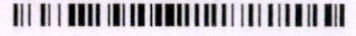




Rainbow Children's Hospital - Banjara Hills  
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad  
,Telangana, India ,500034.  
TEL NO :+91-40-4466 5555  
WEB : https://rainbowhospitals.in

### ADMISSION SHEET

#### Registration Details :



Admission No : IP5-00173574      Admit Date : 09-May-2026      Admit Time : 12:31 AM      UHID : GPR-00000508

#### Patient Details :

Patient Name : Baby MANASHVINI      Age : 2 Y 9 M 19 D  
Guardian : Mr ..      DOB : 20-07-2023  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : .. Rajahmundry East Godavari Andhra Pradesh INDIA 533101      Phone No : 7710091385  
E-mail : NOMAIL@GMAIL.COM

#### Admission Details :

Bed Type : DELUXE ROOM      Bed No : DLX 314      Ward Name : 3F-ZONE A  
Room No : DLX 314      Admission Type : First Visit

#### Contact Details :

Name : Mr ..      Relationship : Father  
Contact Address : .. Rajahmundry East Godavari Andhra Pradesh INDIA 533101      Phone No : / 7710091385

  
Signature

#### Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD      Specialisation : PEDIATRIC NEPHROLOGY  
Referral Doctor : self      Phone No :  
Co-Consultant : Dr. SRUTHI BALLA

#### Payment Details :

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

**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ Patient: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

GPR-00000508 IP5-00173574  
Baby MANASHVINI  
20-07-2023 2 Y 9 M 19 D (F)  
Dr. DR.V.V.R.SATYA PRASAD



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
8/5/20	12:55Am	ER	314	Annel

**Cross Consultation Visit**

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





PROCEDURE				
Date	Procedure	Quantity	Order No.	Signature
9/15/26	Iv Placement	1	98968	<i>[Signature]</i>

**ANY OTHER INFORMATION**

.....

.....

.....

.....

.....

.....

Date : \_\_\_\_\_ Time : \_\_\_\_\_ Prepared By : \_\_\_\_\_

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

GPR-0000508 IP5-00173574

Baby MANASHVINI

20-07-2023 2 Y 9 M 19 D (F)

Dr. DR.V.V.R.SATYA PRASAD



Patient Name:

manashvini

UHID ID:

Department:

Consultant:

GPR-00000508

IP5-00173574

Baby MANASHVINI

20-07-2023

2 Y 9 M 19 D

(F)

Dr. DR.V.V.R.SATYA PRASAD



Pt

## Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

### Chief Presenting Complaints & Duration (Chronologically)

cto - fever x 4 days #  
- Running nose x 3 days  
- Burning micturition, Dark coloured urine x 2 days  
- poor oral intake x 2 days

### History of present illness :

Child asymptomatic 4 days ago,  
later child developed  
fever x - 4 days ago,  
- High grade, Continuous, rig & chills  
- relieved on medication  
associated with burning micturition

Burning micturition x 2 days  
aggravated with passage of urine  
relieved after passing urine  
Dark coloured urine x 2 days  
Running nose x 2 days  
poor Oral intake x 2 days

Ho travel from Chennai @

GPR-00000508 IP5-00173574  
Baby MANASHVINI  
20-07-2023 2 Y 9 M 19 D (F)  
Dr. DR.V.V.R.SATYA PRASAD



P1

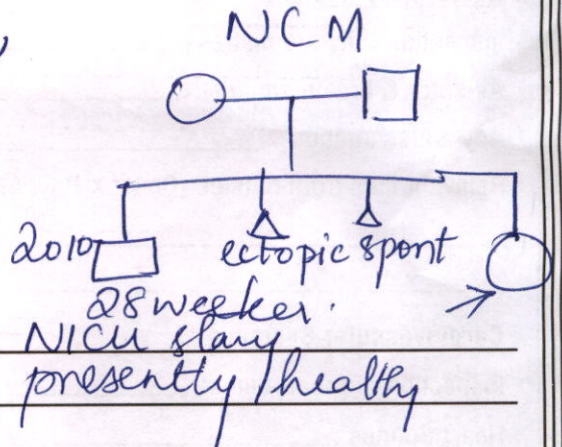
### Physical Examination

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

Admitted for viral illness March 2023  
IV antibiotics for 3 days

#### Birth & Neonatal History:

Term | C/S | NVD | NO NICU  
3.07kg



#### Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

(N)      (4)      (3)      (2)      (1)

#### Developmental History :

Appropriate for age

#### Immunization History :

Immunized till date

GPR-00000508  
Baby MANASHVINI IP5-00173574  
20-07-2023 2 Y 9 M 19 D (F)  
Dr. DR. V. V. R. SATYA PRASAD

### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) ) 15.8 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 98.1 F Pulse Rate : 116/min B.P. \_\_\_\_\_ SPO2 99.1 % RA

Resp. rate and type of breathing : 24/min  
Regular

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BACE (+)

Any addes sounds : clear

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

#### Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO murmur

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

#### Per Abdomen :

Inspection \_\_\_\_\_ (N)

Palpation : soft

Ausculation : RS (+)

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

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

GPR-0000508 IP5-00173574  
Baby MANASHVINI  
20-07-2023 2 Y 9 M 19 D (F)  
Dr. DR.V.V.R.SATYA PRASAD



### Neurological & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

#### Reflexes :

#### DTR

Plantars \_\_\_\_\_

#### Superficials:

#### Sensory System :

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**paediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: \_\_\_\_\_  
AKI

Desired goals of the treatment: Hemodynamic stability

**Planned Labs:**

CBP  
CRP  
RP<sub>2</sub> , Ucg abdomen  
Ca  
done Urlic acid  
on spot urine protein creatinine ratio  
OPD basis C<sub>3</sub>, C<sub>4</sub>, ASD  
→ send. wE  
urine cl, blood cl.

**Planned Management**

- Trace urine protein creatinine ratio sent on OPD basis
- IVF - bns 3/4th. maintenance
- ly PIPTAZ. IV TID
- strict Bp monitoring

M B  
Arumb  
915/26

Signature of the Doctor: [Signature]

Name of the Doctor: Sei

Date & Time: 8/5/26

Signature of the Consultant: [Signature]

Name of the Consultant: \_\_\_\_\_

Date & Time: \_\_\_\_\_

DR. V. V. R. SATYA PRASAD  
Registration No: 43599

GPR-00000508  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 23 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



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## DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary	1/4			
3	Nursing Initial assessment	1/1			
4	Patient Transfer form	1/1			
5	In-patient Medical record	1/1			
6	Doctors progress sheets	5/1			
7	Nursing plan of care and handover sheets	5/6			
8	Consultation sheet				
9	General consent for treatment				
10	Consent for Surgery	1/1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1/1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	5/3			
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)	1/3			
32	Investigation Values (result sheet)				
33	Nebulization chart	1/1			
34	Nutritional review chart	1/1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	2/2			
38	Braden Q Scale	2/2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	1/3			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		Billing 1			
<b>Total No. of Pages</b>		79			

Signature and Date :

## ERROR LOG

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

OBSERVATION :

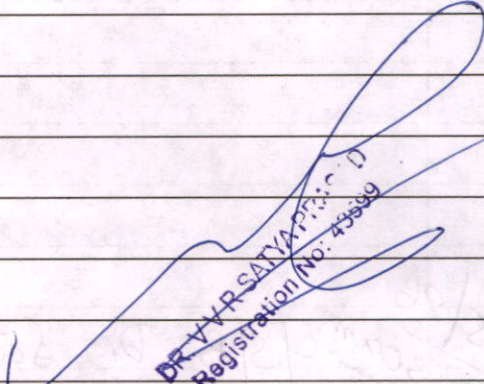
DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

GPR-00000508  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 19 D (F)  
 Dr. DR. V. V. R. SATYA PRASAD



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/20 1:30 PM	Seen by Resident: Dr. Sahithi	
	Acute febrile illness ? AGN	Plan 1. Continue medication as charted
	Labs reviewed. Child asleep. hemodynamically stable.	2. Send CUE, urine c/s. 3. BP monitoring Q4 hrs 4. monitor vitals q hr on SOs
		noted by Sahithi 901032
		 DR. V.V.R. SATYA PRASAD Registration No. 45589



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
9/5/26 10:30 am	c/s/B Resident	
	Δ: <u>AFI</u> <u>UTI</u> <del>2ABN</del>	
	CUE - 2+ hemolysed blood normal RBC.	<u>Adv.</u>
	afebrile.	1.) Trace urine c/s t/m
	O/E: puffiness over eyes & feet (+) chest clear.	2.) Inj Piptaz D1
	abdomen soft	3.) Monitor vitals 4.) Daily wt check
		5.) R/v IVF stop 6.) Strict I/O charting
		<u>Akhila</u> Dr. Akhila
9/5/26 10:30 am	c/s/B Dr. Satyaprasad / Dr. Sauthi	
	stools - (2)	<u>Adv.</u>
		1.) To plan MCAUG later.
		2.) To do: CRP on Mon CUE.
		3.) high fibre diet

DR. V.V.R. SATYA PRASAD  
 Registration No. 48599

GPR-0000508

IP5-00173574

Baby MANASHVINI

20-07-2023

2 Y 9 M 18 D

(F)

Dr. DR. V.V.R. SATYA PRASAD



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/15/2023 2:30pm	S/B Dr. Sutti	
	Case Revisited No new issues Hemodynamically stable	Adv: Continue same vitals q 4hly
9/15/2023 5pm	C/S/B Resident	
	A: UTI	Adv:
	afebrile	1.) To trace urine c/s t/m
	O/E: child active vitals stable	2.) Continue IV piptaz
	chest clear	3.) Daily weight check I/O charting
	no dehydration abdomen soft	4.) Monitor vitals
		Noted by Riman Akhile

GPR-00000508  
 Baby MANASHVINI 2 Y 9 M 20 D (F)  
 20-07-2023  
 Dr. DR.V.V.R.SATYA PRASAD  
 IP5-00173574



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 8:45 PM	Seen By resident: Dr. Sahithi / Dr. Sulli	
	Ais - Af1 = UH.	
	No fever spikes since admission.	Plan
	C/O pain in pubic area since yesterday.	1. Continue PIPTAZ
	O/E	2. Trace urine C/S.
	child Afebrile, active.	3. R/V CBP & CRP.
	facial puffiness better.	4. monitor vitals,
	Vitals stable.	input output charting.
	CVS - S1S2 ⊕	5. R/V probiotic.
	Rx - DAE ⊕	T/M CRP / Sahithi
	PA - soft, NT	CUE / Gan
	urine C/S - NG @ 24 hr.	Spot calcium creatinine ratio.
		uric acid
		<del>Sahithi noted by Julli.</del>

GPR-00000508 IP5-00173574  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 20 D (F)  
 Dr. DR. V. V. R. SATYA PRASAD




## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9am	Seen by Resident: Dr. Sathish	
	ASin - AF1 = UTI.	Plan
	Afebrile since admission.	1. Continue PIPTAZ D3.
	oral intake	2. Send C/S
	U/O ~ 2cc/kg/day. 770ml @ 24h.	spot urine calcium,
	O/E	uric acid, creatinine ratio.
	child afebrile, active,	3. monitor vitals,
	Vitals stable	urine Input-output
	perfusion good	monitoring
	CVS - S1S2 ⊕	4. Plan D/C today.
	Rs - BAE ⊕, clear, <sup>mild</sup> conducted	R/V
	Abdomen soft, NT. <sup>sounds ⊕</sup>	\$ Sathish
CRP - 121 → (25)	11/5/26 11 AM	Seen by Dr. Satyaprasad in
		• MCUG on <del>OP basis</del> T/M.
		• X-ray erect Abdomen
		SOS enema.
		NASOCLEAR drops
		Noted by Sathish 2pm 11/5/26 



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>11/5/2023</del>	<del>8/8 Dr - Sullu</del>	<del></del>
2 pm		
		AG
		Neotonic chewa PR.
		stat
		Rest to continue same
		Noted by Rini 02/11/23
11/5/23 5:30 PM	Seen by resident: Dr. Sathish Afebrile Adeq intake - No fresh issues -	Plan
	O/E	1. Continue medical as charid
	Child active alert.	2. Plan MCVG tomorrow morning,
	hemodynamically stable.	to discuss with Dr Niten T/m morning
	chest clear	Sathish
	abdomen soft	Noted by Rini

GPR-00000508  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 21 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD  




## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>12/5/26</del> <del>10:20am</del>	<u>YS/B Resident</u>	
	Δ: UTI afebrile. o/e: child alert vitals stable s/e: NAD	<u>Adv:</u> 1) MCCUG today. 2) IV Piperacillin Tazobactam D4 3) Continue supportive care
<del>12/5/26</del> <del>10:50am</del>	<u>YS/B Dr Satya prasad</u>	
	MCCUG - G2-3 VUR <del>HR</del> (L) side.	<u>Adv:</u> 1) Continue IV Piptaz 2) Plan (D) f/m. Nestomic enema now 3) Plan micropylaxis 4) P lan micropylaxis 5) Send <del>for</del> urine for Calcium/creatinine/ mic acid. f/m

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>12/5/2023</del> <del>2pm</del>	C/S Dr. Sulli	
	Care Resumed No fever	<u>Adv</u>
	Paracetamol No vomit	<ul style="list-style-type: none"> <li>- Kleptomycin enema</li> <li>- Monitor vitals q4hly</li> <li>- Meds as per drug chart</li> </ul>
		<u>Sulli</u>
		<u>Noted by Pina</u> <u>02/11/23</u>
<del>12/5/23</del> <del>6pm</del>	<u>C/S/B Resident</u>	<u>Adv:</u>
	afebrile passed stool after enema O/E: child alert vitals stable	<ol style="list-style-type: none"> <li>1.) Plan D/S</li> <li>2.) laxatives qm.</li> </ol> <u>Akhila</u>
		<u>noted by Sneha - 6/7/23</u> <u>@ 8pm</u>

GPR-0000508 IP5-00173574

Baby MANASHVINI

20-07-2023

2 Y 9 M 22 D

(F)

Dr. DR. V.V.R. SATYA PRASAD



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 9:15 AM	Seen by Resident: Dr. Sathithi Acis - AF 12 UTI.	
	Afebrile No fresh issues. oral intake - poor C/o cough - dry, yesterday O/E Child alert, active, afebrile Vitals stable CVS - S, S <sub>2</sub> ⊕ RS - BAEC ⊕, clear P/A - soft, NT	Plan 1. Continue medication as charted 2. R/V add laxatives 3. Plan O/E today  Santini  Noted by Jessie
13/5 10:30 AM	C/S/B Dr. Satyuprasad / Dr. Sathithi	Adm  → Syp Citralke 5ml BD → Give Piptaz evening dose → Zinnax 4ml BD x 5d. → Muout powder 1/2 scoop + 90ml water HS.  R/v Tuesday Plan: uro prophylaxis



GPR-00000508 IP5-00173574  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 19 D (F)  
 Dr. DR. V.V.R. SATYA PRASAD



RESULT SHEET

AIG (7/15) (OP)

Date	7/15	8/15	11/15		
Time					
Hb	10.4	9.9			
PCV		39.3			
RBC		4.3			
WBC	15520	11.3k			
N/L	52/30	41/49			
Platelets	3.88L	4.56			
CRP	104	1d1 ↑	25		
ESR					
PCT					
RBS					
Na		106	142		
K		4.8			
Cl		142	106		
Ca/Mg		9.8			
Phosphate					
Urea		20			
Creatinine		0.4			
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid		2.3			
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L		22			

AIG						
Date	7/5	9/5				
Time						
CUE - Alb	1+	-				
CUE - Sugar	-	-				
CUE - Ketones	-	-				
CUE - PUS Cells	4	3-4 ✓				
CUE - RBC Cells	12	2-3				
CUE	2+	hemolysed blood				
Blood - 2+						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
SPCR - P - 2.9		Spot urine - UA - 32.3				
Creat - 13.8		e Ratio - 1.15				
Ratio - 0.2		Calcium - 1				
ASO - Negative		Creat - 28				
C3 - 173 (90-180)		Ratio - 0.03				
C4 - 17 (10-40)						

Culture and Sensitivities :  
 7/5 outside Blood c/s - NG (48h)

Urine c/s - NG @ 24 hrs (verbal report)

Radiology :  
 USG : .....  
 X-Ray : .....  
 ECHO : .....  
 CT : .....  
 MRI : .....  
 Others (ECG, Contrast Studies etc.) : .....

GPR-00000508  
Baby MANASHVIN  
20-07-2023 2 Y 9 M 19 D (F)  
Dr. DR.V.V.R.SATYA PRASAD  
IP5-00173574

# DRUG CHART

Date of Admission: 9/5/20 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)

<b>DRUG:</b> <u>Syp. Crocin DS</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>5ml</u>	<u>PO</u>	<u>SOS</u>	<u>8/5</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>Sai</u>			<u>[Signature]</u>	
Additional Instructions: <u>5ml = 240mg</u> <u>If Temp &gt; 100°F, maximum 4 times a day</u>				

<b>DRUG:</b> <u>Syp. Meftal-P</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>7.5ml</u>	<u>PO</u>	<u>SOS</u>	<u>8/5</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>Sai</u>			<u>[Signature]</u>	
Additional Instructions: <u>T&gt;100°F</u>				

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

Signature  
VERIFIED BY: Name



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

VERIFIED

Dose	Route	Frequency	Start Date	Date Time
Name & Signature of the Doctor Starting the Drugs: Sai				<del>9/5 6AM</del> <del>10/5 10PM</del> <del>11/5 2PM</del> <del>12/5 10PM</del> <del>13/5 2PM</del>
Additional Instructions:				<del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del>
Daily Doctor's Endorsement by a Sign				

VERIFIED

Dose	Route	Frequency	Start Date	Date Time
Name & Signature of the Doctor Starting the Drugs: Sai				<del>9/5 6AM</del> <del>10/5 10PM</del> <del>11/5 2PM</del> <del>12/5 10PM</del> <del>13/5 2PM</del>
Additional Instructions:				<del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del>
Daily Doctor's Endorsement by a Sign				

Dose	Route	Frequency	Start Date	Date Time
Name & Signature of the Doctor Starting the Drugs: Saijithi				<del>9/5 6AM</del> <del>10/5 10PM</del> <del>11/5 2PM</del> <del>12/5 10PM</del> <del>13/5 2PM</del>
Additional Instructions:				<del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del> <del>5y 100mg</del>
Daily Doctor's Endorsement by a Sign				

STOP  
 Saijithi  
 10/5/23

GPR-00000508 IP5-00173574		Date Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
Baby MANASHVINI		20-07-2023 2 Y 9 M 19 D (F)		Dose		Dose		Dose		Dose	
Dr. DR.V.V.R.SATYA PRASAD		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route		Start Date		Dose		Dose		Dose		Dose	
Name & Signature of the Doctor		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

<b>VARIABLE DOSE</b>		Date Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>		Dose		Dose		Dose		Dose		Dose	
Route		Start Date		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose		Dose	
Additional Instructions:		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/5/2023	2:15pm	NEOTOMIC ENEMA	1 Unit	PR	[Signature]	[Signature] @ 3pm
12/5	2pm	Neotomic enema	1 unit	PR	[Signature]	[Signature]

Signature  
Name

GPR-00000508 IP5-00173574

Baby MANASHVINI

20-07-2023 2 Y 9 M 19 D (F)

Dr. DR.V.V.R.SATYA PRASAD

I.V. FLUIDS CHART

Weight. 15.8kg Ward. ....



Composition of I.V. Fluid  
(Concentration ml./hr = Mcg/kg/min. etc)

Route

Flow Rate  
 ml/hr

Doctor  
 Sign

Nurse  
 Sign

Date of  
 Stopping

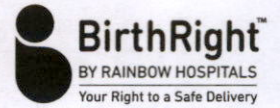
Doctor  
 Sign

Nurse  
 Sign

Composition of I.V. Fluid <small>(Concentration ml./hr = Mcg/kg/min. etc)</small>	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
B/S 1 AM Ivf - DNS (2ly maintenance)	IV	40ml/hr	Sai	Jyothi Ravi			

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

GPR-00000508 IP5-00173574  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 20 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 15.8 kg Ward .....

DRUG :				Date Time
Nasoclear drop				11/5
Dose	Route	Frequency	Start Dt.	
	Nasal	QID	11/5/23	
Name & Signature of the Doctor Starting the Drugs:				
Sainini				
Additional Instructions:				
2 drops each nostril				
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				

Signature  
Time  
VERIFIED BY

Patient Sticker

Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

Signature .....  
Name .....

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
<b>Daily Doctor's Endorsement by a Sign</b>																			

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
<b>Daily Doctor's Endorsement by a Sign</b>																			

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
<b>Daily Doctor's Endorsement by a Sign</b>																			

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
<b>Daily Doctor's Endorsement by a Sign</b>																			

GPR-00000508 IP5-00173574  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 19 D (F)  
 Dr. DR. V. V. R. SATYA PRASAD



## 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						<input 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
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
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 : ..... Sury Sai .....

Date & Time : ..... 9/5/26 12:20 Am .....

Nurse Name & Signature: ..... Annab (A) .....

Date & Time : ..... 9/5/26 12:30 Am .....

GPR-0000508  
 Baby MANASHVINI 2 Y 9 M 19 D (F)  
 20-07-2023  
 Dr. DR.V.V.R.SATYA PRASAD

IP5-00173574

9/5/26

RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

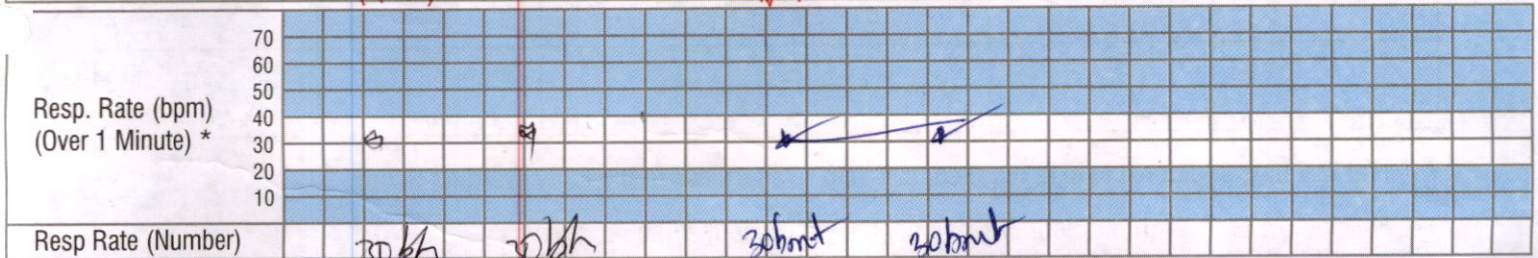
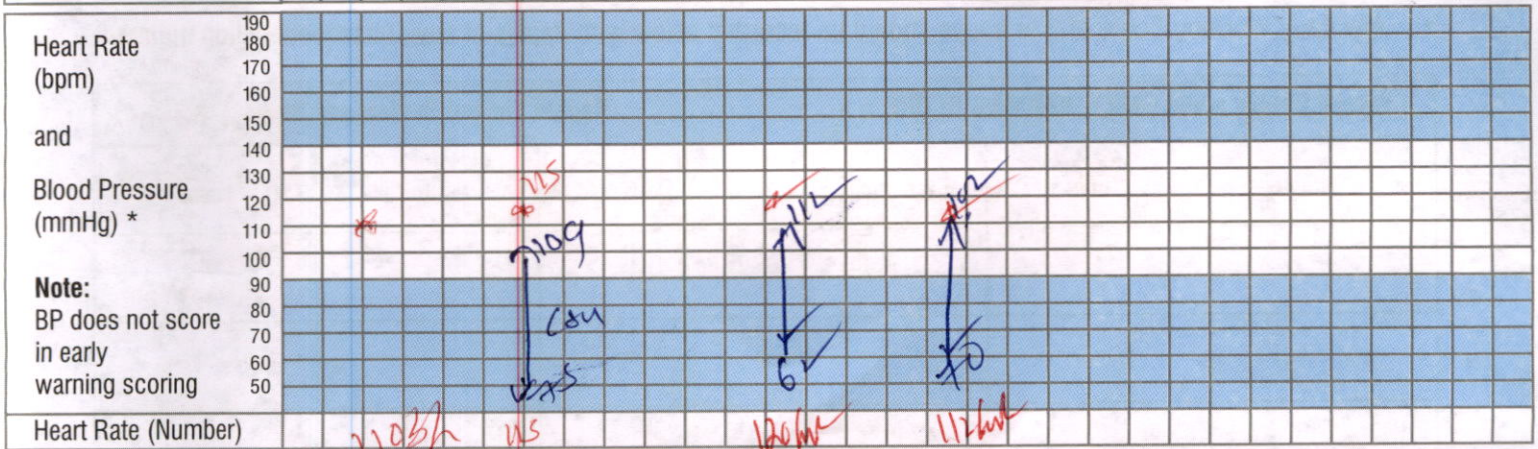
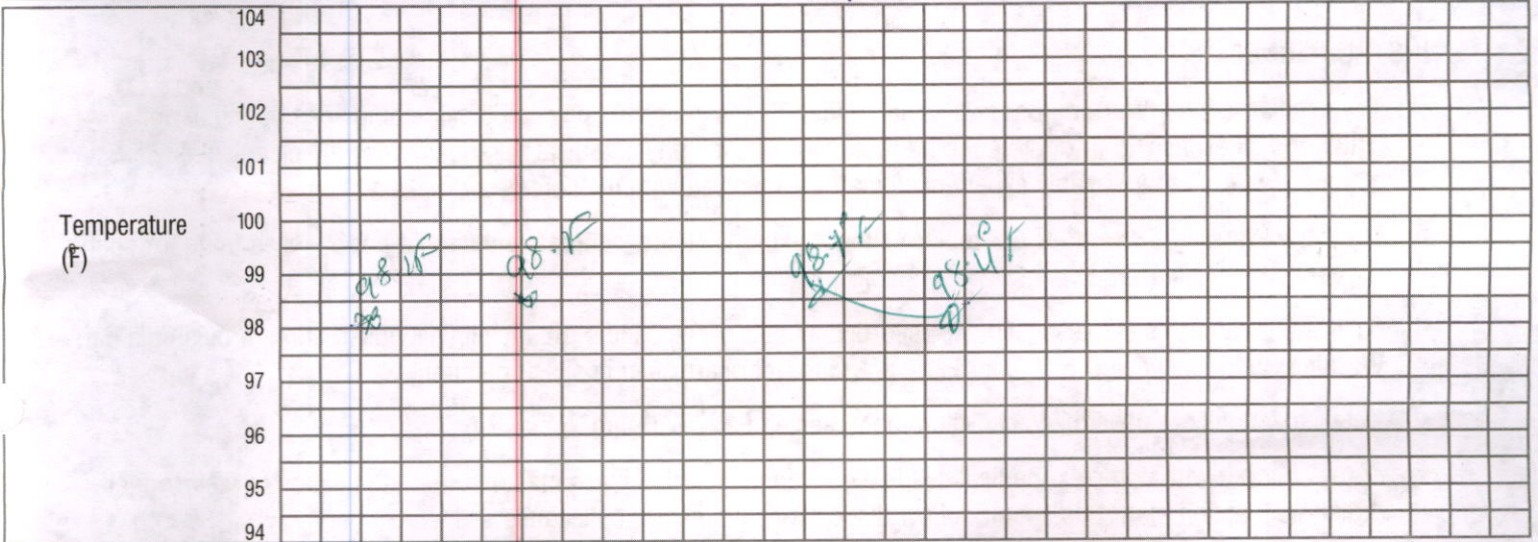
Rainbow Children's Hospital  
 It takes a lot to treat the little.

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 1930 6am 11 6pm

Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O <sub>2</sub> (l/min)					
O <sub>2</sub> Saturations (%)		99	99	100	100
Conscious Level	Normal				
	Altered				
GCS *		(m) (v) (s)	(m) (v) (s)	(c) (v) (s)	(c) (v) (s)

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

**ACTIONS**

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.

## 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

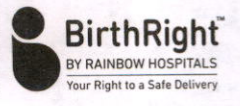
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

9/8/26

Doc. No. : RCHB / FRM / CLINICAL / 125

**PRE-SCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : .....	Time:	11	4	10 PM	4 PM	6 PM
Doctor / Nurse / Family Concern?		9 AM	PM			
Temperature (F)	104					
	103					
	102					
	101					
	100	98.1°F	98.9°F	99.0°F	99.1°F	99.0°F
	99					
Heart Rate (bpm)	190					
	180					
	170					
	160					
	150					
	140					
Blood Pressure (mmHg) *	130					
	120	120	120	120	120	120
	110					
	100					
	90					
	80					
Heart Rate (Number)	190					
	180					
	170					
	160					
	150					
	140					
Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30	30	30	30	30	30
	20					
Resp Rate (Number)	70					
	60					
	50					
	40					
	30	30	30	30	33	32
	20					
Resp Distress	Mod/ Severe					
	None / Mild					
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)		98%	98%	98	99	99
Conscious Level						
Normal / Altered						
GCS *		15	15	15	15	15
<b>TOTAL SCORE</b>						
Number of shaded boxes		6	6	6	6	6
Pain Score		6	6	6	6	6
Observer's Initials		RA	RA	By	By	By
<b>ACTIONS</b>	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.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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- 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.

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<b>R</b>	<b>RECOMMENDATION:</b> 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)



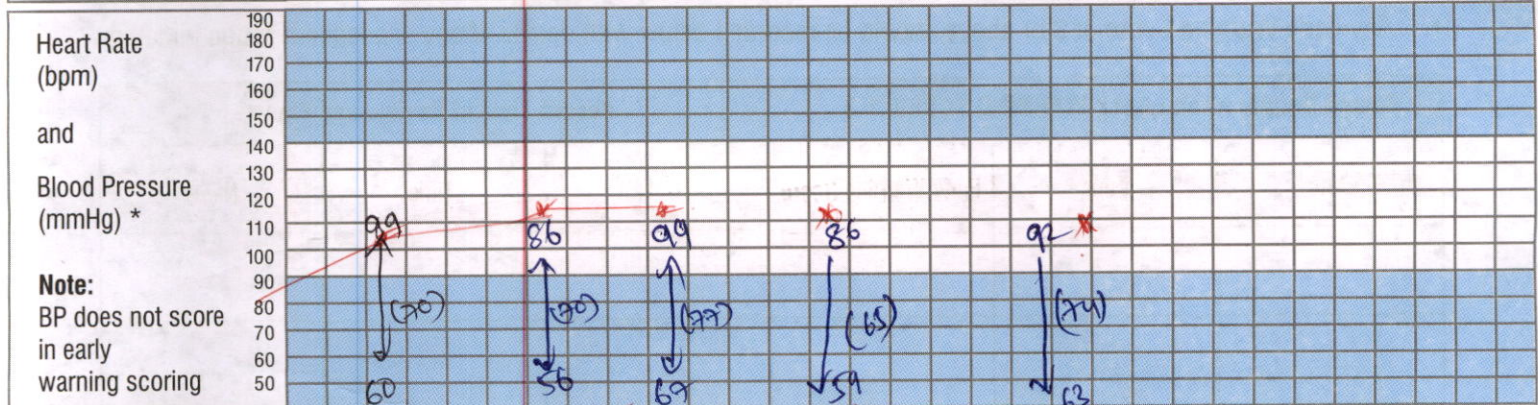
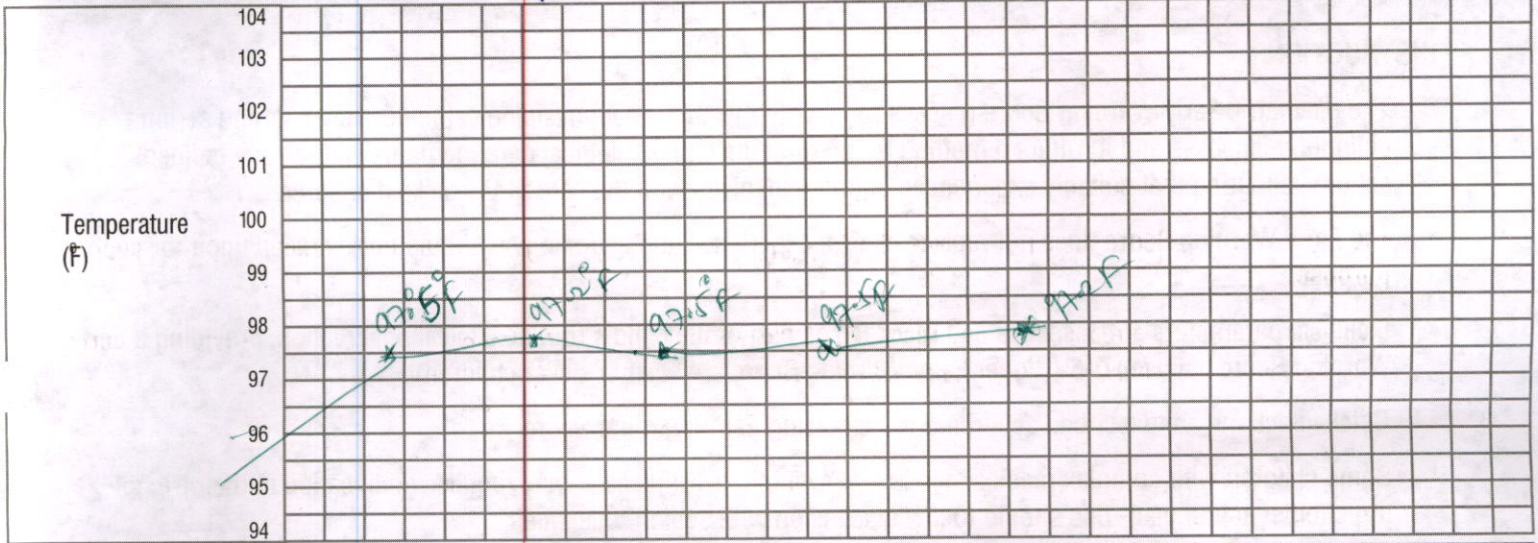
10/5/20

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

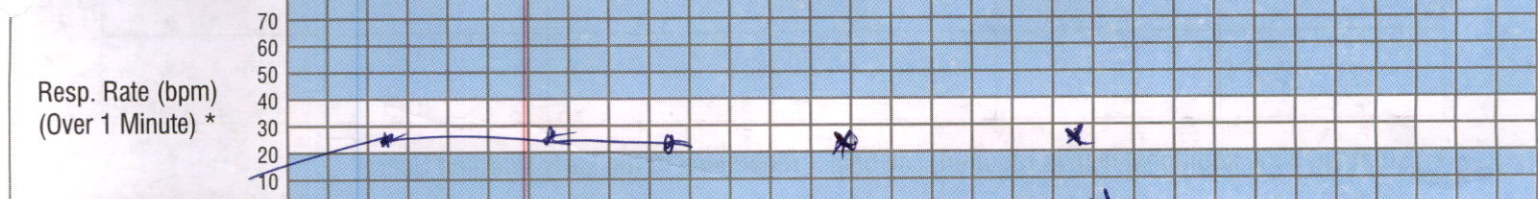
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : .....	Time:	10:30	1:30	6	10PM	6PM
--------------	-------	-------	------	---	------	-----

Doctor / Nurse / Family Concern?	AM	PM	PM			
----------------------------------	----	----	----	--	--	--



Heart Rate (Number)	102b/m	117b/m	111b/m	130b/m	116b/m
---------------------	--------	--------	--------	--------	--------



Resp Rate (Number)	24b/m	24b/m	24b/m	24b/m	24b/m
--------------------	-------	-------	-------	-------	-------

Resp Distress	Mod/ Severe	None / Mild
---------------	-------------	-------------

Receiving O <sub>2</sub> (l/min)	100%	100%	100%	100%	100%
O <sub>2</sub> Saturations (%)					

Conscious Level	Normal	Altered
-----------------	--------	---------

GCS *					
-------	--	--	--	--	--

<b>TOTAL SCORE</b>					
Number of shaded boxes	0	0	6	0	0
Pain Score	0	0	0	0	0
Observer's Initials	R	R	R	Ry	Ry

<b>ACTIONS</b> 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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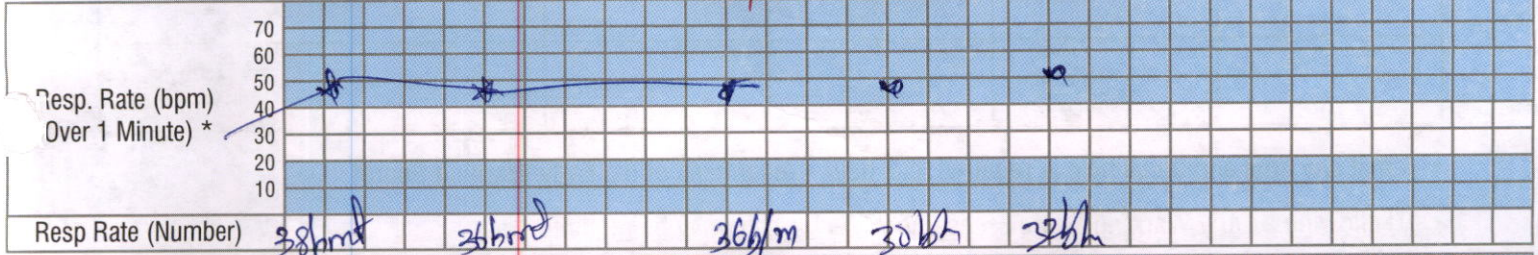
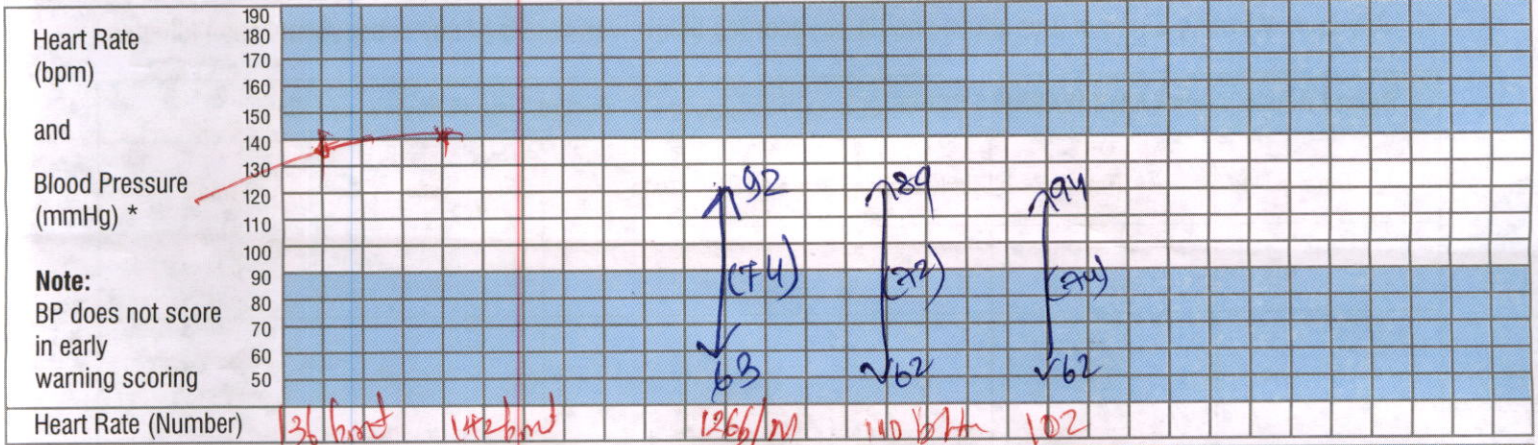
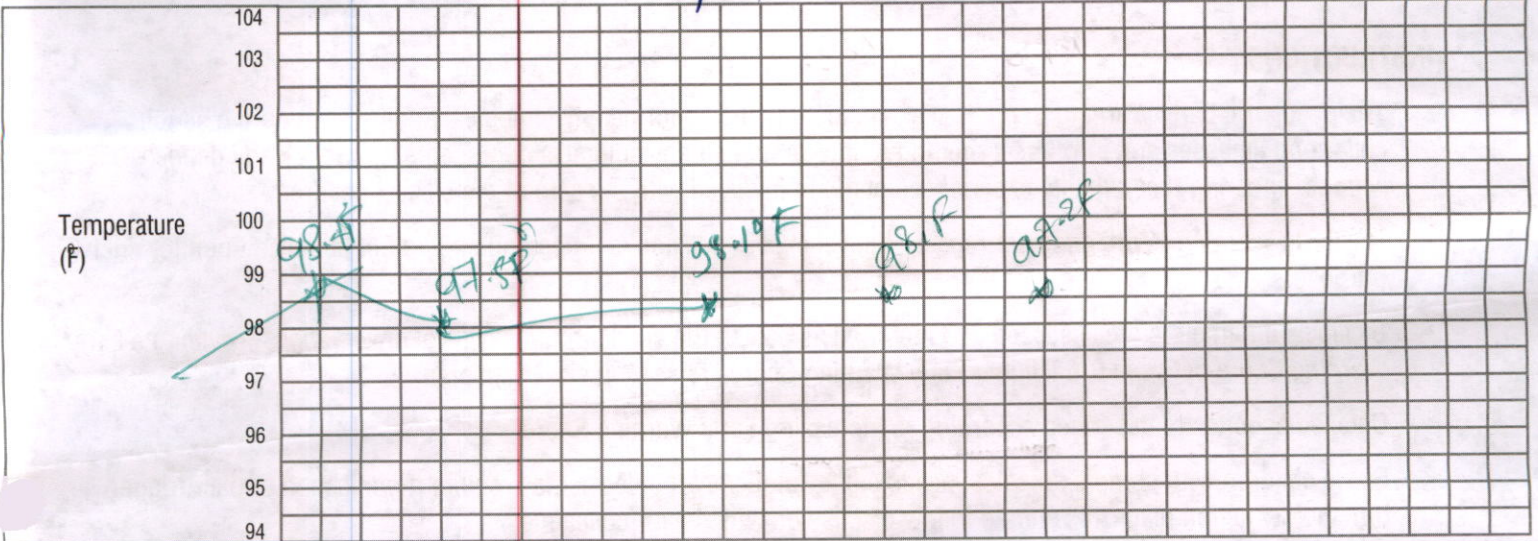
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**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 11:26 AM 10 PM 5 PM 10 PM 6 AM

Doctor / Nurse / Family Concern? AN AN AN AN AN



Resp Distress	Mod/ Severe None / Mild				
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	97%	98%	98%	99%
Conscious Level	Normal / Altered	(15/15)	(15/15)	(15/15)	(15/15)
GCS *					

<b>TOTAL SCORE</b>					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	AN	AN	AN	AN	AN

<b>ACTIONS</b> NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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**EARLY WARNING SCORE: CHILDREN'S UNIT**

13/5/26

Date : 13/5/26	Time:	11 AM	2 PM	6 PM	10 PM	2 PM	6 AM	9 AM
Doctor / Nurse / Family Concern?								
Temperature (F)	104							
	103							
Heart Rate (bpm) and Blood Pressure (mmHg) *	190							
	180							
Note: BP does not score in early warning scoring	170							
	160							
Heart Rate (Number)	150							
	140							
Resp. Rate (bpm) Over 1 Minute) *	130							
	120							
Resp Rate (Number)	110							
	100							
Resp Mod/ Severe Distress None / Mild	90							
	80							
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)	70							
	60							
Conscious Level Normal / Altered	50							
	40							
GCS *	30							
	20							
TOTAL SCORE	10							
	0							
Number of shaded boxes								
Pain Score								
Observer's Initials								

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

## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)



## 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.
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<b>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

Patient

GPR-0000508 IP5-00173574  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 19 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



# 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	
			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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am										0	Syath	
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am										0	Syath	
	03:00 am										0	Syath	
	04:00 am										0	Syath	
	05:00 am										0	Syath	
	06:00 am										0	Syath	
	07:00 am										0	Syath	
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							

# FLUID CHART

Sheet No. : 1

- 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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
9/5	08:00 am	DPS		woml					✓	0	Dusse Dusse Dusse Dusse Dusse Dusse	
	09:00 am	DPS		woml					150	0		
	10:00 am	DPS		woml		NP				0		
	11:00 am	DPS	H2O	woml						0		
	12:00 pm									0		
	01:00 pm								100	0		
<b>Total Intake :</b>					<b>Total Output :</b>					U - 250ml M - 0		
9/5/26	02:00 pm			woml						0	Ran Ran Ran Ran Ran Ran	
	03:00 pm			woml						0		
	04:00 pm	DPS	H2O	woml		NP			50ml	0		
	05:00 pm			woml						0		
	06:00 pm									0		
	07:00 pm									0		
<b>Total Intake :</b>					<b>Total Output :</b>					U - 50ml M - 0		
9/5/26	08:00 pm			woml					50ml	0	Sangeet Sangeet Sangeet Sangeet Sangeet Sangeet	
	09:00 pm			woml						0		
	10:00 pm	DNS	H2O	woml					50ml	0		
	11:00 pm			woml		NP				0		
	12:00 am		H2O	woml						0		
	01:00 am									0		
<b>Total Intake :</b>					<b>Total Output :</b>					U - 100ml M - 0		
10/5/26	02:00 am			woml					100ml	0	Sangeet Sangeet Sangeet Sangeet Sangeet Sangeet	
	03:00 am		H2O	woml						0		
	04:00 am	DNS		woml		NP				0		
	05:00 am			woml						0		
	06:00 am		H2O	woml					✓	0		
	07:00 am									0		
<b>Total Intake :</b>					<b>Total Output :</b>					U - 100ml M - 0		

**Total 24 hrs. Intake**

**Total 24 hrs. Output** M - 0 U - 500ml

GPR-00000508 IP5-00173574  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 20 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD



10/5/26



# FLUID CHART

Sheet No. : 13

10/5/26

- 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			40ml							0	Jullu?	
	09:00 am	↓	H2O	-					80ml		0	Jullu?	
	10:00 am	DNS							90ml		0	Jullu?	
	11:00 am	↑	H2O	40ml							0	Jullu?	
	12:00 pm			40ml					80ml		0	Jullu?	
	01:00 pm			40ml					80ml		0	Jullu?	
<b>Total Intake :</b>						<b>Total Output :</b>			U - m - 1				
	02:00 pm			ADX					90ml		0	Jullu?	
	03:00 pm	↓	H2O	40ml							0	Jullu?	
	04:00 pm	DNS		40ml					90ml		0	Jullu?	
	05:00 pm	↑	H2O	40ml			NA				0	Jullu?	
	06:00 pm			-							0	Jullu?	
	07:00 pm			-							0	Jullu?	
<b>Total Intake :</b>						<b>Total Output :</b>			U - 180ml M - 0				
	08:00 pm	↓	H2O	40ml							0	Sangee	
	09:00 pm										0	Sangee	
	10:00 pm	DNS		40ml					132ml		0	Sangee	
	11:00 pm	↑	H2O	40ml			NA				0	Sangee	
	12:00 am			40ml							0	Sangee	
	01:00 am										0	Sangee	
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am			40ml							0	Sangee	
	03:00 am		H2O								0	Sangee	
	04:00 am	DNS		40ml			NA		96ml		0	Sangee	
	05:00 am	↑	H2O	40ml					51ml		0	Sangee	
	06:00 am										0	Sangee	
	07:00 am										0	Sangee	
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>			U - 769ml M - 0				

# FLUID CHART



Sheet No. : ..... 11/5/26

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.
3. 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		
	08:00 am										0	Suma
	09:00 am		H <sub>2</sub> O	40ml							0	Suma
	10:00 am	DNS									0	Suma
	11:00 am		H <sub>2</sub> O	40ml							0	Suma
	12:00 pm										0	Suma
	01:00 pm		H <sub>2</sub> O	40ml							0	Suma
<b>Total Intake :</b>						<b>Total Output :</b> 0-3 m-0						
	02:00 pm										0	Rim
	03:00 pm		H <sub>2</sub> O								0	Rim
	04:00 pm	DNS		40ml							0	Rim
	05:00 pm		H <sub>2</sub> O	40ml							0	Rim
	06:00 pm			40ml							0	Rim
	07:00 pm		H <sub>2</sub> O	40ml							0	Rim
<b>Total Intake :</b>						<b>Total Output :</b> 0-2 M-0						
	08:00 pm										0	Jyoti
	09:00 pm		H <sub>2</sub> O								0	Jyoti
	10:00 pm	DNS		40ml					some		0	Jyoti
	11:00 pm		H <sub>2</sub> O	40ml							0	Jyoti
	12:00 am			40ml							0	Jyoti
	01:00 am		H <sub>2</sub> O	40ml							0	Jyoti
<b>Total Intake :</b>						<b>Total Output :</b> 0 - some m-0						
	02:00 am			40ml							0	Jyoti
	03:00 am		H <sub>2</sub> O								0	Jyoti
	04:00 am	DNS									0	Jyoti
	05:00 am										0	Jyoti
	06:00 am		H <sub>2</sub> O						some		0	Jyoti
	07:00 am										0	Jyoti
<b>Total Intake :</b>						<b>Total Output :</b> 0 - some m-0						

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 0 - some m-0

GPR-00000508 IP5-00173574  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 21 D (F)  
 Dr. DR. V.V.R. SATYA PRASAD



# FLUID CHART

12/5/20

Sheet No. : 5

- 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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			40ml							0	Pim	
	09:00 am		H2O						120ml		0	Pim	
	10:00 am	DNS					MP				0	Pim	
	11:00 am			40ml							0	Pim	
	12:00 pm		H2O	40ml					120ml		0	Pim	
	01:00 pm			40ml							0	Pim	
<b>Total Intake :</b>						<b>Total Output :</b> U - 240ml M - 0							
	02:00 pm										0	Sub	
	03:00 pm		H2O	40ml							0	Sub	
	04:00 pm						✓		50ml		0	Sub	
	05:00 pm	DNS	H2O	40ml							0	Sub	
	06:00 pm								120ml		0	Sub	
	07:00 pm			40ml							0	Sub	
<b>Total Intake :</b>						<b>Total Output :</b> U - 170ml M - 1							
	08:00 pm										0	Wishi	
	09:00 pm		H2O								0	Wishi	
	10:00 pm			40ml							0	Lilli	
	11:00 pm	DNS		40ml			MP		✓		0	Lilli	
	12:00 am		H2O	40ml							0	Wishi	
	01:00 am			40ml							0	Wishi	
<b>Total Intake :</b>						<b>Total Output :</b> U - 1 M - 0							
	02:00 am			40ml							0	Wishi	
	03:00 am		H2O								0	Wishi	
	04:00 am	DNS					MP				0	Wishi	
	05:00 am										0	Wishi	
	06:00 am		H2O						123ml		0	Wishi	
	07:00 am										0	Wishi	
<b>Total Intake :</b>						<b>Total Output :</b> U - 123ml M - 0							

**Total 24 hrs. Intake** → 480 ml

**Total 24 hrs. Output** U - 533 ml - M - 1

GPR-00000508 IP5-00173574  
 Baby MANASHVINI  
 20-07-2023 2 Y 9 M 22 D (F)  
 Dr. DR.V.V.R.SATYA PRASAD

DW-30

# FLUID CHART



Sheet No. : 0

13/5/26

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.
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	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	↓ D ↓ S ↓ D ↑ ↓											
	09:00 am		H <sub>2</sub> O							63ml			Jessie
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



314

# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 9/5/26 Time: 8am

Weight: 15.8kgs Centile: > 90<sup>th</sup>

Height: 98cm Centile: > 90<sup>th</sup>

Inference: overweight child

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

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy, Chilled, outside foods

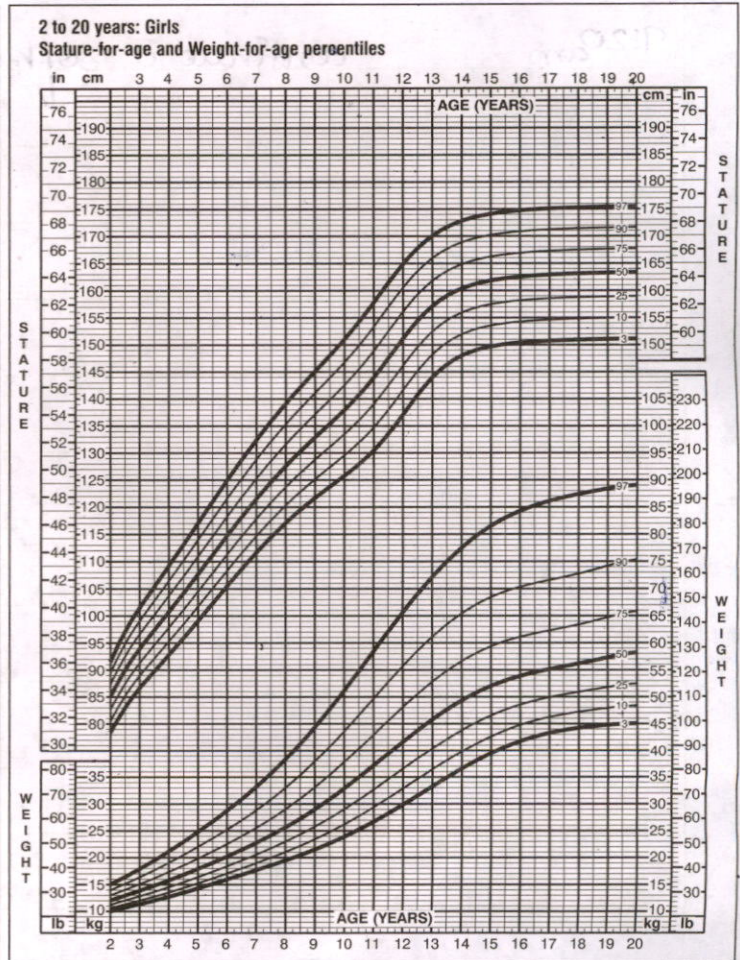
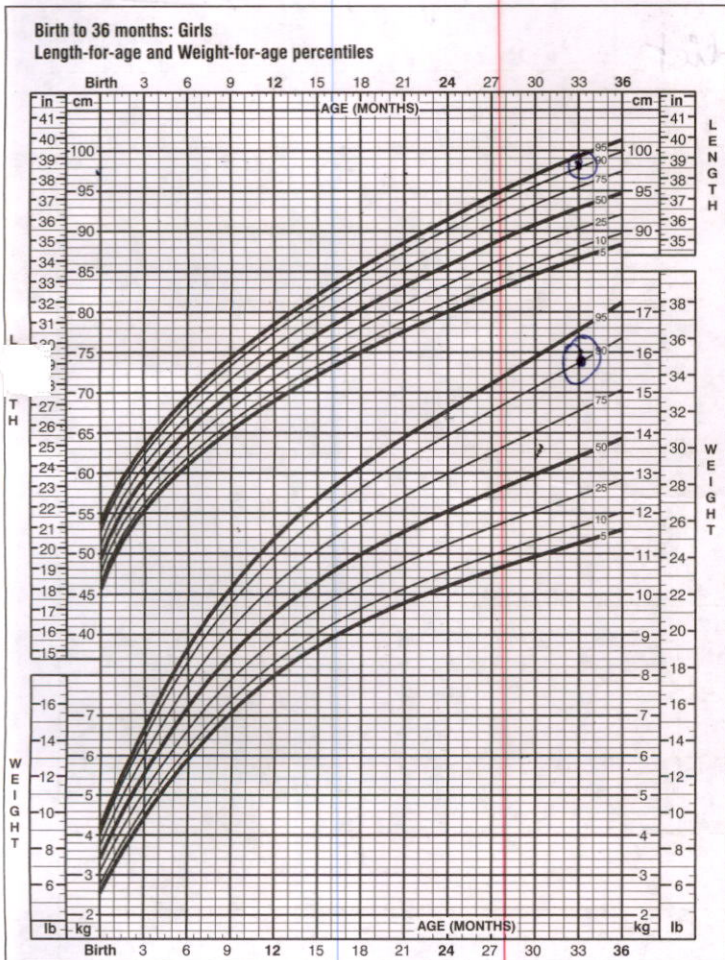
Food Allergies: No Veg/Non-veg Non-veg

Diagnosis: API & IAGN

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature:

## GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature:

