Rainbow® Children's Hospital
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Your Right to a Safe Delivery.

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

ACTIVITY RECORD FOR BILLING

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

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

Date of Admission : 26/6 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : 104 Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6	9:35PM	ER		Nee

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhura	26/6/26	3095173	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/6	CBP. CRP. Bloodcs		
	electrolyte. Crest.	26021628.	
	ESR. PT/APTT		Nee
	X-Ray chest	26016235	Nee
	X-Ray PNS		
	Covid RAT - Negative	26021629	Ne
	Other cls (Nasal swabcls)	26021630	Ne
	Cross checked by ~~Dr~~ 27/6/26.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6.	Infusion pump	9:50 pm.	4pm. 27/6.	3094962	[signature]
	Cross checked by [signature] 27/6/26.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/6	Replacement	1	~~3090963~~	Nee
	Cross Checked	by	27/6/26	
28/6	Neb's	(6)	~~3095359~~	[illegible]
28/6	Neb's	4	~~309546~~	[illegible]
	Nebs	2	~~3095676~~	[illegible]
	Cross checked	by	[illegible]	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible signature]		

104

Ref. No. F/INPR/12

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Patient Name : VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

Registration No

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
26/6/26	00.00	11 pm - Levolin + Budecort	Beeonika	Ruby Sinu
27/6	1.00	3 AM - Levolin	Beeonika	
	2.00	7 AM - Levolin.	Beeonika	
	3.00	11 AM - levolin + budicort	manasa	Ruby Sinu
	4.00	3pm - Levolin	MANISHA	
	5.00	7pm - LEVOLIN	MANISHA	Ruby Sinu
	6.00	(6) 3095359		
	7.00	11pm - Levolin + Budecort	Beeonika	
28/6	8.00	3am - Levolin	Beeonika	Ruby Sinu
	9.00	7am - Levolin	Beeonika	
	10.00	12:00pm - Levolin + budicort	manasa	
	11.00	(4) 3095465		
	12.00	8:20pm Levolin	Subham	Ruby Sinu
29/6	13.00	12:30 - Budecort	Vaishnavi	
	14.00	(2) 3095630.		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Name	Master IVAN SINU MATHEW	**UHID**	VIH-00065253
Father/Guardian	Mr SINU MATHEW	**Age/Gender**	15 Y 2 M 13 D/Male
Address	HNO 8-23 ,NARAYANAPURAM COLONY ,DAMMIGUDA,KESARA, Keesara, Hyderabad, Telangana, INDIA, 501301		
IP No	IP-00060493	**Admission Date**	26-06-2026
Ref Doctor	Self	**Discharge Date**	29-06-2026

DISCHARGE SUMMARY

Consultant: Dr. AJAY KUMAR
Pediatric ENT
CONSULTANT EAR NOSE & THROAT SURGEON
10524

Diagnosis: Upper respiratory tract infection

History: Master IVAN SINU MATHEW is a 15 Y 2 M 13 D, boy presented with history of severe cold since 3 days, dry intermittent cough, persistent headache, dull activity since 1 day prior to admission. For the above complaints, he was treated elsewhere, but in view of persistence of symptoms, he was admitted in Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 86/min, blood pressure 120/70 mmHg and respiratory rate 22/min. Throat was congested. On auscultation of chest, air entry was equal bilaterally. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, he was conscious and oriented. Other systemic examination was normal.

Weight on admission : 90.2 kgs.

Investigations: Enclosed.

Name	Master IVAN SINU MATHEW	UHID	VIH-00065253

Management: He was admitted in the ward and started on intravenous antibiotics and intravenous fluids. He was nebulised with Levolin and Budecort.

His inflammatory markers were within normal limits. Blood culture was sterile. Chest x-ray showed mild perihilar infiltrates. X-ray PNS showed maxillary sinusitis. Throat swab culture was sent - report awaited.

Dr. P. Sindhura, Consultant Pediatric Neurologist, opinion was sought in view of headache who advised reassurance, if persistent headache - plan to do CT PNS.

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. Tablet Augmentin (625mg), 1 tablet, 12^{th} hourly (after food) for 3 days.
3. Tablet Linezolid (600mg) 1 tablet, 8^{th} hourly (after food) for 3 days.
4. Tablet Mondeslor, 1 tablet once daily (7pm) for 3 days.
5. Nebulization with Levolin (1.2mg), 1 respule 12^{th} hourly for 5 days.
6. Nebulization with Budecort (1mg), 1 respule 12^{th} hourly for 5 days.
7. Kindly consult with Dr. Ajay Kumar, Consultant ENT Surgeon, on 01.07.2026 (Wednesday) in OPD with prior appointment (This consultation will be charged).

8. Kindly consult with Dr. Shruti Kotapalli, Consultant Pediatric Pulmonologist & Sleep Specialist on 01.07.2026 (Wednesday) in OPD with prior appointment (This consultation will be charged).

In case of Fever:
Tablet Paracetamol (650mg), 1 tablet for fever >99.6*F (maximum 4-6 hourly).

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

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

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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	Master IVAN SINU MATHEW	**UHID**	VIH-00065253

Name : Signature :

Relationship with patient :

This summary has been explained by :

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

Registrar/Resident/C.M.O

Dr. AJAY KUMAR
Pediatric ENT
CONSULTANT EAR NOSE & THROAT SURGEON
10524

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.
040-42462200, Ext 2000,2001,2002,

PatientName	: Master IVAN SINU MATHEW	**Inpatient No.**	: IP-00060493
Age/Gender	: 15 Y 2 M 11 D/ Male	**Admit Date**	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :26-06-2026 20:54
HEMOGLOBIN (Colorimetry)	14.2	g/dL		13 - 16
RBC COUNT (DC detection method)	5.14	10^12/L		4.5 - 5.3
PCV/HCT (Calculated)	39.0	VOL%		36 - 51
MCV (Calculated)	**75.9**	**fL**	L	79 - 98
MCH (Calculated)	27.6	pg/cells		25 - 35
MCHC (Calculated)	**36.4**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	13.1	%		11.5 - 14
PLATELET COUNT (DC Detection Method)	263	10^9/L		150 - 450
MPV (Calculated)	7.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	12.87	10^9/L		4.5 - 13
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	55	%		34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	37	%		25 - 45
MONOCYTES (Microscopy, Leishman stain)	06	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 4
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 :26-06-2026 20:54
CRP (Immunoturbidimetry)	3.0	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 :26-06-2026 20:54
CREATININE (Enzymatic)	**0.3**	**mg/dl**	L	0.5 - 1.1

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master IVAN SINU MATHEW	**Inpatient No.**	: IP-00060493
Age/Gender	: 15 Y 2 M 11 D/ Male	**Admit Date**	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**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 :26-06-2026 20:54
SODIUM (Direct ISE)	143	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L	3.5 - 5.1
CHLORIDE (Direct ISE)	103	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

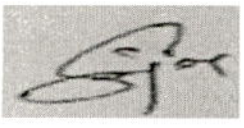
Consultant Pathologist, Reg No : 39356

investigation	Result	Unit	Biological Reference Interval
ERYTHROCYTE SEDIMENTATION RATE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :26-06-2026 20:54
ESR	**20**	**mm/Ist hour** H	UPTO 10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :26-06-2026 20:54
PT (Optical Clot Detection)	16.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.1		
APTT (Optical Clot Detection)	36.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

Rainbow Children's Hospital - Secunderabad

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PatientName	: Master IVAN SINU MATHEW	**Inpatient No.**	: IP-00060493
Age/Gender	: 15 Y 2 M 11 D/ Male	**Admit Date**	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)			**TEST RESULT STATUS : REPORT ENTERED**
			Order Date :26-06-2026 21:12
COVID ANTIGEN RAPID TEST	negative		

This is an interim report. The final report will be released after 24 hours

Laboratory Report

Master IVAN SINU MATHEW	9949697502
15 Y 2 M 13 D	VI26021628
Male	26-06-2026 09:21 PM
IP-00060493	26-06-2026 09:40 PM
VIH-00065253	
Dr. AJAY KUMAR	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture : -

Second Report - No growth after 48 hrs of incubation

..... End of the Report .....

DEFICIENCY CHECKLIST FOR MEDICAL CASE SHEET

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 13 D (M)
Dr. AJAY KUMAR

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Patient Nam

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1			
2	Discharge Summary	3			
3	Nursing Initial assessment form	1			
4	Patient Trasfer Forms	1			
5	In-patient Medical Record				
6	Doctors Progress Sheets				
7	Nurses Progress notes	3			
8	Consultation Sheets	4			
9	General Consent for Treatment	1			
10	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	4			
26	Intake and Output chart (fluid Chart)	3			
	Drug Chart (Regular prescription)	3			
	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 Educatlon Form				
	others	18			
		44			
	Total No. of Pages				

Noted by Auths
22/6
@10AM

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060493 **Admit Date** : 26-Jun-2026 **Admit Time** : 08:32 PM **UHID** : VIH-00065253

Patient Details :

Patient Name	: Master IVAN SINU MATHEW	**Age**	: 15 Y 2 M 11 D
Guardian	: Mr SINU MATHEW	**DOB**	: 15-04-2011
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO 8-23 ,NARAYANAPURAM COLONY , DAMMIGUDA,KESARA Keesara Hyderabad Telangana INDIA 501301	**Phone No**	: 9949697502
		E-mail	: rubychacko@infosys.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 SINU MATHEW	**Relationship**	: S/O
Contact Address	: HNO 8-23 ,NARAYANAPURAM COLONY ,DAMMIGUDA,KESARA Keesara Hyderabad Telangana INDIA 501301	**Phone No**	: 9949697502 / 8886285500

Signature

Doctor Details :

Doctor Name	: Dr. AJAY KUMAR	**Specialisation**	: EAR NOSE AND THROAT
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : IVAN SINU MATHEW UHID : VIH-00065253 IPD : IP-00060493 Gender : Male Age : 15 Y 2 M 11 D

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/6/26 Time of arrival : 8:24PM

Chief Complaints: C/O - cold & 1 day cough & 1 day RBS: —

Height : 171 cm Weight : 20.2 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 Parents

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

Time of Initial assessment completed by ER Nurse : 8:28PM

Patient Name : IVAN SINU MATHEW UHID : VIH-00065253 IPD : IP-00060493 Gender : Male Age : 15 Y 2 M 11 D

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

Time	Nursing Notes
8:19PM	patient came to er
8:20PM	check vitals & record.
8:21PM	Doctor seen the Pt.
8:24PM	Advaie Admission.
8:35PM	Admission Process done.
9:01PM	LV canelation done.
9:03PM	sample collection done
	Pt shifted to 1st floor

Samples collected by:]
Samples sent by :] Samuel

Time:]
Time:] 9:10PM

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 92b/M BP: 130/80 CFT: -
RR: 19b/M SPO$_2$: 98%
GCS: 15/15 Temperature : 98.6F
Pain Score: 0
Repeat RBS (if applicable): .....

Details of Shift - out

Shift - out from ER to: 104 (1st floor)
Time of Shift - out: @ 9:35PM
Handover given to: SR - Beenoy
(Nurse's Name)
Bro - Sabir

- Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sabir
Signature of the Nurse : Sn

Date & Time : 26/6/26 @

Patient Name : IVAN SINU MATHEW UHID : VIH-00065253 IPD : IP-00060493 Gender : Male Age : 15 Y 2 M 1 D

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

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Wt-90.2 kg
Ht-171 cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Ivan Sinu Mathew Age : 15Y

Gender: ☑ Male ☐ Female

Date 26/6/26 Time of Arrival : 8:19pm

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: 98.6F PR: 96bpm BP: 130/80 RR: 19bpm SpO_2: 98%

Chief Complaints: c/o - cold since 10 days, cough since 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

Ruby Sinu
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 8:23pm

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 : Sabin

Signature of Triage Nurse : Sabin

Date & Time : 26/6/26 @ 8:23pm

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

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00065253 IP-00060493 Master IVAN SINU MATHEW 15-04-2011 15 Y 2 M 11 D (M) Dr. AJAY KUMAR	26/6/26 @ 8:32 PM	26/6/26 @ 9:40 pm
	Transfer Ordered by Dr. Sameera	**Reason for Transfer** Admission
From Unit ER	**To Unit** 104 (1st floor)	**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

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Mageswari / NLO	Dr. Sameera

Patient & Clinical Records Received by : Sr. Beronika

Date & Time of Patient Received : 26/6/26 @ 9:40 pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 12 D (M)
Dr. AJAY KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: URTI

Arrival Time: 9:40 pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 90.2 Kg

Nil 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

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: 90.2 Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6'F HR: 90 b/m RR: 20 b/m BP: 120/78 (91)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (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 - Location - 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 , Father .....

Nurse's Name: ..... Bernonika ..... Date: ..... 26/6/26 ..... Time: ..... 10p.m ..... Signature Bnijn

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: ORTHO

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 90.2 kgs (Centile _____)

On Examination :

Temperature : 98.6 F Pulse Rate : 96 b/m B.P. 130/80 SPO2 98%

Resp.rate and type of breathing : 19 B/m.

Rash

Lymphadenopathy

Oedema : (-).

Allergies (if any):

Respiratory System :

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

Air entry & breath sounds : BL AE (+)

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

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 : (M)

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

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton : (N)

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

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (N)

Reflexes :

DTR tnt **Superficials:** tnt

Plantars flexor

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

URTI.

(P.T.O.)

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: TO prevent further complication.

Desired goals of the treatment : TO treat the symptoms.

Planned Labs:

- CBP / CRP / B/cls / S/E
- APTT / PT / INR / ESR / S.Creatinine
- X Ray chest PA view.
- X Ray PNS.
- Nasal swab c/s.

Planned Management

- Inj. Amoxiclav 1.2gm - IV - 12thly
- Inj. Linezolid 600mg - IV - 12thly
- Neb - Levolin - 1.25mg - 4thly
  - Budecort - 1mg - 12thly.
- Fluticasone OR Nasal spray - 2 puffs.
- Nasoclear wash - 2-3 times -

Noted by [illegible] sister 26/6

Signature of the Doctor: [signature]

Name of the Doctor: Dr. prashanth

Date & Time: 26/6/26.

Signature of the Consultant: ....

Name of the Consultant: ....

Date & Time: ....

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW (M)
15-04-2011 15 Y 2 M 11 D
Dr. AJAY KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. AJAY K	
27/6/26 9:30 AM	A/c : URTI	
	mild cough (+)	
	No fever spikes	
	Headache (+) frontal region	
	O/E	
	· child alert	
	afebrile	
	vitals stable	
	CVS-S1S2 (+)	plan
	RS - NVBS (+)	1) Neuro c/o
		2) If headache persists → Plan for CT PNS
		3) Syp Augmentin
		4) Syp Linezolid
	CT PNS (Hold)	5) Neb — Levolin 1.2g 4th hrly Budecort 1g 12th hrly
		6) Fluticasone OD Nasal spray
		7) Nasoclear wash
[signature]		
		noted by manasa 27/6/26 @ 1 PM

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

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 12 D (M)
Dr. AJAY KUMAR

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 5pm	S/B Resident	
	Dsis - URTI	
	cough mild	
	headache (↓).	
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS S1S2 (+)	
	R/s - BAE (+)	
	P/A - soft	
		Plan
	1)	CT
	2)	If headache persist] plan for CT P NS.
Dr. Ulhwaja	3)	Inform so.
		Noted by manisha 27/6/26 @8pm

AL/088

VIH-00065253
Master IVAN SINU MATHEW IP-00060493
15-04-2011 15 Y 2 M 12 D
Dr. AJAY KUMAR (M)

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ꞮESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 8AM	S/B Resident	
	ACL- URTI	
	cough - mild	
	Headache (↓).	
	O/E	
	Child alert	DNS (+)
	Euthermic	
	Vitals stable	
	CVS-S1S2 (+)	
	R/S-BAE (+)	
	P/A-soft	
		Plan
		1) If Headache persist → plan for CT PNS (SOS)
		2) Inj Augmentin
		3) Inj Linezolid
		4) Neb Levolin 1.2g 4th hrly / Budecort 1g 12th hrly / BD
		5) fluticasone Nasal spray
		6) Nasoclear wash
	→ D/C T/M	noted by
	→ F/up c̄ Pulmonologist	Manasa 28/6 @12pm

0493

(M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes	Doctor's Order
S/B Resident:	
A - ORT	
No Fever.	
Cough (+)	
O/E child alert, afebrile, vitals - stable	
CVS, RS, P/A - (N)	Adv.
	c/n
	D/C (I/M)
	F/up c̄ Pulmonologist & Dr Ajar on same day
	[illegible] continue.
	Noted by Subham 28/6/26 @ 6:30pm

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Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 13 D (M)
Dr. AJAY KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
29/6/26 9AM		
	Δ: URTI	
	No fever spikes	
	cough.	
	O/E Child alert	
	Afebrile	
	Vitals stable	
	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A - soft	
		Adv
		1) Plan d/s today
		2) F/up c Pulmonologist x Dr. Ajay sir on wednesday
	D/s medication	
	✓ Oral Augmentin } total 5d	
	✓ Oral Linezolid	
	✓ Montelor tab - 1tab Bedtime x5d	
	✓ Neb - Levolin } BD.	
	Budecort	
		Noted by Anitha 29/6/26 @ 10AM

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: URTI				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nill		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	26/6/26 M	26/6/26 N	27/6 N	27/6/26 E	27/6 Night	28/6 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	Normal (N) diet	(N) diet	(N) diet	N diet	N. diet	N. 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:	98.6°F	98.6°F	98.4°F	98.0°F	98.6°F	98.3°F
	Res:	19b/m	20 b/m	18 b/m	22 b/m	20 b/m	20 b/m
	SpO_2:	98%.	98%.	99%.	99%.	99%.	98%.
	Pulse:	92b/m	90 b/m	86 b/m	99 b/m	90 b/m	86 b/m
	BP:	130/80	120/78(91)	120/71(80)	120(83)(89)	120/87	118/74(80)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	11	11	11	11	11	11
	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:	Normal (N) diet	(N) diet	(N) diet	N. diet	N diet	N. 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	Dependent	dependent	dependent	Dependent
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Sabji	Veronika	manasa	Manisha	Veronika	manasa
Signature / ID :		#018727	#018727	Mgosavi	#018727	#018727	#018727
Date:		26/6/26	27/6/26	27/6	27/6/26	28/6/26	28/6
Time:		@9:35pm	@8AM	@2pm	@8pm	@8am	@2PM
Taken Over By Name :		Veronika	manasa	Manisha	Veronika	manasa	Subham
Signature / ID :		#018727	#018727	Mgosavi	#018727	#018727	
Date:		26/6/26	27/6	27/6/26	27/6/26	28/6	28/6
Time:		@9:35pm	@8AM	@2pm	@8pm	@8am	@2pm

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 13 D (M)
Dr. AJAY KUMAR

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Upper Respiratory Tract Infection			Any Infection: ☑ Yes ☐ No ☐ Not Known. If Yes Specify:			
	Surgery / Procedure: NIL			Post OP Day: NIL			
BACKGROUND	Date / Shift	28/6/26 Evening	28/6/26 N	29/6 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	98.1°F	98.7°F			
	Res:	19b/mt	19b/m	15 b/m			
	SpO_2:	96%	98%	98%			
	Pulse:	88 b/mt	80b/m	88 b/m			
	BP:	112/69(85)	118/75 (87)	118/68(85)			
	LOC:	Conscious	Conscious	concious			
	Fall Risk Score:	9	9	9			
	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 :		Subham	Vaishnavi				
Signature / ID :		27444	W020216				
Date:		28/6/26	29/6/26				
Time:		@ 8pm	@8AM				
Taken Over By Name :		Vaishnavi	Anitha				
Signature / ID :		W020216	[signature]				
Date:		28/6/26	29/6				
Time:		@8pm	@8am				

Noted by Anitha
29/6/26
@10Am

VIH-00065253
Master I...

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

NURSING CARE RECORD

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Date: 26/6/22

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon				ATil			
Night	11pm	- Maintain Fluid Balance - Ensure Safety	11:10	- Maintained input / output chart - provided ~~sick~~ side rails	- To prevent dehydration - To prevent falls	- patient is stable	Beyonika 26/6/22 @8AM

VIH-00065253 IP-00060493
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NURSING CARE RECORD

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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

Date: 29/6/26

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	→ Maintain Good Nutritional status → Discharge Note	9:45	→ To oral intake is Good → Doctor Come for rounds & advice Discharge	→ Provided by Normal diet	→ Patient is stable	
Afternoon						Noted by Anitha 29/6 @ 9.50Am	
Night							

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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: 26/6 Time: 11pm	Date: 27/6 Time: 11AM	Date: 28/6 Time: 11Am	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	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	0			
	Total Score		0	0	0			
	Signature of the Nurse		Basoni		Subha			

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	26/6	27/6	27/6	27/6	28/6
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	~~2~~				
	13 years old and above	1	1	1	1	1	1
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1	1	1
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	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		9	9	9	9	9

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate Lighting		✓	✓	✓	✓	✓
Wheel Chair Support		✗	✗	✗	✗	✗
Other Intervention(s) Specify		✗	✗	✗	✓	✓
Nurse's Name :		[illegible]	Beronik	Anitta	[illegible]	[illegible]
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]
Date :		26/6	27/6	27/6	27/6	28/6
Time :		8:30 pm	4AM	12pm	3pm	2am

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 12 D (M)
Dr. AJAY KUMAR

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 28/6	DATE 28/6	DATE 29/6	DATE 29/6	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	
Gender	Male	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	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	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	
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	
	Total			9	9	9	

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

	Bed in low position		✓	✓	✓	✓
	Call device within reach		✓	✗	✗	✗
	Wheels Locked		✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓
	Wheel chair cap		✗	✗	✗	✗
	Other Intervention(s) Specify		✓	✓	✓	✓
	Nurse's Name:		Aparna	Subh	Vaish	Anita
	Signature:				Vaish	
	Date:		28/6	28/6	29/6	29/6
	Time:		10Am	6pm	2Am	9Am

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

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CHECKLIST FOR THROMBOPHLEBI

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

No. F / HW / QC / THROM / 07

.....

.....Time :.....

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	I.P. No. 2776 / 8816								REMARKS
						N	M	E	N	M	E	
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	0			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 Cannual 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			-	-	-	-	-	-	

NOTE : Phlebitis > 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 .....

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 12 D (M)
Dr. AJAY KUMAR

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 28/6			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						
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				Vaish	Amitha						

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 : .....

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6	–	–		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Nag
27/6	2 AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Beeon
27/6	10Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Anuf
27/6/26	3pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manisha
28/6	2am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bawika
28/6	10 AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/6	4pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
29/6	12AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Vaishna
29/6	9Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Amitha
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

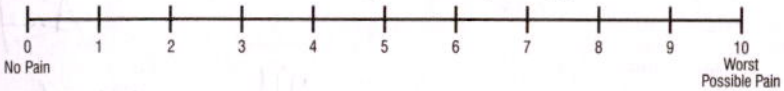
Re-assessment Frequency:

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.

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

VIH-00065253 IP-00060493
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15-04-2011 15 Y 2 M 11 D (M)
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BRADEN 'Q' SCALE

				Date :	26/6	27/6	27/6	27/6
				Time :	8:30pm	4AM	12pm	3pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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 IVAN SINU MATHEW**	**Age :**	**15 Y 2 M 11 D**
IP No:	**IP-00060493**	**Sex:**	**Male**
Consultant:	**Dr. AJAY KUMAR**	**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 also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: Sinu mathew

Relationship: Father

Date: 26/6/26 Time: 8:32 pm

Witness Name:

Witness Signature:

Patient Address:
HNO 8-23 ,NARAYANAPURAM COLONY ,DAMMIGUDA,KESARA Keesara
Hyderabad Telangana INDIA 501301

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

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Doctor Name : Dr. Sindhura

Date : 27/6/26 Hour : 10:00AM

Hospital : VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 12 D (M)
Dr. AJAY KUMAR

Referred fc ... nent

☐ Transfer

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : .... Time : .... By : ....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: M.D.

Report of Findings and Recommendations :

C/o
- Headache × on & off 1 week.
  Mainly frontal region
  Not asso c̄ vomiting × intermittently
  Not asso c̄ sleep disturbance Once [illegible] + days

- Cough & cold × 3 day
  No fever

Advice - Appropriate [illegible]

Consultant :

Name : Dr. P. Sindhura Signature : [signature] Date & Time : 27/6 @10:00 AM

NOTE : If more space is required use another consultation sheet as continuation

O/E — conscious, oriented

pupils — B/L equal, reacting

EOM - full

tone

power 5/5

DTR - N

plantar - flexor

no neck stiffness

Rombergs test

sinus tenderness +ve

Plan

1) Reassurance.

2) if persistant headache ⇒ CT - PNS. (SOS.) _

3) T. PARA (SOS.). if headache (+)

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

Patient

LINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/6/26 Time:	10 . . 1 . . 4	7		
Doctor / Nurse / Family Concern?	pm	am	am	am
Temperature (°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	120 (91) 78			108 (72) 57
Heart Rate (Number)	90	85	70	82
Resp. Rate (bpm) (Over 1 Minute)				
Resp Rate (Number)	20	19	20	20
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	100	98	100
Conscious Level: Normal / Altered	N	N	N	N
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	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

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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)
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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.
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VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 12 D (M)
Dr. AJAY KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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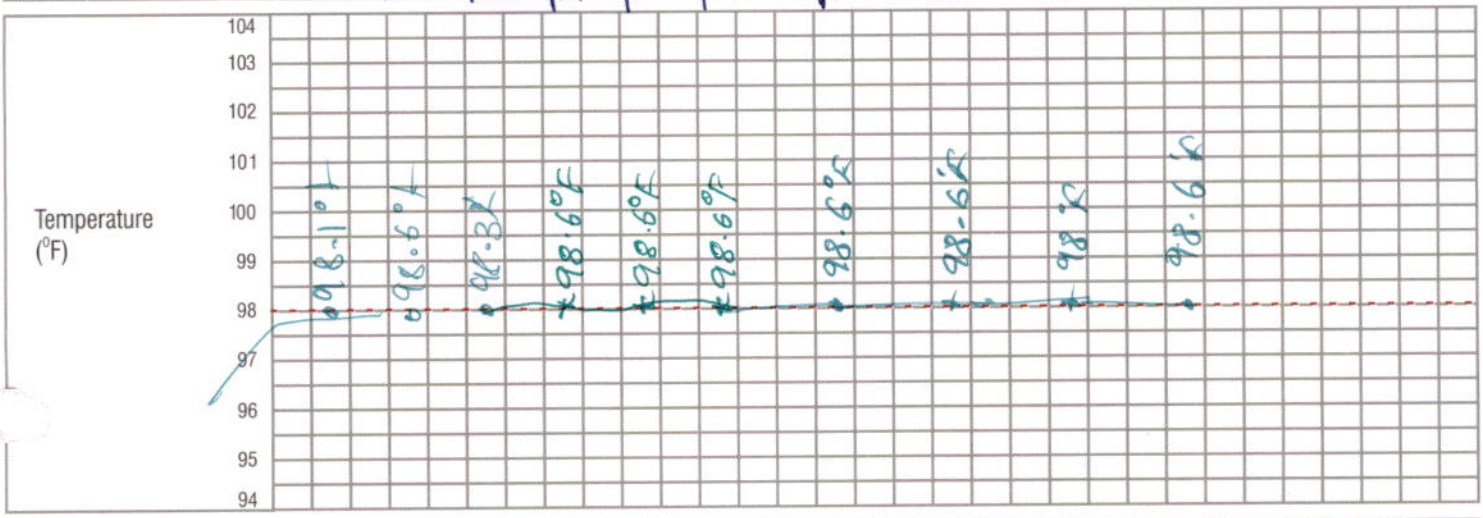
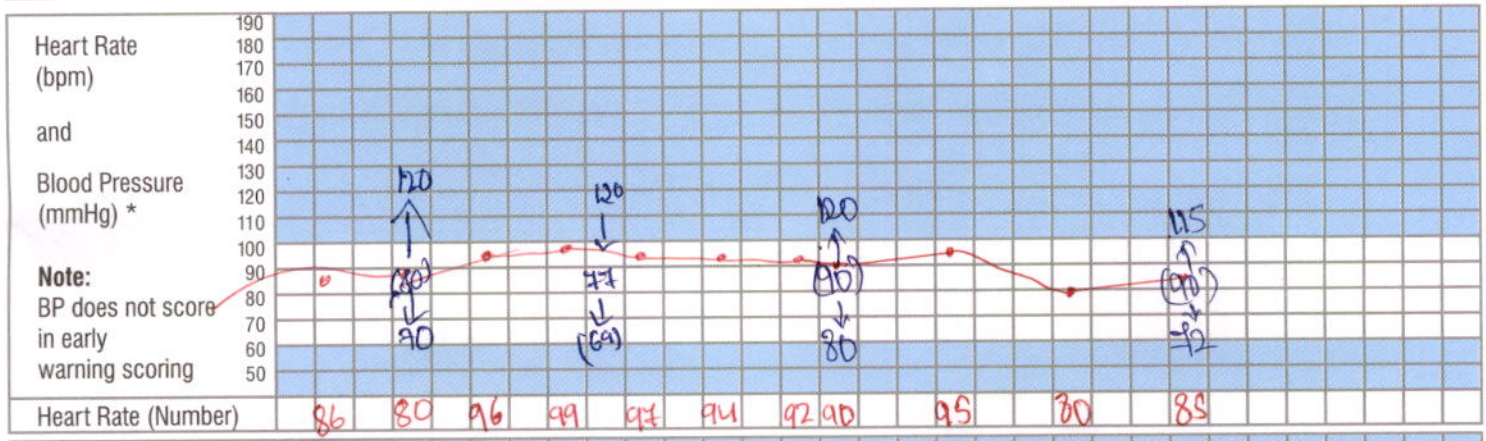
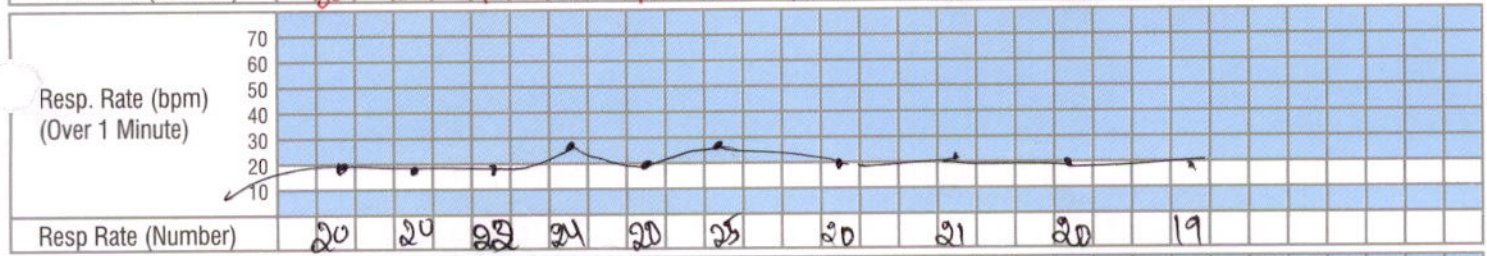
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/6 Time:	9	11	1	3	5	7	10	1	4	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM	AM





Heart Rate (Number)	86	80	96	99	97	94	92	90	95	80	85



Resp Rate (Number)	20	24	22	24	20	25	20	21	20	19
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	98	98	99	98	98	99	97	99	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N
GCS *	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
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	MA	MA	MA	M	M	M	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
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	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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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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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 12 D (M)
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Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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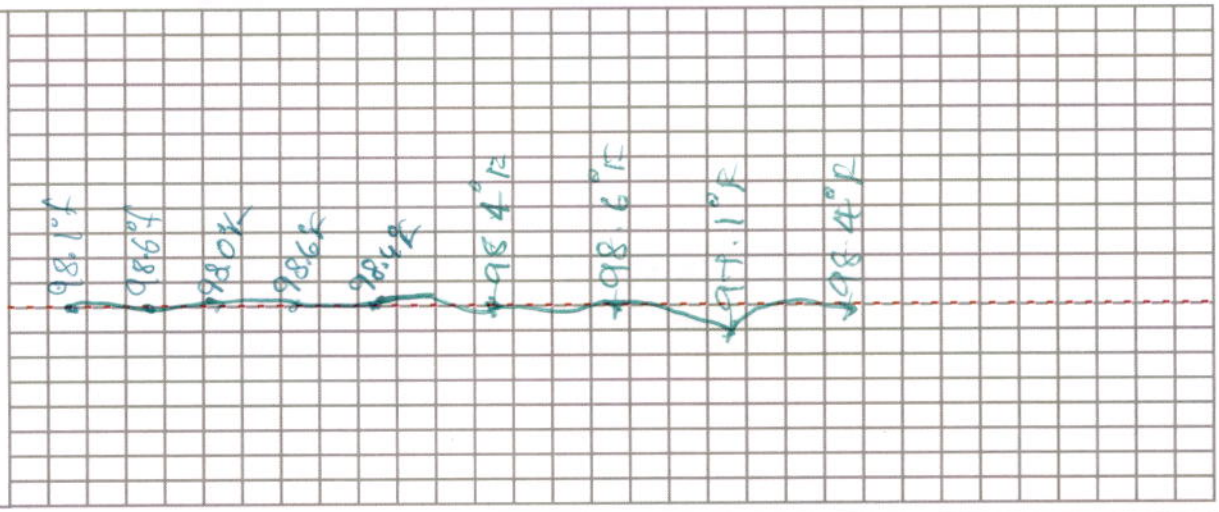
EARLY WARNING SCORE: CHILDREN'S UNIT

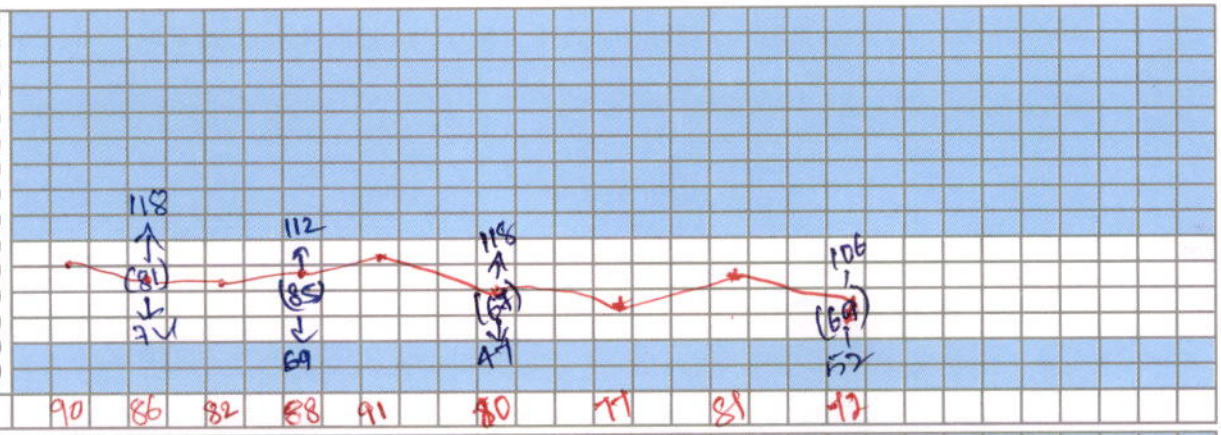
Date : 28/6 Time:	9	11	1	4	7	10	1	4	7	
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	AM	AM	AM	

Temperature (°F)

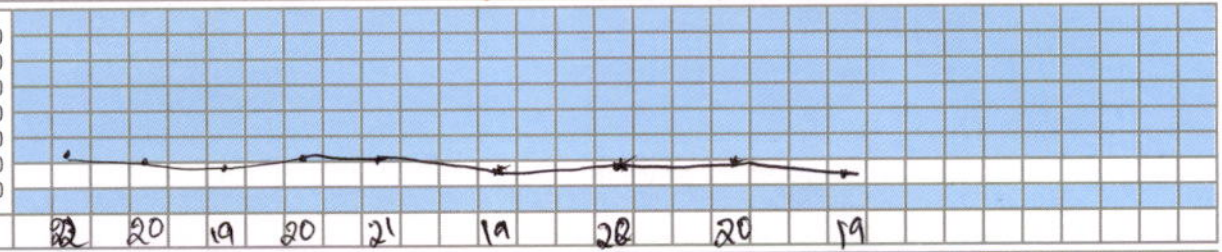


Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	90	86	82	88	91	80	77	81	92



Resp. Rate (bpm) (Over 1 Minute)

Resp Rate (Number)	22	20	19	20	21	19	20	20	19
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2 (l/min) O_2 Saturations (%)	97	98	97	100	98	98	99	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	MA	MA	SK	SK	SK	V	V	V	V

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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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)
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VIH-00065253 IP-00060493
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TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/26 Time: 9

Doctor / Nurse / Family Concern? AM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6 x 2

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

Heart Rate (Number) 98

Resp. Rate (bpm) (Over 1 Minute)

70 60 50 40 30 20 10

Resp Rate (Number) 20

Resp Distress	Mod/ Severe	
	None / Mild	N
Receiving O_2 (l/min)		
O_2 Saturations (%)		98
Conscious Level	Normal	N
	Altered	
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		A

Noted by Anitha 29/6 @ 10AM

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

VIH-00065253 IP-00060493
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15-04-2011 15 Y 2 M 11 D (M)
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LUID CHART

Sheet No. : 1

26/6/26

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.

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											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
26/6	08:00 pm										?	Beranika 26/6/26 @2Am
	09:00 pm											
	10:00 pm		Rhychdo water									
	11:00 pm										0	
	12:00 am										?	
	01:00 am											
Total Intake :						**Total Output :**						
27/6	02:00 am			DNS							?	Beranika 27/6/26 @8Am
	03:00 am		water	85ml								
	04:00 am			85 ml								
	05:00 am			85ml							0	
	06:00 am			85ml								
	07:00 am									~	1	
Total Intake :		340 ml				**Total Output :**						

Total 24 hrs. Intake	340 ml	Total 24 hrs. Output	

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 12 D (M)
Dr. AJAY KUMAR

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BirthRight™
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ② 27/6/26

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							
24/6	08:00 am											
	09:00 am		Idly	85ml						✓		
	10:00 am		water	85ml							0	
	11:00 am			85 ml								Manasa
	12:00 pm			85ml								24/6
	01:00 pm											@1pm
Total Intake :						Total Output :						
27/6/26	02:00 pm		Rice									
	03:00 pm		water	85ml								
	04:00 pm			85ml						✓		Manisha
	05:00 pm			85ml							0	27/6/26
	06:00 pm											@8pm
	07:00 pm									✓		
Total Intake : 255ml						Total Output :						
	08:00 pm											
	09:00 pm		Rice water									
	10:00 pm									✓		
	11:00 pm										0	Benarika
	12:00 am											28/6
	01:00 am											@1am
Total Intake :						Total Output :						
28/6/26	02:00 am									✓		
	03:00 am		water									
	04:00 am											Benarika
	05:00 am										0	28/6
	06:00 am											
	07:00 am									✓		@7am
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00065253 IP-00060493
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15-04-2011 15 Y 2 M 12 D (M)
Dr. AJAY KUMAR

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FLUID CHART

Sheet No. : 3

29/6/26

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							
28/6	08:00 am		Idly							✓		Vanitha 28/6 @ 1PM
	09:00 am		water									
	10:00 am										0	
	11:00 am											
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
28/6/26	02:00 pm											Subham 28/6 @ 7PM
	03:00 pm		Rice									
	04:00 pm		water									
	05:00 pm									✓		
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
28/6	08:00 pm		Rice + Water								1	
	09:00 pm											
	10:00 pm									✓		
	11:00 pm										0	Vaishnavi 29/6/26 @ 2AM
	12:00 am											
	01:00 am										1	
Total Intake :						**Total Output :**						
29/6	02:00 am										1	
	03:00 am											
	04:00 am		Water							✓		
	05:00 am										0	Vaishnavi 29/6/26 @ 8AM
	06:00 am											
	07:00 am										1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 13 D (M)
Dr. AJAY KUMAR

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FLUID CHART

Sheet No. : 4

29/6/26

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							
29/6	08:00 am		Jelly									
	09:00 am											
	10:00 am		waters									
	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 Anitha 29/6 @10Am

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00065253 IP-00060493
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MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☐ 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: ....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sameera / [signature]

Date & Time : 26/6/26 @ 8:20pm

Nurse Name & Signature: Mogisha / [signature]

Date & Time : 26/6/26 @ 8:20pm

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

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Your Right to a Safe Delivery

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 5pm	S/B Resident	
	D/s/s - URTI	
	cough mild	
	headache (↓).	
	O/E	
	Child alert	
	Euthermic	
	H'stable state	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		plan
		1) CT
		2) If headache persist] plan for CT P Ns.
Dr. Vishwaja		3) Perform so.
		Noted by Manisha 27/6/26 @8pm

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

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. AJAY sir	
27/6/26 9:30Am.		
	Dx : URTI	
	mild cough (+)	
	No fever spikes	
	Headache (+) frontal region	
	O/E	
	· child alert	
	euthermic	
	vitals stable	
	CVS - S1S2 (+)	plan
	R/S - NVBS (+)	1) Neuro c/o
		2) If 'Headache persists ↓ Plan for CT PNS
		3) Syp Augmentin
	CT PNS (Hold)	4) Syp Linezolid
		5) Neb - Levolin 1.2g 4th hrly / Budecort 1g 12th hrly
		6) Fluticasone OD Nasal spray
[signature]		7) Nasoclear wash
		noted by manasa 27/6/26 @ 1PM

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

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

Montelukast 1 tab OD
neb PRN

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)
				90.2

REGULAR PRESCRIPTIONS

DRUG : OXYMETAZOLINE NASAL SPRAY FLUTICASONE FUROATE +

Dose	Route	Frequency	Start Dt.
2 puffs	P/N	12th hrly	26/6

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

Additional Instructions: FLUTICARE OX SPRAY.

Date/Time	26/6	27/6	28/6
10 AM			
10 PM			

Daily Doctor's Endorsement by a Sign.

S. meenakumari 26/6/26

DRUG : NASOCLEAR WASH

Dose	Route	Frequency	Start Dt.
	P/N	8hrly	26/6/2

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

Additional Instructions:

Date/Time	26/6	27/6	28/6	29/6
6 AM				
2 PM				
10 PM				

Daily Doctor's Endorsement by a Sign.

S. meenakumari 26/6/26

DRUG : NEB. LEVOSALBUTAMOL.

Dose	Route	Frequency	Start Dt.
1.2ml	P/N	TWICE DAILY	28/6.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

See the Neb's chart

Daily Doctor's Endorsement by a Sign.

Rajyalaxmi 28/6/26

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

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 ▼

VIH-00065253 IP-00060493
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DRUG CHART

Date of Admission: 26/6 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				Date / Time	26/6
Dose	Route	Frequency	Start Date		
250 mg	PO	6 hrly	26/6		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions: Temp > 100 F or Headache 15 mg/kg/dose					

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

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

Signature

VERIFIED BY : Name

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

I.V. FLUIDS CHART

Weight. 90.20 kg Ward. .....

S. Mathew 26/6/26

Date	Time	Composition of I.V. Fluid (Concentration ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26.6.26	8.00PM	DNS (2/3rd maintenance)	IV	85	Sonu	Priya Kumari	29/6		

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

VIH-00065253 IP-00060493
Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

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

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

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

Signature .....

VERIFIED BY Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master IVAN SINU MATHEW
15-04-2011 15 Y 2 M 11 D (M)
Dr. AJAY KUMAR

REGULAR PRESCRIPTIONS

Weight. 90.2 kg Ward. ....

S. Maery Kamal 26/6/26

DRUG : INJ. AMOXICILLIN + CLAVULANATE K+				Date/Time	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Date	6			ESW	ESW
1.2gm	IV	12th hrly	26/6	AM				
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera			Sameera					
				6			Gay	
Additional Instructions: After Test Dose				PM			Gay	eli
30 mg/kg/dose.								
Daily Doctor's Endorsement by a Sign								

Adviced by Dr. Ajay Kumar S. Maery Kamal

DRUG : INJ. LINEZOLID				Date/Time	26/6	27/6	28/6	29/6
Dose	Route	Frequency	Start Date	6		PRET	ESW	ESW
600mg	IV	12th hrly	26/6	AM		eli		
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera			Sameera					
				6			Gay	
Additional Instructions:				PM			Gay	eli
10 mg/kg/dose.								
Daily Doctor's Endorsement by a Sign								

S. Maery Kamal 26/6/26

DRUG : NEB c LEVOSALBUTAMOL				Date/Time
Dose	Route	Frequency	Start Date	
1.2mg	P/N	4th hrly	26/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera.			Sameera.	
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

See the neb's chart

changed Frequency 3 Continue

S. Maery Kamal 26/6/26

DRUG : NEB c BUDESONIDE				Date/Time
Dose	Route	Frequency	Start Date	
1 mg	P/N	12th hrly	26/6	
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera.			Sameera.	
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

See the neb's chart