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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ BAH-00577032 IP5-00175933 Master JOSH MARVEL LELLAPALLI 7 Y 0 M 11 D (M) 22-08-2019 Dr. NITASHA BAGGA

Consultant: _____ Dept : _____

Date of Admission: _____ Date of Discharge : 5/7/26 Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	5:18 pm	ER	ward	pooja

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/7/22	Blood Mg	6688	[illegible]
4/7	Chikungunya	26067008005	[illegible]
5/7	CPK	26067231	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/7/26	Infusion pump	5:pm		965399	shanthi

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/26	EV placement	1	6018	Chenu
4/7/26	NHA	1	9687692	[illegible]

ANY OTHER INFORMATION

Date : 5/7/26 Time : 9Am Prepared By :- Aparajitha

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aparajitha	103		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175933 **Admit Date** : 03-Jul-2026 **Admit Time** : 04:47 PM **UHID** : BAH-00577032

Patient Details :

Patient Name	: Master JOSH MARVEL LELLAPALLI	**Age**	: 7 Y 0 M 11 D
Guardian	: Mr BUJJAIAH LELLAPALLI	**DOB**	: 22-06-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 504, LOTUS ENCLAVE ,YELLAREDDY GUDA, AMEERPET Srinagar Colony Hyderabad Telangana INDIA 500073	**Phone No**	: 9951629948/ 8106159019
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 103 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 103 **Admission Type** : First Visit

Contact Details :

Name : Mr BUJJAIAH LELLAPALLI **Relationship** : Father

Contact Address : FLAT NO 504, LOTUS ENCLAVE ,YELLAREDDY GUDA, AMEERPET Srinagar Colony Hyderabad Telangana INDIA 500073 **Phone No** : 9951629948

Signature

Doctor Details :

Doctor Name : Dr. NITASHA BAGGA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : FAMILY HEALTH PLAN INSURANCE TPA LTD

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 13 D (M)
Dr. NITASHA BAGGA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3+1			
8	Consultation sheet	-			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)				
33	Nebulization chart	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list Transfusion	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra				
	Total No. of Pages	29			

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

Signature and Date : 5/7/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00577032 IPS-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Name : JOSH MARVEL LELLAPALLI Age/Sex 7y/M

Information given by: Relationship Father

Chief Presenting Complaints & Duration (Chronologically)

Fever x 4 days
Cough & cold x 2 days
B/L leg pain x 1 day.

History of present illness :

C/O fever x 4 days
↓
- 2 spikes/day
- Mild - moderate grade
- Relieved on antipyretics

Cough x 2 days
↓
Productive
a/w Rhinitis & Running nose

2 episodes of non bilious & non projectile vomitting yesterday.

C/O leg pain x 1 day
↓
in B/L limb
Severe in intensity affecting daily activity

No H/o breathing difficulty/Cyanosis

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

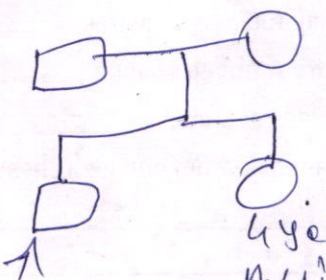
Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

FT/LSCS/CIAB/2.8kg
NO H/O NICU admission



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : upper middle class.

Developmental History :

achieved as per age.

Immunization History :

As per schedule

(P.T.O.)

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 24.66Kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 99bpm B.P. 102/65mmHg SPO2 100% RA

Resp.rate and type of breathing : ~~B/L AEE,~~ 26 br/min

Rash

Lymphadenopathy (-)

Oedema :

Allergies (if any): NKDA

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AEE, Clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation :

Ausculation : SOFT, Non distended

Spine : External Genitelia :

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

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton : WNL

Tone: WNL Power WNL

Co-ordinator : WNL

Posture : WNL

Involuntary Movements : WNL

Reflexes : WNL

DTR WNL **Superficials:** WNL

Plantars WNL

Sensory System : WNL

Bladder / Bowel : WNL

Clinical Summary & Diagnostic:

AFI ? Viral myositis.

(P.T.O.)

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis.

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

Blood c/s

R/v chest x-ray

CBP
CRP
SE
Dengue NS1 + IgM
CPK levels
} on OP basis

Planned Management

- IV Fluid - DNS @ full maintainance
- Inj. Ceftriaxone
- SYP. Relent - Plus
- ~~Neb Levolin~~
- Inj. Esomeprazole.
- Trace labs

Signature of the Doctor: .....
Name of the Doctor: Dr. Nanda
Date & Time: 03/07/22, 4:35 PM

Signature of the Consultant: .....
Name of the Consultant: DR. NITASHA BAGGA
Registration No.: 66260
Date & Time: .....

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 12 D (M)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 5:45pm	S/B Resident	
	A: AFI DS viral myositis	Plan.
		1. cont. medication as per chart
	c/o fever since 5days	2. trace Dengue, Blood C/S.
	low-mod. grade	3. monitor vitals
	2 spikes/day	4. w/f fever
	not asso c̄ Rash	5. Inform SOS.
	c/o cough, cold (+) asso c̄ sputum	Madhuri
	~~c/o asso (?)~~	
	1 episode vomiting (+)	
	B/L leg. pains (+)	
	O/E.	
	Child alert	
	vitals stable	DR. NITASHA BAGGA Registration No: 66269
↑ CPK	RS - BLAE (+) clear	
	CVS - S1S2 (N)	
	P/A - soft	

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 12 D (M)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
4/7/26 8 AM		plan.
	A: AFI ? viral myositis	(1) continue IV fluids (2) continue IV Antibiotics medication as per chart
	leg pain - better no fever after admission	(3) trace Dengue Blood C/S
	cough (+) 1 episode vomit	(4) monitor vitals
verbal Dengue - neg	O/E - Child active vitals stable	(5) w/ fever spikes
	CVS RS P/A / normal.	
	Seen by Dr. Nitasha.	madhuri - CPK levels T/M - Chikungunya - in same sample

. NITASHA BAGGA
Registration No: 66250

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 12 D (M)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 3pm	S/B Resident	
	Δ: AFI	plan
	? viral myositis	① cont. same
		② Trace Chikungunya IgM
	no fever	③ Serum CPK tomorrow 6AM
	cough (+)	④ w/f fever
	no vomitings	⑤ monitor vitals
	O/I - good.	
	O/E: Child alert	
	vitals stable	
	CVS / RS / P/A (N)	madhuri

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 12 D (M)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/11/26 6:30am	CLS/B Resident.	
	D: AFI	Plan
	Viral myositis	
		① IVF DNS 60ml/hr
	- NO fever since admission	② Inj CEFTRIAXONE 1.2g I.V BID (D 2/3)
	- Cough (+)	
	- 1 episode of Post tussive vomiting	
		③ Syp RELENT PLUS
	- leg pain better	④ NEB LEVOLIN 4 times (6 hrly)
	Chikungunia IgM - ve.	
		Trace BLD CLS CPK
	OIE Child is alert, active	Soluble
	CVS - S_1S_2 (+)	
	P/A - soft	
	Airways clear, BAE (+)	
	ENT - clear	
		D/c today after CPK levels
		Discharge today.
		① Syp Azithromycin
		② Neb Levolin
		③ Relent syp
		Inform CPK levels to mam
		Soluble

DR. NITASHA BAGGA
Registration No: [illegible]

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA SAGGA

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RESULT SHEET

Date	3/7/26	5/7/26				
Time		2.30 AM				
Hb	13.9					
PCV	41					
RBC	5.15					
WBC	6530					
N/L	53/42					
Platelets	2.76 lakh					
CRP	5					
ESR						
PCT						
RBS						
Na	137					
K	4.4					
Cl	103					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
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	UPK → 1052	480				

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 : Dengue NS1, Igm] negative

CBlood cls —

Chikungunya Igm- negative

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

Josh Marvel

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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: ER Shifted to: ward

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. Nandan

Date & Time : 03/07/26, 5 PM

Nurse Name & Signature: .....

Date & Time : 3/7/26 @ 5pm

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

Josh Marvel

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DRUG CHART

Date of Admission: 03/07/2024 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SYP. PARACETAMOL — Date/Time

Dose	Route	Frequency	Start Date
7ml	PO	SOS	03/07/24

Doctor's Signature	Valid Period	Pharm.
Dr. Nandan		

Additional Instructions: 240 mg/5 ml
if temp > 100°F, minimum 6 hrs gap between 2 days

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 JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

REGULAR PRESCRIPTIONS

Weight. 24.66 kg Ward. ....

VERIFIED

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.2 g	IV	BD	03/07/26

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

Additional Instructions:

Date/Time	3/7	4/7	5/7
6am	X	[illegible]	[illegible]
6pm	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign	[illegible]	[illegible]	

VERIFIED

DRUG : INJ. ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
25 mg	IV	OD	03/07/26

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

Additional Instructions:

Date/Time	3/7	4/7	5/7
6pm	6:30 pm [illegible]	[illegible]	[illegible]
Daily Doctor's Endorsement by a Sign	[illegible]	[illegible]	

VERIFIED

DRUG : SYP. RELENT-PLUS

Dose	Route	Frequency	Start Date
5 ml	PO	BD	03/07/26

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

Additional Instructions:

Date/Time	3/7	4/7	5/7
6am	X	[illegible]	[illegible]
6pm	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign	[illegible]	[illegible]	

VERIFIED

DRUG : NEB. LEVOLIN

Dose	Route	Frequency	Start Date
1.2 mg	NEB	q6 hrly	03/07/26

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

Additional Instructions:

Date/Time	3/07	4/07	5/7
12am	X	[illegible]	[illegible]
6am	+	[illegible]	[illegible]
12pm	+	[illegible]	
6pm	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign	[illegible]	[illegible]	

AH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 12 D (M)
Dr. NITASHA BAGGA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

VERIFIED BY : Name Signature

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Docu. No. : RCHBH /FRM / CLINICAL / 108

BAH-0057032 IP
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 11 D (M)
Dr. NITASHA BAGGA

Weight. 24.66 Kg. Ward. .....

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Dr. NITASHA BAGGA

I.V. FLUIDS CHART

Weight. 24.66kg 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
03/07/25	5 PM	IVF. DNS	IV	60 ml/hr					

Signature .....

VERIFIED BY : Name .....

BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 12 D (M)
Dr. NITASHA BAGGA

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
03/07/26	00.00	neb c Levolin 1.2 — 6/8pm (1)	chanh	
04/07/26	01.00	neb c Levolin 1.2 (2) 12am, 6a	thanh	
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 12 D (M)
Dr. NITASHA BAGGA

Doc. No. : RCHBH/ 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 : 5/7/1 ..... Time:

Doctor / Nurse / Family Concern? Conn

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.0°F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
107/(70)/58

Note: BP does not score in early warning scoring

Heart Rate (Number) 100b/m

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10
0

Resp Rate (Number) 27bpm

Resp Distress | Mod/ Severe / None / Mild

Receiving O_2(l/min) O_2Saturations (%) 100%

Conscious Level | Normal / Altered

GCS * 15/15

TOTAL SCORE Number of shaded boxes 1

Pain Score 0

Observer's Initials

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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- 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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/04/16 Time: 6 am

Doctor / Nurse / Family Concern?

10am 1pm SR 10pm 2am

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.8°F 98.8°F 98.3°F 98.1°F 97.5°F 96.4°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

100 (69) 60 | 99 (79) 69 | 101 (78) 62 | 97 (80) 64 | 100 (77) 68 | 110 (67) 54

Heart Rate (Number)

108b/m 88b/m 111b/m 112b/m 112b/m 99b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)

18b/m 25b/m 27b/m 25b/m 26b/m

Resp Distress: None / Mild | Mod/ Severe

Receiving O_2(l/min)
O_2Saturations (%)

99% 100% 99% 99% 100% 100%

Conscious Level: Normal | Altered

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

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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BAH-00577032 IP5-00175933
Master JOSH MARVEL LELLAPALLI
22-06-2019 7 Y 0 M 12 D (M)
Dr. NITASHA BAGGA

Doc. No. : RCHBH/ 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 03/07/20.. Time: 10 pm / 2 am.

Doctor / Nurse / Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94
- 10 pm: 98.2 F
- 2 am: 98.2 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
- 10 pm: 104 (84) / 65
- 2 am: 100 (69) / 60

Heart Rate (Number)
- 10 pm: 120bpm
- 2 am: 117bpm

Resp. Rate (bpm) (Over 1 Minute) *: 70 60 50 40 30 20 10
- 10 pm: 28bpm
- 2 am: 28bpm

Resp Rate (Number)

		10 pm	2 am
Resp Distress	Mod/ Severe / None / Mild		
Receiving O_2(l/min) O_2Saturations (%)		99%	100%
Conscious Level	Normal / Altered		
GCS *		15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1
Pain Score		0	3
Observer's Initials			

ACTIONS NB: Scores 3 should be recorded overleaf	
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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Master JOSH MARVEL LELLAPALLI
22-08-2019 7 Y 0 M 11 D (M)
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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
03/07	08:00 pm	1	ridus	60ml			1				0	
	09:00 pm	DNS		60ml							0	
	10:00 pm			60ml			NP			—	0	
	11:00 pm	1		60ml		NA		NA			0	Bhg
	12:00 am			60ml			1				0	
	01:00 am			60ml							0	
Total Intake :						**Total Output :**						
04/07	02:00 am	1		60ml			1				0	
	03:00 am			60ml						—	0	
	04:00 am	DNS		60ml		NA	NP	NA			0	Shanthi
	05:00 am	1		60ml						—	0	
	06:00 am			60ml			1				0	
	07:00 am			60ml							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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22-06-2019 7 Y 0 M 12 D (M)
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FLUID CHART

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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.

		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							
4/7	08:00 am		12ml	—							0	
	09:00 am			60ml							0	
	10:00 am	DNS		60ml			NP			✓	0	
	11:00 am			60ml	NA						0	
	12:00 pm			60ml							0	
	01:00 pm			60ml								
Total Intake :						**Total Output :**						
4/7	02:00 pm		chapathi meal's	60ml							0	
	03:00 pm			60ml							0	
	04:00 pm	DNS		60ml	NA						0	
	05:00 pm			60ml							0	
	06:00 pm			—							0	
	07:00 pm			—							0	
Total Intake :						**Total Output :**						
4/7	08:00 pm			60ml				After food 0			0	
	09:00 pm		rice	60ml							0	Sweet
	10:00 pm			—							0	
	11:00 pm	DNS		60ml							0	Sweet
	12:00 am			60ml							0	
	01:00 am			60ml							0	Sweet
Total Intake :						**Total Output :**						
5/7	02:00 am			60ml							0	
	03:00 am			60ml							0	Sweet
	04:00 am	DNS		60ml							0	
	05:00 am			60ml							0	Sweet
	06:00 am			0							0	
	07:00 am			—							—	Sweet
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00577032 IP5-00175933
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103

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/7/26 Time: 5:20 Pm

Weight: 27.5 Kgs Centile: >50th

Height: 129.5 Cms Centile: 50th

Inference: Well child

RDA: - Calories: 1500 kcal/d Protein: 26 g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled & outside foods.

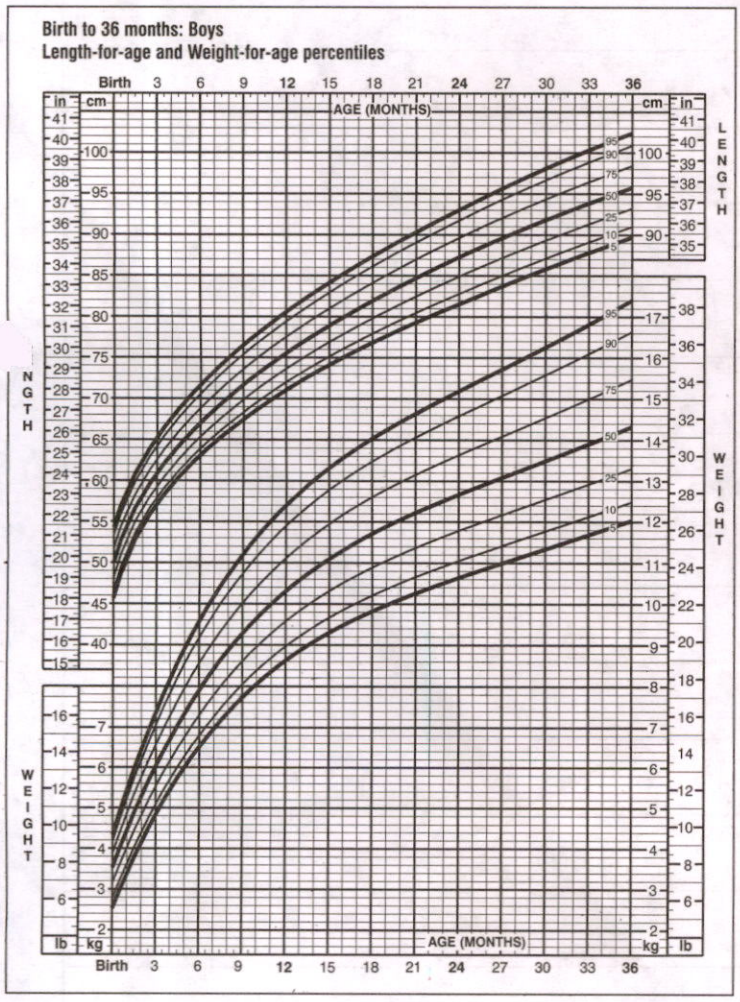
Food Allergies: NO Veg/Non-veg Non-veg

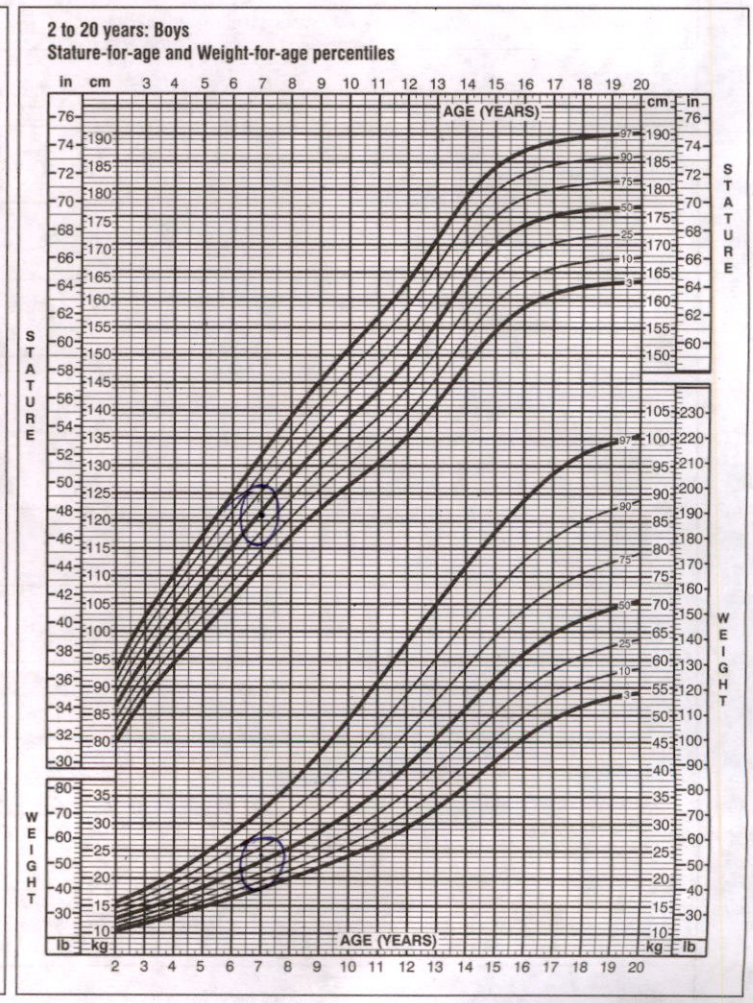
Diagnosis: AFI E viral myositis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: C. Praise Amulya

GROWTH CHART (BOYS)





Dietician's Name Mounica Dietician's Signature Mounica

Daily Notes:

4/2/26
10am child is stable. oral intake is Fair
continue c Normal diet — mounicg

5/2/26
8am Child is stable. intake is better
continue i normal diet