

VIH-00205899 IP-00060339
Baby MUCHAMARRY AVIKA
16-01-2021 5 Y 4 M 29 D (F)
Dr. KODICHERI A VISHNU VARDHAN



ACTIVITY RECORD FOR BILLING

Name: -----
UHID No: ----- IP No: ----- Consultant: ----- Dept: L-22
Date of Admission: 14/6 Time: @ 2:40am Date of Discharge: ----- Time: -----
Room / Bed No: PCW Ward: PCW Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/6	3:15am	ER	PCW	nee
14/6	12:30pm	PCW	105	ari

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Leena	14/6/26	(On phone) 3090182	TL
2.	Dr. Leena checked by Dr. Leena 14/6/26 at 11a			
3.	Dr. Leena (video)	14/6/26	3090442	TL
4.	Dr. Leena (video)	15/6/26	3090442	}
5.	Dr. Leena checked by Dr. Leena 15/6/26			
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/6/26	CBP, CRP, Electrolytes, Creatinine, Urea, LFT,	26020333	
	Blood for ketones (Low)		
	HIV, RBS (Lab)		D. [Signature]
	RBS poct [7.5mg/dl], UBG	26020334	
	RBS poct [8.5mg/dl]	26020335	
14/6/26	RBS	26020351	
	CUE	26020350	
14/6/26	Blood c/s	26020362	[Signature]
	[Cross] checked by	Blind 14/6/26 at HC	
14/6/26	Blood for ketones (Low)	26020365	[Signature]
	RBS 10am 9mg/dl	26020367	[Signature]
	[Cross] checked by	Blind 14/6/26 at HC	
15/6	USC Abd	26-009570	[Signature]

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name :

IP.No:

Ward:

DOA:

VH-00205899 IP-00060339
 Baby MUCHAMARRY AVIKA
 18-01-2021 5 Y 4 M 30 D
 Dr. KODICHERLA VISHNU VARDHAN (F)



Sl.No	List of Records	of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Transfer Forms	02			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	06			
7	Nurses Progress notes	05			
8	Consultation Sheets				
9	General Consent for Treatment	01			
	Consent for Surgery				
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	02			
	Intake and Output chart (fluid Chart)	02			
27	Drug Chart (Regular prescription)	03			
28	Daily Investigation sheet	01			
29	Investigation Values (Result Sheet)				
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Empty dump	02			
	Rozen	02			
	Thermon	01			
	Hiv consent	01			
	Pico consent	01			
	Other	02			
	Billing	04			
	Total No. of Pages	45			

noted by *[Signature]*
 01/Am 10/2020
 Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060339

Admit Date : 14-Jun-2026

Admit Time : 02:40 AM UHID : VIH-00205899

Patient Details :

Patient Name : Baby MUCHAMARRY AVIKA

Age : 5 Y 4 M 29 D

Guardian : Mr VISHAL

DOB : 16-01-2021

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : PLOT NO 41 TENNIS COURT PRUDITION BANK COLONY KANAJI NAGAR Dilsukhnagar Colony Hyderabad Telangana INDIA 500060

Phone No : 9000831561/ 8897711791

E-mail : na@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr VISHAL

Relationship : Father

Contact Address : PLOT NO 41 TENNIS COURT PRUDITION BANK COLONY KANAJI NAGAR Dilsukhnagar Colony Hyderabad Telangana INDIA 500060

Phone No : 9000831561

Mouli
Signature

Doctor Details :

Doctor Name : Dr. KODICHERLA VISHNU VARDHAN REDDY

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
14/6/26	00.00	Sensor 5:Am - 89 mg/dl → RBS.	} <i>[Signature]</i>	
1	01.00	Sensor 6:30Am - RBS - 88 mg/dl.		
	02.00	Prick 6:30Am - RBS - 98 mg/dl.		
	03.00	Sensor 7:30Am 84 mg/dl		
	04.00	Sensor 8:30Am - 98 mg/dl		
	05.00	Sensor 9:30Am - 93 mg/dl		
	06.00	10am - Prick - 91 mg/dl	26020367	
	07.00	10:30am - 92 mg/dl sensor		
	08.00	0000 checked by <i>[Signature]</i> 14/6/26 avika		
	09.00	11:30Am - 195 mg/dl . Sensor		
	10.00	12:30pm - 148 mg/dl . sensor.		
	11.00	1pm - Prick - 154 mg/dl		
	12.00	4pm - 216 mg/dl . Prick sensor		
	13.00	5pm - 245 mg/dl Prick		
	14.00	8pm - 139 mg/dl Prick		
15/6	15.00	12AM - 115 mg/dl (prick)		
	16.00	4:00am - 203 mg/dl		
	17.00	8:00am - 199 mg/dl (prick)		
	18.00	10:00am 10:30am		
	19.00	10:00am 10:30am		
	20.00			
	21.00			
	22.00			
	23.00			

VH-00205899 IP-00080339
 Baby MUCHAMARRY AVIKA
 18-01-2021 5 Y 4 M 29 D (F)
 Dr. KODICHERLA VISHNU VARDHAN

GIRBS (Sensor)
 NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
14/6/26	00.00	2pm - 155 mg/dl	Brijj Subha	
	01.00	3pm - 198 mg/dl		
	02.00	5pm - 236 mg/dl		
	03.00	6pm - 253 mg/dl		
	04.00	7pm - 177 mg/dl		
	05.00	8pm - 132 mg/dl		
	06.00	9pm - 133 mg/dl		
	07.00	10pm - 143 mg/dl		
15/6/26	08.00	11pm - 131 mg/dl		
	09.00	12Am - 120 mg/dl		
	10.00	1Am - 57 mg/dl		
	11.00	1:30Am - 67 mg/dl		
	12.00	2:00Am - 114 mg/dl		
	13.00	3:00Am - 170 mg/dl		
	14.00	4:00Am - 218 mg/dl		
	15.00	5:00Am - 193 mg/dl		
	16.00	6:00Am - 205 mg/dl		
	17.00	7:00Am - 171 mg/dl		
	18.00	8:00Am - 149 mg/dl		
	19.00	9:00pm 137 mg/dl		
	20.00	10:00pm 163 mg/dl		
	21.00			
	22.00			
23.00				

Patient Name : Baby. MUCHAMARRY AVIKA UHID : VIH-00205899 IPD : IP-00060339 Gender : Female Age : 5 Y 4 M 29 D

VIH-00205899 IP-00060339
 Baby MUCHAMARRY AVIKA
 16-01-2021 5 Y 4 M 29 D (F)
 Dr. KODICHERLA VISHNU VARDHAN



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/06/26 Time of arrival : 1:07am
 Chief Complaints : Clo 1 episode of vomiting today, stomach pain x 4 days, Nausea
 Height : - Weight : 24.4kg BMI : - Head Circumference (<2 years) : -
 Allergies: Yes No Medications Blood Transfusion Food Other: -
 RBS: 76 mg/dL

If yes, identify -
 Pain Screening: Yes No If Yes, Pain Score: 1 Pain Tool Used: N Pass FLACC Wong Baker
 Character aching Location stomach Frequency Intermittent Duration -

RISK FOR FALL:
 If patient is < 6 years tick below fall risk intervention directly
 If Patient is > 6 years Assess the below parameters
 History of Falling: within past 3 months Yes No
Ambulatory Aids:
 • Wheelchair Yes No
 • Uses furniture for support Yes No
Gait/Transferring:
 • Bedrest / immobile Yes No
 • Weak Yes No
 • Impaired Yes No
Mental Status: Forgets limitations Yes No
IF YES FOR ANY CATEGORY = RISK FOR FALLING
Fall Risk Intervention:
 Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected
 Mobility Problem
 Walking Problem
 Developmental Delay
 Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected
 Underweight
 Overweight
 Feeding Problem
 Special diet
 Special feeding method
Inform consultant for positive criteria

Psychological Screening: No Significant Findings
 Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: (Date/Time): -
Social History: Lives With parents
 Siblings in household Yes No (if yes How Many?) 1 sister
 Time of Initial assessment completed by ER Nurse : 1:12am

Patient Name : Baby. MUCHAMARRY AVIKA UHID : VIH-00205899 IPD : IP-00060339 Gender : Female Age : 5 Y 4 M 29 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
1:03am	* Baby came to ER
1:06am	* Vitals checked and Recorded
1:10am	* Doctor has seen the Baby
1:15am	* Dr Shivam has been to the pt.
1:50am	* Dr Advice Admission
	* RBS done 76 mg/dL Blood Ketone: Low
2:30am	* IV placement done
3:15am	* Patient shifted to the PICU.

Samples collected by: } S. muglisha
 Samples sent by: } S. Shivam

Time: }
 Time: } 2:40, Am

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			Nil		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 113b/m BP: 100/62 (29) CFT: 53cc RR: 28b/m SPO ₂ : 100% GCS: 15/15 Temperature: 98.4 F Pain Score: (0) Repeat RBS (if applicable):	Shift - out from ER to: PICU Time of Shift - out: 14/6/26 @ 3:15am Handover given to: S. Renuka (Nurse's Name) by S. Renuka

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement done

Name of the Nurse : S. Renuka Signature of the Nurse : 

Date & Time : 14/6/26 @ 3:15am



NON-SING INITIAL ASSESSMENT FOR PICU

Date of Admission: 14/6/20
 Source of Admission: OPD Ward Other:
 Reason for Admission: illness
 Admission Diagnosis: DM - Type - I.
 Accompanied By: Parent Guardian Other Name:
 Primary Language: Telugu English Hindi Other Specify
 Do you require an interpreter? Yes No
 Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Source of Information : Family Patient Others, Specify

SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission

Family History:

Has the child or close family member had recent contact with a communicable disease? Yes No

If yes please list,

Was the child's birth normal? Yes No If No, please describe problems:

Are the child's immunization up to date? Yes No

CURRENT MEDICATIONS
 Taking Medications? Yes No
 If yes, Fill the reconciliation form
 Medicine brought to the hospital? Yes No

Observations: Weight: 24 kgs Length: Head Circumference (< 2 years):
 Temp.: 98.6 F HR: 95 bpm RR: 31 BP: 111/71/82
 Pain Score: 0 Specify Site: (Follow Pain Assessment Sheet & Document)
 Fall Risk Assessment: Yes No Score: 0 (Document in the Humpty Dumpty Sheet)
 Risk of Pressure Sore (Braden Q Score 0) (Document in the Braden Q Assessment Sheet)



Behavioural Status on Admission:

- Sleeping Crying Calm Distressed/Console Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: Yes (Date/Time): 14/6/20 4:15 AM

Social History: Lives With

Siblings in household: Yes No (if yes How Many?)

Orientation has been given regarding the following aspects:

- ID Band in situ
 Bedside safety explained
 PICU Routine: Doctor's rounds/Medication time
 Visiting policy explained

Orientation given to: Family Others specify

Name of Person Orientation was given to:

Orientation not given Reason: child illness

Nurse Name: Renuka Nurse Signature: [Signature]

Date & Time: 14/6/20 4:15 AM

DISCHARGE PLAN

Source of Information: Family Friend

Will patient require transportation arrangements to go home: Yes No

Will Physiotherapy require at home: Yes No

Is home medical equipment anticipated: Yes No

Is home oxygen therapy anticipated: Yes No

Are dressing needs at home anticipated: Yes No

Any other needs anticipated: Yes No If Yes Specify

Discharge Medications: Yes No

Details:


Final Diagnosis: Typh- 2

Nurse Name: Nurse Signature:

Date & Time:

PATIENT TRANSFER FORM



Patient Name & UHID No VIH-00205899 IP-00060339 Baby MUCI AMARRY AVIKA 16-01-2021 5 Y 4 M 29 D (F) Dr. KODICHERLA VISHNU VARDHAN 		Date & Time of Admission 14/6/26 @ 2:40am	Date & Time of Transfer Order 14/6/26 @ 3:15am
		Transfer Ordered by Dr. Shivam	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films NBG	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over <i>op given to attendants</i>			
Sl.No.	Item Name	Quantity <i>Mails</i>	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Magesh Suelne</i>		Name of Person Ordered Transfer Dr. Shivam	
Patient & Clinical Records Received by :		<i>Dr. Rish</i> 14/6/26 at 3:15AM	
Date & Time of Patient Received :			


If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00205899 IP-00060339 Baby MUCHAMARRY AVIKA 18-01-2021 5 Y 4 M 29 D (F) Dr. KODICHERLA VISHNU VARDHAN 		Date & Time of Admission 14/6/26 @ 2:40Am	Date & Time of Transfer Order 14/6/26 @ 12:30pm
		Transfer Ordered by Dr. Vishnuvardhan.	Reason for Transfer Stable.
From Unit P100	To Unit 105	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (36)	Number of Imaging Films UBG - (1)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	+ TAB Amoxyclin - (2)	see - (3)	
2.	+ TAB Esomeprazole - (1)	see - (4)	
3.	+ TAB Ondans - (1)		
4.	+ D1w - (7)		
5.	+ see - (5)		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
DR. thanya			
Name & Signature of Person who is Transferring Supriya		Name of Person Ordered Transfer DR. Vishnuvardhan.	
Patient & Clinical Records Received by : Sr. Bevanika			
Date & Time of Patient Received : 14/6/26 @ 12:40pm			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00205899 IP-00060339
Baby MUCHAMARRY AVIKA
16-01-2021 5 Y 4 M 29 D (F)
Dr. KODICHERLA VISHNU VARDHAN

UHID ID: _____



Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Vomiting
Poor appetite] 4 days

History of present illness : KID0 Type 1 DM ± Hypoglycemia

Child was apparently alright 4 days back
When child had sudden episodes of
Non bilious non projectile vomiting, the appetite
is also reduced

Child is a KID0 Type 1 DM on Insulin
Lantus 7 IU
Aspart 3-4-4 IU
Since 1 year

Child was given oral glucose, metformin & cyclosporin
since 3 days

Child has CGM in place showed
Persistent low readings around 40-48mg/dl

Pediatric History & Physical Examination

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

K/C/O Type I DM since past 1 year with DM
on Insulin

NO H/O previous admissions i/c/o hypo/hyperglycemia

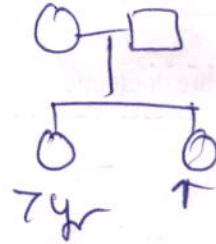
on LANZOL - 70

Aspart 344

HBA1C March 27 → 9.2
2026

Birth & Neonatal History:

FT/MVD/CIAB/3.4Kg
NO H/O NEW Admission



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Normal for Age

Immunization History :

Vaccinations complete for age

VIH-00205899

IP-00060339

Baby MUCHAMARRY AVIKA

16-01-2021 5 Y 4 M 29 D (F)

Dr. KODICHERLA VISHNU VARDHAN



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 24.4kg Centile _____)

On Examination :

Temperature : 98.1°F Pulse Rate: 108/min B.P. 108/68 (74) SPO2 94%

Resp. rate and type of breathing : 23/min

Rash _____ ⊖

Lymphadenopathy _____ ⊖

Oedema : _____ ⊖

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____ ⊖

Air entry & breath sounds : _____ BILAS ⊖

Any addes sounds : _____ -

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

Cardiovascular System :

Inspection of procordium : _____ ⊖

Heart Sounds : _____ S1S2 ⊖

Any murmur : _____ -

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

Per Abdomen :

Inspection _____ ⊖

Palpation : _____ ⊖

Ausculation : _____ ⊖

Spine : _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 14/15

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

K/O Type 1 DM with Hypoglycemia

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

- ✓ CBP, CRP, S/E ✓
- ✓ ~~Srcref~~ / Srcref ✓
- LFT
- RBS (lab)
- VBG ✓
- Blood/Glucose ✓
- CUE ✓

Planned Management

- IV fluid DMS (2nd round)
- M^o ESomeparele
- M^o Indasemon

Noted by
So. Devasthy
14/6/26 @ 3am

Signature of the Doctor: _____

Name of the Doctor: Devasthy

Date & Time: 14/6/26, 3 Am

Signature of the Consultant: _____

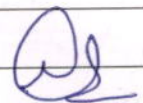
Name of the Consultant: _____

Date & Time: _____




PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
14/6/26 3 AM	<u>CDW Dr Leena (Endocrinologist)</u>	
	Δ KID Type 1 DM & Hypoglycemia	
	M Insulin	
	<u>Act</u>	
	- Start IV fluids and monitor trend	
	- Review in morning	


Vishnu Vardhan



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/01/26 8AM	<p><u>CLAB Resident</u></p> <p>KID Type I DM & Hypoglycemia</p> <p><u>Current status</u></p> <ul style="list-style-type: none"> - In Room Air - m DNS 2/3rd maintain - mainly CRBS - No vomiting - ClO Abdo pain 	
14/01/26 @ 8AM	<p><u>Plan</u></p> <ul style="list-style-type: none"> - Continue IV fluids - Syp Cyclopam 6ml stat - discuss about dosing for the Insulin 	
 Vishnuam		

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 Dr. KODICHERLA VISHNU VARDHAN


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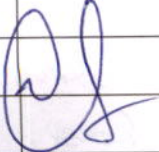
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>14/6/26</u> <u>9 AM</u>	<p style="text-align: center;"><u>CS/B. & V. bhny</u></p> <p style="text-align: center;">Kilo Type I DM & Hypoglycemia</p> <p>→ many CRBS → fever Kety (7)</p>	
<p>Plan</p> <p>II → Zi Argmentin. I → send Blood C. → Dr Leena consult. - <u>USG Abdo T/m.</u></p> <p>Noted by Supriya 14/6/26 @ 9 AM</p>	<p style="text-align: center;"><u>Conseley NOB</u></p> <p>Kety noted, child is many sugars now. we are treating it. we child would have got starvance ketones we will continue monitor till evening & will plan to shift away.</p>	<p style="text-align: right;"><i>[Signature]</i> <u>V. bhny</u></p>

②
[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>14/6/26 9:45 AM</p>	<p><u>Clow Dr Leena</u></p>	
	<p><u>Plan</u></p>	
	<p>- Ketone to be checked Now → Low</p>	
	<p>↓ if Negative give 1 IU Aspart</p>	
	<p>↓ Breakfast</p>	
	<p>- Continue fluids if RBS is persistently >100 mg/dl then taper.</p>	
	<p>- Inj LANTUS 5 IU at night</p>	
	<p>- Continue monitoring with CGM 4th by GBS mmity (Pricky)</p>	
	<p>- Review at lunch time</p>	
	<p>- Can be shifted to Room</p>	
<p> Dr. Leena</p>		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>14/6/26</u>	<u>Slyy notes</u>	
	<u>Klebs T1 Dm case</u>	<u>hypoglycaemia</u>
<p>11:30 AM</p>	<p>5 years old female child was brought with loss of weight since 4 days & poor appetite (resident of US) Klebs T1 Dm on 1) LAWTER SC 70 2) ASPAT SC 3, 4, 6, 4, 4 last HbA1c March 27th → 9.2 2026</p>	
	<p>Child was noted to have → GMS of < 60 in RGM at home.</p>	
	<p>In TR and had GMS → 76 ketones - low pH → 7.43 / ^{HCO₃} 23-9</p>	
	<p>hence child was started on (1/3rd) Def DM → home child was stable throughout 1st wk with GMS > 70 in PM</p>	
	<p>1/3rd (1/2nd) (1/3rd) (1/4th) who advise 1) Insulin ASPAT @ G LAWTER doses. 2) advised to continue Def to maintain</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26	D/w on <u>Leena mara</u> .	
	o/e Baby sleep eulurme	
	Vitals stable	
	CVC - S/S ⊕	
	P/S - BAE ⊕	
	P/A - soft	
		* 4pm GRS - 214 mg/dl
		1) stop 16 fluids.
	Purinen scale for <u>NOVALOG</u>	
	Breakfast	
	Before Meals (lunch, dinner)	
	< 120 → 1 unit	+/- 1 units
	120 - 250 → 2 units	Based on
	> 250 → 3 units.	Sugar.
	<u>Overnight Sugar</u>	
	> 200 - LANTUS - make 6 units	} for next days
	> 300 - LANTUS - make 7 units.	
	2 hours post meal correction:	
	200-300 → 1 unit Novalog	
	> 300 → 2 unit Novalog	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/21		
16:30 AM		
		<p><u>Plan</u></p> <p><u>Plan for d/c today</u></p>
		<p>→ sup. Ayumukin x 3d</p>
		<p>- oral PPT</p>
		<p>→ Tab. parol 1000 - 20mg x 3d</p>
		<p>- video computation & d. heena</p>
		<p>- entugunarepne - P/O x 3d</p>

~~NS~~
 VMZ

Noted by Dr. Indu
 @ 8:15 AM
 15/6/21

VZH-00205899

1st Floor

ULTRA SOUND ABDOMEN REQUEST FORM

PATIENT NAME :

VIH-00205899 IP-00060339
Baby MUCHAMARRY AVIKA
16-01-2021 5 Y 4 M 30 D (F)
Dr. KODICHERLA VISHNU VARDHAN

DATE:

15/06/2026
Time: 11:30A

11.5cm

LIVER : Normal in size and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

7.9cm

SPLEEN : Normal in size and echotexture.

Head and body regions are (N)

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS : Right kidney : 77mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 73 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

No ascites / Lymphadenopathy. No evidence bowel wall thickening / edema.

IMPRESSION: ~~No obvious sonological abnormality in abdomen.~~

Rest unremarkable

Suggested clinical correlation.

- ① Bowel gas in para aortic and para iliac regions
- ② No c/o appendicitis
- ③ mild hepatomegaly - no focal lesions

Handwritten signature
DR MOHD ABDUL KHALID MD, DNB.

DR V. MAHIDHAR (MD)

DR VAISHNAVI REDDY B (MD)

(Consultant Radiologist)



CONSENT FORM FOR HIV

Patient Name : Baby. MUEHAMMAD AVIKA Age : 5/28
 Gender : M F - IP No : 60389 Marital Status : -
 Ward / Bed No. : PICU IP/OP No. : 60389 Date : 14/6/26

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

Patient Attendant :

Signature : Mounika
 Name : MOUNIKA VARLA
 Relationship with Patient: Mother
 Date & Time : 14/6/26 @ 3am

Parent (when patient is minor) :

Signature :
 Name :
 Relation :
 Date & Time :

OR (Next to kin in case of unconscious patient) :

Signature : Name :
 Relation : Date & Time :

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling is ensured by me and my team.

Doctor :

Signature : [Signature]
 Name : Aswini
 Date & Time : 14/6/26 @ 3am

హెచ్.ఐ.వీ పరీక్ష అంగీకార పత్రం

రోగి పేరు వయస్సు లింగం పు స్త్రీ

వివాహస్థితి వార్డు / బెడ్ నెంబర్.....

హెచ్.ఐ.వీ టెస్ట్ గురించి నాకు అవగాహన కల్పించటమైనదనియు మరియు పరీక్ష చేయించుకోవలసిన కారణము నాకు స్పష్టముగా వివరించటమైనది అప నేను చెప్పుచున్నాను. ఈ టెస్ట్ ఫలితం యొక్క పర్యవసానాలకు పాజిటివ్, నెగిటివ్ లేక నిర్ధారణ విధానము, దాని పరిమితులు మరియు ఫలితాల వివరణకు నాకు అర్థమయ్యే భాషలో వివరించారు.

నా హెచ్.ఐ.వీ. రోగిస్థితి అంచనా వేయటానికి నాపై జరుపబడే టెస్టుకు నేను ఇష్టపూర్వకంగా తెలుపుతున్నాను. నా హెచ్.ఐ.వీ. పరీక్ష ఫలితం రహస్యంగా వుంచాలి.

రోగి సాక్షి
సంతకము: సంతకము:

పేరు: పేరు:

బంధము: బంధము:

తేదీ మరియు సంతకము: తేదీ మరియు సమయము:

(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)

పేరు:..... సంతకము:

సంబంధము : తేదీ మరియు సంతకము:

హెచ్.ఐ.వీ. టెస్ట్ అంగీకార పత్రంపై నా సమక్షంలో సంతకం చేయబడిన దనియు, టెస్టుకు ముందు ఇవ్వవలసిన సలహా ఇవ్వబడిన దనియు మరియు టెస్ట్ తర్వాత ఇవ్వవలసిన అవగాహన ఖచ్చితంగా ఇవ్వగలమని నేను నా బృందం ధృవీకరిస్తున్నాము.

డాక్టర్

సంతకము

పేరు

తేదీ మరియు సమయము

**CONSENT FOR ADMISSION
IN PEDIATRIC INTENSIVE CARE UNIT**



Name: Baby Muchamarry Avika Age: 57 Gender: Male Female

UHID.No : 205899 Date: 14/6/26

I MOUNIKA YARLA S/o, D/o, W/o, VISHAL MUCHAMARRY hereby declare that our patient Master/Baby Muchamarry Avika who is related to me as child is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 14/6/26.

The doctors have explained to me in a language understood by me that my child has following health related issues :

The doctors have clearly explained to me that my patient Master / Baby Muchamarry Avika during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Muchamarry Avika, child in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: Muk

Name: MOUNIKA YARLA

Relationship with Patient: Mother

Date & Time: 14/6/26 @ 3 am

Witness :

Signature: NV

Name: YARLANAVU EKUMAR

Date & Time: 14/6/26 @ 3 am

Doctor (who is taking the consent) :

Signature: Dr. Shyam

Name: Dr. Shyam

Date & Time: 14/6/26 @ 3 am

**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**



రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.హె.ఐ.డి
నేను s/o. d/o. w/o.

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ఫో పిల్లల అనుపత్తి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్
తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.
.....
.....
.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫర్మేషన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్ఫర్మేషన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు)లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండ్నెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

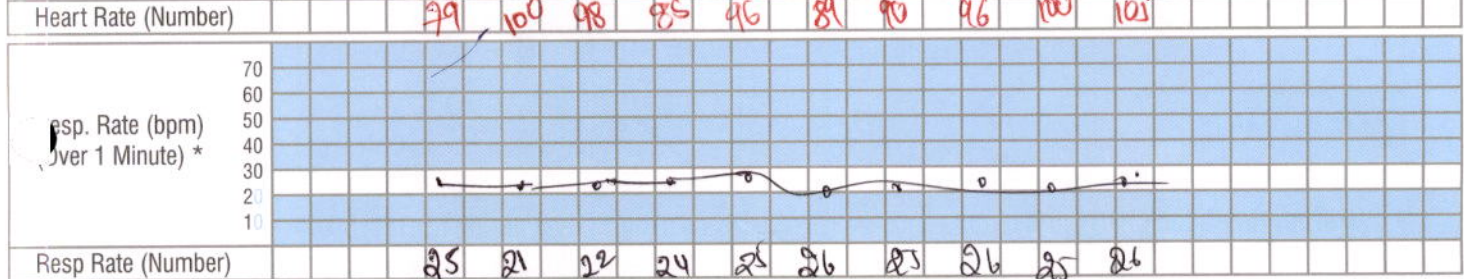
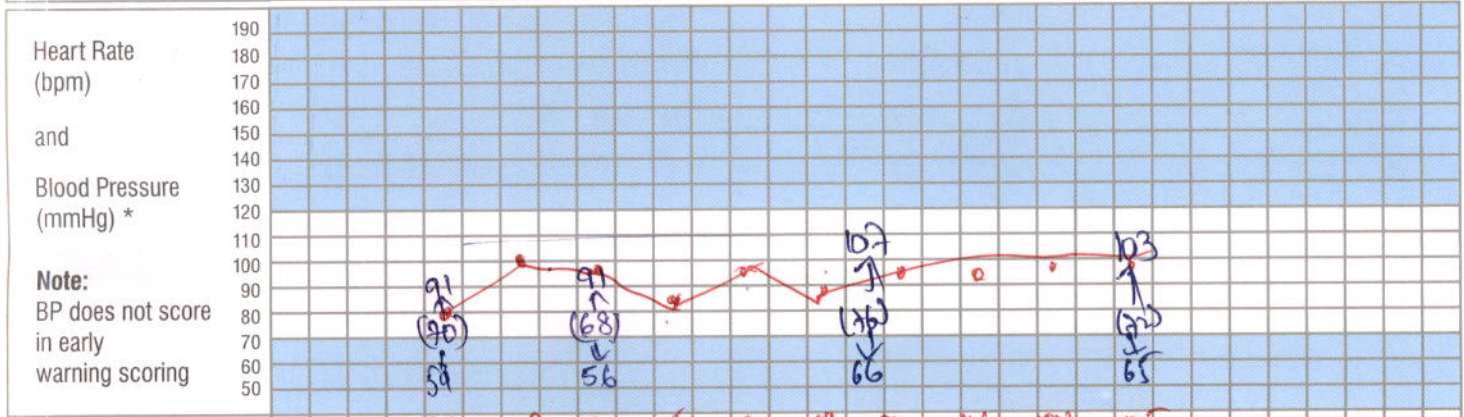
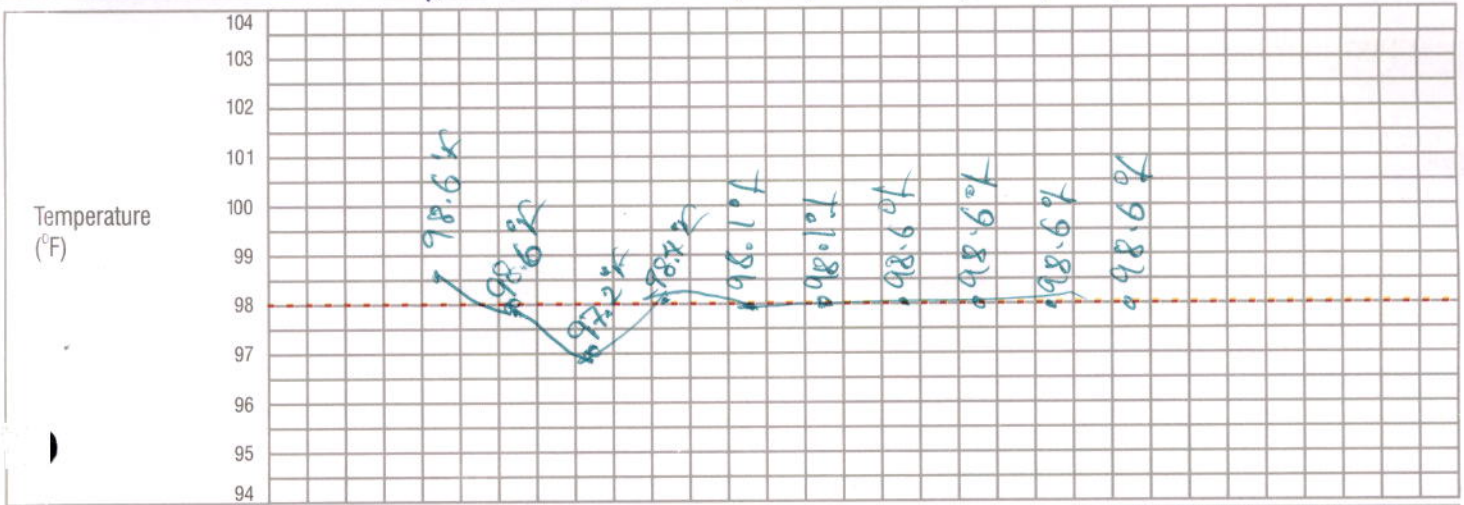
తేదీ మరియు సమయము

సంతకము

పేరు

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/6 Time:	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM



Resp Distress	Mod/ Severe	None / Mild								
Receiving O ₂ (l/min)	O ₂ Saturations (%)		99	98	100	97	98	97	98	97
Conscious Level	Normal / Altered		N	N	N	N	N	N	N	N
GCS *			15	15	15	15	15	15	15	15

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

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: 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

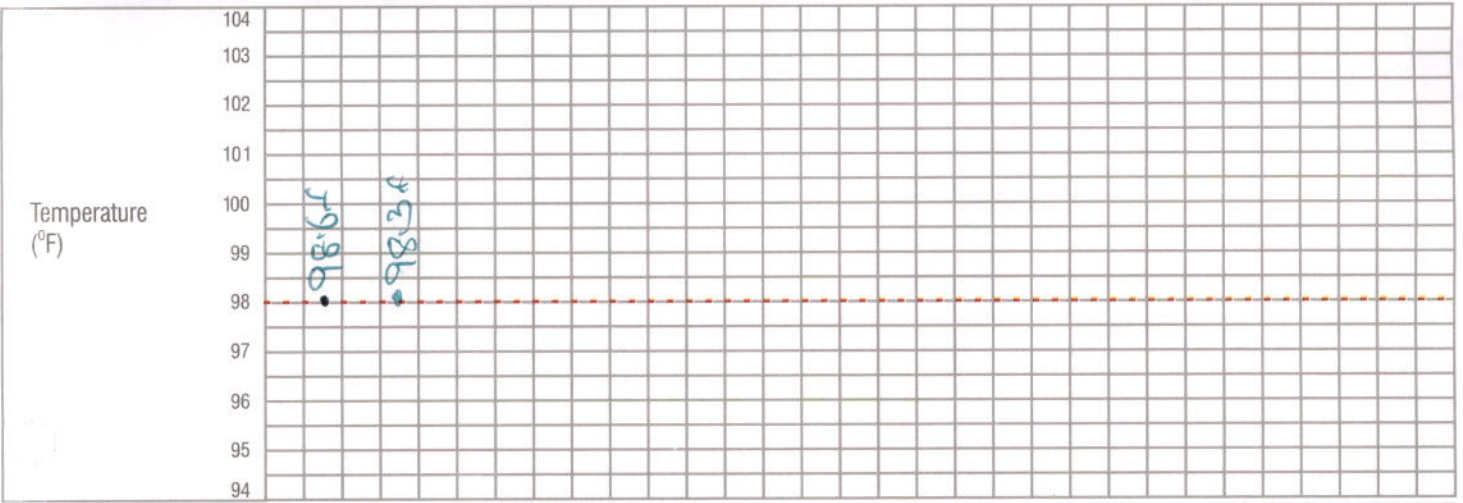
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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 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 : 15/6 Time: 9 AM
 Doctor / Nurse / Family Concern? Am An



Heart Rate (bpm) and Blood Pressure (mmHg) *
Note: BP does not score in early warning scoring

Parameter	Value
Heart Rate (Number)	105, 103

sp. Rate (bpm) over 1 Minute) *
 Resp Rate (Number)

Parameter	Value
Resp Rate (Number)	27, 26

Resp Distress (Mod/ Severe / None / Mild)
 Receiving O₂ (l/min) / O₂ Saturations (%)
 Conscious Level (Normal / Altered)
 GCS *

Parameter	Value
Receiving O ₂ (l/min)	0, 0
O ₂ Saturations (%)	98, 98
Conscious Level	Normal, Normal
GCS *	14, 14

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

Number of shaded boxes	0, 0
Pain Score	0, 0
Observer's Initials	Am, An

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.

Noted by An @ 11 AM 15/6/21

* 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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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 Baby MUCHAMARRY AVIKA
 16-01-2021 5 Y 4 M 29 D (F)
 Dr. KODICHERLA VISHNU VARDHAN



FLUID CHART

Sheet No. :

14/6

- 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			
14/6/26	08:00 am											Bendike 14/6 @ 2pm	
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm									✓			
	01:00 pm		water	20ml									
Total Intake : 20ml						Total Output :							
14/6/26	02:00 pm		Khichdi	20ml								Subhan 14/6 @ 5pm	
	03:00 pm		water	20ml						✓			
	04:00 pm			20ml									
	05:00 pm			20ml						✓			
	06:00 pm												
	07:00 pm												
Total Intake : 60ml						Total Output : 2 times							
14/6	08:00 pm											Manasa 14/6 @ 7AM	
	09:00 pm		Rice										
	10:00 pm		water							✓			
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
15/6	02:00 am		aligas							✓			
	03:00 am		water										
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am									✓			
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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 Baby MUCHAMARRY AVIKA
 16-01-2021 5 Y 4 M 30 D (F)
 Dr. KODICHERLA VISHNU VARDHAN



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			
	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												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--

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 Baby MUCHAMARRY AVIKA
 18-01-2021 5 Y 4 M 29 D (F)
 Dr. KODICHERLA VISHNU VARDHAN



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: Shifted to:

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	INOS ALIMENTIN	750mg	IV	8hrly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INOS ONDANSERON	4mg	IV	8hrly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INOS ESOMEPRAZOLE	25mg	PO	24hrly		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	INOS LANTUS	300mg	SC	24hrly		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	INOS ASPANT (NOVOLOG)		SC	24hrly at 10:30 AM at 11 AM at 12 PM		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6				No leaves		<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. Tejendra - P

Date & Time: 14/01/26 10:30 AM

Nurse Name & Signature: Supriya Sr.

Date & Time: 14/1/26 @ 11 AM

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 Dr. KODICHERLA VISHNU VARDHAN



...MEDICATION RECONCILIATION FORM

Drug Allergies: Nil. 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: PCU

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. Shivam / @

Date & Time : 14/6/26 @ 2:25 a

Nurse Name & Signature: Margie Sue / Me

Date & Time : 14/6/26 @ 2:25 a



DRUG CHART

Date of Admission: 14/1/20 Drug Allergies: Nil 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:																					

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 24.4kg Ward. PICU

14/6/26 @ 4 AM
 14/6/26 @ 4 AM

DRUG : INS ESO MEPRAZOLE				Date Time	14/6/26
Dose	Route	Frequency	Start Date		
25mg	IV	once	14/6		
Name & Signature of the Doctor Starting the Drugs:				6 AM Home Renu Gap Rinku Body	
Additional Instructions:					
4mg 1q/dm					
Daily Doctor's Endorsement by a Sign					

14/6/26 @ 4 AM

DRUG : INS ONDANSETRON				Date Time	14/6/26
Dose	Route	Frequency	Start Date		
4mg	IV	8pm	14/6	6 AM Home Renu Gap Rinku Body	
Name & Signature of the Doctor Starting the Drugs:				6 PM Home Renu Gap Rinku Body	
Additional Instructions:					
0.1-0.2mg 1q/dm					
Daily Doctor's Endorsement by a Sign					


14/6/26 at 11 AM

DRUG : INS AUGMENTIN				Date Time	14/6/26
Dose	Route	Frequency	Start Date		
75mg	IV	8hrly	14/6/26 AM	6 AM Home Renu Gap Rinku Body	
Name & Signature of the Doctor Starting the Drugs:				6 PM Home Renu Gap Rinku Body	
Additional Instructions: (after test done)					
(30mg 1q/dm) (DIL 2w 1cm)					
Daily Doctor's Endorsement by a Sign					

14/6/26 at 11 AM

DRUG : INS LANTUS				Date Time	14/6/26
Dose	Route	Frequency	Start Date		
SUNITS	SC	24hrly	14/6/26		
Name & Signature of the Doctor Starting the Drugs:				9 PM Home Renu Gap Rinku Body	
Additional Instructions:				change dose 15/6/26	
NIGHT @ 9:00pm				Mushy	
Daily Doctor's Endorsement by a Sign					

Rai: VIH-00205899 IP-00060339
 Ch: Baby MUCHAMARRY AVIKA
 Ho: 16-01-2021 5 Y 4 M 30 D (F)
 Dr. KODICHERLA VISHNU VARDHAN

P:		I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

Dr. Vishwa

DRUG : INJ. LANTUS				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
4units	sc	24 hourly	15/6																
Name & Signature of the Doctor starting the Drugs:																			
Dr. Vishwa																			
Additional Instructions:																			
Night @ 9 PM.																			
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.																			

VIH-00205899 IP-00060339

Baby MUCHAMARRY AVIKA
 16-01-2021 5 Y 4 M 30 D (F)
 Dr. KODICHERLA VISHNU VARDHAN

Ref. No. : F / HW / DC / RP / INPR / 05.a

Ra
Ch
Ho
It takes



Pa	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

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.																			

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RESULT SHEET

Date	14/6/20			
Time	3:16 Am			
Hb	10.9			
PCV	31.0			
RBC	4.28			
WBC	4.28			
N/L	42/41.3			
Platelets	173.			
CRP	18			
ESR				
PCT				
RBS				
Na	141			
K	4.1			
Cl	104			
Ca/Mg				
Phosphate				
Urea	14.6			
Creatinine	0.5			
ALP	138			
SGPT	23			
SGOT	38			
T.Bill/Conj	0.33/0.3			
T.Protein	7.2			
S.Albumin	3.8			
S.Globulin	3.4			
A/G Ratio	3.4			
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

Date	14/6/26				
Time	6.45				
CUE - Alb	nil				
CUE - Sugar	nil				
CUE - Ketones	negative				
CUE - PUS Cells	3-5				
CUE - RBC Cells	nil				
CUE					
Stool Pus Cell					
OVA / Cyst					
Occult Blood					

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 16/10/20 Time: 5pm

Weight: 22kg Centile: above 90th

Height: 105 Centile: —

Inference: well nourished.

RDA: 1000cal Calories: 1000cal Protein: 2g/day

Diet Recommendations: medical nutritional therapy

Re-Assessment: —

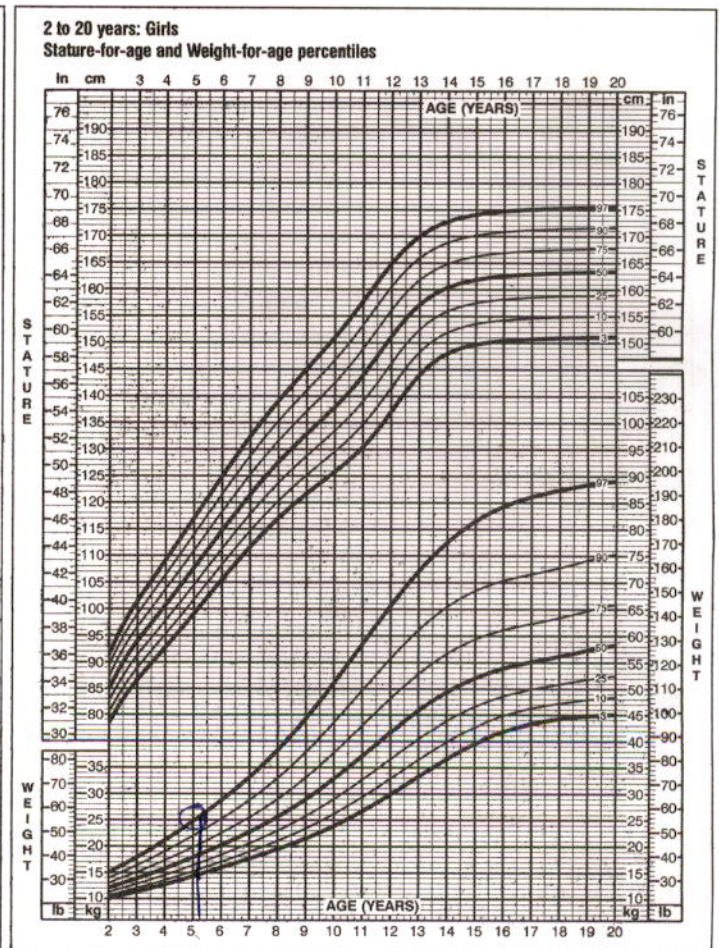
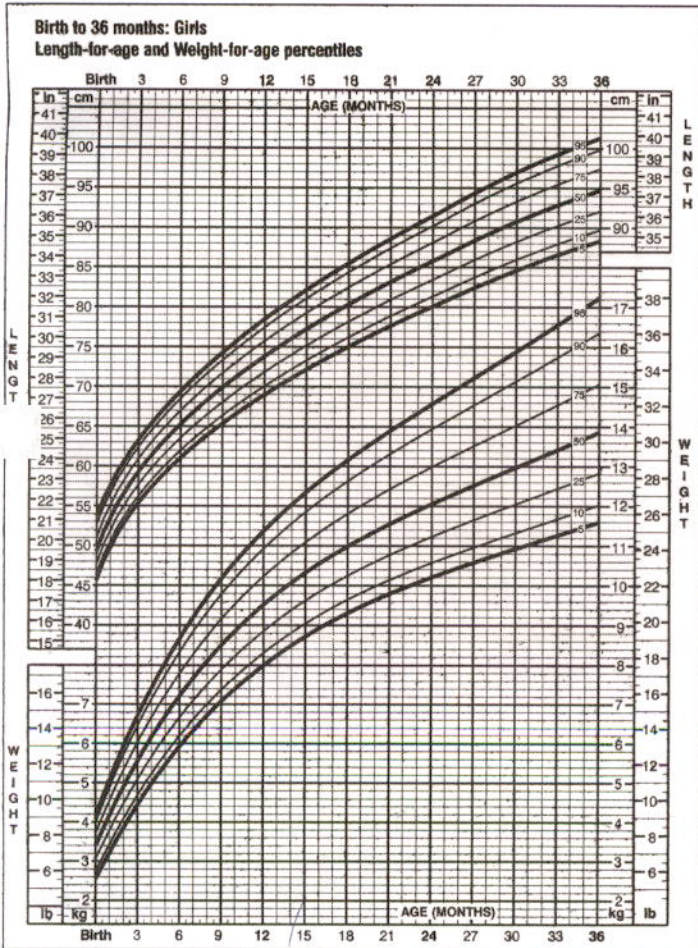
Food Allergies: — none Veg/Non-veg: — both

Diagnosis: K1p type -1 Diabetic mellitus with hypoglycemia exposed.

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: [Signature]

Dietician's Signature: [Signature]

Daily Notes:

12/6/16

Soft diet
(Medw Milk trays)

du
9 AM