

MLC

BAH-00546320 IP-00060252
Master KRIVAM DIDI
30-12-2018 7 Y 5 M 7 D (M)
Dr. KODICHERLA VISHNU VARDHAN



ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- IP No : ----- Consultant : ----- Dept: Pediatrics

Date of Admission : 6/6/20 Time : 8:30am Date of Discharge : ----- Time: -----

Room / Bed No : ----- Ward : PIU Suggested Billable bed type : -----

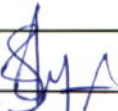

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>6/6/20</u>	<u>9:30pm</u>	<u>ER</u>	<u>PIU</u>	<u>[Signature]</u>

Cross Consultation Visit

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

PROCEDURE


Date	Procedure	Quantity	Order No.	Signature
6/6/26	IV placement	1	3087619	
6/6/26	ECC	1	009106	
	cross chkd by	Chick	7/6/26	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

<p>Staff Nurse</p> <p></p>	<p>Shift / Ward</p> <p>NCH</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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ADMISSION SHEET

Registration Details :

Admission No : IP-00060252

Admit Date : 06-Jun-2026

Admit Time : 08:26 PM UHID : BAH-00546320

Patient Details :

Patient Name : Master KRIVAM DIDI

Age : 7 Y 5 M 7 D

Guardian : Mr SACHHAN DIDI

DOB : 30-12-2018

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : ~ Lallaguda Hyderabad Telangana INDIA
110005

Phone No : 9873469755

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit


Contact Details :

Name : Mr SACHHAN DIDI

Relationship : S/O

Contact Address : ~ Lallaguda Hyderabad Telangana INDIA
110005

Phone No : 9873469755


Signature

Doctor Details :

Doctor Name : Dr. KODICHERLA VISHNU VARDHAN
REDDY

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 6/6/26

Source of Admission: OPD Ward Other: ER

Reason for Admission: cd - Accidentally Ingestion of 2 Tablets Clonidine.

Admission Diagnosis: Accidentally Ingestion of Tab: Clonidine.

Accompanied By: Parent Guardian Other Name: -

Primary Language: Telugu English Hindi Other Specify -

Do you require an interpreter? Yes No

Allergies: Yes No Medications Blood Transfusion Food Other: -

If yes, identify -

Source of Information : Family Patient Others, Specify

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	-	-	-

Family History: -

Has the child or close family member had recent contact with a communicable disease? Yes No

If yes please list,

Was the child's birth normal? Yes No If No, please describe problems:

Are the child's immunization up to date? Yes No

CURRENT MEDICATIONS

Taking Medications? Yes No
 If yes, Fill the reconciliation form

Medicine brought to the hospital? Yes No

Observations: Weight: 33.5 kg Length: - Head Circumference (< 2 years): -

Temp.: 98.6°F HR: 104 b/m RR: 28 b/m BP: 124/74 (86)

Pain Score: 0 Specify Site: - (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: Yes No Score: - (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score -) (Document in the Braden Q Assessment Sheet)

Behavioural Status on Admission :

- Sleeping Crying Calm Distressed/Consolate Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

Siblings in household Yes No (if yes How Many?)

Orientation has been given regarding the following aspects:

- ID Band in situ
 Bedside safety explained
 PICU Routine: Doctor's rounds/Medication time
 Visiting policy explained

Orientation given to: Family Others specify

Name of Person Orientation was given to: Mother

Orientation not given Reason:

Nurse Name: Sr. Nikitha

Nurse Signature: [Signature]

Date & Time: 6/6/26 @ 9:30pm

DISCHARGE PLAN

Source of Information: Family Friend

Will patient require transportation arrangements to go home: Yes No

Will Physiotherapy require at home: Yes No

Is home medical equipment anticipated: Yes No

Is home oxygen therapy anticipated: Yes No

Are dressing needs at home anticipated: Yes No

Any other needs anticipated: Yes No If Yes Specify

Discharge Medications: Yes No

Details:


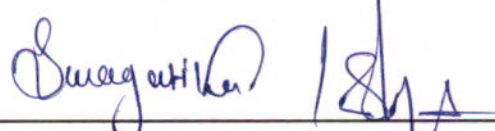
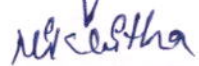
Final Diagnosis: accidental ingestion of Tab: clonidine

Nurse Name: Sr. Nikitha

Nurse Signature: [Signature]

Date & Time: 6/6/26 @ 9:30pm

PATIENT TRANSFER FORM

BAH-00546320 IP-00060252 Master KRIVAM DIDI 30-12-2018 7 Y 5 M 7 D (M) Dr. KODICHERLA VISHNU VARDHAN 		Date & Time of Admission 6/6/26 @ 8:26pm	Date & Time of Transfer Order 6/6/26 @ 9:30pm
		Transfer Ordered by Dr. Ganesh.	Reason for Transfer Admission.
From Unit ER	To Unit PICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films JBU-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? OPD file given.	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Ganesh.	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 6/6/26 @ 9:30pm			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

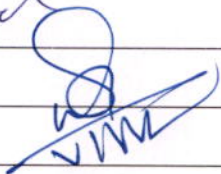


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/2022 2:00 PM	<u>C/S/D New born</u>	
	child awake & alert Hemodynamically stable	<u>Adv</u>
		1) Allow liquids
		2) No X-ray
7/6/2022 8:00 AM	<u>C/S/D New born</u>	
	On room A&T maintain hydration awake & alert	<u>Mon</u>
	HR - 85/min	1) Allow only
	SpO2 - 98% ERA	2) No stop IV if apneic only
	RR - 24/min	Noted by Makethwani

7/6/22
 2 (P.F.O)

...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/10/2018 11:00 AM	<p>cf/sls Dr Vishnu SV</p> <hr/> <p>Men</p>	
	<p>1) Discharge at request</p>	
	<p>2) the spacer sign explained</p>	
	<p><u>Counseling notes</u></p>	
	<p>Explained in our understandable language that effect of medication may last upto 24 hours post injection.</p>	
	<p>Paper sign like hypotension, Bradycardia and Difficulty in breathing explained</p>	

MLC DRUG CHART

Date of Admission: 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 **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 Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY: Name Signature



MLC

REGULAR PRESCRIPTIONS

Weight. 33.5kg Ward. 110

26/06/2018 at 11 PM

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>END PANTOPRAZOLE</u>				Date Time <u>6/6</u>
<u>30mg</u>	<u>W</u>	<u>ONCE DAILY</u>	<u>6/06/18</u>	<u>11pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				<u>6 AM</u> <u>Birch</u>
Additional Instructions: <u>[Signature]</u>				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

7 D

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 Dr. KODICHERLA VISHNU VARDHAN



MLC



Wt: = 33.5 kg
 Ht: = 138 cm

Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Krivam Age : 7y5s

Date : 6/6/26 Time of Arrival : 8:04 PM

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): GRBS - 10/10/1/1 Not known

Source of Information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 96.0 F PR: 91 bpm BP: 108/75 (84) RR: 20 bpm SpO₂: 100%

Chief Complaints: no addentially ingestion of 3 Tablets of clonidine

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening	
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:07 PM

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks? Yes No
- Have you had cough or a rash in the past 2 weeks? Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Architha

Signature of Triage Nurse : Ac

Date & Time : 6/6/26 @ 8:07 PM

7 D

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MLC



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/6/20 Time of arrival : 8:09 PM
 Chief Complaints: Accidentally ingestion of Tablets (Cilnidine) RBS: 10/mg/dl
 Height : 138 cm Weight : 33.5 kg BMI : - Head Circumference (<2 years) : -
 Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify
 Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker
 Character Location Frequency Duration

RISK FOR FALL:
 If patient is < 6 years tick below fall risk intervention directly
 If Patient is > 6 years Assess the below parameters
 History of Falling: within past 3 months Yes No
Ambulatory Aids:
 • Wheelchair Yes No
 • Uses furniture for support Yes No
Gait/Transferring:
 • Bedrest / immobile Yes No
 • Weak Yes No
 • Impaired Yes No
Mental Status: Forgets limitations Yes No
IF YES FOR ANY CATEGORY = RISK FOR FALLING
Fall Risk Intervention:
 Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected
 Mobility Problem
 Walking Problem
 Developmental Delay
 Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected
 Underweight
 Overweight
 Feeding Problem
 Special diet
 Special feeding method
Inform consultant for positive criteria

Psychological Screening: No Significant Findings
 Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: (Date/Time):
Social History: Lives With Family
 Siblings in household Yes No (if yes How Many?)
 Time of Initial assessment completed by ER Nurse : 8:11 PM

Patient Name : Mast. KRIVAM DIDDI UHID : BAH-00546320 IPD : IP-00060252 Gender : Male Age : 7 Y 5 M 7 D

Nursing Notes (Including Labs / Medications / Other Care):

MLC

Time	Nursing Notes
8:04pm	* patient came to ER
8:06pm	* vitals checked & Recorded
8:09pm	* Dr. Ganesh Seen the patient &
8:16pm	advised admission
8:15pm	Admission process done
8:18pm	IV cannulation done
8:20pm	ECG checked & record, Pt shifted to PICU

Samples collected by:

Samples sent by:

} Shanthi

Time: } 8:40 pm
Time: }

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
Nil					

Condition of patient at time of shift - out :	Details of Shift - out
HR: 62 ^{b/m} BP: 100/65 (16) CFT:	Shift - out from ER to: PICU
RR: 20 ^{b/m} SPO ₂ : 99%.	Time of Shift - out: @ 8:30 PM
GCS: 15/15 Temperature: 96.0 F	Handover given to: Sr - Nikhita
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	Bro - Sabir

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : Sabir Signature of the Nurse : SM

Date & Time : 6/6/20 @ 9:30 PM ✓