



HEALTH & EDUCATIONAL
MANAGEMENT TRUST
REGISTRATION NO. - 2741



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INITIAL ASSESSMENT FORM PEDIATRIC EMERGENCY ROOM ER-2

Name	Bhokavita		Weight	2.5 kg	Referred from Kanti Devi Hospital	
Age/Gender	07/M					
S/D of	Pushkar					
Date/Time	12/09/23	MLC	Term	05/10/23		DNCLAB-HIE-III
Informant	Uncle Father		Y	N		NVD
					3:30 PM	2.5 kg

Chief Complaints: PA/HIE-III / Symptomatic Hyponatremia & AKI
 MRSA (+) on Blood CS

INITIAL EVALUATION (PAT)

CLASSIFICATION AFTER PAT

APPEARANCE
 Normal/Abnormal

WORK OF BREATHING

Normal/Increased/Decreased
 Gasping/apnea.

CIRCULATION

Normal/abnormal/Bleeding

- Respiratory distress (+)
- Respiratory failure
- Shock - Compensated/De-compensated
- Cardiopulmonary failure/arrest
- CNS system/ metabolic dysfunction

TRIAGE CATEGORIZATION RED YELLOW GREEN

PRIMARY EVALUATION (ABCDE) ASSESSMENT PENTAGON

Airway	Breathing	Circulation
Open and stable: ✓	RR: 64b/m Efforts: Normal/Poor/Increased Auscultation: Normal/Poor/Differential Added sounds: Grunting (+)	HR/PR: 120 CFT: 135g BP: Peripheral pulses: Good/poor Central pulses: Good/poor Skin Temperature: Warm/cool ECG: SpO2 (room air): 96% on O2 by NP
Disability		Exposure
GCS: Pupil Size: Reaction: Motor activity: Normal & symmetrical/Asymmetrical/posturing/Flaccidity/Seizure/EPS Blood sugar: 134 mg/dl		Temperature: Colour: Normal/pallor/cyanosis/mottled Any other skin lesions: None Petechiae/bleeding/rash/pustules/abscess/any other

History of present illness:
 child was born to G2 P1 L1 A0 mother @ 9MA, DNCLAB, Intubated and put on MV, developed Bradycardia, Inotropes added, (for 4 days), extubated today and put on CPAP and referred here.

on B-C/S - MRSA (+)
 child also had Deranged LFT - SLO AKI (? 2° to BA)

8/10

9/10

10/10

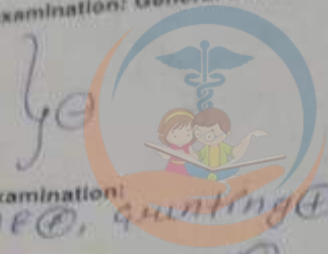
17/100

57/103

37/1006

CLINICAL EXAMINATION AND ASSESSMENT
 General examination: General condition Sick

- Pallor ⊕
- Cyanosis ⊕
- Clubbing ⊕
- Edema ⊕
- Jaundice ⊕



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Mod:
 DVM - mild retractions ⊕
 RR - 64b/m
 Counting ⊕
 A6 ⊕
 SpO2 - 96% on 10L
 DVM - 4/10

Systemic examination:
 RS. 0/w AP ⊕, crackling ⊕

CVS. S2 ⊕, mwmw ⊕

Abd- soft, NT, No DM

CNS- CTA ⊕, AF-Bolging

INVESTIGATIONS:

CBC / LKS / CRP / BLOOD-C/S / ABG / lactate / CXR / NP-cyto/E

DIAGNOSIS: T1A9A / IE-III / symptomatic hyperkalemic
 MRSA ⊕ sepsis + lolo meningitis

PLAN OF CARE:

(1) - NPO / NP Insitu
 Isof

(2) - IVF - ~~0.9% NaCl~~ D5W - 10ml/hr

(3) - Inj. Mero 50mg i.v TDS

(4) - Inj. vanco - 35mg in 10ml D5 slowly over 1hr

(5) - Inj. Tevema - 25mg i.v BD

(6) - W/F Vitals / RD / seizure.

(7) - ↓ Indignous CPAP

(8) - R/V SOS

REASSESSMENT AND OUTCOME:

[Signature]

B/o Kaveeta | D₂₀ | M

25/10/23

T | AGRA | HIE III | LOS ± meningitis
Bacterial sepsis / Thrombocytopenia
PED 9.



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Issues

1. efo seizures → laccera nuroloading
↑ laccera @ 40

Plan = if repeat S₂ = Phenobarb

Oxygen dependency ⊕

Plan = 20 Echo

Fever spikes 100°F

c.wet = 2.9⁵⁰ Ag
TFR = 150ml
Ag/hr

Adm

↳ O₂ by NP @ 2L/min

↳ NPO | IVF 150P . 15ml/hour

↳ ~~laccera~~ laccera 30mg IV nuroloading

@ 40 f/b 60mg IV PBP

Sick
22/mm
13/min
99.1
+/+

echo

BD Kavita / D21 / M

26/10/23

Δ T/ASA) HIE III (LOS c meningitis) fungal sepsis (Thrombocytopenia)

PED 10

Current Status

Oxygen dependency (of $FO_2 = 84\%$) \rightarrow $2L O_2 @ 0.5L/min$

Free for 24hr \rightarrow Restart feed w/ 2950g



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$SpO_2 = 84\%$
 $HR = 137$
 $RR = 34$
 $BP = 98 \times 10_2$ by NP @ 0.5
 $WT = 111$

Adv

① O_2 by NP @ 0.5L/min

② OG feed 30ml q 2hr

omit ③ 9ml LEVERA 60mg iv BD

④ 9ml MEROPENEM \rightarrow D14

COUSTIN - D10

AMPHORS \rightarrow D13

⑤ Syp OSTEOCAL 3.5ml q 1D

VIT D3 400IU/ml 2ml OD

MOVITE 0.5ml BD

Noted
BTS 8:45pm

⑥ w/f RD/S2/RV SCS

⑦ syp. kluna (100ml) 0.4ml
Tafel \rightarrow P/O BD

Noted

KR

Plan

L chest
L co Bay

L skull for / S Bay