

BS

ACTIVITY RECORD FOR BILLING

Name : _____

IAH-00658242 IP5-00174805

UHID No. : _____

Baby SHRINIKHA
1-04-2026 0 Y 1 M 26 D (F)
Dr. SANDEEP REDDY

Attendant : _____ Dept : _____

Date of Admission : _____



Date of Discharge : _____ Time : _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Bhargavi	6/6/26	9645997	<i>[Signature]</i>
2	DR.	—	—
3	DR. Ramesh Reddy	6/6/26	9648007	<i>[Signature]</i>
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/6/26	X-ray chest (1)	28393	Jami
	CBP, PCT, Rpa, Blood clts	26057155	
	5-viral panel		
	VBC (1)	BA26057690	Jami
7/6/26	CBP	26057480	Jami
	RBS	26057498	
7/6/26	Blood clts		
8/6/26	RBS	26057650	Jami
8/6/26	X-Ray (2)	26057114	Jami
8/6			
9/6	RBS	26058055	Jami
9/6	Office of Study (1)	26058057	Jami

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6	IV Placement	(1)	9645217	Lami
6/6/26	Nebulization	(3)	9646118	Sueh
7/6/26	nebul e o2	(3)	9646690	Lami
7-6-26	Neb C o2	(2)	9647234	[Signature]
8/6/26	nebul e o2	(3)	9647747	Lami
8/6	nebul C o2	(3)	9648604	[Signature]
9/6	Neb C o2	(3)	9648985	[Signature]

ANY OTHER INFORMATION

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X ray - 2

VBR = 1

upper GI contrast study - 1

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Date: 8/11/26 Time: 10:10am Prepared By: Sueh

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sueh	114B		

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174805 Admit Date : 06-Jun-2026 Admit Time : 06:21 AM UHID : BAH-00658242

Patient Details :

Patient Name	: Baby SHRINIKA	Age	: 0 Y 1 M 26 D
Guardian	: Mr REVAN SIDDAPPA	DOB	: 11-04-2026 01:00 AM
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: #EMPIRE RESIDENCY APTS , GUBBI COLONY OPP SADIQ MAJID Rajapur GULBARGA Karnataka INDIA 585105	Phone No	: 8310999543/ 8618823205
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type	: PICU	Bed No	: PICU 212	Ward Name	: 2F-PICU I
Room No	: PICU 212	Admission Type	: First Visit		

Contact Details :

Name	: Mr REVAN SIDDAPPA	Relationship	: Father
Contact Address	: #EMPIRE RESIDENCY APTS , GUBBI COLONY OPP SADIQ MAJID Rajapur GULBARGA Karnataka INDIA 585105	Phone No	: 8310999543 / 8618823205

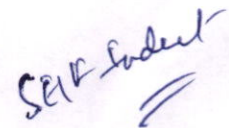

Signature

Doctor Details :

Doctor Name	: Dr. SANDEEP REDDY	Specialisation	: PEDIATRIC INTENSIVE CARE
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. KAPIL BHAGWATRAO SACHANE		

Payment Details :

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


SELF PAY

BAH-00658242 IP5-00174805

Baby SHRINIKA

11-04-2026 0 Y 1 M 26 D (F)

Dr. SANDEEP REDDY



ADMISSION CRITERIA – PICU

Admission / Transfer from:

- Emergency
- Outpatient (OPD)
- Ward
- Operation Theater
- Others:

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- All patients requiring mechanical ventilation;
- Patients with impending respiratory failure;
 - Upper airway obstruction;
 - Lower airway obstruction;
 - Alveolar disease; and
 - Unstable airway;
- All Paediatric patients after successful resuscitation;
- Comatose Patients;**
 - Meningitis, encephalitis;
 - Head injury;
 - Hepatic encephalopathy;
 - Poisonings; and
 - cerebral malaria;
 - Status epilepticus;
- All types of shock/hemodynamic instability:**
 - Septic shock;
 - Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- Cardiac arrhythmias after consulting with the treating consultant
- Hypertensive Emergencies;
- Severe acid base disorders;
- Severe electrolyte abnormalities;
- Diabetic ketoacidosis (Ph<7.2, altered sensorium, hyperglycemia)
- Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
- Post-Operative Patients;**
 - Requiring ventilation;
 - Unstable patients; and
 - Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- Patients requiring nitric oxide therapy;
- Malignant hyperpyrexia;
- Acute hepatic failure
- Severe dehydration with mental status change;
- Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

"UNSTABLE" PATIENT IS DEFINED AS

- HR < 50 or > 160 per minute or more than upper normal limit according to age. BP<90 systolic and < 50 diastolic an or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
- Signs of peripheral poor perfusion or suspicion of any type of shock.
- Capillary refill time > 4seconds.
- Children Blood pressure (Syst.) < [70 + (2× age "Years")].
- Respiratory failure or high risk of failure or airway obstruction:**
 - Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - O2 Saturation <90 % or need for O2 >4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
 - Distress and risk of exhaustion
- Change of level of consciousness: GCS < 13.**
- Persistent oliguria with acidosis.**

Signature of the Doctor: [Signature] Name of the Doctor: Dr. Mathan Date & Time: 6/6/26 6AM

BAH-00658242 IP5-00174805
Baby SHRINIKA
11-04-2026 0 Y 1 M 26 D (F)
Dr. SANDEEP REDDY



DISCHARGE CRITERIA – PICU

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- Stable hemodynamic parameters.
- Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- Minimal oxygen requirements that do not exceed patient care unit guidelines.
- Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- Cardiac dysrhythmias are controlled.
- Neurologic stability with control of seizures.
- Removal of all hemodynamic monitoring catheters.
- Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

BAH-00658242 IP5-00174805
Baby SHRINIKHA
11-04-2026 0 Y 1 M 26 D (F)
Dr. SANDEEP REDDY



PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 6/6/26 Time: 6:00 AM

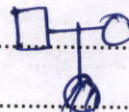
Patient Assessment Form:

Informant: Father Mother Other

Presenting Complaints / Chief Complaints :
Fever since 5 days.
cold cough 3 days.
fast breathing 2 days.
Admitted in local hospital 3/6 to 4/6
P/V/O worsening distress Referred to
sojani hospital 5/6/26.
In view of tachycardia, worsening tachypnea
Referred to Rainbow hospital.

Past History (Including previous treatment and investigations) :
NO previous hospitalization.

Birth and Developmental History :
Term / 2.5 kg / coded at birth.
NO H/O NICU stays.
Nonconscious monitoring.



Immunization History : phototherapy 1 day.

H/O Allergy : -

Family History : Last vaccination 31/5/26.
NOT significant

INITIAL ASSESSMENT

RBS : Temperature : 98.9 f Weight (kg) : 4.5 kg .

Respiratory System Findings:

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

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

BAGP SCR + IER +

SPO2: 98% O by NC / FM / NRB mask / Oxyhood, at HFNC BL 50% FIO2 L/min

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

Ventilatory Settings : 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 : 160 Cardiac Rhytho : Sinus

(Heart sounds, murmur etc.) :

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

Blood Pressures : NIBP : 82/43 (50)mm IBP : CVP :

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

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Any Other Infusions :

Last 2D Echo Findings : (euvolemic, normal biventricular function, normal coronaries)

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 : Ivg ceftriaxone

Ivg ampicillin

Abdominal Exam : soft Ivg dobutamine

Ivg thiamine

Ivg carnitine

ENT Exam : (N)

Central Nervous System :

Level of Consciousness : AVPU / GCS score : alert, active

Neurological Findings : pupils - Bil. 2mm, reactive to light

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

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

- a. Nutritional Screening Criteria: Screening is Positive Negative
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Needs Therapeutic Diet. | <input type="checkbox"/> Diarrhoea > 4days | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Psychological Eating Disorder | <input type="checkbox"/> Major Surgery | <input type="checkbox"/> Patient in ICU |
| <input type="checkbox"/> Under Weight | <input type="checkbox"/> Difficulty swallowing / Chewing | <input type="checkbox"/> Hyperemesis gravidarum | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Poor Appetite > 3days | <input type="checkbox"/> Unplanned Change in Weight | | |

- b. Psychological Screening Criteria: Screening is Positive Negative
- Non-compliance to offered treatment Over weight Suspected Drug Abuse
- Emotional / Behavioural Problem (Tearful, uncooperative)

- c. Functional Screening Criteria: Screening is Positive Negative
- Patient cannot position himself in bed Change in Muscle Power
- Restricted ROM Impaired Daily Living Activities

- d. Socio-economic Screening Criteria: Screening is Positive Negative
- Living alone Suspected abuse or neglect
- Cultural or religious background that would need to know for the plan of care Unable to assess due to lack of family

e. Need for Interpreter Screening is Yes No If Yes then plan

6. Patient needs additional specialized assessments: Yes No

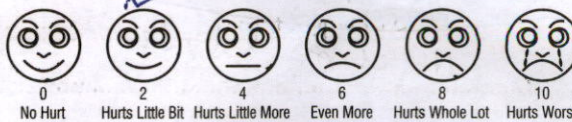
If yes, Please fill Individualized Initial Assessments Form for Special Populations

Others

Pain Screening:

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

Pain Score "Whenever Applicable"



Location:

Duration: days / weeks / months (Strike Out that is not applicable)

Character: localized diffuse sharp aching referred vague burning / soreness

Frequency: constant intermittent occasional

Pain Management done Yes No

Nutritional Evaluation: well nourished

Current Medications:

Provisional Diagnosis : Bronchopneumonia

Prism III score at 24 hrs of admission : 3 Worse SOFA Score :

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 : As per rota

Indication for PICU referral : respiratory distress

PLAN OF CARE

Preventive aspects of the treatment : Respiratory failure

Desired goals of the treatment : hemodynamic stability

PLANNED INVESTIGATIONS

PLANNED MANAGEMENT

ECG
CBP
PCT
AP₂
CXR
Blood culture
5-visual panel

1. Ijg refraxone
2. Ijg ampicillin
3. 3% NaCl nebulizations

noted by Subra

Noted by Subra

Final Diagnosis: Bronchopneumonia

Doctor's Signature : [Signature]

Consultant's Signature : [Signature]

Name : Dr. Mathew

Name :

Date : 6/6/26

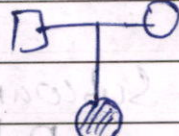
Date :

Time : 6:20 Am

Time : 9:30 Am

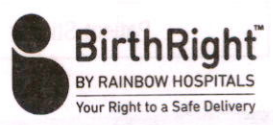
Dr. Subra
6/6/26
9:30 Am

PROGRESS NOTES AND DOCTOR'S ORDER

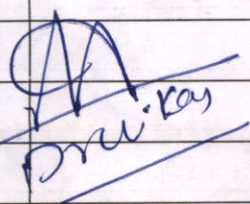
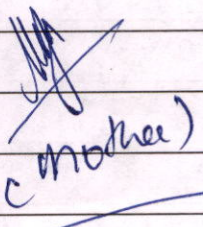
Date & Time	Progress Notes	Doctor's Order
6/5/2026 6:40pm	C/S/B Plw Team	
	<p>- H/o fever x 5 days cough/cold x 3 days Fast Breathing x 2 days</p>	<p>- Term / 39 wks / 2.6 kg / Cned immediately after birth / No H/o New Sx / H/o phototherapy for 1 day Exclusively Breast feed</p>
	<p>- H/o Vaccination on 31/5/2026.</p>	<p>Plan</p>
	<p>Admitted in local hospital on 3/6/26, 4/6/2026</p>	<p>LABS → CBP, ECG, PCT, RP2.</p>
	<p>↓ H/o worsening distress Admitted in Sujani Hospital on 5/6/2026</p>	<p>Chest xray Blood cts (5) Urinal panel</p>
	<p>↓ H/o Tachycardia, Worsening Tachypnoea → Referred to RCH, Banjara Hills.</p>	<p>Cardiology consultation 2) Ij: Ceftriaxone Ij: Esomeprazole Abtⁿ 3/ Nacl.</p>
	<p>O/E child is intable HR - 160/min. RR - 66/min ↑ SpO₂ - 98% BP - 82/43 (54) chest - B/C currents equal conducted sounds (4)</p>	<p>4) H/F. DNs (5) 50% Maintenance. 5) Keep CPAP Ready (alm full face mask)</p>

Noted
 6/6/26
 @6/26

BAH-00658242 IP5-00174805
 Baby SHRINIKA 0 Y 1 M 26 D (F)
 11-04-2026
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>6/6/2026</u> <u>7:00 AM</u>	<u>Counselling Notes</u> <u>Dr. Alinadh</u>	<u>Room-2</u>
	<p>Parents have been counselled that currently child's heart rates are between 150-160/min. child has long ejection, because of long injection child is having tachypnoea. currently child is on HFNC by the tachypnoea worsens, child may require CPAP support. child may take some time to recover. Cardiologist will see the child.</p>	
 <u>Dr. Alinadh</u>		 <u>(Mother)</u>

IAH-00658242 IP5-00174805
 Baby SHRINIKHA
 1-04-2026 0 Y 1 M 26 D (F)
 Jr. SANDEEP REDDY



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 06/06/2026 Day of Admission : Day 1 Today's Date & Time : 06/06 8:30 AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Bronchiolitis</u>	Current Issues : <u>Respiratory Distress</u> <u>Tachycardia</u>
	VITAL SIGNS Today's Wt. (kg) : <u>4.5 Kg</u> Temp.: <u>Afebrile</u> Blood sugar issues : <u>105 @ 6 AM</u>	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>B/L AF ⊕, Tachypnea, Subcostal retractions ⊕</u>	
	CXR : SPO ₂ : 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 checked="" type="checkbox"/> No - If Yes, details : <u>HFNC - 5L/min 50% FiO₂</u>	
	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 : <u>3% NaCl</u>	
	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : <u>HR - 166 bpm</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>72/33 (42)</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 : 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 : Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care : <u>22G ⊕ Hand day 1</u> <u>24G ⊕ leg day 1</u>	
CNS	Neuro Exam : <u>Alert, intermittent Irritability ⊕</u>	
	Pupils : <u>8mm B/L RTL</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 : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds EBM <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 : DNS @ 10ml/hr 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 K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<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) : w/ cefmaxone - Day 1 Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : <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 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 : Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :	
	FINAL COMMENTS 	

Doctor's Name (Handover given) : **Mr. Kattur**
 Signature : **[Signature]**
 Date & Time : **06/06 8:30 AM**

Doctor's Name (Handover taken) : **Dr. Jayalini**
 Signature : **[Signature]**
 Date & Time : **06/06/20 9am**

BAH-00658242 IF 5-00174
 Baby SHRINIKA
 11-04-2026 0 Y 1 M 26 D
 SA. IDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Sandeep Reddy

Date & Time	Progress Notes	Doctor's Order
06/06/2026	Counselling Notes	
	parents have been counselled about the child clinical condition i.e.	
	1) Looking like baby got lung infection, that is the reason for respiratory difficulty.	
	2) Now we kept her on 6L/min & 40% FiO ₂ , with that she was little bit settled	
	3) 2D Echo outside was normal, still we will do from our cardiologist to r/o any missed cardiac problems & increased HR rate.	
	4) metabolic causes are less likely as per initial reports	
	5) chest X-ray looking like viral Bronchiolitis, we sent 5 viral panel (report awaited).	
	if any virus comes positive, we will start antivirals based on that.	
	6) As of now there is no abnormalities in ECG, except increased heart rate.	
	7) 4-5 days minimum required to settle the things. if clinically worsens, we may need NIV or any increased support.	
	Dr. Kavitha	Mother
	5) 50% feeds @ 3H	adv
	6) Financial Counselling.	1) CBP T/m 2) Cardiology Opinion
		3) IF Hb ↓ → plan PRBC T/m (<7) 4) Arterial line SOS if persistent ↑ Heart Rate.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/06/2026	Case Seen by Dr. Sandeep.	
12:30 PM		
	A: Bronchiolitis	
	child on HFNC	Plan:
	(5L/min)	1) Add Inj. Hydrocortisone
		Budecort nebulisation
		SXP. AZITHROMYCIN
	O/E-	Trace 5 viral panel
	child is irritable	2) Cardiology consultation
	Tachypnea ⊕	4) Allow oral feeds (50%)
	Subcostal retractions ⊕	5) CBP 7Lm morning 4oml 3rdly
	HR - 158/min	6) Arterial line sbs.
	RR - 55/min	
	BP - 81/41 (50)	
	SpO ₂ - 97-99% on HFNC.	Shareeth
	RS - B/L air entry ⊕	
	PA - soft	Noted by Arin
	NO organomegaly.	6/6/26
	Cvs - S ₁ S ₂ ⊕	@ 1 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 6pm	c/s/B Dr. Sandeep	<u>Plan</u>
	Di- Bronchiolitis	1) trace adenoviral PCR
	ON HFNC - 5 L/min,	2) CBP t/m
	40% FiO ₂	3) SOS arterial line
	RR - 40-50/min	4) 40 ml / Q3H
	SpO ₂ - 98%	oral feeds (70% M)
	HR - 180/min	5) stop IV fluids
	BP - 80/60 mmHg.	6) w/t worsening of respiratory distress.
	perfusion - good	7) 2y- lasix / SOS
		2y- Methylprednisolone
		noted by <i>[Signature]</i>
		6/6/26
		@ 6:30pm



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 5/6/26 Day of Admission : day 2 Today's Date & Time : 7/6/26
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Bronchiolitis</u>	Current Issues :

VITAL SIGNS	Today's Wt. (kg) : <u>4.5 kgs</u>	Temp.:	Blood sugar issues :
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RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>RAE (+) clear</u>
	CXR : <u>bil hyperinflated lung fields</u>
	SPO ₂ : <u>100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>HFNC - 3L, 40%</u> L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" 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 : <u>3% NS / Q6H</u> ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details :	
Plan of care : <u>Rudocort / BD</u> <u>anj. methylpred / BD</u>	

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam (Heart sounds, murmur etc.) : <u>HR - 140/min, S2 (+)</u>
	Quality of Pulses : <u>good vol, regular</u> cap refill Time : <u>2 seconds</u> Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : <u>86/52</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 : <u>(N)</u>
Size of the heart and lung fields in latest CXR : <u>P. Camla 22G → (L) Hand</u>	
Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : <u>P. Camla 24G → (R) leg</u>	
Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition :	
Day of arterial line : Day of Central line :	
Plan of Care :	

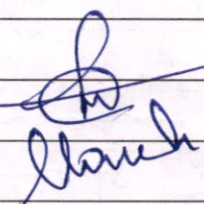
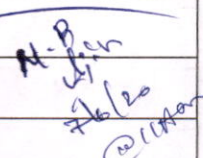
CNS	Neuro Exam : <u>Ey vs MG</u>
	Pupils : <u>2+ 2+</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :
Plan of Care :	
Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>+202</u> / (+/-) Input : ml/k/d UO : <u>1.6</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>EBM</u> Feed Schedule : <u>40 ml / Q3H</u> 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 K Cl Ca Mg P HCO3 Sr. Amylase : ? Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>2x: ceftriaxone } Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>hyp. free } D2 Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : </u></u>	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : <u>day 2</u> Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>7.8 / 13.240 (35/49) / 5.3 lachs</u> Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 :	Pending Lab Results : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Blood c/s</u> Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
	FINAL COMMENTS <u>→ plan to remove foley's</u> <u>→ shift to O2 c NP @ 24/min</u>	

Doctor's Name (Handover given) : Dr. Pradyumna
 Signature : [Signature]
 Date & Time : 7/26, 8am

Doctor's Name (Handover taken) : Dr. Kaithe
 Signature : [Signature]
 Date & Time : 07/06/26 8:30 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/06/20		
@ 10 AM	SB D Anash	
	AI Bronchiolitis	Adv
	On low flow O ₂ @ 2l/min	① continue O ₂ NP @ 2l/min
	Hemodynamically stable chest. BIAAD	② plan to wear oxygen
	Epul-mra	③ continue on feeds
	pa not BIAAD on AF plot open	④ Trial a oral feed
	HR 140/min	⑤ watch for ED
	SpO ₂ 96-97% on O ₂	⑥ CRIB low
	RR 30-31/min	⑦ stop warmer
		
		

BAH-00658242 IP5-00174805
 Baby SHRINIKA
 11-04-2026 0 Y 1 M 28 D (F)
 Dr. SANDEEP REDDY



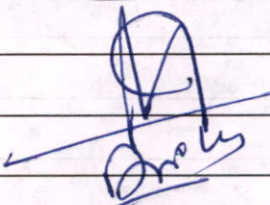
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order Dr - Arunash
	<u>Counseling notes.</u>	
7/6/26 2pm	<p>patient condition is getting better, we weaned off HFNC, if baby tolerating, no further distress we can shift to ward. if any further distress we may need start HFNC again also. Tomorrow we will repeat complete blood picture. patient condition explained to attenders in their own language. Heart rates are normal range after admission. 2D Echo was normal. Child was having respiratory infection. NO myocarditis.</p>	
	<u>Dr. [Signature]</u>	
	father	Dr. [Signature] Dr. Mathew

BAH-00658242 IP5-00174805
 Baby SHRINIKA
 11-04-2026 0 Y 1 M 28 D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/24 4:00pm	E/S/B Dr. Aneesh	
	Diagnosis: Bronchiolitis	Plan
	child on low flow oxygen	1) continue low flow
	hemodynamically stable	2) Trial of CPAP
	on NG feeds 40ml	3) CRIB care
	to be able to feed well	4) O/S/B along with tachypnea
	HR - 130/min	
	SpO2 - 97%	
	RR - 36/min	
	BP - 86/44(53) mmHg	
		 N. Bey Hakeem 7/6/24 @ 4:30pm



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 6/6/26 Day of Admission : day 3 Today's Date & Time : 8/6/26
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Bronchiolitis	Current Issues :
	VITAL SIGNS Today's Wt. (kg) : 4.5 kg Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L Air entry (+)	
	CXR : B/L hyperinflated lungs	
	SPO ₂ : 97-99% O ₂ by NC / FM / NRB mask / Oxyhood, at 2L/min & nasal prongs L/min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" 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 : 3-1 NS 6hly ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care : Budecort 12hly Inj-methylpred/BD	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR-135/min S1s2 (+)	
	Quality of Pulses : Good vol, regular cap refill Time : <2sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : 95/55 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 : 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 : Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care : P. Cannula 22G - (LE) Hand P. Cannula 24G (RF) leg -> Removed	
CNS	Neuro Exam : E4VSM6	
	Pupils : B/L 2mm & reacting to light 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 : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>+73</u> / (+/-) Input : <u>2.6</u> ml/k/d UO : <u>1.75</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>EBM</u> Feed Schedule : <u>40ml / Q3hrly</u> IV Fluids - Type of IVF : <u>DNS</u> @ <u>10</u> ml / hr (<u>50%</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 K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>SOFT</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : <u>Inj-Ceftriaxone</u> } Other Labs (Latex, Serology, etc) : <u>Syp. Azee</u> } Ongoing Antibiotics :	
	Sr. Creat : <u>0.3</u> Bld. Urea : <u>15</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>CBP (7/6)</u> Any Coagulopathy : <u>7.8</u> <u>13290</u> <u>533000</u> Relevant Transfusion History : <u>35/49</u> Plan of Care :	
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 c/s</u> Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :	
	→ plan to wean off O ₂ support & → shift to ward → s/v upper GI studies	

Doctor's Name (Handover given) : Bhaleth
 Signature : B
 Date & Time : 08/06/2026 ; 8 AM

Doctor's Name (Handover taken) : Dr. Kaitu
 Signature : AKU
 Date & Time : 08/06/2026 9:00 AM

BAH-00658242 IP5-00174805
 Baby SHRINIKHA
 11-04-2026 0 Y 1 M 28 D (F)
 Dr. SANDEEP REDDY



Bed-5



PROGRESS NOTES AND DOCTOR'S ORDER

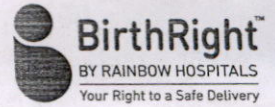
Date & Time	Progress Notes	Doctor's Order
8/6/26	counseling room no.2	
12:40 pm		Dr. Sandeep
	Patient's attendants have been counseled about the condition of the child i.e.	
→	child is currently stable on low flow oxygen support.	
→	child has bouts of cough following feeding, and arching of back, which is suggestive of GE reflux / H-type tracheo-esophageal fistula.	
→	we will restart feeds and if child has similar symptoms, we will do upper GI studies tomorrow morning.	
Dr. pratima		[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/1/26		c/s/B PICU fellow
5PM	Bronchiolitis.	Plan
	on O ₂ via NP @ 2lit/min	- continue 40ml 3hrly
	Hemodynamically stable	↓ IT cough ⊕
	HR 152/min	upper GI contrast studies (T/m)
	RR - 25/min	- w/t distress,
	SpO ₂ - 100%	cough ⊕
	BP - 100/60 mmHg	
		N. Bas Maus 8/6/26 @ 5:30pm

BAH-00658242 IP5-00174805
 Baby SHRINIKA
 11-04-2026 0 Y 1 M 28 D (F)
 Dr. SANDEEP REDDY



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 06/06 Day of Admission : Day 1 Today's Date & Time : 09/06

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

OVERVIEW	Diagnosis : Bronchiolitis	Current Issues : Intermittent Coughing after feeding
-----------------	---------------------------	--

VITAL SIGNS Today's Wt. (kg) : 4.5kg Temp.: Afebrile Blood sugar issues :

RESPIRATORY SYSTEM

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

CXR :
 SPO₂ : 100% r 2L/min NC O₂ by NC / FM / NRB mask / Oxyhood, at L / min
 Ventilatory Support : Yes No - Day # of Vent : Nitric Oxide : Yes No - If Yes, details :
 Ventilatory Settings : Leak around ETT : Delivered Vt :
 ABG : EtCO₂ : P/F ratio : O.I. :
 Chest Physiotherapy Plan : Suctioning Needs :
 Any Neb : ICD ? Yes No, if Yes, details :
 Plan of care : Decrease O₂ support
 ↳ 3% Nacl Q6H
 Budecort Q12H

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 120
 Quality of Pulses : Good cap refill Time : < 3 sec Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : 91/56 (65) IBP : CVP :
 Infusion of : Dopamine | mcg / kg / min - Dobutamine | mcg / kg / min
 Epinephrine | ⊕ mcg / kg / min - Nor Epinephrine | ⊕ mcg / kg / min
 Milrinone mcg / kg / min
 Any Other Infusions :
 Last 2D Echo Findings :
 Size of the heart and lung fields in latest CXR :
 Arterial line in situ : Yes No Place of art, line & its condition :
 Central line in situ : Yes No Place of central line & its condition :
 Day of arterial line : Day of Central line :
 Plan of Care :

CNS

Neuro Exam : Alert, awake
 Pupils : Blu equal RTL Sedation Used ? Yes No Any paralysis ? Yes No
 Types of Sedation : Types of Paralysis :
 Relevant CT Scan, MRI EEG, Neurosonogram etc. :
 Plan of Care :
 Ramsay Sedation Score :

→ For Reflux studies last feed @ 4:30 Am

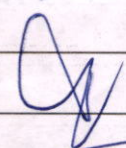
FLUIDS STATUS NUTRITION AND G.I	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : 10 ml/hr DNS ml / hr (..... 53% 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 K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
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 : Describe c/s Reports : fuji cefmaxore - Day 4 Other Labs (Latex, Serology, etc) : Eyp. Asitracol - Day 4 Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
HEMATOLOGY	Relevant Labs (CBP etc) : 7.8 13290 5.33L Any Coagulopathy : 35/49 Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : .. Reflux studies	
FINAL COMMENTS	Shift to ward after Reflux studies	

Doctor's Name (Handover given) : Dr. Kantkesh
 Signature : *Aleel*
 Date & Time : 09/06/26 8:00 AM

Doctor's Name (Handover taken) : Dr. Sathya
 Signature : *S*
 Date & Time : 09/06/26 8 AM

BA4-00658242 IP5-001
 L. b. SHRINIKHA
 1-04-2026 0 Y 1 M 26 D
 Dr. S. VDEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	cls/B Dr. Sandeep	<u>Plan</u>
12:30 pm	Asi- Bronchiolitis	1) O ₂ c NP @ 0.5 L/min
		2) Shift to ward
	on O ₂ c NP @ 0.5 L/min	3) 40 ml / Q3H bottle feeds
	HR - 116 /min	↓ if tolerating well
	RR - 29 /min	Direct breastfeeding + burping
	SpO ₂ - 100%	4) Stop IV fluids
	RR - 30 /min	5) Domstal, Lanzol,
	R - RAE (+)	rantal to continue
	B/L occasional crepts (+)	c. trace upper GI studies
	Other systemic exam ⁿ - (-)	report.
		 M. By Sandeep 9/6/26 @ 1 pm

3AH-00658242
 Baby SHRINIKHA
 1-04-2026 0 Y 1 M 26 D
 Dr. NDEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/6/26 1:10pm	Shifting notes	
	ASIS - Bronchiolitis	Plan -
	On 0.5 L/min O ₂ via Nasal prongs	- Continue medication as charted
	HR - 123/min	- 40ml / Q3hrly bottle feeds ↓ if tolerating well
	SPO ₂ - 100% on 0.5 L/min O ₂	Direct breast feeding - burping
	RR - 28/min	- w/ any distress, Tachypnea, desaturation
	RS - B/L air entry (+) B/L occasional crepts (+)	Trace upper GI contrast study.
		- Monitor vitals and Inform SOS
		N. By <u>Manu</u> 9/6/26 @ 2pm
		<u>Bharath</u>

BAH-00658242
 Baby SHRINIKHA
 11-04-2026 0 Y 1 M 30 D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	C/S/B	PICU follow.
8 AM	<p>Δ S/S: - BRONCHITIS.</p>	
	<p>on room A/R since yesterday</p>	
	<p>evening</p>	<p>plan</p>
	<p>no fever spikes</p>	<p>1. w/f respiratory distress</p>
	<p>hemodynamically stable</p>	
	<p>off oxygen - 97%.</p>	<p>2. monitor vitals.</p>
	<p>on direct breast-feeding.</p>	<p>3. continue breast-feeding.</p>
	<p>sig cefprozil - D6</p>	
	<p>Syr Azee - D6 (stopped)</p>	<p>4. at plan to stop syr Azee today.</p>
	<p>sig methylprednisolone - D6 (OD)</p>	<p>5. plan discharge today.</p>
11/06/2026	C/S/B Mr. Sandeep	L1 Dr. Madhus
12:10 PM	<p>Δ Bronchitis</p>	<p>Plan:</p>
	<p>O/E</p>	<p>1) Omit sig. methylprednisolone</p>
	<p>C/S - S/S 2 ⊕</p>	<p>2) Discharge today</p>
	<p>R/S - B/L A/C ⊕, clear</p>	<p>3) Flu after 3 days with local practices (Cor. spicuit)</p>
	<p>maintain off oxygen</p>	<p>4) NEB with Budesal</p>
	<p>stable well.</p>	<p>5) BD X 3 days. TD</p>
		<p>5) Omnicef, Lenzol / X2 weeks.</p>

EAH-00658242 IP5-001748
Baby SHRINIKA 0 Y 1 M 26 D
11-04-2026
Dr. SANDEEP REDDY

CONSULTATION FORM

Doctor Name : DR. JONAL PAL Date : 06/06/26 Time : 4:30 PM

Diagnosis : Bronchiolitis

Hospital : Rainbow children's Hospital

Type of Referral :

Referred for : Opinion Co-Management Transfer of care

Emergency

Urgent

Non Urgent

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

100% sinus tachycardia.

Signature: *Jonal*

Findings and Recommendations :

Sinus tachycardia (BCI)

1m 26 days
4.5kg

BCI

HR 183bpm
SpO2-100%
on CPAP

- Structurally (N) heart
- Mild TRF No MR
- No LVOTO / RVOTO / AR
- Trileaflet aortic valve
- (D) arch No COA No PDA
- GBVF
- No PAH
- IVC collapsible

Ao vel = 1.0m/s

Jonal
(Jonal PAL)

Consultant :

Name : DR. JONAL PAL Signature : Date & Time : 06/06/26

BAH-00658242 IP5-00174805
 Baby SHRINIKHA 0 Y 1 M 26 D (F)
 11-04-2026
 Dr. SANDEEP REDDY



RESULT SHEET

Date	06/06/26	7/16/26			
Time	7:30 AM	8 AM			
Hb	7.3	7.8 ↓			
PCV	22.9	24.9			
RBC	2.65	2.88			
WBC	9800	13290			
N/L	50.4/36	35/49			
Platelets	446000	5.33 lakhs			
CRP					
ESR					
PCT	0.258				
RBS					
Na	133				
K	4.4				
Cl	101				
Ca/Mg					
Phosphate					
Urea	15				
Creatinine	0.3				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/A	HCO ₃ ⁻	25			

DC ✓

BAH-00658242 IP5-00174805
 Baby SHRINIKA
 11-04-2026 0 Y 1 M 26 D (F)
 Dr. SANDEEP REDDY



OUTSIDE

RESULT SHEET

Date	3/6/26	5/6/26	5/6/26		
Time					
Hb	9.3	8.2	10.0		
PCV	27.4	24.8	29.6		
RBC	3.36	3.01	3.5		
WBC	9790	9930	10800		
N/L	51/34	46/32	67/23		
Platelets	167000	423000	462000		
CRP	9.43	14.5 ↑			
ESR					
PCT					
RBS					
Na			134		
K			4.9		
Cl			97		
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.41				
ALP					
SGPT					
SGOT					
Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

DL



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: PICU Shifted to: 142

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. LEFTRIAZONE	250mg	IV	12 hrly	9/6/26 6 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	3% Nacl Neb	2ml	Neb	6 hrly	9/6 12 PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Saline Nasal drops	1 drop each nostril	Nasal	6 hrly	9/6 12 PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Neb E BUDECORT	18 respole (0.5mg)	Neb	12 hrly	9/6 10 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SYN. AZITHROMYCIN (5ml/100mg)	2.5ml (50mg)	PO	24 hrly	8/6 2 PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ. METHYLPRED	5mg	IV	12 hrly	9/6 6 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	SYN. RANTAC	0.7ml	PO	8 hrly	8/6 2 PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	TAB. LANZOLAT (Citab = 15mg)	5mg 1 tab in 6ml and give 2ml	PO	24 hrly	8/6 6 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9	SYN. DOMSTAL	1 ml (1mg)	PO	8 hrly	9/6 12 PM	<input checked="" 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: Bhaleeth Reddy; Bhaleeth

Date & Time: 09/06/2026; 1:00 PM

Nurse Name & Signature: MOSES

Date & Time: 9/6/26 1:10 pm

DRG: 0000242 IP: 00174

Baby SHRINIKHA

11-04-2026

0 Y 1 M 26 D

Dr. SAI DEEP REDDY



Sheet No:

REGULAR PRESCRIPTIONS

Weight 4.5kg Ward puw

DRUG: <u>Di. HYDROCHLORIDE</u>				Date/Time					
Dose	Route	Frequency	Start Dt.						
<u>omy</u>	<u>o</u>	<u>TID</u>	<u>6/6</u>	<u>6 AM</u>					
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

DRUG: <u>NBB E BUDIPROPT</u>				Date/Time					
Dose	Route	Frequency	Start Dt.						
<u>1 capsule</u>	<u>o</u>	<u>AD</u>	<u>6/6</u>	<u>10 AM</u>	<u>6/6</u>	<u>9/6</u>	<u>16/6</u>	<u>09/6</u>	<u>10/6</u>
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

DRUG: <u>Sup. Nifed</u>				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: <u>Sup AZITHROMYCIN</u>				Date/Time					
Dose	Route	Frequency	Start Dt.						
<u>2-5ml</u>	<u>PO</u>	<u>OD</u>	<u>6/6</u>	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>	<u>09/6</u>	<u>10/6</u>	
Name & Signature of the Doctor Starting the Drugs:									
<u>[Signature]</u>									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

Signature
VERIFIED BY : Name

BAH-0065824
 Baby SHRINIK
 11-04-2026 0 Y 1 M 26 D
 Dr. SANDEEP REDDY



Sheet No:

REGULAR PRESCRIPTIONS

Weight 4.51kg Ward puw

DRUG: <u>Di Methyl PIPRO</u>				Date/Time	<u>08/16</u>	<u>08/16</u>	<u>08/16</u>	<u>08/16</u>	<u>08/16</u>
Dose	Route	Frequency	Start Dt.						
<u>5mg</u>	<u>PO</u>	<u>BD</u>	<u>08/16</u>						
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				Frequency to <u>[Signature]</u>					
Additional Instructions: <u>[Signature]</u>				<u>[Signature]</u>					
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>					

DRUG: <u>Susp DOMSTAL</u>				Date/Time	<u>8/16</u>	<u>8/16</u>	<u>8/16</u>	<u>8/16</u>	<u>8/16</u>
Dose	Route	Frequency	Start Dt.						
<u>1ml</u>	<u>PO</u>	<u>TID</u>	<u>8/16</u>						
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>[Signature]</u>					
Additional Instructions: <u>[Signature]</u>				<u>[Signature]</u>					
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>					

DRUG: <u>TAB. LAMZ</u>				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: <u>INIRANITIOINE</u>				Date/Time					
Dose	Route	Frequency	Start Dt.						
<u>5mg</u>	<u>IV</u>	<u>8hly</u>	<u>08/16</u>						
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>[Signature]</u>					
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

VERIFIED BY : Name



Sheet No: ①

REGULAR PRESCRIPTIONS

Weight A. Sky

Ward PICU

DRUG : <u>SYP. RANTAC</u>				Date															
				Time	8/6	9/6	10/6	11/6											
Dose	Route	Frequency	Start Dt.																
<u>0.2ml</u>	<u>PO</u>	<u>shly</u>	<u>8/6</u>	<u>6 AM</u>	<u>10 AM</u>	<u>X</u>	<u>10 AM</u>	<u>11 AM</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Bhaleth</u>					<u>2 PM</u>	<u>9 AM</u>	<u>10 AM</u>	<u>11 AM</u>											
Additional Instructions: <u>[5ml / 7mg]</u>					<u>10 AM</u>	<u>X</u>	<u>10 AM</u>	<u>11 AM</u>											
Daily Doctor's Endorsement by a Sign					<u>M</u>	<u>AD</u>													

DRUG : <u>TAB. LANZOL DT</u>				Date															
				Time	8/6	9/6	10/6	11/6											
Dose	Route	Frequency	Start Dt.																
<u>5mg</u>	<u>PO</u>	<u>OD</u>	<u>8/6</u>	<u>6 AM</u>	<u>10 AM</u>	<u>X</u>	<u>10 AM</u>	<u>11 AM</u>											
Name & Signature of the Doctor Starting the Drugs: <u>Bhaleth</u>					<u>6 AM</u>	<u>10 AM</u>	<u>X</u>	<u>10 AM</u>	<u>11 AM</u>										
Additional Instructions: <u>[1 tab = 15mg]</u> <u>Mix in 6ml and give 2ml.</u>																			
Daily Doctor's Endorsement by a Sign					<u>M</u>	<u>AD</u>													

DRUG : <u>Syp DOUSTAL</u>				Date															
				Time	9/6	10/6	11/6												
Dose	Route	Frequency	Start Dt.																
<u>1ml</u>	<u>PO</u>	<u>TID</u>	<u>9/6/26</u>	<u>6 AM</u>	<u>X</u>	<u>10 AM</u>	<u>11 AM</u>												
Name & Signature of the Doctor Starting the Drugs: <u>Dr Mathew</u>					<u>8 PM</u>	<u>10 PM</u>	<u>11 AM</u>												
Additional Instructions: <u>(1ml / 1mg)</u>					<u>10 PM</u>	<u>11 AM</u>													
Daily Doctor's Endorsement by a Sign																			

DRUG : <u>INJ. METHYL PREDNISOLONE</u>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
<u>5mg</u>	<u>IV</u>	<u>OD</u>	<u>10/06</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Kestel</u>					<u>6 AM</u>	<u>10 AM</u>													
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

Signature

VERIFIED BY : Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

Signature
Name

DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					



DRUG CHART

Date of Admission: 6/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 4.5kg, Ward. puw

DRUG : INJ CEFTRIAXONE				Date	6/6	8/6	8/6	9/6	10/6	11/6		
Dose	Route	Frequency	Start Date	Time								
250mg	IV	BD	6/6	6 AM	8 AM	10 AM	12 PM	2 PM	4 PM	6 PM		
Name & Signature of the Doctor Starting the Drugs: Dr. Natheem				[Handwritten signatures and initials across the date grid]								
Additional Instructions:				[Handwritten notes and signatures in the grid]								
Daily Doctor's Endorsement by a Sign				[Handwritten initials and dates in the grid]								
DRUG : INJ ESMOPROZOLE				Date	6/6	8/6						
Dose	Route	Frequency	Start Date	Time								
5mg	IV	OD	6/6	6 AM	5 PM							
Name & Signature of the Doctor Starting the Drugs: Dr. Natheem				[Handwritten notes, including 'Stop. Bhargath 7/6/26' and a large blue arrow pointing to the next drug section]								
Additional Instructions:				[Handwritten notes and signatures in the grid]								
Daily Doctor's Endorsement by a Sign				[Handwritten initials and dates in the grid]								
DRUG : 3% NaCl NEBOLIZIN				Date	6/6	7/6	8/6	9/6	10/6	11/6		
Dose	Route	Frequency	Start Date	Time								
	NEB	Steady	6/6	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM		
Name & Signature of the Doctor Starting the Drugs: Dr. Natheem				[Handwritten notes and signatures across the date grid]								
Additional Instructions: 2ml				[Handwritten notes and signatures in the grid]								
Daily Doctor's Endorsement by a Sign				[Handwritten initials and dates in the grid]								
DRUG : Saline Nasal drops				Date	6/6	7/6	8/6	9/6	10/6			
Dose	Route	Frequency	Start Date	Time								
1 drop		6 times	6/6	12 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM		
Name & Signature of the Doctor Starting the Drugs: [Signature]				[Handwritten notes and signatures across the date grid]								
Additional Instructions: each nostril				[Handwritten notes and signatures in the grid]								
Daily Doctor's Endorsement by a Sign				[Handwritten initials and dates in the grid]								

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!
- Following a Early Warning Score assessment, senior help may be required.

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.

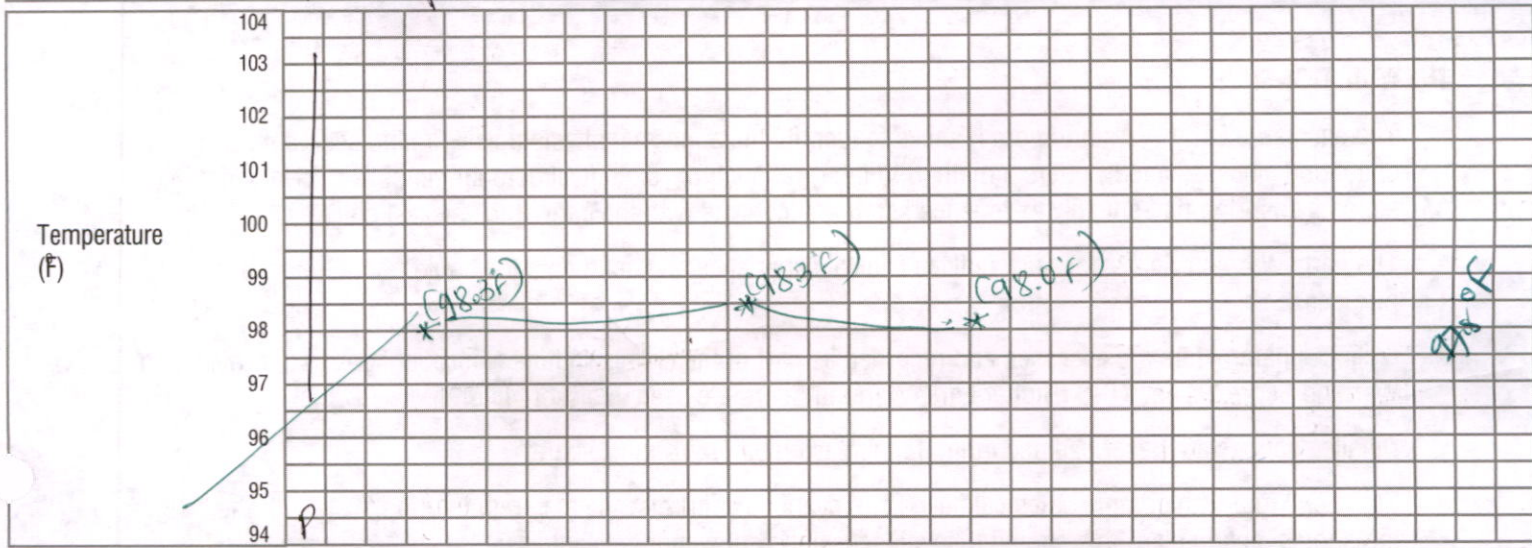
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/06	Time: 6 PM	10 PM	12 AM	2 AM	4 AM	6 AM	8 AM	10 AM
Doctor/Nurse/Family Concern?								



Heart Rate (bpm)	190							
and	180							
Blood Pressure (mmHg) *	170							
	160							
	150							
	140							
	130							
	120							
	110							
	100							
	90							
	80							
	70							
	60							
	50							

Heart Rate (Number)		172 blm	168 blm	154 blm	154 blm	164 blm	166 blm	160 blm
---------------------	--	---------	---------	---------	---------	---------	---------	---------

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

Resp Rate (Number)		40 blm	36 blm	34 blm	32 blm	34 blm	38 blm	40 blm
--------------------	--	--------	--------	--------	--------	--------	--------	--------

Resp Distress	Mod/ Severe	None / Mild						
---------------	-------------	-------------	--	--	--	--	--	--

Receiving O ₂ (l/min)		20 ₂ (0.5L)	20 ₂	20 ₂	20 ₂	20 ₂ (0.5L)	20 ₂	20 ₂
O ₂ Saturations (%)		99%	99%	100%	99%	99%	99%	99%

Conscious Level	Normal	Altered						
-----------------	--------	---------	--	--	--	--	--	--

GCS *		14/15	14/15		14/15		14/15	14/15
-------	--	-------	-------	--	-------	--	-------	-------

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

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 incharge and PICU /NICU fellow or PICU/NICU 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.

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

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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)

BAH-00658242 IP5-00174805
 Baby SHRINIKA
 11-04-2026 0 Y 1 M 29 D (F)
 Dr. SANDEEP REDDY



FLUID CHART



Sheet No. : 1

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 Thrombophlebitis 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	↑									0		Shay
	09:00 pm	↑	milk								0		Shay
	10:00 pm	NO									0		Shay
	11:00 pm	WF									0		Shay
	12:00 am	↓	milk								0		Shay
	01:00 am	↓									0		Shay
Total Intake :						Total Output :							
	02:00 am	↑									0		Shay
	03:00 am	↑	milk								0		Shay
	04:00 am	NO									0		Shay
	05:00 am	WF	milk								0		Shay
	06:00 am	↓									0		Shay
	07:00 am	↓	milk								0		Shay
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00658242
 Baby SHRINIKHA
 11-04-2026 0 Y 1 M 29 D (F)
 Dr. SANDEEP REDDY

IP5-00174805



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6	08:00 am					/	✓	/		0	Arung		
	09:00 am					/		/		0			
	10:00 am	NO IVF			NA	/		NA		0			
	11:00 am	IVF				/				0			
	12:00 pm					/		/		0			
	01:00 pm					/	✓	/	✓	0			
Total Intake :						Total Output :							
10/6	02:00 pm					/		/		0	Arung		
	03:00 pm					/	✓	/	✓	0			
	04:00 pm	NO IVF MILK				/		NA		0			
	05:00 pm	IVF				/		/		0			
	06:00 pm					/	✓	/	✓	0			
	07:00 pm					/		/		0			
Total Intake :						Total Output :							
10/6	08:00 pm					/		/		0	Nishi		
	09:00 pm					/	✓	/		0			
	10:00 pm	NO IVF MILK				/		/		0			
	11:00 pm	IVF MILK				/		/		0			
	12:00 am					/	✓	/	✓	0			
	01:00 am					/		/		0			
Total Intake :						Total Output :							
11/6	02:00 am	✓ MILK				/		/		0	Nishi		
	03:00 am					/	✓	/		0			
	04:00 am	NO IVF MILK				/		/		0			
	05:00 am	IVF MILK				/		/		0			
	06:00 am					/	✓	/	✓	0			
	07:00 am					/		/		0			
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output