

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP25-00020381      Admit Date : 11-May-2026      Admit Time : 04:54 AM      UHID : FDH-00045702

**Patient Details :**

Patient Name	: Master MANI RUDRA	Age	: 2 Y 5 M 0 D
Guardian	: Mr NAGARAJ GOUD	DOB	: 11-12-2023
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	Phone No	: 9963372329
		E-mail	:

**Admission Details :**

Bed Type : TWIN SHARING      Bed No : TS-301A      Ward Name : 3F -TWIN SHARING  
Room No : TS-301A      Admission Type : First Visit

**Contact Details :**

Name : Mr NAGARAJ GOUD      Relationship : Father  
Contact Address : Hyderabad Hyderabad Telangana INDIA      Phone No : / 824736283  
500001

*K. Na*

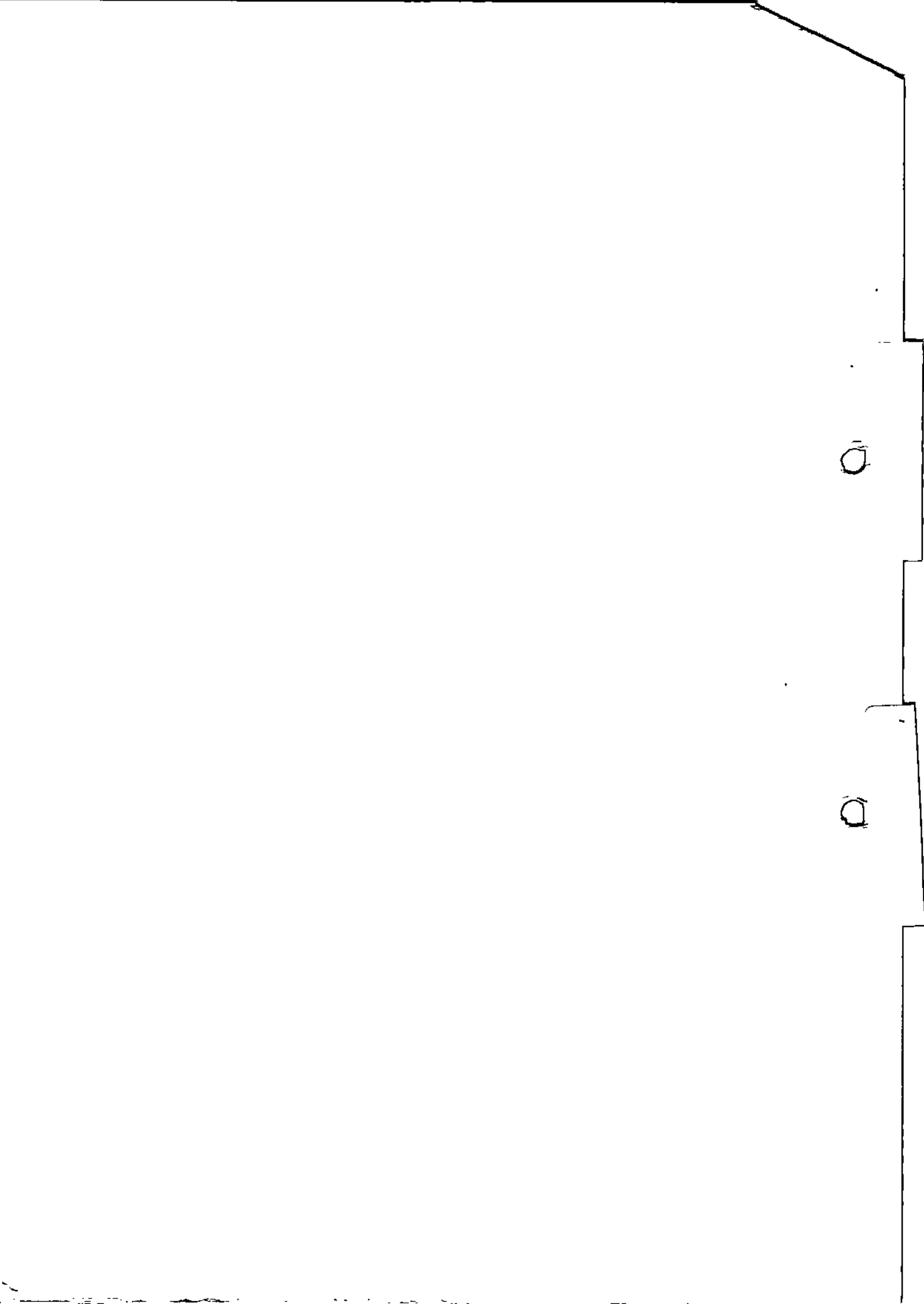
Signature

**Doctor Details :**

Doctor Name : Dr. CHIGULLAPALLI SHRAVANTHI      Specialisation : GENERAL PEDIATRICS  
Referral Doctor :      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : CARE HEALTH INSURANCE LIMITED



### ACTIVITY RECORD FOR BILLING

Name: -----

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

Date of Admission : -----

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

FDH-00045702 IP25-00020381  
Master MANI RUDRA  
11-12-2023 2 Y 5 M 0 D (M)  
Dr. CHIGULLAPALLI SHRAVANTHI



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/5/26	5.50am	ER	301A	Anam

### 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
	Blood cbs.		
11/5/26	CRBS - 103 mg/dl	FD26016806	Praveen
	WBC.		
	Electrolytes ✓	16809	Praveen
11/5/26	CUE	16917	Kiran
11/5/26	CSE	16940	Srishe
12/5/26	CRP, widal	16991	Kiran
12/05/26	Ultrasound Abdomen	5480	Eag
12/05/26	Stool for c/s	17046	Anshu
12/05	Urine culture	17051	Srishe
14/5/26	CRP	7209	Kiran

~~cross checked done  
12/05/2026  
3pm~~





# PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission <i>11/5/26 @ 4:54 AM 11/5/26 5:50 AM</i>	Date & Time of Transfer Order
Treating Consultant Name	Transfer Ordered by <i>DR. Prasaduna</i>	Reason for Transfer <i>Admission</i>
From Unit <i>ER</i>	To Unit <i>301-A</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>14</i>	Number of Imaging Films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> <i>op side</i> If yes, what? <i>—</i>
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 <i>Arjan</i>	Name of Person Ordered Transfer <i>DR. Prasaduna.</i>	
Patient & Clinical Records Received by : <i>Aojit</i>		
Date & Time of Patient Received : <i>11/5/26 @ 5:50 AM</i>		

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

- Unavailable Bed                     
  Nurse not Available                     
  Available Bed not ready

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2H-00045702



# EMERGENCY TRIAGE FORM

Patient's Name : Mani Rudra Age : 2 yrs Gender:  Male  Female

Date : 11/5/23 Time of Arrival : 4:22 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: 99.6°f PR: 140b/min BP: 98/57(85) RR: 28b/min SpO: 98%

Chief Complaints: clo: Fever x 5 days. clo: loose stools x 2 times.

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

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 type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" 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.

Signature of Parent / Guardian

Triage Completion Time : 4:25 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 : Samreen

Signature of Triage Nurse : Sam

Date & Time : 11/5/23 @ 4:25 AM

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JH-00045702

### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/5/26 Time of arrival : 4:22AM

Chief Complaints : clo: fever x 5 days loose stools 2 times

Height : Weight : 13.2kgs Head Circumference (<2 years)

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other:

If yes, identify

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

Character  Location  Frequency  Duration

#### RISK FOR FALL:

If patient is < 6 years  Yes  No

If 'Yes' tick below fall risk intervention directly

If Patient is > 6 years  Yes  No

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 parents

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

Time of Initial assessment completed by ER Nurse : 4:27AM

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

Time	Nursing Notes
4:25 AM	Assessed the pt general condition checked her vital Records DR. prasuna indiam sent to

Samples collected by:

praveen

Time: 4:50 AM

Samples sent by:

Time: 4:55 AM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 125 bpm BP: 98/57 CFT: 12cm	Shift - out from ER to: 301A
RR: 22 bpm SPO2 at FI02: 100%	Time of Shift - out: 5:50 AM
GCS: 15 Temperature: 100° F	Handover given to: [Signature]
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

IV placement

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

Date & Time: 11/5/2023 5:50 AM

Ref.No. F/IN/PR/10



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

## PEDIATRIC IN-PATIENT MEDICAL RECORD

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

Patient ID# : \_\_\_\_\_

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

Final Diagnosis : \_\_\_\_\_

FDH-00045702 IP25-00020381

Master MANI RUDRA

11-12-2023 2 Y 5 M 0 D (M)

Dr. CHIGULLAPALLI SHRAVANTHI



Pediatric Multiorgan History & Physical Examination

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

Informant \_\_\_\_\_ Reliability \_\_\_\_\_

Chief Presenting Complaints & Duration (Chronologically):

cl fever since 5 days.  
cl loose stools, vomiting, since 3 days  
cl decreased activity, acceptance of feeds since 1 day

History of present illness :

cl fever since 5 days, high grade, intermittent,  
relieved on medication, recurring again.

cl loose stools, 4-5 episodes, yellow in color,  
no mucus / blood.

cl vomiting, 2-3 episodes, non-bilious, nonprojectile  
containing food particles.

cl decreased activity, acceptance of feeds since  
1 day.

10/5/26  
CBC = Hb - 12.2, HCV - 37.7 →  
WBC - 8.23, Plt - 4.6.

CRP - 97.46 mg/L.

RFT ⇒ urea - 16  
creat - 0.33  
Na<sup>+</sup> - 132  
K<sup>+</sup> - 5.9  
Cl<sup>-</sup> - 100

**Pediatric Multiorgan History & Physical Examination**

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

not significant.

Birth & Neonatal History :

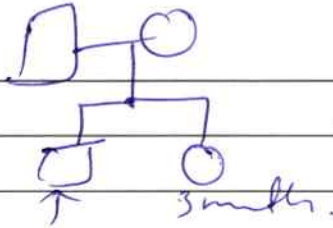
term / LSCS / CIAS / H/O NICU stay for 7 days  
3kg. for RRR distress.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :



Developmental History :

no delays

Immunization History :

upto date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 13.2 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 99.6 F Pulse Rate: 140 Description \_\_\_\_\_

B.P. \_\_\_\_\_ SPO2 99.1 at \_\_\_\_\_

Resp. rate and type of breathing : 28

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_ some signs of dehydration (+)

Oedema : \_\_\_\_\_ oral cavity - dry

**Respiratory system :**

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : \_\_\_\_\_

Any addes sounds : \_\_\_\_\_ B/L A (+)  
R/S (+)

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

**Cardiovascular System :**

Inspection of precordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_ S1, S2 (+)

Any murmur : \_\_\_\_\_

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc..) \_\_\_\_\_

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_

Auscultation : \_\_\_\_\_ soft

Spine: \_\_\_\_\_ External Genitalia : \_\_\_\_\_

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

**Pediatric Multiorgan History & Physical Examination**

**Central Nervous System :**

Level of Consciousness : AVPU/GCS Score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor System :**

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

Tone : \_\_\_\_\_ Power \_\_\_\_\_

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

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

Involuntary Movements : \_\_\_\_\_ *NFND.*

**Reflexes :**

**DTR**

**Superficials :**

Plantars \_\_\_\_\_

**Sensory System :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic :**

\_\_\_\_\_  
*AFI & AGE & Same dehydration.*  
\_\_\_\_\_  
\_\_\_\_\_

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Rehydration

Desired goals of the treatment :

Haemodynamic stability.

**Planned Labs :**

CBP  
CRP  
aPTT } done on  
          } CDH basis.

✓ Btct's

✓ CUE

✓ VBG

✓ CRBS

✓ SFE

noted by Praveen  
11/5/26  
@ 5AM

**Planned Management :**

- IVF DNS @ 46ml/hr.

- Inj. CEFTRIAZONE.

- Inj. PANTOP.

- Inj. ONDEM.

- Inj. PARACETAMOL

- SUP. IBULGIC SOL.

- ENTEROLACTINA.

- SUP. ZINC ONIA.

**Please fill up the following details**

1. Name of the Referring Doctor : \_\_\_\_\_

2. Name of the Referring Hospital : \_\_\_\_\_  
(Including the name of City)

3. Contact number of the Referring Doctor : \_\_\_\_\_  
(Preferring Mobile #)

4. Name of the doctor in Rainbow Team \_\_\_\_\_ on  
whose name the patient is being referred

Doctor's Signature Name  Date 11/5/26 Time 5 AM.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 8:20pm	<p>cf&amp;B Dr Umali</p> <p>Ab's :- AGG C some dehydration</p> <p>2-3 episodes loose stools (in ER)</p> <p>No vomiting/nausea post admission.</p> <p>No of febrile @ admission but afebrile since</p>	
<p>Vitals</p> <p>HR :- 95/min</p> <p>RR :- 20/min</p> <p>SpO<sub>2</sub> :- 98% @ RA</p> <p>CF C2C2</p>	<p>fe :- sleeping comfortably</p> <p>Hydration fair</p> <p>Hemodynamically stable</p>	
	<p>SE :- PPA :- soft, B2 (+)</p> <p>No distension/tenderness/rigidity</p> <p>No guarding</p> <p>ox/cons/ R<sub>2</sub> → NAS</p>	<p>Plan</p> <p>Continue TFT as charted.</p> <p>Do send c/e</p> <p>f. trace &amp; electrolyte</p>
<p>Dr. A</p>		
<p>11/5/26</p> <p>@</p> <p>10:10</p>	<p>W.D. Umali</p> <p>Δ AGG</p> <p>ERA - 97.46</p> <p>on IV hydration</p> <p>no fever since admission</p> <p>o/c @ exam</p>	<p>okay</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	<p>off for medical consult to continue IV cefepime. <span style="float: right;">Mach</span> germs diet avoid milk encourage to EAT</p>	<p style="text-align: right;">[Signature]</p>
11/5/26 11:30am	<p style="text-align: center;">CLUB De-Aishwarya Δ AFI + AGE</p>	
	<p>Child had 2 fever spikes since morning. Loose stool ⊕ Oral intake - better</p>	
	<p>O/E: RR - 12/min RR - 20/min</p>	
	<p>J/E: CXR: LLS ⊕, No effusion. Rel: BL AF ⊕, NUBS PIA: Soft, NO tenderness CNS: WNL</p>	
		<p><u>Plan</u> - trace CUE - w/ oral intake - w/ fever spike [Signature]</p>



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	fevers	
12:20	fever present	
	eating little	
	Drinking little	
	Stool - small amount	
	no vomiting	
	ongoing fever	
	OLC present	
	clear chest	
	H-O	
	Audi note, no vom	
	Plan Order J.O.S.	
	Send room for culture	
	examination, & reinitiating	
	Noted by Prasad 1/26 11/5/2023	
12/5/26	W.D. Shrawanthi	
1:00	DAHE	
	ORIV cephradine	
	fever 101	
	OLC @ clear	
Bc-re		
12/5/26	Send trace blood culture	

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IP25-0002038

Master MANI RUDRA

11-12-2023

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Dr. CHIGULLAPALLI SHRAVANTHI



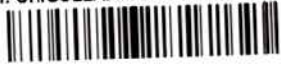
# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 10am	<p>CU B <u>Dr. Aishwarya</u></p>	
	<p>Δ AFI + AGE.</p>	
	<p>Child had <del>no</del> fever spikes yesterday No loose stool.</p>	
	<p>OE: HR - 110/min RR - 22/min.</p>	
	<p>S/E: CUS: S1 S2 ⊕, No murmurs RU: BU AE ⊕, WUBI PA: Soft, Non tender. CV: WNL</p>	
		<p>Plan</p>
		<ul style="list-style-type: none"> <li>- widal ? to do today</li> <li>- CRP ↓→</li> <li>- wif fever loose</li> <li>- Syp. Agee to add.</li> <li>- send stool culture and urine culture.</li> </ul>
		<p>Noted in bican w/ s/s @ 10am</p>
		<p><i>[Signature]</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/26	CUB Di. Aishwarya	<i>[Signature]</i>
4pm	Δ. AFI + AGE	
	<p>Child had 3 fever spikes today → currently febrile -102°F.                      Oral intake good                      No loose stools</p>	
	<p>OE: HR - 118/min                      RR - 24/min                      Temp - 102°</p>	<p><i>[Signature]</i>                      Widal - (JK)</p>
	<p>SLE: Cvs: S1S2 ⊕, No murmur                      Rx: Bil AE ⊕, NUBS                      P/A: Soft                      CNS: WNL</p>	
	<p>Stop ceftriaxone.                      Start new regimen  <i>[Signature]</i></p>	<p>Plan                      - USG Abdomen + KUB ✓                      - <del>Stool</del> stool &amp; urine cultures                      - w/ fever spikes                      - Continue medications as charted</p> <p>Noted by  <i>[Signature]</i>                      P/S @ 4pm</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/03/23 9pm	C/S/B Dr. Umati	
	A/C :- AFB & AGE	
	? terminal ileitis / ? subacute appendicitis	
	O/E A/B (revised) reviewed & discussed w/ Dr. Mukta	
	↳ Advised conservative management	
	w/ IV Abx. Ex intervention not needed	
	Last fever spike @ 9pm	
	hemodynamically stable	
	Vitals WNL	
	oral intake/activity ↓	
	only 1 episode of semisolid loose stools (sample sent)	
	A/C :- Alert / Active / Afebrile	
	Hydration fair	
	A/C :- PA : soft, BS ⊕	
	Mild tenderness ⊕	
	No guarding / rigidity / distension	
2/12/23	WNL	Plan Continue Hx as wanted.
		Noted by Siniha 12/03/23 @ 9pm



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/20	W/D Dr. Shrawanthi	
@	ACE	
10:30	on IV Meropenem + 100 Agel	
of	no fever O/D	
U/S	some free fluid, several	
also	meropenem (good)	
of	patient present	
and	examined	
Plan	Plan	
		1) Continue IV fluids
		2) Continue 100 Meropenem
		Syr. Agel
		3) Rest continue medications as per charting.
		4) 100 Paracetamol qd
		for today
		5) trace reports

13/5 @ 10:30am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/20	<u>Review</u>	
@	no further plan	
1430-	Do today	
	at home lunch.	
	<u>old</u> chart	good A/E
	4-0 sutures	A/E
	may many in	
	continue	
	encourage to eat + drink.	
13/5/2026	4/5/13 Dr. Suresh	
@ 3:30pm	D: <u>AFL with AGE</u>	
	GC: Improving	
	• Oral intake improved.	
	• loose stool: Reduced.	
	• No fever spikes since morning	
	<u>vitals</u>	
HR: 90/min		<u>Plan</u>
RR: 24/min		- continue same as per
Temp: 98F		charting
SpO2: 98% RA		- IV fluids reduced to
		20ml/hour
		- monitor oral intake
		Noted by B. Subh 12/5/2026 S.M.

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/2026		
9 AM	c/s/B Dr. <del>Dr.</del> Shrivanthi	
	Dr. Sreke	
	Δ: Acute Febrile Illness with	
	<u>Acute Gastroenteritis</u>	
	<p><i>mount</i></p> <ul style="list-style-type: none"> <li>• G/C: Improving.</li> <li>• Oral intake improving.</li> <li>• No new fever spikes!</li> </ul>	
	<u>Vitals</u>	
	HR: 88/min	Plan → Discharge
	RR: 26/min	today
	Temp: 98.4	continue in clinic
	SpO2: 99% RA	re-assess
	BP: 100/40 mmHg	Send CRP & conical
	<u>SG</u>	wider to have
	ENS: conscious,	small and well
	Alert	cultures
	CVS: S1 S2 ⊕	your
	R/S: B/L MVB ⊕	path.
	P/A: Soft, ND.	





Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 13.2 kg Ward 3<sup>rd</sup> A

<b>DRUG : ENTERGERMINAREM</b>				Date Time	11/5	12/5	18/5													
Dose	Route	Frequency	Start Dt.																	
1 resp	PO	BD	11/5	10am Subash Kulkarni 12pm Kishor Kulkarni 18pm Kishor Kulkarni 10pm Kishor Kulkarni																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				10pm Pan 12pm Pan 18pm Pan 10pm Pan																
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : SUP. ZINCENIA</b>				Date Time	11/5	12/5	13/5													
Dose	Route	Frequency	Start Dt.																	
5ml	PO	OD	11/5	10am Pan 12pm Pan 18pm Pan																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : AEDOTIL</b>				Date Time	11/5	12/5														
Dose	Route	Frequency	Start Dt.																	
one	PO	BD	11/5	10am Subash Kulkarni 12pm Kishor Kulkarni 18pm Kishor Kulkarni																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				5-10-8 12/5/20																
Daily Doctor's Endorsement by a Sign																				
<b>DRUG : SYP. AZEE</b>				Date Time	12/5	13/5														
Dose	Route	Frequency	Start Dt.																	
3-3ml	PO	OD	12/5/23	10am Subash Kulkarni 12pm Kishor Kulkarni 18pm Kishor Kulkarni																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				(200mg/ml) (PI)																
Daily Doctor's Endorsement by a Sign																				

VERIFIED

VERIFIED BY : Name .....

FDH-00045702 IP25-0002038  
 Master MANI RUDRA  
 11-12-2023 2 Y 5 M 1 D  
 Dr. CHIGULLAPALLI SHRAVANTHI



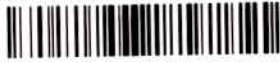
### REGULAR PRESCRIPTIONS

Weight 13.2kg Ward 3A

VERIFIED BY: NAME

VERIFIED BY: SIGNATURE

Sheet No: .....				Date	12/5/13/14/15
DRUG : <u>MENOVEN</u>				Time	
Dose	Route	Frequency	Start Dt.		
<u>500mg</u>	<u>IV</u>	<u>TDS</u>	<u>12/5/13</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Chigullapalli Shrivanthi</u>	
Additional Instructions:				<u>5pm</u>	
Daily Doctor's Endorsement by a Sign					
DRUG :				Date	
Dose	Route	Frequency	Start Dt.	Time	
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date	
Dose	Route	Frequency	Start Dt.	Time	
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date	
Dose	Route	Frequency	Start Dt.	Time	
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



# DRUG CHART

Date of Admission: 11/5/26 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.
- 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)

<b>DRUG :</b> <u>Syr. Paracetamol</u>				Date Time	<u>11/5/26</u>															
Dose	Route	Frequency	Start Date																	
<u>4ml</u>	<u>PO</u>	<u>SOS</u>	<u>11/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>			<u>[Signature]</u>																	
Additional Instructions:																				

<b>DRUG :</b> <u>INS ONDREM</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>2mg IV</u>		<u>TDS</u>	<u>11/5/26</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>			<u>[Signature]</u>																	
Additional Instructions:																				

<b>DRUG :</b> <u>INS Paracetamol</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>200mg</u>	<u>PO</u>	<u>SOS</u>	<u>12/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>			<u>[Signature]</u>																	
Additional Instructions:																				

Signature  
Verified By: Name

REGULAR PRESCRIPTIONS

Weight ... 13.2kg Ward 3<sup>rd</sup> / A

**DRUG:** Inj. CEFTRIAZONE

Date	Time
11/5	12/5

Dose	Route	Frequency	Start Date
600mg	IV	BD	11/5

Name & Signature of the Doctor Starting the Drugs:  
 [Signature]

Additional Instructions:  
 [Handwritten notes]

Daily Doctor's Endorsement by a Sign  
 [Signature]

**DRUG:** Inj. PANTOP

Date	Time
11/5	12/5 1/5 1/1

Dose	Route	Frequency	Start Date
15mg	IV	OD	11/5

Name & Signature of the Doctor Starting the Drugs:  
 [Signature]

Additional Instructions:  
 [Handwritten notes]

Daily Doctor's Endorsement by a Sign  
 [Signature]

**DRUG:** Inj. cndem

Date	Time
11/5	

Dose	Route	Frequency	Start Date
2mg	IV	TID	11/5

Name & Signature of the Doctor Starting the Drugs:  
 [Signature]

Additional Instructions:  
 [Handwritten notes]

Daily Doctor's Endorsement by a Sign  
 [Signature]

**DRUG:** Inj. PARACETAMOL

Date	Time
11/5/26	12/5 12/5

Dose	Route	Frequency	Start Date
200mg	IV	QID	11/5

Name & Signature of the Doctor Starting the Drugs:  
 [Signature]

Additional Instructions:  
 [Handwritten notes]

Daily Doctor's Endorsement by a Sign  
 [Signature]

VERIFIED

VERIFIED

VERIFIED







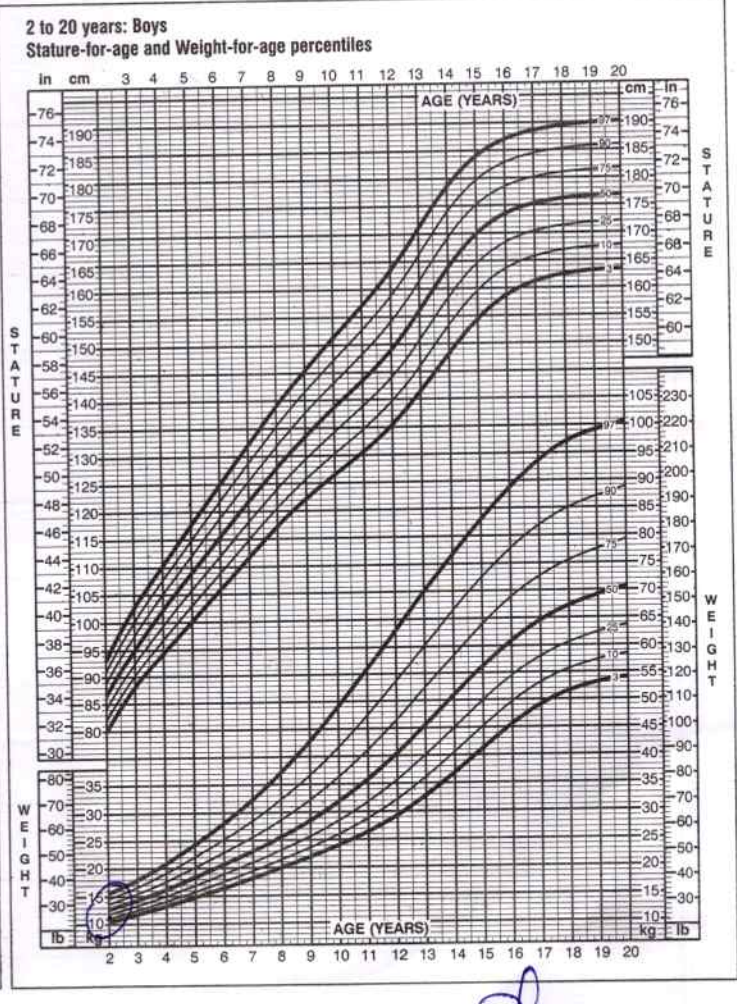
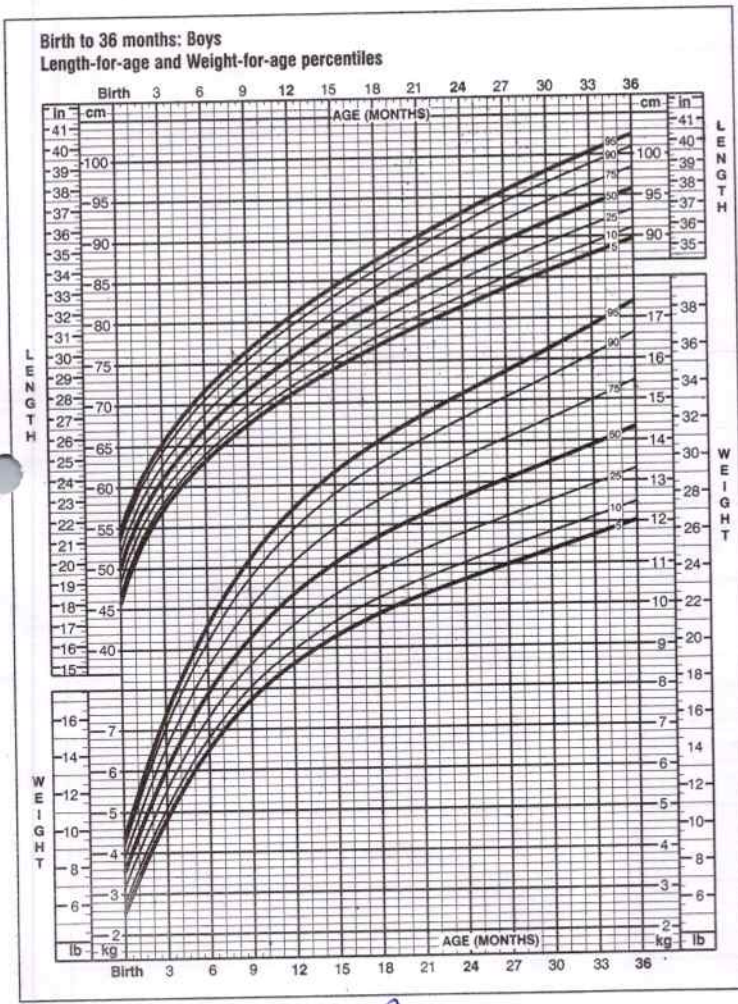
301-A

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/5/23 Time: 9:20am

Weight: 13.2 Centile: 2<sup>th</sup>  
 Height: 68 Centile: .....  
 Inference: knee pain  
 RDA: 1200 Calories: 1200 kcal Protein: 10-12g  
 Diet Recommendations: Barbeef diet with opheral protein  
 Re-Assessment: -  
 Food Allergies: Veg/Non-veg non veg  
 Diagnosis: AFE AUE  
 Nutritional Intervention -  Oral  Enteral  Parenteral  
 Patient's Signature: [Signature]

## GROWTH CHART (BOYS)



Dietician's Name: [Signature] Dietician's Signature: [Signature]

