



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00093025

IP18-00036166

Baby ARYAN ABISHEK

04-12-2022

3 Y 6 M 20 D

(M)

Dr. S. KEERTHIVASAN



GUC-00093025

IP18-00036166

Baby ARYAN ABISHEK

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(M)

Dr. S. KEERTHIVASAN



Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Relationship _____

Information given by: _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever x 2 days (high grades)

c/o loose stools x 2 days (10 epi since yesterday evening, bloody streaks)

c/o vomiting x 2 days (1 epi/day)

History of present illness:

Child was apparently normal 2 days back after which he developed.

fever,

H/o loose stools x 2 days

(10 epi / blood streaks)

H/o vomiting x 2 days

(1 epi/day)

~~H/o~~ H/o loss of appetite.

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Pas.

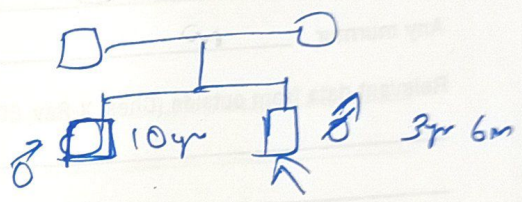
(y previous investigation or treatment)

NO H/O Previous Admission.

Birth & Neonatal History:

EM LSCD i/vb Pwr. LSCS. Baby
cried immediately. NO H/O New
Admission.

Family Chart



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Attained appropriate for age

Immunization History :

Immunized till 2 year acc to DTP

Anthropometry :

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

Weight (kgs) 15.2kg (Centile _____)

On Examination :

Temperature : 99.6°F Looks dehydrated ~~dehydrated~~ dry
Pulse Rate 154 B.P. 94/62 SPO2 99% oral mucosa

Resp. rate and type of breathing : _____

Rash NO

Lymphadenopathy NO

Oedema : NO

Allergies (if any): NIL



Superficials:

Sensory System :

N

Bladder / Bowel :

N

N

Clinical Summary & Diagnostic:

ACUTE DYSENTRY WITH DEHYDRATION

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: plenty of oral fluids.

Desired goals of the treatment: Hydration to be maintained.

Planned Labs:

CBC, CRP

AP-2

v

Planned Management

1) Pj. Emment 1.6mg I.M Q8H

2) Pj. XONE 750mg IV BD

3) Pj. Pan 15mg IV OD

4) Pj. Emset 1.6mg IV Q8H

5) Pj. IV DNS @ 50ml/hr

6) Pj. IN METROGYL 150mg IV TDS

Signature of the Doctor:

Name of the Doctor:

Date & Time:

Signature of the Consultant:

Name of the Consultant:

Date & Time:



①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
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24/6/26
1pm

S/B Dr. Keerthivasan

~~no~~ Dysentery
 no fever
 no loose stools } x 2 days
 no vomiting
 O/E lethargic,
 vitals stable,
 P/A - soft, not tender BS+

Ado:

- dry xone & meteo,
- IV fluids
- Infirm reports
- stool bio for SOS

[Signature]
125882

24/6/26
2pm

S/B Dr. Chandralage

Acute dysentery

Child unwell
 Alert, Active dull looking
 Fever spikes, vomiting @
 Loose stools 5 episodes / day
 Oral intake - Impaired

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>O/E</p> <p>Abdomen</p> <p>(US-GIS) ⊕</p> <p>RX- BILDF ⊕</p> <p>PIA - soft, non tender</p>	
	<p>To do:</p> <p>midst</p> <p>stool bio/pc</p> <p>blood c/s</p>	<p>Adv.</p> <p>- monitor intake</p> <p>- w/f fever spikes, loose stools</p> <p>- TO decide on stool bio/pc</p>
	<p>Sup</p> <p>9/24.</p>	
	<p>S/S Dr. Chandiralege</p>	
	<p>D - Acute gastroenteritis</p> <p>colitis</p>	
	<p>child reawakened</p> <p>sleeping</p> <p>on IV fluids</p> <p>Fever spikes, loose stools present</p> <p>oral intake - minimal</p> <p>Hydration - peripheries warm</p> <p>peripheral pulse felt</p> <p>CRT < 3s</p>	

24/6/25
7pm.

QUC-00093025 IP18-00036166
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BirthRight BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>O/E</p> <p>Afebrile</p> <p>CVS - S1 S2 ⊕</p> <p>AB - B/CAB ⊕</p> <p>PIA soft, non-tender</p>	
	<p>8/12/20</p> <p>19/12/20</p>	<p><u>Adv:</u></p> <ul style="list-style-type: none"> - to send stool culture - continue ceftriaxone, metronidazole. - monitor vitals
		<p>To do next week</p> <p>CBC, CRP, CF T, Typhoid IgM</p> <p>Sr electrolytes</p>
24/12/20	<p>8/12/20 Dr. Nataraj</p>	<p>WTC 2,050 N11</p>
10pm	<p>S-Na⁺ 127</p>	<p>CM: 20/17</p> <p>AGE [some dehydrated]</p>
	<p>Next</p>	<p>live stage CM, Nat</p> <p>CDC</p> <p>Go to 8525</p>

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	sls Dr. Kanthia	
9am	<p>Δ - Acute Abdominal pain - periumbilical No vomit Appetite - better. U.O - voided 6 times yesterday.</p>	<p>Dysentery - EAEC/ ETEC/ Shigella (+).</p>
	<p>Loose stools (+) - watery to semisolid - last passed at 4 am. medium volume.</p>	
	<p>Hydration - oral mucosa - moist Lips dry. Stain finger (+)</p>	
	<p>PP WF; Pulse volume - good, CRT < 3 sec. Vitale - stable. P/A - soft non-tender</p>	
	<p>CVS / RS / NAD CNS - NFD.</p>	
	<p>Hb - 11.6 → 9.4 PCV - 34 → 27 TC - 2050 → 2240 Plt - 3.13 → 2.47.</p>	<p>CRP - 207 → 215 Na⁺ - 127 → 130 OT/PT - 88/72. Alb - 2.8</p>

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/16	loose stools (+)	
10:30am	watery - medium to large vol. 3 episodes (+)	
		<u>Advice</u>
		Continue IV /
		(+/-) Xone / Metronidazole
		Zinc / Pan / Raceradotri.
		<u>Plan</u> - to stop IV Para qsh
		Monitor vitals / H/O / symptoms
		CHU
		1782

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RESULT SHEET

Date	24/6/26	25/6/26			
Time					
Hb	11.6	9.4 ↓			
PCV	34	27			
RBC	4.36	3.55			
WBC	2.05	2.24			
N/L/M	71/24	66/31/3			
Platelets	3,13,000	2.47 ↓			
CRP	207	215 ↑			
ESR					
PCT					
RBS	136				
Na	127	130 ↑			
K	4.1	3.3			
Cl	96	106			
Ca/Mg					
Phosphate	HCO ₃	18			
Urea	25				
Creatinine	0.33				
ALP		86			
SGPT		72 ↑			
SGOT		88 ↑			
T.Bill/Conj		0.45	0.2		
T.Protein		5.6			
S.Albumin		2.8 ↓			
S.Globulin		2.8			
A/G Ratio /GOT		1/10			
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: 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: 4th floor Shifted to: 6th floor

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	Inj. ceftioaxone	750mg	IV	Q12H	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Inj. pantoprazole	15mg	IV	Q24H	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Inj. metronidazole	150mg	IV	Q8H	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Preprobid	1 sachet	PO	Q12H	24/6	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	Syp. Zincovit	5ml	PO	Q24H	24/6	<input checked="" 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. Chandrasekar

Date & Time: 24/6/22

Nurse Name & Signature: Angel abas

Date & Time: 24/6/22 @ 7pm

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DRUG CHART

Date of Admission: 21/6/24 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 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.
- 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. EMBEET</u>				Date	
				Time	
Dose	Route	Frequency	Start Date		
<u>1.5mg</u>	<u>I.M</u>	<u>SOS</u>	<u>21/6/24</u>		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions:					

DRUG: <u>SYP. PARACETAMOL</u>				Date	
				Time	
Dose	Route	Frequency	Start Date		
<u>250mg</u>	<u>PO</u>	<u>4. 5ml</u>	<u>21/6/24</u>		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions:					

stopped

DRUG: <u>INS. PARACETAMOL</u>				Date	
				Time	
Dose	Route	Frequency	Start Date		
<u>150mg</u>	<u>IV</u>	<u>SOS</u>	<u>24/6/24</u>		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions:					

Q6H if Temp > 100F

VERIFIED BY: Name

Sheet No:

REGULAR PRESCRIPTIONS

Weight 15-28 Ward 10

DRUG : PARECOXIB-L

Dose	Route	Frequency	Start Dt.	Date Time
1 Sachet	PO	BD	24/6	04/6 05/6

Name & Signature of the Doctor Starting the Drugs: *Dr. Keerthi*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Symp. ZINCONA

Dose	Route	Frequency	Start Dt.	Date Time
5ml	PO	OD	24/6	04/6 05/6

Name & Signature of the Doctor Starting the Drugs: *Keerthi*

Additional Instructions: 5ml = 20mg

Daily Doctor's Endorsement by a Sign

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.	Date Time
150mg	IV	Q8H	24/6/20	04/6 05/6

Name & Signature of the Doctor Starting the Drugs: *Keerthi*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Redolil sachet

Dose	Route	Frequency	Start Dt.	Date Time
1 Sachet	PO	TDS	24/6	04/6 05/6

Name & Signature of the Doctor Starting the Drugs: *Keerthi*

Additional Instructions:

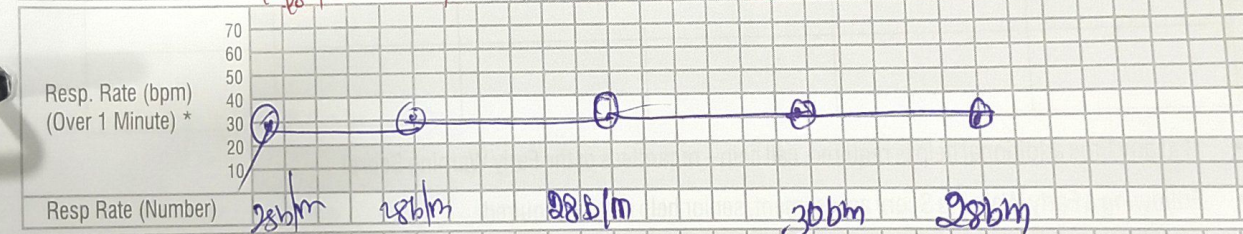
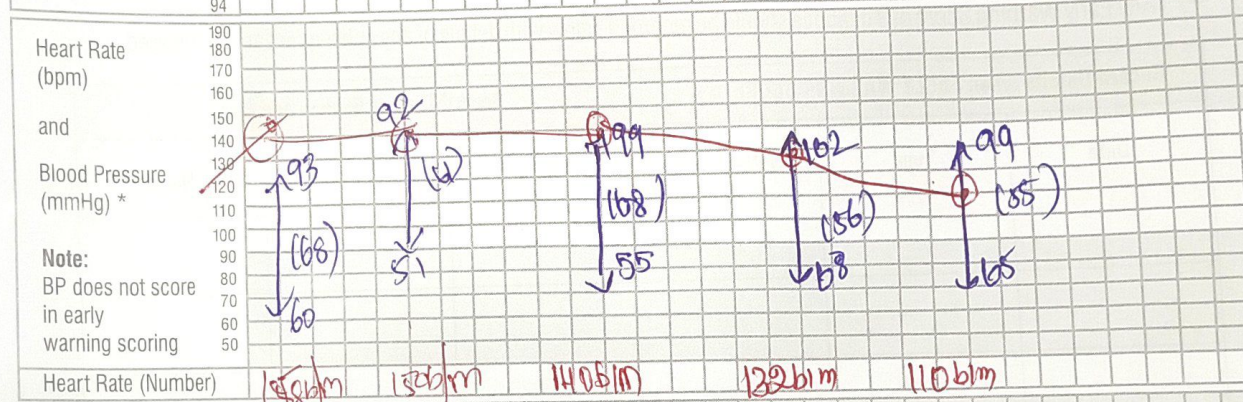
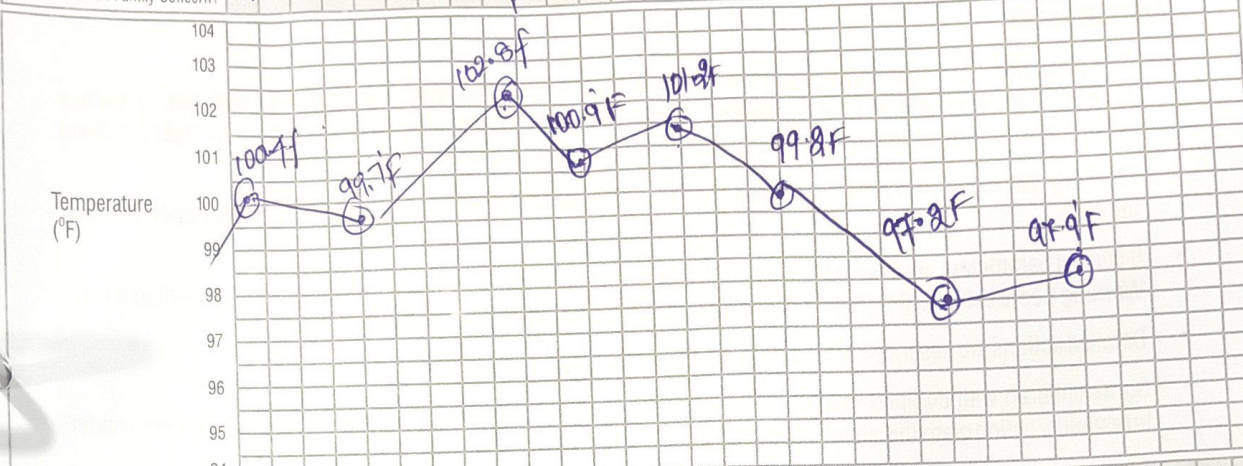
Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/0/26 Time: 2pm 4pm 7-10 pm 8:30am 10pm 12 AM 4 AM 6:30 AM
 Doctor / Nurse / Family Concern?



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

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

- 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.