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 : IP5-00174650 **Admit Date** : 02-Jun-2026 **Admit Time** : 01:41 PM **UHID** : BAH-00480402

Patient Details :

Patient Name	: Master DHRUVIT DAS	**Age**	: 4 Y 9 M 26 D
Guardian	: Mr ABHIJIT KUMAR DAS	**DOB**	: 07-08-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO-108,TOWER-8, PROVIDENT KENWORTH APARTMENT, PILLAR NO-293, BHAVANI COLONY Attapur Hyderabad Telangana INDIA 500048	**Phone No**	: 7569147339/ 9652730007
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 333 **Ward Name** : 3F-ZONE C

Room No : SPVT 333 **Admission Type** : First Visit

Contact Details :

Name : Mr ABHIJIT KUMAR DAS **Relationship** : Father

Contact Address : FLAT NO-108,TOWER-8, PROVIDENT KENWORTH APARTMENT, PILLAR NO-293,BHAVANI COLONY Attapur Hyderabad Telangana INDIA 500048 **Phone No** : 7569147339 / 9652730007

Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : CARE HEALTH INSURANCE LIMITED

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ACTIVITY RECORD FOR BILLING

BAH-00480402 IP5-00174650
Master DHRUVIT DAS
07-08-2021 4 Y 9 M 26 D (M)
Dr. DINESH KUMAR CHIRLA

Name :_____ _____

UHID 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
2/6	2:40pm	ER	333	

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
02/06	CBP, CRP, Blood clo, widel.	5600F	Sampley
	Dengue NS2+ IgM, Fhl.		
2/6	CUE	26057077	latta
4/6	CBP	26056466	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/6	Infusion pump	2:50AM		9642236	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
02/6	IV Placement	(1)	9309	Samhy

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00480402 IP5-00174650
Master DHRUVIT DAS
07-08-2021 4 Y 9 M 26 D (M)
Dr. DINESH KUMAR CHIRLA

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. DINESH KUMAR Date : 02/6/21

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

Start Time of Assessment: ..... Weight: 16-24 Kg

Allergic History: Bananas.

Chief Complaints:
- Hx of Fever : 7 days.
- cough / cold / 7 days.
- Decreased intake - 2 days
- Fever High grade, Not associated with chills, on and off, Intermittent period is active

Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☐ Normal
- ☐ Gasping / Apnea

C Circulation
- ☐ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

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

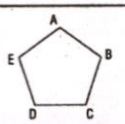
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: —

Medication History: Syp Augmentin BDS 6 doses completed 4m/o URTI pharyngitis

Relevant Investigations: —

Primary Assessment



Airway
- ☐ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 28/min SpO_2 on FiO_2 98% on RA

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

Rhythm: .....

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: .....

Palpation Findings (If necessary) .....

Circulation

HR: 122/min CFT [Central ..... / Peripheral .....]

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: 95/61 (70) mmHg

Pulse Volume: [Central ..... / Peripheral .....]

If in Shock: [Compensated ..... / Hypotensive .....]

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

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

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Pupils: [Responsive ☐ Non-Responsive ☐ / Size [Right ..... / Left .....]]

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

Signs of Neurological compromise .....

.....

Exposure

Temp.: 97-1°F

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

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

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

Dullness

Labs Planned:

CBP, CRP, PS for MP / NS1 Ag / IgM - Dengue

Blood culture -

WF, widal -

NP swab for furanet

Treatment Planned:

IV Fluids

Inj. Ceftriaxone

Syp. Furic

Neb - Levolin

Budecort

NIB regularly 2 hrly

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Acute febrile illness ? UTI ?

Assessment done by

Name of the Doctor: N. Pearl Bhan

Signature: N. Pra

Date & Time: 02/6/22, 1:20 pm.

Sr. Doctor on Duty (If necessary)

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

Signature: .....

Date & Time: .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : Dhruvit Das Age/Sex 4½/M

Information given by: Mother Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

c/o. fever x 7 days
cough / nose block
poor oral intake / dull activity

History of present illness :

↓

child premorbidly well.
No travel prior to symptom onset

fever x 7 days
initially 101 – 102°F every 4–6h
maximum 104.3°F on D2.

persistent fever for 3 days
visited OPD → started on Augmentin

↓

after 3 days of Augmentin → no response

↓

fever spikes (+)
c/w cough – non productive
runny nose
irritability → dull activity
poor intake

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) perinatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : (N)

Developmental History :

appropriate

Immunization History :

immunised for age.
last vaccination at 3 yrs.

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____ (Centile _____) Height (cms): 108 (Centile _____)

Weight (kgs)) 16.24 kg (Centile _____)

On Examination :

Temperature : 97.4°F Pulse Rate : 122/min B.P. 95/60 SPO2 97%

Resp.rate and type of breathing : 20/min

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : (N)

Any murmur : none

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

Per Abdomen :

Inspection _____

Palpation : Soft / NT

Ausculation : (N) BS (+)

Spine : _____ External Genitelia : _____

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

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture : no meningeal signs

Involuntary Movements :

N

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

AEL to ~~from~~ viral LRTI

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: dehydration / hypoxia

Desired goals of the treatment : Resolution

Planned Labs:

CBP
CRP
Dengue Ns1/IgM
PS for MP
Blood cfs
Widal.
CUE
Fluopanel.

Planned Management

1.) IVF
2.) Inj Ceftriaxone
3.) Syp Oseltamivir
4.) Neb Budecort
Neb Levolin

Signature of the Doctor: Akhila
Name of the Doctor: Dr- Akhila
Date & Time: 2/6/26

Signature of the Consultant: DR. DINESH KUMAR CHIRLA Registration No: 66227
Name of the Consultant:
Date & Time: 2/6/26

BAH-00480402 IP5-00174650
Master DHRUVIT DAS
07-08-2021 4 Y 9 M 26 D (M)
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6 5pm	c/s/o Resident Δ: AFT c viral LRTI c thrombocytopenia (D7) fever spikes (+) cold. c/o: Tachypnea O/E: febrile tachypnea (+) 80/min chest / clear. nose block (+) abdomen soft no rash.	Adv: 1.) Trace flu panel 2.) Trace CUE: Widal. Dengue NS1 / IgM NPD smear. 3.) W/f fever spikes. 4.) Tolspine nasal spray + OTRIVIN P. nasal drops 5.) Continue other medications as charted 6.) Parents reassured Dr Akhila

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Master DHRUVIT DAS (M)
07-08-2021 4 Y 9 M 26 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/01/26 8.00am	CSIB Resident	
	Δ: AFI ? viral LRTI	
	+ thrombocytopenia	Plan
	+ Influenza A illness	
	Child is afebrile	SOS ① Inj CEFTRIAXONE
	Fever spike — 1 @ 6:30 pm 101.2F ~~101.2F~~	② NEB LEVOLIN
	no rash, vomit or loose stools	③ NEB BUDECORT
	NO cough	④ OSELTAMIVIR
	Mild cold ⊕	
	Oral intake - Fair	⑤ RELENT PLUS
	Urine output - good	
	stool output - good.	⑥ SOLSPRE NASAL SPRAY
	O/E: child is alert, active	
	CVS: S1S2 ⊕	⑦ OTRIVION-P NASAL DROPS.
	RS: BAE ⊕, airway clear	
	P/A: Soft	Soluble
	Flu A ⊕	Grace
	Plan	~~Flu Panel~~ - Flu A ⊕
	stop Inj ceftriaxone	MP
	Add Syp Azithromycin	CBP — T/M

DR. DINESH KUMAR CHIRLA
Registration No: 66227

Noted by sumathi

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07-08-2021 4 Y 9 M 27 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/01/26 4:00pm	CRIB Resident.	
	Δ: AFI + Influenza A(+) + thrombocytopenia	Plan
	Afebrile :- 24 hrs.	(1) SYP AZITHROMYCIN.
	no fresh complaint	(2) SYP OSELTAMIVIR.
	child is hemodynamically stable	(3) IVF DNS 45ml/hr
	Oral feed → Fair	
	Urine output → good.	(4) RELENT PLUS.
	Passed stools	(5) SOLSPRE NASAL SPRAY.
	cough +ve	(6) OTRIVION-P NASAL DROPS
	mild cold(+).	(7) Continue Neb Solbly
	O/E	CBP – T/m
	Vitals stable	(8) Gam
	ENT – clear.	
		d/c F/m
		R/V Sat OPD.
		d/c ē
		Syp Azithromycin
		Syp Oseltamivir.
		Neb Levolin + Budecort Relent

DR. DINESH KUMAR CHIRLA
Registration No: 66227

BAH-00480402 IP5-00174650
Master DHRUVIT DAS
07-08-2021 4 Y 9 M 27 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	CSIB Resident-	
	Δ! AFI+ Influenza A illness + Thrombocytopenia	Plan
	Child is afebrile 1 fever spike - 100F on 8.45pm oral intake - fair stool output } urine output } good. hemodynamically stable cough↓, cold↓ Vitals BP - 102/69 CVS - S1S2 (+) RS - BAE (+), clear airway RR - 28bpm P/A - soft ENT - clear	(1) SYP AZITHROMYCIN (D2) (2) SYP OSELTAMIVIR (D2) (3) NF DNS @ 45ml/hr (4) RELENT PLUS (5) SOLSPRE NASAL SPRAY (6) OTRIVION - P (7) continue nebs. Plan d/c after rounds. Sohela. Trace CRP.

DR. VENKATALAKSHMI A
Registration No: 50115

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Master DHRUVIT DAS
07-08-2021 4 Y 9 M 26 D (M)
Dr. DINESH KUMAR CHIRLA

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RESULT SHEET

Date	2/6/26	4/6/26				
Time						
Hb	10.9	11.4				
PCV	34	37.8				
RBC	4.45	4.68				
WBC	7110	11,490				
N/L	48/46	45/47				
Platelets	1.08L	1.53L				
CRP	5					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	3/11/26					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	2-3					
CUE - RBC Cells	0					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Dengue < NS1 – Non reactive / IgM – Non reactive

Widal – Negative

Influenza A-positive.

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: WARD

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Augmentin DDS syp 457mg	3.5ml	PO	12H		☐C ☐DC
2	Crocin DS	3.5ml	PO	SOS		☑C ☐DC
3	Relentplus syrup	3.5ml	PO	12H		☐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 : N.Rly . N.R

Date & Time : 02/6/26 1.2pm

Nurse Name & Signature: Renuka

Date & Time : 2/6/26 @ 2:10pm

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : OSELTAMIVIR SYRUP

Dose	Route	Frequency	Start Dt.
2.5ml	PO	12H	02/6

Name & Signature of the Doctor Starting the Drugs: N. Prathosh

Additional Instructions: 1ml/12mg

Daily Doctor's Endorsement by a Sign

Date	2/6	3/6
6AM	✓	
10PM	4:20 PM	

DRUG : RELENT PLUS SYRUP

Dose	Route	Frequency	Start Dt.
3.5ml	PO	12H	02/6

Name & Signature of the Doctor Starting the Drugs: N. Prathosh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	2/6	3/6	4/6
6AM	✓	Bath	
6PM	Stay	4:14 PM	

DRUG : SOLSPRE nasal spray

Dose	Route	Frequency	Start Dt.
2puffs	each nostril	QID	2/6

Name & Signature of the Doctor Starting the Drugs: Akhila

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	2/6	3/6	4/6
12AM	✓	Soo	Soo
6AM	X	Soo	Soo
12PM	X		
6PM	IOP	Soo	

DRUG : OTRIVIN P nasal drops

Dose	Route	Frequency	Start Dt.
2°	each nostril	TID	2/6

Name & Signature of the Doctor Starting the Drugs: Akhila

Additional Instructions: 2° each nostril

Daily Doctor's Endorsement by a Sign

Date	2/6	3/6	4/6
6AM	X	Soo	Soo
2PM	X		
10PM	Soo	Soo	

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 16.246 Ward ....

DRUG : SYP AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
4ml	P/O	OD	03/06

Date ▸ / Time ▾: 3/6

Name & Signature of the Doctor Starting the Drugs: Soheb

Additional Instructions: SYP Azee 200

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

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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DRUG CHART

Date of Admission: 2/6/26 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: Syp. CRAINDS				Date/Time
Dose: 5ml	Route: PO	Frequency: SOS	Start Date: 02/6	3/6 Rinsh 6
Doctor's Signature: N.Pm	Valid Period:	Pharm.:		
Additional Instructions: (5ml/4oms) 1b Temp 299.9°F				

DRUG: Syp. MEFTAL-P				Date/Time
Dose: 7ml	Route: PO	Frequency: SOS	Start Date: 02/6	2/6 6:13PM Lekha
Doctor's Signature: N.Pm	Valid Period:	Pharm.:		
Additional Instructions: 1b Temp 2 101°F.				

DRUG: Inj PARACETAMOL				Date/Time
Dose: 250mg	Route: IV	Frequency: SOS	Start Date: 2/6	
Doctor's Signature: Akhila	Valid Period:	Pharm.:		
Additional Instructions: T > 102°F				

Signature

VERIFIED BY : Name

BAH-00480402 IPS-00174650
Master DHRUVIT DAS
07-08-2021 4 Y 9 M 26 D (M)
Dr. DINESH KUMAR CHIRLA

REGULAR PRESCRIPTIONS

Weight. 16.24 kg Ward. ....

DRUG: Inj. CEFTRIAXONE				Date/Time	2/6	3/6
Dose	Route	Frequency	Start Date	6AM	X	Bath
800mg	IV	12H	02/6			
Name & Signature of the Doctor Starting the Drugs: N. Preathisha				6PM	4:10 PM	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	

Stop
Sobele
03/06/26

DRUG: NEB LEVOLIN				Date/Time	2/6	3/6	4/6
Dose	Route	Frequency	Start Date	6AM	X	[signature]	[signature]
0.63 mg	NEB	8H	02/6				
Name & Signature of the Doctor Starting the Drugs: N. Preathisha				2pm	4pm Latha	[signature]	
Additional Instructions:				10pm	11pm [signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]		

DRUG: NEB BUDECORT				Date/Time	2/6	3/6
Dose	Route	Frequency	Start Date	10AM	4PM Latha	Latha
0.5 mg	NEB	12H	02/6			
Name & Signature of the Doctor Starting the Drugs: N. Preathisha				10PM	11pm [signature]	[signature]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	

DRUG: SYP. FLUVIR				Date/Time
Dose	Route	Frequency	Start Date	
	PO	12H	02/6	
Name & Signature of the Doctor Starting the Drugs: N. Preathisha				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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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 ....

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I.V. FLUIDS CHART

Weight. 16.24 Kg Ward. .....

Date	Time	Composition of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
02/6/26	2350AM	DNS	IV	45	N.P.D	Latty / Anjali	2/6		

Signature .....

VERIFIED BY : Name .....

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
21/6/26 2:00 pm	☑ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Fever cough cold	Resolution of symptoms	IV fluids IV antibiotics	N. Dy	☑ Nursing ☐ Others:
2/6/26 2:10 pm	☑ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Acute febrile illness	H- Stability	IV fluids	Renuka	☑ Medical ☐ Others:
2/6/26 3:30 pm	☐ Medical ☐ Nursing ☑ Others: dietitian	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	acute febrile conditions	soft diet	RDA E - 1550kcal/D P - 24gm/D	Nikith	☐ Medical ☐ Nursing ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/6/26	3:30 pm	9	soft diet	M,F	1	0	1	1	–	Nikitha

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
2/6	00.00	Neb:- Budecort	Lyshi	9640479.
	01.00	Levolin		
3/6.	02.00	Levolin		
	03.00	Neb. Budecort (10am)	Sushanthi	
	04.00	Neb. Levolin (2pm).		
3/6	05.00	Neb. Levolin 10PM	Lyshi	9642418
4/6	06.00	Budecort 10pm Levolin. 6AM		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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2/6/26

c. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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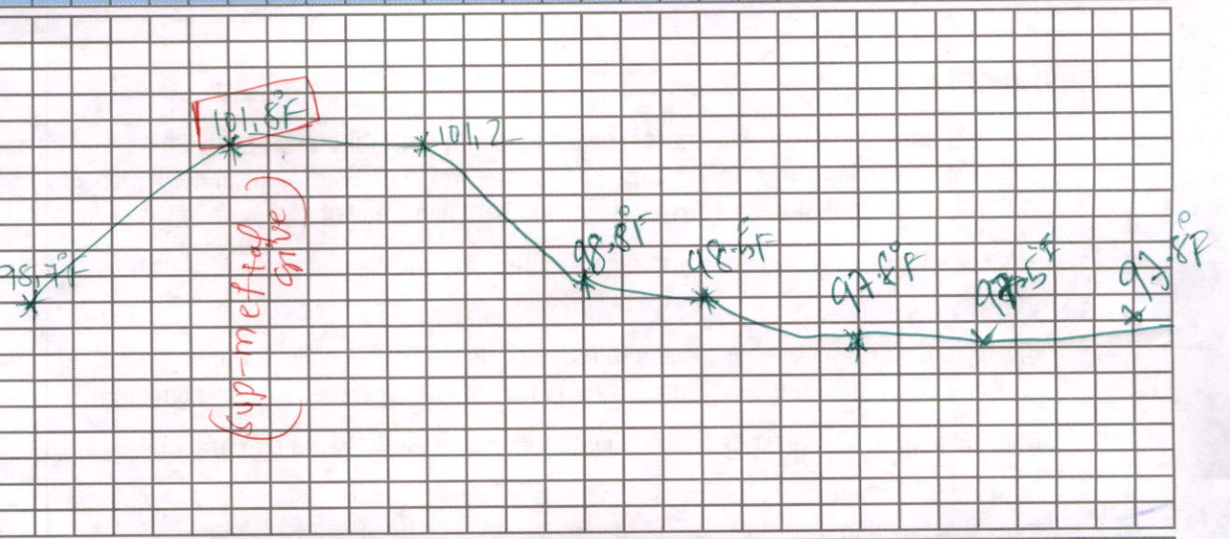
EARLY WARNING SCORE: CHILDREN'S UNIT

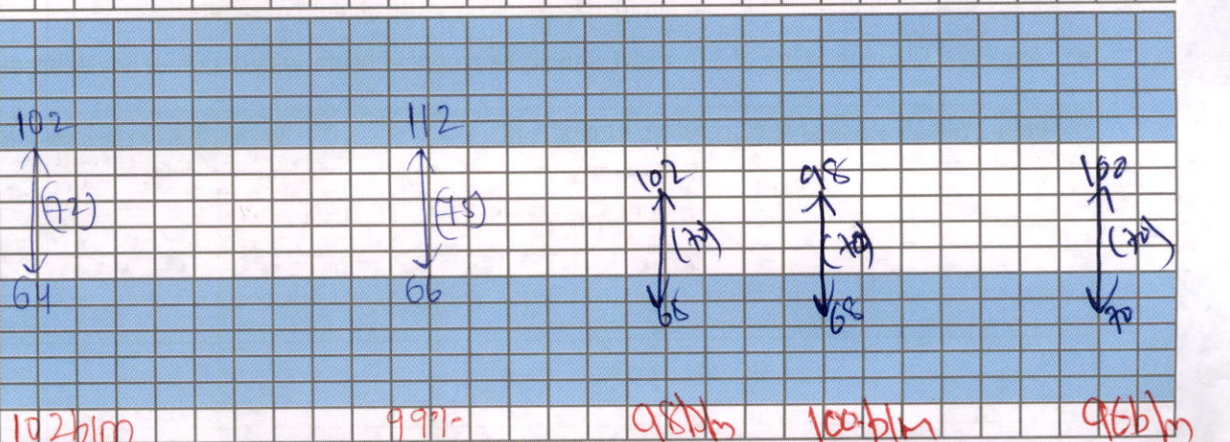
Date : ..... Time:	3pm	6:18PM	7pm	8.10pm	10pm	2Am	3Am	6Am
Doctor / Nurse / Family Concern?								

Temperature (F)



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	102b/m	99b/m	98b/m	100b/m	96b/m

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

Resp Rate (Number)	26b/m	26b/m	26b/m	26b/m	26b/m
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	98%	98%	100%
Conscious Level: Normal / Altered	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	RM	RM	RM	RM	RM

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 in charge AND PICU fellow or PICU 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

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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)

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.: RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/6/26 Time: 10 am · 1 pm · 6 pm · 8:05 pm · 8:45 pm · 10 pm · 2 am · 3 am · 6 am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.4F 98F 98.3F 99.5F 100.8F 98.5F 98.2F 97.9F 98.6F

Shift Change 2pm

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

103 (65) 65 | 105 (70) | 119 (75) 65 | 100 (72) 68 | 98 (70) 68 | 102 (73) 69

Heart Rate (Number) 111b/m · 112b/m 110b/m 98b/m 102b/m 98b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 29b/m · 30b/m 32b/m 30b/m 30b/m 28b/m

Resp Distress	Mod/ Severe / None / Mild				N	N	N
Receiving O_2(l/min) O_2Saturations (%)		99%	100%	98%	98%	100%	98%
Conscious Level	Normal / Altered	– / –	– / –	– / –	N	N	N
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		dr.	dr	R			

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
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Patient Sticker

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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)

Patie

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FLUID CHART

Sheet No. : 1

2/6/26

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	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: 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	D	[illegible]	45ml			✓					
	05:00 pm	N	ORS	45ml						✓	0	[illegible]
	06:00 pm						NP					
	07:00 pm	S	water				✓				0	
Total Intake :						**Total Output :** U-1 m-0						
	08:00 pm			45ml							0	
	09:00 pm	D	water	20ml							0	
	10:00 pm			20ml			✓			✓	0	
	11:00 pm	N	water	20ml							0	
	12:00 am			45ml							0	
	01:00 am	S	[illegible]	45ml							0	
Total Intake :						**Total Output :** U-1 m-1						
	02:00 am			45ml							0	
	03:00 am	D	[illegible]	45ml			✓			✓	0	
	04:00 am			45ml							0	
	05:00 am	N	[illegible]	45ml							0	
	06:00 am	S	[illegible]	45ml						✓	0	
	07:00 am			45ml							0	
Total Intake :						**Total Output :** U-2 m-1						

Total 24 hrs. Intake	Taken.	Total 24 hrs. Output	U-4 m-2

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FLUID CHART

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Sheet No. : (2) 3/6/2026.

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						0	
	08:00 am			45ml							0	
	09:00 am		H_2O	45ml						✓	0	Sushma
3/6/26	10:00 am	D N S		45ml						✓	0	
	11:00 am		H_2O	45ml			NP				0	
	12:00 pm			45ml						✓	0	Sushma
	01:00 pm			45ml							0	
Total Intake : Taken						Total Output : m- NP u- 3						
	02:00 pm			45ml							0	
	03:00 pm	D	H_2O	45ml						✓	0	Sushma
3/6/26	04:00 pm	N		45ml			NP				0	
	05:00 pm	S	H_2O							✓	0	
	06:00 pm			45ml							0	Sushma
	07:00 pm			45ml						✓	0	
Total Intake : Taken						Total Output : m- NP u- 3						
	08:00 pm										0	Sri
	09:00 pm	D									0	Sri
	10:00 pm		Water	45ml			✓			✓	0	Sri
	11:00 pm	N	Wate-	45ml							0	Sri
	12:00 am	S		45ml						✓	0	Sri
	01:00 am			45ml							0	Sri
Total Intake :						Total Output : U- 2 m- 0						
	02:00 am			45ml							0	Sri
	03:00 am	D	Water	45ml						✓	0	Sri
	04:00 am			45ml							0	Sri
	05:00 am	N	Wate-	45ml			NP				0	Sri
	06:00 am	S		45ml						✓	0	Sri
	07:00 am			45ml							0	Sri
Total Intake :						Total Output : U- 2 m- 0						

Total 24 hrs. Intake	Taken.	Total 24 hrs. Output	U- 10 m- 1

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/26 Time: 3:30 pm

Weight: 16.4 kgs Centile: >50th

Height: 93cm Centile: >50th

Inference: well child

RDA: - Calories: 1350 Kcal/D Protein: 23gm/D

Diet Recommendations: soft diet

Re-Assesment: avoid spicy, chilled and outside foods

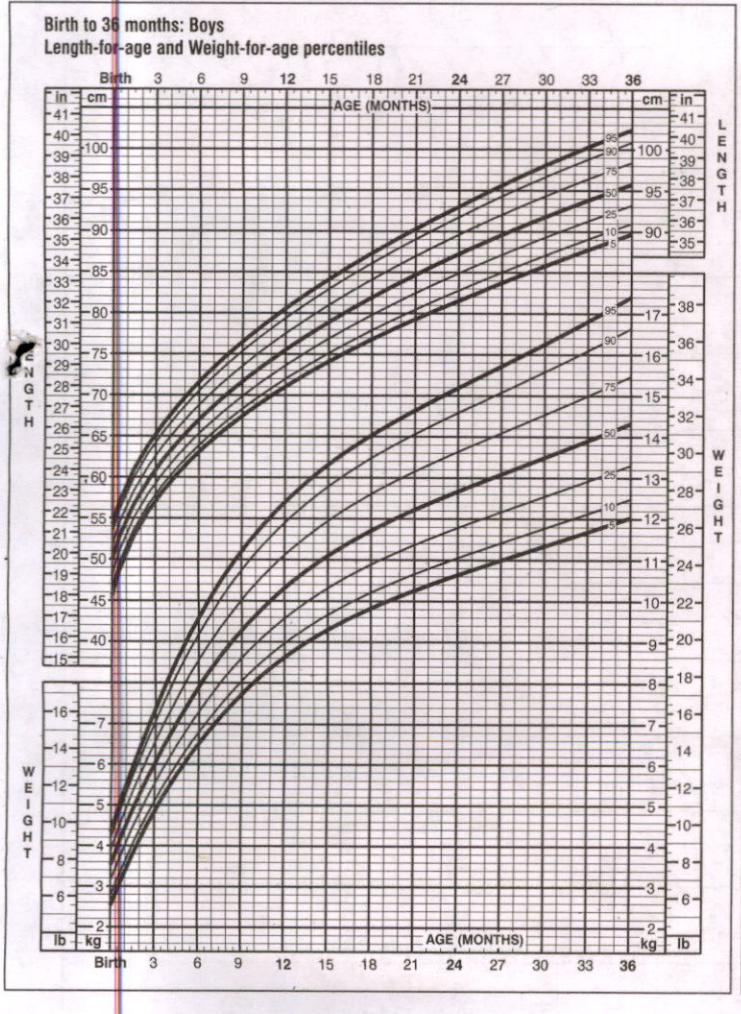
Food Allergies: Banana Veg/Non-veg veg

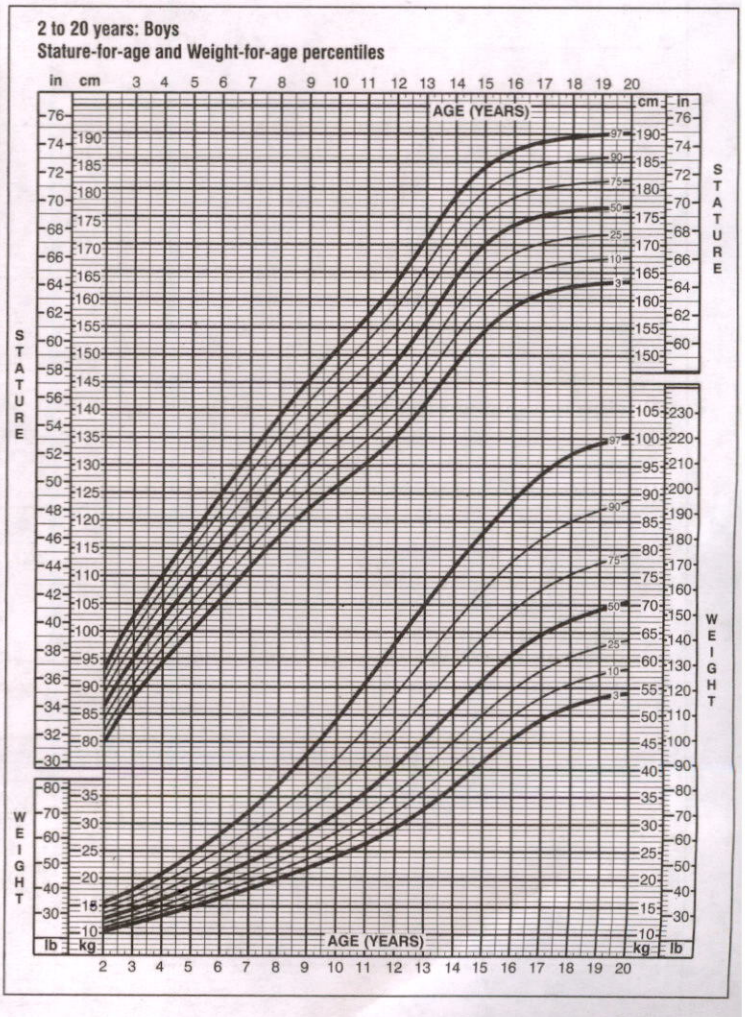
Diagnosis: AFI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Adhyan

GROWTH CHART (BOYS)





Dietician's Name Nikita

Dietician's Signature Nikit

Daily Notes: