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ACTIVITY RECORD FOR BILLING

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

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

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

Date of Admission : 14/1/26 Time : 8:37pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 108 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/1/26	~~108~~ 9:35pm	ER	108	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/7/26	CBP, CRP, Blood cls	26023747	(4)
	Creatinine, Electrolyts		
	CPK, Dengue NS-1		
15/7/26	UE	26023771	
	Dengue 14m,	26023778	
	LFT	26023794	
16/7/26	CBP. CRP	26023900	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/7/26	Infusion Pump.	14/7/26 21.36pm	15/7/26. 21.36pm	310603	✓

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/7/26	IV placement	1.	3101604	Sr. Nitcan.
16/7	NGT	(2)	3102134	
	IV Placement	1	3102035	
	Cross checked by	Incharge		

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Evening Shift		

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Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 22 D (M)
Dr. PREETHAM KUMAR

108

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
15/7/26	00.00	Neb. Hyperneb. - 10:30pm	Vaishnavi	
16/7/26	01.00	6:30am - Hyperneb	Vaishnavi	
	02.00	② 302134		
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060708 **Admit Date** : 14-Jul-2026 **Admit Time** : 08:37 PM **UHID** : VIH-00206941

Patient Details :

Patient Name : Master JAKE ABRAHAM ROBIN
Guardian : Mr ROBIN JOHN
Gender : Male
Occupation :
Address (H) : 502 MAJESTIC PRIDE HOMES 96/P SHAILI GARDENS YAPRAL Sainikpuri Hyderabad Telangana INDIA 500094

Age : 6 Y 5 M 21 D
DOB : 23-01-2020
Religion :
Martial Status :
Phone No : 8588008536
E-mail : na@gmail.com

Admission Details :

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

Contact Details :

Name : Mr ROBIN JOHN **Relationship** : Father
Contact Address : 502 MAJESTIC PRIDE HOMES 96/P SHAILI GARDENS YAPRAL Sainikpuri Hyderabad Telangana INDIA 500094 **Phone No** : 8588008536

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : **Phone No** :
Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
Payor Name : SELFPAY

Patient Name : Mast. JAKE ABRAHAM ROBIN UHID : VIH-00206941 IPD : IP-00060708 Gender : Male Age : 6 Y 5 M 21 D

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

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wt: -19.5 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master:- Jake Age : 6Y Gender: ☑ Male ☐ Female

Date : 14/7/26 Time of Arrival : 8:9pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): - ☐ Not known

Source of Information: ☐ Parents ☐ Others (Specify) -

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6°F PR: 90b/M BP: 96/72(76) RR: 19b/M SpO2: 100%

Chief Complaints: c/o leg pain since morning, Fever since 3 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:14pm

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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 14/7/26 @ 8:14pm.

Patient Name : Mast. JAKE ABRAHAM ROBIN UHID : VIH-00206941 IPD : IP-00060708 Gender : Male Age : 6 Y 5 M 21 D

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Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/7/26 Time of arrival : 8:15pm

Chief Complaints: leg pain sine morning, Fever Since 3 days. RBS: —

Height : 123cm Weight : 19.5kg BMI : — Head Circumference (<2 years) —

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 Aching ☐ Location leg pain ☐ Frequency Intermed ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 8:19 pm

Patient Name : Mast. JAKE ABRAHAM ROBIN UHID : VIH-00206941 IPD : IP-00060708 Gender : Male Age : 6 Y 5 M 21 D

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

Time	Nursing Notes
8:9pm	* patient Come to ER
8:14pm	* vital checked & Recorded
8:18pm	* Doctor seen the patient
8:32pm	* Advaice Admission. Admission done.
9:05pm	* Iv Cannulazation done
9:10pm	* Blood sample send to lab (R) done.
	* Patient Shifted to ward (108)

Samples collected by: } Sr. Kiran Time: } 9:10pm
Samples sent by : } Time: } 9:15pm

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 108 bpm - BP: 98/74 (49) CFT: 2 Sec.
RR: 22 bpm SPO$_2$: 99 %
GCS: 4, 5, 6 Temperature : 98.1°F
Pain Score: 0
Repeat RBS (if applicable): .....

Details of Shift - out

Shift - out from ER to: 108
Time of Shift - out: 14/7/26 @
Handover given to: Sr. Priyanka
(Nurse's Name) 64. Sr. Kajal

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD
Procedures done with details (if any): IV Cannulazation done.

Name of the Nurse : Sr. Kajal Signature of the Nurse : Kajal
Date & Time : 14/7/26 @

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Master JAKE ABRAHAM ROBIN
23-01-2020 8 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI

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

Allergy / Adverse Reaction NO ALLERGY Body Weight: 19.5 Kg

Height: 123 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 19.5kg Length: — Head Circumference (< 2 years): —

Temp.: 98.6°F HR: 102 bl/mt RR: 26 bl/mt BP: .....

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

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

Character of Pain Nil Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☐ Yes ☐ No

Information given to Mother

Nurse's Name: Priya Date: 14/7/26 Time: 9:30PM Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

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Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : Jake abraham robin. Age/Sex 6yo/male

Information given by: father Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever since 3days
a/w lowerlimb weakness since 1day

History of present illness :

Child brought by parents with
c/o Fever since 3days
moderate to high grade (100-102°F)
2-3 spikes/day
relieving on medication.
afebrile for 1day
↓
c/o lowerlimb weakness since 1day
more in calf regions. (bilateral)
a/w difficulty in standing & walking

c/o ↓ Oral intake. Urine ↓ Stool ↓.

↓
Used antipyretics.
c/o symptoms persistence. admitted @ Ref

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23-01-2020 6 Y 5 M 21 D (M)
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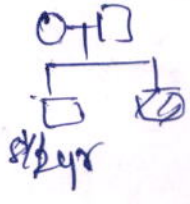
Pediatric Multiorgan History & Physical Examination

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

Non significant

Birth & Neonatal History:

Term | NVD | SROL | No NICU stays



Birth & Socio Economic History:

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

Developmental History :

Appropriate for age in all 4 domains

Immunization History :

Received upto date vaccination.

(P.T.O.)

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 19.5kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 90/min B.P. 96/70 mmHg SPO2 100%.

Resp.rate and type of breathing : 20/min.

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-).

Respiratory System :

Inspection (any s/o distress) : B/L symmetrical chest movement.

Air entry & breath sounds : BAE (+)

Any addes sounds : No.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : $S1S_2$ (+)

Any murmur : No.

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

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Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: N Power 4/5 upper limbs.

Co-ordinator : 3/5 lower limbs.

Posture :

Involuntary Movements : NO

Reflexes : +

DTR +2 **Superficials:** +

Plantars flexor

Sensory System : +

Bladder / Bowel : N/O Incontinence

Clinical Summary & Diagnostic:

AFI (D4) c (lower limb weakness) & Myositis.

(P.T.O.)

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Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications.

Desired goals of the treatment : To treat current condition

Planned Labs:

CBP ✓
CRP ✓
S/E ✓
S.creat ✓
CPK ✓
Dengue NS1 ✓ Dengue IgM
Blood C/S ✓
Extraplain - 1 ✓

Planned Management

1) IV fluids
2) Inj ceftriaxone
3) Inj Esomeprazole
4) Antipyretics SOS.

Noted by Sr Lekha RN
14/7/20 @ 9 PM

Signature of the Doctor: .....
Name of the Doctor: Dr. Vishwaja
Date & Time: 14/7/20

Signature of the Consultant: .....
Name of the Consultant: Dr Preetham
Date & Time: 15/7/20

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Registrar	
15.7.26 8.00 AM	Acute febrile illness	(? Viral myositis)
	with myalgia	D_5 of illness.
	calf pain - on & off	
	O/E child awake	
	CRT < 3 sec.	
	afebrile (100.6°F)	
	CVS - S_1S_2 (+)	Plan
	RS - BAE (+), clear	→ Cont. IVF
	P/A - soft	→ Inc CUE
	local exam: B/L calf	→ Vitals 4th hrly.
	muscle tenderness (+)	- Trace dengue IgM.
CPK: ↑ 4197	no weight bearing.	- Repeat CBP/CRP T/m
Dengue NS1 - negative.	Sameera	Collect Dengue IgM T/m × Keep
	(Dr. Sameera)	- To send LFT - DDW Same sample
15/7/26 SK		
		Noted by Bavanika 15/7/26 @ 2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 16:30	CMB Dr Keerdong	
	Acute febrile ?Ilns Viral myositis	
	No fever spike since ~~twice~~ morning	
		Plan
	O/E Conscious afebrile CVS - S1S2 (N) RS - BLAE P/A - Soft	- Trace Dengue IgM - CBP, CRP T/M - Collect Dengue IgM sample tomorrow morning (don't send)
Dr. Lavanya A 15/7/26 4 pm	Dengue NS1 Negative	
		Noted by Subham 15/7/26 @ 7pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	CS/B Resident	
9AM	Acute febrile illness / Viral myositis	D6 of illness
	One fever spike at 7pm	Plan
	O/E Conscious, Afebrile, CVS S1S2 (+), B/L BLAE (+), P/A soft, Very stress	- Contin IV fluids - D3 of ceftriaxone - monitor vitals - CBP T/M
	Dengue NS1 & IgM - Negative	- Discharge CBP, LFT T/M & review in OPD
	Hb - 13.2 → 11.6 PCV - 37.2 → 33.6 PLT - 1.96 → 1.59 TLC - 4.64 → 3.10	
16/7/26	Dengue IgM Sample collected wey	Noted by Subham 16/7/26 @ 10AM

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206841 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI c Limb weekness.

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

Surgery / Procedure: Nill

Post OP Day:

	Date / Shift	14/7/26 N	14/7/26 Night	15/7/26 M	15/7/26 Evening	15/7/26 N	16/7 M
BACKGROUND	Medical Condition (Any special condition to be noted):	Nill	NIL	Nill	NIL	NIL	NIL
	Diet:	Soft diet	soft diet	S. Diet	S. diet	S. diet	S. diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6 F	98.6°F	98.6°F	97.8°F	98.1°F	98.6°F
	Res:	26 b/mt	26 b/mt	22 b/m	24 b/mt	22 b/m	28 b/mt
	SpO_2:	98%.	100%.	99%.	99%.	99%.	100%.
	Pulse:	101 b/m	101 b/mt	94 b/m	85 b/mt	98 b/m	97 b/mt
	BP:	110/70	101/75	92/62	102/63	106/66	110/63
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	2	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	Nill	NIL	NIL	NIL
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Soft diet	Soft diet	S. Diet	S. diet	S. diet	S. diet
	Critical Lab Test / Values:	Nil	NIL	Nill	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
Handed Over By Name :		Sr. Kajal	Priya	Beronika	Subham	Vaishnavi	Subham
Signature / ID :							
Date:		14/7/26	15/7/26	15/7/26	15/7/26	16/7/26	16/7
Time:		@9.35	@8 AM	@2pm	@8pm	@8am	@10am
Taken Over By Name :		Priya	Beronika	Subham	Vaishnavi	Subham	
Signature / ID :							
Date:		15/7/26	15/7/26	15/7/26	15/7/26	16/7/26	
Time:		@8am	@8am	@2pm	@8pm	@8AM	

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

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NURSING CARE RECORD

Date: 18/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	4 pm	maintain Fluid Balance	11:00 pm	maintain IV DNS 60 ml/hr	maintain dehydration	Pt is stable	18-7-26 afternoon

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NURSING CARE RECORD

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Date: 15/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11am 1pm	→ Maintain fluid Balance → Ensure Safety		→ Administered IV fluid DNS 60ml/hr → Side Rails kept up	→ Maintain Hydreation → Prevent fall Risk	Patient is Stable	Beenika 15/7 @2pm
Afternoon	4pm	→ maintain fluid balance	4pm	→ Administered IV fluid DNS 60ml/hr	→ maintain Hydration	→ Patient is Stable	Subha 15/7 @8pm
Night	9 pm	Maintain Fluid Balance - Ensure Safety	9:10 pm	- Administered IV Fluid DNS - 60ml/hr - provided side rails	- To prevent dehydration - To prevent falls	- patient is stable	Vaishnavi 16/7/26 @8AM

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NURSING CARE RECORD

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Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM →	Discharge Note		Doctor come for round and adviced to discharge			
Afternoon					Noted by Subham 16/7/26 @ 10 AM		
Night							

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NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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 JAKE ABRAHAM ROBIN**	**Age :**	**6 Y 5 M 21 D**
IP No:	**IP-00060708**	**Sex:**	**Male**
Consultant:	**Dr. PREETHAM 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.

derstand 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.
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. Robin Jahn
Relationship: Father
Date: 14/7/26 Time: 8:37 pm
Witness Name: Mukul
Witness Signature:

Patient Address:
502 MAJESTIC PRIDE HOMES 96/P
SHAILI GARDENS YAPRAL Sainikpuri
Hyderabad Telangana INDIA 500094

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

(1)

No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 14/7/20 Time: 11 AM | 1 AM | 3 AM | 5 AM | 8:30 AM

Doctor / Nurse / Family Concern?

Temperature (°F)

98.6°F | 97.2°F | 97.2°F | 98.6°F | 100.6°F | Sip Perm

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 112 | 106 | 110 | 108 | 110

Resp. Rate (bpm over 1 Minute) *

Resp Rate (Number): 25 | 22 | 22 | 26 | 22

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)		100	98	100	98	100
Conscious Level	Normal / Altered	N	N	N	N	N
GCS *		15	15	15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		P	P	P	P	P

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

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

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

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

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

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 22 D (M)
Dr. PREETHAM KUMAR

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

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

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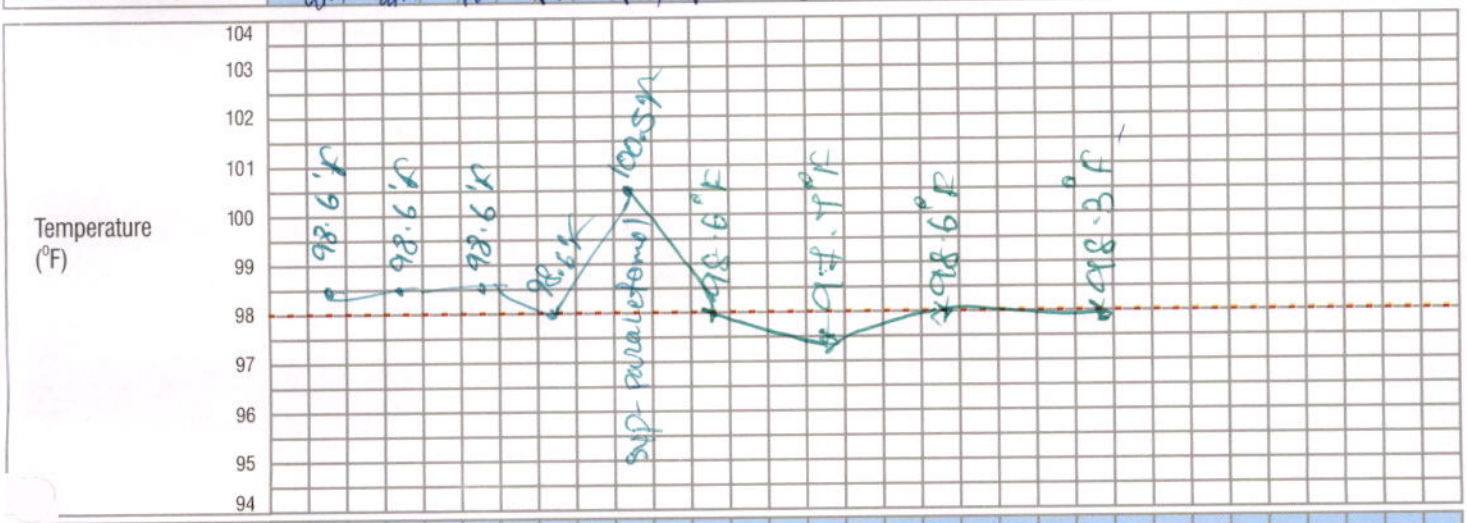
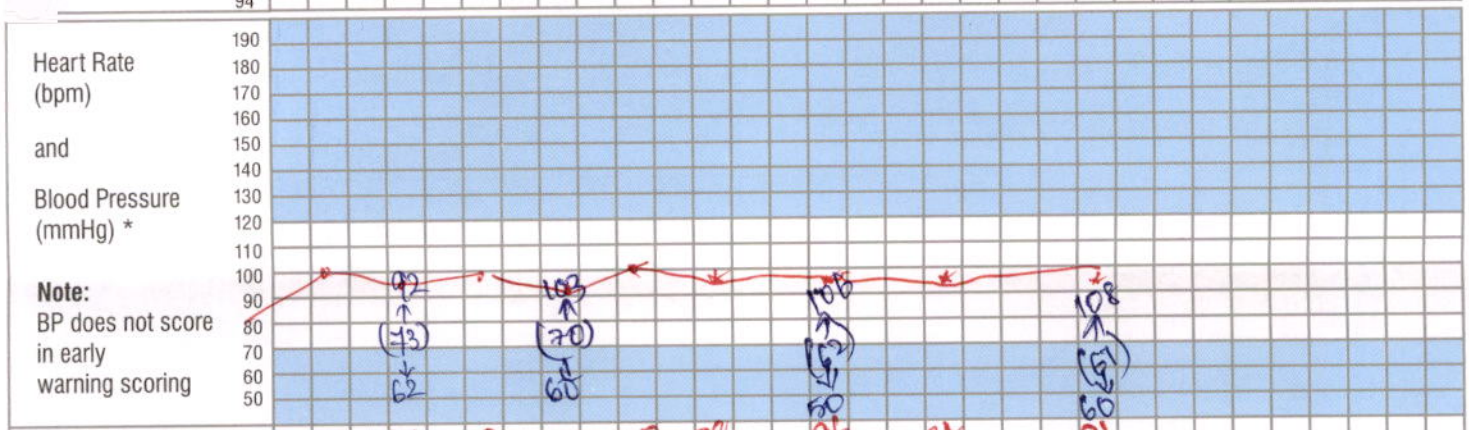
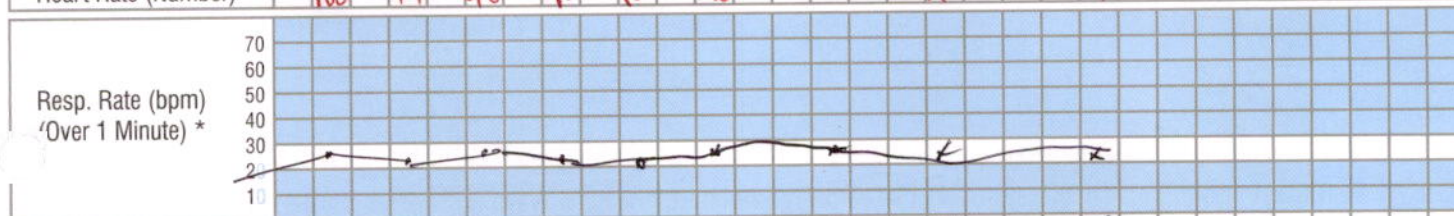
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/7/26 Time:	9	11	1	4	7	9	12	3	7
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	pm	AM	AM	AM





Heart Rate (Number)	100	94	98	92	100	98	96	94	91



Resp Rate (Number)	25	22	24	22	20	22	24	23	26
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	98	99	96	99	98	99	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	B	B	B	SK	SK	✓	✓	✓	✓

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 8 Y 5 M 22 D (M)
Dr. PREETHAM KUMAR

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 16/1 Time: 9 AM

Doctor / Nurse / Family Concern?

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

98.4

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

103/70 (30) 63

Heart Rate (Number) 100

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

Resp Rate (Number) 22

Resp Distress	Mod/ Severe / None / Mild	0
Receiving O_2 (l/min)		
O_2 Saturations (%)		99
Conscious Level	Normal / Altered	N
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		SK

Noted by
Subhan
16/1/26
@ 10AM

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

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Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

(1)

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FLUID CHART

Sheet No. : 1

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

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 :**						
	08:00 pm			DNS								
	09:00 pm			60 ml								
	10:00 pm			60 ml						✓		
	11:00 pm			60 ml								
	12:00 am			60 ml						✓		
	01:00 am			60 ml								
Total Intake :				300ml		**Total Output :**						
13/1/26	02:00 am			60 ml								
	03:00 am			60 ml						✓		
	04:00 am			60 ml								
	05:00 am			60ml						✓		
	06:00 am											
	07:00 am											
Total Intake :				240ml		**Total Output :**						

Total 24 hrs. Intake	540 ml	**Total 24 hrs. Output**	4 times

13/1/26 at 7 Am

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 22 D (M)
Dr. PREETHAM KUMAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

15/7/26

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	IV	N.G							
15/7	08:00 am											
	09:00 am		Idly	60ml						✓		
	10:00 am		water								0	Renuka 15/7 @1pm
	11:00 am			60ml								
	12:00 pm			60ml						✓		
	01:00 pm			60ml								
Total Intake :				240ml		Total Output :						
15/7	02:00 pm											
	03:00 pm		Rice	60ml								
	04:00 pm		water	60ml						✓		
	05:00 pm			60ml							0	Subha 15/7 @5pm
	06:00 pm			60ml								
	07:00 pm											
Total Intake :		240ml				Total Output :						
15/7	08:00 pm		Rice	60ml								
	09:00 pm		water									
	10:00 pm										0	Vaishnavi 16/7 @2Am
	11:00 pm			60ml						✓		
	12:00 am			60ml								
	01:00 am			60ml								
Total Intake :		240ml				Total Output :						
16/7	02:00 am			60ml								
	03:00 am			60ml								
	04:00 am			60ml							0	Vaishnavi 16/7 @8Am
	05:00 am			60ml						✓		
	06:00 am			60ml								
	07:00 am											
Total Intake :		300ml				Total Output :						

Total 24 hrs. Intake	1020 ml	Total 24 hrs. Output	5 times

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FLUID CHART

Sheet No. : 3

16/7/26

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							
16/7	08:00 am		Idly Wates							L		Subha 16/7
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Noted by Subham 16/7/26 @ 10AM

Total 24 hrs. Intake		Total 24 hrs. Output	1 time

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DRUG CHART

Date of Admission: 14/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : SYP. PARACETAMOL (5ml-240mg)				Date 14/7 15/7
Dose	Route	Frequency	Start Date	Time 8:30pm 7pm
6ml	PO	6th hrly.	14/7	
Doctor's Signature		Valid Period	Pharm.	
Jayalaxmi 14/07/26				
Additional Instructions: Temp > 100°F 15 mg/kg/dose.				

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

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

Signature

VERIFIED BY : Name

Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 19.5 kg. Ward. .....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1gm	IV	12 hrly	14/7

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

Additional Instructions: After Test Dose. 50 mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date	14/7	15/7	16/7
Time			
6 Am	R	R	R
			Pm
	10:30 pm		
6 Pm	R	Pm	

Rajyalaxmi 14/07/26

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
20 mg	IV	ONCE DAILY	14/7

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

Additional Instructions: 1 mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date	14/7	15/7	16/7
Time			
6 Am	10:30pm R	R	Pm

Rajyalaxmi 14/07/26

DRUG : HYPER NEB.

Dose	Route	Frequency	Start Date
nebp	P/N	THRICE DAILY	15/7

Name & Signature of the Doctor Starting the Drugs:
(Dr Preetham)

Additional Instructions:

See the Nebulization Chart

Daily Doctor's Endorsement by a Sign

Rajyalaxmi 15/7/26

DRUG : NASIVION NASAL DROPS.

Dose	Route	Frequency	Start Date
2 drops	P/N	THRICE DAILY.	15/7

Name & Signature of the Doctor Starting the Drugs:
(Dr Preetham)

Additional Instructions:

Date	16/7
Time	
6 Am	R Pm
2 Pm	
10 Pm	

Daily Doctor's Endorsement by a Sign

Rajyalaxmi 15/7/26

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Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signatu

VERIFIED BY . Name .....

VIH-00206941 IP-00060708
Master JAKE ABRAHAM ROBIN
23-01-2020 6 Y 5 M 21 D (M)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 19.5 Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
14.7.26	9.00PM	D1/2 S	IV	60			16/7		

Boyadanne 14/7/26

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