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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 20 D (F)
Dr. PREETHAM KUMAR

ACTIVITY RECORD FOR BILLING

Name: ----------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 1/6 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 108 Ward : 1st f Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/6	7.40pm	ER	108	Nur

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sruthi Balla	3/6/26	308683	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
1/6/26	Bloodcs. electrolyte creat	26019078	Nee
	RAT - Negative	26019083	Nee
	Cross Checked by Dr. 1/6/26		
3/6/26	Cbp, CRP	26019186	S
	Spot calcium / Urine Protein	26019267	S
4/6/26	Cbp, LFT, Electrolyte, Creatinine, Urea, Bicarbonate	26019341	S
	Urine KUB	26008943	S
	Cross Checked by Consultant		S

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/6	Infusion pump	7-50pm	2/6/26 [illegible]	30862444	[signature]
	Cross	checked	by [signature]	1/6/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
1/6	IVP/Placement	1	3086245	Nee
	Cross Clubbed by [illegible] 1/6/26			

ANY OTHER INFORMATION

Rest - negative

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[signature]		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060200 **Admit Date** : 01-Jun-2026 **Admit Time** : 06:50 PM **UHID** : VIH-00197704

Patient Details :

Patient Name	: Baby PULIJALA SREE MYTHILI	**Age**	: 0 Y 7 M 20 D
Guardian	: Mr P. VIVEKANAND	**DOB**	: 12-10-2025 08:52 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO: 262, P.S. RAO NAGAR Nagaram Hyderabad Telangana INDIA 500083	**Phone No**	: 8801092840/ 7799826137
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr P. VIVEKANAND **Relationship** : Father

Contact Address : PLOT NO: 262, P.S. RAO NAGAR Nagaram Hyderabad Telangana INDIA 500083 **Phone No** : 8801092840

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : ADITYA BIRLA HEALTH INSURANCE CO LTD

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Ht:-68 cm.
wt:-9.20kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Blop. Naga sai Swetha Age : 7 months Gender: ☐ Male ☑ Female

Date : 11/6/26 Time of Arrival : 6:44pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): — ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 102.7°F PR: 140bpm BP: 108/74(86) RR: 28bpm SpO2: 98%

Chief Complaints: c/o fever x 1 day & chills.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☑ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:49pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Revathy

Signature of Triage Nurse : Revathy G

Date & Time : 11/6/26 @ 6:49pm

Patient Name : Baby. PULIJALA SREE MYTHILI UHID : VIH-00197704 IPD : IP-00060200 Gender : Female Age : 0 Y 7 M 20 D

VIH-00197704 IP-00060200
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1/6/26 Time of arrival : 6:50PM

Chief Complaints: c/o fever x 1 day c chills RBS: —

Height : 68cm Weight : 9.20kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes , identify —

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: — (Date/Time): —

Social History: Lives With parents

Siblings in household ☐ Yes ☐ No (if yes How Many?)

Time of Initial assessment completed by ER Nurse : 6:54pm

Patient Name : Baby. PULIJALA SREE MYTHILI UHID : VIH-00197704 IPD : IP-00060200 Gender : Female
Age : 0 Y 7 M 20 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
6:44pm	⇒ Baby came to ER
6:49pm	⇒ vitals checked and Recorded
	⇒ Doctor has seen the Baby
6:55pm	⇒ Syp. crocin drops 1.3ml given and sponging done in ER
6:56	⇒ Admission done
7:15pm	⇒ IV placement done, samples collected and sented to lab
	⇒ COVID RAT :- Negative.
7.40pm	⇒ Baby shifted to ward. (104)

Samples collected by: Sr Lavanya — Time: 7:20pm
Samples sent by : Sr Mogilisha — Time: 7:20pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:55pm	Syp. crocin drops	plo	1.3ml		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 134 bl/m BP: Crying CFT: <3sec	Shift - out from ER to: ICU
RR: 33 bl/m SPO_2 : 100%	Time of Shift - out: 11/12/22 @ 7:40pm
GCS: 15/15 Temperature : 99.4 F	Handover given to: Sr Subham
Pain Score: 0	(Nurse's Name) by Sr Sanjay
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Sanjay Signature of the Nurse : Sanjay

Date & Time : 11/12/22 @ 7:40pm

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: UTI

Arrival Time: 7:40 PM Mode of Arrival: Reffred by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: NO allergy

Body Weight: 9.20 Kg

Height: 68 cm

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
yes	NIL	NIL

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☐ Yes ☑ No If No, please describe problems: LSCS

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 9.20kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 99.5°f HR: 130b/mt RR: 30b/mt BP: 95/50(69)

Pain Score: 0 Specify Site: - (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 13 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain Nil Location - Frequency - Duration -

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... N/A ..... (Date/Time): ..... —

Social History: Lives With ..... Family .....

Siblings in household ☐ Yes ☑ No (if yes How Many?) ..... —

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother .....

Nurse's Name: ..... Subham ..... Date: ..... 1/06/25 ..... Time: ..... 8:10PM ..... Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00197704 IP-00060200 Baby PULIJALA SREE MYTHILI 12-10-2025 0 Y 7 M 20 D (F) Dr. PREETHAM KUMAR	1/6/26 @ 6.50PM	1/6/26 @ 7:40PM
	Transfer Ordered by ~~Admin~~ Dr. Prashanti	Reason for Transfer Admission
From Unit ER	To Unit 108	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Prashanti	Magisue/Nee

Patient & Clinical Records Received by : Subham

Date & Time of Patient Received : 01/06/26 @ 7:40PM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00197704 IP-00060200 Baby PULIJALA SREE MYTHILI 12-10-2025 0 Y 7 M 20 D (F) Dr. PREETHAM KUMAR _____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 20 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : B/O Naga sai swetha Age/Sex 7m/female

Information given by: mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o fever : 1 day.

History of present illness :

Child was apparently asymptomatic 1 day back
then had c/o fever : 1 day
mod-high grade fevers
(4-6) spikes/day
Intefebrile period - Active.
Subsiding on medication

U/O - Adequate. Child is irritable.

O/E → Better. No thb cold, cough.
on Bf + ff.

01/06/26

CRP → 73 mg/L

Hb → 10.3 g/dL

WBC → 15.00 4

N/L → 35/48.7.

PLT → 3.21 lakhs.

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Pediatric Multiorgan History & Physical Examination

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

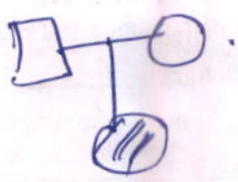
K/c/o UTI.

1st Episode @ 8 month of Age.

USG Abd → Done Feb → showed mild hydronephy. no focal lesions.
TO suggest cystitis.

Birth & Neonatal History:

Term baby / 2.46 kgs / LSCS
~~LBAB~~ - No NICU admission.



Birth & Socio Economic History:

About Father : Class III.
About Mother :
Any additional Information :

Developmental History :

Development achieved as per Age. In all 4 domains.

Immunization History :

Immunized as per Age.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____ (Centile _____) Height (cms): 68cms. (Centile)_____)

Weight (kgs)) 9.20kgs (Centile _____)

On Examination :

Temperature : 102°F. Pulse Rate : 140b/m B.P. 108/70(86) SPO2 78%

Resp.rate and type of breathing : 98B/m

Rash

Lymphadenopathy

Oedema : (-).

Allergies (if any):

Respiratory System :

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

Air entry & breath sounds : B/L AE (+)

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-).

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

Per Abdomen :

Inspection

Palpation :

Ausculation : (N)

Spine :

External Genitelia : (N).

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/15

Cranial Nerves : (N)

Motor System:

Nutriton : (R) (L)

Tone: (N) Power 3/5 3/5

Co-ordinator :

Posture : (-)

Involuntary Movements :

Reflexes :

DTR +nt **Superficials:** +nt

Plantars Extensor

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

UTI.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications.

Desired goals of the treatment : To treat the symptoms.

c/i/B Dr. Kundana mam.

Planned Labs:

CBP, CRP, LFT - Domon OPD
4/6/26 → Basis

S/E, S. creatinine, Blood cls.

Planned Management

IVF
- IV Ceftriaxone
- Inj. emeprazole.

Noted by
Recognised
1/6/26

Signature of the Doctor: .....
Name of the Doctor: Dr. prashanth
Date & Time: 1/6/26 ;

Signature of the Consultant: .....
Name of the Consultant: Dr. Praveen
Date & Time: 2/6/26 9A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 8:00am	C/S/B Resident UTI. 3 fever spikes ∴ Admission. 11:10 pm, 3 Am, 8 Am (103.3 F) (102.3 F) (101.4 F). CRP → 73. WBC → 15,000. CUE → 18-20 pus cells Leukocyturia (+). Dr. Prathartini.	O/E Child Active & Alert Vitals Stable CVS: S1S2 (+) RS: BLAE (+) P/A: Soft CNS: NAD.
		Plan. - Inj. pipta 2 - D1 - Inj. Amikacin - D1 - monitor vitals - Inform (for). Noted by Monisha 2/6 @8pm
2/6/26		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2.6.26 / 4.00 PM	S/B Registrar Urinary Tract Infection 1 fever spike ~2.00 PM (101.6°F) small episode of semi-solid stool O/E child active CRT < 3 sec - afebrile H/L - NAD P/A - soft Inj. Piptaz } D, Inj. Amikacin } Sameera T. (Dr. Sameera)	Plan → Trace urine c/s → Vitals 4th hrly → Dr. Sruti c/n T/m
CBP T/m. CRP		
Dr. KUMUDA 2/6/26 5 pm.		NOted by Subhan 2/6/26 @7PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:00AM	C/S/B Resident	
	Dx: UTI.	
	1 fever spike @ 1:30AM	(100.4°F)
CRP →99.	O/E	
	Child Alert & Active.	
	Vitals stable	Plan
	CVS: S1S2 (+)	→ Trace U/C.
Dr. prashanth.	RS: B/L AE (+)	→ Trace CRP.
	P/A: soft	– chronic mam c/o
	CNS: NAD.	today.
		– Inj. piptaz – D2
		– Inj. Amikacin. – D2.
3/6/26 PA		noted by manasa 3/6 02PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/25 6:30 PM	C/C/B Resident Dx/s: UTI. No fevspikes No new issues. O/E Child Alert & Active. Vitals stable. CVS: S1S2 (+) RS: BAE (+) P/A: Soft CNS: NAD. =) Trace URINE C/S. RP2 CBP 5/6. CRP USG KUB: NOW. Dr Kumudha 3/6/25 4pm Noted by Subhan 3/6/25 @7:30pm	Plan - plan for USG KUB NOW - CST - monitor vitals - Inform(ed).

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 5:25 AM	2nd Episode of UTI ↓ Evaluation. - No fevers - NO Burning micturation - (N) intake. vitals (N)	
USG Abd ↓ (N).	CVS - S1 S2 CNS - NAD RS - (C) PA - Soft.	Plan - Trace Urets. + Inform Dr. Sravya
4/6/26 Sd Preetham		- CBP, CRP, RFT q/m - Continue Piptaz + Amikacin - vitals 6th hrly N. Guru

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 4:00pm.	C/S/B Dr. Kundana mam.	
	Dx: UTI (positive for E coli)	
	Afebrile > 24hrs.	
	I/O - Adequate.	
	O/I -> Better.	
	No new Concerns.	
Send CBP CRP RP.	O/E	
	Child Alert & Active.	
	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	Plan
for Discharge 4/6/26 4pm.	P/A: Soft	
	CNS: NAD.	- trace CBP, CRP, RFT
		- Plan for d/c tomorrow.
		- CT
		- monitor vitals
		- Inform (Dr).
Noted by Subhan 4/6/26 @7pm		

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 22 D (F)
Dr. PREETHAM KUMAR

Rainbow Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8:30 am	C/S/B Resident	
	Dx: UTI (culture positive for E coli)	
	Afebrile > 48hrs.	
	No new concerns.	
USG Abd ↓ (N)	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1S2 (+)	Plan
	RS: B/L AE (+)	- Stop Amikacin
Dr. Prashanth	P/A: Soft	- Inj piptaz - D4
	CNS: NAD.	- Inj. Omeprazole
99 ↓		- Maintain fluids
CRP → 43	C/O 2 episodes of loose stool	- Inform (?)
15k ↓ WBC → 9.89k.		D/C on IV x 7d
		Total:
		- D/w Dr. Ithrudeep
5/6/26		- Sponsor - R Sadiq
		Noted by Anitha 5/6/26 @ 10AM

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI (F)
12-10-2025 0 Y 7 M 23 D
Dr. PREETHAM KUMAR

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CONSULTATION FORM

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery | Madhukar Rainbow Children's Hospital It takes a lot to treat the little.

Doctor Name : Dr. Sruthi

Date : 3/6/26 Hour : 16 hrs.

Hospital : RCH

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☑ Non Urgent (within 24 hrs.)

Referred for : ☑ Opinion ☐ Co-Management

☐ Transfer of care

Date : 3/6/26 Time : 4 pm By :

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 22 D (F)
Dr. PREETHAM KUMAR

Reason for C ... specify the particular need, especially in the absence of a second diagnosis:

Signature: M.D.

Report of Findings and Recommendations :

Recent UTI

@ 4m Culture -ve UTI.

7m — current UTI.

USG Pelvicine (2).

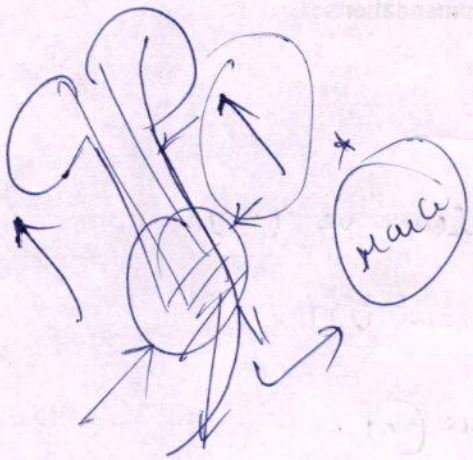
Adv

- USG KUB
- Inform c/s report
- Continue current IV Antibiotics
- Next pricle RP_2.
- Plan MCUG scan after UTI settles
- Send spot urine. Pa/creatinine-ratio.

Consultant :

Name : DR. SRUTHI Signature : Date & Time : 3/6/2026 4pm.

NOTE : If more space is required use another consultation sheet as continuation


mass

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 20 D (F)
Dr. PREETHAM KUMAR

Patient Sticker

NT (<1 year) en's Observation & Warning Scoring Chart

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 01/10/25 Time:	8	9	11:10	1	3	5	8:20	
Doctor/Nurse/Family Concern?	PM	pm	pm	AM	AM	AM	AM	

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

98.7°F
Sponge Bath (Paracetamol) 98.2°F
99.1°F
Syp (Ibuprofen) Sponge Bath 102.2°F
98.6F
101.4°F (Drops. Given)

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)	131	130	129	130	122	134	130

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

Resp Rate (Number)	30	30	32	30	29	38	30

Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	97	98	99	98	99	98	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	01	0	1	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	SK	M	M	M	M	M	M

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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* 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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BirthRight
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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
- Following a Early Warning Score assessment, senior help may be required

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.

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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)

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 20 D (F)
Dr. PREETHAM KUMAR

No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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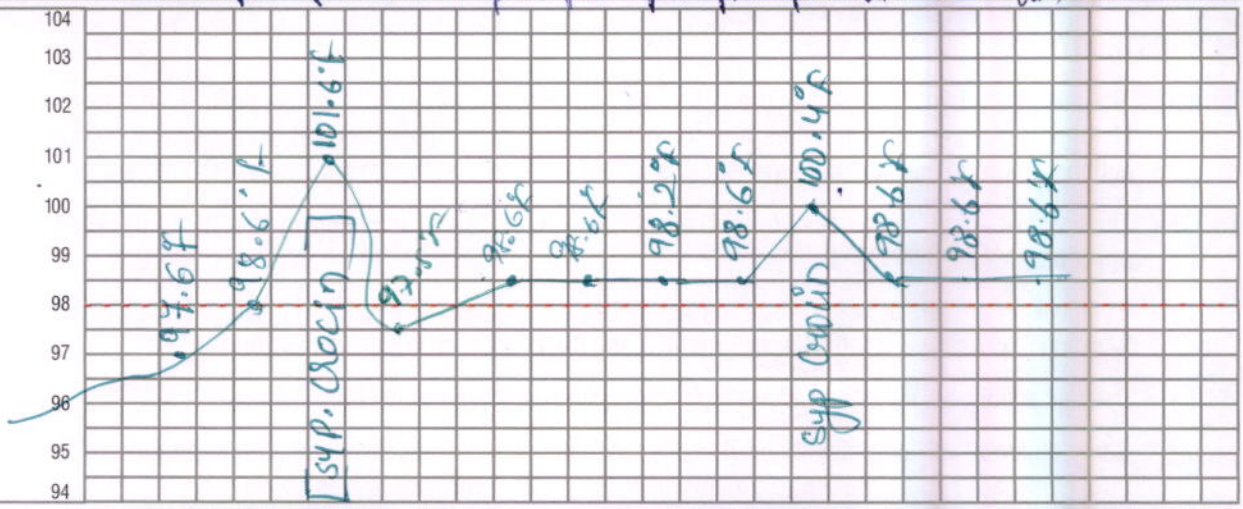
EARLY WARNING SCORE: CHILDREN'S UNIT

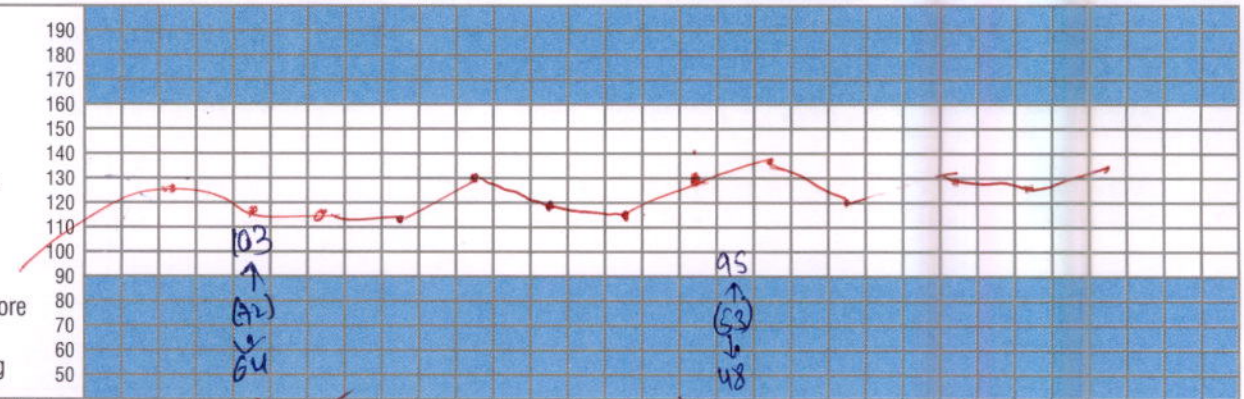
Date: 2/6/26 Time:		10		12	1.40		3.25		5		7		9		11		11.35		2		4		7
Doctor/Nurse/Family Concern?		AM		PM	PM		PM		PM		PM		PM		PM		PM		AM		AM		AM

Temperature (°F)



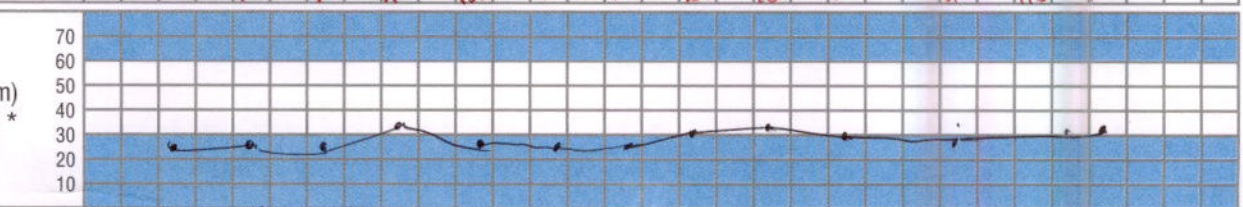
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)		120		117	125		112		130		129		117		130		134		120		118		115		121

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



Resp Rate (Number)		25		26	25		32		26		24		24		30		32		30		28				30
Resp Distress	Mod/ Severe																						
	None / Mild	N		N	N		N		N		N		N		N		N		N						
Receiving O_2 (l/min)																							
O_2 Saturations (%)		97		98	97		96		97		98		99		99		100		99		99		100		98
Conscious Level	Normal	N		N	N		N		N		N		N		N		N		N		N		N		N
	Altered																								
GCS *		15		15	15		15		15		15		15		15		15		15		15		15		15
TOTAL SCORE Number of shaded boxes		0		0	0		0		0		0		0		0		1		0		0		0		0
Pain Score		0		0	0		0		0		0		0		0		0		0		0		0		0
Observer's Initials		ME		M	ME		SK		SK		[illegible]		[illegible]		B		B		B		B		B		B

ACTIONS	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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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)

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI (F)
12-10-2025 0 Y 7 M 21 D
Dr. PREETHAM KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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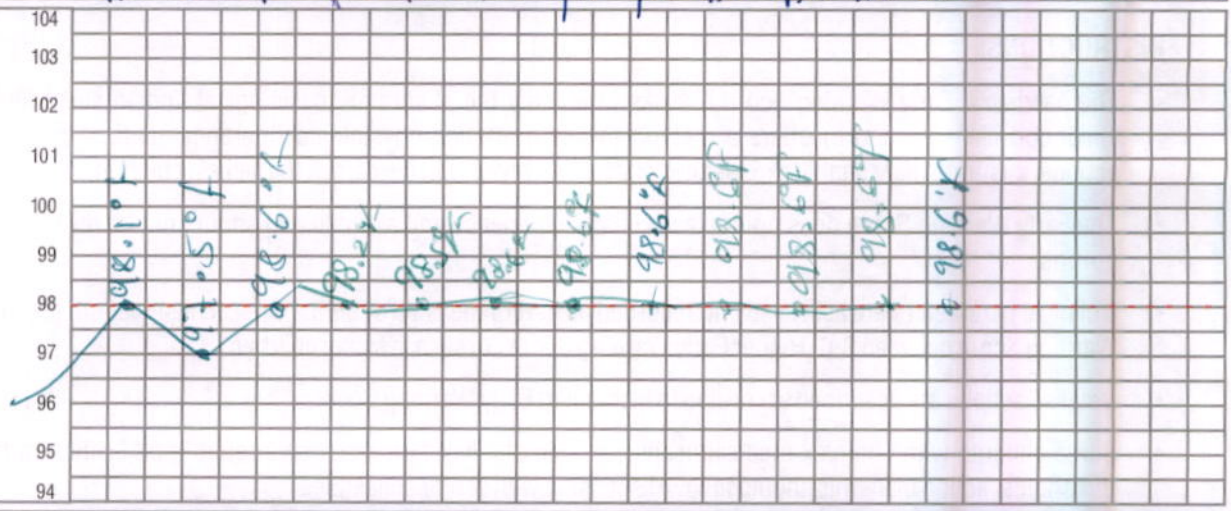
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 09/06/25 Time: 9 11 1 3 5 7 9 11 1 3 5 7

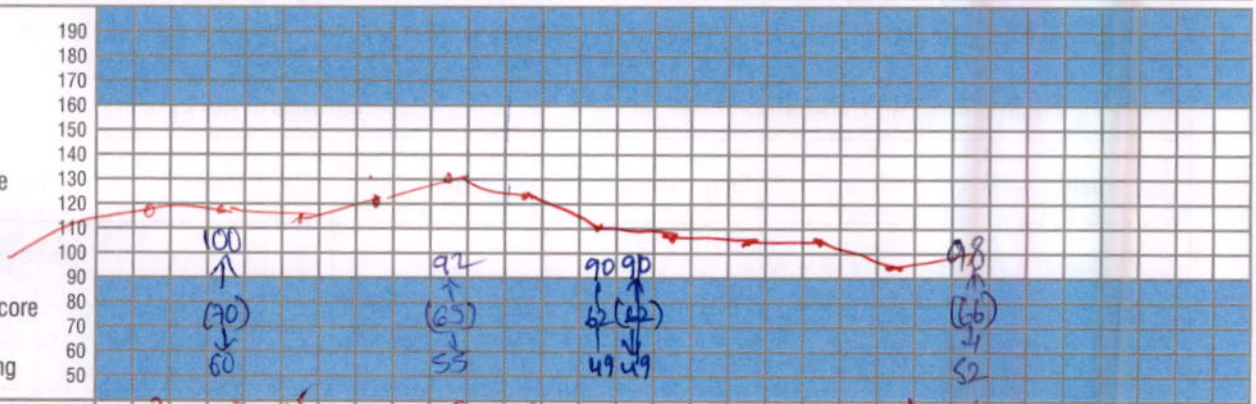
Doctor/Nurse/Family Concern? AM AM PM PM PM P PM PM AM AM AM AM

Temperature (°F)



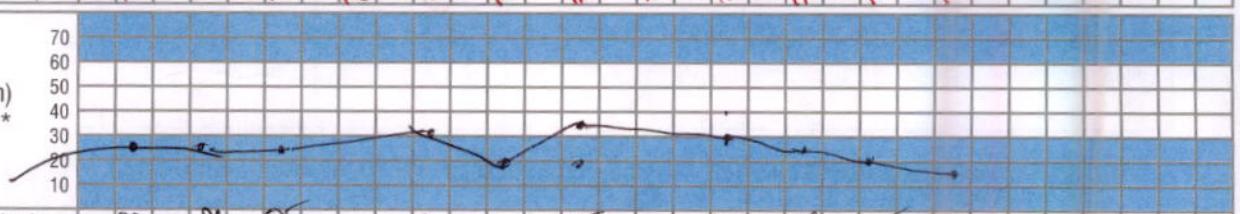
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	117	120	115	120	130	122	114	110	112	112	104	106

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



Resp Rate (Number)	27	26	25	30	30	38	30	28	25	20

Resp Distress	Mod/ Severe / None / Mild											
Receiving O_2 (l/min) O_2 Saturations (%)	97	98	97	96	97	94	99	99	98	99	99	99	99
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		MA	MA	MA	SK	SK	SK	SK	SK	SK	SK	SK	SK

ACTIONS	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 21 D (F)
Dr. PREETHAM KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/6/26 Time:	8	11	1	4	7	10	1	4	7	
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	am	am	am	am	
Temperature (°F)	98.6°F	98.6°F	98.6°F	97.5°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	118	115	120	113	121	119	125	120	122	
Note: BP does not score in early warning scoring						95 (71) 60			92 (53) 48	
Resp. Rate (bpm) (Over 1 Minute) *	28	27	28	30	29	29	30	32		
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2 (l/min) O_2 Saturations (%)	98	98	98	100	99	96	99	100	99	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	
Observer's Initials	BS	BS	BS	SK	SK	SK	B	B	B	

ACTIONS	
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Patient Sticker

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Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 23 D (F)
Dr. PREETHAM KUMAR

CH/ FRM / CLINICAL / 124

INFANT (<1 year)
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

Parameter	Entry
Date: .... Time:	9 AM
Doctor/Nurse/Family Concern?	
Temperature (°F) (104–94)	5/6/26 — 98°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	94 / (60) 58
Note: BP does not score in early warning scoring	
Heart Rate (Number)	114
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	
Resp Rate (Number)	24
Resp Distress — Mod/ Severe / None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	98
Conscious Level — Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

Noted by Indu 5/6 @10 AM

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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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!
- Following a Early Warning Score assessment, senior help may be required

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)

Patient Stick

VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 20 D (F)
Dr. PREETHAM KUMAR

(1)

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FLUID CHART

Sheet No. : (1)

01/06/26

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
			Mouth	I.V	N.G							
	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 :**						
1/6/26	08:00 pm										1	manisha
	09:00 pm											
	10:00 pm		DBM	25ml								
	11:00 pm			25ml							0	
	12:00 am			25ml						✓		
	01:00 am			25ml								
Total Intake :		100 ml				**Total Output :**						
2/6/26	02:00 am										1	manisha 2/6/26 @8AM
	03:00 am									✓		
	04:00 am			25ml							0	
	05:00 am			25ml								
	06:00 am			25ml								
	07:00 am									✓		
Total Intake :		75 ml				**Total Output :**						

Total 24 hrs. Intake	175 ml	Total 24 hrs. Output	3 times.

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FLUID CHART

Sheet No. : (2)

2/6/26

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							
2/6	08:00 am											
	09:00 am		FF(90ml)							✓		
	10:00 am			25ml								
	11:00 am			25ml.							0	Manasa 2/6 @2pm
	12:00 pm		FF(100ml)	25ml						✓		
	01:00 pm											
Total Intake : 75ml						Total Output :						
2/6/26	02:00 pm		kichidi				✓					
	03:00 pm		paste									
	04:00 pm						✓			✓		Sudha 2/6 @8pm
	05:00 pm		milk									
	06:00 pm											
	07:00 pm									✓		
Total Intake :						Total Output : 2 time						
2/6/26	08:00 pm											
	09:00 pm		kichidi									
	10:00 pm		water	25ml						✓	0	Rekha 2/6 @1AM
	11:00 pm			25ml								
	12:00 am			25ml								
	01:00 am											
Total Intake : 75ml						Total Output :						
3/6/26	02:00 am			25ml								
	03:00 am			25ml						✓		
	04:00 am		milk	25ml								Bendilka 3/6 @7am
	05:00 am			25ml							0	
	06:00 am									✓		
	07:00 am						✓					
Total Intake : 150ml						Total Output :						

Total 24 hrs. Intake	240ml	Total 24 hrs. Output	7 time

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FLUID CHART

Sheet No. : (3)

3/6/26

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							
3/6	08:00 am									✓		
	09:00 am		FF									Sumanta 3/6 @ 1PM
	10:00 am											
	11:00 am											
	12:00 pm		FF							✓		
	01:00 pm											
Total Intake :						**Total Output :**						
3/6/26	02:00 pm											
	03:00 pm		Ne°1K° Khichdi							✓		
	04:00 pm											
	05:00 pm		Ne°13				✓					Subala 3/6 @ 8pm
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		Milk							✓		
	10:00 pm											
	11:00 pm											
	12:00 am		FF									Bernika 3/6 @ 1am
	01:00 am											
Total Intake :						**Total Output :**						
4/6/26	02:00 am									✓		
	03:00 am											
	04:00 am		FF									Bernika 4/6 @ 7am
	05:00 am									✓		
	06:00 am											
	07:00 am		FF							✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 4/6

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
4/6			Mouth	I.V	N.G							
	08:00 am		DBM							✓	1	
	09:00 am		+								0	
	10:00 am											
	11:00 am		DBM									Sindhu 8pm 4/6/26
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :**						
4/6/26	02:00 pm		khichdi water									
	03:00 pm											
	04:00 pm									✓		Sudhan 4/6 @ 8pm
	05:00 pm		FF									
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :**						
4/6/26	08:00 pm										1	
	09:00 pm		khichdi water									
	10:00 pm									✓	0	Sucitra 4/6 @11Am
	11:00 pm											
	12:00 am										1	
	01:00 am									✓		
Total Intake :						**Total Output :**						
5/6	02:00 am		DBM									
	03:00 am											
	04:00 am											
	05:00 am		FF								0	Bavika 5/6 @7am
	06:00 am											
	07:00 am		FF							✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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.

		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							
5/6/26	08:00 am		kichidy FF							~		
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :** noted by Indu @ 10.1m 8/6						
	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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DRUG CHART

Date of Admission: 1/6/26 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 *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)

DRUG : PARACETAMOL DROPS				Date / Time
Dose: 1.5ml	Route: P/O	Frequency: Q6 H	Start Date: 1/6/26	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: 10-15mg/kg/dose (1ml=100mg) T>100°F				

DRUG : COLICAID DROPS				Date / Time
Dose: 0.9ml	Route: P/O	Frequency: SOS	Start Date: 4/2/26	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

VERIFIED BY Name Signature

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REGULAR PRESCRIPTIONS

Weight. 9.2 kg Ward. ....

DRUG: INJ. CEFTRIAXONE				Date/Time	1/6
Dose	Route	Frequency	Start Date	6 AM	/
450mg	IV	12th hrly	1/6		
Name & Signature of the Doctor Starting the Drugs: Dr Srinivas				6 PM	ESW
Additional Instructions: 25-50mg/kg/dose					
Daily Doctor's Endorsement by a Sign					

STOP 2/6/26

1/6/26 7.20pm elizabeth

DRUG: INJ. ESOMEPRAZOLE				Date/Time	1/6	2/6	3/6	4/6	5/6
Dose	Route	Frequency	Start Date						
10mg	I/V	ONCE DAILY	1/6						
Name & Signature of the Doctor Starting the Drugs: Dr Sunil				6 AM	9:20 ESW	ESW	ESW	ESW	ESW
Additional Instructions: 1mg/kg/dose									
Daily Doctor's Endorsement by a Sign									

1/6/26 7.20pm elizabeth

Dr [illegible]

DRUG: Inj. PIPERACILLIN + TAZOBACTUM				Date/Time	2/6	3/6	4/6	5/6
Dose	Route	Frequency	Start Date	6 AM	ESW	ESW	ESW	ESW
900mg	IV	8th hrly	2/6/26					
Name & Signature of the Doctor Starting the Drugs: Dr. prashanthi				2 PM	Gay Sadiya	Gay	Sadiya	
				10 PM	ESW	ESW	ESW	
Additional Instructions: 100mg/kg/dose.								
Daily Doctor's Endorsement by a Sign								

Chitra 2/6/26

Dr [illegible]

DRUG: Inj. AMIKACIN				Date/Time	2/6	3/6	4/6
Dose	Route	Frequency	Start Date	6 AM	ESW	ESW	ESW
70mg.	IV	12th hrly	2/6/26				
Name & Signature of the Doctor Starting the Drugs: Dr. prashanthi				6 PM	Gay Sadiya	Gay	
Additional Instructions: 7.5mg/kg/dose							
Daily Doctor's Endorsement by a Sign							

STOP 4/6/26

Chitra 2/6/26

Dr [illegible]

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Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 20 D (F)
Dr. PREETHAM KUMAR

Weight. ..... Ward. .....

	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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/6/25	3:30Am.	Syp. IBUGESIC	4ml	P/O	12	Emmanuel Kalpana

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I.V. FLUIDS CHART

Weight. 9.2 kg Ward. .....

		position 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
1/6/26.	10pm	DNS (2% RDM)	I/V	25 ml/hr			5/6/26		

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

(104)

Ref. No. F/INPR/12

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Patient Name : VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 21 D (F)
Dr. PREETHAM KUMAR

Registration No.:

MEDICATION

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
08/6/26	00.00	6AM		
	1.00	Inj piptaz 900 mg (TID)		
	2.00	Inj Esomeprazole 10 mg (OD)		
	3.00	Inj Amikacin 70mg (BD)		
	4.00			
	5.00	2pm		
	6.00	Inj Piptaz 900 mg (TID)	Gap	
	7.00			
	8.00	6 pm		
	9.00	Inj Amikacin 70mg (BD)		
	10.00			
	11.00	10 pm		
	12.00	Inj Piptaz 900 mg (TID)		
	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/INPR/12

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Patient Name : Baby PULIJALA SREE MYTHILI
VIH-00197704 IP-00060200
12-10-2025 0 Y 7 M 20 D (F)
Dr. PREETHAM KUMAR

Registration No.:

MEDICATION
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
2/6/26	00.00	6AM		
	1.00	INJ PIPTAZ 900mg (TID)		
	2.00	INJ ESOMEPRAZOLE (OD)		
	3.00	INJ AMIKACIN 70mg (BD)		
	4.00			
	5.00			
	6.00	2PM		
	7.00	INJ PIPTAZ 900mg (TID)	Gayu	
	8.00			
	9.00			
	10.00	6PM		
	11.00	INJ AMIKACIN 70mg (BD)	Gayu	
	12.00			
	13.00			
	14.00	10PM		
	15.00	INJ PIPTAZ 900mg (TID)		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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Patient Name : VIH-00197704 IP-00060200
Baby PULIJALA SREE MYTHILI
12-10-2025 0 Y 7 M 23 D (F)
Dr. PREETHAM KUMAR

Registration No.:

MEDICATION NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
4/6/26	00.00	6AM.		
	1.00	INJ ESOMEPRAZOLE 10mg (OD)		
	2.00	INJ PIPTAZ 900mg (TID)		
	3.00	INJ AMIKACIN 70mg (BD)		
	4.00			
	5.00			
	6.00	2pm.		
	7.00	INJ PIPTAZ 900mg (TID)		
	8.00			
	9.00			
	10.00	6pm.		
	11.00	INJ AMIKACIN 70mg (BD)		
	12.00			
	13.00			
	14.00	10pm.		
	15.00	INJ PIPTAZ 900mg (TID)		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Ref. No. F/INPR/12

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Patient Name : Baby PULIJALA SREE MYTHILI (F)
VIH-00197704 IP-00060200
12-10-2025 0 Y 7 M 23 D
Dr. PREETHAM KUMAR

Registration No.:

MEDICATION NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
5/6/26	00.00	6am.		
	1.00	INJ ESOMEPRAZOLE 10mg (OD)		
	2.00	INJ PIPTAZ 900mg (TID)		
	3.00	~~INJ AMIKACIN 70mg (OD)~~		
	4.00			
	5.00			
	6.00	2pm.		
	7.00	INJ PIPTAZ 900mg (TID)		
	8.00			
	9.00			
	10.00	10pm.		
	11.00	INJ PIPTAZ 900mg (TID)		
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			