Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

BAH-00489170 IP-00060248
Baby VARANASI RAGA HARSHINI
11-03-2014 12 Y 2 M 26 D (F)
Dr. PREETHAM KUMAR

Name: ------

UHID No : --

----- Consultant : ---------- Dept : ----------

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

Room / Bed No : 136 ------ Ward : 1st floor ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/1	12:35pm	ER	137	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
08/06/26	Infusion pump	06/06/26 @ 13:29pm	08/06/26 @ 7am	3087475	Ref
—	Cross Checked done by Ref — 08/06/26 @ 10:50am				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/6	USG abdomen	R2G - 009076 ~~26019490~~	Ok
	~~RAT - Mog~~	~~26019490~~	
	~~CBP~~ CRP S+		
	Gr. PCT LFT mp	26019478	
	~~Blood G~~		
	Dengue IgM		
	Widal	26019492	
08/06/26	~~CBP~~ CRP	26019630	Rep
	Cross Checked done by Rep		08/06/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6	IV Placement	1	3087476	
—	Cross checked done by Kaf — 08/06/2			

ANY OTHER INFORMATION

6/6 RAT - Neg.

Date : 08/06/26 Time : 10:55 AM Prepared By : Elizabeth 08/06/26 @ 10:55 AM

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Manisha	Sis. Elizabeth		

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060248 **Admit Date** : 06-Jun-2026 **Admit Time** : 11:14 AM **UHID** : BAH-00489170

Patient Details :

Patient Name	: Baby VARANASI RAGA HARSHINI	**Age**	: 12 Y 2 M 26 D
Guardian	: Mr RAJASEKAR	**DOB**	: 11-03-2014
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: ~ Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 8008552636
		E-mail	: NO@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 RAJASEKAR **Relationship** : Father

Contact Address : ~ Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 8008552636

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

Patient Name : Baby. VARANASI RAGA HARSHINI UHID : BAH-00489170 IPD : IP-00060248 Gender : Female Age : 12 Y 2 M 26 D

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EMERGENCY ROOM TRIAGE FORM

Wt- 33.7 kg
Ht- 154 cm

Patient's Name : Raga Harshini Age : 12 yrs Gender: ☐ Male ☑ Female

Date : 6/6/26 Time of Arrival : 10:59 AM

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: 97.3°F PR: 92 b/m BP: 97/65 (75) RR: 20 b/m SpO_2: 100%

Chief Complaints: fever x 10 days, Burning sensation of eyes, Stomach pain

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ 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.

V. Rao
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 11:02 AM

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 : Sr. Leena

Signature of Triage Nurse : Leena

Date & Time : 6/6/26 @ 11:02 AM

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

Patient Name : Baby. VARANASI RAGA HARSHINI UHID : BAH-00489170 IPD : IP-00060248 Gender : Female Age : 12 Y 2 M 26 D

BAH-00489170 IP-00060248
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/6/26 Time of arrival : 11:03Am

Chief Complaints: fever x 8days, Burning sensation of eyes, Stomach pain RBS: —

Height : 154cm Weight : 33.7kg 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 Family

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

Time of Initial assessment completed by ER Nurse : 11:05Am

Patient Name : Baby. VARANASI RAGA HARSHINI UHID : BAH-00489170 IPD : IP-00060248 Gender : Female Age : 12 Y 2 M 26 D

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

Time	Nursing Notes
10:59AM	* pt Came to ER from Dr. Siva Sir opd
11AM	* vitals checked and Recorded
11:05AM	* ER Doctor Seen the pt & gave intimation for admissions
11:14 AM	* Admission Done
11:55 AM	* Iv Placement Done
12:10 PM	* Samples Collected & Sent to lab
12:20 PM	* Pt shifted to Ward

Samples collected by: Sr. Hema Time: @ 11:55AM

Samples sent by : Sr. Jyothi Time: @ 12:10PM

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: 92b/m BP: 97/65(75) CFT: 03sec	Shift - out from ER to: 137
RR: 20b/m SPO_2 : 100%	Time of Shift - out: 6/6/26 @12:35
GCS: 15/15 Temperature : 97.3°F	Handover given to: Sr. priyanka PM (Nurse's Name)
Pain Score: —	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv Placement

Name of the Nurse : Sr. Suvarna Signature of the Nurse :

Date & Time : 6/6/26 @ 12:35pm

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 3:30 pm	c/s/B Resident	
	Afi: AFI - D10 of illness ? Enteric fever.	
	No fever spikes ∴ Admission.	
MP → (-ve).		
CRP → 37	O/E	
	Child Alert	
WBC → 1.32	Vitals stable	Plan
plt → 1.53	CVS: S1S2 (+)	
	RS: BILAE (+)	- Inj - ceftriaxone
	P/A: Soft	- IVF
	CNS - NAD	- Trace b/ds,
		Dengue Igm, widal & 4/cls.
Dr prashanth		
Dr. Lunniyna 6/6/26 5pm		Noted By manisha 6/6/26 @8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/2026 9:00AM	AFI (D11) ↓ Evolution ? viral (dengue) ? Enteric.	
	– No fevers – Active. – orally – (N) – U.O – (N) – vitals Stable.	
	No c/o Abd. pain.	
	CVS, CNS, RS, PA – (N)	
	CBP, CRP → f/u.	Plan
		– Trace Reports – Antipyretics (SOS) – Inj. Ceftriaxone (D) – Antacid – vitals 4th Hly – Inform SOS
	Dr. [illegible] 7/6/26 10 AM	Noted By Manisha 7/6/26 @ 8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 4:00pm	AFI I evaluation	
	No fever spikes today.	
	O/I - Better.	
	I/O - Adequate.	
	No c/o Abd pain	
Widal → (-ve)		
MP (-ve)	o/e	
		Plan
	Child Alert & Active	- Trace B/cls.
Dengue IgM (-ve).	Vitals stable	- Inj ceftriaxone - D2
	CVS: S1S2 (+)	- Monitor vitals
	RS: BLAE (+)	- Dupar (PO)
PCT → 9.82	P/A: soft	
	CNS: NAD.	- CBP, CRP - T/m.
Dr. Prashanth		
		noted by Sushila 7/6/26 at 7pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 8:00AM	AFI Evaluation	
	No fever spikes 24hrs.	
	O/E - Better	
CRP → 37 ↓ 23.	G/C - Adequate.	
WBC → 1.69K.	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1S2 (+)	Plan
	RS: B/L AE (+)	
	P/A: Soft	- Inj cefixime - D3
	CNS: NAD.	- D/C today
8/6/26		On oral Antibiotics.

Noted by [signature] 08/06/26 @10AM.

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Pat

M / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/6

Time:	1 pm	3 pm	5.45 pm	7 pm	9 pm	11 pm	1 Am	3 Am	5 Am	7 Am
Doctor / Nurse / Family Concern?										
Temperature (°F) (scale 94–104)	98.6°F	98.6°F	102.3°F SYP (Ibugesic)	98.7°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)		100/76 (64)			96/(70)/61					115/(86)/76
Heart Rate (Number)	101	103	109	105	85	92	90	86	79	88
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)										
Resp Rate (Number)	24	25	26	25	24	25	24	25	26	24
Resp Distress — Mod/ Severe										
Resp Distress — None / Mild										
Receiving O_2 (l/min)										
O_2 Saturations (%)	98	99	99	99	100	99	98	99	100	98
Conscious Level — Normal	N	N	N	N	N	N	N	N	N	N
Conscious Level — Altered										
GCS *	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
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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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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TEENAGE (12 + years)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	pm	pm	pm	pm	pm	pm	AM	AM	AM	AM

7/6/26

Temperature (°F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

103 (63) | 101 (78) | 97 (76) | 98 (78)

Heart Rate (Number)	110	109	105	105	105	110	96	97	92	88	101	107

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

Resp Rate (Number)	27	26	27	25	25	26	24	25	24	26	23	22
Resp Distress: Mod/ Severe / None / Mild	N	N	N									
Receiving O_2 (l/min)												
O_2 Saturations (%)	99	99	99	98	98	98	100	99	98	100	99	100
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	MB	MB	MB									

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/6/20 Time: 9

Doctor / Nurse / Family Concern? AM

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94

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

Heart Rate (Number) 94

Resp. Rate (bpm) (over 1 Minute): 70 60 50 40 30 20 10

Resp Rate (Number) 20

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

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.

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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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Baby VARANASI RAGA HARSHINI
11-03-2014 12 Y 2 M 26 D (F)
Dr. PREETHAM KUMAR

(1)

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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
6/6												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											Sindy
	12:00 pm		Rice water									12pm 6/6/26
	01:00 pm			74ml								
Total Intake : 74ml						Total Output :						
6/6/26	02:00 pm		Rice water	74ml								Manisha 6/6/26 @8pm
	03:00 pm			74ml						✓		
	04:00 pm			74ml								
	05:00 pm			74ml						✓	0	
	06:00 pm			74ml								
	07:00 pm			74ml								
Total Intake : 444ml						Total Output :				2 times		
	08:00 pm			74ml								Ancelam 7/6/26 @8am
	09:00 pm			74ml						✓		
	10:00 pm			74ml								
	11:00 pm			74ml								
	12:00 am			74ml						✓		
	01:00 am			74ml								
Total Intake : 444ml						Total Output :				2 times		
	02:00 am			74ml								
	03:00 am			74ml								
	04:00 am			74ml								
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake : 222ml						Total Output :				1 time		

Total 24 hrs. Intake	1184ml	Total 24 hrs. Output	5 times

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FLUID CHART

Sheet No. : .....

7/6/26

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/6/26	08:00 am		Idly water							✓		
	09:00 am											
	10:00 am										0	
	11:00 am											
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :** 2 time						
7/6/26	02:00 pm			7ml								
	03:00 pm			7ml								
	04:00 pm		Rice water	35ml						✓		
	05:00 pm			35ml							0	
	06:00 pm			35ml								
	07:00 pm									✓		
Total Intake :		253ml				**Total Output :** 2 times						
	08:00 pm											
	09:00 pm			35ml						✓		
	10:00 pm			35ml								
	11:00 pm			35ml								
	12:00 am			35ml						✓		
	01:00 am			35ml								
Total Intake :		175ml				**Total Output :** 2 time						
	02:00 am			35ml								
	03:00 am			35ml								
	04:00 am			35ml								
	05:00 am			35ml								
	06:00 am			35ml						✓		
	07:00 am			35ml								
Total Intake :		210ml				**Total Output :** 1 time						

Total 24 hrs. Intake	638ml

Total 24 hrs. Output	7 times

vomiting 7/6/26 @ 2pm

vomiting 7/6/26 at 7pm

Seen by Sr 8/6/26 at 8am

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Sheet No. : .....

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	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**	

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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.

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

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Sheet No. : .....

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

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

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DRUG CHART

Date of Admission: 6/6/26 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: SYP. PARACETAMOL (P-500)				Date / Time
Dose	Route	Frequency	Start Date	
5 ml	PO	6th hrly	6/6	
Doctor's Signature		Valid Period	Pharm.	
[signature]			Dr [signature]	
Additional Instructions: (5ml - 500mg) 15 mg/kg/dose				

DRUG: SYP. IBUPROFEN				Date / Time
Dose	Route	Frequency	Start Date	
15 ml	PO	6th hrly	6/6	
Doctor's Signature		Valid Period	Pharm.	
[signature]			Dr [signature]	
Additional Instructions: (5ml - 100mg) 10 mg/kg/dose				

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

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

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REGULAR PRESCRIPTIONS

Weight. 33.7 kg. Ward. 136

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.7gm	IV	12 hrly	6/6

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

Additional Instructions: After Test Dose
50 mg/kg/dose.

Date / Time	6/6	7/6	8/6
6	Priya 2pm	ESW	ESW
AM	Priya	Kalpana	
6 PM	10pm ESW Priya		
PM	Kalpana	Celia	

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
35mg	IV	ONCE DAILY	6/6

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

Additional Instructions:
1 mg/kg/dose

Date / Time	6/6	7/6	8/6
6	2pm	ESW	ESW
AM		Kalpana	

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. 33.7 Ward. 136

Date	Time	Composition 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
6.6.26	11.15 AM	DNS	IV	74			7/6/26 9 PM		
7/6/26	UPN	IVF-DNS.	IV.	35					

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

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Patient Name : BAH-00489170 IP-00060248
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Dr. PREETHAM KUMAR

Registration No.:

MEDICATION
~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
7/6/26	00.00	6AM		
	1.00	Inj PANTOPRAZOLE 85mg (OD)		
	2.00	Inj CEFTRIAXONE 1.7 gm (BD)		V. Mrs
	3.00			
	4.00			
	5.00			
	6.00	6pm.		
	7.00	Inj CEFTRIAXONE 1.7gm (BD)		V. Mrs
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			