

ACTIVITY RECORD FOR BILLING

Name: --- **VIH-00177451 IP-00060448**
Baby SHRI AVIGHNA
 26-06-2019 6 Y 11 M 28 D (F)
 UHID No **Dr. SIVA NARAYANA REDDY** Consultant : ----- Dept : -----
 Date of A. **1:21AM** Date of Discharge : ----- Time: -----
 Room / Bed No : **137** Ward: **(1st floor)** Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/20	2:40AM	ER	137 (1st floor)	Sahar

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. paushya sai	23/6/26	3093636	Gop
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/6/26	1/2 placement	①	3095004	[Signature]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward <i>Gay alt 21/6/26</i>	Billing Assistant	Billing Supervisor
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Name	Baby SHRI AVIGHNA	UHID	VIH-00177451
Father/Guardian	Mr A ASHOK RAJU	Age/Gender	6 Y 11 M 29 D/Female
Address	PLOT NO: 61 , RAILWAY EMPLOYEE COLONY , PHASE-I , BOLARUM, Bolarum, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060448	Admission Date	23-06-2026
Ref Doctor	Self	Discharge Date	24-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA

DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Diagnosis: Acute gastroenteritis

History: Baby SHRI AVIGHNA is a 6 Y 11 M 29 D old girl brought with complaints of abdominal pain, nonbilious nonprojectile vomitings since 2 days, decreased oral intake since 1 day prior to admission. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

Outside Investigations: Ultrasound abdomen showed subcentimetric lymphnode.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 90/min, blood pressure was 100/70 mmHg and RR 20/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. She was conscious and oriented. There was no focal neurological deficits or meningeal signs. Examination of other systems including spine was normal.

Name

Baby SHRI AVIGHNA

UHID

VIH-00177451

Weight on admission : 24.6 kgs.

Investigations: Enclosed.

Management: She was admitted in ward and started on intravenous antibiotics and intravenous fluids. She was advised gastro diet and administered probiotics. She was treated symptomatically with antiemetics and antacids.

Her hemogram showed Hb 13.3 gm%, WBC count of 8,430 cells/cumm, platelets of 3.85 lakhs/cumm and CRP 6 mg/L. Serum electrolytes, creatinine and liver function test were normal. Serum amylase 103 U/L, lipase 218 U/L. X-ray erect abdomen showed fecal loading. Blood culture was sterile after 24 hours of incubation.

Dr. M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist opinion was sought who advised high fiber diet and laxatives.

Her vitals were regularly monitored. Her symptoms gradually reduced. Repeat serum amylase 95 U/L, lipase was 150 U/L. Parents were counselled about course of illness and continuation of gastrodiet for few more days. She remained hemodynamically stable throughout the hospital stay without any complication. She is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically stable.

Name

Baby SHRI AVIGHNA

UHID

VH-00177451

Advice:

1. Gastrodiet as advised (High fiber diet).
2. Syrup Cefixime (5ml=100mg) 6ml, 12th hourly (after food) for ___ days (Refrigerate after reconstitution).
3. MuOut powder, 4 scoops in 240ml of water once daily at bedtime for 3 months
If loose stools present - 3 scoops in 180ml of water once daily at bedtime for 3 months.
4. Syrup Smuth 15ml once daily at bedtime for 2 weeks
If loose stools present, 7.5ml once daily at bedtime for 2 weeks and stop.
5. Kindly consult Dr. Siva Narayan Reddy, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).
6. Kindly consult Dr. M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist, after 1 month in OPD with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that i understand.

Name

Baby SHRI AVIGHNA

UHID

VIH-00177451

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Vishwaja
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

PatientName : Baby SHRI AVIGHNA Inpatient No. : IP-00060448
Age/Gender : 6 Y 11 M 28 D/ Female Admit Date : 23-06-2026
Ward/Bed : N.0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
AMYLASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:40
AMYLASE (Enzymatic Colorimetric Assay - IFCC)	103	U/L	30 - 110



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:40
HEMOGLOBIN (Colorimetry)	13.3	g/dL	11.5 - 15.5
RBC COUNT (DC detection method)	4.86	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	36.5	VOL%	35 - 45
MCV (Calculated)	75.1	fL	L 77 - 95
MCH (Calculated)	27.3	pg/cells	25 - 33
MCHC (Calculated)	36.4	g/dL	H 32 - 36
RDW-CV (Calculated)	13.0	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	385	10 ⁹ /L	150 - 450
MPV (Calculated)	8.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	8.43	10 ⁹ /L	5 - 14.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	75	%	H 32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	17	%	L 28 - 48
MONOCYTES (Microscopy, Leishman stain)	07	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:40

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. 040-42462200, Ext 2000,2001,2002,

PatientName	: Baby SHRI AVIGHNA	Inpatient No.	: IP-00060448
Age/Gender	: 6 Y 11 M 28 D/ Female	Admit Date	: 23-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:
Investigation	Result	Unit	Biological Reference Interval
CRP (Immunoturbidimetry)	6.0	mg/L	<10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:40
CREATININE (Enzymatic)	0.4	mg/dl	0.04 - 0.6



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:40
SODIUM (Direct ISE)	140	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.8	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	95	mmol/L	L 98 - 108



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MC-7373

PatientName :	Baby SHRI AVIGHNA	Inpatient No. :	IP-00060448
Age/Gender :	6 Y 11 M 28 D/ Female	Admit Date :	23-06-2026
Ward/Bed :	N 0 GF-EMERGENCY/ ER 101	Discharge Date :	

Investigation	Result	Unit	Biological Reference Interval
LIPASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:40
LIPASE (Enzymatic with colipase-Vitros)	218	U/L	H 13 - 150

INTERPRETATION

Comments / Interpretation :

- Determination of Lipase is used for diagnosis of diseases of pancreas such as acute and chronic pancreatitis and obstruction of the pancreatic duct
- Clinical diagnosis should not be made on a single test it should integrate clinical and other laboratory data

Rashida

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Rainbow Children's Hospital - Secunderabad

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PatientName	: Baby SHRI AVIGHNA	Inpatient No.	: IP-00060448
Age/Gender	: 6 Y 11 M 28 D/ Female	Admit Date	: 23-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :23-06-2026 01:40	
TOTAL BILIRUBIN (Azobilirubin)	0.5	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.4	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	63	U/L	H 15 - 40
SGPT (ALT) (Kinetic with P5P)	23	U/L	10 - 35
ALKALINE PHOSPHATASE (pNPP/AMP buffer)235		U/L	145 - 420
PROTEIN (Biuret method)	8.3	g/dL	H 6.2 - 8.1
ALBUMIN (Bromocresol Green)	5.0	g/dL	3.7 - 5.6
GLOBULIN (Calculated)	3.3	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.5		1.4 - 3.4



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :23-06-2026 08:38	
<u>PHYSICAL</u>			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.5		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL
<u>CHEMICAL</u>			
PROTEIN (Protein error of pH indicator)	Trace		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
<u>MICROSCOPY</u>			

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PatientName : Baby SHRI AVIGHNA Inpatient No. : IP-00060448
Age/Gender : 6 Y 11 M 28 D/ Female Admit Date : 23-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
PUS CELLS	3 - 5	HPF	L 0 - 5
EPITHELIAL CELLS	2 - 4	HPF	L 0 - 5
RBCS.	NIL	HPF	0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
AMYLASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :24-06-2026 08:49
AMYLASE (Enzymatic Colorimetric Assay - IFCC)	95	U/L	30 - 110

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby SHRI AVIGHNA	Inpatient No.	: IP-00060448
Age/Gender	: 6 Y 11 M 29 D/ Female	Admit Date	: 23-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:
Investigation	Result	Unit	Biological Reference Interval
LIPASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :24-06-2026 08:49
LIPASE (Enzymatic with colipase-Vitros)	150	U/L	13 - 150

This is an interim report. The final report will be released after 24 hours

Laboratory Report

Baby SHRI AVIGHNA

9642322480

6 Y 11 M 29 D

VI26021235

Female

23-06-2026 01:40 AM

IP-00060448

23-06-2026 01:48 AM

VIH-00177451

Dr. SIVA NARAYANA REDDY VENNAPUSA

N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report

ADMISSION SHEET

Registration Details :



Admission No : IP-00060448

Admit Date : 23-Jun-2026

Admit Time : 01:21 AM UHID : VIH-00177451

Patient Details :

Patient Name : Baby SHRI AVIGHNA

Age : 6 Y 11 M 28 D

Guardian : Mr A ASHOK RAJU

DOB : 26-06-2019

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : PLOT NO: 61 , RAILWAY EMPLOYEE COLONY ,
PHASE-I , BOLARUM Bolaram Hyderabad
Telangana INDIA 500010

Phone No : 9642322480

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

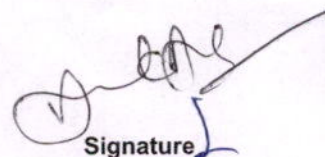
Contact Details :

Name : Mr A ASHOK RAJU

Relationship : Father

Contact Address : PLOT NO: 61 , RAILWAY EMPLOYEE
COLONY , PHASE-I , BOLARUM Bolaram
Hyderabad Telangana INDIA 500010

Phone No : 9642322480 / 9014515532


Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :


Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : CARE HEALTH INSURANCE LIMITED

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00177451 IP-00060448 Baby SHRI AVIGHNA 26-06-2019 6 Y 11 M 28 D (F) Dr. SIVA NARAYANA REDDY 		Date & Time of Admission 23/6/20 @ 1:21 AM	Date & Time of Transfer Order 23/6/20 @ 2:40 AM
siva narayan		Transfer Ordered by Dr. Shikhar	Reason for Transfer Admission
From Unit ER	To Unit 137 (1st floor)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films X-ray Erect Abdomen	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Lena		Name of Person Ordered Transfer Dr. Shikhar	
Patient & Clinical Records Received by : Manisha			
Date & Time of Patient Received : 23/6/20 @ 2:40 AM			

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



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute Gastro enteritis
 Arrival Time: 2:15 AM Mode of Arrival: by walk Admitting From: ER OPD Direct

Allergy / Adverse Reaction no Body Weight: 24.6 Kg
 Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>nil</u>	<u>no</u>

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:

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

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

Observations: Weight: 24.6 Length: Head Circumference (< 2 years):
 Temp: 98.1° F HR: 107b/m RR: 26b/m BP: 103/64/70

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

Fall Risk Assessment: Yes No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (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 nil Frequency nil Duration nil

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: 29) (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: ananisha Date: 22/6/26 Time: 3:00 AM

Signature 

Patient Name : Baby. SHRI AVIGHNA UHID : VIH-00177451 IPD : IP-00060448 Gender : Female Age : 6Y 11M 28D

VIH-00177451 IP-00060448
Baby SHRI AVIGHNA
26-06-2019 6 Y 11 M 28 D (F)
Dr. SIVA NARAYANA REDDY



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/6/26 Time of arrival : 12:29 AM
Chief Complaints: Abdominal pain x yesterday, vomitings, loose stools x today RBS: —
Height : — Weight : 24.6 kg BMI : — Head Circumference (<2 years) : —
Allergies: Yes No Medications Blood Transfusion Food Other: —

If yes, identify

Pain Screening: Yes No If Yes, Pain Score: 1 Pain Tool Used: N Pass FLACC Wong Baker
 Character: Aching Location: Abdomen Frequency: Intermittent Duration: 1 day

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 Family

Siblings in household Yes No (if yes How Many?) 1

Time of Initial assessment completed by ER Nurse : 12:31 AM

Patient Name : Baby. SHRI AVIGHNA UHID : VIH-00177451 IPD : IP-00060448 Gender : Female Age : 6Y
11M 28D

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

Time	Nursing Notes
12:25 AM	* Pt Came to ER
12:26 AM	* vitals checked and Recorded
12:30 AM	* ER Doctor seen the pt & advised admission * Admission Done
1:30 PM	* Iv placement done
1:45 PM	* samples collected & sent to lab * pt shifted to ward

Samples collected by: *J. S. Shanthi*
Samples sent by: *J. S. Shanthi*

Time: *1:30 PM*
Time: *1:45 PM*

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1:30 PM	Inj. Ondansetron	Iv	4mg	<i>J. S. Shanthi</i>	<i>AS</i>
1:30 PM	Inj. Esomeprazole	Iv	25mg		<i>AS</i>
1:30 PM	Inj. Buscopan	Iv	12mg		<i>AS</i>
1:45 PM	Inj. Toramadol	Iv	50mg		<i>AS</i>

Condition of patient at time of shift - out:	Details of Shift - out
HR: <i>85 b/min</i> BP: <i>102/69 (78) mmHg</i> CFT: <i>23 sec</i>	Shift - out from ER to: <i>137</i>
RR: <i>26 b/min</i> SPO ₂ : <i>99%</i>	Time of Shift - out: <i>23/6/26 @ 2:40 AM</i>
GCS: <i>4, 5, 6</i> Temperature: <i>97°F</i>	Handover given to: <i>Dr. Manisha</i>
Pain Score: <i>0</i>	(Nurse's Name)
Repeat RBS (if applicable):	<i>Bre-Sabin</i>

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): *Iv Placement*

Name of the Nurse: *Bre-Sabin* Signature of the Nurse: *[Signature]*
Date & Time: *23/6/26 @ 2:40 AM*

Patient Name : Baby. SHRI AVIGHNA UHID : VIH-00177451 IPD : IP-00060448 Gender : Female Age : 6Y
 11M 20D

VIH-00177451 IP-00060448
 Baby SHRI AVIGHNA
 26-06-2019 6 Y 11 M 28 D (F)
 Dr. SIVA NARAYANA REDDY



wt - 24.6 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Shri Avighna Age : 7y9 Gender: Male Female

Date : 23/6/26 Time of Arrival : 12:25 AM

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: 97.4°F PR: 74b/m BP: 118/83(90) mmHg RR: 22b/m SpO₂: 96%

Chief Complaints: Abdominal pain x yesterday, vomitings, loose stools x today

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening	
---	--	--	--	---	--

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 20 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 : 12:28 AM

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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:
- 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.

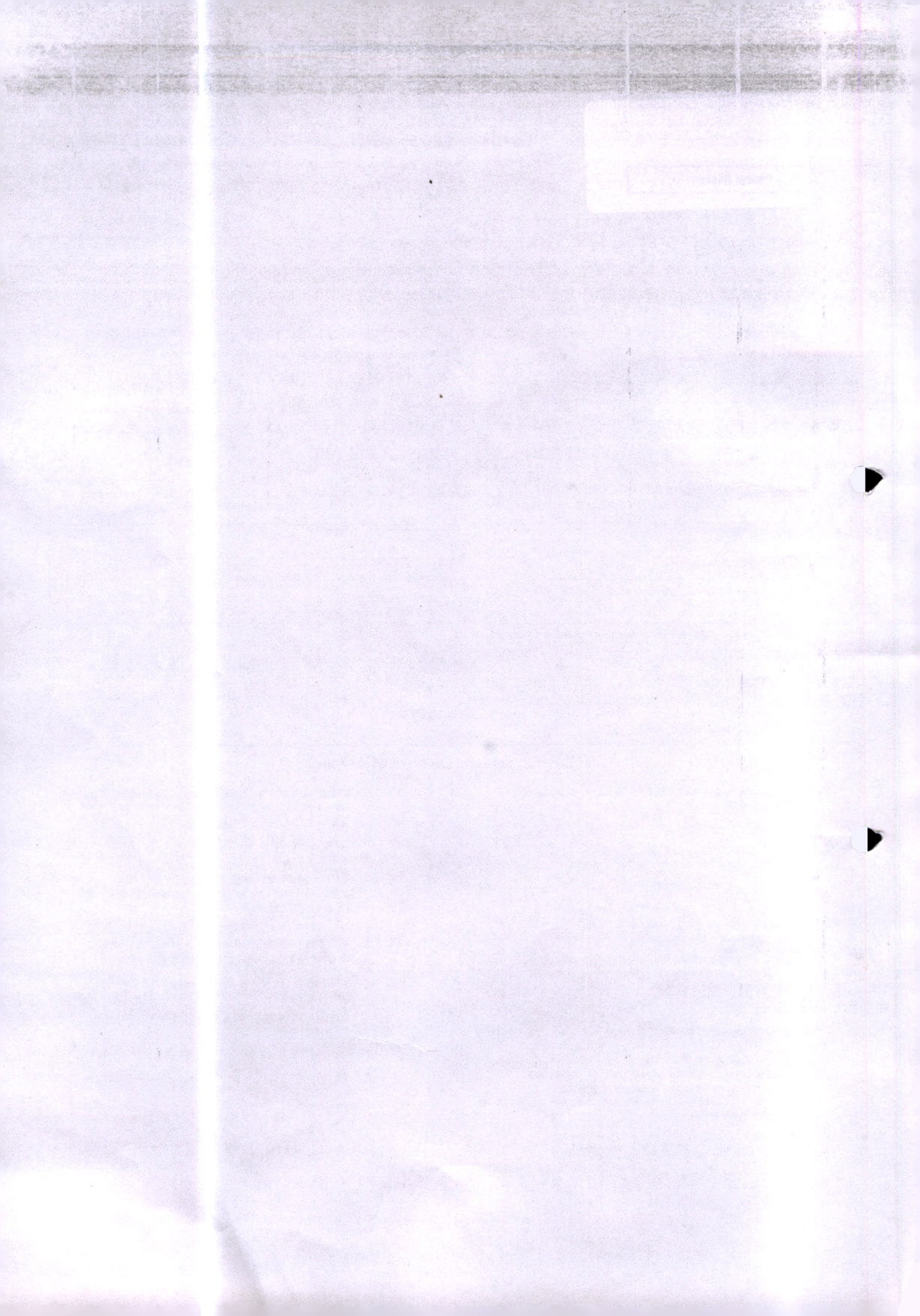
PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- 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 : Sri. Lenua

Signature of Triage Nurse : [Signature]

Date & Time : 23/6/26 @ 12:28 AM





Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00177451 IP-00060448
Baby SHRI AVIGHNA
26-06-2019 6 Y 11 M 28 D (F)
Dr. SIVA NARAYANA REDDY



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex 7yr

Information given by: father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- Abdominal pain :: 2 Days
- Vomiting, loose stool :: 2 days
- ↓ oral intake :: 1 Day.

History of present illness :

- abdominal pain :: 2 days
- Site - Diffuse - more over umbilical - Periumbilical
- Onset - Sudden
- Character - Sporadic
- Radiation - none
- Associated feature - A/w vomiting / loose stool
- Timing - intermittent (NB, NP) watery
- Elevated/Relieving factors - none.
- Severity - moderate

Vomiting

- NB, NP
- a/w nausea

Loose stools

- watery.
- no blood / mucus.

No excessive Clr of outside

Outside Investigations = UCC abdomen → Subcentric Lr.



Pediatric Multiorgan History & Physical Examination

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

→ no significant past admission

Birth & Neonatal History:

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

↓
class II

Developmental History :

② Development

Immunization History :

upto date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 24.6kg (Centile _____)

On Examination :

Temperature : 98.4 F Pulse Rate : 90/min B.P. _____ SPO2 98/RA
Resp. rate and type of breathing : 20 CPM / Regular Abd. thoracic

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE ⊕ NVBS ⊕

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : Ⓡ

Heart Sounds : S1S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection no Distension

Palpation : soft

Ausculation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : no wasting

Tone : (2) Power : 3/5

Co-ordinator : (2)

Posture : (2)

Involuntary Movements : (2)

Reflexes :

(2)

DTR

Superficials:

Plantars SLC reflexor

Sensory System :

(2)

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute abdomen & evaluation
(GAE)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 8 AM	S/B Resident D: Acute gastroenteritis	
	Issues: - Abdominal pain better - no vomitings after admission - const play - fecal loading ⊕	
	<p>o/e</p> <p>Body euthenic</p> <p>CR - > 10</p> <p>CVS - S1S ⊕</p> <p>MS SAE ⊕</p> <p>PA soft</p> <p>CNS no fnd.</p>	<p>- Reports awaited</p> <p>S. Lipase.</p> <p>D/Cs.</p>
	<p>Plan</p> <p>Inj. Ceftriaxone</p> <p>Inj. Ondansetron - sig.</p> <p>Probiotics.</p>	
Dr. Srinivas	Dr. Srinivas UN today.	
	<p>6</p> <p>varhuna</p> <p>23/6/26</p> <p>10A</p>	<p>noted by</p> <p>manasa</p> <p>23/6</p> <p>elpan</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	<u>Sp Resident</u>	
3:30pm	Acute Gastritis. Abdominal pain - Intermittent NO vomiting Oral intake better.	
	o/c Child asleep Euthermic Uteral tone CVR-2/2 (+) P/s - BAC (+) PA - soft	
		<u>Plan</u> 1) Trace B/c/s 2) P/s ceftriaxone 3) P/s Ondansetron 4) Entero-gemini 5) Mucost powder 6) Eyp Smooth 7) Dulcoflex Supporting tabs 8) Repeat S. respase if Pain persist till 7pm.
Dr. V. Srinivas		
	Dr. Anu 23/6/26 4:30pm	
		Noted by Manasa 23/6 Eshan

VIH-00177451 IP-00060448
 Baby SHRI AVIGHNA 8 Y 11 M 28 D (F)
 28-06-2019
 Dr. SIVA NARAYANA REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>24/6/26 8:00 AM</p>	<p style="text-align: center;"><u>c/s/B Resident</u></p> <p>Dis: Acute Gastritis. No fever since Admission. No vomiting. No clo Abdomen pain.</p>	
<p>O/I → Better.</p>		
<p>Y/O → Admit.</p>	<p style="text-align: center;"><u>O/A</u></p> <p>Child Alert & Active Vitals Stable</p> <p>CU: NAD MU: B/LAC P/A: R/L CM: NAD.</p>	<p style="text-align: center;"><u>Plan</u></p> <p>- Trace B/c/s.</p> <p>- Ij - (ceftriaxone - D2 (3 dots))</p> <p>- Sy. smooth - p/o - once daily.</p> <p>- Mucos powder - p/o - once daily.</p> <p>- Sep ab Amox & Clavam d/c today</p>
<p><i>Dr. Prachantika</i></p>	<p>Amylase - 95</p>	
<p>Noted by Dr. Anu 24/6/26</p>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Acute Abdomen & Evaluation</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>Nil</i>				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	<i>23/6</i>	<i>23/6</i>	<i>23/6</i>	<i>23/6</i>	<i>23/6/26</i>	
	Shift	<i>M</i>	<i>N</i>	<i>M</i>	<i>E</i>	<i>M</i>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	
	Diet:	<i>normal</i>	<i>normal</i>	<i>Gastro normal & diet</i>	<i>Gastro</i>	<i>G diet</i>	
RECOMMENDATIONS	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RD</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6°F</i>	<i>98.3°F</i>	<i>98.6°F</i>	<i>98.6°F</i>	<i>98.4°F</i>
		Res:	<i>24b/m</i>	<i>26b/m</i>	<i>25b/m</i>	<i>26b/m</i>	<i>25b/m</i>
		SpO ₂ :	<i>98%</i>	<i>99%</i>	<i>99%</i>	<i>98%</i>	<i>99%</i>
		Pulse:	<i>101b/m</i>	<i>103b/m</i>	<i>108b/m</i>	<i>100b/m</i>	<i>105(77+60)</i>
		BP:	<i>100/60</i>	<i>99/65</i>	<i>98/65</i>	<i>106/62(80)</i>	<i>110/78(60)</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
	Fall Risk Score:	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	
Pain Score:	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity:	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Physiotherapy:	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>		
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Special Diet:	<i>normal</i>	<i>normal</i>	<i>normal</i>	<i>Gastro diet</i>	<i>Gastro diet</i>		
Critical Lab Test / Values:	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>	<i>Nil</i>		
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:	<i>nil</i>	<i>nil</i>	<i>Nil</i>	<i>Nil</i>	<i>nil</i>		
Handed Over By Name :	<i>Sabin</i>	<i>Manisha</i>	<i>Manisha</i>	<i>Manasa</i>	<i>Manisha</i>	<i>Sandu</i>	
Signature / ID :	<i>S</i>	<i>9050145</i>	<i>9019597</i>	<i>9019597</i>	<i>9050145</i>	<i>9050145</i>	
Date:	<i>23/6</i>	<i>23/6/26</i>	<i>23/6</i>	<i>23/6</i>	<i>24/6/26</i>	<i>24/6/26</i>	
Time:	<i>@ 2:30pm</i>	<i>@ 8am</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8am</i>	<i>@ 8am</i>	
Taken Over By Name :	<i>Manisha</i>	<i>Manasa</i>	<i>Manasa</i>	<i>Manisha</i>	<i>Sandu</i>	<i>Sandu</i>	
Signature / ID :	<i>9050145</i>	<i>9019597</i>	<i>9019597</i>	<i>9050145</i>	<i>9050145</i>	<i>9050145</i>	
Date:	<i>23/6/26</i>	<i>23/6</i>	<i>23/6</i>	<i>23/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	
Time:	<i>@ 2:40pm</i>	<i>@ 8am</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>@ 8am</i>	<i>@ 8am</i>	

*Noted by Sandu
 @ 11:00
 24/6*



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date						
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:						
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ADL (Dependent / Non Dependent):						
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

VIH-00177451 IP-00060448
 Baby SHRI AVIGHNA
 26-06-2019 6 Y 11 M 28 D (F)
 Dr. SIVA NARAYANA REDDY



NURSING CARE RECORD



Date: 23/6/26

- Goals**
- Maintain Airway and Oxygenation
 - Relieve Pain & Discomfort
 - Maintain Fluid Balance
 - Improve Activity Tolerance
 - Maintain Good Nutritional Status
 - Maintain Skin Integrity
 - Maintain Personal Hygiene
 - Prevent Infection
 - Meet Elimination Needs
 - Ensure Safety
 - Early Ambulation Reduce Anxiety
 - Patient & Family Education
 - Identify Potential Complications
 - Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	3AM	* Maintain fluid balance	3:40 PM	* Administered IV fluid DMS 1 hour	* To maintain hydration	* Re-Assessment was done every 4th hourly vital's checked	manjula 23/6/26 @mm

NURSING CARE RECORD

Date: 23/6

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	→ IV fluids on flow	10:30 AM	→ ONS 40ml/hr is maintained	→ To maintain hydration	→ patient is stable	A. Manojan
Afternoon	03 pm	→ Relieve pain and discomfort	3:30 pm	→ Administered medications as per order	→ To reduce pain	→ patient is stable	
Night	11 pm	Maintain Fluid Balance - Ensure Safety	11:10 pm	- Maintained input/output chart - provided side rails	- To prevent dehydration - To prevent falls	- patient is stable	

VH-00177451
 Baby SHRU AVIGHNA IP-00060448
 26-06-2019 6 Y 11 M 28 D (F)
 Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD



Date: 2/1/24

- Goals**
- Maintain Airway and Oxygenation
 - Relieve Pain & Discomfort
 - Maintain Fluid Balance
 - Improve Activity Tolerance
 - Maintain Good Nutritional Status
 - Maintain Skin Integrity
 - Maintain Personal Hygiene
 - Prevent Infection
 - Meet Elimination Needs
 - Ensure Safety
 - Early Ambulation Reduce Anxiety
 - Patient & Family Education
 - Identify Potential Complications
 - Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Discharge notes :-		we came for rounds patient is			
		stable. advice for discharge					
Afternoon							
						noted by Ende	
Night						2/1/24	

VIH-00177451 IP-00060448
 Baby SHRI AVIGHNA 6 Y 11 M 29 D (F)
 26-06-2019
 Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD



Date:

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	23/6	23/6	23/6	24/6	24/6
	3 to less than 7 years old	3 3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1 1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych/ Behavioral Disorders	2					
	Other Diagnosis	1 1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1 1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3					
	Patient Placed in Bed	2 2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1 1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1 1	1	1	1	1	1
Total		10 10	10	10	10	10	10

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓	✓	✓
Call device within reach	✗	✗	✗	✓	✗	✓
Wheels Locked	✓	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓	✓
Wheel chair support	✓	✓	✓	✓	✓	✓
Other Intervention(s) Specify	✓	✓	✓	✓	✓	✓
Nurse's Name:	Aruna	Manisha	Manisha	Manisha	Manisha	Manisha
Signature:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:	23/6	23/6	23/6	23/6	24/6	24/6
Time:	1:20 AM	1 AM	11 AM	8 AM	12 AM	9 AM

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby SHRI AVIGHNA **Age :** 6 Y 11 M 28 D
IP No: IP-00060448 **Sex:** Female
Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA **Ward/Bed No:** N 0 GF-EMERGENCY/ER 101

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

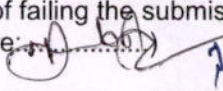
I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

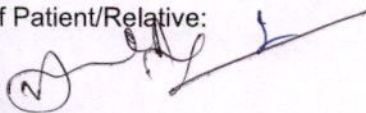
"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.
 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
 (Receivers Signature: )

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
 4 Financial and billing counseling has been done to me.

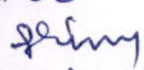
Signature of Patient/Relative:

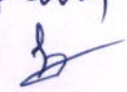


Name: ASHOK RAO

Relationship: father

Date: 23/06/26

Wittness Name: 

Wittness Signature: 

Patient Address:

PLOT NO: 61 , RAILWAY EMPLOYEE COLONY , PHASE-I , BOLARUM Bolaram Hyderabad Telangana INDIA 500010

Time: 01.21Am

CONSULTATION FORM



Doctor Name : Dr. MNV Poushya Sai

Date : 23.6.26 Hour :

Hospital : Rainbow Hospital
Vikrampur, Karkhana

Referred for : Opinion Co-Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Date : 23/6/26 Time : 12pm By :

Reason for diagnosis :
VIH-00177451 IP-00060448
Baby SHRI AVIGHNA
26-06-2019 6 Y 11 M 28 D (F)
Dr. SIVA NARAYANA REDDY



it care specify the particular need, especially in the absence of a second

Signature: _____ M.D.

Report of Findings and Recommendations :

→ Dulcoflex suppository
→ Repeat if pain present till T/m

adv:

- ① High fibre diet.
- ② MOUT 4 spoons + 240ml water
↓
3+180ml. once at night
↳ 3 months
- SUP. L.MUTH
15ml once at night
↓
7.5ml ↳ 2 weeks
↓
stop
- ③ R/w 1 month OPD.

Consultant :

Name : Dr. MNV Poushya Sai Signature : [Signature] Date & Time : 23.6.26, 12:00 PM

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

VIH-00177451 IP-00060448
 Baby SHRI AVIGHNA
 26-06-2019 6 Y 11 M 28 D (F)
 Dr. SIVA NARAYANA REDDY



No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 3 5 7

Doctor / Nurse / Family Concern? Am Am Am

23/6/26

Temperature (°F)	104			
	103			
	102			
	101			
	100	98.6°F	98.6°F	98.5°F
	99			
	98			
	97			
	96			
	95			
	94			

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 102 109 110

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

Resp Rate (Number) 24 23 24

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99 99 99

Conscious Level Normal / Altered

GCS *

TOTAL SCORE				
Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials		AM	AM	AM

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.

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

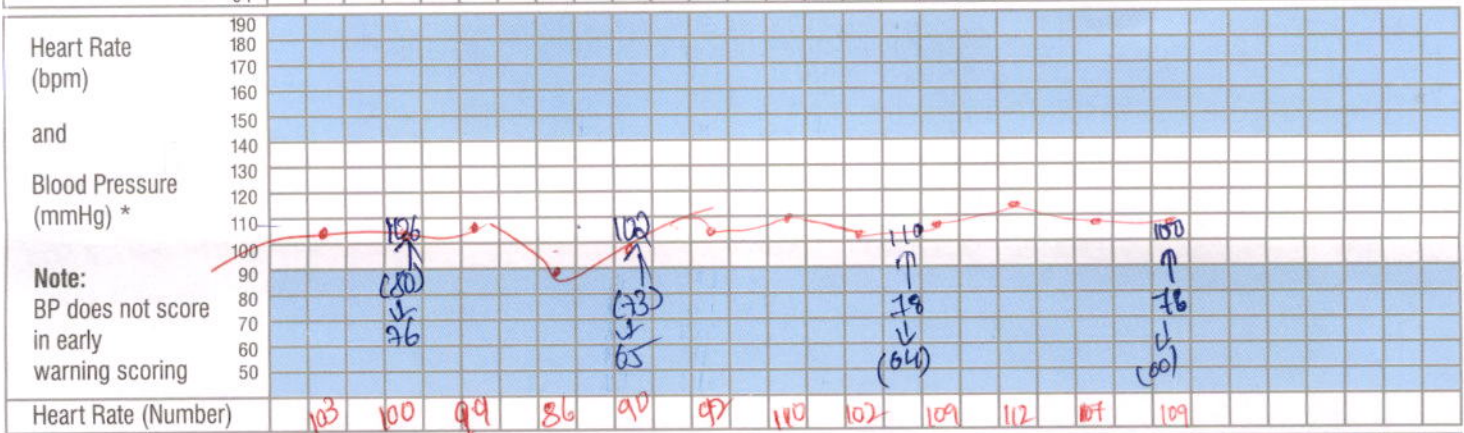
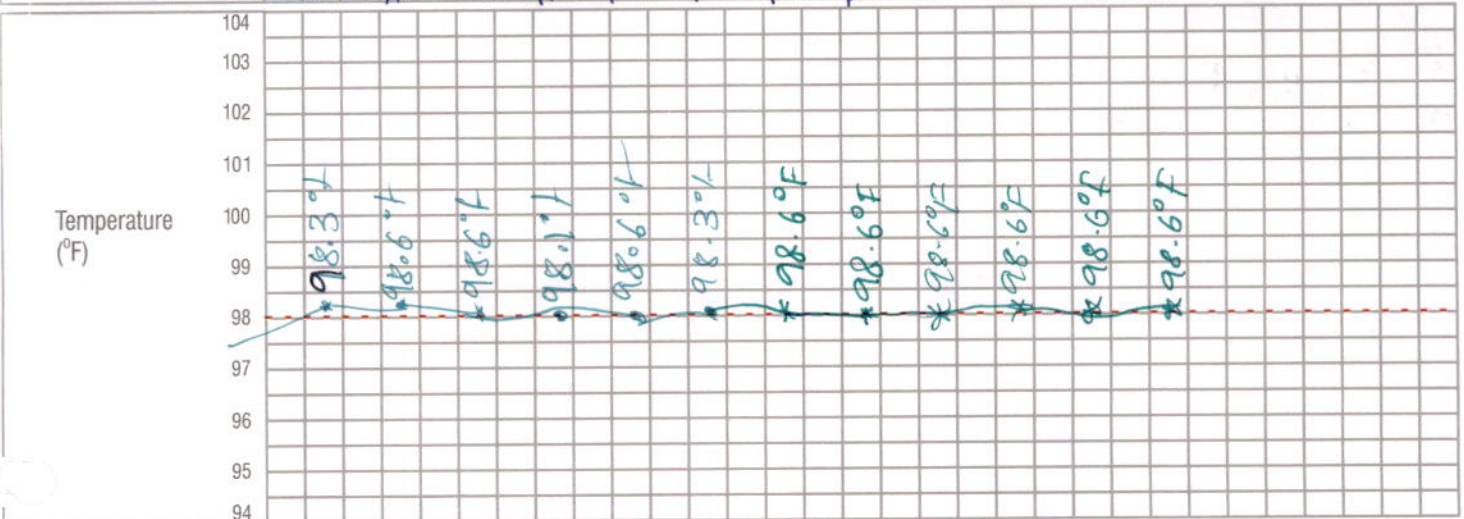
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/6	Time: 8	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am



Resp Distress	Mod/ Severe	None / Mild					N	N	N	N	N	N
Receiving O ₂ (l/min)												
O ₂ Saturations (%)	97	98	97	97	98	99	98	99	100	99	98	99
Conscious Level	Normal	Altered	~	~	~	~	~	~	~	~	~	~
GCS *			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	M	M	M	M	M	M	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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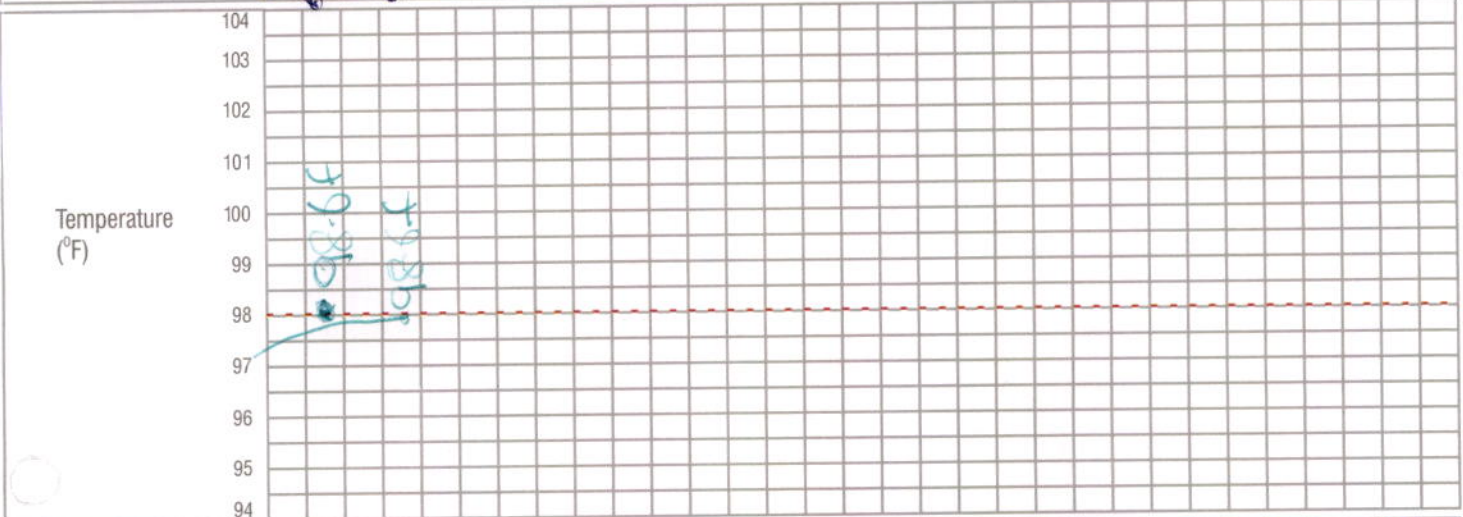
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : *26/6/19* Time: *9:00*

Doctor / Nurse / Family Concern? *Am* *Am*



Heart Rate (bpm) and Blood Pressure (mmHg) *
 Note: BP does not score in early warning scoring

Heart Rate (Number) *100* *112*

Resp. Rate (bpm) per 1 Minute *
 Resp Rate (Number) *26* *27*

Resp Distress: Mod/ Severe None / Mild
 Receiving O₂ (l/min) O₂ Saturations (%)
 Conscious Level: Normal Altered
 GCS * *15* *15*

TOTAL SCORE
 Number of shaded boxes
 Pain Score
 Observer's Initials *Am* *Am*

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.
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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.

noted by Am
Am
Reflex

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00177451 IP-00060448
 Baby SHRI AVIGHNA
 26-06-2019 6 Y 11 M 28 D (F)
 Dr. SIVA NARAYANA REDDY



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					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																						
	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																						
	01:00 am																						
Total Intake :						Total Output :																	
23/6	02:00 am			uoml																			
	03:00 am			uoml																			
	04:00 am			uoml																			
	05:00 am			uoml																			
	06:00 am			uoml																			
	07:00 am			uoml																			
Total Intake :						Total Output :																	
Total 24 hrs. Intake		2 uoml										Total 24 hrs. Output		2 fine									

} manisha
23/6/20



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
23/6/2019			Mouth	I.V	N.G								
	08:00 am												
	09:00 am		Oral water										
	10:00 am												
	11:00 am			40ml									
	12:00 pm			40ml									
	01:00 pm		40ml										
Total Intake : 120ml						Total Output :							
23/6	02:00 pm		Rice	40ml									
	03:00 pm		water	40ml									
	04:00 pm			40ml									
	05:00 pm			40ml									
	06:00 pm												
	07:00 pm												
Total Intake : 160ml						Total Output :							
23/6	08:00 pm		Rice	40ml									
	09:00 pm		water	40ml									
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake : 80ml						Total Output :							
24/6	02:00 am		water										
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake : 360ml						Total Output :							

Total 24 hrs. Intake	360ml
----------------------	-------

Total 24 hrs. Output	44ml
----------------------	------

VIH-00177451 IP-00060448
 Baby SHRJ AVIGHNA 6 Y 11 M 28 D (F)
 28-08-2019
 Dr. SIVA NARAYANA REDDY

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/8	08:00 am										6	Siddh all 24/8
	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											
	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						



DRUG CHART

Date of Admission: 23/6/26 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.
- 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.

CHYOSLINE Butyl SOS / PRN (As Required Medication)

Date 23/6/26
 Signature of: USA

DRUG : INT BUSCOPAN				Date/Time																	
Dose	Route	Frequency	Start Date																		
10mg	PO	q 8H	23/6																		
Doctor's Signature		Valid Period	Pharm.																		
Dr. Siva																					
Additional Instructions:																					
0.3-0.5mg/kg/dose if ASD. PRN (P)																					

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

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



REGULAR PRESCRIPTIONS

Weight. 24.6kg Ward. 137

Hand 23/6/26
at 1:45 a

DRUG : INJ. ONDANSETRON				Date Time	23/6	24/6
Dose	Route	Frequency	Start Date	6 AM	2:30 PM	ESW
4mg	IV	8th hrly	23/6			
Name & Signature of the Doctor Starting the Drugs:				2 pm 6 pm 10 pm (ESW)		
Additional Instructions:				STOP 24/6/26		
Daily Doctor's Endorsement by a Sign						

Hand 23/6/26
at 1:45 a

DRUG : INJ. CEFTRIAXONE				Date Time	23/6	24/6
Dose	Route	Frequency	Start Date	6 AM	4:15 PM	ESW
1.2g	IV	12th hrly	23/6			
Name & Signature of the Doctor Starting the Drugs:				6 pm		
Additional Instructions:				STOP		
Daily Doctor's Endorsement by a Sign						

Hand 23/6/26
at 1:45 a

DRUG : INJ. ESCOMEPRAZOLE				Date Time	23/6	24/6
Dose	Route	Frequency	Start Date	6 AM	2:30 PM	ESW
25mg	IV	once daily	23/6			
Name & Signature of the Doctor Starting the Drugs:				6 AM		
Additional Instructions:				STOP		
Daily Doctor's Endorsement by a Sign						

Hand 23/6/26

DRUG : ENTEROCERMINA				Date Time	23/6	24/6
Dose	Route	Frequency	Start Date	6 AM	6 PM	ESW
Respa	PO	12th hrly	23/6			
Name & Signature of the Doctor Starting the Drugs:				STOP 24/6/26		
Additional Instructions:				PROBIOTIC		
Daily Doctor's Endorsement by a Sign						

A-00177451 IP-00060448
 Baby SHRI AVIGHNA
 26-06-2019 6 Y 11 M 28 D (F)
 Dr. SIVA NARAYANA REDDY



Sheet No:

REGULAR PRESCRIPTIONS

Weight 24.6 kg Ward

Dr. Sameera

Signature

DRUG : MUOUT POWDER				Date Time	23/6															
Dose	Route	Frequency	Start Dt.																	
4 spoons	PO	ONCE DAILY	23/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Dr. Sameera																				
Additional Instructions:																				
+ 240ml water.																				
Daily Doctor's Endorsement by a Sign																				

DRUG : SYP. SMUTH				Date Time	23/6															
Dose	Route	Frequency	Start Dt.																	
15 ml	PO	ONCE DAILY	23/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Dr. Sameera																				
Additional Instructions:																				
BED TIME																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name

VIH-00177451 IP-00060448
 Baby SHRI AVIGHNA
 26-06-2019 6 Y 11 M 28 D (F)
 Dr. SIVA NARAYANA REDDY

Weight 24.6 kg Ward 137



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	
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
23/6	1:45AM	ENT-TRAMADOL	50mg in 50ml NS over 30min	IV	L	Hema Shanti
23-6-26	3:00PM	DULCOFLEX SUPPOSITORY	5mg	P/A	Sam	Rishika Sudha

VERIFIED BY : Nani

Signature

