

ACTIVITY RECORD FOR BILLING

VIH-00194657 IP-00060353
Baby B/D MONIKA JADHAV
06-08-2025 0 Y 10 M 9 D (M)
Dr. AKHEEL SYED RIZWAN



Name: -----

UHID No : ----- IP No : ----- Consultant : ----- Dept : Pediatric

Date of Admission : 15/6/26 Time : 3:19pm Date of Discharge : 15/6/26 Time : 9:30am

Room / Bed No : 217 Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>15/6/26</u>	<u>4:20pm</u>	<u>ER</u>	<u>217</u>	<u>Vaishnavi</u>

Cross Consultation Visit

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

PROCEEDURE

Date	ProceEDURE	Quantity	Order No.	Signature
15/6/26	IV Placement	1	3090533	Jay
16/6/26	IV placement	1	3090917	[Signature]
<p>————— Cross checked by Sae —————</p>				

ANY OTHER INFORMATION

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Date: 17/6/26

Time: 9:30AM

Prepared By:

Sae
17/6/26
@ 9:30AM

<p>Staff Nurse</p> <p>[Signature]</p>	<p>Shift / Ward</p> <p>2nd floor</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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VIH-00194857

IP-00060353

ST OF MEDICAL CASE SHEET

Baby B/O MONIKA JADHAV

06-08-2025 0 Y 10 M 10 D (M)

Dr. AKHEEL SYED RIZWAN


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 Children's
 Hospital
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 BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

IP.No:

DOA: 15/6/25

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	01	-	-	
4	Patient Trasfer Forms	01	-	-	
5	In-patient Medical Record	03	-	-	
6	Doctors Progress Sheets	02	-	-	
7	Nurses Progress notes	03	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	01	-	-	
	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	-	-	
	Intake and Output chart (fluid Chart)	03	-	-	
	Drug Chart (Regular prescription)	01			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Humpty Dumpty	02	-	-	
	pain Assessment	01	-	-	
	Braden - 9	01	-	-	
	checklist for thrombophlebitis	01	-	-	
	well's criteria	01	-	-	
	others	01			
	Total No. of Pages	35			

Signature and Date :

 17/6/25
 Akheel Syed Rizwan

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE



Name	Baby B/O MONIKA JADHAV	UHID	VIH-00194657
Father/Guardian	Mr VIJAY TAMKER	Age/Gender	0 Y 10 M 11 D/Male
Address	Sitaphal Mandi, Hyderabad, Telangana, INDIA, 500061		
IP No	IP-00060353	Admission Date	15-06-2026
Ref Doctor	Self	Discharge Date	17-06-2026

DISCHARGE SUMMARY

Consultant: Dr. AKHEEL S. RIZWAN

MBBS, DCH, MRCPCH (UK)

SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY

Diagnosis: Acute gastroenteritis with some dehydration

History: Baby of MONIKA JADHAV is a 10 M 11 D boy presented with history of moderate grade intermittent fever since 2 days, 8-9 episodes of loose stools since 1 day, dullness on the day of admission. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturation at room air. HR-140/min, BP- 90/60 mmHg and RR 30/min. Signs of some dehydration were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. Examination of other systems including spine was normal.

Weight on Admission : 9 kgs

Investigations: Enclosed.

Management: He was rehydrated with NS bolus and admitted in ward. He was started on intravenous antibiotics and intravenous fluids. He was started on probiotics and was advised gastro diet.

Name	Baby B/O MONIKA JADHAV	UHID	VIH-00194657
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His complete blood picture showed hemoglobin 10.9 gm%, white blood cells count of 12,280 cells/cumm, platelet count of 2.67 lakhs/cumm and C-reactive protein was 39 mg/l. Serum electrolytes were normal. Complete stool examination was normal. Stool for reducing substance was negative.

His vitals were regularly monitored. His fever spikes and loose stools symptoms gradually settled. Parents were counselled about course of illness and continuation of gastrodiet for few more days. He remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Advice:

1. Gastrodiet as advised.
2. Syrup Cefixime (5ml=100mg) 2.5ml, 12th hourly (after food) Refrigerate after reconstitution).
3. Oral Enterogermina mini bottle, 1 mini bottle 12th hourly (after food) for 3 days.
4. Z & D drops (1ml=20mg), 0.5ml once daily (after food) for 12 days.
5. Kindly consult Dr. Akheel S. Rizwan, Senior Consultant Pediatrics & Neonatologist, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Paracetamol drops (1ml=100mg), 1.2ml for fever >99.6°F (maximum 4-6 hourly).


Syrup Ibugesic (5ml=100mg), 3ml for fever >101°F (maximum 8 hourly).

Name

Baby B/O MONIKA
JADHAV

UHID


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Hospital**
It takes a lot to treat the little.


BirthRight™
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To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that i understand.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name : *MONIKA JADHAV*

Signature : *J. Monika*

Relationship with patient : *Mother*

This summary has been explained by : *Sushil*

*17/6/20
@ 12 PM*

Summary prepared by: Dr. Shivam

DEO : MD Younus Pasha

for @

Dr. AKHEEL S. RIZWAN

MBBS, DCH, MRCPCH (UK)

SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY

TSMC-13579

Registrar/Resident/C.M.O

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009
040-42462200, Ext 2000,2001,2002,



MEDICAL RECORD COPY

BirthRight™
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PatientName : Baby B/O MONIKA JADHAV **Inpatient No.** : IP-00060353
Age/Gender : 0 Y 10 M 9 D/ Male **Admit Date** : 15-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 102 **Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :15-06-2026 15:33			
HEMOGLOBIN (Colorimetry)	10.9	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	4.32	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	29.9	VOL% L	33 - 49
MCV (Calculated)	69.2	fL L	70 - 86
MCH (Calculated)	25.2	pg/cells	23 - 31
MCHC (Calculated)	36.3	g/dL H	30 - 36
RDW-CV (Calculated)	13.1	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	267	10 ⁹ /L	150 - 450
MPV (Calculated)	7.4	fL	6.5 - 10
WBC COUNT (DC Detection Method)	12.28	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	33	%	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	57	%	45 - 76
MONOCYTES (Microscopy, Leishman stain)	9	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	1	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :15-06-2026 15:33			
CRP (Immunoturbidimetry)	39	mg/L	H <10



Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
Order Date :15-06-2026 15:33			

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

PatientName :	Baby B/O MONIKA JADHAV	Inpatient No. :	IP-00060353
Age/Gender :	0 Y 10 M 9 D/ Male	Admit Date :	15-06-2026
Ward/Bed :	N 0 GF-EMERGENCY/ ER 102	Discharge Date :	

Investigation	Result	Unit	Biological Reference Interval
SODIUM (Direct ISE)	140	mmol/L	134 - 144
POTASSIUM (Direct ISE)	5.0	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE STOOL EXAMINATION (Specimen : STOOL)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 16:31

PHYSICAL

COLOUR (Visual Examination)	YELLOWISH		
CONSISTENCY (Gross Examination)	SEMI SOLID		
pH (Double pH indicator)	7.0		5 - 8.5
MUCUS (Gross Examination)	ABSENT		ABSENT
BLOOD (Gross Examination)	ABSENT		ABSENT
UNDIGESTED FOOD (Gross Examination/Microscopy)	PRESENT		ABSENT
HELMINTHES (Gross Examination/Microscopy)	NIL		NIL

MICROSCOPY

PUS CELLS	2-3	HPF	0 - 5
RED BLOOD CELLS (Stool)	NIL	HPF	NIL
STARCH GRANULES	ABSENT		ABSENT
YEAST CELLS	NIL		NIL
FAT GLOBULES	ABSENT		ABSENT
PROTOZOA	NIL		NIL



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
STOOL REDUCING SUBSTANCE (Specimen : STOOL)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 16:31
STOOL REDUCING SUBSTANCE	NEGATIVE		



Dr. HAFSA AHMED, MBBS,DCP

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,



PatientName : Baby B/O MONIKA JADHAV
Age/Gender : 0 Y 10 M 10 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 102

Inpatient No. : IP-00060353
Admit Date : 15-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
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CONSULTANT CLINICAL PATHOLOGY, Reg No : 36473

ADMISSION SHEET

Registration Details :



Admission No : IP-00060353

Admit Date : 15-Jun-2026

Admit Time : 03:19 PM UHID : VIH-00194657

Patient Details :

Patient Name : Baby B/O MONIKA JADHAV

Age : 0 Y 10 M 9 D

Guardian : Mr VIJAY TAMKER

DOB : 06-08-2025 04:00 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : .. Sitaphal Mandi Hyderabad Telangana INDIA
500061

Phone No : 8978833227

E-mail : na@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 102

Ward Name : N 0 GF-EMERGENCY

Room No : ER 102

Admission Type : First Visit

Contact Details :

Name : Mr VIJAY TAMKER

Relationship : Father

Contact Address : .. Sitaphal Mandi Hyderabad Telangana INDIA
500061

Phone No : 8978833227 / 7842794349



Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.91

Payor Name : GO DIGIT GENERAL INSURANCE
LIMITED

PATIENT TRANSFER FORM

VIH-00194657 IP-00090353
Baby B/O MONIKA JADHAV
06-08-2025 0 Y 10 M 9 D (M)
Dr. AKHEEL SYED RIZWAN



Date & Time of Admission 15/06/26 @ 3:45 PM		Date & Time of Transfer Order 15/06/26 @ 4:20 PM
Transfer Ordered by Dr. Sameera.		Reason for Transfer Admission.
From Unit ER	To Unit 217	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 21	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over op file given to		
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 Vaishnavi		Name of Person Ordered Transfer Dr. Sameera.
Patient & Clinical Records Received by : Dupika @ 4:20 PM on 15/06/26		
Date & Time of Patient Received :		

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

Patient Name : B/O. B/O MONIKA JADHAV UHID : VIH-00194657 IPD : IP-00060353 Gender : Male Age : 0 Y 10 M 9 D

VIH-00194657 IP-00060353
Baby B/O MONIKA JADHAV
06-06-2025 0 Y 10 M 9 D (M)
Dr. AKHEEL SYED RIZWAN



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/6/25 Time of arrival : 2:07 PM
Chief Complaints: cb: fever, loos stool x 1 days RBS: -
Height : 72cm Weight : 9kg 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: <input checked="" type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly <input type="checkbox"/> If Patient is > 6 years Assess the below parameters History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ambulatory Aids: • Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gait/Transferring: • Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES FOR ANY CATEGORY = RISK FOR FALLING Fall Risk Intervention: <input type="checkbox"/> Escort while ambulating <input checked="" type="checkbox"/> Assist Patient <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention	Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality Inform consultant for positive criteria Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> 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 : 2:06 PM

Patient Name : B/O. B/O MONIKA JADHAV UHID : VIH-00194657 IPD : IP-00060353 Gender : Male Age : 0 Y 10 M 9 D

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

Time	Nursing Notes
2.00 PM	→ patient come to ER
2.05 PM	→ vitals checked and recorded
2.05 PM	→ Dr. Sameer seen the patient & advised Admission
3.00 PM	→ Admission done.
3.25 PM	→ IV placement done & sample collected and send to lab
4.20 PM	→ patient shift to ward

Samples collected by: S S/S - Rajalakshmi

Time: 3.30 PM

Samples sent by:

Time: 3.35 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
15/6/26					
2.10 PM	Inj. ceftriaxone	IV	720 mg	Dr. [Signature]	[Signature]
2.10 PM	NS	IV	Balox 100ml	Dr. [Signature]	[Signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140 bpm	Shift - out from ER to: 217
BP: 100/60	Time of Shift - out: @ 4.20 PM
RR: 30 bpm	Handover given to: S/S
SPO ₂ : 97%	(Nurse's Name)
GCS: 15/15	Dr. [Signature], Deepika
Temperature: 98.2 °C	15/6/26 @ 4:20 PM
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement

Name of the Nurse: Bro. Sanjay

Signature of the Nurse: [Signature]

Date & Time: 15/6/26 @ 4.20 PM



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**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

VIH-00194657 IP-00060353
Baby B/O MONIKA JADHAV
06-06-2025 0 Y 10 M 9 D (M)
Dr. AKHEEL SYED RIZWAN



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : B/O Monika Age/Sex 10 m / M
Information given by: Grandmother Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

h/o fever : 2 days
low stool : 1 day
dullness today

History of present illness :

B/O Monika is a 10 months old male child present
with h/o fever → mod. grade
→ not afw chills
→ : 2 days
→ low stool → 8-9 / day
→ not afw blood
→ : 1 day
→ Dullness today
→ no h/o vomiting
For the above complaint, he was admitted at PCU.



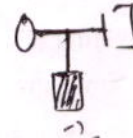
Pediatric Multiorgan History & Physical Examination

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

Nil significant.

Birth & Neonatal History:

FT / LSCS / B-wt: 3 kg / BCMB /
no neonatal issue



Birth & Socio Economic History:

About Father : _____

About Mother : _____ } class-5

Any additional Information : _____

Developmental History :

App. for age.

Immunization History :

Immunised till date.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9 kg. (Centile _____)

On Examination :

CRT > 3 sec.

Temperature : 97.9°F Pulse Rate : 129/min B.P. 110/70 - SPO2 _____

Resp. rate and type of breathing : _____ 30/min

Rash _____ no

Lymphadenopathy _____ no

Oedema : _____ dry and mucous

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ BACD

Any addes sounds : _____ clear

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____ S, S, ①

Any murmur : _____ no murmur

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

Per Abdomen :

Inspection _____

Palpation : _____ soft, no organomegaly

Ausculation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multisystem History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact

Motor System:

Nutrition : _____

Tone: _____ Power 4/5 all limbs

Co-ordinator : (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

TP	TV
PP	PP

DTR

Superficials:

Plantars _____

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

acute gastroenteritis with some dehydration



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A

Desired goals of the treatment: Treat the infection

Planned Labs: s/B Dr. Akheel in OPD Planned Management

- CRP, CRP, s. electrolyte ✓
- CSE ✓
- Stool for redoxenry ✓
substance

- NORMAL SALINE BOLUS
- IVF
- INJ. CEFTRIAXONE
- PROBIOTIC
- GASTRODIET
- ISOMIL / ZEROLAC FEEDS
- NESTUM RICE

Noted by
BMD, Sanyal

Signature of the Doctor: Sameer

Signature of the Consultant:

Name of the Doctor: Dr. Sameer

Name of the Consultant:

Date & Time: 15.6.26, 3:30 PM

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>16.6.26 9.00am</p>	<p><u>S/B</u> <u>Registru</u> AGE with some oblique</p>	
	<p>no low stool concerned; no fever o/e child stable CRT < 3sec.</p>	
	<p>of exam H/e - NAD P/o - wfl</p>	<p><u>Plan</u> - Insure stool from end. secretions - 2/3 - IVF - Ketol 4th hole - Sleep 14.5 tonight - Plan discharge 17m if no fever</p>
	<p>Sameer (Dr. Sameer)</p>	
		<p>noted by Sushila 17/6/26 at 8AM</p>



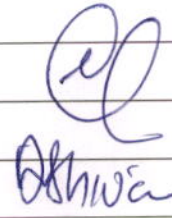
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16-6-26	s/s Regurgitate	
3:00PM	AGE with some dehydration	
	no fever	
	no loose stool	
	o/e child stable	
	CRT < 3sec.	
	afebrile	
	H ₂ O - 10ml	Plan
	P/A - soft	→ Stop IV by tonight
	stool for reducing sustains	→ Discharge 7/m
	: Neg.	if no fever
	Samer	→ Give Ceftriaxone
	(Dr. Samera)	full dose 7/m morning
	Noted by Dadma.	→ Ketor 4 th hourly
	16/6/26	
	3pm	

2



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/25 8:50 AM	<p><u>Ch/B Resident</u> AGE with some dehydration no fever NO loose stool</p>	<p><u>Pls</u></p>
	<p>012 Child study as sis 2 @ B B/LAS @ PA 502 vy 8224</p>	<p>- Discharge - Syp ziprax x 3 days - ZL D drops x 12 days - Entrogamin x 3 days</p>
	<p>Noted by Sna</p>	<p> Akhwa</p>



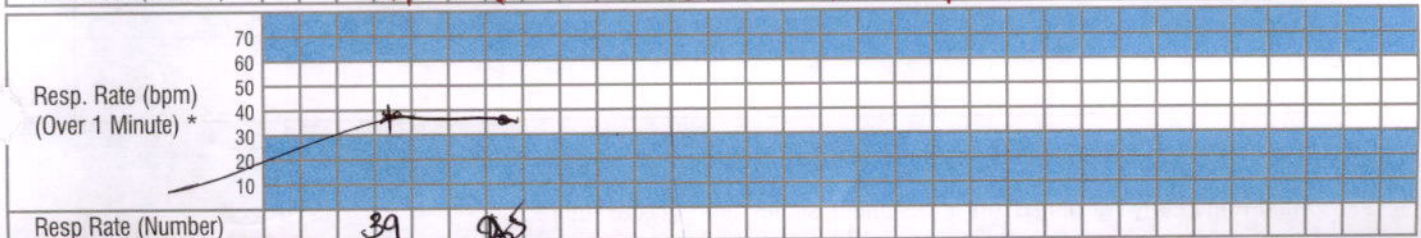
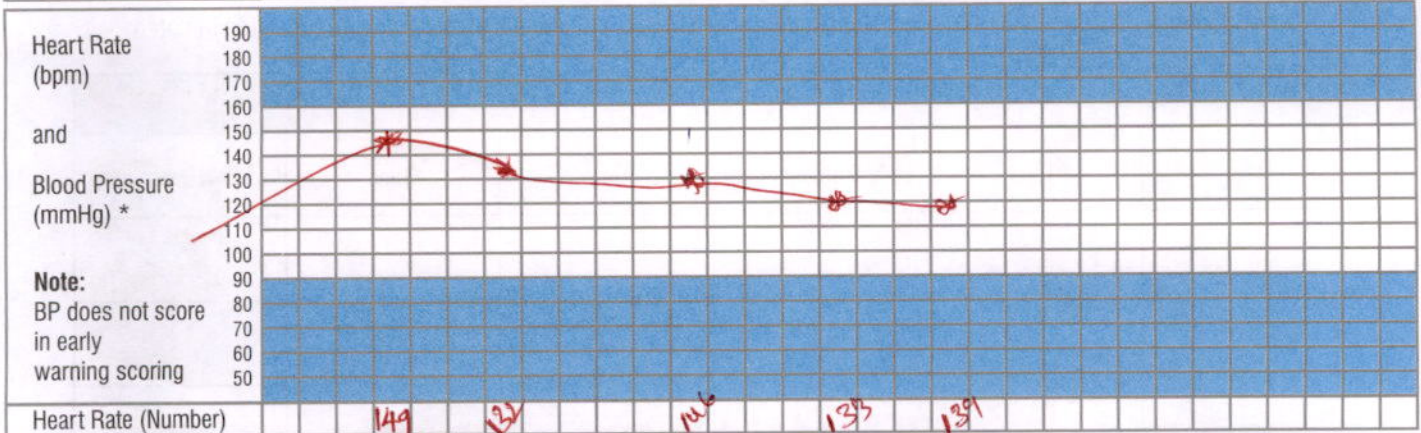
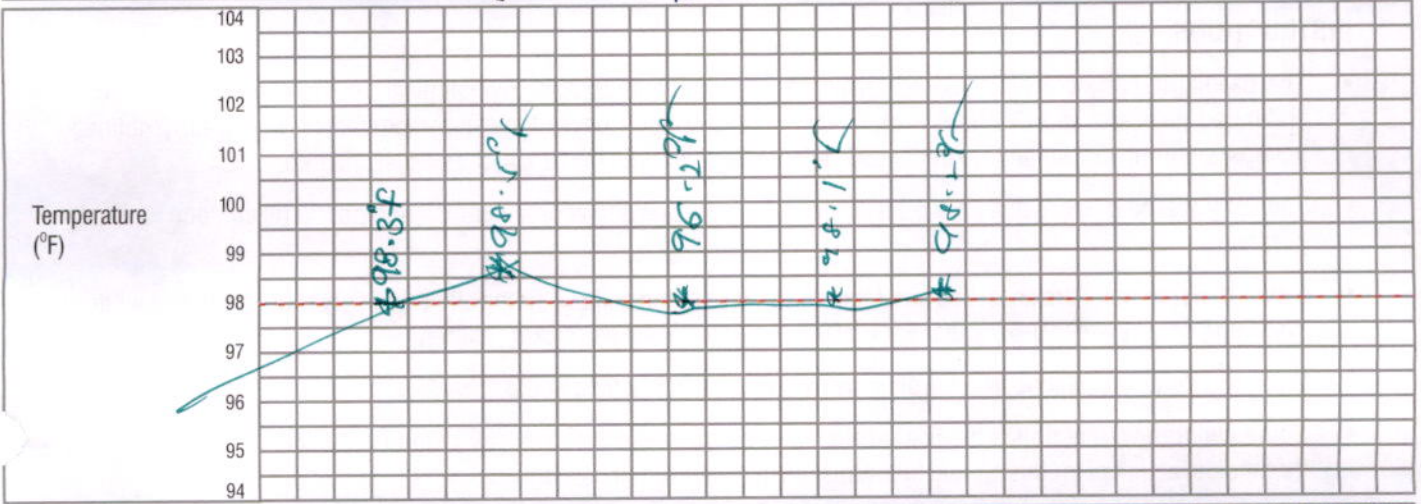
①

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: <u>15/6/26</u> Time: <u>6 PM</u>	<u>PM</u>	<u>PM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>
Doctor/Nurse/Family Concern?					



Heart Rate (Number)	149	137	146	135	139
Resp. Rate (Number)	39	35			
Resp Distress	N	N			
Receiving O ₂ (l/min)	0	0			
O ₂ Saturations (%)	99%	99%	99	99	99
Conscious Level	N	C	N	N	N
GCS *	15	15			

TOTAL SCORE					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	D	A	A	A	A

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: 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)

VIH-00194857 IP-00060353
 Baby B/O MONIKA JADHAV
 08-08-2025 0 Y 10 M 9 D (M)



RCH/ FRM / CLINICAL / 124

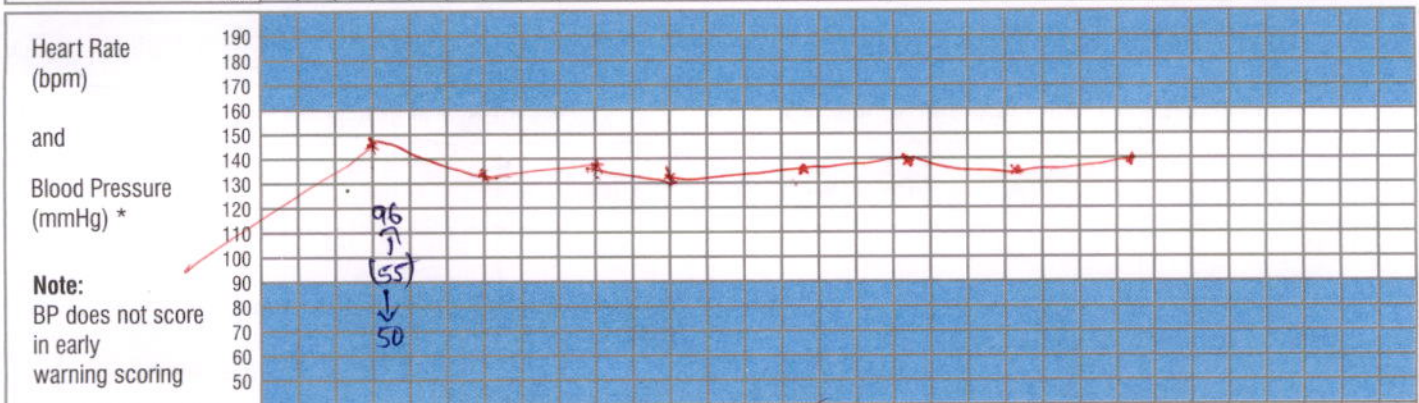
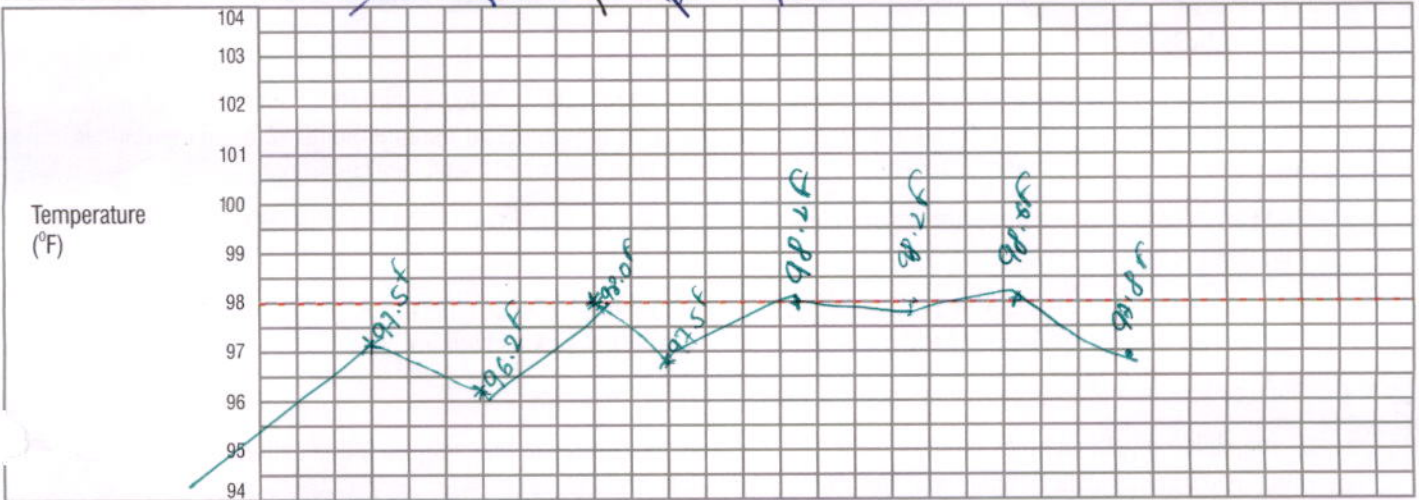
INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart



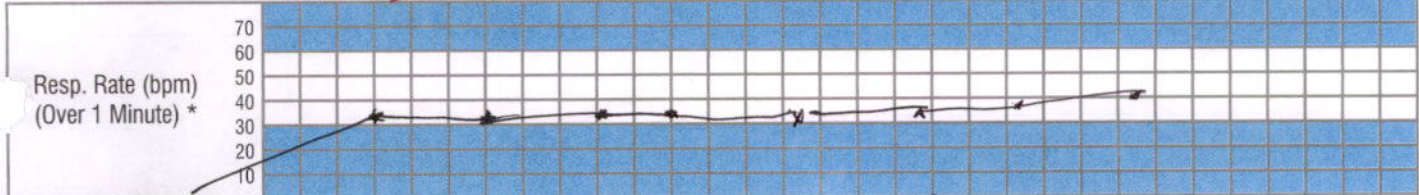
IRLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/6/26

Doctor/Nurse/Family Concern? 9 1 4 8 11 2 5 8



Heart Rate (Number) 139 132 139 130 135 140 138 140



Resp Rate (Number) 30 29 32 29 20 35 38 40

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		99 98 99 99 98 98 99 100
Conscious Level	Normal / Altered	C C C C N N N N
GCS *		15 15 15 15 15 15 15 15

TOTAL SCORE	
Number of shaded boxes	0 0 0 0 0 0 0 0
Pain Score	0 0 0 0 0 0 0 0
Observer's Initials	P P P P G P P P

ACTIONS	Score 1 : Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/6/25 Time: 9 AM

Doctor/Nurse/Family Concern? AM

Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	
	98	<u>98.6</u>
	97	
	96	
	95	
	94	

Heart Rate (bpm)	190	
	180	
	170	
	160	
and	150	
	140	
Blood Pressure (mmHg) *	130	
	120	
	110	
	100	
Note:	90	
BP does not score	80	
in early	70	
warning scoring	60	
	50	

Heart Rate (Number) 119

Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	

Resp Rate (Number) 29

Resp Distress	Mod/ Severe	
	None / Mild	

Receiving O₂ (l/min) 09

O₂ Saturations (%) 99

Conscious Level R

Normal / Altered

GCS * 15

TOTAL SCORE	
Number of shaded boxes	<u>0</u>
Pain Score	<u>0</u>
Observer's Initials	<u>S</u>

noted by sonika 17/6/25 AM

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
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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. :

- 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			
	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			DNS 45ml kcl									} Deepika 15/6/26 @ 3pm
	03:00 pm			45ml									
	04:00 pm			45ml DNS kcl					✓				
	05:00 pm			45ml					✓				
	06:00 pm			DNS 45ml kcl					✓				
	07:00 pm			45ml					✓				
	08:00 pm			45ml									
	09:00 pm	DNS		45ml					✓				
	10:00 pm	+ kcl CSA	bowel	45ml									
	11:00 pm			45ml									
	12:00 am			45ml									
	01:00 am			45ml					✓				
	02:00 am			45ml									
	03:00 am	DNS		45ml					✓				
	04:00 am	+ kcl		45ml									
	05:00 am			45ml									
	06:00 am								✓				
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. : (2)

16/6/26

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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
16/6	08:00 am											
	09:00 am	DNS	Milk				✓					
	10:00 am	+kcl	Boly						✓			
	11:00 am		H2O									
	12:00 pm	DNS	Milk	30ml						✓		
	01:00 pm	+kcl		30ml								
Total Intake :					Total Output :							
16/6/26	02:00 pm		Milk	30ml						✓		
	03:00 pm	DNS	Milk	30ml								
	04:00 pm	+kcl		30ml			✓					
	05:00 pm		Milk	30ml						✓		
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
16/6/26	08:00 pm		Milk									
	09:00 pm									✓		
	10:00 pm											
	11:00 pm											
	12:00 am		Milk									
	01:00 am									✓		
Total Intake :					Total Output :							
17/6	02:00 am		Milk									
	03:00 am											
	04:00 am											
	05:00 am		Milk							✓		
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

VIH-00194657 IP-00060353
 Baby B/O MONIKA JADHAV
 06-08-2025 0 Y 10 M 10 D (M)
 Dr. AKHEEL SYED RIZWAN



FLUID CHART

Sheet No. :

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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
<i>17/6/25</i>	08:00 am											<i>1</i>	<i>17/6/25</i>
	09:00 am		<i>100ml</i>										
	10:00 am		<i>water</i>										
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :						Total Output :						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 217

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sameera /

Date & Time : 15/01/26 @

Nurse Name & Signature : Swagata / Shy

Date & Time : 15/01/26 @

REGULAR PRESCRIPTIONS

Weight 9 kg Ward 217

Dr. Sameera Rizwan
 15/6/26

DRUG : INF-CEFTRIAZONE				Date Time
Dose 450mg	Route IV	Frequency 12 th hly	Start Date 16/6	6 AM 16/6
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera Sameera				5
Additional Instructions: After Test Done 50 mg/kg/dose				6 PM 16/6 7 Sameera P evening dose
Daily Doctor's Endorsement by a Sign				

Dr. Sameera Rizwan
 15/6/26

DRUG : STR-BLENDAX				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Dr. Sameera Rizwan
 15/06/26

DRUG : ENTEROGERMINA				Date Time
Dose 1	Route PO	Frequency ONCE DAILY	Start Date 15/6	15/6 16/6
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera Sameera				5 PM 15/6 6 PM 16/6
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : Z Z D DROPS				Date Time
Dose 0.5 ml	Route PO	Frequency ONCE DAILY	Start Date 15/6	15/6 16/6
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera Sameera				6 AM 15/6 7 PM 16/6
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



Weight. 9kg Ward.

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
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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.

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
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
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.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15.6.26	3.10PM	INI CEFTRIAZONE	720 mg	IV after test Done	Sanjay	Sanjay Sajyalani
15.6.26	2.10PM	NORMAL SALINE BOLUS	100 ml	IV OVER 1hr	Sanjay	Hema Sajyalani
17.6.26	6.00AM	INI CEFTRIAZONE	720 mg	IV	Sanjay	Nagendra S

VERIFIED BY: Sanjay Signature

Signature
 Sanjay
 Sajyalani
 Hema
 Nagendra
 S



I.V. FLUIDS CHART

Weight: 9 kg Ward:

Dr. Akheel Syed Rizwan

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
15-6-26	3:45 PM	DNS + 5 CC KCl	IV	45	<i>Sam</i>	<i>Dr. B.</i>	16-6-26	<i>Dr.</i>	<i>Paah</i>
16-6-26	10:00 AM	DNS + 5 CC KCl.	IV	30	<i>Sam</i>	<i>Paah</i>	16/6/26		<i>Paah</i>

Signature
 VERIFIED BY : Name



RESULT SHEET

Date	15/6/26				
Time	3:30 PM				
Hb	10.9				
PCV	29.9				
RBC	4.32				
WBC	12.28				
N/L	32.7/568				
Platelets	267				
CRP	39				
ESR					
PCT					
RBS					
Na	140				
K	5.0				
Cl	105				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
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					

