

ANC-00016305 IP28-00004584  
Baby Of LOGAPRIYA  
15-06-2026 0 Y 0 M 1 D (M)  
Dr. SHOBANA RAJENDRAN



DISCHARGE TRACKING SHEET

R: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	17/6/26 @ 9am			
Activity Sheet updated by Pharmacy		7:15 AM		

# ACTIVITY RECORD FOR BILLING



Name: B. I. O. Logapriya ANC-00016305 IP28-00004584  
 UHID No: ..... IP No: ..... Baby Of LOGAPRIYA 15-06-2026 0 Y 0 M 0 D 1 H (M)  
 Date of Admission: ..... Time: ..... Dr. SHOBANA RAJENDRAN  
 Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....  
 Dept: .....  
 Charge: ..... Time: .....



## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/26	9.20pm	OT-II	post op	S. [Signature]
15/6/26	11.15pm	post op	M14	[Signature]

## CROSS CONSULTATION VISIT

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











## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 8:45 AM	S/B Dr. Aneshu / Dr. Shobana mam	
	Term (39+4) / LSCS / Boy BABY / 12 hours of life.	Bwt - 3.7 Kg / AGA
	Baby feeding well Passing urine well.	M - A+ve B - A+ve
	Baby pink Cry Tone (N) Activity pulses well felt CRT < 3 sec	Bwt - 3.700 kg Twt - 3.680 kg 20g ↓
	CNS - AF @ level. CVS - S <sub>2</sub> (+) P/A - soft RS - B/LAE (+)	To do Vaccination Red reflex } today
	• DBF • VITD 0.5ml today • foomala sos	Aneshu 163765
	Shobana	

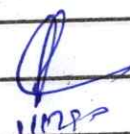
ANC-00018305 IP28-00004584  
 Baby Of LOGAPRIYA 0 Y 0 M 0 D 17 H (M)  
 15-06-2026  
 Dr. SHOBANA RAJENDRAN



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 5:40pm	S/B Dr. Aneshi	
	Baby reviewed feeding well. Parity aim & stoosh only Baby quite Cey J Tone J (N) Activity J pulm well felt- Vitah stable	
Vaccin ✓ Red reflex ✓	S/E (N) To continue the same	Aneshi 163765
17/6	S/B Do shobana DBF + formula @ 6H P - Saturday (10 am)	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6 9am	S/B Dr Maline	
	Term   39+4 wks   LSCG   Boy   3.7kg	
		MBC - A+ve
	Today wt - 3.5kg	BBC - A+ve
	5.4% ↓	
	Urine ✓	
	Meconium ✓	
	PIE Baby pink	
		normothermic
		vitals stable
		C/S - GS+
		AS - BAE+
		Pa - SH
		C/S - AF+
		activity good
	plan	
	- Discharge today	
	- D/B F formula & GTI	
	- Renew - Saturday	
		 11/28/12



Sheet No: ...1.....

### REGULAR PRESCRIPTIONS

Weight 9.6 kg Ward MU

<b>DRUG :</b> <u>Kidrich D3 drops</u>				<b>Date-Time</b>
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Dt.</b>	
<u>0.5ml</u>	<u>PO</u>	<u>OD</u>	<u>16/6</u>	<u>12:30pm</u>
<b>Name &amp; Signature of the Doctor Starting the Drugs:</b>				<u>12/1/2026</u>
<b>Additional Instructions:</b>				
<u>(1ml / 800IU)</u>				
<b>Daily Doctor's Endorsement by a Sign</b>				
<b>DRUG :</b>				<b>Date-Time</b>
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Dt.</b>	
<b>Name &amp; Signature of the Doctor Starting the Drugs:</b>				
<b>Additional Instructions:</b>				
<b>Daily Doctor's Endorsement by a Sign</b>				
<b>DRUG :</b>				<b>Date-Time</b>
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Dt.</b>	
<b>Name &amp; Signature of the Doctor Starting the Drugs:</b>				
<b>Additional Instructions:</b>				
<b>Daily Doctor's Endorsement by a Sign</b>				
<b>DRUG :</b>				<b>Date-Time</b>
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Dt.</b>	
<b>Name &amp; Signature of the Doctor Starting the Drugs:</b>				
<b>Additional Instructions:</b>				
<b>Daily Doctor's Endorsement by a Sign</b>				

Signature  
VERIFIED BY : Name

Sheet No: ..... Weight ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

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				
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				

Signature .....  
Name .....  
Name .....  
Name .....  
Name .....

Signature .....  
Name .....  
Name .....  
Name .....  
Name .....

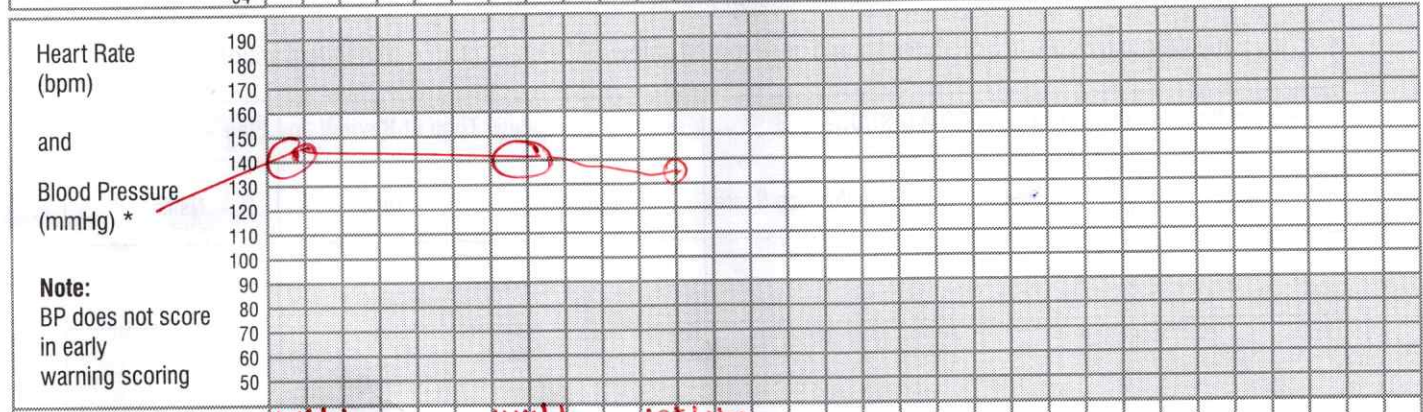
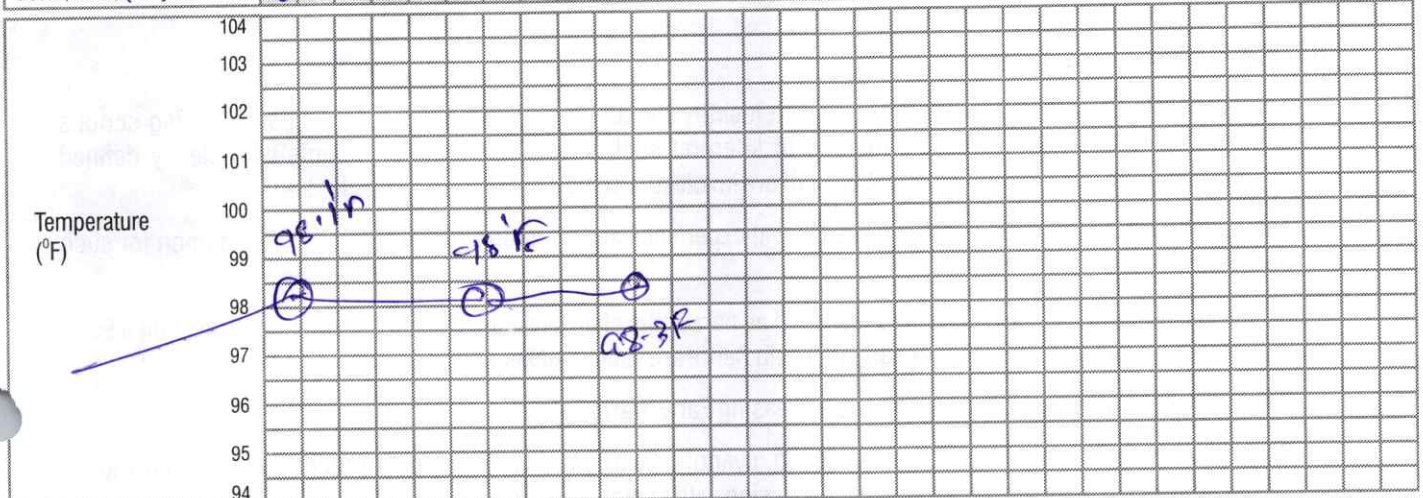


**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

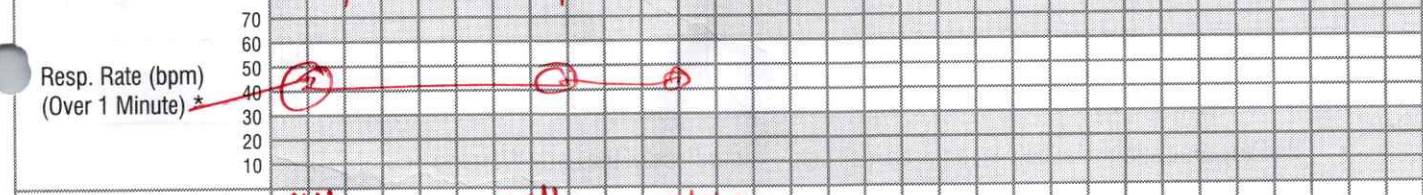


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 16/6 Time: 12:30 PM 1 PM 2 PM  
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 146bpm 144bpm 135bpm



Resp Rate (Number) 46bpm 45bpm 43bpm

Resp Distress	Mod/ Severe None / Mild	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	<u>99%</u>	<u>98%</u>	<u>99%</u>
Conscious Level	Normal / Altered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GCS *		<u>4/5</u>	<u>4/5</u>	<u>5/5</u>
<b>TOTAL SCORE</b>	Number of shaded boxes	<u>0/1</u>	<u>0/1</u>	<u>0/1</u>
Pain Score		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>
Observer's Initials		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>

**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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

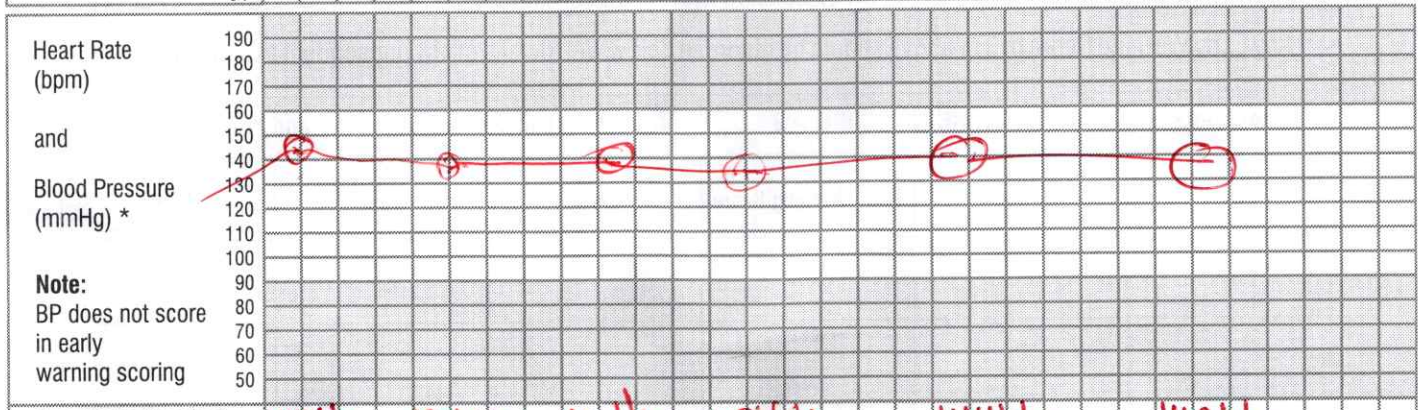
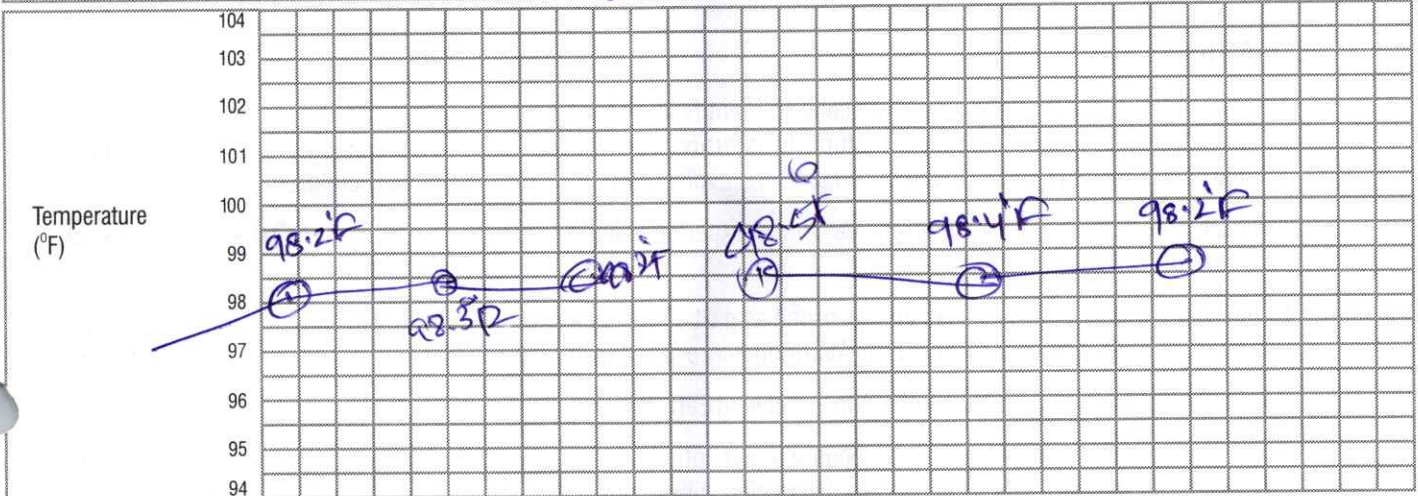


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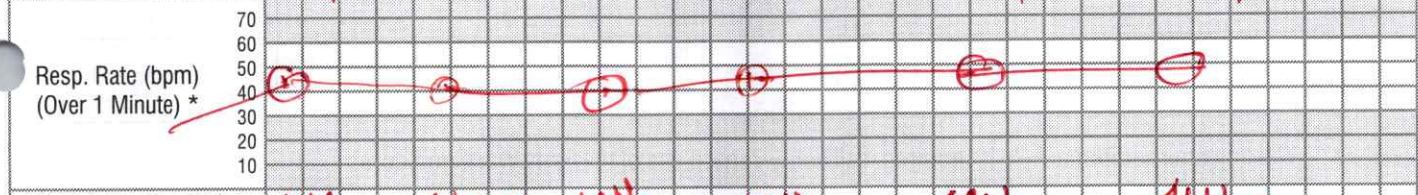


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 18/6/26 Time: 8am 12pm 4pm 8pm 12am 4am  
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 142b/m 138b/m 140b/m 142b/m 144b/m 142b/m



Resp Rate (Number) 42b/m 44b/m 46b/m 44b/m 46b/m 46b/m

Resp Distress	Mod/ Severe None / Mild	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	99+	99+	99+	98+	99+	98+
Conscious Level	Normal / Altered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GCS *		5/5	5/5	5/5	5/5	5/5	5/5
<b>TOTAL SCORE</b>	Number of shaded boxes	0	0	0	0	0	0
Pain Score		0/10	0/10	0/10	0/10	0/10	0/10
Observer's Initials		<u>AB</u>	<u>AB</u>	<u>AB</u>	<u>AB</u>	<u>AB</u>	<u>AB</u>

<b>ACTIONS</b>	Score 1	: Continue normal observation by staff nurse
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<b>R</b>	<b>RECOMMENDATION :</b> 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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<b>R</b>	<b>RECOMMENDATION :</b> 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)



**FLUID CHART**

Sheet No. : ..... (L) .....

16/6/20

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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine	
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm	Dm											
	11:00 pm												
	12:00 am	Dm											
	01:00 am	Dm											
<b>Total Intake :</b> Dm 3 Hrs						<b>Total Output :</b> M - 0							
	02:00 am												
	03:00 am	Dm											
	04:00 am												
	05:00 am	Dm											
	06:00 am												
	07:00 am												
<b>Total Intake :</b> Dm 2 Hrs						<b>Total Output :</b> U - 1							
<b>Total 24 hrs. Intake</b>		Dm - 5 Hrs											
<b>Total 24 hrs. Output</b>		U - 1 M - 0											



**FLUID CHART**

Sheet No. : 2

- 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				
661626														
	08:00 am	DBR	✓											
	09:00 am													
	10:00 am	DBR	✓											pe banu
	11:00 am													
	12:00 pm	DBR	✓											
	01:00 pm													
Total Intake :			DBR - 3 times			M - 1 time			Total Output : U - 2 times					
	02:00 pm													
	03:00 pm	DBF	✓											
	04:00 pm													
	05:00 pm	DBF	✓											
	06:00 pm													
	07:00 pm	DBF	✓											
Total Intake :			DBF - 3 times			M - 1			Total Output : U - 1 time					
	08:00 pm													
	09:00 pm	Dm	✓											
	10:00 pm													
	11:00 pm	Dm	✓											
	12:00 am													
	01:00 am	Dm	✓											
Total Intake :			Dm 3 time			M - 1			Total Output : U - 1					
	02:00 am													
	03:00 am	Dm	✓											
	04:00 am													
	05:00 am	Dm	✓											
	06:00 am	FF 30ml												
	07:00 am													
Total Intake :			30ml + Dm 2 time			M - 1			Total Output : U - 1					
Total 24 hrs. Intake		Dm 11 time FF = 30ml												
Total 24 hrs. Output		U - 5 M - 3												