DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Patient Name : VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 16 D (M)
Dr. JYOTI BOTHRA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form	02	—	—	
4	Patient Trasfer Forms	01	—	—	
5	In-patient Medical Record	03	—	—	
6	Doctors Progress Sheets	03	—	—	
7	Nurses Progress notes	02	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	01	—	—	
	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	02	—	—	
	Intake and Output chart (fluid Chart)	01	—	—	
	Drug Chart (Regular prescription)	03	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	—	—	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	15			
	Total No. of Pages	38			

noted by Manasa 1/12

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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ACTI VIH-00206379 IP-00060515 **ING**
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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

UHID N ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 29/06/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 107 Ward : 1st Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	6:10 pm	ER	107	Nagm

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	IV placement	(1)	3695866	
	Cross Clerked by [redacted] 30/6/26.			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[redacted] 1/7/26 @ 5AM.		

Name	Master SHAUNAK BHARTI	**UHID**	VIH-00206379
Father/Guardian	Mr ARVIND KUMAR	**Age/Gender**	7 Y 5 M 16 D/Male
Address	PLAT NO-87-21 ,PLOT NO-87 VENTURE -3 S N COLONY, Lothukunta, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060515	**Admission Date**	29-06-2026
Ref Doctor	SELF	**Discharge Date**	01-07-2026

DISCHARGE SUMMARY

Consultant: Dr. JYOTI BOTHRA
DNB, MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGERY & UROLOGY

Diagnosis: Acute Pain in Abdomen with Enteritis

History: Master SHAUNAK BHARTI is a 7 Y 5 M 16 D boy presented with history of abdominal pain, 6-7 episodes of nonbilious non-projectile vomitings since 3 days, loose stools prior to admission. For the above complaints, he was investigated and treated on OPD basis, but in view of persistence of symptoms, he was admitted at Rainbow Children's Hospital for further management.

Outside Investigations: Ultrasound abdomen done on 29.06.2026 showed mesenteric adenitis.

Examination: He was afebrile, maintaining saturations at room air. Heart rate-110/min, blood pressure - 100/60 mmHg and respiratory rate 26/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, tenderness in the periumbilical region. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Weight on admission : 22 kgs.

Investigations: Enclosed.

Name	Master SHAUNAK BHARTI	UHID	VIH-00206379

Management: He was admitted in the ward and started on intravenous fluids and intravenous antibiotics. He was treated symptomatically with antacids and antiemetics. In view of abdominal pain, antispasmodic was started.

His complete blood picture showed hemoglobin 13.2 gm%, white blood cells count of 9,300 cells/cumm, platelet count of 2.42 lakhs/cumm and C-reactive protein was 1 mg/l. Serum electrolytes and creatinine were normal. Ultrasound abdomen was normal.

His vitals were regularly monitored. His symptoms gradually settled. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup O2 (5ml=100mg), 5.5ml, 12th hourly (after food) for7 days.
3. Oral Enterogermina mini bottle, 1 bottle, 12th hourly for 5 days.
4. Syrup Cyclopam (5ml=10mg) 5ml, 8th hourly (if required) for abdominal pain.
5. Syrup Atarax (5ml/10mg), 5ml 12th hourly for 2 days.
6. Calosoft lotion for local application 8th hourly for 2 days.
7. Kindly consult Dr. Jyoti Bothra, Senior Consultant Pediatric Surgeon & Urologist, after 5 days in OPD with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Name	Master SHAUNAK BHARTI	UHID	VIH-00206379

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

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 the language that I understand and I have understood the same.

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Vishwaja
DEO : MD Younus Pasha/Kalyan

Registrar/Resident/C.M.O

Dr. JYOTI BOTHRA
DNB, MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGERY & UROLOGY
TSMC/FMR/02962

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

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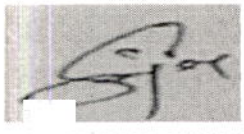
PatientName	: Master SHAUNAK BHARTI	**Inpatient No.**	: IP-00060515
Age/Gender	: 7 Y 5 M 15 D/ Male	**Admit Date**	: 29-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :29-06-2026 16:43
HEMOGLOBIN (Colorimetry)	13.2	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.67	10^12/L		4 - 5.2
PCV/HCT (Calculated)	36.2	VOL%		35 - 45
MCV (Calculated)	77.5	fL		77 - 95
MCH (Calculated)	28.1	pg/cells		25 - 33
MCHC (Calculated)	**36.3**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	13.1	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	242	10^9/L		150 - 450
V (Calculated)	**12.1**	**fL**	H	6.5 - 10
WBC COUNT (DC Detection Method)	9.30	10^9/L		5 - 14.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**77**	**%**	H	32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	**18**	**%**	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :29-06-2026 16:43
CRP (Immunoturbidimetry)	1.0	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :29-06-2026 16:43
CREATININE (Enzymatic)	0.2	mg/dl	0.2 - 0.6

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master SHAUNAK BHARTI	**Inpatient No.**	: IP-00060515
Age/Gender	: 7 Y 5 M 15 D/ Male	**Admit Date**	: 29-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :29-06-2026 16:43
SODIUM (Direct ISE)	138	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	101	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Master SHAUNAK BHARTI	8554941873
7 Y 5 M 15 D	R26-010398
Male	29-06-2026 07:12 PM
IP-00060515	30-06-2026 01:15 PM
VIH-00206379	30-06-2026 05:00 PM
JYOTI BOTHRA	

ULTRASOUND ABDOMEN

LIVER : Normal in size 10.3 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.
SPLEEN : Normal in size 7.4 cm and echotexture, No obvious focal lesions.
PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :
Right kidney : 77x32 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.
Left kidney : 78x28 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.
No ascites / lymphadenopathy. No evidence bowel wall thickening /edema.

Impression

No obvious sonological abnormality in abdomen.
Rest unremarkable.

Suggested clinical correlation.

V. Mahi

Dr. VARIGONDA MAHIDHAR
MD

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060515 **Admit Date** : 29-Jun-2026 **Admit Time** : 04:30 PM **UHID** : VIH-00206379

Patient Details :

Patient Name	: Master SHAUNAK BHARTI	**Age**	: 7 Y 5 M 15 D
Guardian	: Mr ARVIND KUMAR	**DOB**	: 14-01-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLAT NO-87-21 ,PLOT NO-87 VENTURE -3 S N COLONY Lothukunta Hyderabad Telangana INDIA 500015	**Phone No**	: 8554941873
		E-mail	: akmech18@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr ARVIND KUMAR **Relationship** : Father

Contact Address : PLAT NO-87-21 ,PLOT NO-87 VENTURE -3 S N COLONY Lothukunta Hyderabad Telangana INDIA 500015 **Phone No** : 8554941873 / 9834092709

Signature

Doctor Details :

Doctor Name : Dr. JYOTI BOTHRA **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : ADITYA BIRLA HEALTH INSURANCE CO LTD

Patient Name : Mast. SHAUNAK BHARTI UHID : VIH-00206379 IPD : IP-00060515 Gender : Male Age : 7 Y 5 M 15 D

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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wt - 22.5 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Shaunak Bharti Age : 7 yrs Gender: ☑ Male ☐ Female

Date : 29/6/26 Time of Arrival : 4:03 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: 120 b/m BP: 120/67 (70) mmHg RR: 24 b/m SpO_2: 98%

Chief Complaints: Abdominal Pain, vomitings x 3 days (Per day 6 episodes)

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ 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 : 4:06 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 : Sr. Leena

Signature of Triage Nurse : .....

Date & Time : 29/6/26 @ 4:06 Pm

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

Patient Name : Mast. SHAUNAK BHARTI UHID : VIH-00206379 IPD : IP-00060515 Gender : Male Age : 7 Y 5 M 15 D

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/6/26 Time of arrival : 4:07 Pm (Per day 6 episodes)

Chief Complaints: Abdominal pain, Vomitings x 3days RBS: —

Height : — Weight : 22.5 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: 2 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

☐ Character Aching ☐ Location Abdomen ☐ Frequency Continuous ☐ Duration 3days

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: — (Date/Time): —

Social History: Lives With Family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1

Time of Initial assessment completed by ER Nurse : 4:09 Pm

Patient Name : Mast. SHAUNAK BHARTI UHID : VIH-00206379 IPD : IP-00060515 Gender : Male Age : 7 Y 5 M 15 D

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

Time	Nursing Notes
4:03pm	* Pt Came to ER
4:04pm	* vitals checked and Recorded
4:05pm	* ER Doctor Seen the Pt & advised admission
4:30pm	* Admission Done
4:20pm	* Iv Placement Done
4:40pm	* samples Collected & sent to lab
	* Pt shifted to ward (107)

Inj. Ceftriaxone test dose given

Samples collected by: Sr. Hema Time: 4:25pm

Samples sent by : Sr. Hema Time: 4:40pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
4:19pm	Inj. Buscopan	Im	10mg	Dr.	
4:33pm	Inj. Tramadol	Iv	40mg		
5pm	NS Bolus	Iv	200ml		

Condition of patient at time of shift - out :

HR: 119/m BP: 119/68 (79) mmHg CFT: 3 sec

RR: 24/m SPO$_2$: 99%

GCS: 4,5,6 Temperature : 98.6 F

Pain Score: 1

Repeat RBS (if applicable):

Details of Shift - out

Shift - out from ER to: 107

Time of Shift - out: 29/6/26 @ 6:10pm

Handover given to: Sr. Sukhan

(Nurse's Name) By. Sr. Nagman

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv placement

Name of the Nurse : Br. Sanjay Signature of the Nurse :

Date & Time : 29/6/26 @ 6:10pm

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: ACUTE & Some dehydration

Arrival Time: 6:10pm Mode of Arrival: Wheel Chair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 22.5 Kg

No allergy Height: ..... cm

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Family History: .....

NIL

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No

If yes please list, ...

Was the child's birth normal? ☐ Yes ☑ No If No, please describe problems: LSCL

.....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 22.5 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 97.6°F HR: 101 b/mt RR: 28 b/mt BP: 103/69 (80)

Pain Score: 0 Specify Site: 0 (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score .....) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 1 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

Character of Pain 1 Location Abdominal pain Frequency ← Duration .....

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 ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

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?) ..... 1 .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother .....

Nurse's Name: ..... Subhasini ..... Date: ..... 29/6/20 ..... Time: ..... 6:30 pm ..... Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206379 IP-00060515 Master SHAUNAK BHARTI 14-01-2019 7 Y 5 M 15 D (M) Dr. JYOTI BOTHRA	29/06/26 @ 4:30pm	29/06/26 @ 6:10pm
	Transfer Ordered by Dr. Sameera	Reason for Transfer Admission
From Unit ER	To Unit 107	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films (X-Ray Erect)	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.	NS 500 ml + IntraFix	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
Sr. Nagmani	Dr. Sameera

Patient & Clinical Records Received by : Subham

Date & Time of Patient Received : 29/6/26 @ 6:40pm

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA
_____

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Name : Mast. Shaunak Age/Sex 7y 5m/M

Information given by: Mother Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

c/o stomach pain } : 3 days
vomiting }
↑ stools

History of present illness :

Mast. Shaunak is a 7y 5m old male child presented with H/o stomach pain → : 3 days
→ spasmodic type
→ non-radiating
→ ↑ : morning

→ 6-7 episodes of non bilious, non-projectile / day
: 3 days.
today: last 2 vomiting bilious type.

→ 3 episodes of stool with (N) consistency today
→ H/o Travelling (+)
→ no H/o fever / burning micturition

For the above complaint he was treated on OPD basis, but i/v/o intractable stomach pain & on going vomiting, he was admitted at RCH on 29.6.26

USG abdomen: mesenteric adenitis

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

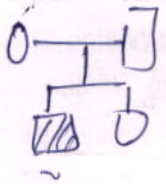
Pediatric Multiorgan History & Physical Examination

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

Nil significant

Birth & Neonatal History:

FT / LSCS / B.wt : (11) / BC/AB/
no neonatal issues.



Birth & Socio Economic History:

About Father :
About Mother : class-II
Any additional Information :

Developmental History :

Appr. for age.

Immunization History :

Immunized till date.

(P.T.O.)

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 22 kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 120/min B.P. 120/64 (40). SPO2 98% RA

Resp.rate and type of breathing : 26/min.

Rash

Lymphadenopathy — NO — sunken eyes (+)

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : no murmurs.

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

Per Abdomen :

Inspection

Palpation : soft, tenderness in the pericinbilical area.

Ausculation :

Spine : External Genitelia :

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

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14-01-2019 7 Y 5 M 15 D (M)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact.

Motor System:

Nutriton :

Tone: (N) Power 4/5 all limb.

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

++	++
++	++

DTR **Superficials:** -

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

AGE with some dehydration

(P.T.O.)

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A.

Desired goals of the treatment : Treat the infection

S/B Dr. Tejah in ER

Planned Labs:

- CBP, CRP, S. electrolytes, S. Cr
- X-ray erect abdomen & KUB
- Collect for blood c/s, amylase, lipase

Planned Management

- IVF
- INJ. CEFTRIAXONE
- Clear Liquids today
- INJ. ESOMEPRAZOLE
- INJ. ONDENSETRON
- VITALS 4th hrly.

Noted by [illegible] 29/6/26

Signature of the Doctor: Sameera

Name of the Doctor: Dr. Sameera

Date & Time: 29.6.26 4:40PM

Signature of the Consultant: [signature]

Name of the Consultant:

Date & Time:

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Still Pain	
	PA - no guarding.	
		Plan
		→ USG abdomen Now.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2026 8:20AM	Abdomen pain c ? Mesenteric lymphadenitis - on clear liquids - No vomiting / LM - no fevers - no pain abd. - vitals stable PA - Soft non-tender Rest - (N)	Plan - Continue ceftriaxone - ondansetron. - Tramadol - pantop - IVF (full). - Continue clear liquids IVF (full) - (1/2) maint

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30.6.26 12.15 PM	S/B Dr. Jyoti	Plan - Stop IVF - Start tablets - If tolerating, discharge by evening. Sameer (Dr. Sameera) Both

noted by Subha 30/6/26 @ 2pm

MH-00206379 IP-00060515
Master SHAUNAK BHARTI (M)
14-01-2019 7 Y 5 M 16 D
Dr. JYOTI BOTHRA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
30/6/26 3:45pm		
	Abdominal pain c̄ ? Mesenteric lymphadenitis	
	O/E	c/o Rash over sternal region ? urticaria
	Child alert	
	Afebrile	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		plan
[signature]		1) Cut IV fluids
		2) plan discharge if tolerating well orally
		4) Atarax syp.
		Noted by [signature] 30/6 @ 9pm

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

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE c some dehydration				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure: -				Post OP Day: -		
BACKGROUND	Date / Shift	29/06/26 E	30/6/26 M	30/6 M	30/6 E	30/6 N	
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
	Diet:			S. diet	S. diet	S. diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.5°F	98.3°F	98.4°F	98.1°F	
	Res:	22 b/m	24 b/m	28 b/m	22 b/m	23 b/m	
	SpO_2:	98%	99%	98%	99%	98%	
	Pulse:	120 b/m	120 b/m	118 b/m	112 b/m	107 b/m	
	BP:	120/67	100/64	101/60 (78)	93/54 (68)	98/58 (72)	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	10	10	10	10	10	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil	Nil	S. diet	S. diet	S. diet	
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	depend	Dependent	Dependent	
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	
Handed Over By Name :		Nagmani	Benonika	Indu	Anitha	Manasa	
Signature / ID :		@02014	@018727	@66666	Anj 905014	@01494	
Date:		29/06/26	30/6/26	30/6/26	30/6/26	1/7	
Time:		6:10pm	@3am	2pm	@8pm	@5am	
Taken Over By Name :		Benonika	Indu	Anitha	Manasa		
Signature / ID :		@018727	@66666	Anj	@01494		
Date:		29/6/26	30/6/26	30/6/26	30/6/26		
Time:		@8pm	@8am	@2pm	@8pm		

Noted by Manasa 1/7 @5am

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

NURSING CARE RECORD

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Date: 29/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... NIL
- ☐ 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	7pm →	maintain fluid balance	7pm →	Maintained fluid balance DNS 62 ml/hr	→ maintain Hydration	→ Patient is Stable	Subhm 29/6 @8pm
Night	11pm →	Maintain Fluid Balance.		→ Administered IV Fluid DNS 62 ml/hr	→ Maintain Hydration	Patient is Stable	Benonica 20/6 @8am
	1am →	Ensure Safety		→ Side Rails kept up	→ To Prevent From fall Risk		

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

NURSING CARE RECORD

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Date: 30/6/26

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	9am	maintain fluid Balance	9am	maintained fluid Balance	-maintain Hydration	-patient is Stable	Arathy 2nd dy
	1:00	maintain aseptic technique	1:00	maintained aseptic technique	-prevent from Infection	-no fresh Complaints	02pm 30/6/26
Afternoon	3pm	→ Maintain Good Nutri -tional Status		→ To oral intake is Good	→provided by Soft diet	→patient is Stable	Anitha 30/6 @8pm
	5pm	→ Ensure Safety		→ Side rails kept up	→ To prevent falls risk		
Night	10 pm	→ prevent infection	10:30 pm	→ Administered medications as per order	→To prevent infection	→ patient is stable	Reena
	5 AM	Discharge note :- Doctor		care for towards a	advice for early morning discharge		Verified by Reena RN

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THE HUMPTY DUMPTY SCALE

29/06/26 30/6 30/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE 30/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	10	10	10	10

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		x	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		[illegible]	[illegible]	x	x	x
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		29/6	30/6	30/6	30/6	30/6
Time:		4:30pm	2am	12pm	8pm	10pm

Docu. No. : RCH /FRM / CLINICAL / 005

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Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		–	–	–	–	–				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		–	–	–	–	–				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		–	–	–	–	–				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		–	–	–	–	–				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		–	–	–	–	–				
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : Elizabeth

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/06/26	4:30pm	01	Abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Given ~~[illegible]~~ Buscopan	Nagma
30/6	2am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Beronika
30/6	[illegible]	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
30/6	6pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
30/6	11PM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
				☐ 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.

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

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

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 29/6 Time: 6:30pm	Date: 30/6 Time: 6:30pm	Date: Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0				
	Total Score		0	0				
	Signature of the Nurse		Subha	Anuj				

Intervention: NIL

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

Rainbow Children's Hospital

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Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master SHAUNAK BHARTI**	**Age :**	**7 Y 5 M 15 D**
IP No:	**IP-00060515**	**Sex:**	**Male**
Consultant:	**Dr. JYOTI BOTHRA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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 surance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the re 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 arance. In case of failing the submission, I will pay 200/- Rs.
eceivers 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: ARVIND KUMAR
Relationship: FATHER
Date: 29/06/2026 Time: 04.30P.M
Wittness Name:
Wittness Signature:

Patient Address:
PLAT NO-87-21 ,PLOT NO-87 VENTURE -3 S N COLONY Lothukunta Hyderabad Telangana INDIA 500015

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

HBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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...LY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/26 Time:		7	10	1	4	7
Doctor / Nurse / Family Concern?		PM	PM	AM	AM	AM
Temperature (F)	104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94	97.6F	98.2°F	97.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50		100 (75) 64			
...rt Rate (Number)		92	72	86	101	105
Resp. Rate (bpm) (Over 1 Minute) *	70 / 60 / 50 / 40 / 30 / 20 / 10					
Resp Rate (Number)		25	27	26	22	25
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)		96	100	99	99	98
Conscious Level: Normal / Altered		N	N	N	N	N
GCS *		15	15	15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		SK	B	B	B	B

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

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

Patient Sticker

Pratiksha Rainbow Children's Hospital
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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)

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

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

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/6/26 Time: 9 11 1 3 5 7 9 11 1 3 5

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

Temperature (°F)

	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.3°F	98.6°F	98.6°F	98.6°F	98.6°F

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

Note: BP does not score in early warning scoring

	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM
Heart Rate (Number)	110	112	110	100	108	104	113	115	103	98	96
BP		104/68		93/68			98/60				

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

	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM
Resp Rate (Number)	25	26	26	24	22	21	24	23	23	24	23
Resp Distress (Mod/ Severe / None / Mild)											
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	98	99	98	99	98	97	98	97	98
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Sindu	Sindu	Sindu	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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* 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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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)

VIH-00206379 IP-00060515
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
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FLUID CHART

Sheet No. : (1)

29/6/22

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
29/6	06:00 pm			DNS						✓	0	Subha 29/6 @ 8pm
	07:00 pm			62ml								
Total Intake :						**Total Output :**						
	08:00 pm			62 ml								
	09:00 pm		ORS	62 ml								
	10:00 pm		water	62 ml						✓		
	11:00 pm			62 ml							0	Benonika 29/6 @ 1am
	12:00 am		water	62 ml								
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am			62 ml								
	03:00 am		ORS	62 ml						✓		
30/6	04:00 am			62 ml								
	05:00 am			62 ml							0	Benonika 30/6 @ 1am
	06:00 am		ORS	62 ml								
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	682 ml	Total 24 hrs. Output	4 time

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FLUID CHART

Sheet No. : .....

30/6/26

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

		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							
30/6	08:00 am		ORS	3/ml						✓	1	
	09:00 am		ORS	3/ml							0	Subham @ 2pm 30/6/26
	10:00 am		Water	3/ml								
	11:00 am			3/ml						✓		
	12:00 pm		Bdy wat.	3/ml								
	01:00 pm											
Total Intake : 155ml						**Total Output :**						
30/6	02:00 pm											
	03:00 pm		Kichidy							✓		
	04:00 pm		Snacks								0	Shalini @ 8pm
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
30/6	08:00 pm											
	09:00 pm		Rice + water									
	10:00 pm									✓		
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
1/7	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

voided by mamata 1/7 @ 7am

Docu. No. : RCH /FRM / CLINICAL / 092

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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: ..... 107 .....

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		Nil				☐ 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. Sameera .....

Date & Time : ..... 29/06/26 @ 4:30pm .....

Nurse Name & Signature: ..... Bro. D Sanjay .....

Date & Time : ..... 29/06/26 @ 4:30pm .....

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DRUG CHART

Date of Admission: 29/06/26 Drug Allergies: N?I ☐ 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 : INJ. HYOSCINE BUTYLBROMIDE	Dose	Route	Frequency	Start Date	Date / Time
	11mg	IV	8th hrly	29/6	
Doctor's Signature	Valid Period	Pharm.			
Additional Instructions: 0.5mg/kg/dose.					

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

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

29/6/26 Signature ..... VERIFIED BY : Name .....

VIP-00206318
Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

I.V. FLUIDS CHART

Weight. 22.5kg Ward. 107

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
29.6.26	5.00PM	DNS	IV	62	[signature]	Subh / kalpna	30/6.	[signature]	[signature]
30/6.	8:25AM.	DNS (1/2)	IV	31	[signature]	[signature] / [signature]	30/6	[signature]	[signature] / [signature]

Signature

VERIFIED BY : Name

Patient Sticker

Weight. 22.5kg Ward. ....

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

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

VERIFIED Name .... Signature ....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29.6.26	4:19pm	INJ. HYOSCINE BUTYLBROMIDE	10 mg	IM	[signature]	[signature] / [signature]
29.6.26	5pm	NS BOLUS	200ml	IV OVER ½h	[signature]	[signature] / [signature]
29/6/26	7pm	INJ. PARACETAMOL	300mg	IV	[signature]	[signature]

[signature] 29/6/26 [signature] 29/6/26

Master SHAUNAK BHARTI
14-01-2019 7 Y 5 M 15 D (M)
Dr. JYOTI BOTHRA

REGULAR PRESCRIPTIONS

Weight. 22.5 kg Ward. 107

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date	Date/Time	29/6	30/6
1 gm	IV	12th hrly	29/6	6AM		E.W
				6PM		

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera (signed)

Additional Instructions: After Test Dose
25-50 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Chith 29/6

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time	29/6	30/6
20 mg	IV	ONCE DAILY	29/6	6AM		E.W

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera (signed)

Additional Instructions:
1 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Chith 29/6/26

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Date	Date/Time	29/6	30/6
1	PO	12th hrly	29/6	6AM		E.W
				6PM		

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera (signed)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Chith 29/6/26

DRUG : INJ. TRAMADOL

Dose	Route	Frequency	Start Date	Date/Time	29/6	30/6
40 mg	IV	8th hrly	29/6	6 AM		E.W
				2 PM		
				10 PM	E.W	

STOP (signed)

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera (signed)

Additional Instructions:
1-2 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Chith 29/6/26