Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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RCWH.0000191400 IP-00060689
Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

ACTIVITY RECORD FOR BILLING

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

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

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	1:50pm	ER	104	Sanjay

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/7	CBP, CRP	26028507	[signature]
	CUG	26028553	[signature]
	Gross checked by coalpons 14/7 @ [illegible]		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7	Infusion pump	2:10pm		3101125	Sadiya

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/7.	IV placement	(1)	3101099	Sadiya
14/7	reels	4	3101360	
14/7/26	Nebulization	3	3101581	Jeeba
15/7	reels	3	3101982	
16/7	reels	(8)	3101431	
16/7	reels	(1)	3102132	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref. No. F/INPR/12

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104

Patient Name: RCWH.0000191400 IP-00060689
Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

Registration N

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
13/7	00.00	4:00pm - Levolin + budicort	manasa	Sig
	1.00	8:20pm - levolin	Manasa	Sig
14/7	2.00	12:20Am :- levolin	Indu	Sig
	3.00	4:20Am - levolin + Budicort	Indu	Sig
	4.00	(4) - 3101360		Sig
	5.00	8:20 Am - Levolin	Beronika	Sig
	6.00	12:20pm - Levolin	Beronika	Sig
	7.00	4PM PRN. Levolin (Refused)	Subham	Sig
	8.00	7PM - Levolin + Bude Cort	Subham	Sig
	9.00	(3) 0310158 1		
	10.00	11pm - Levolin.		
15/16	11.00	3AM - Levolin.	[illegible]	Sig
	12.00	7AM - Levolin + Budecort.		
	13.00	(3) 3102131		
	14.00	11 Am - Levolin	Beronika	Sig
	15.00	3pm - levolin	Subham	Sig
	16.00	7:30pm - levolin + Budecort	Subham	
	17.00	(3) 3101982		
	18.00	11pm - levolin	Vaishnavi	Sig
	19.00	3 Am - levolin	Vaishnavi	
	20.00	(1) 3102132		
	21.00	7Am - levolin + Budecort	Refused	Sig
	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-00060689 **Admit Date** : 13-Jul-2026 **Admit Time** : 12:17 PM **UHID** : RCWH.0000191400

Patient Details :

Patient Name	: Master G. ANVITH REDDY	**Age**	: 14 Y 4 M 9 D
Guardian	: Mr MR. G. MADHUSUDHAN REDDY	**DOB**	: 04-03-2012
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-13-199, MADHUSUDHAN NAGAR MALKAJGIRI, Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9966181660
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 104 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 104 **Admission Type** : First Visit

Contact Details :

Name	: Mr MR. G. MADHUSUDHAN REDDY	**Relationship**	: Father
Contact Address	: H.NO-13-199, MADHUSUDHAN NAGAR MALKAJGIRI, Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9966181660

Signature

Doctor Details :

Doctor Name	: Dr. SURENDER RAO DUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: HEALTHINDIA INSURANCE TPA SERVICES PVT LTD

Patient Name : Mast. G. ANVITH REDDY UHID : RCWH.0000191400 IPD : IP-00060689 Gender : Male Age : 14 Y 4

RCWH.0000191400 IP-00060689
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04-03-2012 14 Y 4 M 10 D (M)
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wt - 47.80kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mst. G. Anvith Age : 14.4 **Gender:** ☑ Male ☐ Female

Date : 13/7/26 Time of Arrival : @ 11.55 Am

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: 97.2°F PR: 80b/m BP: 115/60 (30) RR: 20b/m SpO: 98%

Chief Complaints: Fever, cold since 5 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

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

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : @ 12 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 : Bro. Sayaj

Signature of Triage Nurse : Sayaj

Date & Time : 13/7/26 @ 12 Pm

Patient Name : Mast. G. ANVITH REDDY UHID : RCWH.0000191400 IPD : IP-00060689 Gender : Male Age : 14 Y 4 M 9 D

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : @ 12.01 PM

Chief Complaints: fever, cold since 5 days RBS: –

Height : – Weight : 47.8 kg BMI : – Head Circumference (<2 years) –

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

If yes , identify .....

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

☐ Character – ☐ Location – ☐ Frequency – ☐ Duration –

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☐ No
• Uses furniture for support	☐ Yes	☐ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☐ No
• Weak	☐ Yes	☐ No
• Impaired	☐ Yes	☐ No
Mental Status: Forgets limitations	☐ Yes	☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of initial assessment completed by ER Nurse : @ 12.05 PM

Patient Name : Mast. G. ANVITH REDDY UHID : RCWH.0000191400 IPD : IP-00060689 Gender : Male Age : 14 Y 4 M 9 D

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

Time	Nursing Notes
11.55 AM	Pt came TO ER.
11.59 AM	Pt vitals checked and Recorded
12.02 PM	Dr. Samera Seen the Pt advice Admission
12.30 PM	Pt admission Proceed Done.
1.00 PM	Pt IV Placement Done and Sample Sent lab
1.50pm	Pt Shift ER TO (104)

Samples collected by: Sis. Swagatika Time: 1.20 Pm

Samples sent by : Time: 1.25 Pm

Medication given in ER:

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

Nill

Condition of patient at time of shift - out :				Details of Shift - out	
HR: 90 b/m	BP: 115/68 mm Hg	CFT: 1 sec		Shift - out from ER to:	@ 104
RR: 20 b/m	SPO_2 : 98%			Time of Shift - out:	@ 1:50 pm
GCS: 15	Temperature : 97.4 F			Handover given to: (Nurse's Name)	Sr. Eswaria by Sr. Nagmani
Pain Score: 0					
Repeat RBS (if applicable): —					

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulization Done.

Name of the Nurse : Sr. Nagmani Signature of the Nurse : Nagm

Date & Time : 13/7/24 @ 1:50 pm

PATIENT TRANSFER FORM

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RCWH.0000191400 IP-00060689 Master G. ANVITH REDDY 04-03-2012 14 Y 4 M 9 D (M) Dr. SURENDER RAO DUSA	Date & Time of Admission 13/7/26 @ 12:17pm	Date & Time of Transfer Order 13/7/26 @ 1:50pm
	Transfer Ordered by Dr. Sameera	Reason for Transfer Admission
From Unit ER	To Unit 104	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

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

Patient & Clinical Records Received by : eswaria

Date & Time of Patient Received : 13/7/26 @ 1:55pm

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: _____

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UHID ID: _____

Department: _____

Consultant: _____

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04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : Mast. Anvith Age/Sex 14y 4m/M

Information given by: Mother Relationship Father

Chief Presenting Complaints & Duration (Chronologically)

c/o fever, cough, cold } : 3 days.
loose stool & vomitings } : 1 day.
↓ oral intake

History of present illness :

Mast. Anvith is a 14y 4m old male child presented with H/o: fever → high grade
→ not c/w chills
→ : 3 days

→ H/o cough → productive type
→ c/w post-tussive vomitings
→ : 3 days.

→ 4-5 episodes of loose stool : yesterday morning
c/w
→ ↓ oral intake : 1 day.

For the above complaint, he was admitted

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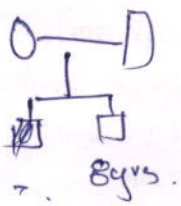
Pediatric Multiorgan History & Physical Examination

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

Nil significant.

Birth & Neonatal History:

FT / LSCS / B. wt: 3.5 kg / BC (AGA)
no neonatal issues.



Birth & Socio Economic History:

About Father : Class - II
About Mother :
Any additional Information :

Developmental History :

Appropriate for age.

Immunization History :

(P.T.O.)

RCWH.0000191400 IP-00060689
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04-03-2012 14 Y 4 M 9 D (M)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 47.9kg (Centile _____)

On Examination :

Temperature : (N) Pulse Rate : 80/min B.P. 115/60 (70) mil Hg SPO2 98% RA

Resp.rate and type of breathing : 20/min

Rash

Lymphadenopathy NO

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : Nil

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : no murmur

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

Per Abdomen :

Inspection

Palpation : soft, no organomegaly

Ausculation :

Spine : External Genitelia :

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

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04-03-2012 14 Y 4 M 9 D (M)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power 5/5 all limb.

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes : ++ | ++ / ++ | ++

DTR **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

LRTI

(P.T.O.)

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04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A

Desired goals of the treatment : Treat the infection.

S/D Dr. Surender in OPD

Planned Labs:

→ CBP, CRP, CXR
→ C/S ✗

Planned Management

→ IVF
→ INJ. CEFTRIAXONE
→ NEB ē LEVOLIN
" " BUDECORT
→ VITALS 4th hrly

Noted by Dr. nagu 13/7/26 01:49pm

Signature of the Doctor: Samreen.
Name of the Doctor: Dr. Samreen.
Date & Time: 13.7.26, 12:50 PM

Signature of the Consultant:
Name of the Consultant:
Date & Time:

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04-03-2012 14 Y 4 M 9 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 16:30	C/S/B Resident	
	Δ: LRTI	
	O/E Conscious	
	Afebrile	Plan
	... Sign ⊖	
	RS - BLAE(+)	- continue Ceftriaxone.
	PA - Soft	
		- w/f respiratory distress
	... Stable	
		- ~~Nasoclear~~ drops Nasivion
	one fever spike at 3pm	
	Noseblock (+)	
		[signature]
		noted by Manasa 13/7 07:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9AM	CWB Resident	
	ΔLRTI	4pm - 100.4°F 7pm - 100.2°F
	2 fever spikes in last 24 hours	Plan
	O/E Conscious Afebrile CVS S1S2 (N) B B/L AE (N) PA - soft [illegible]	- Inj Ceftriaxone - Continue same - W/f Resp distress - If fever spikes: CBP, CRP + [illegible]
	H/o Asthma in mother. RS - mild Exp wheeze	→ Syp Ruinoze LS 5ml - TID + Nebulisation BD
	Noted by Beronika 14/7 6pm	Sthiran Dr. Surender 14/7/26 11:33 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 15:00	Cl/B Resident Δ URTI No fever since mng O/E conscious Active CVS -/ RS -/NAD P/A - Ly Stable	Plan - Continue same - If fever spikes present then CBP, CRP T/M Noted by Subhan 14/7/26 @ 7PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9AM	C/S/B Resident	
	LRTI	
	A/O fever since 24hrs	
		Plan
	O/E Conscious	
	Afebrile	- D3 Inj Ceftriaxone
	CVS - S1S2 (+)	- Planned discharge
	RS - BLAE (+)	7PM
	PA - Soft	
	Cx Stable	
		Dr. Sushmi
	Noted by Beronika 15/7 @ 2pm	Dr. Surender 15/7/26 12:30PM

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

RCWH.0000191400 IP-00060689
Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 11 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/20 16:00	CS/B Resident	
	Δ LRTI	
	Vomiting (+)	Plan
	O/E conscious afebrile	← Continue same
		← USG Abdo pelvis
	CVS – S1S2 (+)	— Repeat CBP, CRP t/m.
	RS – BLAE (+)	
	PA – Soft	
		[signature]
	Dr. [illegible] 15/7/20 6pm	
		noted by Subhan 15/7 @ 7pm

Mast. G. Anvith Reddy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9 AM	CSIB Resident Δ LRTI - NOO feller spikes - 1/80 fresh issues O/E conscious Afebrile CVS S1S2 ✓ RS - B/L NVBS ✓ PA Soft CNS Stable	Plan - D4 N/L effluence - Planned d/c today Dr Shruti Dr Sumalatha 16/7/26 12.10 PM Noted by Subhan 16/7/26 @ 12:30pm

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: LRTI (lower respiratory tract infection)	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: ....
	Surgery / Procedure: —	Post OP Day: —

Section	Item						
BACKGROUND	Date / Shift	13/7/26 10⁴(M)	13/7 E	13/7 N	14/7 M	14/7/26 Evening	14/7/26 Night
	Medical Condition (Any special condition to be noted):	—	nil	nil	Nil	NiL	Nil
	Diet:	Normal	S-diet	S-diet	S.diet	S.diet	S.diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.2°F	98.8°F	98.6°F	98.6°F	98.6°F	98.6°F
	Res:	20b/m	22b/m	23b/m	24b/m	28b/mt	28b/mt
	SpO_2:	98%	98%	98%	98%	99%	100%
	Pulse:	80b/m	102 b/m	101b/m	108b/m	92b/mt	102b/mt
	BP:	115/60(78)	110/72(86)	111/70(83)	110/70(80)	105/69(85)	101/78(86)
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	Nil	Nil	Nil	NiL	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Normal	S-diet	S-diet	S.diet	S.diet	S.diet
	Critical Lab Test / Values:	—	Nil	Nil	Nil	NiL	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	Nil	Nil	Nil	NiL	Nil
Handed Over By Name :		BNO, Sanjay	Manasa	Indu	Beronika	Subham	Priya
Signature / ID :		SK	019541	8606608	018727	14444	018610
Date:		13/7/26	13/7	14/7/26	14/7	14/7/26	15/7/26
Time:		@1:50pm	@8pm	@8AM	@2PM	@ 8pm	at 8Am
Taken Over By Name :		Sr. Manasa	Indu	Beronika	Subham	Priyanka	Beronika
Signature / ID :		019541	8606608	018727	14444	013K	018727
Date:		13/7/26	13/7/26	14/7/26	14/7/26	14/7/26	15/7/26
Time:		@2pm	@8pm	@8am	@2pm	@8pm	@8am

RCWH.0000191400 IP-00060689
Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: LRTI

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

Surgery / Procedure: Nil

Post OP Day: Nil

BACKGROUND / ASSESSMENT / Recommendations

	Date / Shift	15/7/26 M	15/7 Evening	15/7 N	16/7/26 M.		
BACKGROUND	Medical Condition (Any special condition to be noted):	—	Nil	Nil	Nil		
	Diet:	Normal	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		
	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	97.6°F		
	Res:	22 b/mt	20 b/mt	22 b/m	28 b/mt		
	SpO_2:	99%	100%	98%	100%		
	Pulse:	95 b/m	89 b/mt	89 b/m	92 b/mt		
	BP:	112/72(80)	110/70(85)	100/68(76)	96/62(70)		
	LOC:	Consious	Consious	Conscious	Conscious		
	Fall Risk Score:	10	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	Nil		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Normal	S.diet	S.diet	S.diet		
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependent		
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil		
Handed Over By Name :		Bevanika	Subham	Vaishnavi	subham		
Signature / ID :		2018727	17444	0020216	17444		
Date:		15/7/26	15/7	16/7/26	16/7/26		
Time:		@ 2pm	@ 8pm	@8AM	@		
Taken Over By Name :		Subham	Vaishnavi	Subham			
Signature / ID :		17444	0020216	17444			
Date:		15/7/26	15/7/26	16/7/26			
Time:		@ 2pm	@8pm	@ 8AM			

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

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

Date : 13/7 Time:	4	7	9	11	1	3	5	7	
Doctor / Nurse / Family Concern?	PM	PM	PM	PM	PM	PM	PM	PM	
Temperature (°F)	100.4°F [T. Paracetamol]	100.2°F [T. Ibugesic]	98.6°F	98.6°F	98.3°F	98.6°F	98.3°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	110/60		111/60					110/60	
Note: BP does not score in early warning scoring									
Heart Rate (Number)	92	98	101	105	98	100	101	103	
Resp. Rate (bpm) (Over 1 Minute)									
Resp Rate (Number)	24	25	24	23	24	25	24	24	
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2 (l/min) O_2 Saturations (%)	98	96	98	99	98	97	98	99	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	
Observer's Initials	MG	MG	Bindu	Bindu	Bindu	Bindu	Bindu	Bindu	

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:

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

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

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

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

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

RCWH.0000191400 IP-00060689
Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..14.4.12.... Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM
Temperature (°F)	98.6°F	98.3°F	98.6°F	98.1°F	98.4°F	98.6°F	98.3°F	98.6°F	98.6°F	98.4°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	110/70		108/66		100/63				111/73			110/69
Heart Rate (Number)	100	108	98	96	93	100	100	102	108	108	89	86
Resp. Rate (bpm) over 1 Minute												
Resp Rate (Number)	24	23	23	24	21	25	24	26	22	22	23	22
Resp Distress: None / Mild / Mod/ Severe												
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	98	97	98	97	100	98	100	98	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	6	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	MM	MM	MM	SM	SM	SM	P	P	P	P	P	P

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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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!
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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)

RCWH.0000191400 IP-00060689
Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 10 D (M)
Dr. SURENDER RAO DUSA

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

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

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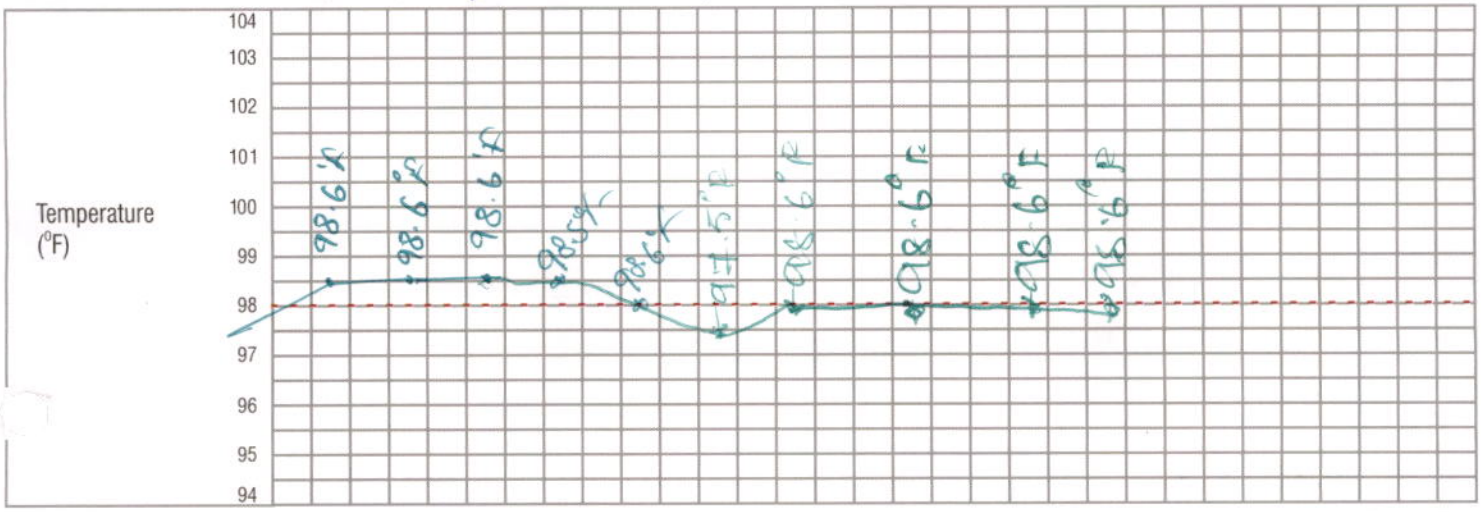
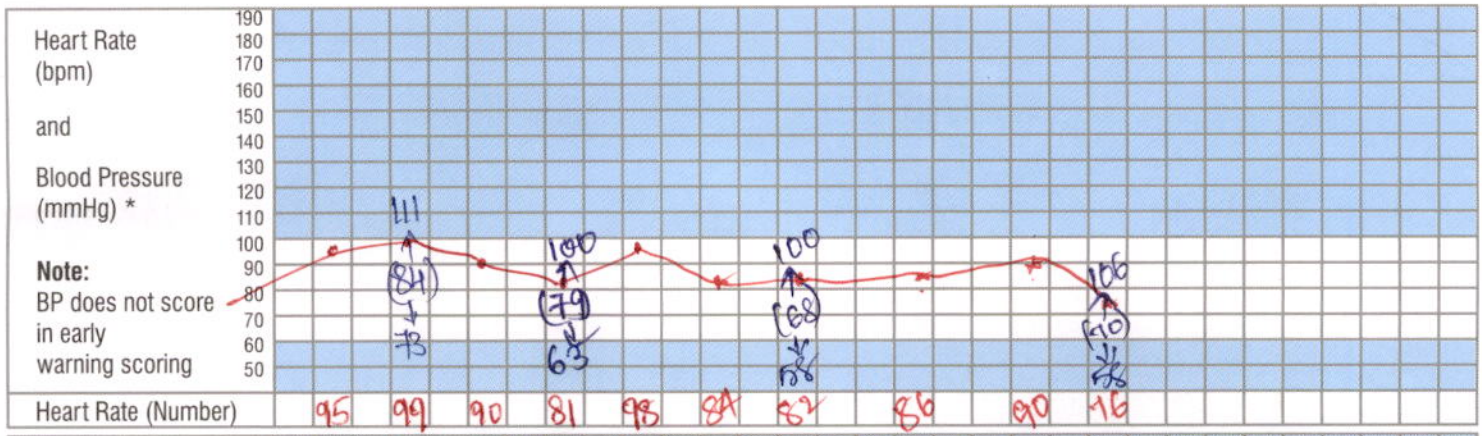
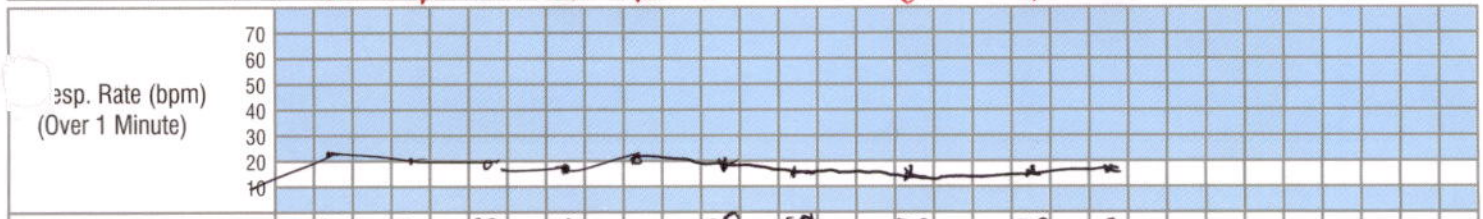
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/7/26 Time:	9	11	1	4	7	9	11	2	5	7
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	pm	pm	am	am	am





Heart Rate (Number)	95	99	90	81	98	84	82	86	90	76



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

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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04-03-2012 14 Y 4 M 11 D (M)
Dr. SURENDER RAO DUSA

No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7/26 Time:	9
Doctor / Nurse / Family Concern?	AM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	85

Resp. Rate (bpm) (Over 1 Minute)

70 60 50 40 30 20 10

Resp Rate (Number)	20
Resp Distress: Mod/ Severe / None / Mild	
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
Subhasri
16/7/26
@ 11 AM

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

Sheet No. : 1

13/7/26

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.

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 :**						
13/7	02:00 pm		Rice + water	88ml							0	manasa 13/7 07PM
	03:00 pm			88ml								
	04:00 pm			88ml								
	05:00 pm			88ml								
	06:00 pm							✓		✓		
	07:00 pm											
Total Intake :		352ml				**Total Output :**						
13/7	08:00 pm			88ml							0	2nd day 08AM 14/7/26
	09:00 pm		Rice + water	88ml								
	10:00 pm			88ml								
	11:00 pm			88ml						✓		
	12:00 am			88ml								
	01:00 am			88ml								
Total Intake :		528ml				**Total Output :**						
	02:00 am			88ml						✓		
	03:00 am			88ml								
	04:00 am											
	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake :		176ml				**Total Output :**				2 times		

Total 24 hrs. Intake	1,056ml	Total 24 hrs. Output	4 times

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Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

14/7/26

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							
14/7	08:00 am		2/4 + water	88 ml						~	1	Bedsides 14/7 @1pm
	09:00 am			88 ml							0	
	10:00 am			88 ml								
	11:00 am											
	12:00 pm									~		
	01:00 pm										1	
Total Intake : 264ml						**Total Output :**						
14/7	02:00 pm											
	03:00 pm		Rice + water					~			1	subham 14/7 @7pm
	04:00 pm									~	0	
	05:00 pm											
	06:00 pm											
	07:00 pm										1	
Total Intake :						**Total Output :**						
18/7	08:00 pm											
	09:00 pm		RICE water							~		
	10:00 pm									~		
	11:00 pm											
	12:00 am											
	01:00 am											18/7/26 at 1Am
Total Intake :						**Total Output :**						
18/7	02:00 am											
	03:00 am		water							~		
	04:00 am									~		
	05:00 am											
	06:00 am											
	07:00 am											18/7/26 at 7Am
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 3

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
15/7/26			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		jelly							✓		
	10:00 am		water								0	Bennnika 15/7 @ 8pm
	11:00 am											
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
15/7	02:00 pm											
	03:00 pm		Rice					✓				
	04:00 pm		water									
	05:00 pm									✓	0	Subha 15/7 @ 8pm
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
15/7	08:00 pm		Rice									
	09:00 pm		kalei								1	
	10:00 pm											Vaishnavi 16/7/26 @ 2am
	11:00 pm									✓	0	
	12:00 am											
	01:00 am										1	
Total Intake :						**Total Output :**						
16/7	02:00 am											
	03:00 am		kalei									
	04:00 am											
	05:00 am									✓	0	Vaishnavi 16/7/26 @ 8am
	06:00 am											
	07:00 am										1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : (4)

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		Jelly water									Subhan 16/7 @ 11Am
	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 Subhan 16/7 @ 11Am

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

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

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Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : TAB. PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
250 mg	PO	6th hrly	13/7	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: Temp > 100°F 15 mg/kg/dose				

Verified Dr. Rishika Clinical Pharmacologist

DRUG : TAB. IBUPROFEN				Date / Time
Dose	Route	Frequency	Start Date	
400 mg	PO	6th hrly	13/7	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: Temp > 101°F 10 mg/kg/dose				

Verified Dr. Rishika Clinical Pharmacologist

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

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

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Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 47.9kg. Ward. .....

DRUG : NASIVION DROPS

Dose	Route	Frequency	Start Date
2drops	PN	8th hr/4	13/7

Name & Signature of the Doctor Starting the Drugs: @/Dr

Additional Instructions: 2 drop/in each Nostril

Daily Doctor's Endorsement by a Sign

Date / Time	13/7
6AM	/
2PM	
10PM	

DRUG : INT. CEFTRIAXONE

Dose	Route	Frequency	Start Date
2gm	IV	12th hr/4	13/7

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

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

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	14/7	15/7
6 AM	/		
6 PM	Esw		

Verified Dr. Rishika Clinical Pharmacologist

DRUG : NEB ~ LEVOSALBUTAMOL

Dose	Route	Frequency	Start Date
0.63mg	P/N	6th hr/4	13/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : NEB ~ BUDESONIDE

Dose	Route	Frequency	Start Date
0.5mg	P/N	12th hr/4	13/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

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Master G. ANVITH REDDY
14 Y 4 M 9 D (M)
04-03-2012
Dr. SURENDER RAO DUSA

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

Patier	I.P. No.	Sheet No.	Wards	Weight (kg)
				44.9 kg

REGULAR PRESCRIPTIONS

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	ONCE DAILY	13/7

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

Additional Instructions: 1mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date	Time			
13/7	6Pm			
14/7	6Am			
15/7	6Am			

Verified Dr. Rishika Clinical Pharmacologist

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1	PO	12 hrly	13/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	Time			
13/7	6Pm			
14/7	6Am			
15/7	6Am			

Verified Dr. Rishika Clinical Pharmacologist

DRUG : NAHORTON-P. NASAL DROPS

Dose	Route	Frequency	Start Dt.
2 Drops	P/N	stucy	13/7/22

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

Additional Instructions: 2 DROPS IN EACH NOSTRIL

Daily Doctor's Endorsement by a Sign.

Date	Time			
13/7	6Pm			
	2Pm			
	10Pm			
14/7	6Am			
15/7	6Am			

13/7/22

DRUG : SYP. RESWAS-LS

Dose	Route	Frequency	Start Dt.
5ml	PO	8 hrly	14/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	Time			
14/7	6Am			
	2Pm			
	10Pm			
15/7	6Am			

Verified Dr. Rishika Clinical Pharmacologist

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Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 10 D (M)
Dr. SURENDER RAO DUSA

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

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

REGULAR PRESCRIPTIONS

DRUG : TAB. OSELTAMIVIR

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

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

Additional Instructions: 75 mg/dose

Daily Doctor's Endorsement by a Sign.

Date: 14/7, 15/7
Time: 10AM, 10PM

DRUG : SPRAY METASPRAY NASAL

Dose	Route	Frequency	Start Dt.
puffs	P/N	12 hrly	14/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date: 14/7
Time: 12pm, 7AM, 7PM

DRUG : INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	IV	OD	15/7

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: 1mg/kg/dose

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Verified Dr. Rishika Clinical Pharmacologist

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RCWH.0000191400 IP-00060689
Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

Weight. 47.9kg 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
14/7	5pm	INJ ONDANSETRON	4MG	IV		
15/7	2pm	INJ ESOMEPRAZOLE	40mg	IV		
15/7	2pm	INJ ONDANSETRON	4mG	IV		

Verified by Dr. Rishika Pharmacologist

VERIFIED by Name ..... Signature .....

RCWH.0000191400 IP-0060689
Master G. ANVITH REDDY
04-03-2012 14 Y 4 M 9 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 47.9kg.. Ward. .....

D.		of I.V. Fluid (,hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13.7.26	12.45 PM	DNS	IV	88	Sam	Sravani Bhiye	16/7		

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