

**ACTIVITY RE**

BAH-00602123 IP-00060324  
Baby GAGANA SRI  
04-04-2024 2 Y 2 M 8 D (F)  
Dr. SURENDER RAO DUSA

Name: -----  -----

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

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

Room / Bed No: 137 Ward: 2<sup>nd</sup> Floor Suggested Billable bed type: -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
12/6/26	8:33 pm	ER	137	Jam

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
12/6/26	IV placement	1	3089598	<i>[Signature]</i>
<i>Cross checked by [Signature] 13/6/26</i>				
13/6/26	Nebulization	①	3090046	<i>[Signature]</i>
	<i>nebs</i>	3	3090203	<i>[Signature]</i>
<i>Cross checked by [Signature] 14/6/26</i>				

**ANY OTHER INFORMATION**

*COVID test → neg*

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward <i>[Signature]</i> <i>Lealpa,</i>	Billing Assistant	Billing Supervisor
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Patient Name : **Baby GAGANA SRI**  
04-04-2024 2 Y 2 M 8 D (F)  
Dr. SURENDER RAO DUSA

Registration No

BAH-00602123 IP-00060324



## NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
12/6/26	5:00 PM <del>00:00</del>	5 PM - Neb. Levolin +	Reeksh	
12/6/26	5:00 PM <del>1:00</del>	Neb. budesort	Reeksh	
	2.00	9 PM - Levolin	Manasa	
13/6	3.00	1:30 AM - Levolin	Manasa	
	4.00	6 AM - Levolin + budesort	Manasa	
	5.00	10:30 AM - Levolin	Prade	
	6.00	2:30 PM - Levolin	Subham	
	7.00	6 PM - Levolin + Budesort	Subham	
	8.00	⑦ 3090046		
	9.00	11 PM - Levolin	Manasa	
14/6	10.00	7:00 - levolin + budesort	Manasa	
	11.00	11:00 AM - Levolin	Prade	
	12.00	⑧ 3090208		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

BAH-00602123 IP-00060324  
 Baby GAGANA SRI  
 04-04-2024 2 Y 2 M 9 D (F)  
 Dr. SURENDER RAO DUSA

Patient Name

IP.No:

Ward:



DOA:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	01			
3	Nursing Initial assessment form	03			
4	Patient Transfer Forms	02			
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			
	Consent for Surgery				
11	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
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			
	Intake and Output chart (fluid Chart)	03			
27	Drug Chart (Regular prescription)	03			
28	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				
	Therapy document	02			
	pain Assessment	01			
	member	01			
	Other	03			
	Billing	01			
	<b>Total No. of Pages</b>	<b>38</b>			

Noted by [Signature]  
 12pm  
 14/01/24  
 Signature and Date :

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060324

Admit Date : 12-Jun-2026

Admit Time : 01:46 PM UHID : BAH-00602123

### Patient Details :

Patient Name : Baby GAGANA SRI

Age : 2 Y 2 M 8 D

Guardian : Mr NAGARAJU

DOB : 04-04-2024

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : 8-4-379/45 SULTHAN NAGAR NEAR INDIRA  
GANDHI STATUE, HYD Moti Nagar Hyderabad  
Telangana INDIA 500018

Phone No : 9052274117

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 NAGARAJU

Relationship : D/O

Contact Address : 8-4-379/45 SULTHAN NAGAR NEAR INDIRA  
GANDHI STATUE, HYD Moti Nagar Hyderabad  
Telangana INDIA 500018

Phone No : 9052274117

  
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 : SELFPAY

Name	Baby GAGANA SRI	UHID	BAH-00602123
Father/Guardian	Mr NAGARAJU	Age/Gender	2 Y 2 M 10 D/Female
Address	8-4-379/45 SULTHAN NAGAR NEAR INDIRA GANDHI STATUE, HYD, Moti Nagar, Hyderabad, Telangana, INDIA, 500018		
IP No	IP-00060324	Admission Date	12-06-2026
Ref Doctor	Self	Discharge Date	14-06-2026

**DISCHARGE SUMMARY**

**Consultant: Dr. SURENDER RAO DUSA**

MD (Pediatrics), Fellowship in Neonatology  
SENIOR CONSULTANT PEDIATRICS  
47776

**Diagnosis: Lower respiratory tract infection**

**History:** Baby GAGANA SRI is a 2 Y 2 M 10 D, girl presented with the history of moderate to high grade intermittent fever since 5 days, dry intermittent cough and cold since 4 days, decreased oral intake prior to admission. For the above complaints, she was investigated and treated elsewhere but in view of persistence of symptoms, she was admitted in Rainbow Children's Hospital for further management.

**Outside Investigations:** Complete blood picture done on 11.06.2026 showed hemoglobin 12.6 gm%, white blood cells count of 2,900 cells/cumm, platelet count of 1.93 lakhs/cumm and C-Reactive protein 66 mg/L. Mp & Widal were negative.

**Examination:** She was afebrile, maintaining saturations at room air. Her heart rate was 110/min, blood pressure 90/70 mmHg and respiratory rate 24/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, she was conscious and oriented. Other systemic examination was normal.

Name

Baby GAGANA SRI

UHID

BAH-00602123

Weight on admission : 10.2 kgs.

**Investigations:** Enclosed.

**Management:** She was admitted in the ward and started on IV antibiotics and IV fluids. She was nebulized with Levolin and Budecort. She was empirically started on Syrup Oseltamivir.

Her complete blood picture showed hemoglobin 10.7 gm%, white blood cells count of 6,080 cells/cumm, platelet count of 1.55 lakhs/cumm and C-Reactive protein 55 mg/L.

Her vitals were regularly monitored. Her fever spikes and other symptoms gradually settled. Her repeat hemogram done on 14.06.2026 showed hemoglobin 11.7 gm%, white blood cells count of 7,140 cells/cumm, platelet count of 1.62 lakhs/cumm and C-Reactive protein 34 mg/L. She remained hemodynamically stable during the hospital stay and 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. Syrup Amoxicillin + Clavulanic Acid (5ml=400mg), 2.5ml, 12<sup>th</sup> hourly (after food) for 3 days (Refrigerate after reconstitution).
3. Syrup Oseltamivir (1ml=12mg) 2.5ml, 12<sup>th</sup> hourly (after food) till 17.06.2026 morning dose (To be refrigerated).
4. Syrup Relent Plus, 2.5ml, 12<sup>th</sup> hourly for 5 days.
5. Nasivion-P nasal drops, 2 drops in each nostril, 12<sup>th</sup> hourly for 5 days.

Name

Baby GAGANA SRI

UHID

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

00602123  
BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

6. Nebulization with Levolin (0.31mg), 1 respule 6<sup>th</sup> hourly for 2 days followed by 1 respule 8<sup>th</sup> hourly for 3 days and stop.
7. Nebulization with Budecort (0.5mg), 1 respule 12<sup>th</sup> hourly for 5 days
8. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

#### **In case of Fever:**

Syrup Paracetamol (5ml=240mg), 3ml, if temperature > 100°F (maximum 4 times a day at 6 hour intervals).

Syrup Ibugesic (5ml=100mg), 5ml, if temperature > 101°F & not responding to Crocin (maximum 4 times a day at 6 hour intervals).

**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](http://www.rainbowhospitals.in)**

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

**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

Baby GAGANA SRI

UHID

BAH-00602123

Name :

Signature :

Relationship with patient :

This summary has been explained by :

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

*Dr. Vishwaja*

**Registrar/Resident/C.M.O**

*Vijay*

**Dr. SURENDER RAO DUSA**

MD (Pediatrics), Fellowship in Neonatology

SENIOR CONSULTANT PEDIATRICS

47776

Patient Name : Baby. GAGANA SRI UHID : BAH-00602123 IPD : IP-00060324 Gender : Female Age : 2 Y 2 M 8 D

BAH-00602123 IP-00060324  
 Baby GAGANA SRI  
 04-04-2024 2 Y 2 M 8 D (F)  
 Dr. SURENDER RAO DUSA



### EMERGENCY ROOM TRIAGE FORM

Patient's Name : Gagana Sri Age : 2y Gender:  Male  Female

Date : 12/6/26 Time of Arrival : 1:27pm

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: 97.1° F PR: 118b/m BP: 92/60/77 RR: 24b/m SpO<sub>2</sub>: 98%

Chief Complaints: FEVER x 5 days, cold & cough x 4 days

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Sick Looking Circulation / Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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 : 1:30pm

### Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks  Yes  No
- Have you had cough or a rash in the past 2 weeks  Yes  No
- 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

- 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: .....
- 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 : [Signature]

Signature of Triage Nurse : [Signature]

Date & Time : 12/6/26 @ 1:30pm



BAH-00602123 IP-00060324  
 Baby GAGANA SRI  
 04-04-2024 2 Y 2 M 8 D (F)  
 Dr. SURENDER RAO DUSA




### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/6/26 Time of arrival : 1:30 PM  
 Chief Complaints : FEVER, cold & cough RBS : -  
 Height : 83cm Weight : 10.2kg 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 .....

<p><b>RISK FOR FALL:</b></p> <p><input checked="" type="checkbox"/> If patient is &lt; 6 years              tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is &gt; 6 years              Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>• Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>• Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Escort while ambulating</li> <li><input type="checkbox"/> Assist Patient</li> <li><input type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p>
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**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

Time of Initial assessment completed by ER Nurse : 1:33pm

Patient Name : Baby. GAGANA SRI UHID : BAH-00602123 IPD : IP-00060324 Gender : Female Age : 2 Y 2 M 8 D

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

Time	Nursing Notes
1:27 <sup>PM</sup>	Patient came to ER
1:28 <sup>PM</sup>	check vitals & record
1:30 <sup>PM</sup>	Doctor seen the pt -
1:35 <sup>PM</sup>	Advice Admission -
1:40 <sup>PM</sup>	Admission process done.
2 <sup>PM</sup>	IV cannulation done. PT shifted to 1st floor

Samples collected by: }  
 Samples sent by: } Nri

Time: }  
 Time: } ac.1

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
/					

Condition of patient at time of shift - out :	Details of Shift - out
HR: 118b/m BP: crying CFT: - RR: 29b/m SPO <sub>2</sub> : 98% GCS: 15/15 Temperature: 98.6F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: 137 Time of Shift - out: @ 2:33pm Handover given to: sis - Vaishna (Nurse's Name) Br. sis - Smile anth


Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : Vaishnavi  
 Date & Time : 12/16/26 @ 2:33pm

Signature of the Nurse : Vaish

# PATIENT TRANSFER FORM

Patient Name & UHID No.  BAH-00602123      IP-00060324 Baby GAGANA SRI 04-04-2024      2 Y 2 M 8 D      (F) Dr. SURENDER RAO DUSA 		Date & Time of Admission  12/6/26 @ 1:46 pm	Date & Time of Transfer Order  12/6/26 @ 2:33 pm
		Transfer Ordered by  Dr. Vishwasa	Reason for Transfer  Admission
From Unit  ER	To Unit  137	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File  28	Number of Imaging Films  —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor :      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring  Samuel / Lan		Name of Person Ordered Transfer  Dr. Vishwasa	
Patient & Clinical Records Received by : Bx. Sreekanth			
Date & Time of Patient Received : 12/6/26 @ 2:33 pm.			

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



## Nursing General Admission Assessment Form For Pediatrics

Diagnosis: LRTI

Arrival Time: 2:33 Mode of Arrival: lifted by mother Admitting From:  ER  OPD  Direct

Allergy / Adverse Reaction .....

Body Weight: 10.2 Kg

Height: 83 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

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: 10.2 kg Length: 83 cm Head Circumference (< 2 years): .....

Temp.: 98.6 °F HR: 104 b/m RR: 26 b/m BP: 105/63 (7/11)

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

Fall Risk Assessment:  Yes  No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (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:** ..... *nil* ..... (Date/Time): .....

**Social History:** Lives With ..... *Family* .....

Siblings in household  Yes  No (if yes How Many?) ..... *01* .....

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: ..... *Rosekanti* ..... Date: *12/16/26* ..... Time: *2:15* .....  Signature



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

BAH-00602123 IP-00060324  
Baby GAGANA SRI (F)  
04-04-2024 2 Y 2 M 8 D  
Dr. SURENDER RAO DUSA

UHID ID:



Department:

Consultant:



### Pediatric Multiorgan History & Physical Examination

Name : Gagana sri Age/Sex 2y/F

Information given by: mother Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

c/o cold, cough since 4 days  
c/o fever since 5 days  
a/w ↓ oral intake.

#### History of present illness :

Child brought by parents with  
c/o fever since 5 days  
moderate to high grade  
insidious onset  
gradually progressive  
Relieving on medication.  
c/o cold - Runny nose - since 4 days  
a/w cough since 4 days  
no-purulent rhinorrhoea.  
a/w ↓ oral intake.

Urine - (0)

Stool (0)

↓  
consulted outside hospital (11/6/26)

and 'Syn. Amoxiclav

Syn. pulmoceer

↓  
admitted in RCH 9/10 symptoms  
remained



### Pediatric Multiorgan History & Physical Examination

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

non significant

11/6/26 (outside) CXR - done outside

Hb - 12.6

clp : 66.5

RBC - 4.8

urinal (rude) = 11-80 Tymph 0, H

WBC - 21900

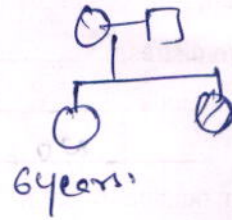
MP : negative.

plt - 698

N<sup>o</sup> - 50%

**Birth & Neonatal History:**

Term (Vaccines) / 3.9 kg / CIAB / NO NICU stays



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

} class II

**Developmental History :**

Appropriate for age in all domains

**Immunization History :**

Received upto date

### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) ) 10.2 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97.1° F Pulse Rate : 118/min B.P. 92/61 SPO2 98%  
Resp. rate and type of breathing : 24/min

Rash ⊖  
Lymphadenopathy \_\_\_\_\_  
Oedema : ⊖  
Allergies (if any): ⊖

#### Respiratory System :

Inspection (any s/o distress) : ⊖  
Air entry & breath sounds : R/LAE ⊕  
Any addes sounds : NO  
Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

#### Cardiovascular System :

Inspection of procordium : ⊖  
Heart Sounds : S1S2 ⊕  
Any murmur : NO  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

#### Per Abdomen :

Inspection ⊖  
Palpation : SOFT  
Auscultation : BS ⊕  
Spine : ⊖ External Genitelia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

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

Cranial Nerves : intact

**Motor System:**

Nutrition : \_\_\_\_\_

Tone : (2) Power 4/5 all limbs

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : NO

**Reflexes : †**

DTR †

Superficials: †

Plantars flexor

**Sensory System : †**

Bladder / Bowel : NO incontinence

**Clinical Summary & Diagnostic:**

(LRTI)



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications

Desired goals of the treatment: To treat current condition

**Planned Labs:**

CRP, CRP - done outside  
hospital  
(11/6/26)

Moved by Samudra  
12/6/26 @ 2pm

S/B Mr. SRAO Sr  
**Planned Management**

- 1) IV fluids
- 2) Pnj Augmentin IV TID
- 3) Sym. Fluver BD
- 4) Neb - levofloxacin 0.3mg 4th hourly  
Budesocort 0.5mg BD
- 5) Antepyrretic - as
- 6) CRP, CRP - Tomorrow morning

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Vishwaja

Date & Time: 12/6/26 2:00pm

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Surender Rao Sr

Date & Time: \_\_\_\_\_



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/23 Lipogram	C/I/B Resident	
	DHS - LETI	
	No samples - Adm. on.	
	<u>O/E</u>	
	child Alert	
	Vital stable	
	CNS: (1) ⊕	
	M: B/C ⊕	plan
	P/A: stable	
Dr. Prakash	CNS: NAD.	- Inj. Anaxidav - IV - stat
		- hyp. oxytamavir
		- Hep - leulin
		Bident.
		- Montivale
		- Inj (hr)
		- CBP corp - 7/m.
	noted by steelcath	
	12/6/23 @ 8pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 10:00 AM	<p><u>C/S/B Resident</u>          Dis: LRTI.</p>	
	<p>No fevers/pikes.          mild cough (+)</p>	
O/E → Better.	<p><u>O/E</u></p>	
Y/D - Admitted.	<p>check Alet &amp; echo          vitals stable          CXR (16/6)          M: BLUE (+)          P/A: cold          CNI: WAD.</p>	<p><u>plan</u></p>
D-practice.		<p>- Trj. Amoxiclav - 12thly          gthly</p>
	<p>- Shop IVF</p>	<p>- Neb - 4thly          Budent - 12thly</p>
		<p>- sup. osetamivir - 12thly</p>
		<p>- montelukast          - Entoflo          - CRP / urp slm.</p>

Dr. Surender Rao  
 13/6/26  
 10:00 AM

Noted by Dr. S  
 @ 2 PM  
 13/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>13/6/24  <u>4:00pm</u></p>	<p><u>ICU Resident</u>          Aft. LRTT.          No fevers/piles.</p>	
	<p>O/T - Betru          Y/O - Adequate.  <u>O/E</u>          Child Alert &amp; Active          Vitals stable          CX: <u>Clear</u>          NI: <u>BLAC</u>          P/A: <u>6/4</u>          CM: <u>WAD</u>.</p>	
<p><u>Dr. Prachant</u></p>	<p>— DO (BP, CRP) - 1/m.</p>	<p><u>Plan</u>          - Inj. Amoxiclav - 12          - Neb - Levofloxacin - 4th key          - Neb - Budecort - 12th key          - Inj. Ofloxacin - 12th key          - Montelukast          - Inj. (Co) .</p>

noted by Dr. Prachant  
 on 13/6/2024  
 @ 5pm

PROGRESS NOTES AND DOCTOR'S ORDER

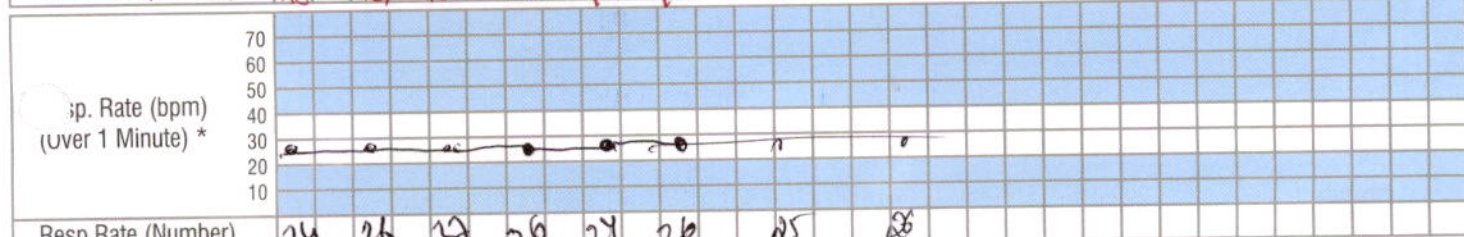
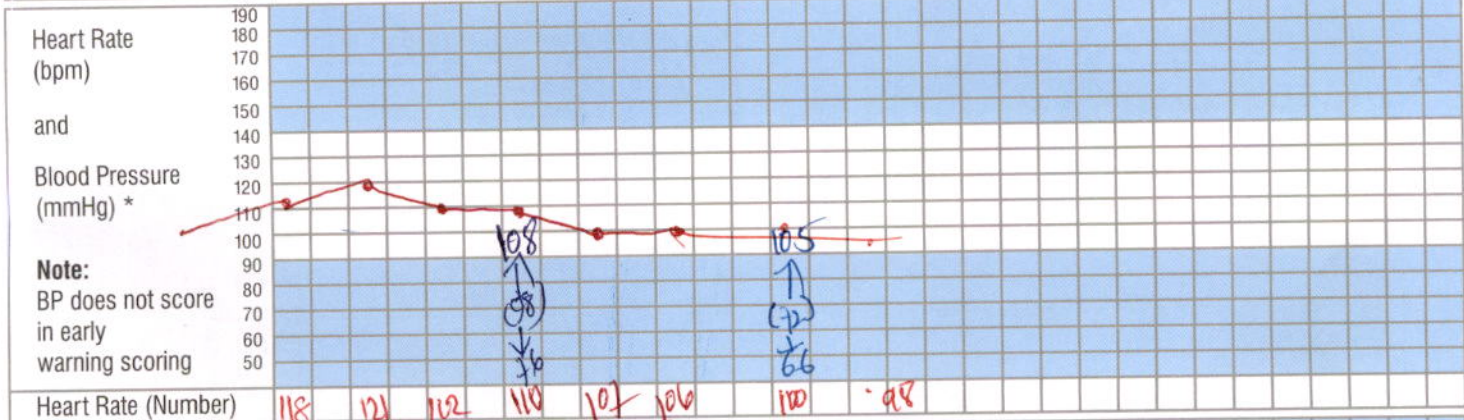
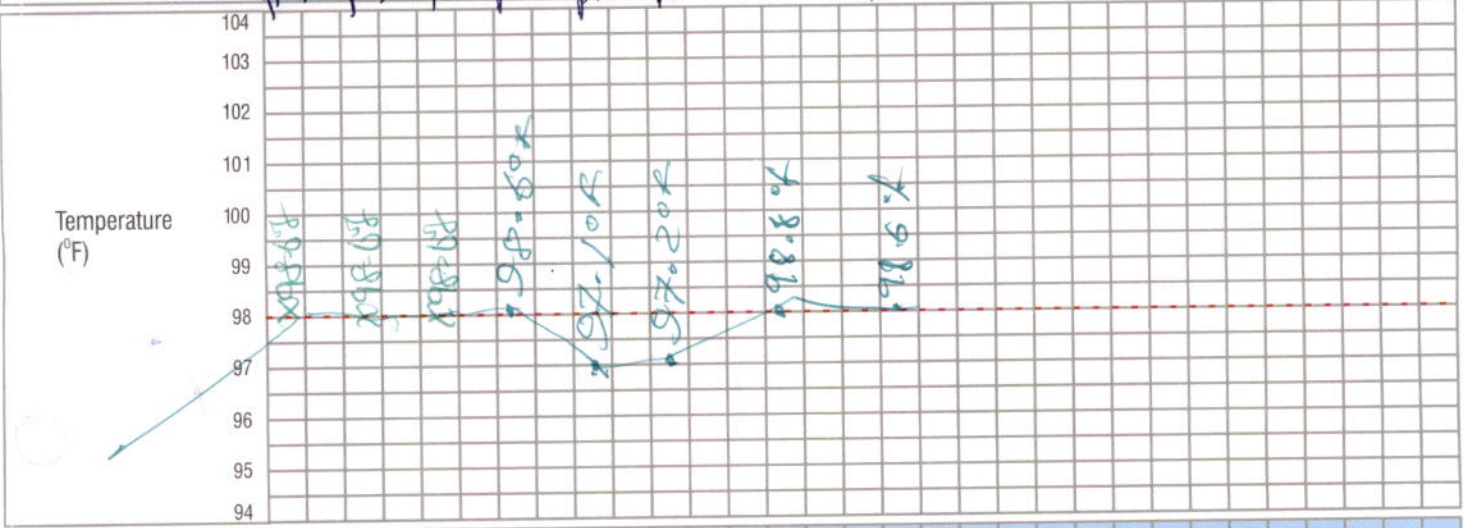
Date & Time	Progress Notes	Doctor's Order
14/6/26	<p>S/B Resident            sm - LRTI            NO fever spikes.            NO other issues.</p>	
	<p>etc            Child alert            Euthermic            Vitals stable</p>	
	<p>CVC - 812 (+)            Hc - BAE (+)            P/A - rft</p>	
		<p>Plan</p>
		<p>1) Pnj Amoxiclav D2            2) Syn. oseltamivir            3) Neb. levoflox 4<sup>th</sup> hly            Prednisolone 12<sup>th</sup> hly</p>
	<p>ds Today</p>	<p>4) monitor vitals            inform ros</p>
	<p>oral Augmentin Syn. 3d            Syn. oseltamivir 3d            levoflox 4<sup>th</sup> hly            Prednisolone 12<sup>th</sup> hly</p>	
	<p>relent 2rmt BD            Nasiprin P            edrop 100mg 7LD            x 3d. Dr. Uthappa            3days.</p>	<p>Dr. Surender Rao            14/6/26            11:20 AM</p>

Noted by  
 12pm  
 14/6/26



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 12/6/26 Time: 2 5 7 9 11 1 4 7  
 Doctor / Nurse / Family Concern? pm pm pm pm pm am am am



Respiratory Rate (bpm) (over 1 Minute) *	24	26	24	26	24	26	25	26
Resp Distress	None	None	None	None	None	None	None	None
Receiving O <sub>2</sub> (l/min)	0	0	0	0	0	0	0	0
O <sub>2</sub> Saturations (%)	100	98	100	98	99	100	98	98
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15	15	15	15	15	15	15	15
<b>TOTAL SCORE</b>	0	0	0	0	0	0	0	0
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	S	S	S	S	S	S	M	M

<b>ACTIONS</b> 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.

# 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.

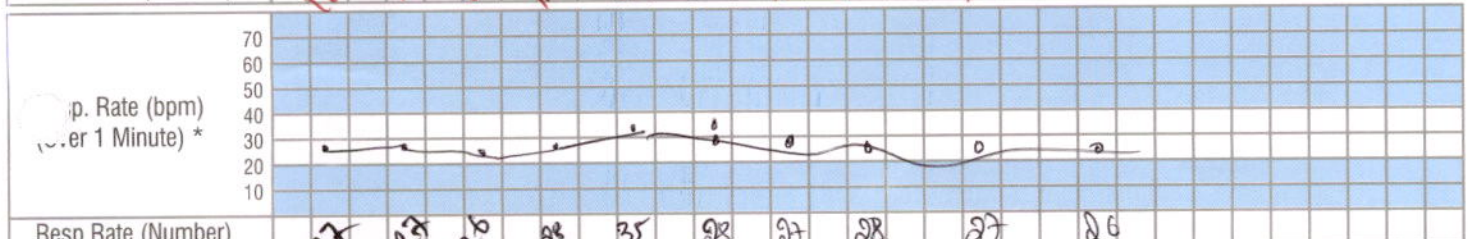
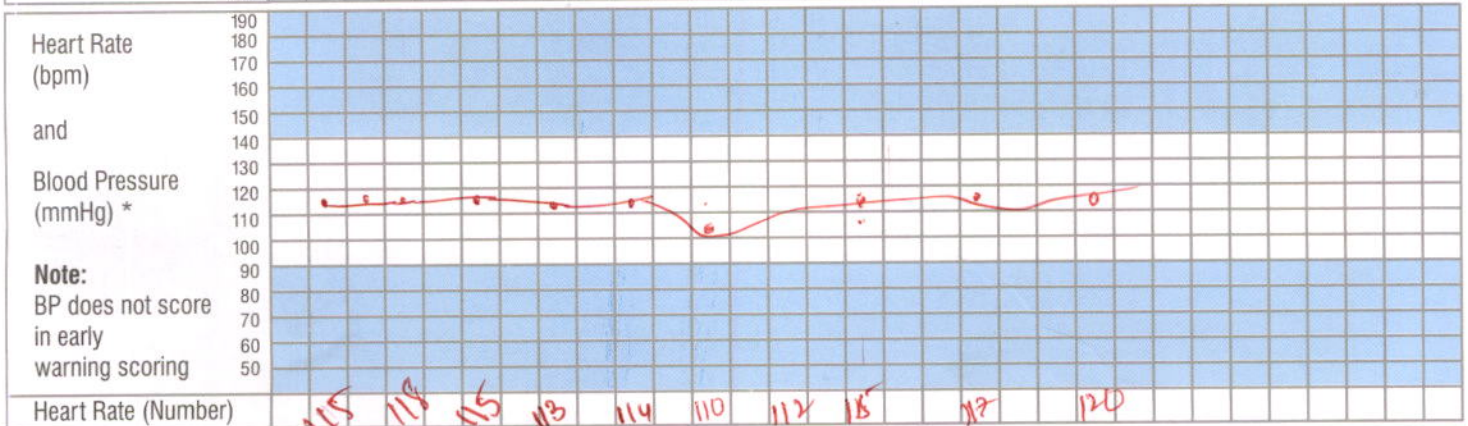
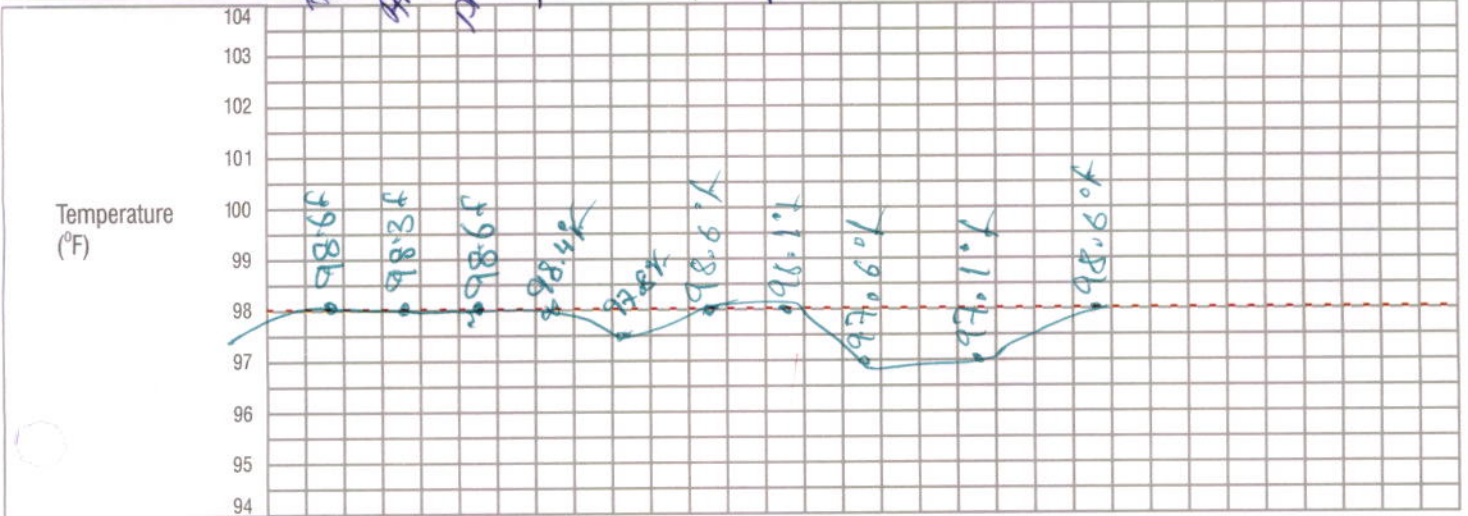
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND:</b> Child (X) was admitted on (XX 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/0 Time: 9 AM 10 AM 1 PM 2 PM 3 PM 4 PM 5 PM 6 PM 7 PM 8 PM 9 AM 10 AM 11 AM

Doctor / Nurse / Family Concern? AM AM PM PM PM PM PM AM AM AM



Resp Distress	Mod/ Severe None / Mild
Receiving O <sub>2</sub> (l/min)	
O <sub>2</sub> Saturations (%)	95 98 95 98 97 98 97 97 98 95 98
Conscious Level	Normal Altered
GCS *	15 15 15 15 15 11 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 0
Observer's Initials	AM AM AM SSK SK MA MA MA MA MA MA

ACTIONS	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.
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\* 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.

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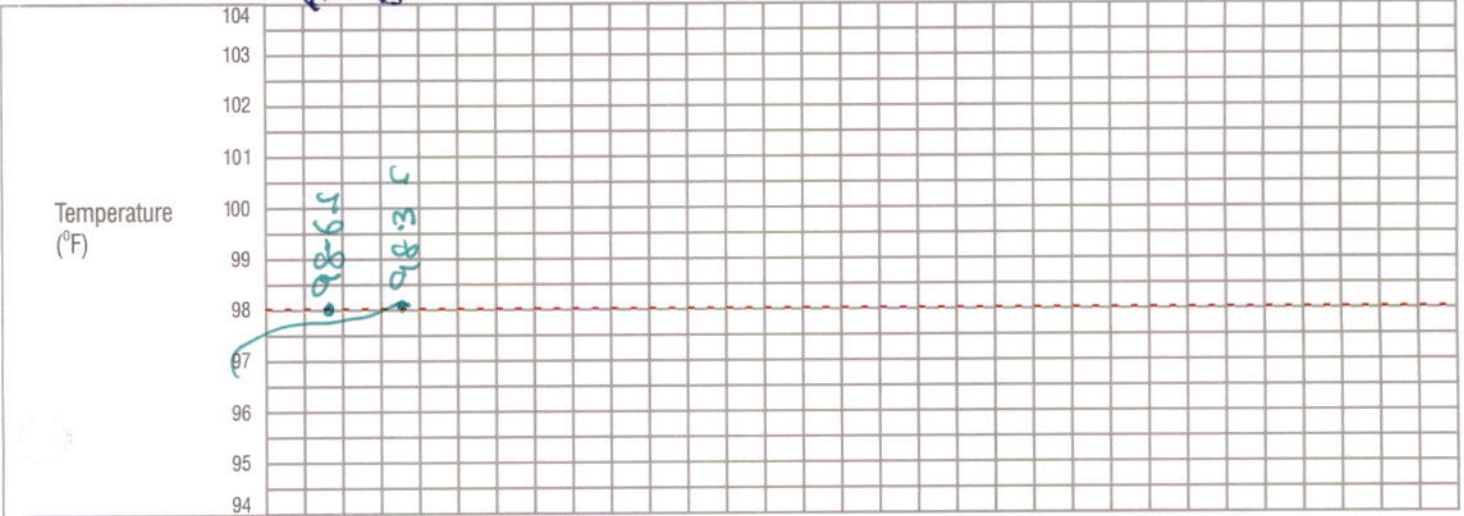
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/6/26. Time: 9 11

Doctor / Nurse / Family Concern? Am Am



Heart Rate (bpm) and Blood Pressure (mmHg) \*  
 Note: BP does not score in early warning scoring

Parameter	9:00	11:00
Heart Rate (Number)	112	115

Resp. Rate (bpm) (Over 1 Minute) \*

Parameter	9:00	11:00
Resp Rate (Number)	22	26

Resp Distress (Mod/ Severe / None / Mild)  
 Receiving O<sub>2</sub> (l/min) / O<sub>2</sub> Saturations (%)  
 Conscious Level (Normal / Altered)  
 GCS \*

Parameter	9:00	11:00
Conscious Level	0	2
GCS	15	15

TOTAL SCORE  
 Number of shaded boxes  
 Pain Score  
 Observer's Initials

Parameter	9:00	11:00
Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	Am	Am

ACTIONS  
 NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

Handwritten note: 'Dated by 2026' and 'Refer' with a large blue arrow pointing from the temperature graph area towards the bottom right.

\* 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.

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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<b>R</b>	<b>RECOMMENDATION :</b> 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)

BAH-00602123 IP-00060324  
 Baby GAGANA SRI  
 04-04-2024 2 Y 2 M 8 D (F)  
 Dr. SURENDER RAO DUSA



# FLUID CHART

Sheet No. : ..... ① .....

12/6/26

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.

		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								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm											} Sreebala 12/6/26 02:5pm	
	03:00 pm												
	04:00 pm			25ml									
	05:00 pm			25ml									
	06:00 pm			25ml									
	07:00 pm			25ml									
<b>Total Intake : 100ml</b>						<b>Total Output : 1 time</b>							
	08:00 pm			25ml								} 12/6/26 at 1 AM	
	09:00 pm			25ml									
	10:00 pm			25ml									
	11:00 pm			25ml									
	12:00 am			25ml									
	01:00 am			25ml									
<b>Total Intake : 150ml</b>						<b>Total Output :</b>							
	02:00 am			25ml								} 12/6/26 at 7 AM	
	03:00 am			25ml									
	04:00 am			25ml									
	05:00 am			25ml									
	06:00 am			25ml									
	07:00 am			25ml									
<b>Total Intake : 175</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>		375 ml				<b>Total 24 hrs. Output</b>		4 times					



# FLUID CHART

Sheet No. : ..... 2 .....

13/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
13/6	08:00 am			25ml					✓	1	} 8ndy @ 9pm 13/6	
	09:00 am	Poly		25ml						0		
	10:00 am	water		25ml						1		
	11:00 am			25ml						1		
	12:00 pm			25ml					✓	1		
	01:00 pm			25ml						1		
<b>Total Intake :</b>			150ml			<b>Total Output :</b>					2times	
13/6	02:00 pm			<del>25ml</del>						1	} Sibhan 13/6/26 @ 7pm	
	03:00 pm	Rice		<del>25ml</del>						1		
	04:00 pm	water		<del>25ml</del>					✓	0		
	05:00 pm									1		
	06:00 pm									1		
	07:00 pm								✓	1		
<b>Total Intake :</b>						<b>Total Output :</b>					2times	
13/6	08:00 pm										} mandac 14/6 @ 9AM	
	09:00 pm	lechi										
	10:00 pm	water										
	11:00 pm								✓	1		
	12:00 am									1		
	01:00 am								✓	1		
<b>Total Intake :</b>						<b>Total Output :</b>					2times	
14/6	02:00 am										} 7 times	
	03:00 am											
	04:00 am											
	05:00 am								✓	1		
	06:00 am									1		
	07:00 am									1		
<b>Total Intake :</b>						<b>Total Output :</b>					7 times	

**Total 24 hrs. Intake** 150ml

**Total 24 hrs. Output** 7 times





## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil .....  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: ..... 137 .....

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

**MEDICATION HISTORY RECORDED / VERIFIED BY**

Doctor Name & Signature : ..... Dr. Vishwata / [Signature] .....

Date & Time : ..... 12/6/20 @ 2pm .....

Nurse Name & Signature: ..... Sammal [Signature] .....

Date & Time : ..... 12/6/20 @ 2pm .....



# DRUG CHART

10.2kg

Date of Admission: 12/6/26 Drug Allergies: *Null*  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

<b>DRUG : SYP. PARACETAMOL</b>				Date															
				Time															
Dose	Route	Frequency	Start Date																
3ml	PO	as required	12/6																
Doctor's Signature		Valid Period	Pharm.																
<i>Dr. Danda</i>		max 6th hrly	<i>Dr. Danda</i>																
Additional Instructions: 5ml = 240mg																			
15mg/kg/dose if temp > 100°F																			

<b>DRUG : SYP. IBUPROFEN</b>				Date															
				Time															
Dose	Route	Frequency	Start Date																
5ml	PO	as required	12/6																
Doctor's Signature		Valid Period	Pharm.																
<i>Dr. Danda</i>		max 8th hrly	<i>Dr. Danda</i>																
Additional Instructions: 5ml = 100mg																			
10mg/kg/dose if temp > 102°F																			

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

VERIFIED BY: Name: Signature









BAH-00602123 IP-00060324  
 Baby GAGANA SRI (F)  
 04-04-2024 2 Y 2 M 9 D  
 Dr. SURENDER RAO DUSA



	I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

BAH-00602123 IP-00060324  
 Baby GAGANA SRI  
 04-04-2024 2 Y 2 M 8 D (F)  
 Dr. SURENDER RAO DUSA



## RESULT SHEET

Date	13/6/26	14/06			
Time	8:44am	6Am			
Hb	10.7	11.7			
PCV	30.2	32.8			
RBC	4.05	4.40			
WBC	6.08	7.14			
N/L	23.6/66.0	15.4/75.2			
Platelets	132	1.62			
CRP	55	34			
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					

