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

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

ACTI[illegible]ING

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

Name: --

UHID N[illegible] ------------- Consultant : ------------------------- Dept : paediatric

Date of Admission : 16/6/26 Time : ------------- Date of Discharge : ---------------- Time: -----------

Room / Bed No : 112 Ward : 1st floor Suggested Billable bed type : ------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/26	10:20 AM	ER	112	[signature]

Cross Consultation Visit

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

Docu. No. : RCH / FRM / GENERAL / 145

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/6	Blood c/s, S/E, creatinine, urea	26020526	[illegible]
	covidrat - negative -	26020529	[illegible]
	VBG	26020528	[illegible]
	CUE	26020563	
	CSE	26020567	
	Cross checked by	Sidya 17/6	
18/6/24	CBP, CRP	26020730	[illegible]
19/6/24	CBP, CRP, Widal	26020847	[illegible]
19/6/24	US abdomen	26009821	[illegible]
	Cross checked	by Elizabeth	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/6	Infusion pump	11AM.	17/6/26 11AM	3090774	[signature]
	Cross checked	by	[signature]	17/6	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/6/26	Iv placement	1	3090775	[signature]
	Cross checked	Ory	Sadya	17/6
18/6/26	IV placement	1	3091536	[signature]

ANY OTHER INFORMATION

Covid Rat → Negative.

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[signature]		

Name	Master ADAM ALEX	UHID	VIH-00205946
Father/Guardian	Mr ALEX JAMES	Age/Gender	2 Y 5 M 5 D/Male
Address	H.NO:MIG A-20,DR.AS RAO NAGAR,ECIL P.O HYDERABAD,TELANGANA., Dr A S Raonagar Colony, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060359	Admission Date	16-06-2026
Ref Doctor	SELF	Discharge Date	19-06-2026

DISCHARGE AT REQUEST SUMMARY

Consultant: Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

Diagnosis: Acute febrile illness with gastroenteritis

History: Master ADAM ALEX is a 2 Y 5 M 5 D boy presented with history of moderate grade intermittent fever since 5 days, decreased oral intake since 2 days, 3 episodes of loose stools since 1 day prior to admission. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Outside investigations: Hemogram done on 15.06.2026 showed hemoglobin 11.3 gm%, white blood cells count of 7,800 cells/cumm, platelet count of 2.72 lakhs/cumm and C-reactive protein was 16.8 mg/l.

Examination: He was afebrile, maintaining saturations at room air. Heart rate- 120/min, blood pressure - 90/70 mmHg and respiratory rate 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Weight on admission : 11.4 kgs.

Investigations: Enclosed.

Management: He was admitted in the ward and started on intravenous fluids and intravenous antibiotics. He was treated symptomatically with antipyretics and antacids. He was empirically started on Oseltamivir.

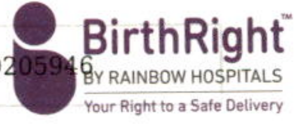
His venous blood showed pH 7.48, pCO2 23.1 mmHg, pO2 53 mmHg, HCO3 17.2 mmol/L, BE -5.5 mmol/L. Serum electrolytes, creatinine and blood urea were normal. Blood culture was sterile after 48 hours of incubation. CSE & CUE were normal.

His vitals were regularly monitored. Repeat hemogram done on 19.06.2026 showed hemoglobin 10.5 gm%, white blood cells count of 8,810 cells/cumm, platelet count of 2.46 lakhs/cumm and C-reactive protein was 8 mg/l. Widal was sent - report awaited. Ultrasound abdomen showed few subcentimeter mesenteric nodes in RIF, largest of size 8mm, visualised bowel loops are normal. Parents were counselled that as the child has ongoing fever spikes, he would require further hospital stay, but due to their personal reasons, child is being **discharge at request** with the following advice.

At the time of discharge : He is awake, last fever spike at 3:20 am on 19.06.2026 and hemodynamically stable.

Advice:

1. Diet as advised.
2. Document temperature.
3. Injection Piperacillin + Tazobactam 1 gram, intravenous, 8th hourly (6am-2pm-10pm) till 23.06.2026 morning dose.
4. Syrup Oseltamivir (1ml=12mg) 2.5ml, 12th hourly till 21.06.2026 evening dose (To be refrigerated).
5. Oral Enterogermina mini bottle, 1 bottle, 12th hourly for 3 days.
6. Zytee gel for local application (in oral cavity), 8th hourly for 3 days.
7. Syrup Zinconia, 5ml once daily for 10 days.
8. Trace Widal report.



9. Kindly consult Dr. Preetham Kumar, Senior Consultant Pediatrics, on 20.06.2026 (Saturday) evening in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Syrup Paracetamol (5ml=240mg), 3.5ml (if needed) if fever more than 100°F (maximum 4-6 hourly).

Syrup Ibuprofen (5ml=100mg), 5.5ml (if needed) (after food) for fever more than 101°F (maximum 6th hourly).

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

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

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

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ....in the language that I understand and I have understood the same.

Name	Master ADAM ALEX	UHID	VIH-00205946

Name :

Signature :

Relationship with patient :

This summary has been explained by :

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

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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PatientName	: Master ADAM ALEX	**Inpatient No.**	: IP-00060359
Age/Gender	: 2 Y 5 M 2 D/ Male	**Admit Date**	: 16-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
CREATININE (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 09:55
CREATININE (Enzymatic)	0.3	mg/dl		0.03 - 0.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 09:55
SODIUM (Direct ISE)	141	mmol/L		134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L		3.7 - 5
CHLORIDE (Direct ISE)	104	mmol/L		98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
UREA (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 09:55
UREA (Kinetic, Urease)	16.7	mg/dl		6 - 26

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date :16-06-2026 10:01
PH (Reagent Strip/Double PH Indicator)	**7.48**	**unit**	H	7.35 - 7.45
pCO2	**23.1**	**mm Hg**	L	35 - 48
pO2	**53**	**mm Hg**	L	83 - 108
HCO3	17.2	mmol/L		
BE	-5.5	mmol/L		
O2 Sat	89.8	mmol/L		

Investigation	Result	Unit		Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)				TEST RESULT STATUS : REPORT ENTERED Order Date :16-06-2026 10:02

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master ADAM ALEX	Inpatient No.	: IP-00060359
Age/Gender	: 2 Y 5 M 2 D/ Male	Admit Date	: 16-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit		Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 15:52
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	CLEAR			
pH (Double pH indicator)	6.5			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020			1.005 - 1.030
SEDIMENT (Gross Examination)	NIL			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	NIL			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	PRESENT(+)			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**3-4**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**2-4**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE STOOL EXAMINATION (Specimen : STOOL)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 17:05
PHYSICAL			
COLOUR (Visual Examination)	YELLOWISH		
CONSISTENCY (Gross Examination)	**SIMI SOLID**		
pH (Double pH indicator)	7.0		5 - 8.5
MUCUS (Gross Examination)	ABSENT		ABSENT
BLOOD (Gross Examination)	ABSENT		ABSENT
UNDIGESTED FOOD (Gross Examination/Microscopy)	PRESENT		ABSENT

This is an interim report. The final report will be released after 24 hours

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PatientName	: Master ADAM ALEX	**Inpatient No.**	:	IP-00060359
Age/Gender	: 2 Y 5 M 2 D/ Male	**Admit Date**	:	16-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
HELMINTHES (Gross Examination/Microscopy)	NIL			NIL
MICROSCOPY				
PUS CELLS	2-4	HPF		0 - 5
RED BLOOD CELLS (Stool)	NIL	HPF		NIL
STARCH GRANULES	ABSENT			ABSENT
YEAST CELLS	NIL			NIL
FAT GLOBULES	ABSENT			ABSENT
PROTOZOA	NIL			NIL

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		**TEST RESULT STATUS : REPORT AUTHORISED**		Order Date :18-06-2026 06:12
HEMOGLOBIN (Colorimetry)	12.0	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.46	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	**33.4**	**VOL%**	L	34 - 40
MCV (Calculated)	**74.9**	**fL**	L	75 - 87
MCH (Calculated)	26.9	pg/cells		24 - 30
MCHC (Calculated)	36.0	g/dL		32 - 36
RDW-CV (Calculated)	13.0	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	250	10^9/L		150 - 450
MPV (Calculated)	7.4	fL		6.5 - 10
WBC COUNT (DC Detection Method)	8.00	10^9/L		5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**57**	%	H	23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	**33**	%	L	35 - 65
MONOCYTES (Microscopy, Leishman stain)	09	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC** **WBC - MORPHOLOGY NORMAL** **PLATELETS - ADEQUATE**			

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

Dr. SRUJANA SHYAMALA, MD, DNB

1800 2122 www.rainbowhospitals.in

Consultant Pathologist, Reg No : 39356

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master ADAM ALEX	Inpatient No.	: IP-00060359
Age/Gender	: 2 Y 5 M 4 D/ Male	Admit Date	: 16-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 06:12
CRP (Immunoturbidimetry)	**24**	mg/L	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 09:52
RBC COUNT (DC detection method)	3.93	10^12/L		3.9 - 5.3
EOSINOPHILS (Microscopy, Leishman stain)	0.5	%		1 - 6
LYMPHOCYTES (Microscopy, Leishman stain)	36.7	%		35 - 65
NEUTROPHILS (Microscopy, Leishman stain)	**54.7**	%	H	23 - 45
PLATELET COUNT (DC Detection Method)	246	10^9/L		150 - 450
PCV/HCT (Calculated)	29.3	VOL%		34 - 40
MCV (Calculated)	74.4	fL		75 - 87
Differential Count				
MCH (Calculated)	26.7	pg/cells		24 - 30
MONOCYTES (Microscopy, Leishman stain)	7.3	%		4 - 10
MCHC (Calculated)	35.9	g/dL		32 - 36
WBC COUNT (DC Detection Method)	8.81	10^9/L		5.5 - 15.5
RDW-CV (Calculated)	13.1	%		11.5 - 15
MPV (Calculated)	6.9	fL		6.5 - 10
HEMOGLOBIN (Colorimetry)	10.5	g/dL		11.5 - 15.5

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :19-06-2026 09:52
CRP (Immunoturbidimetry)	8.0	mg/L		<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report

Master ADAM ALEX	8143618489
2 Y 5 M 4 D	VI26020526
Male	16-06-2026 10:00 AM
IP-00060359	16-06-2026 10:13 AM
VIH-00205946	
Dr. PREETHAM KUMAR	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture : -

Second Report - No growth after 48 hrs of incubation

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

Interim Report

DISCHARGE SUMMARY

8143618489

Master ADAM ALEX	
2 Y 5 M 5 D	R26-009821
Male	19-06-2026 10:52 AM
IP-00060359	19-06-2026 12:17 PM
VIH-00205946	19-06-2026 12:17 PM
PREETHAM KUMAR	

ULTRASOUND ABDOMEN

LIVER : Normal in size 9.8 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

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

SPLEEN : Normal in size 6.9 cm and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :

Right kidney : 67 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 66 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

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

HIMAYATHNAGAR Emergency 040 - 48873000
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HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300
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SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200
KONDAPUR Emergency 040 - 4246 2400
L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333
NANAKRAMGUDA Emergency 040-69313233
1800 2122 www.rainbowhospitals.in

Master ADAM ALEX	8143618489
2 Y 5 M 5 D	R26-009821
Male	19-06-2026 10:52 AM
IP-00060359	19-06-2026 12:17 PM
VIH-00205946	19-06-2026 12:17 PM
PREETHAM KUMAR	

Impression

1. Few subcentimeter mesenteric nodes in RIF, largest of size 8mm.
2. Visualised bowel loops are normal.

Suggested clinical correlation.

Dr. MOHD ABDUL KHALID
MBBS,MD,DNB
Reg No: 82767

FIRSTFLOOR
MORNING,
19/06/2026

ULTRA SOUND ABDOMEN REQUEST FORM

PATIENT NAME :

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 4 D (M)
Dr. PREETHAM KUMAR

DATE:

LIVER : Normal in size 9.8cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

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

SPLEEN : Normal in size 6.9cm and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS : Right kidney : 67 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 66 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

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

IMPRESSIONL:~~No obvious sonological abnormality in abdomen.~~

Rest unremarkable

Suggested clinical correlation.

(1) Few subcentimeter mesenteric nodes in RIF, largest of size 8mm

(2) Visualised bowel loops are (N)

DR MOHD ABDUL KHALID MD, DNB.

DR ~~V. MAHIDHAR~~ (MD)

DR ~~VAISHNAVI REDDY~~ B (MD)

(Consultant Radiologist)

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 5 D (M)
Dr. PREETHAM KUMAR

Patient Name : 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	04	–	–	
7	Nurses Progress notes	03	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	04	–	–	
26	Intake and Output chart (fluid Chart)	03	–	–	
	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				
	others	15	–	–	
		43			noted by Anitha 19/6 @DAm
	Total No. of Pages				

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060359 **Admit Date** : 16-Jun-2026 **Admit Time** : 09:26 AM **UHID** : VIH-00205946

Patient Details :

Patient Name : Master ADAM ALEX
Age : 2 Y 5 M 2 D
Guardian : Mr ALEX JAMES
DOB : 14-01-2024
Gender : Male
Religion :
Occupation :
Martial Status :
Address (H) : H.NO:MIG A-20,DR.AS RAO NAGAR,ECIL P.O HYDERABAD,TELANGANA. Dr A S Raonagar Colony Hyderabad Telangana INDIA 500062
Phone No : 8143618489/ 9491885131
E-mail : ALEXJAMESKLU@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 ALEX JAMES
Relationship : Father
Contact Address : H.NO:MIG A-20,DR.AS RAO NAGAR,ECIL P.O HYDERABAD,TELANGANA. Dr A S Raonagar Colony Hyderabad Telangana INDIA 500062
Phone No : 8143618489

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 : MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : Mast. ADAM ALEX UHID : VIH-00205946 IPD : IP-00060359 Gender : Male Age : 2 Y 5 M 2 D

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

Wt: 11.44 kg
Ht: 90 CM

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Adam Alex Age : 2y 5M Gender: ☑ Male ☐ Female

Date : 16/6/26 Time of Arrival : 8:45 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: 99.2°F PR: 121 b/m BP: 94/71 (80) RR: 24 b/m SpO2: 98 %

Chief Complaints: c/o Fever x 6 days, loose stools (2 episodes) x 2 days

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

Triage Completion Time : 8:49 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).

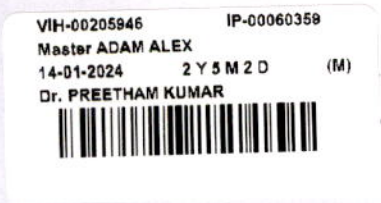
Name of Triage Nurse : As.Chitha

Signature of Triage Nurse : [signature]

Date & Time : 16/6/26 @ 8:49 AM

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

Patient Name : Mast. ADAM ALEX UHID : VIH-00205946 IPD : IP-00060359 Gender : Male Age : 2 Y 5 M 2 D



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/6/26 Time of arrival : 8:51

Chief Complaints: c/o Fever x 6day, loose stool (2 episode) x 2days RBS: —

Height : 90cm Weight : 11.44 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

	Yes	No
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 : 8:54 Am

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

Patient Name : Mast. ADAM ALEX UHID : VIH-00205946 IPD : IP-00060359 Gender : Male Age : 2 Y 5 M 2 D

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

Time	Nursing Notes
8:45Am	- Patient Came to ER
8:47 Am	Vitals checked & Recorded
8:52 Am	ER doctor seen the patient & Adviced Admission
9:26 Am	Admission done
9:50Am	- IV Placement done, Sample Collected Sent to lab
9:50Am	COVID RAT => Negative
	- Shifted to Room [112]

Samples collected by: Sr. Hema — Time: @ 9:50Am

Samples sent by : Sr. Shanthi — Time: 9:55 AM

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 121 b/m BP: 94/71(80) CFT: <2Sec	Shift - out from ER to: 112
RR: 24b/m SPO_2 : 98%	Time of Shift - out: @ 10:20AM
GCS: 15/15 Temperature : 99.2°F	Handover given to: (Nurse's Name) Sr. Manisha
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 : Vaishy

Date & Time : 16/6/26 @

PATIENT TRANSFER FORM

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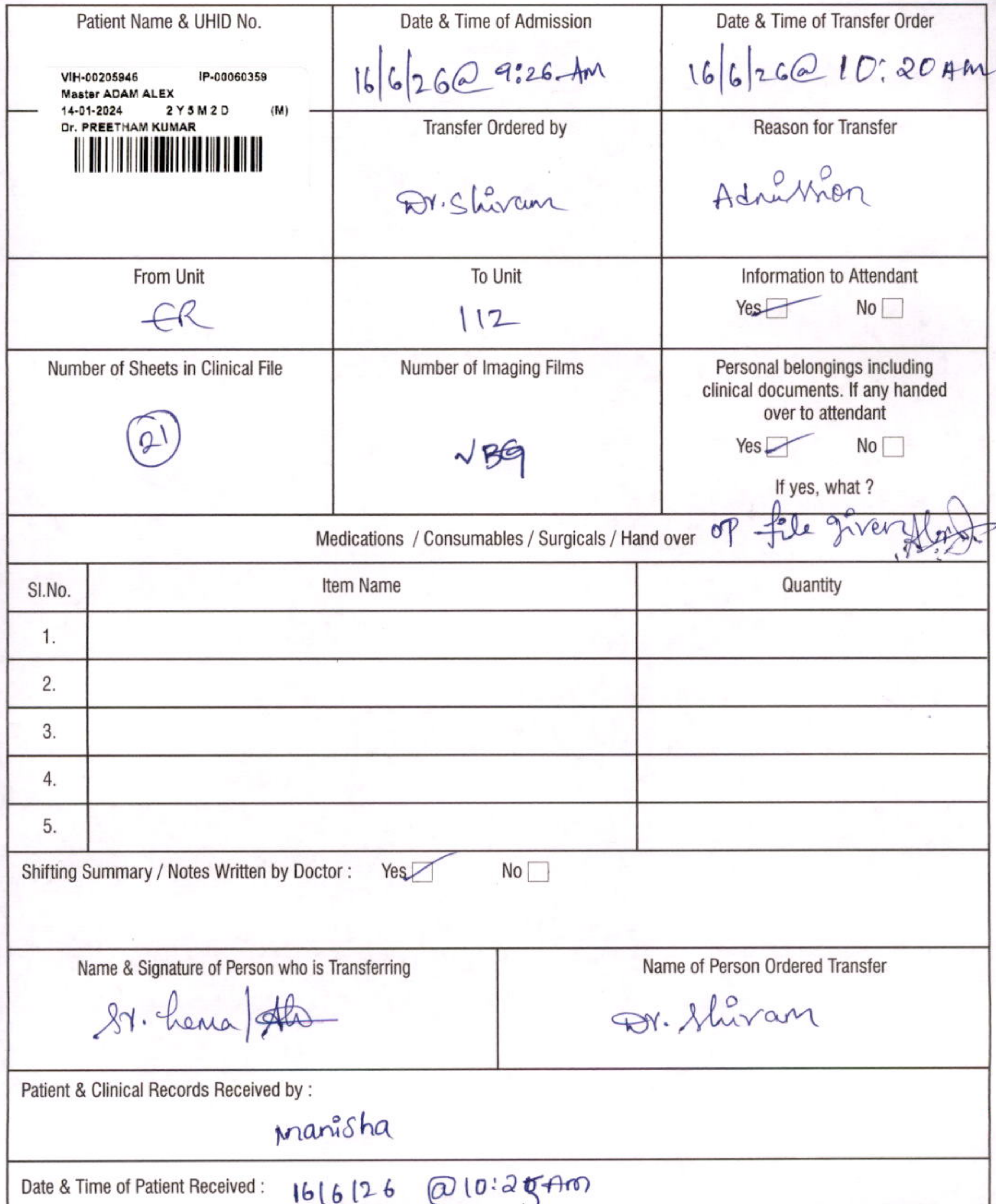

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205946 IP-00060359 Master ADAM ALEX 14-01-2024 2 Y 5 M 2 D (M) Dr. PREETHAM KUMAR	16/6/26@ 9:26 Am	16/6/26@ 10:20 AM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Shivam	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	112	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	√ BG	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over OP file given

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. hema	Dr. Shivam

Patient & Clinical Records Received by : manisha

Date & Time of Patient Received : 16/6/26 @10:25Am

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute gastro enteritis

Arrival Time: 10:25 pm Mode of Arrival: lifting by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 11.44 Kg

Height: 90cm cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 11.4 kg Length: 90cm Head Circumference (< 2 years): ....

Temp.: 98.6 f HR: 112 b/m RR: 27 b/m BP: 90/58 (70) mm

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 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 '0' Location Nil 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?) 0

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to Mother

Nurse's Name: Pradee Date: 16/6/26 Time: 10:40am Signature Prdy.

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

Patient Name: ______________________

UHID ID: ______________________

Department: ______________________

Consultant: ______________________

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

fever 5 days
loose stools 1 day
(3 episodes)
Not accepting feed 2 days

History of present illness :

Child was apparently alright 5 days back when he had sudden onset fever which was progressive. Had fever spikes mainly in afternoon 103°F daily. Child had loose stool 3 episodes & child is not accepting feeds.

CBP, CRP & Dengue samples given at Vijaya
Reports awaited

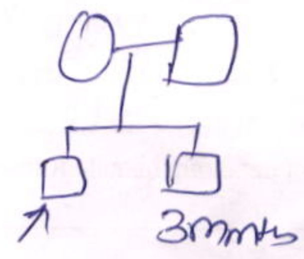
Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

FT/NVD/CIAB/3kg
No H/O NICU Admission



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for Age

Immunization History :

Vaccination done for Age

(P.T.O.)

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 11.4 kg (Centile ______)

On Examination :

Temperature : 99.2°F Pulse Rate : 121/min B.P. 94/71 (80) 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 : B/LAE (N)

Any addes sounds : —

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (N)

Any murmur : ______

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

Per Abdomen :

Inspection (N)

Palpation : (N)

Ausculation : (N)

Spine : ______ External Genitelia : ______

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : —

Motor System:

Nutriton :

Tone: Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes : (N)

DTR **Superficials:**

Plantars

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

AFI

(P.T.O.)

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Blood C/S ✓, S/E ✓
Sr urea, Sr creat ✓
VBG ✓
CUE ✓

Planned Management

- IV fluids
- Inj ceftriaxone
- Inj esomeprazole
- Sp Zincovit
- Sp monorm - R sachet

Noted by shanthi
16/6 @ 9:55Am

Signature of the Doctor: [signature]
Name of the Doctor: A Shivam
Date & Time: 16/6/26 9:35Am

Signature of the Consultant: [signature]
Name of the Consultant: [signature]
Date & Time: 16/6/26 4 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16·6·26 11·15am	S/B Registrar	
	Acute febrile illness	
	O/E child irritable	
	CRT < 3sec	
	afebrile	
	CVS - S1S2 (+)	Plan
	RS - BAE (+), clear	→ Trace report
	P/A - soft	→ CUE
		→ CSE
	CRP: 16·8 (< 5)	
	Hb - 11·3	
	WBC - 7800 (N/L 46/45) [signature]	
	Plt - 2·72 (Dr. Sameera)	
	[signature] 16/6/26 Dr. [illegible]	Noted By Manisha 16/6/26 @2pm

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 4.30 PM	S/B Registrar Acute febrile illness with Gastroenteritis 1 loose stool 1 fever spike in the afternoon O/E child awake CRT < 3 sec. afebrile CVS - S1 S2 (+) RS - BAE (+) clear P/A - soft Sameera (Dr. Sameera)	Plan → Increase ORS → CSE → Gastro diet → Kelvin 4th day Noted by Anitha 16/6 @7pm

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

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
12/6/26 8:20 AM.	AFI c̄ Gastroenteritis.	
	4 Fever spikes since yesterday	
	3 episodes - loose stools - semisolid	, 2 episode of vomiting yesterday
	afebrile since 4 hours.	
	O/E child alert	
	euthermic	
	vitals stable	
	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A - soft	
		Plan
		1). Inj ceftriaxone D2
		2) Syp. Zinconia
		3) Enterogermina
		4) Monitor vitals inform us
Dr. [illegible] 17/6/26 10AM.		5) (↓) IV fluids.
		Add fluids
	CBP CRP	

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/24 3:30pm	S/B Resident	
	AFI c̄ Gastroenteritis	
	afebrile since 5Am morning	
	loose stools (↓)	
	1 episode of vomiting - post syrup ingestion	
	Urine - (N)	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
		plan
		1) CBP CRP T/M
		2) Inj ceftriaxone D2
		3) Enterogermina
		4) Syp. Ocultamanir D1
		5) Monitor vitals inform RS
	Dr. Vishwajith	
		Noted by Amitha 17/6 @

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

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 3 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
18/6/26 8:20AM	Ask - AFI c̄ gastroenteritis	
	↓ fever spikes : 101°F, 100°F 7:30pm, 2Am.	
	No loose stools	
	No. vomitings.	
	Urine (N)	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A - soft	
		Plan
	CRP - 24 WBC - 8000.	1) Inj ceftriaxone D3 2) Syp Oseltamivir D2 3) Antipyretics 4) monitor vitals inform ... 5) IV fluids - on & off
Dr. Kumudha 18/6/26 10AM		[signature]
		noted by manisha 18/6/26 @2pm

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 4 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 3pm	Dx – AFI c̄ gastroenterites	
	1 fever spike @ 12:45pm 101.7°F	
	No vomitings	
	No loose stools.	
	O/E	
	Child alert	
	Afebrile	
	Vitals stable	
	CVS - S1S2 (+)	
	RS - NVBS (+)	
	P/A soft	
		Plan
		1) CST
		2) Monitor vitals, inform res
Dr. [illegible]		3) Add. Peptas.
		Noted by Anitha 18/6/26 @ 4pm

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 4 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
19/6/26 9AM	AFI c̄ gastroenteritis.	
	2 fever spikes -	
	No vomiting.	
	not passed stools since 2days.	
	Oral intake - better	
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	Plan
		1) CBP, CRP, Widal NOW.
		2) Inj piptaz 3rd dose
		3) Syp Zinc
		4) Syp. Ondansetron DS
		5) Enterogermina → stop.
		6) Zytee gel
Dr. [illegible]	d/s TODAY at request.	
	INJ. HYDROCORT Stat.	
Dr. [illegible]	IV PIPTAZ Contin	
19/6/26. 10AM.	then 2/5.	Noted by [illegible] 19/6 @10AM
	f/w T/mp to Dr. Preetham	
	USG - Abd - NOW.	

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 4 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

16/6/26

Date : .... Time:	11 Am	1 pm	3 pm	5 pm	7:40 pm	9 pm	11 pm	12 Am	2:10 Am	5 Am	7:30 Am
Temperature (°F)	98.6°F	100.9°F SYP (paracetamol)	98.2°F	98.6°F	102.4°F cold pongs + {Syp. PCM}	98.6°F	98.6°F	101.4°F Syp. PCM (spongig)	98.1°F	100.0°F Syp. Paracetamol	97.5°F
Heart Rate (Number)	107	103	110	112	114	112	104	110	124	109	116
Blood Pressure (mmHg) *							95/58 (69)				
Resp Rate (Number)	26	28	24	26	28	26	28		30		26
Resp Distress (Mod/ Severe; None / Mild)	N	N	N	N	N	N	N	N	N	N	
Receiving O_2 (l/min)											
O_2 Saturations (%)	98	99	98	99	99	99	98	96	97	99	99
Conscious Level (Normal; Altered)	N	N	N	N	N	N	N	N	N	N	N
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	01	0	1	0
Pain Score	0	0	0	0	0	0		0	0	0	0
Observer's Initials	M	M	d	d	d	[illegible]	[illegible]	SK	SK	SK	SK

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

Note: BP does not score in early warning scoring

Resp. Rate (bpm) Over 1 Minute) *

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.
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- 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 02/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION** : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

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 : 17/6/26

Time:	9 am	11 AM	1 pm	3 pm	5 pm	7 pm	9:30 pm	11 pm	2 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?											
Temperature (F) (scale 94–104)	98.4F	98.6F	98.5F	99.0F	99.4F	98.7F	102.3F SYP - Paracetamol	98.1oF	100.1oF SYP Paracetamol	98.6F	97.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)		92 / (71) / 64			96 / (70) / 61		103 / (78) / 63				
Heart Rate (Number)	114	112	110	118	110	114	120	116	104	124	110
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)											
Resp Rate (Number)	26	24	22	26	24	22	28		30	29	
Resp Distress: Mod/ Severe											
Resp Distress: None / Mild	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2(l/min)											
O_2Saturations (%)	98	99	98	98	99	99	100	99	97	98	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	0
Observer's Initials	P	P	A	A	A	A	SK	SK	SK	SK	SK

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.
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	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:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 3 D (M)
Dr. PREETHAM KUMAR

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

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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

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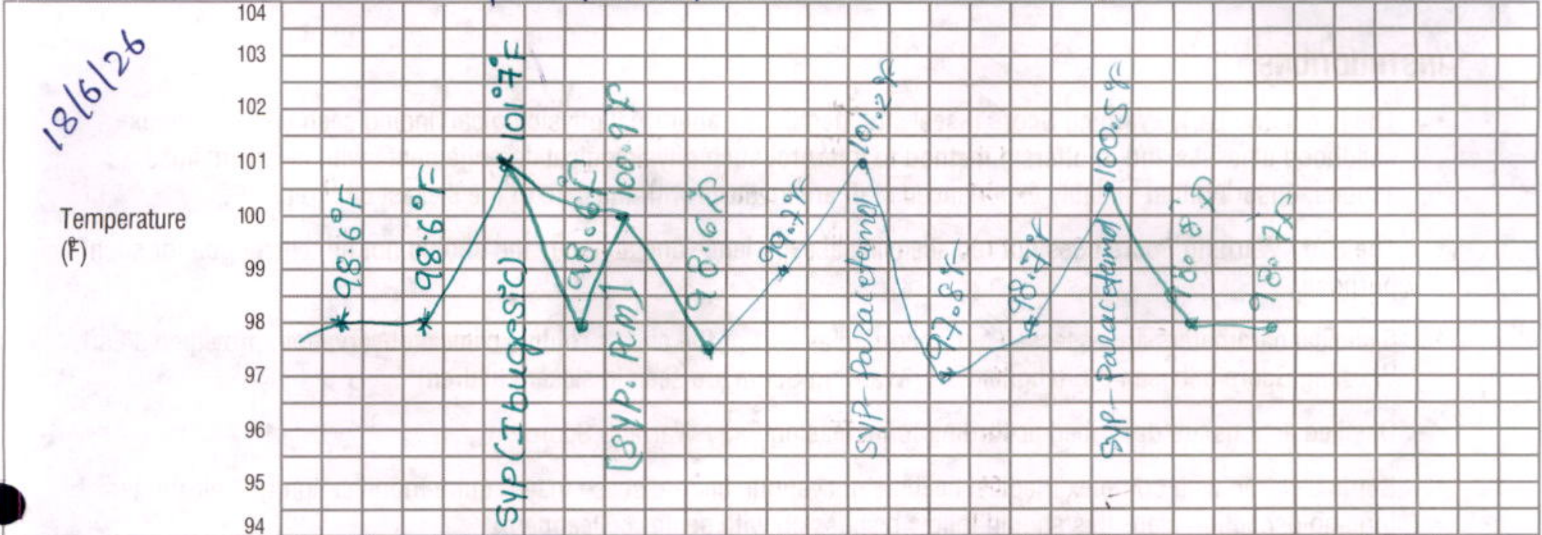
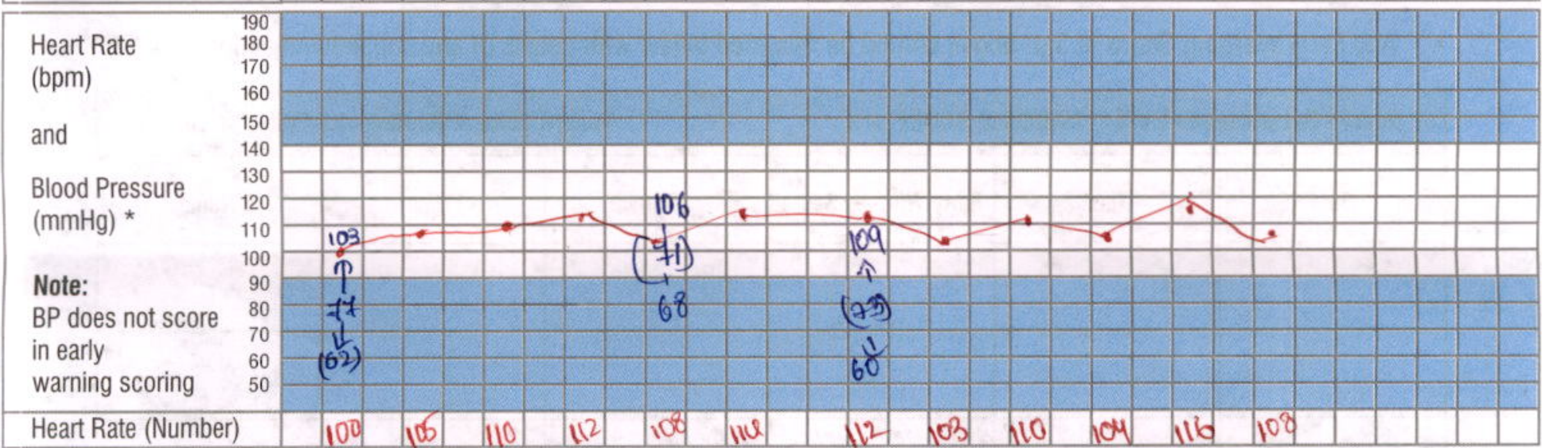
EARLY WARNING SCORE: CHILDREN'S UNIT

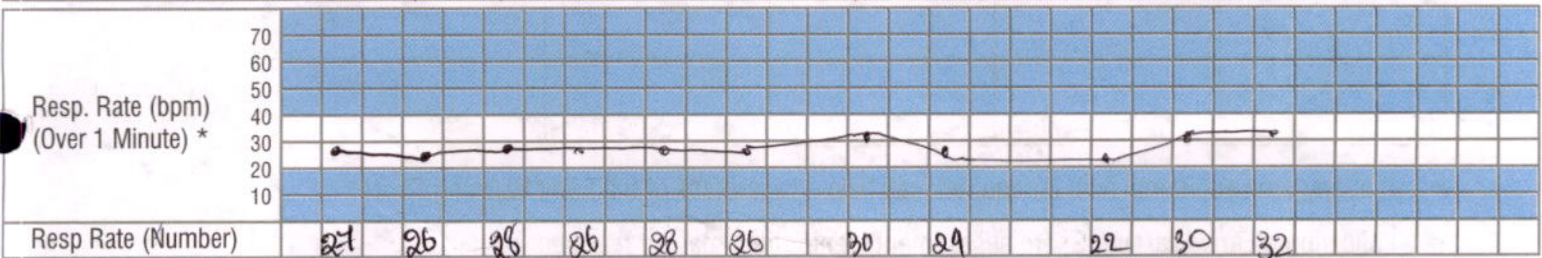
Date : 18/6/26

Time:	9 AM	11 AM	12:35 PM	3 PM	4:30 PM	7 PM	9:30 PM	10 PM	12:20 AM	2 AM	3:20 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?													





	9 AM	11 AM	12:35 PM	3 PM	4:30 PM	7 PM	9:30 PM	10 PM	12:20 AM	2 AM	3:20 AM	5 AM	7 AM
Heart Rate (Number)	100	105	110	112	108	114		112	103	110	104	116	108



	9 AM	11 AM	12:35 PM	3 PM	4:30 PM	7 PM	9:30 PM	10 PM	12:20 AM	2 AM	3:20 AM	5 AM	7 AM
Resp Rate (Number)	27	26	28	26	28	26		30	29		22	30	32
Resp Distress (Mod/ Severe; None / Mild)	N	N	N	N	N	N		N	N	N	N	N	N
Receiving O_2(l/min)													
O_2Saturations (%)	99	98	99	98	99	98		97	98	96	100	98	99
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		01	0	0	1	0	P
Pain Score	0	0	0	0	0	0		0	0	0	0	0	P
Observer's Initials	M	M	M	d	d	d		SK	SK	SK	SK	SK	d

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Master ADAM ALEX
14-01-2024 2 Y 5 M 4 D (M)
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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

19/6

Date : .... Time:	9 Am
Doctor / Nurse / Family Concern?	
Temperature (F) (scale 104–94)	98.0
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50) — Note: BP does not score in early warning scoring	106/70 (61)
Heart Rate (Number)	112
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)	
Resp Rate (Number)	20
Resp Distress — Mod/ Severe / None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	98
Conscious Level — Normal / Altered	N
GCS *	15
TOTAL SCORE — Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

Noted by Preethi 19/6 @ 10Am

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
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FLUID CHART

Sheet No. : ① 16/6/26

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/6/26	08:00 am											marisha 16/6/26
	09:00 am											
	10:00 am			31ml								
	11:00 am			31ml							0	
	12:00 pm			31ml								
	01:00 pm			31ml								
Total Intake : 124ml						**Total Output :**						
16/6/26	02:00 pm			31 ml								Anitha 16/6 @7pm
	03:00 pm			31ml			✓					
	04:00 pm		curd Rice	31 ml						✓		
	05:00 pm										0	
	06:00 pm			31 ml						✓		
	07:00 pm			31 ml								
Total Intake : 155 ml						**Total Output :**						
16/6	08:00 pm		Kichadi	31ml								Subha 16/6 @ 1Am
	09:00 pm		water	31ml						✓		
	10:00 pm			31ml								
	11:00 pm			31ml			✓				0	
	12:00 am			31ml						✓		
	01:00 am			31ml								
Total Intake : 186ml						**Total Output :**						
17/6	02:00 am											Subha 17/6 @ 8am.
	03:00 am											
	04:00 am											
	05:00 am			31ml							0	
	06:00 am			31ml						✓		
	07:00 am											
Total Intake : 62ml						**Total Output :**						

Total 24 hrs. Intake	527ml	Total 24 hrs. Output	5 times

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

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14-01-2024 2 Y 5 M 2 D (M)
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

17/6/26

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							
17/6	08:00 am		Idly	31 ml							0	Indu 17/6 @1pm
	09:00 am		water							✓		
	10:00 am											
	11:00 am			20 ml								
	12:00 pm			20 ml								
	01:00 pm											
Total Intake : 71 ml						Total Output :						
17/6	02:00 pm							✓			0	Anitha 17/6
	03:00 pm											
	04:00 pm		curd							✓		
	05:00 pm		Rice									
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output :						
17/6	08:00 pm										0	Subha 17/6
	09:00 pm		Rice									
	10:00 pm		water									
	11:00 pm									✓		
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
18/6	02:00 am										0	Subha 18/6 @7Am
	03:00 am		Water									
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	5 times

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3 18/6/26

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	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
18/6/26	08:00 am		Idly	20ml								Manisha 18/6/26 @2pm
	09:00 am		+ water	20ml						✓		
	10:00 am			20ml							0	
	11:00 am			20ml								
	12:00 pm			20ml						✓		
	01:00 pm			20ml								
Total Intake : 120ml						Total Output :						
18/6/26	02:00 pm			20ml								Amitha 18/6 @7pm
	03:00 pm		Chapatti	20ml						✓		
	04:00 pm		c water	20 ml							0	
	05:00 pm			20 ml								
	06:00 pm									✓		
	07:00 pm			20 ml								
Total Intake : 100 ml						Total Output :						
	08:00 pm											Subha 19/6 @8Am
	09:00 pm		Rice									
	10:00 pm											
	11:00 pm		water								0	
	12:00 am									✓		
	01:00 am											
Total Intake :						Total Output :						
19/6	02:00 am											
	03:00 am		water									
	04:00 am									✓	0	
	05:00 am											
	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. : 4

19/6/26

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
19/6	08:00 am									✓		
	09:00 am		chapathi									
	10:00 am		water									
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Noted by Anitha 19/6 @ 10AM

Total 24 hrs. Intake	

Total 24 hrs. Output	

Patient Sticker

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BirthRight™
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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.

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		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	

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

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

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

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Your Right to a Safe Delivery

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						☐ 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. Shivam

Date & Time : 16/6/26 @ 9:15 AM

Nurse Name & Signature: Sr. Hema [signature]

Date & Time : 16/6/26 @ 9:15 AM

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

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

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DRUG CHART

Date of Admission: 16/6/26 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

Dose	Route	Frequency	Start Date
3.5ml	PO	As & when required	16/6

Doctor's Signature	Valid Period	Pharm.
Dr Shwet		[signature]

Additional Instructions: 5ml=240mg 10-15mg/kg/dose if temp>100°F

Date	16/6	16/6	17/6	18/6
Time	1pm	11:40pm	12AM	4:30pm
Sign	[signature]	[signature]	[signature]	[signature]

DRUG: SYP. IBUPROFEN

Dose	Route	Frequency	Start Date
5.5ml	PO	as required	18/6

Doctor's Signature	Valid Period	Pharm.
[signature]	max 8th hrly	[signature]

Additional Instructions: 5ml=100mg 10mg/kg/dose if temp>102°F

Date	18/6/26
Time	12:35pm
Sign	[signature]

DRUG:

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

VERIFIED BY: Name / Signature: 2.30pm 16/6/26

VIH-00205946 IP-00060358
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 11.4 kg Ward. I st floor

DRUG : INJ CEFTRIAXONE				Date/Time	16/6	17/6	18/6
Dose	Route	Frequency	Start Date				
500mg	IV	12th hy	16/6	6 AM			
Name & Signature of the Doctor Starting the Drugs: @ Dr Shivam							
Additional Instructions: 50mg/kg/dose (1 hr after 1st dose)				6 pm			
Daily Doctor's Endorsement by a Sign							

DRUG : INJ ESOMEPRAZOLE				Date/Time	16/6	17/6	18/6	19/6
Dose	Route	Frequency	Start Date					
15mg	IV	once	16/6					
Name & Signature of the Doctor Starting the Drugs: @ Dr Shivam				6 pm				
Additional Instructions: 1mg/kg/dose								
Daily Doctor's Endorsement by a Sign								

DRUG : SYP ZINC				Date/Time	16/6	17/6	18/6
Dose	Route	Frequency	Start Date				
5ml	PO	once	16/6	2 pm			
Name & Signature of the Doctor Starting the Drugs: @ Dr Shivam							
Additional Instructions: for 14 days							
Daily Doctor's Endorsement by a Sign							

DRUG : SPORONORM-R				Date/Time	16/6
Dose	Route	Frequency	Start Date	6 AM	
5ml	PO	12th hy	16/6		
Name & Signature of the Doctor Starting the Drugs: @ Dr Shivam				6 pm	9:45
Additional Instructions: 1 sachet mix in 10ml & give 5ml					
Daily Doctor's Endorsement by a Sign					

16/6/24 2:30pm Elizabet

Patient Sticker

Weight. 11.4 kg Ward. ....

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/6/14		INJ. HYDROCORTISONE	40mg.	IV	[illegible]	

VIH-00205946 IP-[illegible]
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 11.4 kg Ward. ....

Date	Time	...sition 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
16/6	10:30 AM	IV fluid DNS (70% maintain)	IV	31	[signature]	[signature] [signature]	17/6	[signature]	[signature] [signature]
17/6	11 AM	DNS	IV	20	[signature]	[signature] [signature]			

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

VIH-00205946 IP-00060359
Master ADAM ALEX
14-01-2024 2 Y 5 M 2 D (M)
Dr. PREETHAM KUMAR

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 11.4 kg Ward ....

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Dt.
1	PO	12th hrly	16/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	16/6	17/6	18/6	19/6
6 AM		[signature]	[signature]	[signature]
6 pm	[signature]	[signature]	[signature]	

DRUG : SYP. OSELTAMIVIR

Dose	Route	Frequency	Start Dt.
2.5ml	PO	12th hourly	17/6

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

Additional Instructions: 1ml=12mg
30mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date / Time	17/6	18/6	19	20	21
10 AM	11:40 [signature]	[signature]	[signature]		
10 pm	[signature]	[signature]			

DRUG : ZYTEE GEL

Dose	Route	Frequency	Start Dt.
	LA	8th hourly	17/6

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

Additional Instructions: Oral application.

Daily Doctor's Endorsement by a Sign

Date / Time	17/6	18/6	19/6
6 AM		[signature]	[signature]
2 pm		[signature]	
10 pm	[signature]	[signature]	

DRUG : Inj. PIPERACILLIN-TAZOBACTUM

Dose	Route	Frequency	Start Dt.
1gm	IV	8 hly	18/6

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

Additional Instructions: after test dose
100mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	18/6	19/6	20	21	22	23
6 AM		[signature]				
2 pm	5:10 [signature]					
10 pm	[signature]					

Dr. Deblokey 17/6/26 1:30pm Srigalakshmi
Dr. Deblokey 17/6/26
Dr. Deblokey 18/6/2026 Mercy

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

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