

ACTIVITY RECORD FOR BILLING

Name: ----- **KOH-00307375** IP2-00056554 -----
 UHID No : ----- **Baby Of ARUNIMA** -----
 Date of Admission : ----- **21-09-2025** **0 Y 8 M 24 D** (M) -----
 Room / Bed No : ----- **Dr. V VAMSI KRISHNA** -----
 Ward : ----- Suggested Billable bed type : -----



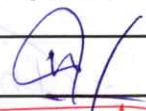
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	2:10 pm	ER	SDG	<i>[Signature]</i>

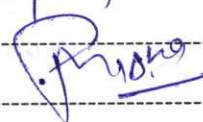
Cross Consultation Visit

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

PROCEEDURE

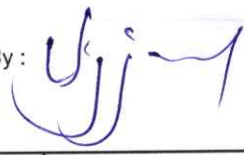
Date	Proeedure	Quantity	Order No.	Signature
12/6/26	RV Cannulation	1	945941	
IN ER cross check done by Ujjwala @ 14/6/26				
15/6/26 ON CALL FOOD				
15/6/26	RV Cannulation	1	946260	Sondhya
IN ER Cross checked by Amy				


ANY OTHER INFORMATION

op file given to parents.


Date: 14/6/26

Time: 1pm

Prepared By: 

<p>Staff Nurse check by  14/6/26</p>	<p>Shift / Ward ER to SOB Pushan</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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PEDIATRIC IN-PATIENT MEDICAL RECORD

KOH-00307375 IP2-00056554
Baby Of ARUNIMA
21-09-2025 0 Y 8 M 24 D (M)
Dr. V VAMSI KRISHNA



Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) _____ (Centile _____) Height (cm) : _____ (Centile _____)

Weight (kgs) 11.9kg (Centile _____)

On Examination :

Temperature : 101.5 F Pulse Rate: 139/min Description _____

B.P. _____ SPO2 98.1% at _____

Resp. rate and type of breathing : 30/min

Rash _____

Lymphadenopathy 1 ⊕

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ clear

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____ 1.5 ⊕

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____ sgc

Spine: _____ External Genitalia : _____

Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : (X)

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

- AFI - day - 4.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

Planned Management :

- Blood culture

- IV fluids

Respiratory Panel

- Inj augmentin

- CXR

- fever management

- CBP, CRP, CUE - done

Noted by Smrta

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
(Including the name of City)
3. Contact number of the Referring Doctor : _____
(Referring Mobile #)
4. Name of the doctor in Rainbow Team _____ on
whose name the patient is being referred

Doctor's Signature Name Dr. Chandan Date _____ Time _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 7 PM		C/B De-Vaam;
	No feeds	
	1 episode of fever	
	o/e:	to
	GC-Stable	T/C same treatment
		CBP, CRP-T/M:
		Trace viral panel report
		& Culture
		<i>[Signature]</i>
	Noted by - Sushma 14/6/26 @ 7 pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/9/26	C/S/O Dr. Vamsi	
9:00am	Δ = AFI (04)	
	FEVER spikes.	Advice
	Present.	
	maculopapular. Rash (+) over legs &	1) trace resp panel, Diastasis.
	↓ re-head yesterday	2) cont IVF.
	2 episodes of	
	vomiting since y/day.	3) fever management
		4) monitor vitals.
	<u>o/e</u>	
	RIS - dilated	
	no added seash	
	C/S - S ₂ (+)	
	PIA - soft, nontender.	
	Noted by Sandhya	

KOH-00307375 IP2-00056554
 Baby Of ARUNIMA
 21-09-2025 0 Y 3 M 25 D (M)
 Dr. V VAMSI KRISHNA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6	CSIS reg	
	4-APF (PV)	
3:30 pm		
	FEVER spikes	Advice
	present	1) CSF -
	no whitening.	2) monitor vitals.
	oral intake - poor	
	<u>O/E</u>	
	RIS - BILUEH	
	no added sounds	
	CVS - S ₁ S ₂ (+)	
	PIA - soft, nontender	21/
		15/6
	vitals - stable	
	Cannula site swelling	
	present	
	↓	
	change cannula	
	noted by Sandhya 15/6/26 @ 3:30 PM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6	<u>c/s/Dr VK</u>	
	1 fever spike	P/a
	Vital stat	D/I on Acyclovir
	S/E P	Paracetamol dr
		See by you

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OP basis

RESULT SHEET

Date	<i>13/6/26</i>	<i>15/6/26</i>			
Time	<i>9.31 PM</i>	<i>@ 11.16 AM</i>			
Hb	<i>10.6</i>	<i>10.2</i>			
PCV	<i>31.6</i>	<i>30.6</i>			
RBC	<i>4.27</i>	<i>4.13</i>			
WBC	<i>15.95</i>	<i>10.55</i>			
N/L					
Platelets	<i>221</i>	<i>180</i>			
CRP	<i>71</i>	<i>30.0</i>			
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
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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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: 506

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input 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 chander

Date & Time : 14/6/26 1am

Nurse Name & Signature : Ujwal @ At

Date & Time : 14/6/26 @ 1PM

Docu. No. : RCH / FRM / GENERAL / 090

$$\text{Iris - Augmentin} - \frac{600 \times 5 \text{ ml}}{600 \text{ mg}} = 5 \text{ ml}$$

$$\text{Iris - pantop} - \frac{10 \text{ mg} \times 4 \text{ ml}}{40 \text{ mg}} = 1 \text{ ml}$$

$$\text{Iris - PCM} - \frac{180 \text{ mg} \times 100 \text{ ml}}{1000 \text{ mg}} = 18 \text{ ml}$$



B10 Arunima

DRUG CHART

Date of Admission: 14/6/25 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.

11.9kg

SOS / PRN (As Required Medication)

DRUG : <i>Hy: Paracetamol</i>				Date	Time
Dose	Route	Frequency	Start Date	14/6	16/6
180mg	IV	8hly	14/6	4 PM	Chand
Doctor's Signature		Valid Period	Pharm.	Shashank	Laxmi
Additional Instructions:		10:40pm			
if temp > 100°		morning			
DRUG : <i>Sy: IBUGLIC</i>				Date	Time
Dose	Route	Frequency	Start Date	14/6	15/6
5ml	PO	8hly	14/6	1pm	2:40pm
Doctor's Signature		Valid Period	Pharm.	9 AM	Santhya
Additional Instructions:		6 PM			
if temp > 102°		Srinidhi			
DRUG : <i>INT ONDANSETRON</i>				Date	Time
Dose	Route	Frequency	Start Date	15/6	
2mg	IV	SOC	15/6	10am	
Doctor's Signature		Valid Period	Pharm.	Santhya	
Additional Instructions:					

Signature
VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. 11.9kg Ward. 3A



DRUG : <u>Hy AUGMENTIN</u>				Date Time			
Dose	Route	Frequency	Start Date	14/6	15/06	16/6	
600mg	IV	BD	14/6	3pm 3pm Laxmi	3pm 3pm manisha		
Name & Signature of the Doctor Starting the Drugs:							
Dr. Chaudan							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign				m	m		

DRUG : <u>Hy Paracetamol</u>				Date Time			
Dose	Route	Frequency	Start Date	14/6	15/06	16/6	
10mg	IV	OD	14/6	3pm 3pm Laxmi	manisha		
Name & Signature of the Doctor Starting the Drugs:							
Dr. Chaudan							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign				m	n		

DRUG : <u>Alasoclear Nasal Drop</u>				Date Time			
Dose	Route	Frequency	Start Date	14/06	15/06	16/6	
20	PO	6hrly	14/6	12AM 12AM			
Name & Signature of the Doctor Starting the Drugs:							
Dr. Chaudan							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign				n	m		

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



.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate	
Neonate(<28days)	100-205	90-160	
Infant (1 month-1yr)	100-180	90-160	
Toddler (1-2yr)	98-140	80-120	
Preschool (3-5 yr)	80-120	65-100	
School -age (6-11yr)	75-118	58-90	
Adolescent (12-15yr)	60-100	50-90	

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

Age	Normal Respiratory Rate		
Infant (1 month-1yr)	30-53		
Toddler (1-2yr)	22-37		
Preschool (3-5 yr)	20-28		
School -age (6-11yr)	18-25		
Adolescent (12-15yr)	12-20		

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (°C)	Normal Range (°F)
Rectal	36.6-38	97.8-100.4 °F
Ear	35.8-38	96.4-100.4 °F
Oral	35.5-37.5	95.9-99.5 °F
Axillary	36.5-37.5	97.7-99.5 °F

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

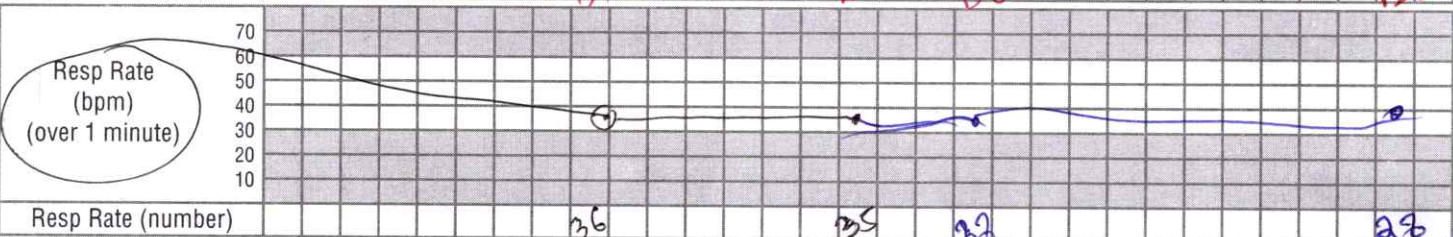
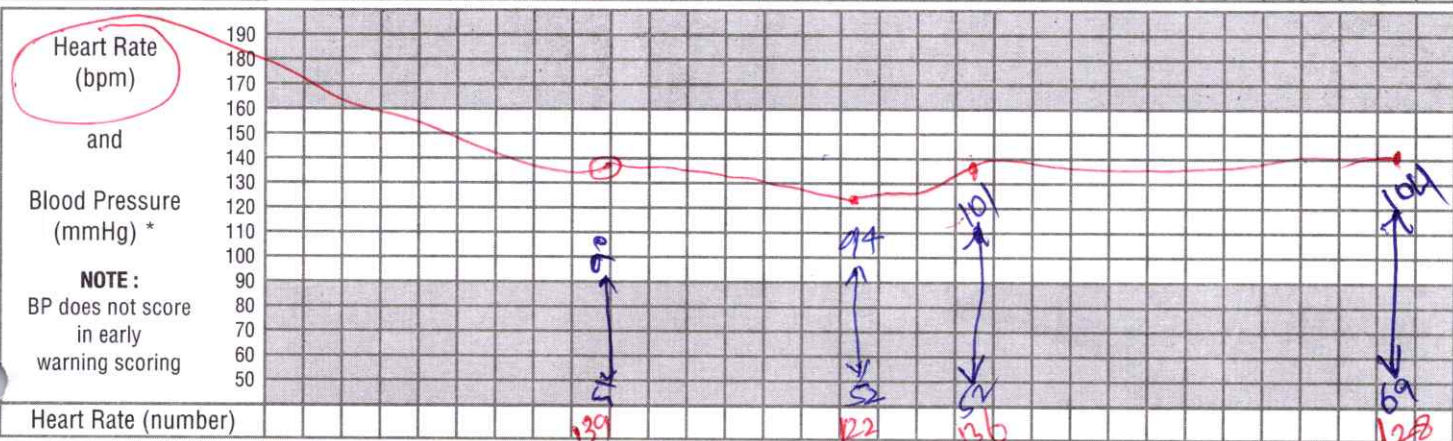
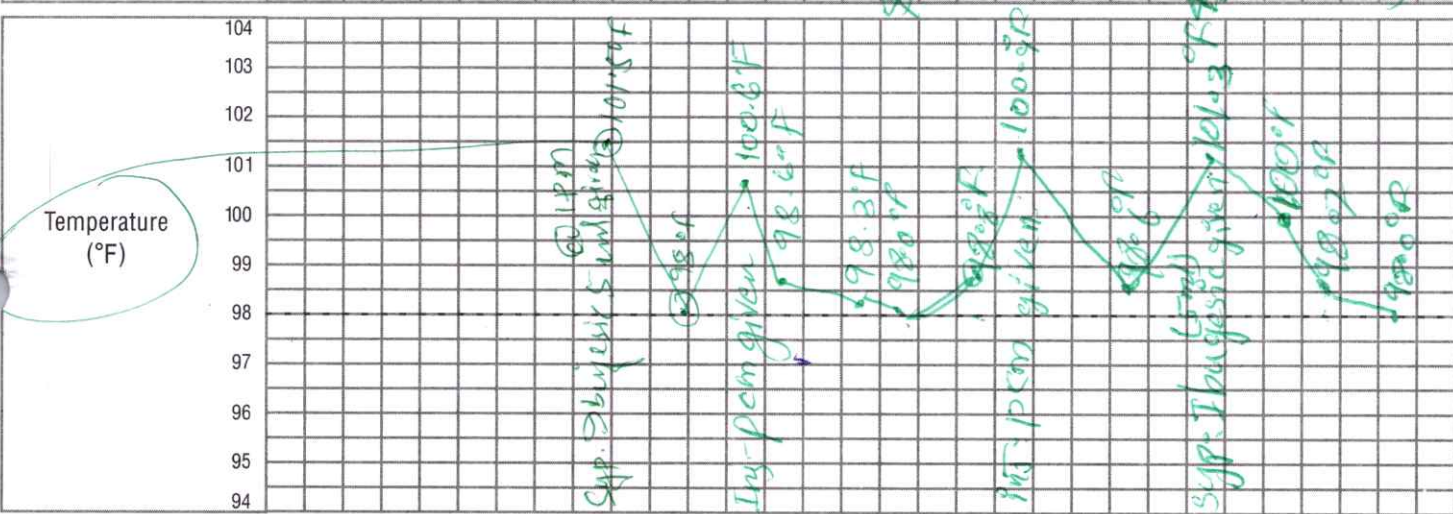
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Baby Of ARUNIMA
21-09-2025 0 Y 8 M 24 D (M)
Patient Name Dr. V VAMSI KRISHNA

Date of Birth



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/06... Time: 7 8 9 10 11 (12) 1 2 3 4 5 6 7 8 9 10 11 (12) 1 2 3 4 5 6 7



Heart Rate (number)	139	122	136	128
Resp Rate (number)	36	35	33	28
Resp. Mod/Severe Distress None/Mild	RA	RA	RA	RA
Receiving O2 (L/min)	0.2L	0.2L	0.2L	0.2L
O2 saturations (%)	98%	99%	99%	99%
Conscious Normal Level Decreased				
GCS *	15/5	15/5	15/5	15/5
TOTAL SCORE Number of shaded boxes				
Observer's initials	gmk	gmk	gmk	gmk

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.

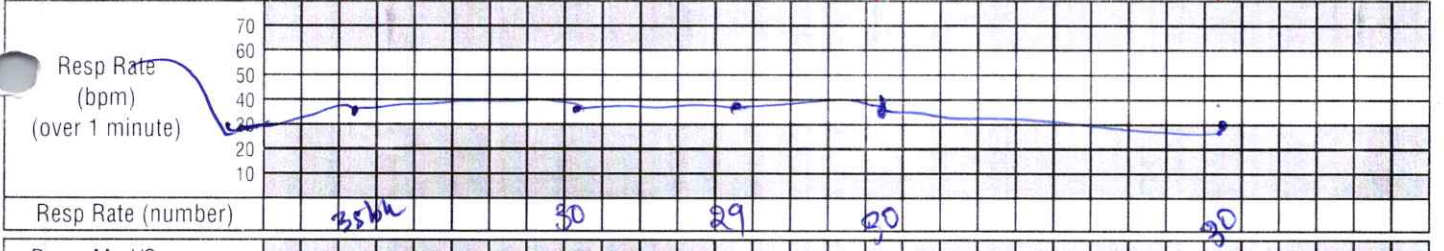
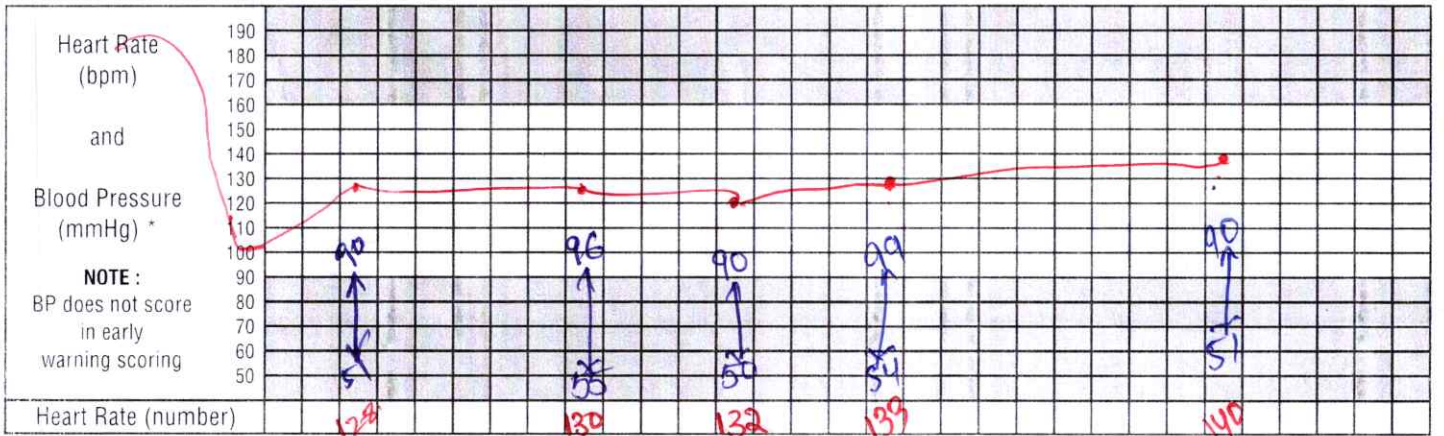
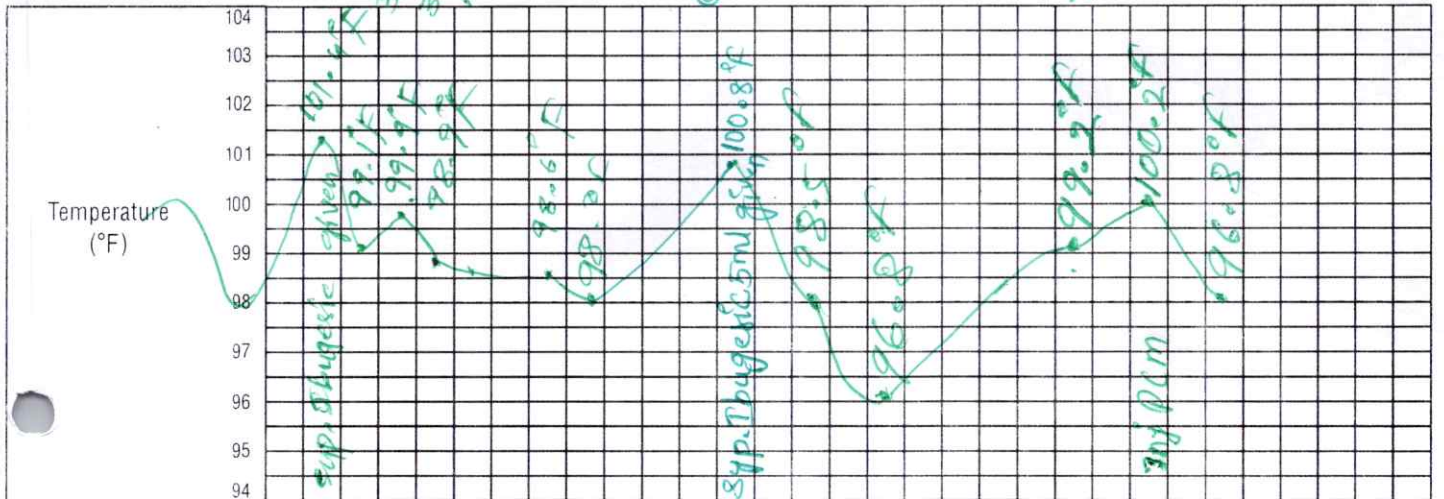


15/06/26



EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time: 8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9
Doctor / Nurse / Family Concern?																										



Resp. Mod/Severe Distress	None/Mild
Receiving O2 (L/min)	0 L/min
O2 saturations (%)	99%
Conscious	Normal
Level	Decreased
GCS *	15/5/5
TOTAL SCORE	0
Observer's initials	[Signature]

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 Observations 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: Scores 3 should be recorded overlaid
 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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 Dr. V VAMSI KRISHNA



FLUID CHART

Sheet No. : 1

14/6/20

- All measurements in ml.
- 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			
	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	D		30ml									
	03:00 pm			30ml									
	04:00 pm	N		30ml									
	05:00 pm	S milk		30ml									
	06:00 pm	100ml		30ml									
	07:00 pm			30 ml									
Total Intake : milk - 100ml DNF - 150ml						Total Output : U - 1 M 0							
	08:00 pm	D Kichdi		30ml									
	09:00 pm	N H2O		30ml									
	10:00 pm	S milk		30ml									
	11:00 pm	powder		30ml									
	12:00 am	pro		30ml									
	01:00 am	H2O		30ml									
Total Intake : Kichdi H2O DNF = 120ml						Total Output : U = 2 M = 20							
	02:00 am	milk		30ml									
	03:00 am	D H2O		30ml									
	04:00 am	N											
	05:00 am												
	06:00 am	S											
	07:00 am												
Total Intake : H2O 100ml DNF = 60ml						Total Output : U = 2 M = 20							
Total 24 hrs. Intake		milk kichdi H2O 330ml DNF = 100ml				Total 24 hrs. Output		U M					

15/06/26

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.

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	D		-				✓ milk		✓	0		
	10:00 am	N	15ml milk	30ml						✓	0		
	11:00 am		milk	30ml						✓	0		
	12:00 pm	S		-						✓	0		
	01:00 pm		10ml milk	-							0		
Total Intake : 15 milk + 60ml						Total Output : U-02 m-0							
	02:00 pm			-									
	03:00 pm	D	15ml milk	20ml						✓	0		
	04:00 pm			-							0		
	05:00 pm	N	milk	30ml						✓	0		
	06:00 pm			-						✓	0		
	07:00 pm	S		-						✓	0		
Total Intake : Milk 50ml						Total Output : U-3 m-0							
	08:00 pm	D	40ml milk	20ml									
	09:00 pm		milk	20ml							0		
	10:00 pm	N	60ml	-							0		
	11:00 pm			-						✓	0		
	12:00 am	S	milk 120ml	20ml							0		
	01:00 am			20ml							0		
Total Intake : milk + Dns - 300ml						Total Output : U-1 m-0							
	02:00 am			-									
	03:00 am	D		-						✓	0		
	04:00 am			20ml							0		
	05:00 am	N	milk 90ml								0		
	06:00 am		120ml	20ml						✓	0		
	07:00 am	S		20							0		
Total Intake : milk + Dns - 120ml						Total Output : U-2 m-0							
Total 24 hrs. Intake		milk - 815ml			Dns - 120ml		Total 24 hrs. Output		U-7 m-0				