

RBS - (7)

Patient IPH-00205577
Baby Of RAJESWARI
13-06-2026 0 Y 0 M 0 D 8 H (F)
UHID NO Dr. SURENDER RAO DUSA



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
03/6	00.00	9am - RBS - 98 mg/dl	[Signature]	26019203
	1.00	3pm RBS - 120 mg/dl	Rikla	26019265
	2.00	9pm - RBS - 93 mg/dl	[Signature]	26019270
04/6/26	3.00	3Am - RBS - 111 mg/dl	[Signature]	26019281
	4.00	Cross checked done by Sr. Achah 4/6/26		
	5.00	9Am - RBS - 77 mg/dl	[Signature]	26019294
4/6/26	6.00	3pm RBS 103 mg/dl	[Signature]	26019330
4/6/26	7.00	9pm RBS	[Signature]	
5/6/26	8.00	8Am - RBS 93 mg/dl	[Signature]	26019376
6/6	9.00	6am - RBS - 89 mg/dl	[Signature]	26019454
	10.00	Cross checked done by Sr. Achah 5/6/26		
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			


Patient Name : _____

UHID NO. : _____

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	1.00			
	2.00			
	3.00			
	4.00			
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ACTIVITY RECORD FOR BILLING

Name: ----- VIH-00205577 IP-00060217 -----
 Baby Of RAJESWARI
 UHID No : ----- 03-06-2026 0 Y 0 M 0 D 8 H (F) -----
 Dr. SURENDER RAO DUSA -- Consultant : ----- Dept : -----
 Date of Admissio  ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
		local transportation. <u>Vijaya Health Care Hospital</u>		

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Mohd- Abdul Khalid Dr. V. M. Lakshmi	03/06/26.	3087161	Rekha
2.	Dr. Nurtaz	05/06/26	3087167	Ray
3.	Cross checked done by Dr. Achsh 5/6/26			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
03/06/26	CBP, Blood Grouping	26019202	
" "	X-ray	26008897	
" "	VBG, RBS	26019203	
03/06/26	NSG, USG	26008947	
	USG, RBS	26019285	
03/06/26	RBS	26019270	\$
04/06/26	RBS	26019281	\$
<i>Cross checked done by Sr. Achuk 4/6/26</i>			
4/6/26	CBP, CAP, AG, Calcium	26019293	\$
	Urea, Creatinine, SBR	26019294	\$
	RBS		
4/6/26	RBS	26019330	\$
4/6/26	RBS, NSG	26008947	\$
4/6/26	RBS, USG	26019320	\$
5/6/26	2D Echo	26009032	weak
5/6	RBS	26019326	\$
5/6	RBS	26019454	\$
<i>Cross checked done by Sr. Achuk 5/6/26</i>			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
03/06/26	Dr. [unclear]	①	3086578	[Signature]
<p><i>Cross checked done by S. [unclear] 4/6/26</i></p>				

ANY OTHER INFORMATION

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP-00060217

Admit Date : 03-Jun-2026

Admit Time : 09:16 AM UHID : VIH-00205577

Patient Details :

Patient Name : Baby Of RAJESWARI

Age : 0 D 07:53

Guardian : Dr. N SAI SAMEER

DOB : 03-06-2026 04:00 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : HNO-8-2-185/186 KUMMARIGUDA NEAR
PASS PORT OFFICE Kummarguda Hyderabad
Telangana INDIA 500003

Phone No : 9490153662

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : NICU

Bed No : NICU 246

Ward Name : N 2F-NICU I

Room No : NICU 246

Admission Type : First Visit

Contact Details :

Name : Dr. N SAI SAMEER

Relationship : Father

Contact Address : HNO-8-2-185/186 KUMMARIGUDA NEAR
PASS PORT OFFICE Kummarguda Hyderabad
Telangana INDIA 500003

Phone No : 9490153662 / 7989233126


Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

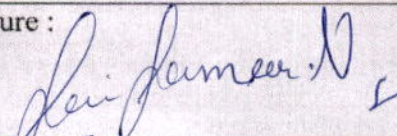
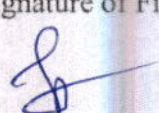
Payor Name : SELFPAY

BILLING POLICY

- **Billing Cycle:** - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card / Debit Card / NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't be applicable.
- If the Surgery / Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate / Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : B/O RAJESWARI	UHID Number : 201577
Self/Attendant Name : Dr. N. SAI SAMEER	Relation : Father
Self/ Attendant Signature : 	Name & Signature of Financial Counselor 
Phone Number : 99015332	

ADMISSION INITIAL ASSESSMENT FOR NICU

Date of Admission: 3/6/26
 Source of Admission: OPD Ward Labor Ward Other:
 Reason for Admission: 35+4 weeks late preterm IUGR
35+4 weeks late preterm IUGR
 Admission Diagnosis:
 Accompanied By: Parent Guardian Other Name:
 Primary Language: Telugu English Hindi Other Specify:
 Do you require an interpreter? Yes No
 Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify:

Source of Information: Family Others, Specify

Past Medical History	Past Surgical History	Last Hospital Admission
-	NIL	02/06/26 @ Vijaya Hospital

Significant History: Family History:
 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:
oligohydramnios

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

Current Medications: Taking Medications? Yes No
 If yes, Fill the reconciliation form
 Medicine brought to the hospital? Yes No

Observations:
 Birth Weight: 1.886 kgs Head Circumference: cm Length: cm
 Term late Pre-Term Post-Term
 Blood Group: Mother: Baby: o+ve
 Feeding: Breast Feeding Formula Both
 Maternal Details: Age: 35+4 years, PARA: Gestation: Weeks, Days
 Risk Factors: PROM Fetal Distress Diabetes Mellitus / Gestational Diabetes
 PH / Pre Eclampsia Others, Specify: 35+4 weeks
 Mode of Delivery: Normal LSCS - Emergency / Elective
 Indication: oligohydramnios Instrumental AVD

Temp: 36.2 HR 120 / Min RR 36 / Min BP 60/42 SpO₂: 90

Pain Score 0 (Follow N Pass and Document)
Fall Risk Intervention Done: Yes
Risk of Pressure Sore: Yes No (Fill Braden Q Sheet)

General Appearance: Posture Well-Fixed Asymmetry

Behavioural Status on Admission:

Sleeping Crying Calm Drowsy

Skin: Pink Meconium Stain Others, Specify.....

Functional Screening: If a patient needs assistance with any of the following inform consultant
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform Consultant for Positive Criteria No Abnormalities Detected

Nutritional Screening:

Underweight Overweight Special Feeding Method
 Feeding Problem Special Diet No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With

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:

- ID Band in situ
- Bedside safety explained
- NICU Routine: Doctor's rounds/Medication time
- Visiting policy explained

Orientation given to: Family Others

Name of Person Orientation was given to: Harihar

Orientation not given Reason:

DISCHARGE PLAN

Source of Information: Family Friend

Will patient require transportation arrangements to go home: Yes No

Will Physiotherapy require at home: Yes No

Is home medical equipment anticipated: Yes No

Is home oxygen therapy anticipated: Yes No

Is home oxygen therapy anticipated: Yes No

Is home oxygen therapy anticipated: Yes No If Yes Specify

Breastfeeding
Formula Feed
Dressing needs at home anticipated
Dressing needs anticipated

VIH-00205577

IP-00060217

Baby Of RAJESWARI

03-06-2026

0 Y 0 M 0 D 19 H (F)

Dr. SURENDER RAO DUSA



Discharge Medications: Yes No

Details:

Final Diagnosis: 35+5 weeks IUGR.
late preterm

Nurse Signature: Haritha

Nurse Name: Sr. Haritha

Date & Time: 03/06/26 @ 9AM

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening program center on: / /

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge: / /

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Nurse Signature:

Nurse Name:

Date & Time:



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Ms. Rajeshwari Age : 3yrs Father's Name : Age :
 Date of Birth : Date of Admission : I.P. No. :
 NICU Consultant : Dr. Suresh Referring Consultant : Dr. Vijaya
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : M.O. Ms. Rajeshwari Mother's Blood Group : O positive
 Gender : M F Blood Group : Birth Weight (gms) : 1.885kg Length (cms) :
 Date of Birth : 3/6/26 Time of Birth : 7:53AM OFC (cms) :
 Place of Birth : Vijaya health care Estimated Gesth Age : 35 + 6 wks

Current Obstetric History : (Booked / Unbooked Case) unbooked to em
 Maternal Age : 3yrs Ht : Wt : BMI : Married Life : 3yrs LMP : 22/9/25 EDD : 1/7/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : AN Steroids Drugs / Doses : 2 doses of betamethasone at 28wks
 Last Scans Details : 28/5/26 - SUIF, FFW - 1.8kg, AFI - just adequate - , Doppler (+)
 TT Immunization and Iron / Folic Acid : taken

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : <u>26 wks</u> Doppler (Increased Resistance / ADEF / REDF / Redistribtion in MCA) / Ductus Venosus : AFI : <u>Oligohydramnios</u></p>	<p>H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA, Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever → <u>2-dose of Iron transfusion</u> (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :</p>
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PPROM : Duration : 4 hrs Uterine Tenderness Foul Smelling Liquer HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G: 3 P: A: 2 L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
<u>G₁</u>	<u>Chemical Preg</u>					
<u>G₂</u>	<u>miscall'ge at 7wks</u>					
<u>G₃</u>	<u>P.P</u>					

PERINATAL HISTORY

Treating Obstetrician : Dr. Vijaya Hospital : Vijaya health care Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication :</p> <p>Specify the reason : <u>PPROM & oligohydramnios</u> <u>10gr</u></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
<u>2</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
<u>1</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
TOTAL		
<u>8/10</u>	<u>9/10</u>	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOP1:

Late Preterm (35+6) / Baby girl / 1.85kg / 104R

↓
Baby delivered by EM-UCS

↓
Baby cried immediately after birth

↓
Secretions cleared & dried

↓
Delayed cord clamping done for 60 sec

↓
Cord clamped & cut (2A+1V ⊕)

↓
inf vit-K inj in glutes

↓
Baby has nasal flaring, grunt, no retractions,
tachypnea

↓
kept on delivery room CPAP & shifted / transported
to NICU rooms -

Investigation details in previous Hospital:

Delivery team - Dr. Prathibha
Sister Maria.

Feeding History:

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

CHFA - Good

VITALS : Temperature : 36.5°C HR : 162/min RR : 65/min NIBP : 84/73/65 CFT : 23x11

Color of the extremities : acrocyanosis

Jaundice : (-) Pallor : (-) SpO2 : 99% on LPO

Anthropometry : Birth Weight : 1.85 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
Sutures :
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

} (N)

Facies :
(Any Facial
Dysmorphism)

} NO facial dysmorphism

**NECK and
CLAVICLES :** Range of Motion :
Asymmetry :
Masses :

} (N)

EYES : Symmetry :
Red Reflex :
Discharge :

} Not checked

**EARS, NOSE
MOUTH and
THROAT :** Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

} NO cleft } (N)

**THORAX and
BREASTS :** Shape of Thorax :
Position of Nipples and Number :

} (N)

**ABDOMEN and
UMBILICUS :** Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

} (N)
2A + 1V (+)

GENITALIA : Labia / Hymen :
Testicles / penis :
Anus :

} Baby girl } (+)

HERNIAL ORIFICES

} free

TRUNK and SPINE :

} (N)

SKIN LESIONS :

} nil

EXTREMITIES : Fingers / Toes :
Arms / Legs :
Deformities :
Mobility :
Hip Joint Examination :

} (N)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 62/min SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) : SA - 3/10

Mention if baby is on : Hood box CPAP Ventilator

Settings : CP0

Spo2 : 98% on UO₂ Auscultation : CR ⊕ Breath Sounds : NR ⊕ Added Sounds : Grunt ⊕

Cardiovascular System :

HR : 162/min BP : Precordial Activity :

Femoral Pulses :) free Murmurs : NO

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : (N) Hernia orifice : free

Palpation : soft Anal Patency : patent

Palpable masses : Umbilical Cord : 2A + 1V ⊕

Abdominal girth : First urine passed : 7 passed

Meconium passed : Not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : CT/A - Good

Prechtle Score :

Nerves :

.....
.....
.....
.....

Motor System :

Passive Tone : 1 ⊕

Active Tone : 1 ⊕

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

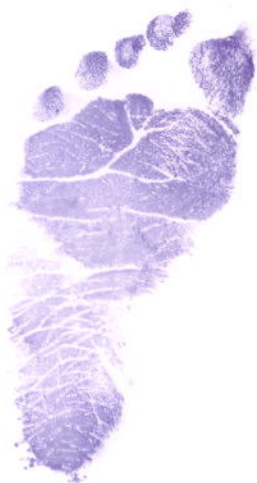
ATNR : Skull and Spine :

Any Congenital Anomalies : NO obvious external longitudinal anomalies

Diagnosis : Late Puerium (35+6) / Entry Girl / 1.8 x 5 kg / w / 10ge /
RD - 100

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : Dr. Forathy

Date & Time : 3/6/26 9 AM

Consultant :

Signature : [Signature]

Name : Dr. Susandee Rao Datta

Date & Time : 3/6/26 9 AM

PLEASE FILL UP THE FOLLOWING DETAILS

- Name of the referring Doctor :
- Name of the referring Hospital :
- Address :
- Contact Numbers :
- Contact Details of the referring Doctor :
- Mobile No. : E-mail ID :
- Name of the Doctor in Rainbow Team :
..... on whose name the patient is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

Vital : HR : RR : BP : SPO2 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

- 1) LPO
- 2) ~~CPA~~ -w- 80 ceftriaxone - w/. section
- 3) VEG, chest - 2 rap, blood grouping & typing
- 4) N14
- 5) VEG abdomen
- 6) 20 Eno

Feeding Plan at the time of shifting

- 1) Gues - 5th hole number - (preped)
- 2) Start oral feeds (Eno formula)

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

AH-00205577 IP-00060217
 Baby Of RAJESWARI
 13-06-2026 0 Y 0 M 0 D 8 H (F)
 Dr. SURENDER RAO DUSA



SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26.	C/S/B Dr. Surender Sr	
	- NSG	
	- 2D Echo	
	- USG Abdomen	
	- oral demand feeds	

Noted by
 Sr. Harish
 03/06 @ 11:00

3/6/26.
 10:30 AM

3/6/26.
 10:30 AM

VH-00205577
 Baby Of RAJESWARI
 13-06-2026
 0 Y 0 M 0 D 8 H (F)
 Jr. SURENDER RAO DUSA



IP-00060217

SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 JAM	Day 2 / Late PT (35+6w) → 36w PMA / Baby girl / 1.838kg / LBW / IUGR / RD-L102	
	Issue - Nil.	
	G-wt = 1.838 (↓ 47 grams),	Normothermic
	2/0 - 121cc/kg/day	SV @ RA
	U/0 - 2.4cc/kg/day	CVS - 1.5 (A)
	S/0 - 7 times	CNS - T/A/R AUA
	GRBS, -	PA - soft, NT
		PS - BA (A).
	<u>Plan:</u>	
	- Target SpO ₂ > 90%, MAP > 36.	
	- GRBS 6th hly (Prefeed).	
	- TV - 800ml/kg/day	
	- oral demand feeds.	
	- Add NPI today scale.	
	- 2D Echo today.	
	- Monitor Vitals.	
	- Inform SOS.	

D. Vishal

Noted by
 Sr. Sandhya
 4/6/26

Dr. Subhankar
 4/6/26
 10:50 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6.30pm	Dr. Surender	
	→ feeds tolerating	
	→ No Acdi count	
	- UA < 3Kc	
	- UA good	
	- SE MAD	
	plan	
	- 27 Edo - pending	
	- Monitor vitals	
	- inform (son)	
	- carb line	
	Dr. Shites	
	Noted by Bhavana uttkr.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	Day 2 of CP / 35 th wt 36 th w PMA / giv / 1.885 kg / wgt 1042 / NO - CO ₂ .	
	<u>Issues</u> -	
	Wt 1.902 ↑ 60grams	NeumAkinin
	I/O 248 ⇒ 130cc/kg/day	NA
	U/O 115ml - 2.5cc/kg/day	chest - BAE ⊕
	>I/O 6times	CVS - 1A/R AQA
	CRBS - aumgldt	CVS - S ₁ S ₂ ⊕
		PIA - soft, BS ⊕
	<u>Adv</u> - Satet SpO ₂ > 90%; MAP > 36	
	CRBS - OB (perfused).	
	oral demand feeds	
	20 Echo today.	
	Shift to room.	
	all on.	
	<i>Noted by Rishi</i>	
	<i>5/6/26 @ 11AM.</i>	
	<i>Noted by Bhaam</i>	
	<i>Shobha</i>	
	<i>Dr. Surender Rao</i>	
	<i>5/6/26</i>	
	<i>10:45 AM</i>	

VIH-00205577

IP-00060217

Baby Of RAJESWARJ

03-06-2026

0 Y 0 M 0 D 22 H (F)

Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 7AM	Day 1 / LFT / 35+6 → 36+2 wks PMA / ghl / 1.885 kg / LBW / 106 cm / RD-LFOV.	
	Issues - NONE	
	G.Wt. - 1.902 (some alt)	Normochemur
	S/O - 266 / 135	SV @ PA
	U/O - 2.9 cc/kg/hV	chest - BAC ⊕.
	S/O - 6 b/m	CNS - T/A/R AUA ⊕
	GRBS - 59 mg/dl.	CNS - SPS ⊕.
		P/A - soft
	<u>Adv:-</u>	
	Target SpO ₂ >90% / MAP >36.	
	GRBS OD (preferred).	
	Oral demand feeds.	
	200 Otopan D, Zincovit.	
	Vit B ₃ drops.	
	Shift to Room	
	monitor vitals.	

[Signature]
puishal

Noted by
shant A
6/6/26

VIH-00205577

IP-00060217

Baby Of RAJESWARI

03-06-2026

0 Y 0 M 0 D 19 H (F)

Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5:15 PM	S/R Meetha	
	- effi 25%	
	- UA good	
	- Ws 81% ⊕	
	As 34% ⊕	
	PA soft	
	Cv1 no hb	
	plan	
	- CT	
	- involve parents	

Noted by
Bhavan
Stakya

CONSULTATION FORM



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name :

Dr. Munira Kanwar

Date :

Peds Cardiologist
Hour : *10:30*

Hospital : *05/06/2026*

Type of Referral : Emergency (within one hr.)

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

Referred for : Opinion Co-Management

Date : Time : By :

Transfer of care

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

D3 of UTE / LPT.

Signature:

M.D.

Report of Findings and Recommendations :

For cardiac evaluation

*op
S & G
did echocardiogram
ECHO*

- Pft at 10:50 AM

for

1- Rft after Swee/150P

Consultant :

Name : Signature : Date & Time :

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

Ref No. F/INPR/19

Patient Name :



I.P. No

Date : 3/6/26 Diagnosis : 3574 wccalb Weight : Chart No. : 1

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200		146	129	128	151	156	143	145	160	139	134	146	156	145	157	145	152	147	154	158	151	151	124	171	
BLACK - RESP	105																									
GREEN - TEMP	104																									
BLUE - NIBP	103																									
	102																									
	101																									
A- ALERT	100																									
V-VOICE	99																									
P-PAIN	98		33	29	40	45	43	53	45	71	20	48	36	35	34	40	37	42	51	48	58	60	71	78	68	
U-UNRESPONSIVE	97																									
	96		75	78	66	72	78	72	65	63	75	84	69	72	80	69	70	62	70	78	76	89	70	56	71	
VERBAL	95																									
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60		64	60	44	55	60	58	42	50	36	66	55	60	62	51	57	50	56	40	48	47	49	50	59	
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40																									
	35																									
MOTOR	30		58	51	39	45	51	51	32	43	44	55	46	54	52	54	61	79	50	49	50	48	47	46	50	
6-OBEYS	28																									
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24																									
3-FLECTION	22																									
2-EXTENSION	20																									
1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
Q2			98	96	97	95	99	100	100	96	100	96	98	96	97	99	100	100	99	100	98	97	99	100	98	
SPO2																										
RBS																										
SUCTION																										
PHYSIOTHERAPY																										
AVPU			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : Haritha

Morning Shift : Haritha
 3/6/26
 @ 3pm

Evening Shift : Uma
 3/6/26
 @ 8pm

Night Shift : Ramanjali
 3/6/26
 @ 8AM



I.P. No

Date : 04/05/26 Diagnosis : 35+4 weeks Weight : 1.885kg Chart No. : 2

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	135	129	140	144	154	138	139	152	133	140	133	143	144	151	152	147	146	149	142	150	162	157	132	140	
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
P-PAIN	98	120	18	6	9	8	6	9	8	6	9	8	6	9	8	6	9	8	6	9	8	6	9	8		
U-UNRESPONSIVE	97	110	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
	96	100																								
VERBAL	95	90	69	33	35	26	56	23	39	24	33	32	35	36	37	36	40	42	38	40	32	27	31	30	32	40
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60	76	73				92			61	64	68	75	75	70	72	71	68	62	72	71	80	62	67	65	69
2-INCOMPREHENSIBLE SOUND	50	↓	↓				↑			↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
1-NONE	40																									
	35																									
MOTOR	30	61	61				60			47	52	55	64	61	60	57	52	49	51	62	52	59	51	50	42	49
6-OBEYS	28	↓	↓				↓			↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24	54	55				50			47	58	47	58	57	54	51	57	42	41	39	47	41	40	32	42	39
3-FLECTION	22																									
2-EXTENSION	20																									
1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
O2																										
SPO2		100	100	100	100	96	97	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	100	100
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : *Sandhya*

Morning Shift : *Sandhya*
4/6/26
2pm

Evening Shift : *Bhaskar*
4/6/26
8pm

Night Shift : *Sumanyali*
5/6/26
@ 8am



NURSES ASSESSMENT CHART



I.P. NO :
 Date : 05/06/26 Diagnosis : 35.5 weeks Weight : 1.90 kg Chart No. : (3)

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210	152	130	146	144	120	138	148	140	122	130	153	132	133	132	127	133	127	124	31	144	127	140	147	160	
RED - PULSE	200																									
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	
V-VOICE	99	130																								
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90	39	42	35	39	42	40	50	34	32	34	27	31	40	24	31	35	31	39	47	48	45	50	57	56
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40																									
	35																									
MOTOR	30																									
6-OBEYS	28																									
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24																									
3-FLECTION	22																									
2-EXTENSION	20																									
1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
O2																										
SPO2		99	97	95	99	95	98	97	100	97	99	97	99	97	98	97	96	95	100	98	98	100	95	99	100	
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse :

Morning Shift : Palle STELLA @ 2PM

Evening Shift : Shawen Stehru @ 8AM

Night Shift : Shawen Stehru @ 8AM

Ref No. F/INPR/19

Patient Name :

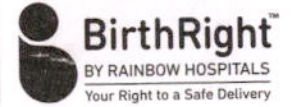
I.P. No

Date : 6/6/26 Diagnosis : LPT Weight : 1.90 kg Chart No. : 4

VIH-00205577 IP-00060217
Baby Of RAJESWAR
03-06-2026 0 Y 0 M 0 D 22 H (F)
Dr. SURENDER RAO DUSA



NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	140 140 150 151 152 140 155 157 158 160																								
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140	[Line graph showing alertness levels]																							
V-VOICE	99	130	36 36																							
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90																								
5-ORIENTED	80		40	47	45	45	49	50	51	52	53	54	55													
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40		36	37	38	38	40	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	43	
	35																									
MOTOR	30																									
6-OBEYS	28																									
5-LOCALISES PAIN	26		52	77	66																					
4-WITHDRAWS	24																									
3-FLECTION	22																									
2-EXTENSION	20																									
1-NONE	18		29	63	57																					
	16																									
	14																									
	12																									
	10																									
Q2																										
SPO2			94	93	97	99	95	96	97	98	99	99	99													
RBS			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU			A	A	D	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse : Shesha

Morning Shift : Buy 6/6/26

Evening Shift : Shaxan 6/6/26 6pm

Night Shift :

FLUID CHART

Sheet No. : 01

3/6/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
		Nature of Fluid	Route	N.G.	NG	Diarrhoea	Vomit	Drainage	Urine		
<u>03/6</u>			Mouth	<u>ORAL</u>	N.G.					0	
	08:00 am								<u>20ml</u>	0	<u>3/6/26</u>
	09:00 am			<u>6.2</u>						0	<u>03/6/26</u>
	10:00 am			<u>6.2</u>		✓				0	<u>2PM</u>
	11:00 am			<u>6.2</u>					<u>10ml</u>	0	
	12:00 pm	<u>Aptamil 20ml</u>	<u>STOP</u>							0	
01:00 pm			<u>6.2</u>						0		
Total Intake : <u>44</u>					Total Output : <u>30ml</u>						
	02:00 pm	<u>Aptamil 25ml</u>				✓			<u>10ml</u>	0	
	03:00 pm									0	
	04:00 pm	<u>Aptamil 25ml</u>							<u>20ml</u>	0	
	05:00 pm									0	
	06:00 pm	<u>Aptamil 25ml</u>				✓			<u>10ml</u>	0	<u>3/6/26 @ 8PM</u>
	07:00 pm									0	
Total Intake : <u>75ml</u>					Total Output : <u>40ml</u>						
	08:00 pm	<u>Aptamil 20ml</u>								0	
	09:00 pm					✓				0	
	10:00 pm	<u>Aptamil 25ml</u>							<u>10ml</u>	0	<u>Sumanjali</u>
	11:00 pm									0	<u>3/6/26</u>
	12:00 am	<u>Aptamil 20ml</u>				✓			<u>5ml</u>	0	<u>@ 1AM</u>
	01:00 am									0	
Total Intake : <u>65ml</u>					Total Output : <u>15ml</u>						
	02:00 am	<u>Aptamil 15ml</u>				✓			<u>10ml</u>	0	
	03:00 am									0	<u>Sumanjali</u>
	04:00 am	<u>Aptamil 20ml</u>				✓			<u>5ml</u>	0	<u>3/6/26</u>
	05:00 am									0	<u>@ 6AM</u>
	06:00 am	<u>Aptamil 20ml</u>								0	
	07:00 am								<u>10ml</u>	0	
Total Intake : <u>85ml</u>					Total Output : <u>25ml</u>						

Total 24 hrs. Intake 239 = 121cc/kg/day

Total 24 hrs. Output 110 = 2.4cc/kg/day

No vomiting
Stool passed = 4 times

FLUID CHART

Sheet No. : 2

4/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
04/06/26	08:00 am	Aptami	15ml							0	S 4/6/26 8pm	
	09:00 am									0		
	10:00 am	Aptami	25ml						20ml	0		
	11:00 am									0		
	12:00 pm	Aptami	20ml							0		
	01:00 pm									0		
Total Intake : 60ml						Total Output : 20ml						
	02:00 pm	Aptami	25ml						20ml	0	Bhawani	
	03:00 pm									0		
	04:00 pm	Aptami	29						20ml	0		
	05:00 pm									0		
	06:00 pm	Aptami	29						10ml	0		
	07:00 pm									0		
Total Intake : 83ml						Total Output : 50ml						
	08:00 pm	Aptami	10ml						10ml	0	Sumanjali 4/6/26 8pm	
	09:00 pm									0		
	10:00 pm	Aptami	15ml						5ml	0		
	11:00 pm									0		
	12:00 am	Aptami	20ml							0		
	01:00 am								10 ml	0		
Total Intake : 45 ml						Total Output : 30ml						
	02:00 am	Aptami	10ml						10ml	0	Sumanjali 5/6/26 8AM	
	03:00 am									0		
	04:00 am	Aptami	20ml							0		
	05:00 am									0		
	06:00 am	Aptami	30ml						5ml	0		
	07:00 am									0		
Total Intake : 60ml						Total Output : 15ml						

Total 24 hrs. Intake 248 => 130cc/kg/day

Total 24 hrs. Output 115ml => 2.5cc/kg/day

Stool passed - 6 times
 CRBC - 2/mm³

FLUID CHART

Sheet No: 3

05/06/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
05/06/26	08:00 am	Aptamil	20ml								0	J.B. S/6/26 Jagan	
	09:00 am									0			
	10:00 am	Aptamil	30ml							6			
	11:00 am						✓		15ml	6			
	12:00 pm	Aptamil	25ml							0			
	01:00 pm								15ml	0			
Total Intake: 45ml			Total Output: 30ml										
	02:00 pm	Aptamil	20ml								0	J. Shekar S/6/26 8pm	
	03:00 pm								10ml	0			
	04:00 pm	Aptamil	23ml							0			
	05:00 pm								15ml	0			
	06:00 pm	Aptamil	20ml							0			
	07:00 pm								10ml	0			
Total Intake: 63ml			Total Output: 35ml										
	08:00 pm	Aptamil	20ml								0	J. Gul 6/5 @ 8am	
	09:00 pm									0			
	10:00 pm	Aptamil	25ml						15ml	0			
	11:00 pm									0			
	12:00 am	Aptamil	20ml							0			
	01:00 am								20ml	0			
Total Intake: 65ml			Total Output: 35ml										
	02:00 am	Aptamil	20ml								0		
	03:00 am									0			
	04:00 am	Aptamil	18ml						20ml	0			
	05:00 am									0			
	06:00 am	Aptamil	25ml							0			
	07:00 am								20ml	0			
Total Intake: 63ml / 266ml			Total Output: 40ml / 135ml										
Total 24 hrs. Intake		140cc/kg/day											
Total 24 hrs. Output		2.9 cc/kg/hr											



FLUID CHART

Sheet No. : (4)

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	Aptamil	20ml							10ml	0	} Sharda 6/6/24 2M	
	09:00 am										0		
	10:00 am	Aptamil	30ml				✓			10ml	0		
	11:00 am										0		
	12:00 pm	Aptamil	29							10	0		
	01:00 pm										0		
Total Intake :						Total Output :						30ml	
	02:00 pm	Aptamil	29									} Sharda 6/6/24 6pm	
	03:00 pm										15		
	04:00 pm	Aptamil	20				✓						
	05:00 pm												
	06:00 pm	Aptamil	30							15ml			
	07:00 pm												
Total Intake :						Total Output :						30ml	
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

DRUG CHART

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

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

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

VERIFIED BY : Name Signature

REGULAR PRESCRIPTIONS

Weight. Ward.

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																			
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																			

