

**DISCHARGE TRACKING SHEET**

UHID :                      FLOOR:                      CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		13/6/26 at 8 AM	<i>[Signature]</i>	
Activity Sheet updated by Pharmacy	01:00 PM	01:05 PM	<i>[Signature]</i>	

# ACTIVITY RECORD FOR BILLING

ANC-00006040 IP28-00004541

Master SAIHARSHAN R P

Name: 22-05-2014 12 Y 0 M 18 D (M)

Dr. NEERAJA PATCHA V R

UHID No: 

Consultant: Dept: *Law*

Date of Admission: Time: Date of Discharge: Time:

Room / Bed No: Ward: Suggested Billable bed type:

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/20	12:45pm	ER	PLW 1+DU	<i>[Signature]</i>

## CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	<i>Dr. Sonu Sivabala</i>	09/6/20	149314	<i>[Signature]</i>
2.	<i>Dr. GIRIDHAR (eecho)</i>	09/6/20	4309	<i>[Signature]</i>
3.	<i>Dr. Sonu Sivabala</i>	11/6/20	149462	<i>[Signature]</i>
4.				
5.				
6.				
7.				
8.				
9.				
10.				





42  
Neb

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/6/26	IV placement	1	149303	[Signature]
9/6/26	Nebulization	5	149364	[Signature]
9/6/26	2 Echo & consult	1	4804	[Signature]
9/6/26	Nebulization	4	149407	AS
10/6/26	Nebulization	9	149515	[Signature]
10/6/26	Nebulization	5	149607	[Signature]
10/6/26	Neb.	3	149648	[Signature]
11/6/26	Nebulization	9	149694	[Signature]
11/6/26	physiotherapy	1	149761	[Signature]
11/6/26	Nebulization	2	149761	[Signature]
11/6/26	Neb CO <sub>2</sub>	5	149763	[Signature]
11/6/26	ECG	1	4350	[Signature]
11/6/26	Neb O <sub>2</sub>	1	159817	KP/021134
11/6/26	Neb O <sub>2</sub>	1	9853	[Signature]

ANY OTHER INFORMATION:

(ix) Attender occupancy in 2nd floor (202)

Date: 10/6/26 Time: @ 4P Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward	Billing Assistant	Billing Supervisor
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# ACTIVITY RECORD FOR BILLING



Name: .....

UHID No: ..... ANC-00006040 IP28-00004541 ..... Consultant: ..... Dept: .....

Date of Admiss: ..... 22-05-2014 12 Y 0 M 21 D (M) ..... Date of Discharge: ..... Time: .....  
 Dr. NEERAJA PACHA V R



Room / Bed No: ..... Suggested Billable bed type: .....

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

## CROSS CONSULTATION VISIT

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









Mr Sai Hershen RP Rainbow Children's Hospital  
 It takes a lot to treat the little.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/24 10:45 am	12yr old boy accompanied by mother Seen in clinic	accompanied by mother & caretaker
	<u>Background Problems:</u>	
	- Ex-preterm 28+ weeks	
	Intubated & ventilated at birth	
	Pneumothorax	
	- Recurrent wheeze until 5yr old 3x admissions [in Kolkata]	
	- Last Echo - type 1 air - normal	
	<u>Current problems</u>	
	Fever	
	cold & cough 7-11	
	restless last night	
	Pneumonia from this morning	
	wheezed since	
	had Parvix this morning	
	PVT	
	BOT	
	O/S: M - blue lips, alert, tired	HR - 140/min
not able to make sentences	Tachypneic	RR - 40/min (Oxys - 91%)
	SR ++	audible wheeze
	Chest - R=L	
		bilateral wheeze ++
		no creps
	WS - S, S chest	
		NO murmurs
	WS - NITM	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Plan: Severe bradycardia of ? viral wheeze / RPTs	
	① In emergency immediately	iv euvic obtained
	Quelin neb	} given
	Budecort neb	
	Levulin neb	
	② Hydrocortisone	
	③ CBU	sodium, Potassium, urea, creat
	venous gas / Bld cultures	
	CRP, CRP	
	Resp support later	
	④ CRP 7 - mild hyperinflation / No collapse	NE consolidation
	⑤ Relent plus cough group	
	⑥ IVF 3ly maintenance / nil oral	
	Riv In 20 mins	
	still tachypneic / breathers / not able to speak	
	SpO2 - 91% in 4 litres, Pim	
	Chest - RCL	
	prolonged expiratory	
	✓ 3x Back to Base Levulin nebs	
	- If not settling in 2 hrs to lead MgSO4 / ? HFVc	
	- more cannulated needs HVC admission	
	- Dr. Sivakalan sir informed to Rivpt	
	- Dr. Sameena to be informed	
		<u>Mad</u>







## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2016 1:15 PM	C/S/B Dr. Suanera / Dr. Samiera	
	Case of Acute Exacerbation of wheeze.	
	Issues → 1) Respiratory distress	
	F - NPO +	
	IVF DNS (@60ml/hr)	
	R - RR - 40/min, SpO <sub>2</sub> - 91-92% LLA	
	↑ WOB (SCA ⊕)	- 95% ↓ SL of O <sub>2</sub> via face mask
	B/LA ⊕, end expiratory wheeze ⊕	
	on O <sub>2</sub> via face mask (@5L/min)	
	I - WBC - 14600 <sup>65</sup> / <sub>12</sub> , Hb - 13, pLT - 342, CRP - 31	
	on Inj. Ceftriaxone 2g IV BD	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C - HR - 145, BP - 134/75 mmHg pulse volume good, pulse well felt CRT < 3 sec	
	M - 116 - 13-0	
	M - Nil	
	A - soft	
	N - w/ attenuation in sensor	
		<u>plan</u>
		- to send Respiratory Biopix panel
		- If persistent distress plan to put on NIVC support.

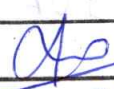
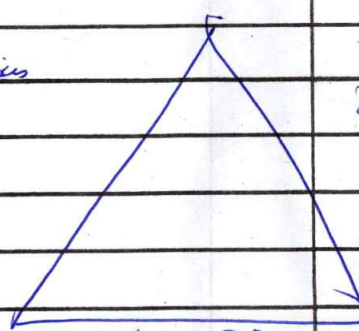
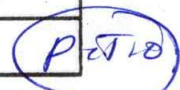
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	<u>S/B Dr. Sameer</u>	
2PM	In view of inc mark of <u>Arteries</u> stand on HFNC	
	FiO <sub>2</sub> - 35-40%	
	Fl - 35 l/min.	
		 <u>11438</u>
		- To follow up respiratory Biopre
		- To check cns after 4hrs
		- To add Ty. hydrocort
		+ Budecort M.M.
9/6/26	<u>S/B Dr. Raghav</u>	
8.30 PM.	Δ: Auto exseleration of colease - viral suggested	Hicam Rline-arterovirus
	Rett, Causain oriaetal.	B/C AEC, colease ↓
		RR=32/min. SpO <sub>2</sub> -98% E 40% FiO <sub>2</sub>
		Pulsades ↓, Nasal flow ↓ on HFNC 35L/min.
	HR=140/min BP= (w) pprof. (w) voler, CRT=3s	





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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>12/6/2022</del>	<u>CS/S Dr. Suenera</u>	
<del>12/6/2022</del>		
	Case of Acute exacerbation of	Asthma - viral trigger
		- Human Rhinovirus
	F - oral feeds	
	R - RR - 27, SpO <sub>2</sub> - 98%	↓ 30% FiO <sub>2</sub>
	retractions - no retractions	
	B/L AET, wheeze reduced	
	on HFNC support (Flow - 35L/min, FiO <sub>2</sub> - 30%)	
	on Neb Levoflo 0.3M	Tab prednisone OD
	Neb Budecat 0.2M	
	Neb Formant 0.6M	
	3% saline Neb 0.8M	
	T - no fever spike	
	WBC - 14600 <sup>65</sup> / <sub>17</sub>	Hb - 13, p/H - 3.22, CRP - 57
	on Ty. Ceftriaxone 1g IV OD	



(6)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 10:40am	W/R <u>Dr Neeraj Patil</u>	
	Patient doing well	Adeno / Rhinitis under the
	Physically better	MRI / severe exacerbation
	HRVC → 30% ↓	of purulence
	eating & drinking	
	No further temperatures	
	RFT	
	BOTH	
	of Baby Pain, alert	
	Heart - R-L, good air entry	
	Lungs - S, S, heard	
	No rales	
	P/A - soft	
	CNS - NFD	
	Plan -	
	① next HRVC → when gradually	
	② R/L later pm	
	③ cont - r/s - mean as tolerated	



ANC-00006040

IP28-00004541

Master SAHARSHAN R P

22-05-2014

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(M)

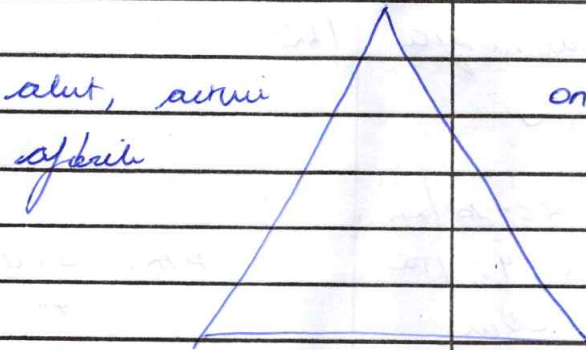
Dr. KIRSHNA SAMEERA



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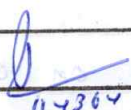


# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>10/6/20</del> <del>1:30 PM</del>	S/B <u>DR. RAVI MA-C</u>	
	 <p>alut, acmi apbali</p>	<p>on KFC - 15 ml/min 35-1/HR RR = 30-32/min SpO2 = 95 tra RS: clear</p>
	<p>HR - stable HR = 140/min</p>	<p>Neo Retractions</p>
	<p>on oral Feeds</p>	<p>No IVF</p>
	<p>On Nebi levelin 3x daily Neb: budesonid 12x daily Neb: 3-1 rad 8x daily</p>	<p>Neb: Ipratent 6x daily oral steroid</p>
	<p>Plan: wif awareness of distress</p>	<p>Monitor vitals</p>
		<p>Pneum <del>114364</del></p>
<del>8:30 AM</del>	<p>Medden onset of brachialism when he went to Restroom</p>	
	<p>↓</p> <p>RR = ↑ 36/min ; red sea ⊕</p>	
	<p>SpO2 = 88 / tra</p> <p>↓</p>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Hfnc ↑ to 20 L/min	
	90% FiO <sub>2</sub>	
	↓	
	Reassess after 1hr	
	↓	
<del>9:30 PM</del>	RR = 28-30/min SpO <sub>2</sub> = 95% RS: clear No retractions	Hfnc - 20 L/min 90% FiO <sub>2</sub>
		 114364
<del>11/6/26</del> 9 am	S/B Dr. Malini / Dr. Sameer	
	Acute Exacerbation of Wheeze Viral triggered Human Rhinovirus	
	F - Oral feeds	P3) PICU stay
	R - On HFNC 10L / 30% FiO <sub>2</sub> BAE +, no wheeze RR - 32/min, SpO <sub>2</sub> -	
	on T prednisolone	
	Levulin Neb Q3H, Ipratent Q6H, Budesonid Q12H	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	I - CRP - 31	
	D3) 1g ceftriaxone	
	Blood cys - no growth	
	C - perfusion good	
	CRT < 2 sec	
	HR - 138/mv	
	BP - 111/66 (81)	
	S6+, no murmur	
	U.O - 1.4 ml/kg/hr	
	H - Hb: 13	
	M - Na/cl 137/104 K 4.3	
	A - soft, no distension	
	N - NFND	
	<u>plan</u> - Taper flow of HFNC - To discuss about injection ceftriaxone - To space levofloxacin nebulizer - Continue Budesonide nebulizer/prednisolone - Avoid exertion	

*[Signature]*  
 11/5/18

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/11/21 10 am	S/B Dr. Neeraja	
	Child looks better able to drink & eat	
	Distress reduced	
	O/E child alert	
	afebrile Nasal breathing (+)	
	RR - 32/min	
	SpO <sub>2</sub> - 93% in room	CNS - DR + RS - BAE +
	no wheeze	P/A - soft CNS - NND
	<u>plan</u>	
	- Taper HFNC	
	- stop prevent Neb	
	- Change levofloxacin Neb to D4H	
	- stop IV ceftriaxone & change to oral augmentin	
	- To continue Budecort neb	
	- To do CBC, CRP, electrolytes Immunoglobulin profile	
	- Follow's Sivabalan for Oedem	
	- To do 12 lead ECG / chest physiotherapy	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p><u>Plan</u></p> <ul style="list-style-type: none"> <li>- Continue Nebbs &amp; MDI</li> <li>- Continue Abx</li> <li>- Chest physiotherapy</li> <li>- Shift to ward</li> <li>- Trace Ig profile</li> </ul>	
<u>11/6/20</u> 6pm	<p>S/B Dr Sugima</p> <p>Acute Exacerbation of wheeze          Child reviewed          No Complaints</p> <p><u>O/E</u>          Alert, active, afebrile</p> <p>SpO2 - 99% @ RA          RR - 27/min          TgE - 189</p> <p>Chest - NBAR ⊕          CVS - S1S2 ⊕          PA - Soft, NT</p> <p><u>vitals</u>  <u>stable</u></p>	<p><u>Adm</u></p> <ul style="list-style-type: none"> <li>- Continue Nebbs &amp; MDI</li> <li>- Continue antibiotics</li> <li>- Trace Ig profile</li> <li>- Chest physiotherapy</li> </ul>
	<p><u>16/4/55</u></p>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/14 9 AM	<p>Dr. Aneshu</p> <p>ACUTE EXACERBATION OF WHEEZE</p>	
	<p>- Child had episode hypoxia last night started on O<sub>2</sub> IL</p> <p>- Now O<sub>2</sub> stopped - SpO<sub>2</sub> &gt; 97% @ RA</p> <p>- C/o cough (+) improving</p>	
Sr Ige 189	<p>- No fast breathing</p> <p>- No fever or icterus</p>	CRP ↓ - 31 → 16
	<p>child alert</p> <p>Hydration fair</p> <p>T ↑ ↑ ↑</p> <p>CRT &lt; 3 SEC</p>	
	<p>Re- B/LAE (+) no wheeze NOB (N)</p> <p>SpO<sub>2</sub> = 97% in RA</p>	
	<p>CNC }          P/A } NAD.          CMC }</p>	
		<p>Aneshu          163765</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 10:20AM	S/B Dr. Neeraja mam	
	Child reviewed. Off oxygen, maintaining SpO <sub>2</sub> = 98% @ RA No fever. Child alert. Bfcae (+), no wheeze, WOB (N). To change Neb. levolin → MDI levolin 3 puffs Q3H Chest physiotherapy - Q12H Steam inhalation Planned for discharge tomorrow.	
12/6/26 3:20 PM	S/B Dr. Anesh	
	Child reviewed, in (RA) No deterioration & MDI No distress. Child alert Bfcae (+) no wheeze WOB (N). SpO <sub>2</sub> - 98% @ RA To continue the same	Anesh 165765



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6 2026		
7pm	c/s/B DR. Neeraja patcha / DR. Harsha Vc	
	ACUTE EXACERBATION OF WHEEZE (RECOVERED)	
	No fresh complaints	
	O.I. - Good	
	UO - adequate	vitals
	Alert, active, afebrile	HR - 110/min
	Hydration - Good	RR - 28/min
	T - 98.6 F	SpO2 - 96%
	PE - B/L AE (+) no added sound	@ RA
	CNS - (+)	
	P/A - (+)	
	CNS - (+)	
		Advice
		1) Plan to discharge tomorrow
		2) NEB Inhaler and Nebulizer
		NEB NS and 2 BL. 200ml
		Rest until the (9:30 pm) night
		vitals monitoring
		V. S. L.
		Dr. Harsha Vc
		9th





## DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: NIP  Not known any Drug Allergies

### FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

### SOS / PRN (As Required Medication)

DRUG : <u>Tab. PARACETAMOL</u>				Date/Time
Dose <u>500mg</u>	Route <u>P/O</u>	Frequency <u>Q6H</u>	Start Date <u>9/6</u>	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">           STOP            11/06/26            @ 10:45 AM         </div>
Doctor's Signature <u>Aneela</u>		Valid Period <u>2 days</u>	Pharm.	
Additional Instructions:				
DRUG : <u>NEB LEVON</u>				Date/Time
Dose <u>2.5mg</u>	Route <u>N/D</u>	Frequency <u>SOB</u>	Start Date <u>12/6</u>	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				
DRUG : <u>NEB NS</u>				Date/Time
Dose <u>5ml</u>	Route <u>N/D</u>	Frequency <u>SOB</u>	Start Date <u>12/6</u>	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name \_\_\_\_\_ Signature \_\_\_\_\_







Sheet No: 3

REGULAR PRESCRIPTIONS

Weight 45.73 Ward Pw

**DRUG:** 31. SALINE NEB

Dose	Route	Frequency	Start Dt.	Date-Time
1mg	NEB	Q8H	9/6/26	9/6 AM, 10/6 PM, 11/6 PM

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: A Meds 11/20/26 @ 10 AM

Daily Doctor's Endorsement by a Sign

**DRUG:** INJ HYDROCORT

Dose	Route	Frequency	Start Dt.	Date-Time
50mg	IV	Q6H	9/6/26	5 AM, 11 AM, 5 PM, 11 PM

Name & Signature of the Doctor Starting the Drugs: DR. SURENDA

Additional Instructions: Change to prednisone 10/6/26 @ 6 AM

Daily Doctor's Endorsement by a Sign

**DRUG:** BUDECORT NEBULIZATION

Dose	Route	Frequency	Start Dt.	Date-Time
0.5mg	NEB	Q12H	9/6/26	10 AM, 10/6 AM, 11/6 AM, 12/6 AM

Name & Signature of the Doctor Starting the Drugs: DR. SURENDA

Additional Instructions: stop to fill (no HAWK) 9/6/26

Daily Doctor's Endorsement by a Sign

**DRUG:** P. PREDNISOLONE

Dose	Route	Frequency	Start Dt.	Date-Time
1mg	PO	Q12H	10/6/26	10/6 AM, 11/6 AM

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: dose changed A Meds 10/16/26

Daily Doctor's Endorsement by a Sign

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



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 40-45 Ward PW

DRUG : <u>T. PANTOP</u>				Date/Time	<u>11/6</u>	<u>12/6</u>	<u>13/6</u>																
Dose	Route	Frequency	Start Dt.																				
<u>40mg</u>	<u>PO</u>	<u>OD</u>	<u>10/6/14</u>		<u>6 AM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	<u>6 PM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>P. Neeraja 114314</u>																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : <u>NORMAL SALINE</u>				Date/Time	<u>11/6</u>	<u>12/6</u>	<u>13/6</u>																
Dose	Route	Frequency	Start Dt.																				
<u>4ml</u>	<u>PN</u>	<u>QSH</u>	<u>11/6</u>		<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>8 PM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>A. Madhu 112220</u>																							
Additional Instructions: <u>0.97 NS</u>																							
Daily Doctor's Endorsement by a Sign																							
DRUG : <u>T. AUGMENTIN</u>				Date/Time	<u>11/6</u>	<u>12/6</u>	<u>13/6</u>																
Dose	Route	Frequency	Start Dt.																				
<u>625mg</u>	<u>PO</u>	<u>BD</u>	<u>11/6</u>		<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	<u>8 AM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>A. Madhu 112220</u>																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : <u>LEVOLIN NEB</u>				Date/Time	<u>11/6</u>	<u>12/6</u>	<u>13/6</u>																
Dose	Route	Frequency	Start Dt.																				
<u>2.5mg</u>	<u>PN</u>	<u>Q4H</u>	<u>11/6</u>		<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	<u>3 PM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>A. Madhu 112220</u>																							
Additional Instructions: <u>Stop</u>																							
Daily Doctor's Endorsement by a Sign																							

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

ANC-00006040 IP28-00004541  
 Master SAHARSHAN R P  
 22-05-2014 12 Y 0 M 18 D (M)  
 Dr. NEERAJA PATCHA V R



Sheet NO: .....

**REGULAR PRESCRIPTIONS**

Weight 45-15 Ward Rew.

**DRUG : T PREDNISOLONE** Date-Time 11/6 12/6

Dose	Route	Frequency	Start Dt.
<u>30mg</u>	<u>PO</u>	<u>OD</u>	<u>11/6</u>

Name & Signature of the Doctor Starting the Drugs: A Male 11/2/13

Additional Instructions: X 2 day

Daily Doctor's Endorsement by a Sign

**DRUG : FORACORT MDI 100mg** Date-Time 11/6 12/6 13/6

Dose	Route	Frequency	Start Dt.
<u>4 PUFF</u>	<u>PN</u>	<u>BD</u>	<u>11/6</u>

Name & Signature of the Doctor Starting the Drugs: A Male 11/2/13

Additional Instructions: X 3 day  
Huff KIT

Daily Doctor's Endorsement by a Sign

**DRUG : MOMEFLO NASAL SPRAY** Date-Time 11/6 12/6 13/6

Dose	Route	Frequency	Start Dt.
<u>1 Spray</u>	<u>PN</u>	<u>HS</u>	<u>11/6</u>

Name & Signature of the Doctor Starting the Drugs: A Male

Additional Instructions: in each nostril

Daily Doctor's Endorsement by a Sign

**DRUG : MDI. LEVOLIN-5** Date-Time 12/6 13/6 14/6

Dose	Route	Frequency	Start Dt.
<u>3 puff</u>	<u>Nasal</u>	<u>Q3H</u>	<u>12/6</u>

Name & Signature of the Doctor Starting the Drugs: Aneshu 163765

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	Dose	Dose	Dose	Dose
Start Date	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.

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
09/06/26	10:30 AM	Neb DUOLIN.	1rup	Neb	Aneesh	[Signature]
09/06/26	10:40	Neb BUDECORT	0.5mg	Neb	163765	[Signature]
09/06/26	10:50	Neb LEVOLIN	1.2mg	Neb	Aneesh	[Signature]
09/06/26	11:50 AM	Neb LEVOLIN.	1.2mg	Neb.	163765	[Signature]
09/06/26	11:00 am	Inj. HYDROCORTISONE	100mg	IV	Aneesh	[Signature]
09/06/26	11:15 am	Neb LEVOLIN	1.2mg.	Neb	Aneesh	[Signature]
09/06/26	11:00 am	Inj. PANTOPRAZOLE	40mg	IV	163765	[Signature]
9/6/24	2:30 PM	Inj. Mg SO <sub>4</sub>	1g + 20ml NS	IV	[Signature]	[Signature]
						under monitor

Signature  
VERIFIED BY : Name

