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 : IP5-00174517 **Admit Date** : 30-May-2026 **Admit Time** : 12:40 AM **UHID** : BAH-00656185

Patient Details :

Patient Name	: Baby Of SOHEBA IRAM	**Age**	: 0 Y 0 M 17 D
Guardian	: Mr MOHAMMED SHAHBAAZ ALI	**DOB**	: 13-05-2026 12:24 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO-3-2-75/1 ,ALI MASJID,VEERANNAPET Mehboob Nagar Hyderabad Telangana INDIA 509001	**Phone No**	: 8328510728/ 8500330876
		E-mail	: alishahbaaz975@gmail.com

Admission Details :

Bed Type	: NICU	**Bed No**	: NICU 279	**Ward Name**	: 2F-NICU 4
Room No	: NICU 279	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr MOHAMMED SHAHBAAZ ALI	**Relationship**	: Father
Contact Address	: H NO-3-2-75/1 ,ALI MASJID,VEERANNAPET Mehboob Nagar Hyderabad Telangana INDIA 509001	**Phone No**	: / 8328510728

Signature

Doctor Details :

Doctor Name	: Dr. VIJAYANAND JAMALPURI	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

ACTIVITY RECORD FOR BILLING

Name : ____

UHID No. : __________ IP No : ____________ Consultant: ____________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : _________ Time: _________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/05/26	12:40PM	ER	NICU	[signature]
30/5/26	3:30PM	NICU	3rd floor	[signature]

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
30/5/26	X Ray	265-027201	[illegible]
30/5/26	N/P, , VBG, RBS, B/C	26054758	[illegible]
30/5/26	X-RAY	27201	[illegible]
30/5/26	Genexpert + fluA + fluB + RSV	26054860	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/5/26	Inv monitor	30/5/26		9634090	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

....

....

....

....

....

....

Date :　　　　Time :　　　　Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00856185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

NEWBORN MONITORING FORM

Date of Birth : 13/05/2026
Time of Birth : 12:24PM
Mode of Delivery : EM-LSCS
Birth Weight : 3.054Kg
Head Circumference : ....
Length : ....
Red Reflex : ....

New Born Screening : ....
TFT : ....
OAE : ....
Mother's Blood Group : ....
Baby's Blood Group : ....
Anomaly Scan : ....
Vaccination : ....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
30/5/26	3.329Kg	DBF	–	–	Priya
31/5/26	3.386Kgs	DBF	–	98.1°F	Lalitha
1/5/26	3.443	DBF	–	98.2°F	Ramya

Date	Time	Investigation	Result	Order No.	Signature

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : soheba Iram Age : 25 Father's Name : .... Age : ....

Date of Birth : .... Date of Admission : 30/5/26. UHID No.: ....

NICU Consultant : Dr. Vijayanand. Referring Consultant : ....

Transferring Unit : ☐ OT ☐ Labour Room ☑ ER ☐ Ward

Transported ? ☐ Yes ☑ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Soheba

Gender : ☑ M ☐ F Blood Group : A +ve.

Date of Birth : 13/5/26 Time of Birth : 12:24PM

Place of Birth : RCH - B

Mother's Blood Group : A +ve.

Birth Weight (gms) : 3.054. Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 25 Ht : .... Wt : .... BMI: .... Married Life : .... LMP : — EDD : —

Conception : (Spontaneous) or with Rx. : ....

Booked at what GA. : .... AN Steroids Drugs / Doses : ....

Last Scans Details : 20/ (N)

.... TT Immunization and Iron / Folic Acid : ✓

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs NO

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : —

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : —

IUGR - when detected : —

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : —

AFI : —

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : —

Compliance with Rx : ....

Scans : LGA, TIFFA , Fetal Echo : (N)

H/o Hypothyriodism : when diagnosed ? Medication? —

Any other Chronic Medical Problems, when detected drugs ? gall bladder calculi (Nov25) Lap cholecystectomy done.

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : .... Any culture : ....

PPROM: Duration : .... ☒ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : ....

Medication during Pregnancy : .... Duration : ....

13-05-2026
Dr. VIJAYANAND JAMALPURI

PAST OBSTETRIC HISTORY

G : 2 P : 1 A : 0 L : 1

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
G1	2020	FT	3kg	M	LSCS (+ fetal	movements & anal fistula)
G2	PP					

PERINATAL HISTORY

Treating Obstetrician : .... Hospital : RCH - B ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : ....

Specify the reason : Prev LSCS.

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : —

Resuscitaion : ☐ Yes ☑ No

Cord ABG : ....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : ....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : .... Weeks : ....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

	1 Minute	5 Minutes	10 Minutes
TOTAL	9	9.	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

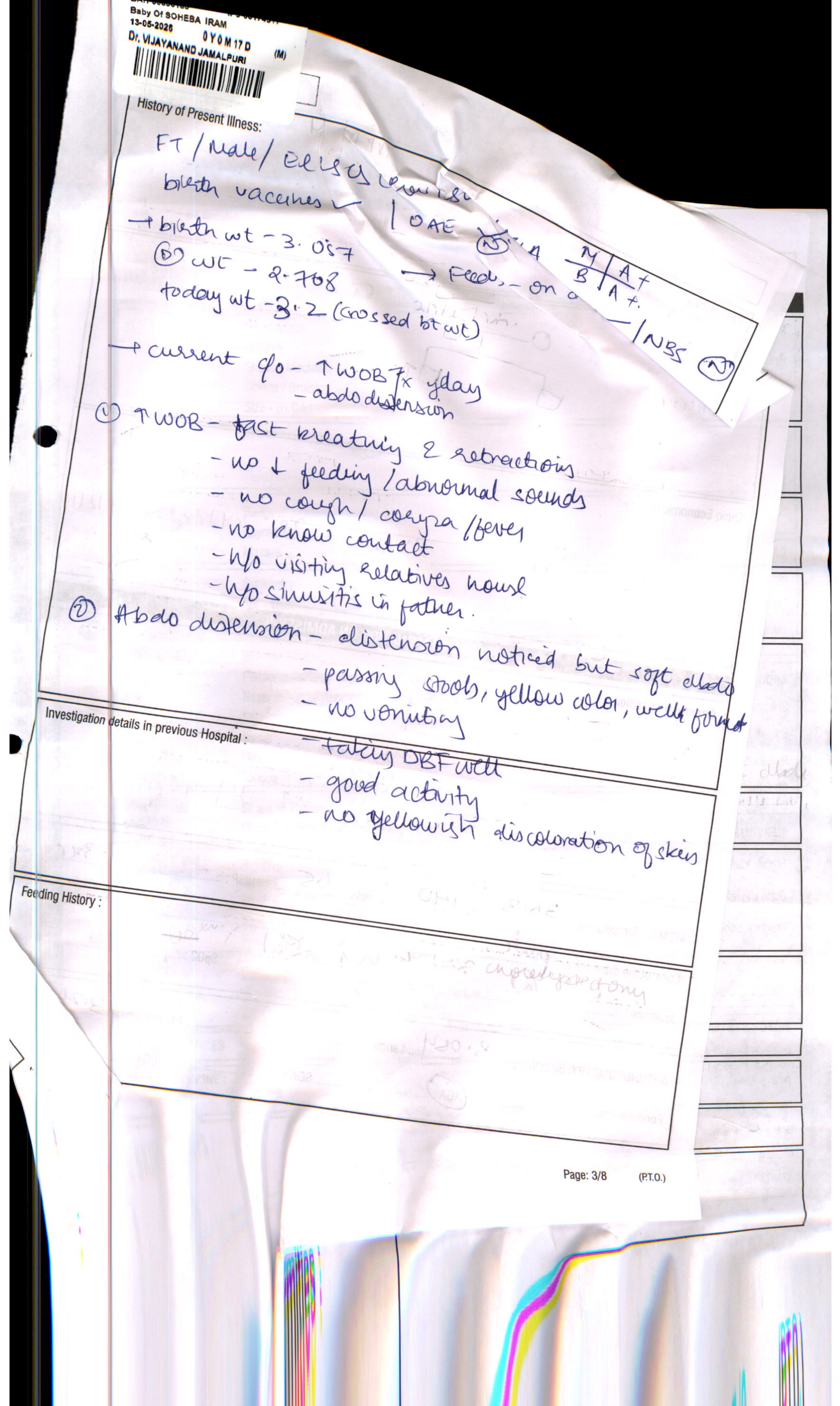
Snapee II Score

					Score
Mean BP (mmHg)	(> 30 (0))	20-29 (9)	< 20 (19)		
Lowest Temp (oF)	(> 96 (0))	96-95 (8)	< 95 (15)		
Pao2 / Fio2 (mmHg%)	(> 2.49 (0))	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)	
Lowest Serum PH	(>= 7.2 (0))	7.1-7.19 (7)	< 7.1 (16)		
Multiple Seizures	(No (0))	Yes (19)			
U. Output (ml / kg / hr)	(> = 1 (0))	0. 1-0.9 (5)	<0.1 (18)		
Apgar Score	(> = 7 (0))	< 7 (18)			
Brith Weight	(> = 1kg (0))	750 - 999 (10)	< 750 (17)		
SGA	(> 3rd percentile (0))	< 3rd (12)			
				Total	(0)

POSTNATAL / HISTORY OF PRESENT ILLNESS

~~Chief Complaints~~ : Birth details : cried immediately, had respirations & required DR CPAP × 5-10 mins shifted to mothers side

(D) on DOL 3:



Baby Of SOHEBA IRAM
13-05-2026
0 Y 0 M 17 D
Dr. VIJAYANAND JAMALPURI
(M)

History of Present Illness:

FT / Male / ELLSCS [illegible]
birth vaccines ✓ | OAE (N) [illegible] A
M/B A+/A+
[illegible] /NBS (N)

→ birth wt - 3.057
(D) wt - 2.708 → Feeds - on [illegible]
today wt - 3.2 (crossed bt wt)

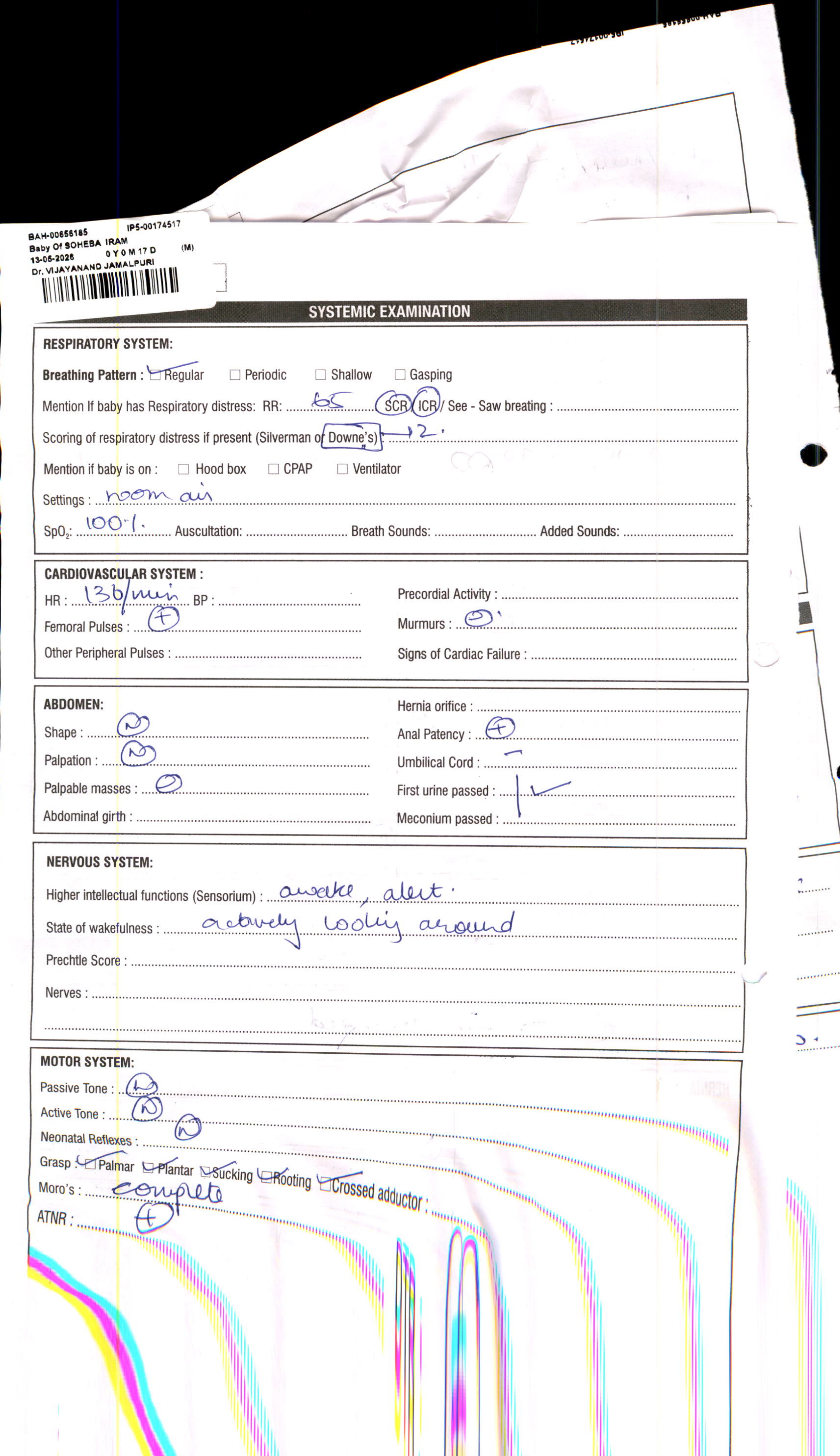
→ current c/o - ↑WOB x 1 day
- abdo distension

(1) ↑WOB - fast breathing c retractions
- no ↓ feeding / abnormal sounds
- no cough / coryza / fever
- no known contact
- h/o visiting relatives house
- h/o sinusitis in father.

(2) Abdo distension - distension noticed but soft abdo
- passing stools, yellow color, well formed
- no vomiting
- taking DBF well
- good activity
- no yellowish discoloration of skin

Investigation details in previous Hospital :

Feeding History :



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Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 65 (SCR) (ICR) / See - Saw breating :

Scoring of respiratory distress if present (Silverman or [Downe's]) : → 2.

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : room air

SpO_2: 100%. Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 136/min BP :

Femoral Pulses : (+)

Other Peripheral Pulses :

Precordial Activity :

Murmurs : (0)

Signs of Cardiac Failure :

ABDOMEN:

Shape : (N)

Palpation : (N)

Palpable masses : (0)

Abdominal girth :

Hernia orifice :

Anal Patency : (+)

Umbilical Cord : –

First urine passed : ✓

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : awake, alert.

State of wakefulness : actively looking around

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone : (N)

Active Tone : (N)

Neonatal Reflexes : (N)

Grasp : ☑ Palmar ☑ Plantar ☑ Sucking ☑ Rooting ☑ Crossed adductor :

Moro's : complete

ATNR : (+)

Baby Of ... 0 Y 0 M 17 D
13-05-2026
Dr. VIJAYANAND JAMALPURI

Any Congenital Anomalies : M / A+ve, B / A+ve.

Diagnosis : Term / male / AGA / El: LSCS / G2 4 mother EH/o choledochal cyst; Resp distress - suspected sepsis

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature :

Name : Dr Aishwarya

Date & Time : 30/5/26. 2AM.

Consultant :

Signature : Dr. VIJAYANAND JAMALPURI Reg. No: 40526

Name : Dr. VIJAYANAND JAMALPURI

Date & Time : 30/05/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : ....
2. Name of the referring Hospital : ....

   Address : ....

   Contact Numbers : ....
3. Contact Details of the referring Doctor : ....

   Mobile No. : .... E-mail ID : ....
4. Name of the Doctor in Rainbow Team : ....

   .... on whose name the patient is being referred.

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : ....

Neonatal condition at the time of Transfer: ....

Vital : HR : .... RR : .... BP : .... SPO2 : .... Weight : ....

Any Oxygen requirement : ....

Systemic : ....

Medications : ....

Seen by Dr Nilesh

Plan

① Low flow O_2
② send VBG
NP1
blood c/s
chest Xray

Plan during ward follow up :

③ Start Inj PIPTAZ 100mg/kg/dose Q8H
④ TV = 150ml/kg/day
full OG feeds

Feeding Plan at the time of shifting : ⑤ If septic workup negative, send flu panel.

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

Doctor Signature (Handover Given): [signature]

Doctor Name: Dr. Aishwarya

Date & Time: 30/5/26 2AM

Doctor Signature (Handover Taken): ....

Doctor Name: ....

Date & Time: ....

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	Retractions (+) Intermittent tachypnea.	Plan (1) send PLO PANEL (2) cardiac assessment (3) continue full OG feeds q2hrly (4) keep in incubator till PLO panel negative.
	Noted by Am 015566 30/5/26 9AM	

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Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

30/05/26.

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: 1 Day Day of Life: 17 Days PMA: 39+3.

Term ☑ Preterm ☐ Gestation: 37 Corrected Gestational Age: .... Today's Weight: 3.165 kg

Problems

	S.No.	Current	Past Problems
Overview	1.	Term / EL-LSCS / DR-CPAP → (3.054 kg (B.wt))	
	2.	RDS- / Suspected sepsis	
	3.		
	4.		
	5.		
	6.		

Clinical Assessment

On lowflow, on full OG feeds
No Desat / No Bradys / tachypnea / vomitings.
SpO2 - 98%
HR - 154/min
RR - 54/min
BP - 70/43 (53).
~~Stool not passed~~
Urine - 2 times passed.

Medications Used

On Inj. Piptaz (D1)

Plan of Care:

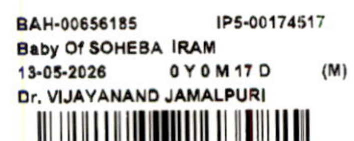
1. lowflow - wean as tolerated (Target SpO2 If FiO2 21% 90-100, If FiO2 >21% 90-95%)
   TV - 150 ml/kg/day → 40 ml @ 2 hourly OG feeds
2. Trace blood cls, full panel.
3. Monitor vitals

Doctor's Name (Hand over given): Dr. N. Preethi ...... Doctor's Name (Hand over taken): Dr. P

Signature: N. Preethi ...... Signature: ......

Date & Time: 30/05/26, 9:50 am. Date & Time: ......

Docu. No. : RCHBH/FRM / CLINICAL / 290 (26)


BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26. 10:45am	? Viral infection c̄ Poor pulse. Noted by Aravind 566 APN 30/5/26	Seen by Dr. Vijayanand → w/f Respiratory distress → Trace viral panel. → Change to incubator → Stop oxygen. → R/v antibiotics after culture report. → 3% NaCl Nasoclear drops (SOS) Dr. VIJAYANAND JAMALPURI Reg. No. 40526
	Afternoon rounds	
30/5/26 1:pm.	Baby on room air. Onetime - DBF given No desaturation / Bradys / No Apnea vitals 6 SpO2 - 96% HR - 128/min RR - 46/min S/E P/A - soft, no distension Urine / Stool Passed. Flu panel (verbal report) - negative	Plan 1) (TV - 150 ml/kg/day) (40ml @ 2 Hourly) DBF 2-3 hourly. 2) Trace bloods, flu panel 3) Monitor vitals. Noted by Aravind 566 30/5/26 @ 1PM (Dr. N Prathusha)

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Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 3:10pm		Seen by Dr. Vijayanand
		→ Shift to room
		→ Monitor vitals
		→ Trace final culture report.
		→ Trace final flu panel report.
	Shifting notes	
30/5/26 3:35pm.		Plan.
	On roomair	1) Continue DBF 2-3 hourly
	Actively breastfeeds well.	FB supply for 3 weeks
	vitals: SpO_2 - 98% RA	2) Trace final blood culture report
	HR - 121/min	
	RR - 42/min	3) monitor vitals.
	P/A - soft, no distension.	4) Review antibiotic after US report.
		Dr. N. [illegible]
		noted by Priya

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Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26	Morning Round	
10:30 AM	Term / DOL 18.	
	Suspected sepsis	Seen by Dr. Nilesh
	On RA, no distress.	Plan
	vitally stable	(1) cont OBF
		(2) Trace final culture
	wt = 3.386 ↑ 57gm	report & R/v
		antibiotics
	On OBF, taking well.	(3) 3% NaCl nebs to start
		~~(4) lactogranule start~~
	Piptaz D_3	(4) vital monitoring &
		documentation
	Flu panel negative	~~Q2H~~ Q4H
		(5) inform if SpO2 <92%
	Diaper rash (+)	(6) R/v cardiac assessment
		4/M
		noted by Saumya
	Dr Saumya	Dr Nilesh

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26. 8:15am	Morning Round.	
	Term / DOL-19 / Suspected sepsis / @	
	on RA	
	No distress.	
	Hemodynamically stable.	
		Plan.
	Accepting DBF well.	
	T.wt - Not checked.	→ DBF 2nd hrly. f/b burping
	passed urine & stool.	
		→ Trace 48h culture report & R/v antibiotics.
	Blood culture - 24h no growth.	
		→ Vital monitoring 4th hrly with documentation.
		→ R/v a cardiac assessment
	Poojitha.	→ R/v discharge.

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/20 9:30AM	seen by Dr. vijayanand	Plan ① Trace blood c/s (Rx) antibiotics ② Discharge if sterile c/s ③ f/u on wednesday Dr Abhinaya Dr. VIJAYANAND JAMALPURI Reg. No: 40526

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

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

RESULT SHEET

Date	30/5/26					
Time	2 AM					
Hb	14.7					
PCV	43.1					
RBC	4.93					
WBC	13.93					
N/L	25.4/60.0					
Platelets	574					
CRP	5.0					
ESR						
PCT						
RBS						
Na	139					
K	5.8					
Cl	107					
Ca/Mg	10.8					
Phosphate						
Urea	10					
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj	8.8 < 0.1 / 8.7					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
r.Lipase						
ood Lactate						
holesterol						
NR						
tein / Sugar						

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 : ....

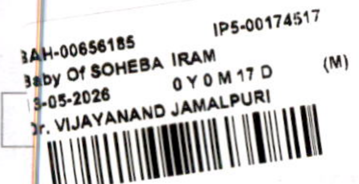
X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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



RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
30/5/26	12:50am	83mg/dl	full feed	[signature]
31/5/26	6am	88mg/dl	fullfeed	Caltra

Patient Sticker

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

AH-00656185 IP5-00174517
aby Of SOHEBA IRAM
3-05-2026 0 Y 0 M 17 D (M)
r. VIJAYANAND JAMALPURI

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: .... Shifted to: ....

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	Inj Piperacillin + Tazobactum	326 mg	I.V	TID	2pm 30/5/26	☑ C ☐ DC
2	Nasoclear N/d	2°	Nasally	4th hourly	2pm	☑ 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 : Rupanjal

ate & Time : 30/5/126

se Name & Signature: ....

& Time : ....

DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				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 ....

BAH-00656155
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

REGULAR PRESCRIPTIONS

Weight. 3.265 kg Ward. ....

DRUG : INJ PIPERACILLIN TAZOBACT				Date ▸ Time ▾	30/5	31/5	1/6/26
Dose	Route	Frequency	Start Date	6AM			
326mg	IV	8th hrly	30/5				
Name & Signature of the Doctor Starting the Drugs: Sneha				2PM			
Additional Instructions: 100mg/kg/dose.				10PM			
Daily Doctor's Endorsement by a Sign					N.PD		

DRUG : NASOCLEAR NASAL DROPS				Date ▸ Time ▾	30/5	31/5
Dose	Route	Frequency	Start Date	6AM	X	
2 drops	nasal	4H	30/5	10AM	X	
Name & Signature of the Doctor Starting the Drugs: N. Peeruishu				2PM		
				6PM		
				10PM		
Additional Instructions:				2AM		
Daily Doctor's Endorsement by a Sign						

DRUG : 3% NaCl.				Date ▸ Time ▾	31/5	1/6
Dose	Route	Frequency	Start Date	6AM	X	
	Neb	Q8H	31/5			
Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya				2PM	1PM	
Additional Instructions: 3ml neb				10PM		
Daily Doctor's Endorsement by a Sign						

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

① mousomi

Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

Weight. .... 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

VERIFIED BY : Name .... Signature

Baby Of SOHEBA IRAM (M)
13-05-2026 0 Y 0 M 17 D
Dr. VIJAYANAND JAMALPURI

I.V. FLUIDS CHART

Weight. .... 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

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

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

30/5/26 (1)

CHBH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	2 Am	4 Am	6 Am
Doctor/Nurse/Family Concern?			
Temperature (F) (scale 94–104)	98.9 F	36.5 C	36.5 C
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190). Note: BP does not score in early warning scoring	83/50 (60)	70/36 (52)	72/41 (51)
Heart Rate (Number)	152	134	148
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	LIF 0.1	LIF 0.1	LIF 0.1
Resp Rate (Number)	36	40	33
Resp Distress: Mod/ Severe			
Resp Distress: None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	100%	100%	96%
Conscious Level: Normal	N	N	N
Conscious Level: Altered			
GCS *	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* 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.

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

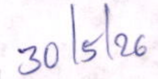
- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE >3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

30/5/26

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

(2)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	8 Am	10 Am	12 PM	2 pm	4 PM	6 PM	10pm	2am	6am
Doctor/Nurse/Family Concern?									
Temperature (F) (104–94)	36.5°C	36.5°C	36.7°C	[illegible]	98.1F	98.0F	98.1F	98.3F	98.1F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	76 / (59) / 39	63 / (56) / 35	76 / (43) / 39	65 / (45) / 51	*	*	*	*	*
Heart Rate (Number)	142	137	117	127	132 b/m	145 b/m	137 b/m	128 b/m	147 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)							*		
Resp Rate (Number)	47	41	39	51	42 b/m	38 b/m	38 b/m	40 b/m	43 b/m
Resp Distress: Mod/ Severe									
Resp Distress: None / Mild					N	N	N	N	N
Receiving O_2 (l/min)									
O_2 Saturations (%)	97%	96%	96%	95%	99%	100%	99%	100%	98%
Conscious Level: Normal					N	N	N	N	N
Conscious Level: Altered									
GCS *	C	C	C	C	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	A	A	A	A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* 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.

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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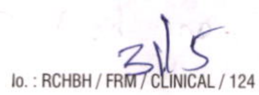
Dr. VIJAYANAND JAMALPURI



No. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						
Temperature (F)	97.8F	97.9F	98.0F	97.8F	98.0F	97.9F
Heart Rate (bpm) and Blood Pressure (mmHg) *	*	*	*	*	*	*
Heart Rate (Number)	138 b/M	140 b/M	132 b/M	130 b/m	140 b/m	138 b/m
Resp. Rate (bpm) (Over 1 Minute) *	*	*	*	*	*	*
Resp Rate (Number)	36 b/M	35 b/M	32 b/M	40 b/m	42 b/m	40 b/m
Resp Distress Mod/ Severe						
Resp Distress None / Mild	N	N	N	N	N	N
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%	99%	99%	98%	100%	99%
Conscious Level Normal	N	N	N	N	N	N
Conscious Level Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	1	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

Note: BP does not score in early warning scoring

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.

Not willing for sponging & wt check they want after one hour

parent sign [illegible]

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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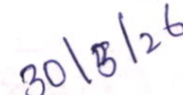
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given 02/ 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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI



TV - 150cc / 1kg / day
TF - 40ml
Bwt :- 8.2 kg

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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											
	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	EBm			40ml		Not passed			1	10ml	S
	04:00 am											
	05:00 am	EBm			40ml						—	
	06:00 am						Not passed				15ml	
	07:00 am	EBm			40ml							
Total Intake : 120ml						**Total Output :** 25ml						

Total 24 hrs. Intake	150 cc		Total 24 hrs. Output	1.3

Docu. No. : RCHBH /FRM / CLINICAL / 092

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

30/5/26

FLUID CHART

(2)

Sheet No. : ....

TV - 150cc
TF - 40N
Bwt - 3.2 kg

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	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
30/05/26	08:00 am										0	
	09:00 am	EBM			40ml		passed			19ml	0	
	10:00 am										0	
	11:00 am	EBM			40ml		passed			23ml	0	[signature]
	12:00 pm										0	
	01:00 pm	DBF			—						0	
Total Intake : taken						**Total Output :** U-2 M-2						
30/05/26	02:00 pm										0	
	03:00 pm		DBF								0	[signature]
	04:00 pm										0	[signature]
	05:00 pm		DBF								0	[signature]
	06:00 pm						✓			✓	0	[signature]
	07:00 pm		DBF								0	[signature]
Total Intake : Taken						**Total Output :** U-1 M-1						
	08:00 pm										0	Lalita
	09:00 pm		DBF							✓	0	
	10:00 pm						✓				0	
	11:00 pm		DBF							✓	0	Lalita
	12:00 am									✓	0	Lalita
	01:00 am		DBF								0	
Total Intake :						**Total Output :** U-3 M-1						
	02:00 am										0	Lalita
	03:00 am		DBF							✓	0	
	04:00 am										0	Lalita
	05:00 am		DBF				✓			✓	0	
	06:00 am										0	Lalita
	07:00 am		DBF							✓	0	
Total Intake :						**Total Output :** U-3 M-1						

Total 24 hrs. Intake	taken

Total 24 hrs. Output	U-9 M-5

Docu. No. : RCHBH/FRM/CLINICAL/092

Patient Sticker

BAH-00656185 IP5-00174517
Baby Of SOHEBA IRAM
13-05-2026 0 Y 0 M 17 D (M)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

Sheet No. : ....

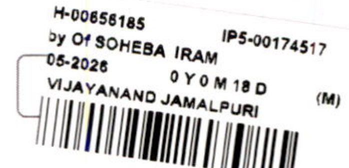
31/5

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	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am						✓			✓	0	[illegible]
	09:00 am		DBF								0	
	10:00 am										0	
	11:00 am		DBF								0	[illegible]
	12:00 pm						✓			✓	0	
	01:00 pm		DBF								0	
Total Intake : Taken						Total Output : M – 2 U – 2						
	02:00 pm										0	
	03:00 pm		DBF								0	[illegible]
	04:00 pm										0	
	05:00 pm		DBF				✓			✓	0	
	06:00 pm										0	[illegible]
	07:00 pm		DBF							✓	0	
Total Intake : Taken						Total Output : M – 1 U – 2						
	08:00 pm						|				0	[illegible]
	09:00 pm		DBF							✓	0	
	10:00 pm						NP				0	[illegible]
	11:00 pm		DBF							✓	0	
	12:00 pm						|				0	[illegible]
	01:00 am		DBF								0	
Total Intake : Taken						Total Output : U – 2 M – 0						
	02:00 am											[illegible]
	03:00 am		DBF				|			/	0	
	04:00 am						[illegible]	Sweati			0	[illegible]
	05:00 am		DBF					✓			0	
	06:00 am						|			/	0	[illegible]
	07:00 am		DBF								0	
Total Intake : Taken						Total Output : U – 2 M – 1						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U - 8 M - 4

Docu. No. : RCHBH /FRM / CLINICAL / 092



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							
	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											
	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	