PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Manvith.

UHID ID: BAH - 00638069

Department: Pediatric.

Consultant: Dr Srilekhi R.

BAH-00638069 IP3-00089029
Master JATAVATH MANVIK
08-03-2023 3 Y 3 M 19 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Name : Mt. Manvik Age/Sex 3y | M

Information given by: Mother Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

c/o swelling around eyes, face & abdomen since 7-10 days

o/t medication on their own due to personal reasons since 15 days

History of present illness :

3yr old, K/c/o SDNS

B/o parents = c/o

swelling over face, eyes, abdominal since 7-10 days,

o/t medication since 15 days, due to personal reasons

no h/o fever
cough
cold
LM
VM
rash
vomiting.

Outside Labs :- (25/6/26)
Cbp - 10.3/16900/5.43L.
CRP - Neg
UPCR - 13
CUE - protein 3+
Album - 1.3
Urea - 69
Electrolytes - 128/5.5/100.

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Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

• K/c/o • SDNS (MCNS → Biopsy)
• h/o relapse → twice

Birth & Neonatal History:

Uneventful.

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

not uptodate → on start [illegible]

BAH-00838069 IP3-00089029
Master JATAVATH MANVIK
06-03-2023 3 Y 3 M 19 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) ______ (Centile ______) Height (cms): ______ (Centile) ______)

Weight (kgs)) 12.472 (Centile ______)

On Examination :

Temperature : 98F Pulse Rate : 130L B.P. 110/68 (85) SPO2 98%

Resp.rate and type of breathing : ______

periorbital swelling (+)

Rash ______

Lymphadenopathy ______ facial puffiness (+)

Oedema : ______

Allergies (if any): ______ pallor (+)

icterus (+)

Respiratory System :

Inspection (any s/o distress) : ______

Air entry & breath sounds : ______

Any addes sounds : ______ AEBE

Relevant data from outside (Chest X-Ray, ABG,etc.,) ______

Cardiovascular System :

Inspection of procordium : ______

Heart Sounds : ______

Any murmur : ______ S1 S2 (+)

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : ______

Per Abdomen :

Inspection ______ distended

Palpation : ______ NT (+)

Ausculation : ______ Umbilicus - slit like, ascites (+)

Spine : ______ External Genitelia : swelling (+)

Relevant data from outside (CT, USG etc.,) ______

BAH-00638069

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : ______

Cranial Nerves : ______

Motor System:

Nutriton : ______

Tone: ______ Power ______

Co-ordinator : ______

Posture : ______

Involuntary Movements : ______

Reflexes :

DTR

Superficials:

Plantars ______

Sensory System :

Bladder / Bowel : ______

Clinical Summary & Diagnostic:

Δ SDNS - Relapse

BAH-00638069 IP3-00089029
Master JATAVATH MANVIK
06-03-2023 3 Y 3 M 19 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complica.

Desired goals of the treatment : To speedy recovery.

Planned Labs:

- Monitor Bp Q 4hrs
- U/O Q 4hrs
- Weight daily

Noted by Saraswathi 9270 25/6/26 9.25pm

Planned Management

- Admit in ward.
- Iv Albumin (20%) 50ml ~4hr (in pl...) ē pre & midway lasix
- Iv MPS 25mg OD x 3days
- Syp Calcium plus
- Tb Enwas
- Tb Metalazone
- Cap Fygrograft

Signature of the Doctor: Dr. Sandhya
Name of the Doctor: Dr. Sandhya
Date & Time: 25/6/25, 8pm

Signature of the Consultant:
Name of the Consultant:
Date & Time:

BAH-00638069
Master ...

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B(?)	
26/6/24 9Am	SDNS - Relapse	
	Vomiting 1 episode	
	Swelling (+) (↓)	
Tf 12.054 ↑.		
12.47	O/E - child is Alert	
	Vitals stable	
U.O - 1.2 cc	CNS	
	RS — NAD	
on methylprednisolone	PA	
Inj Lasix		
Enalapril, Pantoprazole		
fujgree(?)		- Cont Same
Dr. KRUSHI KIRAN Reg. No: 23491		Albumin transfusion at 6pm
		50ml over 4 hours c mid
		& end lasix
		- RP2 T/m 6Am
		- Start input & output chart
		- INJ Ondansetron 2mg IV/BD
		- INJ FRUSEMIDE · IV/BD
		10:30 AM

Weight: 12.9 Kg Ward

VERIFIED

DRUG : INJ METHYLPREDNISOLONE

Dose	Route	Frequency	Start Date
25mg	IV	OD	25/6

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

Additional Instructions: (2mg/kg/day)

Daily Doctor's Endorsement by a Sign

Date	25/6	26/6
Time	6AM	3PM [signature]

VERIFIED

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
12mg	IV	OD	25/6

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

Additional Instructions: (1mg/kg/day)

Daily Doctor's Endorsement by a Sign

Date	25/6	26/6
Time	6AM	10pm [signature]

VERIFIED

DRUG : SYP CALCIMAX PLUS

Dose	Route	Frequency	Start Date
5mL	P/O	OD	25/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	25/6	26/6
Time	2PM [signature]	

VERIFIED

DRUG : TAB ENVAS (ENALAPRIL)

Dose	Route	Frequency	Start Date
½ TAB	P/O	OD	25/6

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

Additional Instructions: (1 tab = 2.5mg)

Daily Doctor's Endorsement by a Sign

Date	25/6
Time	10PM [signature]

BAH-00030009
Master JATAVATH MANVIK
08-03-2023 3 Y 3 M 19 D (M)
Dr. BRUTHI BALLA

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REGULAR PRESCRIPTIONS

Sheet No: 2 Weight 12.47kgs Ward 1st floor

DRUG : TAB METALAZONE

Dose	Route	Frequency	Start Dt.
1.5ML	P/O	OD	25/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: x 3 days
(Dissolve 1tab = 5mg in me of water, give 1.5ml)

Daily Doctor's Endorsement by a Sign

DRUG : FUROPED DROPS

Dose	Route	Frequency	Start Dt.
1.2ML	P/O	BD	25/6

Date/Time: 25/6 10AM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

10PM Hold
Stop 27/6/24 10AM

Daily Doctor's Endorsement by a Sign

DRUG : CAP. FUJJGRAF

Dose	Route	Frequency	Start Dt.
0.5mg	P/O	BD	25/6

Date/Time: 25/6 10AM; 26/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(1capsule - 0.5mg)

10PM

Daily Doctor's Endorsement by a Sign

DRUG : INJ ONDENSETRON

Dose	Route	Frequency	Start Dt.
2mg	IV	BD	26/6

Date/Time: 26/6 8AM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

8PM

Daily Doctor's Endorsement by a Sign

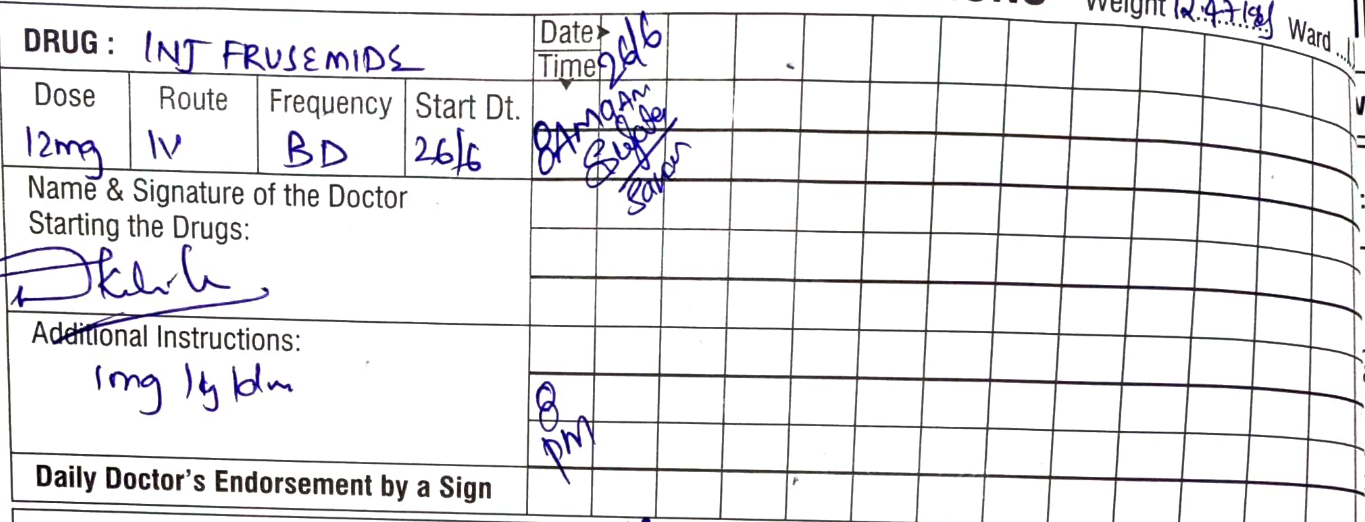
Docu. No.

Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 12.4.7.19 Ward ...

VERIFIED



DRUG : INJ FRUSEMIDS

Dose	Route	Frequency	Start Dt.
12mg	IV	BD	26/6

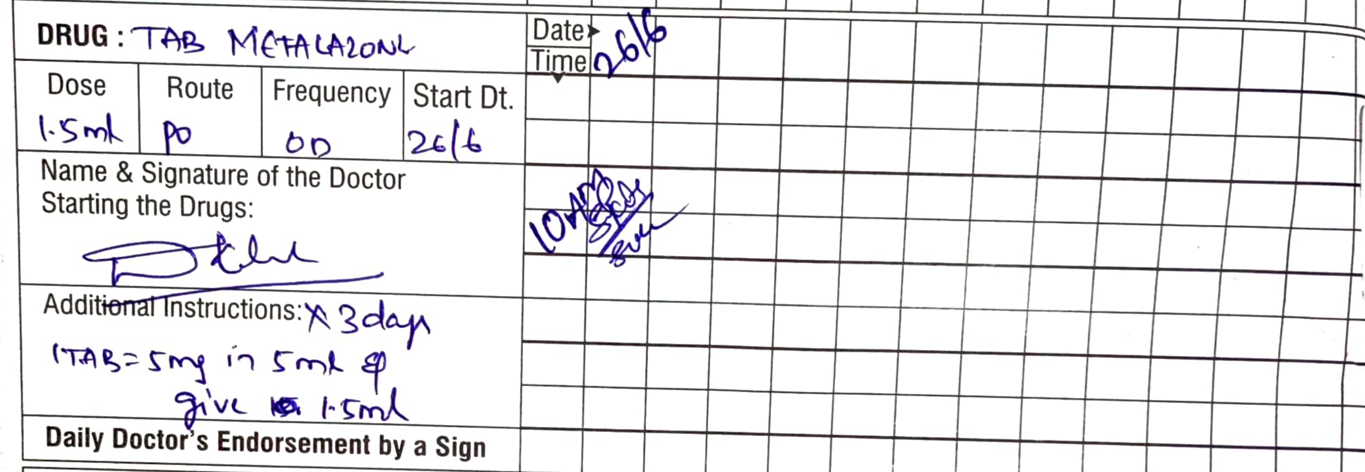
Date / Time: 26/6 — 8AM, 8PM

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

Additional Instructions: 1mg 1kg 1dm

Daily Doctor's Endorsement by a Sign

VERIFIED



DRUG : TAB METALAZONE

Dose	Route	Frequency	Start Dt.
1.5ml	PO	OD	26/6

Date / Time: 26/6 — 10AM

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

Additional Instructions: X 3days
1TAB = 5mg in 5ml &
give 1.5ml

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HYDERNAGAR BED TARIFF SHEET - 2026-2027 CASH

BRUTHI BALLA

Weight. 12.47 kg Ward. 1st floor

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
RUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		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.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
RUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
oute / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
ame & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
dditional 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
25/6/26	10:30pm	INJ LASIX (FUROSEMIDE)	12 MG IV (PREMEDICATION)			Vijaya
25/6/26	10:35pm	INJ 20% ALBUMIN	50ML IV ~ 4 hours 1 hrm			Vijaya
26/6	1:30AM	INJ FUROSEMIDE	12MG IV (MIDWAY) STAT			Vijaya

PM

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
mastu. manvik BAH-00638069	05/6/26 4:55pm	26/6/26 2:15AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. shruthi	Dr. muzafer	stable
From Unit	**To Unit**	**Information to Attendant**
PICU	1st floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
30	—	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
s/s lavya	Dr. muzafer

Patient & Clinical Records Received by : [signature] 11690

Date & Time of Patient Received : 26/6/26 2:30AM

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

☐ Unavailable Bed ☐ Nurse not Avail... ☐ Available Bed not ready

06-03-2023 3 Y 3 M 19 D (M)
Dr. SRUTHI BALLA

Wt - 12.47 kgs

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mst. Jatavath Manvik

Date : 25/6/26 Age : 8 yrs Gender: ☑ Male ☐ Female

Time of Arrival : 7-27pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ....

Source of Information : ☑ Parents ☐ Others (Specify) .... ☐ Not known

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance ....

Initial Vital Signs: Temp: 97.5°f PR: 138bpm BP: 110/76 (86) mmHg RR: .... SpO_2: 100%

Chief Complaints: c/o: full body swelling since 3 days, loose stools 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☑ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☑ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 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 : 7-30pm

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. 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 : Sathi

Date & Time : 25/6/26 @ 7-31pm

Signature of Triage Nurse : ....

Form No. : RCH /FRM / CLINICAL / 085

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Master JATAVATH MANVIK
06-03-2023 3 Y 3 M 19 D (M)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/6/26 Time of arrival : 7:55 pm.

Chief Complaints: full body swelling since 3 days. RBS: 139mg/dl.

Height : – Weight : 12.47kgs BMI : – Head Circumference (<2 years) ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes, identify ....

Pain Screening: ☑ Yes ☒ No If Yes, Pain Score: – 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 Parents –

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

Time of Initial assessment completed by ER Nurse : 7:58 p.m.

(P.T.O.)

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ACTIVITY RECORD FOR BILLING

Name: Mt. Manvik

UHID No : BAH-638069 IP No : 84029 Consultant : Dr. Shruthi Dept : EP

Date of Admission : 25/6/26 Time : 7:55pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 109A Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	9:25pm	ER	109A	[signature]
25/6/26	10:15pm	109A PICU	P2C4 ~~109A~~	[signature]
26/6/26	2:15AM	P2C4	109A	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. DIKSHITHA	26/6/26		[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				