Rainbow® Children's Hospital
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Your Right to a Safe Delivery.

VIH-00205748 IP-00060280
Master GAUTAM.V
13-10-2024 1 Y 7 M 27 D (M)
Dr. SURENDER RAO DUSA

AC LLING

Nan

UHID No : IP No : Consultant : Dept : peadiatric

Date of Admission : 8/6/26 Time : Date of Discharge : Time:

Room / Bed No : 138 Ward : 1st floor. Suggested Billable bed type :

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/6/26	10:55pm	ER	138	[signature]

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
8/6/26	CBP, CRP	26019748	[illegible]
	Cross Checked by [illegible] 9/6/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/6/26	Ivplacement	1	3088202.	[signature]
	Cross checked by [signature] 9/6/26			
9/6/26	Nebulization	3	3088298	[signature]
	Nebs	3	3088527	[signature]
10/6	Nebs	3	3088617	[signature]
	Cross checked by Kalpana 10/6 @ 10AM.			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	1st floor Kalpana.		

Ref. No. F/INPR/12

183

Patient Name VIH-00205748 IP-00060280 Master GAUTAM.V 13-10-2024 1 Y 7 M 26 D (M) Dr. SURENDER RAO DUSA

Registration N

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
8/6/26	00.00	11pm - Levolin + Budecort	Anitha	[signature]
	1.00	Adrenaline		
9/6/24	2.00	5Am - Levolin	Anitha	[signature]
	3.00	7Am - Adrenaline	Anitha	[signature]
	4.00	(3) 3088298		
	5.00	11am - Levolin + Budicort	Indu	[signature]
	6.00	3pm - Adrenalene + NS	Beronika	[signature]
	7.00	5pm - Levolin	Beronika	[signature]
	8.00	(3) 3088527		
9/6/26	9.00	11 PM - Levolin + Budecort +	Subham	[signature]
	10.00	Adrenaline + NS	Subham	[signature]
	11.00	5AM - Levolin	Subham	[signature]
	12.00	7AM - Adrenaline + NS	Subham	[signature]
	13.00	(3) 3088612		
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

INSURANCE COPY

Name	Master GAUTAM.V	UHID	VIH-00205748
Father/Guardian	Mr VENKATESHAPPA	Age/Gender	1 Y 7 M 28 D/Male
Address	5516,aliabad shamirpert, Shamirpet, Hyderabad, Telangana, INDIA, 500078		
IP No	IP-00060280	Admission Date	08-06-2026
Ref Doctor	SELF	Discharge Date	10-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Diagnosis: Croup

History: Master GAUTAM V is a 1 Y 7 M 28 D, boy presented with history of hoarseness of voice since 2 days, dry cough since 1 day prior to admission. For the above complaints, he was investigated and treated elsewhere, but in view of persistence of symptoms, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 120/min, blood pressure 90/60 mmHg and respiratory rate 26/min. On auscultation of chest, air entry was equal bilaterally. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, he was conscious and oriented. Other systemic examination was normal.

Weight on admission : 9.6 kgs.

Investigations: Enclosed.

Management: He was admitted in the ward and started on intravenous antibiotics and intravenous fluids. He was nebulised with Levolin, Budecort and Adrenaline. Child was empirically started on Oseltamivir. In view of hoarseness, Injection Dexamethasone was given.

His complete blood picture showed hemoglobin 9.9 gm%, white blood cells count of 7,430 cells/cumm, platelet count of 4.06 lakhs/cumm and C- Reactive protein 9 mg/L. Chest x-ray done outside showed infiltrated in perihilar region and increased bronchovascular markings.

His vitals were regularly monitored. His symptoms gradually settled. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Azithromycin (5ml=200mg), 2.5ml, once daily till 12.06.2026.
3. Syrup Oseltamivir (1ml=12mg) 2.5ml, 12th hourly till 13.06.2026 morning dose (To be refrigerated).
4. Nebulization with Levolin (0.31mg), 1 respule 6th hourly for 2 days followed by 1 respule 8th hourly for 3 days and stop.
5. Nebulization with Budecort (0.5mg), 1 respule 12th hourly for 5 days.
6. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, on 13.06.2026 (Saturday) in OPD with prior appointment (This consultation will be charged).

Name	Master GAUTAM.V	UHID	VH-00205748

In case of Fever:

Syrup Paracetamol (5ml=240mg), 3ml for fever >99.6*F (maximum 4-6 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

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

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. B. Prashanthi
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

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,

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INSURANCE COPY

PatientName	: Master GAUTAM.V	**Inpatient No.**	: IP-00060280
Age/Gender	: 1 Y 7 M 26 D/ Male	**Admit Date**	: 08-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				**TEST RESULT STATUS : REPORT AUTHORISED** Order Date :08-06-2026 21:10
HEMOGLOBIN (Colorimetry)	**9.9**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	3.83	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**28.1**	**VOL%**	L	33 - 49
MCV (Calculated)	73.4	fL		70 - 86
MCH (Calculated)	25.9	pg/cells		23 - 31
MCHC (Calculated)	35.4	g/dL		30 - 36
RDW-CV (Calculated)	15.2	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	406	10^9/L		150 - 450
MPV (Calculated)	7.4	fL		6.5 - 10
WBC COUNT (DC Detection Method)	7.43	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**55**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**40**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC :NORMOCYTIC / NORMOCHROMIC, NORMOCYTIC / HYPOCHROMIC** **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 :08-06-2026 21:10
CRP (Immunoturbidimetry)	9.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital — It takes a lot to treat the little.
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Patient Name : VIH-00205748 IP-00060280
Master GAUTAM.V
13-10-2024 1 Y 7 M 27 D (M)
Dr. SURENDER RAO DUSA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	02	–	–	
4	Patient Trasfer Forms	01	–	–	
5	In-patient Medical Record	03	–	–	
6	Doctors Progress Sheets	02	–	–	
7	Nurses Progress notes	03	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
	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	03	–	–	
26	Intake and Output chart (fluid Chart)	02	–	–	
27	Drug Chart (Regular prescription)	03	–	–	
	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	13			
	Total No. of Pages	38			

Noted by Beronika 10/6/26 @ 12am

Signature and Date : Beronika @ 10/6/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital | BirthRight by Rainbow

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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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060280 **Admit Date** : 08-Jun-2026 **Admit Time** : 08:25 PM **UHID** : VIH-00205748

Patient Details :

Patient Name	: Master GAUTAM.V	**Age**	: 1 Y 7 M 26 D
Guardian	: Mr VENKATESHAPPA	**DOB**	: 13-10-2024 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5516,aliabad shamirpert Shamirpet Hyderabad Telangana INDIA 500078	**Phone No**	: 9035818918
		E-mail	: na@gmail.com

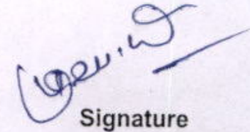
Admission Details :

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 VENKATESHAPPA	**Relationship**	: Father
Contact Address	: 5516,aliabad shamirpert Shamirpet Hyderabad Telangana INDIA 500078	**Phone No**	: 9035818918 / 8179713356



Signature

Doctor Details :

Doctor Name	: Dr. SURENDER RAO DUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: ICICI LOMBARD GENERAL INSURANCE CO LTD

VIH-00205748 IP-00060280
Master GAUTAM.V
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Dr. SURENDER RAO DUSA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: URTI

Arrival Time: 10:55pm Mode of Arrival: taken by Mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nill Body Weight: 9.54 Kg

Height: - cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
- pneumonia	- 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: 9.54kgs Length: - Head Circumference (< 2 years): -

Temp.: 98.6°F HR: 86 b/m RR: 28 b/m BP: 94/63 (79) mmHg

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 15 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (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 - Location - Frequency - Duration -

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?) ......1 (Brother)......

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 ......Father......

Nurse's Name: ......Sr. Anitha...... Date: ......8/6/26...... Time: ......11:50pm Signature [signature]

VIH-00205748 IP-00060280
Master GAUTAM.V
13-10-2024 1 Y 7 M 26 D (M)
Dr. SURENDER RAO DUSA

EMERGENCY ROOM TRIAGE FORM

Wt - 9.54 kg

Patient's Name : Mast. Gautam. V Age : 1 years Gender: ☑ Male ☐ Female

Date : 8/6/26 Time of Arrival : 9:07 pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.0°F PR: 120b/m BP: 109/43(51) RR: 26b/m SpO2: 98%

Chief Complaints: c/o- Hoarseness of voice since 2days, Cough since 1day

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

Triage Completion Time : 9:10 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 : Vaishnavi

Signature of Triage Nurse :

Date & Time : 8/6/26 @ 9:10pm

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Master GAUTAM.V
13-10-2024 1 Y 7 M 27 D (M)
Dr. SURENDER RAO DUSA

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/6/26 Time of arrival : 9:12pm

Chief Complaints: C/o Hoarseness of voice since 2days, Cough since 1 day RBS: —

Height : — Weight : 9.54kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

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 Parents

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 - (Brother)

Time of Initial assessment completed by ER Nurse : 9:15 pm

Patient Name : Mast. GAUTAM.V UHID : VIH-00205748 IPD : IP-00060280 Gender : Male Age : 1 Y 7 M 26 D

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

Time	Nursing Notes
9:07pm	- Patient Came to ER
9:10pm	- vitals checked & Recorded
9:12pm	- ER doctor seen the patient
9:17pm	- IV placement done, Sample sent to Lab
9:20pm	- Patient Shifted to (138)

Samples collected by: Sr. shanthi Time: 9:15pm

Samples sent by : Sr. Swagathrika Time: 9:20pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
@9:30pm	inj. Dexameth~	IV	0.7ml	Dr Shreya	[signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 120b/m BP: 109/43(57) CFT: <2sec	Shift - out from ER to: 138 (Room)
RR: 26b/m SPO₂ : 98%	Time of Shift - out: @10:55pm
GCS: 15/15 Temperature : 98.0°F	Handover given to: (Nurse's Name) Sr. Anitha
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 : Vaishnavi Signature of the Nurse : [signature]

Date & Time : 8/6/26 @10:55pm

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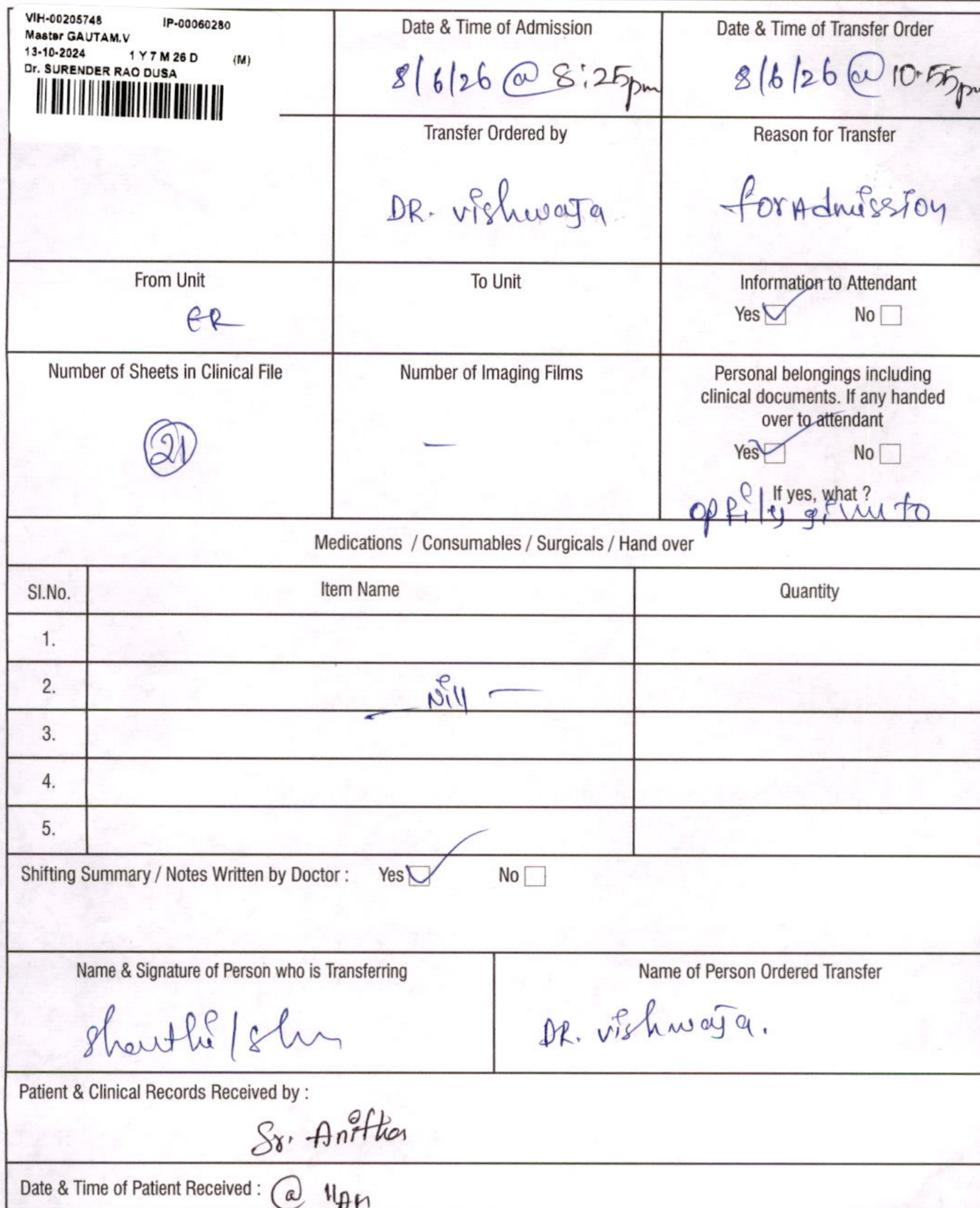
PATIENT TRANSFER FORM



VIH-00205748 IP-00060280
Master GAUTAM.V
13-10-2024 1 Y 7 M 26 D (M)
Dr. SURENDER RAO DUSA

Date & Time of Admission	Date & Time of Transfer Order
8/6/26 @ 8:25pm	8/6/26 @ 10.55pm

Transfer Ordered by	Reason for Transfer
DR. vishwaja	for Admission

From Unit	To Unit	Information to Attendant
ER		Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	—	Yes ☑ No ☐ If yes, what ? op file given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shanthi / [signature]	DR. vishwaja.

Patient & Clinical Records Received by : Sr. Anitha

Date & Time of Patient Received : @ 11pm

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205748 IP-00060280
Master GAUTAM.V
13-10-2024 1 Y 7 M 26 D (M)
Dr. SURENDER RAO DUSA

Patient Name: ______________________

UHID ID: ______________________

Department: ______________________

Consultant: ______________________

VIH-00205748 IP-00060280
Master GAUTAM.V
13-10-2024 1 Y 7 M 26 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : Gautam Age/Sex 1y / male

Information given by: mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Hoarseness of voice since 2days.
cough since 1day

History of present illness :

Child brought by parents with
c/o Hoarseness of voice since 2day
a/w cough since 2das
↳ dry, no post tussive vomitings
⇓
consulted outside hospital
was on Amoxiclav x 3days
Syp. omnacortel x 3d
Budecort nebulisation
⇓
c/o persistence of symptoms.
admitted in RBH.

No H/o Fever, chills, Rashes.

Pediatric Multiorgan History & Physical Examination

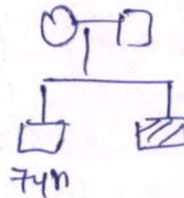
Past History : (Including details of any previous investigation or treatment)

H/O pneumonia - @3months of age
(admitted for 2d)

CXR - done outside (yesterday) - 7/6/26

Birth & Neonatal History:

Term/2.8kg/ LSCS(previous)/ CBAB/
NO NICU stays



Birth & Socio Economic History:

About Father : Class III
About Mother :
Any additional Information :

Developmental History :

Appropriate for age in all 4 domains.

Immunization History :

Received upto date

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9.6 kg (Centile ______)

On Examination :

Temperature : 98°F Pulse Rate : 120/min B.P. 109/43 SPO2 98%

Resp.rate and type of breathing : 26/min.

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

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

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

Any addes sounds : NO.

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 : soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :
Tone: N
Power 4/5 all limbs
Co-ordinator :
Posture :
Involuntary Movements : NO

Reflexes : +

DTR +2

Superficials:

Plantars flexor

Sensory System :

Bladder / Bowel : No incontinence

Clinical Summary & Diagnostic:

URTI ? croup.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complication

Desired goals of the treatment : To treat current condition.

Planned Labs:

CBP
CRP

noted by shanthi
8/6 @ 9:16pm

Planned Management 8/6 By Dr. surender Rao sir

1) Inj. Dexona iv stat
2) Neb c Adrenaline 8th hrly
3) Neb Levolin 0.31mg 6th hrly
4) Neb Budecort 0.5mg BD
5) Syp. Fluver BD
6) Syp Azee 200mg - 2.5ml OD

noted by shanthi
8/6/26 @ 9:16pm

Signature of the Doctor: ....
Name of the Doctor: Dr. Vishnuja
Date & Time: 8/6/26 8:40pm

Signature of the Consultant: Dr. Surender Rao
Name of the Consultant: Dr. Surender Rao
Date & Time: ....

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 9:10Am	C/S/A Resident	
	URTI? croup.	
	No fever spikes.	
	cough (int),	
O/I - Better		
H/o - Adequate.	O/E	
	Child Alert	
	Vitals stable.	
	CVS: S1S2 (+)	Plan.
Dr. prathana	RS: B/L AE (+)	
	P/A: soft	- Syp. Azee - D2
	CNS: NAD	- Neb - Levolin
		Budecort
		Adrenaline
		- Syp. Ofloxacin - D1
		Dr. Surender Rao 9/6/26 11:15AM
		Noted by [signature] 9/6 @ 10AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/24	C/C/B Resident	
4:00pm	URTI ? croup.	
	No fever spikes :: Admission.	
	Cough ent.	
	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	plan
	P/A: soft	
	CNS - NAD	— IVF -
Dr. prashan.		— Neb - levolin / Budecort / Adrenaline.
		- Syp. Oseltamivir - D2.
		— Syp. Azee.
		Noted by Benomika 9/6/26 @ 7pm

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Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 10:00AM	C/C/B Resident	
	URTI ? croup.	
	No fever spikes.	
		Cough - Better.
O/I - Better	O/E	
	child Alert & Active.	
4/0 - Adequate.	Vitals stable	
	CVS: S1S2 ⊕	
	RS: B/L AE ⊕	
	P/A: Soft	Plan
Dr. prashanth.	CNS: NAD.	- syp. Azee - once daily.
		- Levolin Neb Budecort Adrenaline. (Stop)
		- Syp prednisolone - D2.
noted by Bea... 10/6/26 (illegible)	→ D/c today. Monitor on Nebs	Dr. Surender [signature] 10/6/26.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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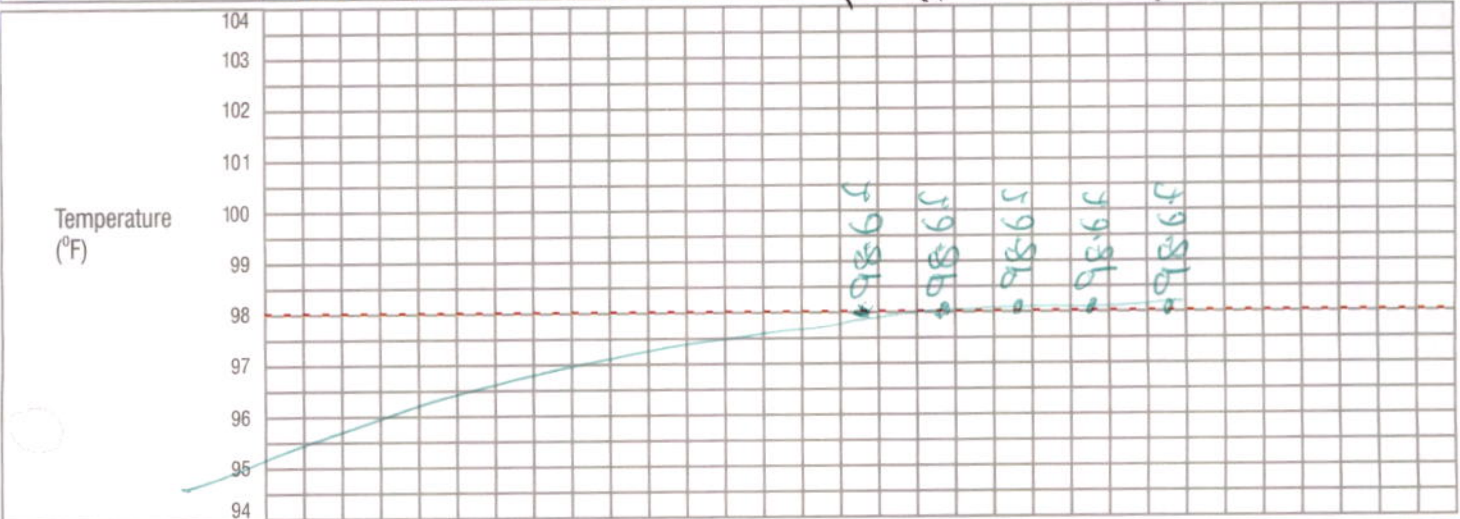
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/6/26

Time:	11 PM	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?					
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (Number)	120	118	115	118	115
Resp Rate (Number)	27	27	26	27	27
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)					
Conscious Level — Normal	98	97	98	98	97
Conscious Level — Altered					
GCS *	N	N	N	N	N
TOTAL SCORE — Number of shaded boxes	15	15	15	15	15
Pain Score	0				
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]



Heart Rate (bpm) and Blood Pressure (mmHg) * — 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) * — 70, 60, 50, 40, 30, 20, 10

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

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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)

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13-10-2024 1 Y 7 M 27 D (M)
Dr. SURENDER RAO DUSA

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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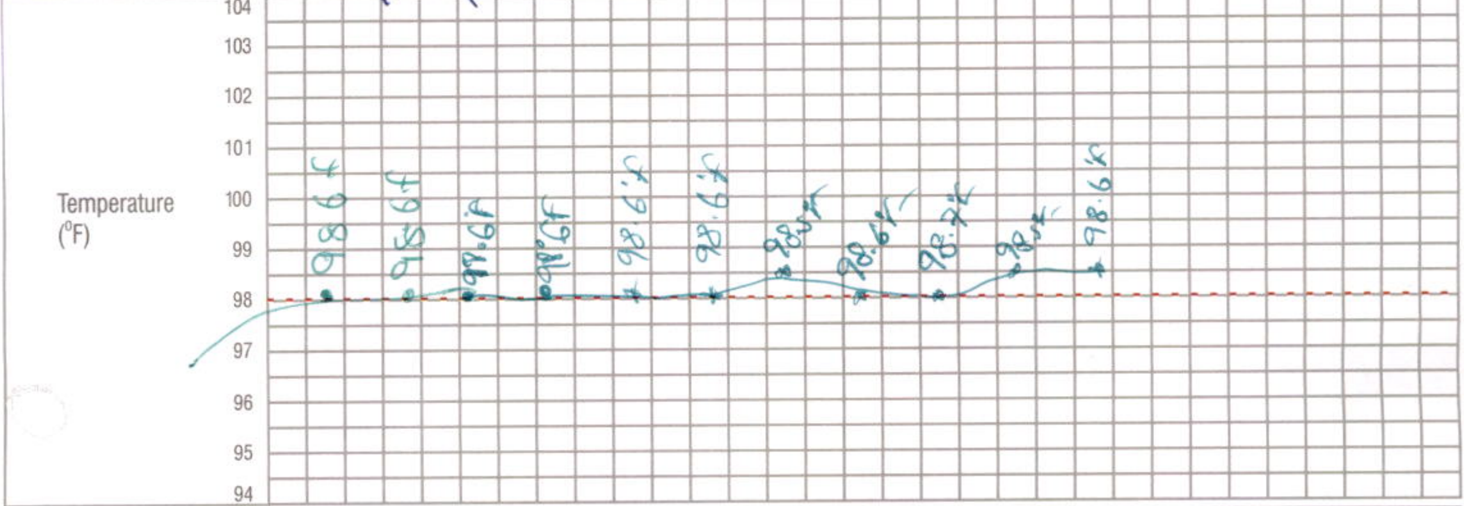
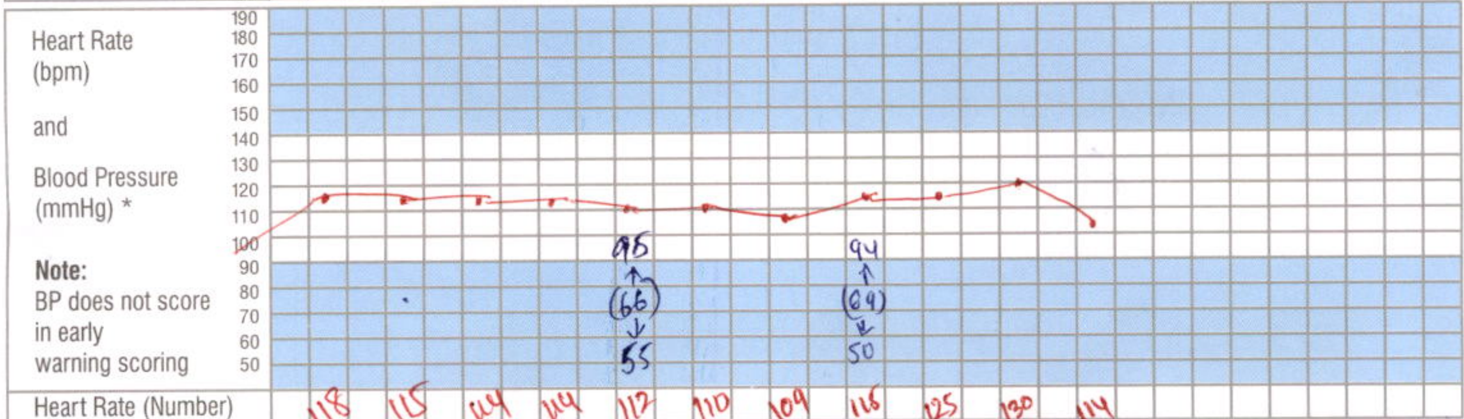
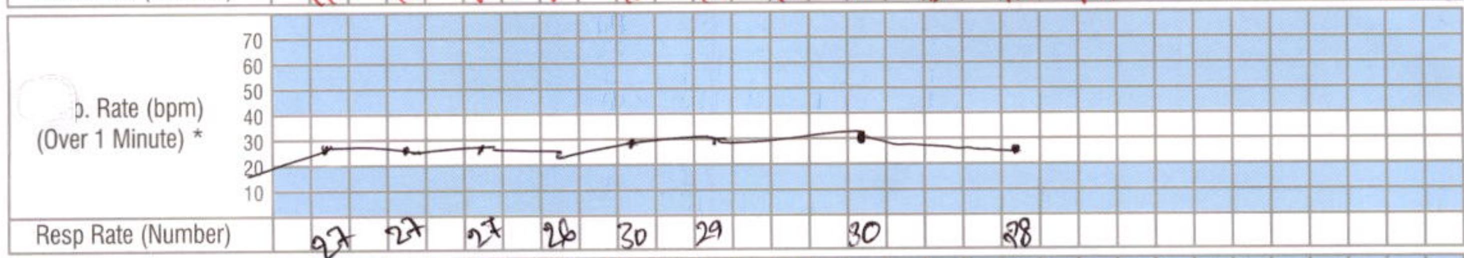
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/6/26 Time:	9 Am	11 Am	1 pm	3 pm	5 Pm	7 Pm	9 pm	11 PM	3 AM	5 AM	7 am
Doctor / Nurse / Family Concern?											





	9 Am	11 Am	1 pm	3 pm	5 Pm	7 Pm	9 pm	11 PM	3 AM	5 AM	7 am
Heart Rate (Number)	118	115	114	114	112	110	109	116	125	130	114



	9 Am	11 Am	1 pm	3 pm	5 Pm	7 Pm	9 pm	11 PM	3 AM	5 AM	7 am
Resp Rate (Number)	27	27	27	26	30	29		30		28	
Resp Distress — Mod/ Severe											
Resp Distress — None / Mild											
Receiving O_2 (l/min)											
O_2 Saturations (%)	98	97	98	99	98	97	100	97	98	97	100
Conscious Level — Normal	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
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	✓	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	B.	B.R	SK	SK	SK	SK	SK

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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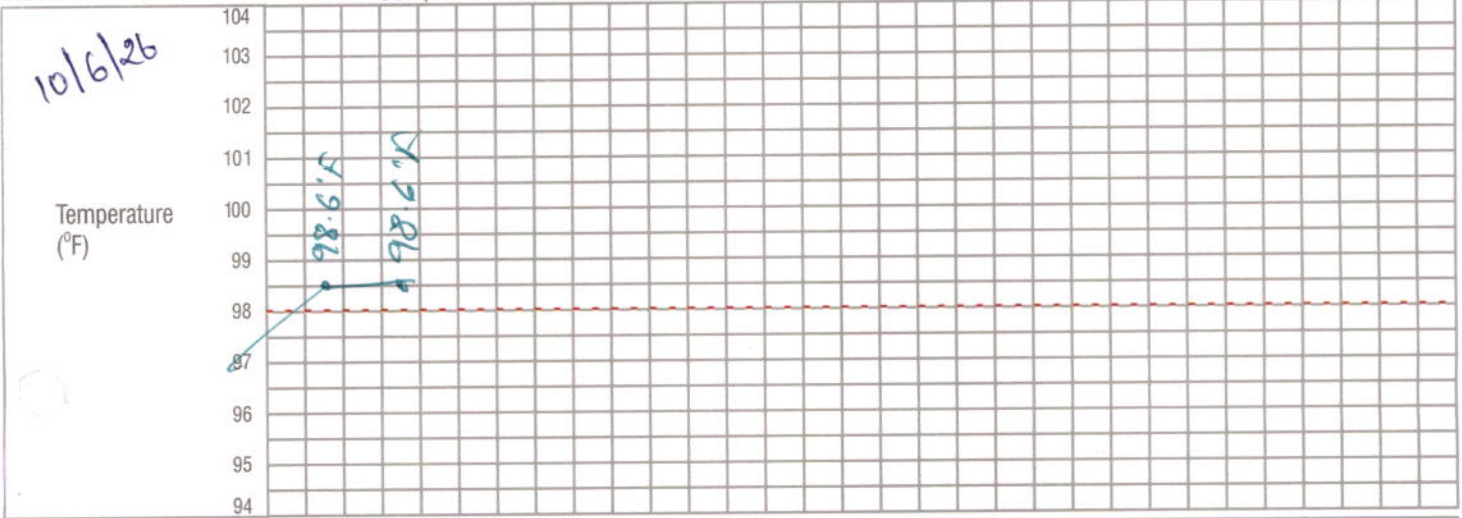
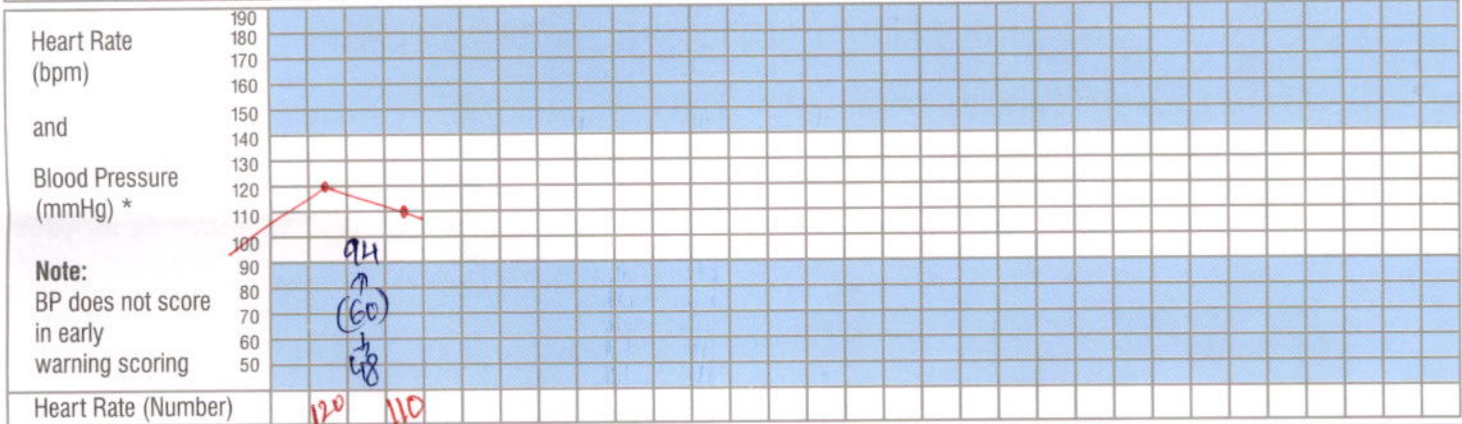
EARLY WARNING SCORE: CHILDREN'S UNIT

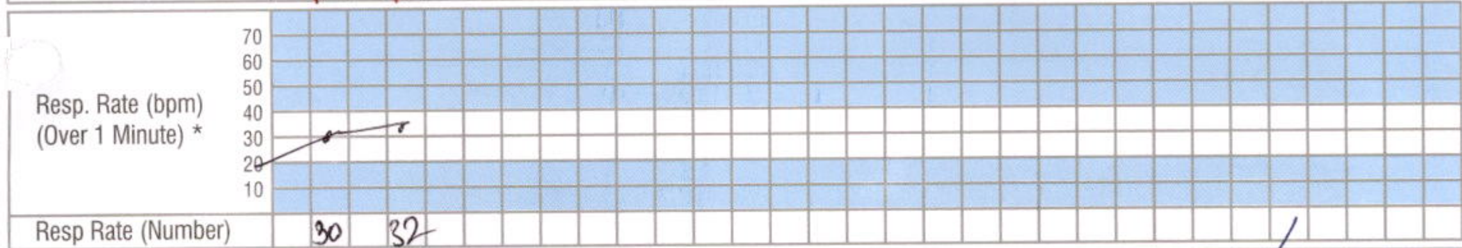
Date : .... Time:	9 am	11 am
Doctor / Nurse / Family Concern?		

10/6/26





Heart Rate (Number)	120	110



Resp Rate (Number)		30	32
Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2 (l/min)			
O_2 Saturations (%)		98	99
Conscious Level	Normal	N	N
	Altered		
GCS *		15	15
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		B	B

Noted by
Bouvika
10/6/26
@ 11am

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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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)

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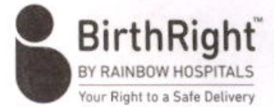

FLUID CHART

Sheet No. : 8/6/26

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
9/6	08:00 am									✓	0	Indu @2pm 9/6/26
	09:00 am		Idly + water									
	10:00 am											
	11:00 am											
	12:00 pm									✓		
	01:00 pm											
Total Intake :						Total Output :						
9/6	02:00 pm										0	Beronika @8pm 9/6/26
	03:00 pm		Idly + water							✓		
	04:00 pm											
	05:00 pm									✓		
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
9/6/26	08:00 pm										0	Subham 9/6
	09:00 pm		Rice water									
	10:00 pm									✓		
	11:00 pm											
	12:00 am											
	01:00 am									✓		
Total Intake :						Total Output :						
10/6/26	02:00 am		DBF								0	Subham 10/6/26 @7AM
	03:00 am											
	04:00 am											
	05:00 am		DBF									
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	7 times

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FLUID CHART

Sheet No. : 10/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
10/6/26	08:00 am											
	09:00 am		Idly							✓		
	10:00 am		water									Beronika
	11:00 am										0	10/6
	12:00 pm											@11am
	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 Beronika 10/6/26 @11am

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

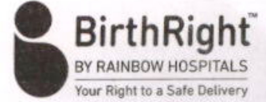
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

VIH-00205748 IP-00060280
Master GAUTAM.V
13-10-2024 1 Y 7 M 26 D (M)
Dr. SURENDER RAO DUSA



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: ER Shifted to: ....

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		— Nill	—			☐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. Vishwaja

Date & Time : 8/6/26 @ 8:49pm

Nurse Name & Signature: Shanthi [signature]

Date & Time : 8/6/26 @ 8:49pm

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

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13-10-2024 1 Y 7 M 26 D (M)
Dr. SURENDER RAO DUSA

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DRUG CHART

Date of Admission: 8/6/26 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 :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

VERIFIED BY : Name .... Signature

VIH-00205748 IP-00060280
Master GAUTAM.V
13-10-2024 1 Y 7 M 26 D (M)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 9.54 (kg) Ward. 138

DRUG : NEB. ADRENALINE

Dose	Route	Frequency	Start Date
[illegible]	PN	6th hourly	8/6

Name & Signature of the Doctor Starting the Drugs: Dr. Ulthwaja

Additional Instructions: 0.5mg

Daily Doctor's Endorsement by a Sign

DRUG : NEB. LEVOSALBUTAMOL

Dose	Route	Frequency	Start Date
1 respule	PN	6th hourly	8/6

Name & Signature of the Doctor Starting the Drugs: Dr. Ulthwaja

Additional Instructions: 1 respule = 0.31mg

See IN Neb chart

Daily Doctor's Endorsement by a Sign

DRUG : NEB. BUDESONIDE

Dose	Route	Frequency	Start Date
0.5mg	PN	12th hourly	8/6

Name & Signature of the Doctor Starting the Drugs: Dr. Ulthwaja

Additional Instructions: 1 respule = 0.5mg

See IN Neb chart

Daily Doctor's Endorsement by a Sign

DRUG : SYP. OSELTAMIVIR

Dose	Route	Frequency	Start Date
2.5ml	PO	12th hourly	8/6

Name & Signature of the Doctor Starting the Drugs: Dr. Ulthwaja

Additional Instructions: 1ml = 12mg
3mg/kg/dose
~~30mg/kg/day~~

Date	8/6	9/6	10/6	11	12	13
10 AM	/	[signature]	[signature]			
10 PM	[signature]	[signature]				

Daily Doctor's Endorsement by a Sign

S.Mary Kamal 8/6/26

Patient Sticker

Weight. 9.54kg Ward. 138

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.	

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

VERIFIED BY : Nurse .... Signature ....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6	9:30pm	INJ. DEXAMETHASONE (0.3-0.4mg/kg)	3mg	IV	[signature]	priya

Dr. [signature]

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Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 9.54kg Ward. 130.

Date	Time	...position of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

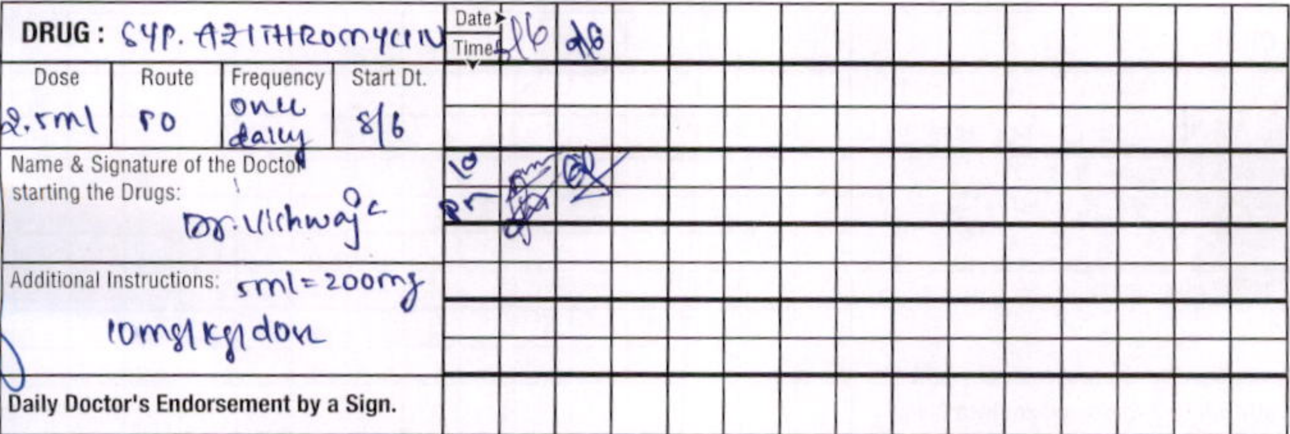
VIH-00205748 IP-00060280
Master GAUTAM.V (M)
13-10-2024 1 Y 7 M 26 D
Dr. SURENDER RAO DUSA

Rainbow Children's Hospital — BirthRight by Rainbow Hospitals

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

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

REGULAR PRESCRIPTIONS



DRUG : SYP. AZITHROMYCIN

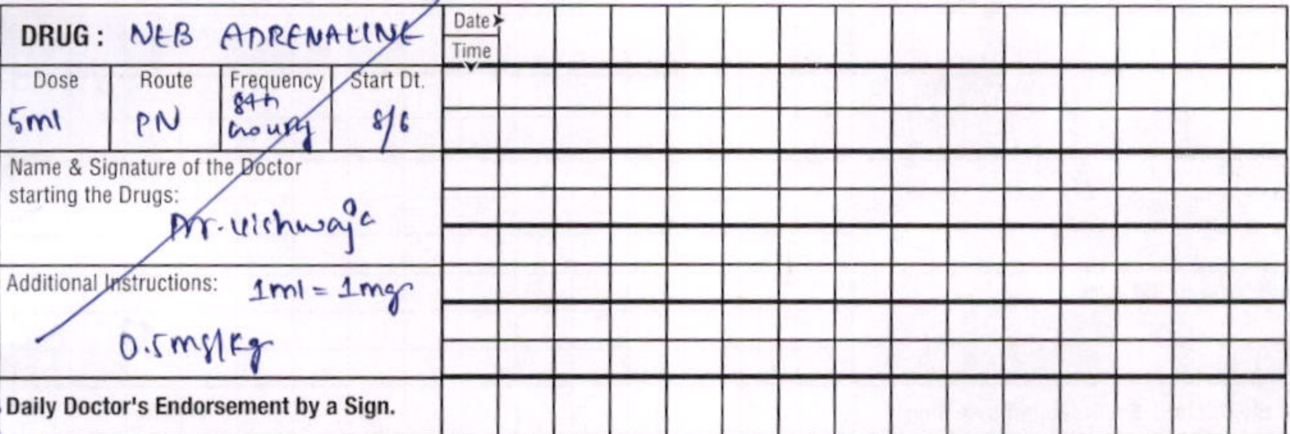
Dose	Route	Frequency	Start Dt.
2.5ml	PO	once daily	8/6

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

Additional Instructions: 5ml = 200mg, 10mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date / Time: 8/6, 9/6 — 10 pm



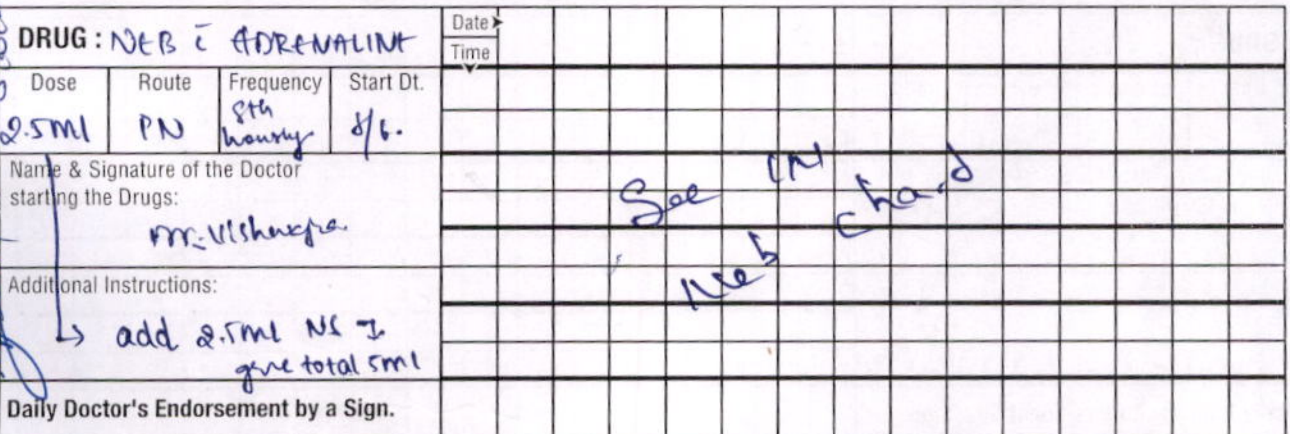
DRUG : NEB ADRENALINE

Dose	Route	Frequency	Start Dt.
5ml	PN	8th hourly	8/6

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

Additional Instructions: 1ml = 1mg, 0.5mg/kg

Daily Doctor's Endorsement by a Sign.



DRUG : NEB c̄ ADRENALINE

Dose	Route	Frequency	Start Dt.
2.5ml	PN	8th hourly	8/6.

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

Additional Instructions: → add 2.5ml NS & give total 5ml

Daily Doctor's Endorsement by a Sign.

See ICU Neb chart

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Your Right to a Safe Delivery

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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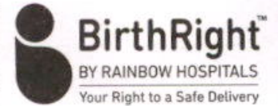

(1)

RESULT SHEET

Date	8/6/26					
Time	9pm					
Hb	9.9					
PCV	28.1					
RBC	3.83					
WBC	7,43					
N/L	55.7/39.0					
Platelets	4.06.					
CRP	9					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....