

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____ IP No. : _____ Dept : _____


Date of Admission: _____ Time : _____

Room / Bed No : _____ Ward : _____ e : _____


VIH-00080567 IP5-00174582
Master SADUPALLY SNITHIK
16-06-2014 11 Y 11 M 16 D (M)
Dr. UJJWALA DESAI



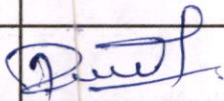



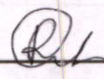
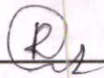
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/16	12:16	ER	108	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	K. K. Shrikant	2/6/16	9640505	
2				
3				
4				
5				
6				
7				
8				
9				
10				

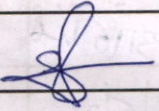
INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/18/22	CBP, CRP, Blood urea, urea, creatinine,	5405	
	So. Electrolytes,		
1/6/22	USG chest	027489	
2/6/22	CT- chest cont	027739	
2/6	CBP, CRP		
4/6/22	USG chest	28648	
4/6/22	Chest x-ray PA skew		

D/C

MEDICAL EQUIPMENT (WARD & ICU)

PROCEDURE

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/5	Infection pump	up	for	1000	

DIU

11/5/10

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/16/26	Sr placement	1	37067	<i>[Signature]</i>
1/5/26	MHA		2802	<i>[Signature]</i>
0/1/26 02/06/26				

ANY OTHER INFORMATION

.....

 RRY
 USG,

Date: 4/06/2026

Time: 10AM

Prepared By: *[Signature]*

Staff Nurse <i>[Signature]</i>	Shift / Ward	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174582 Admit Date : 31-May-2026 Admit Time : 11:21 PM UHID : VIH-00080567

Patient Details :

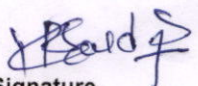
Patient Name : Master SADUPALLY SNITHIK Age : 11 Y 11 M 15 D
Guardian : Mr S.SHIVA PRASAD DOB : 16-06-2014
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H.NO. 4-21, V-PONNALA, M-SIDDIPET, D-
MEDAK Dudheda Medak Telangana INDIA 502277 Phone No : 9550037500/ 9553197500
E-mail : nomailid@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 108 Ward Name : 1F-VIBGYOR
Room No : SPVT 108 Admission Type : First Visit

Contact Details :

Name : Mr S.SHIVA PRASAD Relationship : Father
Contact Address : H.NO. 4-21, V-PONNALA, M-SIDDIPET, D-
MEDAK Dudheda Medak Telangana INDIA 502277 Phone No : 9550037500 / 9553197500


Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self Phone No :
CJ-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash Payor Name : CARE HEALTH INSURANCE LIMITED



**PEDIATRIC IN-PATIENT
MEDICAL RECORD**


Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00080587 IPS-00174582
Master SADUPALLY SNITHIK
16-06-2014 11 Y 11 M 16 D (M)
Dr. UJJWALA DESAI



Pediatric Multiorgan History & Physical Examination

Name : Snithik's Age/Sex 12y/M
Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

o fever :- 6 days
cough
cold :- 4d

History of present illness :

o fever :- 6 days => high grade
continuous
not a/w chills/rash

a/w cold, cough :- 4 days

a/w ↓ oral intake, ↓ appetite
a/w d/f in swallowing :- 2 days
↓
a/w pain

outside ESR 80
CBP 11.9/10900/3.9d
CRP 70
CXR → Ⓜ consolidation

Patient

VIH-00080567
Master SADUPALLY SNITHIK
16-06-2014 11 Y 11 M 16 D (M)
Dr. UJJWALA DESAI



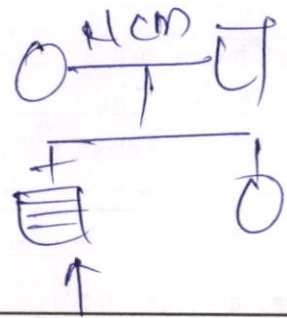
Pediatric Multiorgan History & Physical Examination

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

ref

Birth & Neonatal History:

T / DGA / no perumbil
cervix



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

as per age

Immunization History :

upto date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 25 kg (Centile _____)

On Examination :

Temperature : 97.9 F Pulse Rate : 120 per B.P. 110/60 mmHg SPO2 99 %
Resp. rate and type of breathing : 27/mth

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : cl - cl on (R) Lx

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft, nontender

Auscultation : _____

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

(N)

Motor System:

Nutrition : _____

Tone: _____ Power _____

(N)

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

2+

DTR

Superficial:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Lobar pneumonia



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP
CRP
Blood c/s
RFT
8-electrolytes
Extra plan, SDTA

Planned Management

PVF DXCS

Noted by
Kathya
1/6
@MUSA

Signature of the Doctor: _____

Name of the Doctor: Dr. Saich

Date & Time: 8/1/26 11p

DR. UJJWALA DESAI
Registration No: 90550

Signature of the Consultant: _____

Name of the Consultant: Dr. Jwal

Date & Time: 1/1/26

90



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 12:30 AM	Seen by Resident: Dr Sahithi	
	A/cis- lobar pneumonia.	
	Outside chest X-ray	Plan
	Ⓡ LL consolidation.	1- Continue medications as charted
	child on Room air.	2- monitor SpO2 and RR
	hemodynamically stable.	Q4 hourly. watch for distress.
	no resp. distress.	3- R/W USG chest TM
	Chest clear & no crepts	after rounds
	Chest X-ray - Ⓡ LL consolidation	Sahithi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2026 8:15am	GS/B Resident. Δ: (R) LL pneumonia	
→ 2 fever spikes since adm 1am - 103°F 6am - 102°F		Adv: USG chest today 1.) R/o Linezolid Azithromycin
→ cough (+) / greenish sputum		
→ pain over (R) lower zone.		2.) Mycoplasma IgM / Sputum c/s. Send now
→ orally accepting		3.) Monitor SpO ₂ w/f des R/D.
O/E: alert stable vitals maintaining SpO ₂ - 99% on room air.		4.) Temp charting
no respiratory distress R/S: B/AE (+)		5.) Medications as per chart
(R) infrascapular & axillary & inframammary no crackles	decreased an entry	USG chest - Mycoplasma IgM Sputum for C/s Add CWH
CVS: no murmur abdomen soft.		Dr. Ujjwala 9am 1/6/26
O/E: ↓ A/E (R) side. crepts (+) no bronchial BS	DR. UJJWALA DESAI Registration No: 90550	

breathing history (+)

Atkile



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>1/6/26 9 am</p>	<p>C/S/B Dr. Ujjwala</p>	<p>Adv:</p>
	<p>wt loss ⊕ 29 → 25kg</p>	<p>→ send mycoplasma IgM in same sample</p>
		<p>→ Sputum (induced c) 3% saline</p> <ul style="list-style-type: none"> ↳ C/S ↳ AFB ↳ CBNAAT GeneXpert
		<p>→ USG chest</p> <p>→ parents to bring vaccine card</p> <p>Akhile</p>
		<p>Noted by Ramadevi</p>
	<p>D/C</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/25 4pm	<p>CL/B Dr Navin Saradhi c/o Rt lower lobe pneumonia Adv</p>	
	<p>Last fever spike - 6:30am today Vitals stable SpO₂ - 99% (RA) Chest - B/L vBS, AE ↓ on rt lower side CVS - NAD P/A - soft</p>	<p>- Trace Mycoplasma IgM send sputum c/s / AFB / GeneXpert TB - omit ceftriaxone - Add Meropenem. - continue others. - W Methylpred stat - - Lenzlin & 3% NS neb.</p> <p>noted by Shanti</p>
2/6/25 9:30am	<p>CL/B Dr. Shanti Kotapalli c/o RA LA pneumonia → fever spike: yesterday. → Vitals stable SpO₂ - 99% (RA) CRP-35 mg/l Mycoplasma. Igm ↓ negative Chest: AE ↓ on rt side, VR ↓ on rt side Plan: USG chest + screening abdomen tomorrow</p>	<p>Adv: - D₂ Inj meropenam D₂ - Inj levoflox D₂ - Trace sputum c/s / AFB / GeneXpert TB. - Lenzlin & 3% NS neb. - Incentive spirometry - CCT chest today - Chest physiotherapy</p>

VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 16 D (M)
 Dr. UJJWALA DESAI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 4pm	C/S/B Resident	
	Δ: (R) Lower lobe <u>pneumonia</u>	<u>Adv:</u>
	→ afebrite since 6:30am	1.) Cont. current antibiotics & nebulisations
Inv.	CECT: (R) basal segments of LL. consolidtn.	
	no effusion / necrosis / cavitation	2.) Incentive spirometry & chest physio
CBNAAT	- neg.	
	O/E: - off O ₂	
	- saturations maintained	
	- chest: BAE (+)	
	- crepts (+) (R) LL	
	- to A/E (R) LL.	A. White Dr. Ahh
2/6/26 4:15pm	C/S/B Dr. Ah Sn. Shruithi	<u>Adv:</u>
		① Add IV Linezolid ② Trace sputum for c/s.

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 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 16 D (M)
 Dr. UJJWALA DESAI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9am	<p>ds/B Dr Naveen Saradhi/ Dr Shanti Kotapalli do RT lower lobe pneumonia</p>	<p><u>Adv</u></p>
	<p>Afebrile Vitals stable SpO₂ - 100% (RA)</p>	<p>- Meropenem - levoflox 32 - linezolid 1 D1 - cefdinir 6 37-NS mls.</p>
	<p>Chest - AE ↓ on rt lower zone CVS - NAD P/A - soft, non-tender</p>	<p>- continue chest physiotherapy & incentive spirometry - Trace sputum c/s - Send CBP, CRP</p>
		<p>Somashree</p>
3/6/26 6pm	<p>ds/B Pulmo team</p>	<p><u>Adv</u></p>
	<p>Afebrile Vitals stable SpO₂ - 98% (RA)</p>	<p>- Trace sputum c/s - continue others</p>
	<p>Chest - AE ↓ on rt lower zone.</p>	<p>J.</p>

VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 16 D (M)
 Dr. UJJWALA DESAI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9am	<p>CLS/B Dr Naveen Saradhi <u>CLD Rt lower lobe pneumonia</u></p>	<p><u>Adv</u></p>
	<p>Afebrile Vitals stable SpO₂ - 98% (RA) Chest - AE ↓ on rt lower zone CVS - NAD P/A - soft, non-tender</p>	<p>- Meropenem - levoflox - linezolid D2 - levulin & 3% NS neb. / levocet - continue chest physiotherapy & incentive spirometry - trace sputum CLS - Chest X ray PA view - USG chest - Influenza vaccine today</p>
		<p style="text-align: center;">↓</p>
		<p style="text-align: center;">Discharge Augmentin linezolid] x 2 weeks</p>
	<p style="text-align: center;">D/C</p>	

VH-00080567
 Master SADUPALLY SNITHIK
 16-08-2014 11 Y 11 M 17 D (M)
 Dr. PILLARISETTI NAVEEN SARADHI



CONSULTATION FORM

Doctor Name : Khushid Shaik (PT) Date : 2/jun/26 Time : 4pm

Diagnosis : Pneumonia

Hospital : RCH; Bangalore

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

chest physiotherapy

Signature:

Findings and Recommendations :

8/B physiotherapist

o/e :- (R) lower lobe pneumonia.

Pain - 0/10
Roll risk - 11

o/e :- child is active.

↓ air entry in (R) LL.

child on Room air.

cect - (R) basal segments of LL consolidation.

Op :- chest expansions etc

- Incentive spirometry.

- Neb => chest percussion => PD => AcBT

Consultant :

Name : Khushid Shaik Signature : Khushid Date & Time : 2/jun/26; 4pm

VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-08-2014 11 Y 11 M 15 D (M)
 Dr. UJJWALA DESAI



RESULT SHEET

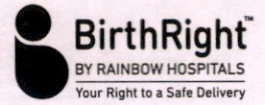
Date	1/6	3/6			
Time	12 Am.				
Hb	11.7	11.3	11.4		
PCV		33.7	35.3		
RBC		4.2	4.28		
WBC	10.9k.	13.3k	8530		
N/L		74/17	63/30		
Platelets	3.9L	3.83L	613		
CRP	70	351 ↑	64.5		
ESR	80				
PCT					
RBS					
Na		138			
K		4.5			
Cl		103.			
Ca/Mg					
Phosphate					
Urea		35			
Creatinine		0.7			
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date							
Time							
CUE - Alb							
CUE - Sugar							
CUE - Ketones							
CUE - PUS Cells							
CUE - RBC Cells							
CUE							
Stool Pus Cell							
OVA / Cyst							
Occult Blood							

Culture and Sensitivities : Sputum GeneXpert TB ⊖
 Mycoplasma IgM ⊖
 Bl US ⊖

Radiology : USG :
 X-Ray :
 ECHO :
 CT :
 MRI :
 Others (ECG, Contrast Studies etc.):

RESTRICTED ANTIMICROBIAL USE JUSTIFICATION FORM



Patient Name : SADWALLY SMITH EK Age : 114 Gender : Male Female
 UHID No. : VIH-00080567 Department : Pulmonology Date of Admission : 31/05/2022
 Diagnosis : Rt lower lobe pneumonia

Brief Clinical History:

Fever x 6 days, cough, cold x 4 days

Clinical Features & Relevant Investigations Suggestive of Infection			
Date		<u>01/06</u>	
Fever		<u>12AM</u>	
Other C/F			
HB		<u>11.3</u>	
TLC		<u>13,300</u>	
N,L,E		<u>74/1F</u>	
PLT		<u>3</u>	
CRP		<u>351</u>	
PCT/ESR		<u>80</u>	
WIDAL			
MP Optimal			
WEIL-FELIX			
CUE			
BODY FLUID CYTOLOGY			
LATEX			

Restricted Antimicrobial Use							
Antimicrobial	Date	DOA	Justification	Antimicrobial	Date	DOA	Justification
1. <u>INS. MERHEAM</u>	<u>01/06</u>	<u>31/05</u>	<u>11</u>	5.			
2.				6.			
3.				7.			
4.				8.			

Any Other Comment:

	Date	DOA	Result	Date	DOA	Result	Date	DOA	Result
A. Blood									
B. Urine									
C. CSF									
D. E									
E. T									
F. T									
G. Body Fluids									
H. PCR									

Elaboration:

If no please justify

At Day 7 De-Escalation done: Yes No

If no please justify

Justification:

I	Risk Factor for ESBL	I	Risk Factor for MDR Infection
11	Prior Antibiotic use (within 90 days)	11	Prior Antibiotic use (within 90 days)
12	Recent hospitalization ion(>2d, within 90 days)	12	Recent hospitalization (>2d, within 90 days)
13	current hospitalization of (>5 days)	13	current hospitalization of (>5 days)
14	Immunosuppression	14	Chronic / Nursing Home Care
15	Prolonged Mechanical Ventilation (>3days)	15	Dialysis
16	Suspected Septic Shock-hit First Hit hard Policy	16	Immunosuppression
17	Other	17	Suspected Septic Shock-Hit First Hit Hard Policy
		18	Others
K	Risk Factors for Invasive Candidacies / Candidemia	L	Risk Factors for MRSA
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged Hospitalization (>5 days)	L3	Exposure to MRSA
K4	Previous Broad Spectrum Antibiotic Use	L4	Central Lines, ICD, PD, Catheter, ET Tubes
K5	CVP/HD Catheter / PA Catheter	L5	Chronic / Nursing Home Care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida Coloniation
K7	Others	L7	Suspected Septic Shock-Hit First Hit Hard Policy
		L8	Others

Signature of Consultant

Signature of Microbiologist

VIH-00080557 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 17 D (M)
 Dr. PILLARISETTI NAVEEN SARADHI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 25 kg Ward

DRUG : LEVOLIN NEB.				Date	1/6	2/6	3/6	4/6											
				Time	12/6	12/6	12/6	12/6											
Dose	Route	Frequency	Start Dt.																
1.25mg	neb.	TID	1/6	10/6	X	10/6	10/6	10/6											
Name & Signature of the Doctor Starting the Drugs:				Somashtree															
Additional Instructions:				10/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6															
Daily Doctor's Endorsement by a Sign																			

DRUG : 3% NS neb.				Date	1/6	2/6	3/6	4/6											
				Time	12/6	12/6	12/6	12/6											
Dose	Route	Frequency	Start Dt.																
3ml	neb	BD	1/6	10/6	X	10/6	10/6	10/6											
Name & Signature of the Doctor Starting the Drugs:				Somashtree															
Additional Instructions:				10/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6															
Daily Doctor's Endorsement by a Sign																			

DRUG : INJ LINEZOLID				Date	3/6	4/6													
				Time	12/6	12/6													
Dose	Route	Frequency	Start Dt.																
250mg	IV	TID	3/6	10/6	X	10/6	10/6	10/6											
Name & Signature of the Doctor Starting the Drugs:				Somashtree															
Additional Instructions:				10/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6 12/6															
Daily Doctor's Endorsement by a Sign																			

DRUG : T. LEVOCET (5mg)				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
1tab	PO	OD	4/6																
Name & Signature of the Doctor Starting the Drugs:				Somashtree															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

Signature
Verified By: Name

VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 17 D (M)
 Dr. PILLARISETTI NAVEEN SARADHI



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

VERIFIED BY : Name Signature

Patient

VH-00080567
Master SADUPALLY SNITHIK
16-06-2014 11 Y 11 M 16 D (M)
Dr. UJJWALA DESAI



DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient
 - 2) Right Drug
 - 3) Right Dosage
 - 4) Right Route
 - 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : ~~SYP. CROCIN-DS~~ Date/Time

Dose	Route	Frequency	Start Date

Doctor's Signature: _____ Valid Period: _____ Pharm. _____

Additional Instructions:
 5ml = 240 mg

DRUG : T. PARA CETAMOL Date/Time

Dose	Route	Frequency	Start Date
12 tab	PO	802	21/5

Doctor's Signature: *Chub* Valid Period: _____ Pharm. _____

Additional Instructions:
 12 tab = 500 mg

DRUG : Date/Time

Dose	Route	Frequency	Start Date

Doctor's Signature: _____ Valid Period: _____ Pharm. _____

Additional Instructions: _____

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight 25 kg Ward

DRUG: 2g. CEFTRIAXONE Date/Time 3/5 1/6

Dose	Route	Frequency	Start Date
<u>1.2g</u>	<u>IV</u>	<u>BD</u>	<u>31/5</u>

Name & Signature of the Doctor Starting the Drugs: Sheela 10 AM 1/6

Additional Instructions: 50mg/kg BID 10 PM / AM Swallow Stop 1/6

Daily Doctor's Endorsement by a Sign

DRUG: 500. EEMOPRAZOLE Date/Time 1/6 2/6 3/6 4/6

Dose	Route	Frequency	Start Date
<u>25mg</u>	<u>IV</u>	<u>OD</u>	<u>31/5</u>

Name & Signature of the Doctor Starting the Drugs: Sheela 6 AM / AM Swallow

Additional Instructions: 10 PM / AM Swallow 10 PM / AM Swallow

Daily Doctor's Endorsement by a Sign

DRUG: 100mg. LEVOFLOXACIN Date/Time 1/6 2/6 3/6 4/6

Dose	Route	Frequency	Start Date
<u>250mg</u>	<u>IV</u>	<u>BID</u>	<u>01/06</u>

Name & Signature of the Doctor Starting the Drugs: Sheela 10 AM Swallow 10 AM Swallow 10 AM Swallow 10 AM Swallow

Additional Instructions: 10 PM / AM Swallow 10 PM / AM Swallow

Daily Doctor's Endorsement by a Sign

DRUG: 1g. MEROPENEM Date/Time 1/6 2/6 3/6 4/6

Dose	Route	Frequency	Start Date
<u>1gm</u>	<u>IV</u>	<u>TID</u>	<u>1/6</u>

Name & Signature of the Doctor Starting the Drugs: Sanoshree 6 PM Swallow 6 PM Swallow 6 PM Swallow

Additional Instructions: 10 PM / AM Swallow 10 PM / AM Swallow

Daily Doctor's Endorsement by a Sign

VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 17 D (M)
 Dr. PILLARISETTI NAVEEN SARADHI

Weight Ward



Date						
Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.

DRUG :	Route	Start Date	Dose	Dose	Dose	Dose
			Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor	Route	Start Date	Dose	Dose	Dose	Dose
			Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:	Route	Start Date	Dose	Dose	Dose	Dose
			Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

VARIABLE DOSE

Date					
Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.

DRUG :	Route	Start Date	Dose	Dose	Dose	Dose
			Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor	Route	Start Date	Dose	Dose	Dose	Dose
			Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:	Route	Start Date	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
1/6/25	4:10pm	INJ METHYLPRED-NISOLONE	25mg	iv	AS	Anupama Shanti 4:30pm

Signature Name VERIFY



I.V. FLUIDS CHART

Weight. 25 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
3/5	11 PM	DNE	IV	65	<i>[Signature]</i>	<i>[Signature]</i>	2/6	<i>[Signature]</i>	<i>[Signature]</i>

VERIFIED BY : Name Signature

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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.

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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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/6/16 Time:

Doctor / Nurse / Family Concern? Cam Re ppm 19m 20m

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99				
	98	98.8	97.5	98.8	98.0
	97				
	96				
	94				

Heart Rate (bpm) and Blood Pressure (mmHg) *	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100	106	100	102	98
90	(81)	(82)	(69)	(60)	
80					
70					
60					
50					

Heart Rate (Number) 116 106 126 106 108

Resp. Rate (bpm) (1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					
	Resp Rate (Number)	27	26	24	28	28

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 99% 100% 99% 99%

Conscious Level Normal / Altered 13/15 15/16 15/15 14/15 15/15

TOTAL SCORE					
Number of shaded boxes	0	1	1	1	1
Pain Score	0	0	0	0	0
Observer's Initials	G	V	G	G	G

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

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

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VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 16 D (M)
 Dr. UJJWALA DESAI

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

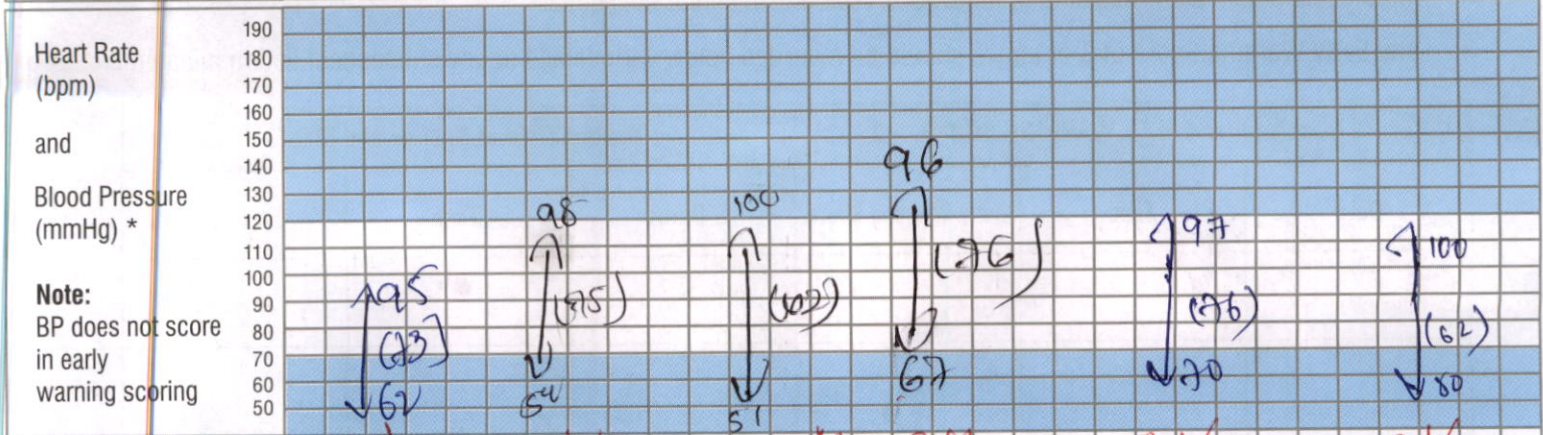
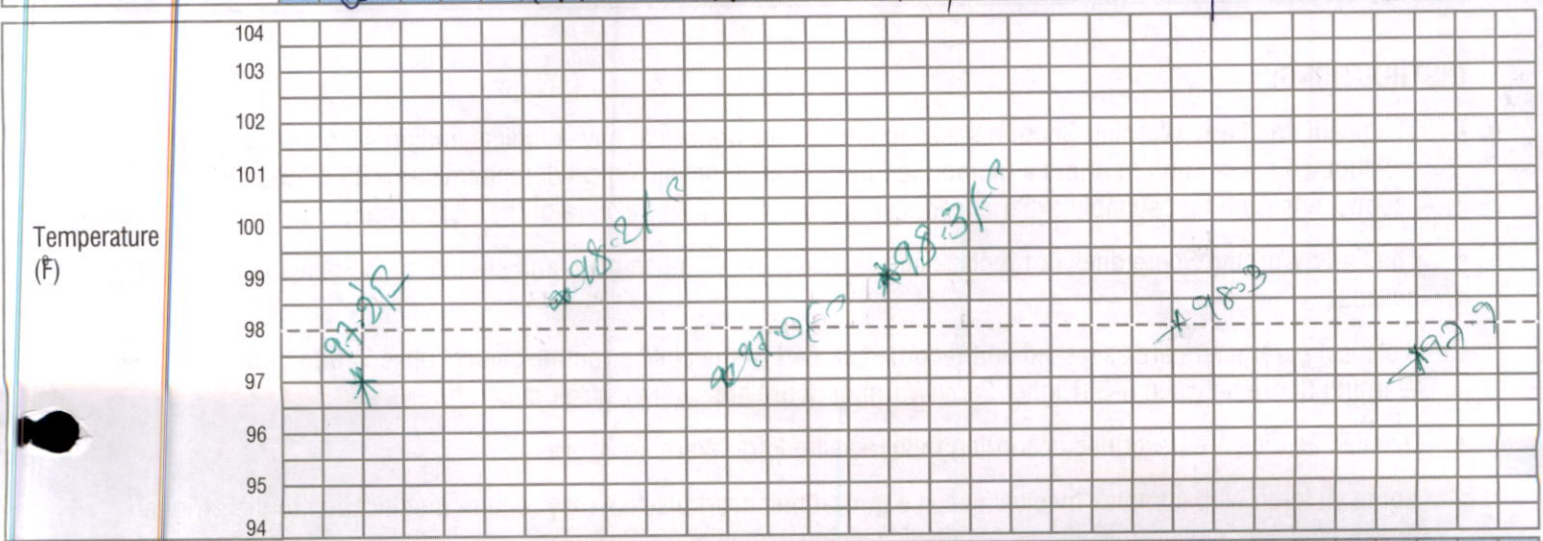
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/6/26 Time: _____
 Doctor / Nurse / Family Concern? GN 10AM 2PM 6PM 10pm 2am



Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number)

Time	10AM	2PM	6PM	10pm	2am
Heart Rate (Number)	95	98	100	97	100
Resp. Rate (bpm)	28	28	28	28	28

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

Conscious Level Normal Altered

GCS *

Time	10AM	2PM	6PM	10pm	2am
Receiving O ₂ (l/min)	0	0	0	0	0
O ₂ Saturations (%)	99	100	99	100	100
Conscious Level	15/15	15/15	15/15	15/15	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	10AM	2PM	6PM	10pm	2am
Number of shaded boxes	1	1	1	0	0
Pain Score	0	0	0	0	0
Observer's Initials	GN	GN	GN	GN	GN

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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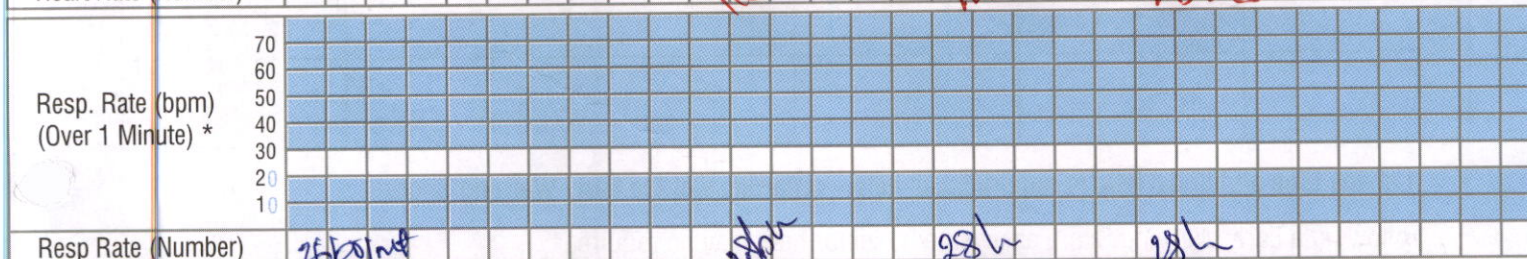
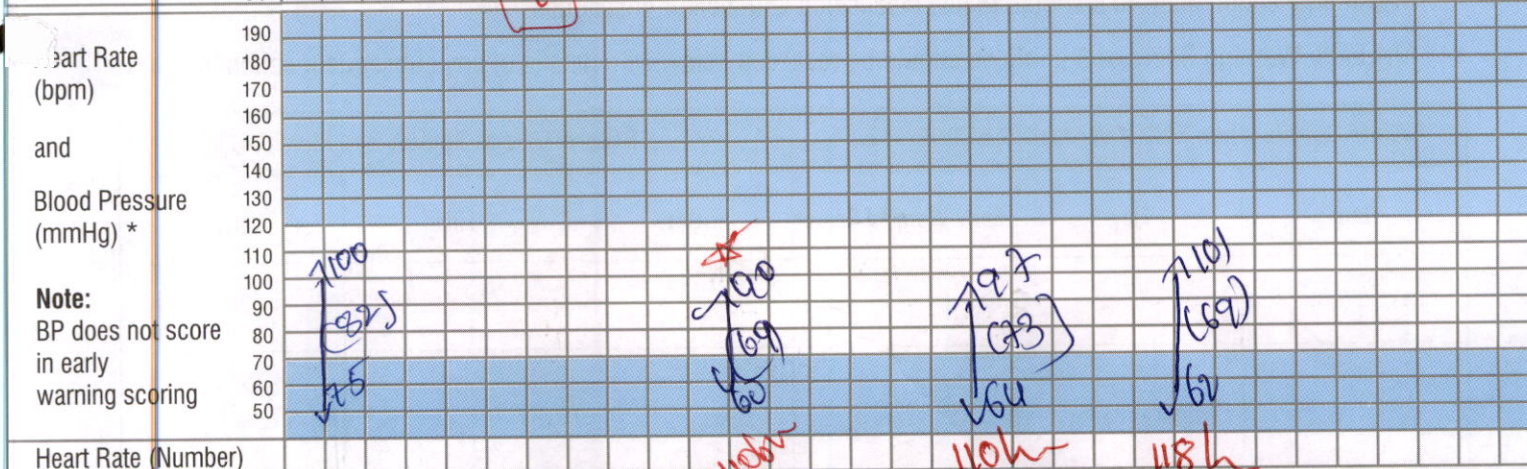
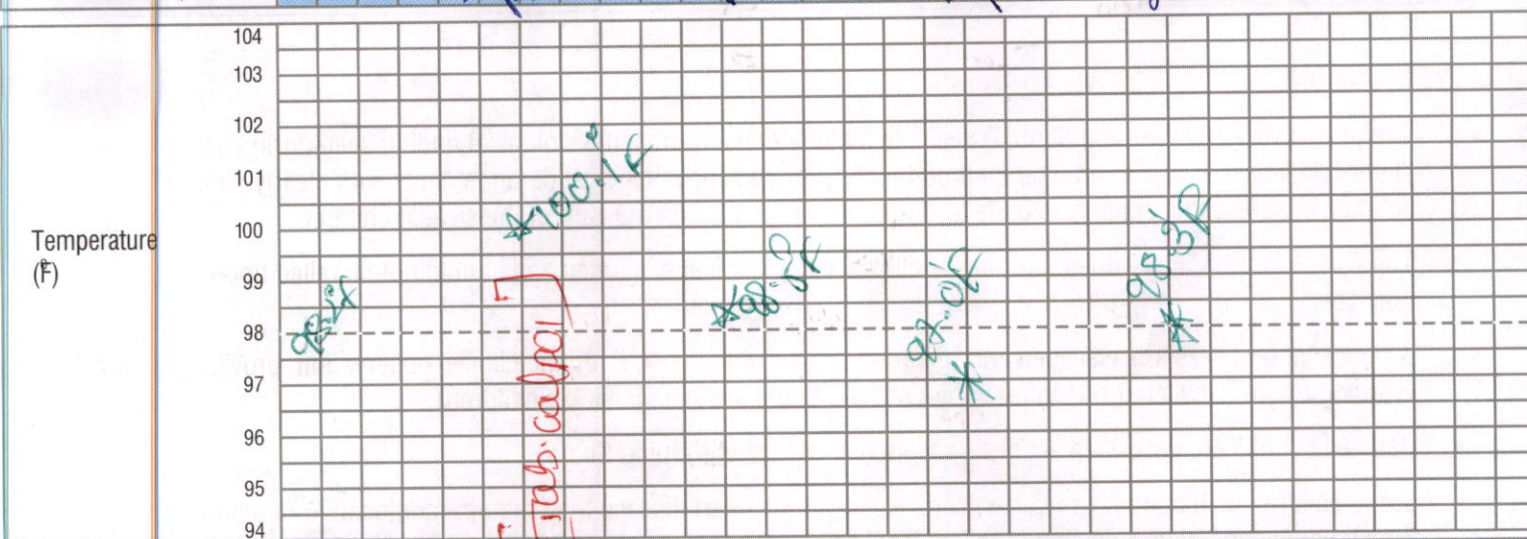
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/05/20 Time: 2PM 5.15 PM 6 PM 10PM 9AM
 Doctor / Nurse / Family Concern?



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

TOTAL SCORE				
Number of shaded boxes		1	1	1
Pain Score	0	0	0	0
Observer's Initials	O	O	O	O

- ACTIONS**
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VH-00080567
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 Dr. PILLARISETTI NAVEEN SARADHI

ic. No. : RCHBH/ FRM / CLINICAL / 126

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

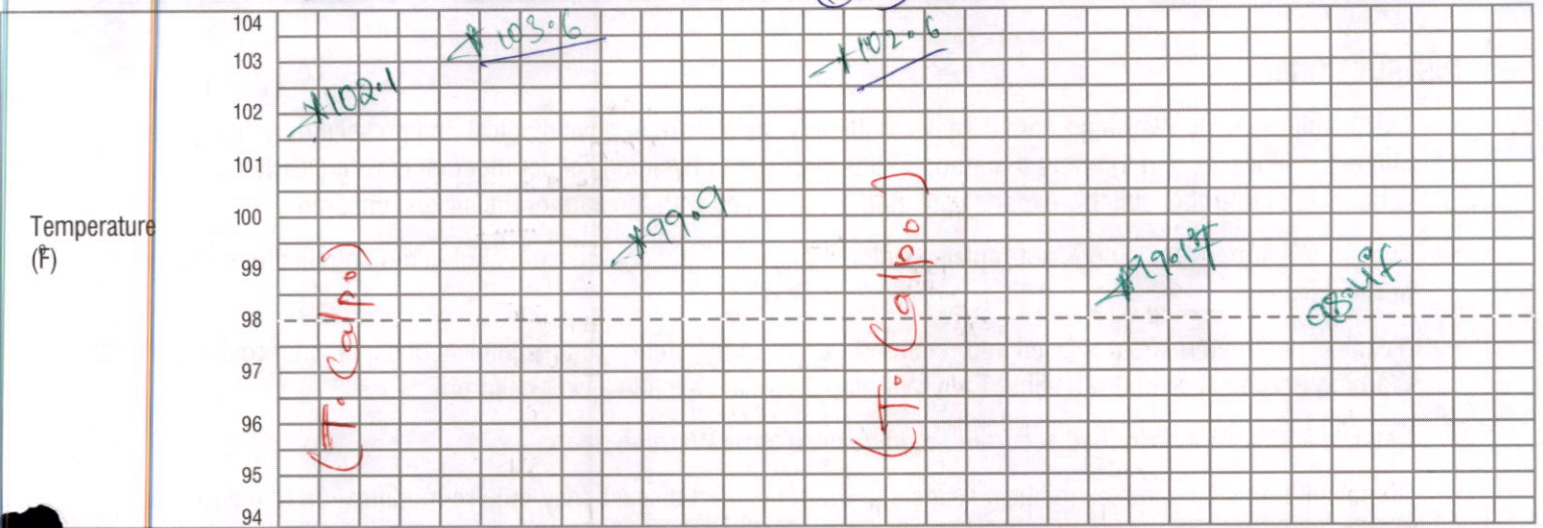
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 01/06/2014 Time: _____

Doctor / Nurse / Family Concern? 1AM 2AM 3AM 04:30AM 7:20AM 10AM



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

Note:
 BP does not score in early warning scoring

Heart Rate (Number) 916/hr 906/hr 900 927

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

Resp Rate (Number) 266/hr 266/hr 286/hr 286/hr

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%) 100% 99% 99% 99%

Conscious Level Normal / Altered 13/15 13/15 15/15 15/15

GCS * 13/15 13/15 15/15 15/15

TOTAL SCORE
Number of shaded boxes
Pain Score
Observer's Initials

ACTIONS
 NB: Scores 3 should be recorded overleaf

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Patient Sticker

VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 15 D (M)
 Dr. UJJWALA DEBBI



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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										0	Chand	
	09:00 pm										0	Chand	
	10:00 pm										0	Chand	
	11:00 pm										0	Chand	
	12:00 am										0	Chand	
	01:00 am										0	Chand	
Total Intake :						Total Output :							
	02:00 am			65ml							0	Chand	
	03:00 am			65ml							0	Chand	
	04:00 am			65ml							0	Chand	
	05:00 am			65ml							0	Chand	
	06:00 am			65ml							0	Chand	
	07:00 am			65ml							0	Chand	
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

FLUID CHART

Sheet No. : 2

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/5/20	08:00 am		Milk	65ml/hr						0	Ray	
	09:00 am	DNS	Milk	65ml/hr		✓			✓	0		
	10:00 am		Milk	65ml/hr						0		
	11:00 am			65ml/hr						0		
	12:00 pm			65ml/hr						0		
	01:00 pm			65ml/hr						0		
Total Intake :						Total Output :						
10/5/20	02:00 pm		65ml							0	shub	
	03:00 pm		65ml							0		
	04:00 pm		65ml							0		
	05:00 pm	DNS	65ml		NA	NA	NA			0		
	06:00 pm		65ml							0		
	07:00 pm		65ml							0		
Total Intake :						Total Output :						
11/5/20	08:00 pm		—							0	Jony	
	09:00 pm		Rice	—						0		
	10:00 pm		—							0		
	11:00 pm	DNS	65ml							0		
	12:00 am		65ml							0		
	01:00 am		65ml							0		
Total Intake :						Total Output :						
21/5/20	02:00 am		65ml							0	Jony	
	03:00 am		65ml							0		
	04:00 am		65ml							0		
	05:00 am	DNS	65ml							0		
	06:00 am		65ml							0		
	07:00 am		—							0		
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 17 D (M)
 Dr. PILLARISETTI NAVEEN SARADHI



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
2/6/2014	08:00 am					/					0	
	09:00 am	NO SUP				/					0	Sireesh
	10:00 am	NO SUP				/				✓	0	Sireesh
	11:00 am					/					0	Sireesh
	12:00 pm					/					0	Sireesh
	01:00 pm					/				✓	0	Sireesh
Total Intake :						Total Output :						
2/6/2014	02:00 pm					/					0	Sireesh
	03:00 pm	NO SUP				/					0	Sireesh
	04:00 pm	NO SUP				/				✓	0	Sireesh
	05:00 pm					/					0	Sireesh
	06:00 pm					/					0	Sireesh
	07:00 pm					/				✓	0	Sireesh
Total Intake :						Total Output :						
2/6/2014	08:00 pm					/					0	Chand
	09:00 pm					/					0	Chand
	10:00 pm	NO SUP				/					0	Chand
	11:00 pm	NO SUP				/					0	Chand
	12:00 am					/					0	Chand
	01:00 am					/				✓	0	Chand
Total Intake :						Total Output :						
3/6/2014	02:00 am					/					0	Chand
	03:00 am					/					0	Chand
	04:00 am	NO SUP				/					0	Chand
	05:00 am	NO SUP				/					0	Chand
	06:00 am					/					0	Chand
	07:00 am					/				✓	0	Chand
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00080567 IP5-00174582
 Master SADUPALLY SNITHIK
 16-06-2014 11 Y 11 M 17 D (M)
 Dr. PILLARISSETTI NAVEEN SARADHI

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
3/6	08:00 am				/						0	Ankita	
	09:00 am				/						0		
	10:00 am				/						0		
	11:00 am	no IVP			/						0		
	12:00 pm				/						0		
	01:00 pm				/						0		
Total Intake :						Total Output :							
3/6	02:00 pm				/						0	Swo	
	03:00 pm		Rice		/						0		
	04:00 pm				/						0		
	05:00 pm	no IVP			/						0		
	06:00 pm				/						0		
	07:00 pm				/						0		
Total Intake :						Total Output :							
3/6	08:00 pm				/						0	Janya	
	09:00 pm				/						0		
	10:00 pm				/						0		
	11:00 pm	no IVP			/						0		
	12:00 am				/						0		
	01:00 am				/						0		
Total Intake :						Total Output :							
4/6	02:00 am				/						0	Janya	
	03:00 am				/						0		
	04:00 am				/						0		
	05:00 am	no IVP			/						0		
	06:00 am				/						0		
	07:00 am				/						0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 1/6/26 Time: 9 AM

Weight: 24.98 kg Centile: 25th

Height: 144 cm Centile: 25th

Inference: Underweight child

RDA: _____ Calories: 1700 kcal/d Protein: 80 g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled and outside foods

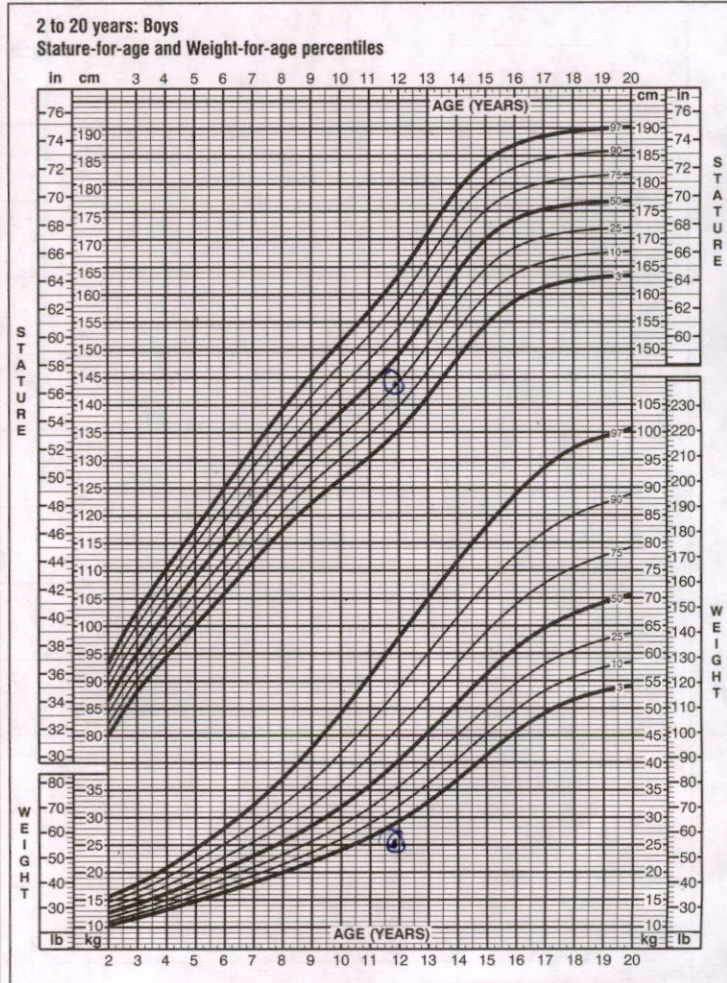
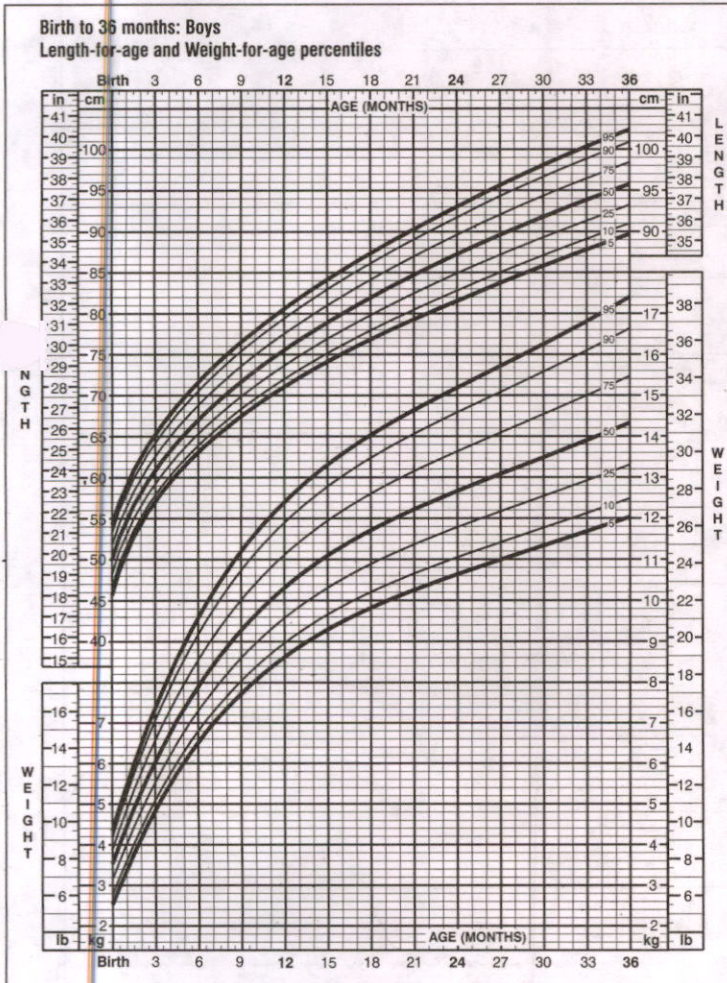
Food Allergies: No Veg/Non-veg: non-veg

Diagnosis: Local pneumonia

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: S.R.

GROWTH CHART (BOYS)



Dietician's Name: NPKitha

Dietician's Signature: NPKitha

Daily Notes:

2/6/26
10:30 AM

child is stable. oral intake is Fair.

continue \bar{c} Normal diet - monica

3/6/26
12 PM

Child is stable Oral Intake is optimal

Continue \bar{c} Normal diet. - ~~monica~~

4/6/26
10 AM

child is stable. oral intake is Better

continue \bar{c} Normal diet - monica.