

ANC-00010317 IP28-00004513
Baby SHAZNA AHMED
17-08-2024 1 Y 9 M 20 D (F)
Dr. KRITHIKA P



DISCHARGE TRACKING SHEET

UHID: 10314

FLOOR: 1st floor

CONSULTANT NAME: DR. Krithika

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing				
Activity Sheet updated by Pharmacy		8:58 AM		



ACTIVITY RECORD FOR BILLING



Name:
 UHID No:
 Date of Admission: Time: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	10.15 pm	ER	PICU	
06/6/26	11.30 AM	PICU	MOI	

CROSS CONSULTATION VISIT

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

neb - 31
 Neb 02 - 3
 IV - 2
 xray - 1

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/6/26	Iv placement	1	148496	[Signature]
3/6/26	Neb 02	3	148498	[Signature]
04.06.26	Neb.	6	148506	[Signature]
04.6.26	Neb	1	148513	[Signature]
04-06-26	Neb	4	148581	[Signature]
04/06/26	Nebulization	2	148605	[Signature]
04.06.26	Iv placement	1	148613	[Signature]
05.06.26	Neb	7	148614	[Signature]
05/6/26	Neb	3	48757	[Signature]
5/6/26	Neb.	3	48793	[Signature]
6/6/26	Neb	4	148842	[Signature]
6/6/26	Neb	4		[Signature]

ANY OTHER INFORMATION:

.....

Date: 06.06.26 Time: 2 AM Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward As Ollie	Billing Assistant	Billing Supervisor
----------------------------	-----------------------------	-------------------	--------------------



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/10/2026 2 AM	C/S/B Dr. Senera	
	Case of wheeze associated	Lower respiratory tract infection
	F - supervised oral feeds +	
	IVF DNS	
	L - RR - 35/min SpO ₂ - 96% on 60% F.O ₂ SCA (+) reduced (from before) B/L ACP (+), B/L crepts (+)	
	on NFNC (Flow - 6L/min, F.O ₂ - 60%)	
	on levofloxacin Neb 0.3M Budecort Neb 0.12M Ipratropium Neb 0.8M	
	I → fever (+) (100.7 F) TLC - 8850 (54B5), CRP - 40	
	on Ty. xone 300mg IV BID syp. Amoxicillin (200mg/5ml) 2ml OD	



(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2024 11:00		cls/B Dr. Sumera
	A - maintenance	
	D - sleeping	B - RR - 42/min, SpO ₂ - 97% ↓ 40% FiO ₂
		SUA ⊕, suprasternal retractions ⊕
		On auscultation - B/L crepts ⊕
		B/L wheezes ⊕
		on HFNC (Flow - 16/Ln
	HR - 148, pulse well felt	FiO ₂ - 40%)
	CRT c/sec, +H/H	
	S ₁ , S ₂ ⊕, no murmur	
	In view of retractions + wheezes	
	✓ plan to give back to	back level in rebrillator
	✓ change level to O ₂	
	✓ to give Iy. MgSO ₄ (@ 50 mg/kg)	
	✓ can take FiO ₂ upto 30%	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/20	S/O Dr. Mahi	
9am		
	WALK	
		D ₂) PICU
	Ⓢ → Taken 90ml today morning	
	↓ 1/2 maintenance	
	I/442	
	O/220 +222	
	Ⓢ → HFNC	
	16L 35% FiO ₂	
	BAE +, no wheeze	
	RR- 42/min, SpO ₂ - 98%	
	Mild SCR(+)	
	Order Neb changed to Q2H	
	Budecort	Q12H
	Ipratent	Q8H
	1/2 Hydrocortisone	5mg/4/dose
	Ⓢ → CRP- 40	cont fever
	D ₁) 1/2 ceftriaxone	spike - 10:30 pm.
	D ₂) Azee	

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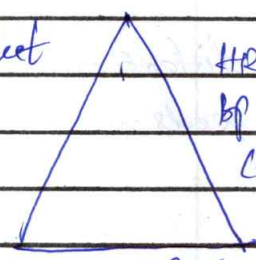


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>Ⓒ → AP - 159/mci perfusion good CRT < 2RC RR - RR BP - 99 / 56 (70) SpO₂ +, no murmurs U.O - 2.7 ml/kg/day</p>	
	<p>Ⓗ → Hb - 10.1</p>	
	<p>Ⓜ → K/a/c/l 140/107 K/a/c 4/1.31</p>	
	<p>Ⓐ → Soft, no distension on oral feeds</p>	
	<p>Ⓐ → AE → NFD</p>	
	<p><u>Plan</u> → Tape FiO₂ to 30% → Continue Nib₂ → Continue Abx → Supervised Oral feeds</p>	<p style="text-align: right;"><i>[Signature]</i> 11/22/20</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	S/O Dr. Sameera	
11am	child examined	
Oral intake	HR 6 / 5 slr	
↓ Good.	RR 6 59/10	
	B/L wheeze ⊕	
	Plan: To cont 2nd try neb	
		 11/4/26
4/6/26	S/O Dr. Malini	
3pm		
	child alert	
	afebrile	HR - 153/min
	T - 99F	BP - 93/63 (75)
		CRT ⊕
	RR - 40/min	Respiration good
	SpO ₂ - 98%	
	On HFNC	
	30% FiO ₂ / 16L flow	
	BAE + Wheeze +	
	Mild. S CRT ⊕	
	B/L Conducted sounds	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Plan</u>	
	- To give 1g Magnesium sulphate	
	0.1ml/kg	Oral
	- Continue abcs	
	- WIF worsening of distress	
	- Continue HFNC	
<u>11/6/24</u> 5:30pm	S/B <u>Dr Sugima</u>	 11/280
	WAIT.	
	Child reviewed.	 92128
	Child alert, afebrile. Normo thermic.	HR - 131/min CRT < 3 sec. BP perfusion good.
	RR - 24/min.	
	SpO2 - 98%	
	On HFNC.	
	30% FiO2 / 10L flow	
	BAE (+) use	
	Mild ser (+)	
	Chest - clear.	
	CVS - S1S2 (+)	
	PA - soft.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>Plan</u>
		- Neb Levoflo @ 6pm
		- Mag SO4 @ 9pm
		- W/O worsening of Distress
		- Continue Neb
		- Continue HFNC
	<u>S</u> 16/11/25	
<u>H/G</u> 8:45pm		<u>S/R</u> <u>Dr Suguna</u>
		Child reviewed.
	Child alert & comfortable alast.	HR - 111/min RR - 41/min CRT 2.5sec.
	Chest - NBRE ⊕ Mild SCR +	<u>Plan</u>
	Conducted sounds ⊕	- Mag SO4 IV @ 9pm - Neb Levoflo @ 8:45pm
	<u>S</u> 16/11/25	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2024 9 AM	C/S/B	Dr. Suenara / Dr. Suenara
	Cause of wheezing associated	lower respiratory tract infection
	F - oral feeds	
	R - RR - 46/min	sp O ₂ - 95% ↓ 30L FiO ₂ .
	Bilateral air entry present	wheezes (+)
	subcostal retractions (+)	(reduced) compared to yesterday
	CXR - hyperinflation (9 spaces)	with bilateral paracardiac infiltrate
	on NIVC (flow - 16L/min, FiO ₂ - 30%)	
	I - TLC - 8850, BNP - 40	
	(54/35)	
	no fever after	yesterday afternoon
	(D2) - ceftriaxone + Azithromycin	

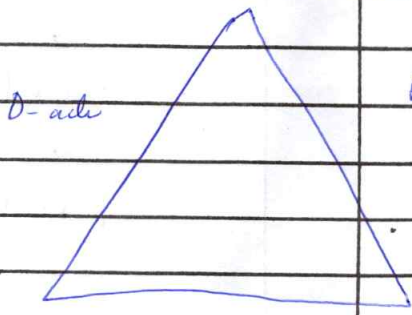
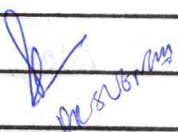
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(b)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/1/20 4pm	C/S/B Do Suenera	
	A - maintainable	
		B - RR - 44/min, minimal SCA (reduced) SpO ₂ - 95% ↓ 30% FiO ₂ B/L AEC (where reduced) on MFNC (8L/30%)
	C - RR - 150/min, CRT < 3sec, A# / H	
	S'is (P)	
		plan - to taper flow of MFNC to 6L/min
		
		Change to 4L/min
		Change to O ₂ pump

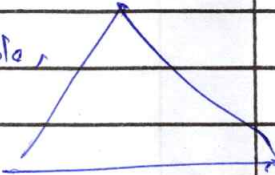


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6pm	→ change to O ₂	Via prongs UHF
		↓
		2LH
		↓
		1LH
	→ level in O ₂	
	↑ prevent - SpO ₂	
	→ if IV line out	
	or suddenly change to oral	
	feeds to come	
	→ feeds → overlap level in Neb / MSZ	
	change to budent MSZ	
		Apt
		Kumar
		2024

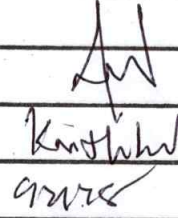


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	S/B Dr. Sugima	
6:45pm	WARRI	Child reviewed.
	Child Irritable, afebrile.	HR - 122/min
		RR - 35/min
	vitals	CRT < 3 sec
	Stable	SCR ⊕ ↓
	Chest - N/AE ⊕	↓ Neb Lavolin Q4hly.
		↓ Neb Budacort BD Spravast
	CVC - SCS ⊕	Stopped.
	PA - soft INT	
		Plan
		- off covering of Distrac
		- Tomorrow plan
		MDI Lavolin &
		Budacort
	8/16/25	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 8AM	s/pa Dr. Krithika	
	on 0.5L oxygen diastolic 60.	
	normal SLE @	
	suprasternal retractions	
	RR: 36/min	
	SPO2 @	
	0.5L 98%.	
	Adm: ① Stop oxygen by 8AM ↳ 94% → 0.5L.	
	② Remove IV line change to oral steroids	
	③ change to budesonide MDI (conver) 2 puffs - o - 2 puffs x 1 week 1 puff - o - 1 puff x 3 months	
	④ overlap levofloxacin tabs / MDI	
	⑤ Shift to ward Suction set	
		 Krithika P MD



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/9/2026 am	c/s/b	Dr. Suenera / Dr. Samer
	Case of wheezing associated lower respiratory tract infection human Rhinovirus (P)	
	F - oral feeds	
	R - RR - 42/min, SpO ₂ - 95% ↓ 1L/min of O ₂ . B/L AE (I), Bilateral wheeze (P) subcostal retraction (I)	
	on O ₂ prongs @ 1L/min	
	I - stopped Ty-Ceftriaxone on oral Azithromycin (D)	
	C - HR - 120/min, CRT < 3sec, periphery cool pale well felt S/S (I), no murmurs	
	Not on isotop	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	N - Ub - 10.1g/dl	
	M - 11 - v3.2 (acute correction given)	
	A - s/H	
	N - w/ alteration in sensor	
		<u>plan</u>
		- To space out Nebbles
		(To alterate b/w MDI & Nebulization)
		- continue oral steroid
<u>6/8/26</u>	<u>C/S/B</u> Dr. Suenora	
	Case of wheezing asso	
	child seemed.	RR - 42/min UR - 110 T/H/H
		SpO ₂ - 96% LIL of O ₂ CAT<3sec
	S/E - NS	

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17-08-2024

1 Y 9 M 21 D

(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	S/B Dr. Diaga see	
4pm.		
	RR - 45/min	
	SpO ₂ - 91-95%	
	B/L wheezes @	
	mid exp @	
	↓	
	neb 2 albuterol 0.03mg stat done	
	↓	<u>Ch</u> 10/15
	Reassessed.	
	↓	
	RR - 41/min	
	wheezes bed	
	SpO ₂ - 94%	
6/6/26		
11:15pm	child reviewed	
	Alert, Active	
	Appetite - good	
	Hydration - fair	


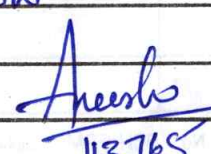


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 9 AM	S/B Dr. Aneesh	
	WALRT	
	<ul style="list-style-type: none"> - Child on O₂ IL through prongs - Cough & fast breathing ↓ - No fever 	
	Child alert pulm well felt CRT < 3 sec	
	RR-34/m B/LAE (+) WOB-(N) SpO ₂ = 100% IL O ₂ 95% RA.	wheeze heard. no added sounds.
	CVS- CNS- P/A- } NAD.	
	To taper O ₂ To taper neb & ↑ MDI	
		Aneesh 163765



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>18m</u>	s/b Dr. Sameera	
	child reviewed No fever spikes oral intake better Uo - good	
	O/E Asleep. R: No wheeze	
	SpO ₂	
	SpO ₂ 98% in RA. No change to MDI treatment. plan s/s tom.	
		 11/05/24
<u>7/6/26</u> <u>5:45 PM</u>	s/b Dr. Aneesha	
	Baby reviewed. To fever spikes. SpO ₂ 98% in RA No cough, fast breathing Baby alert	
	Bf scale (A) no wheeze RR - 32/m WOB (N) SpO ₂ - 98% @ RA Plan for discharge tomorrow	 16/3/26



DRUG CHART

Date of Admission: 03-06-24 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 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)

VERIFIED BY : Name	DRUG : <u>300mg INJ. PARACETAMOL</u>				Date																
	Dose	Route	Frequency	Start Date	Time	<u>3/6</u>															
	<u>120mg</u>	<u>IV</u>	<u>stat</u>	<u>3/6/24</u>	<u>10:30 AM</u>	<u>AB</u>															
	Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>		<u>2 days</u>																			
Additional Instructions:																					
<u>(15 mg/kg/dose)</u>																					
Signature	DRUG :				Date																
	Dose	Route	Frequency	Start Date	Time																
	Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																					
Signature	DRUG :				Date																
	Dose	Route	Frequency	Start Date	Time																
	Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																					



Sheet No: ①

REGULAR PRESCRIPTIONS

Weight 8.1kg Ward PICU

DRUG : ZNJ - PAN				Date-Time	4/6	5/6	6/6													
Dose	Route	Frequency	Start Dt.		6 AM	12 PM	6 PM													
8mg	IV	OD	3/6/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : SYP - AZITHROMYCIN (200mg/5ml)				Date-Time	3/6	4/6	5/6	6/6	7/6	8/6										
Dose	Route	Frequency	Start Dt.		11 AM	12 PM	1 PM	2 PM	3 PM	4 PM										
2ml	PO	OD	3/6/26																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ - CEFTRIAXONE				Date-Time	3/6	4/6	5/6	6/6												
Dose	Route	Frequency	Start Dt.		11 AM	12 PM	1 PM	2 PM												
300mg	IV	BD	3/6/2026																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : NEB LEVOLIN				Date-Time	4/6															
Dose	Route	Frequency	Start Dt.		9 AM	11 AM	1 PM	3 PM	6 PM											
0.63mg	NEB	Q24	Q24																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY: Name Signature



Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 8.10kg Ward PWS

DRUG: INJ MARELORON

Dose	Route	Frequency	Start Dt.	Date Time
0.2g	IV	Q6H	4/6	9 AM
				12 AM
				3 AM
				6 AM
				9 AM
				12 PM
				3 PM
				6 PM
				9 PM
				12 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 30ml over 30ml

Daily Doctor's Endorsement by a Sign

DRUG: Naso clear nasal

Dose	Route	Frequency	Start Dt.	Date Time
0.2g	PI	Q2H	4/6	8 AM
				10 AM
				12 PM
				2 PM
				4 PM
				6 PM
				8 PM
				10 PM
				12 AM
				2 AM
				4 AM
				6 AM
				8 AM
				10 AM
				12 PM
				2 PM
				4 PM
				6 PM
				8 PM
				10 PM
				12 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: STRP NAB LEVOLIN

Dose	Route	Frequency	Start Dt.	Date Time
0.63mg	PO	Q8H	4/6	12 AM
				3 AM
				6 AM
				9 AM
				12 PM
				3 PM
				6 PM

Name & Signature of the Doctor Starting the Drugs: *Dr Sugima 16/4/55*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: NER LEVOLIN

Dose	Route	Frequency	Start Dt.	Date Time
0.63mg	PO	Q8H	5/6	10 AM
				1 PM
				4 PM
				7 PM
				10 PM
				1 AM
				4 AM
				7 AM
				10 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY: Name Signature



Sheet No: 20 (5mg = 5ml) **REGULAR PRESCRIPTIONS** Weight 2.1kg Ward PICU

DRUG: STP OMNACORIN				Date/Time	6/6	7/6	8/6		
Dose	Route	Frequency	Start Dt.	10 AM	AS	CS			
1ml	Pb	BD	6/6						
Name & Signature of the Doctor Starting the Drugs:				[Signature]					
Additional Instructions:				10 mg P P P P P P P P P P					
Daily Doctor's Endorsement by a Sign									
DRUG: STP RELENT PWS				Date/Time	6/6	7/6	8/6		
Dose	Route	Frequency	Start Dt.	10 AM	AS	CS			
2.0ml	Pb	BD	6/6						
Name & Signature of the Doctor Starting the Drugs:				[Signature]					
Additional Instructions:				10 mg P P P P P P P P P P					
Daily Doctor's Endorsement by a Sign									
DRUG: BUDECORT MDI				Date/Time	6/6	7/6	8/6		
Dose	Route	Frequency	Start Dt.	8 AM	CS	P	P		
2 puff	Pb	BD	6/6						
Name & Signature of the Doctor Starting the Drugs:				[Signature]					
Additional Instructions:				8 - 10 P P P P P P P					
Daily Doctor's Endorsement by a Sign									
DRUG: LEVONIN MDI				Date/Time	6/6	7/6	8/6		
Dose	Route	Frequency	Start Dt.	10 AM	AS	CS			
2 puff	Pb	QD	6/6						
Name & Signature of the Doctor Starting the Drugs:				[Signature]					
Additional Instructions:				6 AM CS 10 AM CS					
Daily Doctor's Endorsement by a Sign									

Signature
VERIFIED BY : Name

Arushi
16/3/24



Weight: 8.1kg Ward: P10

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/6/24	9:50P	INJ. HYDROCORT	80mg	ZV	[Signature]	[Signature]
4/6/24	7:00A	NEB LEVOLIN	0.63mg (back to back - 4 times)	NEB	[Signature]	[Signature]
4/6/24	7:10A	INJ. MAGNESIUM SULPHATE	0.8ml + 30ml NS over 1 hr	ZV	[Signature]	[Signature]
4/6/24	11:20 AM	Syr PARA 120mg/5	5ml	PO	[Signature]	WH
4/6/24	11:30 AM	INJ PARA	80mg	IV	[Signature]	KE/021134 J. Gokhale
4/6/24	3pm	INJ MAGNESIUM SULPHATE	0.8ml + 30ml NS over 1 hr	IV	[Signature]	[Signature]
4/6/24	11:30pm	INJ POTASSIUM CHLORIDE	1ml + 20ml NS over 3 hours	IV	[Signature]	[Signature]
6/6/24	4pm	NEB LEV	(0.8mg/kg)			
6/6/24	1pm	NEB LEVOLIN	0.63mg	NEB	[Signature]	[Signature]

VERIFIED BY : Name : Signature



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Receiving notes in PICU
03.06.26	10.15pm	Baby received from ER on 02.11.2021 Inf. gave as ordered in drug chart. D/Line in 14. metacarpal 22g present. SIF DWS 32 ml/hr on flow to BIF loosening of dishes. Aff technique and relocations present continuously car chart on HPRC
	11pm	HPRC started due to prolonged PEEP, SCA PR-42 on 10L, 40+ flow. Blue reported Div Dr. Kuthira advised to start Inf. line. Inf. line given as ordered.
04.06.26	12pm	vitals were stable and to cut HPRC Baby awake feed 5mls given and 10 bottle feed and to cut Neb's as ordered.
	1pm	Neb. inhaler given as ordered in drug chart vitals were stable
	4pm	Neb. inhaler given as ordered in drug chart vitals stable
	6pm	All due medications were given Routine morning care given advised Baby active pv good.
		PM 29. To cut HPRC

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
04-06-26	8 am	Handover given to the morning duty staff, vitals were stable MORNING DUTY NOTES - 04-06-2026
04-06-25	8 am	Baby details handover taken from night duty staff, Baby on HFNC support Flow 16l and 35% F _{IO2} , Baby having tachycardia, IV line present on left hand Metacarpel 22G, IV line Patent, IVF 32ml/hr on flow, on oral normal diet (to give slowly), Vitals checked and recorded, Vitals stable, PV was good, GCS -15/15. Plan to continue same treatment plan. No other new complaints. KR/021134
	9 am	Vitals checked and recorded, Vitals stable, Temp -99.1°F, Intake improved, Dr. Malini advised to reduce fluid to 1/2 Maintenance, IVF 15ml/hr on flow, Neb. levolin given as per drug chart order. KR/021134
04-06-26	10 am	Neb. Budecort, Inj. Hydrocort 40mg given as per drug chart order, Baby stable, No other new complaints. KR/021134
	11 am	Inj. Xone 300mg given as per drug chart order. Vitals checked and recorded, Vitals stable, Input and output chart monitored and recorded, adequate. No other new complaints. KR/021134

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



2

NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
04-06-26	11:30 am	Baby had 99.0 99.5°F temperature, Dr. Krithika advised to give 80mg Paracetamol IV, Vitals checked and recorded, Vitals stable. Kk/02/134
	12 pm	Vitals checked and recorded, Vitals stable, oral intake improved. Dr. Malini advised to stop Fluid. IVF stop. No other new complaints. Baby stable. Kk/02/134
	1 pm	Neb. Levolin given as per drug chart order. Baby intake in improved. IV line patent. Nasal saline drops administered. Kk/02/134
	2 pm	Vitals checked and recorded, Vitals stable, Input and output monitored and recorded. Baby details handover given to evening duty staff. Kk/02/134
Evening duty on 04/06/26		
04/06/26	2:20 pm	child details taken handover from morning duty staff. At that time child is on HRV FiO ₂ - 30%. LHM - 16lit. Pv was good Gcs was 15/15. vitals checked and recorded. Iv line on Pattern in left metacarpal area. Iv fluid DNS STOPPED at 12 PM. ON (N) diet. Kk/02/134
04/06	3 PM	Dr. Samvera seen the child and advised to give 5mg Magnesium over 30 min given as per order. Neb. Levolin given <u>As</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
02/06	5PM	Nasal suctioning done Thick secretion Present. Uo was adequate. <i>AK</i>
02/06	6PM	Dr. krithika mam see the child and advised to give Neb. levocin to ² and to give sup. magnesium another two doses and stop <i>AK</i>
02/06	8PM	child details given handing over to night duty <i>AK</i>
		<i>Night duty on 4-6-26</i>
4/6	8P	Handover received from night duty staff. vitals stable and monitored to cut for same no tapping ple over night to cut H ₂ O - 16.3% to give 2 doses of Magnesium Sulphate over night <i>AK</i>
	9P	Pv line out. New line secured in Rt antecubital sqs patent blood sample potassium sent as ordered by Dr. krithika <i>AK</i>
	9.30P	Sup Magnesium Sulphate given as ordered in drug chart <i>AK</i>
	10P	Drug also given as ordered in drug chart One Neb's given <i>AK</i>
	11P	Potassium 2.2. informed to Dr. krithika advised to give

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



3



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
4/6	11 ^{am}	one correction of K^+ potassium chloride $(\text{ml} + 20\text{ml NS over } 30\text{m})$ and to En^+ advise encourage to take P.C water and Banana
5/6	12A	Neb Salmeterol given as order in day chart
	3A	Neb Salmeterol given as order in day chart - vitals stable no distress emerging - no fever
	6A	All done medication / order given as in day chart - Routine morning care done. Nasal / mouth suctioning done.
	8A	Handover given to the night morning duty staff
		MORNING DUTY ON 05/6/26.
05/6/26	8:20 AM	child details taken handing over from night duty @ N. At that time child is on HFNC flow 20%. CPAP - 16 lit. Pv was good Gcs was 15/15. vitals checked and recorded. Sv line on pattern in right nuchal area. ON (N) Diet. Plan to taper HFNC today.
05/6/26	9 AM	Dr. Samena man seen the child and advised to. Reduce the CPAP to 14 lit

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
 Drug Allergies

NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
05/06/26	11 AM	Temp decreased to 38.5. Due drugs given as per chart. Nasal suctioning done. V/O was adequate. <i>AS</i>
05/06/26	1 PM	Temp decreased to 38.5. Child vitals are stable. Seizures and clonus settled. Taken liquids well. Not taken orally well. <i>AS</i>
05/06/26	2 PM	Temp decreased to 38.5. Due drugs given as per chart. Child decreased. Details given handing over to evening duty. <i>AS</i>
Evening Duty on 5/6/26		
2:10 AM		Child hand over taken from morning duty staff where child on APNIC support 2 liters Free-20% & monitor the vitals. To be present in PICU with Gen Pal room prep & line one patient. Child on (N) chart. <i>P/18/26</i>
3 PM		Child moved the room. Vch. Lvdn & vch. IP parent given as per drug chart adm. Applied nose clear drops. <i>P/18/26</i>
4 PM		Mr. Hydro Cort 40 mg given as per drug chart adm. <i>P/18/26</i>
6 PM		Gen Pal given adm. Applied nose clear drops. Thick secretions present.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(9)



NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
5/6/26	6 AM	Change to oxygen ul/lin on PR Dr. Parthiban manm order. vch 7 PM 8/20 Level is 0.63 mg given on Prudmg chart, order. → PM 8/20
	8 PM	monitored the vitals & ordered A small orange soluble IV line also PORTAL & hand over given to night duty staff. → PM 8/20
		Night duty on 6/5/26
5/6	8 PM	Hand over received for evening duty Staff vitals stable on 2 ppgs 4L. 2L line & in Rt Neck canal self patient on @ diet and demand smile stage IV. WPR worrying & distress and fapper on by morning
	10 PM	Sup Hydrosol Neb given Neb Budecort given as order In drug chart. vitals were stable
	11 PM	SD Dr Parthiban advised to fapper or slowly 3L or flow. advised to not sense new 2L line if present line got out

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
6/8/24	12:00	By the given below patient on 1 to 2L. vitals stable RR 25-35. No chest wall spur plugged. Taking orally well on downward to 1L. vitals stable no signs of worsening to cut on 1L morning <i>[Signature]</i>
	3:00	Abts given as ordered re dry chest <i>[Signature]</i>
	4:00	All due ^{meds} medications given routine morning care given
	6:00	By the given as ordered today chart <i>[Signature]</i>
	8:00	SIB Dr. Krithika advised to change Budecort neb to MDI and to remove IV line to change to oral as arranged and plans shift to ward <i>[Signature]</i>
	9:00	Hand over given to the morning duty staff <i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



5



NURSES NOTES
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		MORNING DOH on 06/06/26.
06/06/26	8:20AM	Child details taken handing over from night duty SW at that time child is on O_2 - o.slit - Pr was good. Gcs was 15/15. vitals checked and recorded. No IV line Remu on (N) diet. child had desaturation Nasal suctioning done - O_2 increased to 1 lit. SpO_2 maintaining now \rightarrow <u>AS</u>
06/06/26	10AM	SYP. Omeprazole and SYP. Rebet Plus given as Pa order. Evolin MDI 2 Puffs given as Pa order. Dr. Samara mam seen the child and advised to give neb levolin 2 MDI Evolin alternately. To start chest physiotherapy twice a day and to shift to ward with O_2 . \rightarrow <u>AS</u>
06/06/26	11AM	Child SpO_2 maintaining well. U/O was adequate. tubes orally well. <u>AS</u>
06/06/26	11:30AM	Child shifted to ward with all reports and files. CXR film given to attenders. <u>AS</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Receiving Notes</u>
6/6/26	11:30pm	child received from PICU staff child active alert awake child stable No SV line oral medication and nebulization only suction SOS O ₂ - 1 liter connected
	12pm	vitals checked spo ₂ 97% RR - 36 bpm maintain
	1pm	child hand over to next duty staff
		<u>Evening duty (6/6/26)</u>
	2pm	Patient details handing over taken from the morning duty staff, iv line ⊕ no band Removed oral medications as per drug chart Neb and NO ₂ puff alternative.
	4pm	Dr. Diviyashree maam informed to give Neb levofloxacin start order. Given to the
	6pm	Patient on change to 0.8% patient maintaining spo ₂ . MDE Puff given to the child.
	7pm	I/O discussed and documented patient oral intakes improved. vitals checked and documented.
	8pm	Handing over given to the next duty staff.

[Signature]
 018056

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies *nm*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<i>Night Duty on - 06/6/26</i>
	8:15pm	child head over trolley frame evening duty started when child on O2 support 0.82/min & maintain the vitals. no Rx in present. child on (N) diet. <i>P 018220</i>
	10pm	reb. Level 0.63 mg & 5yr. amoxicillin 2mg & 5yr. Paracetamol 2.5mg given on PR drug chart order. child had milk <i>P 018220</i>
	11pm	5yr. Aze 2mg given on PR drug chart order. <i>P 018230</i>
7/6/26	12AM	monitored the vitals & recorded & vitals are stable SpO2 maintaining <i>P 018220</i>
	2AM	Levobun Puff 2 given on PR drug chart order. <i>P 018230</i>
	4AM	monitored the vitals & recorded & vitals are maintaining. no distress <i>P 018220</i>
	6AM	reb. Level 0.62 mg given on PR drug chart order <i>P 018220</i>
	8AM	Collect the vitals & monitored the vitals & recorded & vitals are stable Bude Cort 2 puff given on PR order. Baby is stable & hand over giving to morning duty staff. <i>P 018220</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00010317 IP28-00004513
 Baby SHAZNA AHMED
 17-08-2024 1 Y 9 M 21 D (F)
 Dr. KRITHIKA P



NURSES NOTES

(USE BALL POINT PEN ONLY)



Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<i>Morning (7/6/26)</i>
7/6/26	8:30 am	Baby details hand over taken from Night duty staff. Baby is stable and active. No IV
	10 AM	Administered medication as per the drug chart
	11 AM	There is no any other specific complaints Dr. Anvesha called and informed to give O ₂ stop O ₂ stopped and checked.
	12 PM	Vitals checked and documented vitals stable & maintaining with out O ₂ .
	1 PM	I/O disconnected and documented
	2 PM	Handing over given to the next duty staff
		<i>Evening duty staff notes</i>
7/6/26	2:30 PM	Baby details handing over taken from morning duty staff - Shivangini
		→ baby is active and alert
		→ baby saturation is normal. $\frac{98}{95}$
	4 PM	MPR level in 2 puff given as per drug chart
		→ vitals checked and recorded
		vitals stable $\frac{98}{95}$

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
21/6/26	6pm	child stable no other complaints → Medication given as per drug chart
		→ vitals checked and recorded vitals stable
	8pm	→ child handover given to night duty staff
night duty on - 07/6/26		
	9:10 AM	→ child hand over taken from evening duty staff where child is not maintaining the vitals. SpO2 also monitoring and a nasal suction done. Child on @ diet.
	10pm	→ 5yr. amoxicillin 4ml & 5yr. Paracetamol 2.5ml & Levofloxacin 900mg on PR drug chart order.
	11pm	→ 5yr. Azithromycin 2ml 900mg on PR drug chart order.
8/6/26	12AM	→ monitored the vitals & on order of vitals & SpO2 also stable
	4AM	→ 5yr. Levofloxacin 900mg on PR drug chart order.
	7AM	→ collect the 16 & recorded
	8AM	→ 5yr. Paracetamol 2.5ml 900mg on PR drug chart order. Vitals checked & recorded & hand

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