

ACTIV

VIH-00206125 IP-00060433
Master VISHWANATHA VIKRANT
25-01-2010 16 Y 4 M 27 D (M)
Dr. PREETHAM KUMAR

NG

Name: -



UHID No

----- Consultant : -----

Dept: *Perinatal*

Date of Admission: *21/6/26*

Time: -----

Date of Discharge: -----

Time: -----

Room / Bed No : -----

Ward : -----

Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>21/6/26</i>	<i>9:30PM</i>	<i>EK</i>	<i>130</i>	<i>[Signature]</i>

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/16	Blood c/s, Typhoid IgM	26021106	shu.
	CBC	26021113	
23/6	CBP, CRP		
	Uss checked by Elizabeth		

ADMISSION SHEET



Registration Details :

Admission No : IP-00060433

Admit Date : 21-Jun-2026

Admit Time : 08:37 PM UHID : VIH-00206125

Patient Details :

Patient Name : Master VISHWANATHA VIKRANT

Age : 16 Y 4 M 27 D

Guardian : Mr PRAVEEN KUMAR

DOB : 25-01-2010

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : hno-10-2-85/1 plot no-85 ROAD NO-1
BHARTH NAGAR, RL NAGAR, RAMPALLY
Ghatkesar Hyderabad Telangana INDIA
501301

Phone No : 9542233872

E-mail :
PRAVEEN.VISHWANATHA@bizacuity.co

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 102

Ward Name : N 0 GF-EMERGENCY

Room No : ER 102

Admission Type : First Visit

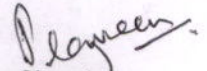
Contact Details :

Name : Mr PRAVEEN KUMAR

Relationship : Father

Contact Address : hno-10-2-85/1 plot no-85 ROAD NO-1 BHARTH
NAGAR, RL NAGAR, RAMPALLY Ghatkesar
Hyderabad Telangana INDIA 501301

Phone No : 9542233872 / 9515118132


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : VIDAL HEALTH INSURANCE TPAPVT
LTD

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 18 Y 4 M 27 D (M)
 Dr. PREETHAM KUMAR



wt - 52 - 62 kg
 H - 175 cm



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mst. Vikrant Age : 16 Y Gender : Male Female
 Date : 21/6/26 Time of Arrival : 2:00 PM
 Allergies : No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known
 Source of Information : Parents Others (Specify) _____
 Mode of Arrival : Ambulatory Wheelchair Ambulance
 Initial Vital Signs: Temp: 97.6 F PR: Subm BP: 110/78 RR: 20 bpm SpO₂: 98%
 Chief Complaints: 10 Fever x 3 days

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

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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 : [Signature]
 Triage Completion Time : 8:05 PM

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks? Yes No
- Have you had cough or a rash in the past 2 weeks? Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : B.D. Sonjay Signature of Triage Nurse : [Signature]
 Date & Time : 21/6/26 8:05 PM
 Docu. No. : RCH / FRM / CLINICAL / 085

Patient Name : Mast. VISHWANATHA VIKRANT UHID : VIH-00206125 IPD : IP-00060433 Gender : Male

VIH-00206125 IP-00060433
Master VISHWANATHA VIKRANT
25-01-2010 18 Y 4 M 27 D (M)
Dr. PREETHAM KUMAR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/6/28 Time of arrival : 2 8.06 PM
Chief Complaints : NO FEVER X 3 days RBS : —
Height : 175cm Weight 52.62kg 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: family (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 : 2 8.10 PM

Patient Name : Mast. VISHWANATHA VIKRANT UHID : VIH-00206125 IPD : IP-00060433 Gender : Male
 Age : 16 Y 4 M 27 D

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

Time	Nursing Notes
8:00pm	=> Patient come to the ER.
8:50pm	=> vitals checked and recorded. => Dr. Ganesan has been to the pt & advised admission
8:30pm	* Admission done
8:50pm	* Iv placement done
9pm	* samples collected & sent to lab * pt shift to ward

Time: 8:50pm
 Time: 9pm

Samples collected by: Dr. Ganesan
 Samples sent by: Dr. Ganesan

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		---	nil		

Condition of patient at time of shift - out: ^{MM/SS}
 HR: 106/Min BP/08/68(70) FT < 3sec
 RR: 20/Min SPO₂: 99%
 GCS: 4, 5, 6 Temperature: 98°f
 Pain Score: 0
 Repeat RBS (if applicable): ---

Details of Shift - out

Shift - out from ER to: 130
 Time of Shift - out: 2.16.26 @ 9:50pm
 Handover given to: Dr. MANUSHA
 (Nurse's Name)
 Sabia

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Iv placement

Name of the Nurse:

Dr. Sabia

Signature of the Nurse:

Sabia

Date & Time:

2.16.26 @ 9:50pm



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: APSI ↓ Evaluation

Arrival Time: 8:06pm Mode of Arrival: By walk Admitting From: ER OPD Direct

Allergy / Adverse Reaction Nil Body Weight: 52.62 Kg

Height: 175 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>yes</u>	<u>NO</u>	<u>NO</u>

Family History: Nil

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

If yes please list, _____

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

NO

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

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

Observations: Weight: 52.62kg Length: 175cm Head Circumference (< 2 years): _____

Temp: 98.4°F HR: 110b/m RR: 27b/m BP: 108/79(62)

Pain Score: 0 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 28) (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 Family

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: Yes No

Information given to patients

Nurse's Name: Manisha Date: 21/6/26 Time: @10pm

manisha
Signature

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206125 IP-00060433
Master VISHWANATHA VIKRANT
25-01-2010 16 Y 4 M 27 D (M)
Dr. PREETHAM KUMAR





Personal History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

Fever x 3 days.
 (moderate grade 101°F
 Intermittent, ↓ c medications
 Not ALW Cold & cough.
 Recovered from 3-4 vomiting (NB, NP),
 loose stools. 2 days ago.
 No other localizing signs.
 Admitted on 19/6/26. Investigated &
 [Ceftriaxone treated] taken LAMA
 and came here.

19/6/2026

Hb - 13.2.

TLC (Plt - 7,400 / 1.76 / 10⁹)

N/L - 85/110

CRP (65)

Widal - 1:160 - 10' 1:160 - 'H'

Day 1
off fever

21/6/2026

Hb - 12.1

TLC/Plt - 3000 / 1.48

N/L - 71 / 24

CRP (120)

Sr. Electrolytes (R)
 Sr. Creatinine (R)

VED - Verification Evaluation and Diagnosis:

AFI (P3) ↓ resolution.

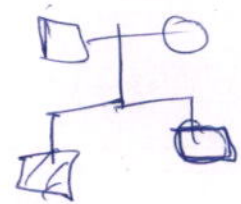
History : (Including details of any previous investigation or treatment)

1st admission. 4.5 yrs age.
2nd admissions

Birth & Neonatal History:

No Perinat insult.

Family Chart



Birth & Socio Economic History:

About Father : _____
About Mother : _____
Any additional Information : _____

Developmental History :

Ⓝ in all 4 domains

Immunization History :

upto date.

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 62 kg (Centile _____)

On Examination :

Temperature : 98 F Pulse Rate : 65/min B.P. 110/78 SPO2 100%

Resp. rate and type of breathing : 24 min.

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____
Throat congested +f
No tonsillar enlargement



Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ *clear*

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.,) _____

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____ *Intact*

Motor System :

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ *(R)*

Posture : _____

Involuntary Movements : _____



Reflexes :

DTR

Superficials:

Plantars flexion & extension in all 4/15-17

Sensory System :

Bladder / Bowel : ⊕

Clinical Summary & Diagnostic:

AFI ↓ evaluation.

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

Planned Management

- CBD
- CRP
- Sr. Electrolytes
- Sr. Creatinine
- Bldts
- Typhoid Igm
- CuER
- Entropain ⊕

Done on OPD basis

- IVF
- IV Piptoz
- IV Esomeprazole
- Antipyretic
- Vitals PR hdy

noted by - Sabine
21/6/2020

Signature of the Doctor: [Signature]

Signature of the Consultant: [Signature]

Name of the Doctor: CH - GANESH

Name of the Consultant: [Name]

Date & Time: 21/6/2020

Date & Time: 22/6/20 3PM



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026 8:00AM		AFI (D3 ↓ evaluation) ? Typhoid.
		- No fevers in admission
		- No other concerns
		- GCS - (N) intact
		- (N) - UOB
		vitals stable
		Active
		CVS - S1S2
		CNS - NAD
		RS - B/L AEG
		PA - Soft
	CUE (N)	Plan
		- Trace CUE & Typhoid IgM
		- BKIS.
		- Continue Pipraz D1
		- vitals 6 th hly.
		- Inform SCS
		- CRP, CRP (I/M)
		- USG Abdomen

Dr. Preetham Kumar
 22/6/26
 9AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/B Resident	
	AFI (D3)	
	child alert Euthermic	no fever spikes STATS (2)
	vitals stable	
	Cv - S12 (+)	
	Pc - BAE (+)	
	P/A soft	
		<p>plan</p> <ol style="list-style-type: none"> 1) asp cep 1/m 2) Duj peptaz 3) Monitor vitals inform
<p>let 22/6/26 Shree</p>	<p>20/11/2026</p>	
		<p>Noted by Arda 9:50pm 22/6/26</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 8:20 AM	<p style="text-align: center;"><u>S/P Resident</u></p> <p style="text-align: center;">AFI (D4)</p> <p style="text-align: center;">NO fever spikes</p> <p>o/c</p> <p>child alert</p> <p>Febrile</p> <p>Vital signs stable</p> <p>CV - HR 120 (+)</p> <p>Rf - BAE (+)</p> <p>PLA - 80%+</p>	
<u>Don't know</u>		<p style="text-align: center;"><u>Plan</u></p> <ol style="list-style-type: none"> 1) Inf piperac 02 2) Trace Typhoid IgM T8/c/s 3) Mon for d6 Today Sepp. gipuan
	<p style="text-align: center;">↓</p> <p style="text-align: center;">Dr. Preetham Kumar</p> <p style="text-align: center;">23/6/26 9 AM</p>	
		<p style="text-align: right;">Noted by 23/6/26</p>



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI & Evaluation	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: None						
	Surgery / Procedure: N.I	Post OP Day:						
BACKGROUND	Date	21/6/26	21/6/26	22/6/26	22/6	22/6	23/6	
	Shift	N	N	m	E	N	M	
	Medical Condition (Any special condition to be noted):	-	-	-	nil	SI	NIL	
	Diet:	normal	N-diet	N-diet	P-diet	N-diet	S-diet	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6°F	98.7°F	98.6°F	98.3°F	98.4°F	98.6°F
		Res:	13b/m	26blm	20blm	21blm	2ublm	22b/m
		SpO ₂ :	98%	99.1	98.1	98%	99.1	100%
		Pulse:	92b/m	103blm	72blm	88blm	99blm	89blm
		BP:	110/60	105/77	94/57 (60)	106/63 (70)	105/76/62	100/69/85
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
		Fall Risk Score:	1	1	1	1	1	1
Pain Score:	0	0	0	0	0	0		
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	nil	nil	nil	SI	SI	NIL	
	Others Specify:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	normal	N-diet	N-diet	P-diet	P-diet	N-diet	
	Critical Lab Test / Values:	nil	nil	nil	SI	SI	NIL	
	Other Special Orders / Medications:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent	depend	dependent	dependent	
Post Operative Procedure Special Orders:	nil	nil	nil	nil	nil	NIL		
Handed Over By Name :	Sabir	manisha	Anitha	Indu	manisha	Subh		
Signature / ID :	<i>Sabir</i>	<i>manisha</i>	<i>Anitha</i>	<i>Indu</i>	<i>manisha</i>	<i>Subh</i>		
Date:	21/6/26	22/6/26	22/6/26	22/6/26	23/6/26	23/6		
Time:	@9:30	@8AM	@2pm	@8pm	@8AM	@10:30am		
Taken Over By Name :	manisha	Anitha	Indu	manisha	Subh			
Signature / ID :	<i>manisha</i>	<i>Anitha</i>	<i>Indu</i>	<i>manisha</i>	<i>Subh</i>			
Date:	21/6/26	22/6	22/6/26	22/6/26	23/6			
Time:	@9:30pm	@8AM	@2pm	@8pm	@8am			

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 18 Y 4 M 28 D (M)
 Dr. PREETHAM KUMAR



NURSING SHIFT HAND OVER FORM

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

GENERAL CONSENT FOR TREATMENT

Patient Name: Master VISHWANATHA VIKRANT Age : 16 Y 4 M 27 D
IP No: IP-00060433 Sex: Male
Consultant: Dr. PREETHAM KUMAR Ward/Bed No: N 0 GF-EMERGENCY/ER 102

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect 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 clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature:.....) *P. Praveen*

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: *P. Praveen*

Name: *V. Praveen Kumar*

Relationship: *Father*

Date: *21/06/2026*

Time: *8:30*

Witness Name: *Praveen*

Witness Signature: *Praveen*

Patient Address:

hno-10-2-85/1 plot no-85 ROAD NO-1
BHARTH NAGAR, RL NAGAR,
RAMPALLY Ghatkesar Hyderabad
Telangana INDIA 501301

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 16 Y 4 M 27 D (M)
 Dr. PREETHAM KUMAR



HBH/ FRM / CLINICAL / 127

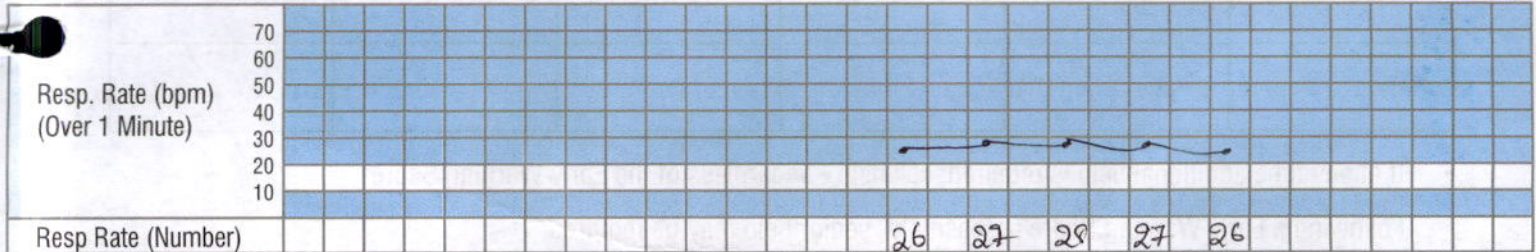
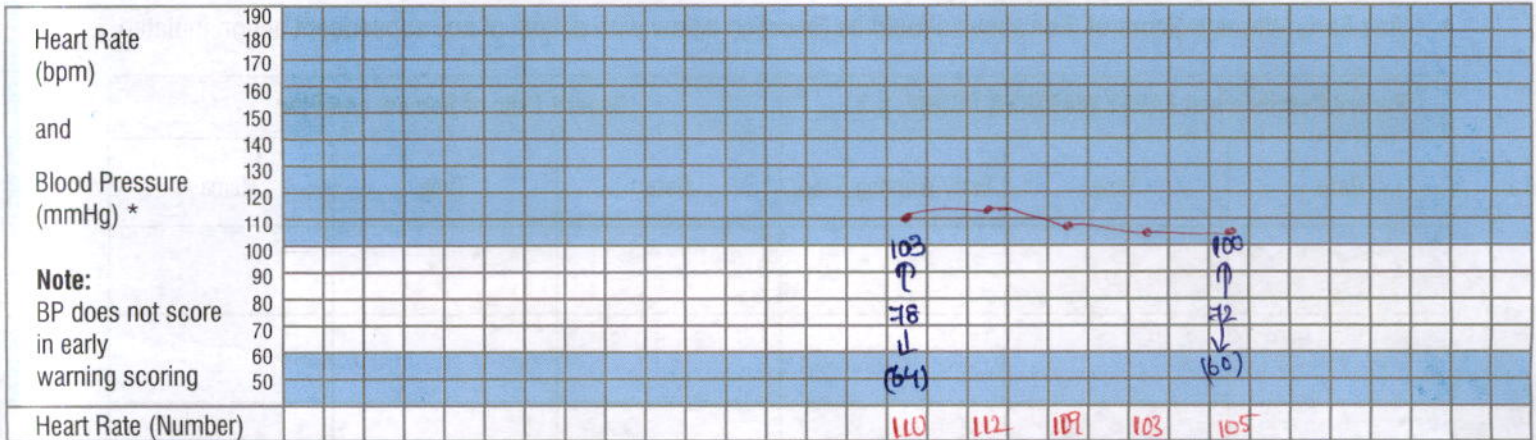
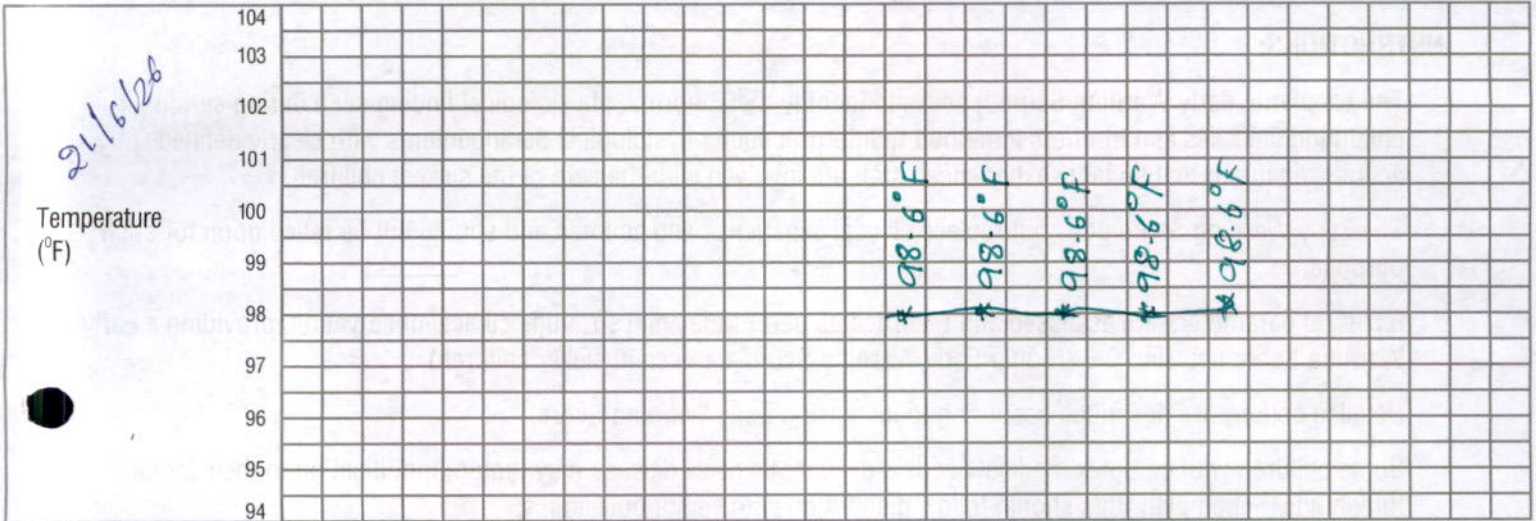
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 11 1 3 5 7

Doctor / Nurse / Family Concern? M M M M M



Resp Distress	Mod/ Severe None / Mild					
Receiving O ₂ (l/min)						
O ₂ Saturations (%)		98	99	97	98	98
Conscious Level	Normal / Altered	M	N	N	M	N
GCS *		15	15	15	15	15

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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child' (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 18 Y 4 M 28 D (M)
 Dr. PREETHAM KUMAR

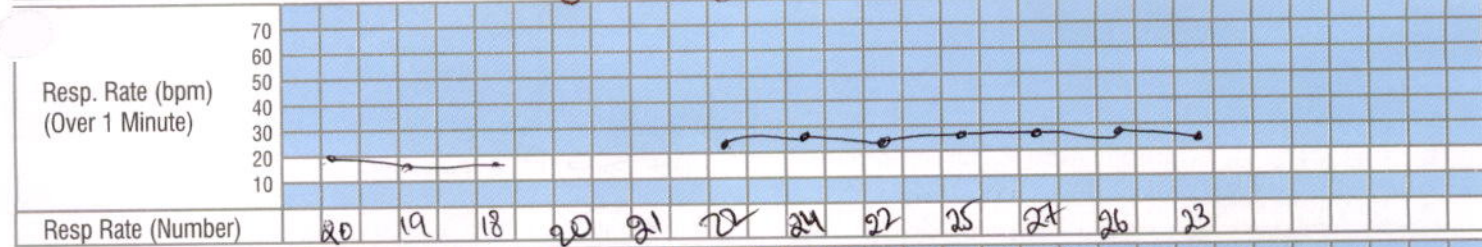
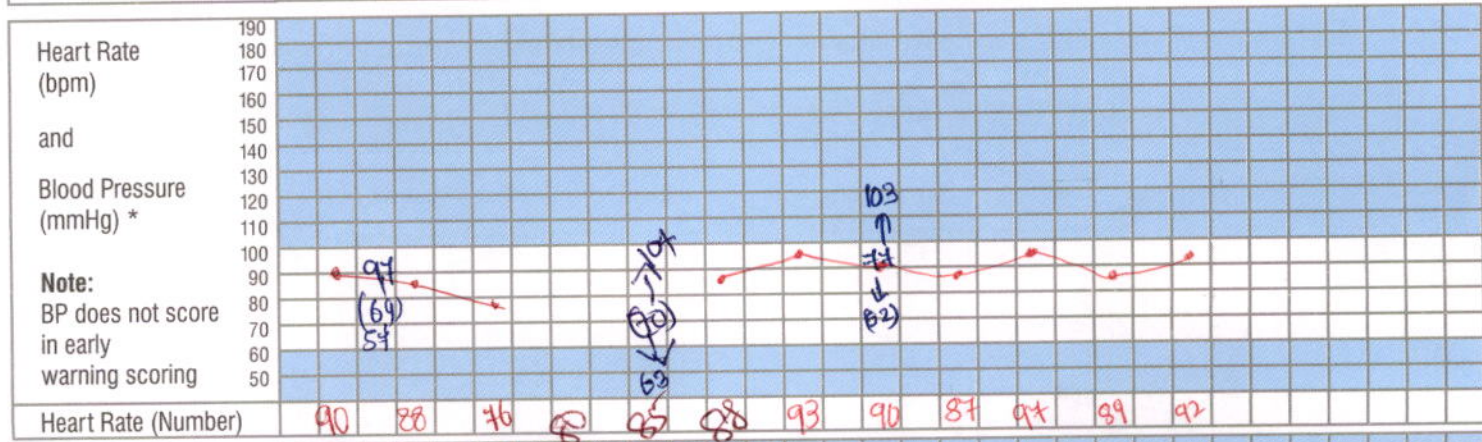
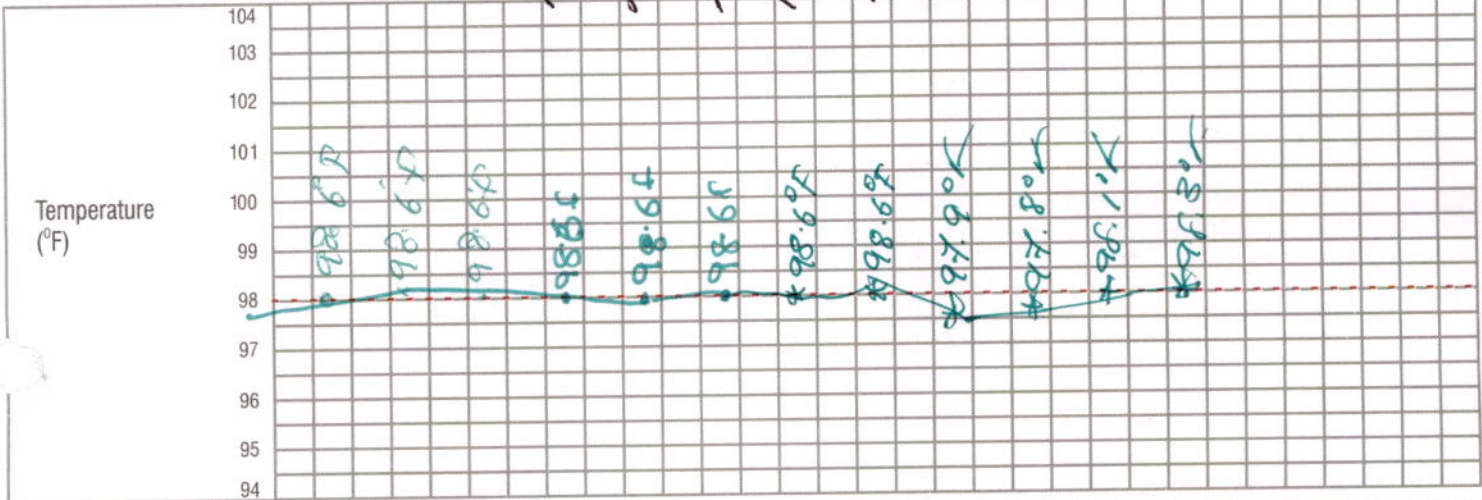
Doc. No.: RCH/FRM/CLINICAL/127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date	22/6/20	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	PM	PM	PM	PM	PM	PM



Resp Distress	Mod/ Severe	None / Mild	N	N	N	.							
Receiving O ₂ (l/min)	O ₂ Saturations (%)		99	100	98	98	98	97	99	100	99	98	99
Conscious Level	Normal / Altered		N	M	N	N	N	M	M	N	M	M	N
GCS *			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	0
Pain Score	2	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	A	A	A	Indu	Indu	Indu	M	M	M	M	M	M	M

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.

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 18 Y 4 M 28 D (M)
 Dr. PREETHAM KUMAR



CLINICAL OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 16 Y 4 M 27 D (M)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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 :							
21/8	08:00 pm												
	09:00 pm												
	10:00 pm		rice	50ml									
	11:00 pm		+ water	50ml					✓		1	}	Manisha
	12:00 am			50ml						0			
	01:00 am			50ml					✓		1		
Total Intake : 200ml						Total Output :							
22/8	02:00 am			50ml									
	03:00 am			50ml					✓		1	}	Manisha 22/8/26 @8Am
	04:00 am			50ml							0		
	05:00 am			50ml									
	06:00 am			50ml					✓		1		
	07:00 am												
Total Intake : 250ml						Total Output :							

Total 24 hrs. Intake	450ml
-----------------------------	--------------

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



FLUID CHART

Sheet No. : 2

22/6/26

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 Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
22/6	08:00 am			50 ml							} Dhilpa 22/6/26 @ 2pm	
	09:00 am		Tally	50 ml					0			
	10:00 am		water	50 ml								
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :			150 ml		Total Output :							
22/6	02:00 pm		Rice	50 ml							} Pradee @ 8pm 22/6/26	
	03:00 pm		+	50 ml								
	04:00 pm		water	50 ml								
	05:00 pm			50 ml					✓			
	06:00 pm			50 ml								
	07:00 pm								✓			
Total Intake :			250 ml		Total Output :							
22/6	08:00 pm			50 ml							} Maneesha 23/6/26 @ 8AM	
	09:00 pm		Rice	50 ml								
	10:00 pm		+	50 ml					✓			
	11:00 pm		water	50 ml								
	12:00 am			50 ml								
	01:00 am			50 ml								
Total Intake :			300 ml		Total Output :							
23/6	02:00 am			50 ml							} Maneesha 23/6/26 @ 8AM	
	03:00 am		water	50 ml								
	04:00 am			50 ml					✓			
	05:00 am			50 ml								
	06:00 am			50 ml								
	07:00 am			50 ml								
Total Intake :			300 ml		Total Output :							

Total 24 hrs. Intake 1000 ml

Total 24 hrs. Output 2 times

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 16 Y 4 M 28 D (M)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. : 3

23/6/20

- 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		
23/6	08:00 am											<div style="text-align: center;">17</div>
	09:00 am	Jelly										
	10:00 am	water										
	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						

Noted by
Subbar
23/6
@ 10 am



DRUG CHART

Date of Admission: 21/6/26 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 :				Date Time
Dose	Route	Frequency	Start Date	
650mg	PO	Q6H	21/6	
Doctor's Signature		Valid Period	Pharm.	
<i>[Signature]</i>			<i>[Signature]</i>	
Additional Instructions:				
1 tab = 650mg 15mg/kg/dose				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
600mg	PO	Q6H	21/6	
Doctor's Signature		Valid Period	Pharm.	
<i>[Signature]</i>			<i>[Signature]</i>	
Additional Instructions:				
1 tab = 600mg 10mg/kg/dose				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY: Name S. macy kumar Signature [Signature] Date 21/6/26



REGULAR PRESCRIPTIONS

Weight 62 kg Ward.

S. macy Komab 21/6/26

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 : <u>INJ. PIPERACILLIN TAZOBACTAM</u>				Date	<u>21/6</u>	<u>22/6/2016</u>														
				Time																
Dose	Route	Frequency	Start Date																	
<u>4g</u>	<u>IV</u>	<u>8th hly</u>	<u>21/6</u>																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<u>100mg/kg dose</u>																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>INJ. ESOMEPRAZOLE</u>				Date	<u>21/6</u>	<u>22/6/2016</u>														
				Time																
Dose	Route	Frequency	Start Date																	
<u>40mg</u>	<u>IV</u>	<u>20th hly</u>	<u>21/6</u>																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<u>1mg/kg dose</u>																				
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																				

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 16 Y 4 M 28 D (M)
 Dr. PREETHAM KUMAR



130

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

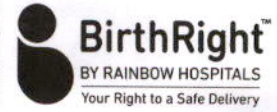
BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

~~MEDICATION~~
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
28/6/26	00.00	6am		
	01.00	Inj PIPITAZ 4gm (TID)	[Signature]	[Signature]
	02.00	Inj ESOMEPRAZOLE 40mg(OD)		
	03.00			
	04.00			
	05.00	2pm		
	06.00	Inj PIPITAZ 4gm (TID)		
	07.00			
	08.00			
	09.00	10pm		
	10.00	Inj PIPITAZ 4gm (TID)		
	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			

VIH-00206125 IP-00060433
 Master VISHWANATHA VIKRANT
 25-01-2010 18 Y 4 M 27 D (M)
 Dr. PREETHAM KUMAR

130



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
22/6/26	00.00	6 Am		
	01.00	Inj. Escmoprazole (40mg) (IV) (OD)	[Signature]	[Signature]
	02.00	Inj. Piptaz (40mg) (IV) (TID)	[Signature]	[Signature]
	03.00	2 pm		
	04.00	Inj. Piptaz (40mg) (IV) (TID)	[Signature]	[Signature]
	05.00	10 pm		
	06.00	Inj. Piptaz (40mg) (IV) (TID)	[Signature]	
	07.00			
	08.00			
	09.00			
	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			

Children's Hospital

14

NEBULIZATION CHART

Date

10/10/1964

10/10/1964

10/10/1964

10/10/1964

10/10/1964

10/10/1964

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10