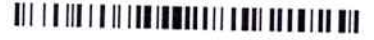


ADMISSION SHEET

Registration Details :



Admission No : IP25-00020373

Admit Date : 09-May-2026

Admit Time : 10:42 PM UHID : FDH-00045700

Patient Details :

Patient Name : Baby CHAKALI SHREYANKA

Age : 1 Y 3 M 17 D

Guardian : Mr VIJAY KUMAR CHAKALI

DOB : 22-01-2025 01:00 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 2-35, Murthuzaguda, PO: Surangal, DIST: K.v.
Rangareddy, Moinabad Hyderabad Telangana
INDIA 501504

Phone No : 9676017648

E-mail :

Admission Details :

Bed Type : TWIN SHARING

Bed No : TS-314A

Ward Name : 3F -TWIN SHARING

Room No : TS-314A

Admission Type : First Visit

Contact Details :

Name : Mr VIJAY KUMAR CHAKALI

Relationship : Father

Contact Address : 2-35, Murthuzaguda, PO: Surangal, DIST: K.v.
Rangareddy, Moinabad Hyderabad Telangana
INDIA 501504

Phone No : / 9676017648


Signature

Doctor Details :

Doctor Name : Dr. CHIGULLAPALLI SHRAVANTHI

Specialisation : GENERAL PEDIATRICS

Referral Doctor :

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD



ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00045700 IP25-00020373 -----
 Baby CHAKALI SHREYANKA
 UHID No : ----- IP No : --- 22-01-2025 1 Y 3 M 17 D (F) ----- Dept : -----
 Dr. CHIGULLAPALLI SHRAVANTHI
 Date of Admission : -----  Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----


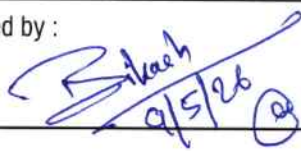
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/5/26	11:20pm	ER	314-A	Aran
11/5/26	2:10pm	314-A	308	Keray

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. Phamathi Gupta	11/5/26	4126	Keenan
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00045700 IP25-00020373 Baby CHAKALI SHREYANKA 22-01-2025 1 Y 3 M 17 D (F) Dr. CHIGULLAPALLI SHRAVANTHI 		Date & Time of Admission 9/5/26 10:42pm	Date & Time of Transfer Order 9/5/26 11:20pm
		Transfer Ordered by DR Mohit	Reason for Transfer Admission
From Unit RR	To Unit 314-A	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 ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	DNS-C. 14 set	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 Anjan		Name of Person Ordered Transfer DR. Mohit	
Patient & Clinical Records Received by :  9/5/26 @ 11:20pm			
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

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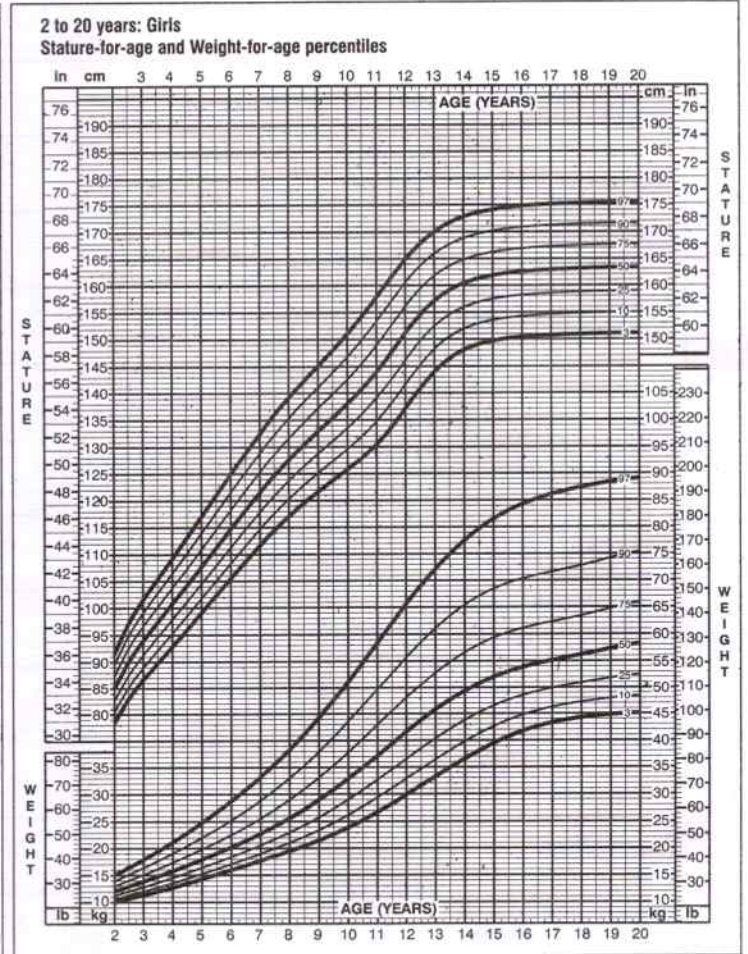
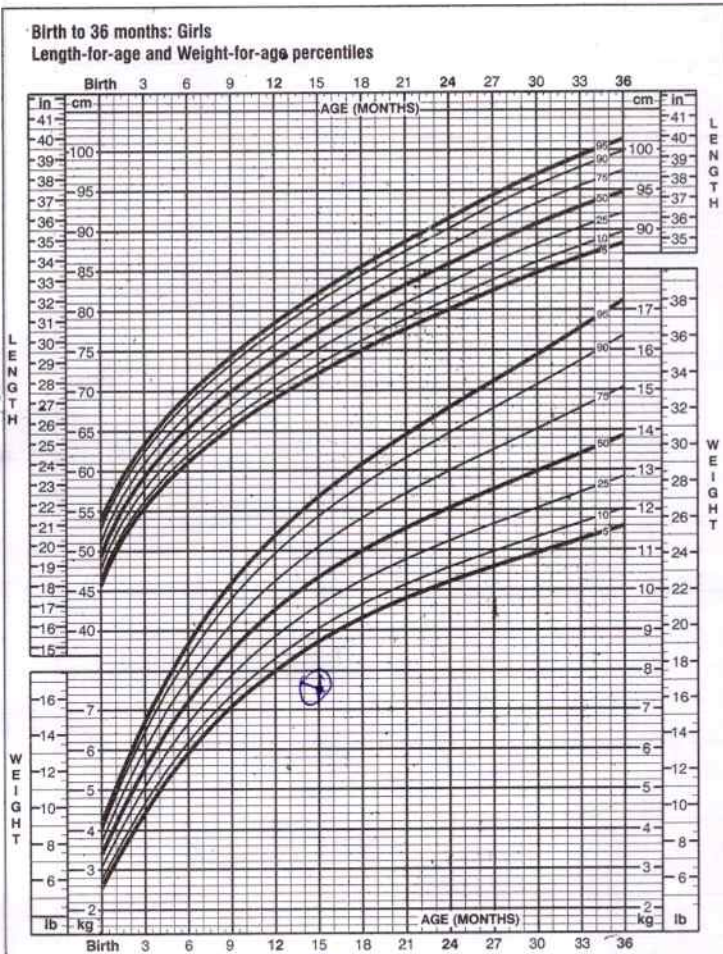


NUTRITIONAL HEALTH ASSESSMENT - GIRLS

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

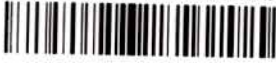
Weight: 7.94 kgs Centile: 3rd Centile
 Height: - Centile: -
 Inference: Well Nourished Child
 RDA: 1000-1110 kcal Calories: 1110 kcal Protein: 10.0 gms
 Diet Recommendations: Advised moderate carbohydrates Adequate protein
 Re-Assessment: -
 Food Allergies: Nil Veg/Non-veg
 Diagnosis: Febrile Seizures
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: *[Signature]*

GROWTH CHART (GIRLS)



Dietician's Name: *Anhi*

Dietician's Signature: *Anhiya*



GROSS CONSULTATION FORM

Doctor Name: Shreyanka Date: _____ Time: _____

Diagnosis: _____

Hospital: _____

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for: Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

serum & fat.

Signature: _____

Findings and Recommendations :

→ Eyes to one side ? stare → ↑ eyes → ? deterioration
 ? 6th minutes
 - stern → 30 minutes → later
 - w better sides.

○ 1) NC No H/O grumpy
 Remile scene → fullness
 well.
 No D) NO CD.

O/E
 H/C - 43cm
 w vcm
 w dyspnea
 (N) Gms (D) checked
 (D) notes taken

Agency: unwell
 PTLCS → CIAO
 But → 2.2kg
 w NW

Development:
 walking / speech: no delay
 w wms. ↓

Tips:

Simple family rules
 (N) development / @ newborn

Consultant :

Name: Dr. Manella Gupta Signature: Manella Date & Time: _____

PRO.

(P) (1) FIRST aid.

(2) > 5 minutes (N) > 3 times in 1 hour → E.R.

< 5 minutes → R/W = Acetaminophen
? Focus:

(3) w/ fever - AENS.
- monitor AENS

w/ need ERY / @ MAT.

(4) R/W Acetaminophen seizure / Dev delay.

neuf



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Chakali Shreyanka Age : 16 m Gender: Male Female

Date : 9/5/26 Time of Arrival : 9.45pm

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: 103.0 F PR: 123 bpm BP: 85/57/69 RR: 30 bpm SpO₂: 100%

Chief Complaints: 1st time episode of seizure at 9 pm (10 min) 2 to 3 days of fever

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

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input checked="" 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]
 Signature of Parent / Guardian
 Triage Completion Time : 9.48pm

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 : Aparan

Signature of Triage Nurse : [Signature]

Date & Time : 9/5/26 @ 9:47pm



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Handwritten text located on the left side of the page, approximately in the middle vertically. It appears to be a short phrase or a single line of text.



Patient Sticl



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 9/5/26 Time of arrival : 9:45pm
 Chief Complaints: c/o seizure @ fever x 1 day (Co-) 16 episodes of seizure at 9pm
 Height : Weight : 7.94kg 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

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

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:
 Escort while ambulating
 Assist Patient
 Educate patient and family on fall precautions/prevention

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?)

Time of Initial assessment completed by ER Nurse : 9:48pm

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

Time	Nursing Notes
9/5/26	paracetamol given at 5pm
	Assessed the pt condition
	checked the vital signs
	Dr. Mohit sir seen & w/ pt
	Sponging done

Samples collected by:

Balaram

Time: 11:55pm

Samples sent by :

Time: 11:00pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9/5/26	Paracetamol suppository		120mg	RBH	Randh
9:50pm	Tepid Sponging				

Condition of patient at time of shift - out :	Details of Shift - out
HR: 113 bpm BP: 78/50 mmHg CFT: 12cm RR: 20 bpm SPO2 at FiO2: 99% GCS: 15 Temperature: 100.7 F Pain Score: 0/10 Repeat RBS (if applicable): -	Shift - out from ER to: 314A Time of Shift - out: 11:20 pm Handover given to: Bircash (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): IV placements

Name of the Nurse : Arpan Signature of the Nurse : Arpan

Date & Time : 9/5/26 @ 11:20pm

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Feverile seizure - 1st e^r



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Pain

Desired goals of the treatment : H. Mobility

Planned Labs:

 CBP, CRP
 Ser electrolytes, creat, creat
 Ca, Mg
 Blood clt
 ~~CUE~~
 noted by Praveen
 9/5/26
 10:50pm

Planned Management

 ① DNS
 ① PCM / Ibuprofen
 ① Paracetamol
 ① SOS Midday

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Mohith

Date & Time: 9/5/26

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Shrivants

Date & Time: 9/5/26



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

FDH-00045700 IP25-00020373

Baby CHAKALI SHREYANKA

22-01-2023 1 Y 3 M 17 D (F)

Dr. CHEGULLAPALLI SHRAVANTHI



Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fever x Yesterday

1 e of rigors

↓ activity & dull looking

reduced oral intake

History of present illness:

Fever - High grade

intermittent on R

active during afebrile period

occ cough ⊕

Nasal block ⊕ / occasionally

Seizure - a/w fever

Uprolling of eyeballs & drooling of saliva

@ 9 PM

NO tonic clonic movements

lasting for 10 minutes

F/B postictal drowsiness lasting for 15-20 min

Dull looking

Poor oral intake

Pediatric Multiorgan History & Physical Examination

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

1 admission in past for LRTI

Birth & Neonatal History:

Term / LSCS / 2.2 kg / C IAB

no NFEU admission

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

OTO
⊙
↑

No family Hb seizure

No Hb dev. delay

Developmental History :

App to Age

Immunization History :

Immunized as per age

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) 7.94 kg (Centile _____)

On Examination :

Temperature: 103.2 Pulse Rate: 160 B.P. _____ SPO2 94

Resp. rate and type of breathing: 28/min

Rash _____

Lymphadenopathy _____ allergic

Oedema: _____

Allergies (if any): _____ dry looking

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____ Blc PE

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____ S/S (A)

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

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____ Sop. NO HSM

Spine : _____ External Genitella : _____

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/2026		
8 AM	C/S/B Dr. Srinika	
	D: Febrile Seizure (1st attack).	
	G.C. improving	
	No	
	1 fever spike: 102.4 F @ 6 AM.	
	No further seizures.	
	Throat: congested.	
	Plan Vitals	
	HR: 100/min	Plan
	RR: 24/min	continue medication as
	SpO2: 98% RA	per charting.
	Temp: 98 F	
	C/C	Base CUE
	CNS: conscious, alert	Send: Urine C/S
	WS: S, R2 (+)	Start INT AMOXICILLIN + CLAVULANIC ACID today.
	PO: R/L NVAS (+)	Suz
	RA: soft, ND	
		Noted by Srinika
		10/5/26 @ 8 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/1/25		Dr Shreavanthi
@ 2:30pm		
	His - Simple febrile seizure.	
	(1st attack).	
	Fever spike (P)	
	No further seizure activity.	
	vitals are	No new complaints
	hemodynamically stable	No cough/cold (P) but ↓
	↓ - sleeping comfortably	
	hydration fair.	
	↓ - GCS 15/15	
	B/C PERL (P). No meningitis signs.	
	wsp P/A /RS → NAD	
		Plan
		Review c Dr Prasadhi
		for (parental request)
		Continue as charted.
		Trace & inform pending reports
		Noted by
		Siotisha
		@ 2:30pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/01/25	Chigullapalli Shreya	
10:10	<p>IRF - 101</p> <p>HR - 112/min</p> <p>RR - 24/min</p>	<p>IRF - 101</p> <p>on IV Augmentin</p>
	<p>SpO2: 92% on 2L O2</p> <p>PIA: Soft</p> <p>CS: normal</p>	<p>document today</p>
	<p>unsettled night</p>	<p>Plan</p> <ul style="list-style-type: none"> - Encourage orally - 5 viral panel - to send - Nonion N/A 1° BUN TID - To secure IV line and send CRP/mycoplasma Igm Extra sample - Sup. Aleid OD - 3% nyclear tabs SOS - To decide on Dr. Pranathi consultation
	<p>Chigullapalli</p>	<p>Notes by Dr. Pranathi 11/01/25 @ 10:10 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 4:15pm	<p>UWB Dr. Aishwarya</p>	
	<p>Δ Simple febrile</p>	<p>Seizure - 1st episode.</p>
	<p>Child had no fever spikes since morning 4am No other complaints.</p>	
	<p>Oral intake slightly improved IV line - not secured → IV antibiotics made oral</p>	
	<p>D/E: HR - 118/min RR - 24/min</p>	
	<p>S/E: R/L: BL AE ⊕, NUBS</p>	
	<p>CVS: S1S2 ⊕, no murmurs</p>	
	<p>PIA: Soft CNI: WNL</p>	
		<p>Plan</p>
		<p>- trace CRP/mycoplasma/5 viral panel</p>
		<p>- w/ fever / seizure</p>
		<p>- w/ oral intake.</p>
		<p>- medication as dictated</p>
	<p>Noted by Kiran 11/5/26 @ 4:15pm</p>	<p>Aishwarya</p>

FDH-00045700
 Baby CHAKALI SHREYANKA
 22-01-2025 1 Y 3 M 19 D
 Dr. CHIGULLAPALI SHRAVANTHI (F)

IP25-00020373



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/1/25	Review	
12:30	with family present	
1:30	no fever	
	phone call from microbiology	
	culture sensitive - gram	
	- gram	
	Eating better & sitting.	
	oil upset	
	chest - good A/P	
	nasal congestion better	
	Acids not	
	Please continue oral treatment	
	per oral intake.	
	Noted	
	by	
	Kiran 26	
	11/1/25 5:30pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/25	CUB Di. Aishwarya	Dr. Shrawanthi
9:45am		
	Δ Simple Febrile Seizure - 1 st episode.	
	Child had 2 fever spikes since last admission → last @ 5:30am - 101	
	No further seizures	
	Oral intake improved	
	O/E: HR - 106/min.	
	RR - 23/min	
	S/E: C/S: SIS 2 ⊕, No murmurs	
	R/E: O/LAE ⊕, NUGS	
	P/A: Soft	
	CNS: WNL	
		Plan
		- Trace Adeno report
		- Trace Mycoplasma report
		- Continue medications as charted
		- W/P fever/seizure
	w/ine culture + Blood culture	→ USG KUB today after discharge
		Plated by Aishwarya 12/5/25 @ 9:45am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 4:15pm	<p>CSIB Dr. Arshwarya</p> <p>Δ Simple Febrile seizure - 1st episode.</p> <p>Child had no further fever spikes since 5:30am No further seizures.</p> <p>OLE: HR - 110/min RR - 24/min</p> <p>SIE: CUS: S1S2 ⊕, No murmur Rel: BIL AE ⊕, NUBS P/A: Soft CNS: WNL</p>	<p><i>[Signature]</i></p>
		<p>USG - (N)</p> <p><i>[Signature]</i></p>
		<p>Plan</p> <ul style="list-style-type: none"> - trace Adeno/mycoplasma / Urine Cl reports - E-coli - continue medications as charted. - w/f fever spikes <p>Noted by <i>[Signature]</i> 12/05/26 (4:30pm)</p> <p><i>[Signature]</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/2026	4/5/2025 Dr. Shrivanthi	
9Am		
	<p>Di: Simple febrile seizure (1st episode). with Adenoviral Infection UTR - Seropositive</p> <ul style="list-style-type: none"> - GC: improving - No fever spikes in last 24 hours. - No new issues. <p>U/S - NAD.</p>	
	<p>Urine c/s: F col (+) (10⁴)</p>	<p>Plan</p>
	<p>Blood c/s: 24H NG 48H NG</p>	<p>combine sup. Augmentin CD3.</p>
	<p>Vitals</p>	<p>CT sup. Alevid</p>
	<p>HR: 110/min</p>	<p>CT Sofosbuvir</p>
	<p>RR: 24/min</p>	
	<p>SpO₂: 98% RA</p>	
	<p>Temp: Afebrile.</p>	
	<p><i>[Signature]</i></p>	<p><i>[Signature]</i></p>

DRUG CHART

Date of Admission: 09/12/2026 Drug Allergies: None known 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 : 3% Heppu Neb				Date Time																
Dose	Route	Frequency	Start Date																	
3ml	Neb	SOS	11/12/26																	
Doctor's Signature		Valid Period	Pharm.																	
<i>[Signature]</i>			<i>[Signature]</i>																	
Additional Instructions:																				

DRUG : Colic ASD				Date Time																	
Dose	Route	Frequency	Start Date																		
1ml	PO	TDS	11/12/26																		
Doctor's Signature		Valid Period	Pharm.																		
<i>[Signature]</i>			<i>[Signature]</i>																		
Additional Instructions:																					

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

Signature
Verified by Name

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

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

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

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

FDH-00045700 IP25-00020373
 Baby CHAKALI SHREYANKA
 22-01-2025 1 Y 3 M 18 D (F)
 Dr. CHIGULLAPALLI SHRAVANTHI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 7.99kg Ward 302A

DRUG : NASIVION PAEDS DROPS				Date Time	11/5	12/5	13/5													
Dose	Route	Frequency	Start Dt.																	
1°	BIN	Q&H	11/5/26	6AM	X	12/5/26	12/5/26													
Name & Signature of the Doctor Starting the Drugs: <i>Alley 9</i>				12PM 10AM 12/5/26		12/5/26														
Additional Instructions:				10PM		12/5/26														
Daily Doctor's Endorsement by a Sign				a		u														
DRUG : SIP. ALERIA				Date Time	11/5	12/5														
Dose	Route	Frequency	Start Dt.																	
1-Sml	P/O	BD	11/5/26	10AM		12PM	12/5/26													
Name & Signature of the Doctor Starting the Drugs: <i>Alley</i>				10AM		12/5/26														
Additional Instructions:				10PM		12/5/26														
Daily Doctor's Endorsement by a Sign				a		u														
DRUG : ENTEROCIN				Date Time	11/5	12/5														
Dose	Route	Frequency	Start Dt.																	
T	PO	BD	11/5/26	10AM		12PM	12/5/26													
Name & Signature of the Doctor Starting the Drugs: <i>S. Suman</i>				10AM		12/5/26														
Additional Instructions:				10PM		12/5/26														
Daily Doctor's Endorsement by a Sign				a		u														
DRUG : SIP. AUGMENTIN DDS				Date Time	11/5	12/5														
Dose	Route	Frequency	Start Dt.																	
2-Sml	P/O	BD	11/5/26	10AM	X	12PM	12/5/26													
Name & Signature of the Doctor Starting the Drugs: <i>Alley</i>				10AM		12/5/26														
Additional Instructions: (400/5)				10PM		12/5/26														
Daily Doctor's Endorsement by a Sign				a		u														

Signature

VERIFIED BY : Name

3 days

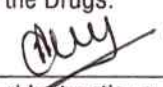
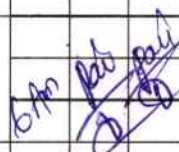
VERIFIED VERIFIED VERIFIED VERIFIED



REGULAR PRESCRIPTIONS

Sheet No:

Weight 7.9kg Ward

DRUG : T. JUNIOR CANZOL				Date Time	12/5	13/5															
Dose	Route	Frequency	Start Dt.																		
25mg	PO	OD	11/5/25																		
Name & Signature of the Doctor Starting the Drugs:				 																	
Additional Instructions:				15mg @ tablet in Sm water																	
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 :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY: NAME: AEDILED AEDILED AEDILED

SIGNATURE

12/5

Patient St



DRUG CHART

Date of Admission: 19/1/26 Drug Allergies: Not known any Drug Allergies
9/5/26

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: SYR JBUGESFC				Date/Time															
Dose	Route	Frequency	Start Date																
3.5ml	oral	SOS	9/5																
Doctor's Signature		Valid Period	Pharm.																
Mh																			
Additional Instructions:																			

DRUG: MIDAZ NASAL SPRAY				Date/Time															
Dose	Route	Frequency	Start Date																
1 puff	Nasal	B/L (S.O.S)	9/5																
Doctor's Signature		Valid Period	Pharm.																
Mh																			
Additional Instructions:																			

DRUG: INJ. MIDAZOLAM				Date/Time															
Dose	Route	Frequency	Start Date																
1mg	IV	SOS	9/5																
Doctor's Signature		Valid Period	Pharm.																
Mh																			
Additional Instructions:																			

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight. 7.94kg Ward. 252A

VERIFIED

DRUG: <u>IND. PANTOPRAZOLE</u>				Date Time	10/5	11/5														
Dose	Route	Frequency	Start Date	6 PM	12 AM	6 AM														
8mg	ZV	OD	9/5	Name & Signature of the Doctor Starting the Drugs: [Signature]																
Additional Instructions:				[Handwritten notes and signatures]																
Daily Doctor's Endorsement by a Sign				[Signatures]																
DRUG: <u>IND. PARACETAMOL</u>				Date Time	10/5	11/5														
Dose	Route	Frequency	Start Date	4 PM	10 AM	6 AM														
120mg	ZV	6H	9/5	Name & Signature of the Doctor Starting the Drugs: [Signature]																
Additional Instructions:				[Handwritten notes and signatures]																
Daily Doctor's Endorsement by a Sign				[Signatures]																
DRUG: <u>NASOLLEAR DROPS</u>				Date Time	10/5	11/5														
Dose	Route	Frequency	Start Date	12 AM	6 AM	6 AM														
2°	EW	6H	9/5	Name & Signature of the Doctor Starting the Drugs: [Signature]																
Additional Instructions:				[Handwritten notes and signatures]																
Daily Doctor's Endorsement by a Sign				[Signatures]																
DRUG: <u>INT AMOXICILLIN + CLAVULANIC ACID</u>				Date Time	10/5	11/5														
Dose	Route	Frequency	Start Date	3 AM	11 AM	6 AM														
240mg	1/2	TID	10/5	Name & Signature of the Doctor Starting the Drugs: [Signature]																
Additional Instructions:				[Handwritten notes and signatures]																
Daily Doctor's Endorsement by a Sign				[Signatures]																

