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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

ACTIVITY RECORD FOR BILLING

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

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

Date of Admission : 8/7/26 Time : 7:57 Pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	9pm	ER	107.	

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
8/7/26	CXR	R26 – 010958	Lam
	CBP, CRP, S/E, S. Cr	26022854	Lam
	Cross checked by Sadujo 9/7 @ 3:20pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7	Infusion pump	9PM	9/7 3pm	3099159	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7/26	I.V placement	1	3099160	Br. Samuel.
	Neb	5	3099225	[illegible]
	Nebs	4	3099532	[illegible]
	Cross checked	[illegible]	[illegible] 9/7 @ 3pm	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 9/7 @ 3:20pm		

Ref. No. F/INPR/12

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Patient Name : .

Registration No.

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
8/7/26	00.00	10.pm - Levolin	Subham	
9/7/26	1.00	12. Am - Levolin	Subham	
	2.00	2 Am - Levolin	Subham	
	3.00	4 Am - levolin + ipravent	Subham	
	4.00	6 Am - levolin + Budecort	Subham	
	5.00	(5) - 3099275		
	6.00	9. am - Levolin	Bennika	
	7.00	11 am - Levolin	Bennika	
	8.00	1 pm - Ipravent	Bennika	
	9.00	2 pm - Levolin	Bennika	
	10.00	(4) 3099532		
	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			

Name	Master MITHIL TEJ CHINDAM	**UHID**	VIH-00124008
Father/Guardian	Mr CHINDAM NAGARAJ	**Age/Gender**	9 Y 7 M 25 D/Male
Address	1-16/1 CHEERYAL KESSARA MDECHAL , Keesara, Hyderabad, Telangana, INDIA, 110005		
IP No	IP-00060627	**Admission Date**	08-07-2026
Ref Doctor	DR.REVANTH	**Discharge Date**	09-07-2026

DISCHARGE SUMMARY

Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Diagnosis: Wheeze associated lower respiratory tract infection

History: Master MITHIL TEJ CHINDAM is a 9 Y 7 M 25 D, boy presented with history of dry cough, cold since 7 days, moderate grade intermittent fever since 3 days, breathing difficulty since 1 day prior to admission. For the above complaints, he was referred to Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 120/min, blood pressure 110/70 mmHg and respiratory rate 28/min. Respiratory distress was present in the form of tachypnea, mild subcostal retractions. On auscultation of chest, air entry was equal with bilateral wheeze & rhonchi present. 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 : 35.8 kgs.

Name	Master MITHIL TEJ CHINDAM	**UHID**	VIH-00124008

Investigations: Enclosed.

Management: He was admitted in the ward and started on intravenous antibiotics and intravenous fluids. In view of chest signs, he was frequently nebulised with Levolin, Budecort and Ipravent. In view of persistent wheezing, Injection Hydrocortisone was given. His chest x-ray done - report awaited.

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

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

Advice:

1. Diet as advised.
2. Syrup Augmentin (625mg), 1 tablet, 12^{th} hourly (after food) for 3 days.
3. Tablet Montair, 1 tablet once daily at bedtime for 1 month.
4. Tablet Omnacortil (30mg) 1 tablet 12^{th} hourly (after food) for 3 days.
5. Tablet Lansoprazole (30mg) 1 tablet once daily (30 minutes before breakfast) for 3 days.
6. Nebulization with Levolin (0.63mg), 1 respule 6^{th} hourly for 2 days
   followed by 1 respule 8^{th} hourly for 2 days
   followed by 1 respule 12^{th} hourly for 2 days
   and stop.
7. Nebulization with Budecort (0.5mg), 1 respule 12^{th} hourly for 5 days.
8. Photostable Gold (SPF 55) for local application, sunscreen application.
9. Seroflo 250, 2 puffs, 12^{th} hourly for 1 month
   followed by once daily for 1 month (Start after 1 week).
10. Follow up with Dr. Revanth Garu, Consultant Pediatrician.

Name	Master MITHIL TEJ CHINDAM	UHID	VIH-00124008

In case of Fever:
Tablet Paracetamol (500mg), 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.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name : Signature :

Relationship with patient :

This summary has been explained by :

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

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

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,

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PatientName	: Master MITHIL TEJ CHINDAM	**Inpatient No.**	: IP-00060627
Age/Gender	: 9 Y 7 M 24 D/ Male	**Admit Date**	: 08-07-2026
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 :08-07-2026 20:21
HEMOGLOBIN (Colorimetry)	13.1	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.69	10^12/L		4 - 5.2
PCV/HCT (Calculated)	35.9	VOL%		35 - 45
MCV (Calculated)	**76.5**	**fL**	L	77 - 95
MCH (Calculated)	27.9	pg/cells		25 - 33
MCHC (Calculated)	**36.5**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.5	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	249	10^9/L		150 - 450
MPV (Calculated)	8.2	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**15.02**	**10^9/L**	H	4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	58	%		33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	**27**	**%**	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	06	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	**09**	**%**	H	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - LEUCOCYTOSIS WITH RELATIVE EOSINOPHILIA 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 :08-07-2026 20:21
CRP (Immunoturbidimetry)	2.0	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 :08-07-2026 20:21

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master MITHIL TEJ CHINDAM	**Inpatient No.**	: IP-00060627
Age/Gender	: 9 Y 7 M 24 D/ Male	**Admit Date**	: 08-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.6	mg/dl	0.5 - 1

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 :08-07-2026 20:21
SODIUM (Direct ISE)	143	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.0	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	106	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 25 D (M)
Dr. SIVA NARAYANA REDDY

Patient Nam

IP.No:

Ward:

DOA:

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

Noted by Anitha 9/4 @3pm

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060627 **Admit Date** : 08-Jul-2026 **Admit Time** : 07:57 PM **UHID** : VIH-00124008

Patient Details :

Patient Name	: Master MITHIL TEJ CHINDAM	**Age**	: 9 Y 7 M 24 D
Guardian	: Mr CHINDAM NAGARAJ	**DOB**	: 14-11-2016
Gender	: Male	**Religion**	: Hindu
Occupation	:	**Martial Status**	: Single
Address (H)	: 1-16/1 CHEERYAL KESSARA MDECHAL Keesara Hyderabad Telangana INDIA 110005	**Phone No**	: 9299550015
		E-mail	: na123@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 CHINDAM NAGARAJ **Relationship** : S/O

Contact Address : 1-16/1 CHEERYAL KESSARA MDECHAL Keesara Hyderabad Telangana INDIA 110005 **Phone No** : 9299550015

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.REVANTH **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : ICICI LOMBARD GENERAL INSURANCE CO LTD

Patient Name : Mast. MITHIL TEJ CHINDAM UHID : VIH-00124008) IPD : IP-00060627 Gender : Male Age : 9 Y 7 M 24 D

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

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Wt: 35.8 kg
Ht: 140 cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Mithil tej chindam Age : 9y7M Gender: ☐ Male ☐ Female

Date : 8/7/26 Time of Arrival : 7:15 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°F PR: 112 b/m BP: 110/77 (86) RR: 24 b/m SpO2: 92 %

Chief Complaints: c/o cold, cough x 7 days, Breathing difficulty (4-5 days)

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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:19 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Architha

Signature of Triage Nurse : .....

Date & Time : 8/7/26 @ 7:19 PM

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

Patient Name : Mast. MITHIL TEJ CHINDAM UHID : VIH-00124008) IPD : IP-00060627 Gender : Male Age : 9 Y 7 M 24 D

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/7/26 Time of arrival : 7:21 PM

Chief Complaints: C/O cold, cough, Breathing difficulty RBS: —

Height : 140 CM Weight : 25.8 CM BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

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

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 2

Time of Initial assessment completed by ER Nurse : 7:25 PM

Patient Name : Mast. MITHIL TEJ CHINDAM UHID : VIH-00124008) IPD : IP-00060627 Gender : Male Age : 9 Y 7 M 24 D

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

Time	Nursing Notes
7:15pm	* patient came to ER
7:18pm	* vitals checked & Recorded
7:22pm	* Dr. Deepthi Seen the patient and advised admission
7:26pm	* Admission Done
8:30pm	* IV placement Done
8.45pm	* collected the samples & Send to lab
9pm	* Patient shifted to the ward.

Samples collected by: } Samuel Time: @ 8:30 pm

Samples sent by : Time: @ 8:35pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:00pm	Neb. levolin	Neb	1.25	Deepthi	AS
6:10pm	Neb. budecort	Neb	0.5 mg		AS
7:00pm	Neb. levolin	Neb	1.25 mg		AS
7:10pm	Neb. Ipravent	Neb	2 ml		AS

Condition of patient at time of shift - out :	Details of Shift - out
HR: 143 b/m BP: 111/70 (89) CFT: <3sec	Shift - out from ER to: 107
RR: 38 b/m SPO_2 : 96 %	Time of Shift - out: 8/7/26 @ 9pm
GCS: 15/15 Temperature : 98.6°F	Handover given to: Sr. Subham (Nurse's Name)
Pain Score: 0	by Ro Sanjay
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sanjay Signature of the Nurse :

Date & Time : 8/7/26 @ 9pm

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: WALRTI

Arrival Time: 9:10pm Mode of Arrival: By walk Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: NO

Body Weight: 35.8 Kg

Height: 140 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	NO

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: 35.8 kg Length: 140 cm Head Circumference (< 2 years): Nil

Temp.: 98.6°f HR: 98 b/m RR: 26 b/m BP: 118/72 (80)

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

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

Risk of Pressure Sore (Braden Q Score 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 ..... 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?) ..... 01 .....

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 .....

Nurse's Name: ..... Subham ..... Date: ..... 8/7/26 ..... Time: ..... 9:30pm ..... Signature

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 7:57 PM	8/7/26 @ 9.00 PM
	Transfer Ordered by: Dr. Deepthi.	Reason for Transfer: Admission
From Unit: BA	To Unit: 107	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 21	Number of Imaging Films: CT R - 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over — OPD file give.

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
Srikiran	Dr Deepthi

Patient & Clinical Records Received by : Subham

Date & Time of Patient Received : 8/7/26 @ 9:10PM

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00124008 IP-00060627 _____
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : Mithil Tej Chindam Age/Sex 9y 7m / m

Information given by: Mother (fair) Relationship

Chief Presenting Complaints & Duration (Chronologically)

Cough + cold } : 07 days

Breathing difficulty : 1 day

Fever : 2 days

History of present illness :

A 9y 7m old (m) child, who is apparently asymptomatic 10 days before was initially managed on OPD basis & ER]

but i/v/o worsening of symptoms, he was admitted to RH for

> Cough (dry) : 07 days
intermittent
- A/w

> Cold : 7 days
- A/w nose block

> Breathing difficulty : 1 day

No h/o ~~fever~~ / dull activity / travel / altered sensorium / cyanosis / decreased oral intake / other concerns

- Used. Zipren + Neb → on OPD basis

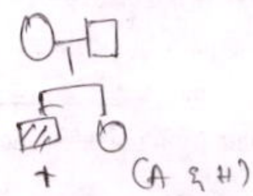
Pediatric Multiorgan History & Physical Examination

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

- H/o
  recurrent episodes of wheeze's (+) – used Nebs
- family H/o Bronchial Asthma → to paternal uncle

Birth & Neonatal History:

Term | CAAB | B.wt - NNL |
No immediate perinatal Complications
Treated for NNJ



Birth & Socio Economic History:

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

Developmental History :

Appropriate for age in all 4 domain

Immunization History :

Received upto date as per NIS

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 140cm (Centile _____)

Weight (kgs)) 35.8kg (Centile _____)

On Examination :

Temperature : 97.0°F Pulse Rate : 126/m B.P. 110/74 (86) mmHg SPO2 92-96 % @ RA

Resp.rate and type of breathing : 28/m ; Regular

Rash

Lymphadenopathy (-)

Oedema :

Allergies (if any):

- Ah peripheral pulses - felt
- peripheries - warm
- CRT < 3sec

Respiratory System :

Inspection (any s/o distress) : Bl chest moving symmetrically

Air entry & breath sounds : AE+; Bl diffuse wheeze (+)

Any addes sounds : Rhonchi (+)

Relevant data from outside (Chest X-Ray, ABG,etc.,) RD (+) → mild subcostal retractions

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection

Palpation : Soft, Non-tender, no organomegaly

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : N

Tone: Power 4/5 in all 4 limbs

Co-ordinator : N

Posture :

Involuntary Movements : -

Reflexes :

DTR 2+ in all 4 limbs **Superficials:** +nt

Plantars flexor

Sensory System : N

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Wheeze Associated Lower Respiratory Tract Infection

(P.T.O.)

VIH-00124008 IP-00060627
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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. Creatinine ✓
Entroplain - ① ✓
CXR ✓

(S/B Dr Siva Sir @ OPD)
Planned Management

- Admit in wards - SOS PICU (if requiring High flow O2)
- IVF
- IV Ab, Hydrocortison, Mpiou } after reports
- Nebs → Levolin + Budecort + Ipravent
- Monitor vitals - 2nd hrly
- W/F Tiny work / deductions
- Vlo chest, Uwormies

8/7/26 Noted by Sr (Gram) S.1 (W) @ 8:30 Pm

Signature of the Doctor: ....
Name of the Doctor: Dr. Deepti
Date & Time: 8/7/26 @ 8:00 p.m.

Signature of the Consultant: ....
Name of the Consultant: Dr. Sivanarayana Reddy
Date & Time: 8/7/26

8/9/26 10 AM

VIH-00124008 IP-00060627
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14-11-2016 9 Y 7 M 24 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/9/24	S/B Resident	
4pm		
	C/o WALRI	plan
	- child reviewed	- IV + cont. same instructions
	- symptoms - better	- if fever
		↓
	O/E - Euthermic	Can plan to start QUAb.
	CVS - S1S2 (+)	- start Hydrocortisone
	RS - BAE (+)	now
	wheeze (+)	- Monitor vitals
	PA - Soft	- Neb. Levolin
	CNS - NAD	- Atropine SOS
		- plan to change to Levolin
		- 3rd hrly
		+ Ipra
(signature)		- start Antisight

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

(P.T.O)

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM (M)
14-11-2016 9 Y 7 M 25 D
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 7:30AM	S/R Resident	
	C/o WARD	plan
	CR - Symptoms - better	- Cr + Cont. same
	No fevers / No new	instructions
	Concern	- Neb - Levolin - 2nd hely
	RD - improved	Ipravent - TID
	Tolerating feeds - well	Budecort - AD
	passing urine	* - Inj Hydrocort - start TID
		- Monitor vitals
	O/E - Euthermic	- H/o checking
	CVS - S1S2 (+)	- Supportive care
	RS - NA E (+)	
	wheeze ↓ed	* - start SINAbx - only if fevers
	PA - soft	
	CNS - NAD	* - Levolin frequency ↓ decided after rounds
		* - start Azithro
		- pulmonologist c/o on f/u
		- plan d/c by evening
	- Montair OD x 1 Month ←	
	- SEROFLO 2 puffs (1-0-1) x 1 month 250	photostable cold (SPF 35)
		↳ OD x 1 month

After Anesthesia / Dr. ... 9/7/26

VIH-00124008 IP-00060627
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14-11-2016 9 Y 7 M 25 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	plan	
-	plan d/c by evening	
-	On oral Azithromycin x 3 days	
-	T. MONTAIR OD (HS) x 1 month	
-	Photostable Gold (SPF 55+) application	
-	SEROFLO 250 2 puffs 1 — 1 x 1 month, then OD same x 1 month — to be started after a week	
-	Continue nebs now → Levolin every x 2 d, 6 hourly x 2 d, 8 hourly x 2 d; Budecort 1 — 1 x 5 days	
-	Plan for pulmonologist c/o on f/u	
-	T. OMNACORTIL X 3 days + pantop x 3 days	Noted by [illegible] 9/7/26 @ 3pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: WALRTI			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —			
	Surgery / Procedure: —			Post OP Day: —			
BACKGROUND	Date / Shift	8/7/26 10?(N)	8/7 N	9/7 M	9/7 E		
	Medical Condition (Any special condition to be noted):	—	Nil	Nil	Nil		
	Diet:	Normal		Soft diet	Soft diet		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.2°F	98.1°F	97.6°F	98.2F		
	Res:	24b/m	25b/m	22b/m	20 b/m		
	SpO_2:	94%	96%	98%.	99%.		
	Pulse:	112b/m	107b/m	102b/m	104b/m		
	BP:	110/77(86)	102/69(80)	100/70	98/69(70)		
	LOC:	conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:		10	10	10		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	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:	Normal		Nil	Nil		
	Critical Lab Test / Values:	—	—	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 :		Br. Sanjay	Manasa	Beuronika			
Signature / ID :		S	1019591	2018727			
Date:		8/7/26	9/7/26	9/7/26			
Time:		@9:10pm	@8AM	@2pm			
Taken Over By Name :		Subham	Beuronika	Anitha			
Signature / ID :		9017444	2018727	A9050140			
Date:		8/7/26	9/7/26	9/7/26			
Time:		@9:10pm	@8am	@2pm			

Noted by Anitha 9/7/26 @3pm

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

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-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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Date: 8/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... Nebulisation
- ☐ 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	10 pm	→ Nebulizations	10:30 pm	→ Levolin is given for every 2nd hourly	→ To relieve cough	→ patient is stable	@ meena

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14-11-2016 9 Y 7 M 25 D (M)
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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
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Date: 9/7/26

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	1pm	→ Maintain good Nutritional status		→ To Oral Intake is good	→ To Provided Soft diet	Patient is stable	Bavanika 9/7 @ 2pm
Afternoon	3pm	Discharge Note :-		Doctor Come for rounds & advice		Discharge Noted by Anitha 9/7 @ 3pm	
Night							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 9/7	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	(2)	2				
	13 years old and above	1					
Gender	Male	(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				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	(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				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	(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				
	Total	11	10				

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

	Bed in low position	✓	✓				
	Call device within reach	✓	✓				
	Wheels Locked	✓	✓				
	Room free of clutter	✓	✓				
	Adequate lighting	✓	✓				
	Wheel chair supp...	✗	✗				
	Other Intervention(s) Specify	✗	✓				
	Nurse's Name:	Reddy	Reddy				
	Signature:	SK					
	Date:	8/7/16	9/7				
	Time:	9pm	2pm				

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

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CHECKLIST FOR THROMBOPHLEBITIS

Ref. No. F / HW / QC / THROM / 07

Ward : 106

Date : 8/7/26 Time : 8:43 PM

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	I.P. No. 8/7 N	9/7 M	E						REMARKS
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	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	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 : Kiran Name

Signature of Ward In Charge :

Signature : Swathi Name

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BRADEN 'Q' SCALE

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				Date :	8/7/16	9/7		
				Time :	@8:43m	2pm		
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.	1	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		
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		
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		
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."	3	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		
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.	3	4		
				TOTAL SCORE	23	28		
				Evaluator's Name		(B)		

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D
Dr. SIVA NARAYANA REDDY (M)

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PAIN ASSESSMENT FORM

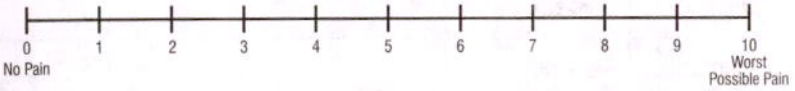
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7/26	8:46 pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		[illegible]
9/7/26	2pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Brijy
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

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

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Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 25 D (M)
Dr. SIVA NARAYANA REDDY

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

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 MITHIL TEJ CHINDAM**	**Age :**	**9 Y 7 M 24 D**
IP No:	**IP-00060627**	**Sex:**	**Male**
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.
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: Chindam Nagaraj
Relationship: Father
Date: 05-02-2026 Time:

Patient Address:
1-16/1 CHEERYAL KESSARA MDECHAL
Keesara Hyderabad Telangana INDIA
110005

Witness Name:
Wittness Signature:

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

Doc. No. : RCH/ FRM / CLINICAL / 126 (1)

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

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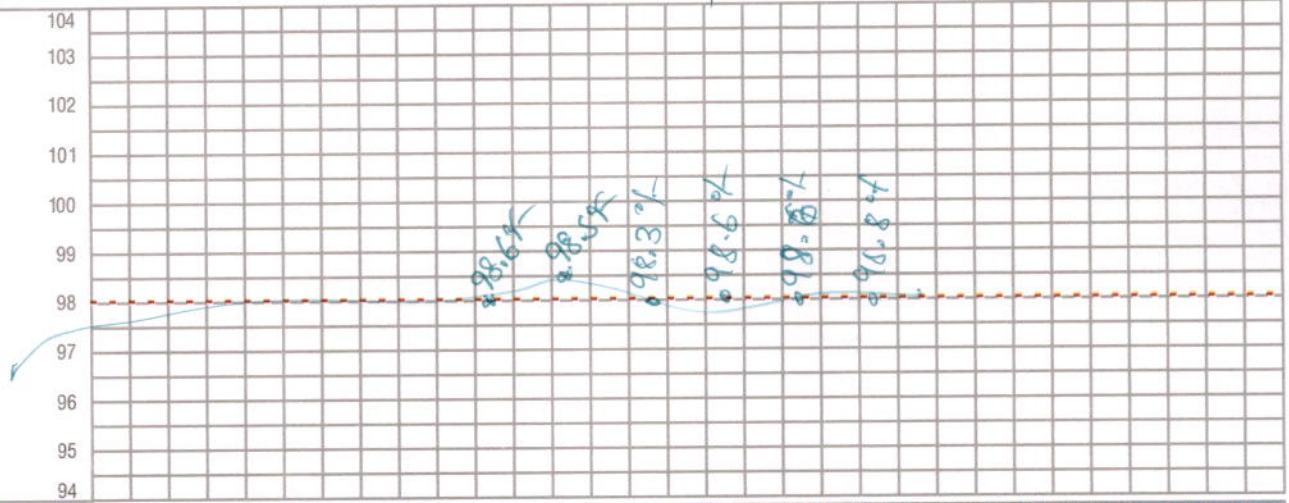
EARLY WARNING SCORE: CHILDREN'S UNIT

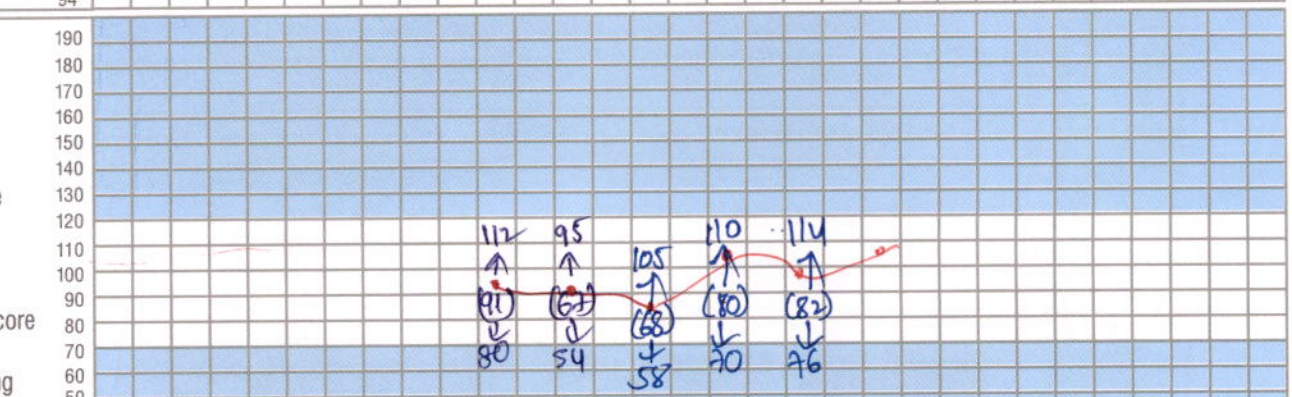
Date : 8/07/16 Time:	10	12	2	4	6	8
Doctor / Nurse / Family Concern?	PM	AM	AM	AM	AM	AM

Temperature (°F)



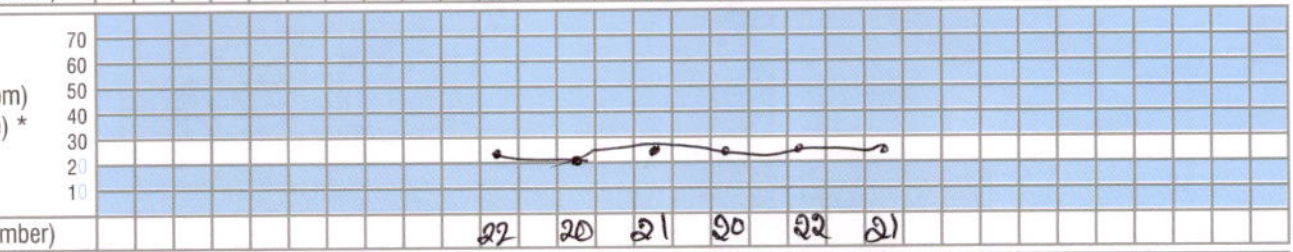
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	92	90	85	102	96	103

Resp. Rate (bpm) over 1 Minute) *



Resp Rate (Number)	22	20	21	20	22	21
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	96	97	98	98	99	97
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SK	SK	SK	MA	MA	MA

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-00124008 IP-00060627
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Doc. No. : RCH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/7/26 Time:	9	11	1	3
Doctor / Nurse / Family Concern?	am	am	pm	pm
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		111 / (77) / 65		98 / (72) / 69
Note: BP does not score in early warning scoring				
Heart Rate (Number)	105	102	100	100
Resp. Rate (bpm) (per 1 Minute) *				
Resp Rate (Number)	22	25	20	20
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	98	99
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	A

Noted by Dr Latha 9/7/26 @3pm

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

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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)
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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14-11-2016 9 Y 7 M 24 D (M)
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(1)

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm			DNS								
8/7	11:00 pm		Rice	30ml						✓		
	12:00 am		water	30ml								
	01:00 am			30ml								
Total Intake :	90 ml					**Total Output :**						
	02:00 am			30ml								
	03:00 am			30ml								
9/7/26	04:00 am			30ml								
	05:00 am			30ml								
	06:00 am			30m						✓		
	07:00 am											
Total Intake :	150m					**Total Output :**						

Subhan
9/7/2026
@8am

Total 24 hrs. Intake	240 ml	Total 24 hrs. Output	2 times

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FLUID CHART

Sheet No. : .....

9/7/26

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		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							
9/7/26	08:00 am											
	09:00 am		Jolly water							✓		
	10:00 am										0	Bennika 9/7 @1pm
	11:00 am											
	12:00 pm		Rice									
	01:00 pm									✓		
Total Intake :						**Total Output :**						
9/7	02:00 pm											
	03:00 pm		Rice water							✓		
	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 Amulya 9/7 @3pm

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

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

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

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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: ..... 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. Deepthi

Date & Time : 8/12/26 @ 8:13 a

Nurse Name & Signature: Suvarchala

Date & Time : 8/12/26 @ 8:13 a

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DRUG CHART

Date of Admission: 8/7/26 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 :				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:				

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

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

Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

Weight. 35-86 kg 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
8/9/26	8:30 pm	2NF - DNS (1/3rd maintenance)	IV	30	D				

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

VIH-00124008 IP-00060627
Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

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
8/7	6.9PM	NEB. LEVOSALBUTAMOL X3	1.25mg	PN		Liron Sanjay
8/7	6.10PM	NEB. BUDESONIDE	0.5mg	PN		Liron Sanjay
8/7	7.10PM	NEB - IPRATROPIUM BROMIDE	2ml	PN		Liron Sanjay. Gayathri Kalpana
8/7	10PM	INJ. HYDROCORTISONE	100mg	IV		
8/7	10.15PM	INJ. MAGNESIUM SULFATE	1gm in 50ml NS 0.9%	IV over 30 min		

Verified Dr. Rishika

Master MITHIL TEJ CHINDAM
14-11-2016 9 Y 7 M 24 D (M)
Dr. SIVA NARAYANA REDDY

35-8kg

REGULAR PRESCRIPTIONS

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

NEB @ 8hrs 8/7

DRUG : NEB. LEVOSALBUTAMOL

Dose	Route	Frequency	Start Date
1.25 mg	PN	8th hrly	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Inepule = 1.25 mg

Daily Doctor's Endorsement by a Sign

Date / Time

See the Neb's chart

NEB @ 8hrs 8/7/26

DRUG : NEB. BUDESONIDE

Dose	Route	Frequency	Start Date
0.5 mg	PN	12 hrly	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

(Inepule : 0.5 mg)

Daily Doctor's Endorsement by a Sign

Date / Time

See the Neb's chart

NEB @ 8hrs 8/7/26

DRUG : NEB. IPRATROPIUM BROMIDE

Dose	Route	Frequency	Start Date
500 mcg	PN	8hrly	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

(Inepule = 500 mcg)

Daily Doctor's Endorsement by a Sign

Date / Time

See the Neb's chart

DRUG : 2 mg I. HYDROCORTISONE

Dose	Route	Frequency	Start Date
100 mg	IV	8 hrly	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

2-4 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time

8/7

6 am

2 pm

10 pm

Verified
Dr. Rishika
Clinical Pharmacologist