KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 18 D (F)
Dr. DAVID SUVARNARAJU PARIMI

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CROSS CONSULTATION FORM

Doctor Name: Dr M.N. prasad Bendhi Date: .... Time: ....

Diagnosis: (LE) Haemorrhagic conjunctivitis

Hospital: ....

Type of Referral :
- ☐ Emergency
- ☐ Urgent
- ☐ Non Urgent

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: [signature]

Findings and Recommendations :

C/S/B Dr M.N. prasad Bendhi

(Opthal)

Vsffr

K/c/o Adenoviral positive.

O/E RE LE
Lids normal. Lid swelling +. Discharge +.
Conj Quiet Conj subconjunctival Haemorrhage +
Cornea clear Cornea clear
AC Quiet AC Quiet
Pupil RRL Pupil RRL
Lens clear Lens clear
Fundus Ed ww Fundus Ed ww

Consultant :

Name: Dr M.N. prasad Bendhi Signature: [signature] Date & Time: 11/6/2026

Doc. No. : RCHBH/ FRM / CLINICAL / 049

(ii) Haemorrhagic conjunctivitis

M

(1) Tobramycin E/d
0 - 0 - 0 - 0 4 time
1 week

(2) Refresh tears E/d
0 - 0 - 0 - 0 4 time
1 week

(3) Loteprednol E/d
0 - 0 - 0 - 0 4 time
1 week

0 - 0 - 0 3 time
1 week

0 - 0 2 time
1 week

0 1 time 1 week

(4) Cold compression

10 min - 10 min - 10 min

(5) Review after 1 week.

& so

(ii)

Ref. No. F/INPR/12

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Patient Name :

Registration No

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
9/6/26	11 AM 00.00	Neb. Hyperneb. 3ml	Sandhya 944259	
	5.00 PM	Neb. Hyperneb 3ml	944336	
10/06/26	2.00	Neb. levolin 0.63 + 3% NS 3ml		
	3.00 AM	Neb. levolin 0.63+3% NS3ml	944422	
	4.00	Neb levolin 0.63 + 3% NS 3ml	944859	
	5.00			
10/6/26	6.00 PM	Neb. Levolin 0.63mg + 3% NS 3ml	Sandhya 944638	
11/06/26	7.00 AM	Neb levolin 0.63mg + 3% NS 3ml	944502	
	8.00 AM	Neb levolin 0.63 mg + 3% NS 2ml	944856	
	9.00			
	10.00	cross checked by Raglu 11/06/26 SAW		
	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			

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 15 D (F)
Dr. DAVID SUVARNARAJU PARIMI

Patient Name : _____

Patient ID# : _____

Consultant : Dr. DAVID .

Final Diagnosis : AFI

Pediatric Multiorgan History & Physical Examination

Name : NISHEDHA RAM Age/Sex 2yr 9months

Informant Mother Reliability fair

Chief Presenting Complaints & Duration (Chronologically):

Fever ∴ 6 days

Cold ∴ 1 day

Eye-discharge ∴ 1 day

History of present illness :

pt was apparently Normal 6 days back. c/o of Fever ∴ 6 days high-grade, Continuous Intidiant in onset, Not associated c chills & rigors.

using crocin syp & antibiotic ⇒ still fever persisting.

Cold ∴ 1 day Chunny nose present

Cough present.

Eye-discharge / redness present ∴ 1 day

Eye-swelling present.

No H/O of vomitings, loose stools.

oral intake - decreased.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

T/B wt - uneventful.
No H/O of NICU stay.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

achieved all milestones as per age.

Immunization History :

immunized as per age.

Anthropometry

Head Circum (cms) _____ (Centile _____) Height (cm) : _____ (Centile _____)

Weight (kgs) 12.25 Kgs (Centile _____)

On Examination :

Temperature : 103.1°F Pulse Rate: 147/min. Description _____

B.P. 78/47 SPO2 98% at _____

Resp. rate and type of breathing : regular, N rate.

Rash _____

Lymphadenopathy } No.

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : B/L AEE(+), no added sounds

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) throat – congestion (+)

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 (+)

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection (N)

Palpation : soft, non tender

Ausculation : _____

Spine: _____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes : (N). No sign of meningeal irritation.

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFE.

_____

_____

_____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP.
Resp-panel (S).
Blood c/s
~~[illegible]~~ Blood culture
Sr. Creatinine
LFT

(CBP, CRP, widal, dengue done on CUE, Op basis).
CRP - 30
CBP - HB - 10.9, PLT - 191, WBC - 6.8
widal → negative.
Dengue → "
CUE → (N)

Planned Management :

1) INF PNS
2) INJ Ceftriaxone
3) INJ Pantop
4) Syp Azithromycin
5) Monitor vitals.

Noted by Sis- Pooja @ [illegible]

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital : (Including the name of City)
3. Contact number of the Referring Doctor : (Preferring Mobile #)
4. Name of the doctor in Rainbow Team ____ on whose name the patient is being referred

Doctor's Signature Name [signature] Date 8/6 Time 12:00am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr David	
9/6		
10/	Acute viral illness	
	, Fever (+)	
	. Red eye	
	. Vomiting - 0	
	. Loose stool (+)	
	O/E Alert active	(1) Syp - [illegible]
	Syp [illegible]	
	Plan	Continue same
	Noted by sandhya 9/6/26 10am	[illegible]

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6 4pm	S/B Reg	
	AFI - D6	
	1 fever spike - low grade.	
	O/E : Alert	
	Vitals stable	
	CVS : S_1S_2 (+)	
	RS : RAE (+)	Plan
	P/A : soft	- Cont IV Abx
		- Trace Adenovirus
		Hari
	Noted by poonam 9/6/26 4pm	
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6 4pm	C/S/B Dr.	David.
	Adenoviral	illness.
	low grade fever spikes (+)	Plan
	→ Oral intake poor.	1) ct. same
		2) Encourage orally
	Vitals – stable	3) Monitor vitals.
	CVS RS | (N) . P/A	4) Trace culture reports
		[illegible signature]
	Noted by poonam 9/6/26 at 7pm	[illegible signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 10Am	S/B Dr. Varun:	
	No fever spikes since night	
	O/E:	Rx
	GC Stable	Discharge if no fever till afternoon
		Enterogermina vials 1-1 x 3days
	posted by Cm 10/6/26 11Am	T/C Antibiotics
		Syp Zincovit - Sul
		ORS/Coconut water

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 5pm	S/B. Registrar	
	AFI - Adenoviral illness	
	No fever spikes	
	oral intake - (+) but less	
	eye discharge (+)	
	eye redness (+)	
	Loose stools - 2 times from	
	Mng	Adv
	U/O - good	- T/c IV fluid, IV antibiotics
	vitals stable	- encourage orally.
	CVS - S1 S2 (+)	
	RS - Conducted sounds (+)	- T/c ectogermina, zinc
	P/A - soft	- ORS/ coconut water
	Noted by Sandhya 10/6/26.	

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 7pm	P/S Dr. David	
	Admitted when	
	No fever spiu	
	left Eye - redness	
	Swelling	
	Discharge (+)	
	No breathing difficulty	
	Oral intake - OK	
	O/E: Alert	Plan
	Vitals stable	- Discharge 4pm plan
	CVS: S1S2 (+)	- Optho consultation 4pm
	RS: BAE (+)	
	P/A: soft	
	Accepted by Sandhya 10/6/26 @ 4pm	Noted

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 10am	C/S/B Dr. David	
	Adeno viral illness.	
	No fever spikes.	
	left eye - redness (+)	
	swelling (+)	
	oral intake - good	
	O/E - alert	
	CVS: S_1S_2 (+)	
	RS: B/L AE (+), Conducted sounds (+)	Ophthal. Consultation
	P/A: soft	Discharge
		[illegible]
		[illegible]
		[illegible] neb $\bar{c}$ 3% NS 6th hrly
		Cetirizine
		Enterogermina
		[illegible]
		Review after 3 days
		[signature]

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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(op basic) **RESULT SHEET**

Date	06/06/26	8/6/26	10/06/26			
Time	8:58PM	23:57pm	1:01 pm			
Hb	10.9	10.5	10.6			
PCV	32.8	31.8	32.6			
RBC	4.78	4.60	4.73			
WBC	6.84	4.42	4.33			
N/L						
Platelets	191	185	207.			
CRP	30.0	23.0	8.0.			
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine		0.4				
ALP		159				
SGPT		14				
SGOT		34				
T.Bill/Conj		0.3 <0.1	0.2			
T.Protein		5.8				
S.Albumin		3.4				
S.Globulin		2.4				
A/G Ratio		1.4				
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(op basic)

Date	06/06/26					
Time	9:44AM					
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	positive 40mg/dl					
CUE - PUS Cells	2-3					
CUE - RBC Cells	Nil					
CUE Leucocytes	Negative					
" Crystals	Present ++					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
06/06/26 @ 11:18AM						
Dengue NS1 + IgM Widal	Negative					
Salmonella Typhi O	Agg Not seen					
" " H	Agg Not seen					
" Paratyphi AH	Agg Not seen					
" " BH	Agg Not seen					
Resp. Panel Flu A / Flu B / RSV / Sars	Negative.		Adenovirus + Detected			

(op basic)

16/26 @ 11.50pm

Culture and Sensitivities : Blood c/s @ 11.50 pm 48 st6 → 48 hours growth

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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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: 212

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ashwini

Date & Time : 08/06/26 @ 11:20PM

Nurse Name & Signature: B. Bikash

Date & Time : 08/06/26 @ 11:10PM

Docu. No. : RCH / FRM / GENERAL / 090

(1) Inj pantop 12mg

$$\frac{12mg \times 4}{40mg} = 1.2ml$$

(2) Inj ceftriaxone 620mg.

$$\frac{620mg \times (10ml\ D+W)}{1000mg}$$

$$= 6.2ml$$

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DRUG CHART

Date of Admission: 8/6/26 Drug Allergies: .... ☐ 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 / 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)

DRUG: SYP CROCIN-DS				Date / Time	
Dose	Route	Frequency	Start Date		9/6 6:30 Deepa Varu
4ml	oral	SOS	8/6.		
Doctor's Signature	Valid Period	Pharm.			
[signature]					4:47pm Poorna Shruti
Additional Instructions: (5ml/240mg) min 6th hrly intvl, if T>100.1°F					

DRUG: SYP IBUGESIC.				Date / Time
Dose	Route	Frequency	Start Date	
4ml	oral	SOS	8/6.	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: (5ml/100mg) min 8th hrly intvl, if T>102.1°F				

DRUG: INJ ONDANSETRON				Date / Time
Dose	Route	Frequency	Start Date	
1.8mg	IV	SOS	8/6	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions:				

VERIFIED BY : Name .... Signature ....

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REGULAR PRESCRIPTIONS

Weight. 12.25kg Ward. 3rd fl

DRUG : INJ PANTOPRAZOLE.

Dose	Route	Frequency	Start Date	Date/Time			
12mg	IV	OD.	8/6.	6AM	8/06 10:30AM	9/06	10/06	11/06

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date	Date/Time			
620mg	IV	BD.	8/6.	6AM	8/06 10:30AM	9/06	10/06
				6PM	9AM		

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 100mg/kg/day.

Daily Doctor's Endorsement by a Sign

DRUG : SYP AZITHROMYCIN.

Dose	Route	Frequency	Start Date	Date/Time		
120mg (3ml)	oral	OD.	8/6.	10AM	9/06 7AM	10/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 10mg/kg/day (5ml/200mg).

Daily Doctor's Endorsement by a Sign

DRUG : SYP Relent plus

Dose	Route	Frequency	Start Date	Date/Time	
3.5ml	oral	BD.	8/6	9AM	9/06
				9PM	

Stop.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Rainbow Children Hospital

Ref. No. : F / HW / DC / RP / INPR / 05.a

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Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	3	12.2

REGULAR PRESCRIPTIONS

DRUG : NASOCLEAR drops

Dose	Route	Frequency	Start Dt.
2 drops	nasal	TID	9/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 9/06, 10/06 — 6 Am, 2 pm, 10 pm

DRUG : RGLOT

Dose	Route	Frequency	Start Dt.
2d	Eye	bd	9/6

Name & Signature of the Doctor starting the Drugs: DAVID

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 9/6, 10/6 — 9 AM, 9 pm — STOP

DRUG : TAND GEL

Dose	Route	Frequency	Start Dt.
	Eye	bd	9/6

Name & Signature of the Doctor starting the Drugs: DAVID

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 9/6, 10/6 — 10 am, 10 pm — STOP

DRUG : HYPERNEB

Dose	Route	Frequency	Start Dt.
3	Neb	Q6H	9/6

Name & Signature of the Doctor starting the Drugs: DAVID

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 9/6 — 12 am, 6 am, 12 pm, 6 pm — STOP

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		(D)	3rd	12.2kg

REGULAR PRESCRIPTIONS

DRUG: Inj. ONDEM

Dose	Route	Frequency	Start Dt.
1ml	IV	t.i.d	9/6

Name & Signature of the Doctor starting the Drugs: DAND

Additional Instructions: 20 min before meals

Date / Time: 9/6 — 6AM, 2PM, 10PM; 10/06 — stop

Daily Doctor's Endorsement by a Sign.

DRUG: ENTEROGERMINA

Dose	Route	Frequency	Start Dt.
1 vial	PO	OD	9/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time: 9/6 — 9AM, 3:30PM; 10/6; 11/6

Daily Doctor's Endorsement by a Sign.

DRUG: SYP. CETRIZINE

Dose	Route	Frequency	Start Dt.
2.5ml	oral	HS	9/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time: 10PM; 9/06; 10/06

Daily Doctor's Endorsement by a Sign.

DRUG: NEB c LEVOLIN + 3%

Dose	Route	Frequency	Start Dt.
0.63	NEB	6th	9/6.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: + 3ml 3% NS

Daily Doctor's Endorsement by a Sign.

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Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : Syp. ZINCONIA

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	10/6

Name & Signature of the Doctor starting the Drugs: Dr chandana

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: 10/6

DRUG : TOBRAMYCIN drops

Dose	Route	Frequency	Start Dt.
2°	PE	8th hly	10/6

Name & Signature of the Doctor starting the Drugs: Hari

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

STOP Hari

DRUG : REFRESH Eye drops

Dose	Route	Frequency	Start Dt.
2°	EYE	8th hly	10/6

Name & Signature of the Doctor starting the Drugs: Hari

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

STOP Hari

DRUG : RGLOT

Dose	Route	Frequency	Start Dt.
2d	EYE	BD	9/6

Name & Signature of the Doctor starting the Drugs: Hari

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : TAND GEL

Dose	Route	Frequency	Start Dt.
	Eye	BD	9/6

Name & Signature of the Doctor starting the Drugs: Hau

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼

Patient Sticker

Weight. 92.2 kg Ward. Surgery

VARIABLE DOSE		Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			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.	

VARIABLE DOSE		Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			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

Signature .....

VERIFIED BY ..... Time .....

KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 15 D (F)
Dr. DAVID SUVARNARAJU PARIMI

I.V. FLUIDS CHART

Weight. 12.25 kg Ward. 3rd floor

		...osition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/6.	12AM	INF DNS. (2/3 rd maint)	IV	30 ml/H	[signature]	[signature] / [signature]	10/08hr	[signature]	[signature]
10/6	10pm	DNS	IV	20	[signature]	[signature]			

VERIFIED BY : Name .... Signature ....

Patient Sticker: Nishidha Ram
2y9m

(312)

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 9/6/25 Time: 11am

Weight: 12.95kg Centile: <3rd Centile

Height: – Centile: –

Inference: Nourished

RDA: Calories: 1200cals/day Protein: 20gm/day

Diet Recommendations: soft diet

Re-Assesment:

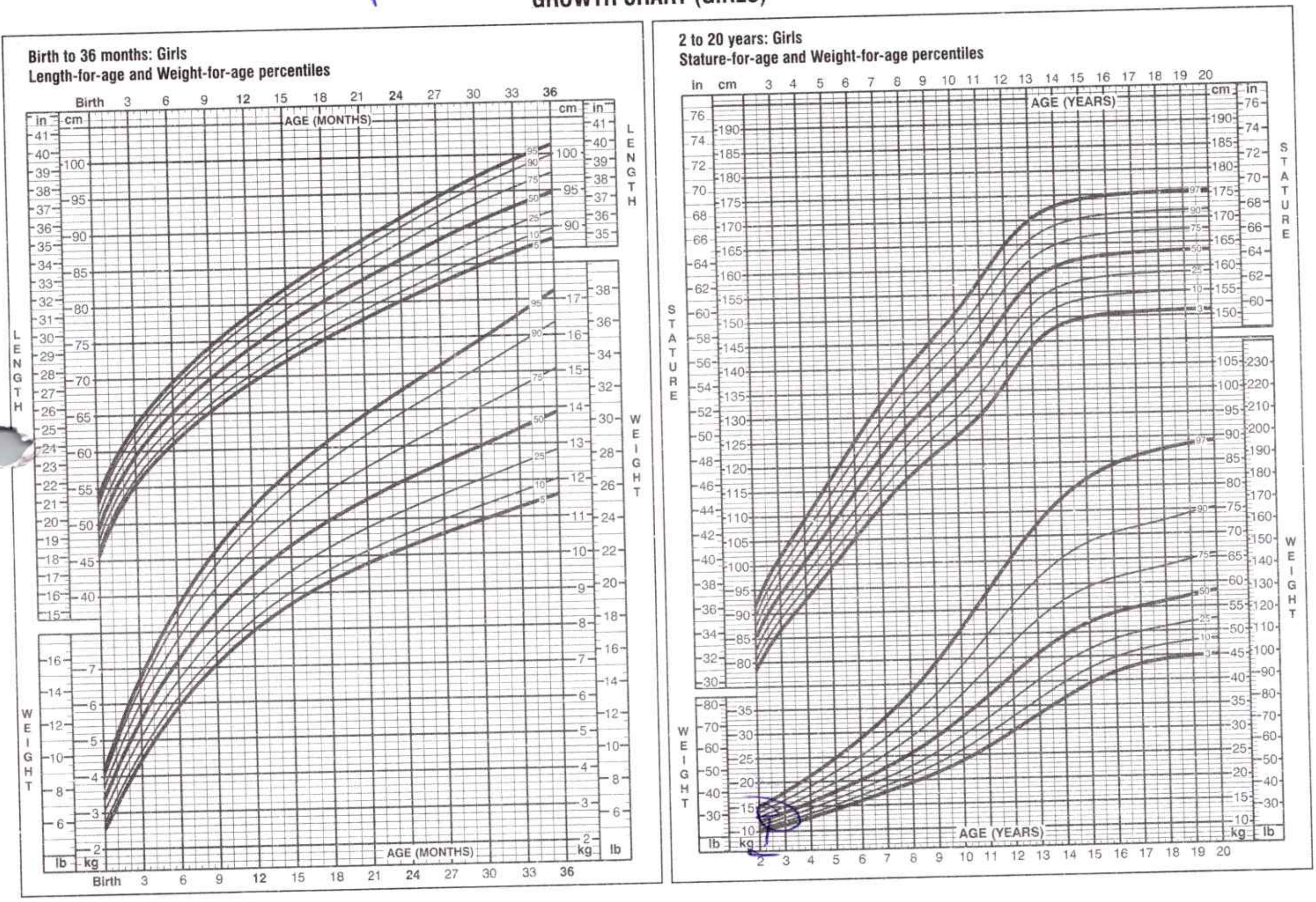
Food Allergies: No allergies Veg/Non-veg

Diagnosis: Acute viral illness

Nutritional Intervention - ✓ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (GIRLS)



Dietician's Name: Lakshmi

Dietician's Signature: [signature]

(P.T.O.)

Docu. No. : RCH /FRM / CLINICAL / 161

Daily Notes:

.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate	
Neonate(<28days)	100-205	90-160	
Infant (1 month-1yr)	100-180	90-160	
Toddler (1-2yr)	98-140	80-120	
Preschool (3-5 yr)	80-120	65-100	
School -age (6-11yr)	75-118	58-90	
Adolescent (12-15yr)	60-100	50-90	

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

Age	Normal Respiratory Rate		
Infant (1 month-1yr)	30-53		
Toddler (1-2yr)	22-37		
Preschool (3-5 yr)	20-28		
School -age (6-11yr)	18-25		
Adolescent (12-15yr)	12-20		

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (^{0}C)	Normal Range (^{0}F)
Rectal	36.6-38	97.8-100.4 ^{0}F
Ear	35.8-38	96.4-100.4 ^{0}F
Oral	35.5-37.5	95.9-99.5 ^{0}F
Axillary	36.5-37.5	97.7-99.5 ^{0}F

KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 15 D (F)
Dr. DAVID SUVARNARAJU PARIMI

).: RCHBH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital — It takes a lot to treat the little.

BirthRight — BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 08/06/26 Time: 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6

Doctor / Nurse / Family Concern?

Temperature (°F) — scale 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

- 11: Neomol suppository 180mg given
- 12 AM 30: 101°F
- 1: 99.4°F
- 3: 99.6°F
- 6: 100.3°F — Crocin 4ml @ 6-30 Am

	11	6
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50)	78 / 58	79 / 58
Note: BP does not score in early warning scoring		
Heart Rate (Number)	147	147
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)		
Resp Rate (Number)	28	28
Resp Distress — Mod/ Severe / None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	99%	100%
Conscious Level — Normal / Altered		
GCS *	15/15	15/15
TOTAL SCORE — Number of shaded boxes		
Pain Score		
Observer's Initials	[illegible]	[illegible]

ACTIONS		
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.

Patient Sticker

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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!
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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.

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

KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 16 D (F)
Dr. DAVID SUVARNARAJU PARIMI

Doc. No. : RCHBH/ FRM / CLINICAL / 125
9/6/26

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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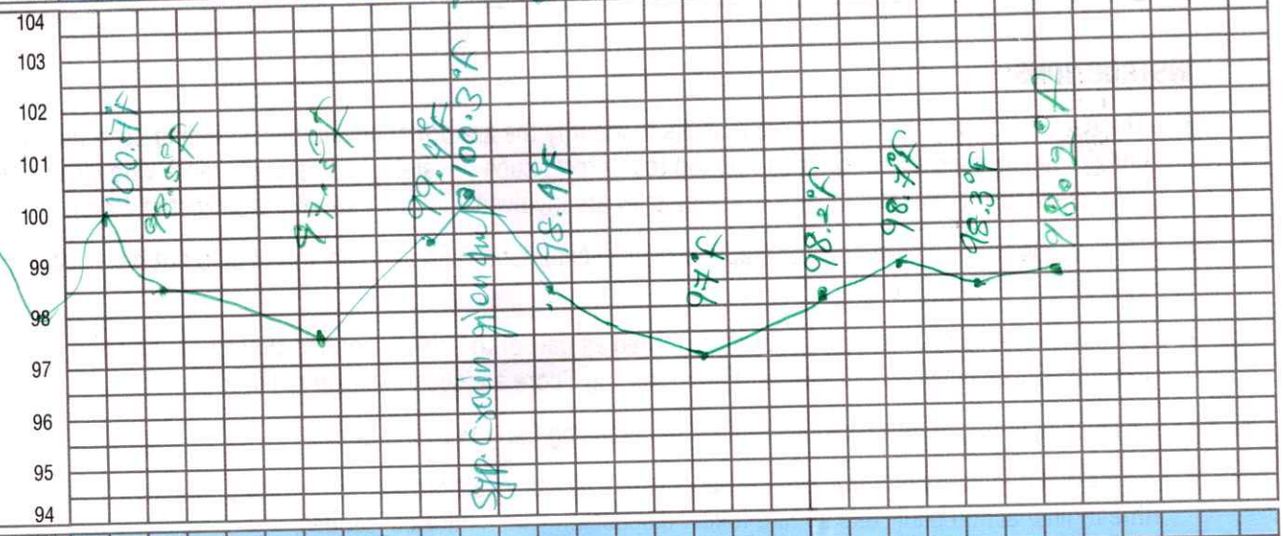
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/6/26 Time: 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8

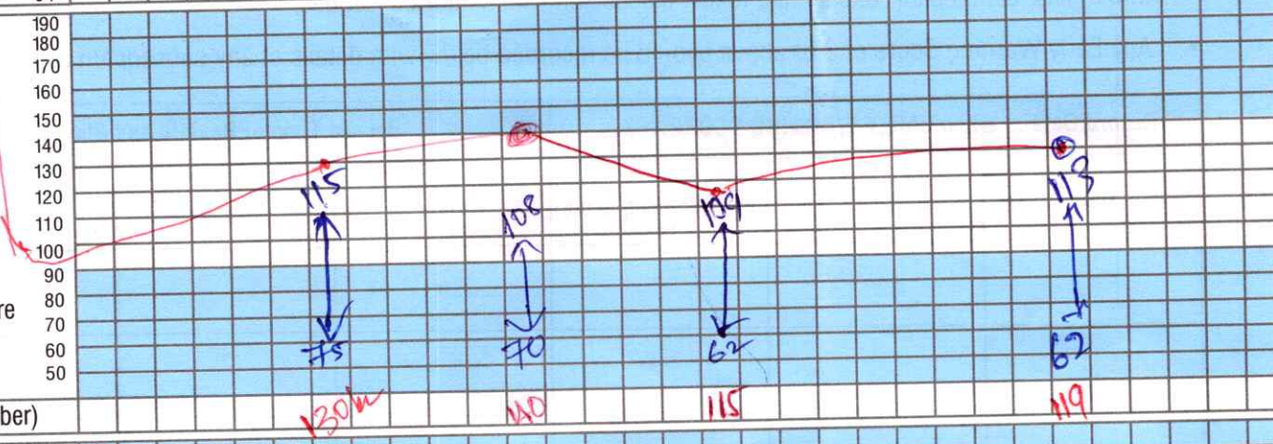
Doctor / Nurse / Family Concern?

Temperature (°F)



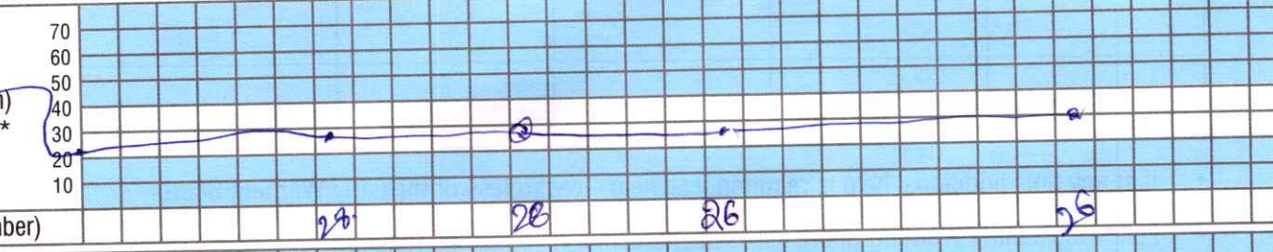
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 130 bpm 110 115 119

Resp. Rate (bpm) (Over 1 Minute) *



Resp Rate (Number) 28 28 26 26

Resp Distress	Mod/ Severe / None / Mild	
Receiving O_2(l/min) O_2Saturations (%)		97% 98% 99% 99%
Conscious Level	Normal / Altered	
GCS *		15/15 15/15 15/15 15/15
TOTAL SCORE Number of shaded boxes		0 0 0 0
Pain Score		
Observer's Initials		

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 17 D (F)
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Doc. No. : RCHBH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/06/26 Time: 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8

Doctor / Nurse / Family Concern?

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number) — 116 108 110 BM 105

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number) — 26 26 25 26

Resp Distress	Mod/ Severe / None / Mild		RA	RA
Receiving O_2(l/min) O_2Saturations (%)		99%	99%	99%
Conscious Level	Normal / Altered			
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials				

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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9/6/26

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Your Right to a Safe Delivery

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	DNS	Small quantity Idly + H2O		30ml	1			1		0	cf
	01:00 am				-						0	
Total Intake :		Idly + H2O, DNS 80ml				**Total Output :**					U - 0	m - 0
	02:00 am				30ml						0	
	03:00 am	D			30ml							
	04:00 am	N			30ml						0	
	05:00 am		H2O		30ml				✓			cf
	06:00 am	S			30ml						0	
	07:00 am											
Total Intake :		~~Idly~~ + H2O, DNS 150ml				**Total Output :**					U - 1	m - 0

Total 24 hrs. Intake	idly + H2O DNS - 180ml	Total 24 hrs. Output	U - 1 m - 0

Docu. No. : RCH /FRM / CLINICAL / 092

KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 16 D (F)
Dr. DAVID SUVARNARAJU PARIMI

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FLUID CHART

Sheet No. : 2 9/6/26

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
							8:30am Loose stool					
	08:00 am			30ml						✓	0	
	09:00 am	D	H2O	–								
	10:00 am	N		30ml			✓ Loose stool			✓	0	Sandhya
	11:00 am	S		–			✓ Loose stool			✓	0	
	12:00 pm			30ml								
	01:00 pm			30ml								
Total Intake : DNS 120ml + H2O.										Total Output : U-03 M-03		
	02:00 pm			30 ml								
	03:00 pm	D	Water	30 ml						✓	0	
	04:00 pm		Millet	30 ml								
	05:00 pm	N	+	30 ml						✓	0	Deepa
	06:00 pm	S	H2O	–							0	
	07:00 pm			—								
Total Intake : DNS – 120 ml Water Millon + H2O										Total Output : U-2 M-0		
	08:00 pm		Small quantity Khichidi	–			✓					
	09:00 pm			–							0	
	10:00 pm	D	+ H2O	30ml								
	11:00 pm	N		30ml							0	
	12:00 am	S		30ml								
	01:00 am			30ml								
Total Intake : Khichidi + H2O, DNS 120ml										Total Output : U = Ct =		
	02:00 am			30ml								
	03:00 am	D		30 ml							0	
	04:00 am	N	H2O	30ml								
	05:00 am	S		30ml			✓			✓	0	
	06:00 am			30ml								
	07:00 am			–								
Total Intake : H2O, DNS 150ml										Total Output : U = 1 Ct = 1		

Total 24 hrs. Intake	Khichidi DNS – 510ml Watermelon	Total 24 hrs. Output	U = 6 Ct = 6

Docu. No. : RCH /FRM / CLINICAL / 092

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FLUID CHART

10/06/26

Sheet No. : 3

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.

		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							
	08:00 am			30ml								
	09:00 am	D	Idly 2 pics	30ml						✓	0	
	10:00 am			30ml			✓					
	11:00 am	P	H2O	30ml							0	
	12:00 pm	)	9 SIP	–			✓			✓	I	
	01:00 pm			30ml							0	
Total Intake : Idly, H2O, DNS 150ml						**Total Output:** U-2 M-2						
	02:00 pm			30ml								
	03:00 pm		Kichidi	30ml						✓	0	
	04:00 pm	D		30ml			I					
	05:00 pm	N	H2O	30ml							0	
	06:00 pm	S		–						✓		
	07:00 pm			~~30ml~~							0	
Total Intake : DNS - 180 ml.						**Total Output :** U - 02, M - 80						
	08:00 pm			–								
	09:00 pm		kichi	–						✓	0	
	10:00 pm			20ml			I					
	11:00 pm	D	H2O	20ml								
	12:00 am	N		20ml							0	
	01:00 am	S		20ml								
Total Intake : DNS – 80ml						**Total Output :** U = 01						
	02:00 am			20ml								
	03:00 am			20ml			I			✓	0	
	04:00 am	D	H2O	20ml								
	05:00 am	N		20ml							0	
	06:00 am	S		–						✓		
	07:00 am			20ml.								
Total Intake : DNS – 100ml						**Total Output :** U = 02 M = 02						

Total 24 hrs. Intake		Total 24 hrs. Output	U = 07 M = 02

Docu. No. : RCH /FBM / CLINICAL / 092

KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 18 D (F)
Dr. DAVID SUVARNARAJU PARIMI

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 4

11/6/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am			20ml								
	09:00 am	D		20ml								
	10:00 am			20ml								
	11:00 am	N		✓								
	12:00 pm	S										
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

KOH-00302489 IP2-00056495
Baby NISHIDHA RAM JAVVADI
24-08-2023 2 Y 9 M 15 D (F)
Dr. DAVID SUVARNARAJU PARIMI

UHID No. : ___ _____Consultant: _____ Dept : _____

Date of Admissic _____Date of Discharge : _____ Time: _____

Room / Bed No : _____Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
09/06	12.15pm	ER	812	Bikasi 09/6 10.35Am

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. NVN. Prasanna Bharathi	9/6/26		
2				
3				
4				
5				
6				
7				
8				
9				
10				

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/06/25	Infusion pump	12 Am	10/6/25 10AM	944208	[signature]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
06/06/26	CBP, CRP, Widal, Dengue NS1 + IgM, CUE } (OP basic)	213074	Bikash
		"	"
08/06/26	Blood C/S, CBP, CRP, LFT	26007925	"
	~~Creat~~, Respiratory panel	26007927	"
	Creat	26007925	"
	To ER cross checked by Pooja @ 12Am 9/6		
10/6/26	CBP, CRP	26007978	[illegible]

cross checked by Pooja 11/06/26 12Am

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
08/06	IV Cannulation	①	944162	Bikasi
	To ER cross checked by pooja 9/6/[illegible]			
9/6/26	N.H.A	①	944283	Sandhya
10/6/26	IV placement	1	944516	[illegible]
	cross checked by [illegible] 11/6/[illegible]			

ANY OTHER INFORMATION

op file given to the parent's

[illegible]

Date : 08/06/26 Time : 11:20pm Prepared By : Bikasi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
cross checked done by Bikasi	ER FO 312		