DISCHARGE SUMMARY

Name	Baby Of SUPRIYA MEKALA	**UHID**	HNH-00014087
Father/Guardian	Mr GORLA RAKESH	**Age/Gender**	0 Y 4 M 13 D/ Male
Address	H.NO: 3-4-39., Kachiguda, Hyderabad, Telangana, INDIA, 500027		
IP No	IP26-00006776	**Admission Date**	07-07-2026
Ref Doctor	Self.		
Discharge Date	11.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
URINARY TRACT INFECTION WITH DEHYDRATION	
WITH BULLOUS IMPETIGO	

History: Baby Of SUPRIYA MEKALA, 0 Y 4 M 13 D , old boy presented with history of swelling (abscess) seen in the right scrotal region since 5 days, irritability & excessive cry, dull activity and decreased acceptance of feeds since 3 days prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. His heart rate was 124/min and Respiratory Rate - 30 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well

Name	Baby Of SUPRIYA MEKALA	UHID	HNH-00014087
IP No	IP26-00006776	Admission Date	07-07-2026

felt. On examination Signs of dehydration were present such as dry lips, dry oral mucosa, decreased skin turgor 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, 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. Bullous, erythematous & pus filled lesion seen in the right scrotal region.

Weight on admission: 8.8 kilo grams.

Investigations: Enclosed reports.
Initial hemogram showed Hemoglobin of 11.5 gm%, White Blood Cell count of 15800cells/cumm, platelet count of 3.13lakhs/cumm and C-Reactive Protein of 5.0 mg/l. Complete urine examination shows 18-20 pus cells,3-5 epithelial cells.
Urine culture and sensitivity shows: No growth after 24 hrs of incubation
Blood culture and sensitivity shows : No growth after 48 hrs of incubation

Repeat Complete urine examination was : Pus cells - 6-8 ,epithelial cells -3-5.

Ultrasound abdomen shows
* Mild splenomegaly.
* Mildly prominent extra renal pelvis on the right side.
- For clinical correlation.

Complete stool examination

Name	Baby Of SUPRIYA MEKALA	**UHID**	HNH-00014087
IP No	IP26-00006776	**Admission Date**	07-07-2026

COLOUR	GREENISH			
CONSISTENCY	S. FORMED			
pH	7.0	5 - 8.5		-
MUCUS	PRESENT	ABSENT		-
BLOOD	ABSENT			
UNDIGESTED FOOD	ABSENT	ABSENT		-
HELMINTHES	NIL	NIL		-
PUS CELLS	2 - 3			
RED BLOOD CELLS (Stool)	NIL	NIL	HPF	-
STARCH GRANULES	ABSENT	ABSENT		-
YEAST CELLS	PRESENT +	NIL		-
FAT GLOBULES	ABSENT	ABSENT		-
PROTOZOA	NIL	NIL		

Ultrasound abdomen shows
* Mild splenomegaly.
* Mildly prominent extra renal pelvis on the right side.

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. Baby had blood in stool and hence stool examination

Name	Baby Of SUPRIYA MEKALA	UHID	HNH-00014087
IP No	IP26-00006776	Admission Date	07-07-2026

and stool culture were sent.

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. Amoxyclav
T Bact ointment
Proctoluard T ointment
Z and D drops
Injection. Flucloxacillin

Advice:
* Diet as advised.

Name	Baby Of SUPRIYA MEKALA	**UHID**	HNH-00014087
IP No	IP26-00006776	**Admission Date**	07-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syp. CLINDAMYCIN (5ml/75mg)	6 ml	orally (7am -3pm- 10pm)	For 5 days.
2	VITAMIN D3 DROPS (1ml/800IU)	0.5 ml	9am (after food)	Till 1 year of age
3	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 11 days
4	T Bact ointment	For local application	thrice daily	For 3 days
5	Proctoguard ointment	for local application	thrice daily	for 3 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: Paediatric surgeon review on follow-up.

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 2.5 ml 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. SPANDANA PASUPULETI on Monday(13.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Review consultation with Dr. SWAPNA PALAKURTHY on Monday(13.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be**

Name	Baby Of SUPRIYA MEKALA	UHID	HNH-00014087
IP No	IP26-00006776	Admission Date	07-07-2026

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 **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. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006776 **Admit Date** : 07-Jul-2026 **Admit Time** : 03:36 PM **UHID** : HNH-00014087

Patient Details :

Patient Name	: Baby Of SUPRIYA MEKALA	**Age**	: 0 Y 4 M 12 D
Guardian	: Mr GORLA RAKESH	**DOB**	: 25-02-2026 01:27 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO: 3-4-39. Kachiguda Hyderabad Telangana INDIA 500027	**Phone No**	: 9160345699/ 6281779128
		E-mail	: NA@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 GORLA RAKESH **Relationship** : Father

Contact Address : H.NO: 3-4-39. Kachiguda Hyderabad Telangana INDIA 500027 **Phone No** : 9160345699

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : GENERAL PEDIATRICS

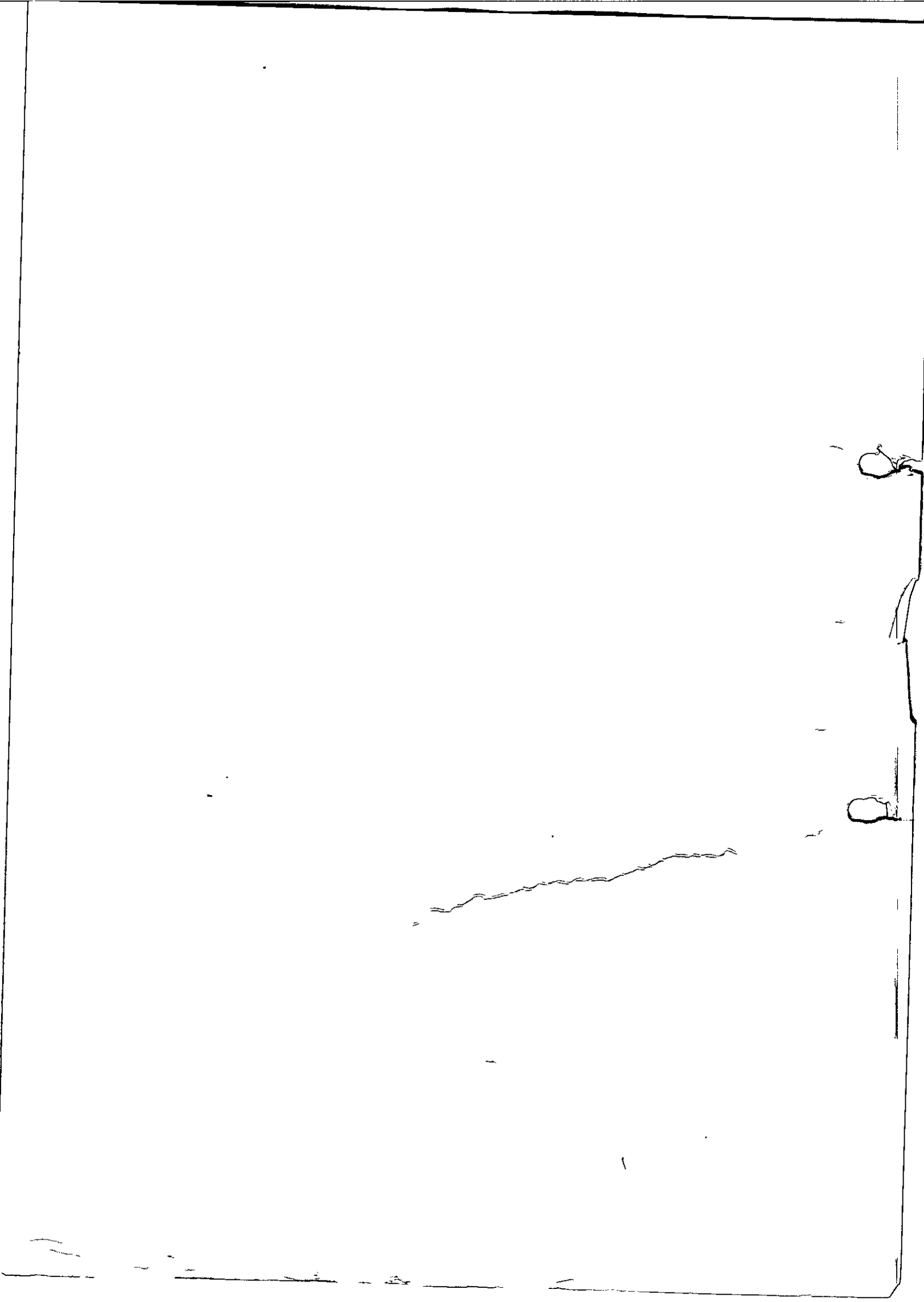
Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



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ACTIVIT HNH-00014087 IP26-00006776 **G**
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

Name: ---

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

Date of Admission : 2/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	5:06 pm	ER	3rd floor	

Cross Consultation Visit

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

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
7/7/26	CBP		
	CRP		
	Blood cls		
	CUE	11189	
	Urine cls.		daily
7/7/26	CSG	11206	
	Cross checked done by Amrutha 8/7/26 @ 12 Am		
8/7/26	Blood CBS	1224	
8/7/26	USG Abdomen	8170	
9/7/26	CUE	11327	
	Cross checked done by Sn		

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/7/26	Infusion pump	6pm	12pm @ 10/7/26	X1571	[signature]
			cross	checked done by Amrutha	

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
9/7/26	uc placement	1	11549	[illegible]
		Cross checked done by Amoutha		

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

Patient Name : B/o Supriya Mekala.

Patient ID# : HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

Consultant :

Final Diagnosis :

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Name : B/o supriya.

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o. swelling / abscess seen @ Rt scrotum. region since 5 days.
c/o irritable / Excess Cry.
c/o dull activity & decreased acceptance of feeds.

History of present illness :

child appetite normal, 1 month back developed blister on buttocks region later it improved 4.
now c/o abscess seen @ Rt scrotum. region c/w pain since 5 days.

c/o irritability because of pain.

c/o dull activity &

c/o decreased acceptance of feeds.

Pediatric Multiorgan History & Physical Examination

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

Nil

Birth & Neonatal History :

OTD

Birth & Socio Economic History :

About Father :

About Mother : Not Significant

Any additional Information :

Developmental History :

Appropriate

Immunization History :

Up to date

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 8.8 kg. (Centile ________)

On Examination :

Temperature : Afeb. Pulse Rate: 124/min. Description ________

B.P. ________ SPO2 98%. at ________

Resp. rate and type of breathing : (N) Signs of dehydration.
↓
Sunken eyes, dull look
dry lips, dry oral mucosa.
delayed skin turg.

Rash ________

Lymphadenopathy ________

Oedema : ________

Respiratory system :

O/E Blister seen on Rt scrotum . gh.
Erythema &
Peri anal rash (+)

Inspection (any s/o distress) : ________

Air entry & breath sounds : B/L AE (+)

Any addes sounds : NVBS (+)

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

Cardiovasclular System :

Inspection of procordium : ________

Heart Sounds : (S1)(S2)

Any murmur : No murmur

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

Per Abdomen :

Inspection ________

Palpation : Soft Not distended.

Ausculation : ________

Spine: ________ External Genitelia : ________

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

Central Nervous System :

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

Cranial Nerves : (N)

Motor System :

Nutrition :

Tone : (N) Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars (N)

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

? Staphylhaval Scald syndsome.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CRP
B/c/p, stool R, stool CAS
CUE, U/c/p.

N/B Monitoring

Planned Management :

- Enhanu orally.
- Inj AMOXYCLAV.
- T Bact Ointnt 4A TID.
- CROCIN DS syp 2.5ml PO (SOS) (240mg/5ml) Cf

N/B Monitoring

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

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician

Doctor's Signature Name _____ Date _____ Time _____

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 7.45pm	S/B Dr. Archana D/W Dr. Spandana	
	C/o blood in stool. No fever spikes	Advice: Temperature chasting 6th hourly - Ct T-Bact ointment L/A & oral Amoxyclav. - (S) stool R&M Stool Culture & sensitivity - Ct paracetamol SOS - (SOS) Syp. Ibugesic if pain (+)
	o/e Vitally stable.	
	s/e WNL.	
	u/e Rashes & skin peeling noted in scrotal & anal region (+)	Dr. Archana.

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

(P.T.O)

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 8am	S/B Dr. Nameen / Dr. Archana	
	? Staphylococcal Scalded syndr	
	Fever spikes - none	Plan
	Blood in stools - none	1) ct Amoxyclav
	hemodynamically stable	T-Bactoneutil
	chest - clear	2) ct IV fluids @
	P/A soft	1/2 M
	Stool consistency better	3) Monitor vitals Q4
		4) Send stool c/s
		Nar (Dr. Nameen)
		n. B Amoruthe
8/7 10am	C/s by Dr Tejam	
	Child better	Rx
	Activity good.	
	taking feeds well.	CST
		+
	- USG ABdomen today	Add proctoguard T ointment
		two times a day.
		Dr Tejam. Nd. Moushi 2pm. 8/7

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

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 2:30pm	UMB Dr. Dhanvi ? SSS Bullous impetigo - no fever spikes - vesico-bullous rash (+) in perianal area & under the scrotum. O/E vitals : stable S/E - (N) [illegible]	Plan 1) Ct. amoxiclav 2) Ct IVF - 1/2 maint 3) Leave urine c/s Blood c/s Stool c/s. 4) Rest Ct. as per Rx chart NB - [illegible] 3pm

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

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA (M)
25-02-2026 0 Y 4 M 13 D
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	d/w Dr. Tejaswini	
5pm		
	? Bullous impetigo c̄ ? UTI	
	- Pus cells - 18-20 (+)	
	- no fever	
	- no [illegible] c/o	
	O/E	Plan
	- alert	1) Send Blood
	- vitals : stable	urine } c/s
	- S/E - (N)	stool
	P/A - soft	2) IVF - Maintain
	- loose stools (+)	3) Inj. augmentin
		4) Rest Inj. as per
		Rx chart
		5) add Zinc drops
		PRO 44
		[signature]
		Dr. Tejaswini
	Dr. S. TEJASWI REDDY Registration No. ...368	

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 13 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	c/s/b Dr. Spandana	
8PM	? UTI c bullous impetigo	
	? sepsis	
	NO fever	
	- no fresh c/o	
	- loose stools	
	O/E - vitals stable.	Plan
	S/E - CNS.	- Trace blood urine stool q8.
		- Change IV Abx to IV fludoxacillin/ IV clindamycin
		- Rest cont. meds as per Rx chart.
		noted by Dr. Sandhya 8/7/26 8:PM

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30925

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 13 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/S. D. Sinhaditt / D. Vamsy	
09/02/26 7AM	D: ? UTI with Bullous impetigo (? SSSS)	
	Afebrile	
	Looks well	
	O/E: a Cofain	
	vitals: stable	
	Hydration - good	
	S/E: NAD	Adv
		- Trace Blood C/S
		Urine C/S
		Stool C/s
		- IV fluids (½ m)
		- Inj Flucloxacillin
		- Rest continue same
		N/B priyanka Sinhaditt

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 13 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	C/S/B Dr. Tejaswi	
10 Am		
	Δ - ? UTI with bullous Impetigo	
	Afebrile	
		Plan
	O/E	Trace Blood C/S → 24hr No Growth ↓ TRACE C/S @ 48h
		Urine / Stool
	GC fair Vitals stable Hydration Good	IV Fluids
		C/t IV flucloxacillin
	S/E	Proctguard / mupirocin — A/t Q6h
	WNL	CUE repeat today
		Dr. Tejaswi
	Dr. S. TEJASWI REDDY Registration No: 94068	N/B Supriya M: 08AM @ 9/7/26

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

(P.T.O)

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA (M)
25-02-2026 0 Y 4 M 13 D
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Spandana	
9/3/26 5pm.	UTI c̄ bulla Impetigo.	
	lesion ↓	✓ c̄t Antibio
	vital/Activity improved	✓ (T) final cult
	S/E NAD.	✓ Tm/Sat-d/s plan.
[signature]		✓ Form sos.
		NB Sunanda @ 8pm

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30925

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 13 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 7am	U/B Dr Sharma	
	Dr. Sheryam	
	UTI c Boils, impetigo	
	- fever spikes - no	
	- UT/A : good	
	- loose stools : (-)	
	- oral intake : good	
	O/E	Plan
	lesions : ↓	1) ct. antibiotics
	vitals : stable	2) trace stool c/s reports
	S/E : normal	
		3) monitor vitals
		4) Rest ct. as per Rx chart
	[signature]	

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

(P.T.O)

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA (M)
0 Y 4 M 13 D
25-02-2026
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 12pm	c/o/B Dr. Tejasvi	
	UTI c Bullous Impetigo	
	Fever - ↓	Rx
	Lesion ⊕ (Reducing in size)	1) ~~Oto Today~~
	Pool Orientation	2) Tab Chindamycin
	Baby active	Cx T-Bact
	Feeding well	Pentagon
	RS - B/L AE ⊕	2 & D day x 12 d
	P/A - Soft	
		Dr Tejasvi
		N/B - Supriya 12:20pm @ 10/7/26

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

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 15 D (M)
Dr. SPANDANA PASUPULETI

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26	S/B Dr. Archana	
3 pm	UTI c̄ Bullous Impetigo.	
	No fever spikes	Advice
	Lesions over scrotum (+)	· Ct Inj FLUCLOXACILLIN ·
	Oral intake - good ·	· Ct symptomatic support ·
	U/passed ·	· Monitor lesions ·
	S/	
	CTA - good	
	O/E vitally stable	
	S/E WNL ·	Dr. Archana
	c/s/by · Dr Spandana	
10/7/26		
8 20pm.	UTI c̄ Bullous Impetigo.	
	No fever.	Tm c/t plan c̄
	lesion (+)	– clindamycin oral.
	vital stable.	– f/u morning c̄ Dr Spandana & (Evening) Dr Swapna.
	S/E NAD	– paed Sx Opinion on f/u.

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 15 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/ by Dr Anush /Dr. Vani	
11/7/26 7:15 AM	UTI c̄ Bullous Impetigo.	
	— No fever	
	stool c/s, U c/s, B c/s] NG. — h/o cough — Night.	
		— d/s plan on oral clindamycin
	vital stable	
		— d/w Monda Evej c̄ Dr Swap (paed Sx)
	S/E NAD.	
		— Enh orally.
		— (CST)
		— Monitor vitals.
	[signature] 11/7/26	
		NB Shelve

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

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 16 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/2/26 · 11:30 AM	S/B Dr. Tejaswi	
	UTI ~ Bullous Impetigo ·	
	No fever spikes · Accepting well orally ·	Adv
	pk vitally stable ·	· Discharge · Oral Clindamycin · Ct rest same ·
	Ste wnl ·	· F/U on Monday w Dr. Spandana & Dr. Swapna (in evening)
	Dr. S. TEJASWI REDDY Registration No: 94068	Dr. Tejas

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

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 16 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
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RESULT SHEET

Date	7/7/26					
Time						
Hb	11.5					
PCV	32.4					
RBC	4.49					
WBC	15.80					
N/L						
Platelets	313					
CRP	5.0					
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	7/8/86	9/7				
Time						
CUE - Alb	.					
CUE - Sugar	NIL	NIL				
CUE - Ketones	Negative	Negative				
CUE - PUS Cells	18–20	6-8				
CUE - RBC Cells	NIL	NIL				
CUE		3-5				
PH – 6.0.		6.0				
Nitrite – Neg		Neg				
Stool Pus Cell	2–3					
OVA / Cyst						
Occult Blood	Absent					
PH – 7-0						

Culture and Sensitivities : Stool c/s :–

Blood c/s :– No Growth 24hrs

Urine c/s :– 24hrs no Growth

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

Patient S… …LINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

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…ARNING SCORE: CHILDREN'S UNIT

Date: 7/7/26

Time:	5:30 pm	10 pm	2 AM	6 AM
Doctor/Nurse/Family Concern?				
Temperature (°F) (104–94)	98.4°F	97.3°F	98°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)				
Heart Rate (Number)	138 b/m	131 b/m	[illegible] b/m	13[illegible] b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)				
Resp Rate (Number)	32 b/m	30 b/m	[illegible] b/m	[illegible] b/m
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	98%	99%	100%
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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Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

Patient Sticker

124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

Date: 8/7/26 Time:	10Am.	2pm.	6pm	10 pm	2 am	6Am
Doctor/Nurse/Family Concern?						

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94

98.4F | 99.2F | 98.4F | 97.6F | 97.5F | 98.8F

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)	131bpm	132bpm	140bpm	137bpm	148bpm	143bpm

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number)	40bpm	41bpm	39bpm	38bpm	40bpm	38bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%	100%
Conscious Level: Normal / 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						

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.

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 8.8kg Ward. .....

DRUG : Inj AMOXYCIAV

Dose	Route	Frequency	Start Date
260mg.	iv	TID.	7/7

Name & Signature of the Doctor Starting the Drugs: Af.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	7/7	8/7
6Am	x	
2pm	x	
10pm	Medicine stopped	

Stop.

DRUG : T Bact Ointment

Dose	Route	Frequency	Start Date
	C/A	TID	7/7

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	7/7	8/7
6Am	x	
2pm		
10pm	6PM Medicine	

STOP

DRUG : T - Bact Ointment

Dose	Route	Frequency	Start Date
	C/A	BD.	8/7

Name & Signature of the Doctor Starting the Drugs: Dr Tejaswi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7	11/7
6Am	✓			
6pm				

DRUG : PROCTOGUARD T OINTMENT

Dose	Route	Frequency	Start Date
	C/A	BD	8/7

Name & Signature of the Doctor Starting the Drugs: Dr Tejaswi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7	11/7
11Am				
11pm				

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 8-8kg Ward .....

DRUG : Z & O drops

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	08/07

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

(1ml (20mg)

Daily Doctor's Endorsement by a Sign

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

10pm ✓ ✓ Sny

6 ✓

DRUG : INJ. FLUCLOXACILLIN

Dose	Route	Frequency	Start Dt.
200mg	IV	6H	08/07

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 9/7 10/7

12am 10.30pm ✓ ✓

6am ✓ ✓

12pm ✓

6pm Medi

Stop

DRUG : Tab CLINDAMYCIN

Dose	Route	Frequency	Start Dt.
6ml	PO	TID	10/7

Name & Signature of the Doctor Starting the Drugs: Pram

Additional Instructions: 1Tab = 150mg
10mg/kg
Dilute 1Tab in 10ml D.W & give 6ml

Daily Doctor's Endorsement by a Sign

Date/Time:

DRUG : Inj FLUCLOXACILLIN

Dose	Route	Frequency	Start Dt.
200mg	IV	6th hly	10/7

Name & Signature of the Doctor Starting the Drugs: Pram

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 10/7 11/7

2000 ✓ Sny

6000 ✓ Sny

12000 ✓

Stop ✓

Docu. No. : RCH /FRM / CLINICAL / 108

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani Signature

VERIFIED BY : Name

Verified by Dr. Dhakshayani

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature

VERIFIED BY : Name

HNH-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

Weight. 3.8kg Ward. .....

Date	Time	Composition of I.V. Fluid (, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
7/2/26.	3 50pm.	IV fluid DNS (1/2M)	iv	15 ml/h	Af		10/2		

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014087 IP26-00006776 Baby Of SUPRIYA MEKALA 25-02-2026 0 Y 4 M 12 D (M) Dr. SPANDANA PASUPULETI	7/7/26 @ 3:36 PM	7/7/26 @ 5:06 PM
	Transfer Ordered by Dr. Tanuj	Reason for Transfer Admission.
From Unit ER	To Unit 3rd Floor (311)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	Number of Imaging Films –	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
[signature]	Dr. Tanuj

Patient & Clinical Records Received by : Madhavi @ 5:10pm.

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-00014087 IP26-00006776
Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
Dr. SPANDANA PASUPULETI

wt - 8.8 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby supriya mekala Age : 4m Gender: ☑ Male ☐ Female

Date : 7/7/26 Time of Arrival : 3:50pm.

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°F PR: 138 BP: RR: 38b/m SpO_2: 100

Chief Complaints: c/o swelling / abscess seen @ Rt scrotum region since past 5 days excessive crying

INITIAL PHYSIOLOGICAL CATEGORIZATION			**INITIAL PHYSIOLOGICAL STATUS**
Appearance ☑ Normal ☐ Sick Looking	Circulation / Colour ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ 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 : 3:52pm

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 : Atam

Signature of Triage Nurse : [signature]

Date & Time : 7/7/26 @ 3:52pm

Docu. No. : RCH /FRM / CLINICAL / 085

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/7/26 Time of arrival : 3:94 pm.

Chief Complaints: c/o swelling [illegible] seen @ Rt scrotum region since 5 days, excessive crying

Height : .... Weight : 8.834 kg. 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 NA

RISK FOR FALL:			**Functional Screening:** ☑ No Abnormalities Detected
If patient is < 6 years	☐ Yes	☑ No	☐ Mobility Problem
If **'Yes'** tick below fall risk intervention directly			☐ Walking Problem
If Patient is > 6 years			☐ Developmental Delay
If **'Yes'** Assess the below parameters			☐ Musculoskeletal Congenital Abnormality
History of Falling: within past 3 months	☐ Yes	☑ No	**Inform consultant for positive criteria**
Ambulatory Aids:			
• Wheelchair	☐ Yes	☑ No	
• Uses furniture for support	☐ Yes	☐ No	
Gait/Transferring:			
• Bedrest / immobile	☐ Yes	☑ No	**Nutritional Screening:** ☑ No Abnormalities Detected
• Weak	☐ Yes	☑ No	☐ Underweight
• Impaired	☐ Yes	☑ No	☐ Overweight
Mental Status: Forgets limitations	☐ Yes	☑ No	☐ Feeding Problem
IF YES FOR ANY CATEGORY = RISK FOR FALLING			☐ Special diet
Fall Risk Intervention:			☐ Special feeding method
☐ Escort while ambulating			**Inform consultant for positive criteria**
☐ Assist Patient			
☐ Educate patient and family on fall precautions/prevention			

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: .... (Date/Time): ....

Social History: Lives With Family.

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

Time of Initial assessment completed by ER Nurse : Afom [signature]

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

Time	Nursing Notes
	Assessed the Patient condition,
	monitor vits Done

Samples collected by: / vitaja Time:

Samples sent by : Time: 1450 hr

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: 135b/m BP: ..... CFT: N.A	Shift - out from ER to: 3rd Floor/3.1
RR: 38b/m SPO2 at FiO2: 98:1	Time of Shift - out: 5:04
GCS: 15 Temperature : 98.5 F	Handover given to: .....
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable): N.A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

..... DV placement done .....

Name of the Nurse : Atom Signature of the Nurse : .....

Date & Time : 7/7/24

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Baby Of SUPRIYA MEKALA
25-02-2026 0 Y 4 M 12 D (M)
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It takes a lot to treat the little.

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: 3rd floor (311)

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. Ramu

Date & Time : 4/4/26 @ 4:15pm

Nurse Name & Signature: Vijaya [signature]

Date & Time : 4/4/26 @ 4:20pm

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