1.24 Am

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00660771 IP5-00175999
Baby SAFA FATIMA
21-03-2026 0 Y 3 M 15 D (F)
Dr. ANUPAMA Y

UHID No. : _____ IP N t: _____ Dept : _____

Date of Admission: _____ scharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/3/26	1:20 Am	ER	PICU	Rachel.

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Abhishek Jain	6/7/26	9690143	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
06/07	CBP, RP2, Calcium,		
	Mg, PCT, Blood c/s	26067370	Palash
	CxR	033413	
	ECG	033414	
	VBG	26067369	
	5 viral panel	26067373	
	CUE	26067553	
	NSG	033457	Asim
	x-ray chest	33413	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
06/07	INV monitor				[illegible]
	INF pump			9689520	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
06/07	IV placement	(1)	968952/	Palash

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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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 : IP5-00175999 **Admit Date** : 06-Jul-2026 **Admit Time** : 01:01 AM **UHID** : BAH-00660771

Patient Details :

Patient Name	: Baby SAFA FATIMA	**Age**	: 0 Y 3 M 15 D
Guardian	: Mr MOHAMMED ABDUL ADIL	**DOB**	: 21-03-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 9-4-50/2 HAKEEMPET Tolichowki Hyderabad Telangana INDIA 500008	**Phone No**	: 9989861956/ 9989861676
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : PICU **Bed No** : PICU 210 **Ward Name** : 2F-PICU I

Room No : PICU 210 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED ABDUL ADIL **Relationship** : Father

Contact Address : 9-4-50/2 HAKEEMPET Tolichowki Hyderabad Telangana INDIA 500008 **Phone No** : 9989861956 / 9989861676

Signature

Doctor Details :

Doctor Name : Dr. ANUPAMA Y **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. DINESH KUMAR CHIRLA

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 50000.00

Payor Name : SELFPAY

CARDIOLOGY REQUISATION FORM

Name: Baby Safa Fatima Age: 3months

Sex: Female Date: Bah-00660771

UHID No: 6/07/26 Weight: 5kg

DIAGNOSIS: Brief Resolved Unexplained Event
? Seizure / ? Aspiration

SILENT CLINICAL FINDINGS:

-

IMPORTANT LAB PARAMETERS:

-

INDICATION FOR ECHO & REQUIRED INFORMATION:

To look for cardiac function

CONSULTANT NAME: Dr- Anupama.

RESIDENT SIGNITURE: Payal

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21-03-2026 0 Y 3 M 15 D (F)
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ADMISSION CRITERIA – PICU

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
- ☐ Patients with impending respiratory failure;
  - ☐ Upper airway obstruction;
  - ☐ Lower airway obstruction;
  - ☐ Alveolar disease; and
  - ☐ Unstable airway;
- ☐ All Paediatric patients after successful resuscitation;
- ☐ **Comatose Patients;**
  - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
  - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
- ☐ **All types of shock/hemodynamic instability:**
  - ☐ Septic shock;
  - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- ☐ Cardiac arrhythmias after consulting with the treating consultant
- ☐ Hypertensive Emergencies;
- ☐ Severe acid base disorders;
- ☐ Severe electrolyte abnormalities;
- ☐ Diabetic ketoacidosis (Ph<7.2, altered sensorium, hyperglycemia)
- ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofilteration and peritoneal dialysis;
- ☐ **Post-Operative Patients;**
  - ☐ Requiring ventilation;
  - ☐ Unstable patients; and
  - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- ☐ Patients requiring nitric oxide therapy;
- ☐ Malignant hyperpyrexia;
- ☐ Acute hepatic failure
- ☐ Severe dehydration with mental status change;
- ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

"UNSTABLE" PATIENT IS DEFINED AS

- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP<90 systolic and < 50 diastolic an or requiring ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall time > 4seconds.
- ☐ Children Blood pressure (Syst.) < [70 + (2× age "Years"].

Respiratory failure or high risk of failure or airway obstruction:

- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
- ☐ 02 Saturation <90 % or need for 02 >4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
- ☐ Distress and risk of exhaustion
- ☐ **Change of level of consciousness: GCS < 13.**
- ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: ..... Name of the Doctor: ..... Date & Time: .....

Patient Sticker

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DISCHARGE CRITERIA – PICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2026 @ 1:20AM	S/B Pw team	
	A/c Brought ... Unexplained Event - ? Aspiration ? Seizure	Adv
		① Send: CBP, PCT, RFT, Blood c/s, CUE/urine c/s, calcium, magnesium, VBG, CXR, 5 viral panel
	H/history noted.	
	Exam	
	①. coughing noted.	② Start Inj Ceftriaxone, Inj Pantoprazole
		Neb c 3% NS + Budesonide 8thly
	Child asleep, afebrile	Nasoclear drops
	Hemodynamically stable	Inj ...
	Chest: B/L AE Equal.	... @ 60% MF
	NVBS.	
	P/A: Soft BS⊕	③ Bedside NSG ...
	CNS: AF flat open asleep	
	HR - 143/min	④ Parental counselling
	Spo2: 97% CRA	
	RR: 40/min RD	⑤ Collect cultures
	BP - 90/40 mmHg	
	Pocus: IVC collapsing contd	⑥ Watch for Seizure / RD
		N.B Raj
		Sd/- Chand

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1:45AM 06/07/26	Counselling room-2 Dr. [illegible] Parents have been counselled in detail that child had episode of brief unexplained event a.d. ? probably aspiration. Child may also had seizure which we are not sure which may occur. We are doing baseline labs to look for correctable causes of such events. Risk of deterioration explained [signature]	

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 06/2/26 Day of Admission : D1 Today's Date & Time : 06/2/26

PRISM - III Score in first 24hrs. of Admission : ..... Today's SOFA Score : .....

OVERVIEW

Diagnosis : Brief Resolved Unexplained Event
?Seizure ?Aspiration

Current Issues : W/F seizures

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
B/L AE (+), Minimal conducting sound on Lt side

CXR : .....

SPO_2 : 98-99% on RoomAir O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : .....

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

ABG : – $EtCO_2$: – P/F ratio : – O.I. : –

Chest Physiotherapy Plan : ..... Suctioning Needs : – NO –

Any Nebs : NEB C 3% NS + BUDECORT **ICD ?** ☐ Yes ☑ No, if Yes, details : .....

Plan of care : .....

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : .....

Quality of Pulses : good cap refill Time : <3sec Liver Edge : – cm below Rt costal margin

Blood Pressures : NIBP : 66/47 mmHg IBP : – CVP : –

Infusion of : ☐ Dopamine – mcg / kg / min - ☐ Dobutamine – mcg / kg / min

☐ Epinephrine – mcg / kg / min - ☐ Nor Epinephrine – mcg / kg / min

☐ Milrinone – mcg / kg / min

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 : .....

Day of arterial line : ..... Day of Central line : .....

Plan of Care : .....

CNS

Neuro Exam : E4V4M6

Pupils : 2mm, equal & Reactive to light **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : – Types of Paralysis : –

Relevant CT Scan, MRI EEG, Neurosonogram etc. : .....

Plan of Care : W/F seizures

Ramsay Sedation Score : .....

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☑ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : ..... / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : Breast feeding Feed Schedule : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr (..... times maintenance)

TPN : ☐ Yes ☐ No - If yes, details : .....

..... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day)

..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI

Labs : Na 135 K 5.4 Cl 103 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : soft, Nondistended

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

.....

.....

INFECTION

☐ Febrile ☑ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☑ Yes ☐ No - If yes, details : Blood c/s IVT CEFTRIAXONE (D1)

Describe c/s Reports : .....

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

.....

NEPHROLOGY ISSUES

Sr. Creat : 0.2 Bld. Urea : 11 Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☐ Yes ☑ No - If yes, details : .....

Catheterized : ☐ Yes ☑ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

.....

HEMATOLOGY

Relevant Labs (CBP etc) : 11.2 / 13.89 / 10.1 / 84.7 / 4,66,000

Any Coagulopathy : -NIL-

Relevant Transfusion History : .....

Plan of Care : .....

.....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☑ No ☐ NA

CRBSI Bundle Used ? : ☐ Yes ☑ No ☐ NA

CA - UTI Bundle Used ? : ☐ Yes ☑ No ☐ NA

Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA

If yes, then details : .....

.....

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : Blood c/s

5-viral panel

Pending Consultations : ☐ Yes ☐ No

If yes, then details : .....

.....

FINAL COMMENTS

- To send CE, Urine c/s.
- To take 5-viral panel, PCT

Doctor's Name (Handover given) : Jyoti

Signature : Dr JYOTI

Date & Time : 06/07/26 8:00 Am.

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time : 6/7/26 8a.

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Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26. 9:30AM	C/S/B Dr Anupama.	
	Δsis :- BRUE	
		plan.
		1. 2D ECHO
	on Room Air.	2. NSG
	Hemodynamically stable.	3. Shift to ward
	No fever spikes	9) collect TMS sample. Don't send.
	No further events.	4. stop antiepileptic
		5. add Antireflux medication
		N.B. Vinodkumar 6-7-2026 9:30am
6/7 2pm	S/B Dr. Anupama	
		- Discharge - Domstal & Lanzol
		- Review on wednesday.
	BRUE	- neb NS
		- Nasoclear Nasal drops.
	Accepts oral feeds.	
	No further episodes.	
		6/7 2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Dr. ANUPAMA Y
033414

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PROGRESS NOTES AND DOCTOR'S ORDER

Dr Anupama.

Date & Time	Progress Notes	Doctor's Order
6/2/26. TO AM.	Counselling Notes.	
	patient was having bottle feeding, H/O brief unresponsive event, happened. ECG is normal. today antileptic Medication. today 2D ECHO will be done. Normally babies will not choke. If stable we will discharge by evening. patient condition explained to attenders	
		Dr mathew

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Patient Attender ar.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

Doctor Name: DR. Abhishek Jain Date: 6/7/2026 Time: 9:40 Am

Diagnosis: Seizure

Hospital: Rainbow Children Hospital

Referred for: ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral:
☐ Emergency
☑ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations: Thanks for Refferal

3 1/2 mo, female on mixed feeds

paroxysmal event yesterday night (10:50pm)

while bottle feeding freeflow — uneasiness, irritable, crying, coughing —

10min later — eyes closed, unresponsive for 5-10 minutes

No pallor/cyanosis/posturing/regurgitation of feeds/resp.

loaded c midaz, levipil @ reffered hospital.

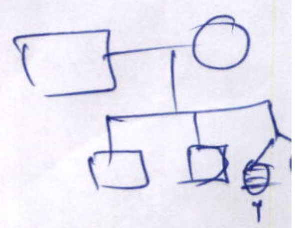
@ RCHH — drowsy, irritable

AF-flat pulsatile
HC-39cms
Mild hemorrhagic over occipital

AF full, pupils-3/1mm,

Tone
power/ⓝ
DTR - ↓ (irritable)

37wk/2kg | Twin I | SVLR



Consultant:

Name: Dr Abhishek Jain Signature: Dr Abhishek R Jain Date & Time: 6/7/26 @9:40am

Doc. No.: RCHBH/ FRM / CLINICAL / 049

Δ: Acute Life threatening event ? Sandifter synd.
? Aspiration
? seizure

Rx

① Hold Antiseizure medicati

② NSG

③ Trace TMs

④ Capture events if any

⑤

ECG-⊝

[signature]

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RESULT SHEET

Date	06/7/26					
Time	2:30 Am					
Hb	11.2					
PCV	35.0					
RBC	4.02					
WBC	13.89					
N/L	10.1/84.7					
Platelets	4,66,000					
CRP						
ESR						
PCT	0.080.					
RBS						
Na	135					
K	5.9					
Cl	103					
Ca/Mg	10.4/1.9					
Phosphate						
Urea	11					
Creatinine	0.2					
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						

HW3 18

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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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: 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 : Lahitni

Date & Time : 6/7/26 1:20 Am.

Nurse Name & Signature: Rachel

Date & Time : 6/7/26 @ 1:20 Am

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DRUG CHART

Date of Admission: 6/7/26 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 :				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 .....

Baby SAFA FATIMA
21-03-2026 0 Y 3 M 15 D (F)
Dr. ANUPAMA Y

REGULAR PRESCRIPTIONS

Weight. 5kg ..... Ward. PICU .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date	Date/Time	6/7
250mg	IV	BD	06/07	6AM	3AM
				6pm	

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time	6/7
5mg	IV	OD	06/07	6AM	

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

Stop ... 6/7

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : NEB c 3% NS + BUDECORT

Dose	Route	Frequency	Start Date	Date/Time	6/7
2ml + 1 puls	Neb	8thly	06/07	6AM	
				2PM	
				10PM	

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj LEVIPILL

Dose	Route	Frequency	Start Date	Date/Time	6/7
50mg	IV	BD	06/07	6AM	
				6PM	

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

Stop ... 6/7.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

BAH-00660771 IP5-00175999
Baby SAFA FATIMA
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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 5 kg Ward PICU

DRUG : NASOCLEAR DROPS				Date ▸ / Time ▾	6/7
Dose	Route	Frequency	Start Dt.	12AM	×
1	P NASAL	4thly	06/7	4AM	✓
Name & Signature of the Doctor Starting the Drugs: [signature]				8AM	✓
				12PM	✓
				4PM	
Additional Instructions:				8PM	
Daily Doctor's Endorsement by a Sign					

DRUG : TAB CANZOL.				Date ▸ / Time ▾	6/7
Dose	Route	Frequency	Start Dt.		
1/3 tes	PO	OD	6/7.		11am
Name & Signature of the Doctor Starting the Drugs: [signature]				6/am	[signature]
Additional Instructions: 1 tes : 15 mg.					
Daily Doctor's Endorsement by a Sign					

DRUG : SYP DOMSTAL.				Date ▸ / Time ▾	6/7
Dose	Route	Frequency	Start Dt.		
2ml	PO	TID	6/7		
Name & Signature of the Doctor Starting the Drugs: [signature]				11am	[signature]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : SYP RANTAC.				Date ▸ / Time ▾	6/7
Dose	Route	Frequency	Start Dt.		
1ml	PO	BD	6/7		11am
Name & Signature of the Doctor Starting the Drugs: [signature]				6am	[signature]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 5kg Ward BICU

				Date ▸ / Time ▾
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				
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 ....

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Weight. 5kg Ward. PICU

	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
6/4/n	3AM	Levolin	3 Nebs 0.31mg	back to back	[illegible]	[illegible]

3.1 [illegible]

VERIFIED BY : N... Signature ...

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I.V. FLUIDS CHART

Weight. 5kg Ward. PICU

Date	Time	Composition of I.V. Fluid (Solution ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
06/03	8AM	DNS (75 mg)	IV	15					