

BAH-00658548 IP5-00174940  
 Master JARUPULA UDAYADITYA  
 12-02-2019 7 Y 3 M 28 D (M)  
 Dr. SANDEEP REDDY



**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
9/6/25	10:25 p	ER	107	[Signature]

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	Dr Sushma Reddy	10/6/25	9652381	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				







### ADMISSION SHEET

**Registration Details :**


**Admission No** : IP5-00174940      **Admit Date** : 09-Jun-2026      **Admit Time** : 09:34 PM      **UHID** : BAH-00658548

**Patient Details :**

<b>Patient Name</b> : Master JARUPULA UDAYADITYA PAWAR	<b>Age</b> : 7 Y 3 M 28 D
<b>Guardian</b> : Mr JARUPULASURESH	<b>DOB</b> : 12-02-2019
<b>Gender</b> : Male	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> : Single
<b>Address (H)</b> : #FLAT NO 537 KAMALAMMA COLONY SAI BABA TEMPLE YELLAMMA BANDA Kukatpally Hyderabad Telangana INDIA 500072	<b>Phone No</b> : 9966066499/ 7995660225
	<b>E-mail</b> : nomailid@gmail.com

**Admission Details :**

**Bed Type** : SEMI PRIVATE      **Bed No** : SPVT 107      **Ward Name** : 1F-VIBGYOR  
**Room No** : SPVT 107      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr JARUPULASURESH      **Relationship** : Father  
**Contact Address** : #FLAT NO 537 KAMALAMMA COLONY SAI  
BABA TEMPLE YELLAMMA BANDA Kukatpally  
Hyderabad Telangana INDIA 500072      **Phone No** : 9966066499 / 7995660225

  
Signature

**Doctor Details :**

**Doctor Name** : Dr. SANDEEP REDDY      **Specialisation** : GENERAL PEDIATRICS  
**Referral Doctor** : SELF      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 0.00  
**Payor Name** : NIVA BUPA HEALTH INSURANCE  
COMPANY LTD



**Rainbow<sup>®</sup>  
Children's  
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

BAH-00658548 IP5-00174940  
Master JARUPULA UDAYADITYA  
12-02-2019 7 Y 3 M 28 D (M)  
Dr. SANDEEP REDDY



Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

→ Fever x 2 days  
→ Redness of eye. — 4 days  
→ Throat pain ⊕.

#### History of present illness :

Fever x 104°F x 2 days.

Red eyes ⊕ — 4 days ago.

No vomiting / abdominal pain / Rash.

No loose stools



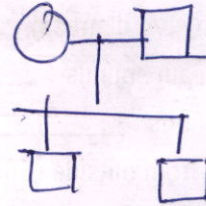
### Pediatric Multiorgan History & Physical Examination

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Nil significant.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Birth & Neonatal History:**

\_\_\_\_\_  
*Term / Bwt = 3.5 / CSAB / No NICU Stay.*  
\_\_\_\_\_



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : *None*

**Developmental History :**

\_\_\_\_\_  
*nl.*  
\_\_\_\_\_

**Immunization History :**

\_\_\_\_\_  
*normal.*  
\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) \_\_\_\_\_ (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 101.9 Pulse Rate : 102 B.P. 102/63(7) SPO2 100%

Resp.rate and type of breathing : 28.

Rash nil

Lymphadenopathy \_\_\_\_\_

Oedema : nil

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : \_\_\_\_\_

Any addes sounds : B/L AECB

Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur : S/S2 m

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

#### Per Abdomen :

Inspection \_\_\_\_\_

Palpation : S/S Bst

Ausculation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

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12-02-2019 7 Y 3 M 28 D  
Dr. SANDEEP REDDY

### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

\_\_\_\_\_

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

WNL

#### Reflexes :

#### DTR

#### Superficials:

Plantars \_\_\_\_\_

#### Sensory System :

\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

AFI & conjunctivitis  
? Dengue.



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Planned Labs:**

RBP, COE  
Blood C&C  
Dengue NS 1/19 M.  
RP2  
N/S  
Blauans  
9/6/25

**Planned Management**

→ Leffriaxone.  
→ Doxycyclene  
→ Pantop  
- IV fluids.

Signature of the Doctor: \_\_\_\_\_  
Name of the Doctor: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Signature of the Consultant: \_\_\_\_\_  
Name of the Consultant: Dr. Sandeep Reddy  
Date & Time: 10/6/25 - 9:20am





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 9 AM	C/S/B PICU fellow.	
	A/S/S - Acute febrile illness with conjunctivitis.	plan.
	on room APO	1. w/ fever spikes.
	hemodynamically stable	
	NO fever spikes.	2. Monitor vitals.
	desire - NS-1 & not detected. FSH	3. encourage oral intake
	CVC - Normal.	4. Trace blood cultures.
		M. Dr. Mother
10/06/26 12:20 PM	C/S/B Dr. Sandeep Reddy	
	Δ Acute febrile illness	
	One high grade fever - present 102°F	
	O/E	
	febrile Tachycardia (+) Other normal	plan:
	Oral acceptance Improved than previous.	1) CBC, CRP T/m 2) Continue iv antibiotic 3) Dr. Sushma (Optical) Review
	Conjunctival Congestion B/E (+) (L > R)	[Signature]

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 12-02-2019 7 Y 3 M 29 D (M)  
 Dr. SANDEEP REDDY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/06/2026 5:30pm	CLB PICU fellow	
	- Acute febrile illness	Plan:
	- Conjunctivitis (L > R)	1) Syp Crocin 125 9ml SOS
	clinically well	> 100°F fever
	accepting well.	2) ophthalm Review
	- One spike of fever since morning.	3) Decrease IVF to 20ml/hr.
		4) Cap, cap clm
		5) Stop IV fluid. <span style="margin-left: 20px;">Kestel</span>
11/06/26 BAM	CLB PICU fellow	
	Acute febrile illness	Plan
	conjunctivitis	1. w/f fever spikes
	On room - ATX	
	hemodynamically stable.	2. monitor vitals.
	NO fever spikes.	3. encourage oral intake.
	syp cefixime - D3	
	cap doxycycline - D3	
11/06/26	CLB Dr Sandeep	M Dr Mathan
	O/A: Afebrile, accepting oral intake	Plan
	Dengue ⊖	1) Flu with Cap after 3 days
	Cellul parvally stable	2) Discharge Today

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## RESULT SHEET

Date	9/6/26	10/6/26			
Time	11:50PM	11:30pm			
Hb	12.4	13.9			
PCV	38.6	43.4			
RBC	4.98	5.59			
WBC	10440	7720 ↓			
N/L	66123	36154			
Platelets	198000	177000 ↓			
CRP		14.0			
ESR					
PCT					
RBS					
Na	136				
K	4.0				
Cl	104				
Ca/Mg					
Phosphate					
Urea	17				
Creatinine	0.6				
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/L					



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 Dr. SANDEEP REDDY



# CROSS CONSULTATION FORM

Doctor Name : Dr. Sandeep Reddy Date : 10/6/20 Time : 6 PM

Diagnosis : I. conjunctivae

Hospital : .....

Referred for :  Opinion  Co-Management  Transfer of care

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

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

[Signature]  
Signature:

**Findings and Recommendations :**

Thank for refer

FL4

(O/E)

alt  
in opd on flu

de

As: follicles  
conjunct  
particlar  
inclusion

Both  
eyes

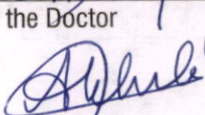
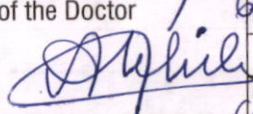
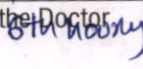
- ① moxicip syc drops  
1 drop 4 hourly
- ② winolap 0.5  
Patadeey syc drops  
1 drop 4 hourly

12 year  
1 hourly

**Consultant :**

Name : [Signature] Signature : [Signature] Date & Time : 10/6/20 6 PM

Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

<b>DRUG :</b> SYP ZIPRAX				Date/Time	11/6
Dose	Route	Frequency	Start Dt.		
7ml	PO	BID	10/6		
Name & Signature of the Doctor Starting the Drugs:					
					
Additional Instructions:					
(5/100mg)					
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> Cap DOXYCYCLINE				Date/Time	11/6
Dose	Route	Frequency	Start Dt.		
2.5ml	PO	BID	10/6		
Name & Signature of the Doctor Starting the Drugs:					
					
Additional Instructions:					
→ dissolve 1 cap = 100mg in 10ml & give 2.5ml.					
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> WINLAP DS EYE DROPS				Date/Time	
Dose	Route	Frequency	Start Dt.		
1 DROP	EYE	OD	11/6		
Name & Signature of the Doctor Starting the Drugs:					
Dr. Mathew					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
<b>DRUG :</b> MOXICIP EYE DROPS				Date/Time	
Dose	Route	Frequency	Start Dt.		
1 DROP	EYE	4 Times	11/6		
Name & Signature of the Doctor Starting the Drugs:					
					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Signature  
VERIFIED BY : Name

Patient Sticker

Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

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

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

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

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

Signature  
Name



## DRUG CHART

Date of Admission: 01/6/20 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)

<b>DRUG :</b> TAB.MEFTAL (500mg)				Date Time																
Dose	Route	Frequency	Start Date																	
1/2 TAB	PO	SOS STAT	10/6																	
Doctor's Signature		Valid Period	Pharm.																	
Dr. Reddy																				
Additional Instructions:																				

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

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

VERIFIED BY : Name ..... Signature .....







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BH/ FRM / CLINICAL / 126

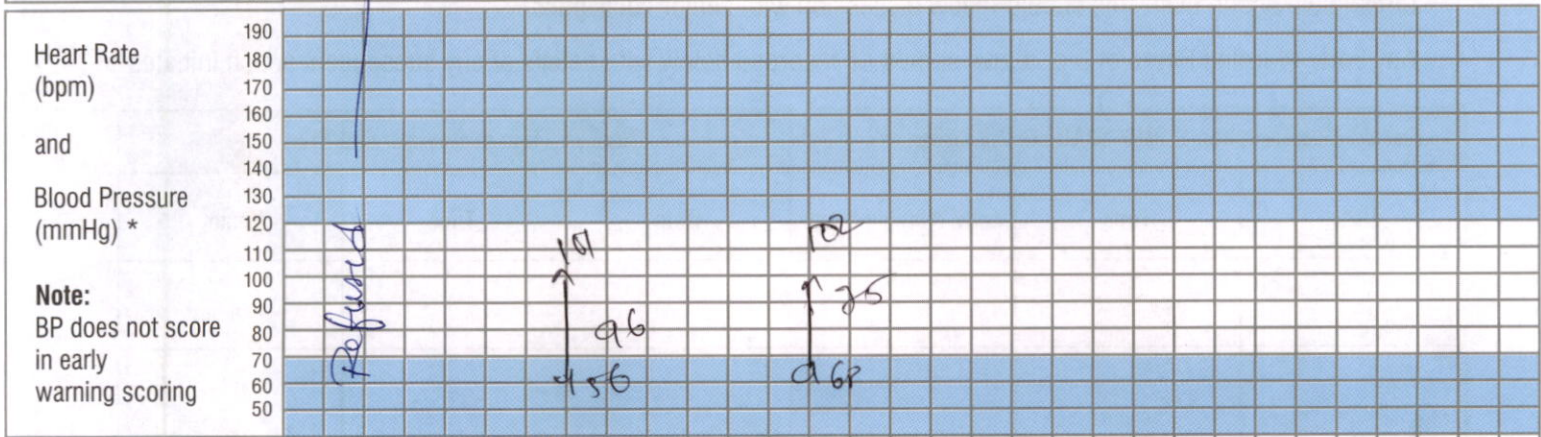
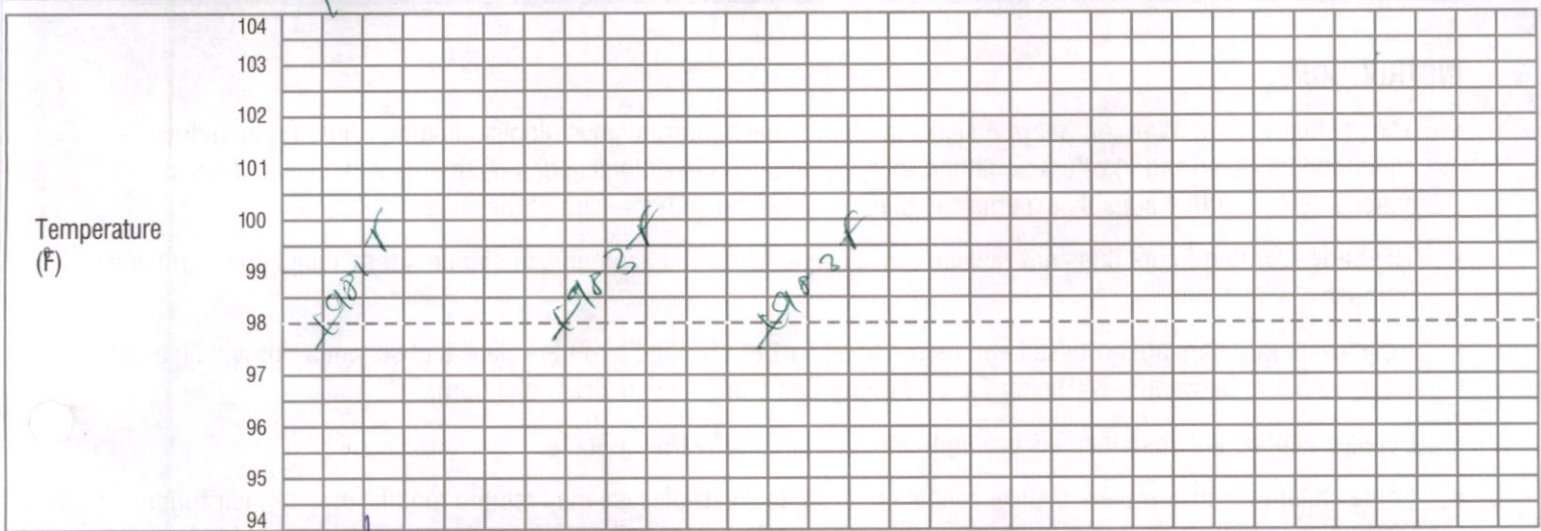
**SCHOOL AGE (5-12 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 10 PM 2 AM 6 AM

Doctor / Nurse / Family Concern? Refused



Heart Rate (Number) 112 bpm 119 bpm



Resp Rate (Number) 28 bpm 28 bpm

Resp Distress | Mod/ Severe | None / Mild

Receiving O<sub>2</sub> (l/min) | O<sub>2</sub> Saturations (%) 02l 06l

Conscious Level | Normal | Altered

GCS \* 14 15

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

**ACTIONS**  
 NB: Scores 3 should be recorded overleaf

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.

## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .. <u>alb</u> ..... Time:						
Doctor / Nurse / Family Concern?	11pm	10/b	2am	6am	11:20am + 12:30P	100p 2pm 2:30p 6pm
Temperature (F)	97.0°F	98.5°F	98.0°F	100.0°F	102.0°F	102.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	96/50 (42)	100/65 (78)	105/67 (79)	107/51 (65)	100/62 (80)	100/62 (82)
Heart Rate (Number)	99b/h	101b/h	100b/h	98b/h	100b/h	111b/h
Resp. Rate (bpm) (Over 1 Minute) *	26b/h	27h	26b/h	28h	29h	28b/h
Resp Mod/ Severe Distress None / Mild						
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	99%	100%	100%	100%	99%	100%
Conscious Level Normal / Altered						
GCS *	15/15	15/15	15/11	15/15	15/15	13/15
TOTAL SCORE	1	1	1	1	1	0
Number of shaded boxes	1	1	1	1	1	0
Pain Score	0	0	0	0	0	0
Observer's Initials	S	S	S	S	S	S

ACTIONS

- Score 1 : Continue normal observation by staff nurse
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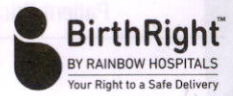
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# FLUID CHART



Sheet No. : .....

- 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			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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm	1											
	12:00 am	DNJ	30ml										
	01:00 am	1	30ml										
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am	1											
	03:00 am	1	30ml										
	04:00 am	DNJ	30ml										
	05:00 am	1	30ml										
	06:00 am	1	30ml										
	07:00 am	1											
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# 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 Thrombophlebitis Score	Sign. Nurse						
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine								
10/6	08:00 am	DMS		30ml	/	/	/	/	/	/	0	Sun						
	09:00 am		30ml															
	10:00 am		30ml															
	11:00 am		30ml															
	12:00 pm		Rice	-									/	/	/	/	0	Sun
	01:00 pm		-	-									/	/	/	/	0	
<b>Total Intake :</b>						<b>Total Output :</b>												
10/6	02:00 pm	NO IVF		/	/	/	/	/	/	/	0	Ch						
	03:00 pm		Rice	/														
	04:00 pm		/	/									/	/	/	0	Ch	
	05:00 pm		/	/									/	/	/	0	Ch	
	06:00 pm		/	/									/	/	/	0	Ch	
	07:00 pm		/	/									/	/	/	0		
<b>Total Intake :</b>						<b>Total Output :</b>												
10/6	08:00 pm	NO IVF		/	/	/	/	/	/	/	0	No output						
	09:00 pm		/															
	10:00 pm		/															
	11:00 pm		/															
	12:00 am		/															
	01:00 am		/															
<b>Total Intake :</b>						<b>Total Output :</b>												
11/6	02:00 am	NO IVF		/	/	/	/	/	/	/	0	No output						
	03:00 am		/															
	04:00 am		/															
	05:00 am		/															
	06:00 am		/															
	07:00 am		/															
<b>Total Intake :</b>						<b>Total Output :</b>												

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 10/6/26 Time: 8 AM

Weight: 28 kgs Centile: < 5th

Height: 131 cms Centile: > 90th

Inference: Well child

RDA: - Calories: 1500 kcal/d Protein: 26 g/d

Diet Recommendations: Nasogastric diet

Re-Assessment: Avoid spicy, chilled & outside foods.

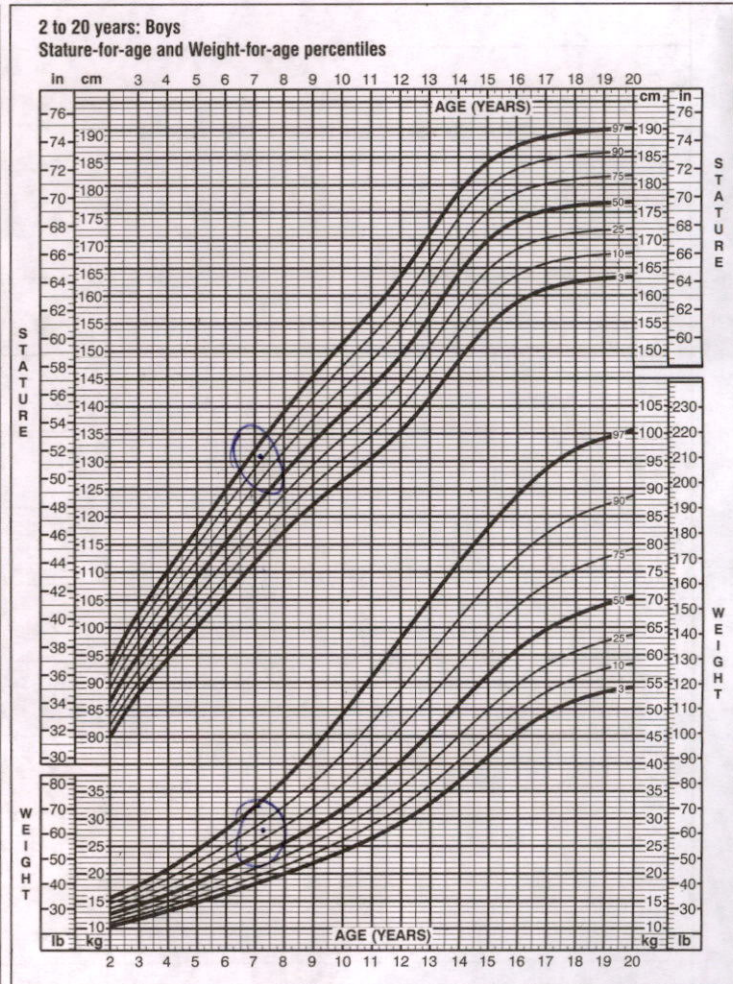
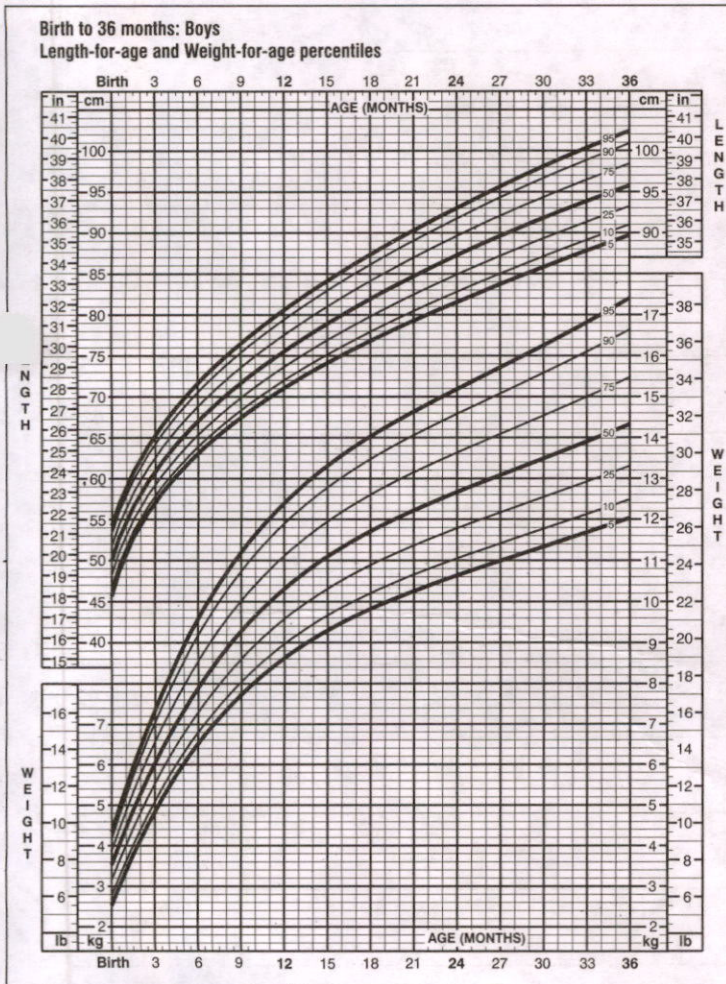
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: AFI + conjunctivitis

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: [Signature]

## GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

10/6/26  
8am

Child is stable. Intake is improved  
continue  $\bar{c}$  normal diet Vital

11/6/26  
10:30am

child is stable. Oral intake is better  
continue  $\bar{c}$  normal diet - MOWICA