

02/09

**ACTIV**

VIH-00145720 IP-00060209  
Baby NETHI LEEPSHITHA  
04-04-2022 4 Y 1 M 29 D (F)  
Dr. SIVA NARAYANA REDDY

Name: \_\_\_\_\_

UHID # \_\_\_\_\_

Consultant : \_\_\_\_\_

Dept : Paed

Date of Admission : 2/6/26

Time : 2:52 PM

Date of Discharge : \_\_\_\_\_

Time : \_\_\_\_\_

Room / Bed No : 113

Ward : 1st floor

Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>2/6/26</u>	<u>4:10 pm</u>	<u>ER</u>	<u>113</u>	<u>OK</u>

**Cross Consultation Visit**


	Doctors Name	Date	Order No.	Signature
1.	<u>Dr. Jyothi Bhatia</u>	<u>3/6/26</u>	<u>3086609</u>	<u>[Signature]</u>
2.	<u>Dr. Poojyug sai</u>	<u>3/6/26</u>	<u>3086625</u>	<u>[Signature]</u>
3.	<u>Cross checked by (a/pans 4/6 @ 6:00)</u>			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/6/26	X-ray Erect abdomen	26008880	
	VBG	26019162	
	CBP CBP <del>SE</del> <del>CE</del>	26019161	Jen
	LFT		
	CPG	2601918	[Signature]
Cross checked by company 3/6 @ SAM			
3/6	Lipase, Amylase	26019242	[Signature]
	Bile	26019269	[Signature]
	U/e	26019273	[Signature]
4/6	CBP, CBP	26019286	[Signature]
Cross checked by company 4/6 @ SAM			
[Large diagonal line through remaining rows]			



**PROCEEDURE**

Date	ProceEDURE	Quantity	Order No.	Signature
9/6/26	lv Placment	1	3086462	
<del>cross checked by laptop 9/6 @ 3AM</del>				


**ANY OTHER INFORMATION**

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward  4/6 @ 11Am	Billing Assistant	Billing Supervisor
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### ADMISSION SHEET

#### Registration Details :



Admission No : IP-00060209

Admit Date : 02-Jun-2026

Admit Time : 02:56 PM UHID : VIH-00145720

#### Patient Details :

Patient Name : Baby NETHI LEEPSHITHA

Age : 4 Y 1 M 29 D

Guardian : Mr PRAVEEN

DOB : 04-04-2022

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : S-6 S4 TIRUMALA TOWN MANOVIKAS NAGAR  
NEW BOWENPALLY Bowenpally Hyderabad  
Telangana INDIA 500011

Phone No : 9849860544/ 9160002072

E-mail : nethipraveen1163@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

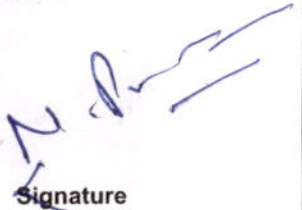
#### Contact Details :

Name : Mr PRAVEEN

Relationship : Father

Contact Address : S-6 S4 TIRUMALA TOWN MANOVIKAS  
NAGAR NEW BOWENPALLY Bowenpally  
Hyderabad Telangana INDIA 500011

Phone No : 9849860544 / 9160002072



Signature

#### Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

#### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : LIBERTY GENERAL INSURANCE LTD

Patient Name : Baby. NETHI LEEPSHITHA UHID : VIH-00145720 IPD : IP-00060209 Gender : Female Age : 4 Y 1 M 29 D

VIH-00145720 IP-00060209  
 Baby NETHI LEEPSHITHA  
 04-04-2022 4 Y 1 M 29 D (F)  
 Dr. SIVA NARAYANA REDDY



wt - 14.20 kgs.  
 Ht - 106 cms.



### EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Leepshitha Age : 4 yrs Gender:  Male  Female

Date : 21/6/2026 Time of Arrival : @ 2:27 PM

Allergies:  No  Yes  Food  Medications  Blood Transfusion  Other (Specify): \_\_\_\_\_  Not known

Source of Information:  Parents  Others (Specify) \_\_\_\_\_

Mode of Arrival:  Ambulatory  Wheelchair  Ambulance

Initial Vital Signs: Temp: 97.6 F PR: 115 bpm BP: 98/73 (81) RR: 24 bpm SpO<sub>2</sub>: 98%

Chief Complaints: e.l.o. Stomach pain since yesterday, Vomiting 4 episodes.

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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.

Signature of Parent / Guardian

Triage Completion Time : 2:27 PM

### Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks  Yes  No
- Have you had cough or a rash in the past 2 weeks  Yes  No
- 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

- 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: \_\_\_\_\_
- 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 : S. Sureshitha

Signature of Triage Nurse : \_\_\_\_\_

Date & Time : 21/6/2026 @ 2:30 PM

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



Patient Name : Baby. NETHI LEEPSHITHA UHID : VIH-00145720 IPD : IP-00060209 Gender : Female Age : 4 Y 1 M 29 D

VIH-00145720 IP-00060209  
Baby NETHI LEEPSHITHA  
04-04-2022 4 Y 1 M 29 D (F)  
Dr. SIVA NARAYANA REDDY



### NUMBING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21.6.2022 Time of arrival : 2:30pm.  
Chief Complaints : 210. Stomach pain Since yesterday RBS: -  
Height : 106cm Weight : 14.20kg BMI : - Head Circumference (2 years) : Vomiting 4 episodes  
Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: -  
If yes, identify: -

Pain Screening:  Yes  No If Yes, Pain Score: 1 Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character: Acute  Location: Stomach  Frequency: Continuous  Duration: Since yesterday.

<p><b>RISK FOR FALL:</b></p> <p><input type="checkbox"/> If patient is &lt; 6 years tick below fall risk intervention directly</p> <p><input checked="" type="checkbox"/> If Patient is &gt; 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>• Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>• Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>• Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Escort while ambulating</li> <li><input checked="" type="checkbox"/> Assist Patient</li> <li><input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <hr/> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p>
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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?) -  
Time of initial assessment completed by ER Nurse : @ 2:37 pm.

Patient Name : Baby. NETHI LEEPSHITHA UHID : VIH-00145720 IPD : IP-00060209 Gender : Female Age : 4 Y 1 M 29 D

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

Time	Nursing Notes
@ 2:25pm	Patient come to ER
2:30pm	Vitals checked & recorded.
2:38pm	Dr. Vishwaja Seen the patient.
2:42m	Doctors advice born admission, Admission done.
3:08m	IV placement done. Sample collected & send to Lab.
4:10pm	Patient shifted to ward (113)

Samples collected by: Dr. Kream.

Time: @ 3:08pm.

Samples sent by: Dr. Swagatika

Time: @ 3:12pm.

Medication given in ER:

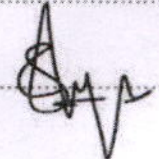
Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
@ 3:24r	NS (500ml)	IV	140ml	Dr. Vishwaja	Swagatika
@ 3:45r	Proctoglaric Grima	Rectal.	100ml		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 112b/m BP: 101/78 CFT: 2 sec.	Shift - out from ER to: 113
RR: 26b/m SPO <sub>2</sub> : 99%	Time of Shift - out: @ 4:10pm
GCS: 4, 5, 6 Temperature: 98.5°n	Handover given to: Dr. Anitha
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

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

Name of the Nurse : Swagatika

Signature of the Nurse : 

Date & Time : 21/12/26 @ 4:10pm.

VIH-00145720  
 Baby NETHI LEEPESHITHA IP-00060208  
 04-04-2022 4 Y 1 M 29 D (F)  
 Dr. SIVA NARAYANA REDDY



**Nursing General Admission Assessment Form For Pediatrics**

Diagnosis: AGE  
 Arrival Time: 4.10pm Mode of Arrival: Taken by mother  
 Allergy / Adverse Reaction: Nil Admitting From:  ER  OPD  Direct

Body Weight: 14.20 Kg  
 Height: 106 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

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: .....

Is the child's immunization up to date?  Yes  No  
 If Yes, fill reconciliation form

Medication:  None  Yes

Weight: 14.20 kg Length: 106 cm Head Circumference (< 2 years): .....

HR: 98.8 P RR: 112 blm BP: 102/60 mm hg

Specify Site: sub blm (Follow Pain Assessment Sheet & Document)

Pain Assessment:  Yes  No Score: 11 (Document in the Humpty Dumpty Sheet)

Braden Q Score: 26 (Document in the Braden Q Assessment Sheet)

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

Location ..... Frequency ..... Duration .....

No Abnormalities Detected

Waking Problem

Musculoskeletal Congenital Abnormality

Special Feeding Method

No Abnormality Detected

Psychological Screening:  No Significant Findings  
Unusual concerns about patient's Psychological Status:  Yes  No

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

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

Patient Rights & Responsibilities:  Yes  No

Information given to ..... parents .....

Nurse's Name: Anitha ..... Date: 2/6/26 ..... Time: 4.45pm

Signature

# PATIENT TRANSFER FORM

VIH-00145720 IP-00060209

Baby NETHI LEEPSHITHA  
04-04-2022 4 Y 1 M 29 D (F)  
Dr. SIVA NARAYANA REDDY



Date & Time of Admission <i>2/6/26 @ 2:56 PM</i>		Date & Time of Transfer Order <i>2/6/26 @ 4:10 PM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. vishwaja</i>	Reason for Transfer <i>Admission</i>
From Unit <i>GR</i>	To Unit <i>113</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>(21)</i>	Number of Imaging Films <i>x-rays 203 Beet 1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Suvarna</i>		Name of Person Ordered Transfer <i>Dr. vishwaja</i>
Patient & Clinical Records Received by :		
Date & Time of Patient Received :		

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

- Unavailable Bed
  Nurse not Available
  Available Bed not ready



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00145720

IP-00060209

Baby NETHI LEEPSHITHA

04-04-2022 4 Y 1 M 29 D (F)

Dr. SIVA NARAYANA REDDY



Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

Name : leepshitha Age/Sex 4 years / F

Information given by: father Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

c/o stomach pain since 2 days  
vomiteys.  
↓ oral intake.

#### History of present illness :

Child was apparently healthy 2 days back  
then developed stomach pain on Sunday evening  
↓ ↳ umbilical and epigastric region  
consulted outside hospital  
↓  
managed on basis  
↓  
developed vomiteys - 4 episodes overnight  
NP/NB / non bloody stool  
↓ content - food / water  
similar episode - yesterday  
Stomach pain  
↓ ↓ oral intake, dull activity  
vomiteys  
↓  
consulted doctor - managed on  
Antiemetics  
↓  
c/o persistent symptoms, dehydration,  
↓ oral intake  
↓  
referred to RCH Karkhana  
On presentation ⇒ pulse: low vol tachycardia (+)  
sunken eyes ↓ oral intake.  
Tongue - moist



### Pediatric Multiorgan History & Physical Examination

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

no previous admission.

2/6/26  
USG Abdomen : Non specific lymphadenopathy  
Borderline hepatomegaly

**Birth & Neonatal History:**

PT 1.8kg NICU stay for 8 days  
34+5wk E/o Lrow, ? hypoglycemia

OTD

**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_ } class III  
Any additional Information : \_\_\_\_\_

**Developmental History :**

Appropriate for age in all 4 domains

**Immunization History :**

Received vaccination upto date



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile) \_\_\_\_\_

Weight (kgs) ) 14.2 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97°F Pulse Rate: 115/min B.P. 98/73 SpO2 98%

Resp. rate and type of breathing : 24/min

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖

Allergies (if any): ⊖

#### Respiratory System :

Inspection (any s/o distress) : R/c symmetrical chest movement

Air entry & breath sounds : RCAE ⊕

Any addes sounds : NO

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

#### Cardiovascular System :

Inspection of procordium : ⊖

Heart Sounds : S2 ⊕

Any murmur : NO

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

#### Per Abdomen :

Inspection ⊖

Palpation : tenderness diffuse, soft

Auscultation : R ⊕

Spine : ⊖ External Genitalia : \_\_\_\_\_

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



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : Awake R/L

Cranial Nerves : Intact

**Motor System:**

Nutrition : \_\_\_\_\_

Tone : \_\_\_\_\_ Power 9/10 all limbs.

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : NO

Reflexes : +

DTR + Superficials: +

Plantars flexor

Sensory System : +

Bladder / Bowel : NO Incontinence

**Clinical Summary & Diagnostic:**

Acute Gastroenteritis + dehydration.





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/B Reginalan</u>	
2.6.26 5:00PM	acute febrile illness with gastroenteritis no vomiting, no fever o/e child awake, signs of dehydration (+) CRT < 3 sec.	
	afebrile CRT < 3 sec (+)	
	Rt-BAC (+) clear P/A - soft, diffuse tenderness.	Plan → Cont. IVF → Urine report → Ser. Fejate of N
X-ray erect abdomen s/o fecal loaded colon (D/w Dr. Jayate)	Sameer (Dr. Sameer)	→ CXE → Add Inv. Malaria

Noted by Anitha  
 2/6/26  
 @ 4pm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3.6.26 9.30am	S/B Registrar	(D/w Dr. Jayati)
	Acute febrile illness with Gastritis	
	2 episodes (after giving Syp. cefotaxim) NB, NP	
	1 episode of yellowish orange vomitus	
	1 fever spike in the morning (100.7°F)	
	not passed urine last 12 hrs	
	o/e child awake, dehydration well	
	afebrile	
	CR - S, S ⊕	
	RS - BAE ⊕, clear	
	P/A - soft	Plan
	diffuse tenderness	→ P/G enema stat
		→ NBM
		→ CECT abdomen (SDS)
		→ Dr. Jayati CN.
	Sameer (Dr. Sameer)	
	6 10/11/26 3/6/26 10/11/26	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>C/C/B Resident</u>	
<u>3/6/24</u> <u>5:00pm</u>	<p>Δ his: <u>Aspirin</u> Caustic.</p> <p>No fever spikes          Last spike @ 4:45 Am.</p> <p>No vomitings          passed stool after enema.          And distention → better.          Clo. Abd. pain (Int)</p>	
<u>Dr. Prashant</u>	<u>O/S</u>	<u>Plan</u>
	<p>Child Alert &amp; Active          Vitals stable          CX: SIB (+)          M: B/LA (+)          P/A: Gt          W: NAD</p>	<p>- Trau Lipase report</p> <p>- Plath stat cyp-smth          4mout powder          after the report</p> <p>- CBP, cyp - T/m</p> <p>- final B/cx</p> <p>- Trau thym</p>

Noted by  
 Neerisha  
 3/6/24  
 @ 8pm

- U/c/s Sent  
 - Trace.



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026 8:20 AM	<p>AFI C ? Constipation &amp; mesenteric lymphadenopathy</p> <ul style="list-style-type: none"> <li>- No fevers</li> <li>- Stools passing</li> <li>- orally tolerating</li> <li>- NO abdomen pain, pain while eating</li> <li>- NO GI Symptoms</li> </ul> <p>CVS - SLS            CNS - NAJ            RS - BLAEO            PA - SOFT</p>	
	<p>Plan</p> <p>Continue laxatives</p> <ul style="list-style-type: none"> <li>- Trace cultures (Urine &amp; blood)</li> <li>- Ceftriaxone (4)</li> <li>- metronidazole (5)</li> <li>- Amikacin</li> <li>- vitals 6th hly</li> <li>- Inform SOJ</li> </ul> <p>noted by manasa 4/6/26 10:30am</p> <p>day 0/1/1m &amp; fly.</p>	<p>- D/c today - IV.</p> <p>single dose - cephalosporin.</p>



## GENERAL CONSENT FOR TREATMENT

Patient Name: **Baby NETHI LEEPSHITHA** Age : **4 Y 1 M 29 D**  
IP No: **IP-00060209** Sex: **Female**  
Consultant: **Dr. SIVA NARAYANA REDDY VENNAPUSA** 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.

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: *Mr. Praveen*

Relationship: *Father*

Date: *2/6/25*

Witness Name: *Ankesh*

Witness Signature: *[Signature]*

Patient Address:

S-6 S4 TIRUMALA TOWN MANOVIKAS  
NAGAR NEW BOWENPALLY  
Bowenpally Hyderabad Telangana  
INDIA 500011

Time: *2:56 pm*

# CONSULTATION FORM



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

Doctor Name : .....

Date : ..... Hour : .....

Hospital : .....

Type of Referral :  Emergency (within one hr.)

Referred for :  Opinion  Co-Management

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

Transfer of care

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

Reason for

VIH-00145720 IP-00060209  
Baby NETHI LEEPSHITHA  
04-04-2022 4 Y 1 M 29 D (F)  
Dr. SIVA NARAYANA REDDY

are specify the particular need, especially in the absence of a second

diagnosis:



Signature: \_\_\_\_\_

M.D. \_\_\_\_\_

Report of Findings and Recommendations :

S/B Dr. Siva

- Many thanks for ref.

- Case capsule noted.

4yr old FICN, ref in v/o Abd pain

& vomiting

P/A - Soft, Distention ++

Adv: Rdx with De Pouslye  
PG GNGMA BD x 2 days  
Nil S @ present

Consultant:

Name :

Dr. Sridi Bote

Signature :

*[Handwritten Signature]*

Date & Time :

3/6/26  
11:40 AM

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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 3/6/26	Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?		Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am
Temperature (°F)		98.6°	98.5°	98.6°	98.8°	98.6°	98.6°	98.6°	98.6°	98.6°	98.6°	98.6°	98.6°
Heart Rate (bpm) and Blood Pressure (mmHg) *		110 (98/62)	112 (98/62)	118 (98/62)	105 (98/62)	110 (98/62)	112 (98/62)	114 (98/62)	110 (98/62)	99 (98/62)	97 (98/62)	93 (98/62)	104 (98/62)
Resp. Rate (bpm)		24	26	22	26	24	26	28	26	25	24	25	28
Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%)		98	99	98	99	98	99	99	99	100	98	99	99
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15	15	15
<b>TOTAL SCORE</b>		0	0	0	0	0	0	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		SR	SR	SR	MR	MR	MR	SR	SR	SR	SR	SR	SR

ACTIONS	
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.

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

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

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

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

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00145720 IP-00060209  
 Baby NETHI LEEPSHITHA  
 04-04-2022 4 Y 1 M 29 D (F)  
 Dr. SIVA NARAYANA REDDY



# FLUID CHART

Sheet No. : ..... 2 .....

- All measurements in ml.
- 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	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
2/6/26	02:00 pm												
	03:00 pm												
	04:00 pm			45ml									
	05:00 pm												
	06:00 pm						✓						
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
2/6/26	08:00 pm												
	09:00 pm		Rice	45ml									
	10:00 pm		water	45ml					✓	0			
	11:00 pm			45ml									
	12:00 am			45ml									
	01:00 am			45ml									
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am			45ml									
	03:00 am			45ml									
	04:00 am			45ml									
	05:00 am			45ml									
	06:00 am			45ml					✓	0			
	07:00 am			45ml					✓				
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



# 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
3/6/26	08:00 am			45ml						✓	Anitha 3/6/26 @ 2pm	}
	09:00 am	water		45ml								
	10:00 am			45ml								
	11:00 am	coconuts water		45ml								
	12:00 pm			45ml						✓		
	01:00 pm			45ml								
Total Intake :			270 ml			Total Output :					2 hrs	
3/6/26	02:00 pm										manisha 3/6/26 @ 8pm	}
	03:00 pm											
	04:00 pm								✓			
	05:00 pm			45ml								
	06:00 pm			45ml								
	07:00 pm			45ml						✓		
Total Intake :			135 ml			Total Output :					2 hrs	
	08:00 pm			45ml							Reekha 07/04/26 @ 8am	}
	09:00 pm			45ml					✓			
	10:00 pm			45ml								
	11:00 pm			45ml								
	12:00 am			45ml						✓		
	01:00 am			45ml								
Total Intake :			270ml			Total Output :					2 hrs	
	02:00 am											}
	03:00 am											
	04:00 am											
	05:00 am			45ml								
	06:00 am			45ml						✓		
	07:00 am			45ml								
Total Intake :			135ml			Total Output :					2 hrs	
Total 24 hrs. Intake		810ml			Total 24 hrs. Output		8 times					

Patient



CLINICAL / 125

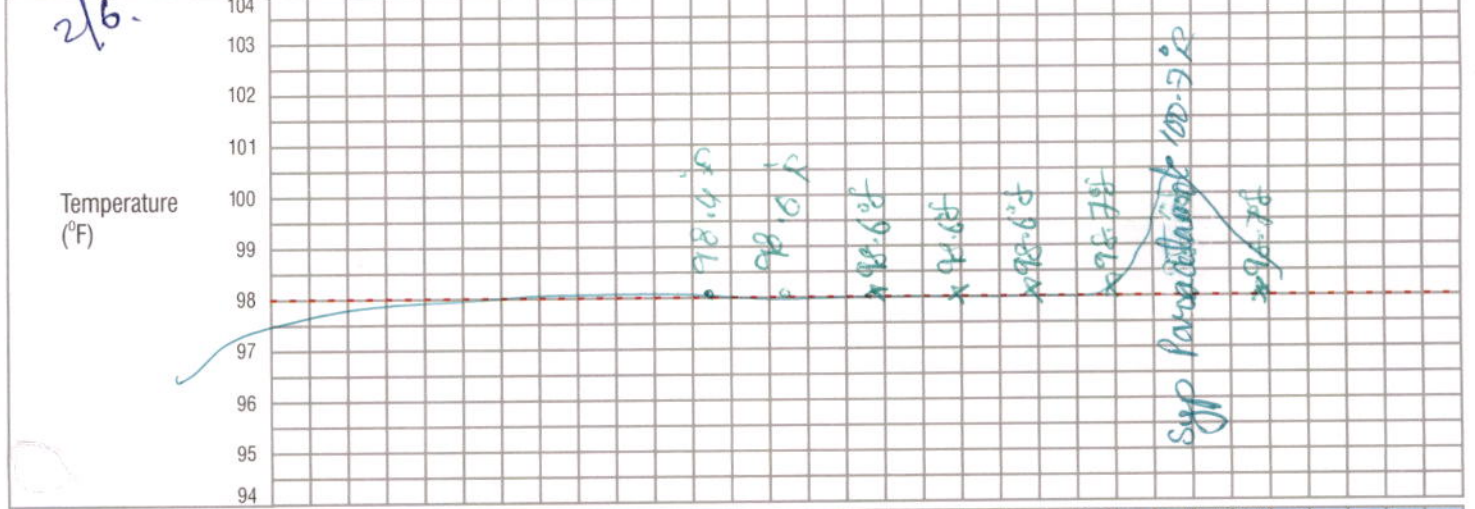
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : ..... Time: 5 7 9 11 1 3 4:30 7

Doctor / Nurse / Family Concern? pm pm pm pm Am Am Am Am



Heart Rate (bpm)	190								
and	180								
Blood Pressure (mmHg) *	170								
	160								
	150								
	140								
	130								
	120								
	110								
	100								
	90								
	80								
	70								
	60								
	50								
<b>Note:</b> BP does not score in early warning scoring									
Heart Rate (Number)		112	116	102	106	110	106	114	110

Resp. Rate (bpm) per 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
Resp Rate (Number)		24	26	25	24	24	23	25	27

Resp Distress	Mod/ Severe								
	None / Mild	N	N	N	N	N	N	N	
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	98	99	98	99	98	99	100	100
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	
GCS *		15	15	15	15	15	15	15	

<b>TOTAL SCORE</b>								
Number of shaded boxes		0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials		d	d	S	S	S	S	S

- ACTIONS**
- 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: Scores 3 should be recorded overleaf

\* 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.

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)





# DRUG CHART

Date of Admission: 21.6.2020 Drug Allergies: nil  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: <u>INJ. ONDASETRON</u>				Date/Time
Dose <u>2.5mg</u>	Route <u>IV</u>	Frequency <u>as required</u>	Start Date <u>2/6</u>	
Doctor's Signature <u>G.V</u>		Valid Period <u>max 24 hrs</u>	Pharm <u>D. Lakshmi</u>	
Additional Instructions: <u>0.2 mg/kg/dose q 10min (+)</u>				
DRUG: <u>SYP. CYCLOPAM</u>				Date/Time
Dose <u>3.5ml</u>	Route <u>PO</u>	Frequency <u>as required</u>	Start Date <u>2/6</u>	<u>3/6 8AM 2/6</u>
Doctor's Signature <u>G.V</u>		Valid Period <u>max 24 hrs</u>	Pharm <u>D. Lakshmi</u>	
Additional Instructions: <u>if pain (+)</u> <u>0.5 mg/kg/dose (5ml=10mg)</u>				
DRUG: <u>SYP. PARACETAMOL</u>				Date/Time
Dose <u>4ml</u>	Route <u>PO</u>	Frequency <u>as required</u>	Start Date <u>2/6</u>	
Doctor's Signature <u>G.V</u>		Valid Period <u>max 24 hrs</u>	Pharm <u>D. Lakshmi</u>	
Additional Instructions: <u>5ml=240mg</u> <u>15mg/kg/dose q 4hrs &gt; 100+</u>				

Dr. Lakshmi  
 Signature Date: 21/6/20  
 Verified by Name: Chitra 21/6/20  
 Date: 21/6/20



VIH-00205524 IP-00060202  
 Master KONDAWAR KRUTHIN  
 20-09-2019 8 Y 8 M 14 D (M)  
 Dr. SIVA NARAYANA REDDY



Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

<b>DRUG :</b> <i>Inj. AMIKACIN</i>				Date Time																
Dose	Route	Frequency	Start Dt.	<i>3/6 4/6</i> <i>10Am</i>																
<i>100mg</i>	<i>IV</i>	<i>12 hourly</i>	<i>3/6/22</i>	<i>6Am 8Am 12Pm 2Pm 6Pm</i>																
Name & Signature of the Doctor Starting the Drugs: <i>Dr. prashanthi</i>																				
Additional Instructions: <i>7.5 ml/kg/day</i>																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				
<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

*Dr. Siva*

Signature

VERIFIED BY

VIH-00145720 IP-00060209  
 Baby NETHI LEEPSHITHA  
 04-04-2022 4 Y 1 M 30 D (F)  
 Dr. SIVA NARAYANA REDDY



As per Dr. Poushy's advice (As per Poushy & me drs)

Chilly 3/6/20  
 Chilly 3/6/20

Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

<b>DRUG :</b> MUOOT POWDER				Date Time	9/6															
Dose	Route	Frequency	Start Dt.																	
3 SPOONS	P/O	ONCE AT NIGHT	3/4/20																	
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar				10 PM 9/6																
Additional Instructions: 3 SPOONS IN 180ml water																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

<b>DRUG :</b> sup. smurt				Date Time	8/6															
Dose	Route	Frequency	Start Dt.																	
10ml	P/O	ONCE DAILY	3/6/20																	
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar				10 PM 8/6																
Additional Instructions: Dr. Prabhakar																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

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

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

VERIFIED BY : Name .....



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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6	3:24 pm	NS BOLUS	10mg/kg 140ml	IV	G.H.	Sungathil K.Prem
2/6	3:45 pm	PROCTOLYSIS ENEMA	100ml	PR	G.V.	Suresh K.Prem
3-6-26	10:00 am	INT. HYOSCINE BUTYLBROMIDE	7 mg	IV	Sannu	Sadaya
3/6/26		PROCTOLYSIS ENEMA	100ml	PR	B	Sadaya
3/6/26	10 pm	PROCTOLYSIS ENEMA	100ml	PR		Sadaya
4/6/26	10 am	PROCTOLYSIS ENEMA	100ml	PR		

Signature .....

Name .....

VERIFIED





118

Patient Name : \_\_\_\_\_

VIH-00145720 IP-00060209  
 Baby NETHI LEEPSHITHA  
 04-04-2022 4 Y 1 M 29 D (F)  
 Dr. SIVA NARAYANA REDDY

Registration No.: \_\_\_\_\_



MEDICATION  
**NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
8/6/26	00.00	6am		
	1.00	Inj Ceftriaxone 700mg (BD)	[Signature]	[Signature]
	2.00	Inj Esomeprazole 14mg (OD)		
	3.00	Inj Metronidazole 140mg (TID)		
	4.00			
	5.00			
	6.00	2pm		
	7.00	Inj Metronidazole 140mg (TID)		
	8.00			
	9.00			
	10.00	6pm		
	11.00	Inj Ceftriaxone 700mg (BD)		
	12.00			
	13.00			
	14.00	10pm		
	15.00	Inj Metronidazole 140mg (TID)		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

113

Patient Name : -

VH-00145720 IP-00060209  
Baby NETHI LEEPISHITHA  
04-04-2022 4 Y 1 M 30 D (F)  
Dr. SIVA NARAYANA REDDY

Registration No.:



**MEDICATION NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
4/6/26	00.00	6am.		
	1.00	<del>Pnj Ceftriaxone 750mg (BD)</del>		
	2.00	<del>Pnj Esomeprazole 14mg (OD)</del>		
	3.00	<del>Pnj Ondansetron 2.5mg (TID)</del>		
	4.00	<del>Pnj Metronidazole 140mg (TID)</del>		
	5.00	<del>Pnj Amikacin 150mg (BD)</del>		
	6.00			
	7.00	2pm		
	8.00	<del>Pnj Metronidazole 140mg (TID)</del>		
	9.00	<del>Pnj Ondansetron 2.5mg (TID)</del>		
	10.00			
	11.00	6pm		
	12.00	<del>Pnj Ceftriaxone 750mg (BD)</del>		
	13.00	<del>Pnj Amikacin 150mg (BD)</del>		
	14.00			
	15.00	10pm		
	16.00	<del>Pnj Ceftriaxone 750mg (BD)</del>		
	17.00	<del>Pnj Metronidazole 140mg (TID)</del>		
	18.00	<del>Pnj Ondansetron 2.5mg (TID)</del>		
	19.00	MUOUT Powder 3spoons (OD)		
	20.00	SYP Smith 10mL (OD)		
	21.00			
	22.00			
	23.00			