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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No. : AH-00596285 IP5-00176138 by MUDDAPU AARADHYA -08-2023 2 Y 11 M 6 D (F) . UJJWALA DESAI _____ Dept : _____

Date of Admission: _____ charge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	12 pm	ER	146	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/7/26	Blood cls, CBP, CRP,		
	electrolytes, Ca^{+}, Mg	94331	Kedha
	urea, creatine.		
9/7	CUE	94391	
9/7	CSE	94732	
9/7	stool c/s	26068745	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/12	infusion pump	1pm		9694698	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7/26	IV placement	1	94339	
9/7/26	NHCT	1	96974699	

ANY OTHER INFORMATION

Date : 10/7/26 Time : @ 8.30pm Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

M. Aaradhya
BAH-00596285
IUL

Patient Sticker

Dr. Ujjwala. D

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	2			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Others :-	4			
	Dama... :-	2			
	Total No. of Pages	30			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 10/7/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176138 **Admit Date** : 09-Jul-2026 **Admit Time** : 10:56 AM **UHID** : BAH-00596285

Patient Details :

Patient Name	: Baby MUDDAPU AARADHYA	**Age**	: 2 Y 11 M 6 D
Guardian	: Mr MUDDAPU MAHESH	**DOB**	: 03-08-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 8-3-430/86, AMBEDKAR NAGAR YELLAREDDYGUDA, AMEERPET Srinagar Colony Hyderabad Telangana INDIA 500073	**Phone No**	: 9010291846/ 8106291846
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : SW 146 **Ward Name** : 1F-VIBGYOR

Room No : SW 146 **Admission Type** : First Visit

Contact Details :

Name : Mr MUDDAPU MAHESH **Relationship** : Father

Contact Address : 8-3-430/86, AMBEDKAR NAGAR YELLAREDDYGUDA, AMEERPET Srinagar Colony Hyderabad Telangana INDIA 500073 **Phone No** : 9010291846 / 8106291846

y m.mahesh
Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

AH-00596285 IP5-00176138
aby MUDDAPU AARADHYA
-08-2023 2 Y 11 M 6 D (F)
r. UJJWALA DESAI

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : As per Rote Date : 9/7/26

Type of Admission: ☐ OPD ☑ ER ☐ Referral (if referral, Doctor's Name: ...)

Start Time of Assessment: 10:00am Weight: 12kg

Allergic History: ...

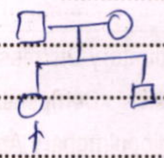
Chief Complaints:
Uprolling of eyes, generalised tonic, clonic posturing for ≃5min @ 9:40am on 9/7/26
H/o fever
Cold/cough } since 1 day
Vomitings
loosestools

Pediatric Assessment Triangle
A Appearance - TICLS ...
B Breathing
☐ ↑ WOB
☐ ↓ WOB
☑ Normal
☐ Gasping / Apnea
C Circulation
☑ Normal
☐ Abnormal
- Pallor ☐
- Cyanosis ☐
- Mottling ☐
- Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No
If Yes ...

Significant Past History: Non consanguin.
Medication History: 3.3kg/LSCS/No H/o NICU stay
Ⓝ transition



Relevant Investigations: ...

Primary Assessment (A, B, C, D, E)

Airway
☑ Open
☐ Maintainable
☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes ...

Breathing
Rate: 26/min SpO2 on FiO2 100% on RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BL AE Ⓔ.
Palpation Findings (If necessary) ...

Any urgent interventions needed: ☐ Yes ☑ No
If Yes ...

Circulation

HR: 170/min

CFT: Central ..... Peripheral .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: 116/81 (95) mmHg

Pulse Volume: Central ..... Peripheral .....

If in Shock: Compensated ..... Hypotensive .....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right ..... Left .....

Active Seizures: ☐ Yes ☑ No Sugars: .....

Signs of Neurological compromise .....

.....

Exposure

Temp.: 102.2°F

Any urgent interventions needed: ☑ Yes ☐ No

Any Rash: ☐ Yes ☑ No,

If Yes Inj PCM 6mls

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

.....

.....

Labs Planned: .....

CBP, CRP, S. Electroly, Ca, Mg, Blood Gs, S. Creat, Blood urea, CXR, CSE

NTB Sagar 10:40 am

Treatment Planned: .....

- Inj Ceftriaxone
- Inj Esomeprazole
- Inj Ondem
- IV Fluids (2 3rd)
- Tab Brufen

NTB Sagar 10:40 am

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): AF 1 c 1st Episode febrile seizure AGE

Assessment done by

Name of the Doctor: Dr. Ramya

Signature: .....

Date & Time: 9/7/26; 10:30am.

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

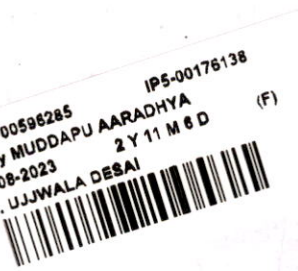
Signature: .....

Date & Time: .....

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD



Patient Name: Aaradhya.

UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

fever
vomiting, loose stools } ∴ ~~yest~~ 1-2day

1ep. of ?Seizures activity today morning

History of present illness :

Premorbidey well child.
c/o fever : yesterday afternoon.
high grade, a/w chills.
subsiding c medications.
c/o vomiting & loose stools : yesterday night
vomiting - non bilious non projectile.
watery c food as content.
3-4 episodes since yesterday.
loose stools - watery foul smelling stools
3-4ep since yesterday.

1ep. of paroxysmal movement today morning
? shivering of body, unresponsive
? h/o loss of consciousness.
• lasting 30-40 seconds.
• no upreolling of eyeballs / frothing from mouth

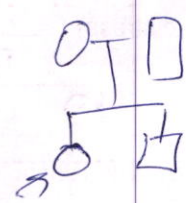
Pediatric Multiorgan History & Physical Examination

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

⊖

Birth & Neonatal History:

(A) perinatal transition



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developed as per age

Immunization History :

Immunised as per age.

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12kg (Centile _____)

On Examination :

Temperature : 102.2°F Pulse Rate : 140/min B.P. 116/81 mm/Hg SPO2 98% IRA.

Resp.rate and type of breathing : 26/min

Rash

Lymphadenopathy ⊖

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE ⊕.

Any addes sounds : ⊖

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 ⊕

Any murmur : ⊖

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

Per Abdomen :

Inspection

Palpation : Soft, NT.

Ausculation : BS ⊕

Spine : External Genitelia :

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

H-00596285 IP5-00176138
by MUDDAPU AARADHYA
08-2023 2 Y 11 M 6 D (F)
UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves :

Motor System: NAD

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Intact

Bladder / Bowel : regular

Clinical Summary & Diagnostic:

AF I c̄ AGE c̄ some dehydration

c̄ ? 1st ep. febrile seizure

(P.T.O.)

IAH-00596285 IP5-00176138
laby MUDDAPU AARADHYA
3-08-2023 2 Y 11 M 6 D (F)
or. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis, dehydration

Desired goals of the treatment : hemodynamic stability

Planned Labs:

CBP, CRP, SE
S Ca, Mg
Blood C/S -
urea, creat -
CUE, CSE -

NIB
Sagar
10:40 am

Planned Management

Inj Ceftriaxone.
Inj Esomeprazole.
Inj Ondem.
IV fluids 2/3rd.
+ Frisium

NIB
Sagar
10:40 am

Signature of the Doctor: .....
Name of the Doctor: Lahiri
Date & Time: 9/7/26 11:30 AM

DR. UJJWALA DESAI
Registration No: 90550

Signature of the Consultant: .....
Name of the Consultant: MKN
Date & Time: 9/7 (5:15pm

AH-00596285 IP5-00176138
aby MUDDAPU AARADHYA
-08-2023 2 Y 11 M 6 D (F)
. UJJWALA DESAI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/23 1PM	Seen by Resident	
	Adm - AFI c AGE	Plan
	c 1st ep. of febrile seizure.	
		1. Continue medications as
	No fever since admission	charted
	oral intake fair	2. Trace CSE, blood C/S.
	O/E	3. monitor vitals & inform
	Child alert, afebrile	SOS.
	hemodynamically stable	4. Send stool C/S.
	chest clear	
	abdomen soft	Dr. Sahithi
	hydration fair.	
	2 ep. of foul smelling watery, green stools.	
9/7 (9:15pm)		

BAH-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
03-08-2023 2 Y 11 M 7 D (F)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 8AM	S/B Resident Δ: AFI. c/o vomiting loose stools } since 1day c/o fever x 1day Sz like activity yesterday at 9:30 AM no c/o cold, cough O/i - good no further vomitings 1-2 episode stool (not watery) O/E: Child alert vitals stable CVS RS P/A | Normal Pr good Gastroenteritis. febrile seizure.	plan ① cont. same ② Trace Blood C/S Stool C/S ③ w/f fever ④ monitor vitals ⑤ Inform SOS Madhuri Gastro diet Continue Ceftriaxone & IV fluids Stop IV Fluids DR. UJJWALA DESAI Registration No: 90550 Docu Drujjwala 9am

BAH-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
03-08-2023 2 Y 11 M 7 D (F)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 4:30pm.	Seen by Resident.	
	Dxis- AFI c AGE.	Plan
	1ep. of semisolid stools.	1. Continue medications as charted.
	no vomitings	
	Afebrile for 24 hrs.	2. Trace Blood C/S stool C/S.
	No fresh issues.	
	O/E	3. R/V D/C.
	Chest clear, abd. soft	Sahithi
	hemodynamically stable.	
	hydration fair	
		Discharge
		G.
		- Cefixime - x 5dq.
		Lanw)
		Review after 3day
	Febrile seizure prophylaxis,	DR. UJJWALA DESAI Registration No: 90550 Dr Ujjwala 5pm

BAH-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
03-08-2023 2 Y 11 M 7 D (F)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	9/7					
Time	11 AM					
Hb	13.4					
PCV	39					
RBC	4.8					
WBC	7.9					
N/L	(66/24)					
Platelets	3.13L					
CRP	65↑					
ESR						
PCT						
RBS						
Na	134					
K	4.8					
Cl	101					
Ca/Mg	10/1.9					
Phosphate						
Urea	24					
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	9/1/26.					
Time						
CUE - Alb	⊖					
CUE - Sugar	⊖					
CUE - Ketones	4+					
CUE - PUS Cells	2-3					
CUE - RBC Cells	0					
CUE	⊖					
	9/1/26					
Stool Pus Cell	55-60					
OVA / Cyst	nil					
Occult Blood	nil					
	mucus present					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

IAH-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
3-08-2023 2 Y 11 M 6 D (F)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ 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: ward.

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. RAMYA

Date & Time : 9/7/26 ; 10am

Nurse Name & Signature: Sagar

Date & Time : 9/7/26 @ 12 PM

BAH-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
03-08-2023 2 Y 11 M 7 D (F)
Dr. UJJWALA DESAI

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 ..12 kg.. Ward ....

DRUG : Syp ONDANSETRON	Date ▸ Time ▾	9/7	10/7
Dose: 5 ml · Route: PO · Frequency: TID · Start Dt.: 9/7/26			
Name & Signature of the Doctor Starting the Drugs: Sahithi	6AM	X 2mg	
	2pm	X	Sushma
Additional Instructions: (5ml/2mg)	10pm	7pm Pooja	
Daily Doctor's Endorsement by a Sign			

DRUG : Tab FRISIUM	Date ▸ Time ▾	10/7
Dose: 1/2 tab · Route: P/O · Frequency: BD · Start Dt.: 10/7/26		
Name & Signature of the Doctor Starting the Drugs: Madhavi	10AM	Sushma
Additional Instructions: (1tab-5mg)	10PM	
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-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
03-08-2023 2 Y 11 M 7 D
Dr. UJJWALA DESAI (F)

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 .... 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 ....

AH-00596285 IP5-00176138
aby MUDDAPU AARADHYA
3-08-2023 2 Y 11 M 6 D (F)
r. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 9/7/26 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 *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 : SYRUP CROCIN DS				Date / Time
Dose	Route	Frequency	Start Date	
4ml	P/O	SOS	9/7/26	
Doctor's Signature		Valid Period	Pharm.	
Madhuri				
Additional Instructions: max 6th hrly T>100°F				

DRUG : SYRUP MEFTAL				Date / Time 9th
Dose	Route	Frequency	Start Date	SPO Alert
6ml	P/O	SOS	9/7/26	
Doctor's Signature		Valid Period	Pharm.	
Madhuri				
Additional Instructions: max 8th hrly T>102°				

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

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

IAH-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
3-08-2023 2 Y 11 M 6 D (F)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

Weight. ≃ 12kg (approx) Ward. ....

DRUG : Inj CEFTRIAXONE				Date/Time	9/7, 10/7
Dose	Route	Frequency	Start Date		
600mg	IV	BD	9/7/26		10AM, 10PM; Sushg; Sushg; Son; Son
Name & Signature of the Doctor Starting the Drugs: Dr Ramya					
Additional Instructions:					10PM Sona
Daily Doctor's Endorsement by a Sign					

DRUG : Inj ESOMEPRAZOLE				Date/Time	9/7, 10/7
Dose	Route	Frequency	Start Date		
12mg	IV	OD	9/7/26		6AM; 10:30; Sona
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : tab FRISIUM				Date/Time	9/7
Dose	Route	Frequency	Start Date		
1tab	PO	BD	9/7/26		10AM, 2PM Sushg
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya					changing dose Madhu 10/7/26
Additional Instructions: (1tab = 5mg)					10PM Sona
Daily Doctor's Endorsement by a Sign					

DRUG : ECONORM Sachet				Date/Time	9/7, 10/7
Dose	Route	Frequency	Start Date		
1sachet	PO	BD	9/7		7AM; Sona
Name & Signature of the Doctor Starting the Drugs: Lahiri					
Additional Instructions:					7PM
Daily Doctor's Endorsement by a Sign					

AH-00596285 IP5-00176138
aby MUDDAPU AARADHYA
3-08-2023 2 Y 11 M 6 D (F)
r. UJJWALA DESAI

Weight. 12 kg Ward. .....

	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
9/7/26	10:25 AM	Inj ONDANSETRON	2·5mg	IV		Santhosh Akhila
9/7/26	10:20 AM	Inj PARACETOMOL	180mg	IV		Kasthuri Venkat

Signature

VERIFIED BY : Name

AH-00596285 IP5-00176138
aby MUDDAPU AARADHYA
3-08-2023 2 Y 11 M 6 D (F)
r. UJJWALA DESAI

I.V. FLUIDS CHART

Weight. 12kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/7/26	10:40 AM	DNS (2/3rd maint)	IV	30			10/7/26		

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

AH-00596285 IP5-00176138
aby MUDDAPU AARADHYA
3-08-2023 2 Y 11 M 6 D (F)
r. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
9/8	08:00 am							—				
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	D/NS		30ml			✓	✓	✓	✓	0	Sudha
	01:00 pm			30ml							0	
Total Intake :						**Total Output :**						
9/8	02:00 pm	↑		—			✓			✓	0	Vanitha
	03:00 pm	↑		30ml							0	
	04:00 pm	DNS		30ml							0	
	05:00 pm			—			✓				0	Vanitha
	06:00 pm	↓		30ml						✓	0	
	07:00 pm										0	Vanitha
Total Intake :						**Total Output :**						
	08:00 pm			30ml							0	
	09:00 pm		Poha	30ml							0	
	10:00 pm			30ml			✓			✓	0	Rama
	11:00 pm	DNS		30ml							0	
	12:00 am			30ml							0	
	01:00 am			30ml							0	
Total Intake :						**Total Output :**						
	02:00 am			30ml							0	
	03:00 am			30ml							0	
	04:00 am	DNS	water	30ml			✓			✓	0	Rama
	05:00 am			30ml							0	
	06:00 am			30ml							0	
	07:00 am			30ml							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
03-08-2023 2 Y 11 M 7 D (F)
Dr. UJJWALA DESAI

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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							
10/8	08:00 am										6	
	09:00 am		Baby				1			✓	0	Sushma
	10:00 am	NO IVF			NT		NP				6	
	11:00 am							1	1		0	Sushma
	12:00 pm						1			✓	0	
	01:00 pm										0	
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	

Aaradhya
Patient Sticker
2y 11m

BAH-00596285 IP5-00176138
Baby MUDDAPU AARADHYA
03-08-2023 2 Y 11 M 7 D
Dr. UJJWALA DESAI (F)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ..TH ASSESSMENT - GIRLS

Date: 9/7/26 Time: 12pm

Weight: 13 kgs Centile: >25th

Height: 92 cms Centile: >25th

Inference: Well child

RDA: - Calories: 1250 kcal/d Protein: 21g/d

Diet Recommendations: Gastro diet (Avoid wheat, milk, ragi, eggs, nuts, oats, citrus fruit juices, sugar) can have rice based foods, ORS, sago water

Re-Assesment:

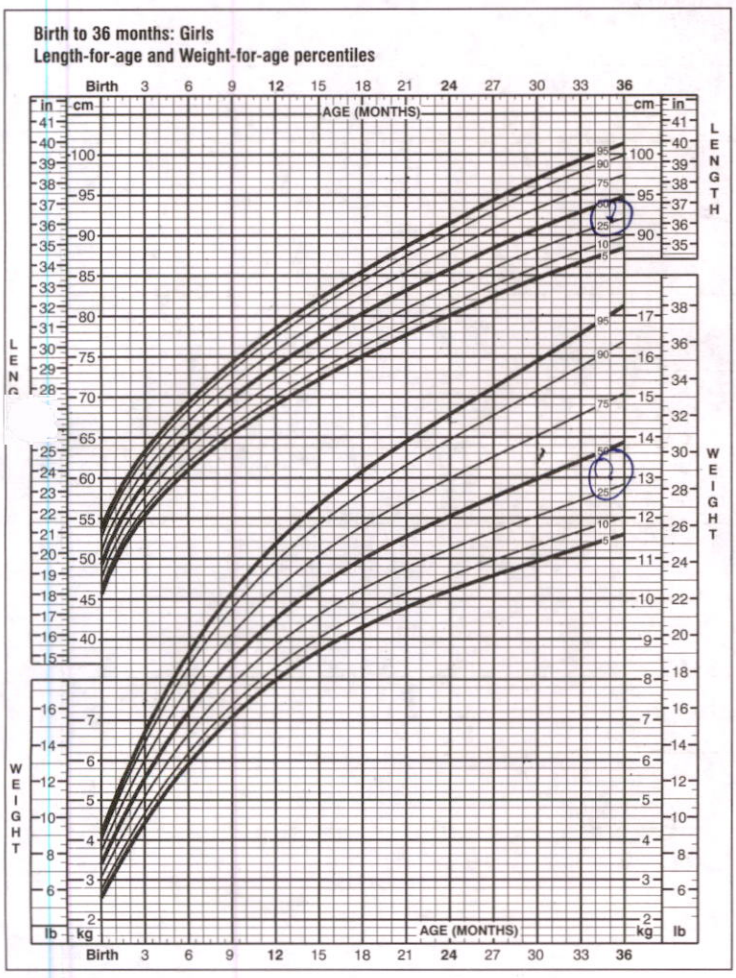
Food Allergies: NO Veg/Non-veg Non-veg

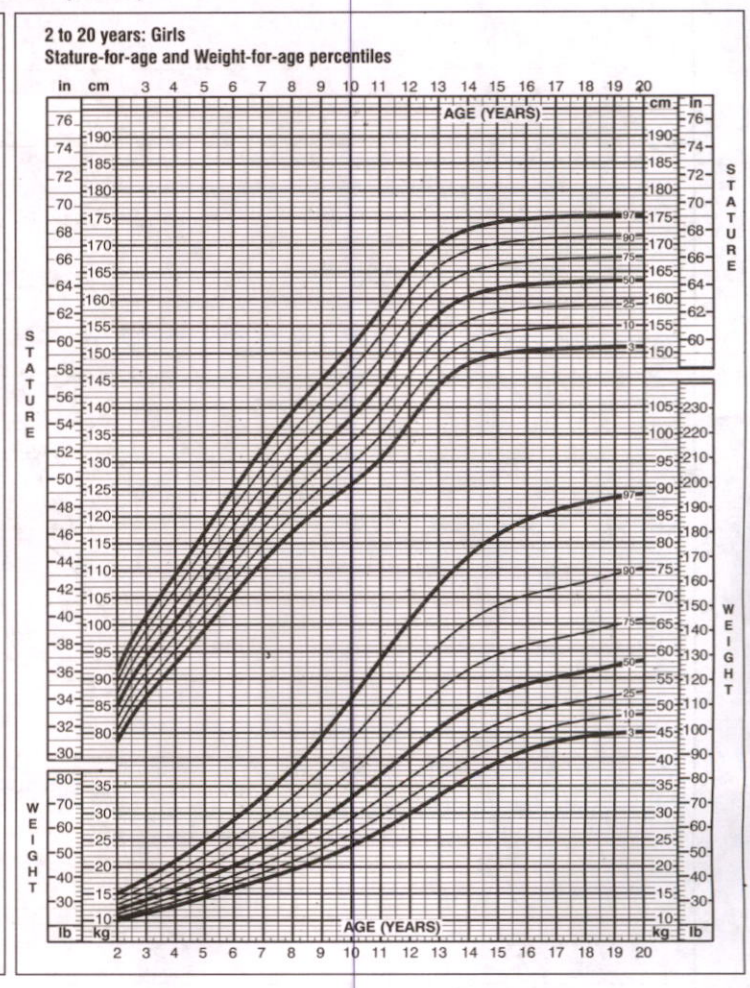
Diagnosis: AFI c 1st episode of febrile seizures, AGE

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: M. Mahesh

GROWTH CHART (GIRLS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

18/7/26
8am child is stable. Oral intake is fair
continue c gastro diet - Nikitha