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ACTIVITY RECORD FOR BILLING

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

Name: ---

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

Date of Admission : 13/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 130 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	11.45pm	ER	130	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/09/26	CBP - CRP, electrolytes, Creatinine, Dengue NS1, Blood c/s	26023581	
	WE	26023632	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7	Infusion pump	11:40pm	14/7/25 1:48am	3101262	[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/7/26	Iv placement	1	3101288	
16/7.	Neb's	10	3102180	
	Cross checked by Elizabeth V			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth Thomas		

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060699 **Admit Date** : 13-Jul-2026 **Admit Time** : 10:09 PM **UHID** : VIH-00206916

Patient Details :

Patient Name	: Master VASALA SANJAY RAJAN	**Age**	: 8 Y 8 M 20 D
Guardian	: Mr VASALA PRAVEEN	**DOB**	: 23-10-2017
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 7-32 PACHUNUR Karimnagar Karimnagar Telangana INDIA 505001	**Phone No**	: 9381570599
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr VASALA PRAVEEN **Relationship** : Father

Contact Address : 7-32 PACHUNUR Karimnagar Karimnagar Telangana INDIA 505001 **Phone No** : 9381570599

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : VIDAL HEALTH INSURANCE TPAPVT LTD

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206916 IP-00060699 Master VASALA SANJAY RAJAN 23-10-2017 8 Y 8 M 20 D (M) Dr. SURENDER RAO DUSA	13/7/26 @	13/7/26 @ 11:45pm
	Transfer Ordered by Dr. Prashanthi	Reason for Transfer Admission
From Unit ~~ER~~	To Unit 130	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	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 Outside file given

Sl.No.	Item Name	Quantity
1.	Inj: Ceftriaxone 1g	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. Rema	Dr. Prashanthi

Patient & Clinical Records Received by : Sridevi

Date & Time of Patient Received : 12:50pm 13/7/26

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

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

Patient Name : Mast. VASALA SANJAY RAJAN UHID : VIH-00206916 IPD : IP-00060699 Gender : Male Age : 8 Y 8 M 20 D

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

wt - 41 Kg
Ht - 132 cm

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : mast. Sanjay Rajan Age : 8Y8year Gender: ☐ Male ☐ Female

Date : 13/7/26 Time of Arrival : 9:38pm

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: 101.9F PR: 148b/m BP: 117/97 (100) 20b/m RR: ..... SpO2: 98.1.

Chief Complaints: c/o fever x 2days, vomiting x 2days, Body pain, Cough

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

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

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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 : 9:42 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sr. Kajal

Signature of Triage Nurse : Kajal

Date & Time : 13/7/26 @ 9:42pm

Patient Name : Mast. VASALA SANJAY RAJAN UHID : VIH-00206916 IPD : IP-00060699 Gender : Male Age : 8 Y 8 M 20 D

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : 9:43 pm

Chief Complaints: ↓ fever, vomiting x 2 days, Body pain, cough RBS: —

Height : 132 cm Weight : 41 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: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 9:48 pm

Patient Name : Mast. VASALA SANJAY RAJAN UHID : VIH-00206916 IPD : IP-00060699 Gender : Male Age : 8 Y 8 M 20 D

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

Time	Nursing Notes
9:38pm	* patient came to ER
9:42pm	* vitals checked & Recorded
9:43pm	* Dr. seen the patient in ER Adviced for
10:09pm	Admission, Admission done.
10:40pm	* IV cannulazation done.
10:50pm	* Blood sample send to lab (R) due.
	* Inj: Ceftrixon test dose given in ER 13/7/26 @ 11:16 pm
11:35pm	* patient shifted to ward (130)

Samples collected by: } Sr. Hema — Time: } 10:40pm

Samples sent by : } Sr. Hema — Time: } 10:50pm

Medication given in ER

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9:45pm	Tab. Ibuprofen	oral	400 mg	[signature]	[signature]

Condition of patient at time of shift - out:	Details of Shift - out
HR: 128 b/m BP: 112/90 (BC) CFT: <2 sec	Shift - out from ER to: 130
RR: 20 b/m SPO$_2$: 99%	Time of Shift - out: 13/7/26 @ 11:35 pm
GCS: 15/15 Temperature: 99.8°F	Handover given to: (Nurse's Name) Sr. Indu by. Sr. Kajal
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sr. Kajal Signature of the Nurse : [signature]

Date & Time : 13/7/26 @ 11:35pm

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: ~~AFI~~ (Acute febrile illness)

Arrival Time: 11.45pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 41 Kg

Height: 132 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: .....

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

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

Observations: Weight: 41kg Length: 132cm Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 110b/m RR: 25b/m BP: 108/66 mmHg

Pain Score: 0 Specify Site: ..... (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 28) (Document in the Braden Q Assessment Sheet)

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

Character of Pain Nil Location Nil Frequency 0 Duration 0

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: Nil (Date/Time): —

Social History: Lives With family

Siblings in household ☐ Yes ☐ No (if yes How Many?) 0

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 father

Nurse's Name: Indu Date: 14/7/20 Time: 12:00Am Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : Sanjay Age/Sex 10Y/male

Information given by: mother. Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o fever :: yesterday.
c/o cold & cough :: yesterday
c/o Dullactivity & ↓oral Intake.

History of present illness :

child was apparently asymptomatic 2days back
then developed c/o fever :: yesterday
High grade - continous fevers
Not ass ē chills & rigor.
Not Subsiding on medication.
I.f period dull.
c/o cold & cough :: yesterday
Dry Intermittent cough.

H/o outside food consumption (+nt).
c/o vomitings - yesterday
5-6 episodes
NB/NP/Non blood stained.
Now subsided.

c/o Headache - More in the frontal Area.
ē generalised Body pain.

c/o Dullactivity & ↓oral Intake :: yesterday.

VIH-00206916 IP-00060699
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23-10-2017 8 Y 8 M 20 D (M)
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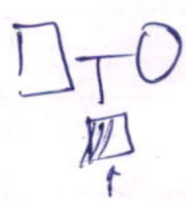
Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

Term baby/ Bwt: 3kgs/ MVD.
No NICU Admission/ CBAB.



Birth & Socio Economic History:

About Father :
About Mother : } Class III
Any additional Information :

Developmental History :

Development achieved as per Age - In all 4 domains.

Immunization History :

Immunized as per Age.

(P.T.O.)

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 41kgs (Centile _____)

On Examination :

Temperature : 101.9°F Pulse Rate : 120b/m B.P. 117/97 SPO2 98%.

Resp.rate and type of breathing : 20B/m.

Rash

Lymphadenopathy Pulse + Good volume.

Oedema : (-).

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (-)

Air entry & breath sounds : BLAE (+)

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (+)

Any murmur : (-).

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

Per Abdomen :

Inspection (N)

Palpation : P/A: Soft

Ausculation :

Spine : (N) External Genitelia : (N).

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

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: TO prevent further dehydration.

Desired goals of the treatment : TO treat symptoms.

Planned Labs:

CBP, CRP, S/E, S.creat ✓

CUE ✗

Dengue NS1 ✓

B/Cs ✓

Planned Management

- IVF
- Inj. Ceftriaxone - IV - 12th hrly
- Inj. Pantoprazole. once daily
- Syp. Relent plus - 5ml - P/O - 12th hrly

Noted By Dr. Rajaleemu on 13/07/26 : 10.30 Pm.

Signature of the Doctor: B
Name of the Doctor: Dr. prashanth
Date & Time: 13/07/26.

Signature of the Consultant:
Name of the Consultant: Dr. Suresh
Date & Time:

Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/15

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: (N) Power R 5/5 L 5/5

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR (+n+) **Superficials:** +n+

Plantars Flexors

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

AFI + Encephalopathy.

(P.T.O.)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/25 9AM	e/s/B Resident	
	D Acute Febrile Illness	
	one fever spike	
		Plan
	O/E Conscious	
	Afebrile	- Dr Inj ceftriaxone
	CVS S1S2 (N)	
	RS - B/L AE (N)	- Continue same
	PA soft	-
	vitally stable	- Oral fluids, Tame spo
		- Neb c Levolin, Budecort Flexim.
	Dengue NS1 Negative	
	- Trace Blood culture.	
	CUE - (N).	
		noted by [signature] 14/7 e1pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 15:00	CSB Resident	
	Acute febrile illness	
	O/E Conscious, afebrile, CVS, RS, P/A NAD, No distress	Plan: - Continue same. - Follow up for reports
		Dr. [signature]
		Noted By manisha 14/7/26 @8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9AM	C/s/B Resident	
	Acute febrile Illness Viral	
	one fever spike in last 24 hours	
		Plan
	O/E: Conscious	
	Afebrile	- D3 of Ceftriaxone
	CVS S1S2 (N)	
	RS B/L AE (N)	- Continue same
	PA Soft	
	CNS NFND	- Discharge plan tomorrow
		Dr. Surender Rao 15/7/26 12-20PM
		Noted by [illegible] 15/7 @4pm

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 16-30	Cl/S Resident AFI	
	D/C Cefoperazone Sulbactam 1gm IV/BD D1/NBM D2/ wt/ Jtts	Plan - Continue Same - Plan DLC Tomorrow
	noted by Manasa 15/7/26 @7pm	Dr.

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN (M)
23-10-2017 8 Y 8 M 21 D
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9 AM	C/S/B Resident	
	AFI	
	No fever spikes	Plan
	O/E conscious	- Discharge
	Afebrile	
	CVS - S1 S2 (+)	
	B - BILAE (+)	
	P/A - soft	
	vitals stable	
		[signature]

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 21 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI ↓ Evaluation			Any Infection: ☐ Yes ☑ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure: –			Post OP Day:			
BACKGROUND	Date / Shift	13/7/26 Night	13/7/26 M	14/7/26 M	14/7/26 E	14/7/26 N	15/7/26 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	Soft Diet	S. diet	S. 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	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	99.2°F	98.3°F	97.5°F	98.4°F	98.3°F	98.4°F
	Res:	24b/m	23b/m	24 b/m	25b/m	24b/m	25b/m
	SpO_2:	99%	98%	99%	99%	98%	99%
	Pulse:	109b/m	105b/m	115 b/m	110b/m	93b/m	100b/m
	BP:	110/69 (78)	110/70 (8)	114/88 (94)	100/78 (83)	110/73 (85)	107/78
	LOC:	Conscious	Conscious	Consious	Conscious	Conscious	Conscious
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	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	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Soft Diet	S. diet	S. diet	S. diet	S. diet	S. diet
	Critical Lab Test / Values:	Nil	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	dependent
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Sr. Kajal	Indu	Manasa	Manisha	Vaishnavi	Manisha
Signature / ID :		Kajal	8606608	4019597	49050145	4020216	49050145
Date:		13/7/26	14/7/26	01/9/9-)	14/7/26	15/7/26	15/7/26
Time:		@ 11:35 PM	@ 8 AM	@ 2pm	@ 8pm	@ 8AM	@ 2pm
Taken Over By Name :		Indu	Manasa	Manisha	Vaishnavi	Manisha	Anitha
Signature / ID :		8606608	4019597	49050145	4020216	49050145	49050140
Date:		13/7/26	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26
Time:		@ 11:40 pm	@ 8AM	@ 2pm	@ 8pm	@ 8AM	@ 2pm

VIH-00206816 IP-00060699
Master VASALA SANJAY RAJAN (M)
23-10-2017 8 Y 8 M 21 D
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI ↓ evaluation

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

Surgery / Procedure:

Post OP Day:

BACKGROUND Date / Shift	15/7 Evening	15/7 N	16/7 M			
Medical Condition (Any special condition to be noted):	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			
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.2F	98.6°F			
Res:	29b/mt	24 b/m	30 b/m			
SpO_2:	100%.	99%	100%.			
Pulse:	102b/mt	103 b/m	100 b/m			
BP:	110/72(80)	102/54(63)	103/67(73)			
LOC:	Conscious	Conscious	conscious			
Fall Risk Score:	10	10	10			
Pain Score:	0	0	0			
Skin Integrity	Intact	Intact	intact			
Recommendations Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	Nil	Nil			
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	S.diet	S.diet	S.diet			
Critical Lab Test / Values:	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	Dependent			
Post Operative Procedure Special Orders:	Nil	Nil	Nil			
Handed Over By Name :	manasa	Anitha	manitha			
Signature / ID :	[signature]	Af905140	M905045			
Date:	15/7	16/7/26	16/7/26			
Time:	@ 8pm	@ 8AM	10:30 Am			
Taken Over By Name :	Anitha	Manisha				
Signature / ID :	Af905140	M9050145				
Date:	15/7/26	16/7/26				
Time:	@8pm	@8Am				

Noted by manitha @ 16/7/26 @ 10:30 am

Docu. No. : RCH /FRM / CLINICAL / 097

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 VASALA SANJAY RAJAN**	**Age :**	**8 Y 8 M 20 D**
IP No:	**IP-00060699**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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 consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: Mr. praveen
Relationship: Father
Date: 13/7/26
Time: 10:09 pm
Witness Name: Mukesh
Witness Signature:

Patient Address:
7-32 PACHUNUR Karimnagar
Karimnagar Telangana INDIA 505001

VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

Date: 13/7

Time	1 Am	3 Am	5 Am	6:50 Am
Doctor / Nurse / Family Concern?				
Temperature (°F)	98.3°F	98.6°F	98.3°F	100.4°F (Tab. PCM)
Blood Pressure (mmHg) *	108/68			105/63
Heart Rate (Number)	100	98	101	103
Resp Rate (Number)	22	20	23	24
Resp Distress (Mod/ Severe; None / Mild)	N	N	N	N
Receiving O_2 (l/min)				
O_2 Saturations (%)	98	97	98	97
Conscious Level (Normal; Altered)	N	N	N	N
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	1
Pain Score	0	0	0	0
Observer's Initials	Ande	Ande	Ande	Ande

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

Master VASALA SANJAY RAJAN IP-00060699
23-10-2017 8 Y 8 M 21 D
Dr. SURENDER RAO DUSA (M)

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

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

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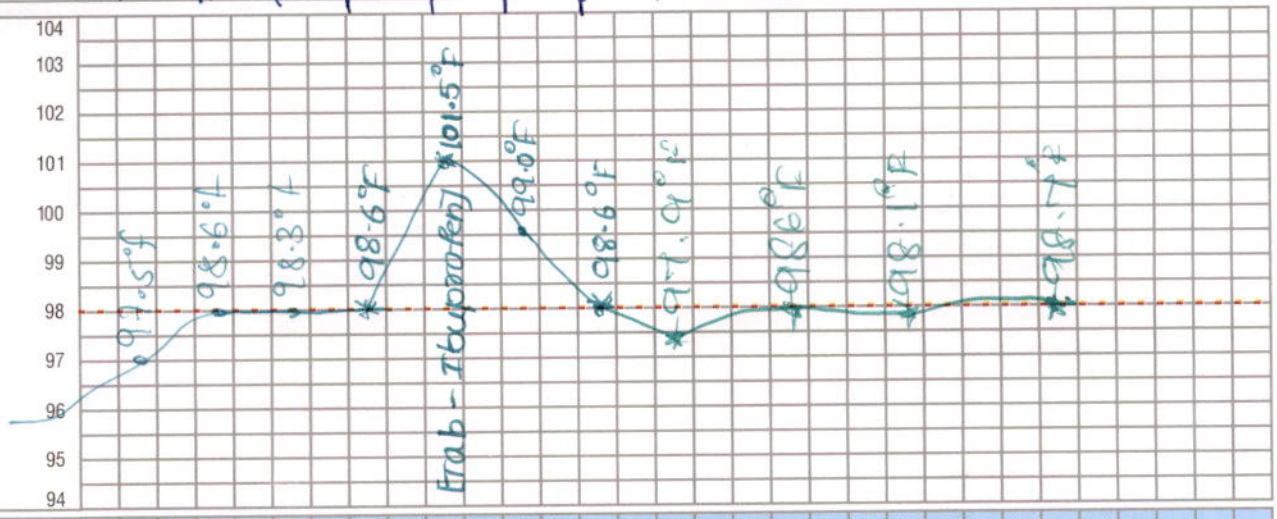
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

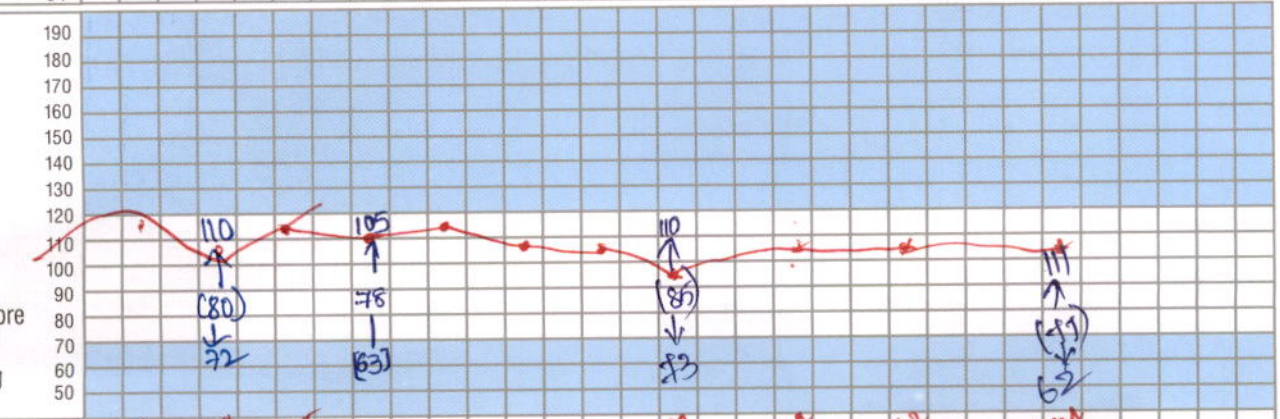
Date : 14/7 Time:	9	11	1	3	4:30	5	7	9	12	3	7	
Doctor / Nurse / Family Concern?	AM	AM	PM	pm	pm	pm	pm	PM	AM	AM	AM	

Temperature (°F)

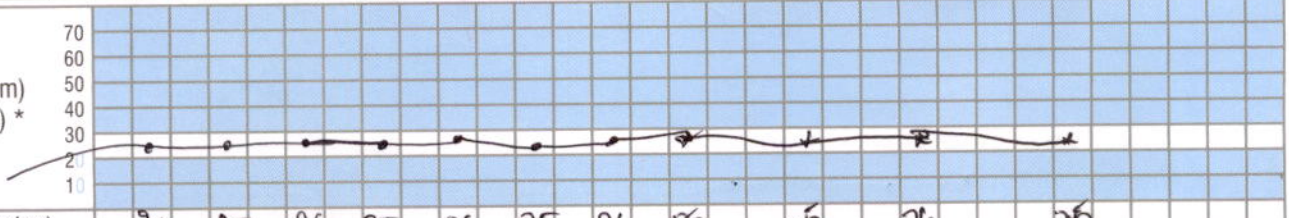


Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	112	109	115	110	114	109	106	93	104	102	104	



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

Resp Rate (Number)	24	25	26	25	26	25	26	25	25	26	25	
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	97	98	98	97	98	98	99	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	1	1	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	MG	MG	MG	M	M	M	M	V	V	V	V	

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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B	**BACK GROUND** : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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-00206916 IP-00060699
Master VASALA SANJAY RAJAN
23-10-2017 8 Y 8 M 21 D (M)
Dr. SURENDER RAO DUSA

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/7 Time:

	9	11	1	4	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM	AM	AM

15/7/26

Temperature (°F)

98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.2°F | 98.4°F | 98.6°F | 98.4°F | 98.6°F | 98.6°F

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

Note: BP does not score in early warning scoring

107/78 (62) | 102 (70) 63 | 102 (63) 54 | 98 (69) 58

Heart Rate (Number)	112	103	109	95	100	101	102	98	100	98	89
Resp. Rate (bpm over 1 Minute) *											
Resp Rate (Number)	26	27	26	22	20	22	24	21	23	22	24
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98	98	98	99	98	100	99	98	99
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	M	M	M	SK	SK	A	A	A	A	A	A

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00206916 IP-00060699
Master VASALA SANJAY RAJAN (M)
23-10-2017 8 Y 8 M 22 D
Dr. SURENDER RAO DUSA

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	9
Doctor / Nurse / Family Concern?	AM
Temperature (°F)	16/9
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	
Heart Rate (Number)	144
Resp. Rate (bpm) (per 1 Minute) *	
Resp Rate (Number)	26
Resp Distress: Mod/ Severe / None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	99%
Conscious Level: Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	MU

Noted by Manisha 16/9/26 @ 10:30 AM

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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- 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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23-10-2017 8 Y 8 M 21 D (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 1

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					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm										0	
13th	12:00 am		Pdy + water	50ml								
	01:00 am			50ml						✓		
Total Intake : 100ml						Total Output :						[illegible]
	02:00 am			50ml								
	03:00 am		water	50ml								
	04:00 am			50ml						✓	0	14/…
14/…	05:00 am			50ml								
	06:00 am			50ml								
	07:00 am											
Total Intake : 250ml						Total Output :						

Total 24 hrs. Intake	350ml	Total 24 hrs. Output	2 times

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/7	08:00 am		Daily water	50ml						✓		
	09:00 am			50ml								
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake : 100ml						Total Output :						
14/7/26	02:00 pm		Kichidi water	50ml								
	03:00 pm			50ml						✓		
	04:00 pm			50ml								
	05:00 pm			50ml							0	
	06:00 pm									✓		
	07:00 pm											
Total Intake : 200ml						Total Output :						
14/7	08:00 pm		Rice + H2O									
	09:00 pm			50ml								
	10:00 pm			50ml							0	
	11:00 pm			50ml						✓		
	12:00 am			50ml								
	01:00 am											
Total Intake : 200ml						Total Output :						
15/7	02:00 am		H2O									
	03:00 am											
	04:00 am											
	05:00 am									✓	0	
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	500 ml (IV fluid)	Total 24 hrs. Output	5 times.

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

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FLUID CHART

Sheet No. : 2

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
15/7			Mouth	I.V	N.G							
	08:00 am		Idly water							✓		
	09:00 am											
	10:00 am		–	40ml.							0	Manisha 15/6/26 @2pm
	11:00 am			40ml								
	12:00 pm			40ml						✓		
	01:00 pm			40ml								
Total Intake : 160ml						**Total Output :**						
15/7	02:00 pm											
	03:00 pm		Rice							✓		
	04:00 pm		water								0	Sudha 15/7 @ 8pm
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :**						
15/7	08:00 pm											
	09:00 pm		Rice							✓		
	10:00 pm		water									
	11:00 pm		milk								0	
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**						
16/7	02:00 am											Anitha 16/7 @8Am
	03:00 am		water							✓		
	04:00 am										0	
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	8 times

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FLUID CHART

Sheet No. : ..... (3)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		idly + water							✓	0	manjula 16/7/26 @ 10:30AM
	09:00 am										1	
	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											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Noted by manjula 16/7/26 @ 10:30AM

Total 24 hrs. Intake		**Total 24 hrs. Output**	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	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**	

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DRUG CHART

Date of Admission: 13/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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: Tab. PARACETAMOL

Dose	Route	Frequency	Start Date
500mg	P/O	6th hrly	13/7/26

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: Tab = 500mg If temp > 100°F

Date / Time

Verified Dr. Rishika Clinical Pharmacologist

DRUG: TAB. IBUPROFEN.

Dose	Route	Frequency	Start Date
Tab.	P/O	8th hrly	13/7/26.

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: Tab = 400mg If temp > 102°F.

Date / Time 14/7 4.30 Ok

Verified Dr. Rishika Clinical Pharmacologist

DRUG: Inj. ONDANSETRON.

Dose	Route	Frequency	Start Date
4mg	IV	8th hrly	13/7/26

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: 0.1-0.2mg/kg/dose

Date / Time

Verified Dr. Rishika Clinical Pharmacologist

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REGULAR PRESCRIPTIONS

Weight. 41kg. Ward. .....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
2gm	IV	12 hourly	13/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. prashanthi

Additional Instructions: AFTER TEST DOSE 5-50mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date→ Time	13/7 11:55pm	14/7	15/7	16/7
6 AM	/			
6 PM				

signs

DRUG : Inj. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	ONCE DAILY	13/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions: 1mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date→ Time	13/7 11:55pm	14/7	15/7	16/7
6 AM				

DRUG : Syp. RELENT PLUS

Dose	Route	Frequency	Start Date
5ml	P/O	12 hourly	13/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date→ Time	13/7 11:55pm	14/7	15/7	16/7
10 AM	/			
10 PM				

DRUG : NEBZ LEVOSALBUTA

Dose	Route	Frequency	Start Date
0.63mg	P/N	4th hrly	14/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date→ Time	

Verified Dr. Rishika Clinical Pharmacologist

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Clinical Pharmacologist

Sheet No: (1)

REGULAR PRESCRIPTIONS

Weight 41 kg Ward ....

DRUG : NEB c̄ BUDESONIDE

Dose	Route	Frequency	Start Dt.
0.5mg	P/N	12th hrly	14/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: See nebulisation chart

DRUG : TAB. OSELTAMIVIR

Dose	Route	Frequency	Start Dt.
75mg	PO	12th hrly	14/7

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

Additional Instructions: 75 mg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	14/7	15/7	16/7
10AM	(signature)	(signature)	(signature)
10PM	(signature)	(signature)	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name Signature

Verified
Clinical Pharmacologist

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

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

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

(P.T.O.)

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23-10-2017 8 Y 8 M 21 D (M)
Dr. SURENDER RAO DUSA

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

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23-10-2017 8 Y 8 M 20 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 41kgs. Ward. ....

S. maaylamas 13/7/26

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
13/7/26	12:00pm	IVF-DNS (2/3)rd m	Iv.	50	[signature]	[signature] [signature]			

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

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Ref. No. F/INPR/12

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Patient Name : __

Registration No.:

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
	00.00	6Am		
14/7/6	1.00	INJ:- CEFTRIAXONE - 2gm		
	2.00	INJ:- PANTOPRAZOLE - 40mg		
	3.00	10 Am SYP:- RELENT Plus - 5ml		
	4.00			
	5.00			
	6.00	6PM		
	7.00	INJ :- CEFTRIAXONE - 2gm		
	8.00	10 PM SYP:- Relent Plus - 5ml		
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			