

**ACTIVE**

VIH-00204751 IP-00060311  
Master NENAVATH ADVIK  
17-04-2024 2 Y 1 M 25 D (M)  
Dr. AKHEEL SYED RIZWAN

NG

Name: --



UHID No

Consultant: -----

Dept: ER

Date of Admission: 11/6/26

Time: @

Date of Discharge: -----

Time: -----

Room / Bed No: 202

Ward: 2nd Floor

Suggested Billable bed type: -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
11/6/26	@ 6.05 AM	DR	202	<i>[Signature]</i>

**Cross Consultation Visit**

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

**INVESTIGATIONS**

Date	Investigations	Order No.	Sign
11/6/26	Blood cis, CRP, CRP		
	Electrolytes, creatinine	26019957	
	VBS	26019958	
	X-ray chest AP	R26-009337	Laron
	Covid RAT Negative	26019959	
	CUE	26020061	
11/6/26	VBS	26020061	



**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
11/6/26	IV placement	①	3089031	<del>Reuther</del>
11/6/26	NBBP el	3	3089296	[Signature]
12/6/26	Neb 502	3	3089411	[Signature]

**ANY OTHER INFORMATION**

COVID RAT → Negative.

Date: 12/6/26

Time: 11AM

Prepared By: [Signature]

<p>Staff Nurse</p> <p>[Signature]</p>	<p>Shift / Ward</p> <p>12/6/26 11AM</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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Adrenaline - 4th hour  
Budecort - 2th hour

Ref. No. F/INPR/12



VIM-00204751 IP-00060311  
 P: Master NENAVATH ADVIK  
 17-04-2024 2 Y 1 M 25 D (M)  
 R: Dr. AKHEEL SYED RIZWAN



## NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
11/6/26	1.00	12 pm - Neb. Adrenaline	Nagmani	} <i>paupal</i> <i>paupal</i>
11/6/26	2.00	3 pm - Budecort	Padma	
11/6/26	3.00	Neb:- Adrenaline - 6:30 pm	Padma	
	4.00	(3) 3089296		
12/6/26	5.00	Neb:- Adrenaline - 12Am	} Reja	<i>M. Shuaib Parthod.</i>
	6.00	Neb:- Budecort - 3Am		
	7.00	Adrenaline - 6Am		
	8.00	(3) 3089411		
	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			

INSURANCE COPY

<b>Name</b>	Master NENAVATH ADVIK	<b>UHID</b>	VIH-00204751
<b>Father/Guardian</b>	Mr NENAVATH ARUN RATHOD	<b>Age/Gender</b>	2 Y 1 M 26 D/Male
<b>Address</b>	A S Roa Nagar, A S Roa Nagar, Hyderabad, Telangana, INDIA, 500062		
<b>IP No</b>	IP-00060311	<b>Admission Date</b>	11-06-2026
<b>Ref Doctor</b>	Self	<b>Discharge Date</b>	12-06-2026

## DISCHARGE SUMMARY

### Consultant:

**Dr. AKHEEL SYED RIZWAN**  
MBBS, DCH, MRCPCH (UK)  
SENIOR CONSULTANT PEDIATRICS  
& NEONATOLOGY

### Diagnosis: CROUP

**History:** Master NENAVATH ADVIK is a 2 Y 1 M 26 D, boy presented with history of dry intermittent cough, cold, moderate to grade intermittent fever, increased work of breathing, stridor and hoarseness of voice since 2 days prior to admission. For the above complaints, he was admitted in Rainbow Children's Hospital for further management.

**Examination:** He was febrile (102°F), maintaining saturations at room air. His heart rate was 160/min, blood pressure 100/60 mmHg and respiratory rate 28/min. Increased work of breathing present. On auscultation of chest, air entry was equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, he was conscious and oriented. Other systemic examination was normal.

Name	Master NENAVATH ADVIK	UHID	VIH-00204751
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Weight on admission : 10.9 kgs.

**Investigations:** Enclosed.

**Management:** Initially in ER he was rehydrated with NS bolus. He was admitted in the ward and started on intravenous antibiotics and intravenous fluids. In view of chest signs, he was frequently nebulised with Adrenaline and Budecort. Injection Dexamethasone was given. Child empirically started on Oseltamivir.

His venous blood gas showed pH 7.26, pCO<sub>2</sub> 37.9 mmHg, pO<sub>2</sub> 44 mmHg, HCO<sub>3</sub> 16.6 mmol/L, BE - 10.4 mmol/L, Lactate 6 mmol/L. Complete blood picture showed hemoglobin 9.9 gm/%, white blood cells count of 9,030 cells/cumm, platelet count of 2.0 lakhs/cumm and C. Reactive protein 3 mg/L. Serum electrolytes showed serum sodium - 144 mmol/L, serum potassium - 3.7 mmol/L, serum chloride - 109 mmol/L. Serum creatinine 0.4 mg/dl. Blood culture was sent, report awaited. Chest x-ray showed narrowing of subglottic area suggestive of CROUP.

He was continued on same line of management. His vitals were regularly monitored. His fever spikes and other symptoms settled. Repeat venous blood gas showed pH 7.35, pCO<sub>2</sub> 37 mmHg, pO<sub>2</sub> 38 mmHg, HCO<sub>3</sub> 20 mmol/L, BE - 5.5 mmol/L, Lactate 1.1 mmol/L. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

<b>Name</b>	Master NENAVATH ADVIK	<b>UHID</b>	VIH-0020475
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**Advice:**

1. Diet as advised.
2. Syrup. Augmenting DDS (5ml=400mg), 2.5ml 12th hourly (after food) for 3 days (Refrigerate after reconstitution).
3. Syrup. Omnacortil forte (5ml/15mg), 3ml 12th hourly (after food) for 3 days.
4. Tablet. Lansoprazole (15mg) 1 tablet once daily before breakfast for 3 days.
5. Nebulization with Adrenaline, (1respule=1ml), 2 respule 6th hourly for 3 days
6. Nebulization with Budecort (1mg), 1 respule 12th hourly for 5 days
7. Kindly consult Dr. Akheel Syed Rizwan, Consultant Pediatrician & Neonatologist after 3 days in OPD with prior appointment (This consultation will be charged).

**In case of Fever:**

Syp. Paracetamol (5ml=240mg), 3.5 ml for fever >99.6°F (maximum 4-6 hourly).

Syp. Ibugesic (5ml=100mg), 5 ml for fever >101°F (maximum 8 hourly).

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

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

Name	Master NENAVATH ADVIK	UHID	VIH-00204751
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**If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).**

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

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.CH Ganesh  
Typist : Kalyan

*for Dr. Ganesh*

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

**Dr. AKHEEL SYED RIZWAN**

MBBS, DCH, MRCPCH (UK)

SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY

TSMC-13579

PatientName : Master NENAVATH ADVIK Inpatient No. : IP-00060311  
Age/Gender : 2 Y 1 M 25 D/ Male Admit Date : 11-06-2026  
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen: BLOOD)</b>		TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 05:39	
HEMOGLOBIN (Colorimetry)	9.9	g/dL	L 11.5 - 15.5
RBC COUNT (DC detection method)	3.93	10 <sup>12</sup> /L	3.9 - 5.3
PCV/HCT (Calculated)	27.4	VOL%	L 34 - 40
MCV (Calculated)	69.7	fL	L 75 - 87
MCH (Calculated)	25.1	pg/cells	24 - 30
MCHC (Calculated)	36.0	g/dL	32 - 36
RDW-CV (Calculated)	14.7	%	11.5 - 15
PLATELET COUNT (DC Detection Method)	200	10 <sup>9</sup> /L	150 - 450
MPV (Calculated)	7.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	9.03	10 <sup>9</sup> /L	5.5 - 15.5
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	82	%	H 23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	14	%	L 35 - 65
MONOCYTES (Microscopy, Leishman stain)	03	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC MICROCYTES(+) WBC : TC NORMAL WITH RELATIVE NEUTROPHILIC PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>C REACTIVE PROTEIN (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 05:39	
CRP (Immunoturbidimetry)	3.0	mg/L	<10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>CREATININE (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 05:39	

**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.  
040-42462200, Ext 2000,2001,2002,

PatientName : Master NENAVATH ADVIK Inpatient No. : IP-00060311  
Age/Gender : 2 Y 1 M 25 D/ Male Admit Date : 11-06-2026  
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.4	mg/dl	0.03 - 0.5



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>ELECTROLYTES (Specimen : SERUM)</b>		TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 05:39	
SODIUM (Direct ISE)	144	mmol/L	H 134 - 143
POTASSIUM (Direct ISE)	3.7	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	109	mmol/L	H 98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>COVID ANTIGEN RAPID TEST (Specimen : SWAB)</b>		TEST RESULT STATUS : REPORT ENTERED Order Date :11-06-2026 05:44	
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE URINE EXAMINATION (Specimen : URINE)</b>		TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 13:08	
<b>PHYSICAL</b>			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	SLIGHTLY TURBID		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020		1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT		NIL
<b>CHEMICAL</b>			
PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	PRESENT ++		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		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

**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009  
040-42462200, Ext 2000,2001,2002,



**PatientName** : Master NENAVATH ADVIK **Inpatient No.** : IP-00060311  
**Age/Gender** : 2 Y 1 M 25 D/ Male **Admit Date** : 11-06-2026  
**Ward/Bed** : N 0 GF-EMERGENCY/ ER 101 **Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
<b>MICROSCOPY</b>			
PUS CELLS	3 - 4	HPF	L 0 - 5
EPITHELIAL CELLS	2 - 4	HPF	L 0 - 5
RBCS.	NIL	HPF	0 - 2
CRYSTALS	Amorphous Urate crystals +		ABSENT
OTHERS	OCCASIONAL AMMONIUM BIURATE CRYSTALS SEEN		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)</b>			<b>TEST RESULT STATUS : REPORT ENTERED</b>
			Order Date :11-06-2026 19:00
PH (Reagent Strip/Double PH Indicator)	7.35	unit	7.35 - 7.45
pCO2	37.0	mm Hg	35 - 48
pO2	38	mm Hg	L 83 - 108
HCO3	20.4	mmol/L	
BE	-5.2	mmol/L	
O2 Sat	70.5	mmol/L	

# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00204751 IP-00060311

Master NENAVATH ADVIK

17-04-2024 2 Y 1 M 26 D (M)

Dr. AKHEEL SYED RIZWAN

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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Patient Name

IP.No: 60311

Ward:



DOA: 11/6/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	3	✓	✓	
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Transfer Forms	1	✓	✓	
5	In-patient Medical Record	3	✓	✓	
6	Doctors Progress Sheets	2	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
	Consent for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
	Intake and Output chart (fluid Chart)	3	✓	✓	
	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Education Form				
35	the Humpty Dumpty Scale	2	✓	✓	
36	Thrombophilia	1	✓	✓	
37	Pain Assessment	1	✓	✓	
38	Braden scale	2	✓	✓	
39	medication chart	1	✓	✓	
40	Other	8	✓	✓	
	Total No. of Pages	43 pages			

Signature and Date : *[Signature]* 12/6/26

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

**ADMISSION SHEET**



**Registration Details :**

**Admission No** : IP-00060311      **Admit Date** : 11-Jun-2026      **Admit Time** : 05:00 AM      **UHID** : VIH-00204751

**Patient Details :**

<b>Patient Name</b> : Master NENAVATH ADVIK	<b>Age</b> : 2 Y 1 M 25 D
<b>Guardian</b> : Mr NENAVATH ARUN RATHOD	<b>DOB</b> : 17-04-2024
<b>Gender</b> : Male	<b>Religion</b> :
<b>Occupation</b> :	<b>Martial Status</b> :
<b>Address (H)</b> : A S Roa Nagar A S Roa Nagar Hyderabad Telangana INDIA 500062	<b>Phone No</b> : 8686938807
	<b>E-mail</b> : NA@GMAIL.COM

**Admission Details :**

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

**Contact Details :**

**Name** : Mr NENAVATH ARUN RATHOD      **Relationship** : S/O  
**Contact Address** : A S Roa Nagar A S Roa Nagar Hyderabad  
 Telangana INDIA 500062      **Phone No** : 8686938807

*N. Akheel Syed Rizwan*

Signature

**Doctor Details :**

**Doctor Name** : Dr. AKHEEL SYED RIZWAN      **Specialisation** : GENERAL PEDIATRICS  
**Referral Doctor** : Self      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : DC/CC Card      **Deposit Amount** : 5000.00  
**Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

Patient Name : N

NAVATH ADVIK UHID : VIH-00204751 IPD : IP-00060311 Gender : Male Age : 2 Y 1

VIH-00204751 IP-00060311  
 Master NENAVATH ADVIK (M)  
 17-04-2024 2 Y 1 M 25 D  
 Dr. AKHEEL SYED RIZWAN




## NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/6/26 Time of arrival : @ 3:36 AM

Chief Complaints : fever, cold cough since today RBS: -

Height : - Weight : 10.95 BMI : - Head Circumference (<2 years) : -

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: -

If yes, identify \_\_\_\_\_

Pain Screening:  Yes  No If Yes, Pain Score: \_\_\_\_\_ Pain Tool Used:  N Pass  FLACC  Wong Baker

Character \_\_\_\_\_  Location \_\_\_\_\_  Frequency \_\_\_\_\_  Duration \_\_\_\_\_

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

Unusual concerns about patient's Psychological Status:  Yes  No

If Yes Consultant Notified: \_\_\_\_\_ (Date/Time): \_\_\_\_\_

Social History: Lives With family

Siblings in household  Yes  No (if yes How Many?) \_\_\_\_\_

Time of Initial assessment completed by ER Nurse : @ 3:40 AM

Patient Name : Mast. NENAVATH ADVIK UHID : VIH-00204751 IPD : IP-00060311 Gender : Male Age : 2 Y 1 M 25 D

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

Time	Nursing Notes
3:30 AM	Pt came TO ER.
3:32 AM	Pt vitals checked and Records Done.
3:35 AM	Dr. Prasanthi seen the pt Advice Admission
3:36 AM	Neb. Levolin 0.63mg Budecort and Neb Adrenaline
4:30 AM	Admission done, Inj. Dexam 1m given in ER
5:30 AM	IV placement done, samples collected and sent for COVID RT :- negative
6:05 AM	patient shifted to ward

Samples collected by: }  
 Samples sent by: } Sr. Kiran

Time: 5:30 am  
 Time: 5:50 am

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3:35 AM	SYP. Ibuprofen	P/O	5ml	}	SK
3:36 AM	Neb. Levolin	P/N	0.63mg		SK
3:38 AM	Neb. budesonid.	P/N	0.5mg		SK
3:40 AM	Neb. Adrenaline	P/N	1mg		SK
3:45 AM	Inj. Dexamethasone	IM	2.1mg		SK

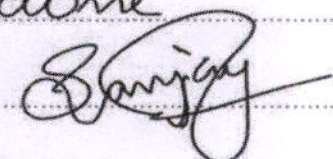
Condition of patient at time of shift - out :	Details of Shift - out
HR: 162b/m BP: 120/80mmHg CFT: 13cm RR: 30b/m SPO <sub>2</sub> : 97% GCS: 15/15 Temperature: 99.8F Pain Score: 2 Repeat RBS (if applicable):	Shift - out from ER to: 207 Time of Shift - out: 11/6/20 @ 6:05 AM Handover given to: S/S. Pota (Nurse's Name)

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

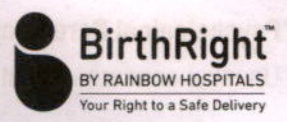
iv placement done

Name of the Nurse : Br. Sanjay

Signature of the Nurse : 

Date & Time : 11/6/20 @

VIH-00204751 IP-00060311  
 Master NENAVATH ADVIK  
 17-04-2024 2 Y 1 M 25 D (M)  
 Dr. AKHEEL SYED RIZWAN



## Nursing General Admission Assessment Form For Pediatrics

**Diagnosis:**

Arrival Time: @ 6 AM Mode of Arrival: @ 6:10 AM Admitting From:  ER  OPD  Direct

Allergy / Adverse Reaction - No Body Weight: 10.9 Kg  
 Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Family History: .....

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

If yes please list, .....

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

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

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

Observations: Weight: 10.9 Kg Length: cm Head Circumference (< 2 years): cm

Temp.: 99.3°F HR: 162 bpm RR: 30 bpm BP: crying

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

Fall Risk Assessment:  Yes  No Score: 16 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (Document in the Braden Q Assessment Sheet)

Pain Screening:  Yes  No If Yes, Pain Score: 10 Pain Tool Used:  N Pass  FLACC  Wong Baker

Character of Pain Nil Location Nil Frequency Nil Duration Nil

- FUNCTIONAL SCREENING:**  No Abnormalities Detected
- Mobility Problem  Walking Problem
  - Developmental Delay  Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

- NUTRITIONAL SCREENING:**  No Abnormalities Detected
- Underweight  Overweight  Special Feeding Method
  - Feeding Problem  Special diet  No Abnormality Detected

Inform consultant for positive criteria

**Psychological Screening:**  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

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

**Social History:** Lives With Parents .....

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

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 Parents .....

Nurse's Name: Sis. Roja ..... Date: 11/06/2026 Time: 6 .....

Signature

# PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00204751 IP-00060311 Master NENAVATH ADVIK 17-04-2024 2 Y 1 M 25 D (M) Dr. AKHEEL SYED RIZWAN 		Date & Time of Admission 11/6/26 @ 5.00 AM	Date & Time of Transfer Order 11/6/26 @ 6.05 AM
		Transfer Ordered by Dr. Prashanthu	Reason for Transfer Admission
From Unit ER	To Unit 207	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films CXR - 10 VIBR - 10	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over <i>Op files given to attendant</i>			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Dr. Vaishnav		Name of Person Ordered Transfer Dr. Prashanthu	
Patient & Clinical Records Received by : Rofg			
Date & Time of Patient Received : 11/6/26 @ 6:30 AM			

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



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

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

VIH-00204751 IP-00060311

Master NENAVATH ADVIK

17-04-2024 2 Y 1 M 25 D (M)

Dr. AKHEEL SYED RIZWAN





### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

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

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

c/o cough :: Evening.  
4 cold ~~days~~

c/o fever :: Evening.

#### History of present illness :

Child was apparently asymptomatic 1 day back

then developed cough :: Evening  
dry cough.  
Barking in nature.

↑ Hoarseness of voice (nt).

↑ WOB (nt)

c/o fever :: evening.  
mod-grade fever.

2-3 spikes.

Oral Intake - better.

Imbibing on medication.

u/b - Advance

Intubation period - Active.

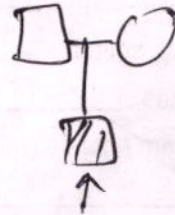
### Pediatric Multiorgan History & Physical Examination

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

Not significant

**Birth & Neonatal History:**

Term baby | 3.2 kg | LSCS  
CTAB, No NICU Admission.



**Birth & Socio Economic History:**

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

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

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

Class II.

**Developmental History :**

Development achieved as per Age - In all 4 domains.

**Immunization History :**

Immunized as per Age.

### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) ) 10.9kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 102°F Pulse Rate : 160B/m B.P. 107/28 SPO2 94%

Resp.rate and type of breathing : 28 B/m.

Rash \_\_\_\_\_

Lymphadenopathy ⓪

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : ⓪ ↑WOB ⓪

Air entry & breath sounds : B/LAe ⓪

Any addes sounds : ⓪

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

#### Cardiovascular System :

Inspection of procordium : ⓪ N

Heart Sounds : ⓪ S1S2 ⓪

Any murmur : ⓪

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

#### Per Abdomen :

Inspection ⓪ N

Palpation : ⓪ P/A = 10/14

Ausculation : ⓪ N

Spine : ⓪ N External Genitelia : ⓪ N

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



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

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

Cranial Nerves : (N)

#### Motor System:

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

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

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

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

Involuntary Movements : (N)

#### Reflexes :

DTR tnt Superficials: tnt  
Plantars flexor

#### Sensory System :

(N)

Bladder / Bowel : (N)

#### Clinical Summary & Diagnostic:

Croup.



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent further complications.

Desired goals of the treatment: to treat the symptoms.

#### Planned Labs:

- CBP, CRP, CUE ✓
- S/g. Creatinine ✓
- VBU ✓
- CXR ✓
- B/cb ✓

#### Planned Management

- Inj. Amoxiclav - IV - 8thely.
- Neb - Budesonide - 8thely.  
12
- Inj. Dexamethasone - 1/1m - stat
- Neb. Adrenaline - stat.
- Syp. Osetamivir - P/O
- High monitoring.

Noted by Sultan Ali  
11/6/24 @ 5:40 AM

Signature of the Doctor: [Signature]  
Name of the Doctor: Dr. Prabhakar  
Date & Time: 11/6/24 4:00 AM

Signature of the Consultant: [Signature]  
Name of the Consultant: A. Khan  
Date & Time: 12:30 11/6/24




## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 10 AM	<p><u>CB/B Resident</u></p> <p><u>Δ Croup</u></p> <p><u>Current Status:</u></p> <ul style="list-style-type: none"> <li>→ On Room Air</li> <li>→ Satrahm <math>\geq 95\%</math></li> <li>→ Stridor at Rest present</li> </ul>	
	<p>O/E: Conjunctivae          Irritable          Afebrile          CX - S/S2 ⊙          RS - BILAB ⊙          PA - SFT          VIG stable</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> <li>- Nebulised Adrenaline (1:1000). Smol undiluted to be given 6<sup>th</sup> hrly</li> <li>- If no improvement then Trj Dexamethasone 0.6mg/kg → 6mg IV stat</li> </ul>
<p>Am A. Rizwan 12/40</p>		<ul style="list-style-type: none"> <li>- Nebulisation with Budecort 2mg</li> <li>- Continue Amoxycloav</li> </ul>
<p>(u) R. Shivan</p>		<ul style="list-style-type: none"> <li>- VBG at 6pm</li> <li>- O2 by NP if <math>SpO_2 &lt; 95\%</math></li> </ul>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 4pm	<p><u>CL/B Resident</u></p> <p>△ <u>Croup</u></p>	
		<p><u>Adv</u></p>
	<p><u>Current status:</u></p> <p>→ in Room air</p> <p>→ Stridor at Rest</p>	<p>Continue Neb Adrenaline,          Neb Budesonide,          Condo</p>
<p><u>Q/B</u></p> <p>conscious</p> <p><del>Responsive</del></p> <p>Afebrile</p> <p>CVS - S2 @</p> <p>RS - B/LAB @</p> <p>RA S @</p> <p>Vig Stable</p>		<p>M'Dexamethasone</p> <p>- vitus menchi</p> <p>- VBA at 6pm</p>
		
		<p><u>AShms</u></p>
	<p>Noted by padma 11/6/26 @ 8pm</p>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/16/2026		C/S/B Resident Croup
9:00 AM	<ul style="list-style-type: none"> <li>- SpO<sub>2</sub> - maintaining</li> <li>- stridor ⊕</li> <li>- cough ⊕</li> <li>- No fevers</li> </ul>	
	CVS - S/S	
	CNS - NAD	Plan
	RS - B/LAEO	- Continue Adrenaline
	PA - SOFT	nebulization
		- Dexamethasone
		Continue -
		- vitals 6 <sup>th</sup> hly
		w/ <90% SpO <sub>2</sub>
		- Inform SOS.
		d/c



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>croup</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known						
	Surgery / Procedure: <u>-</u>	If Yes Specify: .....						
BACKGROUND	Date	<u>11/6/26</u>	<u>11/6/26</u>	<u>11/6/26</u>	<u>11/6/26</u>	<u>11/6/26</u>	<u>12/6/26</u>	
	Shift	<u>N</u>	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Diet:	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>99.1 F</u>	<u>99.2 F</u>	<u>98.6 F</u>	<u>98.0 F</u>	<u>98.7 F</u>	<u>98.0 F</u>
		Res:	<u>29 blm</u>	<u>30 blm</u>	<u>30 blm</u>	<u>30 blm</u>	<u>25 blm</u>	<u>23 blm</u>
		SpO <sub>2</sub> :	<u>96%</u>	<u>94%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>160 blm</u>	<u>160 blm</u>	<u>110 blm</u>	<u>120 blm</u>	<u>117 blm</u>	<u>118 blm</u>
		BP:		<u>crying</u>	<u>100/59</u>			
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>Nil</u>	<u>Nil</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>	<u>Soft diet</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:	<u>-</u>	<u>-</u>	<u>nil</u>	<u>ABC Done</u>	<u>-</u>	<u>-</u>		
Handed Over By Name :	<u>B.N. Suby</u>	<u>Raja</u>	<u>Nagman</u>	<u>padma</u>	<u>Raja</u>	<u>padma</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>11/6/26</u>	<u>11/6/26</u>	<u>11/6/26</u>	<u>11/6/26</u>	<u>12/6/26</u>	<u>12/6/26</u>		
Time:	<u>6:05 AM</u>	<u>8 AM</u>	<u>2 pm</u>	<u>3 pm</u>	<u>8 AM</u>	<u>12 pm</u>		
Taken Over By Name :	<u>Raja</u>	<u>Nagman</u>	<u>padma</u>	<u>Raja</u>	<u>padma</u>	<u>Send to the</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>11/6/26</u>	<u>11/6/26</u>	<u>11/6/26</u>	<u>11/6/26</u>	<u>12/6/26</u>	<u>fill Billing</u>		
Time:	<u>8 pm</u>	<u>8 AM</u>	<u>2 pm</u>	<u>8 pm</u>	<u>8 AM</u>			



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



# NURSING CARE RECORD



Date: 11/6/26

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify Assess the patient's condition

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8AM	Ensure safety	8AM	To provide side rails	To prevent risk of falls	Re-assessment was done, vitals checked	Raja 11/6/26 @8AM



# NURSING CARE RECORD

Date: 11/6/26

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	Ensure safety	9Am	Side rails kept up	Prevent from falls	Patient is stable	11/6/26 Naga Cpa
	10Am	Maintain fluid balance	10Am	Administered IV fluid Dns	To maintain hydration		
Afternoon	2pm	* Ensure safety	2:30 pm	* Provided side rails	* To prevent falls from Risk	* Patient is safe & active	Padma 11/6/26 @ 2pm
	4pm	* Maintain fluid					
Night	9 pm	+ maintain fluid balance  + maintain personal hygiene	9:30 pm	+ Administered IV Fluid Dns uom hly  + maintained hand wash & hand hygiene	+ prevent dehydration  + to prevent fall form risk	+ re-assessment was done every 4th hourly vital monitor	12/6/26 Saja @ 8:57

VIH-00204751 IP-00060311  
 Master NENAVATH ADVIK  
 17-04-2024 2 Y 1 M 28 D (M)  
 Dr. AKHEEL SYED RIZWAN



# NURSING CARE RECORD



Date: 12/6/26

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							



# NURSING CARE RECORD



Date: .....

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

### GENERAL CONSENT FOR TREATMENT

Patient Name: Master NENAVATH ADVIK Age : 2 Y 1 M 25 D  
IP No: IP-00060311 Sex: Male  
Consultant: Dr. AKHEEL SYED RIZWAN Ward/Bed No: N 0 GF-EMERGENCY/ER 101

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

atient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date:

Time:

Wittness Name:

Wittness Signature:

Patient Address:

A S Roa Nagar A S Roa Nagar  
Hyderabad Telangana INDIA 500062



# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

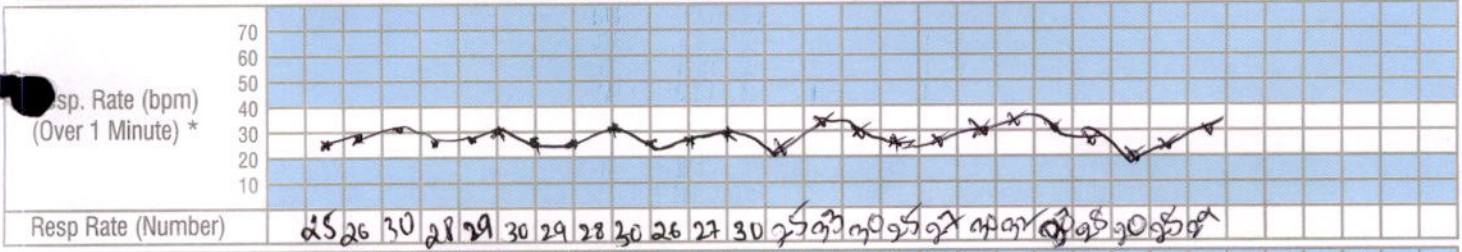
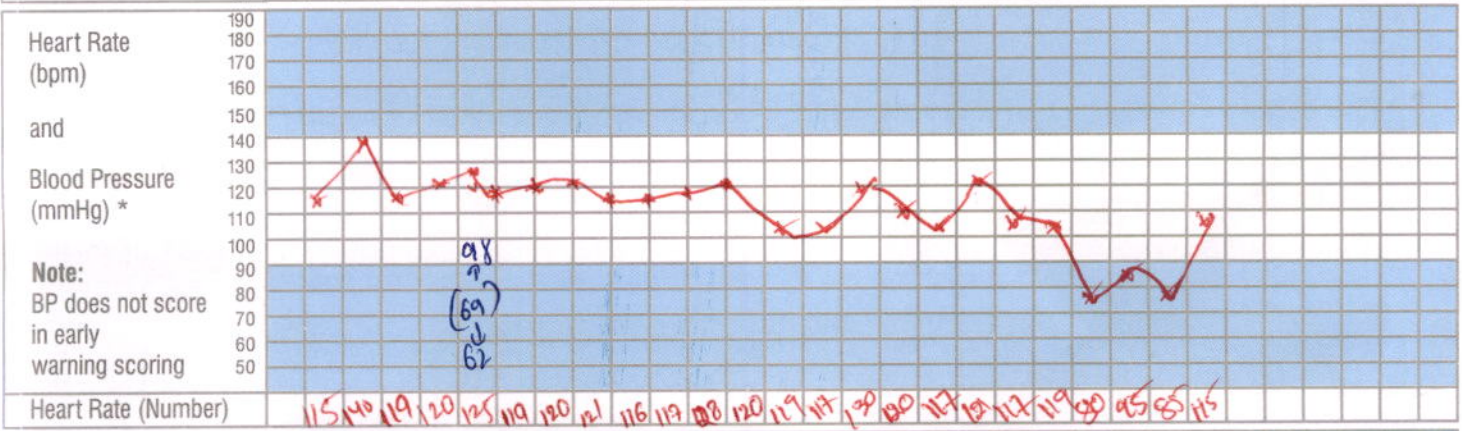
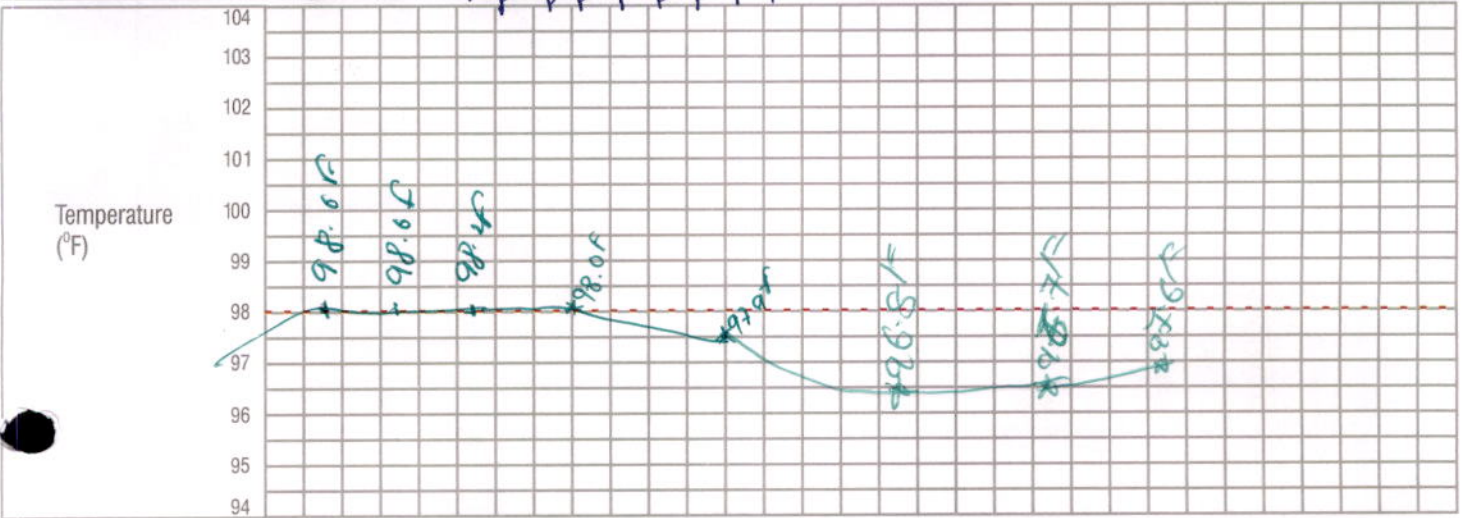
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/6/26 Time: 9 11 12 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8  
 Doctor / Nurse / Family Concern? AN AN PM PM PM PM PM PM PM PM PM PM AM AM AM AM AM AM AM AM AM AM



Resp Distress	Mod/ Severe None / Mild
Receiving O <sub>2</sub> (l/min)	
O <sub>2</sub> Saturations (%)	98 96 97 96 96 98 97 98 96 97 98 99 98 97 98 96 97 98 99 97 99 98 97
Conscious Level	Normal Altered
GCS *	15 15

TOTAL SCORE	
Number of shaded boxes	0 0
Pain Score	0 0
Observer's Initials	AN AN

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

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



# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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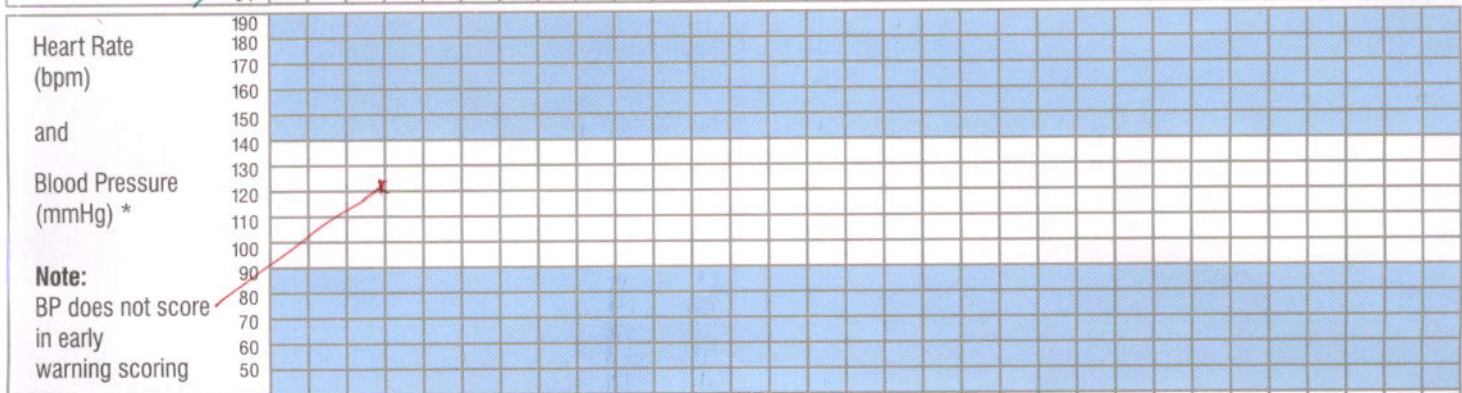
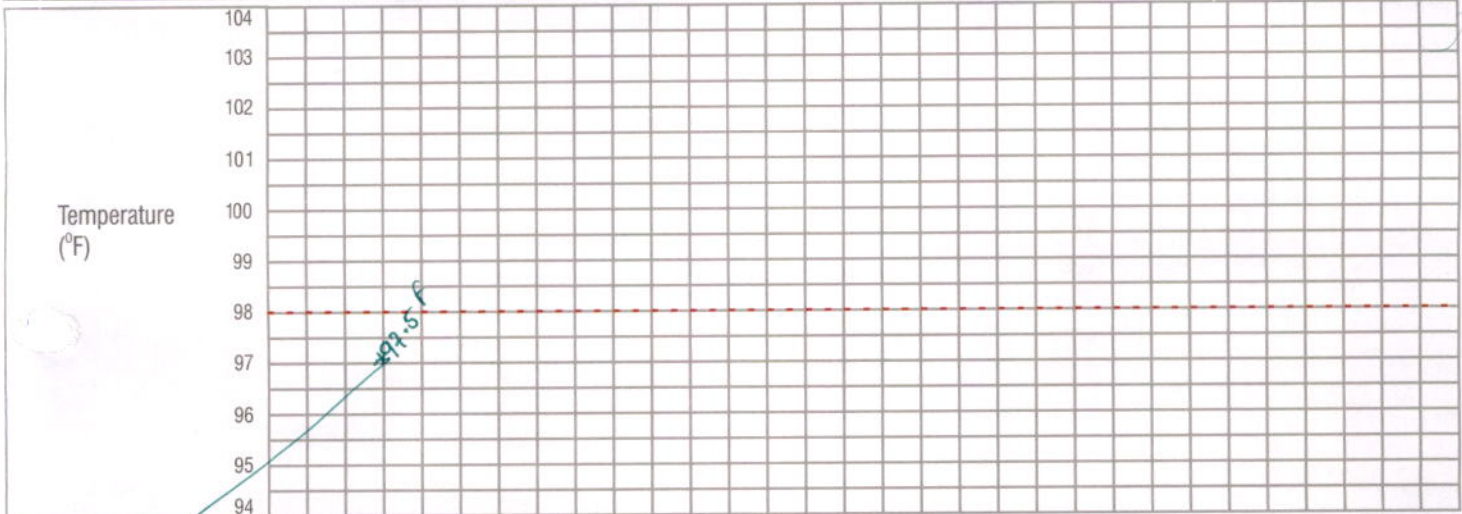
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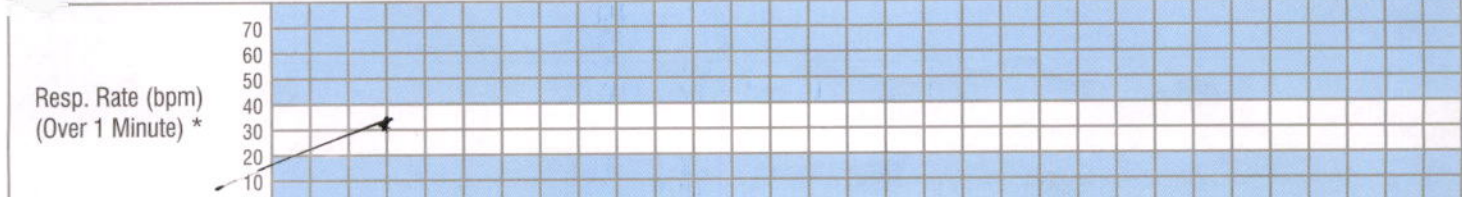
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ... 12/6/26 ... Time: 10:00

Doctor / Nurse / Family Concern? DM



Heart Rate (Number) 120



Resp Rate (Number) 22

Resp Distress: Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99

Conscious Level: Normal Altered N

GCS \* 15

**TOTAL SCORE** Number of shaded boxes 0

Pain Score 0

Observer's Initials P

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



①

**FLUID CHART**

Sheet No. : .....

11/6/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
11/6/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
11/6/26	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am		DNS	25ml									
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00204751 IP-00060311  
 Master NENAVATH ADVIK  
 17-04-2024 2 Y 1 M 25 D (M)  
 Dr. AKHEEL SYED RIZWAN



# FLUID CHART

Sheet No. : .....

11626

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
11/6/26	08:00 am		water	25ml						✓	1	11/6/26 Rafiq
	09:00 am										1	
	10:00 am		Sally	40 ml							0	
	11:00 am		water	40 ml							1	
	12:00 pm			40ml						✓	1	
	01:00 pm			40 ml							1	
<b>Total Intake :</b>			85 ml			<b>Total Output :</b>						
11/6	02:00 pm	D	Water								1	11/6/26 Rafiq
	03:00 pm		Water	20ml							1	
	04:00 pm			40ml						✓	1	
	05:00 pm	N	Sally	40ml							1	
	06:00 pm		Water	40ml							1	
	07:00 pm	S									1	
<b>Total Intake :</b>						<b>Total Output :</b>						
12/6	08:00 pm											12/6/26 Rafiq
	09:00 pm	D	water	40ml								
	10:00 pm			40ml						✓		
	11:00 pm	N	milk	40ml								
	12:00 am			40ml								
	01:00 am	S		40ml						✓		
<b>Total Intake :</b>						<b>Total Output :</b>						
12/6	02:00 am											12/6/26 Rafiq
	03:00 am	D	water	40ml								
	04:00 am			40ml						✓		
	05:00 am	N		40ml								
	06:00 am			40ml								
	07:00 am	S								✓		
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : .....

12/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
12/6	08:00 am											<div style="font-size: 2em;">}</div>	<div style="font-size: 2em;">}</div>
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
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	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



## MEDICATION RECONCILIATION FORM

Drug Allergies: Nil  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: RR Shifted to: 207

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5		<u>Nil</u>				<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Pirashanthi

Date & Time: 11/6/26 @ 5:10 am

Nurse Name & Signature: Sr. Revathy

Date & Time: 11/6/26 @ 5:10 am

VIH-00204751 IP-00080311  
 Master NENAVATH ADVIK  
 17-04-2024 2 Y 1 M 25 D (M)  
 Dr. AKHEEL SYED RIZWAN



# DRUG CHART

Date of Admission: 11/6/26 Drug Allergies: Nil  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
3.5ml	P/O	4 <sup>th</sup> hourly	11/6/26	
Doctor's Signature		Valid Period	Pharm.	
<i>[Signature]</i>			<i>[Signature]</i>	
Additional Instructions:				
10-15ml 4x/day				
DRUG : 5% IBUPROFEN.				Date Time
Dose	Route	Frequency	Start Date	
5ml	P/O	6 <sup>th</sup> hourly	11/6/26	
Doctor's Signature		Valid Period	Pharm.	
<i>[Signature]</i>			<i>[Signature]</i>	
Additional Instructions:				
10ml 4x/day				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY Name: *Sajjad* 11/6/26  
*Sajjad* 11/6/26  
*Sajjad* 11/6/26



REGULAR PRESCRIPTIONS

Weight. 10.9 kg. Ward. ....

Dr. D. Sankar  
 Rajyalakshmi  
 11/06/26

DRUG: Inj. AMOXICILLIN + K. CLAVULANATE				Date Time	11/6 12/6
Dose	Route	Frequency	Start Date		
300mg	IV	8thly	11/6/26	AM	PM
Name & Signature of the Doctor Starting the Drugs: After test dose					
Dr. prahanti.					
Additional Instructions:					
30mg/kg/dose					
Daily Doctor's Endorsement by a Sign					

Dr. Sankar  
 Rajyalakshmi  
 11/06/26

DRUG: Neb. BUDENISIDE				Date Time	
Dose	Route	Frequency	Start Date		
0.5mg	P/O	12thly	11/6/26		
Name & Signature of the Doctor Starting the Drugs:					
Dr. prahanti.					
Additional Instructions:					
1 repeat = 0.5mg.					
Daily Doctor's Endorsement by a Sign					

~~See IM chart STOP~~  
 ASHNI

Dr. D. Sankar  
 Rajyalakshmi  
 11/06/26

DRUG: Symp. OSELTAMAVIR.				Date Time	11/6 12/6
Dose	Route	Frequency	Start Date		
2.5ml	P/O	12thly	11/6/26	10 AM	10 PM
Name & Signature of the Doctor Starting the Drugs:					
Dr. prahanti.					
Additional Instructions:					
1ml/12mg 3mg/kg/dose.					
Daily Doctor's Endorsement by a Sign					

Dr. Sankar  
 Rajyalakshmi  
 11/06/26

DRUG: Inj. DEXAMETHASONE				Date Time	
Dose	Route	Frequency	Start Date		
2mg	IV	8thly	11/6/26		
Name & Signature of the Doctor Starting the Drugs:					
Dr. prahanti.					
Additional Instructions:					
0.1-0.2mg/kg/dose.					
Daily Doctor's Endorsement by a Sign					

~~STOP~~  
 ASHNI

Patient No



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

*Dr. Akheel*

**DRUG : NEB ADRENALINE** Date/Time 11/6  
Dose Route Frequency Start Dt. 5ml PN 12<sup>th</sup> 11/6 12 AM

Name & Signature of the Doctor starting the Drugs: @Arshwam 12 PM

Additional Instructions: 0.5ml/kg (max 5ml) undiluted

Daily Doctor's Endorsement by a Sign.

*Change to 6 PM*

*Dr. Akheel*

**DRUG : NEB BUDESONIDE** Date/Time 11/6  
Dose Route Frequency Start Dt. 2mg PN 12<sup>th</sup> 11/6 3 AM

Name & Signature of the Doctor starting the Drugs: @Arshwam 3 PM

Additional Instructions: Croup dosing 0.5mg X 4 Repules or 1mg X 2 Repules

Daily Doctor's Endorsement by a Sign.

*see the nebulation chart.*

*Dr. Akheel*

**DRUG : IV DEXAMETHASONE** Date/Time 11/6  
Dose Route Frequency Start Dt. 6mg IV 8<sup>th</sup> 11/6 3 AM

Name & Signature of the Doctor starting the Drugs: @Arshwam 11 AM

Additional Instructions: 0.6mg/kg/dex (max 8mg) 7 PM

Daily Doctor's Endorsement by a Sign.

*Dr. Akheel*

**DRUG : NEB ADRENALINE** Date/Time 11/6  
Dose Route Frequency Start Dt. 5ml PN 6<sup>th</sup> 11/6 12 AM

Name & Signature of the Doctor starting the Drugs: @Arshwam 6 AM

Additional Instructions: 0.5ml/kg (max 5ml) undiluted 12 PM, 6 PM

Daily Doctor's Endorsement by a Sign.

*see the nebulation chart*

VIH-00204751 IP-00060311  
Master NENAVATH ADVIK  
17-04-2024 2 Y 1 M 26 D (M)  
Dr. AKHEEL SYED RIZWAN



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

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

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

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

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



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	
<b>DRUG :</b>		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
11/6/26	3:45am	Inj. DEXAMETASONE	2.1mg.	IM	R	<del>Pathy</del> sayyaf
11/6/26	3:40am	Neb. ADRENALINE	1ml	P/W	R	<del>Pathy</del> sayyaf
11/6/26	3:38am	Neb. BUDENIDE	0.5mg	P/W	R	<del>Pathy</del> sayyaf
11/6/26	3:36am	Neb. LEVOSALUTA <sub>NOV</sub>	0.63mg	P/W	R	<del>Pathy</del> sayyaf
11/6/26	6:30Am	Neb. ADRENALINE	1ml	P/W	R	foja
11/6/26	6:40Am	NS. Bolus	100ml	IV	R	foja

Signature .....  
VERIFIED BY: Date

foja  
11/06/26

I.V. FLUIDS CHART

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



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
<del>11/6/2</del>	<del>7:30 AM</del>	<del>IVF-DNS (2/3 r/m)</del>	<del>IV</del>	<del>25 ml/hr</del>	<del>R</del>	<del>S</del> <del>Pat</del>	<del>11/6/2</del>		<del>Nash</del> <del>(M)</del>
<del>11/6/2</del>	<del>9:00 AM</del>	<del>IVF-DNS full (m)</del>	<del>IV</del>	<del>40 ml/hr</del>	<del>R</del>	<del>Nash</del> <del>(M)</del>	<del>12/6</del>		<del>Nash</del> <del>(M)</del>

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

VIH-00204751 IP-00060311  
 Master NENAVATH ADVIK  
 17-04-2024 2 Y 1 M 25 D (M)  
 Dr. AKHEEL SYED RIZWAN



①



## RESULT SHEET

Date	11/6/26				
Time	5:44AM				
Hb	9.9				
PCV	27.4				
RBC	3.93				
WBC	9.03				
N/L	82.3/14.8				
Platelets	200				
CRP	3				
ESR					
PCT					
RBS					
Na	144				
K	3.7				
Cl	109				
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.4				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date	11/6/26					
Time	1:08pm					
CUE - Alb	nil					
CUE - Sugar	present (+)					
CUE - Ketones	negative					
CUE - PUS Cells	3-4					
CUE - RBC Cells	nil					
CUE - Epithelial	2-4					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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