Rainbow® Children's Hospital
Better Health, Brighter the little.

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Master AVYUKT G	**UHID**	FDH-00016734
Father/Guardian	Mr SATISH KUMAR	**Age/Gender**	11 Y / Male
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020616	**Admission Date**	25-05-2026
Ref Doctor	Self		
Discharge Date	27-05-2026		

Consultant:
Dr. Vuppali Nanda Kishor Kumar.
MBBS, DCH, MRCPCH
CONSULTANT PEDIATRICIAN & INTENSIVIST
Reg. No. 40299

DIAGNOSIS

ACUTE GASTROENTERITIS WITH DEHYDRATION

History: Master AVYUKT G, 11 Years, old male child was brought with complaints of loose stools since 2 days,3-4 episodes/day which was watery,foul smelling.Complaints of 3-4 episodes of non bilious, non projectile vomiting since 2 days associated with poor oral intake and dull activity in view of which child was admitted at Rainbow Children's Hospital - Financial District for further management.

Outside investigations: Done on 25.05.2026: CBP showed Hemoglobin - 10.8 gm%, **White blood cells - 14160 cell/cmm**, Platelets -4.21 lakh/cmm, **C-Reactive Protein - 18.79 mg/L**, Serum electrolytes showed sodium of

137.9 mmol/L, potassium of 3.9 mmol/L & Chloride of 103.3 mmol/L.Urea - 28.69 mg/dl, Creatinine - 0.47 mg/dl.

Examination: He was afebrile (98.5 *F), maintaining saturation at room air (99%). Heart rate - 89/min, blood pressure - 98/54 mmHg and Respiratory Rate - 19/min. Signs of dehydration were present. Oral cavity dry.Skin turgor normal.Abdomen was soft with no organomegaly. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. On neurological examination, he was conscious, alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 39 kilo grams.

Investigations: Enclosed reports.

Management : He was admitted in the ward and was started on Intra Venous fluids. He was treated symptomatically with antacids and probiotics.

Initial hemogram showed Hemoglobin of 10.4 gm%, White Blood Cell count of 13460 cells/cumm, platelet count of 4.18 lakhs/cumm and **C-Reactive Protein of 22.0 mg/l**.
In view of increasing CRP was planned to start oral antibiotics.

He was regularly monitored for loose stool frequency and hydration status. His loose stools and other symptoms settled gradually.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Name	Master AVYUKT G	**UHID**	[illegible]0001[illegible]24
IP No	IP25-00020616	**Admission Date**	25-05-2026

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Advice:

*Tablet Taxim O 200mg 1 tablet twice daily for 5 days

* Tablet.Pantoprazole - 40mg 1tablet once daily 30 minutes before breakfast for 5 days.

* Econorm 1 sachet twice daily (immediately after food) for 3 days.

Review consultation with Dr. VUPPALI NANDA KISHOR KUMAR, on 29/5/2026 Friday at Financial District in OPD with prior appointment **(Review consultation will be charged)**.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

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.

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** / **Vikrampuri** / **LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website

Name	Master AVYUKT G	**UHID**	IBH.0001[illegible]34
IP No	IP25-00020616	**Admission Date**	25-05-2026

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www.rainbowhospitals.in

Dr. C Srinivas

Registrar/~~Resident/C.M.O~~

Consultant:
Dr. Vuppali Nanda Kishor Kumar.
MBBS, DCH, MRCPCH
CONSULTANT PEDIATRICIAN & INTENSIVIST
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Laboratory Report

Master AVYUKT G	9949999146
9 Y 9 M 17 D	FD26018460
Male	26-05-2026 12:03 PM
IP25-00020616	26-05-2026 12:35 PM
FDH-00016734	
Dr. VUPPALI NANDA KISHOR KUMAR	3F -PRIVATE ROOM / PVT-311

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED
HEMOGLOBIN (Colorimetry)	**10.4**	**g/dL**	L	11.5 - 15.5
RBC COUNT (DC detection method)	**5.47**	**10^12/L**	H	4 - 5.2
PCV/HCT (Calculated)	35.1	VOL%		35 - 45
MCV (Calculated)	**64.2**	**fL**	L	77 - 95
MCH (Calculated)	**19.0**	**pg/cells**	L	25 - 33
MCHC (Calculated)	**29.6**	**g/dL**	L	32 - 36
RDW-CV (Calculated)	**20.6**	**%**	H	11.5 - 15
PLATELET COUNT (DC Detection Method)	418	10^9/L		150 - 450
MPV (Calculated)	9.4	fL		6.5 - 10
WBC COUNT (DC Detection Method)	13.46	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**75**	%	H	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	**20**	%	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	**2**	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	3	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC, MICROCYTES SEEN. WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

INTERPRETATION

A Complete blood picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections.
This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed.
All the abnormal results are to be correlated clinically.

DISCLAIMER

Test results released pertain to the specimen submitted. All test results are dependent on the quality of the sample received by the laboratory. Test Result may show interlaboratory variations. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the referring physician.

This is an interim report. The final report will be released after 24 hours.

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Laboratory Report

Master AVYUKT G	9949999146
9 Y 9 M 17 D	FD26018460
Male	26-05-2026 12:03 PM
IP25-00020616	26-05-2026 12:35 PM
FDH-00016734	26-05-2026 04:55 PM
Dr. VUPPALI NANDA KISHOR KUMAR	3F -PRIVATE ROOM / PVT-311

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
CRP (Immunoturbidimetry)	**22.0**	**mg/L**	H <10

Dr. HAFSA AHMAD
MBBS,DCP
CONSULTANT CLINICAL PATHOLOGY
Reg No : 36473

Printed Date / Time : 26/05/2026 05:09 PM Printed By : YARLAGADDA SANTHI

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District
Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020616 **Admit Date** : 25-May-2026 **Admit Time** : 01:10 PM **UHID** : FDH-00016734

Patient Details :

Patient Name	: Master AVYUKT G	**Age**	: 9 Y 9 M 16 D
Guardian	: Mr SATISH KUMAR	**DOB**	: 09-08-2016
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9949999146/
		E-mail	: 9949999146@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-311 **Ward Name** : 3F -PRIVATE ROOM

Room No : PVT-311 **Admission Type** : First Visit

Contact Details :

Name : Mr SATISH KUMAR **Relationship** : Father

Contact Address : Hyderabad Hyderabad Telangana INDIA 500001 **Phone No** : / 8897712296

Signature

Doctor Details :

Doctor Name : Dr. VUPPALI NANDA KISHOR KUMAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00016734 IP25-00020616 Master AVYUKT G 01-01-2015 11 Y (M) Dr. VUPPALI NANDA KISHOR KUMAR	25/05/26 @ 1:10pm	25/05/26 @ 2pm
	Transfer Ordered by DR. prasuna	Reason for Transfer Admission
From Unit ER	To Unit 301 - A	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 1A	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	DR. prasuna

Patient & Clinical Records Received by : Kiran

Date & Time of Patient Received : 25/5/26 @ 2pm

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

FDH-00016734 IP25-00020616
Master AVYUKT G
09-08-2016 9 Y 9 M 16 D (M)
Dr. VUPPALI NANDA KISHOR KUMAR

311

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 26-05-26 Time: 10:00 AM

Weight: 39kgs Centile: 75th Centile

Height: – Centile: –

Inference: Well Nourished Child

RDA: 1700KCAL Calories: 1700KCAL Protein: 190gms

Diet Recommendations: Advised Balanced diet & Adequate protein.

Re-Assesment: –

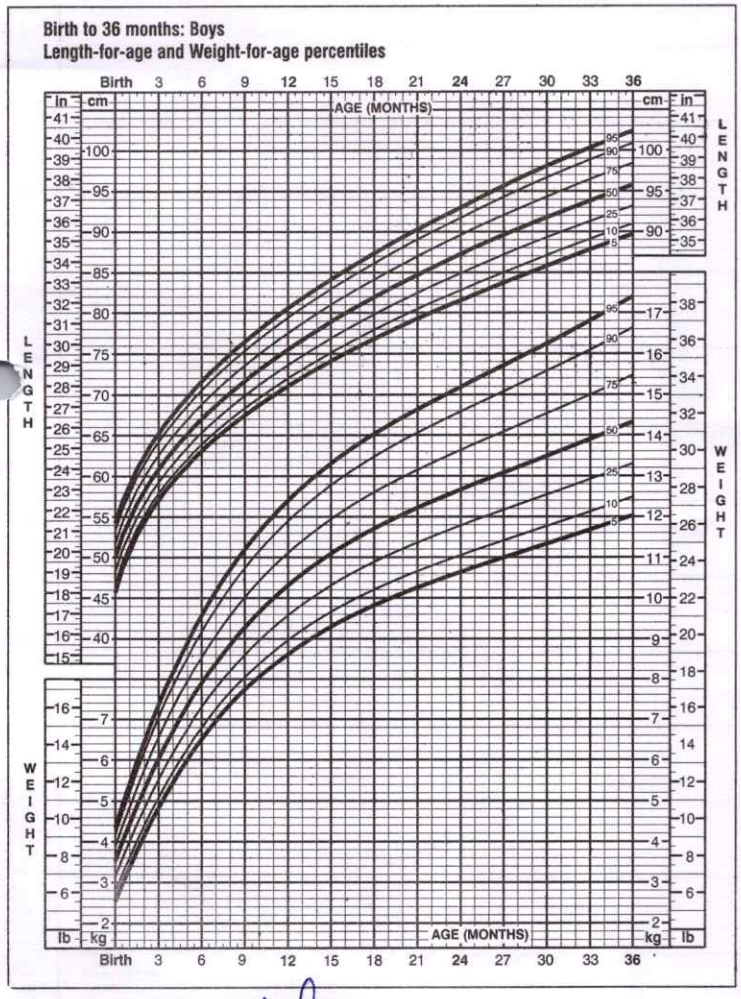
Food Allergies: Nil Veg/Non-veg ✓

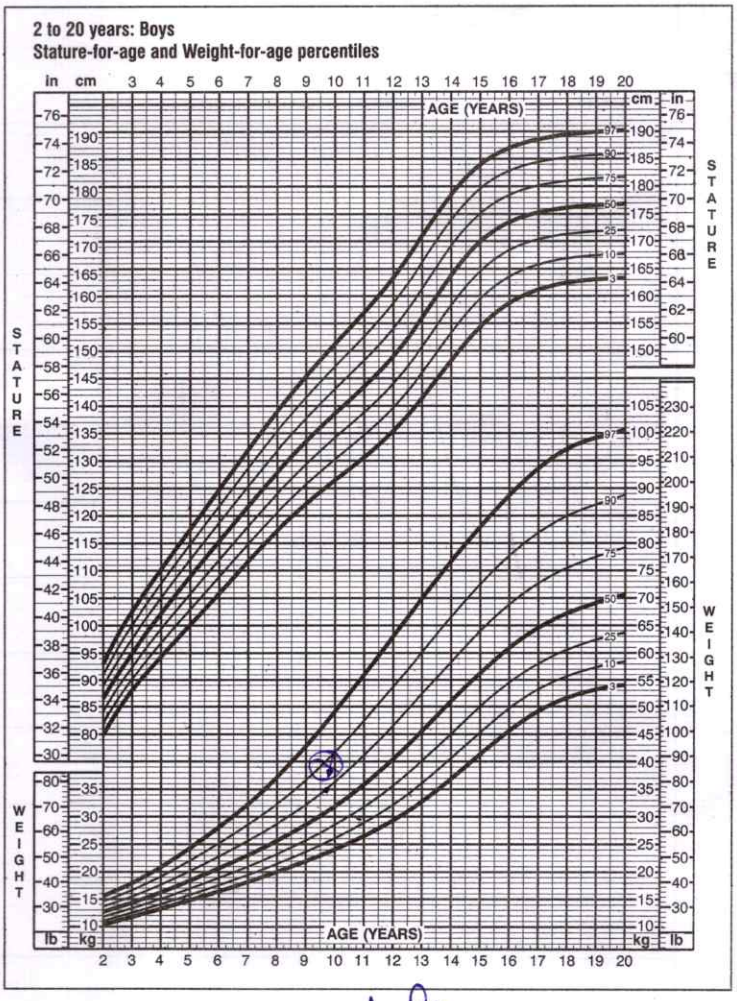
Diagnosis: AGE

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: G. Sathish Kum

GROWTH CHART (BOYS)





Dietician's Name Ashiya

Dietician's Signature Ashi

Daily Notes:

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ACTIVITY RECORD FOR BILLING

Name: ---------- FDH-00016734 IP25-00020616 ----------

Master AVYUKT G
01-01-2015 11 Y (M)
Dr. VUPPALI NANDA KISHOR KUMAR

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

Date of Admission : -------- ate of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/05/26	2 pm	ER	30M-A	Amin
25/5/26	7:30pm	30i'A'	311	Kiran

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
26/5/26	CBP, CEP	8460	Kiran
	Crany collected dom 24/5/26 @8am		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5/26	Infusion pump	2pm	27/5/26 @7am	9971	Kiran

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
	outside consult (24/05/26)			
26/5/26	IV placement	(1)	0220	Kiran
26/5/26	NHA	(1)	0691	

Cross checked by 24/5/26 @ 10am

ANY OTHER INFORMATION

Date : 25/05/26 Time : 9pm Prepared By : Amin

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Amin	3rd-A		

FDH-00016734 IP25-00020616
Master AVYUKT G
01-01-2015 11 Y (M)
Dr. VUPPALI NANDA KISHOR KUMAR

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : M. Avyukt Age : 1 y **Gender:** ☑ Male ☐ Female

Date : 25/5/26 Time of Arrival : 12:40 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: 98.5°F PR: 89 b/m BP: 92/56 RR: 20 b/m SpO_2: 100 %

Chief Complaints: c/o – vomiting ×yesterday (19 episode) 1 episode of loose stools ×yesterday

INITIAL PHYSIOLOGICAL CATEGORIZATION				INITIAL PHYSIOLOGICAL STATUS
Appearance		Work of Breathing		☐ Stable
☑ Normal		☐ Normal	☐ Increased	☑ Unstable :
☐ Sick Looking	Circulation / Colour	☐ Decreased	☐ Gasping / Apnea	☑ Not – Life - Threatening
☑ Normal	☐ Abnormal ☐ Bleeding			☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 11:42 Am

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : .....

Signature of Triage Nurse : .....

Date & Time : 25/05/26 @ 11:42 Am

Docu. No. : RCH /FRM / CLINICAL / 085

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Master AVYUKT G
01-01-2015 11 Y (M)
Dr. VUPPALI NANDA KISHOR KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/5/26 Time of arrival : 12:40 pm

Chief Complaints: Vomiting, Loose stools RBS: .....

Height : ..... Weight : 39 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: 0/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 12:44 pm

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

Time	Nursing Notes
12:40 pm	→ Assess the pt condition; inj – pantop 40mg and pcm 500mg given at 11:38 Am
	→ vitals checked on; inj – ondem 4mg given at 11:39 Am
	5 clean
	→ inform to doct; Transferred from
	→ Doctor sajid seen; Kokapet branch.
	~~the pt~~

Samples collected by: nil | Time:

Samples sent by : nil | Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 90 b/m BP: 98/59 CFT: <2 sec	Shift - out from ER to: 301-A
RR: 21 b/m SPO$_2$: 98%	Time of Shift - out: 2 pm
GCS: 15 Temperature : 98.4 F	Handover given to: (Nurse's Name) Kiran
Pain Score: 0/10	
Repeat RBS (if applicable): –	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): nil

Name of the Nurse : Amin   Signature of the Nurse : [signature]

Date & Time : 28/08/26

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

Patient ID# : _____

FDH-00016734 IP25-00020616
Master AVYUKT G
01-01-2015 11 Y (M)
Dr. VUPPALI NANDA KISHOR KUMAR

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o vomitings, loose stools since 2 days
c/o decreased activity, acceptance of feeds since 2 days.

History of present illness :

c/o vomitings since 2 days, 3-4 episodes yesterday, episodes since today morning, non bilious, non projectile, containing food particles.

c/o loose stools 3 episodes yesterday, watery, no blood, mucus.

CBP on 23/5/26

↓ Hb - 10.8
WBC - 14,160
N/L - 80/15.
N/L : 4.21

CRP - 18.29

urea - 28.69
creat - 0.47

Na^+ - 137.9
K^+ - 3.9
Cl^- - 103.3.

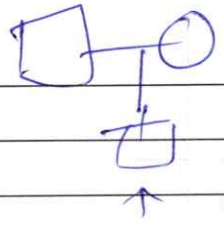
Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Term/LSCS/3.25kg/CIAB/NCH/o NICU stay.

Birth & Socio Economic History :



About Father :

About Mother :

Any additional Information :

Developmental History :

NC delay.

Immunization History :

Upto date.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 39 kgs. (Centile _____)

On Examination :

Temperature : 98.5 F Pulse Rate: 89 Description _____

B.P. _____ SPO2 99% at _____

Resp. rate and type of breathing : 19 cpm.

Rash _____ some signs of dehydration

Lymphadenopathy _____ oral cavity dry.

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BILAE (+)

Any addes sounds : NVBS (+)

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : S1, S2 (+)

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

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : S.D.S

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

GCS - 15/15
NFND

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

Acute Severe dehydration.

_____

_____

Preventive aspects of the treatment :

Desired goals of the treatment :

Haemodynamic stability.

Planned Labs :

VBG
CBP / CRP
Urea, Creat
Sr. electrolytes

Planned Management :

- IVF DNS
  Inj Pantop
  Inj ondem

Clonidine started

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 29/5/26 Time 1:40pm

FDH-00016734 IP25-00020616
Master AVYUKT G
01-01-2015 11 Y (M)
Dr. VUPPALI NANDA KISHOR KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Wanda Rashmi / Dr. Owais	
25/5/26 4:30 PM	D AGE c some dehydration	
		Plan
	3 E/O Vomiting after admission No loose stools / fever	- continue same line of management
	O/E - apyrexial / alert hemodynamically stable	- encourage orally
		- W/F dehydration
	P/A - soft	- Inj PPI SOS
		Noted by Veeran @ 4:30 PM
		Sd/-
26/5/26	C/S/B Dr. Owais	

FDH-00016734 IP25-00020616
Master AVYUKT G
09-08-2016 9 Y 9 M 16 D (M)
Dr. VUPPALI NANDA KISHOR KUMAR

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

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/16 10AM	C/S/B DS. Nanda Kishor/ DS. Onwards	
	c/o 2 fever spikes low grade about 12 hrs apart No vomitys / loose stools orally - well	Plan - continue same line & management - Encourage orally
	o/e - afebrile / alert hydrated - pair	- w/b fever spikes
	hemodynamically stable	- TPR charting
	P/A - NAD	Noted by Dr. 26/5/16 10AM

Docu. No. : RCH /FRM / CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 5PM	c/s/b DS · DWays	Plan
	1 e/o vomiting in the afternoon	
	NO fevers	- (T) CBP, CRP
	orally - well.	↓
		Inform SOS
	o/e - afebrile / alert	
	hydrated - pale	- continue same line of management.
	hemodynamically stable.	- w/f fever spikes noted by virology 26/5 @ 5pm
		o/n/.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	Seen & Dr. Aishwarya	
9:35 AM		
	Δ AGE ⊂ dehydration	
	No vomiting / loose stools	
	Oral intake improved	
	No fever complaints.	
	No fever	
	O/E- HR - 90/min	
	RR - 20/min	
	S/E- CVS: S1S2 (+), No murmur	
	Resp: BIC AE (+), NVBS	
	P/A: Soft	
	CNS: WNL	
		Plan
		- Continue medications as elevated
		- Wtf vomiting / fever
		- BIS today with Paxim. O x 5 days
		Dr

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DRUG CHART

Date of Admission: 25/05/26 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 / 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 : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
500mg	IV	SOS	25/5

Doctor's Signature	Valid Period	Pharm.
[illegible signature]		

Additional Instructions:

Date / Time														
Date	25/5	26/5												
Time	9:30 pm	7:30 am												
Sign	[illegible signature]	[illegible signature]												

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date / Time

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

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Master AVYUKT G
01-01-2015 11 Y (M)
Dr. VUPPALI NANDA KISHOR KUMAR

REGULAR PRESCRIPTIONS

Weight. 31 Kg Ward. ....

DRUG : Inj PANTOP				Date/Time	26/5	27/5
Dose	Route	Frequency	Start Date			
40mg	IV	OD	25/5			
Name & Signature of the Doctor Starting the Drugs: [signature]				6Am	[signature] Arijit	Minai Siri
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Inj ONDENSTERON				Date/Time	25/5	26/5	27/5
Dose	Route	Frequency	Start Date				
6mg	IV	TID	25/5	6Am	X	[signature] Arijit	Minai Siri
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm	X	Kalao Kiran	
Additional Instructions:				10pm	7:30pm Kalao Kiran	Kalao Kiran	parinita Siri
Daily Doctor's Endorsement by a Sign							

DRUG : ECONORM SACH				Date/Time	25/5	26/5	27/5
Dose	Route	Frequency	Start Date				
1 Sach	P/o	BD	25/5	10Am	X	Kalao Kiran	
Name & Signature of the Doctor Starting the Drugs: [signature]					3:40pm Kalao Kiran		
Additional Instructions:				10pm	11pm [signature] Arijit	parinita Siri	
Daily Doctor's Endorsement by a Sign							

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

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE	Date▸ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : ..... Time .....

Master AVYUKT G
01-01-2015 11 Y (M)
Dr. VUPPALI NANDA KISHOR KUMAR

I.V. FLUIDS CHART

Weight. 39kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/5	2PM	RL DNS	IV	78ml	J				

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