DISCHARGE SUMMARY

Rainbow® Children's Hospital
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Name	Baby PECHETTI MOULI SRI LALITHA	**UHID**	FDH-00026540
Father/Guardian	Mr NAGARJUNA	**Age/Gender**	1 Y 4 M 6 D/ Female
Address	telecom nagar, Gachibowli, Hyderabad, Telangana, INDIA, 500032		
IP No	IP25-00020597	**Admission Date**	24-05-2026
Ref Doctor	SELF		
Discharge Date	26-05-2026		

Consultant:
Dr. Pranathi Gutta
MBBS, MRCPCH (UK)
Consultant Pediatric Neurophysician
Reg.No: 46975
Co-Consultant:
Dr. Vuppali Nanda Kishor Kumar
MBBS, DCH, MRCPCH
Consultant Pediatrician & Intensivist
40299

DIAGNOSIS
FEVER TRIGGERED SEIZURE

History: Baby PECHETTI MOULI SRI LALITHA, 1 Year, 4 Month, 6 Days, old girl presented with the history of 1 episode of seizure activity characterized by uprolling of eye balls & tightening of limbs lasting for about 4-5 mins followed by post ictal drowsiness, 3 days back on 20.05.2026. H/o fever

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present 1 day prior to the seizure episode. The child was admitted to an outside hospital for the above complaints. Initial blood investigations and EEG were normal. Subsequently, the child developed drowsiness. Further evaluation revealed elevated inflammatory markers, normal MRI brain, and CSF analysis showing 100% lymphocytic predominance. Child was referred to our hospital for further management. For the above complaints she was admitted at Rainbow Children's Hospital - Financial District for further management. Past history of enteroviral meningitis. History of 1 episode of febrile seizure in September 2025.

Outside investigations: Done on 23.05.2026: Complete blood picture showed Hemoglobin - 10.6 gm%, White Blood Cells - 2.54 cell/cmm, Platelets - 1.69 lakh/cmm, C-Reactive Protein - 11 mg/L, Serum Procalcitonin was 45.56 ng/ml. Coagulation profile showed PT- 21.8 sec, INR- 1.85 , APTT - 38.0sec. LFT/RFT was within normal limits.

Examination: She was afebrile (97.8 *F), maintaining saturations at room air (99%). Her heart rate was 112 /min, Blood pressure - 89/47mmHg and Respiratory Rate - 28/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal with no added sounds. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, child was conscious and intermittent drowsy. GCS-13/15. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure or any meningeal signs.

Weight on admission: 8 kilo grams.

Investigations: Enclosed reports

Management: She was admitted in the PICU in view of suspected

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encephalopathy and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics. There were no fever spikes, no further episodes of seizure activity, and the activity of the child improved. Repeat EEG was done which was suggestive of normal study. She was regularly monitored for her hemodynamic status, oxygen saturations and vital parameters. As she remained hemodynamically stable, accepting orally well, she was shifted to ward for further management.

Nasopharyngeal swab for Respiratory Panel for GeneXpert FluA+FluB+RSV were negative. Nasopharyngeal swab for Adenovirus PCR was negative. Repeat hemogram showed Hemoglobin of 10.1 gm%, White Blood Cell count of 5.40 cells/cumm, platelet count of 1.60 lakhs/cumm and C-Reactive Protein of 3.87 mg/l. Serum Procalcitonin was 20.76 ng/ml. CSF meningitis panel (outside hospital) was negative. CSF culture (outside hospital) showed no growth after 48 hrs of incubation.
Blood culture (outside hospital)- final report awaited.

During ward stay she was regularly monitored for her hemodynamic status, oxygen saturations and vital parameters. As she remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence she is being discharged with the following advice.

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

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

Advice:
*Inj Meropenem 320 mg IV thrice daily for 2 days

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* Syrup. Levipil (100mg/ml) 1.2ml twice daily, to continue for 6 weeks.
* Tablet. Lanzol DT (Lansoprazole - 15mg) dilute 1 tablet in 5ml of water and give 3 ml once daily 30 minutes before breakfast for 5 days.

Plan: To collect final blood culture report (outside hospital)
Plan to repeat CBP, CRP in case of change of IV catheter.
Plan to decide on antibiotic therapy on follow up

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5 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.

Review consultation with Dr. PRANATHI GUTTA, on Thursday 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.

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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 **www.rainbowhospitals.in**

Dr. Cemis.

Registrar/Resident/C.M.O

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Rainbow Children's Hospital

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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 : IP25-00020597 **Admit Date** : 24-May-2026 **Admit Time** : 02:18 AM **UHID** : FDH-00026540

Patient Details :

Patient Name	: Baby PECHETTI MOULI SRI LALITHA	**Age**	: 1 Y 4 M 6 D
Guardian	: Mr NAGARJUNA	**DOB**	: 18-01-2025 08:37 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: telecom nagar Gachibowli Hyderabad Telangana INDIA 500032	**Phone No**	: 9542718579/ 9542718579
		E-mail	:

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-316 **Ward Name** : 3F -PRIVATE ROOM

Room No : PVT-316 **Admission Type** : First Visit

Contact Details :

Name : Mr NAGARJUNA **Relationship** : Father

Contact Address : H-NO-289 202 FLAT NO TELECOM NAGAR Gachibowli Hyderabad Telangana INDIA **Phone No** : / 9542718579

Signature

Doctor Details :

Doctor Name : Dr. PRANATHI GUTTA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. VUPPALI NANDA KISHOR KUMAR

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 20000.00

Payor Name : MDINDIA HEALTH INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name: ---------- FDH-00026540 IP25-00020597 Baby PECHETTI MOULI SRI LALITHA 18-01-2025 1 Y 4 M 6 D (F) Dr. VUPPALI NANDA KISHOR KUMAR ----------

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5/26	2.40pm	ER	PICU	Appan
24/5/26	2pm	PICU	3rd floor (316)	Bebe
		316 to Billing		

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
	~~CBP,~~		
	~~CRP,~~		
~~24/5/26~~	~~PCT~~		
	~~Respiratory virus~~		
	~~ESR~~		
24/5/26	Respiratory 5 virus	8267	DB.
	CRP, PCT	8283	
24/5.	CBP	8288	Keka
25/5	ECG	6773	Paramale

cross checked done
24/05/26
- 10 mm

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/5	Infusion Monitor Invasive	3AM	26/05/26 0AM 24/5/26 1pm	9347	Ayan.
24/5	Syringe pump	3pm	26/05/26 10AM	9569	Reka

cross checked done 26/05/26 10AM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/5/26	IV placement	1		Aryan
23/5/26	IV placement	out Side Cannula.		
24/5/26	IV placement	(1)	9560	Keka
25/5/26	IV Placements	1	80075	Kusuma.

Cross checked done 24/05/26 10/pm

ANY OTHER INFORMATION

Date : 24/5/26 Time : 2:40 Am Prepared By : Aryan

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aryan	PICU		

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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Name : ..... Age : ..... Gender : .....

I.P.No. : ..... UHID No. ; .....

Fathers' / Mother's Name : ..... Age : .....

Adress : .....

.....

Tel. : ..... E-mail : .....

Date of PICU admission : 24/5/26 Time : ..... ☐ am ☐ pm

Reffered Patient ☐ - Self Referral ☐ - Rainbow Patient ☐

Transferring Unit : ☐ Ward ☐ OT - Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

Referring Consultant : .....

Admitting Consultant : Dr. Nanda Kishore

Indication for PICU referral : suspected encephalopathy

Prism III score at 24 hrs of admission : .....

Date of : Discharge : ..... Transfer : ..... Death : .....

Duration of ICU Stay : .....

Final Diagnosis : .....

.....

.....

.....

.....

.....

Presenting Complaints / Chief Complaints : A 1yr 4 month old female child presented with 1 episode of seizure activity characterized by uprolling of eyeballs & tightening of limbs lasting for about 4-5 mins followed by post ictal drowsiness, 3 days back on 20/5/26. H/O fever present 1 day prior to the seizure episode. For the above complaints, child was taken to CARE hospital - admitted in PICU. Initial blood labs were normal. EEG was normal. Baby had no further episodes of seizures but intermittent fever spikes were present. During the course of hospitalization, child developed drowsiness, which was further evaluated - inflammatory markers were elevated; MRI brain was normal; CSF analysis showed 100% lymphocyte predominance (TLC=2); LFT/RFT/APTT/PT/INR - @. child was referred to our hospital for further management. Child is currently being admitted in PICU I/V/O suspected encephalopathy. Otherwise, child is accepting oral feeds well. Past history of admission in PICU in RCH - FD I/V/O enteroviral meningitis. MRI brain (2/8/25) done was S/O non specific chronic findings - mild inferior vermian hypoplasia & widened frontal pericerebral spaces.

Past History (Including previous treatment and investigations) :

Birth and Developmental History : Birth history is not significant. Currently, she speaks bisyllables & walk with support. child is immunized upto date.

H/O Allergy :

Family History : H/O 1st episode of febrile seizure at around 1yr of age.

Immunization History :

INITIAL ASSESSMENT

RBS : - Temperature : 97.8°F Weight (kg) ~8.1kg

RESPIRATORY SYSTEM FINDINGS :

Air Way : ☒ Open ☒ Maintainable ☐ Not Maintainable ☐ Intubated, If Intubated, Size & position of ETT : -

Respiratory Examination Finding: (Air entry, breath sounds, S/o distress etc.) : Respiratory Rate : RR = 28/m

SPO$_2$: 99% on RA O_2 by NC / FM / NRB mask / Oxyhood, at - L / min

Ventilatory Support : Yes (No) Day# of Vent : - Respiratory Efforts : -

Ventilatory Settings : Leak around ETT : - Delivered Vt : -

ABG : - EtCO$_2$: P/F ratio : O.I. :

Any Nebs : - ICD ? Yes No, if Yes, details :

CXR : -

CARDIO VASCULAR SYSTEM CLINICAL EXAM : Heart Rate : 112/m Cardiac Rhytho :

(Heart sounds, murmuer etc.) :

Quality of Pulses : good cap retill Time : <2sec Liver Edge : cm below Rt costal margin

Blood Pressures : NIBP : 89/47(61) mmHg IBP : CVP :

Infusion of any Inotropes? : ☐ Yes ☒ No - If yes, then details : -

Any Other Infusions : -

Last 2D Echo Findings : -

Size of the heart and lung fields in latest CXR :

Arterial line in Situ : ☐ Yes ☐ No Place of art, line & its condition : -

Central line in Situ : ☐ Yes ☐ No Place of central line & its condition : -

INFECTION AND ANTIBIOTICS :

☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : INJ Meropenem / Vancomycin / Doxycycline / Acyclovir (- give for (2) days)

Cultures Done outside ? ☒ Yes ☐ No - if Yes, details : awaited

Describe C/s Reports : -

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics :

Inj. Meropenem / Vancomycin / Doxycycline / Acyclovir

Abdominal Exam : Soft ; NT

ENT Exam : -

Central Nervous System :

Level of Consciousness : AVPU / GCS score : E4V4M5 (13/15)

Neurological Findings : No focal neurological deficit (-)

Pupils - B/L and equally reactive to light

Relevant data from outside (Neuro imaging any ongoing medications etc) :

MRI brain & EEG - (N).

Clinical Summary and Provisional Diagnosis : AFI ? Viral Encephalopathy ?

PLAN OF CARE

Preventive aspects of the treatment : Prevent sepsis

Desired goals of the treatment : Resolution of symptoms + hemodynamic stability

PLANNED INVESTIGATIONS

-

PLANNED MANAGEMENT

- I.V.F 0.9% NS (2/3)
- INJ Meropenem
- INJ Vancomycin
- INJ Lenipil
- INJ Doxycycline
- INJ Augclomix
- INJ Pan
- INJ PCM
- TO trace outside Blood c/s & CSF c/s.

Doctor's Signature :

Name : Dr. Owais

Consultant's Signature :

Name :

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of te referring Hospital :
   Address :
   Contact Numbers :
3. Contact Details of the referring Doctor :
   Mobile No. : E-mail ID :
4. Name of the Doctor in Rainbow Team :

..... on whose name the patient is being referred.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Reena	
	C/S/B Dr. Owais.	
24/5/26.	AFI I	I/ 107 ml.
8 AM.	? Viral encephalopathy.	O/ 120 ml
	-No fresh complaints at present	V/O- 3cc/kg/hr. over 5 hrs.
	-No fevers since admission	
	-GCS improved overnight.	Plan.
	O/E- afebrile	- continue same line of mgmt
	HR- 96/m	
	RR- 28/m	
	SpO_2- 97%	- Encourage orally.
	BP- 82/49 (60) mmHg.	
	CVS- S_1S_2 (+)	- To send FL panel (5 mins).
	CNS- conscious & alert	
	GCS=15/15	
	PERL (+)	- Ask about sending repeat blood samples.
	RS- AEBE (+)	
	P/A- soft; NT.	
		- w/f drop in GCS
		- (+) Blood C/S & CSF C/S (contrido).

Advised by Dr. Balu 24/5/26

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr Nandakishor	
21/5 10:30am	No further seizures	
	Activity improved	
	no fever spikes	
	PR - 100/m	
	SpO2 99%.	
	RR - 22/m	
		plan
	GCS - 15/15	
	Activity - good	(1) Cont Antibiotics Antiviral
		(2) w/f seizures
		(3) (T) ~~Syrup~~ [illegible]
		(4) (F) outside reports
		(5) plan for EEG after neuro consultation
	Noted by Belli 21/5/25	(6) i Cannula change CBR CRP PCT.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/2025	Dr. [illegible] Gotla (Neurology)	
	Episode of GTCS -> [illegible] - to local hospital later prolonged drowsiness. Done MRI / CSF / EEG - all (N).	c Fever -> Febrile illness.
	Past H/o Enterovirus meningitis, treated @ 15/12 [illegible]	No vomiting / loose motions
		[illegible] ok
	Episode of seizure in sequence c fever.	
> 20 48°	O/E H.C - 45 cm (N) A.F.	Activity ok GCS 15/15
CSF - (N) protein	Nonfocal	
Glucose (N).	(N) tone. (N) cranial nerves	
WBC 2;	(N) motor system.	
100/2		
	No gross evidence of CNS infection / (D) neurology.	
	Plan - (1) Shift to ward.	
	(2) [illegible] to avoid AEDs. Paracetamol ↓ [illegible] to [illegible] / 4 / dose.	
	(3) F/u CSF PCR - If negative stop Acyclovir.	
Noted by [illegible] 24/5/25		

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Pranathi Gutta/ Dr. Owais.	
25/5/26. 9:30 AM.	- No further episodes of seizures	Plan
		- EEG to do now
	- No fevers	- Lenipil to be given after EEG
	- activity improved	- Stop Acyclovir
	o/e - afebrile	- continue antibiotics (to discuss c Dr Nanda Kis).
	hemodynamically stable.	- Make PCM SOS
	Δ - Fever triggered seizures (N) development / neurology	Dr. Haneeta CW Ht
	CSF C/S (outside) ↓ No growth after 48 hrs.	Noted by Srishe 25/05/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/25 5pm	C/S/B Dr. Anandalakshmi / Dr. Owaes	
	activity improving	Plan.
	NO fevers	- TO continue Levipil
	No further e/o seizures.	
		- CT antibiotics
	O/e - afebrile	
	hemodynamically stable.	- Encourage orally
		- Inform SOS
	Omi/.	Noted by [illegible] 25/5 @ 5pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Nanda Kishore/Dr. Pranathi Gutta/ Dr. Owais.	
26/5/26 9:30 AM	No fresh complaints present.	Plan.
	No fever	- continue Lempil for 6 weeks
	sensorium - improved	
	activity - improved	- continue IV Meropenem /
	o/e - afebrile comfortably sitting on the bed.	- stop IV Vancomycin
	hydration - fair	- w/f drop in GCS.
	hemodynamically stable	- Inform SOS.
	EEG - (N)	- Plan d/s today c̄ IV Meropenem
		- Plan to repeat CBP & PCT if change in cannula
		- F/U c̄ Dr. Pranathi
	[signature]	

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RESULT SHEET

(outside Reports)

Date	20/5/26	22/5/26	23/5/26	24/5/26		
Time						
Hb	12.1	10.5	10.6	10.1		
PCV	37.2	32.7	31.9	32.6		
RBC	4.91	4.33	4.20	4.26		
WBC	16.2	3.2	2.54	5.40		
N/L	36/54	65/25	48/45			
Platelets	286	139	1.69L	156.		
CRP	5	12	11	2.87		
ESR						
PCT		56.54	45.56	20.76		
RBS						
Na	133					
K	5.1					
Cl	101					
Ca/Mg	9.0/2.0					
Phosphate						
Urea	16					
Creatinine	0.26					
ALP	177					
SGPT	27					
SGOT	86	0.09				
T.Bill/Conj	0.27					
T.Protein	6.4					
S.Albumin	4.0					
S.Globulin	2.4					
A/G Ratio						
Uric Acid	3.0					
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR			21.8/1.85			
APTT			38.0			
CSF Protein/Sugar						
Cells						
N/L						

Date		24/5/26				
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
CSF for GENEXPERT → Negative						
Dengue Igm } Negative						
Dengue Igg }						
Ferritin → 324.6						
S. triglycerides → 150						
SARS-COV-2 —						
Influ - A —						
Flu - B —	} Negative.					
RSV —						
Adenovirus —						

Culture and Sensitivities : Blood c/s } awaited
CSF c/s }

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.,) :

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ANTIBIOTIC JUSTIFICATION FORM

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Date of Admission: 24/5/26.

Antibiotic Name	Date & Time	Reason	48 Hours Culture	Antibiotic Reviewed at 72 Hours (If No Please Justify)
INJ MEROPENEM	24/5/26	} neurological deterioration with high inflammatory markers fall in TLC & PLT count - high Procalcitonin & CRP	} awaited	
INJ VANCOMYCIN	24/5/26.			

A. Reasons for Starting Empirical Antibiotics:

1. Preterm's with risk factors:
   a. PPROM
   b. Positive Maternal Culture (HVS/Urine C/S
   c. Maternal Pyrexia / Chorioamnionitis
2. Term Babies
   a. PROM > 18 hours
   b. Sepsis Screen Positive at 12 hours
      i. High TLC/ High CRP / High PCT / Thrombocytopenia / Leukopenia
      ii. Shift to left / Bank forms / Neutrophilia on PS
3. Out born with suspected sepsis
4. Culture negative Sepsis
5. Clinical Sepsis
   a. Frequent Apnoea's attributed to suspected sepsis
   b. Hemodynamic instability
   c. Temperature instability
   d. Suspected NEC
   e. Lethargy
6. VAP
7. Congenital Pneumonia
8. Meningitis
9. Aspiration Pneumonia
10. Any sick newborn

B. Prophylactic Antifungals

B1 – Extreme PT (<28 Weeks) or ELBW (<1000 grams)
B2 – Central line in situ (PICC / UVC) in < 28 weeks & or < 1kg.
B3 – Septic Shock

C. Culture Positive Sepsis

Consultant Name & Signature : .....

Date & Time : .....

Name & Signature of Infection Control Nurse : Rayhan S

Date & Time : 25/5/26. @ 10am.

Docu.No. : RCH /FRM / CLINICAL / 076

FDH-00026540 IP25-00020597
Baby PECHETTI MOULI SRI LALITHA
18-01-2025 1 Y 4 M 6 D (F)
Dr. VUPPALI NANDA KISHOR KUMAR

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Not Known ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ER ..... Shifted to: ..... PICU .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... DR. Dvash .....

Date & Time : ..... 24/5/26 .....

Nurse Name & Signature: ..... Aryan .....

Date & Time : ..... 24/5/26 @ 2:40 Am .....

Docu. No. : RCH / FRM / GENERAL / 090

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DRUG CHART

Date of Admission: 23/4/26 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 :				Date ▸ Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

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

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

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

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Baby PECHETTI MOULI SRI LALITHA
18-01-2025 1 Y 4 M 6 D (F)
Dr. VUPPALI NANDA KISHOR KUMAR

REGULAR PRESCRIPTIONS

Weight. 7.8 kgs Ward. PICU

DRUG : INJ LEVIPIL				Date ▸ Time ▾	24/5
Dose	Route	Frequency	Start Date		
80 mg	IV	BD	24/5/26	3AM	BKK
Name & Signature of the Doctor Starting the Drugs: Dr. Owais					
Additional Instructions: 20mg/kg/day BD				3PM	
Daily Doctor's Endorsement by a Sign					

24/5/2026

DRUG : INJ PARACETAMOL				Date ▸ Time ▾	24/5	25/5
Dose	Route	Frequency	Start Date			
120 mg	IV	QID	24/5/26	4AM		Lalitha / Kishore
Name & Signature of the Doctor Starting the Drugs: Dr. Owais				10AM	Be	
				4PM	5:20pm Kalu / Kala	
Additional Instructions:				10PM	Lalitha / Kishore	
Daily Doctor's Endorsement by a Sign						

Make SOS order 24/5/26

DRUG : INJ VANCOMYCIN				Date ▸ Time ▾	24/5	25/5	26/5
Dose	Route	Frequency	Start Date				
160 mg	IV	QID	24/5/26	5AM		Lalitha / Kishore	6am Lalitha / Kishore
Name & Signature of the Doctor Starting the Drugs: Dr. Owais				11AM	Be		
				5PM	6pm Kalu / Kala	Kalu / Kala	
Additional Instructions: 20 mg/kg/dose - Meningitic dose				11PM	Lalitha / Kishore	1am Lalitha / Kishore	
Daily Doctor's Endorsement by a Sign							

STOP order 26/5/26.

DRUG : INJ MEROPENEM				Date ▸ Time ▾	24/5	25/5	26/5
Dose	Route	Frequency	Start Date				
320 mg	IV	TDS	24/5/26	7AM	BKK	Lalitha / Kishore	Lalitha / Kishore
Name & Signature of the Doctor Starting the Drugs: Dr. Owais				3PM	Kalu / Kala	4pm Kalu / Nisi	1 PM
Additional Instructions: 40mg/kg/dose ↳ Meningitic dose				11PM	12am Lalitha / Kishore	Lalitha / Kishore	8PM
Daily Doctor's Endorsement by a Sign							

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 8.6 kg Ward PICU.

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	I/V	OD	24/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 24/5

24/5/2026

DRUG : INJ ACYCLOVIR

Dose	Route	Frequency	Start Dt.
160mg	IV	TID	24/5

Name & Signature of the Doctor Starting the Drugs:
Dr. Owais.

Additional Instructions:
20 ml / 1 S / dose

Daily Doctor's Endorsement by a Sign

Date/Time 24/5

to tomorrow 8 am

24/5/2026

DRUG : INJ DOXYCYCLINE

Dose	Route	Frequency	Start Dt.
18mg	IV	BD	24/5

Name & Signature of the Doctor Starting the Drugs:
Dr. Owais.

Additional Instructions:
2.2 ml / 1 S / dose

Daily Doctor's Endorsement by a Sign

Date/Time 24/5 25/5

STOP 25/5/26

DRUG : INJ ACYCLOVIR.

Dose	Route	Frequency	Start Dt.
160mg	IV	TID	24/5.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
dilute 20ml's NS
give in 2 hrs

Daily Doctor's Endorsement by a Sign

Date/Time

STOP 25/5

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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 .... Signature ....

FDH-00026540 IP25-00020597
Baby PECHETTI MOULI SRI LALITHA
18-01-2025 1 Y 4 M 6 D (F)
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REGULAR PRESCRIPTIONS

Sheet No: .... LEVETIRACETAM Weight 8 kgs Ward PICU

DRUG : Syr LEVIPIL (100mg/ml)

Dose	Route	Frequency	Start Dt.
1.25ml = 125mg	oral	BD	24/5

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

Additional Instructions:
to 1PM ; 11PM → 9am/pm.

Date ▸ / Time ▾	24/5	25	25/5	26/5
	1PM	[signature]	9AM	[signature]
	11PM	[signature]	9PM	[signature]

Daily Doctor's Endorsement by a Sign

DRUG : T. LANZOL

Dose	Route	Frequency	Start Dt.
3 d	PO	OD	25/5

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

Additional Instructions:
1 tab / 15 mg
dil = 5 d

Date ▸ / Time ▾	25/4	26/4
	6AM [signature]	[signature]

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

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 .... Signature ....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Docu. No. : RCH /FRM / CLINICAL / 108

IP25-00020597 EDH-00026540

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
25/5	10AM 25/5/2026	SYR MELATONIN / ALTONIL SPRAY	(1.5 mg/ [illegible]) 2 to 4 puffs	oral	[signature]	Parimala / [signature]

Signature .... VERIFIED BY : N...

Baby PECHETTI MOULI SRI LALITHA
18-01-2025 1 Y 4 M 6 D (F)
Dr. PRANATHI GUTTA

I.V. FLUIDS CHART

Weight. 8.1 Ward. 3CA

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
24/5/26	3AM	IVF 0.9% NS	IV	20 ml/hr					

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

FDH-00026540 IP25-00020597
Baby PECHETTI MOULI SRI LALITHA
18-01-2025 1 Y 4 M 6 D (F)
Dr. PRANATHI GUTTA

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/05/26 Time:			
Doctor / Nurse / Family Concern?	5pm	7pm	10:30pm
Temperature (F)	97.5°	97.4°	97.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	100 / (69) / 53		93 / (60) / 53
Heart Rate (Number)	87b/m	96b/m	94b/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	23b/m	24b/m	24b/m
Resp Distress: Mod/ Severe / None / Mild	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	98%
Conscious Level: Normal / Altered	N	N	C
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	M	M	M

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Baby PECHETTI MOULI SRI LALITHA
18-01-2025 1 Y 4 M 6 D (F)
Dr. PRANATHI GUTTA

25/5/26.

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

(2)

Date : 25/5/26 Time:	2Am			4Am			7Am		11AM	1:30 PM			A			A			11Pm					
Doc / Nurse / Family Concern?													Pan			Pan								

Temperature (F): 97.4°F, 97.0°F, 97.0°F, 97.2°F, 98°F, 98.2°F, 97.8°F, 97.0°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

99 (70) 60 | 91 55 | 98 (70) 63

Heart Rate (Number)	101bpm			104bpm			112bpm		108bpm				109			104			104bpm					
Resp. Rate (bpm) (Over 1 Minute) *																								
Resp Rate (Number)	22bpm			24bpm			23bpm		24bpm				24			23			24bpm					
Resp Distress (Mod/ Severe / None / Mild)	N			N			N		N				N			N			N					
Receiving O_2(l/min) O_2Saturations (%)	97%			99%			99%		100%				99%			100%			100%					
Conscious Level (Normal / Altered)	C			C			C		C				C			C			C					
GCS *	15			15			15		15				15			15			15					
TOTAL SCORE Number of shaded boxes	0			0			0		0				0			0			0					
Pain Score	0			0			0		0				0			0			0					
Observer's Initials																								

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Baby PECHETTI MOULI SRI LALITHA
18-01-2025 1 Y 4 M 7 D (F)
Dr. PRANATHI GUTTA

26/5/26

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

(3)

Date : 26/05/20.... Time: 3pm 7pm

Doctor / Nurse / Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94 — 9am: 98.2 F; 9pm: 98.2 F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 98 / 60 / 55

Note: BP does not score in early warning scoring

Heart Rate (Number): 113bpm 119bpm

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 20 10

Resp Rate (Number): 24bpm 24bpm

Resp Distress	Mod/ Severe / None / Mild	N	N
Receiving O_2(l/min) O_2Saturations (%)		97%	99%
Conscious Level	Normal / Altered	C	C
GCS *		15	15
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		P	P

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

FDH-00026540 IP25-00020597
Baby PECHETTI MOULI SRI LALITHA
18-01-2025 1 Y 4 M 6 D (F)
Dr. PRANATHI GUTTA

24/5/26

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am					P/CU						
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
24/5	02:00 pm	DNS	Lunch 20ml		NO	NO			NO		0	
	03:00 pm	DNS	DBF	20ml	NO	NO			NO	L	0	
	04:00 pm	—	4	—	NO	NO			NO		0	
	05:00 pm	—	4:20	—	NO	NO			NO		0	
	06:00 pm	—		—	NO	NO			NO		0	
	07:00 pm	—		—	NO	NO			NO		0	
Total Intake :		I — 10 + 100 + DBF = 140ml.				**Total Output :**	M — 0	U — 1				
24/5	08:00 pm	Inj. DOLO	Dinner thali 50ml.	10ml	NO	NO			NO		0	Kum
	09:00 pm	"		10ml	NO	NO			NO		0	Kum
	10:00 pm	"		10ml	NO	NO			NO	✓	0	Kum
	11:00 pm	Inj. pcm		12ml	NO	NO			NO		0	Kum
	12:00 am	Inj. vanco myome	DBF	20ml	NO	NO			NO	✓	0	Kum
	01:00 am			20ml	NO	NO			NO		0	Kum
Total Intake :		50ml + 82ml + DBF 2ml + DBF				**Total Output :**	M —	U — 2				
25/5	02:00 am	DNS	DBF	20	NO	NO			NO		0	Kum
	03:00 am	DNS		20	NO	NO			NO		0	Kum
	04:00 am	DNS		20	NO	NO			NO		0	Kum
	05:00 am	DNS	DBF	20	NO	NO			NO	✓	0	Kum
	06:00 am	DNS		20	NO	NO			NO		0	Kum
	07:00 am	DNS	DBF	20	NO	NO			NO		0	Kum
Total Intake :		120ml + DBF				**Total Output :**	M —	U — 1				

Total 24 hrs. Intake	392ml	Total 24 hrs. Output	M — U — 4

FDH-00026540 IP25-00020597
Baby PECHETTI MOULI SRI LALITHA (F)
18-01-2025 1 Y 4 M 6 D
Dr. PRANATHI GUTTA

25/01/25

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3												
	08:00 am	DNS		20ml	NO	NO			NO		0	
	09:00 am	DNS	DBF	20ml	NO	NO			NO	✓	0	
	10:00 am	DNS		20ml	NO	NO			NO		0	
	11:00 am	DNS	DBF	20ml	NO	NO			NO		0	
	12:00 pm	DNS		20ml	NO	NO			NO	✓	0	
	01:00 pm	DNS		—	NO	NO			NO		0	
Total Intake : 100ml + DBF						Total Output : M-0 U-2						
	02:00 pm	—	PBF	Inj. DBF	NO	NO			NO		0	
	03:00 pm	—			NO	NO			NO		0	
	04:00 pm	NO		NO	NO	NO			NO	✓	0	
	05:00 pm	IV Fluids		IV Fluids	NO	NO			NO		0	
	06:00 pm				NO	NO			NO	✓	0	
	07:00 pm				NO	NO			NO		0	
Total Intake : 250ml						Total Output : M-0 U-2						
	08:00 pm	Inj. Pantop		10	NO	NO			NO		0	
	09:00 pm			10	NO	NO			NO	✓	0	
	10:00 pm			[illegible]	NO	NO			NO		0	
	11:00 pm	Inj. PANTOP DBF		20	NO	NO			NO		0	
	12:00 am			20	NO	NO			NO	✓	0	
	01:00 am		DBF	20	NO	NO			NO		0	
Total Intake : 20ml + 80ml = 100ml						Total Output : M - U - 2						
	02:00 am	DNS	DBF	20	NO	NO			NO		0	
	03:00 am	DNS		20	NO	NO			NO		0	
	04:00 am	DNS		20	NO	NO			NO		0	
	05:00 am	DNS	DBF	20	NO	NO			NO	✓	0	
	06:00 am	DNS		20	NO	NO			NO		0	
	07:00 am	DNS		20	NO	NO			NO		0	
Total Intake : 120ml						Total Output : M - U - 1						

Total 24 hrs. Intake	570ml

Total 24 hrs. Output	M - U - 7

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FLUID CHART

Sheet No. : 3

26/05/2026

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/05	08:00 am	DNS		20ml	N/o	No		No		0	0	
	09:00 am	DNS		20ml	No	No		No		0	0	
	10:00 am	DNS		20ml	No	No		No		0	0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
26/05	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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Baby PECHETTI MOULI SRI LALITHA
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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mouli Sri lalitha Age : 1y 4m **Gender:** ☐ Male ☑ Female

Date : 24/05/26. Time of Arrival : 1:35Am

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.8°F PR: 118b/m BP: 89/47 (61) RR: 29b/m SpO_2: 99%

Chief Complaints: c/o drowsiness since 3 Days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☑ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☐ Stable
☑ Unstable :
- ☐ Not – Life - Threatening
- ☐ 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 : 1:37Am

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 : PRAVEEN

Signature of Triage Nurse : .....

Date & Time : 24/05/26 & 1:37Am

Patient Sticker

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/5/26 Time of arrival : 11.35 Am

Chief Complaints: C/O - Drowsiness x3 day RBS: .....

Height : ..... Weight : 8.37kg BMI : ..... 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
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 parent

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

Time of Initial assessment completed by ER Nurse : 1:37 Pm

.g Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
3'37 AM	Assessed the PT condition Chalked the vital signs

Samples collected by: Nil Time:

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 140bm BP: 88/52 (78) CFT: <2sec

RR: 29 SPO_2 : 100%

GCS: 15 Temperature : 98F

Pain Score: 0

Repeat RBS (if applicable): .....

Details of Shift - out

Shift - out from ER to: PICU

Time of Shift - out: 3pm - 24/5/26

Handover given to: .....
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): NIL

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

Date & Time : 24/5/26 @ 2:40 PM

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 24/05/26 @ 3AM.

Source of Admission: ☐ OPD ☐ Ward ☐ Other: .....

Reason for Admission: .....

Admission Diagnosis: .....

Accompanied By: ☐ Parent ☐ Guardian ☐ Other Name: .....

Primary Language: ☑ Telugu ☑ English ☑ Hindi ☐ Other Specify .....

Do you require an interpreter? ☐ Yes ☐ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes, identify .....

Source of Information : ☐ Family ☐ Patient ☐ Others, Specify .....

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	20/05/26 on Admission AFI	NIL	Care Hospital 20/05/26

Family History: ..... Not significant .....

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

.....

Are the child's immunization up to date? ☑ Yes ☐ No

CURRENT MEDICATIONS

Taking Medications? ☑ Yes ☐ No

If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 8 kg Length: 8 cm Head Circumference (< 2 years): .....

Temp.: 98.6°F HR: 93 b/m RR: 24 b/m BP: 90/61 (70)

Pain Score: 0 Specify Site: ..... (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☐ No Score: ..... (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score .....) (Document in the Braden Q Assessment Sheet)

Patient Sticker

Behavioural Status on Admission :

☐ Sleeping ☐ Crying ☐ Calm ☐ Distressed/Consolate ☑ Drowsy

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☑ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .....

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify .....

Name of Person Orientation was given to: .....

Orientation not given Reason: .....

Nurse Name: ..... Nurse Signature : .....

Date & Time: 24/05/26 @ 3:10 pm.

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Not Applicable

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

Nurse Name: ..... Nurse Signature : .....

Date & Time: 24/05/26 @ 3:15 pm.

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 24/05/26 Time: 10:00AM

Weight: 8kgs Centile: 30th Centile

Height: — Centile: —

Inference: Well Nourished Child

RDA: 1000 - 1110KCAL Calories: 1110KCAL Protein: 10.0gms

Diet Recommendations: Advised moderate carbohydrates & Adequate protein

Re-Assesment: —

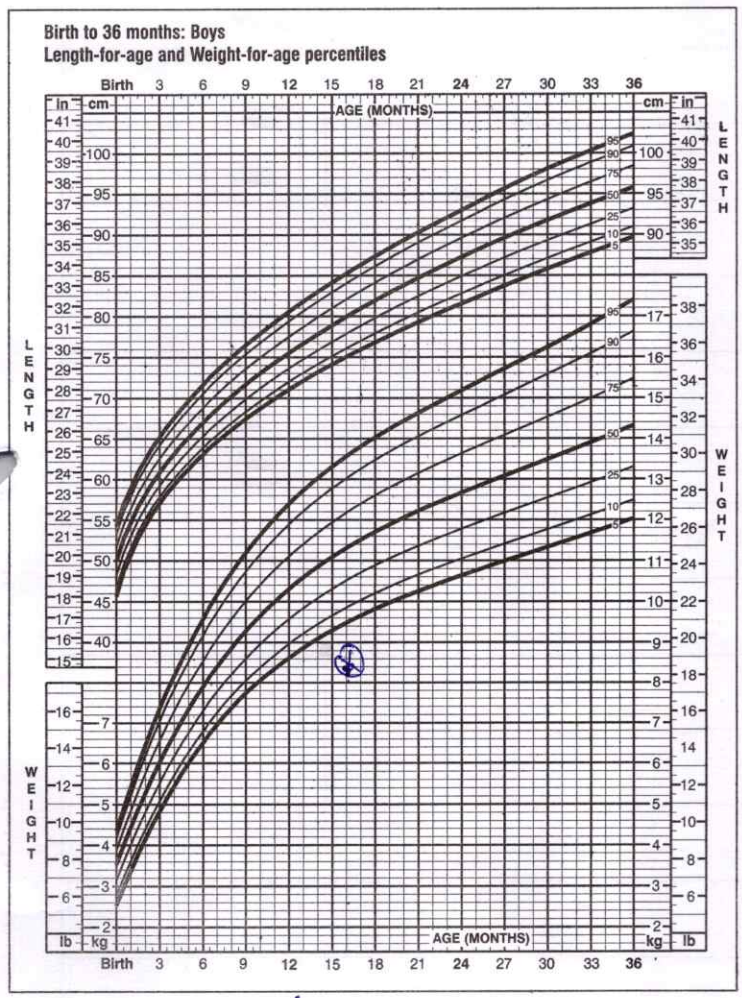
Food Allergies: Nil Veg/Non-veg ✓

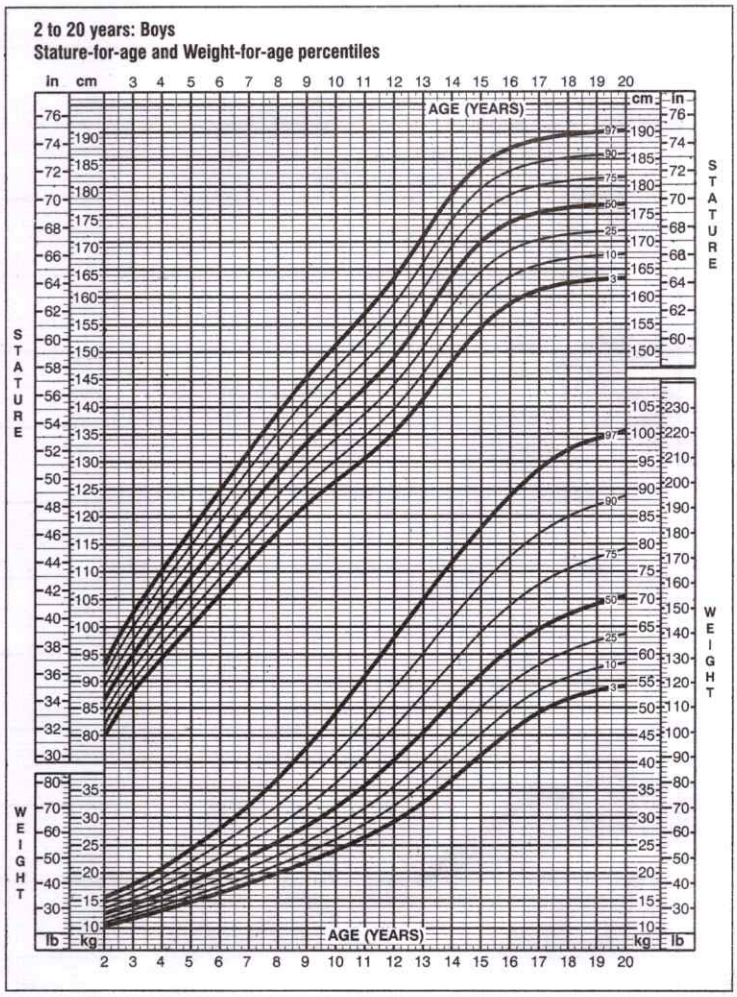
Diagnosis: AFI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: S. Lakshmi Rama

GROWTH CHART (BOYS)





Dietician's Name Ashiya. Dietician's Signature Ashi

Daily Notes:

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00026540 IP25-00020597 Baby PECHETTI MOULI SRI LALITHA 18-01-2025 1 Y 4 M 6 D (F) Dr. VUPPALI NANDA KISHOR KUMAR	24/5/26 at 2.18 am	24/5/26
	Transfer Ordered by Dr. pranathi	Reason for Transfer observation
From Unit PICU	To Unit 3rd floor (316)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 39	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.	Thermometer	1
2.	Syp Levipil	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr. pranathi

Patient & Clinical Records Received by : Keka K.A

Date & Time of Patient Received : 29/5 @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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00026540 IP25-00020597 Baby PECHETTI MOULI SRI LALITHA 18-01-2025 1 Y 4 M 6 D (F) Dr. VUPPALI NANDA KISHOR KUMAR	24/5/26 2:18AM	24/5/26 2:40AM
	Transfer Ordered by DR. OWAIS	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	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
Arjan	DR. Owais.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 24/5/26 2:35AM

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