

ACTIVITY RECORD FOR BILLING

Nr. /IH-00206039 IP-00060397
Baby B/O RAMA MANASA
8-06-2026 0 Y 0 M 0 D 3 H (F)
Uhr. JARJAPU KIREETI



----- Consultant : ----- Dept : -----
Time : ----- Date of Discharge : ----- Time: -----
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26	3pm	NICU	205	Uma

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
18/6/26	CBP, Blood Grouping	26020769	cmg
	ABG	26020773	cmg
	CXR	009788	cmg
	RBS	26020774	cmg
	ABG, RBS	26020793	sy
		26020800	
		26020810	[Signature]
19/6	[Signature]	26020796	[Signature]
	RBS	26020810	[Signature]
	RBS	26020811	[Signature]
	Cross checked done by Sr. Achsah 19/6/26		
20/6	SBR, NBS (Basic)	26020995	Ref.
<p style="color: red; text-align: center;">Cross checked done by Ref. 20/06/26</p>			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/6/26	10 placement	1	3091729	[Signature]
Cross checked done by Sr. Achuk 19/6/26				
20/6/26	TEOAE	1	3092504	[Signature]
Cross checked done by [Signature] 20/6/26				

ANY OTHER INFORMATION

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Date: 20. 06. 2026

Time: 15:11

Prepared By: [Signature]
20/6/26 @ 15:11

<p>Staff Nurse</p> <p>[Signature]</p>	<p>Shift / Ward</p> <p>[Signature]</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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RBS



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
18/6/26	00.00	1.55pm RBS - 88 mg/dl	ey	26020944
18/6/26	1.00	8pm RBS - 97 mg/dl	ey	26020943
19/6	2.00	8pm - 85 mg/dl	al	26020810
	3.00	8am - 102 mg/dl	al	26020811
	4.00	Cross checked done by Sr. Achuth		19/6/26
19/6	5.00	GRBS @ 8pm - 98 mg/dl	sf	26020928
20/6	6.00	GRBS @ 2am - 65 mg/dl	mf	26020946
20/6	7.00	GRBS @ 8am - 66 mg/dl	mf	26020947
20/6	8.00	GRBS @ 2pm -		
	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			

**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-00060397

Admit Date : 18-Jun-2026

Admit Time : 04:11 PM UHID : VIH-00206039

Patient Details :

Patient Name : Baby B/O RAMA MANASA

Age : 0 D

Guardian : Mr SRI TEJA DIXITH

DOB : 18-06-2026 01:44 PM

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : 2-19-80/a/2,RAGHAVENDRA NAGAR COLONY,
KALYANPURI Uppal Hyderabad Telangana
INDIA 500039

Phone No : 9966901487/

E-mail : na@gmail.com

Admission Details :

Bed Type : NICU

Bed No : NICU 248

Ward Name : N 2F-NICU I

Room No : NICU 248

Admission Type : First Visit

Contact Details :

Name : Mr SRI TEJA DIXITH

Relationship : Father

Contact Address : 2-19-80/a/2,RAGHAVENDRA NAGAR
COLONY,KALYANPURI Uppal Hyderabad
Telangana INDIA 500039

Phone No : 9966901487 / 9849935327

Signature**Doctor Details :**

Doctor Name : Dr. JARJAPU KIREETI

Specialisation : NICU

Referral Doctor :

Phone No :

Co-Consultant :

Payment Details :



Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY



PATIENT TRANSFER FORM

/IH-00206039 IP-00060397 Baby B/O RAMA MANASA 18-06-2026 0 Y 0 M 0 D 23 H (F) Jr. JARJAPU KIREETI 		Date & Time of Admission 18/6/26 4.11pm	Date & Time of Transfer Order 19/6/26 3pm
Treating Consultant Dr. Kireeti.	Transfer ordered by Dr. Parathysha	Reason for Transfer stable	
From Bed / Ward / Hospital ICU	To Bed / Ward / Hospital 205	Information to attendant Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	
Number of Sheets in clinical file 20	Number of Imaging films OBA - 3	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Diaper		
2.	feeding bottle		
3.			
4.			
5.			
Shifting Summary / notes written by Doctor : Dr. Parathysha			
Name & Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name :
Patient & Clinical records received by : 			
Signature with Date & Time : 19/6/26 @ 8pm			

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

- Unavailable bed
 Nurse not available
 Available bed not ready

NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 18/6/26
 Source of Admission: OPD Ward Labor Ward Other: OT
 Reason for Admission: RDS
 Admission Diagnosis: RDS
 Accompanied By: Parent Guardian Other Name: _____
 Primary Language: Telugu English Hindi Other Specify _____
 Do you require an interpreter? Yes No
 Allergies: Yes No Medications Blood Transfusion Food Other: _____
 If yes, identify _____
 Source of Information: Family Others, Specify _____

Past Medical History	Past Surgical History	Last Hospital Admission
<u>nil</u>	<u>nil</u>	<u>nil</u>

Significant History 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 Medications Taking Medications? Yes No
 If yes, Fill the reconciliation form
 Medicine brought to the hospital? Yes No

Observations:
 Birth Weight: 2.99 kg kgs Head Circumference: _____ cm Length: _____ cm
 Term Pre-Term Post-Term
Blood Group: Mother: _____ Baby: _____
Feeding: Breast Feeding Formula Both
Maternal Details: Age: _____ years, **PARA:** _____ **Gestation:** 27 Weeks, 6 Days
Risk Factors: PROM Fetal Distress Diabetes Mellitus / Gestational Diabetes
 PH/Pre Eclampsia Others, Specify: _____
Mode of Delivery: Normal LSCS - Emergency/Elective Instrumental AVD
Indication: _____



Temp: 36.5 HR/Min RR 122...../Min BP 72/52(60) SpO₂:100....

Pain Score (Follow N Pass and Document)

Fall Risk Intervention Done: Yes

Risk of Pressure Sore: Yes No (Fill Braden Q Sheet)

General Appearance: Posture Well-Fixed Asymmetry

Behavioural Status on Admission :

Sleeping Crying Calm Drowsy

Skin: Pink Meconium Stain Others, Specify.....

Functional Screening: If a patient needs assistance with any of the following inform consultant

Developmental Delay Musculoskeletal Congenital Abnormality No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

Underweight Overweight Special Feeding Method
 Feeding Problem Special Diet No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With

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:

- ID Band in situ
- Bedside safety explained
- NICU Routine: Doctor's rounds/Medication time
- Visiting policy explained

Orientation given to: Family Others

Name of Person Orientation was given to:

Orientation not given Reason:

DISCHARGE PLAN

Source of Information: Family Friend

Will patient require transportation arrangements to go home: Yes No

Will Physiotherapy require at home: Yes No

Is home medical equipment anticipated: Yes No

Is home oxygen therapy anticipated: Yes No

Breastfeeding Yes No

Formula Feed Yes No

Are dressing needs at home anticipated: Yes No

Any other needs anticipated: Yes No If Yes Specify



Discharge Yes No

Details:

Final Diagnosis:
.....
.....

Nurse Signature: *Se*

Nurse Name: *Sudhanti*

Date & Time: *12/6/26 @ 5pm*

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

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.....

Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Nurse Signature:

Nurse Name:

Date & Time:

Name	Baby B/O RAMA MANASA	UHID	VIH-00206039
Father/Guardian	Mr SRI TEJA DIXITH	Age/Gender	0 Y 0 M 1 D/Female
Address	2-19-80/a/2, RAGHAVENDRA NAGAR COLONY, KALYANPURI, Uppal, Hyderabad, Telangana, INDIA, 500039		
IP No	IP-00060397	Admission Date	18-06-2026
Ref Doctor	DR.SARITHA REDDY	Discharge Date	20-06-2026

DISCHARGE SUMMARY

Consultant:

Dr. JARJAPU KIREETI

MBBS MD (Paediatrics) DrNB (Neonatology)

Neonatal Fellow (Oxford, U.K) MRCPCH (UK)

CONSULTANT PEDIATRICIAN AND NEONATOLOGIST

Diagnosis:

Term/AGA/Baby Girl

Respiratory Distress - CPAP

Chronological age: 1 days

History: Baby B/O RAMA MANASA is a term (37+6 weeks) / AGA / baby girl of birth weight 2.999 kgs, born to primi mother delivered by Elective Lower Segment Cesarean Section (Indication : recurrent vaginitis + Induction of labour) on 18.06.2026 at 01:44:40 pm. Baby cried immediately after birth. Apgar scores were 8 & 10 at 1 & 5 minutes respectively. Baby developed respiratory distress after birth for which baby was started on delivery room CPAP. In view of respiratory distress baby was admitted to NICU, Rainbow Children's Hospital, Karkhana, for further management.

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Maternal History : Mrs. RAMA MANASA is a 32 years old primi mother with marital life of 6 years. Non Consanguineous marriage. Mother's blood group is "O" Positive. Expected delivery date: 02.07.2025.

G1 : Present pregnancy, spontaneous conception.
History of GDM at 21+4 weeks managed on insulin
History of recurrent vaginitis present

She had regular antenatal checkups and antenatal scans were normal. There was no history of Urinary tract infection / Abortions / Hydramnios / Premature Rupture of Membranes/ Hypertension / Thyroid / Cardiac / Renal abnormalities. She received calcium, iron supplementation and TT prophylaxis.

On examination: At the time of admission, baby was euthermic and maintaining saturations on CPAP. Her heart rate was 146/min, respiratory rate was 48/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were appropriate for gestational age. There were no obvious external congenital anomalies.

Weight on Admission : 2.999 kgs

Weight on Discharge : 2.831 kgs

Head circumference : 34 cms

Length : 49 cms

Baby blood group : "B" Positive (Blood group to be repeated after 4 months).

Investigations: Enclosed.

Management: Respiratory Distress - Mechanical Ventilator - CPAP:

Baby was nursed in thermoneutral environment. Her initial ABG showed pH 7.40, pCO₂ 24.9 mmHg, pO₂ 90 mmHg, HCO₃ 15.5 mmol/L, BE - 9.3 mmol/L. Her initial chest x-ray was normal. In view of respiratory distress baby was

Name	Baby B/O RAMA MANASA	UHID
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continued on CPAP. As respiratory distress settled, baby was weaned off from CPAP to room air after 7 hours. At present, baby is maintaining saturations at room air.

She was intravenous fluids, intravenous. Her complete hemogram showed hemoglobin 16.5 gm%, white blood cells count 16,970 cells/cumm, platelet count 2.66 lakhs/cumm.

Feeding : She was started on oral feeds were started on day- 1 of life, which she accepted and tolerated well. At present, baby is on demand oral feeds, which she is accepting and tolerating well.

Vaccination: Baby was given following vaccination:
BCG / OPV / Hepatitis-B on : 20.06.2026

Hearing test (TEOAE): Done on 20.06.2026 was normal.

Newborn screening (Advanced): Done on 20.06.2026 - report awaited.

Saturation: Right upper limb and left lower limb 100% at room air.

Red Reflex: Present and Symmetrical.

At the time of discharge: Baby was active, hemodynamically stable and maintaining saturations at room air, accepting feeds well.

Advice:

1. Keep the baby clean and warm.
2. Continue demand breastfeeding as advised.
3. Burping after each feed.
4. Immunization as per schedule.
5. Vitamin-D3 drops (1ml=800IU) 0.5ml once daily till one year of age.

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6. Nasoclear nasal drops, 1 drop in each nostril (if needed) for nose block.
7. trace New Born Screening (Advanced) report on follow up
8. "Appointment for vaccinations to be taken during the 1st hour of the OPD slots of your respective consultant to avoid rush and minimum waiting period".
9. Kindly consult Dr. Jarjapu Kireeti, Consultant Pediatrician & Neonatologist, on Monday (22.06.2026) in OPD with prior appointment (This consultation will be charged).
8. Kindly consult Ms. Ramya Ashwin, Lactation Consultant, within 3 days of discharge or in any kind of feeding difficulty, in OPD with prior appointment (This consultation will be charged).

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

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 9963766633 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

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 discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

HIGH RISK FOLLOW UP

Note: Register for Neurodevelopmental assessment with developmental specialist

Name	Baby B/O RAMA MANASA	UHID
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UH-00206039

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Shivam
Typist : Kalyan

for 

Registrar/Resident/C.M.O

Dr. JARJAPU KIREETI

MBBS MD (Paediatrics) DrNB (Neonatology)
Neonatal Fellow (Oxford, U.K) MRCPCH (UK)
CONSULTANT PEDIATRICIAN AND NEONATOLOGIST
APMC/FMR/80261

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 JY. JARJAPU KIREETI

NEONATAL IN-PATIENT MEDICAL RECORD



Mother's Name: Mrs Rama Manasa
 Date of Birth: 15/11/1993
 Age: 32 yrs
 UHID No.:
 Referring Consultant: Dr. Krishna Prasad

Transferring Unit: OT Labour Room ER Ward
 Transported? Yes No - If yes: Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name: B/o Rama Manasa
 Gender: M F Blood Group: A+, Rh+
 Date of Birth: 18/6/26
 Time of Birth: 10:40 AM
 Estimated Gesth Age: 37.6 weeks
 Birth Weight (gms): 3299gms
 Length (cms): 49.5cm
 Mother's Blood Group: D positive
 Birth Weight (gms):
 Length (cms):
 OFC (cms):
 Estimated Gesth Age:

Current Obstetric History: (Booked / Unbooked Case)
 Maternal Age: 32 yrs, HT: 165, WT: 98, BMI: 36.5
 Conception: Spontaneous or with Rx: Spontaneous
 Booked at what GA: 21+3 wks, New-Karnareddy, AM Steroids Drugs / Doses: At-11.12.
 Last Scans Details: (B/S/Thk) - S/MUF - cephalic, given.

MATERNAL RISK FACTORS

H/o GDM/ pre GDM/ on diet or insulin: 21st week
 Controlled or not, recent values, HbA1 values: managed on insulin
 Compliance with Rx:
 Scans: LGA, TIFFA, Fetal Echo:
 H/o Hypothyroidism: when diagnosed? Medication?
 Any other Chronic Medical Problems, when detected: H/o recurrent vaginitis.
 Infection: H/C Fever
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 UTI: when:
 (Malaria UTI TORCH TB HIV HBV)
 Any culture:
 S (if taken) - Results:

PPROM: Duration:
 Uterine Tenderness Foul Smelling Lign Medication during Pregnancy:
 Age: < 18 yrs > 35 yrs
 Consonquity: Yes No
 If yes, degree of consonquity: 1 2 3
 H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long:
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count):
 IUGR - when detected:
 Dopler (Increased Resistance / ADEF / REDF / Redistruition in MCA) / Ductus Venosus:
 AFI: 7.8 cm

CIN: L85110761998PLC029914

Patient Sticker

PAST OBSTETRIC HISTORY

G : P : A : L :

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : Elective Emergency Indication :

Specify the reason : *Recurrent Vaginitis + Induction of labour*

Augmentation of Labour : Induced Assisted Vaginal

CTG : Normal Suspicious Pathological

MSL :

Resuscitation : Yes No

Cord ABG :

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :

NEONATAL RESCUSTITATION DETAILS

APGAR SCORE

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

Gestational Age : Weeks :

	1 Minute	5 Minutes	10 Minutes
	1	2	
	2	2	
	2	2	
	1	2	
	2	2	
TOTAL	8/10	10/10	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV/NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

	> 30 (0)	20-29 (9)	< 20 (19)
Mean BP (mmHg)	> 96 (0)	96-95 (8)	< 95 (15)
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)
Pao2 / Fio2 (mmHg%)	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)
Lowest Serum PH	No (0)	Yes (19)	
Multiple Seizures	> = 1 (0)	0.1-0.9 (5)	< 0.1 (18)
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)	
Apgar Score	> = 1kg (0)	750 - 999 (10)	< 750 (17)
Birth Weight	> 3rd percentile (0)	< 3rd (12)	
SGA			

POSTNATAL / HISTORY OF PRESENT ILLNESS

Complaints :



Baby was delivered via elective LSC in Vertex presentation.

PT/37+6wks / 1m / 1LCS / CAB.

Baby cried immediately after birth.

oro nasal suction done

Delayed cord clamping done for 1 min.

Baby shifted to warmer.

umbilical cord clamped & cut under

Investigation details in previous Hospital :

aseptic conditions.

dry vit K given

Feeding History :

Gumming started after 5 mins of delivery,

kept on delivery room CPAP for 15 mins,

Infant did not settle, hence shifted to

Past History :

well, NICU for observation.

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/PTA (N)

VITALS : Temperature : Disthermic HR : 146/min RR : 48/min NIBP : - CFT : 2 sec

Color of the extremities : pink

Jaundice : - Pallor : - SpO2 : 98% RA

Anthropometry : Birth Weight : 2.999kg Length : - HC : - Present Weight : 2.999kg

Ponderal Index : - AGA : ✓ SGA : - LGA : -

HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
Sutures :
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

| ⊙

Facies :
(Any Facial Dysmorphism)

| ⊙

NECK and CLAVICLES : Range of Motion :
Asymmetry :
Masses :

|

EYES : Symmetry :
Red Reflex :
Discharge :

| ⊙
→ not done

EARS, NOSE MOUTH and THROAT : Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

| ⊙ ⊙
| ⊙

THORAX and BREASTS :

Shape of Thorax : 1/2
Position of Nipples and Number :

ABDOMEN and UMBILICUS :

Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 2A/IV
Discharge :

GENITILIA :

Labia / Hymen :
Testicles/penis : 2
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :

Arms / Legs :

Deformities :

Mobility :

Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 48/min SCR / ICR / See - Saw breathing : -

Scoring of respiratory distress if present (Silverman or Downe's) :

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂ : 96% RA Auscultation : RAE Breath Sounds : Chest clear Added Sounds :

Cardiovascular System :

HR : 148/min BP :

Precordial Activity : 1/0

Femoral Pulses : 1/weak

Murmurs :

Other Peripheral Pulses :

Signs of Cardiac Failure :

Abdomen :

Shape :

Hernia orifice : 1/0

Palpation : NA

Anal Patency : 1/0

Palpable masses :

Umbilical Cord : 2A/IV

Abdominal girth :

First urine passed : 1/passed

Meconium passed : 1/NP



Nervous system : Higher intellectual functions (Sensorium) :
State of wakefulness :
Prechtle Score :

Nerves : *C/TIA (N)*

Motor System :
Passive Tone :
Active Tone :
Neonatal Reflexes :
Grasp : Palmar Plantar Sucking Rooting Crossed adductor :
Moro's : *B/c Symmetrical complete* DTR :
ATNR : Skull and Spine :

Any Congenital Anomalies : *no visible congenital anomalies*
Diagnosis : *PT/3716 w/ 2.999B/.AUA/m/Female/LSU/CIAB*

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :
Signature : *[Signature]*
Name : *D. Vishal*
Date & Time : *18/6/26 2pm*

Consultant :
Signature : *[Signature]*
Name : *Kireeti*
Date & Time : *18/6/26*

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 8-06-2026 0 Y 0 M 0 D 3 H (F)
 Dr. JARJAPU KIREETI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/06/26		
9:00 AM	=> ABG reviewed	
	=> PH - 7.56	ADU
	PO ₂ - 19-	=> REMOVE CLAP
	PO ₁ - 101	=> KEEP on RAIR
		=> FEED - 5ml x 3 hrs
		(↑ 5ml - each feed)
AA		=> W/F d. check
C/M		

Noted by
 AKK/CP
 18/6/26
 9 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 8 AM	POL - 1 / HOL - 20 hrs / FA / 37+6 w / 2.99 kg / AGA / IM / Female / LSCS / CIAB / RD - CIAA - R	
	ISSUES: None	
	T.Wt - 2.8 / kg (180 gm)	- NORMOTHERMIC
	TLO - 139.3 / 61.8	- SV @ RA
	VLO - 1.1 cells/hr	- CVS - S1 S2 ⊕
	SLO - 2 times	- RI - B/LAC ⊕
	GRBI - 102	- PLA - SOFT
		CM - CIAA - AGA
	Plan:	
	- Target - SpO ₂ > 90-95%, MAP > 37	
	- CRABU, - SA	
	- GRBI - QUA (proceed) with US h/s	
	- TV - 60 ml/kg/day - Min 23 ml x 3 h and Demand feeds	
	- TLO checking, vital monitoring	
	- NT @ 8:00 AM	
CMA	- plan to shift to room (crib con)	
	→ SBR } NBS } @ USG BL	
	→ OAE } vaccination } 7/11/26	
	→ remove cannula	

J. Kireeti
 Kireeti

19/6/26

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 Baby B/O RAMA MANASA
 8-06-2026 0 Y 0 M 0 D 23 H (F)
 Dr. JARJAPU KIREETI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	<u>CLB Readout</u>	
10 AM	D2 / FT / 37+6wks / 2.99kg / AGA / 2m / Female /	
	LSD / CIAB / RD - CAP - RA	
	T. wt - 2.83kg (T20gm)	
	M - 0 +ve	<u>Plan</u>
	B - B +ve	
	O/E Clt / Agood	- small demand feed
	CRT < 3 sec	
	CNS S12 @	
	RS BUBB @	- OAE Today
	RA - soft	
	W stable	- SBR / WBS at 12pm
	Reflexes - @	

①
 Bhanuam

J. Kireeti
 Kireeti
 20/6/26

VIH-00206039 IP-00080397
 Baby B/O RAMA MANASA (F)
 18-06-2026 0 Y 0 M 2 D
 Dr. JARJAPU KIREETI



3

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26	<u>CSIB Resident</u>	
14:30		<u>Adm</u>
	O/E C17/A food	
	CS - S ₂ @	- mal dense feed
	R - B/LA @	- Trace SBR
	A - S ₂	
	Vig Stobb	
		- H High DSP1
		- mal dense
	<u>SBR - 11.5</u>	
		- Dodge & Flynn
		Manda
		①
		Ashwin
	noted by	
	Ashwin	
	20/6/26	
	@ 3pm	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: POK-1 / MOL - 20hrs / A / 3+6wts / 2-99kg / Agalim female / LSCS / CDAB / RD -		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure: -		Post OP Day: -				
BACKGROUND	Date	19/6/26	20/6/26				
	Shift	N	M				
	Medical Condition (Any special condition to be noted):	nil	nil				
	Diet:	FF	FF				
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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.2F	98.0F			
		Res:	28b/m	24b/m			
		SpO ₂ :	98.1	98%			
		Pulse:	145b/m	142b/m			
		BP:	80 -	-			
		LOC:	conscious	conscious			
		Fall Risk Score:	16	16			
Pain Score:	0	0					
Skin Integrity	Intact	Intact					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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:	nil	nil				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	FF	FF				
	Critical Lab Test / Values:	nil	-				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	Depend	depend				
Post Operative Procedure Special Orders:		nil					
Handed Over By Name :		nagmani	shankh				
Signature / ID :		[Signature]	[Signature]				
Date:		19/6/26	20/6/26				
Time:		8:30 AM	9:30 AM				
Taken Over By Name :		shankh	file				
Signature / ID :		[Signature]	[Signature]				
Date:		20/6/26	20/6/26				
Time:		2:00	2:00				

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known	If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	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 ₂ :						
		Pulse:						
		BP:						
		LOC:						
	Fall Risk Score:							
Pain Score:								
Skin Integrity								
Recommendations	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	
	ADL (Dependent / Non Dependent):							
	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	
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: 18/6/26

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							
Afternoon		Assessment Baby NPO Provided comfortable position		Assessed the baby condition Provided comfortable position	Baby is active	vitals monitored and recorded I/O chart maintained	Sees 18/6/26 @ 8pm
Night		Assessment the Baby condition provided comfortable position,		Assessed the baby condition provided comfortable position	Baby is active	vitals monitored and recorded I/O chart maintained	Akhil 18/6/26 @ 8pm



NURSING CARE RECORD

Date: 19/6/26

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		-> Assessment -> oral feed -> vital signs		-> Assessed baby condition -> oral feed	-> Baby vital stable	Baby maintains good air	Uma 19/6/26 2pm
Afternoon	7pm	Ensure Safety	7pm	Baby kept in crib	Parent from talk.	Baby is active and no fresh complaints.	Padm 19/6/26 csp
Night	9pm	Maintain personal hygiene	9pm	Educated about personal hygiene to mother.	To prevent infection	Baby is active & no fresh complaints.	20/6/26 ESA
	11pm	feeding		feeding second hourly per	to maintain hydration		

I/H-00206039 IP-00060397
 Baby B/O RAMA MANASA
 8-06-2026 0 Y 0 M 0 D 23 H (F)
 Dr. JARJAPU KIREETI



NURSING CARE RECORD

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				<u>Discharge notes</u> Doctor came for results & Advice Discharge			 20/6/26 @ 5n
Afternoon				noted by Abambhan 20/6/26 @ 3pm			
Night							

VIH-00206039 IP-00060397
 Baby B/O RAMA MANASA (F)
 18-06-2026 0 Y 0 M 2 D
 Dr. JARJAPU KIREETI

NURSING CARE RECORD



Date:

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

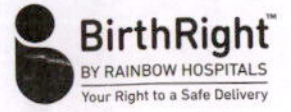
	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Ref No. F/INPR/19
 Patient Name :
 I.P. No

IP-00060397
 Baby B/O RAMA MANASA
 18-06-2026 OYOMOD5H (F)
 Dr. JARJAPU KIREETI



NURSES ASSESSMENT CHART



Date : 19/8/26 Diagnosis : 37+2 wgs. Weight : 2.81 Chart No. : 1

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	129	123	128	123	153	140	132	128		135		140	130	129	129	129	129	128	128	180	134	134	136	136
BLACK - RESP	105	190																							
GREEN - TEMP	104	180																							
BLUE - NIBP	103	170																							
	102	160																							
	101	150																							
A- ALERT	100	140																							
V-VOICE	99	130																							
P-PAIN	98	120	36.5	36.4	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
U-UNRESPONSIVE	97	110																							
	96	100																							
VERBAL	95	90	61	69		49		43	49																
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30	43	54			50		50	50																
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24	34	46		44		47	47	47																
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18	45	35	35	29	29	30	48			40	45	58	40	42	46	42	46	42	46	42	46	42	46	46
	16																								
	14																								
	12																								
	10																								
O2		100	99	98	98	98	98	98	96		98	99	99	96	97	96	99	96	99	96	99	96	99	96	96
SPO2																									
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU		A	A	A	A	A	A	A	A		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : *Uma*

Morning Shift : *Uma*

Evening Shift :

Night Shift : *Rajma*

19/8/26
2PM

I/H-00206039 IP-00060397
 Baby B/O RAMA MANASA
 8-06-2026 0 Y 0 M 0 D 23 H (F)
 Dr. JARJAPU KIREETI



4/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	2/6	Time:	10:00	10:30
Doctor/Nurse/Family Concern?				
Temperature (°F)	104			
	103			
	102			
	101			
	100			
	99			
	98	98.1	98.0	
	97			
	96			
	95			
94				
Heart Rate (bpm)	190			
	180			
and Blood Pressure (mmHg) *	170			
	160			
	150			
	140			
	130			
	120			
	110			
	100			
	90			
	80			
Note: BP does not score in early warning scoring	70			
	60			
50				
Heart Rate (Number)		142	142	
Resp. Rate (bpm) (Over 1 Minute) *	70			
	60			
Resp Rate (Number)	50			
	40			
	30			
	20			
	10			
		37	41	
Resp Distress	Mod/ Severe			
Receiving O ₂ (l/min)				
O ₂ Saturations (%)				
Conscious Level	Normal			
	Altered			
GCS *				
TOTAL SCORE				
Number of shaded boxes				
Pain Score				
Observer's Initials				
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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed		
NB: Scores 3 should be recorded overleaf				

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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)

IH-00206039 IP-00060397
 Baby B/O RAMA MANASA
 18-06-2026 0 Y 0 M 0 D 5 H (F)
 Dr. JARJAPU KIREETI



FLUID CHART

Sheet No. : 1

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/6	08:00 am										0	
	09:00 am										0	
	10:00 am	Aptamil 30ml								15ml	0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm	Aptamil 30ml								20ml	0	
	Total Intake : 60ml						Total Output :					
19/6	02:00 pm										0	
	03:00 pm	Aptamil									1	
	04:00 pm										1	
	05:00 pm	Aptamil									0	
	06:00 pm										1	
	07:00 pm	Aptamil 30ml									1	
Total Intake :						Total Output :						
19/6/26	08:00 pm										1	
	09:00 pm	Aptamil 30ml									1	
	10:00 pm										0	
	11:00 pm										1	
	12:00 am	Aptamil									1	
	01:00 am										1	
Total Intake :						Total Output :						
20/6	02:00 am										1	
	03:00 am	Aptamil									1	
	04:00 am										0	
	05:00 am	Aptamil									1	
	06:00 am										1	
	07:00 am	Aptamil									1	
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

RH-00206039 IP-00060397
 Baby B/O RAMA MANASA
 8-06-2026 0 Y 0 M 0 D 23 H (F)
 Dr. JARJAPU KIREETI



FLUID CHART

Sheet No. : 20/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
20/6/26	08:00 am												
	09:00 am	FF											
	10:00 am												
	11:00 am	FF											
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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)

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

REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

B' positive

RESULT SHEET

Date	18/6/26				
Time	4 pm				
Hb	16.5				
PCV	44.2				
RBC	4.34				
WBC	16.97				
N/L	61.4/23.1				
Platelets	266				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

