

ACTIVITY RECORD FOR BILLING

Name: ----- KOH-00305781 IP2-00056471
 Master SAARTH YADAV
 14-12-2024 1 Y 5 M 22 D (M)
 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
5/6/26	11:20 AM	ER	311	<i>[Signature]</i> 11:30 PM

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/6/26	CBP, CRP, ESR, STC , LFT	26007762	} 
5/6/26	Dengue NS1 + IgM,	26007762	
5/6/26	Bloods	26007762	
5/6/26	GRBS → 120 mg/dl	26007762	
	In ER cross check	done by Ujj	~ 10 5/4/26
6/6/26	CUE	26007789	Rayleson
	cross check done by person		

History & Physical Examination

KOH-00305781 IP2-00056471
Master SAARTH YADAV
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Dr. MEERA IYER

Name : _____

Age/Sex _____

Informant _____

Reliability _____



Chief Presenting Complaints & Duration (Chronologically):

- fever x 1 day
- flushing x 1 day
- itching x 1 day

History of present illness :

fever high grade from yesterday night
not responding with medicines

- flushing over entire body from last night

- itching from last night.

- maculopapular rashes over thorax from last night

No cold, cough from 2 days ago

Pediatric Multiorgan History & Physical Examination

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

Nil

Birth & Neonatal History :

Term (39+5) / M/G2A. / AWD'

B+ve

Birth & Socio Economic History :

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

upto age

Immunization History :

All vaccinated upto date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 11.6 Kg (Centile _____)

On Examination :

Temperature : 102.8 F Pulse Rate: 132/m Description _____

B.P. 96/58 mmHg SPO2 98% at _____

Resp. rate and type of breathing : 30h

Rash (+) maculopapular all over

Lymphadenopathy (+)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ clear

Any addes sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____ S1S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____ soft

Spine: _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/12

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____ (M)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars (M)

Sensory System :

10

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFI day 1 - ? Dengue

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- CBP, CRP, ESR, LFT
blood culture
Electrolytes
GRBS - 120 mg/dl
Dengue NSI, IgM

Planned Management :

- iv fluid
- inj ceftriaxone
- fever management
- syp. ceftriaxone
- Calosoft lotion for UR

Noted by Ujjwal
5/6/26

HR > 120 - 130
RR > 30
B.P → < 86
pulse pressure < 25
urineable / due
bed intake

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 A. Chaudan

Date 5/6/26 Time 10:37am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2026	SIS Dr. Meera.	
5/6/2026	AFF. flushing HA.	
5/6/2026	to warm extremities.	
5/6/2026	cep 1 fill (N)	
5/6/2026	Thru (N).	
5/6/2026	itamp +.	
5/6/2026	Plan	
5/6/2026	(1) CWF	
5/6/2026	(2) Eye Atamax	
5/6/2026	Plan	
5/6/2026	Plan	
5/6/2026	Plan	
5/6/2026	Plan	
5/6/2026	Plan	
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5/6/2026	Plan	
5/6/2026	Plan	

~~Cabs
 cep?
 Rest normal~~

Noted by smdhys 5/6/26

Plan
 of Neeraj



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2024 9am	SIB Dr. Meera	
	AFI	
	Clinically better.	
	NO pleurisy	
	HTD stable.	
	? mild Ruffiness	
	No Organomegaly	
		<u>flu</u>
		(1) CUF 50s
		(2) Atarax 50s
	⇒ Of w parents possibilities of illness	
	esp dengue Natural course of	
	dengue.	

Noted by Meera
 Dr. Meera Iyer
 6/6/24

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 Dr. MEERA IYER



RESULT SHEET

Date	5/6/24				
Time	11 AM				
Hb	12.4				
PCV	36.6				
RBC	6.59				
WBC	9.63				
N/L					
Platelets	365				
CRP	43				
ESR	46				
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	254				
SGPT	30				
SGOT	41				
T.Bill/Conj	0.5 ^{0.1} 0.4				
T.Protein	6.1				
S.Albumin	3.8				
S.Globulin	2.29				
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: ER Shifted to: 311

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 : *BY*

Date & Time : 5/6/26 @ 10.10 am

Nurse Name & Signature: *Ujjwal*
Ujjwal

Date & Time : 5/6/26 @ 10.10 am

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



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 Dr. MEERA IYER



DRUG CHART

Date of Admission: 5/6/24 Drug Allergies: Not known any Drug Allergies

11.6 kg

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 : <u>Syp. CROCIAD</u>				Date Time	<u>6/6</u>															
Dose	Route	Frequency	Start Date		<u>5AM</u>															
<u>3.5ml</u>	<u>PO</u>	<u>6hly</u>	<u>5/6</u>		<u>Rajni</u>															
Doctor's Signature		Valid Period	Pharm.		<u>Lakshmi</u>															
Additional Instructions:																				
<u>(240mg/5ml)</u>																				

DRUG : <u>Syp Ibuprofen</u>				Date Time	<u>5/6</u>															
Dose	Route	Frequency	Start Date		<u>9PM</u>															
<u>5ml</u>	<u>PO</u>	<u>8hrs</u>	<u>5/6/2024</u>		<u>Dr. Lakshmi</u>															
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				
<u>does not</u> <u>if fever</u> <u>subside 2 crocin</u>																				

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

VERIFIED BY : Name

311

Patient Sticker
Savitri Yadav

145m

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 5/5/26 Time: 12pm

Weight: 11.5kg Centile: 5th centile

Height: Centile:

Inference: Nourished

RDA: Calories: 1000 cal/day Protein: 17gm/day

Diet Recommendations: soft diet

Re-Assessment:

Food Allergies: No allergies Veg/Non-veg

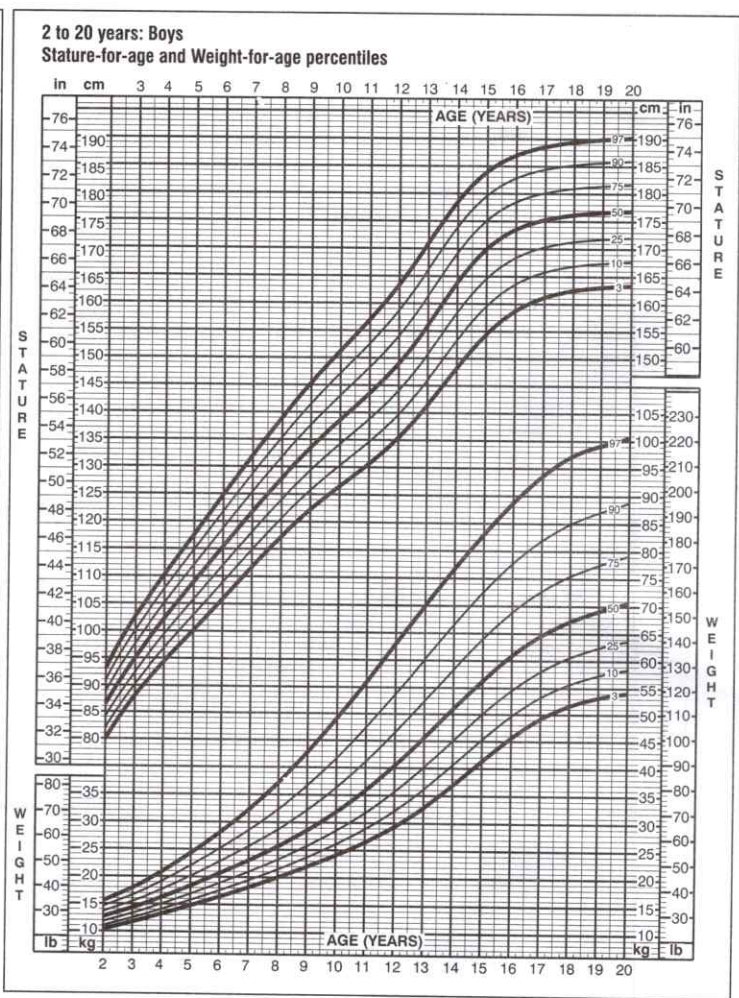
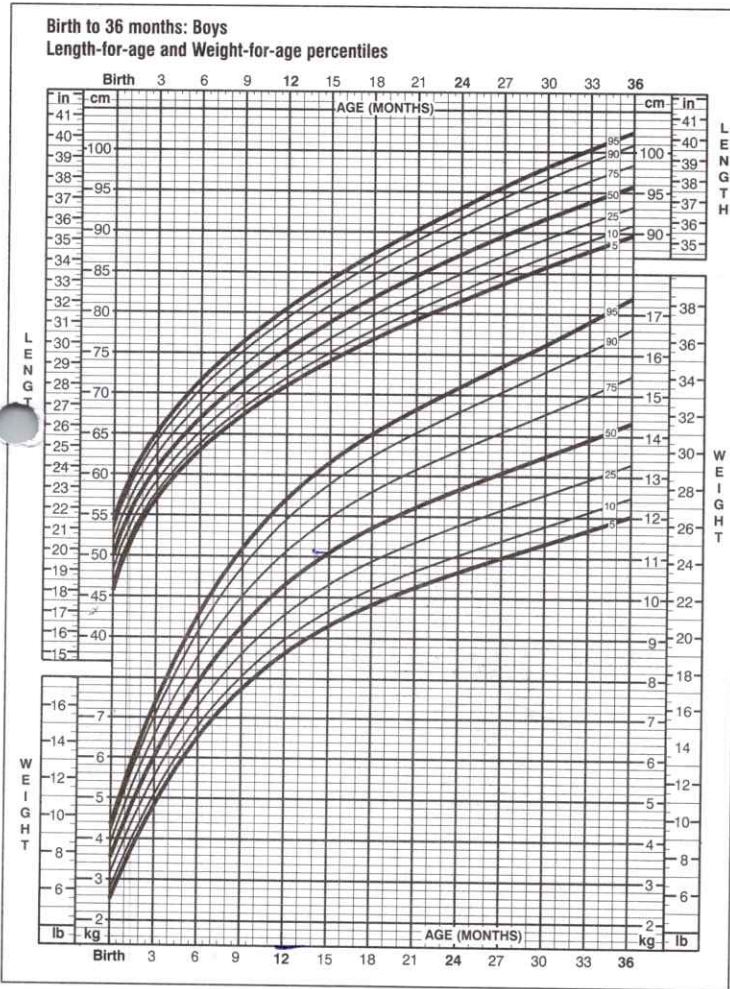
Diagnosis: AEF

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

Home food.

GROWTH CHART (BOYS)



Dietician's Name: Lakshmi

Dietician's Signature: [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

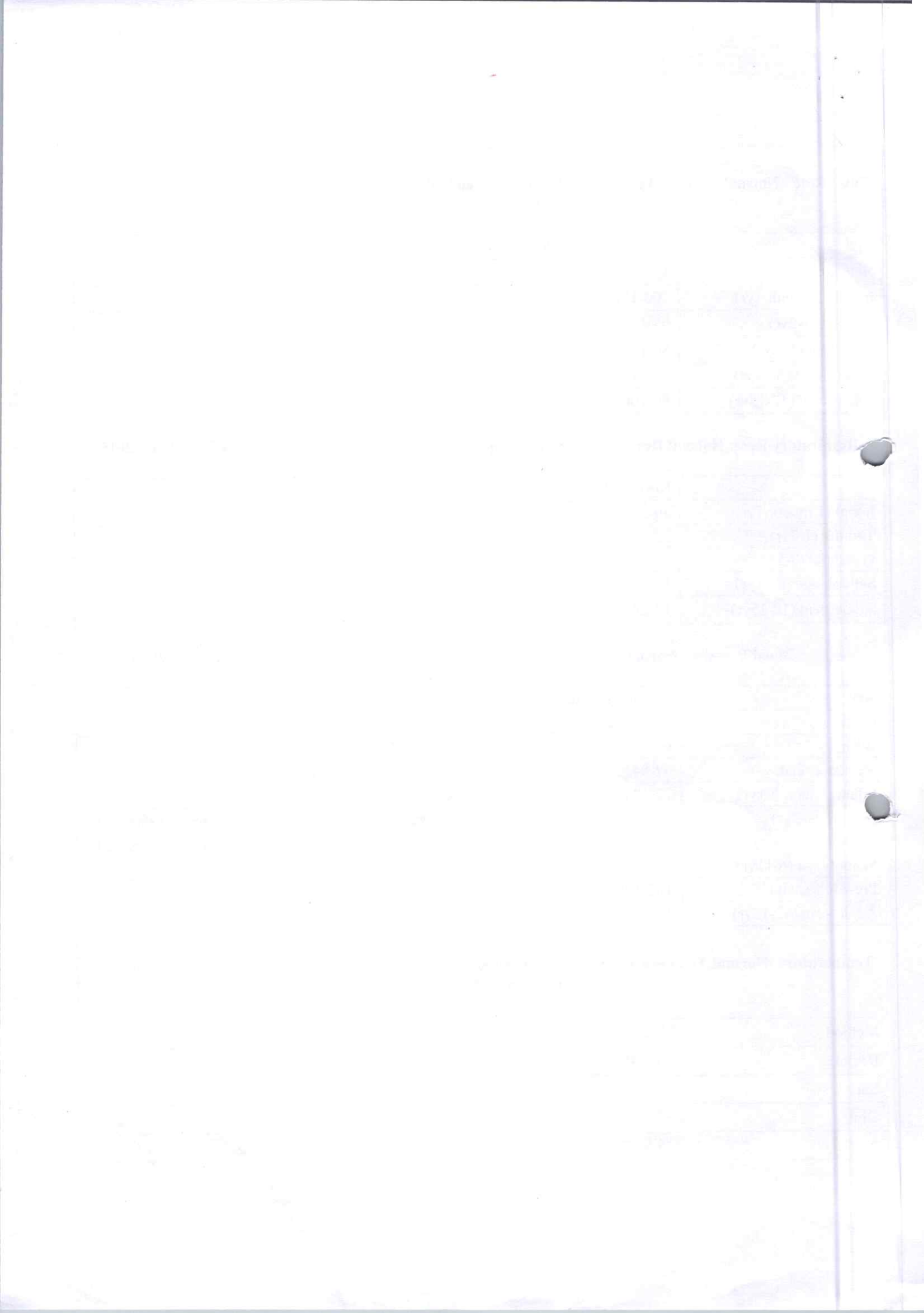
Age	Normal Respiratory Rate
Infant (1 month-1yr)	30-53
Toddler (1-2yr)	22-37
Preschool (3-5 yr)	20-28
School -age (6-11yr)	18-25
Adolescent (12-15yr)	12-20

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

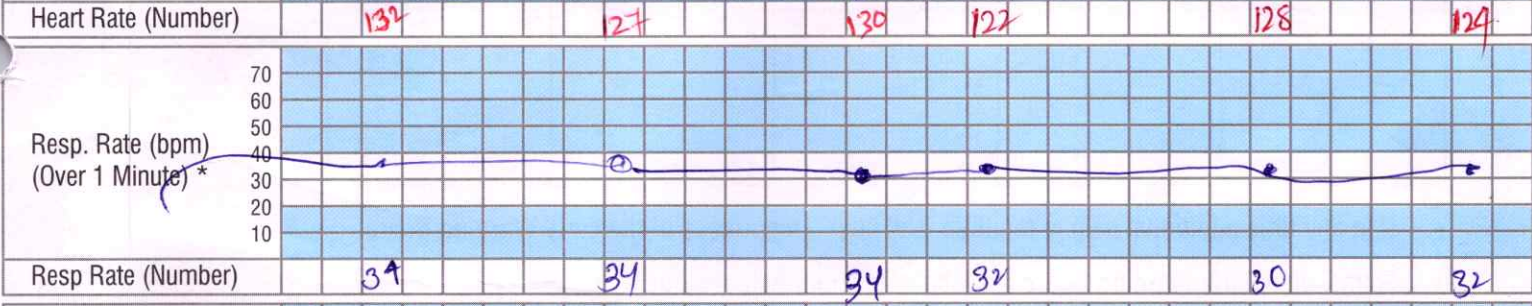
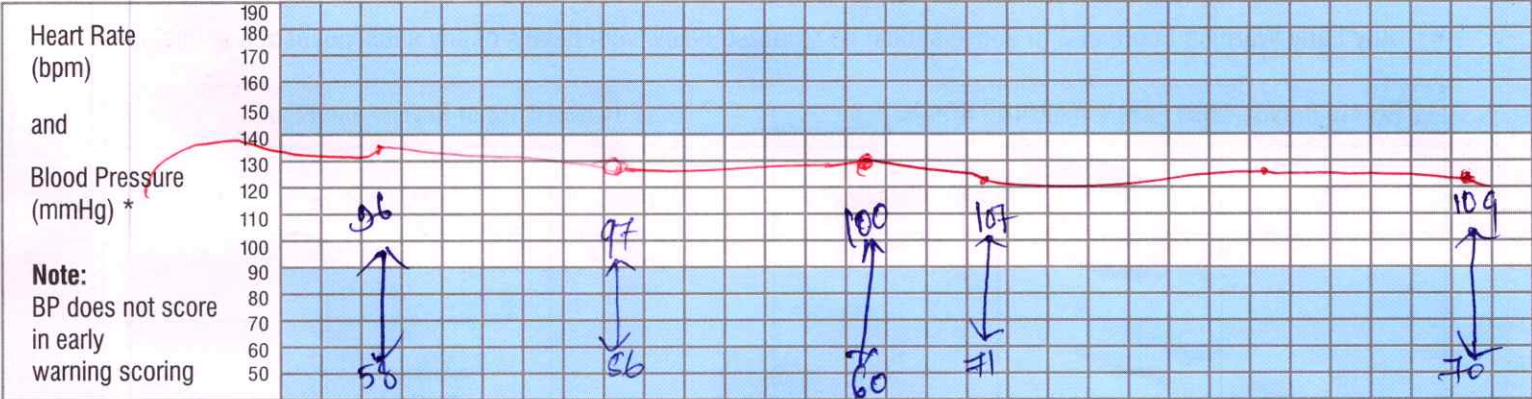
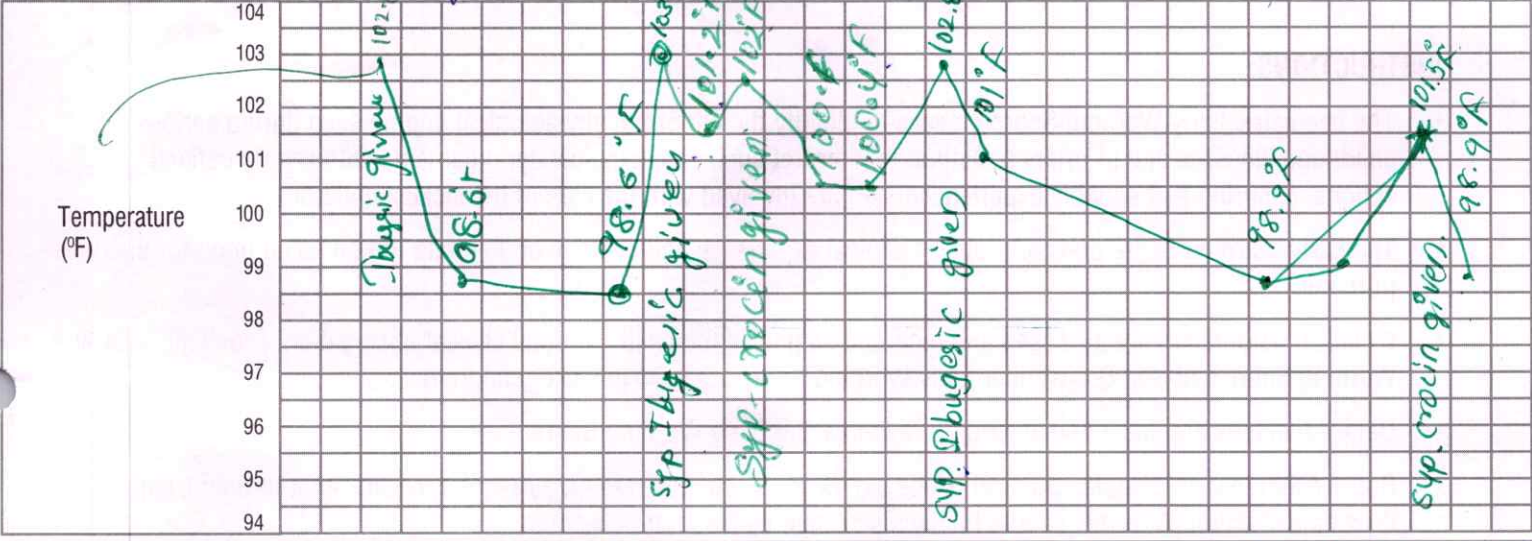
Method	Normal Range (°C)	Normal Range (°F)
Rectal	36.6-38	97.8-100.4 °F
Ear	35.8-38	96.4-100.4 °F
Oral	35.5-37.5	95.9-99.5 °F
Axillary	36.5-37.5	97.7-99.5 °F



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/6/26 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	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	Normal Altered	GCS *
RA	RA	5L	96%	15/5		15/5
RA	RA	5L	97%	15/5		15/5
RA	RA	5L	98%	15/5		15/5
RA	RA	5L	98%	15/5		15/5
RA	RA	5L	99%	15/5		15/5
RA	RA	5L	100%	15/5		15/5

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
0	0	0	[Signature]
0	0	0	[Signature]
0	0	0	[Signature]
0	0	0	[Signature]
0	0	0	[Signature]
0	0	0	[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 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: Scores 3 should be recorded overleaf

* 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.

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)

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FLUID CHART

Sheet No. : 1

5/6/26

- 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	D Little khichdi											
	01:00 pm	NS											
Total Intake : Little khichdi			Total Output : U-0 M-0										
	02:00 pm	D 22ml 22ml											
	03:00 pm	N Milk 50ml											
	04:00 pm	N											
	05:00 pm												
	06:00 pm	S H ₂ O											
	07:00 pm												
Total Intake : DNS - 110ml + H ₂ O + milk 50ml			Total Output : U-1 M-0										
	08:00 pm												
	09:00 pm	D 3 Spoons Curd Rice											
	10:00 pm	N H ₂ O											
	11:00 pm												
	12:00 am	S											
	01:00 am												
Total Intake : Curd Rice + H ₂ O, DNS 88ml			Total Output : U-0 M-0										
	02:00 am												
	03:00 am	D H ₂ O											
	04:00 am	N Milk											
	05:00 am												
	06:00 am	S											
	07:00 am												
Total Intake : DNS 40ml, H ₂ O			Total Output : U-2 M-0										

Total 24 hrs. Intake khichdi, milk curd rice DNS, 308ml

Total 24 hrs. Output U-4 M-0

NURSING PLAN OF CARE AND HAND OVER SHEET

WA

KOH-00305781 IP2-00056471
 Patient: Master SAARTH YADAV
 Age: 14-12-2024 1 Y 5 M 22 D (M)
 Dr. MEERA IYER
 UHID | 

Clinical Diagnosis :

APR

Nursing Diagnosis :

Body temperature elevated above the normal diurnal range due to a failure of thermoregulation

Plan & Implementation of Care :

Plan

Implementing

- PT Reported to severe *→ Continue IV fluids, &*
- Warm clothes*
- Every 4hr have check temp.*
- Dr. Advise mediations given.*
- Encourage oral feeds.*
- Comfortable position given*
- To have remaining (R)*

STRUCTURED HAND-OVER

Score as per Early Warning Chart

Score : *0* Plan as per score :

Respiratory System

Airway

Clear Maintainable

Oxygen Requirement

Yes No : Plan of Next 12 hours :

If yes L/min

CPAP

Yes No : Plan of Next 12 hours :

Suction Requirement

Yes No If Yes, Plan :

Physiotherapy Requirement

Yes No If Yes, Plan :

Cardio Vascular System

HR : *102*

BP : *100/70*

IBP :

CRT : *2sec*

Cardiac Rhythm

Inotropes Requirement ?

Yes No If Yes, Plan :

Need for anti hypertensives

Yes No If Yes, Plan :

Need of Restraints	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Pain Score & Plan of Care	Score: <u>2</u> Plan as per score :
Need of Sedation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Risk of Fall (Humpty Dumpty Score)	Score: <u>11</u> Plan as per score :
Risk of Bedscore (Braden Score)	Score: <u>21</u> Plan as per score :
IV Fluids	<u>one 92ml/hr</u>
Feeding Plan	<u>Energy and beef</u>
Input/output Discussed ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Plan :
Urinary Catheter Issues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Plan :
Other Drains Issues Is yes, then plan of care :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Need for PD ? If yes, then plan of care :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Arterial Line issues If Yes, then the condition of the skin & tips of fingers / toes :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Central / PICC Line Issues	<u>N/A</u>
IV Sites (VIP Score & Plan)	Score: <u>0</u> Plan as per score :
Planned Procedures if any ? If Yes, Plan of Procedure :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any plan of taking consultation from other consultants ? If yes, describe :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hand Over of Labs & other Investigations	<u>To Home Apolus, ESP @</u>

Golden Hair: patient care with 3H so explained the room & medication at 20 fluid corrected

Name of the Nurse (Giving Hand over)

Ashley

Signature: Ashley

5/16/26

Name of the Nurse (Taking Hand over)

Janita

Signature: Janita

5/16/26 @ 2PM