

ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- IP No : ----- Dept : -----

Date of Admission : ----- T ----- charge : ----- Time: -----

Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

FDH-00046372 IP25-00020677
Baby SHAIK SHAZIA RIZWAN
24-04-2025 1 Y 1 M 4 D (F)
Dr. VUPPALI NANDA KISHOR KUMAR



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	4:00 Am	ER	301 (B)	<i>[Signature]</i>

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	IV Cannulation	①	581178 ✓	[Signature]
28/5/26	NHA	①	1314 ✓	Nibedita

*Cross checked by
Anura
29/5/2026
@10am*

ANY OTHER INFORMATION



Date: 28/5/26

Time: 8AM

Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward 201 (5)	Billing Assistant	Billing Supervisor
----------------------------	-------------------------	-------------------	--------------------

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00046372 IP25-00020677 Baby SHAIK SHAZIA RIZWAN 24-04-2025 1 Y 1 M 4 D (F) Dr. VUPPALI NANDA KISHOR KUMAR 		Date & Time of Admission 28/5/20 C	Date & Time of Transfer Order 28/5/20 4:00 C Am
		Transfer Ordered by DR. Unnati	Reason for Transfer Admission
From Unit ER	To Unit 201 (CB)		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File (14)	Number of Imaging Films -		Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what? <i>outside file given</i>
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	DNS	(1)	
2.	Zot ratix	(1)	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer DR. Unnati	
Patient & Clinical Records Received by : <i>Sabirka 28/5/20 @ 4 AM</i>			
Date & Time of Patient Received :			

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

10-1

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/5/26 Time: 7:30

Weight: 7.9 Centile: 5th

Height: Centile:

Inference: malnourished

RDA: 1000 Calories: 1000 kcal Protein: 10g

Diet Recommendations: Balanced diet with optimal proteins

Re-Assessment: -

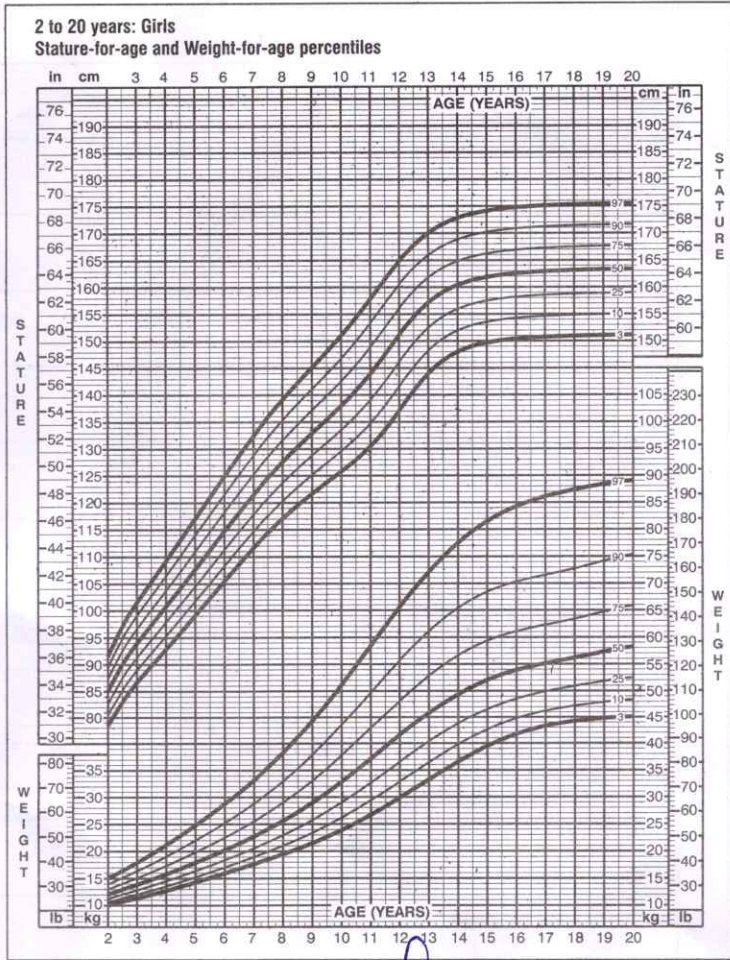
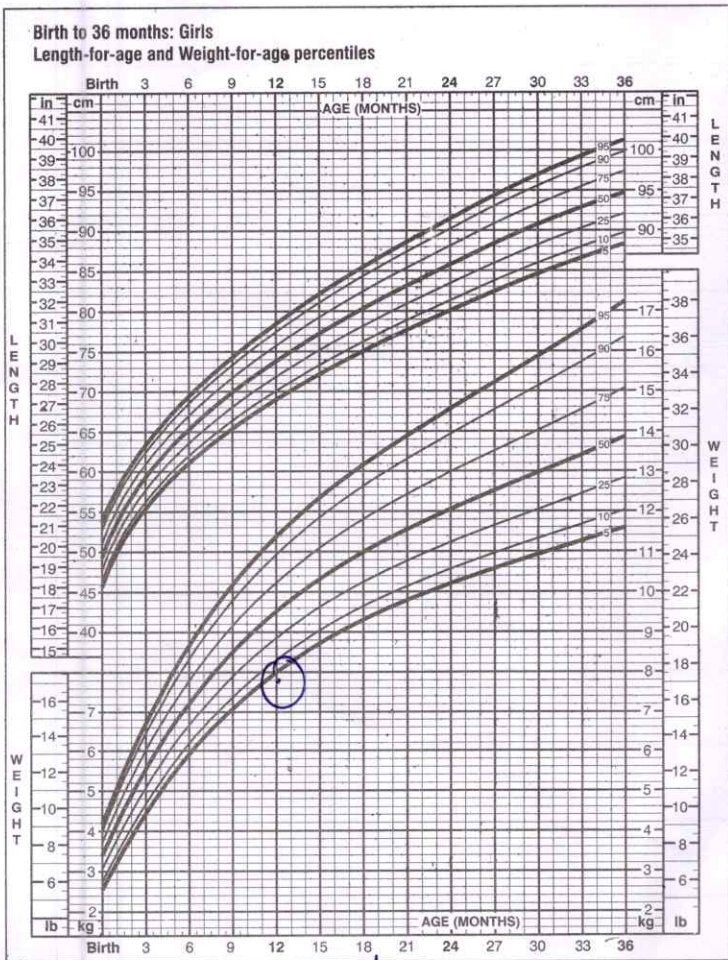
Food Allergies: Veg/Non-veg: non veg

Diagnosis: AFE, Febrile Orz, seizures

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Shizwan

GROWTH CHART (GIRLS)



Dietician's Name: Dhani

Dietician's Signature: [Signature]

Daily Notes:

28/1/26 - ~~Need~~ Sept diet email

DISCHARGE SUMMARY

Name	Baby SHAIK SHAZIA RIZWAN	UHID	FDH-00046372
Father/Guardian	Mr ABDUL RIZWAN	Age/Gender	1 Y 1 M 4 D/ Female
Address	plot no-103, 1st floor, road no 4, beeramguda ,sangareddy west tulasi vanam, Beeramguda, Hyderabad, Telangana, INDIA, 502032		
IP No	IP25-00020677	Admission Date	28-05-2026
Ref Doctor			
Discharge Date	29.05.2026		

Consultant:

Dr. Vuppali Nanda Kishor Kumar.

MBBS, DCH, MRCPCH

CONSULTANT PEDIATRICIAN & INTENSIVIST

Reg. No. 40299

DIAGNOSIS

ATYPICAL FEBRILE SEIZURE -1st EPISODE
ACUTE FEBRILE ILLNESS

History: Baby SHAIK SHAZIA RIZWAN, 1 Y 1 M 4 Days, old girl was brought with complaints of high grade fever spikes since 2 days. History of cough which was wet type, more at night, associated with post tussive vomiting since 1 day. Child had 1 episode of abnormal movement in the form of stiffening of upper and lower limbs of lasting for <1 minute on day 2 of fever, not associated with post ictal drowsiness, not associated with bowel or bladder incontinence. Child was admitted in view of the above complaints, at Rainbow Children's Hospital - Financial District for further management.

Birth History: FTNVD, AGA, BW: 2.5kg, NNJ present but not requiring phototherapy.

Family History: History of febrile seizures in father present.

Development History: Appropriate for age



Name	Baby SHAIK SHAZIA RIZWAN	UHID	FDH-00046372
IP No	IP25-00020677	Admission Date	28-05-2026

Examination: She was Febrile (101.2°F), maintaining saturations at room air(98%). Her heart rate was 120/min, and Respiratory Rate - 26/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

Weight on admission : 7.91 kilograms.

Investigations: Enclosed reports.

Management: Child was admitted in the ward and started on Intra Venous fluids. She was treated symptomatically with antacids and antipyretics. She was frequently nebulized with 3%NS.

C-Reactive Protein of 12.0 mg/l. Serum electrolytes showed sodium of 138 mmol/L, potassium of 4.6 mmol/L & Chloride of 103 mmol/L. Serum Creatinine was 0.3 mg/dl. Blood Urea was 18 mg/dl. Serum Calcium was 9.5 mg/dl. Magnesium was 2.2 mg/dl.

Nasopharyngeal swab for Covid, GeneXpert + Flu A+ Flu B & RSV was sent, which was negative.

Blood culture report awaited. Complete urine examination was normal.

Urine culture report awaited.

Chest X-ray was bilateral scattered inhomogenous opacities.

She was regularly monitored for fever spikes, hemodynamic & neurological status. Her fever spikes gradually settled and she had no further seizure episodes during hospital stay. She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.



Name	Baby SHAIK SHAZIA RIZWAN	UHID	FDH-00046372
IP No	IP25-00020677	Admission Date	28-05-2026

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

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

Advice:

- * Tablet. Lanzol DT (Lansoprazole - 15mg) dilute 1 tablet in 5ml of water and give 2.5 ml once daily 30 minutes before breakfast for 3 days.
- * Syrup. Relent Plus (Cetirizine 5mg, Ambroxol 30mg/5ml) 2 ml twice daily 1 hour before food for 3 days.
- * Nasoclear nasal drops, 2 drops in each nostril 30 minutes q6th hourly and whenever required for nose block.

Plan: To collect blood and urine culture report on follow up.

Febrile Seizure Prophylaxis:

- * Crocin Drops (Paracetamol = 1ml/100mg) 1.1 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
- * Tepid sponging if fever > 101 *F.
- * Medistat - nasal spray (Midazolam = 1.25mg/puff), **1 puff intranasal (into one nostril)** for future seizures.

Review consultation with Dr. VUPPALI NANDA KISHOR KUMAR on 1/6/2026 Monday at Financial District in OPD with prior appointment (**Review consultation will be charged**).

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.



Name	Baby SHAIK SHAZIA RIZWAN	UHID	FDH-00046372
IP No	IP25-00020677	Admission Date	28-05-2026

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

[Signature]

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikramपुरi / LB Nagar** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

[Signature]

Registrar/Resident/C.M.O

Consultant:

Dr. Vuppali Nanda Kishor Kumar.

MBBS, DCH, MRCPCH

CONSULTANT PEDIATRICIAN & INTENSIVIST

Reg. No. 40299





EMERGENCY ROOM TRIAGE FORM

Patient's Name: Baby Shaik Shazia Age: 14 Gender: Male Female
 Date: 28/5/26 Time of Arrival: 2:10 am

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

Mode of Arrival: Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 101.2°f PR: 132 bpm BP: 97/60 RR: 28 bpm SpO₂: 97%

Chief Complaints: fever x 2 days, One episode seizure c 1:30am today

INITIAL PHYSIOLOGICAL CATEGORIZATION 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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <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: [Signature]
 Triage Completion Time: 2:12 am

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: [Signature] Signature of Triage Nurse: [Signature]
 Date & Time: 28/5/26 @ 2:12 AM
 Docu. No.: RCH /FRM/ CLINICAL / 085

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FDH-00046372 IP25-00020677
Baby SHAJK SHAZIA RIZWAN
24-04-2025 1 Y 1 M 4 D (F)
Dr. VUPPALI NANDA KISHOR KUMAR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 28/5/26 Time of arrival : 2:10 AM
Chief Complaints: Fever, One episode Seizure
Height : Weight : 7.91kg Head Circumference (<2 years)
Allergies: Yes No Medications Blood Transfusion Food Other:
If yes, identify
Pain Screening: Yes No If Yes, Pain Score: 0/10 Pain Tool Used: N Pass FLACC Wong Baker
 Character Location Frequency Duration

RISK FOR FALL:

If patient is < 6 years Yes No

If 'Yes' tick below fall risk intervention directly

If Patient is > 6 years

If 'Yes' 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 parent

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

Time of Initial assessment completed by ER Nurse : 2:15 A

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

Time	Nursing Notes
2:10 AM	Assessed pt Condition Monitor vital. Dr. Umaric seen the pt Tepid sponging given

Outside Hospital
Justin Suppositories
given @ 1:30 AM

Samples collected by: / Sreeni
Samples sent by :

Time: /
Time: 3:30 AM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 120/100 BP: 120/80 CFT: 2 sec RR: 28/10 SPO2 at FiO2: 98% GCS: 15 Temperature: 98.5 F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: 301 B Time of Shift - out: 4:00 AM Handover given to: Sreeni (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):
IV Placement done

Name of the Nurse : Sreeni Signature of the Nurse : [Signature]

Date & Time : 28/5/26 @ 4:00 AM



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

B/C pupils equally reactive to light.

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

No meningeal signs.

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

APR

fever triggered seizure → ? Atypical seizure

seizure 24 hrs after fever presenta

seizure semiology



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Refractory seizures

Desired goals of the treatment: Resolution of symptoms.

Planned Labs:

- GRBS
- CBP
- CRP
- Blood c/s
- Urine c/s
- CVE
- Urea/creatinine
- S. Electrolytes
- S. Ca²⁺ / Mg²⁺ / Phos
- Collect & keep Cptba sample
- 5 virus respiratory panel.
- CXR

Planned Management

- IVF D5W 2 MVR
- Sy Pantoprazole
- Sy Relent plus
- NEB 3% NE
- Nasoclear saline drops
- Sy Pen
- Sy Sengenic gas
- To decide on Abp based on results.

Noted by Unnat
28/5/26 @ 3:30 A

Signature of the Doctor: Unnat

Signature of the Consultant: Nanda

Name of the Doctor: Dr. Unnat

Name of the Consultant: Dr. Nanda kishore

Date & Time: 28/5/26

Date & Time:



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name:

Shaik shazia

UHID ID:

Department:

Pediatrics

Consultant:

Dr Nanda kishore

FDH-00046372 IP25-00020677
Baby SHAIK SHAZIA RIZWAN
24-04-2025 1 Y 1 M 4 D (F)
Dr. VUPPALI NANDA KISHOR KUMAR





Pediatric Multiorgan History & Physical Examination

Name: Shaiqa Shazia Age/Sex 1y/feb.
Information given by: Mother Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

fever since 2 days.
1st episode of seizures.
no cough/cold.

History of present illness:

child was apparently alright 2 days back when she
developed fever → high grade
intermittent

Active during interfebrile period.
Ass ± chills.

no cough/cold → disturbing sleep
wet cough.

Ass ± post tussive vomiting

1st episode of fever triggered seizures lasting
< 1 min occurred in outside hospital ass ± ~~apost~~
blank staring, ~~eyes~~, ~~?~~ stiffening of upper/lower limbs.

FDH-00046372

IP25-00020677

Baby SHAIK SHAZIA RIZWAN

24-04-2025

1 Y 1 M 4 D

(F)

Dr. VUPPALI NANDA KISHOR KUMAR



Pediatric Multiorgan History & Physical Examination

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

No previous hospital admission.

Birth & Neonatal History:

Term NO NICU stay / AGA Bwt 2.5kg / fch .
NNT

Father had no simple febrile seizures in childhood.

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

developmentally (N)

Immunization History :

upto date as per NIS schedule



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 4.91kg (Centile _____)

On Examination :

Temperature : 101.2°F Pulse Rate : 120/min B.P. _____ SPO2 98%

Resp.rate and type of breathing : Regular

Rash _____

Lymphadenopathy _____

Oedema : -

*throat :- mild congestion
No pus pte*

Allergies (if any): -

Respiratory System :

Inspection (any s/o distress) : B/L AEC (+)

Air entry & breath sounds : Conducted sounds (+)

Any adde sounds : No WOB

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2 (+) No murmur heard

Any murmur : _____

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

Per Abdomen :

Inspection : Soft, BS (+)

Palpation : No organomegaly

Ausculation : _____

Spine : _____ External Genitalia : _____

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



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/25 8:20am	CPSPB	Dr. Unnati / Dr. Nandakishor
	<p>Ab's :- AFP fever triggered seizure → Atypical.</p>	
	<p>No new fever spikes post admission No further seizure activity. CP caught cold ⊕ → NO S/O Resp. distress.</p>	
	<p>Vitals were \neq :- Alert / Afebrile / Afebrile hemodynamically stable. Hydration fair.</p>	
	<p>SPE :- RR :- B/L AE ⊕ conducted sounds ⊕</p>	
	<p>NO WOB CVT ENET P/A → NAD.</p>	
		<p>Plan - Trace & inform reports. - Continue Ht as checked - To decide on Abx</p>
	<p>Signature: A</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2025 10am	<p>USIB Dr-Nandakishor (Dr-Aishwarya)</p>	
	<p>Δ Atypical febrile seizure → 1st episode. AFI</p>	
	<p>No further fever No seizures.</p>	
	<p>History: Birth - Normal, Uneventful Family - H/O febrile seizure in Father ⊕ Development - Normal, appropriate for age.</p>	
	<p>OE: HR-110/min RR-24/min.</p>	
	<p>OE: RB: BL AE ⊕, NUBS CN: Child asleep, WDL PIA: Soft LUS: S/S ⊕, NO Mucous.</p>	
		<p>Plan</p> <ul style="list-style-type: none"> - W/O fever spikes / seizures - PCM QdH till 5pm - Continue medications as charted - Encourage orally - trace Flu/CRP/Blood CU - Check throat <p><i>(Signature)</i> Noted by N. Bhatia 28/5/2025 @10am</p>



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	CUB Dr. Aishwarya	
4pm	<p>Δ Atypical Febrile Seizure.</p> <p>AFI.</p>	
	<p>No further fever spikes</p> <p>No seizure</p> <p>Taking orally well.</p> <p>UO cough ⊕ → intermittent</p>	
	<p>O/E: HR - 108/min</p> <p>RR - 22/min</p>	<p>Throat - (N)</p> <p>Flu (-UR)</p>
	<p>S/E: R/S: Bil AE ⊕, occasional conducted sounds ⊕</p> <p>C/S: S1S2 ⊕, NO MURMUR</p> <p>P/A: Soft</p> <p>CNS: WNL</p>	
		<p><u>Plan</u></p> <ul style="list-style-type: none"> - w/f fever / seizure. - PCM change to SOS - Continue medications as charted. - Trace Blood Cls
	<p>Noted by Sanku 28/5 @ 4pm Aishwarya</p>	

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 Dr. VUPPALI NANDA KISHOR KUMAR



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
29/5/26 10am	<p><u>UHB Dr. Nanda Kishor</u></p>	
	<p>Δ Atypical febrile seizure AFI</p>	
	<p>No further fever spikes</p>	
	<p>No further seizures</p>	
	<p>Oral intake - good</p>	
	<p>O/E: HR - 110/min RR - 22/min</p>	
	<p>O/E: WS: S1S2 ⊕, No murmurs</p>	
	<p>Ru: SIL A ⊕, NUB ⊕</p>	
	<p>FIA: Soft</p>	
	<p>CNS: WNL</p>	
		<p><u>Plan</u></p>
		<p>- A/S today</p>
		<p>- w/f fever / seizure</p>
		<p>- Seizure prophylaxis</p>
		<p><i>[Signature]</i></p>



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
28/5/26	01.00	neb .3% NS - 6AM (1)	2206 ✓	} Sharfi
28/5/26	02.00	neb 3% NS (12pm) (1)	1310 ✓	
28/5/26	03.00	3% NS - 6pm →	1576 ✓	
	04.00			
29/5/26	05.00	3% NS - 12 AM (1)	1704 ✓	} Sharfi
	06.00	3% NS 6AM (1)	1704 ✓	
	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			

Cross checked by
Aruna
29/5/2026
@10am

MEETING CHART

Handwritten notes at the top of the page, including the word "Meeting" and some illegible scribbles.

Handwritten notes in the middle section, possibly including a date or time reference.

Handwritten notes in the lower middle section, appearing as a list or set of instructions.

A small table or grid structure located in the bottom right corner of the page, with several rows and columns.



Sheet No: 1

REGULAR PRESCRIPTIONS

Weight 7.91kg Ward 3rd A

DRUG : <u>500 PARACETAMOL</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>120mg</u>	<u>PO</u>	<u>6 hely</u>	<u>28/5/25</u>	<u>5pm</u>	<u>20/5</u>															
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Signature
VERIFIED BY : Name

↑
SOS.
↓

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

VERIFIED BY : Name Signature

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

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

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

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

DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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 : <u>Syp IBUGESIC</u>				Date Time															
Dose	Route	Frequency	Start Date																
<u>2.5ml</u>	<u>PO</u>	<u>SOS</u>	<u>28/5/26</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

DRUG : <u>INS. PARACETAMOL</u>				Date Time															
Dose	Route	Frequency	Start Date																
<u>120mg</u>	<u>IV</u>	<u>SOS</u>	<u>28/5/26</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight: 7.91 kg Ward: 3rd A

DRUG : Sy PANTOPRAZOLE				Date	28/5	29/5														
				Time																
Dose	Route	Frequency	Start Date																	
10mg	Or	OD	28/5/25																	
Name & Signature of the Doctor Starting the Drugs:				5M 6AM 12M 6PM 10AM Nibi																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Neb 3 To NE				Date	28/5	29/5														
				Time																
Dose	Route	Frequency	Start Date																	
4ml	P/N	6 wely	28/5/25																	
Name & Signature of the Doctor Starting the Drugs:				12AM 10AM 6AM 12PM 6PM Nibi																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : SyP RELENT PLUS				Date	28/5	29/5														
				Time																
Dose	Route	Frequency	Start Date																	
9ml	PO	OD	28/5/25																	
Name & Signature of the Doctor Starting the Drugs:				11AM 10AM Nibi																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : NASOCLEAR SAUNE PROPS				Date	28/5	29/5														
				Time																
Dose	Route	Frequency	Start Date																	
20	P/N	6 wely	28/5/25																	
Name & Signature of the Doctor Starting the Drugs:				12AM 6AM 12PM 6PM Nibi																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

I.V. FLUIDS CHART

Weight: 7.91 kg Ward: 2nd floor



Concentration of I.V. Fluid
 (n ml/hr = Mcg/kg/min. etc)

			Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stoppage	Doctor Sign	Nurse Sign
28/5/24	3:58 AM	2uf DMS c stand MVI	IV	30 ml/hr	[Signature]	[Signature]		MVI	[Signature]
28/5	7 PM	DMS c MVI	IV	15 ml	MVI	[Signature]			

Signature
VERIFIED BY: Name