INSURANCE COPY

Name	Master AGASTYA BACHULA	UHID	VIH-00204216
Father/Guardian	Mr GAJENDER BACHULA	Age/Gender	0 Y 11 M 8 D/Male
Address	PLOT NO-143 PRAGATHI NAGAR, A S Roa Nagar, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060390	Admission Date	18-06-2026
Ref Doctor	self	Discharge Date	21-06-2026

DISCHARGE SUMMARY

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

Diagnosis: Urinary tract infection

History: Master AGASTYA BACHULA is a 0 Y 11 M 8 D boy presented with history of moderate grade intermittent fever since 2 days, decreased oral intake since 1 day prior to admission. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Outside Investigations: Complete blood picture done on 17.06.2026 showed hemoglobin 9.4 gm%, white blood cells count of 10,700 cells/cumm, platelet count of 5.02 lakhs/cumm and C-reactive protein was 32 mg/l. CUE showed 3-5 pus cells.

OPD basis investigations: Hemogram done on 17.06.2026 showed hemoglobin 9.2 gm%, white blood cells count of 17,990 cells/cumm, platelet count of 5.07 lakhs/cumm and C-reactive protein was 174 mg/l.

Examination: He was febrile (103°F), maintaining saturations at room air. Heart rate- 130/min, blood pressure - 90/60 mmHg and respiratory rate 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly.

Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Weight on admission : 8.8 kgs.

Investigations: Enclosed.

Management: He was admitted in the ward and started on intravenous fluids and intravenous antibiotics. He was treated symptomatically with antipyretics and antacids.

His serum electrolytes and creatinine were normal. PCT was 12.8 ng/ml. Blood culture was sterile after 48 hours of incubation. CUE showed 12-15 pus cells, 2-3 RBCs, albumin (+), blood (+), leucocytes (+). Urine culture was sterile after 24 hours. Chest x-ray showed prominent thymus in anterior mediastinum, prominent bilateral bronchovascular markings. Ultrasound abdomen showed prominent left renal PCS - Left APPD - 3.5 mm, left distal hydroureter and caliber - 3.8mm - Suggested MCUG to rule out left VUR, prominent bladder wall thickness measures - 0.5mm - To rule out cystitis, both kidneys are bulky - To rule out Acute Pyelonephritis - No focal lesions or abscess.

In view of recurrent urinary tract infection, child was seen by Dr. Sruthi Balla, Consultant Paediatric Nephrologist who advised to continue IV antibiotics, Plan to do MCUG scan on follow up and to review in OPD after 5 days of IV antibiotics with CUE report.

His vitals were regularly monitored. His fever spikes and other symptoms gradually settled. Repeat hemogram done on 21.06.2026 showed hemoglobin 9.5 gm%, white blood cells count of 7,840 cells/cumm, platelet count of 5.87 lakhs/cumm and C-reactive protein was 36 mg/l. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Injection Piperacillin + Tazobactam 900mg, intravenous, 12th hourly (8am-8pm) till 22.06.2026 evening dose followed by.
   Augmentin drops (1ml/80mg), 2ml twice daily (after food) for 3 days (Refrigerate after reconstitution) (If 48 hours urine culture negative).
3. Injection Amikacin 65 mg IV 12th hourly (6am-10pm) till 22.06.2026 evening dose.
4. Trace 48 hours urine culture report tomorrow (22.06.2026)
5. To do MCUG scan on follow up.
6. CUE to be done on Wednesday (24.06.2026).
7. Kindly consult Dr. Siva Narayan Reddy, Senior Consultant Pediatrics, on Wednesday (24.06.2026) in OPD with prior appointment (This consultation will be charged).
8. Kindly consult Dr. Sruthi Balla, Consultant Pediatric & Nephrologist, on Wednesday (24.06.2026) with CUE report in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Paracetamol (1ml=100mg), 1.4ml (if needed) if fever more than 99.6*F (maximum 4-6 hourly).
Syrup Ibuprofen (5ml=100mg), 4ml (if needed) (after food) for fever more than 101*F (maximum 8 hourly).

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 Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

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).

Name	Master AGASTYA BACHULA	UHID	VIH-00204216

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 doctor ....in 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 : Kalyan

Registrar/Resident/C.M.O

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

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VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D
Dr. SIVA NARAYANA REDDY (M)

ACTIVITY RECORD FOR BILLING

Name: mast. Agastya

UHID No : 204216 IP No : 60390 Consultant : Dr. Siva Dept : 1st Floor

Date of Admission : 18/6 Time : 2:00AM Date of Discharge : Time:

Room / Bed No : 105 Ward : 1st Suggested Billable bed type :

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6	@ 2:00 AM	ER	105	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sruthi Balla	19/6	3092154	[signature]
2.	Cross checked by Lalpana 21/6 @ 3AM			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/6	CBP, CRP, Blood urea, electrolyte, crest	26020713	[illegible]
	x-Ray chest	26009730	[illegible]
	RAT - Negative	26020714	[illegible]
	CUG, ulels	26020717	[illegible]
	PCR	26020718	[illegible]
19/6	CBP, CRP	26020895	[illegible]
	Cross checked by [illegible] 21/6 @ 3AM		
	CBP, CRP	26021049	[illegible]
	USG abdomen	26009765	[illegible]
	Cross checked by Sadiya 21/06 @ 10:15 AM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6	Infusion pump	2:20 Am	20/6 2:20 Am	3091526	Sadiya
	Cross checked	by	Sadiya	20/6 @	10 Am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/6	IV Placement	1	3091525	[illegible]
	IV placement	1	3092266	[illegible]
	Cross checked by [illegible] 21/6 @ 3[illegible]			

ANY OTHER INFORMATION

18/6 RAT - Negative

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 21/6 @ 10:15 Am		

DEFICIENCY AL CASE SHEET

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D (M)
Dr. SIVA NARAYANA REDDY

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Patient Name: IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	3	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	3	—	—	
6	Doctors Progress Sheets				
7	Nurses Progress notes				
8	Consultation Sheets	1			
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery	—			
11	Consent for Blood Transfusion	—			
12	Consent forChemotherapy	—			
13	Consent for High Risk	—			
14	Consent for Restraint	—			
15	DAMA Consent	—			
16	Consent for Special Procedure	—			
17	Consent for Radiological Investigations	—			
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	4			
26	Intake and Output chart (fluid Chart)	3			
27	Drug Chart (Regular prescription)	2			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others.	16			
	Total No. of Pages	38			

Noted by Bavanika 2/6 @10 am

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

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Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060390 **Admit Date** : 18-Jun-2026 **Admit Time** : 01:08 AM **UHID** : VIH-00204216

Patient Details :

Patient Name	: Master AGASTYA BACHULA	**Age**	: 0 Y 11 M 6 D
Guardian	: Mr GAJENDER BACHULA	**DOB**	: 12-07-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO-143 PRAGATHI NAGAR A S Roa Nagar Hyderabad Telangana INDIA 500062	**Phone No**	: 9866048776
		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 GAJENDER BACHULA	**Relationship**	: Father
Contact Address	: PLOT NO-143 PRAGATHI NAGAR A S Roa Nagar Hyderabad Telangana INDIA 500062	**Phone No**	: 9866048776 / 9133383893

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**	: FAMILY HEALTH PLAN INSURANCE TPA LTD

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

wt - 8.8 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Agastya Age : 11M Gender: ☑ Male ☐ Female

Date : 18/6/26 Time of Arrival : 12:45AM

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: 103.2°F PR: 160b/m BP: crying RR: 36b/m SpO_2: 96%

Chief Complaints: Fever x 2 days, ↓ oral intake x 1 day

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 : 12:49AM

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 : Samuel

Signature of Triage Nurse : Sam

Date & Time : 18/6/26 @ 12:49AM

Patient Name : Mast. AGASTYA BACHULA UHID : VIH-00204216 IPD : IP-00060390 Gender : Male Age : 0 Y 11 M

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/6/26 Time of arrival : 12:49AM

Chief Complaints: Fever x 2 days, ↓oral intake x 1 day RBS: —

Height : — Weight : 8.8Kg 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

	Yes	No
History of Falling: within past 3 months	☐	☑
Ambulatory Aids:		
• Wheelchair	☐	☑
• Uses furniture for support	☐	☑
Gait/Transferring:		
• Bedrest / immobile	☐	☑
• Weak	☐	☑
• Impaired	☐	☑
Mental Status: Forgets limitations	☐	☑

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

...

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 12:52AM

Patient Name : Mast. AGASTYA BACHULA UHID : VIH-00204216 IPD : IP-00060390 Gender : Male Age : 0 Y 11 M 6 D

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

Time	Nursing Notes
12:49AM	* vitals checked & Recorded
12:52AM	* Doctor assesed the pt & Advised admission
12:55AM	* cold sponging given.
1:08AM	* Admission done
1:37 AM	* Iv placement done
1:45 AM	* samples collected & sent to lab
1:50 AM	* pt shifted to ward

Samples collected by: Samuel — Time: @ 1:37 AM

Samples sent by : moglidha — Time @ 1:45 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1:10pm	Syp. Ibuprofen	P/o	4ml	Dr. Shaik	Sam

Condition of patient at time of shift - out :	Details of Shift - out
HR: 125b/m BP: crying CFT: <3sec	Shift - out from ER to: 105
RR: 26b/m SPO$_2$: 97%	Time of Shift - out: 18/6/26 @ 2:00 AM
GCS: – Temperature : 101°F	Handover given to: (Nurse's Name) Sr. Sadhya by Sr Sawan
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv placement

Name of the Nurse : Sawan

Signature of the Nurse : [signature]

Date & Time : 18/6/26 @ 2:00AM

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI

Arrival Time: 2 Am Mode of Arrival: lifted by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: No allergy

Body Weight: 8.8 Kg

Height: .... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 8.8kg Length: .... Head Circumference (< 2 years): ....

Temp.: 98.6°F HR: 124 b/min RR: 24 b/min BP: 89/45 (61)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 14 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (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 – 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: Nil (Date/Time):

Social History: Lives With Family

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

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

Orientation has been given regarding the following aspects:

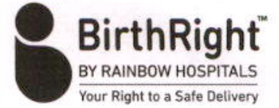
Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to Mother

Nurse's Name: Subham Date: 18/6/26 Time: 2:30AM Signature



PATIENT TRANSFER FORM

Patient Name & ...	Date & Time of Admission	Date & Time of Transfer Order
VIH-00204216 IP-00060390 Master AGASTYA BACHULA 12-07-2025 0 Y 11 M 6 D (M) Dr. SIVA NARAYANA REDDY	18/6/26 @ 1:08 AM	18/6/26 @ 2:00 AM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Shrikar	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	105	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	—	Yes ☑ No ☐ If yes, what ? OPFile given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Samuel / [signature]	Dr. Shrikar

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 18/6 @ 2:20 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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

Patient Name: ______

UHID ID: ______

Department: ______

Consultant: ______

Docu. No. : RCH/FRM / GENERAL / 065

(P.T.O.)

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ________

Information given by: ______________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

FEVER :: 2 Days
↓ oral intake :: 1 Day

History of present illness :

FEVER :: 2 day.
onset - sudden
duration - 2 days
Progression - gradual
pattern - intermittent 2-3 febrile episodes/day
Interfebrile period - active
Associated features - Chills (+)
Response to antipyretics - good - controlled well by Ibuprofen
RS - no fast breathing
GI/GU - no loose stools, vomiting, cry on micturition
CNS - no Dull activity
Skin - no Rash
MSK - no Joint swelling / Limb swelling
EYE, ENT - n/.
Recent h/o travel (+) -
Contact h/o -
Drug h/o - using Amoxycillin on OPD Basis

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

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

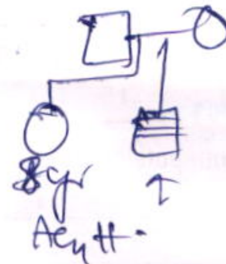
→ Outside Reports. 17/6/26.

Hb - 9.4
WBC - 10,700 N/L - 63/32
Plt - 5.02
CRP - 32.52 (<6)
CUE = 3-5 pus cells

Birth & Neonatal History:

Term / LSCS / 3.1 kg / AGA / No NICU admission.

Prolonged Neonatal Jaundice
H/o UTI [illegible] @ fernandez (Klebsiella ⊕)



Birth & Socio Economic History:

About Father :

About Mother : Class II

Any additional Information :

Developmental History :

→ Stand ī support ⊕
1-2 words ⊕
Stranger anxiety ⊕

Neater pincer grasp ⊕

Immunization History :

→ upto date

(P.T.O.)

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8.8kg (Centile ______)

On Examination :

Temperature : 103°F Pulse Rate : 130/min B.P. ______ SPO2 98/RA

Resp.rate and type of breathing : 24 CPM / Regular Abd thoracic
(N) WOB

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______

Palpation : Soft

Ausculation :______

Spine :______ External Genitelia : ______

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

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Central Nervous System : Af @ level

Level of Consciousness : AVPU/GCS score : —

Cranial Nerves : [illegible]

Motor System:

Nutriton : — no walking

Tone: (N) Power >3/5

Co-ordinator : —

Posture : (N)

Involuntary Movements : —

Reflexes :

DTR 3+

Superficials:

Plantars

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

AFI

(P.T.O)

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

To prevent complications

Desired goals of the treatment :

- To treat current condition

Planned Labs:

CBP, CRP, CUE — done outside

B/C/S, S/E, Sr Cr, U/C/S ✗

Chest X Ray ✓

Extra plain ⓘ ✓

CBP, CRP, CUE ✗

Planned Management

- IV Ceftriaxone
- IV fluids

Antipyretic (SOS).

Noted by
[illegible]
18/6/26

Signature of the Doctor: ✓

Name of the Doctor: Dr [illegible]

Date & Time: 18/6/26 11:06 Am

Signature of the Consultant: [signature]

Name of the Consultant: Dr [illegible]

Date & Time: 18/6/26 10A

Ref Dr = Dr Amrutha?

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26.	S/B Resident.	
8am		
	Δ: UTI	fever.
	→ Issues: High inflammatory markers - CRP-(174).	→ 7:15am - 101.3°F
	CUE - 1+ leucocytes / 12-15 pus cells.	
	O/E	
	Afebrile febrile	
	CRT <3sec	Reports awaited
	CTA good	
	CVS - S1S2 (+)	→ U/C/S
	RS BAE (+)	B/C/S
	PA soft	PCT → 12.8
	CNS no FND.	
	plan	
	- off 2nd pip/taz, Inj Amikacin	
	- USG Abdomen	
	- Antipyretic (SOS)	
	- Dr. Shwetha (Nephro) c/o.	
Dr Shankar	Dr [illegible] 18/6/26 10am	

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

VIH-00204216 IP-00060390
Master AGASTYA BACHULA (M)
12-07-2025 0 Y 11 M 6 D
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	D/W Dr. Shruthi mam,	
18/6/26	Informed case & History	
		Adv
		1) USG Abdomen.
		2) Review ē Reports 1/m
		3) Plan for MCUG after antibiotic course
	Dr. Vaishnavi	
	S/B Resident	
18/6/26 1:45pm.	UTI	
	1 fever spike - 100.8°F	
	Urine } (N) Stools }	
	O/E Baby warm afebrile	
	Vitals Stable	
	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A - soft	Plan
		1) Inj Pepta3
		2) Inj Amikacin
Dr. Vaishnavi		3) Trace B/c/s, u/c/s
		Noted by Benonika 18/6/26 @ 8pm

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D
Dr. SIVA NARAYANA REDDY (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 8AM	S/B Resident	
	ams - UTI	
	2 fever spikes : 7:30 , 3Am 102°F 100.6°F	
	Urine } (N) Stools }	
	oral intake - better	
	O/E	
	Child alert/active	
	Euthermic	
	Vitals stable	
	CVS-S1S2 (+)	
	RS - BAE (+)	
	P/A - soft	
		Plan
		1) Inj peptaz 3rd dose
		2) Inj Amikacin D2.
		3) Trace B/c/s , U/c/s
		4) Dr. Shruthi (nephro) c/n.
		5) CBP, CRP T/m
Dr. Vishwaja	Dr. Nag 19/6/26 10A	
		Noted by Benonika 19/6 @2pm

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

(P.T.O)

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19.6.26 4.00 PM	S/B Registrar	
	Urinary Tract Infection	
	Last fever spike at 11.00 AM (100.5°F)	
	O/E child irritable	
	CRT < 3sec.	
	pyuria (+) afebrile	
	CVS - S1S2 (+)	Plan
	RS - BAE (+)	→ Cont Inj Piptaz Amikacin
	Blood c/s : 24 hrs sterile P/A - soft	→ Encourage Orally
		→ Vitals 4th hrly
	Sameera	→ CBP, CRP now
	(Dr. Sameera)	→ Retamil - GM ointment while discharge.

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

VIH-00204216 IP-00060390
Master AGASTYA BACHULA (M)
12-07-2025 0 Y 11 M 7 D
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 8:30am	S/B Resident	
	Δ: UTI — Complicated, febrile	
	Issues: fevers (+) 7:50pm — 101.1°F.	
	→ Inflammatory Markers — better.	
	O/E	
	Baby euthermic	
	CRT <3sec	Awaited Report
	CTA good	48 Hrs — C/S.
	CVS — S1S2 (+)	
	RS BAE (+)	
	PA — soft	
	CNS NOFND.	
	Plan.	
	Inj Pipitaz — D3	
	Inj Amikacin D3	
	— CBP / CRP / Plan / if culture clear	
	— (SOS) D/C Plan.	
Dr Shankar 125536		Noted by Beronika 20/6/26 @ 2pm

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 5pm	S/B Resident	
	A/s/s — UTI	
	No fever spikes	
	afebrile 20hours	
	O/E Child active	
	euthermic	
	vitals stable	
	CVS - S1S2 (+)	
	R/s - BAE (+)	
	P/A - soft	
		Plan
	1)	Trace Bl c/s, u/c/s - 48Hrs
	2)	CBP/CRP - T/m or Next prick
	3)	Inj Piptaz
	4)	Inj Amikacin
	5)	plan for d/s T/m.
Dr. Vishwaja		Noted by Anitha @9pm

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

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21.6.26 8.00am	S/B Registrar	
	Urinary Tract Infection	
	no fever ~ 36 hrs	
	O/E child better	
	CRT < 3 sec.	
	afebrile	
	CVS - S1S2 (+)	
	RS - BAE (+), clear	
	P/A - soft.	Plan
		→ Discharge today
		→ Inj. Ciplox total (BD dose) 1 week.
	CRP: 36 ↓.	
	WBC: 7840 ↓	→ To do CUE after 1 week
	Plt: 5.87	
	Inj. Ciplox: D_3 completed	→ To D/w Dr. Srinivasa Reddy Nephrologist.
	Inj. Amikacin: D_4	
	blood c/s: 48 hrs sterile	Peptic 3 → 5 day wed - CUE
		If c/s (N) - Azithromycin x 3d.
		d/w TOM 4y
	(Dr. Sameera)	
	Noted by Bhargavika 21/6 @ 10 am	Dr. Lavanya 21/6/26 9AM.

VIH-00204216 IP-00060390
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12-07-2025 0 Y 11 M 7 D (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00204216 IP-00060390
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI (Acute febrile illness)			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure: —			Post OP Day: —			
BACKGROUND	Date / Shift	18/6/26 Night	18/6 Night	18/6 N	18/6 E	18/6 N	19/6 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	Soft diet	S. diet	S. diet	Soft diet	soft diet	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	100.3°F	98.6°F	98.8°F	98.6°F	98.6°F	99°F
	Res:	30b/m	32b/m	30b/m	32b/m	40b/m	30b/m
	SpO_2:	97%	99%	98%	99%	99%	99%
	Pulse:	150b/m	181 b/m	120b/m	112b/m	119b/m	120b/m
	BP:	crying	—		87/42(54)	98/43(58)	90/49
	LOC:	conscious	Conscious	conscious	Conscious	conscious	conscious
	Fall Risk Score:	14	14	14	14	14	14
	Pain Score:	—	0	0	0	0	0
	Skin Integrity	Intact	Intact	intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Soft diet	S. diet	S. diet	S. diet	S. diet	S. diet
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Sipora	Subhara	Benonika	Benonika	Subhara	Benonika
Signature / ID :		[illegible]	817444	B018727	B018727	817444	B018727
Date:		18/6/26	18/6	18/6/26	18/6	19/6/24	19/6/26
Time:		@ 2100	@ 8Am	@2pm	@ 8pm	@ 8AM	@ 2pm
Taken Over By Name :		Subhara	Andu	Benonika	Subhara	Benonika	Anitha
Signature / ID :		817444	860008	B018727	817444	B018727	[illegible]
Date:		18/6	18/6/26	18/6/26	18/6/26	19/6/26	19/6
Time:		@ 2AM	8AM	@ 2pm	@ 8PM	@ 8am	@ 2PM

Docu. No. : RCH /FRM / CLINICAL / 097

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure: —

Post OP Day:

	Date / Shift	19/6 E	19/6/26 Night	20/6 M	20/6 E	20/6/26 N	21/6 M
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	S. diet	S. diet	Soft diet	S. diet	S. diet	S. diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.6°F	99.1°F	98.3°F	98.6°F	98.3°F
	Res:	28b/m	30b/m	33b/m	30b/m	30b/m	28b/m
	SpO₂:	99%	100%	99%	98%	99%	98%
	Pulse:	124b/m	116b/m	112b/m	110b/m	110b/m	112b/m
	BP:	98/62(74)	95/63(70)	88/40	100/60(70)	99(77)	100/60
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	14	14	14	14	14	14
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	S. diet	S. diet	S. diet	S. diet	S. diet	S. diet
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	Dependent	Dependent	dependent
	Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	Nil
	Handed Over By Name :	Anitha	Subham	Beronika	Anitha	manisha	Beronika
	Signature / ID :	Anil	17444	B018727	Anil	MJ90501145	B018727
	Date:	19/6	20/6/26	20/6/26	20/6	21/6/26	21/6
	Time:	@8pm	@ 8AM	@ 2pm	@ 8pm	@8AM	@10am
	Taken Over By Name :	Subham	Beronika	Anitha	Manisha	Beronika	
	Signature / ID :	17444	B018727	Anil	MJ90501145	B018727	
	Date:	19/6/26	20/6/26	20/6/26	20/6/26	21/6/26	
	Time:	@ 8pm	@ 8am	@2pm	@8pm	@8AM	

Noted by Beronika 21/6 @10am

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

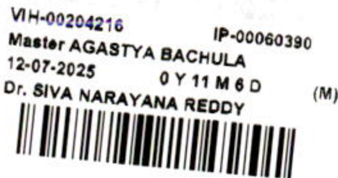
NURSING CARE RECORD

Date: 18/6/26

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	8pm	→ maintain fluid balance		→ Administered IV fluid DNS 25 ml/hr	→ maintain Hydration	→ Patient is stable	[signature] 18/6 @ 8Am



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NURSING CARE RECORD

Date: 18/6/26

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	11 am	→ IV fluids on flow	11:30 AM	→ DNS 25ml/hr is maintained	→ To maintain hydration	→ patient is stable	@ manas
Afternoon	6pm 7pm	→ maintain fluid ~~On~~ Balance. → ensure Safety		→ Administered IV fluid DNS 25 ml/hr → Side Rails kept up	→ Maintain Hydration → Prevent from fall Risk	Patient is stable	Beronika 18/6 @ 8pm
Night	8PM	→ Assessment → monitor vitals	8PM	→ Assessed the child condition → monitored vitals & recorded	→ child is active → vitals are Normal	→ Now child is stable	Subhan 19/6 @ 8am

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12-07-2025 0 Y 11 M 6 D (M)
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NURSING CARE RECORD

Date: 19/6/26

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	11am	→ Maintain good Nutritional status		→ To Oral Intake is good	→ Provided Soft diet.	Patient is stable	Beronika 19/6 @2pm
	1pm	→ Ensure Safety		→ Side Rails kept up	→ To Prevent from fall Risk		
Afternoon	3pm	→ Maintain Aseptic Technique		→ Maintained Asep-tic Technique	→ To prevent infection	→ patient is Stable	Anitha 19/6 @8pm
	5pm	→ Ensure Safety		→ Side rails kept up	→ To prevent for fall risk		
Night	9pm	→ maintain good nutritional status	9pm	→ Provided soft diet	→ oral intake is good	→ Patient is stable.	Subhan 20/6/26 @ 8am

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Date: 20/6/26

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	11am	→ Maintain good nutritional status		→ To oral intake is good	→ Provided soft diet	Patient is stable	Benorilia 20/6 @ 2pm
	1pm	→ Ensure Safety		→ Side rails kept up	→ To prevent from fall risk		
Afternoon	3pm	→ maintain personal hygiene		→ Educate about personal hygiene	→ To prevent infection	→ patient is stable	Anitha 20/6 @ 8pm
	5pm	→ Ensure Safety		→ To prevent falls risk	→ To side rails kept up		
Night	11:00	– provide comfortable position	11:30	provided comfortable position	– To reduce discomfort	– patient is stable	[illegible] @8Am 21/6
	7:00	– maintain aseptic technique	7:30	maintained aseptic technique	– prevent from Infection	– no fresh complaints	

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 8 D (M)
Dr. SIVA NARAYANA REDDY

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NURSING CARE RECORD

Date: 21/6/26

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				Discharge Note Doctor came for rounds and advice for discharge.			
Afternoon					Noted by Benika 21/6 @10 am		
Night							

Patient Sticker

NURSING CARE RECORD

Date: ....

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							

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 18/6	DATE 18/6	DATE 18/6	DATE 19/6	DATE 19/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	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
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	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
	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
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
	Total		14	14	14	14	14

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 sup[illegible]		✗	✗	✗	✗	✗
Other Intervention(s) Specify		✗	✓	✓	✓	✓
Nurse's Name:		[illegible]	Brinij	Brinij	Brinij	Anitha
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		18/6	18/6	19/6	19/6	19/6
Time:		11:30 a	8pm	4AM	2pm	8pm

Docu. No. : RCH /FRM / CLINICAL / 005

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12-07-2025 0 Y 11 M 7 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 20/6	DATE 20/6	DATE 20/6	DATE 20	DATE 21/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	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
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	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
	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
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
	Total		13	13	13	13	13

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 sup[illegible]		✗	✓	✗	✗	✗
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Subh	Bενoika	Anitha	mano	Brit
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		20/6	20/6	20/6	20	21/6
Time:		4Am	2pm	8pm	11pm	10am

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PAIN ASSESSMENT FORM

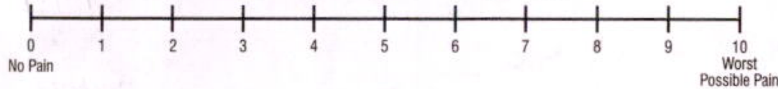
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/6	5:30 a	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	[signature]
18/6	11AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
18/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
19/6	4AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	[signature]
19/6	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
19/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
20/6/26	1AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
20/6/26	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
20/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
20/6	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manesha

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			18/6 DAY-2			19/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			–	–	–	–	–	–	–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			–	–	–	–	–	–	–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			–	–	–	–	–	–	–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			–	–	–	–	–	–	–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			–	–	–	–	–	–	–	
		Signature of the Nurse				[signature]	[signature]	Bmini	[signature]	Bupi	[signature]	[signature]	

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : [signature] Name : [signature]

Signature of Ward In Charge :

Signature : [signature] Name : Elizabeth

Doc. No. : RCHBH/ FRM / CLINICAL /137

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D (M)
Dr. SIVA NARAYANA REDDY

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	20/6 DAY-1			21/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-						
			Signature of the Nurse	[illegible]	[illegible]	[illegible]	[illegible]						

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : [illegible] Name : Sadiya

Signature of Ward In Charge :

Signature : [illegible] Name : Elizabeth

Doc. No. : RCHBH/ FRM / CLINICAL /137

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
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BRADEN 'Q' SCALE

				Date : / Time :	18/6	18/6 11AM	18/6 8pm	19/6 4AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	1	2	2
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	2	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	19	21	21
				Evaluator's Name	[illegible]	[illegible]	Brij	Sohan

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	**Support Surfaces** **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master AGASTYA BACHULA**	**Age :**	**0 Y 11 M 6 D**
IP No:	**IP-00060390**	**Sex:**	**Male**
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 [illegible] consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for [illegible]rance 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.
2 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 [illegible]rance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.................) [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: [signature]

Name: Gajendra Bachula

Relationship: Father

Date: 18/6/26 Time: 1:15 Am.

Wittness Name: [signature]

Wittness Signature: [signature]

Patient Address:
PLOT NO-143 PRAGATHI NAGAR A S
Roa Nagar Hyderabad Telangana
INDIA 500062

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

Doctor Name : ....

Date : .... Hour : ....

Hospital : ....

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

Date : .... Time : .... By : ....

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

IP-00060390
VIH-00204216
Master AGASTYA BACHULA (M)
0 Y 11 M 7 D
12-07-2025
Dr. SIVA NARAYANA REDDY

Reaso[...]ent care specify the particular need, especially in the absence of a second diagnos[...]

Signature: M.D.

Report of Findings and Recommendations :

c/o Recurrent UTI.
c/s → awaited
Fever spikes ++

USG noted
Cr ⎤
K+ ⎦ (N)
pluminaria (+)

Adv

1) Continue IV Piptaz & Amikacin.

2) Plan MCUG on follow up.

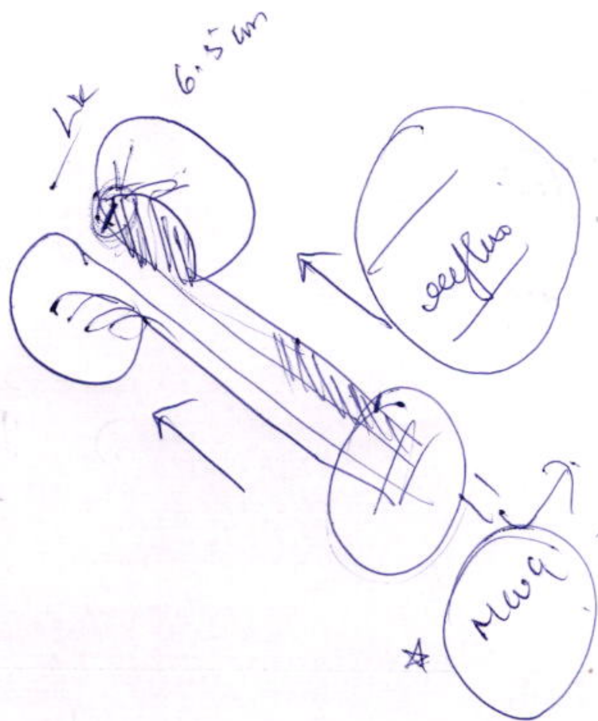
3) Review in OPD after 7 days of IV Antibiotics c̄ CUE.

Consultant :

Name : DR. SRUTHI Signature : [signature] Date & Time : 19/6/2026 2:15pm

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

CIN: L85110TG1998PLC029914


6.5 cm

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

Pat

CLINICAL / 124

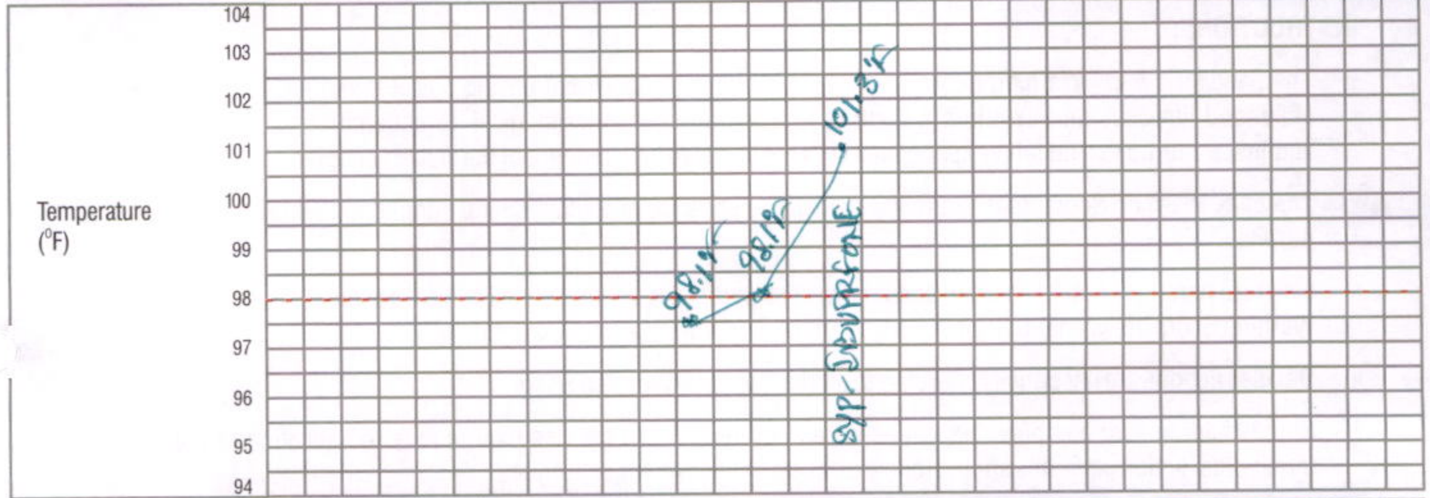
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6 Time: 3 AM | 5 AM | 7:15 AM

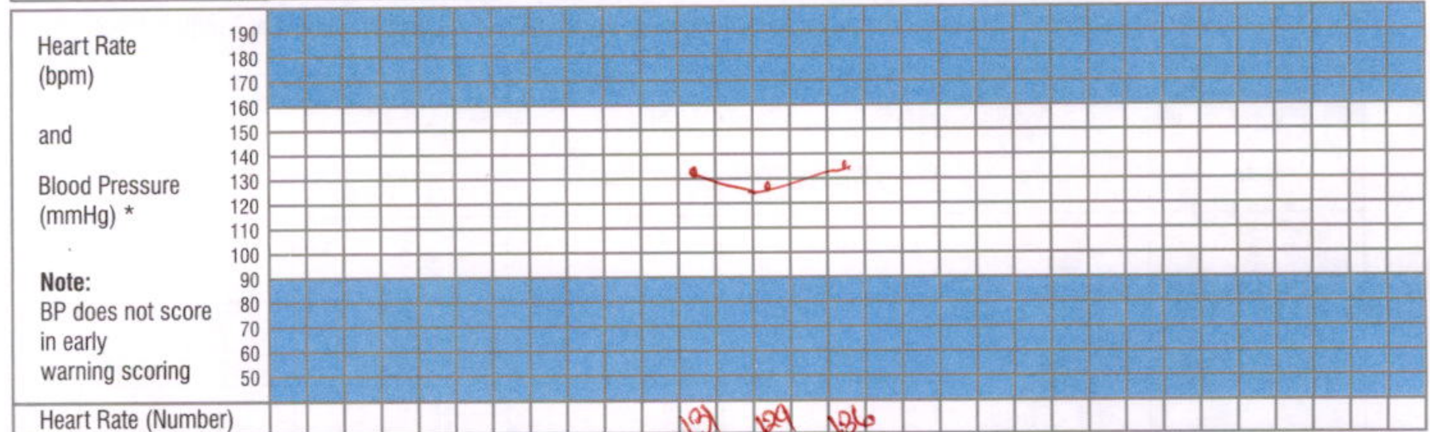
Doctor/Nurse/Family Concern?

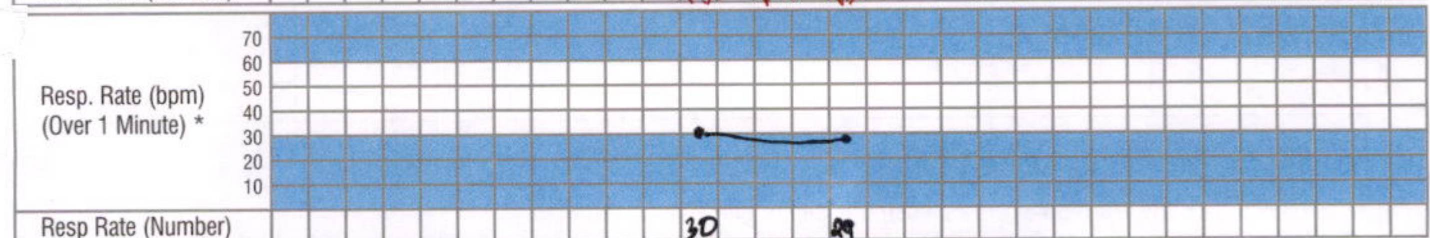
Temperature (°F)



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

Note: BP does not score in early warning scoring





Parameter	3 AM	5 AM	7:15 AM
Heart Rate (Number)	131	129	136
Resp Rate (Number)	30		29
Resp Distress – Mod/Severe			
Resp Distress – None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99	100	96
Conscious Level – Normal	0	0	0
Conscious Level – Altered			
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	1
Pain Score	0	0	0
Observer's Initials	SK	SK	SK

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 incharge and PICU /NICU fellow or PICU/NICU 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

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

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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.
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- 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

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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-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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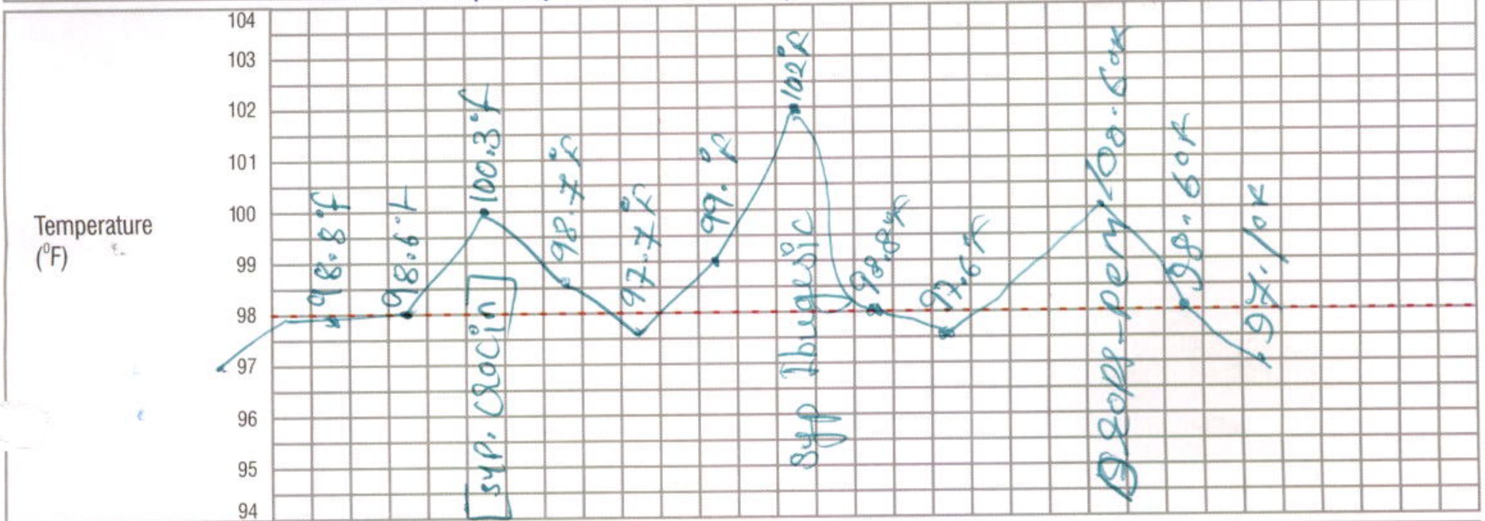
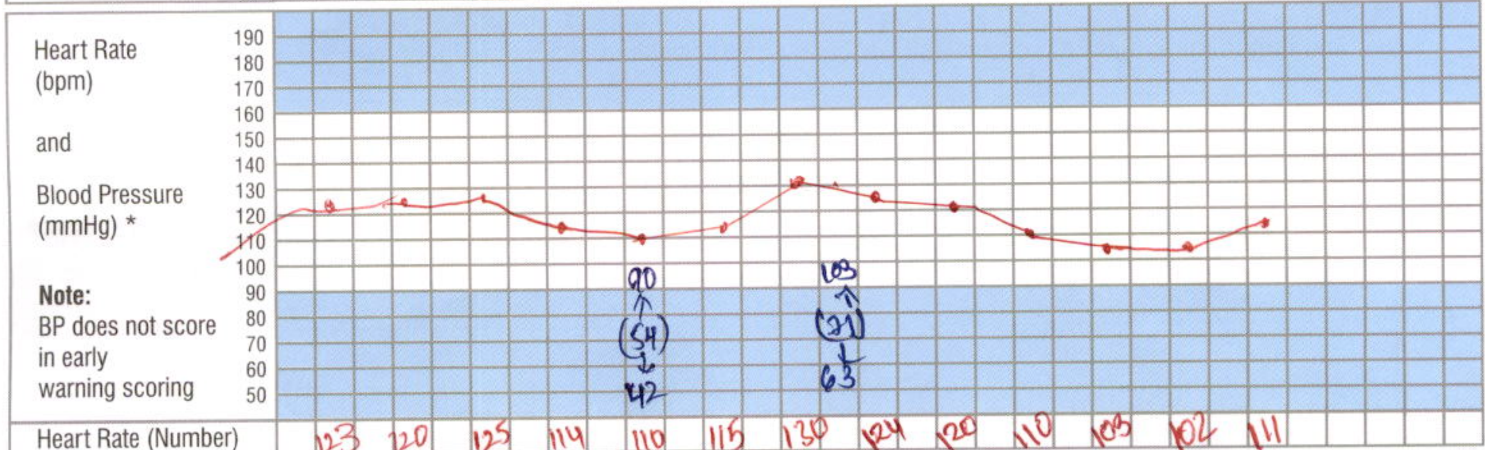
EARLY WARNING SCORE: CHILDREN'S UNIT

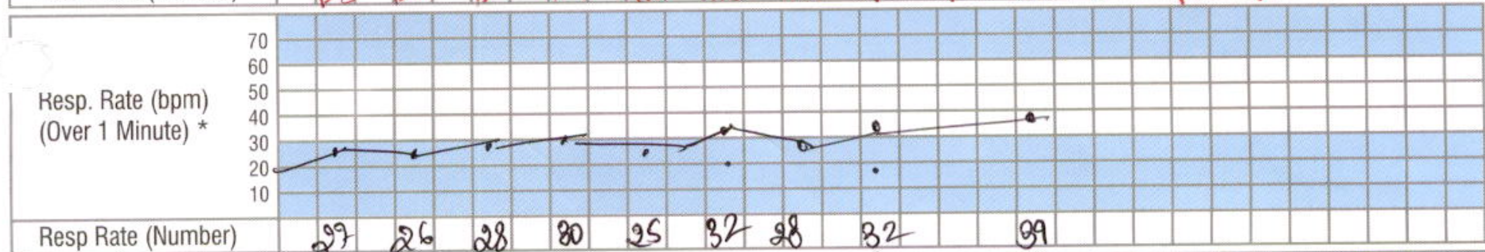
Date: 18/6 Time:

Time	9 AM	11 AM	1:45 PM	3 PM	5 PM	7 PM	7:30 PM	9:30 PM	12:25 AM	2 AM	3 AM	5 AM	7 AM
Doctor/Nurse/Family Concern?													





	9 AM	11 AM	1:45 PM	3 PM	5 PM	7 PM	7:30 PM	9:30 PM	12:25 AM	2 AM	3 AM	5 AM	7 AM
Heart Rate (Number)	123	120	125	114	110	115	130	124	120	110	105	102	111



	9 AM	11 AM	1:45 PM	3 PM	5 PM	7 PM	7:30 PM	9:30 PM	12:25 AM	2 AM	3 AM	5 AM	7 AM
Resp Rate (Number)	27	26	28	30	25	32	28	32		39			
Resp Distress: Mod/ Severe													
Resp Distress: None / Mild													
Receiving O_2 (l/min)													
O_2 Saturations (%)	97	98	99	100	98	99	98	98	98	98	99	100	99
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	N	N	N	N
Conscious Level: Altered													
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	1	0	0	0	1	0	0	0	1	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	B	B	B	B	B	SK	SK	SK	SK	P	P

ACTIONS		
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Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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

INFANT (<1 year)

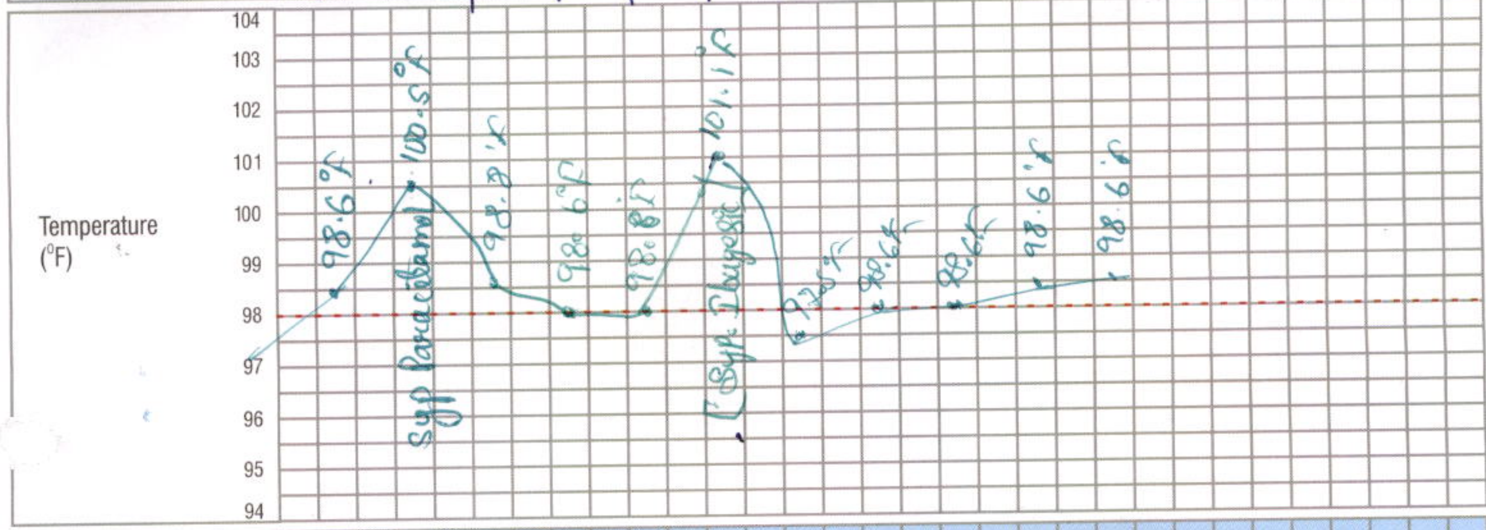
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/6/26

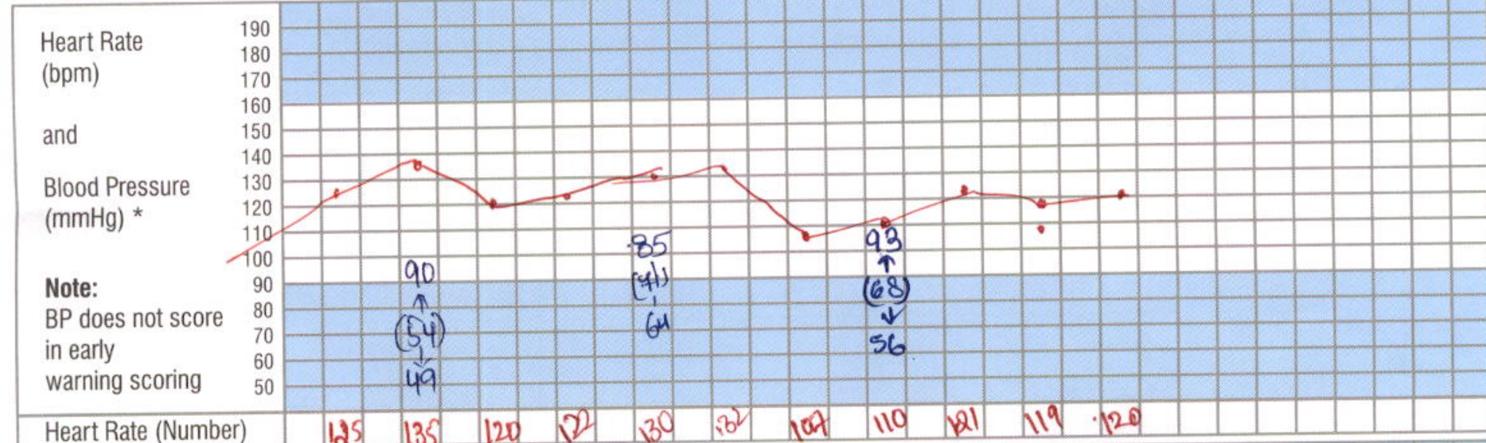
Time:	9 am	11:10 am	1 pm	3 pm	5 pm	7:50 pm	9:45 pm	12 am	3 am	5 am	7 am
Doctor/Nurse/Family Concern?											

Temperature (°F)



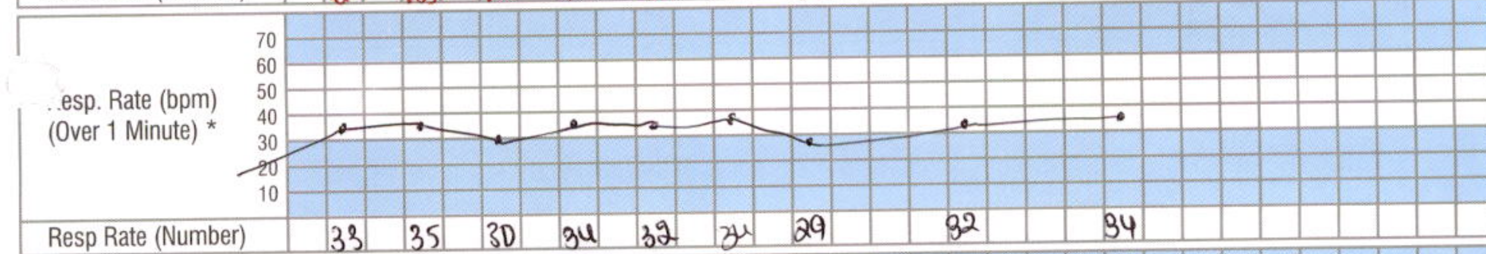
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	125	135	120	122	130	132	107	110	121	119	120

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



Resp Rate (Number)	33	35	30	34	32	34	29		32		34
Resp Distress Mod/ Severe											
Resp Distress None / Mild	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min)											
O_2 Saturations (%)	99	100	98	99	98	99	97	99	98	96	97
Conscious Level Normal	N	N	N	N	N	N	N	N	N	N	N
Conscious Level Altered											
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	1	0	0	0	1	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	A	A	A	SK	SK	SK	SK	SK

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 02/ 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.
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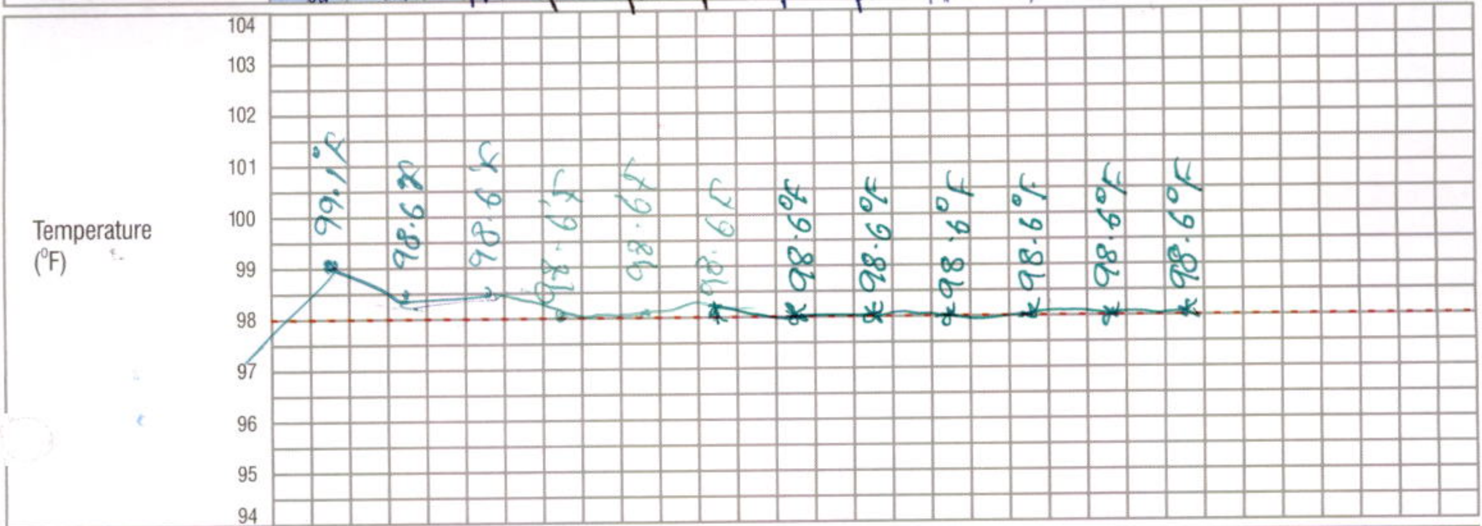
VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D (M)
Dr. SIVA NARAYANA REDDY

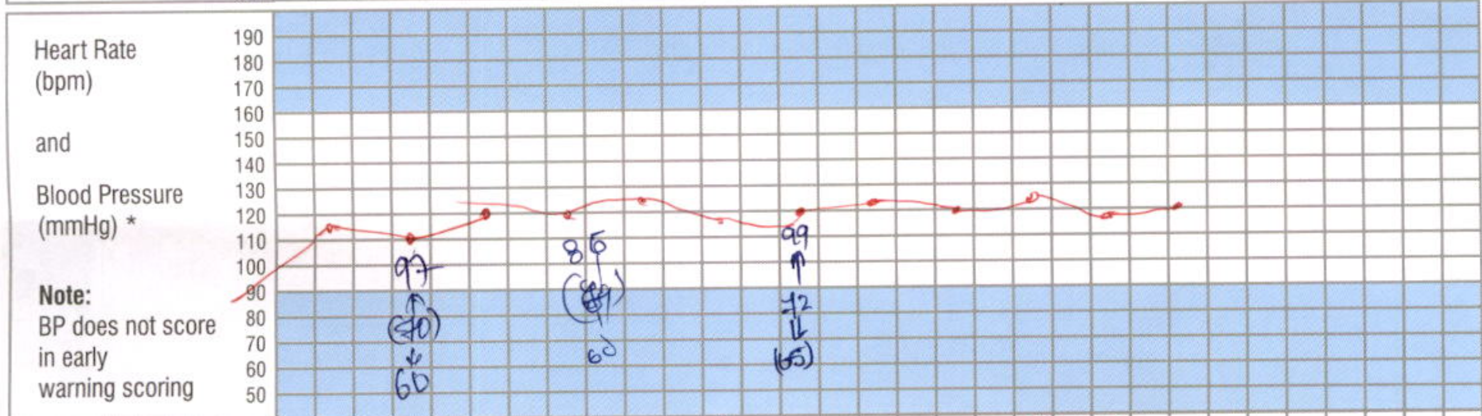
F. No. : RCH/ FRM / CLINICAL / 124

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/6/26 Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm	pm	pm	Am	Am	Am	Am





Heart Rate (Number)	115	110	120	120	122	118	120	122	120	122	119	120

Resp Rate (Number)	30	33	30	36	34	38	32	30	30	32	30	32
Resp Distress: Mod/ Severe												
Resp Distress: None / Mild												
Receiving O_2 (l/min)												
O_2 Saturations (%)	99	98	99	98	99	98	98	99	98	99	98	99
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	N	N	N
Conscious Level: Altered												
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	A	A	A	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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Patient Sticker

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

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

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BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Entry
Date: 21/6 ...... Time:	9
Doctor/Nurse/Family Concern?	am
Temperature (°F) (scale 94–104)	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	95 / (60) / 50
Heart Rate (Number)	110
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	
Resp Rate (Number)	25
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level — Normal	N
Conscious Level — Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	B

Note: BP does not score in early warning scoring

Noted by [illegible] 21/6 @ 10am

ACTIONS		
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12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

FLUID CHART

Sheet No. : ① 17/6/26

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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		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 :**						
18/6/26	02:00 am											
	03:00 am			DNS								Subha
	04:00 am		DBF	25ml								18/6
	05:00 am			25ml								@7AM
	06:00 am		DBF	25ml								
	07:00 am			25ml								
Total Intake :	100 ml					**Total Output :**						

Total 24 hrs. Intake	100ml	Total 24 hrs. Output	

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

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

18/6/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
18/6	08:00 am		Idly	25ml								Manasa 18/6/26 @
	09:00 am		+ water									
	10:00 am		water									
	11:00 am			25ml							0	
	12:00 pm			25 ml								
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm		Rice water							✓		
	04:00 pm			25ml								Benarika 18/6 @ 7pm
	05:00 pm			25 ml							0	
	06:00 pm			25 ml								
	07:00 pm											
Total Intake :						Total Output :						
18/6	08:00 pm											
	09:00 pm		Khichdi							✓		
	10:00 pm										0	
	11:00 pm		water									
	12:00 am		DBF									
	01:00 am									✓		
Total Intake :						Total Output :						Subhan 19/6 @ 7AM
19/6	02:00 am		DBF									
	03:00 am											
	04:00 am										0	
	05:00 am		DBF							✓		
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	150 ml	Total 24 hrs. Output	4 times

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 8

19/6/26

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	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
19/6/26	08:00 am										0	Beeravika 19/6 @ 2pm
	09:00 am		Jelly water							✓		
	10:00 am											
	11:00 am		DBM									
	12:00 pm											
	01:00 pm		DBM							✓		
Total Intake :						**Total Output :**						
19/6	02:00 pm		DBM								0	Anitha 19/6 @ 8pm
	03:00 pm			25ml						✓		
	04:00 pm		DBM	25ml								
	05:00 pm			25 ml								
	06:00 pm		Soup	25ml						✓		
	07:00 pm											
Total Intake : 100ml						**Total Output :**						
	08:00 pm										0	Subhan 20/6 @ 8AM
	09:00 pm									✓		
	10:00 pm											
	11:00 pm			25ml								
	12:00 am			25ml								
	01:00 am			25ml						✓		
Total Intake : 75ml						**Total Output :**						
	02:00 am			25ml								
	03:00 am			25ml								
	04:00 am			25ml								
	05:00 am			25ml								
	06:00 am			25ml						✓		
	07:00 am											
Total Intake : 125 ml						**Total Output :**						

Total 24 hrs. Intake	300ml

Total 24 hrs. Output	4 times

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Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 7 D (M)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : ....

20/6/26

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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
20/6/26	08:00 am											
	09:00 am		Idly							✓		
	10:00 am		water									Beronika
	11:00 am		DBM								0	20/6
	12:00 pm											
	01:00 pm		DBM							✓		
Total Intake :						Total Output :						
20/6	02:00 pm											
	03:00 pm		Kichidy							✓		
	04:00 pm										0	Anitha
	05:00 pm		DBM									20/6
	06:00 pm									✓		
	07:00 pm		DBM									
Total Intake :						Total Output :						
20/6	08:00 pm											
	09:00 pm		DBM									
	10:00 pm									✓	0	
	11:00 pm		DBM									
	12:00 am											
	01:00 am		DBM							✓		Manisha
Total Intake :						Total Output :						
21/6	02:00 am											
	03:00 am		DBM							✓		21/6
	04:00 am										0	@7Am
	05:00 am		DBM									
	06:00 am									✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	4-times

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 8 D (M)
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		Idly water							—		
	10:00 am											Srinija
	11:00 am										0	21/6
	12:00 pm											
	01:00 pm											@ 10am
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								Noted by			
	04:00 am											
	05:00 am								Bavanika			
	06:00 am								21/6			
	07:00 am								@10am			
Total Intake :						**Total Output :**						

Total 24 hrs. Intake			Total 24 hrs. Output	

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ......ER...... Shifted to: ......105......

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5	—— Nil ——					☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shrikar / [signature]

Date & Time : 18/6/26 @ 1:20am

Nurse Name & Signature: Mogilsue / [signature]

Date & Time : 18/6/26 @ 1:20am

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies ✓

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: SUP. IBUPROFEN				Date / Time	18/6	19/6
Dose	Route	Frequency	Start Date		7:15	7:50
4ml	P/O	Q6H	18/6		[signature]	[signature]
Doctor's Signature	Valid Period	Pharm.			7:30	
[signature]		[signature]			[signature]	
Additional Instructions: T>102F						
8-10mg/kg/dose 5ml=100mg						

DRUG: PARACETAMOL DROPS				Date / Time
Dose	Route	Frequency	Start Date	
1.4ml	P/O	Q6H	18/6	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: T>100F				
10-15mg/kg/dose 1ml=100mg				

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

VERIFIED BY : Name .... Signature .... [handwritten: Mounika 18/6; Mounika 18/6]

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

Weight. 8.8kg 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
17/6	2:20 Am	DNS (2/3 RDM)	IV	25 ml/hr	[signature]	Priya Sadiya	21/6		Brinly Sadiya

Moogit sue 1.8/6

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

IP-00060390 ...ULA Master ... 12-07-2025 0 Y 11 M 7 D (M) Dr. SIVA NARAYANA REDDY

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

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

	Date ► / Time ▼		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date ► / Time ▼		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VIH-00204216 IP-00060390
Master AGASTYA BACHULA
12-07-2025 0 Y 11 M 6 D (M)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight. 8.8kg Ward. ....

DRUG: INJ. CEFTRIAXONE				Date/Time	18/6
Dose	Route	Frequency	Start Date	6 AM	
450mg	IV	12th hrly	18/6		
Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]					
Additional Instructions: 50mg/kg/dose				6 PM	
Daily Doctor's Endorsement by a Sign					

Upgrade & Dr. [illegible] 18/6/26.

DRUG: INJ. ESOMEPRAZOLE				Date/Time	18/6	19/6	20/6	21/6
Dose	Route	Frequency	Start Date					
8mg	IV	once daily	18/6					
Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]				6 AM	✓	✓	✓	✓
Additional Instructions: 1mg/kg/dose								
Daily Doctor's Endorsement by a Sign								

DRUG: INJ. PIPERACILLIN + TAZOBACTUM				Date/Time	18/6	19/6	20/6	21/6
Dose	Route	Frequency	Start Date	6 PM		✓	✓	✓
900mg	IV	8th hrly	18/6					
Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]				2 PM	✓	ESO	✓	
				10 PM	✓	✓	✓	
Additional Instructions: 100mg/kg/dose								
Daily Doctor's Endorsement by a Sign					✓	✓	✓	✓

DRUG: INJ. AMIKACIN				Date/Time	18/6	19/6	20/6	21/6
Dose	Route	Frequency	Start Date	6 AM	✓	✓	✓	✓
65mg	IV	12th hrly	18/6					
Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]				6 PM	ESO	✓	✓	
Additional Instructions: 7.5mg/kg/dose								
Daily Doctor's Endorsement by a Sign								

Margin notes: Moog i.s. 18/6; Moog i.s. 19/6; Dr. [illegible]