

ACTIVITY RECORD FOR BILLING

Name: **BAH-00574061** IP5-00174489
Master MUAZ AHMED
 UHID No: **12-09-2016** 9 Y 8 M 19 D (M)
 Date of: **Dr. SIRISHA RANI**



Consultant: _____

Dept: _____

Date of Discharge: _____

Time: _____

Room / Bed No: _____

Ward: _____

Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/05/26	10:55AM	ER	140	[Signature]
31/05/26	6:30pm	140	oncology	Shanthi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR: Srinivas Kamineni	01/6/2026	9637562	[Signature]
2				
3				
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7				
8				
9				
10				

PROCEDURE

(UOI & DRAW) THEMRIUDP

Date	Procedure	Quantity	Order No.	Signature
29/05/26	IV placement	①	976983	[Signature]
31/5/26	Chemotherapy	①	9636687	[Signature]
1/6/26	Lumbar puncture	①		[Signature]
	conscious sedation	①	9637642	[Signature]

ANY OTHER INFORMATION

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Date : 3/6/26 Time : 10AM Prepared By : [Signature]

Staff Nurse [Signature]	Shift / Ward Oncology	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174489 Admit Date : 29-May-2026 Admit Time : 10:08 AM UHID : BAH-00574061

Patient Details :

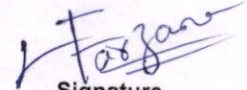
Patient Name : Master MUAZ AHMED Age : 9 Y 8 M 17 D
Guardian : Mr RAYEES AHMED DOB : 12-09-2016
Gender : Male Religion : Muslim
Occupation : Martial Status : Single
Address (H) : H NO. 6-3-548/9/D,NEAR ENGINEERING Phone No : 8309791437/ 8074496414
OFFICE, Erramanzil Hyderabad Telangana E-mail : AHMEDKSA@YAHOO.COM
INDIA 500082

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 140 Ward Name : 1F-GENERAL WARD II
Room No : GW 140 Admission Type : First Visit

Contact Details :

Name : Mr RAYEES AHMED Relationship : Father
Contact Address : H NO. 6-3-548/9/D,NEAR ENGINEERING Phone No : 8074496414 / 8309791437
OFFICE, Erramanzil Hyderabad Telangana
INDIA 500082


Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI Specialisation : HEMATO ONCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Master MUAZ AHMED

BAH-00574061 IP5-00174489

UHID ID:

Master MUAZ AHMED
12-09-2016 9 Y 8 M 17 D (M)

Dr. SIRISHA RANI



Department:

Consultant:

BAH-00574061
Master MUAZ AHMED
12-09-2016
Dr. SIRISHA RANI
IPS-00174489
9 Y 8 M 17 D (M)

Pediatric Multiorgan History & Physical Examination

Name : Master Muaz Ahmed Age/Sex _____
Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever :- 2 days back
Cough (+)

History of present illness :

As per informant, child apparently well then had

1) c/o fever :- 2 days (26/5/26)
1-2 spikes.
moderate grade
not a/w chills & rigors
relieved with medication
cough (+) - mild
nonproductive
not a/w sleep disturbance

child k/c/o B-cell ALL / CALL +ve / Intermediate risk
TCF3 +ve

now with early relapse
(medullary)

25/5 :- CBP :- 10-8 $\frac{21590}{60.3/26.6}$ 39K

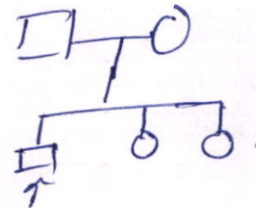


Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal perinatal transition



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : middle

Developmental History :

Attained appropriate for age

Immunization History :

Immunised till date

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Master MUAZ AHMED
12-09-2018 9 Y 8 M 17 D (M)
Dr. SIRISHA RANI



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 22.5 kg (Centile _____)

On Examination :

Temperature : 98.0°F Pulse Rate : 112/min B.P. 110/82(99) SPO2 100.1-ORA
Resp. rate and type of breathing : 23/min

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

Respiratory System :

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

Cardiovascular System :

Inspection of precordium : (N)
Heart Sounds : S1S2 heard
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : _____

Per Abdomen :

Inspection (N)
Palpation : soft, non tender
Auscultation : BS ⊕
Spine : (N) External Genitalia : (N)
Relevant data from outside (CT, USG etc..) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert / Active

Cranial Nerves : Intact

Motor System:

Nutriton : Good

Tone: (N) Power 5/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : nil

Reflexes :

DTR

(N)

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

k/clo B-cell Acute Lymphoblastic Leukemia,
CA19-9 positive, Intermediate risk TCF3 +ve
Now has Early relapse [Medullary].



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment: For Hemodynamic stability

Planned Labs:

IV cannula - Blood c/s
TLS-1.

- Start IV pantop
oral Amelodipine
ly Dexta 2.5mg IV.
ly CASIX.

Planned Management

- 1) Tab Allopurinol
- 2) IV fluids
- 3) IV ceftriaxone.
- 4) T. Lanzol
- 5) sos paracetamol

NR
Aug
29/05/26 @ 10:30 AM

Dr. SIRISHA RANI
Reg. No: 40525

Signature of the Doctor: JY

Name of the Doctor: Jayabir

Date & Time: 29/05/26 @ 10:10 AM

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: [Signature]

BAH-00574061
 Master MUAZ AHMED
 12-09-2016
 Dr. SIRISHA RANI
 9 Y 8 M 17 D (M)
 IP5-00174489



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 12pm	<p>Relapsed leukaemia Very Early Relapse / Medullary relapse</p>	
	<p>No fever No vomitig vitab - stable</p>	<p>Plan</p> <ol style="list-style-type: none"> 1. Continue Hydration ONE @ 75ml/hr strict I/O charting 2. Continue Tab ALLOPURINOL 3. Add Iij TRANEXA. 4. Iij DEXAMETHASONE 2.5mg in 100ml NS IV one shows 5. monitor vitab
		<p>Dr. SANDHYA VADPADE Reg. No: 71064</p> <p><i>[Signature]</i> 29/5/26 Noted by X-Sirisha Rani</p>
		<p>@</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	HYPERTONIC	
		targetted medium
		CP22X INOTUZUMAB
30/5 11am	slb Dorsanellup / mrsimhe Δ Relapsed B cell ALL No fever No cough / no chills Dental exam ⊕ P+D° CRP / RF / ANA ⊕	→ Inj Dexa 2.5mg IV BD today plb Tab Dexa 4mg BD fam T/M → CT IVF / Allopurinol Inj Vincristin T/M cyclophosphamide T/M → CBP, S.E, T/M Nausea → start Dental Rx U on 1/s... Noted by Pawan Goshal GPM 30/5



B

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5	<p>Dr. Sandhya Relapsed B-ALL. Very Early relapse</p>	<p>(P)</p>
	<p>No fever No bleeding manifestation cough - ↓ Crisis tooth.</p>	<p>1. To oral dexamethasone from today 2. Start chemotherapy today 3. dental review Tlm 4. Cp Tlm. (Lumbar puncture) + IT chemo. 5. Continue Allopurinol.</p>
	<p>Dr. SANDHYA VADDADI Reg. No: 71664</p>	<p>Noted by Sandhya 30/05/2016 10:00am (6068197) Sandhya 31/5 @ 10:30am</p>
1/6/2016 9am	<p>Relapsed B-ALL / very Early relapse.</p>	
	<p>No fever No bleeding manifestation vitals stable</p>	<p>Plan 1. Lumbar puncture today 2. Continue allopurinol/dexa. 3. Continue chemotherapy. 4. R/v stopping ofloxacin 5. Cbp. electrolytes } today during lab test 6. dental review today</p>

[Signature]
 4/5/2016 @ 10 AM

NTB
 Goyathar
 11/6/20

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 Master MUAAZ AHMED
 12-09-2016 9 Y 8 M 18 D (M)
 Dr. SIRISHA RANI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	Procedure notes	
12:40pm		
	Under sterile aseptic precautions, lumbar puncture	
	done clear CSF seen, intrathecal medications administered	
	procedure successful	
	vitals - stable	Plan
		1- send CSF malignant cells.
		2- send CSF analysis
		3- monitor vitals.
		4- CBP
		electrolytes } to send. done
		uric acid } now
		NIB
		Goyal
		1/6/26
		1m

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 Dr. SIRISHA RANI



(5)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		
9 AM	relapsed B-AIC	CNS - awaited
	very early relapse	D3 of steroid
		Hyper CVAD + Ionotomab
	No fever	
	No vomit	Plan
		1. continue supportive care
	vitals - stable	2. vincristine } today
		doxorubicin }
		cyclophosphamide 10 am -
		today 10 pm
		2. Trace 20tho report.
		Sereni

Dr. SANDHYA VADDADI
 Reg. No: 71664

[Signature]
 2/6/26
 10 AM

Noted by nurse
 2/6/26
 @ 12 PM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8am	Morning rounds clo Relapsed B-Au / Cals - awarded very early relapse / Du of steroid R Hyper CVAD + Integrase	
No fever / no vomiting passed stool once vitals - ①		files
		①. Cont. supportive care
		②. Continue chemo as per chart
		③. Collect C/CF ②
		④. Colled 2D Echo ②
		⑤. CBP now Mhair
		⑥. d/c today Flu - 6/6/26
		Noted by Renu 3/6/26 10107

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Master MUAAZ AHMED
12-09-2016 9 Y 8 M 20 D (M)
Dr. SIRISHA RANI



CROSS CONSULTATION FORM

Doctor Name: SRINIVAS NADINBAW Date: 1/6/26 Time:

Diagnosis: RELAXED ALL

Hospital: PEDIATRIC DENTISTRY

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

OIE CARIES ON 84, 85, 74, 75
65, 75

REVIEW WITH
IOPA
RADIOGRAPH
AT DENTAL
OPD

Consultant :

Name: SRINIVAS Signature: [Signature] Date & Time:

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 Master MUAZZ AHMED
 12-08-2016 9 Y 8 M 17 D (M)
 Dr. SRISHA RANI



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RESULT SHEET

Date	29/5/26	31/5	1/6/26		
Time	12:30pm	2pm	2pm		
Hb	9.4	9.4	9.6		
PCV	24.4	25.5	26		
RBC	3.27	3.40	3.45		
WBC	2240	3760	3690		
N/L	45/39	42/43	25/11		
Platelets	34,000	42,000	45,000		
CRP			62% blasts		
ESR					
PCT					
RBS					
Na	136	137	139		
K	4.5	4.5	3.4		
Cl	100	102	101		
Ca/Mg	9.4				
Phosphate	4.3				
Urea					
Creatinine	0.4				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid	4.0	2.8	2.8		
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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Master MUAZ AHMED 9 Y 8 M 17 D (M)
12-09-2016
Dr. SIRISHA RAM



DRUG CHART

Not known any Drug Allergies

Date of Admission: 29/05/26 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 PARACETAMOL				Date Time
Dose	Route	Frequency	Start Date	
7ml	Pb	6th hrs	29/5	
Doctor's Signature		Valid Period	Pharm.	
Tayab		2 days		
Additional Instructions: If T>100F				
(5ml/240mg)				

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

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Master MUAZ AHMED

12-09-2016 9 Y 8 M 18 D (M)

Dr. SIRISHA RANI



CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes,
urine output and any local extravasation of the drug.

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①

Sheet No.: ① Weight (kg): 22kg Body Surface Area: 0.85m² Diagnosis: Relapsed ALL Protocol: HYPER VAD

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
31/5	12:12 pm	INS CYCLOPHOSPHAMIDE IN 200 ML NS	200 mg	IV	@ 100ml/h	AS	Karima Divya	31/5/26	d	Milly Ranna
31/5	1:20 pm	INS MESNA IN 500 ML NS	125 mg	IV	@ 85ml/h 10ml/h	AS	Milly Ranna	31/5	d	Subham ARUN
31/5	12:20 AM	INS MESNA IN 500 ML NS	125 mg	IV	@ 85ml/h	AS	Subham ARUN	1/6	d	pooja Divya
31/5	5:30 pm	INS MESNA IN 500 ML NS	125 mg	IV	@ 85ml/h	AS	pooja Divya	1/6	d	Pooja Anu.
31/5	11 pm	INS MESNA IN 500 ML NS	125 mg	IV	@ 85ml/h	AS	Pooja Anu.	1/6	d	Pooja Anu.
2/6	12:20 pm	INS VINCRISTINE in 10ml NS	1.6 mg	IV	PUSH over 10 min	AS	Nave Nashu	2/6	AS	Nave Nashu

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 Master MUAZ AHMED (M)
 12-09-2016 9 Y 8 M 18 D
 Dr. SIRISHA RANI

CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
 While administering chemotherapy drugs watch for nausea, vomiting, rashes,
 urine output and any local extravasation of the drug.



Sheet No.: 2 Weight (kg): 22.8 Body Surface Area: 0.85 Diagnosis: B-ALL delayed Protocol: Hyper CVAD.

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
1/6	10 AM	INT CYCLO PHOSPHAMIDE IN 100 ML NS	200 MG	IV	@ 100 ml/hr	d	Pooja Divya	1/6	d	Pooja Divya
2/6	Sam.	INT MGSNA IN 500 ML NS	125 MG	IV	@ 85 ml/hr	d	Pooja Anuradha	2/6/26	Meh	Gaya 3 Divya
2/6	8 pm.	INT MGSNA IN 500 ML NS	125 MG	IV	@ 85 ml/hr	d	Gaya 3 Divya	3/6	Meh	Shelli Pooja
3/6	4 AM	INT MGSNA IN 500 ML NS	125 MG	IV	@ 85 ml/hr	d	Shelli Pooja	3/6	d	Manish Manohari
2/6	hold	INT MGSNA IN 500 ML NS	125 MG	IV	@ 85 ml/hr					
1/6	10 pm.	INT CYCLO PHOSPHAMIDE IN 100 ML NS	200 MG	IV	@ 100 ml/hr	d	Pooja Anuradha	1/6	d	Pooja Anuradha

CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes,
urine output and any local extravasation of the drug.



Weight (kg): 22.5 kg Body Surface Area:

Diagnosis: Relapsed ALL

Protocol:

TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
	INT CYCLOPHOSPHAMIDE 100 ml NS	200 MG	IV	@ 100ml/hr	A	Subhanva			
2/6/26 10 am	iv CYCLOPHOSPHAMIDE in 100 ml NS	200mg	IV	100ml/hr	A	ARUN	2/6	A	Subhanva ARUN
2/6/26 10 pm	iv CYCLOPHOSPHAMIDE in 100 ml NS	200mg	IV	100ml/hr	A	Nashra	2/6	A	Nashra
1/6/26 12:40pm	iv METHOTREXATE iv CYTARABINE iv HYDROCORTISONE	12mg 30mg 15mg	IT	STAT	A	Dehitha Anuradha	2/6	~	Dehitha Anuradha
3/6/26	INT INOTUZUMAB with 100 ml NS	1mg	IV	@ 100ml/hr	A	Nashra veena	1/6	A	Nashra veena

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All the chemotherapy medications are high risk / high alert drugs.
 While administering chemotherapy drugs watch for nausea, vomiting, rashes,
 urine output and any local extravasation of the drug.

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Sheet No. : 3 Weight (kg) : Body Surface Area: Diagnosis: *relapsed ALL* Protocol: *Hypocytosis*

DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
2/6		125 MGSNA IN 500ML DNS	125MG	IV	@ 95ml/hr	<i>AS</i>		<i>hold</i>		
2/6		125 MGSNA IN 500ML DNS	125MG	IV	@ 95ml/hr	<i>AS</i>		<i>hold</i>		
2/6		125 MGSNA IN 500ML DNS	125MG	IV	@ 95ml/hr	<i>AS</i>		<i>hold</i>		
2/6		125 MGSNA IN 500ML DNS	125MG	IV	@ 95ml/hr	<i>AS</i>		<i>hold.</i>		
* 2/6	2pm	125 DOXORUBICIN IN 250ml NS	25MG	IV	@ 50ml/hr.	<i>AS</i>	<i>Naveen Nashu</i>	2/6/26	<i>A</i>	<i>Gayathri Divya,</i>
3/6		125 INOTUZUMAB in 100ml NS	1mg	IV	100ml/hr	<i>d</i>				

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 12-09-2018 9 Y 8 M 17 D (M)
 Dr. SIRISHA RANI



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: Hematology

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	T. BACTRIM DC	1/2 tab	PO	Q 12H Monday wednesday friday		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
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6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Soni*

Date & Time : 29/5/26 @ 10:30 AM

Nurse Name & Signature: *Soni*

Date & Time : 29/5/26 @ 10:30 AM

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SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



BAH-00574061
Master MUAZ AHMED
12-09-2016
Dr. SIRISHA RANI
IP5-00174489
9 Y 8 M 21 D
(M)

No. : RCHBH/FRM/CLINICAL/126

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/6 11:00 AM

Doctor / Nurse / Family Concern?

Temperature (F)

104
103
102
101
100
99
98
97
96
95
94

98.5 F

Heart Rate (bpm)

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

98
↓ (41)
64

Heart Rate (Number)

106 b/m

Resp. Rate (bpm) (Over 1 Minute) *

70
60
50
40
30
20
10

24

Resp Rate (Number)

24 b/m

Resp Distress Mod/ Severe None / Mild

24

Receiving O₂ (l/min) O₂ Saturations (%)

98%

Conscious Level Normal Altered

C

GCS *

15/15

TOTAL SCORE

Number of shaded boxes

0

Pain Score

0

Observer's Initials

PR

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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*NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- Detailed actions are described according to increasing Early Warning Score.
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Date	Time	Early Warning Score	Date	Time	Name

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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

5

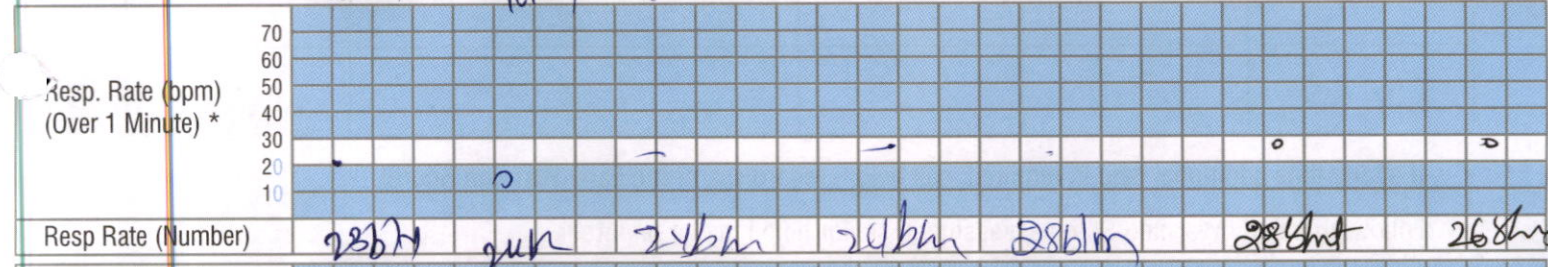
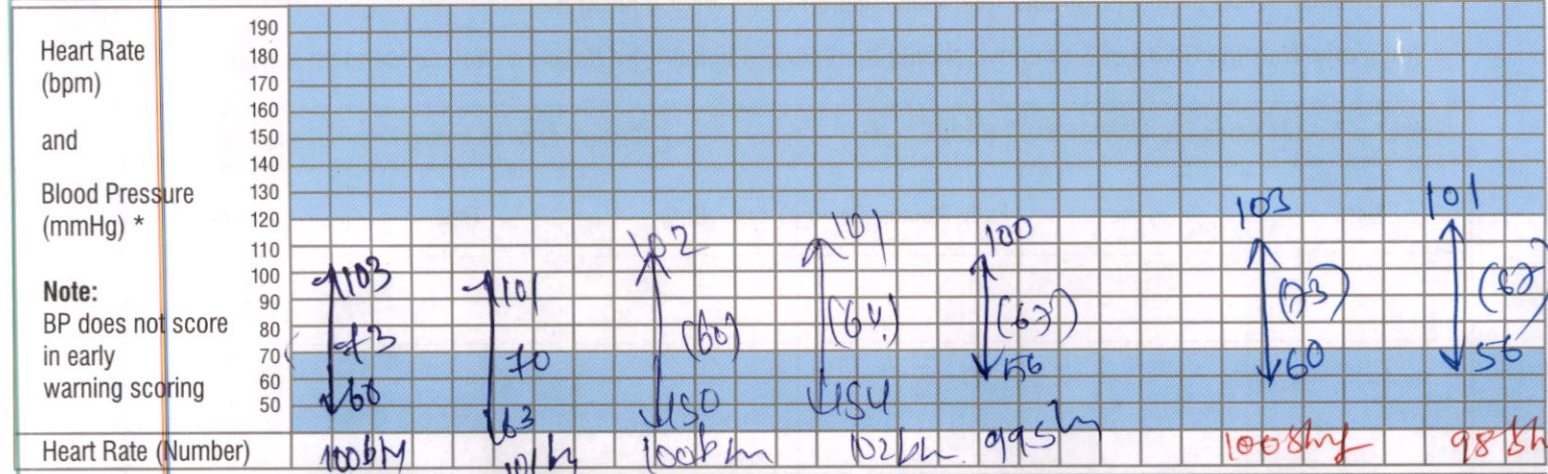
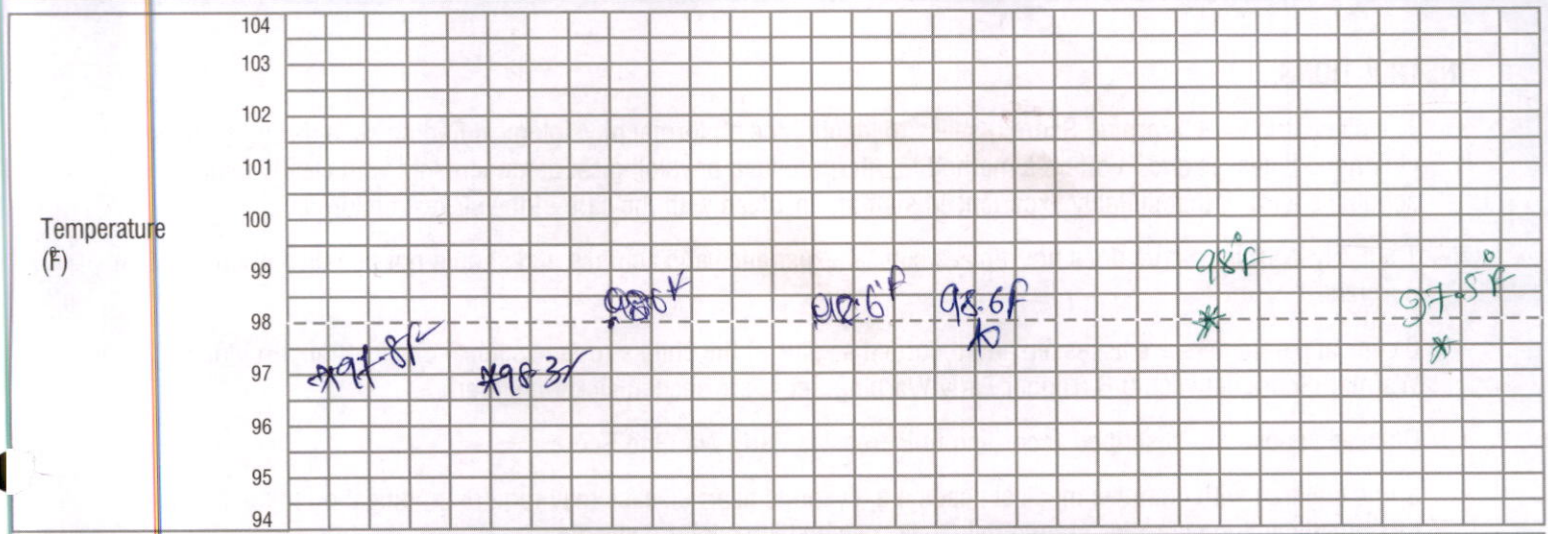
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date 2/6 Time: 10 AM 4 PM 7 PM - 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern? AM AM



Resp Distress	Mod/ Severe	None / Mild					
Receiving O ₂ (l/min)	90% 100% 100% 100% 100% 100% 100%						
O ₂ Saturations (%)	99% 100% 100% 100% 100% 100% 100%						
Conscious Level	Normal	Altered					
GCS *	15/15 15/15 15/15 15/15 15/15 15/15 15/15						

TOTAL SCORE							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	S	S	S	S	S	S	S

ACTIONS

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NB: Scores 3 should be recorded overleaf

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4

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/10 Time: 9 AM 10 AM 4 PM 7 PM 10 PM 3 am 6 am
 Doctor / Nurse / Family Concern? _____

Temperature (F)	104								
	103								
	102								
	101								
	100								
	99								
	98	98.6	98.6	98.5	98.5	98.5	98.1	98.8	
	97								

Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190								
	180								
	170								
	160								
	150								
	140								
	130								
	120								
110									
100									
90									
80									
70									
60									
50									

Heart Rate (Number)	100bpm	108bpm	106bpm	105bpm	112bpm	106bpm	110bpm
---------------------	--------	--------	--------	--------	--------	--------	--------

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

Resp Rate (Number)	24bpm	24bpm	24bpm	25bpm	28bpm	26bpm	24bpm
--------------------	-------	-------	-------	-------	-------	-------	-------

Resp Mod/ Severe Distress							
None / Mild							

Receiving O ₂ l/min							
O ₂ Saturations (%)	100%	100%	99%	98%	100%	100%	100%

Conscious Level							
Normal / Altered	C	C	C	C	C	C	C

GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
-------	-------	-------	-------	-------	-------	-------	-------

TOTAL SCORE							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	S	S	E	A	R	D	S

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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BAH-00574061 IP5-00174489
 Master MUAZ AHMED
 12-09-2016 9 Y 8 M 18 D (M)
 Dr. SIRISHA RANI



3

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

SCHOOL AGE (5-12 years)
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 Early Warning Scoring Chart

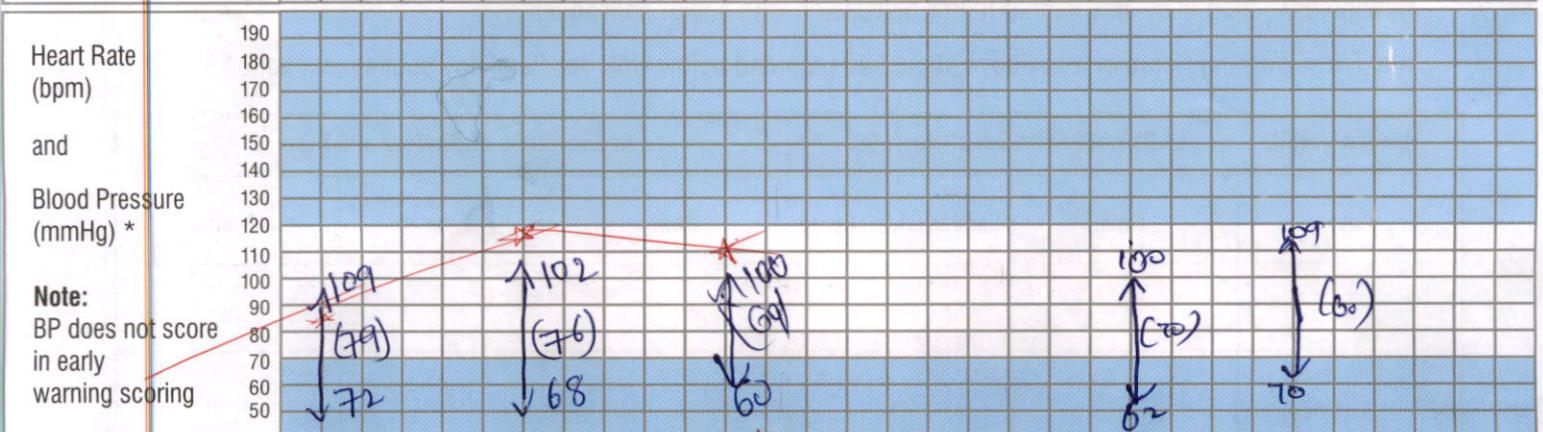
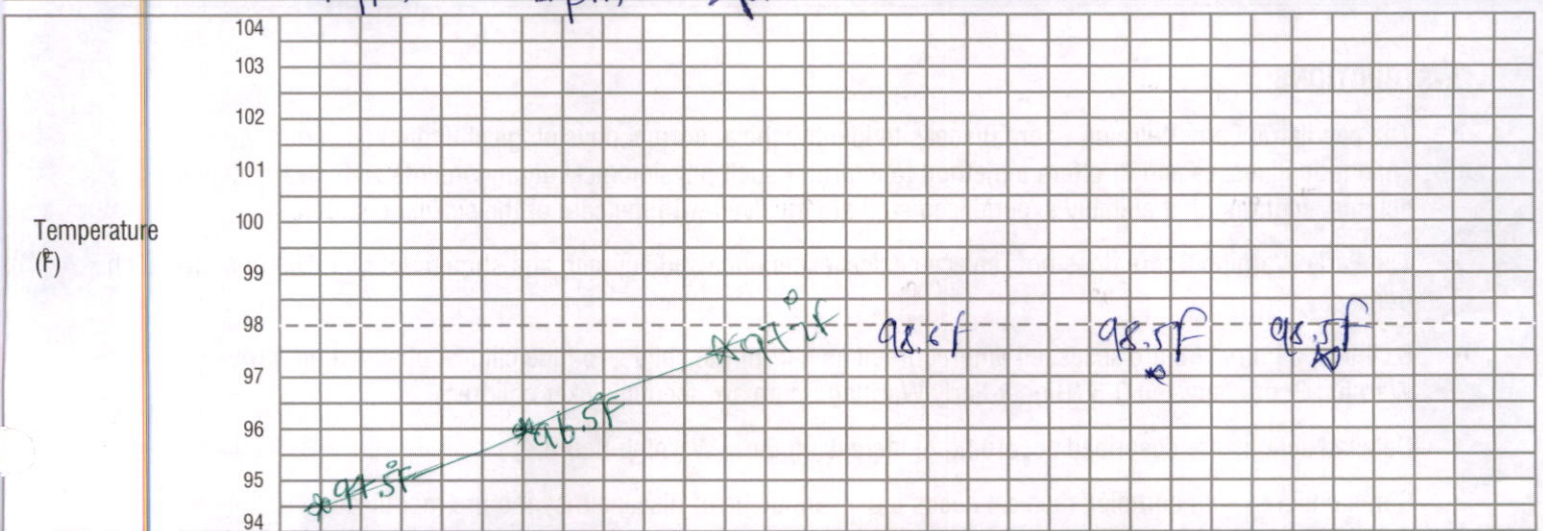
Rainbow
 Children's
 Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31.5 Time: 6pm 10pm 3am 6am

Doctor / Nurse / Family Concern? 10am 1pm 6pm 10pm 3am 6am



Heart Rate (Number) 85b/m 111b/m 120b/m 110b/m 103b/m



Resp Rate (Number) 26b/m 28b/m 20b/m 26b/m 26b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 98% 99% 100% 100% 100%

Conscious Level Normal Altered C C C C C

GCS * 15/15 15/15 15/16 15/15 15/15

TOTAL SCORE Number of shaded boxes 1 1 1 0 0

Pain Score 0 0 0 0 0

Observer's Initials S S S S S

ACTIONS
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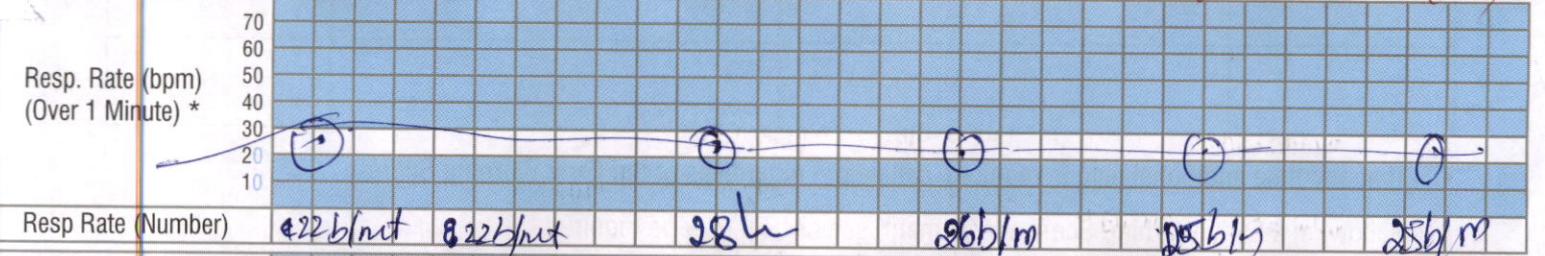
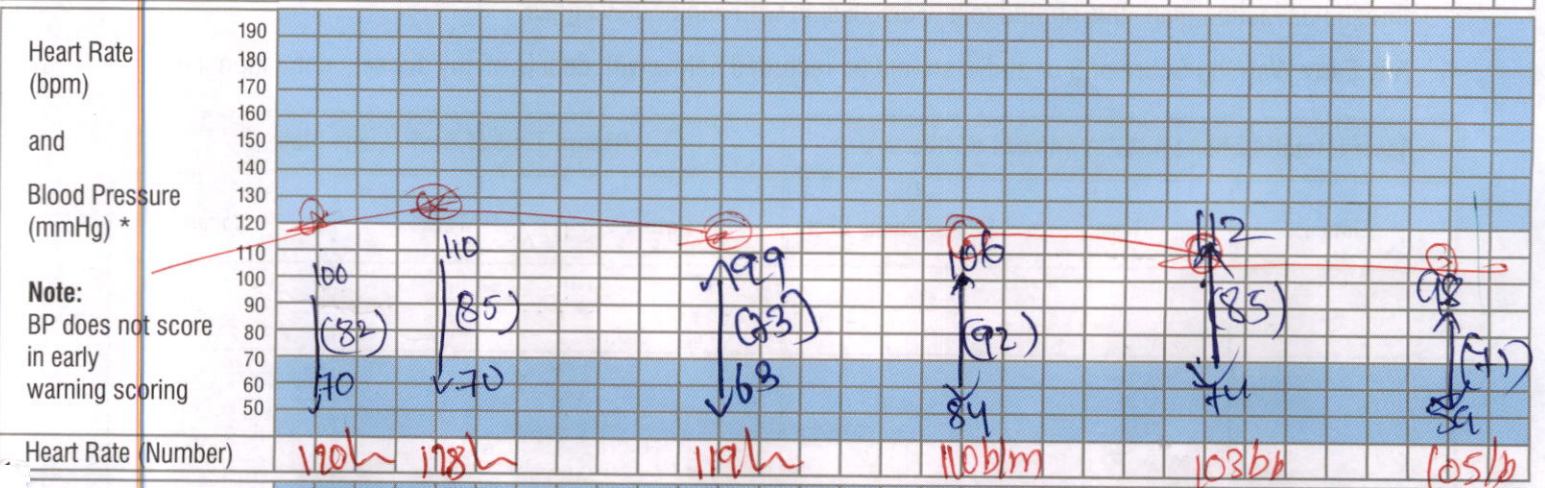
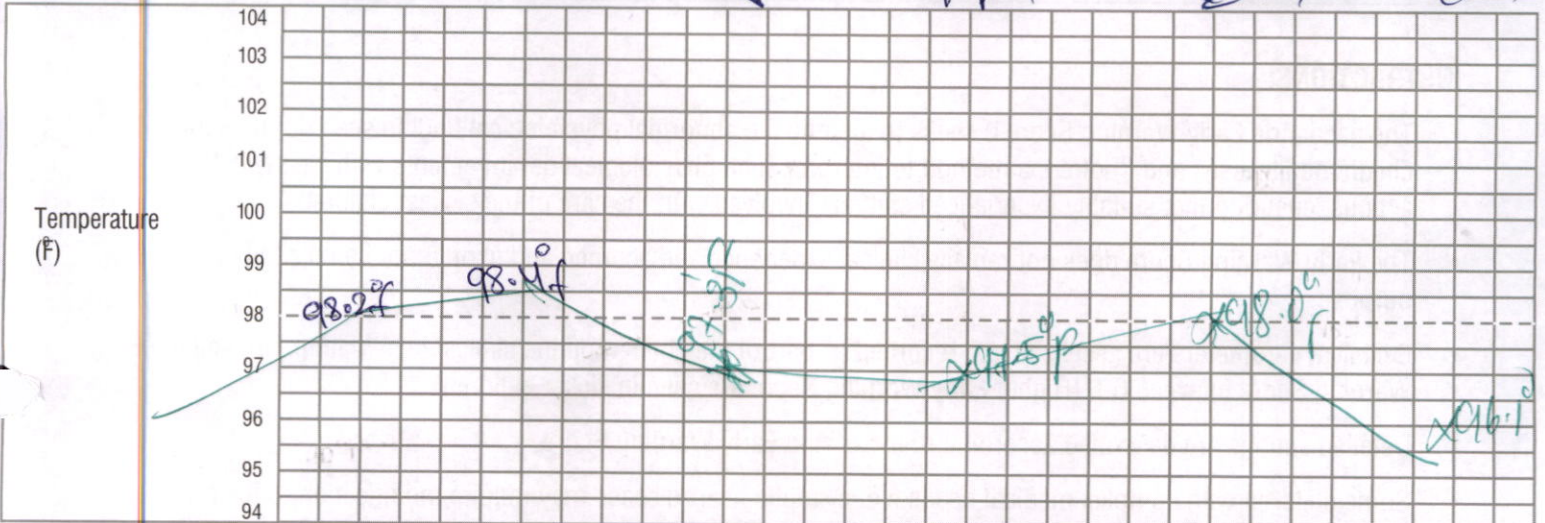


2

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2015 Time: 10AM 2PM 4PM 6PM 8PM

Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe	None / Mild	e	e	e	e	e
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	98%	100%	100%	100%
Conscious Level	Normal / Altered	C	C	C	C	C	C
GCS *		15/15	15/15	15/15	15/15	15/15	15/15

TOTAL SCORE							
Number of shaded boxes	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0
Observer's Initials	O	O	O	O	O	O	O

ACTIONS

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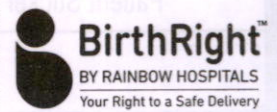
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BAH-70574061 IP5-00174489
 Master MUAZ AHMED
 12-09-2016 9 Y 8 M 20 D (M)
 Dr. SIRISHA RANI



6



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am			85							0	[Signature]
	09:00 am	Abd		85ml						0		
	10:00 am			85						0		
	11:00 am	fluid		85					30ml	0		
	12:00 pm			85						0		
	01:00 pm			85						1		
Total Intake :						Total Output :					300ml	
	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						



FLUID CHART

Sheet No. : 3

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output				Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage			
2/6	08:00 am			60ml						200ml	0	} Namu
	09:00 am	rice		60ml							0	
	10:00 am	thro 150ml		100ml							0	
	11:00 am			60ml							0	
	12:00 pm			60ml						180ml	0	
	01:00 pm			60ml							0	
Total Intake :			435ml			Total Output :				380ml	M=1	
	02:00 pm			50ml							0	} Gayath
	03:00 pm	chapt		50ml					200ml	0		
	04:00 pm	balaji 100ml		50ml						0		
	05:00 pm			50ml					150ml	0		
	06:00 pm	tho		50ml						0		
	07:00 pm			85ml						0		
Total Intake :			435ml			Total Output :				350ml		
	08:00 pm			85ml						200ml	0	} J
	09:00 pm	rice		85ml						0		
	10:00 pm	thro 100ml		100ml						0		
	11:00 pm			100ml						0		
	12:00 am			85ml					200ml	0		
	01:00 am			85ml						0		
Total Intake :			640ml			Total Output :				400ml		
	02:00 am			85ml							0	} Adhith
	03:00 am			85ml					200ml	0		
	04:00 am			85ml						0		
	05:00 am			85ml						0		
	06:00 am			85ml					150ml	0		
	07:00 am			85ml						0		
Total Intake :			570ml			Total Output :				350ml		

Total 24 hrs. Intake	2065 ÷ 93.8cc/kg/day	Total 24 hrs. Output	1480 ÷ 2.8cc/kg/m.
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m (9)



FLUID CHART

Sheet No. : 4

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
1/6	08:00 am			85ml					100ml	0	Gayathri	
	09:00 am		1	85ml						0		
	10:00 am		1	85ml						0		
	11:00 am		1	85ml					80ml	0		
	12:00 pm		0.	85ml						0		
	01:00 pm			85ml						0		
Total Intake : 510ml			Total Output : 250ml									
	02:00 pm			100ml						0	poorja	
	03:00 pm			100ml					100ml	0		
	04:00 pm	H ₂ O. 100ml	100ml							0		
	05:00 pm		100ml						200ml	0		
	06:00 pm		85ml							0		
	07:00 pm		85ml							0		
Total Intake : 640ml			Total Output : 300ml									
	08:00 pm			85ml					100ml	0	p f	
	09:00 pm	Dec		85ml						0		
	10:00 pm			100ml						0		
	11:00 pm	H ₂ O 200ml	100ml							0		
	12:00 am		85ml							0		
	01:00 am		85ml						150ml	0		
Total Intake : 710ml			Total Output : 300ml									
	02:00 am			85ml						0	Debb	
	03:00 am			85ml					150ml	0		
	04:00 am			85ml						0		
	05:00 am			85ml						0		
	06:00 am			85ml					150ml	0		
	07:00 am			85ml						0		
Total Intake : 510ml			Total Output : 300ml									

Total 24 hrs. Intake	2400 ÷ 109.0cc/kg/day	Total 24 hrs. Output	1150 ÷ 2.17cc/kg/hr
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BAH-00574061 IP5-00174489
 Master MUAZ AHMED
 12-09-2016 9 Y 8 M 18 D (M)
 Dr. SIRISHA RANI



FLUID CHART



Sheet No. : 3

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
31/5	08:00 am	DNS		75ml	/	/	/	/	/	200ml	0	/
	09:00 am		75ml	0								
	10:00 am		75ml	0								
	11:00 am		0									
	12:00 pm	chemo	100ml	0								
	01:00 pm		100ml	0								
Total Intake :			425 ml			Total Output :					400 ml	
01/06	02:00 pm	Rice		70ml	/	/	/	/	/	0	0	/
	03:00 pm		70ml	0								
	04:00 pm	70ml	0									
	05:00 pm	70ml	0									
	06:00 pm	70ml	0									
	07:00 pm	70ml	0									
Total Intake :			420 ml			Total Output :					400 ml	
	08:00 pm			70ml	/	/	/	/	/	150ml	0	/
	09:00 pm		70ml	0								
	10:00 pm	Rice	70ml	0								
	11:00 pm	H2O 100ml	70ml	0								
	12:00 am		70ml	0								
	01:00 am		70ml	0								
Total Intake :			520 ml			Total Output :					200 ml	
	02:00 am			70ml	/	/	/	/	/	0	0	/
	03:00 am		70ml	0								
	04:00 am		70ml	0								
	05:00 am		70ml	0								
	06:00 am		70ml	0								
	07:00 am	H2O 100ml	70ml	0								
Total Intake :			520 ml			Total Output :					350 ml	

Total 24 hrs. Intake 1785 ; 79.3 cc/kg

Total 24 hrs. Output 1350 ; 2.5 cc/kg/24hr



FLUID CHART



Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Route			NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G									
9/15	08:00 am			75ml	/	/	/	/	/	0	Rama			
	09:00 am	↑	75ml	75ml						0				
	10:00 am	↓								0		✓	0	Rama
	11:00 am									0		✓	0	
	12:00 pm			75ml						0			0	Rama
	01:00 pm			75ml						0			0	
Total Intake :						Total Output :								

30/5	02:00 pm	↑	75ml	/	/	/	/	/	/	0	Rama			
	03:00 pm		75ml							0				
	04:00 pm	↓								0		✓	0	Rama
	05:00 pm		75ml							0		✓	0	
	06:00 pm		75ml							0			0	Rama
	07:00 pm									0		✓	0	
Total Intake :						Total Output :								

8/15	08:00 pm	↓	75ml	/	/	/	/	/	/	0	Rama			
	09:00 pm		75ml							0				
	10:00 pm	↓								0		✓	0	Rama
	11:00 pm		75ml							0		✓	0	
	12:00 am		75ml							0			0	Rama
	01:00 am									0		✓	0	
Total Intake :						Total Output :								

8/15	02:00 am	↓	75ml	/	/	/	/	/	/	0	Rama			
	03:00 am		75ml							0				
	04:00 am	↓								0		✓	0	Rama
	05:00 am		75ml							0		✓	0	
	06:00 am		75ml							0			0	Rama
	07:00 am									0		✓	0	
Total Intake :						Total Output :								

Total 24 hrs. Intake		Total 24 hrs. Output	
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Patient:

BAH-00574061 IP5-00174489
Master MUAZ AHMED
12-09-2018 9 Y 8 M 17 D (M)
Dr. BIRISHA RANI



UID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm	1	Pica	FSM							0		
	03:00 pm	1	see	FSM							0		
	04:00 pm	DNS		FSM							0		
	05:00 pm	1		-							0		
	06:00 pm	1		FSM							0		
	07:00 pm	1									0		
Total Intake :						Total Output :							
	08:00 pm	1	1/2	FSM							0		
	09:00 pm	1	1/2	FSM							0		
	10:00 pm	DNS	1/2	FSM							0		1/2
	11:00 pm	1		FSM							0		
	12:00 am	1		-							0		
	01:00 am	1		-							0		
Total Intake :						Total Output :							
	02:00 am	1		FSM							0		
	03:00 am	1		FSM							0		
	04:00 am	DNS		FSM							0		1/2
	05:00 am	1		FSM							0		
	06:00 am	1		FSM							0		
	07:00 am	1	1/2	-							0		1/2
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



140

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 29/5/26 Time: 11 Am.

Weight: 22.5 kgs Centile: <5th

Height: 124 cms Centile: <5th

Inference: Underweight child.

RDA: - Calories: 1600 kcal/d Protein: 28 g/d

Diet Recommendations: Normal High Protein diet

Re-Assesment: Avoid spicy, chilled and outside foods.

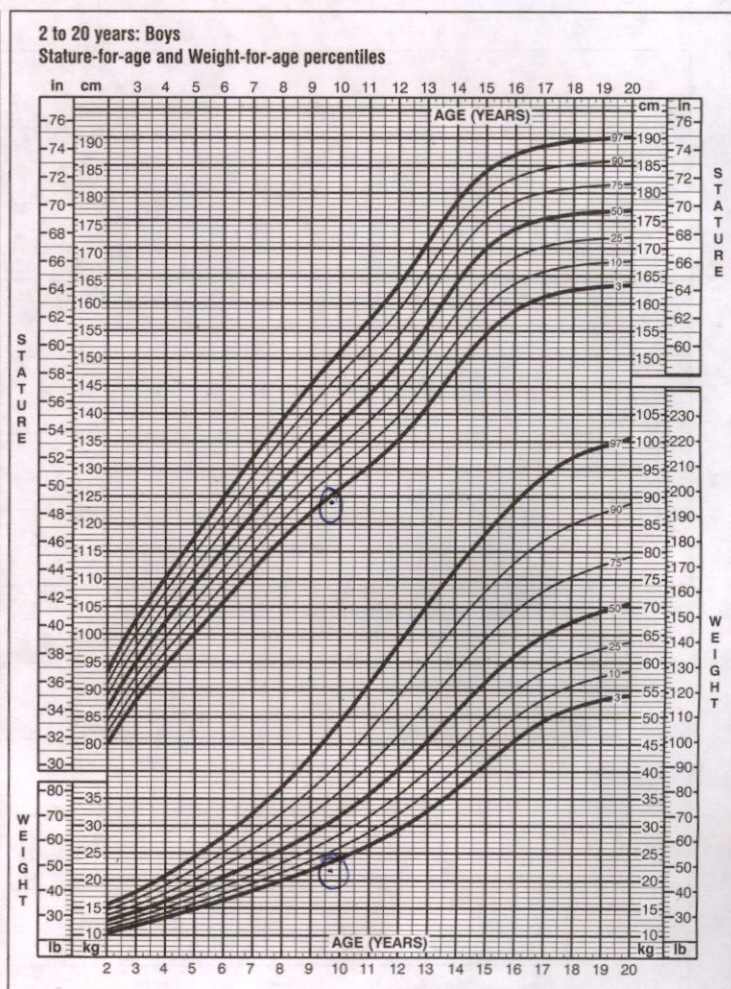
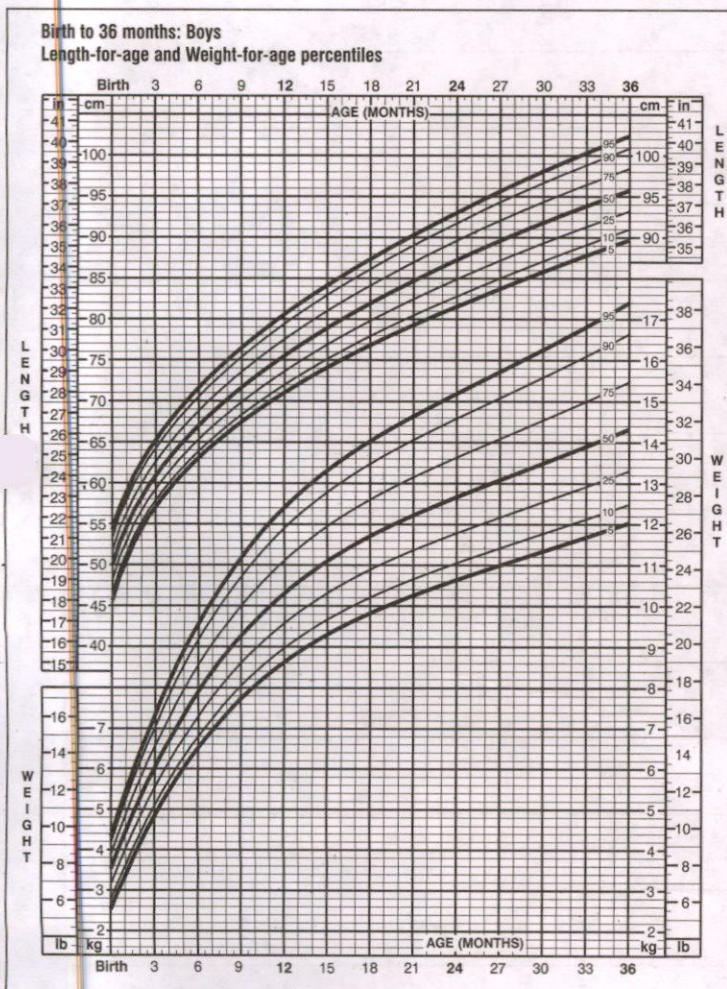
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: K/10 B cell A. Lymphoblastic leukemia - CALA ⊕, Now relapse. Medication.

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: parent's Don't need diet plan. Don't change for NTA.

GROWTH CHART (BOYS)



Dietician's Name: Mowla

Dietician's Signature: Mowla

Daily Notes:

30/5/26
11AM

Child is stable Oral Intake is better

Continue to Normal High protein diet. - Monitor

31/5/26
8AM

child is stable. Intake is good;

continue to normal high protein diet Monitor



1st flr

Sheet No: ①

REGULAR PRESCRIPTIONS

Dept. Ward.....

DRUG : ly FOROSEMIDE Date/Time: 29/5 30/5 31/5 1/6 2/6 3/6

Dose	Route	Frequency	Start Dt.
10mg	IV	Q12h	29/5

Name & Signature of the Doctor starting the Drugs: harai

Additional Instructions: 6 AM 1 PM 3 PM 4 PM 5 PM 6 PM 7 PM 8 PM 9 PM 10 PM 11 PM

Daily Doctor's Endorsement by a Sign. M O d d d

DRUG : Tab TRANEXAMIC ACID Date/Time: 29/5 30/5 31/5 1/6 2/6 3/6

Dose	Route	Frequency	Start Dt.
250mg	IV	Q12h	29/5

Name & Signature of the Doctor starting the Drugs: harai

Additional Instructions: 7 8 9 10 11 PM

Daily Doctor's Endorsement by a Sign. harai

DRUG : Tab AMLODIPINE Date/Time: 29/5 30/5 31/5 1/6 2/6 3/6

Dose	Route	Frequency	Start Dt.
1tab	PO	Q12h	29/5

Name & Signature of the Doctor starting the Drugs: harai

Additional Instructions: 10 PM (Hold if BP < 90/60 mmHg)

Daily Doctor's Endorsement by a Sign. d d d

DRUG : Tab TRANEXAMIC ACID Date/Time: 29/5 30/5 31/5 1/6 2/6

Dose	Route	Frequency	Start Dt.
1/2 tab	PO	Q2h	29/5

Name & Signature of the Doctor starting the Drugs: harai

Additional Instructions: 10 PM (1 tab = 500mg)

Daily Doctor's Endorsement by a Sign. d d d y r

VERIFIED BY: Name Signature



She... REGULAR PRESCRIPTIONS Dept. Ward.....

DRUG: CHLORHEXIDINE MOUTHWASH + CANDID MOUTHWASH

Dose	Route	Frequency	Start Dt.	Date Time	30/5	31/5	1/6	2/6
12am X	4A	Q6H	30/5	30/5	✓	✓	✓	✓
6am X				31/5	✓	✓	✓	✓
12pm ✓				1/6	✓	✓	✓	✓
6pm ✓				2/6	✓	✓	✓	✓

Name & Signature of the Doctor starting the Drugs: *Dr. M. M. M.*

Additional Instructions:

Daily Doctor's Endorsement by a Sign. *d d d*

DRUG: 8YP AZITHROMYCIN

Dose	Route	Frequency	Start Dt.	Date Time	30/5	31/5	1/6	2/6
5ml	P/O	Q24H	30/5	30/5	✓	✓	✓	✓

Name & Signature of the Doctor starting the Drugs: *Dr. M. M. M.*

Additional Instructions: *5ml / woup*

Daily Doctor's Endorsement by a Sign. *d d d*

DRUG: 8YP PLENT PLUS

Dose	Route	Frequency	Start Dt.	Date Time	30/5	31/5	1/6	2/6	3/6
5ml	P/O	Q12H	30/5	30/5	✓	✓	✓	✓	✓

Name & Signature of the Doctor starting the Drugs: *Dr. M. M. M.*

Additional Instructions:

Daily Doctor's Endorsement by a Sign. *d d d ✓*

DRUG: 1tab DEXAMETHASONE

Dose	Route	Frequency	Start Dt.	Date Time	31/5	1/6	2/6	3/6
4mg	P/O	Q12H	31/5	31/5	✓	✓	✓	✓

Name & Signature of the Doctor starting the Drugs: *Dr. M. M. M.*

Additional Instructions: *1 tab = 4mg*

Daily Doctor's Endorsement by a Sign. *d d ✓*

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



REGULAR PRESCRIPTIONS

Dept. Ward.....

Sheet No:

DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
DRUG : Tab PANI				
	1 tab			
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				
DRUG : Tab PANTOPRAZOLE				2/15
1 tab	PO	Q24h	3/15	11/6/16 3/16
Name & Signature of the Doctor starting the Drugs: Anani				
Additional Instructions: (1 tab = 20mg)				
Daily Doctor's Endorsement by a Sign.				d d n
DRUG : Cyp SERTRAN				1/6
5ml	PO	BD	1/6	8am X X 8pm
Name & Signature of the Doctor starting the Drugs: Anani				
Additional Instructions: Mon/Wed/Fri				
Daily Doctor's Endorsement by a Sign.				d
DRUG : Syrup CALCIUMAX PLUS				1/6
5ml	PO	OD	1/6	2/6 3/6
Name & Signature of the Doctor starting the Drugs: Anani				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				d n

Signature
VERIFIED BY: R. Ame



REGULAR PRESCRIPTIONS

Dept. 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.....

BAH-00574061 IP5-00174489
 Master MUAZ AHMED (M)
 12-09-2016 9 Y 8 M 17 D
 Dr. SIRISHA RANI

Route Start Date
 Name & Signature of the Doctor
 Additional Instructions:

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
Dose		Dose		Dose
Dr. Sign.		Dr. Sign.		Dr. Sign.
Dose		Dose		Dose
Dr. Sign.		Dr. Sign.		Dr. Sign.
Dose		Dose		Dose
Dr. Sign.		Dr. Sign.		Dr. Sign.
Dose		Dose		Dose
Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE

DRUG :
 Route Start Date
 Name & Signature of the Doctor
 Additional Instructions:

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
Dose		Dose		Dose
Dr. Sign.		Dr. Sign.		Dr. Sign.
Dose		Dose		Dose
Dr. Sign.		Dr. Sign.		Dr. Sign.
Dose		Dose		Dose
Dr. Sign.		Dr. Sign.		Dr. Sign.
Dose		Dose		Dose
Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/5/16	4:30pm	ly DEXAMETHASONE	2.5mg in 100ml NS	IV once 2 hour	d	Maha Swarantari 43
30/5	11am	INT DEXAMETHASONE	2.5mg in 100ml NS	IV @ 50ml/hr	g	Shailaja Ramadevi 10pm
30/5	9pm	INT DEXAMETHASONE	2.5mg with 100ml NS	IV @ 50ml/hr	R	Sourav Swarna 9pm
1/6	12:40pm	ly MIDAZOLAM	1mg	IV	d	Ashwini Menon 12:40
1/6	12:40pm	ly KETAMINE	15mg	IV	d	Ashwini Menon 12:40
3/6	12:30pm	ly AVIL	0.5ml	IV	A	Naveen 12:30
3/6	12:25pm	ly HYDROCORTISONE	50mg	IV	d	Ravi 12:25

Signature
VERIFIED BY - Name

