BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

ENTERED

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 02/06/26

Patient Name: MD AHAD ALI Date of Birth: 07-07-2022 Age: 3Y

Gender: Male Ward : P.OT UHID No.: 512964

Date of Surgery: 02/06/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : UGI Endoscopy + foreign body Removal

Time in : 12.55 PM Time Out : 1.15 PM

		NAME	AMOUNT
1.	Surgeon	Dr Alisha	
2.	Anaesthetist	Dr Davi	
3.	Assistant Surgeon	—	
4.	OT Technician	Bapu	
5.	Circulating Nurse	Bikkha	
6.	Assistant Nurse	Benjamin	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others ~~Endoscopy~~

Endoscopy :- 9639243
Basket used

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9639243 Order by: Benjamin

Docu. No. : RCHBH/FRM/GENERAL/114

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

Endoscopy FB Removed

CONSUMABLES OF OT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circulating staff : Rekha Technician : J Bapu Date : 21/6/22 Time : 1 pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 4.0, 4.5	1+1	—	Major Pack			Inj Vit.K		
LMA 2.5	1	—	Sutures			Cord Clamp		
ECG leads : A / P / N	5	3				Suction Catheter		
HME filter : A / P / N	1	—				Feeding Tube		
Syringes : 10 cc	5	2				Vaccum Suction Set		
05 cc	5	2	Gloves 6.5, 7, 7.5	2+2	—	Surgical Gloves		
02 cc	5	1	PF 6.5, 7, 7.5	2+2	2	Gauze Pack		
01 cc	—	—				Syringe 1ml / 2ml		
Cautery plate : A / P / N	—	—	Surgical blade			Surgical Blade # 20		
IV set	1	0	NG tube			Koochies (S)		
RL	1	1	Cautery pencil			NS 500ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1	1	Koochies			Jelly	1	1
ETCO2 NASAL CANNULA	1	1	Ointments			10cc syringe	1+1	1
			Suction Catheter					
Fentanyl	1	1	Cap, Mask	5+1	5/0			
Morphine			Gauze Pack N	2	1			
Ketamine			Mop Pack	1	—			
Propofol	2	2	Steristrip					
Rocuronium	—	—	Underpad		1			
Glycopyrolate	—	—	Draw sheet	1	1			
Myopyrolate	—	—	Abgel					
Ondansetron	1	0	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%	1	1	Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	—			
Tab. Misoprost : 200mg			Betadine Solution					
Mid 30 cm	1	1	Microshield	1	1			
			Cotton Balls					
			Latex Gloves	10P	10P			
			Ramdione Scrub					
			Saral					

Surgeon Dr Ramchandra Anaesthesiologist Nurse Bapu OT Technician

Order No : 96392277 Ordered by :

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

UHID No. : _____ I _____ itant: _____ Dept : _____

Date of Admission: _____ of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	12:30 PM	ER	OT	
2/6	2:30pm	OT	billing	

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
02/06	IV placement	(1)	33065	Samphy
	PAC	(1)	33064	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

Mohammed Ahad Ali

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/06/26 11:50 pm	? coil ingestion yesterday night c Stomach (X-Ray done) Vitals: SpO2 - 96% c RA. HR - 120/min Temp - 98°F BP - 102/70 mmHg RR - 24/min. S/E - RS - B/L wea CVS - S1S2 (+) CNS - Alert P/A - Soft. No vomitings. Stools done.	Plan 1) NPO continue 2) PAC - Done 3) Endoscopy today - (foreign body removal). 4) Wf DNS (full maintenance) 5) Monitor vitals Renuka 2/6/26 12:05 p. Dr. N Reethika

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☑ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1 Upper GI endoscopy + Foreign body removal.

2 .....

I acknowledge the following:

1. I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.

   The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
Foreign body removal	–

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

a. Bleeding
b. Perforation

1. I authorize Dr. Alisha. B. and his / her team to perform the procedural sedation upon the patient / myself.
2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
3. I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
Signature: .....
Name: Mahapara
Relationship with patient: Mother,
Date & Time: 2/6/26, 12:30 pm.

Witness:
Signature: .....
Name: Reena
Date & Time: 2/6/26 @ 12:30 pm

Doctor (who is taking consent):
Signature: ..... Name: Dr. Hema Tulsi Date 2/6/26 Time: 12:30 pm.

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

శస్త్రచికిత్స / ప్రాసీజర్‌కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్బో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1 .....

2 .....

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
   ఈ శస్త్రచికిత్స / ప్రాసీజర్‌కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్లోలాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జీ, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
   అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్కు నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినపుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.
b.

1. 4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్‌ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాషలో సమాధానం ఇచ్చారు.
   ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ :

సంతకం: ..... పేరు: ..... తేదీ & సమయం: .....

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Alisha
Asst. Surgeon :
Anaesthetist : Dr. Ravi
Scrub Nurse : Bayanin

Patient Name : MD AHAD ALI Age : 3Y Gender : M
UHID No. : 512964 Surgery Name : Endoscopy + FB Removal
Date : 07/06/22 In-time : 12:50 pm Out-time :

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 12:45pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☑ Yes ☐ No ☐ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☐ No ☑ NA
- Blood Units Reserved ☐ Yes ☐ No ☑ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☐ No ☑ NA

Signature : Ravi
Name : RAVI

Before Skin Incision ➤➤

TIME OUT Time: 12:52pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site FB Removal ☑ Yes ☐ No
- Correct Procedure Endoscopy ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Bleeding 10min 5ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews: Bleeding
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** ☑ Yes ☐ No ☐ NA
- Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature :
Name :

Before Patient Leaves Operating Room

SIGN OUT Time:

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☐ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☐ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No

Signature :
Name :

Patient

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date : ~~02/06/26~~ 02/06/26

To Be Filled In By Assigned Nurse :

Department : T.OT Duration of Procedure : 10min

Name of Surgeon : Dr. Alisha Date of Admission : 02/06/26

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☑ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic :	Bial
2.	Hair Removal ☐ Yes ☑ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☑ No	Bikch
3.	Patient's body temperature immediately post operation (Recovery Room) 36 °C ☐ Oral Or ☑ Axilla (Goal : 36-37 °C)	Bikch
4.	Name of doctor or staff administering the antibiotic : Dr. Alisha Date & Time of antibiotic administration : 02-06-26 Date & Time procedure started : 02-06-26	Bik

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Mohd. Ahad Ali Age : 3yr Gender : ☒ Male ☐ Female

UHID No.: BAH-00512964 Weight : 23kg Height :

Surgeon : Dr. Alisha	Asst. Surgeon :	
Anesthetist :	OT Nurse:	OT Technician:
Pre-Operative Diagnosis: Accidental foreign body ingestion		
Surgical Procedure : upper GI Endoscopy + foreign body removal		
Indications for Surgery : Foreign body		
Date : 02/06/26	Start Time :	End Time :
Pre Operative Preparations:		
Post Operative Diagnosis: Accidental button battery ingestion		
Peri-Operative Complications: nil		

Operation Notes: under strict aseptic precautions, an endoscope was passed from the mouth into the esophagus and further advanced into the stomach.
A button battery was visualized in the body of stomach. foreign body was removed using a basket forceps.

Amount of Blood Loss: –	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination: –	
Peri-Operative Complications: –	

Name of the Surgeon: Dr Alisha

Signature of the Surgeon: Alisha

Date & Time: 2/6/2026 / 1pm

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-SURGICAL CARE PLAN FORM

Procedure Done: Upper GI endoscopy + foreign body removal

Post-Surgical Diagnosis: Accidental button battery ingestion

Post-Operative Monitoring Parameters /Frequency: for 1 hour

Wound Care: —

Drain /Special Lines/Catheters: —

Special Patient Positioning and Requirements: —

Nutritional Instructions: —

When to Start Mobilization: Immediately

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up

Treating Surgeon
(Signature & Stamp)

Date: 2/6/25 Time: .....

Note: Plan of care will be readjusted if necessary.

Patient Sticker

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Pavithra. N. PG

Date & Time : 02/06/26 & 11:30 Am

Nurse Name & Signature: Renuka

Date & Time : 02/6/26 & 11:50 A

BAH-00512964 IP5-00174640
Master MOHAMMED AHAD ALI
07-07-2022 3 Y 10 M 26 D (M)
Dr. ALISHA BABBAR

Mohammad Ahad Ali

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 :				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 .....

REGULAR PRESCRIPTIONS

Weight. 23 Kgs Ward. ....

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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.	

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

Signature .....

VERIFIED BY : Name .....

Dr. ALISHA BABBAR 3 Y 10 M 26 D (M)

BAH-00512964 IPS-0017464O
Master MOHAMMED AHAD ALI 3 Y 10 M 26 D (M)
02-02-2022

I.V. FLUIDS CHART

Weight. => 18 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
02/6/26.		DNS		65	N.PD		NOT	Connected	

Signature .....

VERIFIED BY : Name .....