DISCHARGE SUMMARY

Name	Master SHANKUR VIRANSH	**UHID**	HNH-00009752
Father/Guardian	Mr VINAY KUMAR	**Age/Gender**	0 Y 11 M 25 D/ Male
Address	FLAT NO 401 PARK VIEW RESIDENCY BAGH AMBERPET, Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006968	**Admission Date**	27-07-2026
Ref Doctor	Self.		
Discharge Date	29.07.2026		

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

DIAGNOSIS	ICD CODE
SARS-CoV-2 ILLNESS WITH DEHYDRATION	

History: Master SHANKUR VIRANSH, 0 Y 11 M 25 D , old boy presented with history of fever since 2 days decreased oral intake and decreased urine output since 2 days, vomitings since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was febrile (104.7*F). His heart rate was 110/min and Respiratory Rate - 36/min. Capillary Refill Time was <2 secs. Peripheries were

Name	Master SHANKUR VIRANSH	UHID	HNH-00009752
IP No	IP26-00006968	Admission Date	27-07-2026

warm & pulses well felt. On examination Signs of dehydration were present, dry lips, oral mucosa, delayed skin turgor, were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he 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: 7.87 kilo grams.

Investigations: Enclosed reports.

GeneXpert SARS-CoV-2, FluA+FluB+RSV were sent, which was

SARS-CoV-2	**POSITIVE**
Influenza A	NEGATIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Adenovirus PCR was not detected.

VBG showed pH of 7.37, pCO2 of 29.9 mmHg, pO2 of 47 mmHg, HCO3 of 18 mmol/L and BE of -8.4 mmol/L.

Initial hemogram showed Hemoglobin of 9.2 gm%, White Blood Cell count of 14870 cells/cumm, platelet count of 2.73 lakhs/cumm and C-Reactive Protein of 13 mg/l. Blood culture and sensitivity shows no growth after 24 hours of incubation.

Dengue NS1 were negative.

Name	Master SHANKUR VIRANSH	**UHID**	HNH-00009752
IP No	IP26-00006968	**Admission Date**	27-07-2026

Chest X-ray was normal.

Management: He was admitted in the ward and was started on Intra Venous fluids . He was treated symptomatically with antipyretics.
In view of chest signs, he was frequently nebulised with 3% NS and Chest x ray was done showed normal .

In view raised infective markers started on IV antibiotics .Base line investigations done showed positive for SARS COV 2 illness .

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.
He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Injection. Ceftriaxone
Crocin drops
Syrup. Xyzal
Nebulisation 3 % NS

Advice:
* Diet as advised.

Name	Master SHANKUR VIRANSH	UHID	HNH-00009752
IP No	IP26-00006968	Admission Date	27-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Xyzal	2.5 ml	8pm (after food)	For 3 days.
2	Syp Amoxyclav (228mg/5ml)	5ml	twice daily	For 5 days
3	NEBULISATION with 3% NS	1 respule	6th hourly	For 3 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect final blood culture report on followup.

Fever Management
* Crocin Drops (Paracetamol - 1ml/100mg) 1ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on Saturday (01.08.2026) 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,

Name	Master SHANKUR VIRANSH	**UHID**	HNH-00009752
IP No	IP26-00006968	**Admission Date**	27-07-2026

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 **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**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

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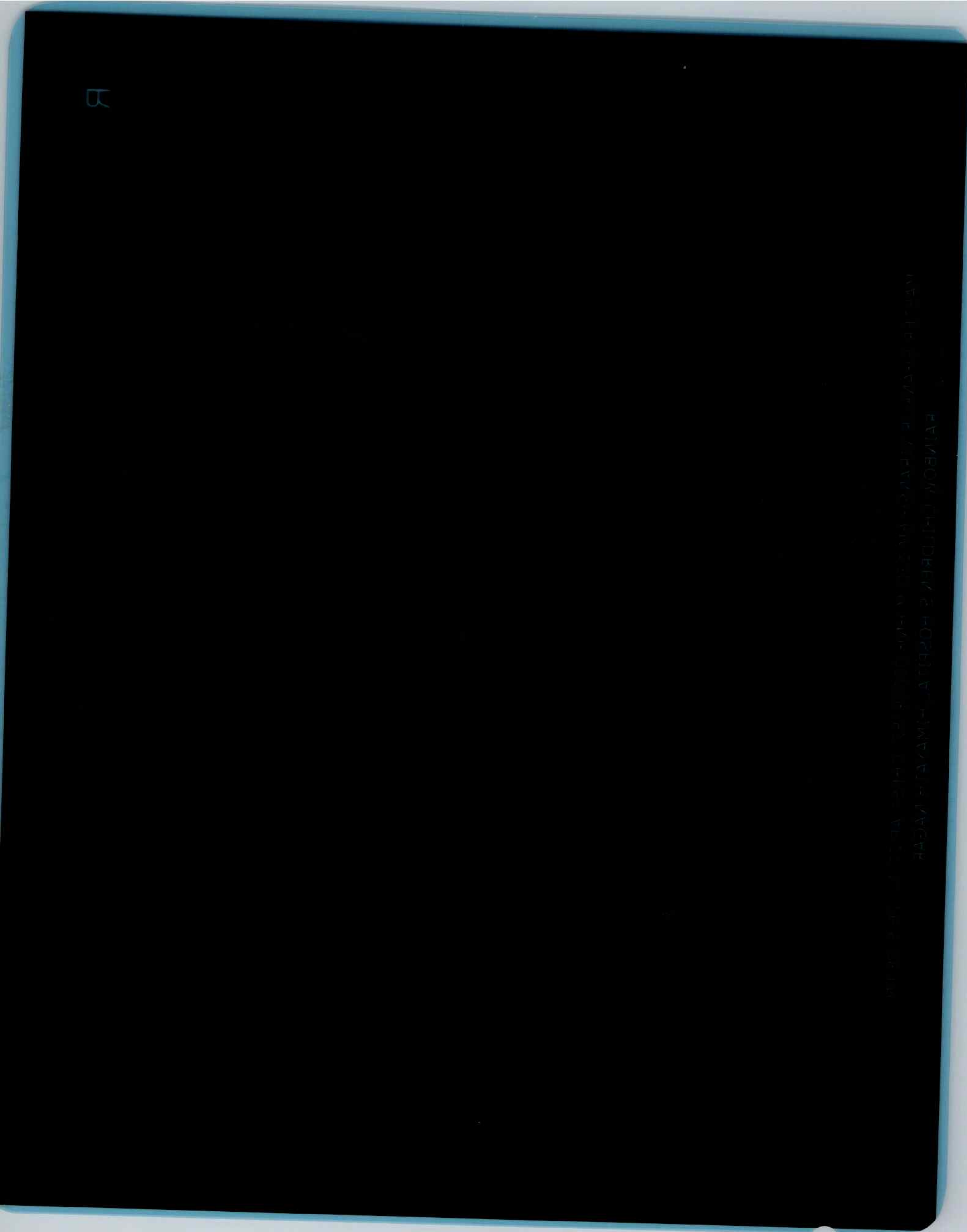

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 29/07/26

(P.T.O)

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

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ACTIVITY RECORD FOR BILLING

Name: ----- HNH-00009752 IP26-00006968 ----------
Master SHANKUR VIRANSH
UHID No : -- 04-08-2025 0 Y 11 M 23 D (M) -------- Consultant : ---------- Dept : ----------
Dr. SINDHURA MUNUKUNTLA
Date of Adm ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ----310---- Ward : ~~3rd floor~~ ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	3:38pm	ER	3rd floor/310	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/7/26	CBP: CRP		
	Blood C/S		
	Respiratory panel	12731	J407
	Dengue NS1		
	X-ray chest	9215	
	VBG	12732	

Cross checked done by 28/7/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7/26	Infusion pump	6 pm	7pm 28/7/26	17538	

Iron checked done by 28/7/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/7/26	IV placement	(1)	17522	
		Given Saline	done by 28/7/26	

ANY OTHER INFORMATION

28/7/26

Don't charge for NHA.

Syeda Sobiya Zaheer
Dietitian.

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

3% NS 6th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
28/7/26	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00	3% NS (1)		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00	3% NS (2)		
	19.00			
	20.00	Total = 2 17751		
	21.00			
	22.00			
	23.00			

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

3-1. NS 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	3-1. NS (1)		
	01.00			
29/7/25	02.00			
	03.00	(2) - F7781		
	04.00			
	05.00			
	06.00	3-1. NS (1)		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00	3-1 NS.		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006968 **Admit Date** : 27-Jul-2026 **Admit Time** : 03:48 PM **UHID** : HNH-00009752

Patient Details :

Patient Name	: Master SHANKUR VIRANSH	**Age**	: 0 Y 11 M 23 D
Guardian	: Mr VINAY KUMAR	**DOB**	: 04-08-2025 02:57 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 401 PARK VIEW RESIDENCY BAGH AMBERPET Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 9030334332/ 8801013656
		E-mail	: SHIVANI.G211998@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr VINAY KUMAR **Relationship** : Father

Contact Address : FLAT NO 401 PARK VIEW RESIDENCY BAGH AMBERPET Amberpet Hyderabad Telangana INDIA 500013 **Phone No** : 9030334332

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : HEALTHINDIA INSURANCE TPA SERVICES PVT LTD

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00009752 IP26-00006968 Master SHANKUR VIRANSH 04-08-2025 0 Y 11 M 23 D (M) Dr. SINDHURA MUNUKUNTLA	27/7/26 @ 3:48pm	27/7/26 @ 5:15pm
	Transfer Ordered by Dr. Sreeja	Reason for Transfer Admission
From Unit ER	To Unit Sadhana / 310	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 18	Number of Imaging Films 1 X-ray + VBG.	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
Hasnuf	Dr. Sreeja

Patient & Clinical Records Received by : Sunanda @ 5.15 pm

Date & Time of Patient Received :

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

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/7/26 Time of arrival : 3:40pm

Chief Complaints: C/O high fever since 4 days RBS: N/A

Height : ..... Weight : 7.8 Kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: ..... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

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 : 3:45pm

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

Time	Nursing Notes
3:47PM	Assessed the patient condition vital cheked.

Samples collected by: Time:

Samples sent by : Jyothi Time: 4:5 Pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 110b/m BP: 105/79 (65) CFT: —	Shift - out from ER to: 310 /3rd floor.
RR: 26b/m SPO2 : 98 %	Time of Shift - out: 5:15pm.
GCS: 15/15 Temperature : 98.3°F	Handover given to: Sunanda (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): IV placement Done

Name of the Nurse : Annapoorna Signature of the Nurse : A.P.

Date & Time : 08/7/26 @ 3:45Pm

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : VIRANSH/11 months

Patient ID# : HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o 1) Fever since 2 days

2) Decreased oral intake : 2 days

3) Decreased urine output : yesterday

4) Vomiting since yesterday

History of present illness :

Infant C VIRANSH) was apparently asymptomatic 2 days back after which he had fever which was high grade intermittent associated with chills and not responding to oral paracetamol.

Multiple episodes of non-bilious, non-projectile vomiting containing food as well

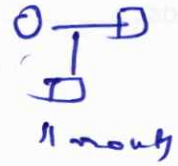
~~Baby~~ Baby has decreased oral intake since 2 days and decreased urine output since yesterday

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

~~Term~~ Late preterm (2.18kg) LSCS (CIAB



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

IAP Schedule - Up to-date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 7.824 (Centile _____)

On Examination :

Temperature : 104.7°F Pulse Rate: _____ Description _____

B.P. _____ SPO2 _____ at _____

Resp. rate and type of breathing : _____

↓ skin turgor

Rash dry oral mucosa

Lymphadenopathy dry lips

Oedema : dull look

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BL AEF (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1, S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : PLA-Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15 (N)

Cranial Nerves : (N)

Motor System :

Nutrition : (N)

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : (N)

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Δ Acute Febrile Illness ± dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

IV fluids

Desired goals of the treatment :

IV Antibiotics

Planned Labs :

CBP

CRP

Blood C/S

Resp. panel (5 viruses)

Chest X-ray - PA view

Dengue NS 1

VBG

Notes by Dr

Planned Management :

- Inj. CEFTRIAXONE 750mg IV OD
- IVF DNS @ 20ml/hr
- Drop CROCIN 1ml 6th hrly
- Syp. IBUGESIC 2ml SOS/8th hrly
- Monitor vitals

Notes by Dr

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 Dr Sindhura MD on whose name the patient is being referred

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Doctor's Signature Name _____ Date 28/5/22 Time 6 PM

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/U/6 Dr. Sindhura	
21/08/26 6PM		
	fever ⊕	
	poor oral intake	
	O/E: Afebrile	
	vitals stable	
	Signs of dehydration ⊕	
	Neuro ⊕	
	block	
		Adv
		- IV fluids
		- Inj Ceftriaxone
		- Supportive care
		- Monitor vitals and
	If high grade fever	Inform SOS
	- crocin 10mg/kg/dose	Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66970
	4th hrly	[signature]
		N/B [signature]
		Suparthla @ 6pm

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

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/b. Dr. Sushanth / Dr. Prasana	
28/04/26 8:30 AM	D:- AFI with dehydration (Covid +ve)	
	fever ⊕	
	Oral intake - poor	
	O/E: conscious	
	Hemodynamically stable	
	Hydration - good	
		Adv
		- IV fluids
		- Inj Ceftriaxone
		- Supportive care
		- Monitor vitals and
		Inform SOS
		Sindhura

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7 9.00AM	CIS/13 Dr. sindhura SARS- Covid positive illness & dehydration.	
	fever (+)	Plan
	Oral intake - Fair.	- Syp Crocin SOS
	Vitals - Stable	- Cont Inj ceftriaxone
	RIs - B/L AE (+) B/L NVBS	- Trace B/C/S Adenovirus Dengue NS1
	P/A - NAD	- Monitor RR, SpO2 - watch for fever spikes - Neb c 3% NS 8617

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 2PM	C/S/B Dr. Varun / Dr. Naipurnya.	
	D - SARS COV 2 illness +ve c̄ dehydration.	
	fever spikes (+).	
	oral intake - fair.	
	O/E - vitals stable.	
	S/E - WNL.	

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

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
18/8/25 7 PM	S/B Dr. Sindhura M	
	Pain syringe (+)	
	O/E child alert Lungs clear	
		Adv
		– Plan discharge T/m
		– Stop IV fluids
	Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66970 (stamp)	
	NB Sunanda @7pm.	T/ Sindhura Munukuntla

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 7:30am	S/B Dr Nameera / Dr Thani	
	Sars-cov ~~fev~~ illness c̄ dehydration	
	Fever spikes - low grade spike ⊕ 2pm	Plan
	cough - ↓	① ct ceftriaxone xyzal
	oral intake - fair	② Encourage orally
	chest - BAE ⊕ clear	③ Plan D/C
	P/A - soft.	④ Review blood c/s today.
		noted by Sr. Supriya 28/7/26 7:30 am
29/7/26. 10:30AM	c/s/by Dr Sindhura	
	Sars cov illness c̄ dehydration	
	① Bl c/s - 4 Neg ↓ ~~stop Ab.~~	- Cetirizin (xyzal)
	~~↓ If Not came - Cefixime Augment~~	- Saline Nasal drop
	fill	- 3% NS NEB - Q6 hly.
	vital stable	- R/A Saturday
		- d/s today.
	① Bl c/s	- Amoxycl x total 7 days

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: AFI ∈ dehydration

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

BACKGROUND

Area / Shift Time	27/7/26 E2	28/7/26 N1	28/7/26 M6	28/7/26 E2	29/7/26 N8	
Medical Condition (Any special condition to be noted):	-	-	-	-	-	

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.1°F	97.8°F	98.3°F	98.2°F	
Res:	36 b/m	36 b/m	38 b/m	32 b/m	35 b/m	
SpO_2:	99%	99%	100%	100%	99%	
Pulse:	137 b/m	120 b/m	138 b/m	132 b/m	137 b/m	
BP:	-	-	-	-	-	
Fall Risk Score:	-	-	-	-	-	
Pain Score:	-	-	-	-	-	

Recommendations

Safety Needs:	-	Yes	Yes	Yes	Yes	
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	-	-	-	-	-	
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	-	-	-	-	-	
Post Operative Procedure Special Orders:	-	-	-	-	-	
Handed Over By Name :	Sumamala	Supriya	Priyanka	Sunanda	Sandhya	
Signature :						
Date:	27/7/26	28/7/26	28/7/26	28/7/26	29/7/26	
Time:	8pm	8am	2pm	8pm	8am.	
Taken Over By Name :	Supriya	Priyanka	Sunanda	Sandhya		
Signature :						
Date:	27/7/26	28/7/26	28/7/26	28/7/26		
Time:	8pm	8am	2pm	8		

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00009752 IP26-00006968
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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 27/7/26

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							
Afternoon	5pm to 8pm	- Assess the PT Condition - monitor vitals - monitor I/O Chart - Medicine Given as per drug chart	5pm to 8pm	- Assessed the PT Condition - monitored vitals - monitored I/O Chart - Medicine Given as per drug chart	PT is Stable	Re checked vitals	
Night	8pm to 8am	- Assess the PT Condition - monitor vitals - monitor I/O chart - Medicine Given as per drug chart	8pm to 8am	- Assess the PT Condition - monitor vitals - monitor I/O Chart	Patient is stable	Re Assessment vitals	

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 28/7.

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 2pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart. - Give medications as prescribed by doctor	8AM 2pm	- Assessed the pt condition - Monitored vitals & records - Maintained I/o chart - Give medications as prescribed by doctor	Patient is Stable now	Re-checked vitals	
Afternoon	2pm to 8pm	- Assess the patient condition - Monitor the v/s - Maintain the I/o - Drug as per chart	2pm to 8pm	- Assess the patient condition - Monitor the v/s - Maintain the I/o - Drug as per chart	- Now patient is stable	- Rechecked the v/s	
Night	8pm 8am	→ Assess the patient general condition → monitor vitals → nebulization as Per orders.	8pm 8am	→ Assessed the patient general condition → Monitored vitals → maintained I/o. → medications as Per doctor's orders	Patient is stable.	Rechecked vitals	

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master SHANKUR VIRANSH**	**Age :**	**0 Y 11 M 23 D**
IP No:	**IP26-00006968**	**Sex:**	**Male**
Consultant:	**Dr. SINDHURA MUNUKUNTLA**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Shirani
Relationship: Mother
Date: 27 July 2026 Time: 16:04
Witness Name:
Witness Signature:

Patient Address:

FLAT NO 401 PARK VIEW RESIDENCY
BAGH AMBERPET Amberpet
Hyderabad Telangana INDIA 500013

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/ CLINICAL / 124

INFANT (<1 year)

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: 27/7/26

Time:	6 PM	8 pm	10pm	12:30	2 AM	6AM
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	101.4F (Syp-Crocin given)	98.9°F		100.4°F (Crocin given)	97.8°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	*		*		*	*
Heart Rate (Number)	136 b/m		131 b/m		120 b/m	128 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)						
Resp Rate (Number)	30 b/m		31 b/m		30 b/m	36 b/m
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%		99%		99%	99%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0		0		0	0
Pain Score	0		0		0	0
Observer's Initials	[illegible]		[illegible]		[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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H / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/7 Time:	10Am	2PM	2.15 PM	6 pm	10pm	2Am	6Am
Doctor/Nurse/Family Concern?							
Temperature (°F) (scale 94–104)	96.7F	98.5F	99.8°F (Crocin given)	97.4F	98.2F	98.4F	97.3F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)							
Heart Rate (Number)	138b/m	132b/m		134b/m	139b/m	126b/m	138b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)							
Resp Rate (Number)	38b/m	32b/m		34b/m	32b/m	39b/m	39b/m
Resp Distress: Mod/ Severe							
Resp Distress: None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	99%	100%		100%	99%	99%	99%
Conscious Level: Normal							
Conscious Level: Altered							
GCS *	-	-					
TOTAL SCORE Number of shaded boxes	0	0		0	0	0	0
Pain Score	0	0		0	0	0	0
Observer's Initials	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	Continue normal observation by staff nurse
	Score 2	Shift in charge nurse to be informed and continue hourly observations
	Score 3	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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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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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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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						NA					
Total Intake :								**Total Output :**				
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	DNS		20ml								
27/7/22	06:00 pm	DNS	Jelli	20ml				NA		✓	0	
	07:00 pm	DNS		20ml		NA					0	
Total Intake :								**Total Output :**		U-	M-	
	08:00 pm			20ml								
	09:00 pm	↑		20ml						✓		
	10:00 pm			20ml								
28/7/22	11:00 pm	DNS		20ml							0	
	12:00 am	↓		20ml								
	01:00 am			20ml		NA		NA				
Total Intake :								**Total Output :**				
	02:00 am			20ml								
	03:00 am	↑		20ml								
	04:00 am			20ml						✓		
29/7/22	05:00 am	DNS		20ml							0	
	06:00 am	↓		20ml								
	07:00 am			20ml		NA		NA				
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
28/7/25	08:00 am			20ml								
	09:00 am			20ml								
	10:00 am	DNS	Idli + Upma	20ml	NA		0	NA		160ml	0	
	11:00 am			20ml								
	12:00 pm			20ml								
	01:00 pm			20ml								
Total Intake :						**Total Output :**						
28/7/25	02:00 pm			—								
	03:00 pm			—								
	04:00 pm	DNS		—						80ml	0	
	05:00 pm			20ml	NA			NA				
	06:00 pm			20ml								
	07:00 pm											
Total Intake :						**Total Output :** U — M —						
	08:00 pm											
	09:00 pm						0			200ml		
	10:00 pm	DNS									0	
	11:00 pm											
	12:00 am				NA							
	01:00 am											
Total Intake : Taken.						**Total Output :** U — M —						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	DNS					0				0	
	06:00 am				NA							
	07:00 am											
Total Intake : Taken.						**Total Output :** U 2 M —						

Total 24 hrs. Intake		Total 24 hrs. Output	

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 : Drop. CROCIN				Date / Time
Dose	Route	Frequency	Start Date	
1ml	oral	SOS (for	27/7	
Doctor's Signature		Valid Period	Pharm.	
Dr				
Additional Instructions: Paracetamol (Syp 120mg)				

DRUG : Syp. IBUGESIC				Date / Time
Dose	Route	Frequency	Start Date	
2ml	oral	SOS/8H	27/7	
Doctor's Signature		Valid Period	Pharm.	
Dr				
Additional Instructions: IBUPROFEN (Syp 100mg)				

DRUG : CROCIN DROPS				Date / Time 27/7
Dose	Route	Frequency	Start Date	
1ml	PO	SOS	28/7 3.25 PM	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

HNH-00009752 IP26-00006968
Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 7.87 kg Ward. ....

DRUG : Inj. CEFTRIAXONE				Date/Time	27/7	28/7
Dose	Route	Frequency	Start Date			
750mg	IV	OD	27/7			
Name & Signature of the Doctor Starting the Drugs: B. Sreeja				6pm	[illegible]	[illegible]
Additional Instructions: dilute in 20ml NS & give over 2 hours						
Daily Doctor's Endorsement by a Sign						

DRUG : Drop. CROCIN				Date/Time	27/7	28/7
Dose	Route	Frequency	Start Date	6Am	X	[illegible]
1ml	oral	6th L	27/7			
Name & Signature of the Doctor Starting the Drugs: B. Sreeja				12P	X	
				6pm	[illegible]	
Additional Instructions: Paracetamol (1mg/100ml)				12Am	X	[illegible]
Daily Doctor's Endorsement by a Sign						

STOP

DRUG : SYP. XYZAL				Date/Time	27/7	28/7
Dose	Route	Frequency	Start Date			
2.5ml	PO	HS	27/07			
Name & Signature of the Doctor Starting the Drugs: [illegible]				10pm	[illegible]	[illegible]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Neb c 3% NS				Date/Time
Dose	Route	Frequency	Start Date	
1 respule	Neb	Q6H	28/7	
Name & Signature of the Doctor Starting the Drugs: [illegible]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

See the chart

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Dr. SINDHURA MUNUKUNTLA

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

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

Signature .....

VERIFIED BY · Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master SHANKUR VIRANSH
04-08-2025 0 Y 11 M 23 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 7-8 kg 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
27/7	4 PM	DNS	IV	20 ml					

Signature .....

VERIFIED BY : Name .....

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310 306

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RESULT SHEET

Date		27/7/26				
Time						
Hb	9.2	9.2				
PCV	28.2	28.2				
RBC		4.91				
WBC		14.87				
N/L		30.1/66.3				
Platelets		273				
CRP		13				
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	27/7					
Time	OPD					
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	2-4					
CUE - RBC Cells	–					
CUE	–					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Dengue NS1 –	Negative					
SARS - Cov-2	– ⊕ ve					
Flu A+B –	⊖ ve					
RSV –	Ne					
Adeno –	not detected					

Culture and Sensitivities : Blood cfs:–

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKA ☑ 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: 302 Room / 810

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. Sreejan

Date & Time : 27/7/26 @ 3:30Pm

Nurse Name & Signature: Anupam

Date & Time : 27/7/26 @ 3:30Pm

Docu. No. : RCH / FRM / GENERAL / 090

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BRADEN 'Q' SCALE

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					Date : 27/7	28/7	28/7
					Time : 8₂	N1	M6	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4	4	4
				TOTAL SCORE	21	24	25	28
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Master SHANKUR VIRANSH
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PAIN ASSESSMENT FORM

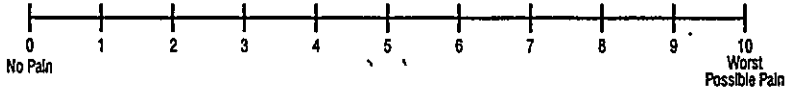
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/7/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
27/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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

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wt - 7.8kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : vimansh Age : 11m **Gender:** ☑ Male ☐ Female

Date : 27/7/26 Time of Arrival : 3:40 pm

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: 112/min BP: 101/76(65) RR: 22/min SpO_2: 98%

Chief Complaints: c/o high grade fever since yesterday.

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

Signature of Parent / Guardian

Triage Completion Time : 3:42 PM

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 : Anupam

Signature of Triage Nurse : A.P

Date & Time : 27/7/26 @ 3:45pm

Rainbow Childrens Hospital-Himayatnagar

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar Hyderabad Telangana

OPD Summary

UHID	HNH-00009752	**Visit No**	2607-005979
Patient Name	Master SHANKUR VIRANSH	**Visit Date**	27-07-2026 10:35 AM
DOB / Age /	04-08-2025 / 0 Y 11 M 23 D / Male	**Consultation**	First Visit
Doctor Name	Dr. SINDHURA MUNUKUNTLA		
Department	GENERAL PEDIATRICS		
Specialization			

Wt : 7.87 kg **Temp** : 98.80 *F

Chief Complaints :

C/O FEVER SINCE YESTERDAY- ASSOCIATED WITH CHILLS - HIGH GRADE
OCCASIONAL CHILLS+
OCCASIONAL SNEEZING

Examination :

child alert
vitals stable
systemic examination normal
lungs clear
EARS - B/L TM normal

Diagnosis :

ACUTE FEBRILE ILLNESS
?viral / ?UTI

Investigations :

1. RESPIRATORY PANEL (5 VIRUSES)
2. COMPLETE URINE EXAMINATION

Medications :

#	Name	Dosage	Frequency	Route	Duration	Remarks
1	CROCIN DROPS 15ML	1 mL	SOS	Oral	1 Days	TEMP >100.4F/ MAX 4 TIMES A DAY/EVERY 6TH HRLY
2	IBUGESIC SYRUP 100MG 60ML	2 mL	SOS	Oral	1 Days	TEMP >102F/MAXIMUM 3 TIMES PER DAY/Q8H
3	XYZAL SYRUP 2.5MG 60ML	2.5 mL	Once Daily	Oral	3 Days	Decline

Doctor Recommendations :

DANGER SIGNS
High grade fever >104F
dull activity
Not accepting orally
Palms and soles cool to touch or blue color
vomiting,loose stools
persistent vomitings/pain abdomen
passing less urine
difficult to arouse
Any other unexpected or unusual event
REVIEW IN HOSPITAL IMMEDIATELY

Review Date : 28-07-2026

** This Card is Valid upto 03-08-2026 or First Visit - Which ever is the earliest **

Rainbow Childrens Hospital-Himayatnagar

Rainbow Childrens Hospital-Himayatnagar
Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar Hyderabad Telangana

UHID	HNH-00009752	Visit No	2607-005979
Patient Name	Master SHANKUR VIRANSH	Visit Date	27-07-2026 10:35 AM

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

3:30pm → CUE - normal
- Temp - 104.7F

Admit advice to Rm side

Adv
- CBP
- CRP
- Blood c/s →
- Respiratory Panel 5 min
- CXR PA view
- Dengue NS1
- VBG