Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020672 **Admit Date** : 27-May-2026 **Admit Time** : 07:34 PM **UHID** : BAH-00422711

Patient Details :

Patient Name	: Master SRI VISHWA	**Age**	: 7 Y 1 M 4 D
Guardian	: Mr BALA KRISHNA	**DOB**	: 23-04-2019
Gender	: Male	**Religion**	: Hindu
Occupation	: Others	**Martial Status**	: Single
Address (H)	: H. NO: 507, BUILDING NO L12 LIG BLOCK CHITRAPURI COLONY,KHAJAGUDA Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9533777422
		E-mail	: balakrishnairani@gmail.com

Admission Details :

Bed Type	: PRIVATE ROOM	**Bed No**	: PVT-306	**Ward Name**	: 3F -PRIVATE ROOM
Room No	: PVT-306	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr BALA KRISHNA	**Relationship**	: S/O
Contact Address	: H. NO: 507, BUILDING NO L12 LIG BLOCK CHITRAPURI COLONY,KHAJAGUDA Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	:

Signature

Doctor Details :

Doctor Name	: Dr. KALYAN CHAKRAVARTHY KONDA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

DISCHARGE SUMMARY

Name	Master SRI VISHWA	UHID	BAH-00422711
Father/Guardian	Mr BALA KRISHNA	Age/Gender	7 Y 1 M 5 D/ Male
Address	H. NO: 507, BUILDING NO L12 LIG BLOCK CHITRAPURI COLONY,KHAJAGUDA, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020672	Admission Date	27-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

Consultant:

Dr. Kalyan Chakravarthy Konda,
MBBS, MD, DNB (Pediatrics), DM (Neonatology)
Consultant Pediatrician & Neonatologist
APMC/FMR/76059

DIAGNOSIS
ACUTE FEBRILE ILLNESS-INFLUENZA A POSITIVE K/C/O AUTISM SPECTRUM DISODER WITH SPEECH DELAY

History: Master SRI VISHWA, 7 Y 1 M 5 Days, old boy presented with history of high grade intermittent fever since 4 days .History of cough and cold since 3 days with poor oral intake present. prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Financial district for further management.

Outside investigations: Done on 25.05.2026: CBP showed Hemoglobin - 12.9gm%, PCV of 39.4Vol%, White blood cells - 11300cell/cmm, Platelets - 3.2400 lakh/cmm, **C-Reactive Protein - 38.3mg/L**, CUE test was normal.

Examination: He was Febrile(101.3*F), maintaining saturations at room air(99%). His heart rate was 110/min, Blood pressure - 98/59mmHg and Respiratory Rate - 24/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Throat congested with oral aphthous ulcers

present. On auscultation, air entry was bilaterally equal,bilateral crackles present.. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light.

Weight on admission: 22.0 kilo grams.

Investigations: Enclosed reports.

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

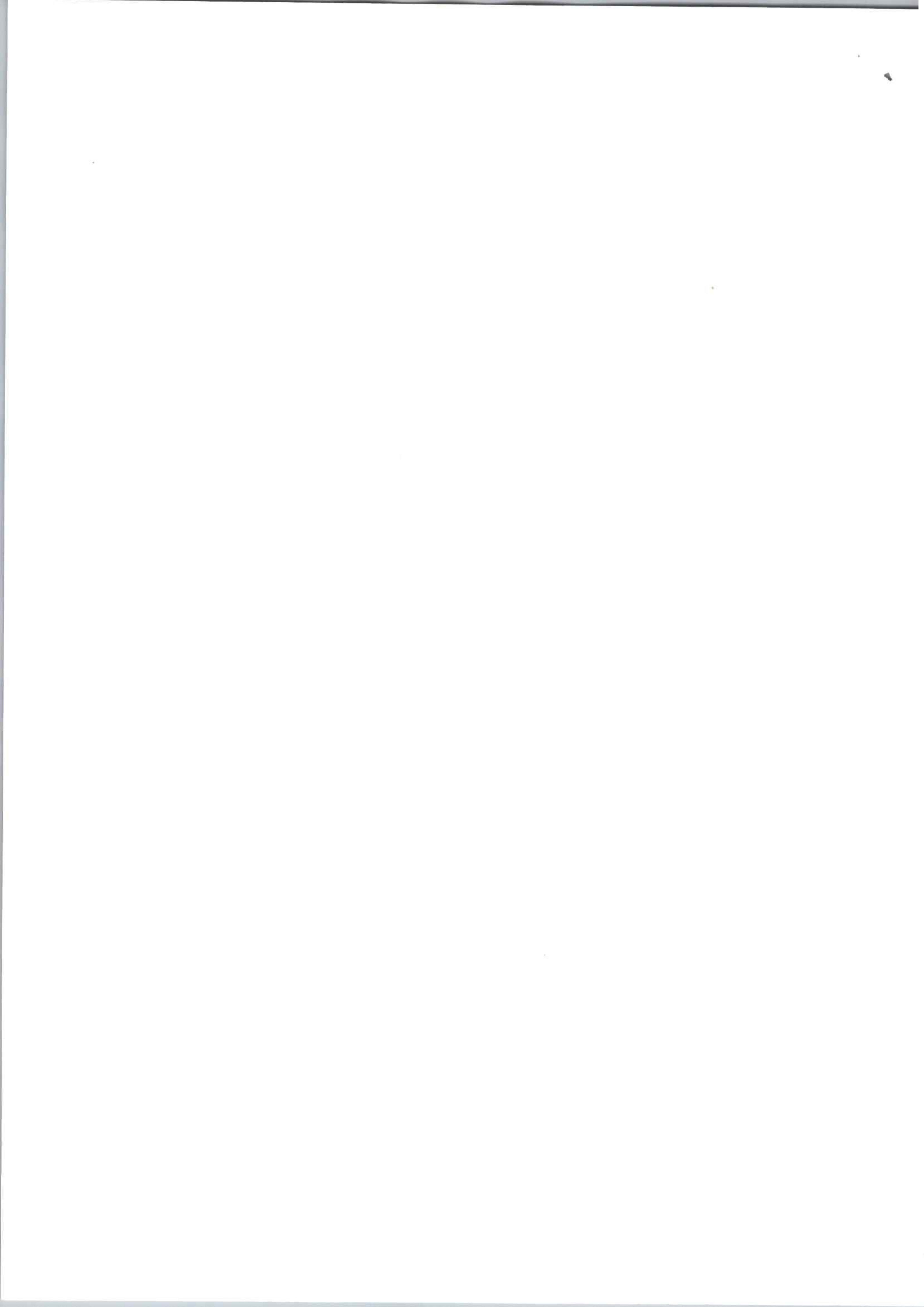
Liver function test showed total SBR of 0.2 mg/dl, SGOT - 31 U/L, SGPT - 19 U/L, ALP - 113U/L, protein - 6.6gm/dl, albumin - 3.9gm/dl, globulin - 2.6gm/dl, A/G ratio of 1.5. and C-Reactive Protein of 25.0 mg/l.
Nasopharyngeal swab for Flu panel GeneXpert +FluB+RSV were sent, which was negative and **FluA** was reported to be **positive.**
Blood culture was 24hour sterile.
Chest X-ray was bilateral ?fluffy shadows.

In view of Influenza A positive child was started on Oseltamivir.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters. His fever spikes and other symptoms gradually settled.

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

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



Name	Master SRI VISHWA	UHID	BAH-00422711
IP No	IP25-00020672	Admission Date	27-05-2026

Advice:
* Syrup. Augmentin DDS (Amoxycillin - 400mg + Potassium Clavulanate – 57.8mg/5ml) 8 ml twice daily (1 hour before food or 2 hours after food) for 2 days. (Should be kept in refrigerator after reconstitution, consume within 7-days).
* Syrup. Fluvir (Oseltamivir – 5ml/60mg) 3.7 ml twice daily 2 hours after food for 5 days. (Store the reconstituted suspension under refrigerator at 2°C to 8°C, consume with in 10 days)
* Tablet. Pantodac (Pantoprazole - 20mg) 1 tablet once daily 30 minutes before breakfast for 5 days.
* Syrup. Relent Plus (Cetrizine 5mg, Ambroxol 30mg/5ml) 5 ml twice daily 1 hour before food for 3 days.
* Zytee Gel, for local application before food for thrice daily for 5 days.
* Nebulisation with Budesal (Levosalbutamol 1.25mg + Budesonide 0.5mg), 1 respule 12th hourly for 5 days.
* Nasoclear nasal drops, 2 drops in each nostril q6th hourly and whenever required for nose block.

Plan: To collect blood culture report on follow up.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6 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. KALYAN CHAKRAVARTHY KONDA, on 2/6/2026 Tuesday at Financial district in OPD with prior appointment **(Review consultation will be charged)**.

Follow up immediately in Emergency Room if high grade fever, vomiting,

breathlessness or refusal to feed occurs.

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

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar / Financial District** 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. Aishwarya
Registrar/~~Resident/C.M.O~~

Consultant:
Dr. Kalyan Chakravarthy Konda,
MBBS, MD, DNB (Pediatrics), DM (Neonatology)
Consultant Pediatrician & Neonatologist
APMC/FMR/76059

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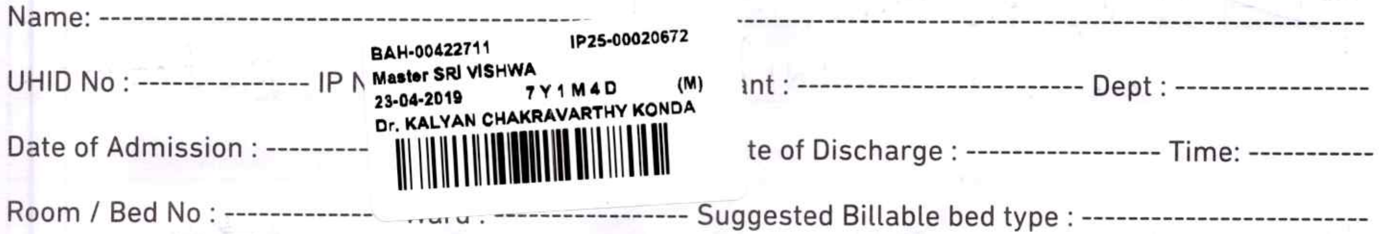
ACTIVITY RECORD FOR BILLING


Name: --

BAH-00422711 IP25-00020672
Master SRI VISHWA
23-04-2019 7 Y 1 M 4 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

UHID No : --------------- IP N... ...ant : ------------------------- Dept : -----------------

Date of Admission : --------- ...te of Discharge : ----------------- Time: -----------

Room / Bed No : ------------ ...ard : ----------------- Suggested Billable bed type : -------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/05/26	8/15pm	ER	306	Balaram.

306 to Billing

Cross Consultation Visit

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

Docu. No. : RCH / FRM / GENERAL / 145

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/05/26	Blood culture, CRP.	18658	Balaram
	LFT, flu panel.		
	GRBS (100mg/dl)	18657	Balaram.
28/5/26	Chest x-ray PA view	E138	Keka

Cross checked done 29/05/26 9AM

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/2	Infusion pump	8:15 pm	29/05/25		
	syringe pump	9:00 pm	@ 8AM	1102	[illegible]

cross checked done 29/05/26 7AM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/05/26	IV Placement	1	81069	Baloram
28/5/26	IV Placement	1	1595	Rupam
29/5/26	NHA	1	1763	Keka

cross checked done 29/05/26 - 9am

ANY OTHER INFORMATION

Date : 27/05/26 Time : 8:15pm Prepared By : Baloram

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Baloram	306		

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00422711 IP25-00020672 Master SRI VISHWA 23-04-2019 7 Y 1 M 4 D (M) Dr. KALYAN CHAKRAVARTHY KONDA	27/05/26 @ 7:34pm	27/05/26 @ 7:15pm
	Transfer Ordered by	Reason for Transfer
	DR. Malavika.	Admission.
From Unit	To Unit	Information to Attendant
ER	36	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
-14-	-X-	Yes ☑ No ☐ If yes, what ? OP file ✓ T. Babu

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
Balaram	DR. Malavika.

Patient & Clinical Records Received by : Sathika 27/5/26 @ 8pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

BAH-00422711 IP25-00020672
Master SRI VISHWA
23-04-2019 7 Y 1 M 5 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mt Sri vishwa Age : 7y Gender: ☐ Male ☐ Female

Date : 27/5/26. Time of Arrival : 7:20pm

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: 101F PR: 110b/m BP: 98/59(72) RR: 22b/m SpO_2: 100%

Chief Complaints: C/o - Fever x 4Days, Cough & Cold x 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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 7:24pm

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 : Samuel.

Signature of Triage Nurse :

Date & Time : 27/5/26 @ 7:22Pm

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

BAH-00422711 IP25-00020672
Master SRI VISHWA
23-04-2019 7 Y 1 M 4 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

Patient St

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/5/26. Time of arrival : 7:20pm

Chief Complaints: C/o - Fever, Cold & Cough x 3 Days

Height : .... Weight : 22 Kg .... Head Circumference (<2 years) ....

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

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/10 .... Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

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

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☐ No

If **'Yes'** tick below fall risk intervention directly

If Patient is > 6 years

If **'Yes'** Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With .... parents.

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

Time of Initial assessment completed by ER Nurse : 7:24pm.

Docu. No. : RCHBH /FRM / CLINICAL / 120

(P.T.O.)

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

Time	Nursing Notes
7:22PM	→ Assessed the general condition
	→ Checked vital sign
	→ ER Doctor seen the Baby
	Syp Ibugesic 8mL @ 6:45pm Syp. crocin 6ml @ 3:30pm.

Samples collected by: Ayan. 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 :	**Details of Shift - out**
HR: 105b/m BP: 105/61(80) CFT: <2sec	Shift - out from ER to: 306
RR: 21b/m SPO2 at FiO2: 98%.	Time of Shift - out: 8:15 pm
GCS: 15/15 Temperature : 97.9°F	Handover given to: (Nurse's Name) [illegible signature]
Pain Score: —	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse : Ayan Signature of the Nurse : Ayan

Date & Time : 27/5/28 @ 8:15 pm

Patient Sticker

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 :

Speech delay (+)
k/c/o ADHD disorder

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

API

(P.T.O.)

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Master SRI VISHWA
23-04-2019 7 Y 1 M 4 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: ______________________

Desired goals of the treatment : ______________________

Planned Labs:

Blood c/s.
~~Resp panel~~
CRP
LFT
~~Flu panel~~ noted by Aran

Planned Management

IVF: DNS
Inj Augmentin
Syp Azee
Inj PCM QID
Syp Ibugesic 7ml/SOS
Syp Relent plus - 5ml 1 0 0

Signature of the Doctor: [signature]

Name of the Doctor: ....

Date & Time: 27/5/26 @ 10:50pm

Signature of the Consultant: [signature]

Name of the Consultant: [signature]

Date & Time: 29/5/2[illegible]

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: ______________________

UHID ID: ______________________

Department: ______________________

Consultant: ______________________

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

C/o fever - 4d

C/o cold, cough - 3d

History of present illness :

C/o fever - 4 days

C/o cold, cough - 3 days

no distress

oral intake ok

25/5

Hb - 12.9

WBC - 11300

Platelet - 324000

PCV - 39.4

CRP - 38.3 ↑ 1d

CUE - (N)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

k/c/o Autistic disorder

Birth & Neonatal History:

Full term (spontaneous delivery)

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

k/c/o Autistic disorder

Stem cell therapy given - 3 times

Immunization History :

Vaccine given

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 22kg (Centile ________)

On Examination :

Temperature : 101°F Pulse Rate : 110/m B.P. 95/59(72) SPO2 ________

Resp.rate and type of breathing : 25/m

Rash ________

Lymphadenopathy ________ throat congestion

Oedema : ________ oral ulcer ⊕

Allergies (if any): ________

Respiratory System :

Inspection (any s/o distress) : ________

Air entry & breath sounds : Bl AE ⊜

Any addes sounds : ________

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

Cardiovascular System :

Inspection of procordium : ________

Heart Sounds : S1S2 ⊕

Any murmur : ________

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

Per Abdomen :

Inspection ________ soft

Palpation : ________

Ausculation : ________

Spine : ________ External Genitelia : ________

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

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①

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/25 11:15pm	C/S/P/B Dr Unnati D/c :- K/c/o Autism spectrum disorder c̄ speech delay c̄ AFI No new fever spikes post admission. c/o cough/cold (+). No s/o Resp. distress. Tolerating orally well. O/e :- Alert/Active/Afebrile Vitals WNL Hydration fair. Hemodynamically stable S/E :- RS :- B/L AE (+). conducted sounds (+). No creps. CVS/CNS/P/A → NAD CRP ↓ from 38 → 25 Sumit-A	Plan Trace & inform reports Continue t/t as charted Noted by Satwika 27/5 11:15pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026 9:30am	CS/B Dr. Kalyan / Dr. Aishwarya	
	Δ AFI	
	K/C/O Autism	
	No fever spikes	
	C/O cough ⊕	
	O/E: HR - 100/min	
	RR - 20/min	
	S/E: CVS: S1S2 ⊕, No Murmur	
	RS: B/L crackles ⊕, NVBS	
	P/A: Soft	
	CNS: WNL	
		Plan
		Chest Xray
		- Continue IV Medications as charted
		- W/f fever.
		[signature]
	N.B Kept [signature] 28/5 @ 9:30am	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	C/U B Dr. Aishwarya	
4:40pm		
	Δ Influenza A (+ve)	
	K/C/O Autism.	
	No fever spike today	
	C/O cough (+) → same, not increased.	
	O/E: HR - 96/min	
	RR - 20/min	
	S/E: RS: BL AE (+), BL conducted sounds (+)	
	CVS: S1S2 (+), No murmur	
	P/A: Soft	
	CNS: WNL	
		Plan
		- continue medications as charted
		- w/f fever / cough.
		Aishwarya
		Noted by Kusuma 28/5/26

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
29/5/26		
	Flu illness	
	- Afebrile.	
	- Oral intake well	
		Rx
		1) D/s today
	- o/E WNL	
		2) FLUVIR x 5 day
	- cum - cnd(?)	AUGMENTIN x 2 day
		3) RECENT - x 8 day
		4) ZYTEE gel x 5d
		5) NASAL BURGAR x 5 day
		6) Rw on TUE
		7) CONZOL x 5d

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

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 22kgs Ward 3 A

DRUG: ZYTEE GEL				Date/Time	28/5	28/5	29/5
Dose	Route	Frequency	Start Dt.				
	LA	TID	27/5	6am	X		
Name & Signature of the Doctor Starting the Drugs:				2pm	X		
Additional Instructions:				10pm			
Daily Doctor's Endorsement by a Sign							

DRUG: NEB BUDESOL				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Dt.				
0.5ml	NEB	BD	27/5	10am	X		
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				10pm	10:30pm		
Daily Doctor's Endorsement by a Sign							

DRUG: SYP AZEE				Date/Time	27/5		
Dose	Route	Frequency	Start Dt.				
5.5ml	PO	OD	27/5				
Name & Signature of the Doctor Starting the Drugs:				6pm	9pm		
Additional Instructions: 5ml/200mg							
Daily Doctor's Endorsement by a Sign							

Stop. @ 11am on 28/5/26

DRUG: NASOCLEAR SALINE DROPS				Date/Time	28/5	29/5	
Dose	Route	Frequency	Start Dt.				
2°	P/N	6 hrly	27/5/26	12AM	X		
Name & Signature of the Doctor Starting the Drugs:				6AM			
Additional Instructions:				12PM			
				6PM			
Daily Doctor's Endorsement by a Sign							

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 22kgs Ward 3A

DRUG : SYP. FLUVIR				Date ▸ / Time ▾	28/5	29/5
Dose	Route	Frequency	Start Dt.		10 Am	11:30 Am Kahao Keka
3·7ml	P/O	BD	29/5/26			Kahao Keka
Name & Signature of the Doctor Starting the Drugs: (signature)						
Additional Instructions: (12mg/ml)					10pm	11 pm Paar Sih
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 ....

BAH-00422711 IP25-00020672
Master SRI VISHWA
23-04-2019 7 Y 1 M 4 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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DRUG CHART

Date of Admission: .... 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 : SYP [illegible]				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
7ml	PO	SOS	21/6	
Doctor's Signature		Valid Period	Pharm.	
[illegible signature]				
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........

BAH-00422711 IP25-00020672
Master SRI VISHWA
23-04-2019 7 Y 1 M 4 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

REGULAR PRESCRIPTIONS Weight. 22kgs Ward. 3 A

DRUG: INJ AUGMENTIN				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
650mg	IV	TID	27/5	6AM	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				2PM	X	Kalwo Reka	
Additional Instructions:				10PM	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign						[signature]	[signature]

DRUG: INJ PARACETAMOL				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
330mg	IV	QID	28/5	3AM	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				9AM	X	Kalwo Reka	Kalwo Reka
Additional Instructions:				3PM	X	[signature]	
				9PM	[signature]	10PM [signature]	
Daily Doctor's Endorsement by a Sign							

DRUG: INJ PANTOP				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
20mg	IV	OD	27/5		9PM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	[signature]		
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: SYP RELENT PLUS				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
5ml	PO	BD	27/5	9AM	X	Kalwo Reka	Kalwo Reka
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				10PM	9PM [signature]	[signature]	
Daily Doctor's Endorsement by a Sign							

Patient Sticker

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master SRI VISHWA
23-04-2019 7 Y 1 M 4 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

I.V. FLUIDS CHART

Weight. 22kg Ward. 3rd A

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
23/5	8:20pm	Dvf DM	IV	50	[signature]	[signature]			

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

BAH-00422711 IP25-00020672
Master SRI VISHWA
23-04-2019 7 Y 1 M 5 D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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(306)

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
27/5/26	00.00	Neb c̄ Budesal (10pm)	(2) 1286	
28/5/26	01.00	Neb c̄ Budesal (10Am)		
28/5/26	02.00	Nebc̄ Budesal 10pm	81688	
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			