

**Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits. Govt General Hospital Kda  
, Vishakhapatnam, Andhra Pradesh, INDIA, 530040.  
TEL NO : 891-3501601  
WEB : <https://rainbowhospitals.in>

**ADMISSION SHEET****Registration Details :**

**Admission No** : IP22-00023320      **Admit Date** : 19-Jun-2026      **Admit Time** : 10:40 PM      **UHID** : HCV-00005926

**Patient Details :**

**Patient Name** : Baby J NIRIKSHA SREE      **Age** : 4 Y 9 M 2 D  
**Guardian** : Mrs V SRIDEVI      **DOB** : 17-09-2021  
**Gender** : Female      **Religion** :  
**Occupation** :      **Martial Status** : Single  
**Address (H)** : 0-0, SIMHACHALAM Simhachalam      **Phone No** : 8500804894/ 7013351686  
Vishakhapatnam Andhra Pradesh INDIA      **E-mail** : no@gmail.com  
530028

**Admission Details :**

**Bed Type** : PRIVATE ROOM      **Bed No** : PRI 301      **Ward Name** : 3F-THIRD FLOOR  
**Room No** : PRI 301      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mrs V SRIDEVI      **Relationship** : D/O  
**Contact Address** : 0-0, SIMHACHALAM Simhachalam      **Phone No** : 8297273322  
Vishakhapatnam Andhra Pradesh INDIA 530028

  
Signature

**Doctor Details :**

**Doctor Name** : Dr. SHASHWAT MOHANTY      **Specialisation** : GENERAL PEDIATRICS  
**Referral Doctor** : Self      **Phone No** :  
**Cc-Consultant** :

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 0.00  
**Payor Name** : FAMILY HEALTH PLAN INSURANCE  
TPA LTD

**ACTIVITY RECORD FOR BILLING**

Name: \_\_\_\_\_  
 UHID No : ..... HCV-00005926 IP22-00023320  
 Date of Admission : ..... Baby J NIRIKSHA SREE 17-09-2021 4 Y 9 M 2 D (F)  
 Room / Bed No : ..... Dr. SHASHWAT MOHANTY  
 Consultant : ..... Dept.: .....  
 Date of Discharge: ..... Time: .....  
 Suggested Billable bed type: .....



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
19/16	11:30 AM	ER	3rd floor	Ram

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	20/6/26	9954	Sandhya
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Cross checked by [Signature]*









**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

HCV-00005926 IP22-00023320  
Baby J NIRIKSHA SREE  
17-09-2021 4 Y 9 M 2 D (F)  
Dr. SHASHWAT MOHANTY



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

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

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

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



**Padiatric Multiorgan History & Physical Examination**

Name: Nirinksha Sree Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Reliability \_\_\_\_\_

**Chief Presenting Complaints & Duration ( Chronologically):**

- 3 episodes of vomit (Blood <sup>Tinged</sup> ~~Tinged~~)
- Fever x1d
- Cough x1d
- Chest Pain x1d

**History of present illness:** Abdominal Pain from evening

- Child was relatively asymptomatic before today, today then she developed episodes of vomiting 3 times, acute onset, with Blood tinged with food content and water. She also had associated chest pain and poor oral intake.
- She developed fever from evening acute onset, continuous, High grade associated with cough.

NI/N/O - loose stools, Blood in stools, Increased work of breathing.

HCV-00005928 IP22-00023320  
Baby J NIRIKSHA BREE  
17-09-2021 4 Y 9 M 2 D (F)  
Dr. SHASHWAT MOHANTY



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *No significant* \_\_\_\_\_

\_\_\_\_\_

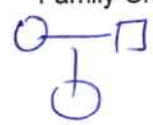
\_\_\_\_\_

\_\_\_\_\_

**Birth & Neonatal History:**

*Term / LSCS / well baby*

**Family Chart**



**Birth & Socio Economic History:**

About Father: \_\_\_\_\_

About Mother: \_\_\_\_\_

Any additional Information: \_\_\_\_\_

**Developmental History:**

*Normal*

**Immunization History:**

*Done acc. to UIP*

**Anthropometry:**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms) \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) *19.9 kg* (Centile \_\_\_\_\_)

**On Examination:**

Temperature: *(N)* Pulse Rate: *170 bpm* B.P. \_\_\_\_\_ SPO2 *98% RA*

Resp. rate and type of breathing : \_\_\_\_\_

*RR- 32/min*

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

HCV-00008026 IP22-00023320  
Baby J NIRIKSHA BREE  
17-09-2021 4 Y 9 M 2 D (F)  
Dr. SHASHWAT MOHANTY



**Respiratory System:**

Inspection (any s/o distress): \_\_\_\_\_

Air entry & breath sound : Clean

Any Added sounds : \_\_\_\_\_

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

**Cardiovascular System:**

Inspection of precordium : \_\_\_\_\_

Heart Sounds : S1S2(+)

Any murmur: \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) \_\_\_\_\_

**Per Abdomen:**

Inspection : \_\_\_\_\_

Palpation : Soft, Non Tender

Auscultation : BS(+)

Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_

Relevant data from outside (CT, USE, etc.,) \_\_\_\_\_

**Central Nervous System:**

Level of Consciousness : AVPU / GCS Score: Active

Cranial Nerves : \_\_\_\_\_

**Motor System:**

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

Tone: \_\_\_\_\_ Power \_\_\_\_\_

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

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

Involuntary Movements : \_\_\_\_\_

HCV-00005926 IP22-00023320  
Baby J NIRIKSHA BREE  
17-09-2021 4 Y 9 M 2 D (F)  
Dr. SHASHWAT MOHANTY



**Reflexes:**

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Acute Gastroenteritis.

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment:

Desired goals of the of the treatment:

**Planned Labs:**

- CBP
  - CRP
  - Sx. Electrolytes
  - Blood C/S
  - Sx. Creatinine
  - PT, APTT
  - LFT
- N.B  
Fam  
19/6/26  
11PM

**Planned Management:**

- NPO till further order
- Inj. CEFTRIAXONE 1gm  
ZV BD
- Zp. FROMAPRAZOLE  
20mg ZV OD
- Zp. UNDEMSETRON  
ZV. Q12H
- ILF @ DNS - 6ml/hr.
- Syp. P250 6ml sus

Signature of the Doctor:

Signature of the Consultant:

Name of the Doctor: Dr. Ashwini

Name of the Consultant:

Date & Time: 19/6/26

Date & Time:



# DISCHARGE PLANNING FORM

**Note: \* To be completed by a Doctor within (24) hours of admission**

1. Anticipated Date of Discharge : \_\_\_\_\_

2. Destination Post Discharge :  Home

Family Members Notified (Person Contacted)\_

Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status:  Self Care  Family Home Care  Home Professional Assistance

Needs Assistance In:

Remarks

- |                                     |  |       |
|-------------------------------------|--|-------|
| <input type="checkbox"/> Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Bathing    | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Eating     | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Walking    | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Dressing   | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |
| <input type="checkbox"/> Toileting  | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... |

4. Nutritional Plan:

Dietary Instruction Discussed with the:

Patient  Family Member  Other:.....

5. Discharge Planning Discussed with the:

Patient  Family Member  Other:.....

6. Patient / Family Education Plan:

Education Topic /s :.....

Patient's Educational Topic/s discussed with the:

Patient  Family Member  Other:.....

Doctor Signature: \_\_\_\_\_

Name of the Doctor : \_\_\_\_\_

Date & Time : \_\_\_\_\_

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Ref No. : F / HW / PGN / INPR / 15  
HCV-00008928 IP22-00023320  
Baby J NIRIKSHA SREE  
17-09-2021 4 Y 9 M 2 D (F)  
Dr. SHASHWAT MOHANTY  
Age :  
I.P. I.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/09/20	8 AM	SIB. Dr. Som / Dr. Yash
		Acute Gastroenteritis
		- 2 Fever Spikes at Night
		- No further episode of Vomiting over Night
		- Currently child NPO, Cough (+)
		- Hypokalemia - 3.5
		<b>CRP-11</b>
		O/E - Active
		RIS - Clear
		PIA - Soft, Non Tender
		→ Signs of Dehydration:-
		Dry oral mucosa (+)
		Thirsty (+)
		But Active, urine output
		↓
		good.
		- Stools - Not
		Passed Today.
		- (T) Blood CIS
		- NPO till further order
		- Cont. Tab. Ceftriaxone
		Zi. eromparazole
		Zi. Ondansetron
		- Cont. DNS + 10 ml RCL.
		- <del>Give only DNS</del>
		Stop

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

20/6/26  
10 AM

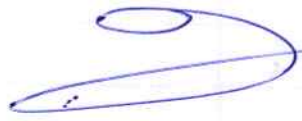
S/B Dr SM / Dr Yarb

Acute Gastroenteritis

- 2 Fever spikes
- No mucus vomits

Adv

- Chest X ray
- USG Abdomen
- Encourage orally



Dr YAPN

N.B sandhya  
01/2/22  
20/6/26  
10AM

20/6/26  
5pm

S/B Dr. PV / Dr. AJ

Lower Respiratory Tract Infection

fever spikes (+)

active

orally intaking well

N/O → good


USG → mild splenomegaly

CXR → (+) infiltrate (+)

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00005926 IP22-00023320  
Pati Baby J NIRIKSHA BREE  
17-09-2021 4 Y 9 M 3 D (F) F  
Age Dr. SHASHWAT MOHANTY  
I.P. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<u>plan</u>
		1) TO send CUE NOW.
		2) CONT IV CEF, IV GSMO.
		3) Encourage orally
		4) ⊕ c/s report
		 ANJANA
		<u>P.B. Murali</u>
20/6/26	10pm	<p>USIB Dr. Aditya / Dr. Anjana / Dr. Suminava</p> <p>dx - lower respiratory tract infection</p> <p>child reviewed</p> <p>1 fever spike ⊕</p> <p>oral intake - good</p> <p>c/o cough ⊕</p> <p>ole</p> <p>child looks dull</p> <p>Rs - B/L AE ⊕</p> <p>P/A - soft, non tender</p> <p>USG - mild splenomegaly</p> <p>Adv</p> <p>1. Plain NS nebs 3ml 6th hourly if cough persists</p> <p>2. Plan to send flu panel</p> <p>3. Trace c/s report</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/6/26  
Sam

c/s/B Dr Shaswat / Dr Sree Valli

D = - Lower Respiratory tract infection

- 4 fever spikes in past 24 hours
- Cough (+)
- Oral intake - good
- No loose stool

o/e

Alert.

RS - B/LAE (+)

P/A - soft

BS (+)

Abdom - mild

urine - good

→  
ABACIN

plan

- To Do

- Urine c/s

- fever panel

- To continue

-  $\rightarrow$  cepm above.

- Add Symp Levocetirizine  
NRSORUS7.

for  
Dravon





22/6/26

SAM

cls/B Dr. Shaikhat / Dr. Balaji

Dx: lower respiratory tract infection

- clo 5 fever spike in last 24hrs.
- no cough
- oral intake - good

OLE:

active, alert

- RL - BL AE, clear
- CLL 2/15/20
- PLA soft, non-tender

Blood clt - sterile

~~CCSA~~

- Upgrade to Inj PIP7AZ
- To Send - CBP  
CPP

Advice:

- Inj. ceftazidime <sup>520p</sup>
- syp. levocetirizine
- Trace urine clt & Flu panel report

Dr. Balaji  
Noted by Santosh

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26		SIB. On SM / On Yash
	8:30 AM	Lower Respiratory Tract Infection. [Influenza B+] ]
		- 1 Fever spike today
		- No further vomit
		- cough (+) (very mild)
		D/E Active
		R/E Clean
		CVS - S1S2 (+)
		P/A - soft
		Throat - (N)
		Blood CR - Hemib. A de
		- (T) F/W Panel → Influenza (+)
		- (T) urine CR
		- cont - Zi-Pintaz D <sub>1</sub>
		Syp. Levocat
		Syp. Sucralate.
		- 9/6 T/Tg
		<i>[Signature]</i>
		Dr. YASH

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26  
Sam

Dr Aditya/Dr Hantha  
c/s/B Dr Shaswat/Dr Sree

Δ = - Lower Respiratory tract infection  
- Influenza B ⊕

cough ⊕

No fever spikes  
oral - taking well.

O/E

Alert.

Rs - B/L A/C ⊕

No distress -

P/A - soft

BS ⊕

urine output - good

vitals - stable

Plan

1) Cont Syp - fluvi - D2

2) Cont Neb - 3/MS

3) monitor vials

4) Discharge today.

Review ~~Friday~~  
Monday

for  
drawn.

ok = - Syp fluvi \* 3 days

- Syp Levocet

- x 3 days



**RESULT SHEET**

Patient Name HCV-00005926 IP22-00023320 .....  
Baby J NIRIKSHA SREE  
Age : ..... C 17-09-2021 4 Y 9 M 2 D (F) .....  
I.D. No. : ..... Dr. SHASHWAT MOHANTY  


Date	19/6/26	22/06/26			
Time	11.11 PM	11.00 AM			
Hb	11.4	11.6			
PCV	33.7	34.6			
RBC	4.35	4.48			
WBC	13.11	4.96			
N/L	84.4/9.2	54/40			
Platelets	2.63	2.60			
CRP	11	2.5			
ESR					
PCT					
RBS					
Na	142				
K	3.50				
Cl	108				
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.5				
ALP	204				
SGPT	25				
SGOT	28				
T.Bill/Conj	0.6/0.8				
T.Protein	7.0				
S.Albumin	4.4				
S.Globulin	2.6				
A/G Ratio	1.6				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	18.9/1.4				
APTT	33.9				
CSF Protein/Sugar					
Cells					
N/L					
Doctor's Signature					

Date	21/6/26					
Time						
CUE - Alb	Trace					
CUE - Sugar	Nil					
CUE - Ketones	Positive					
CUE - PUS Cells	6-8					
CUE - RBC Cells	15-20					
CUE epithelial	10-12					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
<b>Doctor's Signature</b>						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.) : .....



Patient Name : ..... Age : .....  
 Gender  M  F - Hospital No. ....  
 Consultant : .....  
 Date of Admission : .....  
 HCV-00005926 IP22-00023320  
 Baby J NIRUKSHA BREE  
 17-09-2021 4 Y 9 M 2 D  
 Dr. SHASHWAT MOHANTY (F)



**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 :</b> Syn. P250				Date	20/6/21															
				Time	11:30															
Dose	Route	Frequency	Start Dt.																	
6ml	P/O	SOS	19/6																	
Doctor's Signature		Valid Period		Pharm.																
[Signature]																				
Additional Instructions																				
Temp > 100°F																				
5ml (250mg)																				
<b>DRUG :</b> Syn. ZBUCESZC				Date	20/6/21															
				Time	6AM															
Dose	Route	Frequency	Start Dt.																	
10ml	P/O	SOS	19/6																	
Doctor's Signature		Valid Period		Pharm.																
[Signature]																				
Additional Instructions																				
Temp > 102°F																				
5ml (100mg)																				
<b>DRUG :</b>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Doctor's Signature		Valid Period		Pharm.																
Additional Instructions																				



I.P. No.	Sheet No.	Wards	Weight (kg) 19.9kg
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**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> Inj. CEFTAZAXONE				Date	19/6/2016	21/6/2016	22/6/2016												
				Time	10 AM														
Dose	Route	Frequency	Start Dt.																
1gm	ZV	Q12H	20/6																
Name & Signature of the Doctor starting the Drugs:				<p>Dr. Ash</p> <p>10 AM <del>11:30 PM</del> <del>11:30 AM</del> <del>11:30 PM</del></p> <p>Stop</p> <p>Upgraded</p>															
Additional Instructions:				<p>Dilute in 20 ml NS over 1 hour</p>															
Daily Doctor's Endorsement by a Sign.				<p>A F Q V</p>															

<b>DRUG :</b> Tri. ESOMEPRAZOLE				Date	19/6/2016	21/6/2016	22/6/2016												
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
20mg	ZV	Q24H	20/6																
Name & Signature of the Doctor starting the Drugs:				<p>Dr. Ash</p> <p>11:30 AM</p> <p>ANJANA 22/6</p>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.				<p>F F Q V</p>															

<b>DRUG :</b> Inj. ONDANSETRON				Date	19/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
3mg	ZV	Q12H	20/6																
Name & Signature of the Doctor starting the Drugs:				<p>Dr. Ash</p> <p>6 AM <del>11:30 PM</del></p> <p>ANJANA 20/6</p>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.				<p>F F</p>															

<b>DRUG :</b> Syn-SUCRALFATE				Date	20/6	21/6	22/6	23/6											
				Time	11 AM														
Dose	Route	Frequency	Start Dt.																
5me	PIO	Q12H	20/6																
Name & Signature of the Doctor starting the Drugs:				<p>Dr. Ash</p> <p>11 AM <del>11:30 PM</del></p>															
Additional Instructions:				<p>10 ml / 1000 mg</p>															
Daily Doctor's Endorsement by a Sign.				<p>F F F F</p>															

I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

**DRUG : Symp LEVOCETIRIZINE**

Dose	Route	Frequency	Start Dt.	Date Time
5ml	PO	Q24h	21/06	21/6 22/6 23/6

Name & Signature of the Doctor starting the Drugs : *[Signature]*

Additional Instructions :

Daily Doctor's Endorsement by a Sign. *[Signature]*

**DRUG : 3-1 NS NERB.**

Dose	Route	Frequency	Start Dt.	Date Time

Name & Signature of the Doctor starting the Drugs :

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

**DRUG : NS NEBULISATION**

Dose	Route	Frequency	Start Dt.	Date Time
3 ml	Neb	Q6h	20/6/26	21/6 22/6

Name & Signature of the Doctor starting the Drugs : *[Signature]*

Additional Instructions :

Daily Doctor's Endorsement by a Sign. *[Signature]*

**DRUG : Symp PIPRAZ**

Dose	Route	Frequency	Start Dt.	Date Time
2g	IV	Q8h	22/6	22/6

Name & Signature of the Doctor starting the Drugs : *[Signature]*

Additional Instructions :

Daily Doctor's Endorsement by a Sign. *[Signature]*









# Medication Reconciliation Form

Drug allergies:

PATIENT NAME.....  
 UHID... HCV-00006928 IP22-00023320  
 Baby J NIRIKSHA BREE  
 DOCTC 17-09-2021 4 Y 0 M 2 D (F)  
 Dr. SHASHWAT MOHANTY  
 DATE:...



**Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team.  
 (E.g. At the time of admission shifting from ICU to ward, or ward to ICUs)**

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

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature: *Dr. Venk*

Date & Time: *19/6/20 11/2*

Nurse name & Signature: *Ann*

Date / Time: *19/6/20 11 PM*

Patient

Registration

**NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
21/6	00.00	nebuliser NS 2ml at 12pm	Reya	}
	1.00	nebuliser NS 5pm	gudhi	
22/6	2.00	nebuliser NS 12AM	} Car	
"	3.00	nebuliser NS 6 AM		
22/6	4.00	nebuliser 3% NS 11.00AM	Santhoshi	
22/6/26	5.00	nebuliser 3% NS 5pm	} Car	
	6.00	nebuliser 3% NS		
	7.00	nebuliser 3% NS		
	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			