

ANC-00016237 IP28-00004568

Baby C SURPANGAI NACHIYAR

21-09-2024 1 Y 8 M 23 D (F)

Dr. KIRSHNA SAMEERA



**DISCHARGE TRACKING SHEET**

UHID : 4568/16237 FLOOR: PICU CONSULTANT NAME: DR. Sameera

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	12/6 cop	14/6 9AM.	-	
Activity Sheet updated by Pharmacy	8:35 AM	8:40 AM	Jal 01/80	

# ACTIVITY RECORD FOR BILLING

ANC-00016237 IP28-00004568  
Baby C SURPANGAI NACHIYAR (F)  
21-09-2024 1 Y 8 M 22 D  
Dr. KIRSHNA SAMEERA

MLC NO: 78

Name: .....

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
12/6/2026	10.30pm	ER	PSCU	[Signature]

## CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. padma Babji (Gynae)	17.06.26	150185	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
12/6/26	X-ray	1	4388	P-7018230
12/6/26	BT Entubation	1	50104	P-7018220
12/6/26	Conscious sedation	1	50104	P-7018230
12/6/26	Catheter insertion	1	50109	P-7078221
12/6/26	IV placement	1	150118	P-7018220
12/6/26	IV placement	1	150128	P-7018220
13/6/26	MRI Brain	1	4426	[Signature]
	Contrast			
13/6/26	VEEG	1	4408	AS
13/6/26	Nebulization $O_2$	2	150224	[Signature]
14/6/26	Nebulization $O_2$	2	150257	Washburn
14/6/26	Net $O_2$	1	150220	[Signature]

**ANY OTHER INFORMATION:**

2 Fentanyl (2mg) ; 1 Fentanyl (10mg) used

mit

[Signature]

Date: 14/6/26

Time: 9:30 A

Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward	Billing Assistant	Billing Supervisor
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①

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
12/10/24 10:50 PM	S/B Dr. Sameera	
	1 1/2 + Fch T unprovoked Seizure ? (complex partial) (un witnessed).	
	In view of shallow resp efforts was intubated in the ER T 4.5 size ET fixed at 12 cm.	
	HR 120/min	
	SpO2 99%	
	ET 35-44	
	P1 B1 A C D	
	CNS: Pupils 2mm Bn and reacting AF outer table open.	
	<u>Plan:</u> NPO	
	To monitor CBA hourly.	
	If RR < 18 to change to DMS	
	To cont 3% saline at 10ml/hr.	
	Levofol 20mg/kg/dose BD	
	MR Brain tom.	
	ECG tom.	
	Parents counselled.	
	Cont Fentanyl sedation.	
	ABG after 2 hours.	
	monitor Pupils hourly	
	To w/ seizure	

*[Signature]*  
 11/10/24



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Age = 1yr 8 months	
	Height - 82.5cms (50th centile)	
	SBP DBP	
	50 <sup>th</sup> - 88 45	
	90 <sup>th</sup> - 101 59	
	95 <sup>th</sup> - 105 63	
	99 <sup>th</sup> - 112 70	
13/6/26 12am	S/B. Dr. Raghu	
	Unprovoked seizure / Status Epilepticus.	
	Baby intubated on PRVC (Rate 35/min, FiO <sub>2</sub> - 80%, TV = 80 ml PEEP - 5)	
	Sedated with fentanyl	
	HR - 103/min, SpO <sub>2</sub> - 98.1 - 100%	
	BP = 124/66 (se) w/dly ~ 99 <sup>th</sup> centile	
	No further seizures	
	BL pupils 2mm, consensual	
	on Lorazepam 2mg/kg/dose @ 12H	
	on PVF 0.97 DMS @ 2500/ml (Charged after RBS - 150g/dl)	
	37. NAD @ 10am	
	NPO accordingly.	
	Investigations = Ammonia 90 (High)	
	LFT & RP2 = (N)	3-754
	Drw & Dr. Mareek regarding Hypertension	
	To start NIFEDIPINE 0.5mg/kg/dose @ 8H.	
	~ 3-754 @ 8H	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>18/6/2024</del>	<u>C/S/B Dr Suenera</u>	
<del>9/20/24</del>		
	camphor induced seizures / status epilepticus	
	F - NPO	
	+ IVF DNS @ 25ml/hr	
	R - RR - 35, SpO <sub>2</sub> - 100% ↓ 30% / FiO <sub>2</sub>	
	Bilateral air entry present, Chest rise good	
	no retractions	
	on PRMC mode (Tidal volume - 8ml, PEEP - 5)	
		Rate - 35, FiO <sub>2</sub> - 30%
	I - not on Antibiotics	
	TLC - 37980, CRP < 5	
	C - HR - 130/min, BP -	14/53 mmHg (79 mmHg)
	CRT < 3sec, peripher	warm, pulse well felt
	S <sub>1</sub> S <sub>2</sub> ⊕, no murmurs	
	Not on inotropes	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	H - 116-99	
	M -	
	Na 137	K 3.5
	105	16-1.33
	Cl	
	urea 24	
	crat 0.50	
	h <sub>2</sub> -2-1	last CBA - 93mg/dl
	A - soft	
	N - pupils constricted reactive to light	
	No further services	
	on 3% saline @ 10ml/hr	
	on Tric. Levamisole @ 40mg/kg/day	
	Fentanyl - sedation stopped	
	on Tric. propofol (@ 1ml/hr) (ie) 1mg/kg/hr	





**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
13/6/2026 1:28 PM	<p>cls/B <u>D. Suenara</u></p>	
	<p>sedation (propof) good. good spontaneous respiratory efforts                      Baby was extubated to room air</p>	
	<p>↓                      Inj. Dexe 4mg IV qm                      Neb. Adrenaline stat qm</p>	
	<p>post Extubation vital stable</p>	
	<p>RR - 24/mi</p>	
	<p>SpO<sub>2</sub> - 96% LNA</p>	
	<p>HR - 147/mi</p>	
	<p>+++ / ++</p>	
	<p>pulcerhane good</p>	
<p>✓</p>	<p>If SpO<sub>2</sub> &lt; 94% →</p>	<p>start on O<sub>2</sub> via nasal prong</p>
<p>✓</p>	<p>To reaus &amp; start on Adrenaline Nebulization</p>	

(4)

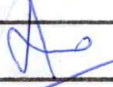
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/2024 6pm	C/S/B to dishukeya.	
	Δ - GAMPHOR INDUCED SEIZURES / Status Epilepticus.	
	child now awake.	
	child sleeps B/L PERL.	RR-22/min WOOB- (w)
		BADO NO smider. SPo <sub>2</sub> - 97% RA
	HN-129/min CN7 & 3 sec	
	HR/HR	
		plan
		- To start feeds once fully awake.
		- To continue IV fluids
		- To continue AOD
		- To start O <sub>2</sub> if SpO <sub>2</sub> < 94%.
		- To start Nels Adrenalin if smider (w)
	[Signature]	
	15:30h	

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 Baby C SURPANGAI NACHIYAR  
 21-09-2024 1 Y 8 M 23 D (F)  
 Dr. KIRSHNA SAMEERA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	<u>s/s Dr Sameera</u>	
	child reviewed	
	child wakes up but is a little drowsy	
	oral intake good	
	Plan: s/s today at request.	
	→ on oral Tempil.	
		 <u>Dr Sameera</u>





REGULAR PRESCRIPTIONS

Weight: 10 kg Ward: PICU

**DRUG:** Tab LEVIPIL

Dose	Route	Frequency	Start Date	Date Time
200mg	IV	Q12HR	12/6/26	12/6 AM
				12/6 AM
				12/6 AM

Name & Signature of the Doctor Starting the Drugs:  
 [Signature] IUS 38

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG:** Tab PAN

Dose	Route	Frequency	Start Date	Date Time
10mg	IV	OD	12/6/26	12/6 AM
				12/6 AM
				12/6 AM

Name & Signature of the Doctor Starting the Drugs:  
 [Signature] IUS 38

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG:** Tab NIFEDIPINE

Dose	Route	Frequency	Start Date	Date Time
375µg	PO	Q8H	12/6/26	12/6 AM
				12/6 AM
				12/6 AM

Name & Signature of the Doctor Starting the Drugs:  
 [Signature] IUS 38

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG:** Syr LEVETIRACETAM

Dose	Route	Frequency	Start Date	Date Time
2ml	PO	BD	12/6/26	12/6 AM
				12/6 AM
				12/6 AM

Name & Signature of the Doctor Starting the Drugs:  
 [Signature] DR. SUREN

Additional Instructions:  
 (40mg/kg/day)

Daily Doctor's Endorsement by a Sign

Sheet No: 2      **REGULAR PRESCRIPTIONS**      Weight 10 kg Ward PW

<b>DRUG :</b> <u>NEB ADRENALINE</u>				Date/Time																					
Dose	Route	Frequency	Start Dt.																						
<u>3ml</u>	<u>NEB</u>	<u>Q4H</u>	<u>8/6/24</u>	<u>6</u>	<u>PM</u>	<u>11:30</u>																			
Name & Signature of the Doctor Starting the Drugs:																									
<u>DR. SURENDR</u>																									
Additional Instructions:																									
Daily Doctor's Endorsement by a Sign																									
<b>DRUG :</b> <u>NEB Adrenaline</u>				Date/Time																					
Dose	Route	Frequency	Start Dt.																						
<u>3ml</u>	<u>P/N</u>	<u>Q6H</u>	<u>14/6</u>																						
Name & Signature of the Doctor Starting the Drugs:																									
<u>[Signature]</u>																									
Additional Instructions:																									
Daily Doctor's Endorsement by a Sign																									
<b>DRUG :</b>				Date/Time																					
Dose	Route	Frequency	Start Dt.																						
Name & Signature of the Doctor Starting the Drugs:																									
Additional Instructions:																									
Daily Doctor's Endorsement by a Sign																									
<b>DRUG :</b>				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 .....





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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/6/2024	9:15pm	Inj. midazolam	1mg IM stat	IM	[Signature]	PM 08/22/24
12/6/2024	9:15pm	NEBURENALIN	1cc	IV	[Signature]	PM Jay.
13/6/2024	6 AM	Inj. propofol	10mg	IV	[Signature]	PM Jay.
13/6/2024	6 AM	NEBURENALIN	1cc	IV	[Signature]	[Signature]
13/6/24	11:20pm	INJ. DEXAMETHASONE	4mg	IV	[Signature]	[Signature]
13/6/24	12:30pm	INJ. MIDA 20LAM	1mg	IV	[Signature]	[Signature]
13/6/24	12:30pm	INJ. PROPOFOL	10mg	IV	[Signature]	[Signature]
13/6/24	2:20pm	NEB. ADRENALINE	3ml	NEB	[Signature]	[Signature]

Signature  
VERIFIED BY : Name



I.V. FLUIDS CHART

Weight 10.1kg Ward PLW

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/6/24	11 PM	Ivf 3% NaCl	lv	60ml/hr	[Signature]	PM 01872	13/6/24 12 AM		PM 01872
		Doj Pantaroyu							
13/6/24	12 AM	Ivf 3% NaCl	to lv	10 ml/hr	[Signature]	PM 01872	13/6/24 1:20 PM	[Signature]	[Signature]
12/6/24	11:30 AM	Ivf NS	lv	25 ml/hr	[Signature]	PM 01872	13/6/24 1 AM	[Signature]	PM 01872
12/6/24	1 AM	DNS	lv	25 ml/hr	[Signature]	PM 01872	13/6/24 1 AM	[Signature]	[Signature]
12/6/24	1:20 PM	DNS	lv	40ml/hr	[Signature]	[Signature]	14/6/24 7 AM	[Signature]	[Signature]

Signature  
VERIFIED BY : Name



**NURSES NOTES**



No Known Drug Allergies

Drug Allergies ..... *na*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
<i>12/6/24</i>		<i>Reviewing note on - 12/6/24</i>	
	<i>10:30pm</i>	<i>Baby receiving from PR with 10 active unprovoked seizures. Child is intubated in ER connected ventilator on PRVC mode PEEP-5, P-PRM Flow-300. RR-35 4 minutes after start. Pupils are reactive PV-normal GCS-7HS. IV line present in left antecubital vein &amp; line on patient. RR 30. NAD 60mg/4hrs started. RR NS 25 ml/hr started due to RBS high BM. Pen-tamyl 2ml/hr started child on NPO. Plan to MRI &amp; EEG by tomorrow.</i>	<i>P 6/18/24</i>
	<i>11pm</i>	<i>now line inserted in Rt meta carpal vein Rb &amp; IC Stralkyan. &amp; send VBl &amp; RBS 229 mg/dl - urinary catheter inserted &amp; site on PR Dr. Some care man order. Urinal RBS &amp; recd. (229 mg/dl)</i>	
<i>13/6/24</i>	<i>12pm</i>	<i>checked the RBS &amp; recd (229 mg/dl) what is ordered what is on stock</i>	<i>P 6/17/24</i>

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**



# NURSES NOTES



- No Known Drug Allergies
- Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/6/26	1 AM	PBS checked & recorded (156 mg/dl) & informed to Dr. Rajan sir & son advised to start DMS 25 mg/hr on PR orders started. Blood sample & Vals checked on PR order.	PM 018720
	1:30 AM	Baby BP is continue high so that's why informed to Dr. Rajan sir & son advised to AD T. nifedipine.	PM 018720
	2 AM	T. nifedipine given 8.25 mg on PR drug chart order.	PM 018720
	3 AM	Vals monitored for correct rates are started by & oral suction drops checked the PBS & recorded (192 mg/dl)	PM 018720
	5 AM	Baby's eye opening was present baby is become active informed to Dr. Rajan sir & son advised to give Im. Medrol 1mg/dy. velocity 2mg on PR order given	PM 018720
	6 AM	Morning care done. include skin care oral care etc. oral & BP suction done. PBS checked & recorded (93 mg/dl)	

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**



2

# NURSES NOTES



- No Known Drug Allergies
- Drug Allergies *m*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/6/26	cont	Ear pain 10am 7/8am in DR chart chart notes	P-18/26
		<b>Hoisting duty on 13/6/26</b>	
13/6/26	SA	Hand over received for night duty staff vitals stable - on PWC Pipa, peeps, FiO2 30% PR-35 plan MRI @ 10AM. on Npo. No Spont Breaths on sedation Inf. Pantanal Somogy (hu)	<i>[Signature]</i>
	SA	Inf. Jergal given as ordered in drug chart vitals stable	<i>[Signature]</i>
	cont.	pt. shifted to MRI MRI done under Bag tube ventilation and sedation Inf. Midazolam Inf. propofol given as ordered in drug chart	<i>[Signature]</i>
	CP	Relay received for MRI PDS 80% O2. PIP on flow. Inf. Inf. propofol stopped. Spont Breaths present. and Bag, active. Pts Inf. Demerol given as ordered	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



# NURSES NOTES



- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/6/26	2:15 PM	Baby active vitals stable no / Entubation done und signified Neb adrenaline given vitals stable. SpO2 & Drunk present. N/A to start or if SpO2 is low transyt. Handover given to the evening duty staff	[Signature]
13/6/26	2:20 PM	child details taken handing over from morning duty staff At that time child is on RA (100%) vitals checked and recorded. Pr was good. GCS was 15/15. NG tube in situ. Poly's in situ. ON APO. Ex line on pattern in light and left meacanal. IV fluids DNE on flow at mouth on flow oral suctioning done. Thrice secretion Present. Suction Present. O2 was adequate.	[Signature]
13/6/26	6 PM	child kept well. Neb. adrenaline given as per order. GCS was 15/15. O2 was adequate.	[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



3

# NURSES NOTES

No Known Drug Allergies

Drug Allergies ..... *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/6/26	7:30 PM	Dr. Sameera seen the child and advised to remove tummy and NG tube. removed as per order. Trache removed on left meta-central suture.	<i>AC</i>
13/6/26	8 PM	child details given handling over to night duty staff nurse.	<i>SS</i>
<b>night duty notes on 13/6/26:-</b>			
13/6/26	8 PM	* child details taken handling over from evening duty staff nurse. At that time child is on room air. q.v. vitals checked and recorded. pr was good. Acc was 15/15. IV cannula present left hand s.s. IVF Dns some thr outflow.	<i>Nalduy</i>
	9 PM	* oral and nasal suction done. Syp. Teripid 2ml orally given as per drug chart.	<i>Nalduy</i>
	10 PM	* Inj: Adrenaline 100g given as per drug chart.	<i>Nalduy</i>
14/6/26	12 AM	* child vitals checked and recorded. child position changed. * child maintaining saturation. sleeping well.	<i>Nalduy</i>
	1 AM	* Diaper changed. urine passed. No any complaints.	<i>Nalduy</i>
	4 AM	* 100g Adrenaline given as per	<i>Nalduy</i>

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**

