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

ACTIVITY RECORD FOR BILLING

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

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

UHID N  ---------- Consultant : ---------- Dept : pediatrics

Date of Admission : ---------- Time : 4:52 Pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 104 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	@ 6:15pm	ER	104	

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
	CBP, CRP, electrolytes	26020778	
18/06/26	Creatinine, B/c/s		
	x ray chest		
	x ray nasopharynx	26009791	
	COVID RAT Negative.	26020779	
	UE	26020782	
20/6/26	CBP, CRP	26020963	
	Cross checked by Leigasa		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6/26	Infusion pump	6.15pm	19/6/26 6pm	3091838	Gg

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/6/26	IV placement	(1)	3091837	
20/6 -	Meks	6	3092412	
	MBs	2	3092457	
	Cross Checked by Elizabeth r			

ANY OTHER INFORMATION

Covid RAT Negative.

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth		

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
18/9/25	00.00	9pm - Hyperneb.	Gayu	Shirisha
19/6/26	01.00	4 Am - Hyperneb	Subha	Shirisha
	02.00	12 pm - Levolin + Hyperneb	Beerunika	Shirisha
	03.00	12:30pm - Budecort	Beerunika	Shirisha
	04.00	6pm - Levolin + Hyperneb	Anitha	
20/6/26	05.00	12 Am - Levolin + Hyperneb	Subham	
	06.00	(6) - 3092918		
	07.00	6am - Levolin + Budecort	Subham	
	08.00	~~12 pm~~ - Hyperneb levoci		
	09.00			
	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			

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 17 D (F)
Dr. PREETHAM KUMAR

Patient Name: IP.No:

Ward: DOA:

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 Trasfer 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	—	—	
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	3	—	—	
26	Intake and Output chart (fluid Chart)	2	—	—	
	Drug Chart (Regular prescription)	3	—	—	
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 Educatlon Form				
	Humpty - dumpty	1	—	—	
	Thrombophlebetis	1	—	—	
	pain Assessment	1	—	—	
	Braden Score	1	—	—	
	Others	7			
	Total No. of Pages	37			

Noted by Beauty 20/6/26 @10 am

Signature and Date

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060398 **Admit Date** : 18-Jun-2026 **Admit Time** : 04:57 PM **UHID** : VIH-00188113

Patient Details :

Patient Name	: Baby MATURI AADVIKA	**Age**	: 1 Y 11 M 16 D
Guardian	: Mr MATURI VIDHUR	**DOB**	: 02-07-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 19-119-25/1 venkatapuram alwal secundrabad Aliabad Hyderabad Telangana INDIA 500015	**Phone No**	: 9550266958
		E-mail	: na@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr MATURI VIDHUR **Relationship** : D/O

Contact Address : 19-119-25/1 venkatapuram alwal secundrabad Aliabad Hyderabad Telangana INDIA 500015 **Phone No** : 9550266958

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** : CARE HEALTH INSURANCE LIMITED

Patient Name : Baby. MATURI AADVIKA UHID : VIH-00188113 IPD : IP-00060398 Gender : Female Age : 1

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
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Wt: 9 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Aadika Age : 2y Gender: ☐ Male ☒ Female

Date : 18/6/26 Time of Arrival : 4:14pm

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: 101.9°F PR: 148 bl/m BP: 100/60 (84) RR: 30 bl/m SpO$_2$: 99%

Chief Complaints: C/O Fever, cold x 5 days Rhinorrhoea, Nasal x 5 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☒ Normal ☐ Sick Looking

Circulation / Colour: ☒ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☒ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 4:17 PM

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☒ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☒ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☒ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☒ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☒ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Harshitha

Signature of Triage Nurse : .....

Date & Time : 18/6/26 @ 4:17 PM

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI

Arrival Time: ..... Mode of Arrival: ..... Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... No ..... Body Weight: ..... 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
No	No	No

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: 9 kgs ..... Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6 F ..... HR: 108 b/m ..... RR: 24 b/m ..... BP: 104/64 (73) mm/hg

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 11 ..... (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23 .....) (Document in the Braden Q Assessment Sheet)

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

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

Social History: Lives With ..... parent .....

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

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: ..... Beeronika ..... Date: ..... 18/6/26 ..... Time: ..... 6.40pm ..... Signature BN

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/6/26 Time of arrival : 4:19 PM

Chief Complaints: C/O Fever, cold, Running nose x 5 days RBS: —

Height : — Weight : 9 kg BMI : — Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 4:21 PM

Patient Name : Baby. MATURI AADVIKA UHID : VIH-00188113 IPD : IP-00060398 Gender : Female Age : 1 Y 11 M 16 D

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

Time	Nursing Notes
4:14pm *	patient came to ER
4:16pm *	vitals checked and Recorded
4:19pm *	Dr. prashanthi Seen the patient & adviced admission
4:59pm *	Admission process Done
5:00pm *	IV placement Done & COVID RAT → Negative
5:40pm *	collected the Samples & Send to lab
*	patient shifted to ward

Samples collected by: } Sr Likhan Time: } 5:40pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
4:10pm	Syp. Ibugesic	oral	4.5 ml	Dr Prashanthi	AS

Condition of patient at time of shift - out :	Details of Shift - out
HR: 132 b/m BP: crying CFT: <2sec	Shift - out from ER to: 104
RR: 24 b/m SPO_2 : 99%	Time of Shift - out: 18/6/26 @ 6:15 Pm
GCS: 15/15 Temperature : 99.7°F	Handover given to: Sr. Gayathri
Pain Score: 0	(Nurse's Name) by Sr Likhan
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement Done

Name of the Nurse : Sr Likhan Signature of the Nurse : AS

Date & Time : 18/6/26 @ 6:15pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00188113 IP-00060398 Baby MATURI AADVIKA 02-07-2024 1 Y 11 M 16 D (F) Dr. PREETHAM KUMAR	18/6/26 @ 4:57 pm	18/6/26 @ 6:15 pm
	Transfer Ordered by Dr. prashanthi	Reason for Transfer Admission
From Unit ER	To Unit 10 A	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (21)	Number of Imaging Films x-ray → (1) Nasopharyx → (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Architha / AS	Dr. prashanthi

Patient & Clinical Records Received by : Bhavaneeka

Date & Time of Patient Received : 18/6/26 @ 6.25pm

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00188113 IP-00060398 Baby MATURI AADVIKA 02-07-2024 1 Y 11 M 16 D (F) Dr. PREETHAM KUMAR _____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : Adika. Age/Sex 2y/F.

Information given by: mother. Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o fever :: 5days.
cold :: 5days.

History of present illness :

Child was apparently asymptomatic 5 days back
then developed c/o fever :: 5days.
moderate fever - Intermittent
I.f period - Active.
Not subsiding on medication.
H/o Attending swimming classes.
c/o cold :: 5days
Nasal blockade (+nt)
Snoring (+nt)
mouth breathing (+nt).

c/o Dullactivity & ↓oral Intake.

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

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

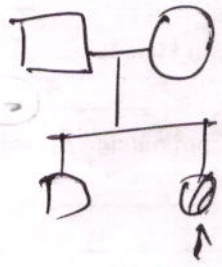
CXR → (N)

Xray Nasopharynx → Adenoid Hypertrophy (ENT).

- Admitted In PICU @ 1yr & Age - i/v/o pneumonia.

Birth & Neonatal History:

Term | 2-2½yrs | NVD
CIAB, NO NICU Admission.



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : } clarified

Developmental History :

Developmt delayed as per Age in all 4 domain.

Immunization History :

Immunized as per Age.

(P.T.O.)

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__9kgs.__(Centile _____)

On Examination :

Temperature : 101.9F Pulse Rate : 140 b/m B.P. _____ SPO2 99%.

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____ (-)

Allergies (if any): _____

Respiratory System :

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

Air entry & breath sounds : BLAT (+) Conducting sounds (+nt)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection (N)

Palpation : P/A: Soft

Ausculation : (-).

Spine : (N) External Genitelia : (N).

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

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : N.

Motor System:

Nutriton : N

Tone: N Power P L

Co-ordinator : 4/5 4/5

Posture :

Involuntary Movements : -

Reflexes :

DTR +nl **Superficials:** +nl

Plantars Flexor.

Sensory System :

N

Bladder / Bowel : N

Clinical Summary & Diagnostic:

AFI.

(P.T.O.)

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications.

Desired goals of the treatment:
To treat the symptoms.
D/w Dr. Preetham sir.

Planned Labs:

CBP, CRP, CUE, S/E,
S.creatinine
B/C/S.

CXR
Xray - Nasopharynx (adenoids) ~~opp Basis.~~

Planned Management

- Inj. Ceftriaxone - IV - 12th hrly
- Inj. Omeprazole.
- Nasoclear Nasal drops.
- HYPERNEB Nebulisation.
- Syp. Relent plus - P/O.
- Metaspray Nasal spray.

Signature of the Doctor: [signature]
Name of the Doctor: Dr. prashanthi
Date & Time: 18/06/26.

Signature of the Consultant: [signature]
Name of the Consultant: Dr. Preetham
Date & Time: 19/6/24 4pm

VIH-00188113 IP-00060398
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 7:30pm	S/B Resident ASH — AFI No fever spikes Nose block (+) Snoring (+) O/E Child alert Euthermic Vitals stable CVS - S1S2 (+) R/S - BAE (+) P/A - Soft	Plan 1) Trace B/cfs 2) Inj ceftriaxone 3) Hypertab 4) Nasoclear Nasal drops 5) Syp. Pelent plus. 6) Metaspray Nasal spray
Dr. Vidhya		Noted by Beuniker 18/6/26 @ 8pm

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..OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
19/6/26 8AM		
	A/S/O - AFI	
	1 fever spike - 10:30pm 100.7°F	
	Nose block (+)	
	mouthbreathing (+)	
	Snoring (+).	
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS-S1S2 (+)	
	RS: BAE (+)	
	P/A - soft	
		Plan
	1)	Trace B/C/S
	2)	Inj ceftriaxone
	3)	Hypernebs
Dr. Vishwaja	4)	Nasoclear nasal drops
	5)	Syp Relentplus — Change
	6)	Nivermay drops — to BD.
	7)	Nasivion-P nasal drops Add
Dr. Kunnana 19/6/26 10AM	8)	Syp. Fluvir Add
	9)	Neb. Levolin - 6th hrly → mixed hypertonic
		Budecort - 12th hrly

Noted by Beronika 19/6 @ 2pm

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 17 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19.6.26 3.30 PM	S/B Registrar Acute febrile illness 1 fever spike at 12.30 PM (100.7°F) mouth breathing (+) O/E child afebrile CRT < 3sec. afebrile CVS - S1S2 (+) RS - BAE (+), clear P/A - soft	Plan → Add Inj. Amikacin → CBP, CRP 1/m → Vitals 4th hrly
19/6/26 4pm	(Dr. Sameer)	Noted by Anitha rn @ 4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident.	
20/6/25 9AM	AFI c̄ Adenoidites	
	afebrile 24hrs.	
	O/E	
	Child alert, active }	
	Euthermic, stable } (N)	
	Vitals stable	
	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A soft	
	D/C TODAY →	To add Iron supplement on f/up.
	Cefixime - TDS(?) std.	
	Fams? std.	- f/up Tuesday
	Taper nebs.	- Dietician review (Iron deficiency)
	Nebulisation - 2ohr.	
	Dr. [signature] 20/6/25 9AM	Noted by Baronika 20/6 @10am

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI

Any Infection: ☐ Yes ☐ ~~No~~ ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure: Nil

Post OP Day:

	Date 18/6/26 / Shift	Evening 18/6/26	18/6 E	18/6 N	19/6/26 M	19/6/26 E	19/6/26 Night
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	Soft diet	S diet	S diet	Soft diet	S. diet	S. diet
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	Vital Signs: Temp:	99.2°F	98.8F	98.6F	98.6	98.6 F	97.6°F
	Res:	30 b/m	28 b/m	26 b/m	27 b/m	26 b/m	32 b/mt
	SpO_2:	99%	98%	99%	99%	98%	100%
	Pulse:	148 b/m	130 b/m	135 b/m	122 b/m	123 b/m	118 b/mt
	BP:		102/62(73)	99/65(75)		96/62(76)	90/61(75)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ ~~Yes~~ ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	Special Diet:	Nil	Nil	Nil	Nil	Nil	S-diet
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	dependent	Dependent	dipanent
Post Operative Procedure Special Orders:		Nil	Nil	Nill	Nil	Nil	Nil
Handed Over By Name :		Kiran	Beeonika	Subham	Beeonika	Anitha	Subham
Signature / ID :		12859	Bel	~~Subham~~	018727	~~Anitha~~	~~Subham~~
Date:		18/6/26	18/6	19/6	19/6/26	19/6	20/6/26
Time:		6:15pm	@8pm	8AM	@2pm	@8pm	@8am
Taken Over By Name :		Beeonika	Subham	Beeonika	Anitha	Subham	Beeonika
Signature / ID :		Bel	~~Subham~~	018727	~~Anitha~~	~~Subham~~	018727
Date:		18/6	18/6	19/6/26	19/6/26	19/6/26	20/6
Time:		@6:25pm	8pm	@8am	@2pm	@8pm	@2am

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B/O
VIF

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI				Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: Nil		
	Surgery / Procedure: Nil				Post OP Day: Nil		
BACKGROUND	Date / Shift	20/6 M					
	Medical Condition (Any special condition to be noted):	Nil					
	Diet:	S. diet					
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6 F					
	Res:	28 b/m					
	SpO_2:	99%					
	Pulse:	112 b/m					
	BP:	100/51					
	LOC:	Conscious					
	Fall Risk Score:	11					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil					
	Others Specify:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil					
	Critical Lab Test / Values:	Nil					
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent					
Post Operative Procedure Special Orders:		Nil					
Handed Over By Name :		Renuka					
Signature / ID :		B01827					
Date:		20/6/26					
Time:		@10am					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Noted by Renuka 20/6/26 @10 am

VIH-00188113 IP-00060398
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NURSING CARE RECORD

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Date: 18/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5pm	→ Maintain fluid Balance		→ Administered IV fluid Balance DNS 35 ml/hr	→ To maintain hydration	→ patient is Stable	Beronika BB @ 8pm
Night	8pm	→ Observed → Vital signs	8pm	→ Observed the child condition → Vitals are checked & recorded	→ child is active → Vitals are Normal	→ Now child is stable	Sabitha 19/6 8am

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NURSING CARE RECORD

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Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11am	→ Maintain good Nutritional states		→ To Oral Intake is good	→ To Provided Soft diet	Patient is Stable	Beerika 19/6 @2pm
	1pm	→ Nebulization		→ Neb - Levolin + Hypersal and Budecort given	→ To Reduce cold cough		
Afternoon	3pm	→ maintain personal Hygiene		→ maintained personal Hygiene	→ To prevent infection	→ patient is Stable	Anitha 19/6 @8pm
	6pm	→ Nebulization		→ Neb - Levolin + Hyper - neb	→ To Reduce cold & cough		
Night	9pm	maintain fluid balance	9pm	→ Administered IV fluid DNS 35ml/hr	→ Maintain Hydration	→ Patiente is Stable	Subhan 20/6 @8AM
	10pm	→ Ensure safety	10pm	→ Side rails kept up	→ Prevent from fall risk		

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NURSING CARE RECORD

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Date: 20/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge Note Doctor cahe for medends and advice for discharge			
Afternoon					Noted by Beneriba 20/6/26 @ 10 am		
Night							

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

NURSING CARE RECORD

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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							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			18/6	19/6	19/6	19/6	20/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2			2	2	2
	Oriented to own ability	1	1	1	0		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2	2			
	More than 48 hours/ None	1			1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		12	12	12	12	12

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position	✓		✓	✓	✓	✓
	Call device within reach	✓		✓	✓	✓	✗
	Wheels Locked	✓		✓	✓	✓	✓
	Room free of clutter	✓		✓	✓	✓	✓
	Adequate lighting	✓		✓	✓	✓	✓
	Wheel chair support	✗		✗	✗	✗	✗
	Other Intervention(s) Specify	✓		✓	✓	✓	✓
	Nurse's Name:	Architha		Subhasri	Revanika	Architha	Subhasri
	Signature:	AS					
	Date:	18/6		19/6	19/6	19/6	20/6
	Time:	4:45 PM		12 AM	2pm	8 pm	4AM

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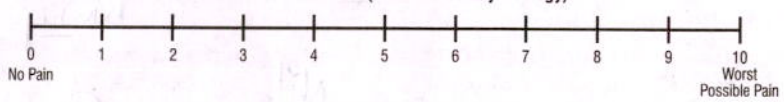
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/6	4:45 PM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	As
19/6	12AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	subha
19/6	2pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Brijy
19/6	8pm	0 –	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Anup
20/6/26	2AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
20/6	10am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Brijy
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			19/6 DAY-2			20/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		–	–	–	–	–	–			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		–	–	–	–	–	–			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		–	–	–	–	–	–			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		–	–	–	–	–	–			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		–	–	–	–	–	–			
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Rajyalaxmi

Signature of Ward In Charge :

Signature : ..... Name : Elizabeth

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BRADEN 'Q' SCALE

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					Date : 18/6	19/6	19/6	19/6
					Time : 5:00PM	12pm	2pm	8pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	27	27	27
					Evaluator's Name	[illegible]	Sobha	Bindu	Aneef

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby MATURI AADVIKA**	**Age :**	**1 Y 11 M 16 D**
IP No:	**IP-00060398**	**Sex:**	**Female**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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.

Patient, 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: Maturi Vidhur
Relationship: Father
Date: 18/6/2026 Time: 4:57 pm
Wittness Name:
Wittness Signature:

Patient Address:
19-119-25/1 venkatapuram alwal secundrabad Aliabad Hyderabad Telangana INDIA 500015

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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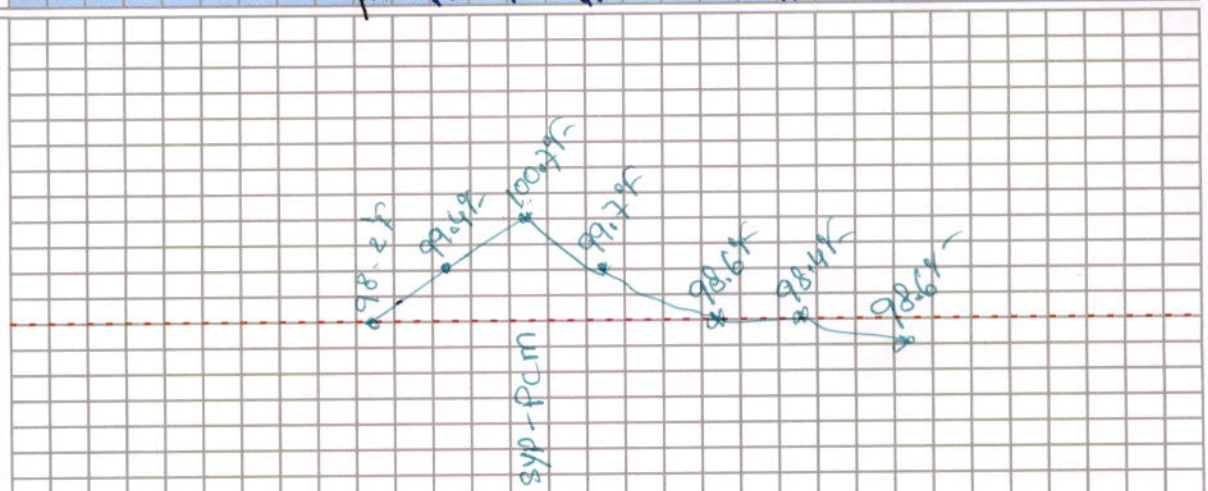
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/6/26 Time:

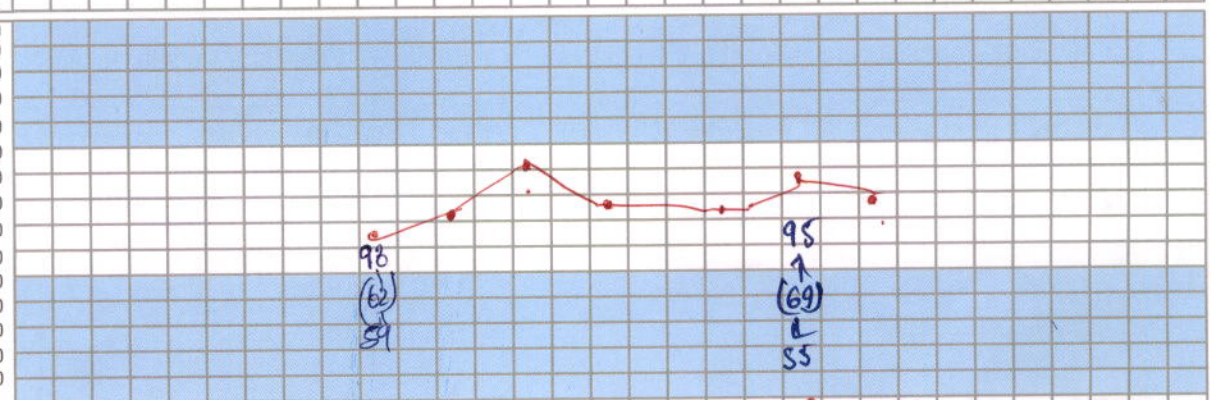
	7	9	10:30	12:10	3	5	7
Doctor / Nurse / Family Concern?	PM	PM	PM	AM	AM	AM	AM

Temperature (°F)



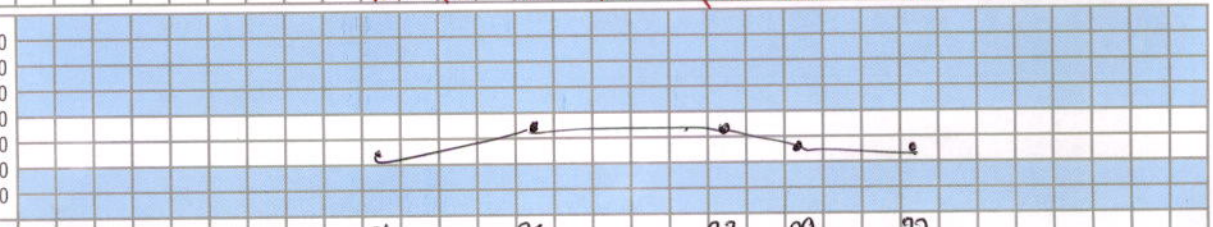
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	114	122	130	116	113	108	119

Resp. Rate (bpm) (over 1 Minute) *



Resp Rate (Number)	36		35		32	29	27
Resp Distress: Mod/ Severe / None / Mild	N						
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	100	95	97	98	100
Conscious Level: Normal / Altered	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	1	1	1	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	SK	SK	SK	SK	SK	SK

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

Patier

LINICAL / 125

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/6/26 Time:	9	11	12:30	3	5	7	10	1	4	7
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	pm	pm	am	am	am

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F 98.6°F 100.7°F Syp Paracetamol 98.5°F 98.6°F 98.6°F 97.5°F 98.6°F 98.6°F 98.6°F

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

Note: BP does not score in early warning scoring

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

101/(65) 50 | 98/(70) 61 | 102/(72) 60

Heart Rate (Number)	120	118	130	129	124	114	110	115	120	118

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

70 60 50 40 30 20 10

Resp Rate (Number)	28	28	30	29	34	36	30	30	28

Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	99	98	99	98	98	99	98	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	1	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	A	A	A		B	B	B

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Patient Sticker

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VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

c. 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 : ..... Time:	9
Doctor / Nurse / Family Concern?	CWD

20/6/24

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

98.6 F

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

100 / (66) / 51

Note: BP does not score in early warning scoring

Heart Rate (Number)	112
Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10	
Resp Rate (Number)	28
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level: Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	B

Noted by Dr Banumathi at 2016 @ 10 am

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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.
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FLUID CHART

Sheet No. : 1

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.

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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am				18 ml							
	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											
18/6	06:00 pm		35 ml								0	Basanika 18/6
	07:00 pm		35 ml								0	
Total Intake :		70 ml				**Total Output :**						
	08:00 pm			35ml								
	09:00 pm		Rice							✓		
18/6	10:00 pm			35ml								
	11:00 pm		water	35ml						✓		
	12:00 am		milk	35ml								
	01:00 am			35ml						✓		Subha
Total Intake :		175ml				**Total Output :**						
	02:00 am			35ml								19/6
	03:00 am		DDP	35ml								@ 8AM
19/6	04:00 am			35ml						✓		
	05:00 am			35ml								
	06:00 am											
	07:00 am									✓		
Total Intake :		140ml				**Total Output :**						

Total 24 hrs. Intake	385 ml	Total 24 hrs. Output	5+times

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FLUID CHART

Sheet No. : (2)

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/6	08:00 am		Idly water									
	09:00 am									~		
	10:00 am											Beerika 19/6 @7pm
	11:00 am											
	12:00 pm							~				
	01:00 pm											
Total Intake :						**Total Output :**						
19/6	02:00 pm											
	03:00 pm		Rice water									
	04:00 pm									~		Anitha 19/6 @7pm
	05:00 pm											
	06:00 pm									~		
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		rice water									
	10:00 pm									~		
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
20/6	02:00 am		DBM							~		Subham 20/6 @7am
	03:00 am											
	04:00 am											
	05:00 am		DBM									
	06:00 am											
	07:00 am									~		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

20/6/25

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		Idly curd							—		
	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 :**						

Noted by Bengaluru 20/6 @ 10am

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

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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: ..... ~~CR~~ ..... Shifted to: ..... 104 .....

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		Nil				☐ 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. prashanthi /

Date & Time : 18/6/26 @ 4:50 pm

Nurse Name & Signature: S. Harshitha / AS

Date & Time : 18/6/26 @ 4:50 PM

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VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

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

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

REGULAR PRESCRIPTIONS

DRUG : HYPERNEB HCB

Dose	Route	Frequency	Start Dt.
3/-	P/N	8 Hrly	18/6/24

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

STOP 19/6/24 Dr. Neb's chart

See

DRUG : METASPRAY

Dose	Route	Frequency	Start Dt.
1puff	P/N	Once Daily	18/6/24

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

Additional Instructions: 1puff in each nostril.

Daily Doctor's Endorsement by a Sign.

Date / Time 18/6

7 pm ESW Gayu

change frequency Dr. Vishwaja 19/6.

DRUG : SYP. OSELTAMIVIR (1ml - 12 mg)

Dose	Route	Frequency	Start Dt.
2.5ml	PO	12 hrly	19/6

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

Additional Instructions: 30 mg / dose.

Daily Doctor's Endorsement by a Sign.

Date / Time 19/6

11 AM Gayu

10 AM

10 PM

DRUG : METASPRAY NASAL SPRAY

Dose	Route	Frequency	Start Dt.
1puff	PRN	12 hourly	19/6

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

Additional Instructions: 1puff each nostril

Daily Doctor's Endorsement by a Sign.

Date / Time 19/6 2016

Esw

7 AM

7 PM Gayu

Rain… Chil… Hosp…

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 17 D (F)
Dr. PREETHAM KUMAR

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

Patie…	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : NASIVION-P NASAL DROPS

Dose	Route	Frequency	Start Dt.
	PN	12th hourly	19/6

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

Additional Instructions: 2 drops each nostril

Daily Doctor's Endorsement by a Sign.

Date	19/6	20/6
Time		
6 am	Pt is afebrile	
6 pm	Pt is afebrile	

DRUG : NEB. LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.
0.63mg	PN	6th hourly	19/6

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

Additional Instructions: 1 respule = 0.63mg (Tomex & Hypernebulization gave)

Daily Doctor's Endorsement by a Sign.

DRUG : NEB. BUDESONIDE

Dose	Route	Frequency	Start Dt.
0.5mg	PN	12th hourly	19/6

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

Additional Instructions: 1 respule = 0.5mg

Daily Doctor's Endorsement by a Sign.

Nebulization Done

DRUG : INJ. AMIKACIN

Dose	Route	Frequency	Start Dt.
65 mg	IV	12 hrly	19/6

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

Additional Instructions: 7.5 mg/kg/dose.

Daily Doctor's Endorsement by a Sign.

Date	19/6	20/6
Time		
6 AM		
6 PM	Given Today	

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DRUG CHART

Date of Admission: 18/6/26 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 : Syp. PARACETAMOL — Date/Time

Dose	Route	Frequency	Start Date
3ml	P/O	6 hourly	18/6/26

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: 10-15mg/kg/dose 5ml/dose.

18/6/26 Signature MERCY

DRUG : Syp. IBUPROFEN — Date/Time

Dose	Route	Frequency	Start Date
4.5ml	P/O	8 hourly	18/6/26.

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: 10mg/kg/dose 5ml/dose.

18/6/26 Signature MERCY

DRUG : Date/Time

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

VERIFIED BY : Name .....

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I.V. FLUIDS CHART

Weight. 9 kgs. Ward. .....

		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
18/6/24	6.15 PM.	IVF-DNS (2/3)m	IV	85	[illegible]	[illegible]	20/6		[illegible]

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

Patient Sticker

Weight. ..... 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

Sign .....

VERIFIED BY : Name .....

VIH-00188113 IP-00060398
Baby MATURI AADVIKA
02-07-2024 1 Y 11 M 16 D (F)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 9kgs. Ward. .....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
450mg	IV	12thly	18/6/26

Name & Signature of the Doctor Starting the Drugs: Dr prashanth

Additional Instructions: 25-50mg/kg/dose.

Date/Time: 18/6 (6 am) 19/6 (6 am, 6 pm) 20/6 (6 am)

Daily Doctor's Endorsement by a Sign

DRUG : Inj. ESOMEPRAZOLE.

Dose	Route	Frequency	Start Date
10mg	IV	ONCE DAILY	18/6/26

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

Additional Instructions: 1mg/kg/dose

Date/Time: 18/6 (6 am) 19/6 (6 am)

Daily Doctor's Endorsement by a Sign

DRUG : NAFOCLEAR NASAL DROPS

Dose	Route	Frequency	Start Date
2 DROPS	P/N	STAT	18/6/26

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

Additional Instructions: 2 DROP IN EACH NOSTRIL

Date/Time: 18/6 (6 am) 19/6 (2 pm, 10 pm) 20/6 (6 am)

Daily Doctor's Endorsement by a Sign

DRUG : SYP. ZELENT PLUS.

Dose	Route	Frequency	Start Date
2.5ml	P/O	12thly	18/6/26

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

Additional Instructions:

Date/Time: 18/6 (6 am) 19/6 (6 am, 6 pm) 20/6 (6 am)

Daily Doctor's Endorsement by a Sign