Atal Bihari Vajpayee Institute of Medical Sciences &
Dr. Ram Manohar Lohia Hospital,
New Delhi – 110001

PROGNOSIS INTIMATION RECORD

PATIENT'S NAME: Hemant AGE/SEX: 2M/M

CR NO: 61439 WARD/BED NO.: HDU DIAGNOSIS: Persistent diarrhea

UNIT & CONSULTANT: Dr. Manju Nimh DT. & TIME OF ADMISSION: 24/9/25

MLC NO.:

I Akash (Relation's Name) Akash Father (Relationship with patient) have been told that my patient is being treated for _____ (Diagnosis) under care of Dr. Rohita Currently the patient is in ICU/WARD and his/her clinical condition is critical/pre-terminal in view of the following*

मुझे _____ (संबंधी का नाम) _____ (रोगी के साथ संबंध) को बताया गया है कि मेरे रोगी का इलाज _____ (निदान) डॉ. _____ की देखरेख में किया जा रहा है। वर्तमान में रोगी आईसीयू/वार्ड में है और उसकी नैदानिक स्थिति निम्नलिखित के मद्देनजर गंभीर/समयपूर्व है।*

(* Please strike off whichever is not applicable)

Date	Patient's Condition	Remarks by the Doctor (if any)	Patient's Relative Signature	Doctor's Signature & Stamp
25/9/25	☐ The Poor prognosis of the disease has been explained to me in a language well understood by me along with all possible complications that are expected. रोग के खराब पूर्वानुमान को मुझे एक ऐसी भाषा में समझाया गया है जिसे मैं समझ सकता हूँ, साथ ही सभी संभावित जटिलताओं के बारे में भी बताया गया है। ☐ I have also been explained about the alternatives, if available. मुझे उपलब्ध विकल्पों के बारे में भी बताया गया है, यदि कोई उपलब्ध हो। ☐ I understand the uncertainties and consent to all emergency and life saving measures for my patient. मैं अनिश्चितताओं को समझता हूँ और अपने मरीज के सभी आपातकालीन और जीवन रक्षक उपायों के लिए सहमति देता हूँ।*	- AHE - Shock - dehydration/Vcha	Rohitha	Dr. J ROHITHA Senior Resident Department of Paediatrics AVBIMS & Dr. RML Hospital New Delhi-110001
26/9/25	☐ The Poor prognosis of the disease has been explained to me in a language well understood by me along with all possible complications that are expected. रोग के खराब पूर्वानुमान को मुझे एक ऐसी भाषा में समझाया गया है जिसे मैं समझ सकता हूँ, साथ ही सभी संभावित जटिलताओं के बारे में भी बताया गया है। ☐ I have also been explained about the alternatives, if available. मुझे उपलब्ध विकल्पों के बारे में भी बताया गया है, यदि कोई उपलब्ध हो। ☐ I understand the uncertainties and consent to all emergency and life saving measures for my patient. मैं अनिश्चितताओं को समझता हूँ और अपने मरीज के सभी आपातकालीन और जीवन रक्षक उपायों के लिए सहमति देता हूँ।*	- AHE - Shock - dehydration/Vcha - acidosis	Rohitha	Dr. J ROHITHA Senior Resident Department of Paediatrics AVBIMS & Dr. RML New Delhi-110001
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Hemant, 2mo male child 6/439

DOB - 25/7/25   C/O - loose stool - 5 days.
fever - 2 days.
lethargy - 1 day.

HOPI

ANC - uneventful

Birth H/O - S/T/NVD1 BW = 2.4 kg / no H/O NICU stay.

post natal - H/O Bottle fed ē cow's milk since 1st week of life ē 1:1 dilution along ē breast milk

↓ a/b

@ (DOL) D14-D15 , loose stool - 9-10 epi/day watery green / yellow colour
, vomiting - a/w food particles non projectile.

↓

admission to General Hospital x 7 days.

↓

i.e. 28/8/25 - 4/9/25 → - Given IV fluids
- IV medication.
- no documents available @ present
have asked to bring.

discharge ē wt of (2.7 kg)

↓

@ home was gaining weight

no C/O vomiting / loose stools continued ē packet milk ē inapp dilution

↓

19/9/25 - f/u in General Hospital wt of (3.5 kg) ē complaints of loose stool 4/5 times / day semi-formed ē slight liquidy consistency

↓

- loose stool x 5 days.
- one C/O vomiting. fever x 2 day (undocumented, mild grade)
- lethargy x 1 days ē eyes sunken & poor oral acceptance.

- no H/O abn body movements
- no H/O bleeding
- urine output adequate

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NABH PATIENT SAFETY & QUALITY OF CARE CERTIFIED

DOCTOR'S INITIAL ASSESSMENT SHEET

PATIENT NAME: Hemant. AGE: 2m SEX: Male

S/O,D/O,W/O: Aakash. CONTACT NO.:

CR NO./UHID: 61439 BED NO./WARD: Ped 3rd.

MLC NO.(IF ANY) DATE: 24/9/25 TIME:

ADDRESS: New Delhi

ADMITTED WITH COMPLAINT OF: c/o loose stool x 1 month ↳ ↑ in freq since 1day. fever x 2 day. ↓ activity x 1 day. Informant - Mother / Fair

HISTORY OF PRESENT ILLNESS: Pt was app. Ⓢ 1 month ago when she develped loose stool x insidious in onset, grad progressive 4ep/day → gradually progressive 8ep/day, ~~not a/w Blood, mucus~~,

HISTORY OF PAST ILLNESS: initially a/w Blood → then oral medi → now not a/w Blood, mucu, H/o foul smelling, watery in Consistency, large vol. low stool, ↑ water.

RISK FACTORS: ↓ activity x 1 day. H/o fever x 2day 1epi, low gr, Afebrile ↓ on medict.

H/o Cow milk intake c improper dilution.

LOCAL EXAMINATION: H/o abd distension. No H/o Recurrent ueb | No H/o Cough/Cold/ fast Breathing. No H/o altered sensorium, abn body movent, ↓ activity

GENERAL PHYSICAL EXAMINATION:

BP(mmHg): PALLOR: P/I/C/Cy/Cl/L/E -

PULSERATE (PER MINUTE): 170/M. OEDEMA: lethargy

TEMPERATURE: afebrile. ICTERUS: Sunken eye

SpO2%: 95%. RA CLUBBING: dry mucosa

RBS: 110/M feeble pulses

Cold: extremities AF - Sunken

PP/PL: ↓/↓

R/o (3 kg) (300 ml TFR)

- keep baby warm
- O_2 NP @ 2 l/min
- NG in situ
- IVF RL + D5 @ 25 ml/hr → stopped @ 7pm
  I/V/O periorbital puffiness for 12 hrs
  starting @ 11:45 am

@ (10% dehydration)

(MF) - IVF N/2 + D5 - C (1:100) KCl @ 12 ml/hr

- Inj. TAXIM 150 mg iv TDS
- Inj. AMIKACIN 45 mg iv OD.
- vital charting / I & O charting
  Temp charting / RBS charting

vitals @ 5pm

good vol. pulses
HR = 156/min
CRT < 3sec
warm extremities.
SpO_2 = 98%.

@8pm. Inf. ADR . 0.8mg/24ml NS iv @ 0.5 ml/hr. (@0.1)

pulses = feeble.
cold peripheries.
= 166/min.

HDU Call

24/5

To
The SR/DOD
HDU
Dr RML Hosp
Delhi

Hemant
61439
2mo/M
ECS (3) floor
P3A
U Dr B patra sir

Respected Sir/Madam
The patient came c C/O loose stools x 1 Day
fever x 1 Day (multiple episodes)
Irritable & lethargic
failure to thrive

O/E - CL - Sick
Sunken Eyes
AF Sunken
Dry Mucosa.
PP + feeble
SpO2 → 96% ↓ O2 via NP
RBS → 110 mg/dl
HR → 170/min

pH 7.100
pCO2 34.4
HCO3 → 6.1
lac → 1.1

CVS → S1S2 + NO
CNS → lethargic
PA soft NT ND
L/S → NP
H2 Bh AE + clear

Call noted
Rohitha
SR, Paeds.
24.09.2025

Vitals at HDU

HR = 170/m
Temp = 98.6°F
SpO_2 = 98-1. ↓ O_2 by NP
Ext = Cold
PP/PV = +1↓
AF - Sunken
Lethargic
Sunken eye
Mottling ⊕

CNS = AF depressed
tone (N)
activity - Lethargic
CVS = S_1S_2 ⊕, M⊖
Chest = B/L AE ⊕, Clear
P/A = Soft, NT, ND
No HSM

Rx at HDU

O_2 by NP @ 1L/m → Stop
INF N_2 + D5 + (1:100 kcl) @ 6ml/hr → KCl free
Inj Cefotaxim 210mg IV TDS (D3)
Inj Amikacin 45mg IV OD (D3)
Inj Adr 0.5mg + 24ml NS @ 0.5ml/hr → Tapper and Stop
DBF allowed

Vitals at time of tranfer

HR = 160bpm
RR = 32/m
SpO_2 = 98↑ ↓ RA
Ext = warm
PP/PV = +1N

CNS = Active
CVS = S_1S_2 ⊕, M⊖
Chest = B/L AE ⊕
P/A = Soft, NT, ND
No HSM

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान

PH.: 011-23404040, 23365525

UHID:20250846666 TOKEN NO : 254

DATE:24-09-2025 10:23:55 AM Dept Reg: 2025/06/0241057

HEMANT

Age : 2M (Male) CASUALITY/Casualty Counter

S/O M

M, M, Central Delhi, DELHI, INDIA

NON MLC

Provisional Diagnosis:

Case seen at (Time): _____ **AM/PM**

Patient presented with similar complaints within 72 hours ☐ YES ☐ NO

General physical examination:

BP: _____ mm Hg

PULSE: _____ /min

TEMP: _____ °F

RES: _____ /min

SP O2: 96 %

GCS- E V M

Systemic Examination:

CNS

CVS

P/A

Chief Complaints: c/o - loose stools x 1 day → multiple c/o watery.
fever x 1 day

@ 11:15 am. irritable | lethargic.

HR = 130/min

RBS = 110/min

History and any major past illness/ surgery:
lethargic
sunken eyes
dry mucosa.
peripheral pulses = feeble
cold = extremities
mottled skin
AF sunken.

History of food & drug allergy:

Adv wt = 3 kg

→ ① 80 ml NS Bolus given over 20 min

② O_2 by NP @ 2 l/min

③ NS 80 ml in 1 hr → assess vitals → 200 ml in Next 5 hrs

PM. FTT

Category of Patient: ☐ Green ☐ Yellow ☐ Red ☐ Black

Nutritional Examination:

☐ OBESE
☐ NORMAL
☐ MALNOURISHED

Referred to: ☐ Medicine ☐ Surgery ☐ Orthopaedics ☐ Paediatrics

Referred time: _____ **AM/PM**

10% dehydration
300 ml

③ IVF RL ½ + D5 @ 25 ml/kg over 12 hours

Admit ↓ PBA
↓ Dr. B. Patra

SR Dr. Komal

Pain scoring (if Applicable)

☐ Mild
☐ Moderate
☐ Severe

Signature of Triage counter

④ IVF N/2 FD5 + 1:100 KCl @ 12 ml/kg.

डॉ कोमल कादियान / Dr. Komal Kadian
वरिष्ठ रेजीडेन्ट / Senior Resident
बाल रोग विभाग / Department of Pediatrics
ए.बी.वी.आई.एम.एस. एवं डॉ. आर.एम.एल. अस्पताल
ABVIMS & Dr. RML Hospital
नई दिल्ली / New Delhi-110001

RMLH/ER/FM/01/, VER-02, w.e.f.-01.09.25, REV-01