
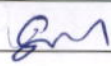


ACTIVITY RECORD FOR BILLING

Name: -- **VIH-00124038** -----
IP-00060426
Baby MAROJU SIDDHIKSHA
20-03-2020 **6 Y 3 M 1 D** (F) ----- Consultant : ----- Dept : -----
Dr. SIVA NARAYANA REDDY
Date of  me : **4 AM** ----- Date of Discharge : ----- Time: -----
Room / Bed No : ----- : **2nd floor** Suggested Billable bed type : -----

WARD TRANSFERS

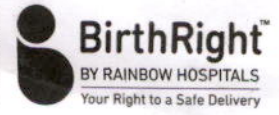
Date	Time	From	To	Signature of Nurse
21/6/20	5:00 AM	ER	104 (1st floor)	

Cross Consultation Visit

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

VIH-00124038 IP-00060426
 Baby MAROJU SIDDIKSHA
 20-03-2020 8 Y 3 M 2 D (F)
 Dr. SIVA NARAYANA REDDY

104



NEBULISATION CHART

Date	Time	(ER - 3) Drug 3092909	Nurse	Parents Signature
21/6/26	00.00	5Am - Levolin	manisha	fiz
	01.00	7Am - Levolin	manisha	fiz
	02.00	9Am - Levolin (x3)	Bernonika	fiz
	03.00	11am - Levolin	Bernonika	fiz
	04.00	1pm - Levolin + Budicort	Bernonika	fiz
	05.00	(7) 3092908		
21/6/26	06.00	4pm - Levolin	Subham	fiz
	07.00	6pm - Levolin	Subham	fiz
	08.00	8pm - Levolin	Subham	fiz
	09.00	(3) 3092900		
	10.00	10pm - Levolin	manisha	}
22/6/26	11.00	12Am - Levolin	manisha	
	12.00	1Am - Budicort	manisha	
	13.00	2Am - Levolin	manisha	
	14.00	4Am - Levolin	manisha	
	15.00	6Am - Levolin	manisha	
	16.00	8Am - Levolin	manisha	
	17.00	(7) - 3098116		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

TRANSITION CHART

De Montain @

1. $2x^2 + 3x - 2 = 0$
 $(2x - 1)(x + 2) = 0$
 $2x - 1 = 0$ or $x + 2 = 0$
 $x = \frac{1}{2}$ or $x = -2$

2. $3x^2 - 5x + 2 = 0$
 $(3x - 2)(x - 1) = 0$
 $3x - 2 = 0$ or $x - 1 = 0$
 $x = \frac{2}{3}$ or $x = 1$

3. $4x^2 - 12x + 9 = 0$
 $(2x - 3)^2 = 0$
 $2x - 3 = 0$
 $x = \frac{3}{2}$

4. $x^2 - 6x + 9 = 0$
 $(x - 3)^2 = 0$
 $x - 3 = 0$
 $x = 3$

5. $x^2 + 4x + 4 = 0$
 $(x + 2)^2 = 0$
 $x + 2 = 0$
 $x = -2$

6. $x^2 - 8x + 16 = 0$
 $(x - 4)^2 = 0$
 $x - 4 = 0$
 $x = 4$

7. $x^2 + 10x + 25 = 0$
 $(x + 5)^2 = 0$
 $x + 5 = 0$
 $x = -5$

8. $x^2 - 14x + 49 = 0$
 $(x - 7)^2 = 0$
 $x - 7 = 0$
 $x = 7$

Answer

Answer



100
200
300
400
500
600
700
800
900
1000

Name	Baby MAROJU SIDDHIKSHA	UHID	VIH-00124038
Father/Guardian	Mr M ASHWINI KUMAR	Age/Gender	6 Y 3 M 2 D/Female
Address	1-30-221/153/1 TELECOM COLONY KANAJIGUDA, Kharkhana Main Road, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060426	Admission Date	21-06-2026
Ref Doctor	Self	Discharge Date	22-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA

DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Diagnosis: Wheeze associated lower respiratory tract infection

History: Baby MAROJU SIDDHIKSHA is a 6 Y 3 M 2 D, girl presented with the history of productive cough associated with post-tussive vomiting, 2 episodes of non-bilious non-projectile vomitings, increased work of breathing since 1 day prior to admission. For the above complaints, she was admitted in Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations of 91-92% at room air. Her heart rate was 140/min, blood pressure 110/80 mmHg and respiratory rate 38/min. Respiratory distress present in the form of tachypnea, subcostal retractions. On auscultation of chest, air entry was equal with wheeze. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, she was conscious and oriented. Other systemic examination was normal.

Weight on admission : 16.4 kgs.

Investigations: Enclosed.

Management: She was admitted in the ward and started on IV antibiotics and IV fluids. In view of chest signs, she was given IV hydrocortisone and nebulized

Name

Baby MAROJU
SIDDHIKSHA

UHID

VIH-00124038

with Levolin and Budecort. She was empirically started on Syrup Oseltamivir. She was treated symptomatically with antacids.

Her venous blood gas showed pH 7.38, pCO₂ 37.7 mmHg, pO₂ 66 mmHg, HCO₃ 22.2 mmol/L, BE -3.0 mmol/L. Complete blood picture showed hemoglobin 12.3 gm%, white blood cells count of 11,040 cells/cumm, platelet count of 2.51 lakhs/cumm and C-Reactive protein 6 mg/L. Serum electrolytes and creatinine were normal. Blood culture was sterile after 24 hours of incubation. Chest x-ray showed mild perihilar infiltrates. CUE was normal.

Her vitals were regularly monitored. She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg), 4ml, 12th hourly (after food) for 4 days (Refrigerate after reconstitution).
3. Syrup Mucaine gel, 5ml, 12th hourly for 3 days.
4. Syrup Oseltamivir (1ml=12mg) 3.5ml, 12th hourly till 25.06.2026 evening dose (To be refrigerated).
5. Syrup Omnacortil Forte (5ml=15mg) 5ml, 12th hourly (after food) for 3 days.
6. Nebulization with Levolin (0.63mg), 1 respule 4th hourly for 2 days
followed by 1 respule 6th hourly for 2 days
followed by 1 respule 8th hourly for 2 days
followed by 1 respule 12th hourly for 2 days
and stop.

Name

Baby MAROJU
SIDDHIKSHA

UHID

VH-00124038

7. Nebulization with Budecort (0.5mg), 1 respule 12th hourly for 5 days.
8. Tablet Lansoprazole (15mg) 1 tablet once daily (30 minutes before breakfast) for 3 days.
9. Kindly consult Dr. Siva Narayan Reddy, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Syrup Paracetamol (5ml=240mg), 5ml, if temperature > 100°F (maximum 4 times a day at 6 hour intervals).

Syrup Ibugesic (5ml=100mg), 8ml, if temperature > 101°F & not responding to Crocin (maximum 4 times a day at 6 hour intervals).

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

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

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

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

Name

Baby MAROJU
SIDDHIKSHA

UHID

VIH-00124038

Name :

Signature :

Relationship with patient :

This summary has been explained by :

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

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA

DCH, DNB, FELLOWSHIP IN NEONATOLOGY

SENIOR CONSULTANT PEDIATRICS

48300

PatientName : Baby MAROJU SIDDIKSHA Inpatient No. : IP-00060426
 Age/Gender : 6 Y 3 M 1 D/ Female Admit Date : 21-06-2026
 Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 04:26	
HEMOGLOBIN (Colorimetry)	12.3	g/dL	11.5 - 15.5
RBC COUNT (DC detection method)	4.30	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	34.2	VOL% L	35 - 45
MCV (Calculated)	79.5	fL	77 - 95
MCH (Calculated)	28.6	pg/cells	25 - 33
MCHC (Calculated)	35.9	g/dL	32 - 36
RDW-CV (Calculated)	13.1	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	251	10 ⁹ /L	150 - 450
MPV (Calculated)	9.2	fL	6.5 - 10
WBC COUNT (DC Detection Method)	11.04	10 ⁹ /L	5 - 14.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	80	%	H 32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	12	%	L 28 - 48
MONOCYTES (Microscopy, Leishman stain)	04	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	04	%	1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - TC NORMAL WITH RELATIVE NEUTROPHILIC 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 :21-06-2026 04:26	
CRP (Immunoturbidimetry)	6.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 04:26	

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

PatientName :	Baby MAROJU SIDDHIKSHA	Inpatient No. :	IP-00060426
Age/Gender :	6 Y 3 M 1 D/ Female	Admit Date :	21-06-2026
Ward/Bed :	N 0 GF-EMERGENCY/ ER 101	Discharge Date :	

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.4	mg/dl	0.04 - 0.6



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 :21-06-2026 04:26
SODIUM (Direct ISE)	145	mmol/L	H 134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	103	mmol/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 :21-06-2026 04:36
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :21-06-2026 04:36
RANDOM BLOOD GLUCOSE (GOD/POD)	99	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 09:31
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL
CHEMICAL			
PROTEIN (Protein error of pH indicator)	Trace		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,



PatientName : Baby MAROJU SIDDHIKSHA **Inpatient No.** : IP-00060426
Age/Gender : 6 Y 3 M 1 D/ Female **Admit Date** : 21-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 **Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
MICROSCOPY			
PUS CELLS	2 - 3	HPF	L 0 - 5
EPITHELIAL CELLS	3 - 5	HPF	L 0 - 5
RBCS.	NIL	HPF	0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report

Baby MAROJU SIDDIKSHA

9885999546

6 Y 3 M 2 D

VI26021044

Female

21-06-2026 04:31 AM

IP-00060426

21-06-2026 04:41 AM

VIH-00124038

Dr. SIVA NARAYANA REDDY VENNAPUSA

N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report

This is an interim report. The final report will be released after 24 hours.

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00124038 IP-00060426

Baby MAROJU SIDDIKSHA
20-03-2020 6 Y 3 M 2 D (F)
Dr. SIVA NARAYANA REDDY

Patient N

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	02	-	-	
4	Patient Transfer Forms	01	-	-	
5	In-patient Medical Record	03	-	-	
6	Doctors Progress Sheets	2	-	-	
7	Nurses Progress notes	3	-	-	
8	Consultation Sheets				
9	General Consent for Treatment	1	-	-	
10	Consent for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
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	2	-	-	
26	Intake and Output chart (fluid Chart)	2	-	-	
	Drug Chart (Regular prescription)	3	-	-	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Empty - empty	2	-	-	
	pain Assessment	1	-	-	
	Beader score	1	-	-	
	Thrombophlebitis	1	-	-	
	others	8	-	-	
	Total No. of Pages				

*Noted by
Benonika
20/3
@11am*

Signature and Date :

ERROR LOG

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


ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00124038 IP-00060426 Baby MAROJU SIDDIKSHA 20-03-2020 6 Y 3 M 1 D Dr. SIVA NARAYANA REDDY (F) 		Date & Time of Admission 21/6/20 @ 4am	Date & Time of Transfer Order 21/6/20 @ 5am
Dr: Siva Narayan		Transfer Ordered by Dr: Prasanthi	Reason for Transfer Admission
From Unit ER	To Unit 104 (1st floor)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sabin, 21/6/20 @ 5am		Name of Person Ordered Transfer Dr: Prasanthi	
Patient & Clinical Records Received by : Dr. Manisha			
Date & Time of Patient Received : 21/6/20 @ 5Am			

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

Patient Name : Baby. MAROJU SIDDHIKSHA UHID : VIH-00124038 IPD : IP-00060426 Gender : Female Age :

6 Y 3 M 1 D

VIH-00124038 IP-00060426
 Baby MAROJU SIDDHIKSHA
 20-03-2020 6 Y 3 M 1 D (F)
 Dr. SIVA NARAYANA REDDY



RBS - 99 mg/dl

wt - 16.4 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Siddhiksha Age : 6 yrs Gender : Male Female

Date : 21/6/26 Time of Arrival : 1:44 AM

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: 148b/m BP: 112/80(94)mmHg RR: 38b/m SpO₂: 92%

Chief Complaints: Cough x yesterday, fast breathing x night

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

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]
 Signature of Parent / Guardian
 Triage Completion Time : 1:47 AM

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 : Sri. hema

Signature of Triage Nurse : [Signature]

Date & Time : 21/6/26 @ 1:47 AM

Patient Name : Baby. MAROJU SIDDHIKSHA UHID : VIH-00124038 IPD : IP-00060426 Gender : Female Age : 6 Y 3 M 1 D

VIH-00124038 IP-00060426
Baby MAROJU SIDDHIKSHA
20-03-2020 6 Y 3 M 1 D (F)
Dr. SIVA NARAYANA REDDY



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 21/6/20 Time of arrival: 1:48 AM
Chief Complaints: Cough, fast breathing RBS: 99mg/dl
Height: - Weight: 16.9kg 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 -

<p>RISK FOR FALL:</p> <p><input type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input checked="" type="checkbox"/> If Patient is > 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Ambulatory Aids:</p> <ul style="list-style-type: none"> Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none"> Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No Weak <input type="checkbox"/> Yes <input type="checkbox"/> No Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none"> Escort while ambulating <input type="checkbox"/> Assist Patient <input type="checkbox"/> Educate patient and family on fall precautions/prevention <input checked="" type="checkbox"/> 	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality <input type="checkbox"/> <p>Inform consultant for positive criteria</p> <p>.....</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method <input type="checkbox"/> <p>Inform consultant for positive criteria</p>
---	--

Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: - (Date/Time): -
Social History: Lives With parents
Siblings in household Yes No (if yes How Many?) 1 (sister)
Time of Initial assessment completed by ER Nurse: 1:52 AM

Patient Name : Baby. MAROJU SIDDHIKSHA UHID : VIH-00124038 IPD : IP-00060426 Gender : Female Age : 6 Y 3 M 1 D

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

Time	Nursing Notes
1:49AM	patient came to ER
1:45AM	check vitals & record.
1:17AM	Doctor seen the pt.
1:52AM	Advice Admission.
4AM	Admission process done.
4:30AM	IV cannulation done
4:32AM	sample collection done.
	pt shifted to 1st floor (109)

Samples collected by:] sis - Hema
 Samples sent by:] sis - Hema

Time:] 4:30AM
 Time:] 4:30AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
2:09 AM	Neb. levolin	P/N	0.63mg]	
2:17 AM	Neb. Ipratent	P/N	2.5ml		
2:30 AM	Neb. Budecort	P/N	0.5mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140b/m BP: 110/70 CFT: - RR: 36b/m SPO ₂ : 93% GCS: 15/15 Temperature: 98.6 Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: 109 (1st floor) Time of Shift - out: @ 5am Handover given to: sis - Marisha (Nurse's Name) Bro - Sabin

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : sabin

Signature of the Nurse :

Date & Time : 21/6/26 @ 5am



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00124038 IP-00060426
Baby MAROJU SIDDIKSHA
20-03-2020 6 Y 3 M 1 D (F)
Dr. SIVA NARAYANA REDDY



Pediatric Multiorgan History & Physical Examination

Name : Siddhika Age/Sex _____
Information given by: mother Relationship Grand.

Chief Presenting Complaints & Duration (Chronologically)

cb cough :: yesterday.
cb breathlessness :: night.

History of present illness :

child was apparently asymptomatic 1 day back
then started to cb cough :: yesterday morning.

Productive cough (nt)
cb consumption of
solid foods (nt).
Post-tussive vomiting (nt)
cb Breathlessness :: night
↑ WOB (nt)
mid sciz (+).
2 spiders
NI/SP/NOB/NOB/NOB

Oral Intake - Better.
4/5 Adequate.
NO H/O WID, FEVER.

Pediatric Multiorgan History & Physical Examination

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

No similar complaints in the past
or

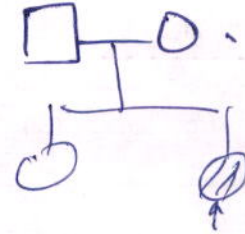
Aggravated by cold foods.

↓
Relieved with nebulizations.

Birth & Neonatal History:

Term baby / Bwt: 2.6 kgs / NVD.

CIAB, No NICU admission.



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

clauva

Developmental History :

Developmental achieved as per age in all 4 domains.

Immunization History :

Immunized as per age.

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
 Weight (kgs)) 16.4 kgs. (Centile _____)

On Examination :

Temperature : 98.7f Pulse Rate 140b/m B.P. 110/80mmHg SPO2 91-92% on RA
 Resp. rate and type of breathing : _____
↓ Apnoeas

Rash _____
 Lymphadenopathy yo
 Oedema : _____
 Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : ⊖
 Air entry & breath sounds : BLAER ⊕
 Any addes sounds : (H) mid where ⊕
 Relevant data from outside (Chest X-Ray, ABG, etc.,) ser ⊕
↓ Asthanebrations

Cardiovascular System :

Inspection of procordium : (N)
 Heart Sounds : rh ⊕
 Any murmur : ⊖
 Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection (N)
 Palpation : p/n: soft
 Auscultation : _____
 Spine : yo External Genitalia : (N)
 Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/15

Cranial Nerves : (N)

Motor System:

Nutrition : _____

Tone : _____ Power (2) (2)
5/5 5/5

Co-ordinator : (2)

Posture : _____

Involuntary Movements : (e)

Reflexes :

DTR tnt Superficials: tnt
Plantars (N) (flexor)

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

LRTI.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent ^{Further} complications

Desired goals of the treatment: to treat the symptoms

Planned Labs:

CRP, CRP, urea, sle

S. treat, B/cb, VBG
RBS - 99 mg/dl

Chest xray

noted by ^{shortly}
21/6/26
@ 4:31 AM

Planned Management

- Inj. Cefixime - Iv - 12 hourly

- Inj. Chloramphenicol - Iv once daily

- Meb. levelin 2nd half
Budecort - 12 hourly

- Antipyretics

- Continuous monitoring
Inform if spo2 < 94%
(80s) - PICU

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Prabhakar

Date & Time: 21/6/26 04:00 AM

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: [Signature]

VIH-00124038 IP-00060426
 Baby MAROJU SIDDIKSHA
 20-03-2020 6 Y 3 M 1 D (F)
 Dr. SIVA NARAYANA REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21.6.26 8.30am	S/O Registrar Wheye associated	LRTI
	no fever rough @, RD better o/e child awake CRT < 3s	
	afebrile H.R: 130/min CNS - S, S, @ cat: 95-96% RD A/L wheeze P/O - soft	Plan -> Cont. Moku. -> Stat dose of Ivy. Hydrocortisone -> Cont. monitoring -> Inform. of cat < 92% -> (SOS) PICU.
	Sameer (Dr. Sameer)	Noted by Beronika 21/6/26 @ 1pm

~~Dr. Sameer~~
 Dr. Sameer
 21/6/26
 5AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 3:30 PM	S/B Resident	
	WALPI	
	NO fever spikes Cough	Oral feeds } (A)
	RD.	Stools
	of child alert	oral intakes better
	Euthermic	
	Vitals stable	
	SpO2 96-97% RA	CvS - 95% (A)
	HR - 110-120/min. R/S - BAE (A)	
	P/A - soft	
		<u>Plan</u>
		1) CCT
		2) Perform if SpO2 < 92% SOS PICU.
	Dr. Ushwaja	
		Noted by Subhan
		21/6/26
		@ 7 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2020		
9:00 AM	<p>WALKS</p>	
	<p>- No fever spikes</p>	
	<p>- (no RD) ~ 95% all the time clinically</p>	
	<p>gentosium - @</p>	
	<p>↓ cough</p>	
	<p>@ intake & @ V.O @</p>	
	<p>CVS - J.I.</p>	
	<p>CNS - NAD</p>	
	<p>RS - B/L mild wheeze</p>	
	<p>PA - Soft</p>	
		<p>Plan</p>
		<p>- Hydrocort D₁</p>
		<p>- fluvir D₁</p>
		<p>- neb levofloxacin</p>
		<p>- mucaine gel</p>
		<p>- vitals (SpO₂ monitor)</p>
		<p>6th Ltg</p>
		<p>- infus m s.c.</p>

6
 for hms
 22/6/20
 10:00

NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: LRTI		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
				If Yes Specify: nil				
BACKGROUND		Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	20/6/20	21/6/26	21/6	21/6	21/6	22/6	
	Shift	N	N	M	E	N	M	
Medical Condition (Any special condition to be noted):		-	-	N9	nil	nil	nil	
Diet:		Normal	M diet	N Diet	S diet	N diet	N 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	98.6 F	98.6 F	98.6 F	98.4 F	98.6 F
		Res:		22 blm	26 blm	22 blm	26 blm	20 blm
		SpO ₂ :	98%	95%	96%	97%	98%	99%
		Pulse:	1	110 blm	112 blm	110 blm	105 blm	102 blm
		BP:	110/70	107/89 (62)	105/61 (70)	103/64 (62)	107/78 (62)	102/66 (46)
		LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	11	4	11	11	11	11	
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	N9	nil	N9	nil	
	Others Specify:	<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	
	Special Diet:	-	-	N Diet	S diet	N diet	N diet	
	Critical Lab Test / Values:	nil	nil	N9	nil	nil	nil	
	Other Special Orders / Medications:	<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	
PU Prophylaxis:	<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		
DVT Prophylaxis:	<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		
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:		nil	nil	N9	nil	N9	N9	
Handed Over By Name :		Sabin	Manisha	Manasa	Subham	Manisha		
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:		21/6/26	21/6/26	21/6/26	21/6/26	22/6		
Time:		@ 5am	@ 8am	2pm	@ 8pm	@ 8am		
Taken Over By Name :		Manisha	Manasa	Subham	Manisha	Bevonika		
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:		21/6/26	21/6	21/6/26	21/6	22/6		
Time:		@ 8am	8am	2pm	@ 8pm	@ 8am		

Noted by
 Bevonika
 22/6
 @ 11am

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	<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	<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	<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	<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	<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	<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	<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:								

VIH-00124038 IP-00060426
 Baby MAROJU SIDDIKSHA
 20-03-2020 6 Y 3 M 1 D (F)
 Dr. SIVA NARAYANA REDDY



NURSING CARE RECORD

Date: 21/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	5:30 AM	- maintain fluid balance		- Administered IV fluid DMS 30ml/hr	- To maintain hydration	- patient is stable	manish 21/6/26 [Signature]



NURSING CARE RECORD

Date: 21/6/26

- Goals**
- Maintain Airway and Oxygenation
 - Relieve Pain & Discomfort
 - Maintain Fluid Balance
 - Improve Activity Tolerance
 - Maintain Good Nutritional Status
 - Maintain Skin Integrity
 - Maintain Personal Hygiene
 - Prevent Infection
 - Meet Elimination Needs
 - Ensure Safety
 - Early Ambulation Reduce Anxiety
 - Patient & Family Education
 - Identify Potential Complications
 - Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	→ maintain airway and oxygenation	10:30 AM	→ nebulizations given for every 2nd hourly	→ To maintain oxygenation	→ patient is stable	mf manasa
Afternoon	3:15	maintain aseptic technique	3:50	maintained aseptic technique	prevent from Infection	patient is stable	Indu 21/6/26
	7:00	Ensure safety	7:50	side rails kept up	prevent from falls risk	no fresh Complaint	
Night	11:00	monitor vital signs	11:20	monitored vital signs	vital signs are normal	patient is stable	manasa 21/6/26
	7:00	maintain aseptic technique	7:50	maintained aseptic technique	prevent from Infection	no fresh Complaint	

VH-00124038 IP-00060426
 Baby MAROJU SIDDIKSHA
 20-03-2020 6 Y 3 M 1 D (F)
 Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD



Date: 22/6

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				<p>Discharge Note</p> <p>Doctor came for rounds and advice for discharge.</p>			
Afternoon				<p>Noted by</p> <p>Benuvika</p> <p>22/6</p> <p>@ 11am</p>			
Night							

Patient Sticker

NURSING CARE RECORD



Date:

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby MAROJU SIDDIKSHA **Age :** 6 Y 3 M 1 D
IP No: IP-00060426 **Sex:** Female
Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA **Ward/Bed No:** N 0 GF-EMERGENCY/ER 101

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned 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:..... *[Signature]*)

- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *[Signature]* Siddiksha

Name: M ASHWINI KUMAR
 Relationship: Father
 Date: 21/06/26 Time: 4:04 AM
 Witness Name: *[Signature]*
 Witness Signature: *[Signature]*

Patient Address:
 1-30-221/153/1 TELECOM COLONY
 KANAJIGUDA Kharkhana Main Road
 Hyderabad Telangana INDIA 500015

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

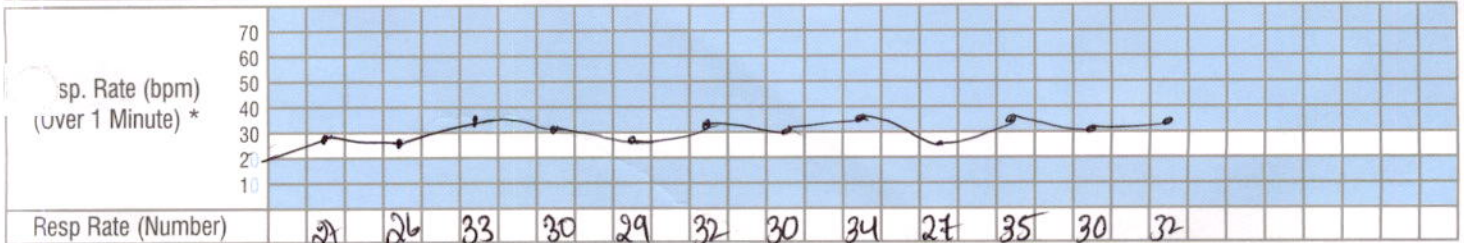
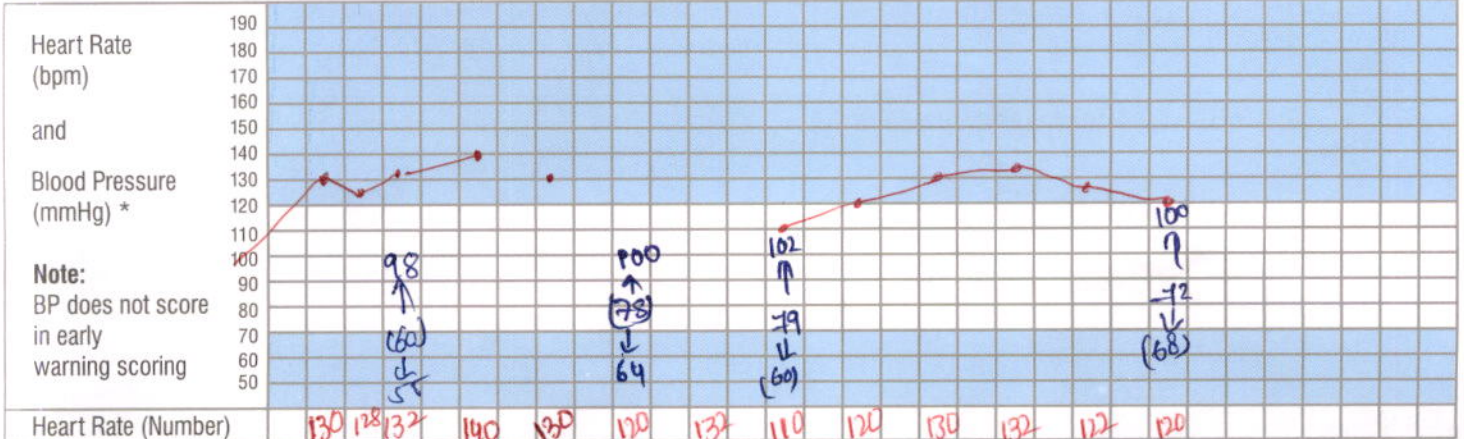
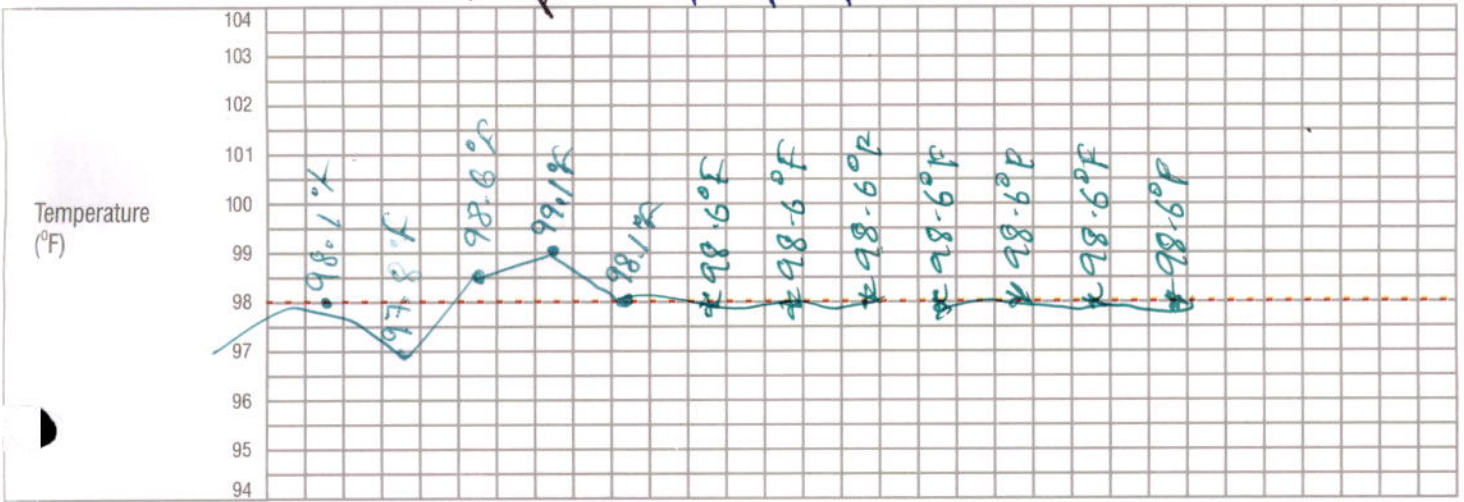
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/16	Time: 9 AM	11 AM	1 PM	5:30 PM	6 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?												



Resp Distress	Mod/ Severe None / Mild											
Receiving O ₂ (l/min)												
O ₂ Saturations (%)		97	98	97	95	96	99	98	99	98	94	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	1	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	1	0	0	0	0	0	0	0	0
Observer's Initials	MR	MR	B	SK	SK	M	M	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.

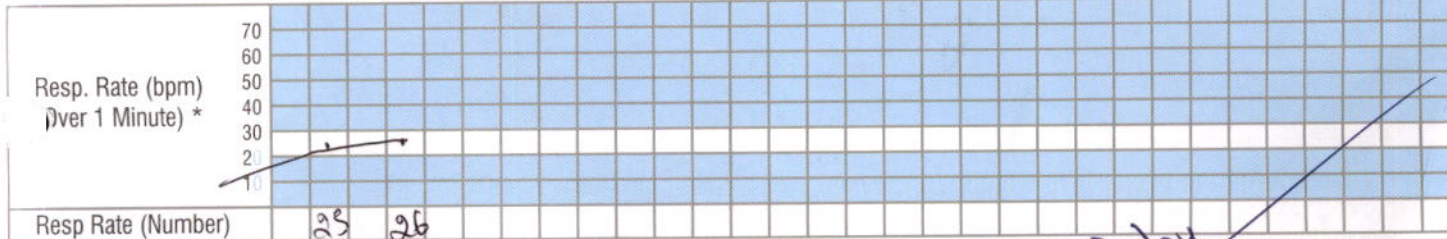
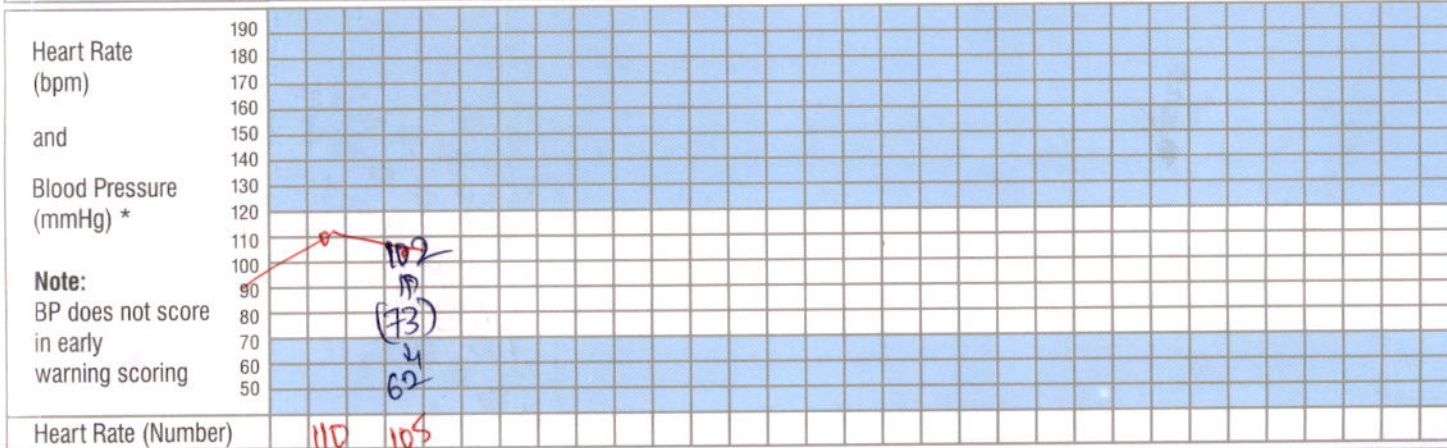
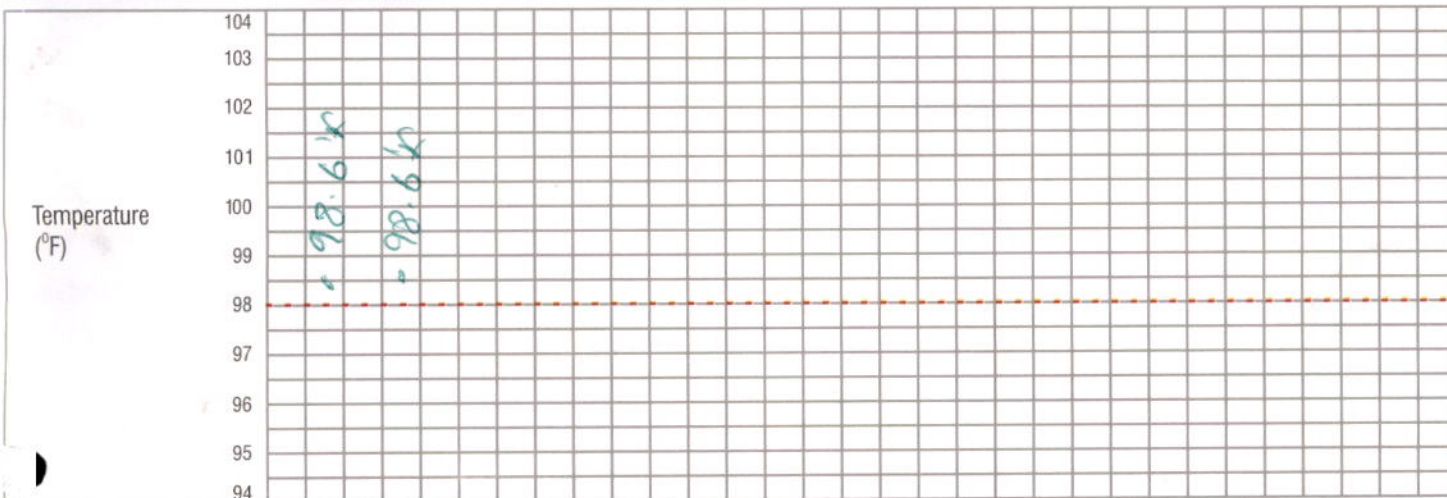
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/6/20 Time: 9 11

Doctor / Nurse / Family Concern? (RN) (RN)



Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	99	100
Conscious Level	Normal	
	Altered	
GCS *	15	15

*Noted by
 Benyika
 22/6
 @Man*

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

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: Scores 3 should be recorded overleaf

* 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.
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Date	Time	Early Warning Score	Date	Time	Name

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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-00124038 IP-00060426
 Baby MAROJU SIDDHIKSHA
 20-03-2020 6 Y 3 M 1 D (F)
 Dr. SIVA NARAYANA REDDY



FLUID CHART

Sheet No. : 9

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
21/6/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am			30ml								
	06:00 am			30ml								
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake		60ml										
Total 24 hrs. Output												

1/2
 Manisha
 21/6
 @7AM



FLUID CHART

Sheet No. : 2

21/6/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
21/6	08:00 am	Orally + water	Mouth	I.V	N.G							manisha 21/6/26 @ 1pm
	09:00 am								✓			
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm									✓		
Total Intake :					Total Output :							
21/6	02:00 pm	Rice + water										Subhe 21/6 @ 8pm
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :					Total Output :							
21/6	08:00 pm	Rice + water										manisha 21/6/26 @ 8pm
	09:00 pm											
	10:00 pm								✓			
	11:00 pm											
	12:00 am											
	01:00 am									✓		
Total Intake :					Total Output :							
22/6	02:00 am	Water										manisha 22/6/26 @ 8pm
	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 3-times

VIH-00124038 IP-00060426
 Baby MAROJU SIDDIKSHA
 20-03-2020 6 Y 3 M 1 D (F)
 Dr. SIVA NARAYANA REDDY



FLUID CHART

Sheet No. : ③

22/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	Sally											
	10:00 am	route											
	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

VIH-00124038 IP-00060426
 Baby MAROJU SIDDHIKSHA (F)
 20-03-2020 6 Y 3 M 1 D
 Dr. SIVA NARAYANA REDDY

MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

Shifting From: CR Shifted to: 109

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prashant

Date & Time : 21/6/20 @ 9AM

Nurse Name & Signature: Sr. Lema

Date & Time : 21/6/20 @ 9AM

Faint handwritten notes at the top of the page, possibly including a date and some illegible text.

22/6/26 : 7:00 AM
After siva sir rounds
Attender request

22/6/26
In: ESTER AXONE - 800mg
In: es morphine - 16mg
Sp: MURINE GEL - 5mg
In: HYDROCOYTSONE - 6mg

6 AM

22/6/26



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

VERIFIED BY: Name: Chithra 21/6/26
 Chithra 21/6/26
 Chithra 21/6/26
 Chithra 21/6/26

DRUG : Symp-OSELTAMIVIR.				Date Time	21/6															
Dose	Route	Frequency	Start Dt.	10	am															
3-5	PO	12 hourly	21/6/26	10	am															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				10 pm																
Daily Doctor's Endorsement by a Sign																				

DRUG : Symp-MUCADINE GEL.				Date Time	21/6	22/6														
Dose	Route	Frequency	Start Dt.	6	am															
one	PO	12 hourly	21/6/26	6	am															
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				6 pm																
Daily Doctor's Endorsement by a Sign																				

DRUG : Inj-HYDROCOR FINE				Date Time	21/6	22/6														
Dose	Route	Frequency	Start Dt.	6	am															
65mg	IV	8 hourly	21/6/26	6	am															
Name & Signature of the Doctor Starting the Drugs:				2 pm																
Additional Instructions:				10 pm																
Daily Doctor's Endorsement by a Sign																				

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

VIH-00124038 IP-00060426
 Baby MAROJU SIDDIKSHA
 20-03-2020 6 Y 3 M 1 D (F)
 Dr. SIVA NARAYANA REDDY



REGULAR PRESCRIPTIONS

Sheet No:

Weight Ward

VERIFIED BY : Name Signature

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

VIH-00124038 IP-00060426
Baby MAROJU SIDDHIKSHA
20-03-2020 6 Y 3 M 1 D (F)
Dr. SIVA NARAYANA REDDY



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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)

Signature at 11:30 am
 at 4 pm
 VERIFIED BY NURSE
 21/6/20
 21/6/20
 21/6/20

DRUG : <u>SYP-PARACETAMOL</u>				Date Time
Dose <u>5ml</u>	Route <u>P/O</u>	Frequency <u>4-6 hourly</u>	Start Date <u>21/6/20</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm <u>[Signature]</u>	
Additional Instructions: <u>5ml/240mg</u> <u>10-15mg/kg/dose</u>				
DRUG : <u>SYP-IBUPROFEN</u>				Date Time
Dose <u>8ml</u>	Route <u>P/O</u>	Frequency <u>6-8 hourly</u>	Start Date <u>21/6/20</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm <u>[Signature]</u>	
Additional Instructions: <u>10mg/kg/dose</u> <u>5ml/100mg</u>				
DRUG : <u>INJ-OPROXETON</u>				Date Time
Dose <u>3mg</u>	Route <u>IV</u>	Frequency <u>8 hourly</u>	Start Date <u>21/6/20</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm <u>[Signature]</u>	
Additional Instructions: <u>0.1-0.2 mg/kg/dose</u>				



REGULAR PRESCRIPTIONS

Weight. 16.4 kg Ward.

Dose 21/6/26 at 4c

DRUG : Iuj-ESTERAZONE				Date Time	2/6/26	2/6
Dose	Route	Frequency	Start Date			
800mg	IV	12 hourly	21/6/26	AM		
Name & Signature of the Doctor Starting the Drugs:						
Dr. prahant.						
Additional Instructions:						
25-rmg 1g/2dose				6	PM	
Daily Doctor's Endorsement by a Sign						

Dose 21/6/26 at 4c

DRUG : Iuj-GINOPRAZOL				Date Time	2/6/26	2/6
Dose	Route	Frequency	Start Date			
16mg	IV	ONCE DAILY	21/6/26			
Name & Signature of the Doctor Starting the Drugs:						
Dr. prahant.						
Additional Instructions:						
1mg/2dose.						
Daily Doctor's Endorsement by a Sign						

Dose 21/6/26 at 4c

DRUG : Neb. LEVODOPAROL				Date Time		
Dose	Route	Frequency	Start Date			
0.63mg	PO	2nd hourly	21/6/26			
Name & Signature of the Doctor Starting the Drugs:						
Dr. prahant.						
Additional Instructions:						
1 ruple = 0.63mg.						
Daily Doctor's Endorsement by a Sign						

As per doc's advice Dose 21/6/26 at 4c

DRUG : Neb BUDERONIDE				Date Time		
Dose	Route	Frequency	Start Date			
0.5mg	PO	12 hourly	21/6/26			
Name & Signature of the Doctor Starting the Drugs:						
Dr. prahant.						
Additional Instructions:						
1 ruple = 0.5mg.						
Daily Doctor's Endorsement by a Sign						

Plur
mucosa



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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21.6.26	2:09 AM	NEB \bar{c} LEKOSALBUTANOL	0.63 mg	P/N	Same	S Sahr
21.6.26	2:17 AM	NEB \bar{c} IPRATROPIUM BROMIDE	2.5 ml	P/N	Same	S Sahr
21.6.26	2:30 AM	NEB \bar{c} BUDESONIDE	0.5 mg	P/N	Same	S Sahr
21.6.26	9:30 am	INT. HYDROCORTISON E	80 mg	IV	Same	Gayathri Sadiya
21/6/26	9:30 am	Inj. mg sou.	800mg	IV.	B	Gayathri Sadiya
21/6/26	8:30 am	Neb. LEKOSALBUTANOL	③ 0.63mg	P/N	B	Gayathri Sadiya

With
21/6/26