



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00047019 IP18-00036172

Baby K A NAYAAALINI

17-12-2022 3 Y 6 M 7 D (F)

Dr. NATARAJ PALANIAPPAN



GUC-00047019

IP18-00036172

Baby KA NAYAALINI

17-12-2022

3 Y 6 M 7 D

(F)

Dr. NATARAJ PALANIAPPAN



History & Physical Examination

Name: Nayaalini Age/Sex 3y 6 mon f

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fever x 4 days

Cough x Rhinorrhoea x 1 day

History of present illness:

A 3y 6 mon old female came with complaints of fever for 4 days high grade, intermittent, not associated with chills & rigor - 3-4 episodes/day

C/o cough & Rhinorrhoea for 1 day with post nasal discharges

C/o loose stools - mucous and watery for 2 days resolved now.

no H/O travel / similar illness in family,

joined school on friday morning (last week)

evaluated as OPD basis investigations done.

TC - 8570

PLT - 257000

CRP - 89

N/L - 67/20

Negative Dengue NSI, IgM.

Urine routine - 5-7 pus cells

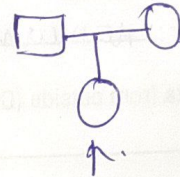
Past History : (Including details of any previous investigation or treatment)

no H/o previous admissions

Birth & Neonatal History:

NVD / B.Wt - 2.6kg / Term / no NICU stay.

Family Chart



Birth & Socio Economic History:

About Father : Teacher

About Mother : J

Any additional information :

Developmental History :

Milestones attained at appropriate age.

Immunization History :

Immunized upto age according to NIS.

Anthropometry :

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

Weight (kgs) 12.2kg (Centile _____)

On Examination :

Temperature : 97.8F Pulse Rate : 128/min B.P. " " SPO2 99%

Resp. rate and type of breathing : 28/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Reflexes :

DTR

Plantars

Sensory System :

Superficials:

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute febrile illness / ? Typhoid ? UTI
Day 5

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Blood C/S
urine C/S ✓
Typhoid Ig M.
USG Abdomen

Planned Management

Azithromycin
ceftriaxone
pantoprazole
IV Fluids

Signature of the Doctor:

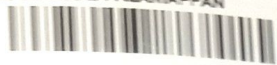
Name of the Doctor:

Date & Time:

Signature of the Consultant:

Name of the Consultant:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

24/12/20
 6pm.

Date & Time	Progress Notes	Doctor's Order
	S/E Dr. Chandrasekhar	
	A - Acute febrile illness days (4-5) ? Typhoid / ? UTI	
	child reviewed Alert, Active tolerating oral liquids no fever spikes, cough, occasional, no new complaints	
	O/E Afeluito CVS - S1S2@ RR - B/LP@ PA - soft, nontender	BP - 109 / 66 mmHg PR - 130/min
		adv: - monitor vitals - continue ceptriaxone azithromycin - Zymem (SOS) - w/f fever spikes
	 17/12/20	

PROGRESS NOTES AND DOCTOR'S ORDER

25/6/20
8 AMDate
& Time

Progress Notes

Doctor's Order

S/P Dr. Chandrasekar

Δ - Acute febrile illness (days 5-6)
 ?UTI | ?Typhoid.

child reviewed

sleeping

Fever spikes present

c/o cough ⊕

No new complaints.

stools - not passed.

OE

BP - 98/52 mmHg

PR - 108/min

Afebrile

CRS - S, S 2 ⊕

RR - B/L AE ⊕

p/A - soft, non tender

no organomegaly

Adv:

Typhoid TgM - Negative

- To trace culture reports

- Rx Ceftriaxone 600mg IV BD

- Sp *Syphilis* 10ml on

- Monitor vitals

- W/R Fever spikes

- To do USA abdomen

Sof
19/2/24

GUC-00047019

IP18-00036172

Baby K A NAYAALINI

17-12-2022

3 Y 6 M 7 D

Dr. NATARAJ PALANIAPPAN

(F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	8/11 D. Netaney	
8/11	US 9 abdomen	18
	Mod 9	18
	folia	18
		8/11

GUC-00047019
 Baby K A NAYALINI IP18-00036172
 17-12-2022 3 Y 6 M 7 D (F)
 Dr. NATARAJ PALANIAPPAN



RESULT SHEET

Date	(OP) 24/12/26				
Time					
Hb					
PCV	17.5				
RBC	36				
WBC	4.62				
N/L	8570				
Platelets	67120				
CRP					
ESR	89				
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT	14				
SGOT	30				
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					



DRUG CHART

Date of Admission: 24 Jun 2024 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)

DRUG : <u>INS. EMESET</u>				Date Time
Dose <u>1.2mg</u>	Route <u>IV</u>	Frequency <u>SOS</u>	Start Date <u>24/6/24</u>	
Doctor's Signature: <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>Q8H if vomiting present</u>				

DRUG : <u>SYR PARACETAMOL</u>				Date Time
Dose <u>3.5ml</u>	Route <u>PO</u>	Frequency <u>SOS</u>	Start Date <u>24/6/24</u>	
Doctor's Signature: <u>[Signature]</u>		Valid Period	Pharm.	
Additional Instructions: <u>Q6H if Temp > 100F</u>				

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight ... 12.2kg ... Ward

DRUG : INJ CEFTRIAXONE				Date	24/12/2022
				Time	6 AM
Dose	Route	Frequency	Start Date		
600mg	IV	Q12H	24/12/22		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
100mg/kg/day					
Daily Doctor's Endorsement by a Sign					

DRUG : INJ. PANTOPRAZOLE				Date	24/12/22
				Time	6 AM
Dose	Route	Frequency	Start Date		
15mg	IV	Q12H	24/12/22		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
1mg/kg/dose					
Daily Doctor's Endorsement by a Sign					

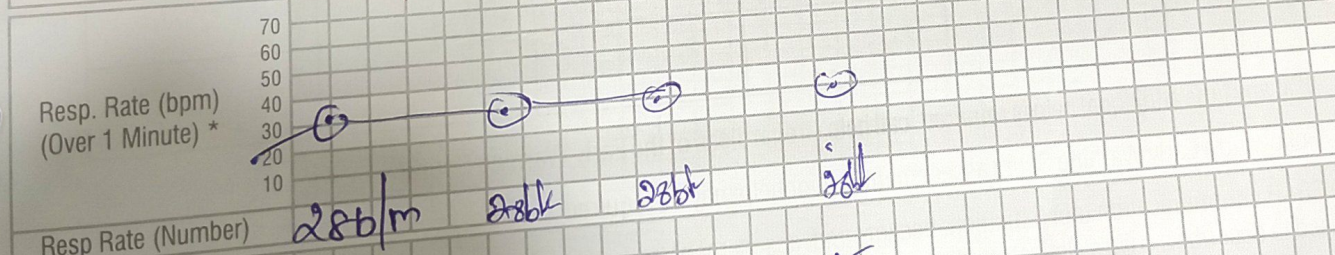
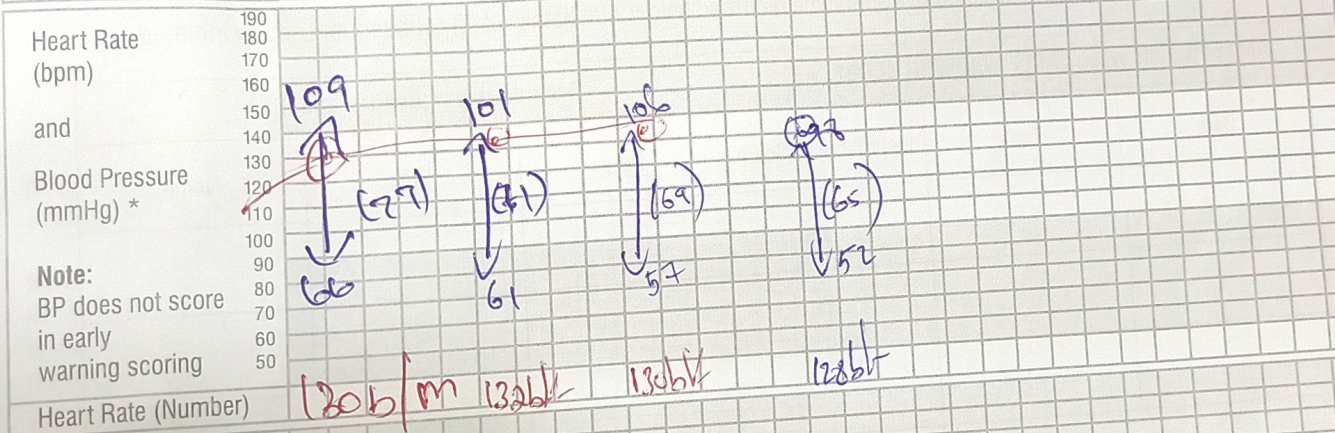
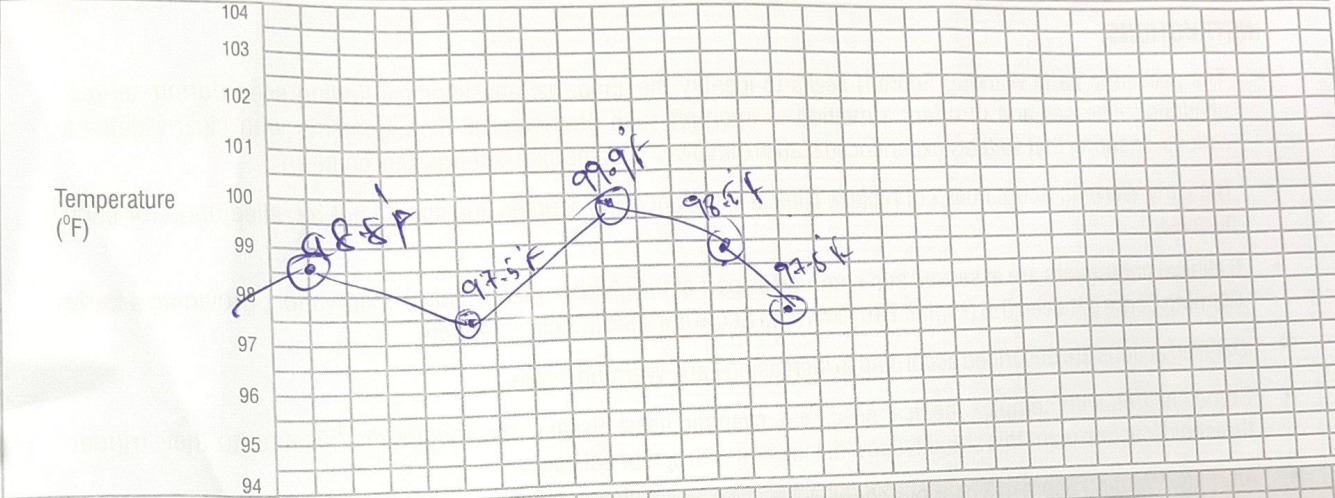
DRUG : SYRAZITHROMYCIN				Date	24/12/22
				Time	10 AM
Dose	Route	Frequency	Start Date		
6ml	PO	OD	24/12/22		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
200mg/kg/dose					
Daily Doctor's Endorsement by a Sign					

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					



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/12/22 Time: 7:30 PM 8:30 PM 12 AM 2 AM 4 AM
 Doctor / Nurse / Family Concern? _____



Heart Rate (Number)	128b/m	132b	130b	128b
Resp Rate (Number)	28b/m	28b	28b	28b
Resp Distress	RA	RA	RA	100%
Receiving O ₂ (l/min)	100%	100%	100%	100%
O ₂ Saturations (%)	100%	100%	100%	100%
Conscious Level	15/15	15/15	15/15	15/15
GCS *	15/15	15/15	15/15	15/15

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

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.

... if > 3 l/min., then irrespective of rest of the score, the Nurse MUST inform the PICU team.