

VIH-00188658 IP-00060345  
Baby AARUSHI ARIKE  
15-08-2023 2 Y 9 M 30 D (F)  
Dr. AKHEEL SYED RIZWAN



**ACTIVITY RECORD FOR BILLING**

Name: -----

UHID No : ----- IP No : ----- Consultant : ----- Dept : L22

Date of Admission : 14/6 Time : 10:49 pm Date of Discharge : ----- Time: -----

Room / Bed No : 107 Ward : ICU Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>14/6</u>	<u>11:30 pm</u>	<u>ICU</u>	<u>107</u>	<u>Ace</u>

**Cross Consultation Visit**

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

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/6/26	Electrolytes	26020394	(u)
	Creatinine		
	Covid RAT Negative	26020395	(u)
	Cross checked by	Salya 17/6	





Ref. No. F/INPR/12



107

Patient Name : —

VIH-00188658 IP-00060345  
 Baby AARUSHI ARIKE  
 15-08-2023 2 Y 10 M 0 D (F)  
 Dr. AKHEEL SYED RIZWAN

Registration No.: -



## NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
15/6/26	00.00	8pm - Hyperneb	Subhan	[Signature]
	1.00	4Am - Hyperneb	Sadiya	[Signature]
	2.00	12pm - Hyperneb	Indey	[Signature]
16/6/26	3.00	8pm - Hyperneb	Anetha	[Signature]
17/6/26	4.00	7Am - Hyperneb	Subhan	[Signature]
	5.00	⑤ 3091024		
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Name	Baby AARUSHI ARIKE	UHID	VIH-00188658
Father/Guardian	Mr VENKATESH A	Age/Gender	2 Y 10 M 2 D/Female
Address	..., Alwal, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060345	Admission Date	14-06-2026
Ref Doctor	Self	Discharge Date	17-06-2026

**DISCHARGE SUMMARY**

**Consultant: Dr. AKHEEL S. RIZWAN**

MBBS, DCH, MRCPCH (UK)  
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY  
TSMC-13579

**Diagnosis: Acute febrile illness**

**History:** Baby AARUSHI ARIKE is a 2 Y 10 M 2 D girl presented with the history of moderate to high grade intermittent fever associated with cough & cold since 5 days, non-bilious non-projectile vomiting, decreased oral intake prior to admission. For the above complaints, she was investigated and treated on OPD basis, but in view of persistent symptoms, she was admitted at Rainbow Children's Hospital for further management.

**OPD basis investigations:** Complete blood picture done on 13.06.2026 showed hemoglobin 11.6 gm%, white blood cells count of 8,410 cells/cumm, platelet count of 2.46 lakhs/cumm and C-reactive protein was 31 mg/l. CUE was normal.

**Examination:** She was febrile (100.8°F), maintaining saturations at room air. Her heart rate was 140/min, blood pressure - 110/60 mmHg and respiratory rate - 28/min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, she was conscious and oriented. Other systemic examination was normal.

Name

Baby AARUSHI ARIKE UHID

VIH-00188658

Weight on admission : 12 kgs.

**Investigations:** Enclosed.

**Management:** She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. She was nebulized with 3% Hyperneb. She was started on probiotics.

Her serum electrolytes showed serum sodium - 140 mmol/L, serum potassium - 4.9 mmol/L, chloride - 102 mmol/L. Serum creatinine 0.4 mg/dl.

Her vitals were regularly monitored. Her fever spikes and other symptoms gradually settled. As hemodynamically stable, she is being discharged with the following advice.

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

**Advice:**

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg) 3ml, 12<sup>th</sup> hourly (after food) for 3 days (Refrigerate after reconstitution).
3. Nebulization with 3% Hyperneb, 1 respule, 8<sup>th</sup> hourly for 3 days.
4. Syrup Bifilac, 5ml 12<sup>th</sup> hourly for 4 days.
5. Kindly consult Dr. Akheel S. Rizwan, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

**In case of Fever:**

Syrup Paracetamol (5ml=240mg), 3.5ml for fever more than 99.6°F (maximum 4-6 hourly).

Name

Baby AARUSHI ARIKE UHID



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](http://www.rainbowhospitals.in)

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

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

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 doctor .....in the language that I understand and I have understood the same.

Name : AMRITA

Signature :

Relationship with patient : MOTHER

This summary has been explained by:

Summary prepared by: Dr. Vishwaja  
DEO : MD Younus Pasha

**Registrar/Resident/C.M.O**

**Dr. AKHEEL S. RIZWAN**  
MBBS, DCH, MRCPCH (UK)  
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY  
TSMC-13579

**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,



**PatientName** : Baby AARUSHI ARIKE  
**Age/Gender** : 2 Y 9 M 31 D/ Female  
**Ward/Bed** : N 0 GF-EMERGENCY/ ER 101

**Inpatient No.** : IP-00060348  
**Admit Date** : 14-06-2026  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
<b>CREATININE (Specimen : SERUM)</b>			<b>TEST RESULT STATUS : REPORT AUTHORISED</b>
CREATININE (Enzymatic)	0.4	mg/dl	Order Date :14-06-2026 23:20 0.03 - 0.5

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

Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>			<b>TEST RESULT STATUS : REPORT AUTHORISED</b>
SODIUM (Direct ISE)	140	mmol/L	Order Date :14-06-2026 23:20 134 - 143
POTASSIUM (Direct ISE)	4.9	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	102	mmol/L	98 - 108

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



# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060345      Admit Date : 14-Jun-2026      Admit Time : 10:49 PM      UHID : VIH-00188658

Patient Details :

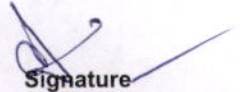
Patient Name : Baby AARUSHI ARIKE      Age : 2 Y 9 M 30 D  
Guardian : Mr VENKATESH A      DOB : 15-08-2023  
Gender : Female      Religion :  
Occupation :      Martial Status :  
Address (H) : .. Alwal Hyderabad Telangana INDIA 500010      Phone No : 8919434242  
E-mail : NA@GMAIL.COM

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 VENKATESH A      Relationship : Father  
Contact Address : .. Alwal Hyderabad Telangana INDIA 500010      Phone No : 8919434242 / 6303818557

  
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 : 0.00  
Payor Name : FAMILY HEALTH PLAN INSURANCE  
TPA LTD



Patient Name : Baby. AARUSHI ARIKE UHID : VIH-00188658 IPD : IP-00060345 Gender : Female Age : 2 Y 9 M 30 D

VIH-00188658 IP-00060345  
Baby AARUSHI ARIKE  
15-08-2023 2 Y 10 M 1 D (F)  
Dr. AKHEEL SYED RIZWAN



### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/6/26 Time of arrival : 10:25 PM  
Chief Complaints: Clo Fever since 4 days, Vomiting x 2 days  
Clo & oral intake x 1 week RBS: -  
Height : \_\_\_\_\_ Weight : 12 kg BMI : \_\_\_\_\_ Head Circumference (<2 years) : \_\_\_\_\_  
Allergies:  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 \_\_\_\_\_

<p><b>RISK FOR FALL:</b></p> <p><input checked="" type="checkbox"/> If patient is &lt; 6 years tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is &gt; 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li>Escort while ambulating <input type="checkbox"/></li> <li>Assist Patient <input type="checkbox"/></li> <li>Educate patient and family on fall precautions/prevention <input checked="" type="checkbox"/></li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Mobility Problem <input type="checkbox"/></li> <li>Walking Problem <input type="checkbox"/></li> <li>Developmental Delay <input type="checkbox"/></li> <li>Musculoskeletal Congenital Abnormality <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>_____</p> <p>_____</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li>Underweight <input type="checkbox"/></li> <li>Overweight <input type="checkbox"/></li> <li>Feeding Problem <input type="checkbox"/></li> <li>Special diet <input type="checkbox"/></li> <li>Special feeding method <input type="checkbox"/></li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>_____</p>
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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 : 14/6/26 @ 10:30 pm

Patient Name : Baby. AARUSHI ARIKE UHID : VIH-00188658 IPD : IP-00060345 Gender : Female Age : 2 Y 9 M 30 D

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

Time	Nursing Notes
10:20 <sup>pm</sup>	⇒ Patient come to the ER.
10:24 <sup>pm</sup>	⇒ vitals checked and recorded.
10:30 <sup>pm</sup>	⇒ Dr vishwaja has been to the pt.
10:34 <sup>pm</sup>	⇒ Dr Advice Admission
10:36 <sup>pm</sup>	⇒ IV placement done & blood samples collected and send to the lab.
11 pm	⇒ Covid RAT Negative.
	⇒ Patient shifted to the ward

Samples collected by: } Sr Lutan  
 Samples sent by: } Sr Moflisha

Time: } 11:30 pm  
 Time: }

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
10:30 <sup>pm</sup>	<del>300 mg ciprofloxacin DS</del>	PO	<del>3-5 ml</del>	J	(L)
11:20 <sup>pm</sup>	inj ondoren	IV	2 mg	J	(L)

Condition of patient at time of shift - out :	Details of Shift - out
HR: 123b/m BP: 107/62 (89) CFT 22g	Shift - out from ER to: 107
RR: 28b/m SPO <sub>2</sub> : 100%	Time of Shift - out: 14/6/26 @ 11:40pm
GCS: 15/15 Temperature: 99.4°F	Handover given to: Sr. Monsa
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	by Sr Lutan

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : Lutan Signature of the Nurse : (L)

Date & Time : 14/6/26 @ 11:40pm

## Nursing General Admission Assessment Form For Pediatrics

**Diagnosis:**

Arrival Time: 11:40pm Mode of Arrival: Taken by father Admitting From:  ER  OPD  Direct

Allergy / Adverse Reaction: Nil Body Weight: 12 Kg

Height:                      cm

**Past Medical History:** Obtained From  Patient  Family Member  Medical Record  Other (specify)                     

Past Medical History	Past Surgical History	Previous Hospital Admission
	<u>Nil</u>	

Family History: Nil

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 Medication:**  None  Yes, If Yes, fill reconciliation form Inj. ceftriaxone

Observations: Weight: 12kg Length:                      Head Circumference (< 2 years):                     

Temp.: 99.6°C HR: 120b/min RR: 28b/min BP: 104/64(7.1)mmHg

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

Fall Risk Assessment:  Yes  No Score: 13 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

**Pain Screening:**  Yes  No If Yes, Pain Score: 0 Pain Tool Used:  N Pass  FLACC  Wong Baker

Character of Pain                      Location                      Frequency                      Duration                     

- 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  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?) .....

All Information Obtained From  Patient  Mother  Father  Other Family Member

**Orientation has been given regarding the following aspects:**

Call Bell in Reach :  Yes  No      Waste Disposal Explained:  Yes  No


Infusion Pump :  Yes  No      Hand hygiene Explained:  Yes  No       Others

Patient Rights & Responsibilities:  Yes  No

Information given to ..... *father and mother* .....

Nurse's Name: ..... *Manasa* ..... Date: *14/8/26* ..... Time: *11:50pm* ..... *[Signature]* Signature

# PATIENT TRANSFER FORM

Patient Name & UHID No.  VIH-00188658 IP-00060345 Baby AARUSHI ARIKE 2 Y 9 M 30 D (F) 15-08-2023 Dr. AKHEEL SYED RIZWAN 		Date & Time of Admission  14/6/26 @ 10:49 PM	Date & Time of Transfer Order  14/6/26 @ 11:40 PM
		Transfer Ordered by  Dr. Vishwara	Reason for Transfer  Admission
From Unit  ER	To Unit  107	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? OPPI regimens	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  Manasa Suelme		Name of Person Ordered Transfer  Dr. Vishwara	
Patient & Clinical Records Received by :  Manasa 14/6/26 @ 11:40 PM			
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



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: \_\_\_\_\_

VIH-00188658 IP-00060345

Baby AARUS II ARIKE

15-08-2023 2 Y 9 M 30 D (F)

Dr. AKHEEL SYED RIZWAN

UHID ID: \_\_\_\_\_



Department: \_\_\_\_\_

Consultant: \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

Name : Aarisha Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

efo fever since 5 days.  
mild cold, cough  
vomiting.

#### History of present illness :

Child brought by parents with  
efo fever since 5 days  
moderate to high grade  
insidious onset  
gradually progressive  
relieving on medication.  
afebrile cold / mild - no post-tussive vomiting  
cough

efo ↓ oral intake  
efo vomiting - post syp. ingestion  
NP / NB / non blood stained  
content - food / water / syp

↓  
consulted in OPD 3 days back  
started on Syp. Taxim.  
used 4 doses.



### Pediatric Multiorgan History & Physical Examination

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

13/6/26 ✓  
COE  
3-4 pinicells  
Epithelial cells : 2-4  
CRP - 31  
Hb - 11.6  
RBC - 4.32  
WBC - 8.41 N<sup>o</sup> - 627  
plt - 2.46

#### Birth & Neonatal History:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Birth & Socio Economic History:

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_ } class III  
Any additional Information : \_\_\_\_\_

#### Developmental History :

Appropriate for age  
\_\_\_\_\_  
\_\_\_\_\_

#### Immunization History :

Received upto date.  
\_\_\_\_\_  
\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_  
Weight (kgs) ) 12kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 100.8°F Pulse Rate : 148/min B.P. 112/62 SPO2 100%  
Resp. rate and type of breathing : 28/min

Rash 0  
Lymphadenopathy 0  
Oedema : 0  
Allergies (if any): 0

#### Respiratory System :

Inspection (any s/o distress) : 0  
Air entry & breath sounds : DLCAEF  
Any addes sounds : NO  
Relevant data from outside (Chest X-Ray, ABG, etc..) \_\_\_\_\_

#### Cardiovascular System :

Inspection of procordium : 0  
Heart Sounds : DLCAEF  
Any murmur : NO  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : \_\_\_\_\_

#### Per Abdomen :

Inspection 0  
Palpation : Soft  
Ausculation : DLCAEF  
Spine : 0 External Genitalia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc..) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : Awake 15/15

Cranial Nerves : Intact

**Motor System:**

Nutrition : \_\_\_\_\_

Tone: \_\_\_\_\_ Power 4/5 all limbs

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : ⊖

**Reflexes :** +

**DTR** +2

**Superficials:** +

Plantars flexor

**Sensory System :**

**Bladder / Bowel :** no incontinence

**Clinical Summary & Diagnostic:**

ARI



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications.

Desired goals of the treatment: To treat current symptoms

#### Planned Labs:

CRP & CRP } done on 18/8/26  
S/A, Secret ✓  
B/C/S - Collect & Hold.

#### Planned Management

- 1) Dry ceftaxone clystat
- 2) Dry ceftaxone 130 - form T/m
- 3) Nifedipine.
- 4) Dry analom 2mg stat

Noted by Dr. Akheel Syed Rizwan  
14/6/26 @ 11:20pm

Signature of the Doctor: [Signature]  
Name of the Doctor: Dr. Akheel Syed Rizwan  
Date & Time: 14/6/26

Signature of the Consultant: [Signature]  
Name of the Consultant: Dr. Akheel Syed Rizwan  
Date & Time: 15/6/26 11 am



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>15/6/20                  10:00 AM</p>	<p><u>CL/B Resident</u>                  Acc: AFI</p>	
	<p>No febrile spikes.</p>	
<p>Dr. oral Entice                  Dr. umneoutpur</p>		
	<p><u>O/E</u></p>	
	<p>Child Alert &amp; Active -</p>	
	<p>Vital stable</p>	
	<p>CM: C160</p>	
	<p>M: B1660</p>	<p><u>plan</u></p>
<p><u>D-malware:</u></p>	<p>P/A: Full                  CM: NAD.</p>	<p>- Inj. upitione - D2.</p>
		<p>- Continue IVF.</p>
	<p>→ CUE.</p>	
	<p>→ Hypertension 6<sup>th</sup> hr</p>	<p>- monitor vitals</p>
		<p>- Inj. (600)</p>
	<p>SM                  - A. Rizwan.</p>	
		<p>Noted by</p>
		<p>Subham</p>
		<p>15/6/20</p>
		<p>@2P</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 6:00pm	<p><u>CL/B Resident</u>                      Dir: AFI.</p>	
	<p>Hypertensive @ 1:40pm                      (101/67).</p>	
O/Ty Better.		
9/6 - Admit.	<p><u>0/2</u>                      Chud Akut s/ach                      vitakutaku                      curtik @                      ni: S/LAG @                      P/A - kott                      case 15770.</p>	<p><u>Plan</u></p>
D. Pradhani		<p>- Thy (epinephrine - D)</p>
		<p>- Hypertensive 3i                      P/s - kott</p>
		<p>- multivitamin                      Thy (epinephrine)</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 10.00 AM	S/B Regular	
	acute febrile illness	
	Last fever spike at 2.00 AM (10/8/F)	
	o/e child stable	
	ERT C 39°C	
	apfelweil	
	AS-S, 90	Plan
	RS-BAE (+) done	→ Vitak 4 <sup>th</sup> baby
	D/A soft	→ Pant Leg Protection
	Sams	
	(Dr. Samsara)	

Noted by Anitta  
 16/6/26  
 @ppm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 5:00 PM	S/O Dr. Akheel	
	acute febrile illness	
	no fever observed	
	o/e child irritable	
	CRT < 3 sec.	
	sp/cls	Plan
	H/L - NAD	Plan D/c 1/m
	P/A - soft	if no fever overnight
		- Watch 4 <sup>th</sup> hourly
	Sameer	
	(Dr. Sameer)	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	S/R Resident	
17/8/23	AM	
	A&E - AFI	
	afebrile - 24 hours.	cold (↓) cough → better.
	O/E	
	Child alert	
	Euthymic	
	Vitals stable	
	Cvs - S2 (+)	
	Rfs - BAE (+)	
	Pls - soft	
	Oral intake (↑)	plan
	urine - (0)	1) plan d/s today
	Stool - (0)	2) Raj ceftriaxone
		3) Hygiene education if.
		4) Syp. Bifidac
		5) monitor vitals, inform us
	d/s - ceftriaxone fluidon	
	cephalosporin 2d	Dr. Akheel Syed Rizwan
		noted by Prof
		O/E
		Raj

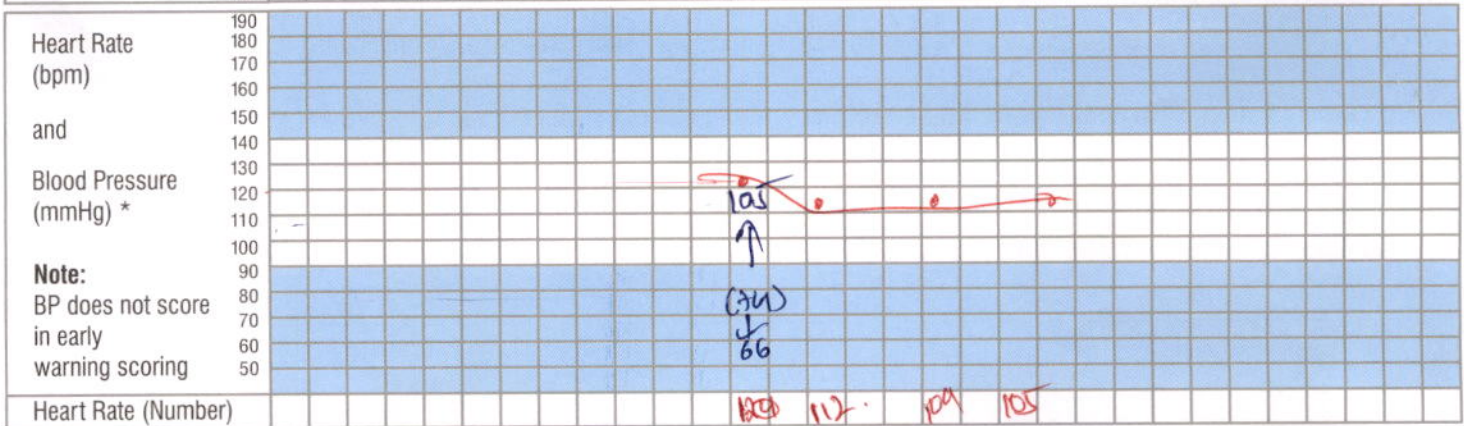
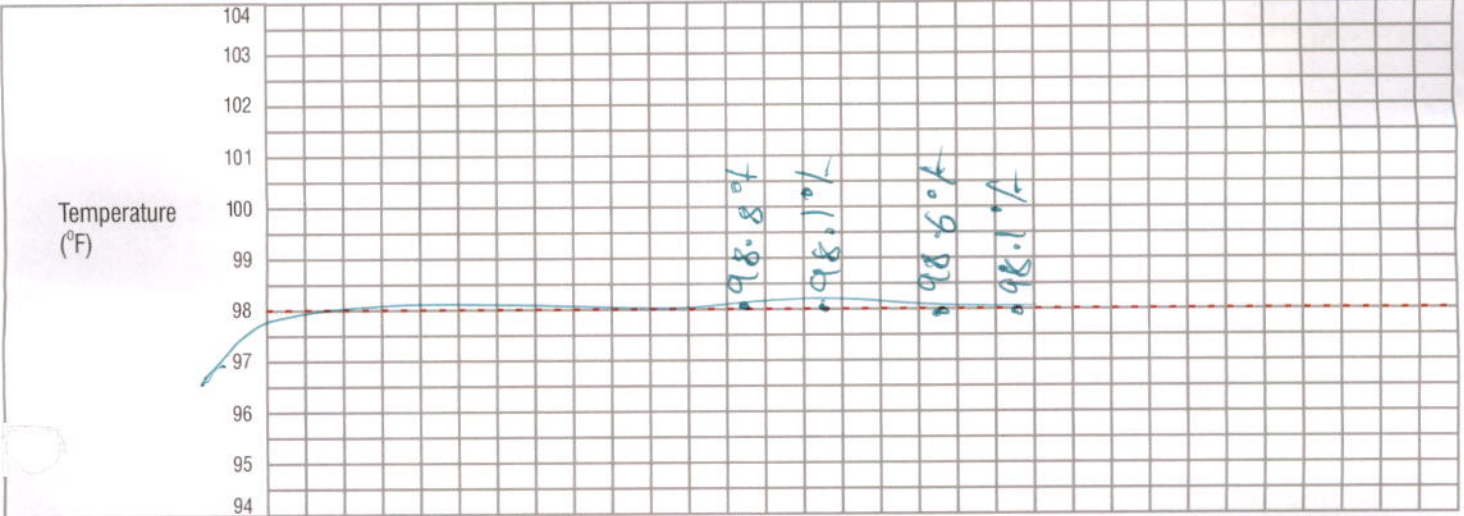


Patient Sticker

**SCORING SCORE: CHILDREN'S UNIT**

Date : 14/6/26 Time: 12 2 5 7  
Am Am Am Am

Doctor / Nurse / Family Concern?



Resp. Rate (bpm) per 1 Minute *	
Resp Rate (Number)	28 26 25 26

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)		
Conscious Level	Normal / Altered	
GCS *		

<b>TOTAL SCORE</b>	
Number of shaded boxes	
Pain Score	
Observer's Initials	

<b>ACTIONS</b> 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

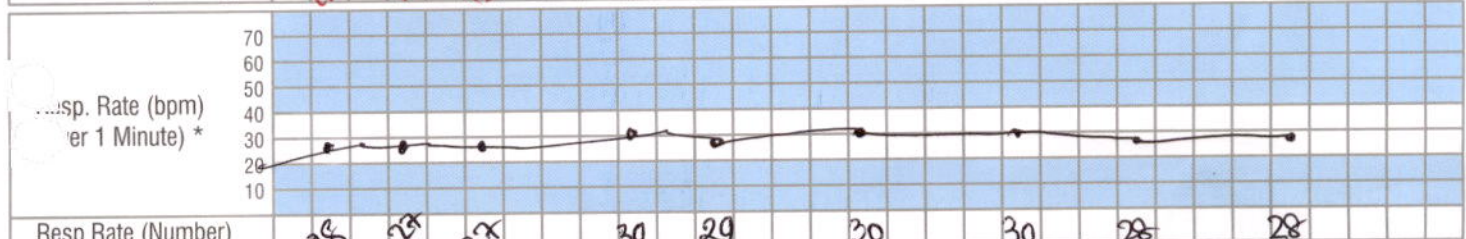
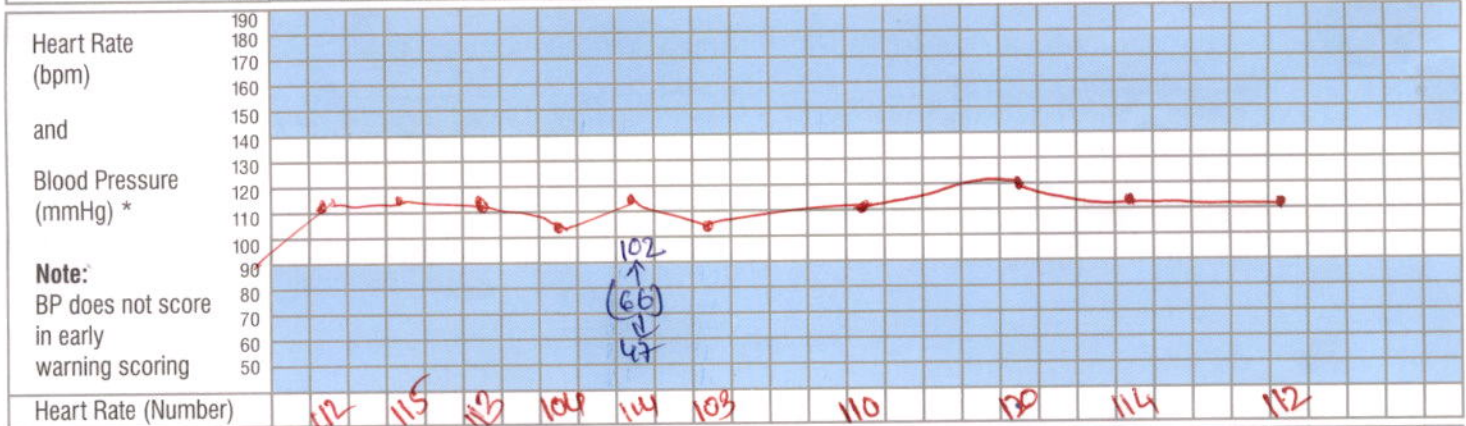
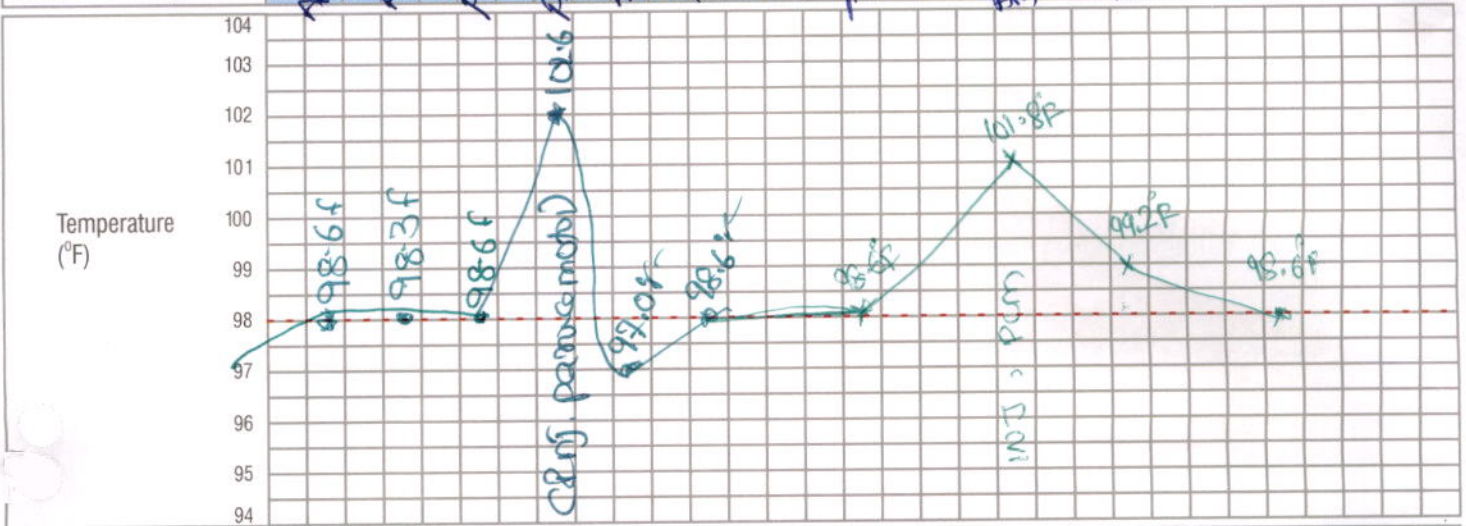
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 15/8	Time: 9	11	1	4	5	7	11	2:15	4	8
Doctor / Nurse / Family Concern?	Am	Am	Pm	Am	Pm	Pm	Pm	Am	Am	Am



Resp Mod/ Severe Distress	None / Mild
Receiving O <sub>2</sub> (l/min)	
O <sub>2</sub> Saturations (%)	98, 97, 98, 99, 96, 97, 99, 98, 99, 99
Conscious Level	Normal / Altered
GCS *	15, 15, 15, 15, 15, 15, 15, 15, 15, 15

<b>TOTAL SCORE</b>	
Number of shaded boxes	0, 0, 0, 1, 0, 0, 0, 0, 0, 0
Pain Score	0, 0, 0, 0, 0, 0, 0, 0, 0, 0
Observer's Initials	SK, SK, SK, SK, SK, SK, SK, SK, SK, SK

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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## INSTRUCTIONS:

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

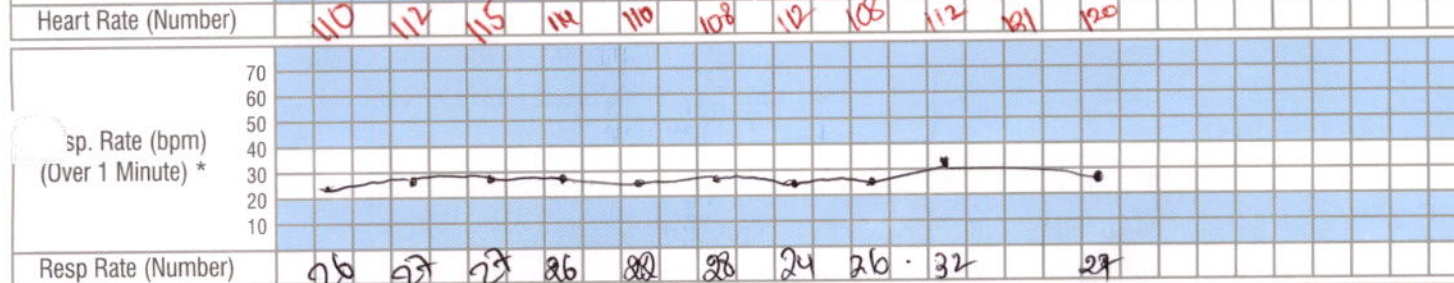
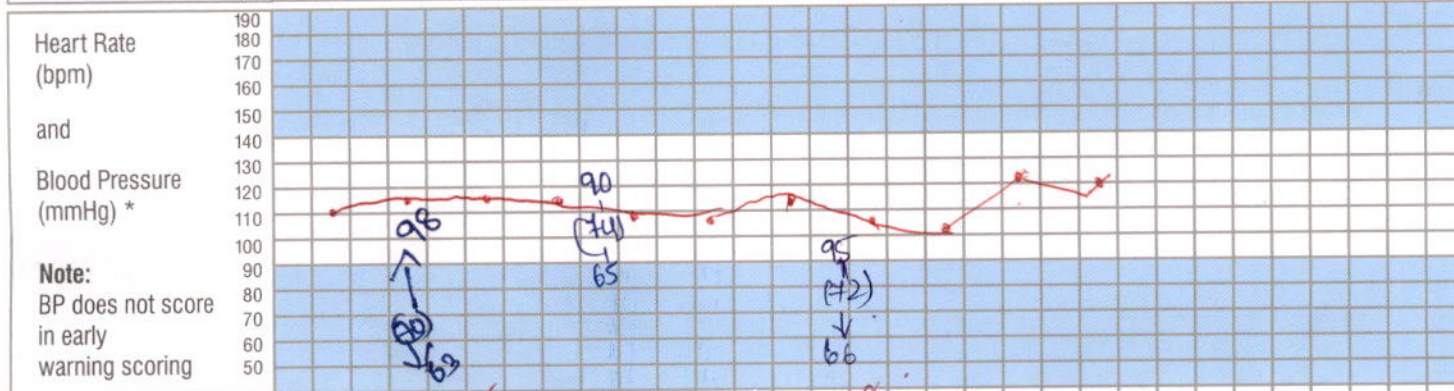
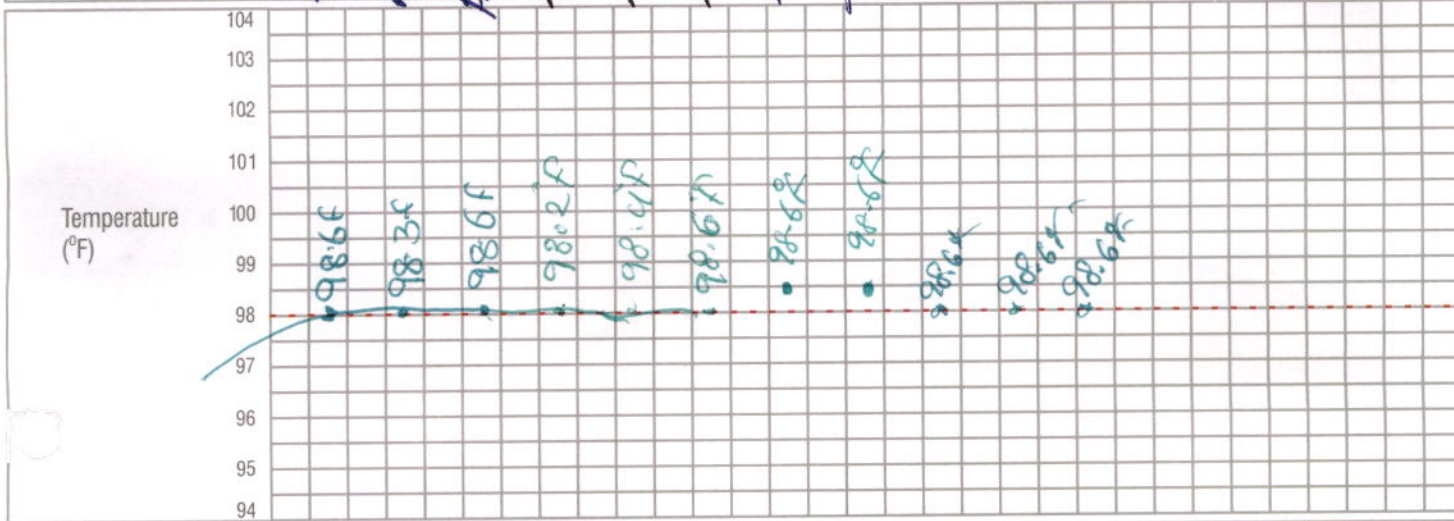
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**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 15/8	Time: 9	11	1	3	5	4	9	11	2	5	7
Doctor / Nurse / Family Concern?	Am	Am	Am	Pm	Pm	Pm	Pm	Pm	Am	Am	Am



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N	N	
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	08	08	08	08	09	08	08	09	06	100	08
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *		6	15	15	15	15	15	15	15	15	15	15

<b>TOTAL SCORE</b>											
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Ardu	Ardu	Ardu	A	A	A	A	A	SK	SK	SK

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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VIH-00188658 IP-00060345  
 Baby AARUSHI ARIKE  
 15-08-2023 2 Y 9 M 30 D (F)  
 Dr. AKHEEL SYED RIZWAN

Patir



# 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.

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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b> 25ml						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b> 25ml						<b>Total Output :</b>							

**Total 24 hrs. Intake**      200ml

**Total 24 hrs. Output**      17ml



# 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.

		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							
15/6/24	08:00 am									✓	} 15/6/24 @ 2pm	}
	09:00 am											
	10:00 am				25ml							
	11:00 am		Idly		25ml							
	12:00 pm		+ water		25ml					✓		
	01:00 pm				25ml							
<b>Total Intake :</b> 100ml					<b>Total Output :</b>							
15/6	02:00 pm				25ml						} 15/6 @ 7pm	}
	03:00 pm		Rice		25ml							
	04:00 pm		water		25ml					✓		
	05:00 pm				25ml							
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b> 100 ml					<b>Total Output :</b>							
15/6	08:00 pm										} 15/6 @ 2am	}
	09:00 pm		Rice							✓		
	10:00 pm		water		25ml							
	11:00 pm				25ml							
	12:00 am				25ml							
	01:00 am				25ml							
<b>Total Intake :</b>					<b>Total Output :</b>							
16/6	02:00 am				25ml						} 16/6 @ 8pm	}
	03:00 am				25ml					✓		
	04:00 am				25ml							
	05:00 am				25ml							
	06:00 am				25ml							
	07:00 am				25ml							
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
9/6/16	08:00 am											Randy @ 3pm 16/6/16
	09:00 am			25ml								
	10:00 am			25ml								
	11:00 am			25ml								
	12:00 pm			25ml								
	01:00 pm											
	<b>Total Intake :</b>			100ml			<b>Total Output :</b>					
16/6	02:00 pm			25 ml								Anita 16/6 @ 4pm
	03:00 pm			25 ml								
	04:00 pm			25 ml								
	05:00 pm											
	06:00 pm			25 ml								
	07:00 pm											
<b>Total Intake :</b>			100 ml			<b>Total Output :</b>						
18/6	08:00 pm											Subha 18/6 @ 1AM
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
17/6	02:00 am											Subha 17/6 @ 8AM
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						

<b>Total 24 hrs. Intake</b>	200ml
-----------------------------	-------

<b>Total 24 hrs. Output</b>	7 times
-----------------------------	---------

VIH-00188658 IP-00060345

Baby AARUSHI ARIKE  
 15-08-2023 2 Y 10 M 1 D (F)  
 Dr. AKHEEL SYED RIZWAN



# FLUID CHART

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1. All measurements in ml.
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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
18/8	08:00 am	TPP + water								✓	12/10/23	S. Indu	
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00188658 IP-00060345  
 Baby AARUSHI ARIKE  
 15-08-2023 2 Y 10 M 1 D (F)  
 Dr. AKHEEL SYED RIZWAN



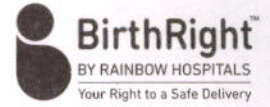
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Sheet No. : .....

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	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
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<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
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	10:00 pm												
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	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

VH-00188658 IP-00060345  
 Baby AARUSHI ARIKE  
 15-08-2023 2 Y 9 M 30 D (F)  
 Dr. AKHEEL SYED RIZWAN



## 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: ..... 10.2 .....

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		<u>nil</u>				<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. Vishwarya

Date & Time: 14/6/26 @ 10:50 AM

Nurse Name & Signature: Mogisha

Date & Time: 14/6/26 @ 10:50 AM

VIH-00188658 IP-00060345  
Baby AARUSHI ARIKE  
15-08-2023 2 Y 9 M 30 D (F)  
Dr. AKHEEL SYED RIZWAN



# DRUG CHART

Date of Admission: 14/6/26 Drug Allergies: not  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)

<b>DRUG : SYP. PARACETAMOL</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG : INS. PARACETAMOL</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

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

VERIFIED BY: Name .....  
14/6/26  
Chitra





Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>	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.	
<b>DRUG :</b>	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
14/6	11:30 PM	1MG. CEFTRAXONE	1g	SLV	L	Gayathri Sadiya
14/6	11PM	PWT. ONDANCE TRON	2mg	IV	L	Sadiya

Signature: \_\_\_\_\_  
 VED BY: Name \_\_\_\_\_

14/6/23  
 Sadiya



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 Baby AARUSHI ARIKE  
 15-08-2023 2 Y 9 M 30 D (F)  
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## RESULT SHEET

Date	14/06				
Time	11:20pm				
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na	140				
K	4.9				
Cl	102				
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.4				
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					

