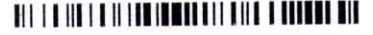


ADMISSION SHEET



Registration Details :

Admission No : IP25-00020662 Admit Date : 27-May-2026 Admit Time : 11:31 AM UHID : FDH-00046332

Patient Details :

Patient Name : Master ADVIK ONGOLU Age : 2 Y 1 M 13 D
Guardian : Mr RAVI KUMAR ONGOLU DOB : 14-04-2024
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : flat no-166, first floor ,road no-9 , krishna
brundhavan colony, bandam kommu,
ameenpur Hyderabad Hyderabad Telangana
INDIA 500001 Phone No : 9347225537/
E-mail : 9347225537@gmail.com

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 RAVI KUMAR ONGOLU Relationship : Father
Contact Address : flat no-166, first floor ,road no-9 , krishna
brundhavan colony, bandam kommu, ameenpur
Hyderabad Hyderabad Telangana INDIA 500001 Phone No : / 9347225537

G. Rama
Signature

Doctor Details :

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

Payment Details :

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



ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00046332 IP25-00020662 -----
 UHID No: ----- Master ADVIK ONGOLU -----
 14-04-2024 2 Y 1 M 13 D (M)
 Dr. KALYAN CHAKRAVARTHY KONDA
 Date of Admission ----- Date of Discharge: ----- Time: -----
 Room / Bed No: ----- Ward: ----- Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	12:45 PM	314(A) ER	314(A)	Valen
<i>314 A to Billing</i>				

Cross Consultation Visit

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



NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 27.10.26 Time: 2:30 PM

Weight: 10.70kgs Centile: 5th Centile

Height: Centile:

Inference: Well Nourished Child

RDA: 1000-1100KCAL Calories: 1100KCAL Protein: 10.0gms

Diet Recommendations: Advised moderate carbohydrates & Adequate protein

Re-Assessment:

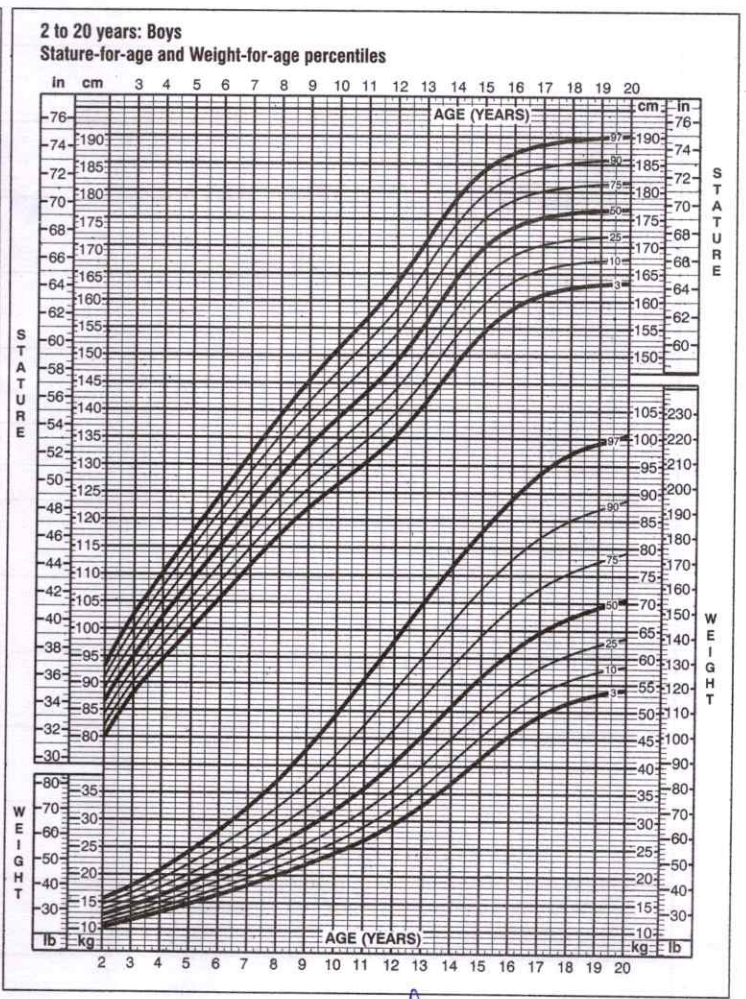
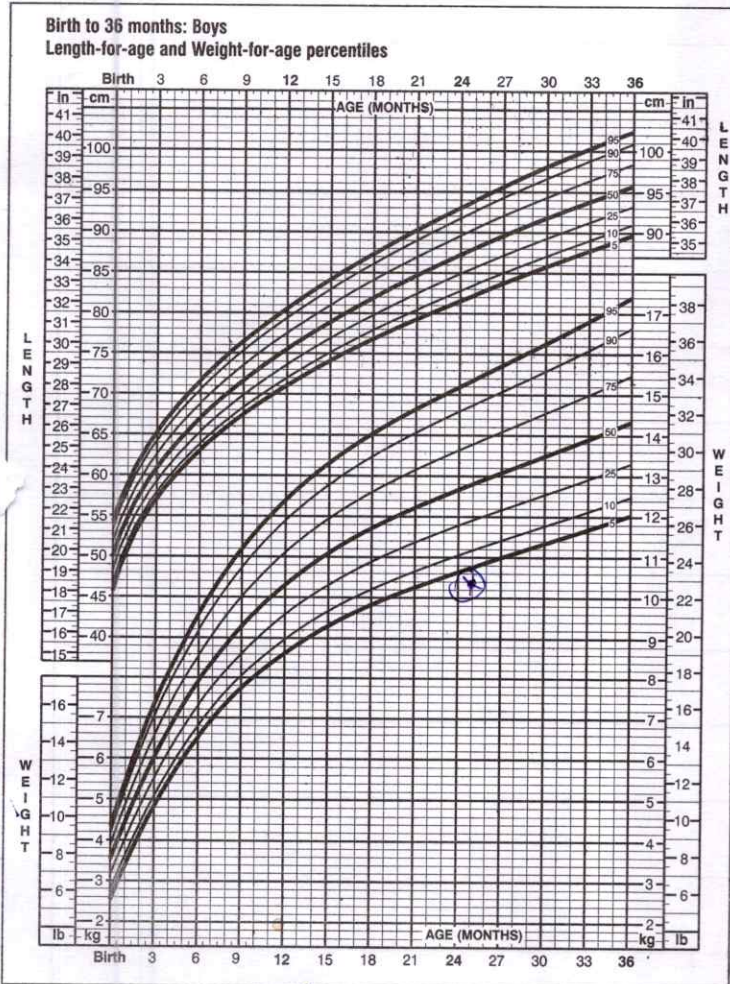
Food Allergies: Nil Veg/Non-veg

Diagnosis: AFI

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: G. Rama

GROWTH CHART (BOYS)



Dietician's Name: Ankiya

Dietician's Signature: Anki


Daily Notes:

27/05/26

Advised Balanced diet & Adequate protein...

Amaly

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00046332 IP25-00020662 Master ADVIK ONGOLU 14-04-2024 2 Y 1 M 13 D (M) Dr. KALYAN CHAKRAVARTHY KONDA 		Date & Time of Admission 27/5/26 @ 11:31	Date & Time of Transfer Order 27/5/26 @ 12:25 PM
		Transfer Ordered by Dr. Kameera	Reason for Transfer Admission
From Unit ER	To Unit 314(A)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 12	Number of Imaging Films X-ray (1)	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> op file If yes, what? G Ramad	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	DNS & Intrafix	①	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Yaseen		Name of Person Ordered Transfer Dr. Kameera	
Patient & Clinical Records Received by : Kiran			
Date & Time of Patient Received : 27/5/26, @ 12:45 PM			

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



DISCHARGE SUMMARY

Name	Master ADVIK ONGOLU	UHID	FDH-00046332
Father/Guardian	Mr RAVI KUMAR ONGOLU	Age/Gender	2 Y 1 M 13 D/ Male
Address	flot no-166, first floor ,road no-9 , krishna brundhavan colony, bandam kommu, ameenpur, Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020662	Admission Date	27-05-2026
Ref Doctor			
Discharge Date	28-05-2026		

Consultant:

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

DIAGNOSIS

ACUTE FEBRILE ILLNESS

History: Master ADVIK ONGOLU, 2 Years, 1 Months, 13 Days, old boy presented with history of moderate to high grade intermittent fever since 5 days, cold & cough since 2 days, poor oral intake, dull activity prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Financial District for further management.

Outside investigations: Done: CBP showed Hemoglobin - 12.1 gm%, White blood cells - 3400 cell/cmm, Platelets - 1.86 lakh/cmm, C-Reactive Protein - 10.2 mg/L, Widal IgG & IgM were - Negative. CUE - Normal.



Name	Master ADVIK ONGOLU	UHID	FDH-00046332
IP No	IP25-00020662	Admission Date	27-05-2026

Examination: He was febrile (99 *F), maintaining saturations at room air (99%). His heart rate was 125/min, Blood pressure - 98/52 mmHg and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal 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: 10.70 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. In view of chest signs, he was frequently nebulized with Levolin.

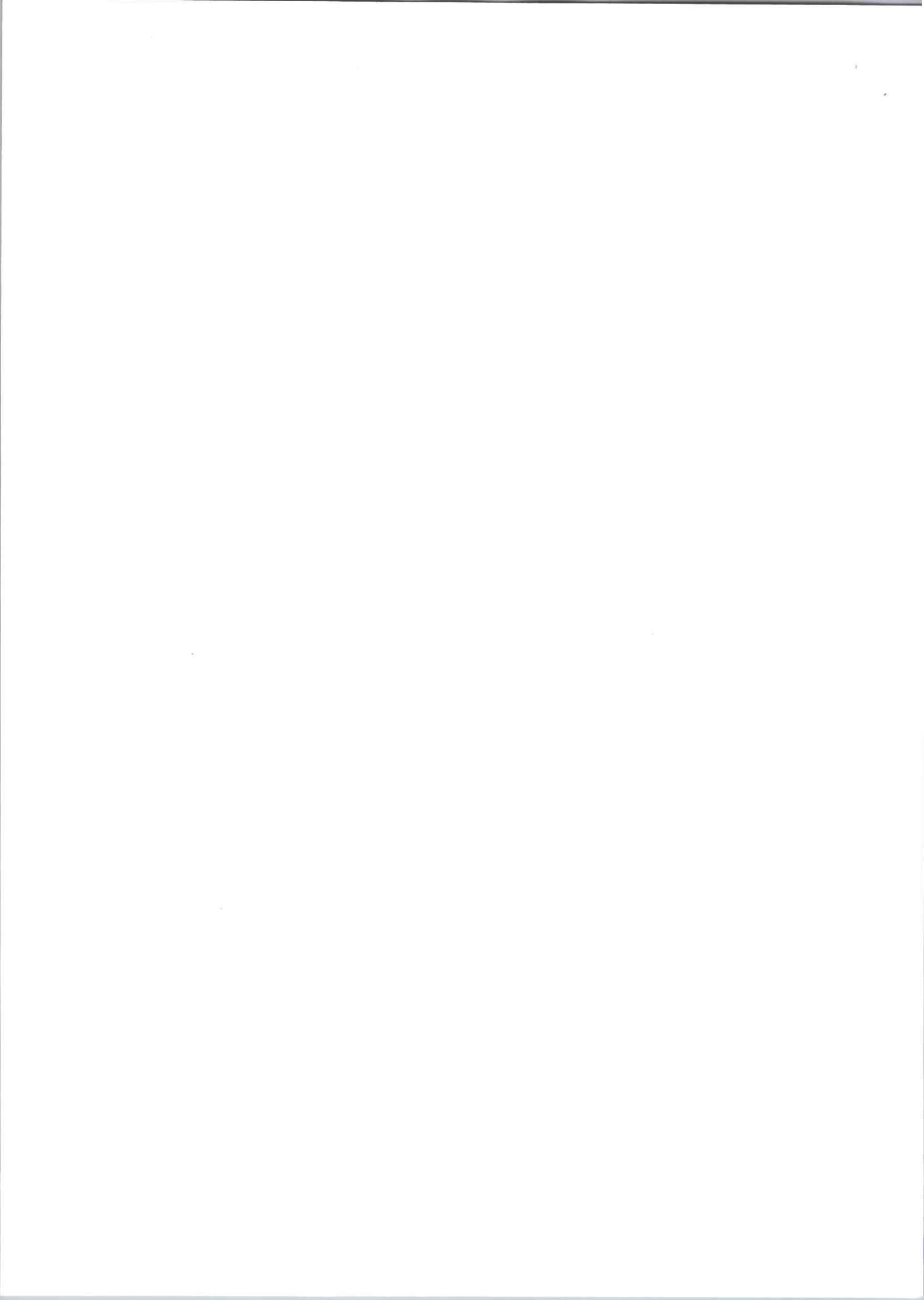
GeneXpert FluA+FluB+RSV were sent, which was negative.

Serum Creatinine was 0.4 mg/dl. Liver function test showed total SBR of 0.3mg/dl with indirect fraction of 0.2 mg/dl, SGOT - 65U/L, SGPT - 28U/L, ALP -106 U/L, protein - 6.2gm/dl, albumin - 3.9 gm/dl, globulin - 2.3gm/dl, A/G ratio of 2.3. Widal & Malarial Parasite (optimal & smear) were negative. Blood culture was 24-hour sterile. Urine culture & sensitivity awaited.

Dengue NS1 & IgM were negative.

Chest X-ray was normal.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.



Name	Master ADVIK ONGOLU	UHID	ADH-00046332
IP No	IP25-00020662	Admission Date	27-05-2026

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.

Advice:

- * Syrup. Augmentin DDS (Amoxicillin - 400 mg + Potassium Clavulanate - 57.8mg/5ml) 3.7 ml twice daily (1 hour before food or 2 hours after food) for 3 days. (Should be kept in refrigerator after reconstitution, consume within 7-days).
- * Syrup. Relent Plus (Cetirizine 5mg, Ambroxol 30mg/5ml) 3 ml twice daily 1 hour before food for 5 days.
- * Tablet. Lanzol DT (Lansoprazole - 15mg) dilute 1 tablet in 5ml of water and give 3.5 ml once daily 30 minutes before breakfast for 5 days.
- * Nebulization with Levolin (0.63 mg), 1 respule thrice daily for 3 days followed by twice daily for 3 days and stop.

Plan: To blood and urine culture on follow up.

Fever Management

- * Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
- * Syrup. Ibugesic 3.5 ml SOS.
- * Tepid sponging if fever > 101 *F.

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on 1/6/2026 Monday at Financial District in OPD with prior appointment (**Review consultation will be charged**).



Name	Master ADVIK ONGOLU	UHID	ADH-00046332
IP No	IP25-00020662	Admission Date	27-05-2026

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

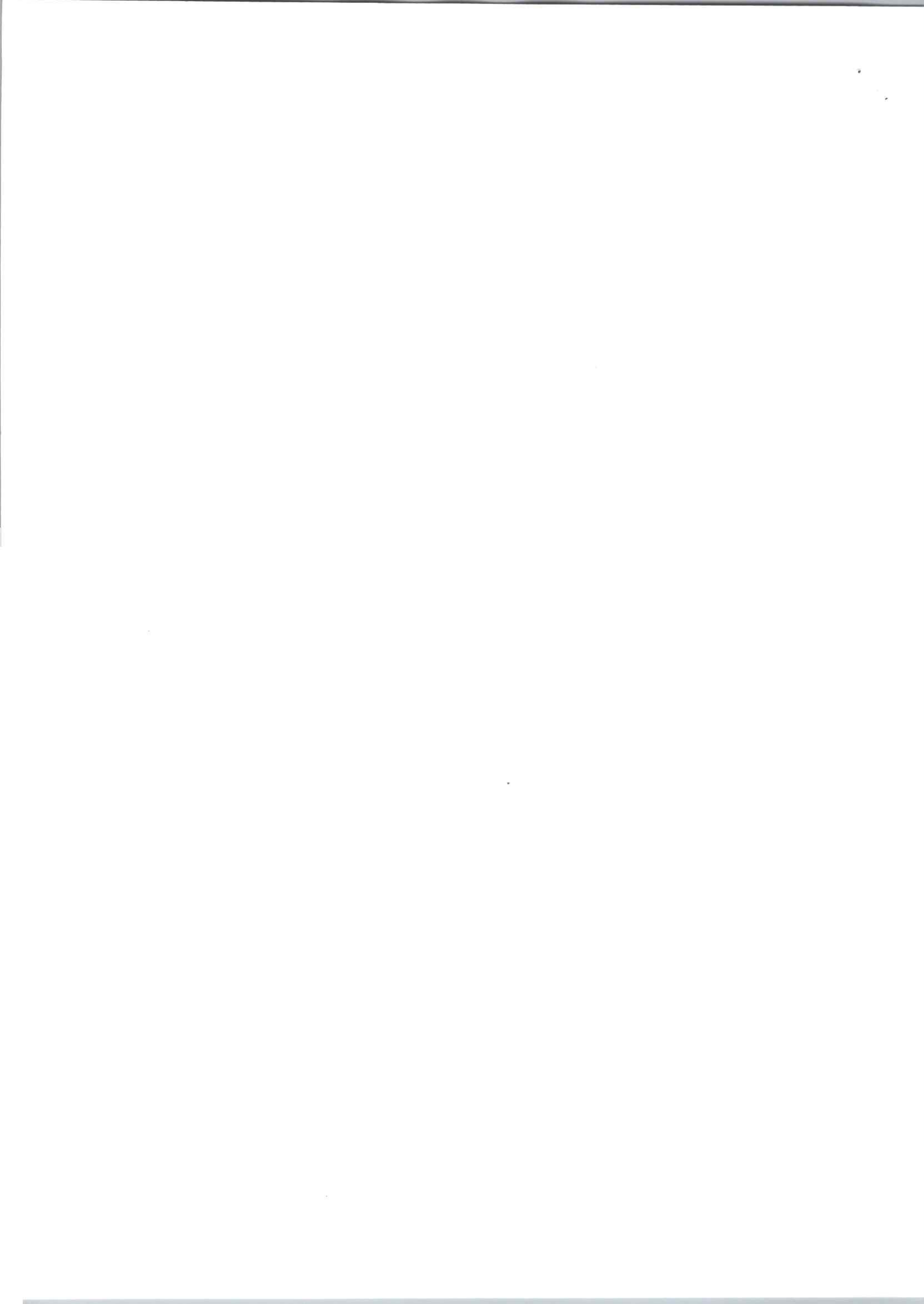


Consultant:
Dr. Kalyan Chakravarthy Konda,
MBBS, MD, DNB (Pediatrics), DM (Neonatology)



Name	Master ADVIK ONGOLU	UHID	DH-00046332
IP No	IP25-00020662	Admission Date	27-05-2026

Consultant Pediatrician & Neonatologist
APMC/FMR/76059



EMERGENCY ROOM TRIAGE FORM

Patient's Name : MH Advik Ongolu Age : 24 Gender: Male Female

Date : 27/12/2024 Time of Arrival : 11:50am

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

Source of Information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 99°F PR: 110b/min BP: 90/40 RR: 30b/min SpO₂: 98%

Chief Complaints: CO-fever x 5 days do cold/cough x 2 days

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

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input 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

G. Rama
 Signature of Parent / Guardian
 Triage Completion Time : 11:55

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:

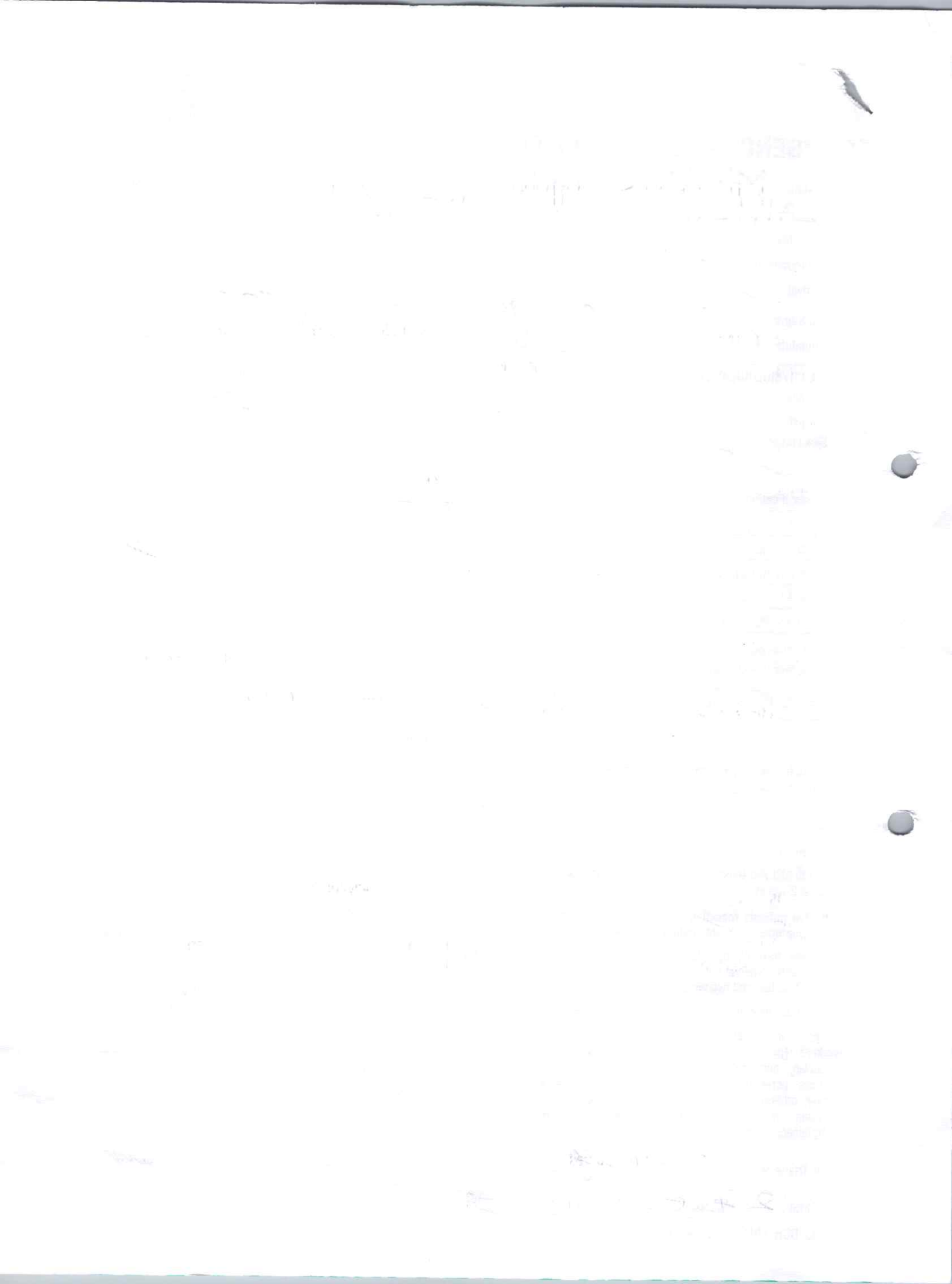
- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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 : TSwamy Signature of Triage Nurse : TSwamy

Date & Time : 27.12.2024 @ 11:50AM



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/5/24 Time of arrival : 11:50am
 Chief Complaints: C/O - fever, cough, cold.
 Height : Weight : 10.70kg 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

<p>RISK FOR FALL: If patient is < 6 years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Ambulatory Aids: • Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No Gait/Transferring: • Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Status: Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING Fall Risk Intervention: <input checked="" type="checkbox"/> Escort while ambulating <input checked="" type="checkbox"/> Assist Patient <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention</p>	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality</p> <p>Inform consultant for positive criteria</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method</p> <p>Inform consultant for positive criteria</p>
--	---

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?)

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

Time	Nursing Notes
11:30am	Assess the child condition
	Syp. Combiflav Syp. Pan gin @ 4am. gin (2.5ml) Syp. Active with

Samples collected by:

YASEEN

Time:

12:00

Samples sent by :

Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 125b/m BP: 98/52 CFT: 28	Shift - out from ER to: 3/4-A
RR: 30b/m SPO2 at FiO2: 99%	Time of Shift - out: 12:25 PM
GCS: 15 Temperature: 99.4	Handover given to: Kivan
Pain Score: _____	(Nurse's Name)
Repeat RBS (if applicable): _____	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): IV Placement

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

Date & Time : 27-5-2020 12:20 PM

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : Conscious, alert _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

AFI



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____
Sepsis

Desired goals of the treatment : _____
resolution of symptoms

Planned Labs:

- ✓ - Blood cfs (Urine cfs) ~~etc~~
- CXR
- LFT, Creat
- ✓ - Dengue NS, Ag, IgM
- Malaria Panel
- ✓ - Flu gene Xpect

note by YASRAJ
27-5-26
12:00 PM

Planned Management

- Inj Augmentin
- Syp Fluvir
- Inj PCM
- Syp IBUGESIC
- Inj Pan
- IVF
- Neb \bar{e} LEVOLIN + HYPERNEB
- SYP RELENT PLUS

Signature of the Doctor: Kasmeera A
Name of the Doctor: Dr. Kasmeera
Date & Time: 27-5-2026

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. [Name]
Date & Time: 29/5/24



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

FDH-00046332 IP25-00020662

Master ADVIK ONGOLU

14-04-2024 2 Y 1 M 13 D (M)

Dr. KALYAN CHAKRAVARTHY KONDA

Department: _____



Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever x 5 days
Cold & Cough x 2 days

History of present illness :

A 2 year old male child
was brought with c/o
Fever x 5 days - High grade

c/o cold & Cough x 2 days

↓ oral intake (+)

Evaluated outside on 23-05-26 and
started on supportive medications.
Re-evaluated on 26-05-26. Started
on oral antibiotics - SYP CEFOLAC 3ML
- 2 doses given

Inv - CBP - Hb - 12.1

TLC - 3,400 N - 38 L - 53

PLT - 1.86

Widal (Typhidot) IgG & IgM - Negative

CRP - 10.2

CUE - Normal

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Smoothly transit

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

no developmental delay

Immunization History :

vaccinated as per schedule

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

On Examination :

Temperature : 99°F Pulse Rate : _____ B.P. _____ SPO2 _____

Resp. rate and type of breathing : _____

Rash _____
Lymphadenopathy } ⊖ _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

AEBE ⊕ , Clear

Inspection (any s/o distress) : _____
Air entry & breath sounds : _____
Any added sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc..) _____

Cardiovascular System :

S₁ S₂ ⊕

Inspection of precordium : _____
Heart Sounds : _____
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : _____

Per Abdomen :

Soft, non tender

Inspection _____
Palpation : _____
Auscultation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc..) _____



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/15/26 4:20pm	<p>Urea B De-Aishwarya</p> <p>Δ Acute febrile illness.</p> <p>Child had no fever spikes since admission.</p> <p>ClO cough ⊕</p> <p>Oral intake - moderate.</p>	
	<p>OIE: HR - 116/min</p> <p>RR - 24/min</p>	
	<p>SIE: RIS: BIL AE ⊕, NVBS</p> <p>WS: SIS ⊕, No murmurs</p> <p>RA: Soft A ⊕ tenderness</p> <p>CNS: WNL</p>	
		<p>Plan</p> <p>- trace depth</p> <p>- Continue medications as cleared</p> <p>- w/f fever spikes.</p>
		<p>Observed by Kusuma 2/15/26</p>
		<p>Aishwarya</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2024 9:20am	<p>CSIB Dr. Kalyan / Dr. Aishwarya</p> <p>Δ Acute febrile illness.</p> <p>No fever spikes</p> <p>NO cough ⊕ → Post-tussive vomiting ⊕</p> <p>No other complaints.</p> <p>OE: HR - 110/min</p> <p>RR - 22/min</p> <p>AE: O₂ = S₁S₂ ⊕, No murmur</p> <p>RI: BIL AE ⊕</p> <p>PIA: Soft</p> <p>ONS - WNL</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> - Trace dengue / flu report - PCM SOS - IVF Make 1/2 today and w/ oral intake. <p>Aishwarya</p> <p>N.B. Keka</p> <p>28/5 9:20am</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	U/S Dr. Airways	
4:35pm	△ Acute febrile illness.	
	No fever spikes	
	C/O cough ⊕ → same	
	No fresh complaints.	
	O/E: HR: 112/min	Dengue (-ve)
	RR - 26/min	Flu (-ve)
	S/F: WS: 6.2 ⊕, NO Mucous	
	RU: BU AE ⊕, NUBS	
	PIA: Soft	
	WS: WNL	
		Plan
		- Wif fever spikes
		- Continue medications as started
		- Encourage orally
		Noted by
		Kaduna
		28/5/26

Sheet No:

REGULAR PRESCRIPTIONS

Weight 10.70kg Ward 32d-A

DRUG : INJ PANTOPRAZOLE				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Dt.																	
10MG	IV	OD	27-5-26																	
Name & Signature of the Doctor Starting the Drugs: <i>Krasmeera A.</i>				<i>GAT 1:30 PM 27/5</i> <i>NEB 1:30 PM 28/5</i> <i>POD 1:30 PM 29/5</i>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : NEB Z LEVOLINO 63				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Dt.																	
0.63	INH	TID	27-5-26																	
Name & Signature of the Doctor Starting the Drugs: <i>Krasmeera A.</i>				<i>GAT 1:30 PM 27/5</i> <i>NEB 1:30 PM 28/5</i> <i>POD 1:30 PM 29/5</i>																
Additional Instructions: + HYPERNEB 2ML				<i>10 PM 27/5</i> <i>10 PM 28/5</i> <i>10 PM 29/5</i>																
Daily Doctor's Endorsement by a Sign																				

DRUG : SYP RELENT PLUS				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Dt.																	
3ML	PO	BD	27-5-26																	
Name & Signature of the Doctor Starting the Drugs: <i>Krasmeera A.</i>				<i>GAT 1:30 PM 27/5</i> <i>NEB 1:30 PM 28/5</i> <i>POD 1:30 PM 29/5</i>																
Additional Instructions:				<i>10 PM 27/5</i> <i>10 PM 28/5</i> <i>10 PM 29/5</i>																
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

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

Signature
VERIFIED BY : Name

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																					



DRUG CHART

Date of Admission: 27/5/20 Drug Allergies: Not 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 : <u>SYP IBUGESIC</u>				Date Time															
Dose <u>5.2ml</u>	Route <u>PO</u>	Frequency <u>SOS</u>	Start Date <u>27-5-20</u>																
Doctor's Signature <u>Kasmeera A</u>		Valid Period	Pharm.																
Additional Instructions: <u>(10MG/KG) (100MG/5ML) Q 8 hr in case of persistent fever</u>																			
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

REGULAR PRESCRIPTIONS

Weight. 10.70kg Ward. 37A-A



DRUG : INJ AUGMENTIN				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date																	
300 MG	IV	TID	27-5-26	6 AM																
Name & Signature of the Doctor Starting the Drugs: <i>Kasmeera A</i>					2 PM	10 PM														
Additional Instructions: 30 MG/KG/DOSE																				
Daily Doctor's Endorsement by a Sign																				
DRUG : SYP FLUVR				Date Time	27/5	28/5	29/5													
Dose	Route	Frequency	Start Date																	
2.5 ML	PO	BD	27-5-26	10 AM	1:40 PM															
Name & Signature of the Doctor Starting the Drugs: <i>Kasmeera A</i>					10 PM															
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ PARACETAMOL				Date Time	27/5	28/5														
Dose	Route	Frequency	Start Date																	
160 MG	IV	QID	27-5-26	2 AM																
Name & Signature of the Doctor Starting the Drugs: <i>Kasmeera A</i>					2 AM	2 PM														
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : SYP IBUGESIC				Date Time																
Dose	Route	Frequency	Start Date																	
5.3 ML	PO	TID	27-5-26																	
Name & Signature of the Doctor Starting the Drugs: <i>Kasmeera A</i>																				
Additional Instructions: 10 mg/kg/dose (100 MG/5 ML) (or) SOS																				
Daily Doctor's Endorsement by a Sign																				



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
27/5/26	00.00	Neb c levolin + 3% NS 2pm - ①	1045 Kubuma	G. Rama
	01.00			
27/5/26	02.00	Neb c levolin + 3% NS ②	81205	
28/5/26	03.00	Neb levolin + 3% NS	Saturka	
28/5/26	04.00	Neb c levolin + (2pm) ① 3% NS	1239 Kema	
	05.00			
29/5/26	06.00	Neb c levolin + 3% NS 10pm ② 6am	1743	
	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			

Gross checked
 by Kema
 29/5
 @ 9:30am

