

**ACTIVITY RECORD FOR BILLING**

Name: ----- KOH-00281313 IP2-00056493  
 Baby MIHIRA DEB 03-01-2017 9 Y 5 M 5 D (F) -----  
 UHID No : ----- IP No : ----- Dr. MEERA IYER ----- 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
8/6/26	6:17pm	ER	209	Rafiq Received 8/6/26 20:20pm

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
8/6/26	IV cancellation	①	944102	Raj
<del>In ER cross checked by Raj 8/26/26 @ 5:46 pm</del>				
9/6/26	N.H.A.	①	944255	Sundhya
cross checked by sishya on 9/6/26				

**ANY OTHER INFORMATION**

op file given to parents  
 x Raj

Date: 8/6/26

Time: 5:30pm

Prepared By: Raj

Staff Nurse  Raj	Shift / Ward  ER TO 309 Poorna 8:20pm	Billing Assistant	Billing Supervisor
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## PEDIATRIC IN-PATIENT MEDICAL RECORD

KOH-00281313 IP2-00056493  
Baby MIHRA DEB 9 Y 5 M 5 D (F)  
03-01-2017  
Dr. MEERA IYER



Patient Name : Baby MIHRA

Patient ID# : \_\_\_\_\_

Consultant : Dr. MEERA IYER.

Final Diagnosis : ACUTE GASTRITIS.

KOH-00281313

Baby MIHRA DEB

03-01-2017

Dr. MEERA IYER

IP2-00056493

9 Y 5 M 5 D

(F)

**Multiorgan History & Physical Examination**

Name .



Baby MIHRA DEB

Age/Sex

9 yrs

Informant

Mother

Reliability

fair

**Chief Presenting Complaints & Duration (Chronologically):**

vomitings - since today morning.

**History of present illness :**

It was apparently normal. Today back. C/O of vomitings. (multiple episodes) .∴ today morning.

Contains water, food particles, white in color & yellow

Non-bilious, Non-projectile.

Head ache (on & off) since morning.  
decreased after using crocin syrup.

No H/O of loose-stools, Abdominal pain, fever.

passed urine - twice today.

o/e - ~~o/e~~ oral mucosa-dry.

H/O of eating outside chocolates yesterday.



Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 27.72kg (Centile \_\_\_\_\_ )

**On Examination :**

Temperature : 98.1°F Pulse Rate: 113/min Description \_\_\_\_\_

B.P. 114/66 (81) SPO2 98% at \_\_\_\_\_

Resp. rate and type of breathing : regular, @ 20 breaths

Rash \_\_\_\_\_

Lymphadenopathy NO

Oedema : \_\_\_\_\_

**Respiratory system :**

Inspection (any s/o distress) : (N)

Air entry & breath sounds : DLAET+, no added sounds.

Any addes sounds : \_\_\_\_\_

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

**Cardiovasclular System :**

Inspection of procordium : (N)

Heart Sounds : S1, S2 (+)

Any murmur : \_\_\_\_\_

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) \_\_\_\_\_

**Per Abdomen :**

Inspection (N)

Palpation : soft, nontender.

Ausculation : RR

Spine: \_\_\_\_\_ External Genitelia : \_\_\_\_\_

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

**Pediatric Multiorgan History & Physical Examination**

**Central Nervous System :**

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

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

**Motor System :**

Nutrition : \_\_\_\_\_

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

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

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

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

**Reflexes :**

**DTR**

(N)

**Superficials :**

Plantars \_\_\_\_\_

**Sensory System :**

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

**Clinical Summary & Diagnostic :**

ACUTE GASTRITIS.

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment :

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Desired goals of the treatment :

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**Planned Labs :**

CBP ✓  
sr. Electrolytes ✓  
sr. creatinine ✓  
LFT ✓ ; blood culture ✓  
CRIS - 104mg/dL ✓

**Planned Management :**

1) IVF DNS  
2) ENDOXON  
3) ORS  
4) monitor vitals

(extra plain sample)

Noted by Rafiq 8/6/26 @ 5:45pm

**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 : \_\_\_\_\_  
(Preferring Mobile #)

4. Name of the doctor in Rainbow Team \_\_\_\_\_ on  
whose name the patient is being referred

Doctor's Signature Name AM Date 8/6/26 Time 6:00 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 10am	S/R Dr. Meera	
	A. CE	Some dehydr
	<del>#10</del>	VX <del>#</del> stopped
	<del>ADD</del> UN (+)	
	abd soft	
	<u>Plan</u>	
	(1) D/c	
	(2) P. Ondem (4mg)	
		1 tab 8 hrs x 1 days
	(3) Enterofermina	
		1 resp once day
		x 3 days
	(4) Syo Zinconia 5ml	
		once day
		x 2 weeks
		illy
	Noted by S and Hys 9/6/26 @ 10am	

KOH-00281313 IP2-00056493

Baby MIHIRA DEB

03-01-2017 9 Y 5 M 5 D (F)

Dr. MEERA IYER



# RESULT SHEET



Date	8/6/26				
Time	5:46pm				
Hb	14.1				
PCV	40.7				
RBC	4.90				
WBC	12.85				
N/L					
Platelets	337				
CRP					
ESR					
PCT					
RBS					
Na	139				
K	4.2				
Cl	102				
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.4				
ALP	242				
SGPT	54				
SGOT	41				
T.Bill/Conj	0.5 <sup>0.1</sup> <math>< 0.4</math>				
T.Protein	7.2				
S.Albumin	4.5				
S.Globulin	2.7				
A/G Ratio	1.6				
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: ICU ..... Shifted to: 309 .....

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. Ashwini .....

Date & Time: 8/6/26 @ 5:30pm .....

Nurse Name & Signature: Raj 1 Raj .....

Date & Time: 8/6/26 @ 5:30pm .....

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

8/6/26

$$\frac{\text{Doctor's order} \times \text{Total ml}}{\text{Total mg}}$$

1) Inj. Pantoprazole 30mg =  $\frac{\text{Doctor's order } 30\text{mg} \times \text{Total } 4\text{ml}}{\text{Total } 40\text{mg}} = 3\text{ml}$

2) Inj. ondansetron 4mg =  $\frac{\text{Doctor's order } 4\text{mg} \times \text{Total } 2\text{ml}}{\text{Total } 4\text{mg}} = 2\text{ml}$

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 03-01-2017 9 Y 5 M 5 D (F)  
 Dr. MEERA IYER



# DRUG CHART

Date of Admission: ..... 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> Symplocosin-DS				Date Time																	
Dose	Route	Frequency	Start Date																		
8.5ml	oral	SOS	8/1/06																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions: (5ml/240mg) (min 6 hourly intake) if > 100.1°F																					

<b>DRUG :</b> Symplocosin-DS				Date Time																	
Dose	Route	Frequency	Start Date																		
10ml	oral	SOS	8/1/06																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions: (5ml/100mg) (min 8 hourly intake) if > 102.1°F																					

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

VERIFIED BY : Name







309

Mphra Deb

945m

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 9/6/20 Time: 10:15am

Weight: 27.72kg Centile: <3rd Centile

Height: Centile:

Inference: Nourished

RDA: Calories: 1700cal/day Protein: 40gm/day

Diet Recommendations: soft diet

Re-Assessment:

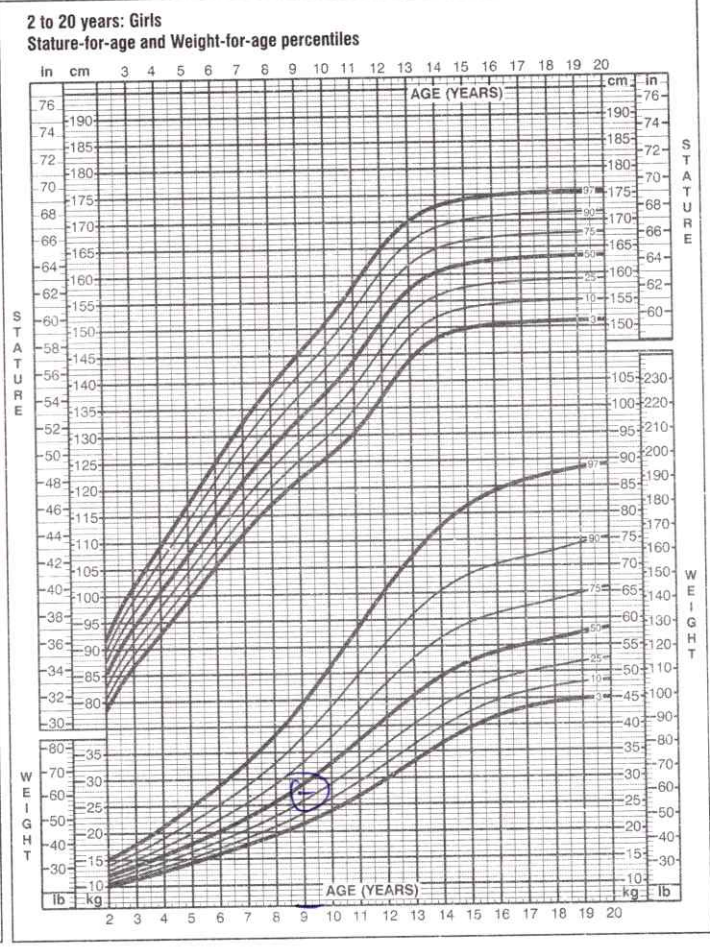
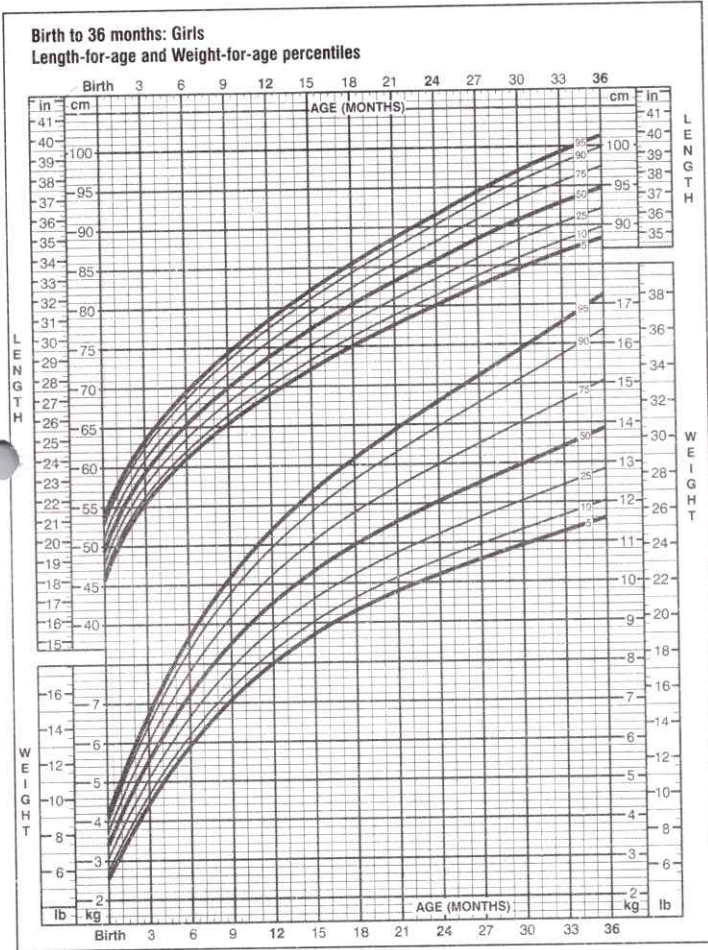
Food Allergies: no allergies Veg/Non-veg

Diagnosis: ACE

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Mphra

GROWTH CHART (GIRLS)



Dietician's Name: Lakshmi

Dietician's Signature





**.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**

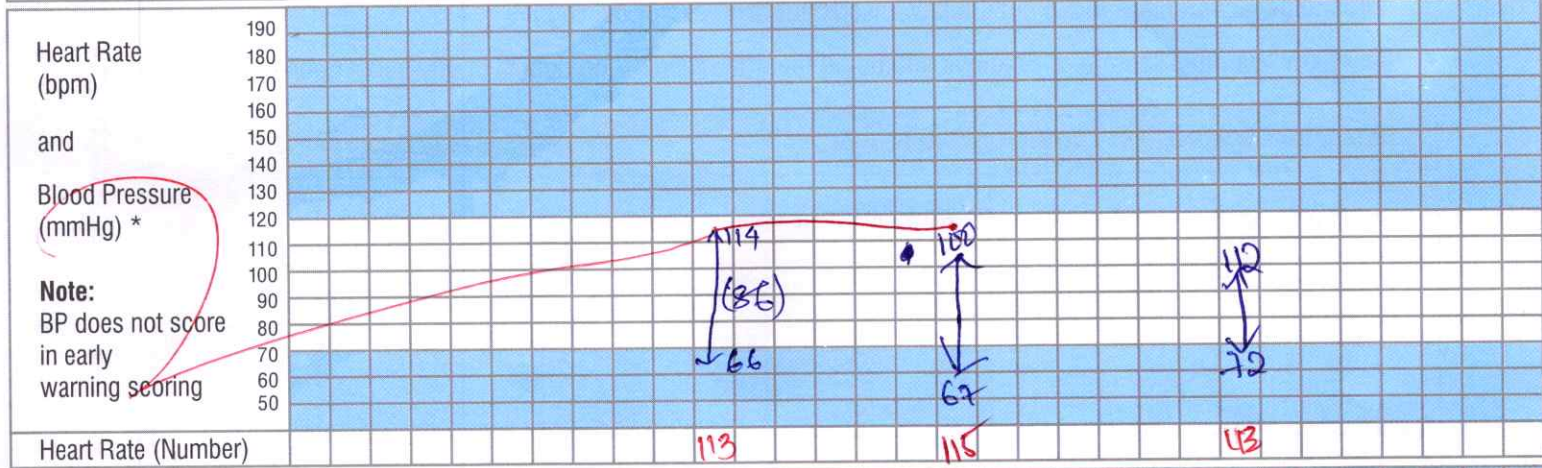
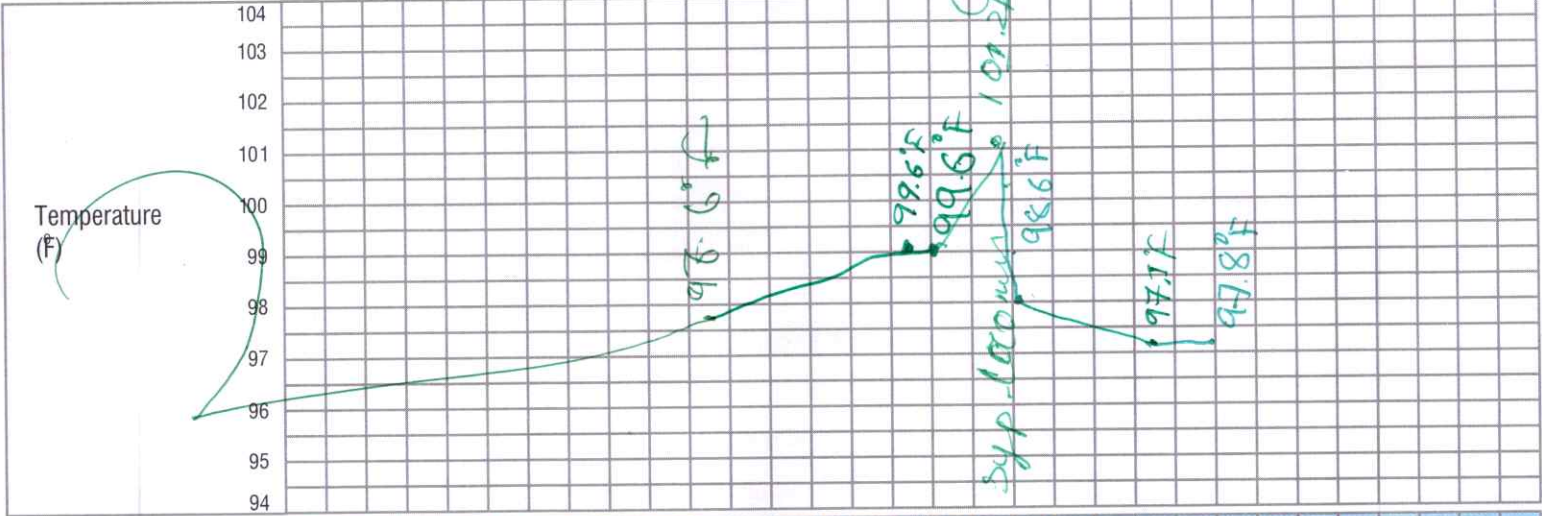
Method	Normal Range (°C)	Normal Range (°F)
Rectal	36.6-38	97.8-100.4 °F
Ear	35.8-38	96.4-100.4 °F
Oral	35.5-37.5	95.9-99.5 °F
Axillary	36.5-37.5	97.7-99.5 °F





EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/6/20 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  
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None / Mild	RA	RA	RA
Receiving O <sub>2</sub> (l/min)		95%	100%	100%
O <sub>2</sub> Saturations (%)				
Conscious Level	Normal Altered			
GCS *		15/5	15/5	15/5

<b>TOTAL SCORE</b>			
Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		MI	MI

<b>ACTIONS</b> 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)

0281313 IP2-00056493  
 Y MIHIRA DEB (F)  
 01-2017 9 Y 5 M 5 D  
 Dr. MEERA IYER



# FLUID CHART

Sheet No. : 1

8/6/20

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
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	DNS	obs 100ml	5ml			I			T	0	} pccs
	07:00 pm			5ml							0	
<b>Total Intake :</b>			DNS - 100 ml			<b>Total Output :</b>					0 - 0	m - 0
	08:00 pm			5ml								
	09:00 pm	D	Idly	5ml			I			✓	0	} pccs
	10:00 pm	A	H2O	5ml							0	
	11:00 pm	S	Soup	5ml							0	} pccs
	12:00 am			5ml							0	
	01:00 am			5ml								
<b>Total Intake :</b>			Idly, Soup, H2O DNS - 306			<b>Total Output :</b>					0 - 1	m - 0
	02:00 am			5ml								
	03:00 am			5ml						✓	0	} pccs
	04:00 am		H2O	5ml							0	
	05:00 am	D		5ml			✓				0	} pccs
	06:00 am	N		5ml			✓				0	
	07:00 am	S										
<b>Total Intake :</b>			H2O, DNS 255			<b>Total Output :</b>					0 - 2	m - 2
<b>Total 24 hrs. Intake</b>		Idly, Soup, H2O DNS - 663 ml			<b>Total 24 hrs. Output</b>		0 - 3					m - 2

10/10

11/11

12/12

13/13

14/14

15/15

16/16

17/17

18/18

19/19

20/20

21/21

22/22

23/23

24/24

25/25

26/26

27/27