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ACTIVITY RECORD FOR BILLING

VIH-00205904 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 21 D (F)
Dr. SURENDER RAO DUSA

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

UHID N ---------- Consultant : ---------- Dept : Pediatric

Date of Admission : 14/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 115 Ward : 1st Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/6/26	@ 2:45pm	ER	115	

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
14/6/26	CBP, CRP, S/E	26020379	Jam
	VBG	26020380	Jam
14/6	CBE	26020390.	
15/6	Widal	26020414	
16/6	CBP CRP	26020518	
	Cross clinked by 16/6/26.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/6	Infusion Pump.	8 pm.	16/6 @7am.	3090274.	
	Cross Checked by ~~DB~~ 16/6/26.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/6/26	Iv placement	1	3090275	Lom
	iv placement	1	3090469	
	Cross checked by [illegible] 16/6/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	16/6/26 @12pm		

Name	Baby P. MOKTHIKA	**UHID**	VIH-00205904
Father/Guardian	Mr P. PAWAN KUMAR	**Age/Gender**	5 Y 10 M 23 D/Female
Address	VISTA HOMES, KUSHAIGUDA, Ecil, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060344	**Admission Date**	14-06-2026
Ref Doctor	Self	**Discharge Date**	16-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Diagnosis: Acute gastroenteritis with some dehydration

History: Baby P. MOKTHIKA is a 5 Y 10 M 23 D old girl brought with complaints of loose stools, nonbilious nonprojectile vomitings since 3 days, moderate to high grade intermittent fever since 2 days, decreased oral intake since 1 day prior to admission. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

Examination: She was febrile (100^{o}F), maintaining saturations at room air. Her heart rate was 120/min, blood pressure was 100/70 mmHg and RR 26/min. Signs of some dehydration were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. She was conscious and oriented. There was no focal neurological deficits or meningeal signs. Examination of other systems including spine was normal.

Weight on admission : 16.8 kgs.

Investigations: Enclosed.

Management: She was admitted in ward and started on intravenous antibiotics and intravenous fluids. She was advised gastro diet and administered probiotics.

Her VBG showed pH 7.32, pCO2 26.1 mmHg, pO2 59 mmHg, HCO3 13.3 mmol/L, BE -12.9 mmol/L. Hemogram showed Hb 12.3 gm%, WBC count of 7,700 cells/cumm, platelets of 3.07 lakhs/cumm and CRP 49 mg/L. Serum electrolytes were normal. Widal was negative. Complete urine examination showed 2-4 pus cells, albumin (2+), ketones (2+).

Her vitals were regularly monitored. Her fever spikes and other symptoms gradually reduced. Repeat hemogram done on 16.06.2026 showed Hb 12.0 gm%, WBC count of 4,020 cells/cumm, platelets of 2.88 lakhs/cumm and CRP 15 mg/L. Parents were counselled about course of illness and continuation of gastrodiet for few more days. She remained hemodynamically stable throughout the hospital stay without any complication. She is being discharged with the following advice.

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

Advice:

1. Gastrodiet as advised.
2. Syrup Cefixime (5ml=100mg) 4ml, 12^{th} hourly (after food) for 3 days (Refrigerate after reconstitution).
3. Oral Enterogermina mini bottle, 1 mini bottle twice daily (after food) for 3 days.
4. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, on 20.06.2026 (Saturday) in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Syrup. Paracetamol (5ml=240mg), 5ml for fever >99.6*F (maximum 4-6 hourly).

Syrup. Ibugesic (5ml=100mg), 8ml for fever >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 high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

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

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

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

Name	Baby P. MOKTHIKA	UHID	VIH-00205904

Name : P. Kalyani

Signature : P. Kalyani

Relationship with patient : Mother

This summary has been explained by :

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

Registrar/Resident/C.M.O

Dr. Sameera.

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

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040-42462200, Ext 2000,2001,2002,

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PatientName	: Baby P. MOKTHIKA	**Inpatient No.**	: IP-00060344
Age/Gender	: 5 Y 10 M 21 D/ Female	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 13:54
HEMOGLOBIN (Colorimetry)	12.3	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.49	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	34.6	VOL%		34 - 40
MCV (Calculated)	77.1	fL		75 - 87
MCH (Calculated)	27.4	pg/cells		24 - 30
MCHC (Calculated)	35.5	g/dL		32 - 36
RDW-CV (Calculated)	12.8	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	307	10^9/L		150 - 450
MPV (Calculated)	7.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	6.74	10^9/L		5 - 14.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	88	%	H	32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	08	%	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	03	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL WITH RELATIVE NEUTROPHILIA PLATELETS - ADEQUATE			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 13:54
CRP (Immunoturbidimetry)	49	mg/L	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 13:54

PatientName	: Baby P. MOKTHIKA	Inpatient No.	: IP-00060344
Age/Gender	: 5 Y 10 M 21 D/ Female	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
SODIUM (Direct ISE)	140	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 20:00
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	CLEAR			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020			1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	PRESENT ++			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	POSITIVE ++			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**2 - 4**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**4 - 6**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 06:11

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PatientName	: Baby P. MOKTHIKA	**Inpatient No.**	: IP-00060344
Age/Gender	: 5 Y 10 M 23 D/ Female	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	12.0	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.39	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	**33.8**	**VOL%**	L	34 - 40
MCV (Calculated)	77.1	fL		75 - 87
MCH (Calculated)	27.4	pg/cells		24 - 30
MCHC (Calculated)	35.6	g/dL		32 - 36
RDW-CV (Calculated)	12.9	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	288	10^9/L		150 - 450
MPV (Calculated)	7.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**4.02**	**10^9/L**	L	5 - 14.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	44	%		32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	45	%		28 - 48
MONOCYTES (Microscopy, Leishman stain)	10	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 06:11
CRP (Immunoturbidimetry)	**15.0**	**mg/L**	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

MC-7373

Rainbow Children's Hospital

BirthRight by Rainbow

Laboratory Report

Patient Name	Baby P. MOKTHIKA	Patient Ph. No	9059571234
Age	5 Y 10 M 23 D	Requisition No	VI26020447
Gender	Female	Collected on	15-06-2026 01:27 PM
IP / Bill No.	IP-00060344	Received on	15-06-2026 01:47 PM
UHID No.	VIH-00205904	Reported on	16-06-2026 08:30 AM
Ref Doctor	Dr. SURENDER RAO DUSA	Ward/Bed No	N 1F-FIRST FLOOR / TSH 115

WIDAL (TUBE AGGLUTINATION METHOD) (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

SALMONELLA TYPHI O - AGGLUTINATION NOT SEEN

SALMONELLA TYPHI H - AGGLUTINATION NOT SEEN

SALMONELLA PARATYPHI AH - AGGLUTINATION NOT SEEN

SALMONELLA PARATYPHI BH - AGGLUTINATION NOT SEEN

RESULT : NEGATIVE.

METHODOLOGY: TUBE AGGLUTINATION

Dr. VIJENDRA KAWLE MD DNS
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

..... End of the Report .....

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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Patient Name : VIH-00205904 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 23 D (F)
Dr. SURENDER RAO DUSA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	02			
5	In-patient Medical Record	03.			
6	Doctors Progress Sheets	02			
7	Nurses Progress notes	03			
8	Consultation Sheets				
9	General Consent for Treatment	01			
10	Conset for Surgery				
	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	03			
26	Intake and Output chart (fluid Chart)	03			
	Drug Chart (Regular prescription)	02			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	04			
	Billing	04			
	Total No. of Pages	35			

Noted by [signature] @ 10 Am 16/6/2x

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060344 **Admit Date** : 14-Jun-2026 **Admit Time** : 01:23 PM **UHID** : VIH-00205904

Patient Details :

Patient Name	: Baby P. MOKTHIKA	**Age**	: 5 Y 10 M 21 D
Guardian	: Mr P. PAWAN KUMAR	**DOB**	: 24-07-2020
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: VISTA HOMES, KUSHAIGUDA Ecil Hyderabad Telangana INDIA 500062	**Phone No**	: 9059571234/ 9963438123
		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 P. PAWAN KUMAR **Relationship** : D/O

Contact Address : VISTA HOMES, KUSHAIGUDA Ecil Hyderabad Telangana INDIA 500062 **Phone No** : 9059571234

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

Patient Name : Baby. P. MOKTHIKA UHID : VIH-00205904 IPD : IP-00060344 Gender : Female Age : 5 Y 10 M 21 D

VIH-00205904 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 21 D (F)
Dr. SURENDER RAO DUSA

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wt - 16.8 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mokthika Age : 5y Gender: ☐ Male ☑ Female

Date : 14/6/26 Time of Arrival : 1:17pm

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: 100.6°F PR: 138b/m BP: 113/60 (74) mmHg RR: 24b/m SpO: 99 %

Chief Complaints: Fever x yesterday, vomitings & loose stools x 3days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ 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

P. Kalyan
Signature of Parent / Guardian

Triage Completion Time : 1:20pm

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 : 14/6/26 @ 1:20pm

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

Patient Name : Baby. P. MOKTHIKA UHID : VIH-00205904 IPD : IP-00060344 Gender : Female Age : 5 Y 10 M 21 D

VIH-00205904 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 21 D (F)
Dr. SURENDER RAO DUSA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/6/26 Time of arrival : 1:21 PM

Chief Complaints: Fevers, loose stools & vomitings RBS: .....

Height : — Weight : 16.8 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

Time of Initial assessment completed by ER Nurse : 1:23 PM

Patient Name : Baby. P. MOKTHIKA UHID : VIH-00205904 IPD : IP-00060344 Gender : Female Age : 5 Y 10 M 21 D

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

Time	Nursing Notes
1:17PM	* Pt Came to ER from OP Surrender OPD
1:18PM	* Vitals checked and Recorded
1:20PM	* ER Doctor Seen the Pt & gave intimation for Admission
1:23PM	* Admission Done
1:32PM	* IV Placement Done
1:50	* Samples Collected & Sent to lab * Pt shifted to ward

Samples collected by: Sr. Shantha Kumari Time: @ 1:50 PM.

Samples sent by : Time: @ 1:55 PM.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1:22pm	Syp. Gracin DS	P/O	5ml		Lam

Condition of patient at time of shift - out :	Details of Shift - out
HR: 118b/m BP: 112/69 (74) mmHg CFT: 2 sec	Shift - out from ER to: IP
RR: 26b/m SPO$_2$: 99%	Time of Shift - out: 14/6/26 @ 2:45pm
GCS: 4, 5, 6 Temperature : 99.3°F	Handover given to: Sr. Manisha (Nurse's Name)
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 : Vaishnavi Signature of the Nurse : Vaishnavi

Date & Time : 14/6/26 @2:45pm

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

VIH-00205904 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 21 D (F)
Dr. SURENDER RAO DUSA

Date & Time of Admission	Date & Time of Transfer Order
14/6/26 @ 1:23pm	14/6/26 @ 2:45pm
Transfer Ordered by	**Reason for Transfer**
Dr. Shrikar	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	115	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 ?

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
Suvarna	Dr. Shrikar

Patient & Clinical Records Received by : manisha

Date & Time of Patient Received : 14/6/26 @2:40PM

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

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AGE & dehydration

Arrival Time: 1:17pm Mode of Arrival: By walk Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil

Body Weight: 16.8 Kg

Height: - cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
yes	NO	NO

Family History: Nil

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

If yes please list, Nil

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

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

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

Observations: Weight: 16.8kg Length: - Head Circumference (< 2 years): Nil

Temp.: 98.6°F HR: 113blm RR: 27blm BP: 100/77(62)

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 0 (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 Nil Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... parents .....

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 ..... parents .....

Nurse's Name: ..... manisha ..... Date: ..... 14/6/26 ..... Time: 3:00pm. manisha Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205904 IP-00060344
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24-07-2020 5 Y 10 M 21 D (F)
Dr. SURENDER RAO DUSA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00205804 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 21 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

- C/o fever : 2days
- C/o loose stools, vomiting : 3days

History of present illness :

- C/o loose stools : 3days
  no mucus, watery, no blood
  foul smelling

- C/o fever : 2days
  mod-high grade
  - Intermittent
  - NO intermittent

- C/o vomiting
  - NB, NP
  - no blood
  - mixed c food particles.

→ Sign of Dehydration (+) → Dry Lips, Tongue (+).
mild tachycardia.

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Pediatric Multiorgan History & Physical Examination

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

→ nil significant

Birth & Neonatal History:

(P) term.

Birth & Socio Economic History:

About Father :
About Mother : c/s (1)
Any additional Information :

Developmental History :

Normal

Immunization History :

upto date

(P.T.O.)

VIH-00205904 IP-00060344
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 16.8 kg (Centile _____)

On Examination :

Temperature : 100°F Pulse Rate : 120/min B.P. _____ SPO2 98/RA

Resp.rate and type of breathing : 20/min/ NBO thoracic

Rash ←

Lymphadenopathy ←

Oedema : ←

Allergies (if any): ←

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (P)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (P)

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.,)

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : intact

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute Diarrhea

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- ESR, CRP, S/E, VBG
- EVEX

Planned Management

S/B Dr. S. Rao Sir @ OPD

- IV Ceftriaxone BD
- IV Fluids
- IV Zofer (SOS)
- Antipyretics (SOS)

Noted by Vaishnavi

Signature of the Doctor: .....
Name of the Doctor: Dr Shankar
Date & Time: 14/6/26

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 5pm.	S/B Resident.	
	Dsis - AGE C dehydration.	
	No vomitings since admission.	
	No loose stools.	
	No fever spikes	
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		Plan
		1) IV ceftriaxone
		2) IV fluids
		3) Send CUE
		4) Monitor vitals inform sos.
	Dr. Usha	
		Noted by Manisha 14/6/26 @8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 10.40AM	C/O/B Resident	
	Dx: AGE ē dehydration.	
	No fever spikes ī Admission.	
	No vomitings	
	1 episode of loose stool yesterday.	
O/T- Better.		
H/o - Adequate	O/E	
	child alert & active	
	Vitals stable	
	CVS: S1S2 ⊕	
	RS: B/L AE ⊕	Plan
	P/A: soft	
Dr prashanth.	CNS: NAD.	Continue IVF
		- Inj ceftriaxone - D1
		- Enterogermina respule - P/O
		- Repeat CBP, CRP - Tmr
	Hold widal	
	↓	Dr. Surender Rao
	NOW	15/6/26 11AM

Noted by manisha 15/6/26 @8pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 / 10.00 am	S/B Regularly.	
	AGE with same delay/duration	
	no fever > 24 hrs	
	O/E Child lively	
	CRT < 3 sec.	
	afebrile	
	H/L - NAD	Plan
	P/A - soft	⇒ Discharge Today
		⇒ Review 4th July
	WIDAL : Neg	⇒ R/w Salvindas.
	CRP : 15 +	
	WBC : 4020	
	(N/L) : 43.6 / 43.5	Sameers. (Dr. Sameers)
		Dr. Surender 16/6/26. 11.30 AM
	Noted by Indu 11 AM 16/6/26	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205904 IP-00060344
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M / CLINICAL / 126

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	3 pm	5 pm	7 pm	9 pm	11 pm	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?									
Temperature (°F)	98.6°F	98.6°F	98.6°F	100.4°F	98.1°F	98.3°F	98.6°F	98.6°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	107/78 (65)			103/72 66			100/70 60		
Heart Rate (Number)	110	108	109	100	102	104	100	107	98
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	26	28	26	25	26	25	26	25	26
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	97	97	98	97	98	98	97	98	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	MA	MA	MA	MA	ME	ME

Note: BP does not score in early warning scoring

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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Your Right to a Safe Delivery

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-00205904 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 22 D (F)
Dr. SURENDER RAO DUSA

Doc. No. : RCH/ FRM / CLINICAL / 126

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... 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

15/6/26

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

98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°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

102 (77) (63) | 109 (78) (69) | 102 (76) 81 | 106 (91) 81

Heart Rate (Number)	100	110	105	112	107	109	99	97	101	98	96	101

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

Resp Rate (Number)	27	28	27	26	27	27	26	25	24	26	24	26
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98	99	98	99	98	100	99	98	99	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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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)

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Doc. No. : RCHBH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9	11
Doctor / Nurse / Family Concern?	RM	AM
Temperature (F)	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/68 (63)	
Heart Rate (Number)	103	109
Resp. Rate (bpm) (over 1 Minute) *		
Resp Rate (Number)	27	26
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2(l/min)		
O_2Saturations (%)	98	99
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	M	M

Noted by Dr. Surender 16/6/25

Note: BP does not score in early warning scoring

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

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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.

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 :**						
14/6/26	02:00 pm											
	03:00 pm			35ml								
	04:00 pm			35ml						✓	0	
	05:00 pm			35ml								
	06:00 pm			35ml			✓					
	07:00 pm			35ml						✓		manisha 14/6/26 @8pm
Total Intake :	175ml					**Total Output :**						
14/6	08:00 pm											
	09:00 pm		rice water	35ml								
	10:00 pm			35ml								
	11:00 pm			35ml						✓		
	12:00 am											
	01:00 am											
Total Intake :	105 ml					**Total Output :**					0	manasa 15/6 @4AM
15/6	02:00 am			35ml								
	03:00 am			35ml								
	04:00 am			35ml								
	05:00 am			35ml						✓		
	06:00 am											
	07:00 am											
Total Intake :	140ml					**Total Output :**						

Total 24 hrs. Intake	420ml	Total 24 hrs. Output	4 times

VIH-00205904 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 22 D (F)
Dr. SURENDER RAO DUSA

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

15/6/26

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
15/6/26	08:00 am		Idly water									
	09:00 am			35ml						✓		
	10:00 am			35ml							0	Manisha 15/6/26 @2pm
	11:00 am			35ml								
	12:00 pm			35ml						✓		
	01:00 pm			35ml								
Total Intake : 175ml						**Total Output :** 2 time						
15/6/26	02:00 pm		Rice water									
	03:00 pm			35ml						✓		
	04:00 pm			35ml								
	05:00 pm			35ml						✓	0	Manisha 15/6/26 @8pm
	06:00 pm			35ml								
	07:00 pm			35ml								
Total Intake : 175ml						**Total Output :** 2 time						
	08:00 pm			35ml						✓		
	09:00 pm		Pilet water	35ml								
	10:00 pm			35ml								
	11:00 pm			35ml								
	12:00 am			35ml						✓		
	01:00 am			35ml								
Total Intake : 210ml						**Total Output :** 2 time						
	02:00 am			35ml								
	03:00 am			35ml								
	04:00 am			35ml								
	05:00 am			35ml								
	06:00 am			35ml						✓		
	07:00 am			35ml								
Total Intake : 210ml						**Total Output :** 1 time						

Sreelakshmi 16/6/26 @6Am

Total 24 hrs. Intake	770ml	Total 24 hrs. Output	7 times

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FLUID CHART

Sheet No. : .....

16/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
15/6	08:00 am		Idly + water							✓	1	Manisha 16/6/26 @ 1pm
	09:00 am											
	10:00 am										0	
	11:00 am											
	12:00 pm										1	
	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 :**						

Noted by Dr. 1/2pm 16/6/26

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							
	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 :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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...EDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ 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: .....

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. Shrikant

Date & Time : 14/6/26 @ 1:45pm

Nurse Name & Signature: Saucarna

Date & Time : 14/6/26 @ 1:45pm

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DRUG CHART

Date of Admission: 14/6/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
3mg	I/V	6th hly	14/6

Doctor's Signature	Valid Period	Pharm.

Additional Instructions: 0.1 – 0.2 mg/kg/dose

Date / Time

DRUG : Syp. PARACETAMOL

Dose	Route	Frequency	Start Date
5ml	P/O	QID	14/6

Doctor's Signature	Valid Period	Pharm

Additional Instructions: 10-15 mg/kg/dose 5ml : 240mg

Date / Time

DRUG : SYP IBUPROFEN

Dose	Route	Frequency	Start Date
8ml	P/O	QID	14/6

Doctor's Signature	Valid Period	Pharm

Additional Instructions: 10mg/kg/dose 5ml : 100mg

Date / Time

VERIFIED BY NRP

24-07-2020 5 Y 10 M 21 D (F)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 16 kg Ward. 115

DRUG: INJ. CEFTRIAXONE				Date ▸ / Time ▾	14/6	15/6	16/6
Dose	Route	Frequency	Start Date	6 AM	/	Gayu sody	Gayu sody
800mg	IV	12'Hly	14/6				
Name & Signature of the Doctor Starting the Drugs: Dr. Sk							
Additional Instructions: 50mg/kg/dose × 3 day (After test dose)				6 pm	[illegible]	Eswar eliza	
Daily Doctor's Endorsement by a Sign							

Dr. Dobba Stopped 14/6/26

DRUG: ENTEROGERMINA				Date ▸ / Time ▾	14/6	15/6	16/6
Dose	Route	Frequency	Start Date	6 AM	/	Gayu sody	Gayu sody
1 BOTTLE	P/O	12'Hly	14/6				
Name & Signature of the Doctor Starting the Drugs: Dr. Sk.							
Additional Instructions: PROBIOTIC				6 pm	[illegible]	Eswar eliza	
Daily Doctor's Endorsement by a Sign							

Dr. Dobba Stopped 14/6/26

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

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

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Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 23 D (F)
Dr. SURENDER RAO DUSA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Sign

VERIFIED BY : Name .....

UHID-00205804 IP-00060344
Baby P. MOKTHIKA
24-07-2020 5 Y 10 M 21 D (F)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 16 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
14/6/20	3:00 PM	DNS (2/3 RD M)	I/V	35 ml/hr	L	RJ	18/6		

Signature .....

VERIFIED BY : Name .....