

VIH-00198892 IP-00060220
Baby CH.KUNDANA SRI
18-05-2018 8 Y 0 M 16 D (F)
Dr. PREETHAM KUMAR



ACTIVITY RECORD FOR BILLING

Name: -----
UHID No : ----- IP No : ----- Consultant : ----- Dept : -----
Date of Admission : 3/6 Time : ----- Date of Discharge : ----- Time : -----
Room / Bed No : ----- Ward : PIW Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6	6:15 pm	ER	PIW	me
5/6/26	6:00 pm	PIW	1 st Floor (131)	name

Cross Consultation Visit

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

PROCEEDURE

Date	Proceudure	Quantity	Order No.	Signature
3/6/26	IV placement	done on	outside	nee
3/6/26	Nebulization	(5)	3086707	dee
4/6/26	Nebulisation	6	3086713	neels
4/6/26	nebulization	(1)	3086851	dee
4/6/26	nebulization	(2)	3086881	dee
5/6/26	nebulization	(3)	3086968	wanda
	Cross Clunks	(9)	3087191	jo
6/6	nebs	(4)	3087398	By Br. Rinkel 5/6/26
	Cross Clunked	by	6/6/26	

ANY OTHER INFORMATION

3/6/26 RAT Negative.

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward 6/6/26 2:10AM	Billing Assistant	Billing Supervisor
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2

NEBULISATION CHART

30

Date	Time	Drug	Nurse	Parents Signature
5/6/26	00.00	10:Am - Ipratent	9	3087191
	01.00	12:pm - Levolin		
5/6/26	02.00	4pm - Ipratent + Levolin	Allysh	ch.raj
5/6/26	03.00	8pm - Levolin + Budecort		
6/6/26	04.00	12Am - levolin		
6/6/26	05.00	4am - levolin	Preetham	ch.raj
	06.00	(4) 3087398.		
	07.00			
	08.00			
	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			



①

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
3/6/26	00.00	11:23pm Levofloxacin (2)		
	01.00	11:28pm Ipratropium	3086707	
	02.00	11:55pm Levofloxacin	(5)	<i>[Signature]</i>
	03.00	8pm - Levofloxacin + Budesonide		
	04.00	10PM - Levofloxacin + Ipratropium		
4/6/26	05.00	12AM - Levofloxacin	(6)	
	06.00	2AM - Levofloxacin	Wchs.	
	07.00	4AM - Levofloxacin + Ipratropium	3086713	
	08.00	6AM - Levofloxacin		
	09.00	8AM - Levofloxacin + Budesonide		
	10.00	10: Am - Levofloxacin + Ipratropium	(7)	
	11.00	12: pm - Levofloxacin	3086855	
	12.00	2: pm - Levofloxacin + Ipratropium	3086865	
	13.00	4 pm - Levofloxacin		
	14.00	6 pm - Levofloxacin	(3) 3086968	<i>[Signature]</i>
15.00	8PM - Levofloxacin + Budesonide			
16.00	10 PM - Ipratropium			
17.00	10pm - Levofloxacin			
5/6/26	18.00	12 Am - Levofloxacin		
	19.00	2 Am - Levofloxacin + Ipratropium		
	20.00	4 Am - Levofloxacin		
	21.00	6 Am - Levofloxacin		
	22.00	8 Am - Levofloxacin + Budesonide		
	23.00	Ipratropium		

(Continue P50)

ADMISSION SHEET

Registration Details :



Admission No : IP-00060220

Admit Date : 03-Jun-2026

Admit Time : 04:59 PM UHID : VIH-00198892

Patient Details :

Patient Name : Baby CH.KUNDANA SRI Age : 8 Y 0 M 16 D
Guardian : Mr CH.MAHENDRANADHA REDDY DOB : 18-05-2018
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : C-405 VASATHI NAVYA APARTMENT Phone No : 9848054604
MARUTHINAGAR Chintal Hyderabad E-mail : NA@GMAIL.COM
Telangana INDIA 500054

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 CH.MAHENDRANADHA REDDY Relationship : Father
Contact Address : C-405 VASATHI NAVYA APARTMENT Phone No : 9848054604 / 7386565047
MARUTHINAGAR Chintal Hyderabad Telangana
INDIA 500054

Ch. Mahi

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self Phone No :
Co-Consultant :



Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : GOOD HEALTH INSURANCE TPA
LIMITED

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00198892 IP-00060220 Baby CH.KUNDANA SRI 8 Y 0 M 16 D (F) 18-05-2018 Dr. PREETHAM KUMAR 		Date & Time of Admission 3/6/26 @ 4:59 PM	Date & Time of Transfer Order 3/6/26 @ 6:15 PM
		Transfer Ordered by Dr. Vishwasa	Reason for Transfer Admission
From Unit ER	To Unit PDU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films VIB 01 → ①	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? outside file given to	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Megha Sune		Name of Person Ordered Transfer Dr. Vishwasa.	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 3/6/26 @ 6:15 PM			


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

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00198892 IP-00060220 Baby CH.KUNDANA SRI 18-05-2018 8 Y 0 M 18 D (F) Dr. PREETHAM KUMAR 		Date & Time of Admission 3/6/26 @ 4.59 pm	Date & Time of Transfer Order 5/6/26 @
From Unit PIW		Transfer Ordered by Dr- Sweety	Reason for Transfer stable
To Unit 1st Floor (131)		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Number of Sheets in Clinical File (57)		Number of Imaging Films NBG - (1) X-Ray - (1)	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Inj-Hydrocortisone	(1)	
2.	Inj- Amoxicillin	(1)	
3.	10cc	(3)	
4.	Budecont	3	
5.	Levofloxacillin nebulization	5	
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Moheswari		Name of Person Ordered Transfer Dr- Sweety	
Patient & Clinical Records Received by : Akansha			
Date & Time of Patient Received : 05/6/2026 @ 6:15pm.			

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

SYP-Plurazone
SYP-Plurazone



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 3/6/20
 Source of Admission: OPD Ward Other:
 Reason for Admission: Illness
 Admission Diagnosis: HFRAS.
 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 Patient Others, Specify

SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
		<u>NRH.</u>	<u>Nil</u>

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? Yes No
 If yes please list,
 Was the child's birth normal? Yes No If No, please describe problems:
 Are the child's immunization up to date? Yes No

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

Observations: Weight: 19kg Length: Head Circumference (< 2 years):
 Temp.: 98.6 F HR: 131 bpm RR: 41 bpm BP: 99/59 (64)
 Pain Score: 0 Specify Site: (Follow Pain Assessment Sheet & Document)
 Fall Risk Assessment: Yes No Score: 0 (Document in the Humpty Dumpty Sheet)
 Risk of Pressure Sore (Braden Q Score 0) (Document in the Braden Q Assessment Sheet)



Behavioural Status on Admission :

- Sleeping Crying Calm Distressed/Consolate Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- 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: Yes (Date/Time): 3/6/26 / 6:25

Social History: Lives With

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

Orientation has been given regarding the following aspects:

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

Orientation given to: Family Others specify

Name of Person Orientation was given to: Fadmes

Orientation not given Reason:

Nurse Name: Renu Nurse Signature: Ry

Date & Time: 3/6/26 6:17 PM

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

Are dressing needs at home anticipated: Yes No

Any other needs anticipated: Yes No If Yes Specify

Discharge Medications: Yes No

Details:

Final Diagnosis: H RAD

Nurse Name: Renu Nurse Signature: Ry

Date & Time: 3/6/26 6:17 PM

Patient Name : Baby. CH.KUNDANA SRI UHID : VIH-00198892 IPD : IP-00060220 Gender : Female Age : 8 Y

VIH-00198892 IP-00060220
 Baby CH.KUNDANA SRI
 18-05-2018 8 Y 0 M 16 D (F)
 Dr. PREETHAM KUMAR




NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 31.6.26 Time of arrival : 4:12 Pm
 Chief Complaints: C/O cold, cough, Fever RBS: 136 mg/dl
 Height : Weight : 19 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

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

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 31.6.26 Or 4:16 Pm

Patient Name : Baby. CH.KUNDANA SRI UHID : VIH-00198892 IPD : IP-00060220 Gender : Female Age : 8 Y
0 M 16 D

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

Time	Nursing Notes
4: 7 pm	=> Patient come to the ER
4: 10 pm	=> vitals checked and recorded.
4: 15 pm	=> Dr vishwaga has been to the pt.
4: 23 pm	=> Nebulization given * RBS done. 136 mg/dl
4: 30 pm	=> Dr Advice Admission, Admission process done => IV placement done in outside (3/6/26)
5: 30 pm	=> Blood samples collected and send to the lab.
5: 35 pm	=> covid RAT => Negative.

=> Patient shifted to the PICU
 Samples collected by: } Sr moglisha
 Samples sent by: } Sr Laxmi
 Time: } 5:40 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
4:23 PM	Levolin	Neb	0.63 x 2	}	(16) AS AS
4:28 PM	Ipratent	Neb	2 ml		
4:55 PM	Levolin	Neb	0.63 mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 124 b/m BP: 105/54 (92) CFT: 22 sec RR: 36 b/m SPO ₂ : 97% 2 lit of O ₂ GCS: 15/15 Temperature: 97°F Pain Score: 0 Repeat RBS (if applicable): -	Shift - out from ER to: PICU Time of Shift - out: 3/6/26 @ 5:15 PM Handover given to: Sr. (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: Archithy Signature of the Nurse: AS

Date & Time: 3/6/26 @ 5:15 PM

Patient Name : Baby. CH.KUNDANA SRI UHID : VIH-00198892 IPD : IP-00060220 Gender : Female Age : 8 Y

VIH-00198892 IP-00060220
 Baby CH.KUNDANA SRI (F)
 18-05-2018 8 Y 0 M 16 D
 Dr. PREETHAM KUMAR




EMERGENCY ROOM TRIAGE FORM

wt = 19 kg

Patient's Name : Baby CH Kundana Sri Age : 8 yrs Gender: Male Female
 Date : 31.6.2018 Time of Arrival : 4:7 pm

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): Not known
 Source of Information : Parents Others (Specify)

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 97.4 F PR: 123 b/m BP: 105/59 (92) RR: 38 b/m SpO₂: 90%

Chief Complaints: C/O cold, cough fever, fast Breathing x today

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Sick Looking	Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding	Work of Breathing <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.
 * CTAS - Canadian Triage and Acuity Scale
 Signature of Parent / Guardian : Ch. Mal
 Triage Completion Time : 4:11 pm

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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:
- 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 : lizon
 Date & Time : 31/6/2018 @ 4:11 pm
 Docu. No. : RCH/FRM / CLINICAL / 085

Signature of Triage Nurse : [Signature]




Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Baby CH. KUNDANA SRI
UHID ID: VIH-00198892
Department: IP-00060220
Consultant: Dr. PREETHAM KUMAR

18-05-2018 8 Y 0 M 16 D (F)
Dr. PREETHAM KUMAR





Pediatric Multiorgan History & Physical Examination

Name : Kundana Sri Age/Sex 8yr / F
Information given by: father Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Fast Breathing } since 1 day
cough

History of present illness :

child was apparently asymptomatic 1 day back
then developed cough -

c/o Fast breathing since morning
a/w $SR \oplus$, $PCR \oplus$



consulted outside hospital -

started on: Nebulisation - levosalin, Budecort + O₂
given Pulj hydrocort 100mg stat

Pulj Mgso4 1gm stat
WF DNI @ 4ml/hr



Parents brought child to RCH
for further management q/v/o persistence of symptoms.

on presentation : SpO₂ : 89-90% @ RA

HR - 135/min

PCR , $SR \oplus$

Tachypnea \oplus

↓ O_2 intake since morning

No H/o Fever, cold, vomitages, loose stools.



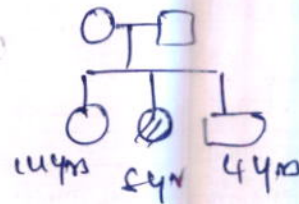
History & Physical Examination

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

h/o similar episode NOV-2025
(admitted 4 days)

Birth & Neonatal History:

Term / NVD / 2.5kg / NO NICU stays



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

} class III

Developmental History :

Appropriate for age in all domains

Immunization History :

Received upto date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 19 kg (Centile _____)

On Examination :

Temperature : 97.4 F Pulse Rate : 123/min B.P. 105/74 SPO2 90% @ RA

Resp. rate and type of breathing : 38-40/min

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : B/L symmetrical chest movement SSR (+) Perc (+)

Air entry & breath sounds : 13AE (+) CLR (+)

Any addes sounds : Wheeze (+)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : AS2 (+)

Any murmur : ND

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

Per Abdomen :

Inspection (N)

Palpation : EDH

Ausculation : RS (+)

Spine : (N) External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : _____

Tone : _____ Power 4/5 all limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : NO

Reflexes : +

DTR +2

Superficials: -

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

WALRI



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications.

Desired goals of the treatment: To treat current condition

Planned Labs:

- UBG ✓
- CBP ✓
- CRP ✓
- S/e ✓
- S. creat ✓
- Extrapiasm - ↓ ✓
- Chest X ray *

Planned Management

- 1) O₂ & NP - 2lit
- 2) Neb. levoflox 1.25mg 2nd hrly
- 3) Neb. Budecort. 0.5mg 12th hrly
- 4) Pny mgsoy 900mg 6th hrly
- 5) Pny Hydrocortisone
5mg IV 6th hourly
- 6) Pny pantoprazole.

*Noted by
 MCGP/SS/uc
 2/6*

Signature of the Doctor: G.V

Name of the Doctor: Dr. Vichaya

Date & Time: 3/6/20 5:07pm

Signature of the Consultant: Preetham Kumar Reddy
 Reg. No: 39859

Name of the Consultant: Dr. Preetham Kumar Reddy

Date & Time: 3/6/20 2:17



(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>3/6/2026 8:00 PM</p>	<p>q/s/B New follow</p>	
	<p>D¹⁵ - Hyperreactive Airway disease</p>	
	<p>on fNIC, SpO₂ 94% maintaining saturation</p>	<p><u>Plan</u></p>
	<p>Retraction (D)</p>	<p>1) To continue nebulisation</p>
	<p>Tachypnea (A)</p>	
	<p>SpO₂ → wheezing (D) A (A)</p>	<p>2) S/E → I/M 6mm</p>
	<p>① episode of vomity (A)</p>	
	<p>crs - s/s (A)</p>	
	<p>PA - soft</p>	<p>2) a) Jmg 8mm</p>
<p>Noted by Preetham 3/6/26 8:00 PM</p>		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026 8:00 AM	CS/B P2CU fellow	
	Di - hyper reactive Airway disease	
	on CMC 5 L/min, maintaining saturation	
	Distress better cough (+)	plan
	episode of HR-150/min As to fever	1) CMC 5 L/min (to extubate)
	Accepting orally	
	I 530 0 / 400 (+130 ml)	4) Insulin mg/day hydrocortisone
	40 → 1.5 cc/kg/hour	to continue
	RS-BAFF (+) end expiratory wheezing (+)	3) Sr mg Sive Sample
	C/S - S ₁ S ₂ (+) Plt soft	
<p>Dr. Preetham Kumar Reddy Reg. No: 59889</p> <p>D. Reddy</p>		<p>Noted by S.S. Reddy 4/6/26 Q&A</p>



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/06/2026 9:30 AM	Counseling noted	(Dr. Preetham Bhat)
	<p>This episode is triggered by dust / allergic food.</p> <p>To avoid such episodes, triggers should be avoided.</p> <p>When minimal distress is present, should take nebulator at home to prevent hypoxia.</p> <p>Late nebulization and prolonged hypoxia trigger increase in bronchospasm.</p>	
		<p><i>[Signature]</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	CS/B Pico feed	
	<u>HEAD</u>	
	OIE Decreased activity with increased work	
3pm	PA:- 160-162 SpO2:- 95 with 2 L/min 21% hydrocortisone RR:- 37/min 1) 4mg MyoDol 2) Neb 1cc stat - 1.5 up x1 3) Neb Spherothrips 1cc 4) 4mg Amnophylin 10ml + 14ml w/s @ 1-9ml/hr 5) 4mg Lorazepam 1cc 6) 4mg PRD 7) 4mg Linc → 3ml/min 2 up 8) 4mg Linc → 3ml/min 2 up	
4/6/26	Notes for 4/6/26 3pm CS/B T1 Procton 1cc stat	
5:30pm	-) Continue in Pico -) Amnophylin continue -) Linc 1-2nd hr	2 1st hr

3

...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	<p>Counselled by Dr. Preetham Kumar To monitor, further</p>	
	<p>again child has increased levels of temperature Usually it cools settle by rehydration or can take 1-2 days</p>	
2:35pm	<p>Usually not will appreciate during night So child need to stay in PICU today</p>	
	<p>→ It is Asthma attack it is due to some allergy which is trigger → if we know cause of trigger → we can try to prevent in future</p>	
		<p>2 not confirmed</p>
	<p>Monitor</p>	<p>fast</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/A <u>Respirator</u>	
5.6.26		
7.00am	<u>HRAD</u>	
	Current Issue: Tachycardia O ₂ requirement	
	Downy: Maintained	
	Breathing: Requiring 1 litre O ₂ . Distress better with 9L% of 1 litre O ₂ . Bilateral air entry equal & wheeze better. An aminophyllin	
	Circulation: Pulse well felt. Good perfusion no hypotension. H.R: 130	
	Responsibility: conscious & alert. GCS 15/15, pupils BERR	
	Exposure: no fever	
	An clear liquid	
	o/f child awake	
	CRT < 3sec.	<u>Plan</u>
	afebrile	- Try to taper O ₂ .
	CVC - SSG	- aminophylline
	Lumbar 2 nd hole RS - BAEF	- Start solids
	wheezes better	- If tolerating feeds
	P/A - soft	stop IV
	Sign. (Dr. Sameera)	

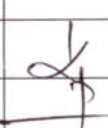


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2026 13:45 PM	EASE SHIFTING NOTE	
	The child got admitted with Hypersensitive Airway Disease, and was managed with Oxygen via mask then nasal prongs.	
	The child was given Aminophylline infusion which was gradually tapered and stopped.	
	The child is off oxygen since 1 PM and maintaining at room air.	
	Adv. ① Shift to ward	
	② Continuous monitor	
	③ Low flow oxygen sos	
	④ Allow orally	
	Noted by Akash @ 8 PM	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	S/B Dr. Kundana mam Am: HRAD	
	O/G: Child alert Euthermic Vitals stable CVS - S2 (+) R/S - BAE (+) P/A - soft	
	CBP Tim. CRP plan for d/c Tim.	plan 1) Continuous monitoring 2) CBT 3) LFO ₂ SOS 4) Inform SOS.
	 Dr. Kundana 5/6/26 8pm	mmmmmm
	Noted by Akanksha 25/06/26 @ 8pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/22 6 AM	S/S Resident	
	S/S : HRAD	
	NO distress, maintaining spo2 @ 95-96% child asleep @ RA	
	Euthermic Vital signs stable CVS - S/S (+) R/S - RAE (+) R/A - r/r	HR - 80-90/min
		plan
6/6/22 SA of Preetham	1) Neb. Levoflox - 4 th hourly 2) Neb. Budesonid 12 th hourly 3) Neb. Hydrocort 6 th hourly 4) Sy. oseltamivir 1Dg. 5) Neb. Amoxicillin - D3.	
	Dr. Uthwaja	
Noted by Ende P/A 6/6/22		

GENERAL CONSENT FOR TREATMENT

Patient Name: **Baby CH.KUNDANA SRI** Age : **8 Y 0 M 16 D**
IP No: **IP-00060220** 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.

...ceivers Signature:.....) *Ch. Hale*

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: *Ch. Hale*

Name: *Mahendrabai Reddy*

Relationship: *Father*

Date: *03-06-2026*

Time: *5:40pm*

Witness Name: *[Signature]*

Witness Signature: *[Signature]*

Patient Address:

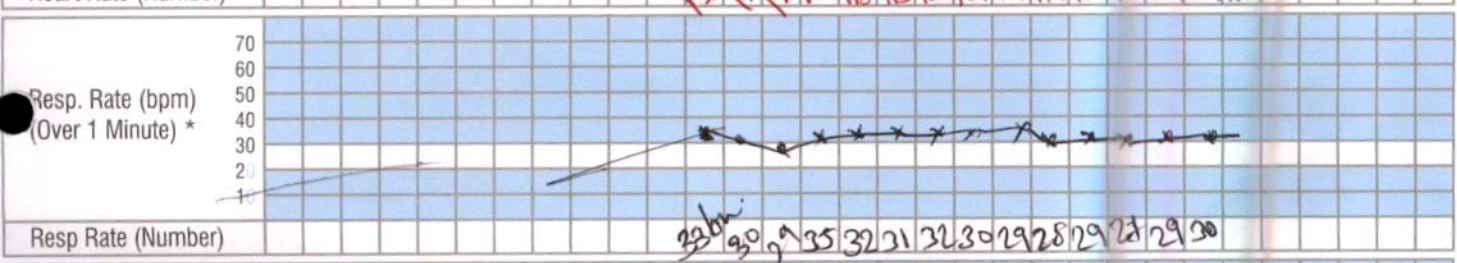
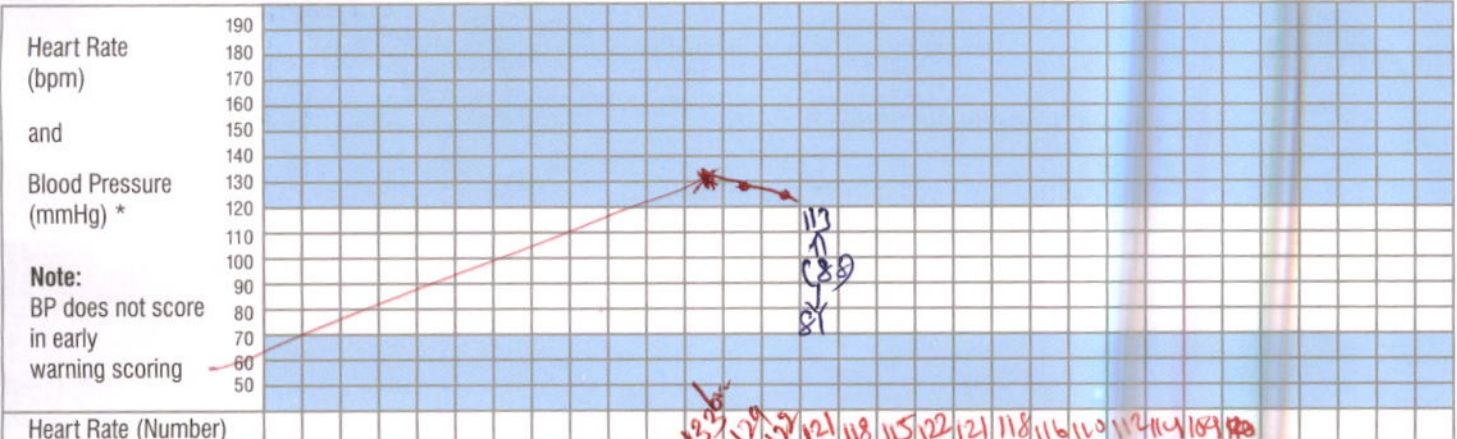
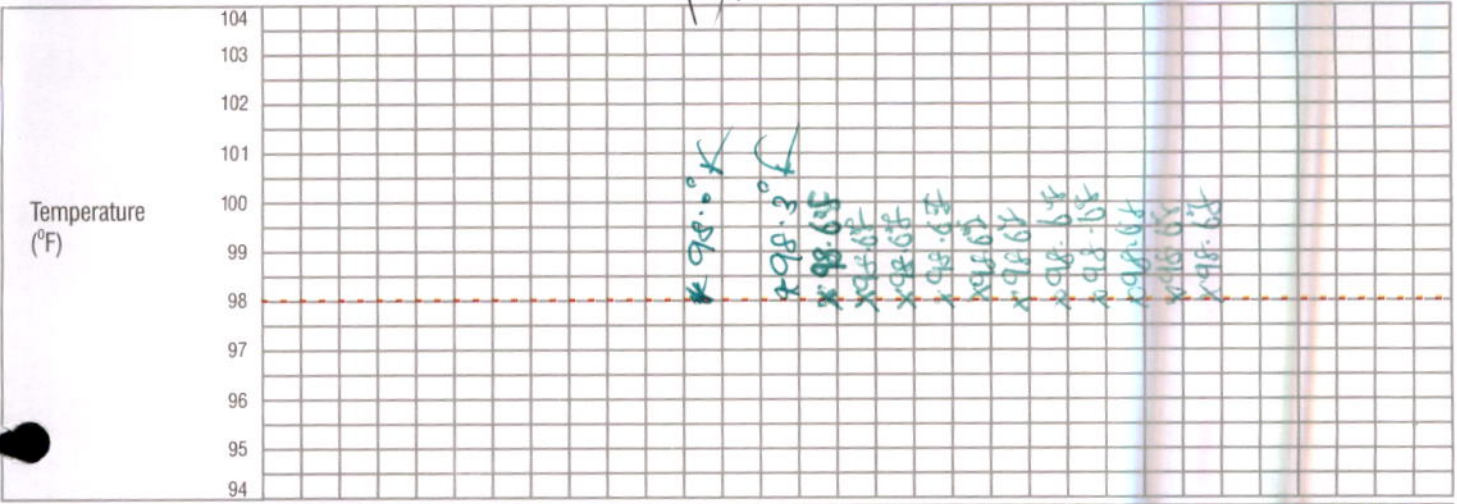
C-405 VASATHI NAVYA APARTMENT
MARUTHINAGAR Chintal Hyderabad
Telangana INDIA 500054



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/6/26 Time: 6:30

Doctor / Nurse / Family Concern? [Handwritten initials]



Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		99, 99, 99, 95, 96, 92, 96, 98, 98, 97, 96, 95
Conscious Level	Normal / Altered	C, C, C, N, N, N, N, N, N, N, N, N
GCS *		15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15

TOTAL SCORE	
Number of shaded boxes	0 0 0 0 0 0 0 0 0 0 0 0
Pain Score	0 0 0 0 0 0 0 0 0 0 0 0
Observer's Initials	A N P S S S S S S S S S S

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.



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

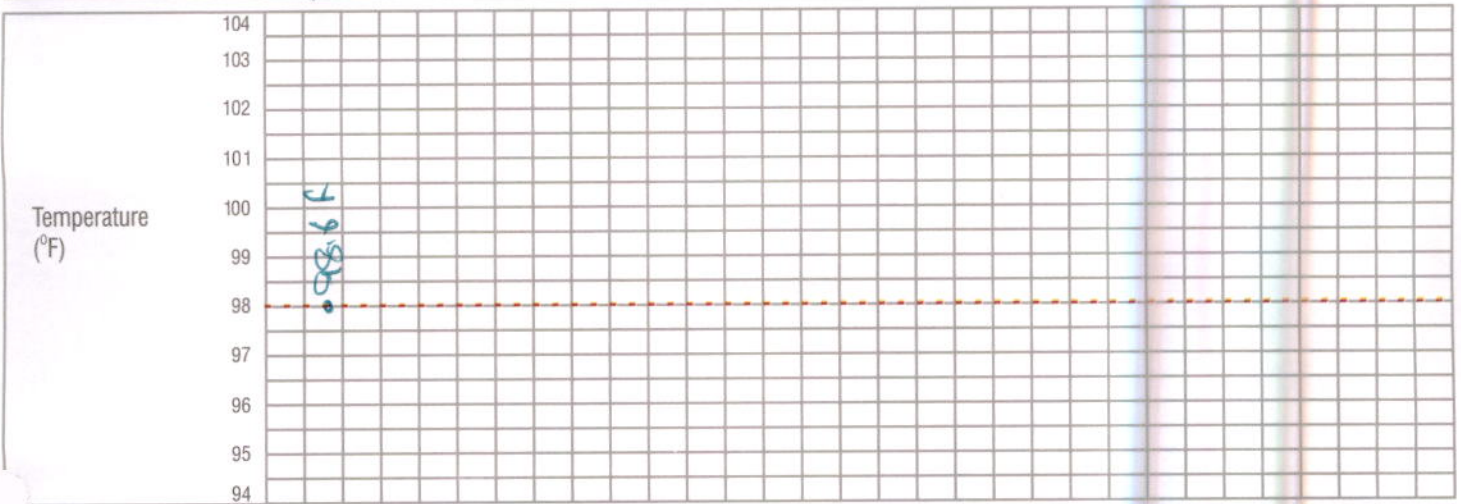
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/6/20 Time: 7:09
 Doctor / Nurse / Family Concern? mg



Heart Rate (bpm) and Blood Pressure (mmHg) *
Note: BP does not score in early warning scoring

Heart Rate (Number) 110

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

Resp Rate (Number) 26

Resp Distress: Mod/ Severe / None / Mild
 Receiving O₂ (l/min) / O₂ Saturations (%) 29%
 Conscious Level: Normal / Altered
 GCS * 15

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Noted by Dr. Preetham Kumar 6/6/20

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FLUID CHART

Sheet No. :

5/6/26

- 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				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm	milk								✓				
	07:00 pm													
Total Intake :						Total Output : 1mc								
	08:00 pm													
	09:00 pm													
	10:00 pm									✓				
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output : 1mc								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am									✓				
	07:00 am													
Total Intake :						Total Output : 1mc								
Total 24 hrs. Intake														
Total 24 hrs. Output						3mc								

VIH-00198892 IP-00060220
 Baby CH.KUNDANA SRI
 18-05-2018 8 Y 0 M 18 D (F)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
6/6	08:00 am	Dtls No											Ende 3/18 6/6/12
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :						Total Output :						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

VIH-00198892 IP-00060220

Baby CH.KUNDANA SRI

18-05-2018 8 Y 0 M 18 D (F)

Dr. PREETHAM KUMAR

MEDICATION RECONCILIATION FORM

Drug Allergies:

Not known any Drug Allergies

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

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

Shifting From: P.I.U

Shifted to: 1st Floor (L31)

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	INJ AMOXICILLIN + CLAVULONIC ACID	600mg	IV	8 HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ HYDROCORTISONE	75mg	IV	6 HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	NEB LEVOSALBUTAMOL	1 RESPULE	PN	4 HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	NEB BUDESONIDE	0.5mg	PN	12hr HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INJ PANTOPRAZOLE	20mg	IV	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	SYRUP OSELTAMIVIR	3.8ml	PO	12 HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	NEB F					<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sweety

Date & Time: 5/06/2026

Nurse Name & Signature: Moheswari

Date & Time: 5/6/26 @ 4 PM



REGULAR PRESCRIPTIONS

Weight. 19kg Ward. PW

Naagii Sue
 Dr. Jibika 3/6/26

DRUG : NEB. LEVOSALBUTAMOL				Date Time
Dose	Route	Frequency	Start Date	
1.25mg	PN	2nd hrly	3/6	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Vishwaja				
Additional Instructions:				
1 Respule = 1.25mg				
Daily Doctor's Endorsement by a Sign				

See the nebulisation chart

Stop
tz 5/5/26

Naagii Sue
 Dr. Jibika 3/6/26

DRUG : NEB. BUDERONIDE				Date Time
Dose	Route	Frequency	Start Date	
0.5mg	PN	12th hourly	3/6	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Vishwaja				
Additional Instructions:				
1 respule = 0.5mg				
Daily Doctor's Endorsement by a Sign				

See the nebulisation chart

8 AM
 12 PM
 4 PM
 8 PM
 12 AM

Naagii Sue
 Dr. Jibika 3/6/25

DRUG : P.NJ. HYDROCORTISONE				Date Time
Dose	Route	Frequency	Start Date	
75mg	IV	6th hourly	3/6	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Vishwaja				
Additional Instructions:				
2-4mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

12 AM
 6 PM
 12 PM
 6 PM
 12 AM

Naagii Sue
 3/6/25

DRUG : P.NJ. PANTOPRAZOLE				Date Time
Dose	Route	Frequency	Start Date	
20mg	IV	once daily	3/6	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Vishwaja				
Additional Instructions:				
1mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

2 AM
 8 AM
 2 PM
 8 PM

I.P. No.	Sheet No.	Wards	Weight (kg)
	2	MU	19 kg

REGULAR PRESCRIPTIONS

DRUG : NEB. IPRATROPIUM

Dose	Route	Frequency	Start Dt.	Date Time
500 mcg	PN	6 Hourly	3/6	3/6

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

Additional Instructions:
 1/2 respule = 250 mcg

Daily Doctor's Endorsement by a Sign.

Handwritten notes: 10 AM, 1 PM, See the Nebulization chart

DRUG : NEB LEVOSALBUTOL

Dose	Route	Frequency	Start Dt.	Date Time
1 respule	PN		4/6/26	

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

Additional Instructions:
 1 RESPULE = 1.25 mg

Daily Doctor's Endorsement by a Sign.

DRUG : NEB LEVOSALBUTOL

Dose	Route	Frequency	Start Dt.	Date Time
1 respule	PN	4 th hourly	5/6/26	5/6

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

Additional Instructions:
 (1 RESPULE = 1.25 mg)

Daily Doctor's Endorsement by a Sign.

Handwritten notes: see the Neb's chart

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

S. m. 3/6/26

Chika 3/6/26

Dr. Jayasee

VIH-00198892 IP-00060220
 Baby CH.KUNDANA SRI
 18-05-2018 8 Y 0 M 16 D (F)
 Dr. PREETHAM KUMAR

Weight: 19kg's Ward: PLW

Date	Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
		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
3/6	4:23 PM	NEB. LEVOSALBUTA MDL X2	0.63mg	PN	[Signature]	Waron Ne
3/6	4:28 PM	NEB. IPRATROPIUM Bromide	0.5mg	PN	[Signature]	Waron Ne
3/6	4:55 PM	NEB. LEVOSALBUTA MDL	0.63mg	PN	[Signature]	Waron Ne
4/6/26	2 PM	NEB LEVOSALBUTA	1.25mg X2	PN	[Signature]	[Signature]
4/6/26	2:15 PM	NEB IPRATROPIUM Bromide	1 Dose PULVE X1 = 500mg	PN	[Signature]	[Signature]
4/6/26	8:00 AM	INS PAMPERABLE	20 mg	IV	[Signature]	Supriya Maha

Signature
Name
VERIFIED

Nurse
3/6
[Signature]

I.V. FLUIDS CHART

Weight: 19 kg Ward: PICU



position of I.V. Fluid
 mention ml/hr = Mcg/kg/min. etc)

		position of I.V. Fluid mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/6	6:15 PM	1U DNS (1/2 M)	2V	20	2	Reva	3/6	2	Reva
3/6	9 PM	2UF DNS (1/3 M)	2V	40	2	Sugani neha	4/6	2	Reva
4/6	9 AM	INT. AMINOPHYLLINE 10ml + 15mg NS (1ml = 10mg)	2V	10 ml/hr	2		5/6		
4/6/26	3 PM	INT AMINOPHYLLINE 10ml + 14ml NS (1ml = 10mg)	1U	1.9 ml/hr (= 10/31.4/hr)	2	Reva Reva	5-6-26	2	Supriya Neel
4/6/26	4 PM	2UF DNS (2/3 M)	1U	40	2	Reva Reva	4/6/26	2	Reva Reva
4/6/26	7 PM	2UF DNS	1U	30	2	Reva Reva	4/6/26	2	Supriya Neel
4/6/26	10 PM	2UF DNS	1U	20	2	Supriya Neel	5-6-26	2	Supriya Neel
5-6-26	7.30 AM	INT. AMINOPHYLLINE 10ml + 14ml NS 1ml = 10 mg	1U	1 ml (0.5/31.4/hr)	2	Supriya Neel	5/6/26	2	Supriya Neel

Signature

VERIFIED BY : Name