

ANC-00016292 IP28-00004579
Master SAI SATPURUSH D R
01-06-2022 4 Y 0 M 14 D (M)
Dr. SOMU SIVABALAN



DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		16/6/26 (w) 10:35 Am	<u>Is</u> 012992	
Activity Sheet updated by Pharmacy	16/6/26 at 10:50 Am	16/6/26 at 11:10 Am	<u>Prings</u>	

ACTIVITY RECORD FOR BILLING



Name: ANC-00016292 IP28-00004579
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 01-06-2022 4 Y 0 M 14 D (M)
 Dr. SOMU SIVABALAN
 UHID No: Consultant: Dept:
 Date of Admission: Time: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/2026	2:20pm	ER	Mob	<i>[Signature]</i>

CROSS CONSULTATION VISIT

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



INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/6/26	CD, peripheral smear		US
	SHT, SHT, RPa, Pexse		Kee.
	NSE + IgM, Respirom	7942	
	ES - H se, Blood grouping	7945	
	CRP.	7945	





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/20 6pm		S/B Dr Sugima
	ART / Influenza B / SARS Cov-2 / Parainfluenza 3	positive
	child rehydrated	
	OR sleeping	
	vitals - chest - \oplus	
	stable - CVS - \oplus	CRT 18sec
	PA - Sept, NG	
	Peripheral pulse - well felt	
	CRP - \oplus	
	Dyspepsia NG -ve	Adv
	Stgm	- Encourage oral Intake
		- w/f fever spikes
		- CRT
	16-11-20	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/22 9am	o/e. alert, active Vital. stable S/E. RS: clear	✓ CRP-18
	on oral Fluvi (D2)	
	oral Azithromycin (D2)	
	of IVF	
	Plan → continue oral fluvi / oral Azithromycin	
	→ Plan 'D'	
	SIB DoSOM Bunkle	Pur 11/4/27
16/5/22 9:35pm	SIB + COVID + Paracetamol	
	Cont. Antife 3.5ml x 6d x 5d	
	Syr Azith (200) 3.5ml x 4d	
	Have KDil contact-	
	- DAD / Mum	if Resp Synth Rx.
	- Young sib	
	- 3 G-parents.	Antife 75
No	fun some Admission.	1-0-1 x 5d
	all being @	(00)
	RS-clear	1 x 100g.
	Ys yn sib	Syr Antife (1ml = 12mg)
		1ml x 100g
		- Syr. Alex

As vaccine of contact aft 1wk of 2.5 - 3.5ml
 DAD Counselled on contact persons



O' Pontoni



Rch
RESULT SHEET

outside

Date	<i>14/6</i>	<i>15/6/26</i>			
Time					
Hb	<i>11.3</i>	<i>11.8</i>			
PCV	<i>35.4</i>	<i>34</i>			
RBC		<i>4.30</i>			
WBC	<i>5700</i>	<i>19,150</i>			
N/L	<i>45/50</i>	<i>(N= 62/L= 32)</i>			
Platelets	<i>2.32</i>	<i>2.64 lckls</i>			
CRP		<i>18</i>			
ESR					
PCT					
RBS					
Na		<i>137</i>			
K		<i>4.1</i>			
Cl		<i>105</i>			
Ca/Mg	<i>I-c</i>	<i>1.15</i>			
Phosphate	<i>K₂O₃</i>	<i>25</i>			
Urea		<i>13</i>			
Creatinine		<i>0.29</i>			
ALP					
SGPT		<i>14</i>			
SGOT		<i>32</i>			
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					

Bicarb - 25

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

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Patient Name :

Gender M F - Hospital No. :

Consultant :

Date of Admission :

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 Dt.		
4ml	PO	QDS	15/6	11:30	
Doctor's Signature		Valid Period	Pharm.		
A. Madu		X 2 day			
Additional Instructions					
DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions					
DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions					



13.7

I.P. No. Sheet No. Wards Weight (kg)

DRUG : (M) EMESET

Dose	Route	Frequency	Start Dt.	Date	Time
1.5mg	IV	TDS	15/6	15/6	16/6
Name & Signature of the Doctor starting the Drugs: A. A. Malani 11129				15/6	16/6
				12:00 PM	5 AM
Additional Instructions:				15/6	16/6
				9 AM	1 PM
Daily Doctor's Endorsement by a Sign.				15/6	16/6
				9 PM	

DRUG : (M) PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.	Date	Time
15mg	IV	OD	15/6	15/6	16/6
Name & Signature of the Doctor starting the Drugs: A. A. Malani 11129				15/6	16/6
				12:00 PM	6 AM
Additional Instructions:				15/6	16/6
				12:00 PM	6 AM
Daily Doctor's Endorsement by a Sign.				15/6	16/6
				12:00 PM	6 AM

DRUG : Symp ALEX

Dose	Route	Frequency	Start Dt.	Date	Time
2	PO	BD	15/6	15/6	16/6
Name & Signature of the Doctor starting the Drugs: A. A. Malani 11129				15/6	16/6
				2:20 PM	11 AM
Additional Instructions: 2.5ml - 0 - 3.75ml				15/6	16/6
				11 PM	11 PM
Daily Doctor's Endorsement by a Sign.				15/6	16/6
				11 PM	11 PM

DRUG : Symp. ANTIFLU

Dose	Route	Frequency	Start Dt.	Date	Time
2.5ml	PO	BD	15/6	15/6	16/6
Name & Signature of the Doctor starting the Drugs: A. A. Malani 11129				15/6	16/6
				3 PM	10 AM
Additional Instructions:				15/6	16/6
				11 PM	10 PM
Daily Doctor's Endorsement by a Sign.				15/6	16/6
				11 PM	10 PM

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Sheet No: (200)

REGULAR PRESCRIPTIONS

Weight 13.7 Ward med

DRUG : Syrup AZITHROMYLIN				Date Time																	
Dose	Route	Frequency	Start Dt.																		
3-sml	PO	OD	15/6/24		5/6					16/6											
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																						

VERIFIED BY : Name Signature

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RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
 Children's Observation &
 Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

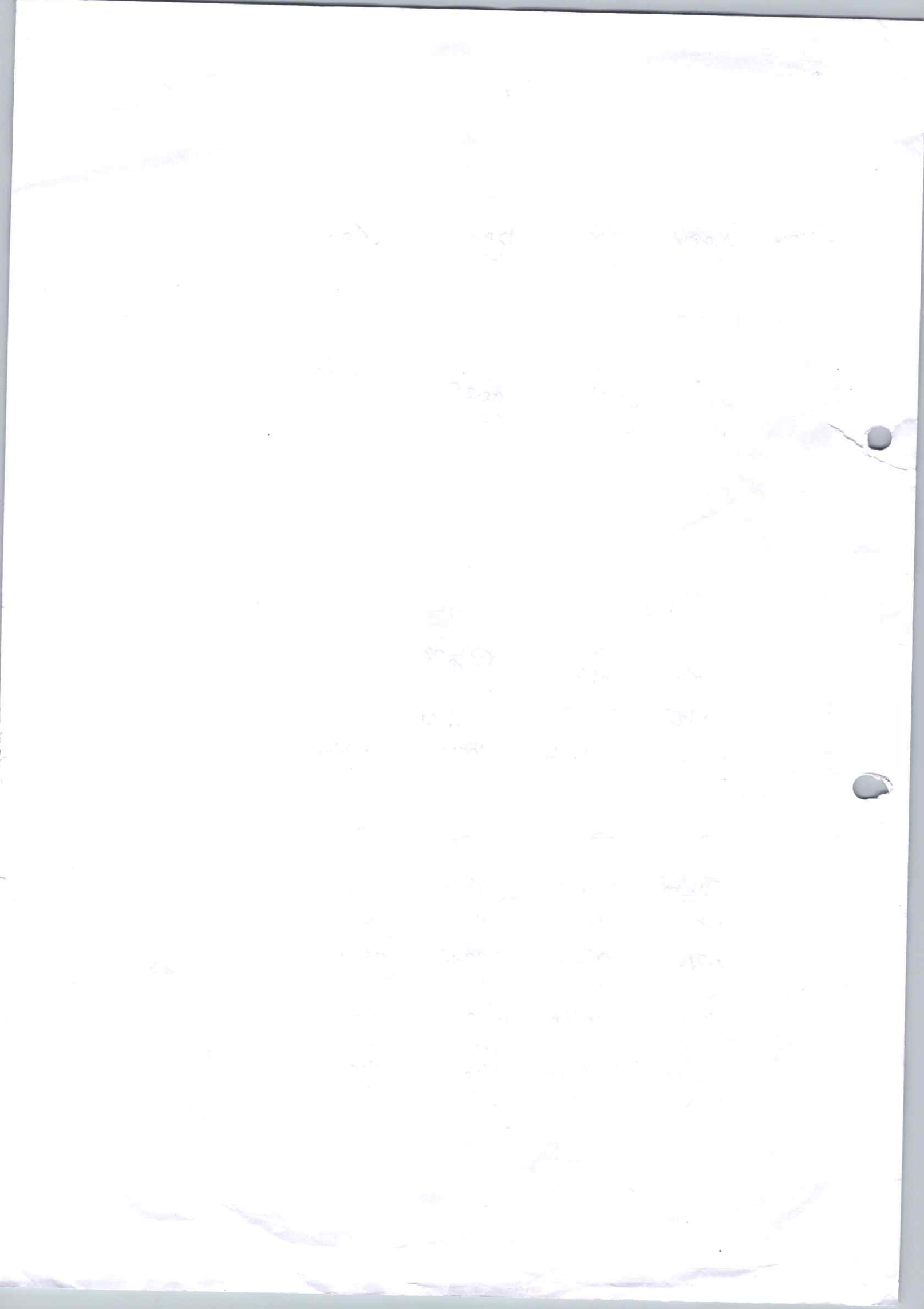
Date :	15/06/20	Time:	2.25 PM	4 PM	12 AM	4 AM
Doctor / Nurse / Family Concern?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature (°F)	98.1 F	98.4 F	98.3 F	98.4 F		
Heart Rate (bpm) and Blood Pressure (mmHg) *	108 bpm / 100/60	104 bpm / 100/60	109 bpm / 98/81	106 bpm / 110/60		
Heart Rate (Number)	108 bpm	104 bpm	109 bpm	106 bpm		
Resp. Rate (bpm) (Over 1 Minute) *	24 bpm	26 bpm	24 bpm	24 bpm		
Resp Rate (Number)	24 bpm	26 bpm	24 bpm	24 bpm		
Resp Distress	None / Mild	None / Mild	None / Mild	None / Mild		
Receiving O ₂ (l/min)	0.2 l	0.2 l	0.2 l	0.2 l		
O ₂ Saturations (%)	98%	98%	99%	98%		
Conscious Level	Normal / Altered	Normal / Altered	Normal / Altered	Normal / Altered		
GCS *	15/15	15/15	15/15	15/15		
TOTAL SCORE	0/10	0/10	0/10	0/10		
Number of shaded boxes	0/10	0/10	0/10	0/10		
Pain Score	0/10	0/10	0/10	0/10		
Observer's Initials	SV	SV	SV	SV		

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.

* 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)



FLUID CHART

Sheet No. : ①

15/6/20

- 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	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											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm			100ml						0	}	15/6/20
	04:00 pm			100ml						0		
	05:00 pm			100ml						0		
	06:00 pm	H ₂ O	100ml	100ml					✓	0		
	07:00 pm			DLC						0		
Total Intake : 100ml + 400ml = 500ml					Total Output : 0-1							
	08:00 pm			100ml						0	}	15/6/20
	09:00 pm	H ₂ O	200ml	100ml					✓	0		
	10:00 pm			100ml						0		
	11:00 pm	H ₂ O	100ml	100ml						0		
	12:00 am			100ml						0		
	01:00 am									0		
Total Intake : 300 + 200ml = 500ml					Total Output : 0-1							
	02:00 am									0	}	15/6/20
	03:00 am									0		
	04:00 am									0		
	05:00 am									0		
	06:00 am									0		
	07:00 am	Milk	200ml							0		
Total Intake : 200ml					Total Output : 0-0							
Total 24 hrs. Intake		1200ml			Total 24 hrs. Output		U-2 M-0					