



**PPN NETWORK - DECLARATION BY PATIENT/PATIENT'S ATTENDANT**

Name of the Hospital : ..... Date : 25/06/2016

Address : .....

PATIENT NAME (BLOCK LETTERS) : BABY DE ARUN PRASAATH AGE/SEX : FEMALE

IP No : ..... UHID No : ..... Mobile No of Patient : 9715795935

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

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

Address of the Patient : E1, Kaizen Venka, Plot 526, Vasuki Nagar, Madhanandapuram

NAME OF THE ATTENDANT : ARUN PRASAATH Relationship with the Patient : FATHER Chennai - 600025

Mobile No. of Attendant : 9715795935 Address : E1, Kaizen Venka, Plot 526, Vasuki Nagar, Madhanandapuram - Chennai - 600025

**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: BLR-VT-W0215-00126-0130249-C

Insurance Company: VIDAL HEALTH

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.

Signature : [Handwritten Signature]

Name of the Patient/Patient's attendant:

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

Signature : .....

Name of the Hospital Representative & Hospital Seal :

## UNITED INDIA INSURANCE COMPANY LTD



**Beneficiary** SWETHA GUNASEKARAN  
**Member ID:** BLR-UI-W0215-00126-0130249-B  
**Employee Code:** 20673556  
**Relation:** Spouse  
**Primary** ARUN PRASAATH RAVICHANDRAN  
**Policy Holder:** WIPRO TECHNOLOGIES  
**Policy Type:** Base Policy  
**24\*7 Helpline** 18604250251/080-46267018



### TERMS AND CONDITIONS

- This card is valid only for identification purpose and subject to continuous renewal of the policy.
- Please submit Valid photo ID for preauthorization.
- Cashless facility is only subject to preauth approval by Vidal. If preauth is not approved OR partially approved, policy holder is required to make payment & submit the claim for a possible reimbursement.
- Claims settlement is subject to policy terms and conditions & submission of Original claim documents along with valid KYC documents.
- This card is non-transferable & valid at all INSURER empanelled hospitals.
- For an updated hospital list with local contact details please visit [www.vidalhealthtpa.com](http://www.vidalhealthtpa.com) >> Network Providers >> Network Hospital >> **United India insurance Company Limited.**



**24x7 Dedicated Helpline No: 18001029335 / 080-46267062 Cashless Related Query: 080 – 46267063** General Queries: [wipro@vidalhealth.com](mailto:wipro@vidalhealth.com)  
Please post/courier your physical claim documents to:  
**Vidal Health Insurance TPA PVT LTD**  
Maruthi Industrial Estate, 2nd Floor, Phase 1, SY No. 135/1, Unit 3, Rajapalayam, Hoodi, Bangalore – 560048. **Mention Wipro+<sup>TM</sup>Empno<sup>TM</sup> in the envelope (ex:Wipro 1234)**  
E-mail: [help@vidalhealth.com](mailto:help@vidalhealth.com) **Website:** [www.vidalhealthtpa.com](http://www.vidalhealthtpa.com)

இந்திய தனித்துவ அடையாள ஆணையம்  
Unique Identification Authority of India

பதிவு அடையாளம் / Enrollment No. : 0000/00940/69032

To  
Arun Prasaath Ravichandran  
அருண் பிரசாத் ரவிச்சந்திரன்  
Flat E1, Kaizen Venba,  
PLOT NO 5 and 6, 1ST FLOOR, VASUKI NAGAR,  
MADANANTHAPURAM,  
VTC: Mugalivakkam, PO: Mugalivakkam,  
District: Kancheepuram,  
State: Tamil Nadu, PIN Code: 600125,  
Mobile: 9841966091

11191521



KG111915210FI



உங்கள் ஆதார் எண் / Your Aadhaar No. :

**2166 9078 3988**

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India



Issue Date: 01/11/2013



அருண் பிரசாத் ரவிச்சந்திரன்  
Arun Prasaath Ravichandran  
பிறந்த நாள் / DOB: 29/02/1988  
ஆண்பால் / Male

**2166 9078 3988**

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

R ARUN PRASAATH

RAVICHANDRAN

29/02/1988

Permanent Account Number

BBZPA3230M

Signature



02062012

## UNITED INDIA INSURANCE COMPANY LTD



**Beneficiary Name:** ARUN PRASAATH RAVICHANDRAN  
**Member ID:** BLR-UI-W0215-00126-0130249-A  
**Employee Code:** 20673556  
**Relation:** Self  
**Primary Insured:** ARUN PRASAATH RAVICHANDRAN  
**Policy Holder:** WIPRO TECHNOLOGIES  
**Policy Type:** Base Policy  
**24\*7 Helpline No.:** 18604250251/080-46267018



## UNITED INDIA INSURANCE COMPANY LTD



**Beneficiary Name:** SWETHA GUNASEKARAN  
**Member ID:** BLR-UI-W0215-00126-0130249-B  
**Employee Code:** 20673556  
**Relation:** Spouse  
**Primary Insured:** ARUN PRASAATH RAVICHANDRAN  
**Policy Holder:** WIPRO TECHNOLOGIES  
**Policy Type:** Base Policy  
**24\*7 Helpline No.:** 18604250251/080-46267018



## UNITED INDIA INSURANCE COMPANY LTD



**Beneficiary Name:** BABY OF ARUN PRASAATH  
**Member ID:** BLR-UI-W0215-00126-0130249-C  
**Employee Code:** 20673556  
**Relation:** Child  
**Primary Insured:** ARUN PRASAATH RAVICHANDRAN  
**Policy Holder:** WIPRO TECHNOLOGIES  
**Policy Type:** Base Policy  
**24\*7 Helpline No.:** 18604250251/080-46267018



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**24x7 Dedicated Helpline No: 18001029335 / 080-46267062 Cashless Related Query: 080 - 46267063** General Queries: [wipro@vidalhealth.com](mailto:wipro@vidalhealth.com)

Please post/courier your physical claim documents to:  
**Vidal Health Insurance TPA Private Limited**  
Regd. Office: Gopalan Global Axis, Block G – 5th & 6th Floor, #152, Opp. Satya Sai Hospital, ITPL Main Road, EPIP Zone, KIADB Export Promotion Industrial Area, Whitefield, Bangalore - 560066  
**Email:** [help@vidalhealth.com](mailto:help@vidalhealth.com) | **Website:** [www.vidalhealthtpa.com](http://www.vidalhealthtpa.com)  
**Mention: Wipro + Empna (e.g., Wipro 1234) on the envelope**



Scan QR code to download Vidal Health Mobile App

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**Mention: Wipro + Empna (e.g., Wipro 1234) on the envelope**



Scan QR code to download Vidal Health Mobile App

QUC-0002806 IP18-0007091  
 Baby B/O SWETHA GUNASEKARAN  
 19-06-2026 8YSMDD3H (F)  
 Dr. GIRIDHAR S



**NEONATAL IN-PATIENT MEDICAL RECORD**  
**ADMISSION INFORMATION**

Mother's Name: Mrs Swetha Gunasekaran Age 55y Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ UHD No: \_\_\_\_\_  
 NICU Consultant: D. Sundar Referring Consultant: D. Sundar  
 Transferring Unit:  OT  Labour Room  ER  Ward  
 Transported?  Yes  No - If yes:  Long (> 30 kms)  Short (< 30 kms)

**BIRTH INFORMATION**

Name: B/O Swetha Gunasekaran Mother's Blood Group: A +ve  
 Gender:  M  F Blood Group: \_\_\_\_\_ Birth Weight (gms): 751gm Length (cms): 30  
 Date of Birth: 19/6/26 Time of Birth: 1:42pm OFC (cms): \_\_\_\_\_  
 Place of Birth: Pch OT Estimated Gesth Age: 27wk + 5days

Current Obstetric History: (Booked / Unbooked Case)  
 Maternal Age: 55y Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BMI: \_\_\_\_\_ Married Life: 3y LMP: 6/12/25 EDD: 12/9/26  
 Conception: Spontaneous or with Rx: \_\_\_\_\_ AN Steroids Drugs / Doses: Bebesol 12mg  
 Booked at what GA: 34 Last Scans Details: 18/6/26 - SLUGA - 27+5w, Placenta Anterior, transverse lie, 2 doses steroid covered, mycos given.  
Legion (N), EFW - 702 ± 76 gm - low velocity at 2% ile.  
Doppler - 0. TT Immunization and Iron / Folic Acid: \_\_\_\_\_

**MATERNAL RISK FACTORS**

Age:  <18 yrs  >35yrs 10/6/26 - SLUGA  
 Consanguinity:  Yes  No Unilateral artery high resistance flow  
 If yes, degree of consanguinity:  1  2  3  
 H/o PIH (after 20 weeks) / PE Autosomal recessive  
 How many Drugs / Doses / Since how long: \_\_\_\_\_  
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count): \_\_\_\_\_  
 IUGR - when detected: \_\_\_\_\_  
 Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus: \_\_\_\_\_  
 AFI: \_\_\_\_\_

H/o GDM pre GDM / on diet or insulin  
 Controlled or not, recent values, HbA1 values: \_\_\_\_\_  
 Compliance with Rx: \_\_\_\_\_  
 Scans: LGA, TIFFA, Fetal Echo: \_\_\_\_\_  
 H/o Hypothyroidism: when diagnosed? Medication? \_\_\_\_\_  
 Any other Chronic Medical Problems, when detected drugs? \_\_\_\_\_  
 (Anemia, SLE, Jaundice, CHD, Heart Disease)  
 Infection: H/O, Fever  
 Malaria  UTI  TORCH  TB  HIV  HBV  
 UTI: when: \_\_\_\_\_ Any culture: \_\_\_\_\_

PPROM: Duration: \_\_\_\_\_  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results: \_\_\_\_\_  
 Medication during Pregnancy: \_\_\_\_\_ Duration: \_\_\_\_\_

Patient Sticker

### PAST OBSTETRIC HISTORY

G: \_\_\_\_\_ P: \_\_\_\_\_ A: \_\_\_\_\_ L: \_\_\_\_\_

| Sl. No. | Age | GA wts | B. W | Gender | Significant | Details |
|---------|-----|--------|------|--------|-------------|---------|
|         |     |        |      |        |             |         |
|         |     |        |      |        |             |         |
|         |     |        |      |        |             |         |

### PERINATAL HISTORY

Treating Obstetrician: Rinu

Hospital: \_\_\_\_\_  Inborn  Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS:  Elective  Emergency Indication: \_\_\_\_\_

Specify the reason: \_\_\_\_\_

Augmentation of Labour:  Induced  Assisted Vaginal

CTG:  Normal  Suspicious  Pathological

MSL: \_\_\_\_\_

Resuscitation:  Yes  No

Cord ABG: \_\_\_\_\_

Placenta: (weight, surface, No. of cotyledons, calcifications, malformations, dots etc): \_\_\_\_\_

### NEONATAL RESCUSTITION DETAILS

Gestational Age: 27+5 Weeks: \_\_\_\_\_

#### APGAR SCORE

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

|       | 1 Minute | 5 Minutes | 10 Minutes |
|-------|----------|-----------|------------|
|       |          |           |            |
|       |          |           |            |
|       |          |           |            |
|       |          |           |            |
|       |          |           |            |
|       |          |           |            |
|       |          |           |            |
|       |          |           |            |
|       |          |           |            |
|       |          |           |            |
| TOTAL | 4        | 8         | 8          |

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

Comments: \_\_\_\_\_

### POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints: \_\_\_\_\_

## History of Present Illness:

A stable live RPT girl baby, delivered via EMSCS. Baby did not cry at birth 2 cycle PRV given after which baby developed spontaneous efforts - connected to CPAP.

HR 45/mi } at 1mi  
 SpO<sub>2</sub> - 86% }

↓ after 2 cycles PRV

HR - 168/mi      on CPAP  
 SpO<sub>2</sub> - 99%      FiO<sub>2</sub> 40%  
                              PEEP 6.

Baby shifted to NIV on CPAP  $\left\{ \begin{array}{l} 40\% \\ 6 \end{array} \right.$

## Investigation details in previous Hospital:

## Feeding History:

Patient Sticker

Any Congenital Anomalies :

Diagnosis : Extrem PT 27wk + 5 days | Civil | 751 gm |  
RGA 21.7 | ROS - CPAP

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

*[Signature]*

Consultant :

*[Signature]*

Signature : .....

Signature : .....

Name : .....

Name : .....

Date & Time : 19/6/20 2:45 PM

Date & Time : 19/6/20 2:45 PM

PLEASE FILL UP THE FOLLOWING DETAILS

Name of the referring Doctor : .....

Name of the referring Hospital : .....

Address : .....

Contact Numbers : .....

Contact Details of the referring Doctor : .....

E-mail ID : .....

GLIC-00002806 IP18-00039095  
 Baby B/D SWETHA GUNASEKARAN  
 18-06-2026 B Y O M S O T H (P)  
 Dr. GURDHAR S



5

Rainbow Children's Hospital  
 A CHILD'S LIFE IS OUR BUSINESS

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                     | Doctor's Order               |
|-------------|------------------------------------|------------------------------|
| 21/6/26     | R/B D. R. Srinivas                 |                              |
| 8am         | F wt 27 + 5wks   EOS PIX 1   Wt 8. | Aml   7.51gms   CaA          |
|             | Day 42 HOC   PMA = 28 wks.         |                              |
|             | Baby on CPAP 26 <sup>+</sup>   6   | T wt → 0.750 + 7gms          |
|             | SANTILOC 2.0L - 96%.               | V/O - 4ml/4h                 |
|             | Feeds 1ml Q4H                      | PSS - 92mg/dl                |
|             | TFL 120ml/kg/day + P/A. 10bt, RS ⊕ | Stools - ⊕<br>Gms - 4mlly/4h |
|             | Hr - 148/min                       | Di SSPT                      |
|             | RR -                               | R                            |
|             | Activity ⊕                         | D 2-3 hly. Piptal            |
|             |                                    | 1hly Gaffi at 1mg/kg/day     |
|             |                                    |                              |
|             |                                    |                              |
|             |                                    |                              |
|             |                                    |                              |
|             |                                    |                              |
|             |                                    |                              |

D. Srinivas  
 (113334)

9130-20082908      1918-20139081  
 8889 210 SWETHA DUNABEKARAN  
 18-01-2026      87685074 (P)  
 Dr. GURDIPAR S



(6)

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time          | Progress Notes  | Doctor's Order  |
|----------------------|---|---|
| 21/6/2026<br>9:45 am | <p>S/B Dr. <u>Srinisha</u></p> <p>1) P/A - Abdomen distension.<br/>           ~ 10 ml bilious aspirate via NG tube<br/> <small>distension reduced.</small></p> <p>2) TFE 140 ml/kg/day<br/>           2P, 1L.</p> <p>3) PEEP reduced to 5</p> <p>4) CXRT abdomen</p> <p>5) T/C RPT.</p> | <p><i>Dr. Poojitha S</i><br/> <small>Reg No. 158785</small></p> |
| 21/6/26<br>11pm      | <p>S/B Dr. <u>Srinisha</u></p> <p>On CPAP -</p> <p>PEEP - 5</p> <p>FiO<sub>2</sub> - 26%</p> <p>SpO<sub>2</sub> &gt; 95%</p> <p>P/A - soft, BSA<br/>           bilious aspirate A</p> <p>tongue activity (N)</p> <p>Plan:</p> <p>feed 1ml Q2H</p> <p>FiO<sub>2</sub> - 24%</p>          | <p><i>Dr. Poojitha S</i></p>                                    |

(contn)

GUC-00092908      IP18-00070095  
 Baby B/O SWETHA GUNASEKARAN  
 18-06-2026      D Y 0 M 1 D      (F)  
 D: GIRIDHAR S



Rainbow  
 Children's  
 Hospital  
a division of Sri Lanka Eye Services

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time | Progress Notes                                  | Doctor's Order       |
|-------------|---|----------------------|
| 22/6/26     | S/B Dr. Poojitha                                |                      |
| same        | Extreme PT (27H+) / gnl / 751g / SGA / RDS PCKI |                      |
|             | NHB   |                      |
|             | day 66 hours of life                            |                      |
|             | PMA - 28W.                                      |                      |
|             | ON CPAP - 5 PEEP                                | TW - 0.745 gms/kg    |
|             | 24% FiO <sub>2</sub>                            | U/O - 3.1 ml/kg/hr   |
|             | SpO <sub>2</sub> - 96%                          | 6 hrs - 3.1 ml/kg/hr |
|             | HR - 134/min                                    | RBS - 94 mg/dl       |
|             | BP 55/41 (10)                                   | Stool - wet passed   |
|             | P/A - soft                                      | 2 hours              |
|             | feds. 1ml q 2H                                  | suppository given    |
|             | tone/activity                                   | piptaz De-4          |
|             | fluids  | caffeine 5ml/kg      |
|             | TRR - 140 ml/kg/day                             | On SSPT              |
|             | 2P, 1L.   |                      |
|             | Bilious aspirated - 2ml                         |                      |

Dr. POOJITHA S  
 Reg No: 155705

(P. To)

010-8000000  
 BABY NO. SWETHA GUNASEKARAN  
 19-04-2020 6 Y 6 M 1 D (P)  
 Dr. GURDHAR S  


PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes  | Doctor's Order   |
|-------------|---|--|
| 22/4/20     | S/B Dr. Anandha   |  |
| 10am        | To do Electrolytes, C.B.<br>1.5 → 2ml<br>feed 2nd 9.2h.   | if K ↓ 5, Good v/o<br>or<br>Add Ca / Biphos-<br>if calc - add 3%. Need |
| 12pm        | S/B - 9.2<br>cut off - 9.9  | } Continue<br>SEPT   |
|             | <del>Dr. Gurhar</del><br>D (11333u)   |  |
|             | <del>Dr. Gurhar</del><br>D (11333u)<br>feeds 1.5ml → 2ml / feed<br>6 feeds  |  |
| 22/4/20     | S/B Dr. Anandha   |  |
| 4pm         | To do VB6<br>To check lactate level in VB6<br>H <sub>2</sub> O <sub>2</sub> replacement if lactate level is<br>normal | V. Shree<br>7674   |
|             | S/B Dr. Sursha  |  |
|             | Screening Echo - contractility good.<br>PDA closed.   |  |
|             | Screening MSK - Periventricular echogenicity<br>both sides.   |  |

(Continue) V. Shree 7674

010-000000 010-000000  
 Baby No. SRETHA GUNASEKARAN  
 1923-000 SYNDIC (P)  
 D. SINDHAN S

10

Rainbow Children's Hospital

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                            | Doctor's Order    |
|-------------|---|-------------------|
| 22/11/20    | 8/12 Dr. Maranana                         |                   |
| 100         | A - Extreme prematurity (at 27+5 weeks) / |                   |
|             | B.W - 0.75 kg / RDS - PSXI /              |                   |
|             | Neonatal Hypocalcaemia                    |                   |
|             | Day 5 / PMA 28+3                          | TW - 743g ↑ Pq    |
|             | On CPAP 5/21/                             | U/O 3.1 ml/kg     |
|             | SpO <sub>2</sub> - 95%                    | 6hr 2.6 ml/kg     |
|             |   | RBS PO ml/d       |
|             |   | Stools not passed |
|             | HR - 149                                  |                   |
|             | BP - 56/37 (4w)                           |                   |
|             | P/A soft                                  | piptaz            |
|             | low activity @                            | Ceftriaxone       |
|             | feed 3ml Q2H. OG feeds EBM.               | Red. bicarbonate  |
|             | feeds 3 5 → full                          |                   |
|             | tot well.                                 |                   |
|             | On PPS                                    |                   |
|             |   | Dr. Populite      |

(cont)





### MEDICATION RECONCILIATION FORM

Drug Allergies: Not known  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: RCH OT Shifted to: NICU

| S.No | MEDICATION NAME<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                          |
|------|---|-------------------|---------------------------|-----------|--------------------------|--|
| 1    | INJ. DAPTAZ                                       | 15mg              | IV                        | q12h      |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2    | INJ. CAFFEINE                                     | 3-7mg             | IV                        | q 24h     |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3    | INJ. SODIUM BILARUBIN                             | 0.7ml             | IV                        | q12h      |                          | <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 - Discont

#### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Prasanna / 137223

Date & Time: 19/6/26 @ 3 PM

Nurse Name & Signature: Manimegalai. Mani

Date & Time: 19/6/26 @ 3 PM

0110-0000000  
 19-06-2008  
 01-01-2014



DRUG: INS - PIPRAZ  
 Dose: 75 Route: IV Frequency: Q2H Start Date: 17/6

Name & Signature of the Doctor Starting the Drugs:  
D. Sridhar (115724)

Additional Instructions:  
@ Dony Laydon

Daily Doctor's Endorsement by a Sign

REGULAR PRESCRIPTIONS

| Date/Time | 17/6 | 18/6 | 19/6 | 20/6 | 21/6 | 22/6 | 23/6 |
|-----------|------|------|------|------|------|------|------|
| AM        | X    | X    | X    | X    | X    | X    | X    |
| PM        | X    | X    | X    | X    | X    | X    | X    |

DRUG: INS - CAFFEINE  
 Dose: 5.7 Route: IV Frequency: Q24H Start Date: 20/6

Name & Signature of the Doctor Starting the Drugs:  
D. Sridhar (113330)

Additional Instructions:  
@ Sing Laydon

Daily Doctor's Endorsement by a Sign

| Date/Time | 20/6 | 21/6 | 22/6 | 23/6 |
|-----------|------|------|------|------|
| AM        | X    | X    | X    | X    |
| PM        | X    | X    | X    | X    |

DRUG: INS - SODIUM BICARBONATE  
 Dose: 0.7ml Route: IV Frequency: Q6H Start Date: 22/6/2016

Name & Signature of the Doctor Starting the Drugs:  
V. Durayappan 76764

Additional Instructions:  
1ml/kg/dose  
0.7ml + 0.7ml DW

Daily Doctor's Endorsement by a Sign

| Date/Time | 22/6 | 23/6 | 24/6 | 25/6 |
|-----------|------|------|------|------|
| AM        | X    | X    | X    | X    |
| PM        | X    | X    | X    | X    |

DRUG :  
 Dose Route Frequency Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Weight: 75kg Ward: H12

