VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

ACTIVITY RECORD FOR BILLING

Name: --

UHID No : --------------- IP No : ------------------ Consultant : ---------------------- Dept : ----------------

Date of Admission : ---20/6--- Time : ------------- Date of Discharge : ---------------- Time: -----------

Room / Bed No : -----110----- Ward : ---1st F----- Suggested Billable bed type : ------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6	3.30pm	ER	110	Mc

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/6	CBP. CRP. electrolyte Creat. Bloodus. LFT. Amylase. Lipase.	26021009.	[illegible]
	RAT - Negative	26021010	[illegible]
	[illegible] x-ray - Abd (erect)	26009931	[illegible]
	USG - Abd	26009918	[illegible]
	Cross checked by [illegible] 22/6 @ 3AM		
20/6	CUE	26021025	[illegible]
	CBP, CRP	26021134.	[illegible]
	cross checked by [illegible] 22/6 @ 12pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/6.	Infusion pump	3:55pm	21/6 3:50pm	3092624	Sadyi

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/6	IV placement	1	3092623	[illegible]
21/6	IV placement	1.	3093102	[illegible]

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Gayathri 22/6.		

INSURANCE COPY

Name	Baby NABEELA FATIMA	UHID	VIH-00146341
Father/Guardian	Mr M A WAHAB	Age/Gender	9 Y 9 M 3 D/Female
Address	11-3-357/1/2 SHABAZ GUDA SRINIVAS NAGAR SEC-BAAD, Amber Nagar, Hyderabad, Telangana, INDIA, 500061		
IP No	IP-00060423	Admission Date	20-06-2026
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: Acute febrile illness with gastritis

History: Baby NABEELA FATIMA is a 9 Y 9 M 3 D girl presented with the history of high grade intermittent fever, 3-4 episodes of nonbilious nonprojectile vomitings with abdominal pain, decreased oral intake since 5 days, dull activity, decreased urine output prior to admission. History of loose stools present. For the above complaints, she was treated elsewhere but in view of persistence of symptoms, he was admitted at Rainbow Children's Hospital for further management.

Examination: She was febrile (101.9^{o}F), maintaining saturations at room air. Her heart rate was 130/min, blood pressure - 110/70 mmHg and respiratory rate - 24/min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with diffuse tenderness. Neurologically, she was conscious and oriented. Other systemic examination was normal.

Weight on admission : 40.5 kgs.

Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. She was treated symptomatically with antacids and probiotics.

Her complete blood picture showed hemoglobin 10.7 gm%, white blood cells count of 10,520 cells/cumm, platelet count of 2.86 lakhs/cumm and C-reactive protein was 38 mg/l. Serum electrolytes, creatinine and liver function tests were normal. Serum amylase 33 U/L, lipase 58 U/L. Blood culture was sterile after 24 hours of incubation. X-ray erect abdomen showed mild fecal loading for which laxative added. Ultrasound abdomen was mild splenomegaly. CUE showed 3-4 pus cells, albumin (+), ketones (2+).

Her vitals were regularly monitored. Repeat hemogram done on 22.06.2026 showed hemoglobin 10.2 gm%, white blood cells count of 6,240 cells/cumm, platelet count of 2.86 lakhs/cumm and C-reactive protein was 33 mg/l. Her fever spikes and other symptoms gradually settled. As hemodynamically stable, she 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. Tablet Cefixime (200mg) 1 tablet, 12th hourly (after food) for 3 days.
3. Zytee gel for local application (in oral cavity) 12th hourly for 3 days.
4. Nasoclear gel, in both nostrils 8th hourly for 3 days.
5. Syrup Smuth, 10ml 12th hourly for 7 days (Stop if loose stools present).
6. 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:

Tablet Paracetamol (500mg) 1 tablet for fever more than 100*F (maximum 4-6 hourly).

Tablet Ibuprofen (400mg), 1 tablet for fever more than 101*F (maximum 8 hourly).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

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

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 doctor ....in the language that I understand and I have understood the same.

Name :   Signature :

Relationship with patient :

This summary has been explained by:

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

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

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

PatientName	: Baby NABEELA FATIMA	**Inpatient No.**	:	IP-00060423
Age/Gender	: 9 Y 9 M 1 D/ Female	**Admit Date**	:	20-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
AMYLASE (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 15:01		
AMYLASE (Enzymatic Colorimetric Assay - IFCC)	33	U/L		30 - 110

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 15:01		
HEMOGLOBIN (Colorimetry)	**10.7**	**g/dL**	L	11.5 - 15.5
RBC COUNT (DC detection method)	**5.50**	**10^12/L**	H	4 - 5.2
PCV/HCT (Calculated)	**30.3**	**VOL%**	L	35 - 45
MCV (Calculated)	**55.1**	**fL**	L	77 - 95
MCH (Calculated)	**19.5**	**pg/cells**	L	25 - 33
MCHC (Calculated)	35.3	g/dL		32 - 36
RDW-CV (Calculated)	14.8	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	286	10^9/L		150 - 450
MPV (Calculated)	8.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	10.52	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**77**	%	H	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	**19**	%	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	**03**	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : ANISOCYTOSIS WITH NORMOCYTIC / HYPOCHROMIC MICROCYTES(++)** **WBC : MORPHOLOGY NORMAL** **PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 15:01	

PatientName	: Baby NABEELA FATIMA	Inpatient No.	: IP-00060423
Age/Gender	: 9 Y 9 M 1 D/ Female	Admit Date	: 20-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
CRP (Immunoturbidimetry)	38	mg/L	H	<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 :20-06-2026 15:01
CREATININE (Enzymatic)	0.5	mg/dl	0.5 - 1

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 15:01
SODIUM (Direct ISE)	141	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.2	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	99	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

MC-7373

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby NABEELA FATIMA	**Inpatient No.**	: IP-00060423
Age/Gender	: 9 Y 9 M 1 D/ Female	**Admit Date**	: 20-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
LIPASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 15:01
LIPASE (Enzymatic with colipase-Vitros)	58	U/L	13 - 150

Rashida

Dr. **RASHIDA MAHREEN, MBBS,MD**

CONSULTANT BIOCHEMIST, Reg No : HMC13081

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 NABEELA FATIMA	**Inpatient No.**	: IP-00060423
Age/Gender	: 9 Y 9 M 1 D/ Female	**Admit Date**	: 20-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

LIVER FUNCTION TEST (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :20-06-2026 15:01

Investigation	Result	Unit	Biological Reference Interval
TOTAL BILIRUBIN (Azobilirubin)	0.4	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	32	U/L	10 - 40
SGPT (ALT) (Kinetic with P5P)	21	U/L	10 - 30
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	158	U/L	140 - 560
PROTEIN (Biuret method)	7.5	g/dL	6.3 - 8.6
ALBUMIN (Bromocresol Green)	4.2	g/dL	3.7 - 5.6
GLOBULIN (Calculated)	3.3	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	**1.2**		L 1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

COVID ANTIGEN RAPID TEST (Specimen : SWAB)

TEST RESULT STATUS : REPORT ENTERED
Order Date :20-06-2026 15:02

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST	negative		

COMPLETE URINE EXAMINATION (Specimen : URINE)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :20-06-2026 18:20

Investigation	Result	Unit	Biological Reference Interval
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.5		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)	PRESENT +		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	PRESENT(++)		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT

PatientName	: Baby NABEELA FATIMA	**Inpatient No.**	: IP-00060423
Age/Gender	: 9 Y 9 M 1 D/ Female	**Admit Date**	: 20-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**3-4**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**2-4**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED		Order Date :22-06-2026 06:28
HEMOGLOBIN (Colorimetry)	**10.2**	**g/dL**	L	11.5 - 15.5
RBC COUNT (DC detection method)	**5.30**	**10^12/L**	H	4 - 5.2
PCV/HCT (Calculated)	**29.3**	**VOL%**	L	35 - 45
MCV (Calculated)	**55.2**	**fL**	L	77 - 95
MCH (Calculated)	**19.3**	**pg/cells**	L	25 - 33
MCHC (Calculated)	34.9	g/dL		32 - 36
RDW-CV (Calculated)	14.8	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	286	10^9/L		150 - 450
MPV (Calculated)	8.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	6.24	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	36	%		33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	**56**	%	H	28 - 48
MONOCYTES (Microscopy, Leishman stain)	07	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC,MICROCYTES(++)** **WBC : MORPHOLOGY NORMAL** **PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

Rainbow Children's Hospital - Secunderabad
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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby NABEELA FATIMA	**Inpatient No.**	: IP-00060423
Age/Gender	: 9 Y 9 M 3 D/ Female	**Admit Date**	: 20-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 06:28		
CRP (Immunoturbidimetry)	33	mg/L	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report

9550505786

Baby NABEELA FATIMA

9 Y 9 M 3 D

VI26021009

Female

20-06-2026 03:03 PM

IP-00060423

20-06-2026 03:18 PM

VIH-00146341

Dr. SIVA NARAYANA REDDY VENNAPUSA

N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

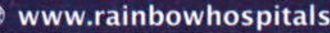
Culture: -

Initial Report: No growth after 24 hrs of incubation

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

HIMAYATHNAGAR Emergency : 040 - 48873000 | BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency : 040 - 4466 5555, 91009 25516 | HYDERNAGAR (NABH Accredited) Emergency : 040 4246 2300 | KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency : 040 - 4246 2100 | SECUNDERABAD (NABH Accredited) Emergency : 040 - 4246 2200 | KONDAPUR Emergency : 040 - 4246 2400 | L B NAGAR (NABH Accredited) Emergency : 040 - 7111 1333 | NANAKRAMGUDA Emergency : 040-69313233

1800 2122 www.rainbowhospitals.in



Baby NABEELA FATIMA	
9 Y 9 M 1 D	R26-009913
Female	20-06-2026 04:38 PM
IP-00060423	21-06-2026 10:58 AM
VIH-00146341	21-06-2026 10:59 AM
SIVA NARAYANA REDDY VENNAPUSA	

ULTRASOUND ABDOMEN

LIVER : Normal in size 11.6cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

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

SPLEEN :Enlarged in size 10.1cm and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.
KIDNEYS :
Right kidney : 91x37 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 95x43 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

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

Impression:

Left mild splenomegaly

HIMAYATHNAGAR Emergency 040 - 48873000 BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516 HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300 KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100 SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200 KONDAPUR Emergency 040 - 4246 2400 L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333 NANAKRAMGUDA Emergency 040-69313233
1800 2122 www.rainbowhospitals.in

Baby NABEELA FATIMA

9 Y 9 M 1 D

Female

IP-00060423

VIH-00146341

SIVA NARAYANA REDDY VENNAPUSA

9550505786

R26-009913

20-06-2026 04:38 PM

21-06-2026 10:58 AM

21-06-2026 10:59 AM

Dr. VARIGONDA MAHIDHAR
MD

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet				
2	Discharge Summary				
3	Nursing Initial assessment form				
4	Patient Trasfer Forms				
5	In-patient Medical Record				
6	Doctors Progress Sheets				
7	Nurses Progress notes				
8	Consultation Sheets				
9	General Consent for Treatment				
[illegible]	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart				
[illegible]	Intake and Output chart (fluid Chart)				
27	Drug Chart (Regular prescription)				
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)				
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Total No. of Pages				
	Signature and Date :				

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060423 **Admit Date** : 20-Jun-2026 **Admit Time** : 02:13 PM **UHID** : VIH-00146341

Patient Details :

Patient Name : Baby NABEELA FATIMA
Guardian : Mr M A WAHAB
Gender : Female
Occupation :
Address (H) : 11-3-357/1/2 SHABAZ GUDA SRINIVAS NAGAR SEC-BAAD Amber Nagar Hyderabad Telangana INDIA 500061

Age : 9 Y 9 M 1 D
DOB : 19-09-2016
Religion :
Martial Status :
Phone No : 9550505786
E-mail : na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY
Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr M A WAHAB
Contact Address : 11-3-357/1/2 SHABAZ GUDA SRINIVAS NAGAR SEC-BAAD Amber Nagar Hyderabad Telangana INDIA 500061

Relationship : D/O
Phone No : 9550505786

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA
Referral Doctor : Self
Co-Consultant :

Specialisation : GENERAL PEDIATRICS
Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

PATIENT TRANSFER FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00146341 IP-00060423 Baby NABEELA FATIMA 19-09-2016 9 Y 9 M 1 D (F) Dr. SIVA NARAYANA REDDY	Date & Time of Admission 20/6/26 @ 2.13PM	Date & Time of Transfer Order 20/6/26 @ 3.30PM
	Transfer Ordered by Dr. Prashanti	Reason for Transfer Admission
From Unit ER	To Unit HO	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? OP file given to.

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nagasue [signature]	Dr. Prashanti

Patient & Clinical Records Received by : Indu

Date & Time of Patient Received : 3.35pm 20/6/26

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

Docu. No. : RCH /FRM / CLINICAL / 102

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

EMERGENCY ROOM TRIAGE FORM

Wt: 40.5 kg

Patient's Name: Baby. Nabeela Fatima Age: 10 yrs Gender: ☐ Male ☑ Female

Date: 2016 | 26 Time of Arrival: 1:40PM

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: 101.9°F PR: 180 b/m BP: 111/71 (84) RR: 24 b/m SpO2: 99%

Chief Complaints: C/O Fever, vomitings, Stomach pain x 5 days

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable: ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

Triage Completion Time: 1:44 PM

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: ....

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

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

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

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

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

Name of Triage Nurse: Architha

Signature of Triage Nurse: [signature]

Date & Time: 2016 | 26 @ 1:44PM

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

Patient Name : Baby. NABEELA FATIMA UHID : VIH-00146341 IPD : IP-00060423 Gender : Female Age : 9 Y 9 M 1 D

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2016 | 26 Time of arrival : 1:46 PM

Chief Complaints: c/o Fever, vomitings, Stomach pain RBS: —

Height : — Weight : 40.5 Kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify ....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 1 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

☐ Character paining ☐ Location — ☐ Frequency Intermitted ☐ Duration 5 days

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly
☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☐ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☐ No
• Uses furniture for support	☐ Yes	☐ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☐ No
• Weak	☐ Yes	☐ No
• Impaired	☐ Yes	☐ No
Mental Status: Forgets limitations	☐ Yes	☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 2 (Brothers)

Time of Initial assessment completed by ER Nurse : 1:50 PM

Docu. No. : RCH /FRM / CLINICAL / 120 (P.T.O.)

Patient Name : Baby. NABEELA FATIMA UHID : VIH-00146341 IPD : IP-00060423 Gender : Female Age : 9 Y 9 M 1 D

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

Time	Nursing Notes
1:40PM	* patient came to the ER
1:45PM	* vitals checked and Recorded.
1:45PM	* Dr Prashanthi has been to the pt-
1:50pm	* Dr Advice Admission
2.30 pm	* IV placement done Blood samples collected
	and send to the Lab-
	* covid RAT Negative
3.30p	* Patient shifted to the ward.(110)

Samples collected by: } Sis. magiisha Time: { 2.30Pm

Samples sent by : Time: 2.35Pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1:20pm	Tab. Ibuprofen	oral	400 mg	Dr.prashanthi	As
2.53PM	INJ. BUSCOPAN	IV	20mg	Dr.Prashanthi	SL

Condition of patient at time of shift - out :	Details of Shift - out
HR: 120b/m BP: 111/71 (RU) CFT: <2sec	Shift - out from ER to: 110
RR: 23b/m SPO$_2$: 98%	Time of Shift - out: 20/6/26 @
GCS: 15/15 Temperature : 99.2°F	Handover given to: (Nurse's Name) Sr. Sandy by
Pain Score: 0	
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : BN. Sanjay Signature of the Nurse : Sanjay

Date & Time : 20/6/26 @ 3.30pm

Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute febrile illness

Arrival Time: 3:35pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction nil

Body Weight: 40 Kg

Height: .... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Family History: nil

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

If yes please list, ...

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

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

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

Observations: Weight: 40kg Length: .... Head Circumference (< 2 years): ....

Temp.: 98.6F HR: 110b/m RR: 28b/m BP: 108/60(68)mmHg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

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

Character of Pain nil Location nil Frequency nil Duration nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

Siblings in household ☐ Yes ☑ No (if yes How Many?) 0

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to Mother.

Nurse's Name: Indu   Date: 20/6/26   Time: 3:50pm   Signature [signature]

PEDIATRIC IN-PATIENT MEDICAL RECORD

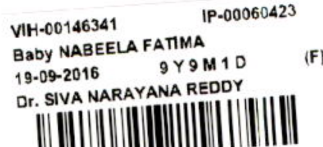
VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Patient Name: ______

UHID ID: ______

Department: ______

Consultant: ______



VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : Nabella fathima. Age/Sex 9y/9m.

Information given by: mother. Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

c/o fever :: 5days
c/o vomitings Abdominal pain :: 5days
c/o ↓ oral Intake :: 5days.

History of present illness :

child was apparently asymptomatic 5days back

then developed c/o fever :: 5days
High grade - Continous fever.
I.f period - Active. ass c generalised body pains.
Not ass c chills & rigors.
subsiding on using medication.
→ c/o Abdominal pain :: 5days.
Dull aching in character.
Diffuse pain.

c/o vomitings :: 5days
(3-4) episodes/day
NB/NP/Nonblood stained.

c/o loose stools 2days back., cold in the form :: 2days.
Nonblood stained. Nasal Blockade
3-4 episodes/day Snoring (+nt)

c/o ↓ oral Intake, dull activity subsided - now.
↓ urine output

- Started on syp. Amoxiclav - 2days back.

VIH-00146341 IP-00060423
Baby NABEELA FATIMA (F)
19-09-2016 9 Y 9 M 1 D
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

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

Not significant.

Birth & Neonatal History:

Term baby | 2.5kg | NVD.

CIAB. No NICU admission.

Birth & Socio Economic History:

About Father :
About Mother : class III.
Any additional Information :

Developmental History :

Development achieved as per Age in all 4 domains.

Immunization History :

Immunized as per Age.

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)______ (Centile ______) Height (cms): ______ (Centile) ______)

Weight (kgs)) 40.5 kgs (Centile ______)

On Examination :

Temperature : 101.9°F Pulse Rate : 130b/m B.P. 111/71 SPO2 99%.

Resp.rate and type of breathing : 24B/m (N) volume

Rash
Lymphadenopathy
Oedema :
Allergies (if any): } (-).

Respiratory System :

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

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

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-).

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

Per Abdomen :

Inspection (N)

Palpation : P/A: soft Diffuse tenderness (+) more in the (R) hypochondriac region.

Ausculation : } (N)

Spine : External Genitelia : (N)

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

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton : (N)

Tone: (N) Power R 5/5 L 5/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (−)

Reflexes :

DTR +nt **Superficials:** +nt

Plantars flexors.

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

AFI – Evaluation.

(P.T.O.)

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

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:

CBP, CRP, S/E, S.creatinine
+CUE. B/cls
LFT, S.Amylase, S.Lipase
Xray abdomen plain (erect)
USG Abdomen.

Planned Management

- IVF.
- Inj. Ceftriaxone - IV - 12 hrly
- Inj. pantoprazole - IV - once daily.
- Antipyretics.
- ~~Enterogermina respules.~~
- Zytee gel.
- Inj. Ondansetron (sos).
- Nasivion Nasal Drops

Noted by ...

Signature of the Doctor: ...
Name of the Doctor: Dr. prashanth
Date & Time: 20/6/26

Signature of the Consultant: ...
Name of the Consultant: Dr. ...
Date & Time: 20/6/26

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
20/6/26 5pm	Am - AFI Jevaluation	
	No fever spikes	
	Stomach pain (+)	
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVF S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		Plan
		1) CST
		2) To add Inj Amikacin
		Inj metrogyl
		3) Inform SRS
		4) To send CUE
		5) Trace C. report, B/c/s
Dr [signature]		
		Noted by
		manisha
		21/6/26
		@ 8pm

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

(P.T.O)

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

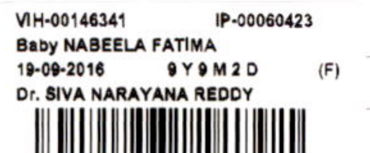
Date & Time	Progress Notes	Doctor's Order
21/6/24 8:30Am	C/S/B Dr. Kundana mam	
	Diag: AFI	
	No fever spikes : Admission. c/o Abdominal pain (tnt)	
	O/E	
	child Alert	
	Vitals stable	
	CVS: S1S2 ⊕	Plan
	RS: BLAE ⊕	
	P/A: soft	- Xray erect Abdomen.
	Diffuse tenderness (tnt)	
	CNS: NAD.	- Inj. Cefotaxone
	CBD, T/Pus. CRP, USG Abd 3 pelvis.	- Inj. metrogyl
	Dr. Kundana 21/6/24. 9 AM.	- Inj. Amikacin.
		Noted by Manasa 21/6 @ 1pm

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9Y9M1D (F)
Dr. SIVA NARAYANA REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 3pm	S/B Resident	
	Am – AFI	
	No fever spike	
	Abdominal tenderness (+).	
	O/E	
	Child clear	
	euthermic	
	Vitals stable	
	CVS – S1S2 (+)	
	R/S – BAE (+)	
	P/A – soft	
		Plan
	1)	Inj ceftriaxone
	2)	Inj metrogyl
	3)	Inj Amikacin
	4)	Syp. Smooth.
	5)	CBP / CRP t/m
	6)	USG Abd & pelvis t/m.
Dr. Uchwaja		
		Noted by Anitha 21/6 @ 7pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		AFI. ? AGE
22/6/2026 8:40AM		- No fevers. ∵ 48hrs.
		- Abdomenpain - ↓
		- Ⓝ intake
		Ⓝ V-O ⊕
		vitals stable.
		- NO GI symptoms.
		CVS - S1S2
		CNS - NAD
		RS - B/L AE ⊕
		PA soft Plan
		NO gaurding
		- USG abdomen T/D (Hold)
		- Ceftriaxone D2
	6	- metronidazole. D2
	[illegible]	- Amikacin D2
	22/6/26	- vitals 6th hrly
	[illegible]	- Inform SOS
		d - [illegible]
		Noted by [illegible] 22/6/26 [illegible]

(P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

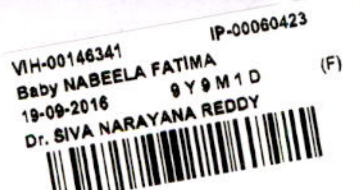
Date & Time	Progress Notes	Doctor's Order

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis: AFI + Evaluation	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —	
Surgery / Procedure: —	Post OP Day: —	

Section	Item						
BACKGROUND	Date / Shift	20/6/26 11° (E)	20/6/26 E	20/6/26 N	21/6 M	21/6 E	21/6 N
	Medical Condition (Any special condition to be noted):	—	Nil	Nil	Nil	Nil	Nil
	Diet:	Soft Diet	S.diet	S.diet	S.diet	S.diet	S.diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:		98.6F	98.6°F	98.3°F	98.6F	98.5F
	Res:	24 b/m	26b/m	27b/m	26b/m	22b/m	21b/m
	SpO_2:	98%	98%	99%	98%	99%	98%
	Pulse:	130b/m	108b/m	103b/m	102b/m	107 b/m	102b/m
	BP:	111/71 (84)	108/68(81)	100/77(62)	102/60(71)	109/70(79)	95/62(73)
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	9	9	9	9	9	9
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Soft Diet	S.diet	S.diet	S.diet	S.diet	S.diet
	Critical Lab Test / Values:	—	Nil	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	—	Nil	Nil	Nil	Nil	Nil
	Handed Over By Name :	Bro. Sanjay	Indu	Manisha	Menaka	Anitha	Manisha
	Signature / ID :	021326	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	20/6/26	20/6/26	21/6/26	21/6	21/6	22/6
	Time:	3.30pm	8pm	@8Am	@2pm	@8pm	@8AM
	Taken Over By Name :	Indu	Manisha	Menaka	Anitha	Manisha	Beerarika
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	20/6/26	20/6/26	21/6	21/6	21/6	22/6/26
	Time:	@3.30pm	@8pm	@8Am	@2pm	@8pm	@8am



NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ARI ↓ Evaluation	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —
Surgery / Procedure:	Post OP Day:

Section	Item	22/6/26 M					
BACKGROUND	Date / Shift	22/6/26 M					
	Medical Condition (Any special condition to be noted):	–					
	Diet:	(S) diet					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.6°F					
	Res:	22 b/m					
	SpO_2:	99 %					
	Pulse:	104 b/m					
	BP:	99/65					
	LOC:	Conscious					
	Fall Risk Score:	9					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	(S) diet					
	Critical Lab Test / Values:	–					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent					
Post Operative Procedure Special Orders:		–					
Handed Over By Name :		Beronika					
Signature / ID :		BOR727					
Date:		22/6/26					
Time:		@10AM					
Taken Over By Name :		File send					
Signature / ID :		To Billing					
Date:							
Time:							

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9Y9M1D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Date: 20/6/26

Goals

- [x] Maintain Airway and Oxygenation
- [x] Maintain Personal Hygiene
- [ ] Identify Potential Complications
- [x] Relieve Pain & Discomfort
- [x] Prevent Infection
- [ ] Any Others. Specify............
- [x] Maintain Fluid Balance
- [ ] Meet Elimination Needs
- [ ] Improve Activity Tolerance
- [x] 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	3:00	- maintain fluid Balance.	3:00	- maintained fluid Balance.	- maintain Hydration	- patient is stable	Indu 08pm 20/6/26
	7:00	maintain aseptic technique	7:00	maintained aseptic technique	- prevent from infection	- No fresh complaint	
Night	10Am	- Maintain Fluid Balance		- Administered IV Fluid DNS 50ml/hr	- To maintain Hydration	- patient is stable	Manisha 21/6/26 @8Am

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 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	10 AM	→ IV fluids on flow	10:30 AM	→ DNS 50ml/hr is maintained	→ To maintain hydration	→ patient is stable	Manasa
Afternoon	3pm	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provided by Soft diet	→ patient is Stable	Aneef Anitha 21/6
	5pm	→ Ensure Safety		→ To Side rails kept up	→ To prevent falls risk		
Night	9pm	→ Maintain Aseptic Technique		→ Maintained Aseptic Technique	→ To prevent infection	→ patient is Stable	Manisha 22/6

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 2 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Date: 22/6/26

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	10 AM			Discharge Note Doctor Came for Rounds Patient is stable and doctor adviced for Discharge			[illegible] 22/6/26 @10 AM
Afternoon							
Night							

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 2 D (F)
Dr. SIVA NARAYANA REDDY

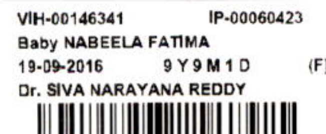
NURSING CARE RECORD

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							



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 20/6	DATE 20/6	DATE 21/6	DATE 21/6	DATE 21/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2			2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None ✓	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None ✓	1	1	1	1	1	1
	Total		9	9	8	8	8

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✗	✗	✗	✗	✗
Other Intervention(s) Specify		✗	✓	✓	✓	✓
Nurse's Name:		[illegible]	manisha	manisha	Anitha	manisha
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		20/6	20/6	21/6	21/6	21/6
Time:		2:30 pm	11pm	9AM	6pm	11pm

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 22/6	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2				
	13 years old and above	1					
Gender	Male	2					
	Female	1	1				
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
	Total		8				

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓				
	Call device within reach		✓				
	Wheels Locked		✓				
	Room free of clutter		✓				
	Adequate lighting		✓				
	Wheel chair support		[illegible]				
	Other Intervention(s) Specify		✓				
	Nurse's Name:		[illegible]				
	Signature:		[signature]				
	Date:		22/6				
	Time:		9AM				

Docu. No. : RCH /FRM / CLINICAL / 005

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 2016			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		-	-	-	-	-	-			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		-	-	-	-	-	-			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		-	-	-	-	-	-			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		-	-	-	-	-	-			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-	-	-	-	-			
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : .... Name : ....

Signature of Ward In Charge :

Signature : .... Name : ....

Doc. No. : RCHBH/ FRM / CLINICAL /137

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/6	2:30 pm			☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		[signature]
20/6/26	11pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
21/6	10 AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
21/6	5pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil Nil	[signature]
21/6	11pm	0	~	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
22/6	10AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

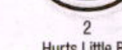
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

0	1	2	3	4	5	6	7	8	9	10
No Pain										Worst Possible Pain

Wong - Baker (Pediatrics) Above 7 Years



0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Even More	Hurts Whole Lot	Hurts Worst

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	**1**	**2**
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	**-1**	**0**	**1**	**2**
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

BRADEN 'Q' SCALE

					Date : 20/6 Time :	20/6 11pm	21/6 10am	21/6 5pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	27	27
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby NABEELA FATIMA**	**Age :**	**9 Y 9 M 1 D**
IP No:	**IP-00060423**	**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 also 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:.................)

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]

Name: Malahab.
Relationship: Father
Date: 20/6/26
Time: 2:13 pm.
Wittness Name:
Wittness Signature: [signature]

Patient Address:
11-3-357/1/2 SHABAZ GUDA SRINIVAS NAGAR SEC-BAAD Amber Nagar Hyderabad Telangana INDIA 500061

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Patient Sticker

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/6/26

Date / Time:	3:45 pm	6 pm	7 pm	9 pm	11 pm	2 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?								
Temperature (°F) (scale 94–104)	98.6 F	98.6 F	98.3 F	98.6°F	98.6°F	98.1°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)		108/65 (80)		108/76 (82)				
Heart Rate (Number)	105	103	108	109	112	110	107	105
Resp. Rate (bpm) over 1 Minute) * (scale 10–70)								
Resp Rate (Number)	24	25	24	25	26	27	26	25
Resp Distress: Mod/ Severe								
Resp Distress: None / Mild								
Receiving O_2 (l/min)								
O_2 Saturations (%)	98	98	98	98	99	98	97	98
Conscious Level: Normal	N	N	N	N	N	N	N	N
Conscious Level: Altered								
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	Ande	Ande	Ande	M	M	Ma	Ma	M

Note: BP does not score in early warning scoring

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

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

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

CH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/1/6

Time:	9 Am	11 Am	1 pm	3 pm	5 pm	7 pm	9 pm	11 pm	1 Am	3 Am	5 Am	7 Am
Doctor / Nurse / Family Concern?												
Temperature (°F)	98.3°F	98.6°F	98.3°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		102 / (72) / 65			106 / (90) / 70		110 / (79) / (62)					100 / 62 / (57)
Heart Rate (Number)	105	102	110	108	106	110	109	105	107	103	109	112
Resp. Rate (bpm) Over 1 Minute) *												
Resp Rate (Number)	25	26	27	26	24	22	26	26	27	26	27	28
Resp Distress: Mod/ Severe												
Resp Distress: None / Mild												
Receiving O_2 (l/min)												
O_2 Saturations (%)	98	97	98	98	99	98	99	98	99	98	100	99
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	N	N	N
Conscious Level: Altered												
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Ma	Ma	Ma	A	A	A	M	M	M	M	M	M

Note: BP does not score in early warning scoring

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

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

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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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.
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VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 2 D (F)
Dr. SIVA NARAYANA REDDY

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Field	Value
Date : 22/6/26 Time:	9
Doctor / Nurse / Family Concern?	AM
Temperature (°F) (104–94)	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	102/ 78/ 69
Heart Rate (Number)	110
Resp. Rate (bpm) over 1 Minute) * (70–10)	
Resp Rate (Number)	24
Resp Distress — Mod/ Severe / None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	98
Conscious Level — Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	A

Noted by Anitha 22/6 @ 10.50 Am

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

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

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Patient Stick

FLUID CHART

Sheet No. : ....

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

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 :						
20/6/26	02:00 pm											
	03:00 pm		Idly									8nd
	04:00 pm		x	50ml							0	05pm
	05:00 pm		water	50ml								20/6/26
	06:00 pm			50ml						✓		
	07:00 pm											
Total Intake : 150ml						Total Output :						
20/6	08:00 pm		Rice	50ml								
	09:00 pm		+ water	50ml								
	10:00 pm			50ml						✓		
	11:00 pm			50ml							0	Manisha
	12:00 am			50ml								
	01:00 am									✓		
Total Intake :						Total Output :						
21/6/26	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am										0	Manisha
	06:00 am									✓		21/6/26
	07:00 am											@8AM
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

FLUID CHART

Sheet No. : ....

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

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							
21/6	08:00 am		Dally + water								0	Manasa 21/6 @1pm
	09:00 am									✓		
	10:00 am											
	11:00 am											
	12:00 pm			50ml								
	01:00 pm			50ml								
Total Intake : 100ml						Total Output :						
21/6	02:00 pm										0	Anitha 21/6 @7pm
	03:00 pm		Rice water							—		
	04:00 pm						✓					
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output :						
21/6	08:00 pm		Rice water								0	manisha 21/6
	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								0	manisha 22/6/20 @8Am
	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	4 times

FLUID CHART

Sheet No. : ....

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
22/6	08:00 am									✓		
	09:00 am		Tdlly									
	10:00 am		water									
	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 :						

Noted by Anitha 22/6 @10.50Am

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

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: ....OR.......... Shifted to: ....110..........

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prashanti

Date & Time : 20/6/26 @2:20pm

Nurse Name & Signature: [illegible]

Date & Time : 20/6/26 @2:20pm

Docu. No. : RCH /FRM / GENERAL / 090

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

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
				40kg

REGULAR PRESCRIPTIONS

DRUG : NASIVION-P NASAL DROPS

Dose	Route	Frequency	Start Dt.
2 Drops	PN	8th hly	20/6/16

Name & Signature of the Doctor starting the Drugs: Dr. prashanth

Additional Instructions: 2 Drop in each nostril.

Daily Doctor's Endorsement by a Sign.

Date / Time	20/6	21/6
6Am	/	[signature]
2Pm	[signature]	
10Pm	[signature]	

STOP 21/6/16.

DRUG : INJ. AMIKACIN

Dose	Route	Frequency	Start Dt.
300mg	IV	12th hourly	20/6

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

Additional Instructions: 7.5mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date / Time	20/6	21/6	22/6
6 am	/	[signature]	[signature]
6 pm	[signature]	[signature]	

DRUG : INJ. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400mg	IV	8th hourly	20/6

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

Additional Instructions: 10mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date / Time	20/6	21/6	22/6
6 am	/	[signature]	[signature]
2 pm	/	[signature]	
10 pm	[signature]	[signature]	

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1 sachet	P/O	12th hly	21/6/16

Name & Signature of the Doctor starting the Drugs: Dr. Prashanth.

Additional Instructions: 1 sachet in 20ml water

Daily Doctor's Endorsement by a Sign.

Date / Time	21/6	22/6
6 am	/	/
6 Pm	[signature]	

Chitti 20/6/26

Chitti 20/6/26

Chitti 20/6/26

Chitti 21/6/26

CIN : U85110 TG1998 PTC029914

www.rainbowhospitals.in

VIH-00146341 IP-00060423
Baby NABEELA FATIMA (F)
19-09-2016 9 Y 9 M 1 D
Dr. SIVA NARAYANA REDDY

Ref. No. : F / HW / DC / RP / INPR / 05.a

I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : N-ANCCLAR GEL.				Date / Time	21/6	22/6
Dose	Route	Frequency	Start Dt.	6 am		
	P/w	stmy	21/6/2	2 pm	5pm	
Name & Signature of the Doctor starting the Drugs: Dr. prashan.				10 pm		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign.						

Clik 21/6/26

DRUG : SYP. SMUTH				Date / Time	21/6
Dose	Route	Frequency	Start Dt.	10 am	X
10ml	PO	12th hourly	22/06		
Name & Signature of the Doctor starting the Drugs: [illegible]				10 pm	
Additional Instructions: 1ml/kg/day					
Daily Doctor's Endorsement by a Sign.					

As pc, doctor advice. Clik 21/6/26

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-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: SYP. PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
6ml	P/O	4-6th hrly	20/6/26	
Doctor's Signature		Valid Period	Pharm.	
[signature]			[signature]	
Additional Instructions: 10-15mg/kg/dose 5ml/500mg If temp>100°F				

DRUG: Tab. IBUPROFEN				Date / Time
Dose	Route	Frequency	Start Date	
¼ tab	P/O	8th hrly	20/6/26	
Doctor's Signature		Valid Period	Pharm.	
[signature]			[signature]	
Additional Instructions: 10mg/kg/dose 1 tab = 400mg. If temp>102°F				

DRUG: Inj. ONDANSETRON.				Date / Time
Dose	Route	Frequency	Start Date	
4mg	IV	8th hrly	20/6/26	
Doctor's Signature		Valid Period	Pharm.	
[signature]			[signature]	
Additional Instructions: 0.1-0.2mg/kg/dose				

Signature Chith 20/6/26

Chith 20/6/26

Chith 20/6/26

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

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

		Composition of I.V. Fluid (in infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/6/21	3:40pm	IVF - DNS (2/3rd)m	IV.	50ml/h	[signature]	[signature] [signature]	22/6	[signature]	[signature] [signature]

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

Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight. 40 kgs Ward. ....

DRUG: Inj. CEFTRIAXONE				Date / Time	20/6	21/6	22/6
Dose	Route	Frequency	Start Date				
2gm	IV	12thly	20/6/26	6AM	/	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth							
Additional Instructions: 25-50mg/kg/dose AFTER TEST DOSE.				6PM	Gaya Sadiq	Gaya Sadiq	
Daily Doctor's Endorsement by a Sign							

Chitta 20/6/26

DRUG: Inj. PANTOPRAZOLE				Date / Time	20/6	21/6	22/6
Dose	Route	Frequency	Start Date				
40mg	IV	ONCE DAILY	20/6/26				
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.				6AM	Gaya Sadiq	[signature]	[signature]
Additional Instructions: 1mg/kg/dose.							
Daily Doctor's Endorsement by a Sign							

Chitta 20/6/26

DRUG: ZYTEE GEL				Date / Time	20/6	21/6	22/6
Dose	Route	Frequency	Start Date				
	LA	12thly	20/6/26	6AM	/	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.							
Additional Instructions:				6PM	Gaya Sadiq	Gaya Sadiq	
Daily Doctor's Endorsement by a Sign							

Chitta 20/6/26

DRUG: ENTEROGERMINA 1 capsule				Date / Time
Dose	Route	Frequency	Start Date	
1 capsule	P/O	12thly	20/6/26	
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VIH-00146341 IP-00060423
Baby NABEELA FATIMA
19-09-2016 9 Y 9 M 1 D (F)
Dr. SIVA NARAYANA REDDY

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6/21	2.53PM	Inj. BUSCOPAN	20mg	IV	[signature]	Swagatika / Sanjay [signature]
21.6.26	12:15 am	INJ HYOSCINE BUTYLBROMIDE	20 mg	IV	[signature]	Priya [signature] 21/6/21 at 8:32