2nd FC

DISCHARGE SUMMARY

Name	Baby BOBBILI KISHIKA	**UHID**	HNH-00005683
Father/Guardian	Mr B PRABHAKAR	**Age/Gender**	2 Y 1 M 1 D/ Female
Address	RBI (RESERVE BANK OF INDIA) STAFF QUATERS, Mushirabad, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006781	**Admission Date**	08-07-2026
Ref Doctor	Self.		
Discharge Date	10.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
SEVERE ACUTE LARYNGOTRACHEOBRONCHITIS (CROUP) WITH RESPIRATORY DISTRESS	

History: Baby BOBBILI KISHIKA , 2 Y 1 M 1 D , old girl presented with the complains of fever since 3 days, noisy breathing since 1 day, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart

Name	Baby BOBBILI KISHIKA	UHID	HNH-00005683
IP No	IP26-00006781	Admission Date	08-07-2026

rate was 150/min, Blood pressure - 89/64 mmHg and Respiratory Rate - 60/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Respiratory distress present in the form of tachypnea, subcostal and intercostal retractions, stridor were present. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 11.05 kilo grams.

Investigations: Enclosed reports

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus PCR was not detected.

VBG showed pH of 7.36, pCO2 of 32.4 mmHg, pO2 of 73 mmHg, HCO3 of 18.1 mmol/L and BE of -7.4 mmol/L.

Initial hemogram showed Hemoglobin of 10.7 gm%, White Blood Cell count of 5760 cells/cumm, platelet count of 2.18 lakhs/cumm and C-Reactive Protein of 14 mg/l. Complete urine examination was normal.

Chest X-ray was normal.

NASOPHARYNX shows
Lobulated soft tissue along posterior nasopharyngeal wall causing moderate to severe narrowing of nasopharyngeal air way - Likely enlarged adenoid.

Name	Baby BOBBILI KISHIKA	**UHID**	HNH-00005683
IP No	IP26-00006781	**Admission Date**	08-07-2026

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics. In view of chest signs, she was frequently nebulised with Levolin and 3% NS.

In view of persistent wheezing and stridor, Nebulisations with Adrenaline, Budecort and stat doses of Injection Methylprednisolone was given.

She was regularly monitored for fever spikes, hemodynamic status. Her respiratory distress, stridor, fever spikes and other symptoms gradually settled. Child maintaining saturations on room air. .

She remained hemodynamically stable during the hospital stay. She improved with the above line of management and is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically stable.

Medication during hospital stay:
Nebulisation Levolin
Nebulisation Budecort
Nasivion nasal drops
Nasoclear nasal drops
Nebulisation Adrenaline
Meta OP nasal spray
Syrup. Xyzal
Injection. Amoxiclav

Advice:

Name	Baby BOBBILI KISHIKA	UHID	HNH-00005683
IP No	IP26-00006781	Admission Date	08-07-2026

* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AUGMENTIN DUO (Amoxycillin 200 + Potassium Clavulanate 28.5 mg/5ml)	4 ml	8am-8pm (after food)	For 4 days
2	Syrup. Xyzal	2.5 ml	at bed time	For 3 days
3	NEBULISATION with Budecort 2 mg	1 respule	twice daily	For 3 days
4	Metatop nasal spray	1 puff	in each nostril	For 1 month
5	Nasivion P drops	1 drop in each nostril	twice daily	For 3 days
6	Syrup. Omnacortil (PREDNISOLONE-5ml/5mg)	5ml	9am-9pm (After food)	For 3 days
7	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).

Name	Baby OBBILI KISHIKA	**UHID**	HNH-00005683
IP No	IP26-0 0006781	**Admission Date**	08-07-2026

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on Monday(13.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Name	Baby BOBBILI KISHIKA	**UHID**	HNH-00005683
IP No	IP26-00006781	**Admission Date**	08-07-2026

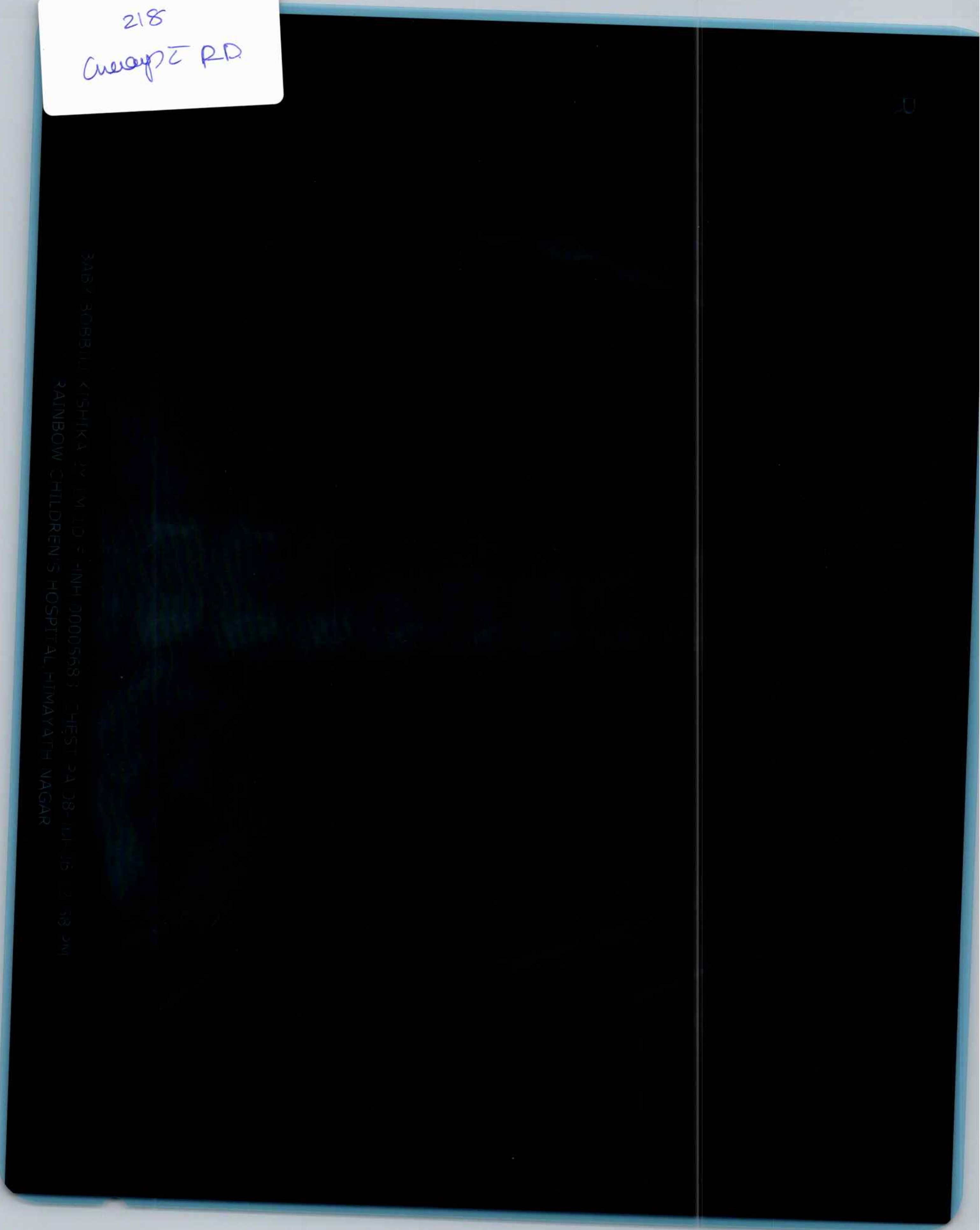
Registrar/Resident/C.M.O

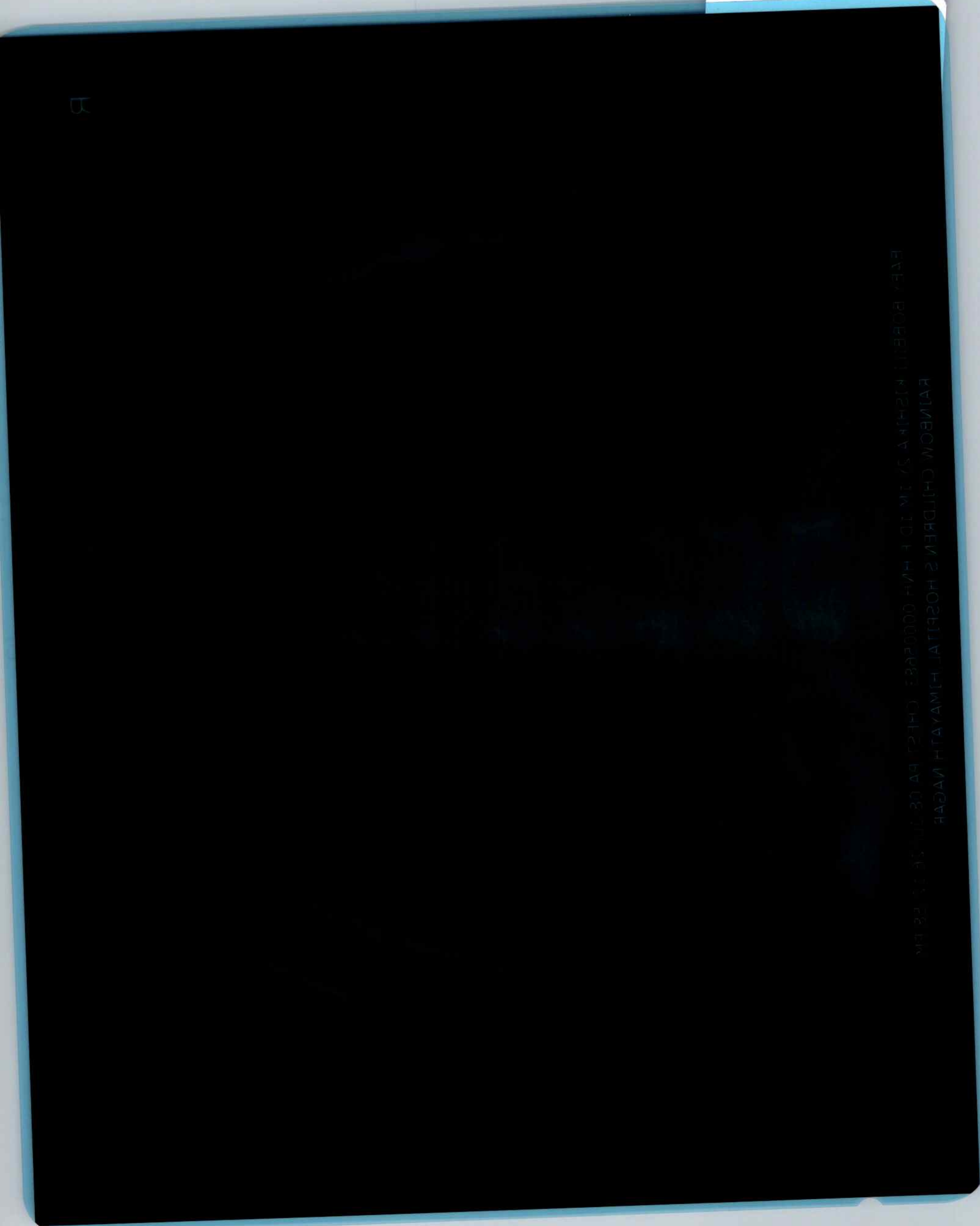
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970


218
Chapter RD

218

[illegible] RD





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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Name: ----- ----------

UHID No : -- -------- Consultant : ---------- Dept : ----------

Date of Admission : 8/7/26 ------ Time : 12:11 PM Date of Discharge : ---------- Time: ----------

Room / Bed No : 218 ------- Ward : 2nd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	12:11 pm	ER	2nd floor / 218	

Cross Consultation Visit

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

INVESTIGATIONS

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Date	Investigations	Order No.	Sign
8/7/24	CBP CRP Respiratory panel	1239	
	RBG	1240	
	X-Ray PA view	8175	Suyanda
	X-Ray Oropharynx		
8/7	CUE	12600	Sy

Cross checked by Suyanda

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time		
8/7/26	Infusion Pump	1:40pm	9/8/26 @ 9.30pm	211823	[signature]
			Cross checked by Sunanda		

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7/26	NHA	(1)	1184/	Sra
	IV placement	(1)	1774	Sravanji

cross checked done by Sra

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Name : Kishika

Patient ID# : HNH 0000 5683

Consultant : Dr. Sindhura m

Final Diagnosis : Croup

Pediatric Multiorgan Hist

HNH-00005583 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Name : Baby Kishika

Age/Sex 2y1m Female

Informant mother.

Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever x 3days
Noisy breathing x 1day

History of present illness:

A 2y1m old child presented with complaints of ~~high~~ Fever - insidious onset, high grade (101F)
- Active during inter febrile
- no H/o travel
- no H/o rash
- ↓ on taking Paracetamol.

c/o cold a/w nasal discharge - clear, roseblock +
H/o Voice change +

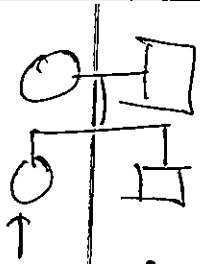
c/o Noisy breathing : yesterday → a/w hurried breathing, occasional chest indrawing.

Oral intake ↓
U.O Good
stool ✓

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History : Antenatal - uneventful
Term LSCS (not known) / B wt - 3.5 kg
CIAB / No NICU admission / NONNH



H/o similar c/o in sibling.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

up to date.

Immunization History :

last immunized at. 1½ year
influenza - ~~Not given~~ → Given
Dewormed ~~1 year ago~~ → last week.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 11.05 (Centile _____)

On Examination :

Temperature : 100.1 F Pulse Rate: 150/min Description Regular

B.P. 89/64 SPO2 100 % on ~~RA~~ Nebs at _____

Resp. rate and type of breathing : 60/min

SCRt

Rash

Lymphadenopathy NO

Oedema : NO

Respiratory system :

Inspection (any s/o distress) : Tachypnea + SCRt SSRt, ~~Retract~~ Stridort

Air entry & breath sounds : NVBSt, B/LAE ↓.

Any addes sounds : Stridor +

Relevant data from outside (Chest X-Ray, ABG, etc.,) NO

Cardiovasclular System :

Inspection of procordium : (N) shape

Heart Sounds : S1S2 +

Any murmur : No

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) —

Per Abdomen :

Inspection (N) Shape.

Palpation : Soft, Nondender

Ausculation : BS+

Spine: N External Genitelia :

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15

Cranial Nerves : Intact

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture : Intact

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : Intact

Bladder / Bowel :

Clinical Summary & Diagnostic :

~~Severe~~ moderate to Severe
Acute Laryngotracheobronchitis
C/O Respiratory distress

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBG
CRP
CVG – (Due)
5virus Respiratory panel.
VBG
Blood c/s draws & keep.
Chest xRAY
xRAY Nasopharynx.

Notes by

Planned Management :

- levelin QGh
- Adre - repeat > 24hrs @ 0.5/kg
  ↓
  Try to taper > Next dose
- IVF 2/3 maint
- if CRP neg – consider methylpred

notes by

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA

Budecort BD
Levolin 6th

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
10/7/26	00.00	Budecort (3)		
	01.00	Levolin (4)		
	02.00			
	03.00			
	04.00			
	05.00			
	06:00			
	07:00	Levolin (5)		
	08.00	total (5)		
	09.00	11282		
	10.00			
	11.00			
	12.00	Budecort		
	13.00	Levolin		
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

1NH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
17-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Levolin 4th
Adrenaline 8th
Budecort 12th

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	Budecort (4)		
	01.00			
	02.00			
9/7/26	03.00	levolin (5)		
	04.00			
	05.00			
	06.00			
	07.00	levolin + Adrenalin. (6)		
	08.00	11992		
	09.00			
	10.00			
	11.00	Levolin. (1)		
	12.00	Budecort (2)		
	13.00	2= 2070		
	14.00			
	15.00	levolin. (1)	Madhu	D. visha
	16.00			
	17.00			
	18.00			
	19.00	Levolin (2)	Madhu	D. visha
	20.00			
	21.00			
	22.00			
	23.00			

1NH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
)7-06-2024 2 Y 1 M 1 D (F)
)r. SINDHURA MUNUKUNTLA

Levolin 4th hourly
Adrenaline 2.5ml t
2.5ml NS 8th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
8/7/26.	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00	Budecort (given in ER)		
	13.00			
	14.00			
	15.00	Levolin + Adrenaline (1)		Sushmitha
	16.00			
	17.00			
	18.00			
	19.00	Levolin. (2)		Suy
	20.00			
	21.00			
	22.00			
	23.00	levolin + Adrenaline. (3)		

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 1:40 PM	S/B Dr. Naipunya	Plg
	Δ CROUP ē RD	
	Stridor ↑	– CF Neb ē Ceroli 4th L
	CNS – S1S2 ⊕	
	RS – BLL – AE ⊕	– Repeat Neb ē Adrenalin
	BLL – conducted sounds ⊕	@ 3:30 PM
	conveyed	– CF IV fluid @ 4 ml
		– Monitor RR, SpO2
		– If CRP Negative give Methyl Prednisolone 10 mg IV stat
		(signature)
		noted by Sr. Sandhya 8/7/26 @ 1:45 pm

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

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	U/R/B Dr. Sindhura	
4:45 pm	Croup c RD	
	- Nasal discharge (+)	
	- no fever	
	O/E	Plan
	vitals : stable	1) Budecort 2mg BD
	S/E	2) neb c adrenaline + NS, 2.5ml + 2.5ml NS
	RS : BAE (+)	3) Ct. IVF.
		4) if CRP (+)ve ↳ add amoxicillin
	CVS : S1S2 (+)	5) add Metarop nasal spray BD
		6) Syp Xyzal 2.5ml HS.
		7) start dose of methyl pred.
		8) monitor for tachypnea ↓ if ↑ start O_2

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

noted by Sr. Sandhya 8/7/26

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

NH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/26 7 AM	C/S/6. Dr. Sarbani/ Dr. Vamsy	
	Δ: Croup with RD	
	Afebrile voice change	
	O/E: GC - fair vitals - stable	
	S/E: NAD	Adv ✓ NEB with Levolin 4th ✓ NEB with Budecort 12th ✓ Inj Amoxiclav ✓ Monitor vitals and Inform SOS Sindhura
		N/B priyanka.

NH-00005663 IP26-00006761
Baby BOBBILI KISHIKA
17-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 10 AM	c/s/by Dr Sindhura	
	Croup with RD	
	Afebrile. cough	
	snoring ↓	
	vitals stable	
		NEB c levolin Q4hly Budecort Q12hly
	Resp - negative	① adeno.
	No distress.	
	S/E NAD	Inj Amoxyclav
		Monitor vitals
		stop Adr.
		s'
		Sindhura MUNUKUNTLA
		N/B Supriya 11Am @ 9/7/26

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No. 66970

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

MNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/25 9:30pm	d/s/b Dr. Sindhura	
	croup c RD	
	- no fever spikes	
	- cough ↓	
	- stridor ↓	
	- oral intake: good	
	O/E	Plan
	vitals: stable	1) neb c levolin 6th h
	S/E:	Budecort 12th h
	RS: RAE ⊕	2) ct. inj amoxiclav
		3) STOP IVF
	adeno: neg	4) Rest ct. as per Rx chart.
		5) discharge T/m.
		M. Sindhura MUNUKUNTLA. Dr.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	NB Sunanda @ 9.30 pm

INH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
17-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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It takes a lot to treat the little.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 7am	MB Dr. [illegible]	
	Dr. [illegible]	
	Croup c RD	
	- no fever spikes	
	- no tachypnea	
	- stridor ↓	Plan
	- cough ↓	1) ct. neb c levolin
	O/E	budecort
	vitals : stable	2) ct. inj amoxiclav
	S/E :	3) discharge plan
	RS : BAE ⊕	today
		4) Rest ct. as per Rx
		chart
		5) monitor vitals
	[signature]	
		MB Sunanda

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

Patient Sticker

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2/26 11 AM	S/B Dr. Sindhura	
	Croup ? RD	
	No fever spikes Accepting well orally. o/e vitally stable	• Start oral steroid x 3d (1mg/kg/day) • f/w on monday • Ct Amoxyclav (total 7d) • Ct Nasivion P drops • Ct xyzal x (3d) • Neb ? Budecort BD x 2 days (2mg) - Ct Metotop nasal spray x 1 month -
	s/e RS: AEBE, B/L clear	

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: [illegible]

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

(P.T.O)

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

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA (F)
07-06-2024 2 Y 1 M 1 D
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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DRUG CHART

Date of Admission: 8/7/26 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 **/** 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 IBUGESIC				Date ▸ / Time ▾	
Dose	Route	Frequency	Start Date		
3ml	PO	SOS	8/7		
Doctor's Signature		Valid Period	Pharm.		
[signature]			(circled initial)		
Additional Instructions: 100/5					

DRUG : Syp. PARACETAMOL				Date ▸ / Time ▾	8/7/26
Dose	Route	Frequency	Start Date		2:12 pm
3.5 ml	PO	SOS	8/7		[signature]
Doctor's Signature		Valid Period	Pharm.		10pm
[signature]			(circled initial)		[signature]
Additional Instructions: 240 mg/5 ml.					

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 11.05kg Ward. ....

Verified by Dr. Dhakshayani

DRUG : Neb · Levolin

Dose	Route	Frequency	Start Date
0·31mg	Neb	Q4H	8/7/26

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Prashanti

Additional Instructions:

See the chart.
change frequency 9/7/26

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : NASIVION N/D Paed

Dose	Route	Frequency	Start Date
1°	B/L Nostril	BD	8/7/26

Date / Time	8/7
6Am	X
6pm	

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Prashanti

Additional Instructions: Oxymetazoline

TD NSP

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : NASOCLEAR N/D

Dose	Route	Frequency	Start Date
1°	B/L Nostril	Q4h	8/7

Date / Time	8/7	9/7	10/7
2AM	X	[signature]	[signature]
6AM	X	[signature]	[signature]
10AM	X	[signature]	[signature]
2pm	[signature]	[signature]	
6PM	[signature]	[signature]	
10PM	[signature]	[signature]	

Name & Signature of the Doctor Starting the Drugs: [signature] Dr. Prashanti

Additional Instructions: Saline 0·9% Nasal drops

Daily Doctor's Endorsement by a Sign

BP ✓

DRUG : Neb c BUDECORT

Dose	Route	Frequency	Start Date
2mg	neb	BD	8/7

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

See the chart

Daily Doctor's Endorsement by a Sign

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : NEB ē adrenaline

Dose	Route	Frequency	Start Dt.
2.5ml	neb	8th h	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
2.5ml adrenalie + 2.5ml NS.

Daily Doctor's Endorsement by a Sign

Date / Time

See chart

STOP

DRUG : META OP NASAL SPRAY

Dose	Route	Frequency	Start Dt.
1Puff	I/N	BD	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 8/7 9/7 10/7

6AM ✗ ✗ ✗

6PM ✗ ✗

DRUG : NASIVION Paed. NASAL DROPS

Dose	Route	Frequency	Start Dt.
1D	EN	TID	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 8/7 9/7 10/7

6AM ✗ ✗ ✗

2PM ✗ ✗

10PM ✗ ✗

DRUG : SYP X42AL

Dose	Route	Frequency	Start Dt.
2.5ml	PO	HS	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 8/7 9/7

10PM ✗ ✗

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : ~~SYP. AUGMENT~~

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : INJ. AMOXICLAV

Dose	Route	Frequency	Start Dt.
350mg	IV	8H	06/07

Name & Signature of the Doctor Starting the Drugs:
Sunkanty

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 8/7 9/7 10/7

6AM ✓ ✓ ✓

2PM ✓ ✓

10PM ✓ ✓ ✓

DRUG : NEB C LEVOLIN

Dose	Route	Frequency	Start Dt.
0.3mg	neb	Q 6H	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

See the chart

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

VERIFIED BY : Name Signature

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Weight. 11.05kg 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
8/7/26	~~8/7/26~~ 12:00pm	Neb. ADRENALINE (1:1000)	5ml (0.5ml/kg)	Neb	[signature]	[signature]
8/7/26	12:10pm	Neb BUDECORT	2mg (4ml)	Neb	[signature]	[signature]
8/7/26	12:11pm	Inj. DEXAMETHASONE	7 mg	IM	[signature]	[signature]
8/7/26	3:30 pm	Neb. 1:1000 ADRENALINE	5ml (0.5 ml/kg)	Neb	[signature]	[signature]
8/7/26	4:45pm	Inj methylpred	10mg	IV	[signature]	[signature]
9/7/26	5pm	Inj Methylprednisolone	10mg	iv	[signature]	[signature]

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

Verified by Dr. Dhakshayani

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Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/7/26	1:40 PM	IVF DNS	IV	40 ml/hr					
8/7/26	5pm	IVF DNS (1/3 main)	IV	25 ml/hr					
9/7/26	10:40 AM	iv fluids (1/2 m)		20ml/hr	A1				

Signature .....

VERIFIED BY : Name .....

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RESULT SHEET

Date	8/7/26					
Time						
Hb	10.7					
PCV	30.3					
RBC	4.33					
WBC	5.76					
N/L	63.3/32.6					
Platelets	218					
CRP	14					
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	8/7/20					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones	present					
CUE - PUS Cells	2-4					
CUE - RBC Cells	NIL					
CUE - Epithelial	3-5					
Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza A —	Negative					
B —						
RSV —						
SARS V —						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

MNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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

Pratiksha Rainbow Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/11/26 Time:	2	2:30 pm	4 pm	6 pm	10pm	11:30 pm	1:30 pm	6am
Doctor / Nurse / Family Concern?	PM							
Temperature (F)	100.2 F	99.4 F	98.3 F	98.6 F	100.6 F (Given crocin syp)	100 F	99 F	97.5 F
Heart Rate (bpm) and Blood Pressure (mmHg) *								
Heart Rate (Number)	136 b/m	140 b/m	146 b/m	140 b/m				140 b/m
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)	32 b/m	38 b/m	42 b/m	40 b/m				38 b/m
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	99%	100%				100%
Conscious Level: Normal / Altered								
GCS *	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								

Note: BP does not score in early warning scoring

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

1NH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
17-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/7/24 Time: 10 AM | 2 PM | 6 PM | 10 PM | 2 AM | 6 AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.2F 97.5F 98.3F 98.0F

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 122b/m | 126b/m | 123b/m | 125b/m | 125b/m

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

70 60 50 40 30 20 10

Resp Rate (Number): 29b/m | 29b/m | 28b/m | 29b/m | 32b/m

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)		99%	100%	99%	100%	99%
Conscious Level	Normal / Altered					
GCS *		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						

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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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

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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Patient Sticker

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Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 2 D (F)
Dr. SINDHURA MUNUKUNTLA
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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ......10/7......	Time:	10 pm
Doctor / Nurse / Family Concern?		
Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50	(mark at ~120)
Note: BP does not score in early warning scoring		
Heart Rate (Number)		123b/m
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10	
Resp Rate (Number)		
Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score		
Observer's Initials		

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

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	DNS		40ml								
Total Intake :						**Total Output :**						
	02:00 pm			40ml							0	
	03:00 pm			25 ml							0	
	04:00 pm	DNS		25 ml						✓	0	
8/7	05:00 pm			25 ml							0	
	06:00 pm			25 ml						✓	0	
	07:00 pm			25 ml							0	Sm
Total Intake : Taken						**Total Output :**					U - 2ml -	
	08:00 pm			25ml								
	09:00 pm		Whichair	25ml								
	10:00 pm	DNS	HLO	25ml						✓	0	
8/7	11:00 pm			25ml								Ss
	12:00 am			25ml								
	01:00 am			25ml						✓		
Total Intake :						**Total Output :**						
	02:00 am			25ml								
	03:00 am			25ml								
	04:00 am	DNS		25ml								
9/7	05:00 am			25ml							0	Ss
	06:00 am			25ml								
	07:00 am			25ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		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							
9/7/24	08:00 am	↑		25ml						✓	0	
	09:00 am		Idly	25ml							0	
	10:00 am	DNS		—							0	
	11:00 am			-							0	
	12:00 pm	↓		20ml						.	0	
	01:00 pm	↓					✓			—	0	
Total Intake :						**Total Output :**						
9/7	02:00 pm	↑									0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	DNS		NA				NA		—	0	Sm
	06:00 pm	↑								—	0	
	07:00 pm	↑									0	
Total Intake :						**Total Output :**						
9/7	08:00 pm	↑					↑				↑	
	09:00 pm											
	10:00 pm	stop	chapati milk				0			✓	0	S
	11:00 pm	↓					↓	NA		✓		
	12:00 am	↓		NA								
	01:00 am	↓									↓	
Total Intake :						**Total Output :**						
10/7	02:00 am	↑					↑				↑	
	03:00 am											
	04:00 am	stop	tea				0				0	S
	05:00 am			NA				NA				
	06:00 am	↓					↓				↓	
	07:00 am	↓										
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA (F)
07-06-2024 2 Y 1 M 1 D
Dr. SINDHURA MUNUKUNTLA

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NURSING CARE RECORD

Date: 8/7/2?

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify........
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				EPR			
Afternoon	2Pm ho 8Pm	Assess the Pt condition monitor vitals q4 hr Maintain I/O chart. Provide the comfortable position. medication given as per as doctor order.	2Pm ho 8Pm	Assessed the Pt condition Monitored vitals q4 hr Maintained I/O chart. Provided the comfortable Position medication given as per as doctor order	→ Pt is stable. → vitals normal.	→ Monitor vitals → maintain I/O chart	[signature]
Night	8pm to 8am	– Assess the pt condition – monitor the v/s – maintain the I/O – Drug as per chart	8pm to 8am	– Assess the pt condition – Monitor the v/s – Maintain the I/O – Drug as per chart	– Now baby is stable	– Rechecked the v/s	[signature]

1NH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
17-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 9/7/26

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others, Specify..........
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☐ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☑ Maintain Skin Integrity
- ☑ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8AM to 2PM	→ To assessed the pt condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → Contd nebulization	→ Re-checked the vitals 2 → I/O	Supriya [signature]
Afternoon	2pm to 8pm	Assess the Pt condition. monitor vitals & record maintain I/O chart. provide the comfortable position. medication given per as doctor order	2pm to 8pm	Assessed the Pt condition. Monitored vitals & recorded. maintained I/O chart. Provided the comfortable position. medication given as per as doctor order.	→ Pt is stable. → vitals normal	→ monitor vitals → maintain I/O charts	[signature]
Night	8pm to 8am	– Assess the pt condition – monitor the v/s – maintain the I/O – Drug as per chart	8pm to 8am	– Assess the pt condition – monitor the v/s – Maintain the I/O – Drug as per chart	– Now baby is stable	– Rechecked the v/s	[signature]

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Croup & RD

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	8/7 M5	8/7/26 E2	8/7/26 N1	9/7/26 M6	9/7/26 E2	9/7 N1
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-
	Diet:	Soft	Soft	-	Soft	-	-
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	-
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.3°F	98.2°F	98.1°F	98.2°F	98.2°F
	Res:	30	40 b/m	42 b/m	30 b/m	30 b/m	32 b/m
	SpO_2:	98%	99%	99%	99%	98%	99%
	Pulse:	112	113	115 b/m	121 b/m	121 b/m	121 b/m
	BP:	99/62	100/70	-	-	-	-
	LOC:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-
	Pain Score:	0	-	-	"0"	-	-
	Skin Integrity	-	-	-	Good	-	Good
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-	-	-	-	-
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	-	-	-	Soft	-	-
	Critical Lab Test / Values:	-	-	-	-	-	-
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	-	-	-	-	-	-
Post Operative Procedure Special Orders:		-	-	-	-	-	-
Handed Over By Name :		Sneha	Sandhya	Sowmya	Supriya	Sneha	Sowmya
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		8/7	8/7/26	9/7/26	9/7/26	9/7	10/7
Time:		8pm	8pm	8am	2pm	8pm	8am
Taken Over By Name :		Sandhya	Sowmya	Supriya	Sneha	Sowmya	
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		8/7/26	8/7/26	9/7/26	9/7	9/7	
Time:		2pm	8pm	8AM	2pm	8pm	

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non-Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/7	DATE 8/7	DATE 9/7	DATE 9/7	DATE 9/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	1
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		11	11	11	11	11

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✗	✗	✗	✗	✗
Other Intervention(s) Specify		✗	✗	✗	✗	✗
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		8/7	8/7	9/7	9/7	9/7
Time:		8pm	10pm	4pm	2pm	10pm

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PAIN ASSESSMENT FORM

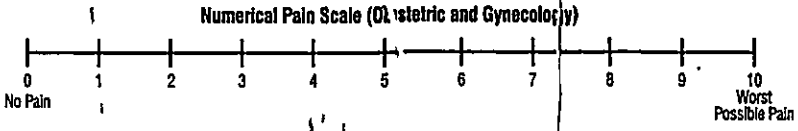
Date	Time	Pain (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression Intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

wt - 11.03 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby KISHIKA Age : 2Y

Gender: ☐ Male ☑ Female

Date : 8/7/26 Time of Arrival : 12:25Am

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☐ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6°F PR: 130bpm BP: 83/65 (71) RR: 40bpm SpO_2: 96%

Chief Complaints: c/o Fever since x 3days, high grade noisy breathing

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☑ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

D. Vijitha
Signature of Parent / Guardian

Triage Completion Time : 11:27Am

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ **Not applicable**

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Atoue

Signature of Triage Nurse : .....

Date & Time : 8/7/26 @ 11:27Am

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/7/26 Time of arrival : 11:29 A.m.

Chief Complaints: c/o Fever since x3days high fever nosal bronchitis RBS: ....

Height : .... Weight : 11.034kg BMI : .... Head Circumference (<2 years) ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: <0/ Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly
☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: N/A (Date/Time): N/A

Social History: Lives With Family

Siblings in household ☐ Yes ☐ No (if yes How Many?) ....

Time of Initial assessment completed by ER Nurse : 11:29Am/ [signature]

Docu. No. : RCH /FRM / CLINICAL / 120 (P.T.O.)

HNH-00005683 IP26-00006781
Baby BOBBILI KISHIKA
07-06-2024 2 Y 1 M 1 D (F)
Dr. SINDHURA MUNUKUNTLA

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
11:31 Am	Assessed the patient condition.
	monitor vitals Done

Samples collected by: / Sasfodu / 8/7/26 Time: / 12:30pm.

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12:00 Am	Inj Adrenaline	Neb	5mg		[signature]
12:50pm	Budecort	Neb	2mg		[signature]
12:11Pm	Inj, Dexamethason	IM	7mg		[signature]

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 121b/m BP: 81/67 CFT:	Shift - out from ER to: 2nd floor / 216
RR: 30b/m SPO_2: 100%	Time of Shift - out: 12:58.
GCS: 15/15 Temperature :	Handover given to: ...... (Nurse's Name)
Pain Score: '0'	
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): P.V. placement Done

Name of the Nurse : Atama Signature of the Nurse : [signature]

Date & Time : 8/7/26 @ 12.58 pm

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00005683 IP26-00006781 Baby BOBBILI KISHIKA 07-06-2024 2 Y 1 M 1 D (F) Dr. SINDHURA MUNUKUNTLA	8/7/26 @ 12:11 pm	8/7/26 @ 12:58 pm
	Transfer Ordered by Dr, Prasanthi	Reason for Transfer Admission.
From Unit ER	To Unit 2nd Floor / 218	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Atanu /	Dr, Prasanthi

Patient & Clinical Records Received by : Supraja

Date & Time of Patient Received : 1:30 pm @ 8/7/26

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ 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: 202 Room / 218

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 : Dr. Prasanthi

Date & Time : 8/7/24 @ 12:10 pm

Nurse Name & Signature: Afsana / [signature]

Date & Time : 8/7/24 @ 12:58 pm