





# Naraina Medical College & Hospital

Gangagari, Panki, Kanpur-208020 (U.P.), INDIA,  
e-mail: nhrcc@narainagroup.net, visit us at: www.narainagroup.ac.in

## DR. ORDER SHEET

DATE

Adv:

- Inj Lasix ~~0.5mg/kg~~ 0.1ml  
iv stat.
- Inj Capnea 40mg stat
- Send samples.  
X-ray / ABG / CBC / CRP  
chest  
Bd culture
- Monitor vitals / Urine Output
- w/f Apnea / Saturation /  
Urine output.
- Refresh tear eye drop Q6H.
- OGF 1ml x 6hrly



Generosity Matters



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## DR. ORDER SHEET

DATE

14/5/24  
9:30 AM  
Pediatrics Department

Adm

- O<sub>2</sub> via nasal prongs @ 2 L/min

- JVP: - I & O - P @ 4.5 ml/hr

- OG feed @ 20 ml / 3 hourly

(D6) - aj meropenem 100 mg qd x 8 days  
4 ml in 20 ml NS over 30 min

(D5) - aj clindamycin 30 mg qd x 8 days  
0.13 ml in 15 ml NS over 30 min

(D5) - aj fluconazole 12 mg AC x 7 days  
(6 ml)

- aj Levofloxacin 250 mg qd x 12 days

- aj Capnea 10 mg qd x 4 days

- Change position x 3 hourly

- chest physiotherapy

- start Abxptic line

- after 50%

- Stop Phenytoin / Dexamethasone



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HR 120/-  
RR 31/-  
SpO<sub>2</sub> 97% on  
14/5/24  
3 x 2  
36.7 C  
Wt 11 kg  
S<sub>2</sub> @  
soft  
Alert  
ventilated  
T<sub>re</sub>  
Good

S/B Dr Shweta

DATE

10/3/24  
2:30pmAnadi Marain DOL = 3 Boy - Baby  
wt 2kg.Baby was Intubated ~~by~~ at 2:30pm  
i/v/o not maintaining saturation  
( $< 70\%$  on CPAP), Apnea (multiple  
episodes), seizure (multiple episodes).↓  
Tube - 3.5

fixed at 8.3 cm

↓  
Bag & mask (PPV)SpO<sub>2</sub> = 98%

HR = 153/min

PP & Central Pulses well  
felt↓  
SIMV mode Ventilation.FiO<sub>2</sub> = 100%

PEEP = 6

RR = 40.



DR. ORDER SHEET

DATE

08/03/24


11:00 PM

C/O Abnormal movements of body

Dr. <sup>lead</sup> - inj. PHENOBARB 45 mg i dil<sup>n</sup> in N.S.  
i.v slowly over 20 min

↓ after 12 hrs

2 6 mg iv B.D.

  
08/03/2024

09/03/24

09:00 Am

Dr. lead

inj - Gardenal 23 mg i dil<sup>n</sup> in NS  
i.v. slowly over 20 min.

REST

RBS = 200 mg/dl



  
09/03/2024

DR. ORDER SHEET

DATE

12:30 PM

SpO<sub>2</sub> - 96%  $\bar{c}$

2 L O<sub>2</sub> via NP

Inotropes started

Dobuta @ 10 0.2ml in 48ml Dio

PT - feeble

HR - 100/min

Ry

- O<sub>2</sub> via NP @ 2 L/min

D<sub>2</sub> - IVF Dio 48ml + Dobuta @ 10] 6hrly @ 0.2ml/hr

- R-CT

Anti-rabies  
0 dose and  
tetanus toxoid  
given 2 day back  
at private hospital

- Reference to ophthalm.  $\text{\textcircled{m}}$   
for expert opinion  
- Reference to Surgery  $\text{\textcircled{m}}$   
Ophthalmology notes

Thank for the help

USC - Abdul  
Gramal ush  
of. B. Rai

child is still conscious (under sedation)

under exam



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Rt comes (17)  
next to, register

DR. ORDER SHEET

3740

DATE

9/8/24

CS/B Pediatric Department

HR - 104/min  
 SpO2 93% E  
 CRP C3 Rec  
 Temp 36.6 °C  
 chest - All aus  
 enter (+)  
 CNS S, S (+)  
 CNS soft, RT

CS

IVFI D<sub>10</sub> @ 0.3 / hr (45ml)  
 + aj calcium 2ml  
 stop - OG feed @ 5ml every 3 hrs

- cefotaxim 125 mg qv x 8 daily (P)
- ajamikacin 30 mg qv x 24 daily (P)
- aj phenobarb 6 mg qv x 12 daily
- Drop PCM 0.4 ml 1/0 x 2 daily SOS
- OLT Betadine for YA
- aj Lacties 0.5 ml qm (0, 3, 7, 14)
- aj P.P 0.5 ml qm stop

circu

11:00 AM  
 CRT - 3 sec  
 PP - feeble

NS bolus @ 10ml/kg over 10-15 minutes  
 ↓  
 2nd bolus @ 10ml/kg over 10-15 minutes



# DR. ORDER SHEET

DATE

08/03/2024

0:30 pm

Wt = 2.3 kg

GC - critical

HR - 130/min

RR - 74/min

CRT = 4 sec

CVS - S<sub>1</sub>S<sub>2</sub> and D<sub>1</sub>D<sub>2</sub> murmur

P/A - Soft LVP  
S-NB

R/Ls - B/c Eg A/E  
B/L crepts

CNS - cry out  
let charge  
fine  
A/C at level

SPO<sub>2</sub> = 90%

RBS = 300 mg/dl

Pupils - reacting sluggish

Inj - Cefotaxim 125 mg iv x 8 Tds

Inj - AMIKACIN 30 mg iv 8 Tds (0.3)

Inj - KAPLIN 1 mg iv stat

Inj - TRANEXA 0.2 ml iv stat

PARACETAMOL 0.4 ml oral T.D.S.

IVF - D10 y. 45 ml iv 8 Tds  
+ Ca-gluconate 2ml @ 5.5 ml/kg

Oint - Betadine for L/A

inj - NS. Bolus 40 ml iv stat over 20 min

Oro-nasal suction

Gastric lavage.

Inj

- CBE, CRP

- s.creat.

- Baby blood gp

- c-xray PA & Abd



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*[Signature]*  
08/03/2024





## DR. ORDER SHEET

DATE

- Intermittent single surface Phototherapy.

- 10mg dimedrol 20mg IV ODPR.  
(Drug covered in dark paper while giving).

- Send CBC / CRP / S. creat stat

- CXR & ABG at 6:00 pm c/m Bedside

- Urine output 50ml till 10 AM  
35ml till 1:45  
8.5ml

~~12/3/24~~  
4:00 PM

RTF 3ml / 3hrly  
allowed come in

if no  
RT aspirate

R. CST  
↓ if tolerated  
3 feeds  
RTF 5ml / 3hrly

c/s/B unit of  
Pediatrics



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## DR. ORDER SHEET

0131

given on 11/3/24.

DATE	2nd dose anti-rabies	
11/3/24	D <sub>4</sub> - IVF 100-P 60ml	
HR-168/m PP-⊙ RR-VT	Dobutamine 0.2ml @10	] x6 only @ 10.5ml/hr
SpO <sub>2</sub> - 98% @ RA CFT - 13mm	- O <sub>2</sub> via Venbi	(SIMV+PS mode)
R/S → <del>at the</del> Air entry <del>det</del> on left side	D <sub>3</sub> -ly. Meprobamate 100mg IV 8hr	
CVS - S, S, tub	D <sub>2</sub> -ly. Clindamycin 20mg IV 8hr	
/A - soft, NT no organomegaly	-ly. Phenobarbitone 6mg IV 12hr	
w. VSC cranium w/A	-ly. tranexa 0.2ml IV 12hrly	
awaited	-ly. Fluconazole (5mg/kg)	12hrly IV Q24
o/b bleed from IFT	- Transfere FFP 25ml IV over 4hr	
Add: 2D echo	- T-bact ointment Q8H	eps/o unit of paediatrics



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## DR. ORDER SHEET

DATE

- strict Aseptic technique -
- strict I/O monitoring
- Infor SOS.

Stop C-  
Dexa 0.2 mg IV x 2 daily  
(0.1 ml in 1ml NS)

✓ 3rd dose anti-rabies <sup>will</sup> ~~to~~ be  
given on 15/3/24



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## DR. ORDER SHEET

DATE

17/4/24  
9:30 AM

DOB 7

wt 2.0 kg

Adm

HR 130  
RR 32

- O<sub>2</sub> via nasal prongs 0.5L/min  
O<sub>2</sub> on cuff challenge

SPO<sub>2</sub> 99% on  
Nasal prongs (0.5L/min)

- IVFI Iso-P @ 4.5 ml/hr

CRP 38

- RTF @ 20 ml / 3 daily

Temp 36.7

chest splant wty

(D7) aj Meroopenam 100 mg qd 8 daily  
4 ml in 20 ml NS over 30 min

COSS & S

(D8) aj clindamycin 20 mg qd 8 daily  
0.14 ml in 15 ml NS over 30 min

PLA - kott

CRP Alert, Act

(D9) aj Fluconazole 12 mg qd x 24 hrs  
(6 hrs)

Spoon in per

Core w

skin Rpt

(A)

aj Levofloxacin 20 mg qd x 12 days

(D6)

aj Opnea 10 mg qd x 24 days

Drop D3 0.5 ml p/o

Drop A-2 0.5 ml p/o

(Continue care of eye (Eye off) qd)



DR. ORDER SHEET

DATE 17/3/24

IVF<sub>2</sub> Dobutamine 0.7ml + 24ml NS ]

@ 1ml/hr

- D<sub>2</sub> via Vent (PSV/CPAP)

D<sub>5</sub> - IVF, Iso-P 35ml + 7ml Dio ] @ 7ml/hr

- Iup Ca-glucuronate 2ml + 4ml Dio 8hrly  
(over 10-15 min)

D<sub>4</sub> - Iup Mersopenam 100mg IV Q8hr

D<sub>5</sub> - Iup Clindamycin 20mg IV Q8hr

- Iup Phenobarbitone 5mg IV Q12hr  
(@ 5mg/kg/d) 1ml diluted in 9ml NS  
(Take 0.25ml of diluted Phenobarbitone)

D<sub>3</sub> - Iup Fluconazole @ 12mg IV Q24H  
@ 5mg/kg

- Iup Levosetrol 25mg IV Q12H  
@ 20mg/kg/d

- Iup Capnea 10mg IV Q24H  
(@ 5mg/kg)

c/r  
c/r R  
m

Blood culture

c/r/B unit  
Radiation  
KISHORE FOUNDATION  
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- Iup Dexta 0.5mg  
(at 1ml in 1ml NS) 1/2 x 2 daily

HR-140  
RR-VT  
SpO<sub>2</sub>-98%  
on FiO<sub>2</sub> 35%  
c/r < 3Sec  
c/r EAEH  
c/r chest exam  
c/r S<sub>2</sub> tint



DR. ORDER SHEET

DATE

10/3/24  
3:00pm

S/B Arshwale

Adv:

2kg

Tube - 3.5  
fixed at 8.5cm

- On SIMV mode

FiO<sub>2</sub> 100%

PEEP 5

- Inj MEROPENEM 100mg IV Q8H  
over 20min

→ Inj VANCOMYCIN 50mg IV Q8H  
over 20min

(D<sub>2/3</sub>) - Inj Vit K 1mg IV Q24H

- Inj TRANEXA 0.2mg IV Q12H

- Inj phenobarbitone 6mg IV Q12H

- IV fluids D10% 48ml + Dobutamine 0.2mg  
+ 2ml Ca @ 10 6hrly @ 8ml/hr

- Inj Rabies vaccination 0.5 ml  
IM (0-3-7-14)

- Inj CAPNEA 40mg IV Q24H  
(@ 20mg/kg) ↓

\* @ 5mg/kg - 10mg IV Q24H



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Inj CLINDAMYCIN 20mg w 8hrly

DR. ORDER SHEET

DATE

- P-Bact for L/A
- Neb C Budekort 1/2 Resp x 12 daily
- <sup>3rd dose</sup> Rabies 0.5 ml 1/2 x 3 stat (given)
- change parity
- strict Aseptic handling
- Kaplin 1mg i.v. stat
- F.F.P. Transfusion 25ml i.v over 4hrs
- Repeat CBC, CRP. <sup>Send</sup>
- Surgery Reference <sup>Date</sup>



18/3/24

25ml FFP start time 11AM  
 RR - 30  
 SpO2 98%  
 Temp 98.4

Stop time 2:10 PM  
 Rabies 0.2 ml 1/2 stat  
 daily with infusion

IDENTIFICATION TAG		
OR#	<b>NARAINA BLOOD CENTRE</b> Kanpur Medical College & Hospital Prati, Kanpur Nagar	VOLUNTARY Re-Donation
Fresh Frozen Plasma (FFP)		
Negative for Malaria, HBsAg, Syphilis, HCV & HIV antibodies		
Mfg. Lic No: U.P.B & S.P. 2022/23		
BLOOD DONOR	15/24	No
COLLECTION DATE	08/03/24	EXPIRY DATE 08/03/25
350 ml Human Blood Component with no C.P.E.		
Supply No	Date of cross matching 15/03/24	
Cross Matched by	Ganendra Singh	CS
Recipient	Bfo Anadi Narain	
Address	NHRC	
INSTRUCTIONS:		
1. Store Centrally at 20 to 60 C		
2. Disposable Transfusion set to be filter must be used		
3. The contents should not be used if there is any visible evidence of deterioration, like haemolysis, clotting or discoloration		



**DR. ORDER SHEET**

DATE

- Inj. Levipil 20mg/kg load  
(in/v to next size)
- Inj. Fluconazole (12mg/kg)  
24mg IV QD.
- Inj. Transfuse FFP. 25ml iv over 4
- Apply T-Bact ointment.  
QOH.

(\*) →

- Send -
- Bld. culture
  - ABG
  - CBC
  - CRP
  - X-ray chest
  - PT APTT INR
  - USG - cranium
  - USG - Abdomen.
  - RPT.

→

Strictly monitor the baby  
 frequently do suction of  
 tube.





Dita  
450

DR. ORDER SHEET

C/S/B Pedia Dept

- Lumbar puncture Done in Aseptic condition
- send for CSF culture

R/M

1246  
97% on  
SIM  
36.80  
49 w/dl

- 10 surf Bolus given -  
RBS monitoring x 2 hrs  
further order -

anfor SOS



- Try to taper the vent
- continue Acetaminophen
- feed to be start - if no Altered Blod

Signature Duty Doctor : ..... Signature Consultant : .....

ospit  
9415045  
in

DR. ORDER SHEET

DATE  
12/3/24

Y/S/B Pediatric Department

Adv:

- child extubated & on  
ventilator CPAP < PEEP @  
FiO2 30%.

of tolerat  
feed  
from  
10ml/3hr

- RTF @ 8ml/3 hrly @ 10ml/3hr

- a/j IVF - ISO-P @ 7.3ml/hr

- a/j Ca chloride 2ml + 4ml D<sub>5</sub>O  
over 15 min x 8 hrly

(D5) - a/j meropenem 100mg  
(5ml/100mg) 4ml in 20ml NS  
over 30 min x 8 hrly

(D4) - a/j clindamycin 20mg IV x 8 hrly  
(2ml/200mg) 0.13ml in 10ml NS

(a/j phenobarbital 4mg  
(1ml/200mg) 0.1ml diluted in 10ml  
then give 2ml IV x 24 hrly.

- a/j succinylcholine 12mg IV x 24 hrly

- a/j Levofloxacin 200mg IV x 12 hrly

- a/j ceftriaxone 10mg IV 24 hrly

- chest physiotherapy x 3 hrly  
- chest Dopamine @ 5ml/hr

HR 152/1  
SpO2 97% on  
CPAP  
EtCO2 40/1  
CET 5.0  
chest B/L crackles  
c/sr S2 (+)  
soft  
Acrin (+)  
c/sr-ny (+)

Adv  
HR 110/1  
AP 100  
dams



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SPY

C/SIB Dr. Gaurav Anja

Adv:

aprotin

~~40mg~~ 40mg i.v

o.v

30mg

fib

5mg i.v BDL

3mg BDL

mv @  
S.M.V.P.C. @ 15

fig @ 0-3

rate @ 40/m

PEEP @ 5

Pressure  
PEEP @ 10

4ml cal. gluconate 4ml

in 10% Denture  
10ml

o.v 5-10ml

lin linezolid 20mg i.v  
BDL

- all T



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# Naraina Medical College & Hospital

INTENSIVE CARE UNIT (24 HOURS FLOW CHART)

Weight 50 kg  
DOB: 15/11/1968  
Age: 55

DATE: 10/11/2018  
TIME: 10:00 AM

Investigations	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Hb																										
PCV																										
TLC																										
DLC																										
R																										
L																										
M																										
E																										
R																										
PLATELET																										
RFT																										
S. CREAT																										
S. UREA																										
LFT																										
S. BIL																										
BIL (IND)																										
SGPT																										
SGOT																										
ALK PHOS																										
BT																										
CT																										
PT																										
APTT																										
S. AMY																										
URIC ACID																										
Na																										
K																										
S. PROTEINS																										
ALB																										
GLO																										
AG																										
OTHERS																										
HEV																										
HBS Ag																										
HCV																										
X-RAY																										
ECC																										

TREATMENT

1. Morphine 2mg IV over 5 minutes — 6AM — 9PM — 12PM

2. Clindamycin 300mg IV over 15 minutes — 6AM — 9PM — 12PM

3. Ceftriaxone 1g IV over 30 minutes — 6PM

4. Fluconazole 400mg IV over 30 minutes — 6PM

5. Levofloxacin 500mg IV over 30 minutes — 9AM — 9PM

6. Insulin 0.5ml IV @ 1.0 unit/hr

7. Neb. Budecort 1/2 = 3 inhalations 6AM — 6PM

8. Dext 10% 0.5ml IV @ 200mg

9. Dext 5% 100ml IV @ 500mg

10. RBC — 6AM — 9PM (50ml)

11. vit B12 1mg in stat over 30 min

12. folic acid 5mg in stat over 30 min



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# Naraina Medical College & Hospital



General Post Graduate Institute, Naraina, New Delhi - 110028  
**INTERNE CASE UNIT (ELECTROLYTE FLOW CHART)**

DATE: \_\_\_\_\_  
 WARD: \_\_\_\_\_  
 PATIENT: \_\_\_\_\_  
 SEX: \_\_\_\_\_

CASE NO: \_\_\_\_\_  
 A/C NO: \_\_\_\_\_

INVESTIGATIONS	DATE	TIME														
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
HB																
PCV																
TLC																
DLC																
P																
L																
M																
E																
S																
PLATELET																
S. CREAT																
B. UREA																
SPT																
S. UR																
BILD (BCL)																
SOPT																
SGOT																
ALK PHOS																
BT																
CT																
VT																
AFTT																
S. AMY																
URIC ACID																
U.S.G																
B. SUGAR																
INSULIN																
ECG																
ALB																
GLO																
AG																
OTHERS																
HYV																
HBS Ag																
HCV																
X-RAY																
ECG																

TREATMENT	DATE	
	1	2
1. 200mg Lung 2x daily	GM	2/3
2. 100mg Lung 2x daily	GM	2/3
3. Clindamycin 300mg 4x daily	GM	2/3
4. Flucanazole 150mg 1x daily	GM	2/3
5. Levofloxacin 500mg 1x daily	GM	2/3
6. Pantoprazole 40mg 1x daily	GM	2/3
7. Insulin 20 units @ 6am/12am	GM	2/3
8. Subcut 1/2 2x daily	GM	2/3
9. EMD Lubricant	GM	2/3
10. DASH	GM	2/3
11. ACS	GM	2/3



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