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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : Pediatric.

Date of Admission : 4/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 103 Ward : 1st Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/6/26	6:30 PM	BMR	103	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/6/26	CRP, Electrolytes	26019345	
	COVID RAT Negative	26019346	
4/6/26.	X-Ray.	26008982	
5/6	CRP	26019368	
	Cross checked by (Capt) 6/6 @ 5AM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/6	Infusion pump	6.30pm.	5/6 @1pm.	3086956.	
4/6	Cardiac monitor	6.30pm.	6/6 @1pm.	3084081	
	Cross	checked by		6/6/26	
	Oxygen	4/6 7pm	5/6 7pm	30	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/6/26	IV placement	1	3086954	Sr. Nirmala.
5/6/26	Nebulization	8	3087088	St. Bennerjita
5/6/26	Nebulization	6	3087271	
6/6/26	Neb	7	3087357	
	Gross checked by Dolphine 6/6 @ 5PM			
6/6	Neb's	(2)	3087491	
	Cross checked by			6/6/26.

ANY OTHER INFORMATION

Covid RAT Negative.

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	6/6/26 @ 1.40PM		

103

Ref No. [illegible]/12

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VIH-00157403 IP-00060227
Patient Name : Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

Registration No.

NEBULISATION CHART

23

Date	Time	Drug	Nurse	Parents SIgnature
4/6/26	00.00	7:30 PM - Levolin	Subham	C. Sai
	1.00	9:30 pm - Levolin	Beunika	C. Sai
	2.00	4 pm - Ipravent	Beunika	C. Sai
[redacted]	3.00	11:30 pm - Levolin	Beunika	C. Sai
5/6/26	4.00	1:30 am - Levolin	Beunika	C. Sai
	5.00	3:30 Am - Levolin + Budecort	Beunika	C. Sai
	6.00	6:30 Am - Levolin	Beunika	C. Sai
	7.00	8:30 Am - Levolin + Ipravent	Beunika	C. Sai
	8.00	(8) 3087088	B.	
	9.00	10:00Am - Levolin	Subhan	C. Sai
	10.00	12:00pm - Levolin	Subhan	C. Sai
	11.00	2:00pm - Levolin	Subhan	C. Sai
	12.00	3:30pm - Budecort	Subham	Gayatri
[redacted]	13.00	4pm - Levolin + Ipravent	Subham	Gayatri
	14.00	6pm - Levolin	Subham	Gayatri
	15.00	(6) 3087271	~~Subham~~	Gayatri
	16.00	8pm - Levolin	Subham	Gayatri
	17.00	10pm - Levolin	Padma.	C. Sai
6/6/26	18.00	12Am - Levolin + Ipravent	Padma	C. Sai
	19.00	2Am. Levolin	Padma.	C. Sai
	20.00	4Am : Levolin + Budecort	Padma	C. Sai
	21.00	6Am - Levolin	Padma	C. Sai
	22.00	8Am. Levolin + Ipravent	Padma.	C. Sai
	23.00	(7) - 3087357		

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Ref. No. F/INPR/12

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Patient Name : VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 2 D (M)
Dr. AKHEEL SYED RIZWAN

Registration No.

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
6/6	00.00	10am - Levolin	Sindu	
	1.00	2pm - Levolin	Sindu	
	2.00	② 3087491		
	3.00			
	4.00			
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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 ,Hyd. ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060227 **Admit Date** : 04-Jun-2026 **Admit Time** : 04:34 PM **UHID** : VIH-00157403

Patient Details :

Patient Name	: Master CHILAMALA VIGNESH	**Age**	: 3 Y 5 M 0 D
Guardian	: Mr SRIKANTH	**DOB**	: 04-01-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 9-172/1,NAGARAM,P.N.N.V NILAYAM,HYD Nagaram Hyderabad Telangana INDIA 500083	**Phone No**	: 7842221639/ 9849227234
		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 SRIKANTH **Relationship** : Father

Contact Address : 9-172/1,NAGARAM,P.N.N.V NILAYAM,HYD Nagaram Hyderabad Telangana INDIA 500083 **Phone No** : 7842221639 / 9849227234

Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : TATA AIG General Insurance Co Ltd

Patient Name : Mast. CHILAMALA VIGNESH UHID : VIH-00157403 IPD : IP-00060227 Gender : Male Age : 3 Y 5 M 0 D

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

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EMERGENCY ROOM TRIAGE FORM

Wt : 15.45 kg

Patient's Name : Mast. vignesh Age : 3y Gender: ☑ Male ☐ Female

Date : 4/6/26 Time of Arrival : 3:40 PM

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: 99.8°F PR: 152 b/m BP: 90/76 (82) RR: 38 b/m SpO2: 95% O2 1 Lit 100%.

Chief Complaints: c/o wheezing x Yesterday Night

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 : 3:44 PM

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 : Architha

Signature of Triage Nurse : .....

Date & Time : 4/6/26 @ 3:44 PM

Docu. No. : RCH /FRM / CLINICAL / 085

Patient Name : Mast. CHILAMALA VIGNESH UHID : VIH-00157403 IPD : IP-00060227 Gender : Male Age : 3 Y 5 M 0 D

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

Patient S

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 4/6/26 Time of arrival : 3:46 PM

Chief Complaints: c/o wheezing, cold, cough x Night RBS: —

Height : 100 cm Weight : 15.45 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: 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 Family

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

Time of Initial assessment completed by ER Nurse : 3:50 PM

Patient Name : Mast. CHILAMALA VIGNESH UHID : VIH-00157403 IPD : IP-00060227 Gender : Male Age : 3 Y 5 M 0 D

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

Time	Nursing Notes
3:40pm	* patient came to ER
2:43pm	* vitals checked & Recorded
	* Dr. Vishwaja Seen the patient & advised
4:43pm	Admission, Nebulization given
4:55pm	* Admission process Done
	* Collected the Samples & Send to lab
4:59pm	* COVID RAT ⟹ Negative
	* patient shifted to ward

Samples collected by: } Sr. Kisan Time: } @5:00pm

Samples sent by : } Time: } @5:5pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3:00pm	Levolin	Neb	0.63 mg		
3:10pm	Ipravent	Neb	2 ml		
3:20pm	Budelost	Neb	0.5 mg		
3:30pm	Levolin	Neb	0.6 mg		
4:00pm	Ipravent	Neb	2 ml		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 157 b/m BP: crying CFT: <2sec	Shift - out from ER to: 103
RR: 26 b/m SPO$_2$: 99% @ 2 lit of O$_2$	Time of Shift - out: 4/6/26 @
GCS: 15/15 Temperature : 99.2°F	Handover given to: Sr (Nurse's Name) by Sr Sushma.
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sushma Signature of the Nurse : Sushma

Date & Time : 4/6/26 @

VIH-00157403 IP-00060227
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04-01-2023 3 Y 5 M 0 D (M)
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: WALRI

Arrival Time: 6.30 pm Mode of Arrival: ..... Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 15.45 Kg

No allergy Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
yes		

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: 15.45kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6°F HR: 114 b/mt RR: 22 b/mt BP: 103/63 (79)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 26) (Document in the Braden Q Assessment Sheet)

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

Character of Pain 0 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: ..... (Date/Time): .....

Social History: Lives With ..... family .....

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

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 ..... Father .....

Nurse's Name: ..... Subham ..... Date: ..... 4/6/26 ..... Time: ..... 7Pm ..... Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Name : Vignesh Age/Sex 3yr / male

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fast breathing / since yesterday
mild cough

H/O cold - now subsided

History of present illness :

child presented with c/o
↳ Fast breathing since yesterday night
a/w SCR (+)
SCR (+)

H/O mild cough ↓
Dry, intermittent

H/O cold - now subsided

NO H/O fever, vomitings
loosestools.

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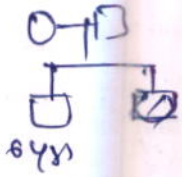
Pediatric Multiorgan History & Physical Examination

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

H/O similar episodes since 1year of age.
& admission per year since then.
Similar episodes every month - Daily levolin neb, ommacortel syp
was on inhaler - levolin, Budecort } since Jan
Stopped in feb.

Birth & Neonatal History:



Birth & Socio Economic History:

About Father : } class III
About Mother :
Any additional Information :

Developmental History :

Appropriate for age in all domains

Immunization History :

Received upto date vaccination

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 15.45 kg (Centile _____)

On Examination :

Temperature : 99.6°F Pulse Rate : 152/min B.P. 90/76 SPO2 98-99% @RA

Resp.rate and type of breathing : 50/min.

Rash (-)

Lymphadenopathy (-).

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : B/L symmetrical Chest movements SSR (+)

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

Any addes sounds : wheeze (+)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : ND

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N). External Genitelia :

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 : Awake 15/15

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: (N) Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements : NO

Reflexes : +

DTR +2 **Superficials:** +

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

AIALRI

(P.T.O.)

VIH-00157403 IP-00060227
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04-01-2023 3 Y 5 M 0 D (M)
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : To treat current conditions.

Planned Labs:

CBP ✓
S/E ✓
– Chest Xray ✓

Noted by Bhagyathi D. 4/6/24 @5:53

Planned Management

*) O_2 with NP – 3 litres.
1) Neb levolin – 0.63mg 2nd hrly
2) Neb Budecort 0.5mg 12th hrly
3) Inj Hydrocort 30mg 8th hourly
4) Inj Amoxicillin 8th hourly
5) Inj Pantoprazole
6) IVF – SOS
7) continuous monitoring SpO_2/HR
inform SOS. <90%.

Signature of the Doctor: G.V
Name of the Doctor: Dr. Vishwaja
Date & Time: 4/6/24 4:30pm.

Signature of the Consultant: [signature]
Name of the Consultant: A. Rizwan
Date & Time: 5/6/24 1Phr.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/1/23 11:00pm	C/S/B Resident Adv: WALPI. Maintain saturations on 2lit O2 → 98-99%. ↓ Wheeze - minimal. - Improved. SCR & ICR → (+). Child is on clear liquids. Dr. prathap.	Adv - IVF - O2 - 2lit - continue. - Continue monitor. - Nebs (duolin, Budecort, Ipravent). - Inform if sat < 94%.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/06/26 8:45AM	C/S/B Resident	
	Δ: WARD	
	- No fever spikes	
	- on low flow O_2 2L	Adv
	- O/E Conscious	- D2 of Amoxyclav
	euthermic	of Hydrocortison
	CVS - S1 S2 (N)	
	RS - BLAE (N)	- Continue same
	PA - soft	
	Vitals stable.	- O_2 1 Ltr/min
		- Allow orally.
		- Stop O_2 at night
		A Rizwan
[illegible]		1 PM
Noted by Order @ 2pm 5/6/26		

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06/26 3pm	C/s/B Resident	
	WALRT	
		A d
	Cousis	
	Afebrile	- Stop O_2 at Night
	CVS / RS / PA — NAD	- Vitals monthly
		- Calme Same
	on Low flow HLI	
		Dr Shu
		Noted by Subham 3/6/26 @ 7pm

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident.	
6/6/26 9AM		
	Adv- WARD	
	No fever spikes	
	Maintaining SpO_2 @ RA 96-98%	
	HR: 110-120/min	
	O/E	
	Child alert	
0/I - Better	Euthermic	B/C wheeze (ent)
	Vitals stable	
4/10 - Adequate	CVS - S1 S2 (+)	Distress (-)
	R/S - BAE (+)	↓
	P/A - soft	only on taken feeds.
		Plan
		1) Inj Amoxicillin 5th dose
		2) Inj Hydrocortisone 8th hourly
		3) Neb Levolin 2nd hrly
		4) Neb Budecort 12th hrly
		5) Neb. Ipratropium 8th hourly
	Discussed with ...	D/c today.
		Syp. Omnacortil × (3d)
		Syp. Azithral × (3d)
		Neb - Levolin 6th hrly → (3d)
		Budecort × 12 hrs × (3d)

Noted by Indu
6/6/26 @ 9Am

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master CHILAMALA VIGNESH**	**Age :**	**3 Y 5 M 0 D**
IP No:	**IP-00060227**	**Sex:**	**Male**
Consultant:	**Dr. AKHEEL SYED RIZWAN**	**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 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 the 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.
have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill arance. 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: S/o Kotaiah
Relationship: Father
Date: 04-06-2026 Time:
Wittness Name:
Wittness Signature:

Patient Address:
9-172/1,NAGARAM,P.N.N.V NILAYAM,
HYD Nagaram Hyderabad Telangana
INDIA 500083

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

CH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/6/26 Time:

	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	PM	PM	PM	AM	AM	AM	AM

Temperature (°F)

	7	9	11	1	3	5	7
	98.6°F	98.4°F	98.6°F	98.2°F	98.4°F	98.4°F	98.4°F

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

Note: BP does not score in early warning scoring

	7	9	11	1	3	5	7
	104 (72) 66			105 (71) 60			100 (68) 55
Heart Rate (Number)	114	112	129	110	112	120	108	119	121	109	126	119	124

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

	7	9	11	1	3	5	7
Resp Rate (Number)	29	29	30	26	28	29	25

	7	9	11	1	3	5	7
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min)	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L
O_2 Saturations (%)	97	100	99	99	98	99	97	99	100	98	99	99	99
Conscious Level (Normal / Altered)	N	N	D		N		N		N		N		N
GCS *	15	15	15		15		15		15		15		15
TOTAL SCORE Number of shaded boxes	0	0	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	SK			B	B	B	B	B	B	B	B	B	B

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- 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)

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/1/23 Time: 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6

Doc / Nurse / Family Concern? AM AM PM PM PM PM PM PM PM AM AM AM AM AM AM AM AM AM AM

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

98.6 98.3 98.6 97.5 98.6 97.1 97.5 97.6

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

96 (80) 63 | 102 (75) 60 | 114 (75) 63 | 100 (69) 65 | 98 (57) 49

Heart Rate (Number): 138 135 116 115 113 110 112 119 120 114 108 116 119 120 116 118 119 120 115 116 118 80

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

Resp Rate (Number): 28 27 28 28 27 28 28 31 28 26 28 26 28 29 29 30 26 37

Resp Distress: Mod/ Severe / None / Mild																					
Receiving O_2 (l/min)	2L	1L	1L	1L	1L	1L	1L	1L	1L	0.5L	Stop										
O_2 Saturations (%)	98	97	98	97	98	98	98	100	98	96	97	99	99	98	96	98	99	98	97	98	99	98
Conscious Level: Normal / Altered	A	A	A	A	A	P	A	N	N	N	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	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	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	0	0	0	0	0	0	0	0	0	0
Observer's Initials	AKR	AKR	AKR	AKR	AKR	AKR	SK	SK	SK	SK	SK	SK	P	P	P	P	P	P	P	P	P	P

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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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-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 1 D (M)
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/6/26 Time:	9	10	11	12	1
Doctor / Nurse / Family Concern?	AM	AM	AM	PM	PM

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

98.4°F 98.2°F 98.3°F 98.4°F 98.4°F

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)	120	116	120	120	116	120

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

Resp Rate (Number)	34	30	32	29	32
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	99	99	98
Conscious Level: Normal / Altered	N	N	N	N	N
GCS *	–	–	–	–	–
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	I	I	I	I	I

Noted by Judy 6/6/26 @ 12pm

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

Patier

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

(1)

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (1)

4/6/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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										1	Subha 4/6 @7pm
4/6	06:00 pm		water	DNS							0	
	07:00 pm			30ml								
Total Intake :						**Total Output :**						
	08:00 pm		water	30 ml							1	
	09:00 pm		~~rice~~	30 ml								
	10:00 pm			30 ml							0	Keya 4/6/26 @7Am
4/6	11:00 pm		water	30 ml								
	12:00 am			30 ml							1	
	01:00 am			30 ml								
Total Intake :				180 ml		**Total Output :**						
	02:00 am			30 ml							1	
	03:00 am			30 ml								
	04:00 am			30 ml								
	05:00 am			30 ml							0	Beerunika 5/6/26 @7am
	06:00 am			30 ml								
	07:00 am			30 ml							1	
Total Intake :				180 ml		**Total Output :**						

Total 24 hrs. Intake	390 ml	Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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	08:00 am		Fluids + water	30ml						✓	1	
	09:00 am			30ml							0	Sudha @ 9pm
	10:00 am			30ml								
	11:00 am			30ml								
	12:00 pm			30ml						✓		
	01:00 pm			30ml								Subha @ 1pm
Total Intake :		180ml				**Total Output :**						
5/6/26	02:00 pm		Rice water								1	
	03:00 pm									✓		
	04:00 pm											Subha 5/6 @ 7pm
	05:00 pm		water									
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :** 2 times						
6/6	08:00 pm		Rice water									
	09:00 pm									✓		
	10:00 pm											
	11:00 pm		water									Padma 6/6/26 @ 1AM
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
6/6	02:00 am		water									
	03:00 am											
	04:00 am											
	05:00 am											Padma 6/6/26 @ 3AM
	06:00 am		ILCO									
	07:00 am											
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							
6/12/26	08:00 am											
	09:00 am		Water									
	10:00 am						2					
	11:00 am											
	12:00 pm		Tea							2		
	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**	

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

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

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DRUG CHART

Date of Admission: 4/6/26 Drug Allergies: Nil ☐ 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 :				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:				

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

Sign.

VERIFIED BY Name

VIH-00157403 IP-[illegible]
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

REGULAR PRESCRIPTIONS

Weight. 15.45Kg Ward. ....

Dr. Vishwaja 4/6/26 Chitt

DRUG: NEB. LEVOSALBUTAMOL

Dose	Route	Frequency	Start Date
0.63mg	PN	2nd hourly	4/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: 1 respule = 0.63mg

Daily Doctor's Endorsement by a Sign

Date/Time: See the nebs chart.

Dr. Vishwaja 4/6/26 Chitt

DRUG: NEB. BUDESONIDE

Dose	Route	Frequency	Start Date
0.5mg	PN	12th hourly	4/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: 1 respule = 0.5mg

Daily Doctor's Endorsement by a Sign

Date/Time: See the nebs chart

Dr. Vishwaja 4/6/26 Chitt

DRUG: INJ. AMOXICILLIN + CLAVULANATE

Dose	Route	Frequency	Start Date
460mg	IV	8th hourly	4/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: after test dose
30mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	4/6	5/6	6/6	7	8	9
6 AM	/	ESW	ESW			
2 PM	/	[illegible]				
10 PM	7PM	ESW				

Dr. Vishwaja 4/6/26 Chithra

DRUG: INJ. HYDROCORTISONE

Dose	Route	Frequency	Start Date
30mg	IV	6th hourly	4/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: 2mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	4/6	5/6	6/6	7	8
6 AM	/	ESW	ESW		
2 PM	/	[illegible]			
10 PM	7PM	ESW			

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

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

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

REGULAR PRESCRIPTIONS

DRUG : INJ. ECOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
15mg	IV	Once daily	4/6

Name & Signature of the Doctor starting the Drugs: Dr. Ushawaje

Additional Instructions: 1mg/kg/dose

Date / Time: 4/6 6/6 6/6

Daily Doctor's Endorsement by a Sign.

DRUG : NEB ~~c~~ IPRATROPIUM BROMIDE

Dose	Route	Frequency	Start Dt.
1 resp	P/R	8th hrly	4/6

Name & Signature of the Doctor starting the Drugs: Dr. Sameera

Additional Instructions: See the nebulizer chart

Date / Time:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time:

Daily Doctor's Endorsement by a Sign.

Rainbow®

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

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

DSE	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
4/6/26	3:00 pm	Neb. LEVOSALBUTAMOL	0.63mg x (2)	P/N	R	Sushma Kiran
4/6/26	3:10 pm	Neb. IPRAVENT	0.5mg x (2)	P/N	R	Sushma Kiran
4/6/26	3:30 pm	Neb. BUDESONIDE	0.5mg	P/N	R	Sushma Kiran
6/6/26		Syp. CYCLOPAM	3.5ml	P/O	R	

(Clik 4/6/26

VIH-00157403 IP-00060227
Master CHILAMALA VIGNESH
04-01-2023 3 Y 5 M 0 D (M)
Dr. AKHEEL SYED RIZWAN

I.V. FLUIDS CHART

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

Date	Time	Composition 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
4/6/2	7pm	Inf-DNS (2/3rd)	IV	30	RE				
		4 If required.							

Signature .....

VERIFIED BY : Name .....