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ACTIVITY RECORD FOR BILLING

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

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

UHID No : -- -------- Consultant : ---------- Dept : Paed

Date of Admission : 11/6 ------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ER 130 Ward : 1st flod Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6	2:10PM	ER	130	

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
11/6	SE Cr }	26020006	
	Blood G }		
	RAT - Negative	26020009	
12/6	CSE	26020072	
	Cross clerked by 12/6/26		
13/6	COE	26020162	
13/6	Usg Abd	26-009415	
	Cross clerked by 13/6/26		
13/6	CBP CRP.	26020226	
	Widal	26020254	
15/6	CBP CRP	26020410	
13/6	x-ray Mesoplasym	26-008677	
	Cross clerked by 15/6/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6	Infusion Pump	3pm.	14/6 @5pm.	30894408	
	Cross clinked by [illegible] 12/6/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/6	IV Placement	1	8089185	
	Cross checked by 12/6/26			
13/6/26	Nebulization	(4)	3090048	
15/6	Neb's	(4)	3090465	
	Cross Checked by 15/6/26			
14/6	IV placement	(1)	3090145	

ANY OTHER INFORMATION

11/6 RAT -Neg

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	15/6/26 @ 12-40		

Ref. No. F/INPR/12

130

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Patient Name : VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 25 D (M)
Dr. PREETHAM KUMAR

Registration No.:

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
12/6/26	00.00	12pm - levolin	manisha	
13/6/26	1.00	1AM- Levolin	manasa	
	2.00	9Am - levolin	Indu	
	3.00	5pm - levolin	Subham	
	4.00	(4) 3090048		
14/6	5.00	1:30AM - levolin	manasa	
	6.00	9:30Am - levolin	Indu	
	7.00	5:30PM - levolin	Sreelekha	
	8.00	1:30pm - levolin	Manasa	
	9.00	(4) 3090465		
	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			

Name	Master JOGU ABHIRAM	**UHID**	VIH-00205805
Father/Guardian	Mr JOGU NARSIMHA	**Age/Gender**	11 Y 7 M 28 D/Male
Address	H No 83/a lal bazar, Lal Bazar, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060315	**Admission Date**	11-06-2026
Ref Doctor	Self	**Discharge Date**	15-06-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

Diagnosis: Acute gastroenteritis with dehydration

History: Master JOGU ABHIRAM is a 11 Y 7 M 28 D boy presented with history of moderate to high grade intermittent fever, 5-6 episodes of non bilious non projectile vomitings, cold since 4 days, stomach pain, 3-4 episodes of loose stools, decreased oral intake since 1 day prior to admission. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

OPD basis investigations: Complete blood picture done on 11.06.2026 showed hemoglobin 12 gm%, white blood cells count of 10,190 cells/cumm, platelet count of 2.11 lakhs/cumm and C-reactive protein was 110 mg/l.

Examination: He was afebrile, maintaining saturation at room air. HR- 90/min, BP- 100/70 mmHg and RR 24/min. Throat was mildly congested. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft, diffuse tenderness present. Examination of other systems including spine was normal.

Weight on Admission : 28.1 kgs

Investigations: Enclosed.

Management: He was admitted in ward and started on intravenous antibiotics and intravenous fluids. He was treated symptomatically with antacids and antipyretics. He was started on probiotics and was advised gastro diet. On auscultation, bilateral wheeze for which nebulization was started.

His serum electrolytes and creatinine were normal. Blood culture was sterile after 48 hours of incubation. Complete urine examination was normal. Complete stool examination showed 3-5 pus cells, mucus present. Ultrasound abdomen was normal. X-ray nasopharynx showed adenoid hypertrophy for which metaspray was added.

His fever spikes continued so antibiotics were upgraded. His vitals were regularly monitored. His fever spikes and other symptoms gradually reduced. His repeat hemogram done on 15.06.2026 showed Hb 11.3 gm%, WBC count of 4,560 cells/cumm, platelet count of 2.66 lakhs/cumm and CRP 17 mg/l. Parents were counselled about course of illness and continuation of gastrodiet for few more days. He remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Advice:

1. Gastrodiet as advised.
2. Tablet Cefixime (100mg) 1&1/2 tablet, 12^{th} hourly (after food) for 3 days.
3. Syrup Zinconia (5ml=20mg) 5ml once daily for 10 days.
4. Metaspray nasal spray, 1 puff in each nostril once daily (7pm) for 2 weeks.
5. Tablet Zincovit, 1 tablet once daily for 15 days.

6. Zytee gel for local application, 8th hourly for 3 days.
7. Tablet Riboflavin (10mg), 1 tablet once daily for 3 days.
8. Kindly consult Dr. Preetham Kumar, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:
Syrup Paracetamol (5ml=240mg), 8.5ml for fever >99.6*F (maximum 4-6 hourly).
Syrup Ibugesic (5ml=100mg), 14ml 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).

Name Master JOGU ABHIRAM **UHID** VIH-00205805

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

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. B. Prashanthi
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

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040-42462200, Ext 2000,2001,2002,

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PatientName	: Master JOGU ABHIRAM	Inpatient No.	: IP-00060315
Age/Gender	: 11 Y 7 M 24 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 13:33
CREATININE (Enzymatic)	0.6	mg/dl	0.5 - 1

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 :11-06-2026 13:33
SODIUM (Direct ISE)	131	mmol/L	L	134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L		3.7 - 5
CHLORIDE (Direct ISE)	95	mmol/L	L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)			TEST RESULT STATUS : REPORT ENTERED Order Date :11-06-2026 13:39
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit	Biological Reference Interval
COMPLETE STOOL EXAMINATION (Specimen : STOOL)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 20:52
PHYSICAL			
COLOUR (Visual Examination)	BROWNISH YELLOW		
CONSISTENCY (Gross Examination)	**SEMI LOOSE**		
pH (Double pH indicator)	7.0		5 - 8.5
MUCUS (Gross Examination)	PRESENT		ABSENT
BLOOD (Gross Examination)	ABSENT		ABSENT
UNDIGESTED FOOD (Gross Examination/Microscopy)	PRESENT		ABSENT
HELMINTHES (Gross Examination/Microscopy)	NIL		NIL
MICROSCOPY			
PUS CELLS	3-5	HPF	0 - 5
RED BLOOD CELLS (Stool)	NIL	HPF	NIL

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master JOGU ABHIRAM	**Inpatient No.**	: IP-00060315
Age/Gender	: 11 Y 7 M 24 D/ Male	**Admit Date**	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
STARCH GRANULES	ABSENT			ABSENT
YEAST CELLS	NIL			NIL
FAT GLOBULES	ABSENT			ABSENT
PROTOZOA	NIL			NIL

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 :12-06-2026 11:27
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	CLEAR			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.010			1.005 - 1.030
SEDIMENT (Gross Examination)	NIL			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	NIL			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE			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	**3 - 5**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**2 - 4**	**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 :13-06-2026 04:48

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PatientName	: Master JOGU ABHIRAM	Inpatient No.	: IP-0006031 5
Age/Gender	: 11 Y 7 M 26 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	11.7	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	**3.97**	**10^12/L**	L	4 - 5.2
PCV/HCT (Calculated)	**31.9**	**VOL%**	L	35 - 45
MCV (Calculated)	80.2	fL		77 - 95
MCH (Calculated)	29.5	pg/cells		25 - 33
MCHC (Calculated)	**36.8**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.0	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	207	10^9/L		150 - 450
MPV (Calculated)	7.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	6.01	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	61	%		33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	30	%		28 - 48
MONOCYTES (Microscopy, Leishman stain)	08	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC 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 :13-06-2026 04:48
CRP (Immunoturbidimetry)	**40**	**mg/L**	H	<10

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Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 05:52
HEMOGLOBIN (Colorimetry)	**11.3**	**g/dL**	L	11.5 - 15.5
RBC COUNT (DC detection method)	**3.93**	**10^12/L**	L	4 - 5.2

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040-42462200, Ext 2000,2001,2002,

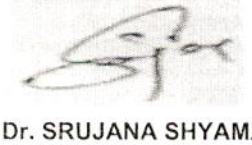
PatientName	: Master JOGU ABHIRAM	**Inpatient No.**	: IP-00060315
Age/Gender	: 11 Y 7 M 28 D/ Male	**Admit Date**	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
PCV/HCT (Calculated)	**31.4**	**VOL%**	L	35 - 45
MCV (Calculated)	79.8	fL		77 - 95
MCH (Calculated)	28.8	pg/cells		25 - 33
MCHC (Calculated)	**36.1**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.1	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	266	10^9/L		150 - 450
MPV (Calculated)	6.9	fL		6.5 - 10
WBC COUNT (DC Detection Method)	4.56	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**27**	%	L	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	**63**	%	H	28 - 48
MONOCYTES (Microscopy, Leishman stain)	08	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC 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 :15-06-2026 05:52
CRP (Immunoturbidimetry)	**17.0**	**mg/L**	H	<10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report

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Master JOGU ABHIRAM	9553441622
11 Y 7 M 26 D	VI26020006
Male	11-06-2026 01:39 PM
IP-00060315	11-06-2026 02:23 PM
VIH-00205805	
Dr. PREETHAM KUMAR	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture : -
Second Report - No growth after 48 hrs of incubation

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

MC-7373

Rainbow Children's Hospital

BirthRight by Rainbow

Laboratory Report

Patient Name	Master JOGU ABHIRAM	Patient Ph. No	9553441622
Age	11 Y 7 M 27 D	Requisition No	VI26020254
Gender	Male	Collected on	13-06-2026 09:26 AM
IP / Bill No.	IP-00060315	Received on	13-06-2026 01:09 PM
UHID No.	VIH-00205805	Reported on	14-06-2026 12:34 PM
Ref Doctor	Dr. PREETHAM KUMAR	Ward/Bed No	N 1F-FIRST FLOOR / MSW 130

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 .....

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Master JOGU	UHID: 9356441622
11 Y 7 M 25 D	R26-009415
Male	12-06-2026 10:26 AM
IP-00060315	12-06-2026 05:25 PM
VIH-00205805	
PREETHAM KUMAR	

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size 12 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size 8.7 cm and echotexture, No obvious focal lesions.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :
Right kidney : 90 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 91 mm. Normal in size and echotexture and shows smooth contour.
No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.
No ascites / lymphadenopathy. No evidence bowel wall thickening /edema.
Appendix measuring 3.6mm and normal

Master JOGU	9553441622
11 Y 7 M 25 D	R26-009415
Male	12-06-2026 10:26 AM
IP-00060315	12-06-2026 05:25 PM
VIH-00205805	
PREETHAM KUMAR	

Impression

No obvious sonological abnormality in abdomen.

Rest unremarkable.

Suggested clinical correlation.

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 26 D (M)
Dr. PREETHAM KUMAR

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Patient Name : 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	01			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	03			
7	Nurses Progress notes	04			
8	Consultation Sheets				
9	General Consent for Treatment	01			
	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	04			
	Intake and Output chart (fluid Chart)	04			
27	Drug Chart (Regular prescription)	03			
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 Educatlon Form				
	Numpty dumpty	02			
	pain Assessment	01			
	Thembosis	01			
	others	03			
	Billing	04			
	Total No. of Pages	42			

noted by Pradu

10 11am 13/6/26

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060315 **Admit Date** : 11-Jun-2026 **Admit Time** : 01:11 PM **UHID** : VIH-00205805

Patient Details :

Patient Name	: Master JOGU ABHIRAM	**Age**	: 11 Y 7 M 24 D
Guardian	: Mr JOGU NARSIMHA	**DOB**	: 18-10-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h no 83/a lal bazar Lal Bazar Hyderabad Telangana INDIA 500015	**Phone No**	: 9553441622
		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 JOGU NARSIMHA **Relationship** : S/O

Contact Address : h no 83/a lal bazar Lal Bazar Hyderabad Telangana INDIA 500015 **Phone No** : 9553441622 / 9248018436

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 : STAR HEALTH AND ALLIED INSURANCE CO LTD

Patient Name : Mast. JOGU ABHIRAM UHID : VIH-00205805 IPD : IP-00060315 Gender : Male Age : 11 Y 7 M 2

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

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wt - 28.1 kg
Ht - 146 cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Abhi Ram Age : 11yrs
Date : 11/6/26 Time of Arrival : 12:48 Pm
Gender: ☐ Male ☐ Female

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: 98.7°F PR: 91b/m BP: 106/65(75) mmHg RR: 22b/m SpO2: 99% 3days

Chief Complaints: fever x 4 days, Runny nose, Cough, Loose stools x

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

G. Karuna
Signature of Parent / Guardian

Triage Completion Time : 12:51 Pm

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

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

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

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

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

Name of Triage Nurse : Sr. Leena

Signature of Triage Nurse .....

Date & Time : 11/6/26 @ 12:51 Pm

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

Patient Name : Mast. JOGU ABHIRAM UHID : VIH-00205805 IPD : IP-00060315 Gender : Male Age : 11 Y 7 M 24 D

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/6/26 Time of arrival : 12:52pm

Chief Complaints: fever x 4 days, Runny Nose, Cough & Vomiting? & loose stools x 3 days, RBS: —

Height : 146cm Weight : 28.1kg 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?) —

Time of Initial assessment completed by ER Nurse : 12:54pm

Patient Name : Mast. JOGU ABHIRAM UHID : VIH-00205805 IPD : IP-00060315 Gender : Male Age : 11 Y 7 M 24 D

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

Time	Nursing Notes
12:48pm	*Pt Came to ER from Dr. Preetham Sir
12:50pm	*vitals checked and Recorded
12:53pm	*ER Doctor Seen the pt & gave intimation for Admission
	*Admission Done
1:45 PM	*IV placement Done
1:55 PM	*Samples Collected & Sent to lab
	*Pt shifted to ward

Samples collected by: } Sr. Hema
Samples sent by :

Time: @ 1:45pm
Time: @ 1:55pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:25 AM	Syp. Ibugesic	P/O	14ml		

Condition of patient at time of shift - out :

HR: 91b/m BP: 106/65(75) T: 37.2°C
RR: 22b/m SPO_2 : 99%
GCS: 15/15 Temperature : 98.7°F
Pain Score: —
Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 130
Time of Shift - out: 11/6/26 @ 2:10PM
Handover given to: Bro-Srekant
(Nurse's Name)
Bro-Sabir

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Suvarna Signature of the Nurse :

Date & Time : 11/6/26 @ 2:10PM

PATIENT TRANSFER FORM

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VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant	11/6/26 @ 1:11PM	11/6/26 @ 2:10PM
	Transfer Ordered by: Dr Vishwaja	Reason for Transfer: Admission
From Unit: ER	To Unit: 130	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 26	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over — OP file given to attender

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 S	Dr Vishwaja

Patient & Clinical Records Received by : Sreelakshmi

Date & Time of Patient Received : 11/6/2026 @ 2:10pm

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:

Arrival Time: 2:10pm. Mode of Arrival: ..... Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 28.1 Kg

Nil Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
yes 1½ years back Admitted for Dengue	Nil.	yes.

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 28.1Kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 24b/m RR: 28b/m BP: 104/64(92)mm Hg

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

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

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☐ No Abnormalities Detected

☐ Mobility Problem ☑ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... father and mother .....

Nurse's Name: ..... Srikanth ..... Date: ..... 10/06/26 ..... Time: ..... 2:30pm ..... Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : Jogu Abhiram Age/Sex 11yr/male

Information given by: Mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever } since 4days
vomiting } c/o cold since 4days
Stomachpain
loose stools, ↓ oral intake since 1day

History of present illness :

Child was apparently healthy 4days back
then developed fever - since 4days
Moderate to highgrade
relieving on medication
a/w vomitings since 4days - 5-6times/day
↳ NP/NB/ non blood stained
Content - food water
↓
Consulted outside hospt : used ondem tab.
brothen.
Lanzol
PCM.
↓
c/o loose stools since yesterday - 4times/day
watery, yellowish
non Blood stained
a/w ↓ oral intake
urine - (N)
Onpresentation - Child alert
Euthermic
pulse - good volume
thirst (+)
tongue - dry.

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

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

H/O admision for dengue - 2 1/2 year back (3 days)

11/6/26 (OPD)

Hb : 12

RBC - 4.10 CRP - 110mg/dl

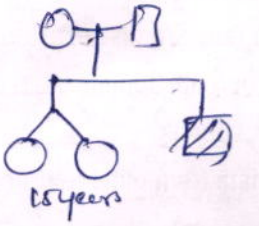
WBC - 10.19

Plt - 2.11

N - 81 %

Birth & Neonatal History:

Term/NVD/ 3.5kg/ Admn under 1 day 4 Ds of life Jaundice



Birth & Socio Economic History:

About Father : Class III

About Mother :

Any additional Information :

Developmental History :

Appropriate for age in all 4 domains

Immunization History :

Received vaccination upto date

(P.T.O.)

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms): 146 cm (Centile)_____)

Weight (kgs)) 28.1 kg (Centile _____)

On Examination :

Temperature : 98.7°F Pulse Rate : 91/min B.P. 106/65/85 SPO2 99%

Resp.rate and type of breathing : 24/min

Rash (-) Thrict - mild

Lymphadenopathy Cervical lymphadenopathy Congruus

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : (N)

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

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft, tenderness - diffuse

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

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18-10-2014 11 Y 7 M 24 D (M)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Awake c/r

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: (N) Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes : +

DTR +2 **Superficials:**

Plantars flexor

Sensory System : +

Bladder / Bowel : ↑ Bowel movement

Clinical Summary & Diagnostic:

AGE c some dehydration.

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : To treat current condition

S/By Dr. preetham sir

Planned Labs:

CBP } done on OPD
CRP } basis

S/E ✓
S.creat ✓
B/C/S ✓

Planned Management

1) IVfluids
2) Inj ceftriaxone
3) Inj omeprazole
4) Ecosorm sachet
5) Syp. Dencorex
6) monitor vitals

Noted by
Sr Gouthami
11/6/26
@1.30pm.

Signature of the Doctor: G. V
Name of the Doctor: Dr. Vishwajit
Date & Time: 11/6/26 1:30pm

Signature of the Consultant:
Name of the Consultant: Dr. Preetham
Date & Time: 11/6/26 4 PM

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18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/b Dr. Preetham	
11.6.26 4:00PM	Enterocolitis no fever o/e child awake CRT < 3sec. afebrile CVS - S1S2 (+) RS - BAE (+) Abd P/A - soft	Plan → Inj. Amekacin → cont IV fluids IV Ceftriaxone → CSE. → CBP
	Samee (Dr. Sameera)	
	noted by residents on 11/6/2026 @ 6:00pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 9:00 AM	S/B Resident	
	D: Enterocolitis	8.30 Am = 103.6°F
	Issues: - on going fever spikes.	1:15 am = 101.4
	- High Inflammatory markers,	
	CRP (170).	
	O/E	
	~~febrile~~	
	Baby ~~[illegible]~~	
	CLT < 3sec	Labs awaited
	CNS - SIC (+)	
	AS BAE (+)	- Trace Blds
	PA ~~soft~~	
	CNS no FNS.	
	cervical LN (+).	
	plan	
	- IV fluids	CBP]-tm
	- IV Antibiotics	CRP
	- ~~n~~H USG Abdomen.	
	- Send CUE	USG Abdomen - Now
Dr. Shriker 12/6/26.		
	6/ Dr. Suma 12/6/26 10 AM	
		Noted by manisha 12/6/26 @2pm

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 25 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Resident	
12/6/24 4:00pm	Dx:- AGE Dehydration.	
	Fever spike @ 3:30pm (101.2°f)	
	Abd pain (+)	
O/E → Better.	No c/o vomitings.	
	O/E	
4/o → Adequate.	Child Alert [illegible].	
	vitals Stable	
	CVS: S1 S2 (+)	
	M: B/L AE (+)	
	P/A: soft	
Dr. prashanth	CNS: NAD	Plan
		— CBP, CRP-T/m.
		— Tran B/W.
		- Inj. Ceftriaxone -
		- Inj. Amikacin.
		- Monitor vitals
	Noted by Preetham Dr 12/6/16 @ 8pm	- Syp(?)

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 25 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/2026 8:30 AM.	AGE & dehydration 1 loose stools - Semi solid 4:50 AM Spike 9:15 pm Spike. orally - low urine - ok. Vitals Stable CVS - S1S2 CNS - NAD RS - B/L AE ⊕ PA - Soft	Plan - Gastrodiet - Ceftriaxone D2 (4dose) - Esomeprazole D1. - Amikacin D2 (4doses) - Upgrade to piptaz. - Xray Nasopharynx - Send widal.
CRP-40	13/6/26 CA	

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

(P.T.O)

VIH-00205805 IP-00060315
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18-10-2014 11 Y 7 M 26 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 5:00pm	C/S/B Resident	
	Δ: AGE c̄ Dehydration.	
	↓ stools : many semisolid.	
	No fever spikes	
4/0 - Adenitis	Abd pain - decreased.	
O/I - Better.	O/E	
	Child Alert & Active	
Blood c/s → No growth after 24hrs.	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	Plan
	P/A: soft	
	CNS: NAD.	- Gastro diet
D - prashanth.		- [illegible]
		- Inj. piptaz - D1
		- Continue metalpray
		- Trace widal.
		- Inj. Amikacin - D3.

Noted by Neelam
on 13/6/26
@ 5:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
14/6/25 8.00AM	Dx - AGE ī dehydration.	
		ī Adenoiditis
	NO loose stools	afebrile > 24 hrs
	No fever spikes.	
	No other concerns	
	U/O - adequate	
	Oral intake better	
	CVS S1S2 (+)	Repeat CRP T/M / CRP
	R/S BAE (+)	
	P/A soft	
	CNS NAD	Plan
		1) ~~Inj ceftriaxone~~
		1) Inj Piptaz 3rd dose
		2) Inj Amikacin D3
		3) Nasoclear nasal drops
	B/C/S - No growth	4) Neb. Levosalbutamol
14/6/25 3:20 pm	after 48 hours	5) Economsachet
		6) Syp. Zincovit
		7) Metaspray Nasal spray
	C/S/B Dr. Ishwar	8) Trace widal
14/6/25 9:30AM		
	child stable	→ Tab. Zincovit
	O/T ↑ Better	→ Zyrgel.
	4/6 ↑ Adequate.	→ Riboflavin tab.

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

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 27 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
14/6/26 5pm	Dx — Age c dehydration c Adenoiditis.	
	No fever spikes.	
	No other concerns	
	o/o adequate	
	Oral intake better	
	CVS - S1S2 (+)	
	R/s - BAE (+)	
	P/A - soft	
	CNS - NAD	
		Plan
		1) CBP, CRP T/m
		2) CST
Widal - negative		3) Trace widal.
		4) monitor vitals inform SOS
		Dr. Ujjwaja.
	noted by Sreekanth on 14/6/26 @ 8:00pm	

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 28 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
15/6/26 8AM	D/s – AGE ē dehydration ē Adenoiditis	
	No fever spikes	
	No other issues	
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS- S1 S2 (+)	
	RS- BAE (+)	
	P/A- soft	
		Plan
		1) Inj. Pantop 6th dose
widal -ve		2) Inj Amikacin D4
		3) Nasoclear nasal drops
		4) Neb. Levolin Q8H
		5) Inj Pantop 6th dose
15/6/26 [illegible]		6) monitor vitals inform SOS.
		7) Metaspray
		8) Tab Zincovit
		9) Zytee gel
		10) Tab. Rabofloxin
		– D/c today
	Dr. [illegible]	onoratp?

Noted by Manisha 15/6/26 @9:40 AM

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

CLINICAL / 126

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

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

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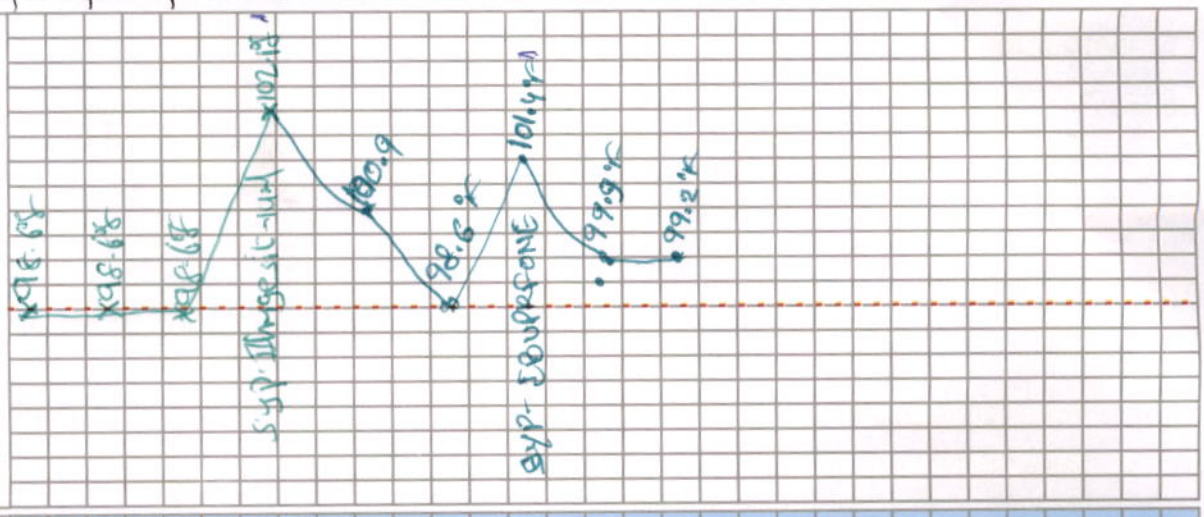
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

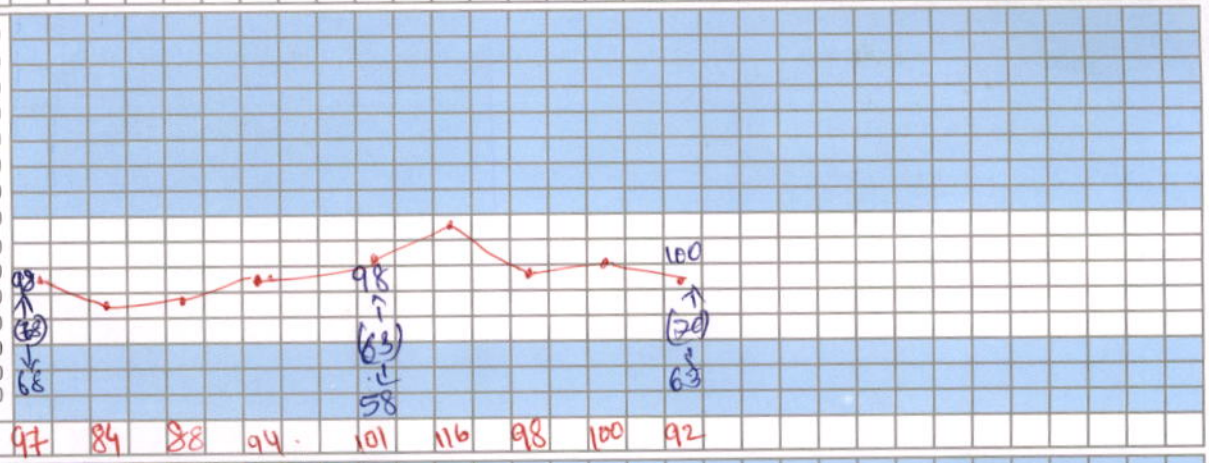
Date : 11/6/2014 ... Time:	3	5	7	7:45pm	09:30	12:45	2:15	4	6
Doctor / Nurse / Family Concern?	pm	pm	pm		PM	AM	AM	AM	AM

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	97	84	88	94	101	116	98	100	92

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

Resp Rate (Number)	21	24	26	28	29	30	29	26	27
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	99	99	100	96	99	100	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	01	01	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	S	S	S	S	SK	SK	SK	SK	SK

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

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

SCHOOL AGE (5-12 years)

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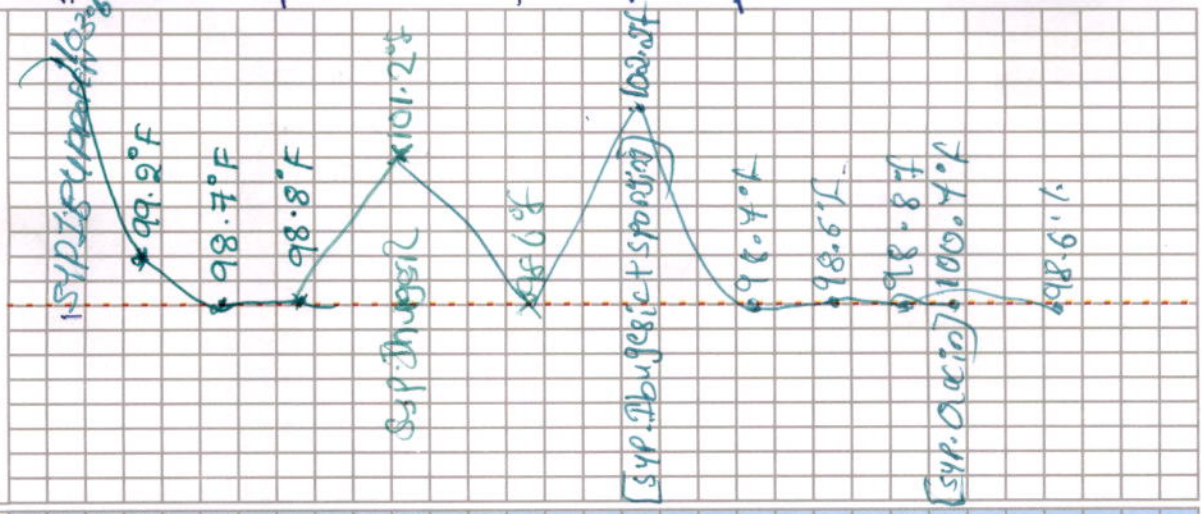
EARLY WARNING SCORE: CHILDREN'S UNIT

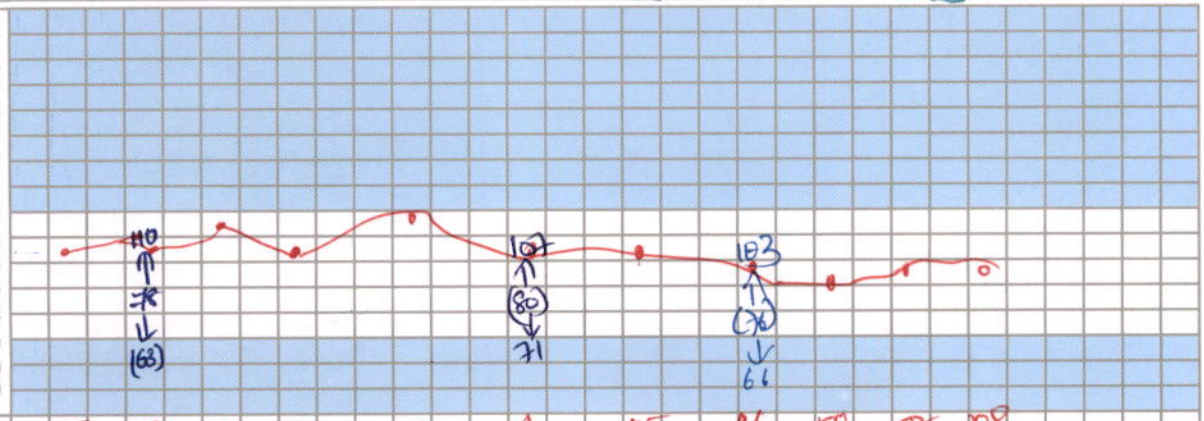
Date : 12/6/26 Time:	8:30 AM	10 AM	11 AM	1 pm	3:20 PM	6 PM	9:15 PM	11 PM	1 AM	3 AM	4:50 AM	7 AM
Doctor / Nurse / Family Concern?												

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



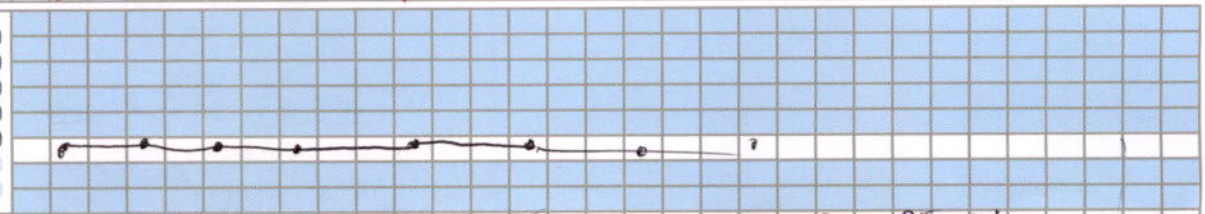
Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring



Heart Rate (Number)	105	109	114	102	110	101	105	96	100	102	108

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



Resp Rate (Number)	26	28	27	26	26	25	26	25	24	25	24
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N					
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	100	98	99	100	98	98	97	98	97
Conscious Level: Normal / Altered											
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
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M	M	M	M	M	M

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/9/26 Time: 9 11 1 2:30 5 7 9 11 1 4 7

Doctor / Nurse / Family Concern? AM AM PM PM PM PM PM PM AM AM AM

Temperature (°F)

	9 AM	11 AM	1 PM	2:30 PM	5 PM	7 PM	9 PM	11 PM	1 AM	4 AM	7 AM
Temperature (°F)	98.6°F	98.3°F	98.6°F	99.0°F	98.6°F	98.4°F	98.2°F	98.1°F	98.6°F	98.6°F	98.6°F

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

Note: BP does not score in early warning scoring

	9 AM	11 AM	1 PM	2:30 PM	5 PM	7 PM	9 PM	11 PM	1 AM	4 AM	7 AM
Heart Rate (Number)	101	100	98	102	99	85	99	96	100	102	90	92
Blood Pressure (mmHg)	108/70	104/64			107/77	69	102/76	66	100/73	80		

	9 AM	11 AM	1 PM	2:30 PM	5 PM	7 PM	9 PM	11 PM	1 AM	4 AM	7 AM
Resp. Rate (bpm) (Over 1 Minute) *	23	22	24	23	25	23	23	24	23	22	23	24
Resp Distress (Mod/ Severe / None / Mild)												
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	98	99	100	100	98	98	97	98	98	99
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	01	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	Anshu	Anshu	Anshu	S	R	SK	MA	MA	MA	MA	MA	MA

ACTIONS

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/6/26 Time: 9 11 1 3 5 7 9 11 1 5 7

Doctor / Nurse / Family Concern? AM AM PM PM PM PM PM PM AM AM AM

Temperature (°F)

	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	5 AM	7 AM
	98.6 F	98.3 F	98.6 F	98.6 F	98.6 F	98.6 F	98.4 F	98.6 F	98.1 F	98.6 F	98.6 F

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

Note: BP does not score in early warning scoring

	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	5 AM	7 AM
Heart Rate (Number)	98	95	98	86	82	81	92	96	100	102	105
BP	100/63					100/44 (62)			105/61 (74)		

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

	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	5 AM	7 AM
Resp Rate (Number)	25	26	26	24	23	24	25	26	25	26	25
Resp Distress (None / Mild / Mod/ Severe)											
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	98	99	99	100	98	97	98	97	98
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N	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
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Bindu	Bindu	Bindu	MA	MA	MA	MA	MA	MA	MA	MA

ACTIONS NB: Scores 3 should be recorded overleaf	
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9
Doctor / Nurse / Family Concern?	AM

Temperature (°F) — 15/6/26 — 98.6°F

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

Note: BP does not score in early warning scoring

110/64

Noted by marisha 18/6/26 @ 9.40 am

Heart Rate (Number)	103
Resp. Rate (bpm) over 1 Minute) *	
Resp Rate (Number)	27
Resp Distress: Mod/ Severe / None / Mild	N
Receiving O_2 (l/min) O_2 Saturations (%)	99
Conscious Level: Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	ML

ACTIONS	
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FLUID CHART

Sheet No. : (1)

4/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
		-	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 :**						
4/10/26	02:00 pm											
	03:00 pm			45ml						✓		
	04:00 pm		Rice water	45ml								
	05:00 pm			45ml								
	06:00 pm			45ml						✓		
	07:00 pm			45ml								
Total Intake :		225ml				**Total Output :**				2times		
11/6	08:00 pm			45ml								
	09:00 pm		Rice water	45ml								
	10:00 pm			45ml						✓		
	11:00 pm			45ml								
	12:00 am			45ml.								
	01:00 am			45ml								
Total Intake :		270ml				**Total Output :**						
11/6.	02:00 am			45ml						✓		
	03:00 am			45ml								
	04:00 am			45ml								
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake :		135ml				**Total Output :**						

Total 24 hrs. Intake	630 ml

Total 24 hrs. Output	5 times

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

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FLUID CHART

Sheet No. : 2

12/6/26

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
			Mouth	I.V	N.G							
	08:00 am		Idly							✓	1	manisha 12/6/26 @2pm
	09:00 am		water									
	10:00 am										0	
	11:00 am			45ml								
	12:00 pm			45ml						✓	1	
	01:00 pm			45ml								
Total Intake : 135ml						**Total Output :**						
	02:00 pm			45ml							1	sreelakshmi 12/6/26 @8pm
	03:00 pm									✓		
	04:00 pm			.							0	
	05:00 pm			45ml								
	06:00 pm			45ml						✓	1	
	07:00 pm			45ml								
Total Intake : 180ml						**Total Output :**						
	08:00 pm		Rice Water	45ml						✓	1	P 12/6/26 at 11pm
	09:00 pm			45ml								
	10:00 pm			45ml								
	11:00 pm			45ml						✓		
	12:00 am			45ml								
	01:00 am											
Total Intake : 160ml						**Total Output :**						
	02:00 am			45ml						✓	1	P 13/6/26 at 7Am
	03:00 am		water	45ml								
	04:00 am			45ml								
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake : 135ml						**Total Output :**						

Total 24 hrs. Intake	610ml	Total 24 hrs. Output	8 times

Patient Sticker

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 25 D (M)
Dr. PREETHAM KUMAR

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FLUID CHART

13/6/26

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							
12/6	08:00 am			45ml						✓	0	
	09:00 am		RDY + water	45ml								
	10:00 am			45ml								
	11:00 am			45ml								
	12:00 pm			45ml						✓		
	01:00 pm											
Total Intake :		225ml				**Total Output :**						
13/6	02:00 pm			45ml							0	
	03:00 pm		Rice + water	45ml						✓		
	04:00 pm			45ml						✓		
	05:00 pm			45ml								
	06:00 pm			45ml						—		
	07:00 pm			45ml								
Total Intake :		270ml				**Total Output :**				3 times		
13/6	08:00 pm											
	09:00 pm		Rice + water									
	10:00 pm									✓		
	11:00 pm											
	12:00 am			45ml								
	01:00 am			45ml						✓		
Total Intake :		90ml				**Total Output :**				2 times		
14/6	02:00 am											
	03:00 am			45ml								
	04:00 am			45ml						✓		
	05:00 am			45ml								
	06:00 am											
	07:00 am											
Total Intake :		135ml				**Total Output :**						

Total 24 hrs. Intake	730ml	**Total 24 hrs. Output**	8 times

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FLUID CHART

Sheet No. : 4

14/6/26

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							
14/6	08:00 am		Idly + water							✓	0	Brinda 2 pm 14/6/26
	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		Rice + water								0	Sreelakshmi 14/6/26 @
	03:00 pm									✓		
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm									✓		
Total Intake :						Total Output :						
14/6	08:00 pm		Rice + water								0	Manoj 15/6 @ 7 am
	09:00 pm											
	10:00 pm									✓		
	11:00 pm											
	12:00 am											
	01:00 am									✓		
Total Intake :						Total Output :						
15/6	02:00 am										0	
	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	7 times

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Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 26 D (M)
Dr. PREETHAM KUMAR

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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							
15/6/26	08:00 am		Idly							~		
	09:00 am		water									
	10:00 am										0	
	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 :**						

manisha

noted by manisha 15/6/26 @ 9:40 pm

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 130

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	Nil					☐ C ☐ DC
5						☐ 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 Vishwaja

Date & Time : 11/6/26 @ 1.30pm

Nurse Name & Signature: Uma G

Date & Time : 11/6/26 @ 1:30pm

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

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DRUG CHART

Date of Admission: 11/6 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 : SYP. PARACETAMOL

Dose	Route	Frequency	Start Date
8.5ml	PO	as required	11/6

Doctor's Signature	Valid Period	Pharm.
	max 6th hrly	

Additional Instructions: 5ml = 240mg
15mg/kg/dose if temp > 100°F

DRUG : SYP. IBUPROFEN

Dose	Route	Frequency	Start Date
14ml	PO	as required	11/6

Doctor's Signature	Valid Period	Pharm.
	max 6th hrly	

Additional Instructions: 5ml = 100mg
10mg/kg/dose if temp > 102°F

Date/Time: 11/6 7PM 12/6 2:15PM

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	as required	11/6

Doctor's Signature	Valid Period	Pharm.
	max 6th hrly	

Additional Instructions: if vomit (f)
0.8mg/kg/dose

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

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 28.1 kg Ward. 130

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.4 g	IV	12th hourly	11/6

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

Additional Instructions: after test dose 50mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 11/6, 12/6, 13/6 — 6 am; 6 pm — stop 13/6/20

DRUG : INJ. ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
25mg	IV	once daily	11/6

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

Additional Instructions: 1mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 11/6, 12/6, 13/6, 14/6, 15/6 — 6 am

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Date
1 sachet	PO	12th hourly	11/6

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

Additional Instructions: 1 sachet - dilute in 15ml water.

Daily Doctor's Endorsement by a Sign

Date/Time: 11/6, 12/6, 13/6, 14/6, 15/6 — 6 am; 6 pm

DRUG : SYP. ZINCONIA

Dose	Route	Frequency	Start Date
5ml	PO	once daily	11/6

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

Additional Instructions: 5ml = 20mg

Daily Doctor's Endorsement by a Sign

Date/Time: 11/6, 12/6, 13/6, 14/6 — 6 pm

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

Weight. 28.1 kg Ward. 130

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature ..... VERIFIED By Name .....

18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 28.1 kg 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
11/6	2:30pm	DNS (@ 3 M)	IV.	45 ml/hr					

Signature .....

VERIFIED BY : Name .....

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 28 D (M)
Dr. PREETHAM KUMAR

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 28-1 Ward .....

DRUG : INJ. AMIKACIN

Dose	Route	Frequency	Start Dt.
210mg	IV	12th hourly	11/6

Name & Signature of the Doctor Starting the Drugs: Dr Vishwajc

Additional Instructions: 7.5mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	11/6	12/6	13/6	14/6	15/6
6 am	/				
6 Pm					

DRUG : NASOCLEAR DROPS

Dose	Route	Frequency	Start Dt.
1drop	PN	QGH	12/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/6	13/6	14/6	15/6
12Am	/			
6Am	/			
12Pm				
6Pm				

DRUG : NEB. LEVOCALBUTAMOL

Dose	Route	Frequency	Start Dt.
1 respule	PN	QGH	12/6

Name & Signature of the Doctor Starting the Drugs: Dr Vishwajc

Additional Instructions: 1 respule = 0.63mg

Daily Doctor's Endorsement by a Sign

Date / Time	
	D/c Nebulization advised

DRUG : INJ. PIPERACILLIN + TAZOBACTAM

Dose	Route	Frequency	Start Dt.
2.8g	IV	8th hourly	13/6

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

Additional Instructions: 100mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	13/6	14/6	15/6
6Am	/		
2Pm			
10Pm			

VERIFIED

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 28 D (M)
Dr. PREETHAM KUMAR

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : METASPRAY NASAL SPRAY

Dose	Route	Frequency	Start Dt.
1puff	PN	once daily	13/6

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

Additional Instructions: 1 puff each nostril

Daily Doctor's Endorsement by a Sign

Date / Time	13/6	14/6
7pm		

DRUG : TAB. ZINCOVIT

Dose	Route	Frequency	Start Dt.
1	PO	once daily	14/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	14/6
2pm	CSW 12pm

DRUG : ZYTEE GEL

Dose	Route	Frequency	Start Dt.
	LA	8th hourly	14/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	14/6	14/6
6Am	/	Bayu Baby
2PM	CSW	
10pm	Bayu Baby	

DRUG : RIBOFLAVIN TAB.

Dose	Route	Frequency	Start Dt.
1	PO	once daily	14/6

Name & Signature of the Doctor Starting the Drugs: Dr prathemthy

Additional Instructions: 2 tab = 10mg

Daily Doctor's Endorsement by a Sign

Date / Time	14/6	15/6
10AM	CSW	

13/6/26 Chithra

14/6/26 Chithra Signature 14/6/26 VERIFIED BY: Chithra 14/6/26

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

VIH-00205805 IP-00060315
Master JOGU ABHIRAM
18-10-2014 11 Y 7 M 24 D (M)
Dr. PREETHAM KUMAR

(1)

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RESULT SHEET

Date	11/6	12/6/26	15/6/26			
Time	(1:39)	5AM.	6AM			
Hb	12.0	11.7	11.3			
PCV	33.2	31.9	31.4			
RBC	4.10	3.97	3.93			
WBC	10,19.	6,01	4,56			
N/L	82/11	61/30	27/63			
Platelets	2.11.	2.07.	2.66			
CRP	110:-	40.	17			
ESR						
PCT						
RBS						
Na	131					
K	4.5					
Cl	95					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.6					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

OPD basis on 11/6

Date	11/6/26					
Time	11:27					
CUE - Alb Protein	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	3-5					
CUE - RBC Cells	Nil					
CUE epithelal	2-4					
Stool Pus Cell	3-5					
OVA / Cyst	NIL					
Occult Blood	Absent					
Mucus	Present.					
PH	7.0.					
Colour	Brownish yellow					

Culture and Sensitivities : Blood c/s:- No growth @ 48hrs

Widal:- Negative

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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18-10-2014 11 Y 7 M 25 D (M)
Dr. PREETHAM KUMAR

VIH-00205805

12/06/2026

FIRST FLOOR

AFTERNOON

ULTRA SOUND ABDOMEN REQUEST FORM

PATIENT NAME : MASTER JOGU ABHIRAM Abhiram AGE : 11Y/7M/25D **UHID:** VIH-00205805 **DATE:**

LIVER : Normal in size 12cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size 8-7cm and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS : Right kidney : 90mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 91 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.
No ascites / Lymphadenopathy.No evidence bowel wall thickening /edema.
Appendix measures 3-6mm & nomal

IMPRESSIONL:No obvious sonological abnormality in abdomen.

Rest unremarkable

Suggested clinical correlation.

DR MOHD ABDUL KHALID MD, DNB.

DR V. MAHIDHAR (MD)

DR VAISHNAVI REDDY B (MD)

(Consultant Radiologist)