HERITAGE HEALTH INSURANCE TPA PVT. LTD.

NICCO HOUSE, 5th FLOOR, 2 HARE STREET. KOLKATA - 70000
E-CARD

HEALTH CARD

Insured Name : JAINIKA J
Card No : HHS3.0600116663
Policy No : 411900/48/2026/214
Product Name : Group Policy (Floater)
Emp Id : M00426
Relation : Daughter
Age : 8
Policy Valid From : 01/02/2026
Policy Valid To : 31/01/2027
Proposer Name : INTEGRATED INSURANCE BROKING SERVICES PRIVATE LIMITED

This card is the property of Heritage Health Insurance TPA Private Limited and not transferable. The card holder should use it in accordance with the terms and conditions and limitations specified for the said purpose. This card must be presented to the Company's affiliate(s) and / or service provider(s) for receiving services. This is not a credit card. If found, please return to:

Heritage Health Insurance TPA Private Limited

Corporate Office	Branch Office
NICCO HOUSE, 5th FLOOR, 2 HARE STREET. KOLKATA - 700001	Prince Center, 1st Floor, S-102 & 103, NO. 709 – 710, Mount Road,Thousand Lights, CHENNAI-600006-Phone: (044) 2829 0400 / 2829 0430-Email : hhsplchennai@bajoria.in

Regd Office: Mcleod House. 3 Netaji Subhas Road, Kolkata - 700001

HelpLine :	Emergency :	Toll Free No. :
03322484648	03322436026	18003453477

24 Hour Toll Free Call Centre **1800 345 3477**

This card is only for identification purpose and is not an authorisation to proceed with the treatment or a guarantee for payment.- Subject to the terms and conditions of the underlying insurance policy, this non transferable identification card valid at selected hospitals will enable you to avail Cashless hospitalisation only on the basis of preauthorisation issued by Heritage Health Insurance TPA.- In Case preauthorisation is not issued,the policy holder / beneficiary will be required to make payments to hospital and submit the claim to Heritage Health Insurance TPA for a possible reimbursement.- All preauthorisation and/or settlement of claims is subject to the terms and conditions of the relevant policy. Please note the following

1. This soft copy of Identity card is valid for identification when printed andpresented with a valid proof of identity at any Network Hospital.
2. All non admissible expenses incurred have to be paid directly to the hospital by the employee.
3. This card is valid only for hospitalization in India.
4. Please take a print out of this e-card, sign it and hand over the same to the hospital authorities, while availing the cashless hospitalisation facility.
5. Along with this card acceptable proof of identity such as Id card issued by the employer / Passport / Driver's Licence / Ration Card / Voter's ID Card / PAN Card should be presented at the Hospital.

For Claim Forms & Complete List of Network Hospitals, visit the following URL: https://heritagehealthtpa.com/

1594/2017

படிவம் 5
விதி 8ஐப் பார்க்க

Form No. 5
(See Rule 8)

தமிழ்நாடு அரசு
Government of Tamil Nadu

Municipal Administration & Water Supply Department

TAMBARAM / தாம்பரம் நகராட்சி

BIRTH CERTIFICATE - பிறப்புச் சான்றிதழ்

(Issued Under Section 12/17 of the registration of Births and Deaths Act.1969 and Rule of 8 of Tamil Nadu Registration of Birth and Death Rules 2000)

This is to Certify that the following information has been taken from the original record of BIRTH which is in the register for DIVISION-II of TAMBARAM of Taluk TAMBARAM of District KANCHEEPURAM of State TAMIL NADU

கீழ்கண்ட தகவல்கள் தமிழ்நாடு மாநிலம் காஞ்சிபுரம் மாவட்டம் தாம்பரம் வட்டம் தாம்பரம் நகராட்சி பிரிவு எண் 02 ஐ சேர்ந்த அசல் பிறப்பு பதிவேட்டிலிருந்து எடுக்கப்பட்டவை என சான்றிதழ் வழங்கப்படுகின்றது.

Name / பெயர்	:	J.JAINIKA
Sex / பாலினம்	:	FEMALE
Date of Birth / பிறந்த தேதி	:	16/May/2017
Place of Birth / பிறந்த இடம்	:	DEEPAM HOSPITAL MUTHURANGAM STREET,WEST TAMBARAM CHENNAI 600045
Name of Father / தந்தையின் பெயர்	:	R.JAIGANESH
UID Number of Father / தந்தையின் ஆதார் எண்	:	XXXXXXXXXX
Name of Mother / தாயின் பெயர்	:	J.MADHUBALA
UID Number of Mother/ தாயின் ஆதார் எண்	:	XXXXXXXXXX
Permanent Residential Address of the Parents / தாய் தந்தையரின் நிலையான வீட்டு முகவரி	:	NO-6,ELUMALAI STREET,SELAIYUR, TAMBARAM,CHENNAI 600073
Address of the Parents at the time of Birth of the Child / குழந்தை பிறப்பின் போது தாய் தந்தையரின் முகவரி	:	NO-6,ELUMALAI STREET,SELAIYUR, TAMBARAM,CHENNAI 600073
Registration Number / பதிவு எண்	:	009/2017/02/00502
Date of Registration / பதிவு செய்த தேதி	:	23/May/2017
Remarks(If any)	:	
Date of Issue / தேதி	:	15/Jun/2017

Jagadee

REGISTRAR OF BIRTH AND DEATH
TAMBARAM SPL. GR. MUNICIPALITY

Signature and Address of Issuing Authority
சான்றிதழ் அளிப்பவரின் கையொப்பம்

ENSURE REGISTRATION OF EVERY BIRTH AND DEATH பிறப்பு / இறப்புப் பதிவினை உறுதி செய்வீர்

Certificate No : BC/009/2017/0003092

1/2

இந்திய அரசாங்கம்

Government of India

மதுபலா ஜெய்கணேஷ்
Madhubala Jaiganesh
பிறந்த நாள்/DOB: 24/12/1991
பெண்/ FEMALE

Issue Date: 07/12/2020

6384 3227 7973

VID : 9194 4447 0440 3587

எனது ஆதார், எனது அடையாளம்

இந்திய தனிப்பட்ட அடையாள ஆணையம்

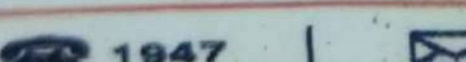
Unique Identification Authority of India

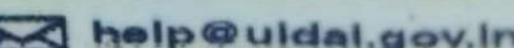
முகவரி:
கேர் ஆஃப்: ஜெய்கணேஷ், எண் 6, ஏழுமலை
தெரு, சேலையூர், காஞ்சிபுரம்,
தமிழ் நாடு - 600073

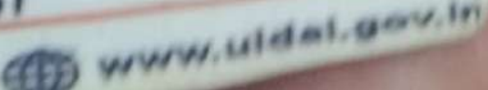
Address:
C/O: Jaiganesh, No 6, Elumalai Street,
Selaiyur, Kancheepuram,
Tamil Nadu - 600073

6384 3227 7973

VID : 9194 4447 0440 3587







MADHUBALA J

SENIOR EXECUTIVE

EMP NO : M00426

D.O.J : 01-07-2018

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

MADHUBALA

SELVARAJ

24/12/1991

Permanent Account Number

CVMPM4726J

S Madhubala

Signature

04092015

PPN NETWORK - DECLARATION BY PATIENT/PATIENT'S ATTENDANT

Name of the Hospital : RAINBOW CHILDREN'S MEDICARE LIMITED No. 157, Anna Salai, Guindy, Chennai - 600 015. www.rainbowhospitals.in Date : 26/06/2026

Address :

PATIENT NAME (BLOCK LETTERS) : J. JAINIKA AGE/SEX : 9 / FEMALE

IP No : .... UHID No : .... Mobile No of Patient : ....

Date of Admission : .... Time of Admission : ....

Date of Discharge : .... Time of Discharge : ....

Address of the Patient : NO. 6, ELUMALAI STREET, SELAIYUR, CHENNAI - 600073

NAME OF THE ATTENDANT : R. JAIGANESH Relationship with the Patient : FATHER

Mobile No. of Attendant : .... Address : ....

Declaration regarding Insurance Policy (Strike off the option which is not applicable)

(i) *Declaration when patient has no insurance policy:*

- I declare that I do not have any insurance policy.

(ii) *Declaration when patient has insurance policy:*

- I declare that I have following Insurance Policies

Policy No/TPA card No: 411900/48/2026/214 (Oriental Insurance)

Insurance Company: HERITAGE HEALTH INSURANCE TPA PVT LTD

2) Whether patient opted for Eligible Room Category under Policy:
Yes / No

3) In case, policyholder wishes to avail better facility:

Name of the Additional Facility/ Provision/ Procedure/ Treatment ....

.... which costs Rs : ....

(In words: ....

....

........) only.

On my own option, I wish to avail above better facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Additional Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed PPN tariff. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed PPN tariff rates and balance amount will be borne by myself or patient only.

I have also been explained that when room service of a category better than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me.

RAINBOW CHILDREN'S MEDICARE LIMITED
No. 157, Anna Salai, Guindy, Chennai - 600 015.
www.rainbowhospitals.in

Signature : ....
Name of the Patient/Patient's attendant:

Signature : ....
Name of the Hospital Representative & Hospital Seal :

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: GUC-00006467 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

UHID ID:

Department:

Consultant:

(P.T.O.)

Docu. No. : RCH /FRM / GENERAL / 065

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

K/C/o. spastic Quadriplegia
GDD.
S/P - (L) LL DVT - Treated c̄
Heparin on sep 2024.

History of present illness : child on NG Tube feeds (kitchen feeds).

- Now presented c̄
→ c/o cough & cold × 3 day.
→ Fever × 1 day. (Tmax - 100°F)
→ Noisy breathing since yest evening
→ No H/o rash.
→ No H/o seizures.
→ No vomiting | abd pain | loose stools
→ No swelling of limbs | ↓UO.
↓
child had stridor.

At ER: RR - 48/min SpO_2 - 88%.
Baby received Adrenaline nebulised 2 times in 30 mins gap along & Ipratropium nebs
Neb. Budecort 0.5mg stat
Inj. Dexa 6mg IV stat
I/v/o agitation - midazolam 0.5mg given
- child started on FM 5litres O_2 support
As symptoms persisted, child is being admitted in HDU for further monitoring

GUC-00006467 IP18-00036210
Ms J JAINIKA (F)
16-05-2017 9 Y 1 M 10 D
Dr. KARTHIK NARAYANAN R

(... details of any previous investigation or treatment)

// - Prev adm - May 2025 for ATLB //

Birth & Neonatal History:
Term (37wks) | LSCS | did not cry @ birth |
NICU stay x 1 month on mechanical ventilation
No H/O abortions

Family Chart

Birth & Socio Economic History:
About Father : } 3°CM
About Mother :
Any additional Information :
Developmental History : K/C/O global developmental delay
did not attain any milestones as per age
Immunization History :
as per NIS/IAP (Last vaccine @ 1½ yrs)

Anthropometry :
Head Circum (cms) 36cm (Centile) Height (cms): (Centile))
Weight (kgs) 10.5kg (Centile)
CBG → 119mg/dl

On Examination :
Temperature : Afebrile Pulse Rate : 138/min B.P. SPO2 96% in RA
Resp.rate and type of breathing : 48/min
child awake
stridor +
LRT c/o
PPNF (+)
contractures (+)
scoliosis (+)
Rash (-)
Lymphadenopathy (-)
Oedema : (-)
Allergies (if any): Not known

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : Inspiratory stridor (+)

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

Any addes sounds : conducted sounds (+)

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

CXR → lung fields appear (N)

steeple sign (+)

Cardiovascular System :

Inspection of procordium :

Heart Sounds : $S_1 S_2$ (+)

Any murmur : (−)

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

Per Abdomen :

Inspection : NG Tube in situ

Palpation : soft, scaphoid abdomen

Ausculation : BS (+)

Spine : Scoliosis External Genitelia :

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : $E_4 V_1 M_6$.

Cranial Nerves :

Motor System :

Nutriton :

Tone: Hypertonia in all 4 limbs Power 2/5 in all 4 limbs

Co-ordinator :

Posture : Child in supine position, arching, contractures (+) over elbow, wrist, ankle, knee

Involuntary Movements : (−)

not on physiotherapy.

GUC-00006467 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

DTR 3+ No clonus **Superficials:** +

B/L **Plantars** ↑.

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: A- K/C/O GDD | spastic quadriplegia

ATLB.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- CBC
- CRP
- OT | PT

Planned Management IVF.

1. IV PIPTAZ
2. NPO
3. Face mask. 5 litres O_2/min
4. IV PAN
5. IV EMESET
6. Neb. BUDECORT Q12H
7. Neb : ADRENALINE Q6H
8. T. PALITANE 2mg 1-0-0.
9. T. BACLOFEN ½ - 0 - ½.
10. T. LAMITOR DT 1 - 0 - 0 (25)
11. IV Sodium VALPROATE — half loading & continue maint.

Signature of the Consultant:

Name of the Consultant:

Date & Time:

(P.T.O.)

Signature of the Doctor:

Name of the Doctor: Dr. Gayathri 16557

Date & Time: 20/1/21

GUC-00006487 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 9.30pm	S/B	Dr. Kavitha
		A - maintainable
	Temp - E 100.6°F	B - WOB ↑ed SSR ⊕, SCR ⊕
		RR - 55/min
		SpO2 - 88% in RA
		100% ō 5 l/min O2
	D	B/L AE ⊕
	EBG - 111mg/dl	C HR - 165/min Stridor ⊕
	Basal tension - Ⓝ	BP - 120/90 mHg No other added sounds.
	B/L PERL.	
		PPWF, CRT < 3sec Received Neb Adrenaline twice → back to back.
		Plan
		1) IV Dexa 0.6mg/kg stat
		2) Paracetamol suppository 120mg P/R stat
		3) IV Sodium Valproate
		4) Shift to HDU.
		[signature]

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

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 11.30pm	S/B Dr. Kavitha Child reviewed, A - maintainable E - Temp - 97.8F B - RR - 45/min, SpO2 - 100% c 5l/min O2 (100% in RA), WOB ↑ed, SSR⊕, SCR⊕, stridor ⊕, but B/L AE⊕ C - HR - 145/min, BP - 128/90mHg, PPWF, Pulse volume - good, CRT < 3sec D - Basal sensori - ⊕, Crying continuously c breath holding intermittently, B/L PERL. ↓ 1) Position comfortably 2) Stop O2 if maintaining SpO2 → If hypoxia ⊕ - Restart O2 via face mask @ 5l/min 3) Monitor vitals 4) w/f worsening distress 5) Inform SOS	

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

(P.T.O)

GUC-00006467 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 11.40pm	↓	
	Crying - stopped after removing face mask	
	↓	
	Comfortable	
	RR - 25/min	
	SpO2 - 100% MRA	
	minimal SCR (+)	
	No stridor	
	B/L AE (+).	
	Plan	
	1) Monitor vitals	
	2) w/f worsening stridor / distress	
	3) T/c as charted.	
		[signature] reg
26/6/26 6.30am	s/b Dr. Kavitha	
	Cough (+).	
	o/e - Comfortable - Asleep	
	Snoring (+)	
	No stridor	
	RR - 25-30/min	SpO2 - 100% in RA
	HR - 115/min	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Chest - clear	
	No added sounds.	
	iv line - not patent	Advice
	CBG - 127mg/dl.	- T/c as charted
		- Monitor vitals
		- W/f worsening distress/ stridor.
		- Secure new IV line
		- Start plait feeds & then ...
	S/B Dr. Chandrakala.	
7/6/26 9.PM.	GDD / Spastic Quadriplegia / ALTB.	
	no new complaints.	
	comfortable in room air.	
	F - on NG feeds.	
	IV fluids - 20ml/hr	
	(1-2ml/kg/hr.	
	R - B/L AE ⊕, no added sounds	
	no stridor.	
	RR - 30/min SpO2 - 96-98% RA.	
	no stridor.	
	I - no c/o fever spikes after admission	
	TC - 17,430, CR - 81	

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

GUC-00006487 IP18-00036210
Ms J JAINIKA
18-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C – BP 109/68 mmHg	
	PR – 132/min	
	peripheral pulses felt	
	H – Hb – 8.5	
	M – Euglycemic	
	A – soft, no organomegaly	
	BS (+)	
	N – B/L Pupil RTL	
	plantar – Flexor.	
	DTR – (+)	
	Tone ↑ ↑ / ↑ ↑	
		Adv.
		– Inj Piptaz 1gm TDS
		– Neb Budecort 0.5mg BD
		– Inj sodium valproate 100mg BD
		– Inj Dexa 4mg Q8H
		– Continue Lamotrigine, pacitane, Baclofen, Nuvolate
		– W/F desaturation, Stridor, Resp distress tachypnea
	[signature] 19/26	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Karthik sir.	
	Adv:	
	- ENT opinion for laryngeal web	
	- NG Tube change	
	- Chest + limb physiotherapy	
	- Dexa given one dose and stop.	
	[signature] 7/12/24	

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

GUC-00006467 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

DRUG CHART

Date of Admission: 26/6/26 Drug Allergies: nil ☐ 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 / 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: PARACETAMOL SUPPOSITORY				Date / Time
Dose: 80mg	Route: P/R	Frequency: SOS	Start Date: 26/6/26	
Doctor's Signature: [signature] 1284		Valid Period	Pharm.	
Additional Instructions: if Temp. > 100°F q6h				

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 118

GUC-00006467 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

REGULAR PRESCRIPTIONS

Weight. 10.5 kg Ward. HDU

DRUG : Inj. PIPTAZ				Date / Time	26/6		27/6
Dose	Route	Frequency	Start Date	10:15 pm	[signature]	6 Am	TS DS
1gm	iv	q8h	26/6/26				
Name & Signature of the Doctor Starting the Drugs: Kstu nBr						2pm	
Additional Instructions:						10pm	
Daily Doctor's Endorsement by a Sign							(D)

DRUG : Inj. PAN				Date / Time	26/6		27/6
Dose	Route	Frequency	Start Date	9:50 pm	[signature]	7 Am	TS DS
10mg	iv	q24h	26/6/26				
Name & Signature of the Doctor Starting the Drugs: Kstu nBr							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : Inj. EMESET				Date / Time	26/6		27/6
Dose	Route	Frequency	Start Date	9:50 pm	[signature]	6Am	TS DS
1mg	iv	q8h	26/6/26				
Name & Signature of the Doctor Starting the Drugs: Kstu nBr						2pm	
Additional Instructions:						10pm	
Daily Doctor's Endorsement by a Sign							

DRUG : Neb. BUDECORT				Date / Time	27/6
Dose	Route	Frequency	Start Date	9 Am	[signature]
0.5mg	Neb	q12h	26/6/26		
Name & Signature of the Doctor Starting the Drugs: Kstu nBr				9pm	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

GUC-00006467 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 10.5kg Ward HDU

DRUG: T. PACITANG				Date/Time	27/6
Dose	Route	Frequency	Start Dt.		
2mg	N/G	OD	26/6/26	10 AM	AM NS
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: T. BACLOFEN				Date/Time	26/6	27/6
Dose	Route	Frequency	Start Dt.			
½ tab	N/G	q12h	26/6/26	11 AM	/	8M NS
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				11 PM	TS PS	
Daily Doctor's Endorsement by a Sign						

DRUG: T. LAMOTRIGINE				Date/Time	27/6
Dose	Route	Frequency	Start Dt.		
25mg	N/G	OD	26/6/26	9 AM	8M NS
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: Inj. SODIUM VALPROATE				Date/Time	27/6
Dose	Route	Frequency	Start Dt.		
150mg	i.v	q12h	26/6/26	11AM	8M NS
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:				11 PM	
Daily Doctor's Endorsement by a Sign					

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

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

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight ..10.51kg Ward ......HDU......

DRUG : SYP. MUCOLITE				Date/Time	27/6
Dose	Route	Frequency	Start Dt.	1 Am	TS
2ml	NG	q/8h	26/6/24		DS
Name & Signature of the Doctor Starting the Drugs: [signature] 1782				9 Am	SM / NS
Additional Instructions:				5pm	
Daily Doctor's Endorsement by a Sign					

DRUG : Inj - DEXA				Date/Time	27/6
Dose	Route	Frequency	Start Dt.	6 AM	TS
4 mg	I.V	q/8h	26/6/24		SD
Name & Signature of the Doctor Starting the Drugs: [signature] 1782				2pm	
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				

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				

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

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

GUC-00006467 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

Weight. 10.5 kg Ward. HDU

	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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/6/26	9:20 pm	PARACETAMOL suppository	170 mg	P/R	[illegible]	[illegible] Imran
26/6/26	8:45 pm.	NEB. ADRENALINE	4ml	Neb	[illegible]	[illegible] Imran
26/6/26	9:00 pm.	Neb. ADRENALINE	4ml	Neb	[illegible]	[illegible] Imran
26/6/26	8:35 pm.	Neb. IPRAVENT	500 mcg	Neb	[illegible]	[illegible] Imran
26/6/26	9:10 pm	Neb. BUDECORT	0.5mg	Neb	[illegible]	[illegible] Imran
26/6/26	9:45 pm	Inj. DEXA	6mg	i.v	[illegible]	[illegible] Imran
26/6/26	11:10 pm	Inj. SODIUM VALPROATE	150mg	IV	[illegible]	[illegible] Imran
26/6/26	9:25 pm	Inj. Midaz	0.5 mg	IV	[illegible]	[illegible] Imran

GUC-00006467 IP18-00036210
Ms J JAINIKA
16-05-2017 9 Y 1 M 10 D (F)
Dr. KARTHIK NARAYANAN R

I.V. FLUIDS CHART

Weight. 10.5 Kg Ward. HDU

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
26/6/26	11pm	IVF 0.9% DNS	iv	40ml	[signature] 1786	Shami 010285	27/6/26 at noon		[signature]

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