

Heart Rate (Number) 100 bpm 121b

Resp. Rate (bpm) (Over 1 Minute)	70						
	60						
	50						
	40						
	30						
	20						
	10						

Resp Rate (Number) 24b 26b

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 99%

Conscious Level Normal / Altered

GCS * 15/15 15/15

TOTAL SCORE Number of shaded boxes 1 1

Pain Score 8 8

Observer's Initials

ACTIONS
 NB: Scores 3 should be recorded overleaf

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 Master MOHAMMAD ABDUL
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 Dr. SIRISHA RANI



FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. : ①

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Output			IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G			Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00535425 IP5-00174928
 Master MOHAMMAD ABDUL
 01-02-2011 15 Y 4 M 9 D (M)
 Dr. SIRISHA RANI



FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake	
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Total 24 hrs. Output	
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FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



104

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 9/6/26 Time: 3PM

Weight: 48.14 kgs Centile: >10th

Height: 168 cms Centile: >25th

Inference: underweight child

RDA: - Calories: 1950 kcal/d Protein: 35g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled & outside foods

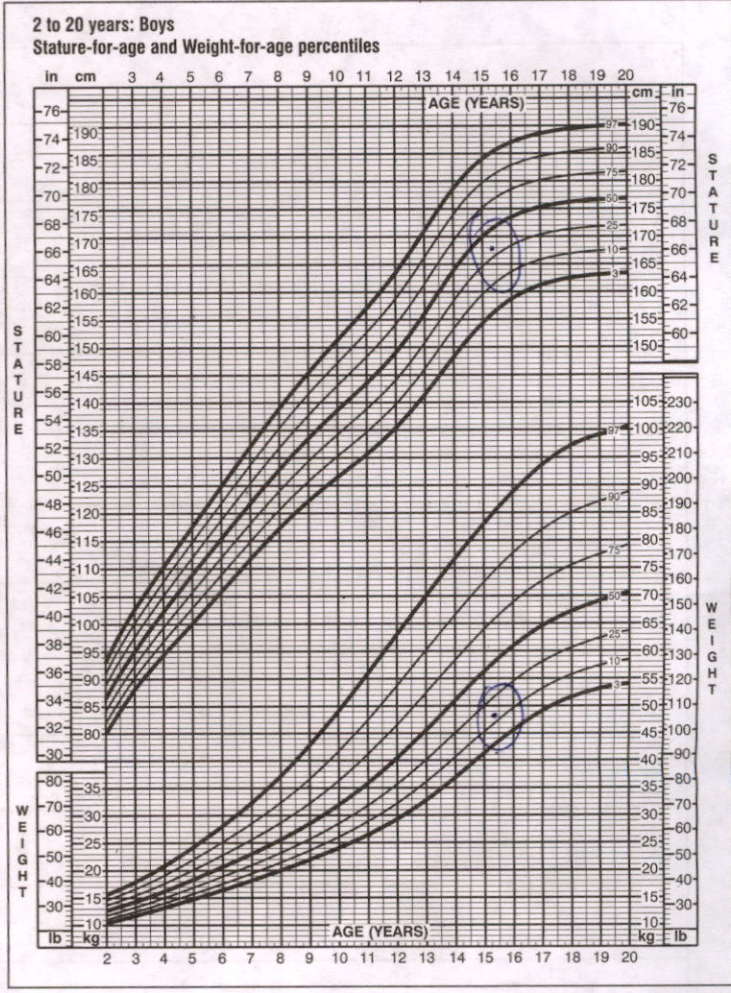
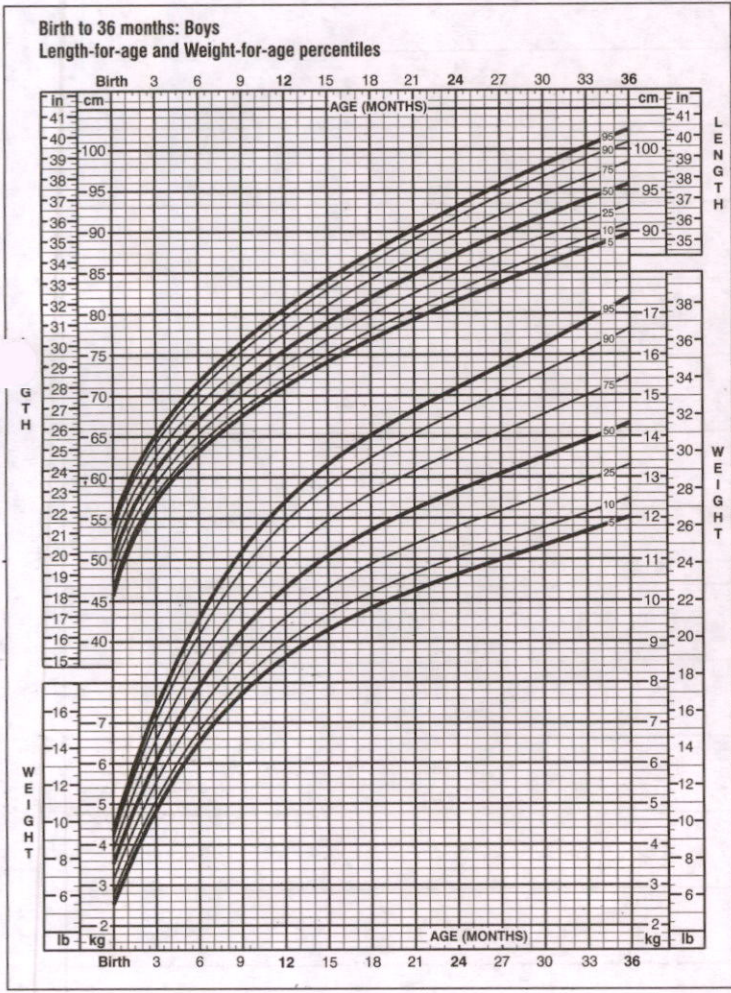
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Chronic ITP & AFI

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: parent's don't need dietitian. don't charge for NHA

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

