

ADMISSION SHEET

Registration Details :



Admission No : IP-00060146

Admit Date : 27-May-2026

Admit Time : 04:10 PM UHID : VIH-00165582

Patient Details :

Patient Name : Master TALLA SHREYANSH

Age : 2 Y 9 M 25 D

Guardian : Mr MR.T NAGENDRA KUMAR

DOB : 02-08-2023

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : FLAT NO : 204 , SAPTHAGIRI RESIDENCY ,
MALLIKARJUNA COLONY , OLD BOWENPALLY
Old Bowenpally Hyderabad Telangana INDIA
400010

Phone No : 9100145636

E-mail : na123@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 103

Ward Name : N 0 GF-EMERGENCY

Room No : ER 103

Admission Type : First Visit

Contact Details :

Name : Mr MR.T NAGENDRA KUMAR

Relationship : S/O

Contact Address : FLAT NO : 204 , SAPTHAGIRI RESIDENCY ,
MALLIKARJUNA COLONY , OLD
BOWENPALLY Old Bowenpally Hyderabad
Telangana INDIA 400010

Phone No : 9100145636

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :


Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

PATIENT TRANSFER FORM


VIH-00165582 IP-00060146 Master TALLA SHREYANSH 02-08-2023 2 Y 9 M 25 D (M) Dr. SURENDER RAO DUSA 		Date & Time of Admission 27/5/26 @ 4.10AM	Date & Time of Transfer Order 27/5/26 @ 11.35PM.
Treating Consultant Name		Transfer Ordered by Dr. Srikanth.	Reason for Transfer Room changing.
From Unit 1st floor - 131	To Unit 2nd floor - 213.	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (3) pages.	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Prayankar.		Name of Person Ordered Transfer Dr. Srikanth.	
Patient & Clinical Records Received by : Sr. Nagmani			
Date & Time of Patient Received : 27/5/26 @ 11:35PM			

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

Patient Name : TALLA SHREYANSH UHID : VIH-00165582 IPD : IP-00060146 Gender : Male Age : 2 Y 9 M 25 D

VIH-00165582 IP-00060146
 Master TALLA SHREYANSH
 02-08-2023 2 Y 9 M 25 D (M)
 Dr. SURENDER RAO DUSA




wt - 13.30 kgs.

EMERGENCY ROOM TRIAGE FORM

Patient's Name : 1010 Divya Age 2yr. Gender: Male Female

Date : 02/15/23 Time of Arrival : 3:41pm

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: 102.3°F PR: 118b/min BP: 101/66 (F) RR: 25b/min SpO₂: 100%

Chief Complaints: 10. Fever Since 4 days

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Unstable:	
<input type="checkbox"/> Sick Looking	<input type="checkbox"/> Increased	<input type="checkbox"/> Not - Life - Threatening	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Life - Threatening	
Circulation / Colour	<input type="checkbox"/> Gaspig / Apnea		
<input type="checkbox"/> Abnormal			
<input type="checkbox"/> Bleeding			

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 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 : 3:45pm

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks? Yes No
- Have you had cough or a rash in the past 2 weeks? Yes No
- 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

- 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:
- 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

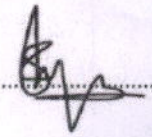
PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- 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 : Suagathra

Signature of Triage Nurse : 

Date & Time : 02/15/23 @ 3:45pm

Patient Name : TALLA SHREYANSH UHID : VIH-00165582 IPD : IP-00060146 Gender : Male Age : 2 Y 9 M 25 D

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Master TALLA SHREYANSH
02-08-2023 2 Y 9 M 25 D (M)
Dr. SURENDER RAO DUSA



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 07/15/2023 Time of arrival : 3:47pm
Chief Complaints : ELO. Fever Since 4 days RBS: -
Height : - Weight : 13.20kg 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 - Parents -

Siblings in household Yes No (if yes How Many?) -

Time of Initial assessment completed by ER Nurse : @ 3:55 pm.

Patient Name : TALLA SHREYANSH UHID : VIH-00165582 IPD : IP-00060146 Gender : Male Age : 2 Y 9 M 25 D

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

Time	Nursing Notes
3:41m	→ Patient come to ER. vitals checked & recorded.
3:45m	→ Dr. Ganesha seen the patient. Doctor advice. for admission.
3:58m	→ Admission done.
4:00m	→ IV Placement done. Sample collected & send to lab.
5:10m	→ Patient shifted to ward ()

Samples collected by: } Sr. Shantha Kermari
 Samples sent by: } Sr. Swagatika.

Time: } @ 4:50 m.
 Time: } @ 4:55 m.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
27/5 @ 5:00 pm	NS bolus	IV	130 ml	Dr. Ganesha	Shm

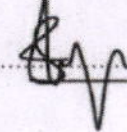
Condition of patient at time of shift - out :	Details of Shift - out
HR: 112 bpm. BP: 112/68 (80) CFT: 12 Sec. RR: 25 br SPO ₂ : 99% GCS: 4, 5, 6 Temperature: 99°F Pain Score: 0? Repeat RBS (if applicable):	Shift - out from ER to: 131 Time of Shift - out: @ 5pm Handover given to: Sr. Gayathri (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement done.

Name of the Nurse: Sr. Swagatika.

Signature of the Nurse: 

Date & Time: 27/5/2020

VIH-00165582 IP-00060146
 Master TALLA SHREYANSH (M)
 02-08-2023 2 Y 9 M 23 D
 Dr. SURENDER RAO DUSA

Emergency General Admission Assessment Form For Pediatrics

Diagnosis: API (On devaluation)
Arrival Time: 5 pm **Mode of Arrival:** Taken by mother **Admitting From:** ER OPD Direct
Allergy / Adverse Reaction: Nil **Body Weight:** 13.30 Kg
Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list,

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

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

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

Observations: Weight: 13.30 kg Length: Head Circumference (< 2 years):

Temp: 98.4 F HR: 110 bpm RR: 20 bpm BP: 98/58 (60) mmHg

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

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

Risk of Pressure Sore (Braden Q Score) 22 (Document in the Braden Q Assessment Sheet)

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

Character of Pain: **Location:** **Frequency:** **Duration:**

FUNCTIONAL SCREENING: No Abnormalities Detected
 Mobility Problem Walking Problem
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormalities Detected
 Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With parents

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: Yes No

Information given to parents

Nurse's Name: Anette Date: 4/15/26 Time: 5:30pm Signature dy



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Dr. SURENDER RAO DUSA





Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Parents Relationship Father

Chief Presenting Complaints & Duration (Chronologically)

Fever x 4 days

- Irritability x 4 days

History of present illness :

Fever - high grade (103°F) x 4 days

intermittent, Sudden onset

↓ - medications

Also shivering

(No H/O Stash / GI symptoms / Cold & Cough

Joint pains / headache (other localizing

signs))



Pediatric Multiorgan History & Physical Examination

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

1st - NICU after *Grch*
2nd time - now.

Birth & Neonatal History:

Term | 2.2 kg (LBW)
2 days in NICU
for Apv.



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : class

Developmental History :

(N) in all 4 domains

Immunization History :

upto date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13kg (Centile _____)

On Examination :

Temperature : 101°F Pulse Rate : 150 B.P. 106/68 SPO2 97%

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ R/L NVB ⊕

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 N/A

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 : _____ *Intact* _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ *(P)* _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

AFI (D₄ ↓ Evaluation)



History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

- _____ CBP ✓
- _____ CRP ✓
- _____ SE ✓
- _____ SCR ✓
- _____ Blood c/s ✓
- _____ CUE ✗
- _____ Dengue NS1 Ag ✓

Planned Management *Cl/B Dr- Kundana*

- _____ - IV ceftriaxone
- _____ - IV SSN
- _____ - NS Bolus over /hr.
- _____ - vitals q4hrs
- _____ - Trace report

noted by shanthi 27/5 @ 4:25pm

Signature of the Doctor: *A. Ganesh*
Name of the Doctor: *CH. GANESH*
Date & Time: *27/5/2026*

Signature of the Consultant: *A. Ganesh*
Name of the Consultant: *A. Ganesh*
Date & Time: _____

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 Master TALLA SHREYANSH
 02-08-2023 2 Y 9 M 23 D (M)
 Dr. SURENDER RAO DUSA

①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 6:40 AM	<p><u>CLSB Resident</u></p>	
	<p>ATI under evaluation</p>	
	<p><u>Cumulative</u></p>	
	<ul style="list-style-type: none"> - In room Dr - Fever spots (+) - Nasal block (+) - Vity stable 	
	<p><u>Ad</u></p>	
	<ul style="list-style-type: none"> - Nasoalveolar drops gmg - Continue same 	
<p><u>Dr. Surender</u></p>	<p>noted by Dr. Surender 28/5/26 CRA</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9 AM	S/B Resolved	
	AFI (Ds) 3 fever spikes - 100-101°F Other concern - oral intake - low	
	etc	Urine - (No) smoky (A)
	Child alert	stools - not passed since yesterday
	Euthymic	
	Vitals stable	
	Cv - S12 (+)	
	B1 - BAC	
	P/A - SVP	
	Dengue NS1 - negative	Plan 1) Pnj Ceftriaxone 2) Pnj Enoxaparin 3) Nasoclear drops 4) monitor Vitals inform us
	USA abdomen	6) CBP/CRP Today 7) WIDAL NOW
	* Nasal spray f. nasal drops 2° - P/A	Dr. Surender Rao 28/5/26 11:15 AM
	* Metoprolol 2mg - call normal ASD	Noted by Padma 28/5/26 @ 9 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/8/26 9pm	S/B Resident	
	AFI (Dr) 1 fever spike @ 11AM 101°F mild cold	
	O/E	
	Child alert	
	Further m/c	
	Vitals stable	
	CVC - HSO (+)	
	P/E - DAE (+)	
	P/A - soft	
		Plan
	M/w Dr. Surender	1) Paj Augmentin
	CRP - B	2) Nasoclear drops
	↓	3) Narivon p drops
	enformed reports	4) Metaspray BD
	↓	5) monitor vitals inform m
	Change to	
	Paj Augmentin	
		Noted by Deepika 28/8/26 @ 4PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/8/26 8:30 AM	S/B Resident	
	ACU - ACU URTI	
	2-Temp spike @ 7pm, 12 AM - 100°F	
	afebrile > thro.	
	O/E	
	child alert	
	Euthymic	
	Vital stable	
	CV - HS (+)	
	Rf. TAC (+)	
	RA - soft	
		plan
		1) Inj Augmentin 3rd dose
		2) Nasoclear drops
		3) Nasivion - p drops
		4) Metaspray Nasal spray
		5) CBP, CBP t/m
Dr. Surender Rao 27/8/26 11:45 AM		noted by subils 2/8/26 at 11 AM
Dr. Vishwaga		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/23 3:30pm	S/B Resident	
	Sm: URTI.	URINE (N)
	afebrile 15hrs.	Orci intake - low.
	Snoring, mouth breathing (+)	
	Not passed stools since 2 days.	
	o/e	
	Child alert	
	Euthymic	
	Utile table	
	CvS - SpO ₂ (+)	
	P/s - RAE (+)	
	P/A - r/t	
		Plan
	1)	Inj Augmentin
	2)	Nasocler drops
	3)	Nasivion + drops
	4)	Metaspray
	5)	CBP, CRP T/m.
	Dr. Vishnu	
		noted by subib
		23/5/23
		at 4PM

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 Master TALLA SHREYANSH
 02-08-2023 2 Y 9 M 27 D (M)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/23 9 AM	P/B. Resident	
	Age : 0 RTI afebrile > 24 hr. Mouth sore (h) Snoring (h)	Urine } (N) Stools } Oral intake - better.
	O/E Child alert Further me c Vitals stable Wt - 5.5 kg Ht - 84 cm P/A - RHR	
	CRP - 22 P/S Today	Plan 1) Inj Augmentin DS 2) Naso clear drops 3) Narxion p nasal drops 4) metasprom
	1) Syn Augmentin 25ml DS DD X 3d	2) monitor vitals inform as
	2) Stop Tuesday	
	3) Syn Xyzel 2.5ml DD DD	
	4) metasprom - 100 DD	
	5) Narxion p drops.	
		Noted by Deepika 30/5/23 @ 11 AM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AEI		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify: Nil				
BACKGROUND	Date	Shift	27/5/26	27/5	27/5	28/5	
			E	E	N	N	M
ASSESSMENT	Medical Condition (Any special condition to be noted):		-	Nil	Nil	Nil	Nil
	Diet:		S diet	S diet	S diet	S diet	S diet
RECOMMENDATIONS	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:		Temp: 99°F	98.9°F	98.6°F	98.5°F	98.6°F
	Res:		25 blm	26 blm	26 blm	24 blm	20 blm
	SpO ₂ :		99%	99%	98%	98%	99%
	Pulse:		112 blm	116 blm	118 blm	114 blm	115 blm
	BP:		112/68/84	92/60/68	92/70/62	92/74	95/68/70
	LOC:		conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:		11	11	11	11	11
Pain Score:		0	0	0	0	0	
Skin Integrity		Intact	Intact	Intact	Intact	Intact	
Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Physiotherapy:		-	Nil	Nil	Nil	Nil	
Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:		S diet	S diet	S diet	S diet	S diet	
Critical Lab Test / Values:		-	Nil	Nil	Nil	-	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):		dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:		-	Nil	Nil	Nil	Nil	
Handed Over By Name :		Vaishnavi	Arpita	Pragnya	Nagamani	padma	
Signature / ID :		607469	607469	607469	606329	607469	
Date:		27/5/26	27/5	27/5	28/5/26	28/5/26	
Time:		@ 5pm	@ 8pm	@ 11:30pm	@ 8a	@ 1pm	
Taken Over By Name :		Arpita	Pragnya	Nagamani	padma	Deepika	
Signature / ID :		607469	607469	607469	606329	607469	
Date:		27/5	27/5	27/5/26	28/5/26	28/5/26	
Time:		@ 5:30pm	@ 8pm	@ 11:30pm	@ 8pm	@ 2pm	

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Acute febrile illness</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure: <u>-</u>	Post OP Day: <u>-</u>				
BACKGROUND	Date	<u>29/8/26</u>	<u>29/8/26</u>	<u>29/8/26</u>	<u>29/8/26</u>	
	Shift	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	
	Medical Condition (Any special condition to be noted):	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Diet:	<u>S.diet</u>	<u>S.diet</u>	<u>S.diet</u>	<u>S.diet</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.2 F</u>	<u>98.6 F</u>	<u>98.6 F</u>	<u>98.5 F</u>
		Res:	<u>25/m</u>	<u>26/m</u>	<u>27/m</u>	<u>25/m</u>
		SpO ₂ :	<u>99%</u>	<u>96%</u>	<u>96%</u>	<u>98%</u>
		Pulse:	<u>119/m</u>	<u>116/m</u>	<u>119/m</u>	<u>105/m</u>
		BP:	<u>105/59</u>	<u>110/56</u>	<u>95/67</u>	<u>98/59</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
		Fall Risk Score:	<u>11</u>	<u>11</u>	<u>11</u>	<u>11</u>
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>S.diet</u>	<u>S.diet</u>	<u>S.diet</u>	<u>S.diet</u>	
	Critical Lab Test / Values:	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>		
Handed Over By Name :	<u>Nagmani</u>	<u>sushila</u>	<u>sushila</u>	<u>Nagmani</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>29/8</u>	<u>29/8/26</u>	<u>29/8/26</u>	<u>30/8/26</u>		
Time:	<u>8 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8 AM</u>		
Taken Over By Name :	<u>sushila</u>	<u>sushila</u>	<u>Nagmani</u>			
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:	<u>29/8/26</u>	<u>29/8/26</u>	<u>29/8/26</u>			
Time:	<u>8 AM</u>	<u>2 PM</u>	<u>8 PM</u>			

File sending to Billing
 Noted by 29/8/26
 Deepika @ team

VIH-00165582 IP-00060146
 Master TALLA SHREYANSH
 02-08-2023 2 Y 9 M 25 D (M)
 Dr. SURENDER RAO DUSA



NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6pm	→ maintain fluid balance		→ Administered IV fluid DNS 30 ml/hr	→ To maintain hydration	→ patient is stable	Anitha 24/8 @8pm
Night	10pm	Maintain fluid balance		Administered fluids DNS - 30ml/hr.	To maintain hydration.	- Patient is stable	[Signature] 24/8 11:35 PM.



NURSING CARE RECORD

Date: 28/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11Am	*maintain fluid Balanced.		* maintained the fluid Balanced. Nutritional	* prevent to the dehydration.	* Re-Assessment Done. Every 4th hourly vitals.	padma 28/5/26 @ 2pm
Afternoon		Maintain Fluid Balance		Maintained the Iv fluids.	To prevent dehydration	Re-Assessment done 4th hourly vitals checked	Deepika 28/5/26 @ 4pm
Night	9pm	Ensure Safety	9:10pm	side rails kept up	Prevent from falls	Patient is stable.	29/5/26 naga cst
	11pm	Maintain personal hygiene	11pm	Educated about personal hygiene	To prevent infection.		

NURSING CARE RECORD

Date: 24/5/22

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	maintain good nutritional status	10:10 AM	To provided good nutritional diet	To maintain hydration	patient is stable	sushil g 24/5/22 2:15 PM
Afternoon	4 PM	prevent infection	4:10 PM	To maintain Hand Hygiene	To prevented infection	patient is stable	sushil g 24/5 4:15 PM
Night	9 PM 11 PM	Ensure safety maintain personal hygiene	9 PM 11 PM	Side rails kept up Educated about personal hygiene.	Prevent from falls. Prevent infection.	Patient is Stable.	3015 Naga 24/5

VIH-00165582 IP-00060146
 Master TALLA SHREYANSH
 02-08-2023 2 Y 9 M 27 D (M)
 Dr. SURENDER RAO DUSA



NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				<u>Discharge Notes</u> Doctor came for Round Baby is safe Doctor said Baby to be discharge.		} Noted by Deepika 30/5/26 @ 11 AM	
Afternoon							
Night							

GENERAL CONSENT FOR TREATMENT

Patient Name: Master TALLA SHREYANSH Age : 2 Y 9 M 25 D
IP No: IP-00060146 Sex: Male
Consultant: Dr. SURENDER RAO DUSA Ward/Bed No: N 0 GF-EMERGENCY/ER 103

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the e of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)



- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:



Name: Nagendra Kumar

Relationship: Father

Date: 27/5/26

Time: 4:10 pm.

Witness Name:

Witness Signature:

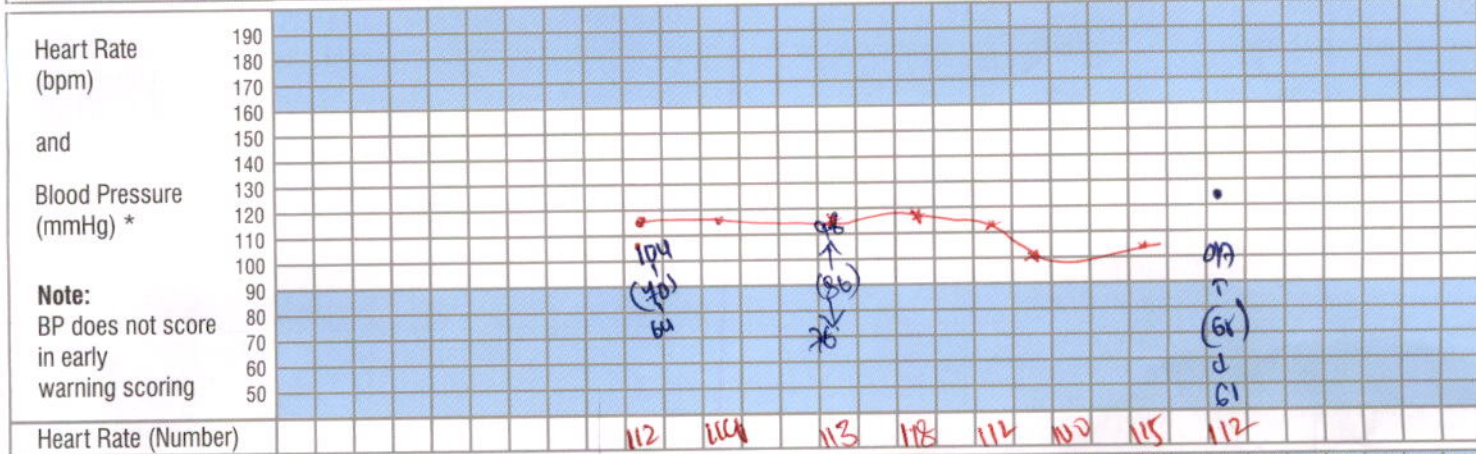
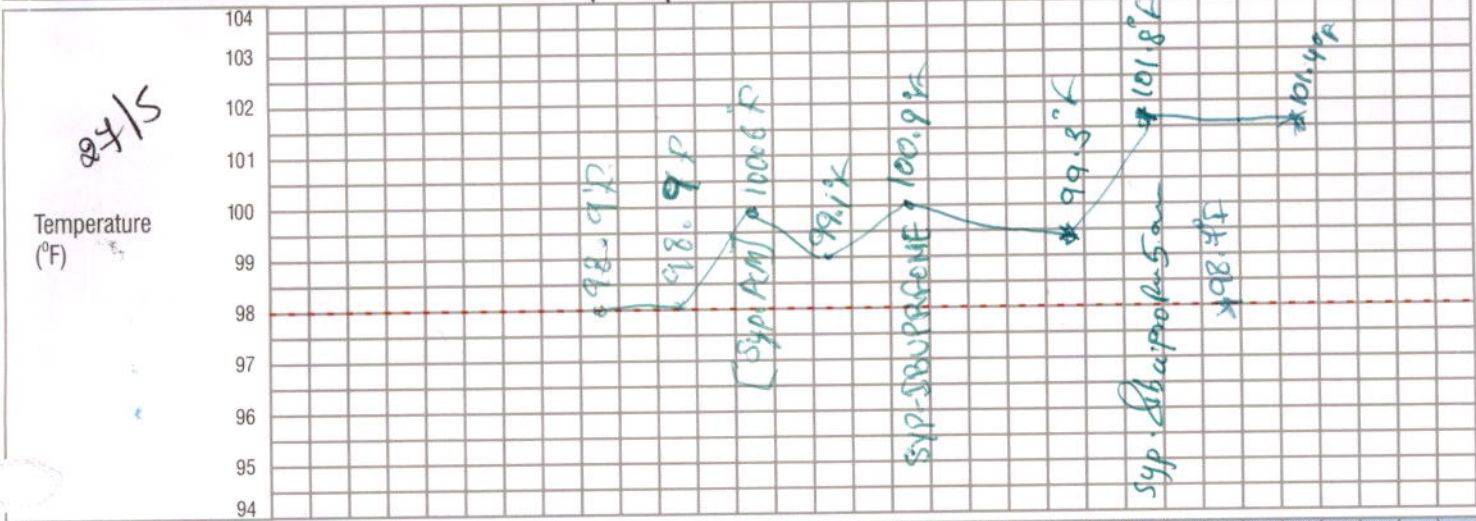


Patient Address:

FLAT NO : 204 , SAPTHAGIRI
RESIDENCY , MALLIKARJUNA COLONY ,
OLD BOWENPALLY Old Bowenpally
Hyderabad Telangana INDIA 400010

EARLY WARNING CHILDREN'S UNIT

Date:	Time:	5	7	8:15	10	11:25	1:00	1:50	2:45	3:15
Doctor/Nurse/Family Concern?		pm	pm	pm	pm	pm	Am	Am	Am	Am



Resp. Rate (bpm) over 1 Minute *	21	26	26	28	24	26	26	24
Resp Mod/ Severe Distress None / Mild	N	N	N	N				N
Receiving O ₂ (l/min) O ₂ Saturations (%)	0	0	0	0	0	0	0	0
Conscious Level Normal / Altered	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE	0	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	2	2	2	2	2	2	2	2
Observer's Initials	SA	SA	SA	SA	SA	SA	SA	SA

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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

* 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:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

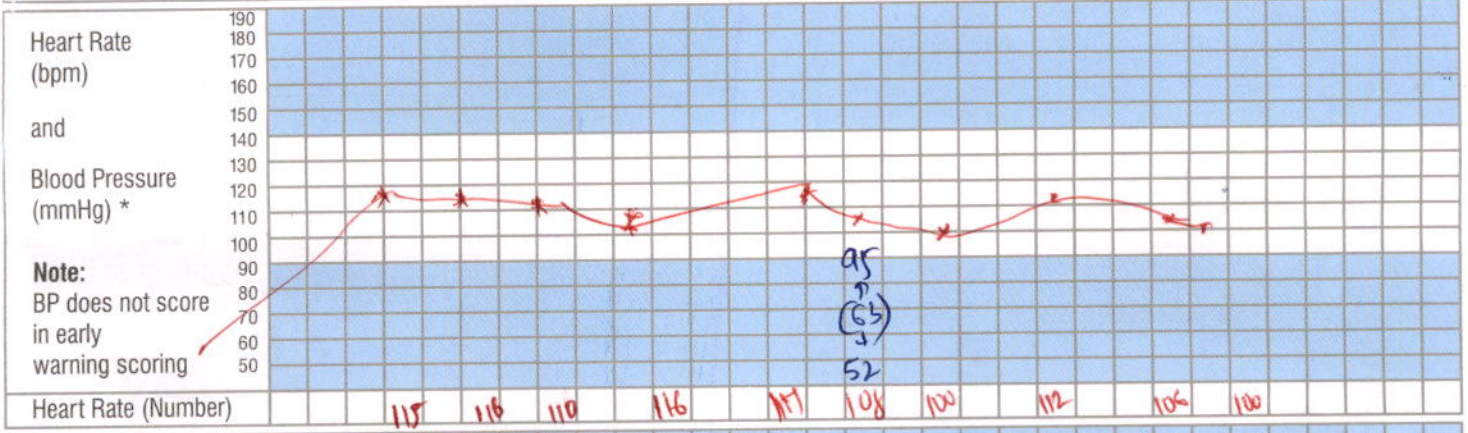
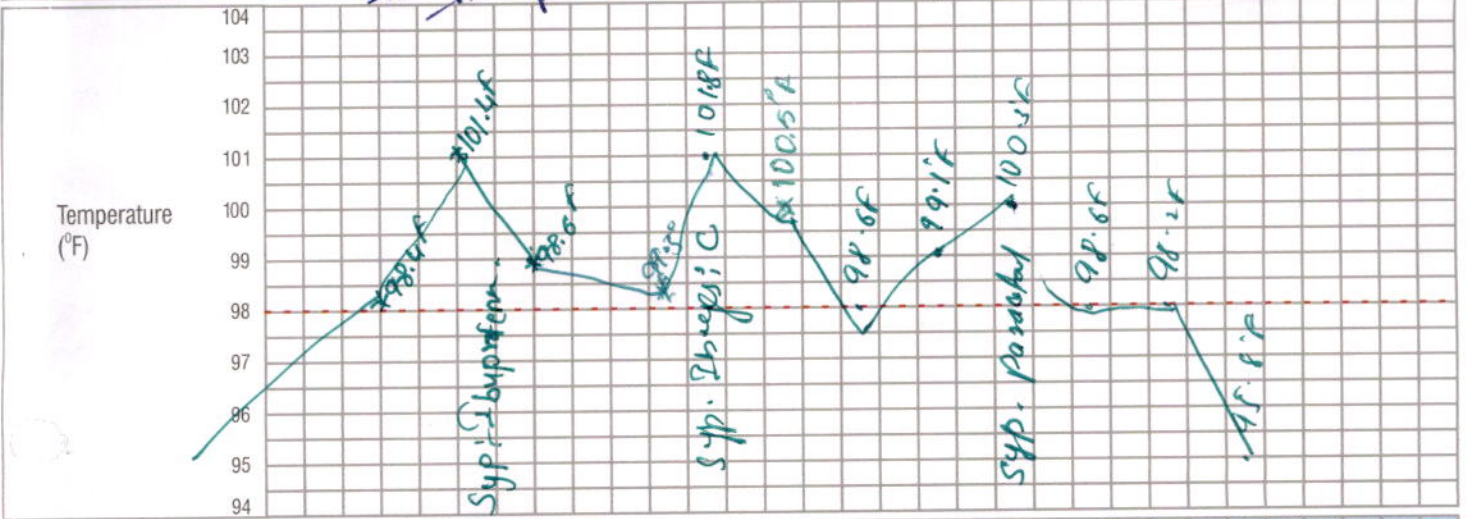
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/5/26	Time:	10	11	1	5	6	7	9	11.45	12.45	3	5	7
Doctor / Nurse / Family Concern?		Am	Am	Pm	Pm	Pm	Pm	P	P	A	A	A	A



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

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

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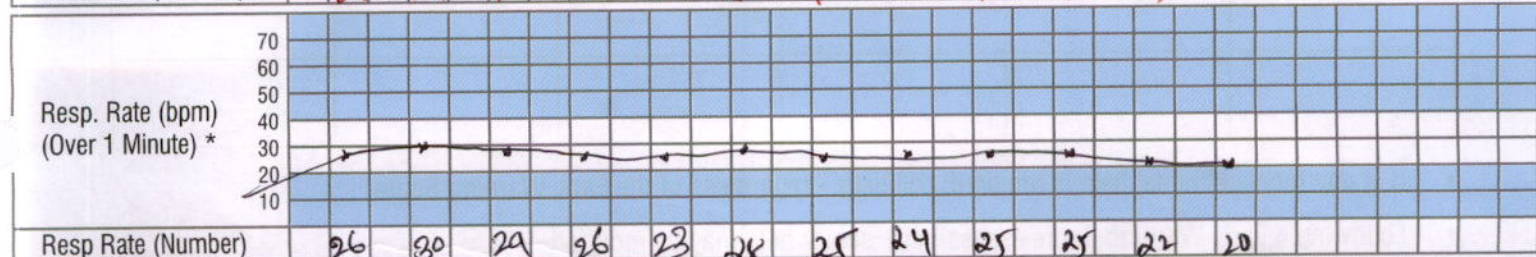
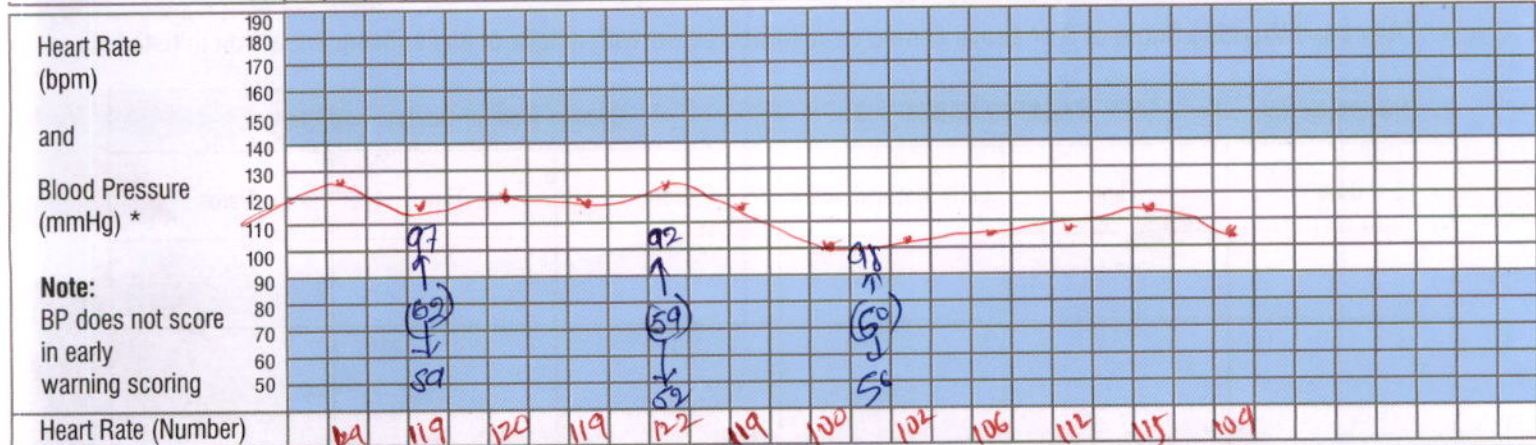
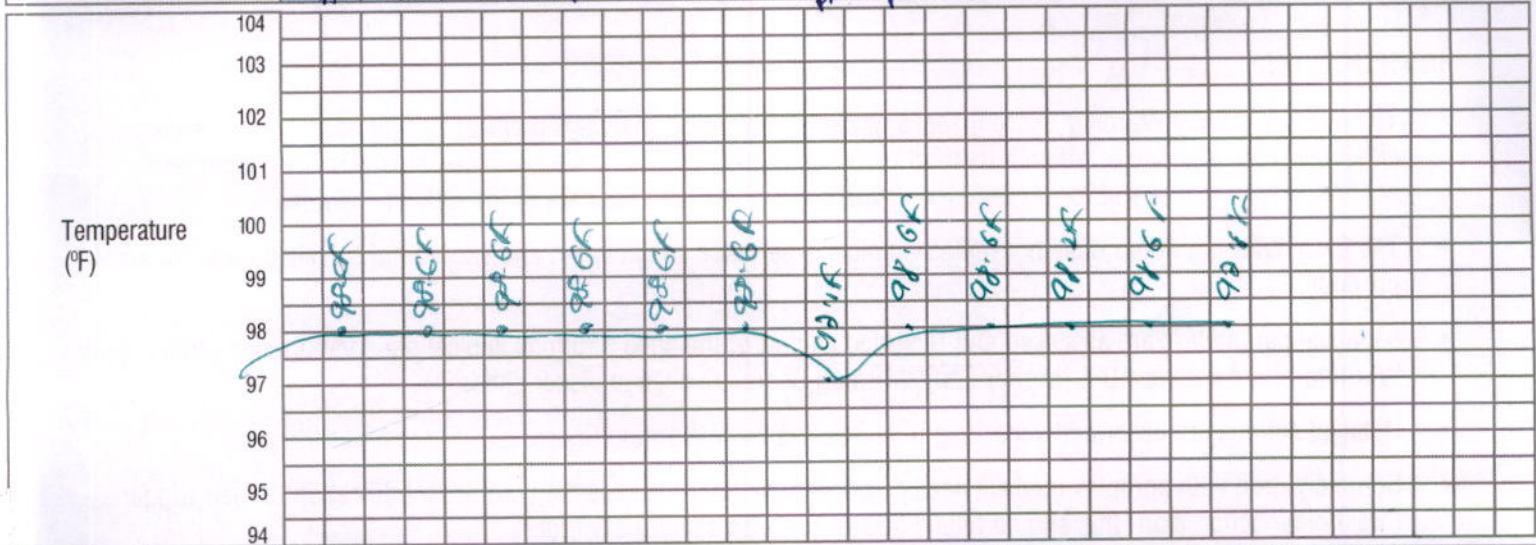
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/8/23..... Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	Am	Am	Pm	Pm	Pm	Pm	P	P	Am	Am	Am	Am



Resp Distress	Mod/ Severe	None / Mild										
Receiving O ₂ (l/min)												
O ₂ Saturations (%)	96	97	99	97	96	98	94	98	97	98	99	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	15	15

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

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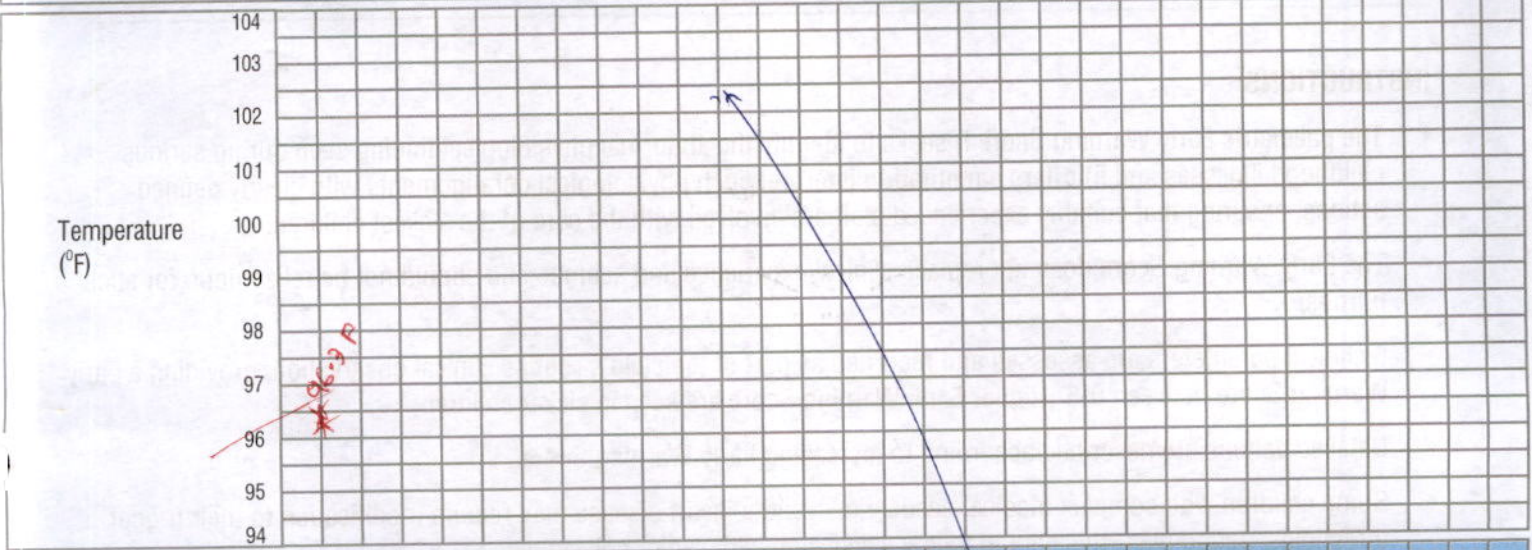
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/3/23... Time: 10

Doctor / Nurse / Family Concern? RN



Heart Rate (bpm)	
and	
Blood Pressure (mmHg) *	*
Note: BP does not score in early warning scoring.	
Heart Rate (Number)	120

Resp. Rate (bpm) (Over 1 Minute) *	*
Resp Rate (Number)	32

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

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

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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- 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 is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00165582 IP-00060146
 Master TALLA SHREYANSH
 02-08-2023 2 Y 9 M 25 D (M)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. :

27/5/26

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	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			30 ml									
	06:00 pm			30ml									
	07:00 pm			30ml									
Total Intake : 90 ml						Total Output :							
	08:00 pm			30ml									
	09:00 pm			30ml.									
	10:00 pm			30ml.									
	11:00 pm			30ml.									
	12:00 am			30ml									
	01:00 am												
Total Intake : 150ml						Total Output : 150ml							
	02:00 am			30ml									
	03:00 am			30ml									
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake : 60ml						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

28/5/26

- 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			
28/5	08:00 am												
	09:00 am									✓			
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
28/5	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm									✓			
	07:00 pm												
Total Intake :						Total Output :							
28/5/26	08:00 pm												
	09:00 pm									✓			
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am									✓			
Total Intake :						Total Output : 2 times							
29/5/26	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am									✓			
	06:00 am												
	07:00 am												
Total Intake :						Total Output : 2 times							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00165582 IP-00060146
 Master TALLA SHREYANSH
 02-08-2023 2 Y 9 M 26 D (M)
 Dr. SURENDER RAO DUSA

FLUID CHART

Sheet No. :

- 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		
29/5/22	08:00 am										1	Sahil 29/5/22 02:28 PM
	09:00 am								✓		0	
	10:00 am	Tea									1	
	11:00 am	water									1	
	12:00 pm										1	
	01:00 pm										1	
Total Intake :						Total Output :						
29/5/22	02:00 pm										1	Sahil 29/5/22 02:28 PM
	03:00 pm										1	
	04:00 pm	Rice							✓		0	
	05:00 pm	water									1	
	06:00 pm										1	
	07:00 pm										1	
Total Intake :						Total Output :						
29/5	08:00 pm										1	Sahil 29/5/22 02:28 PM
	09:00 pm	Rice							✓		1	
	10:00 pm	water									0	
	11:00 pm										1	
	12:00 am	water							✓		1	
	01:00 am										1	
Total Intake :						Total Output : 2hrs						
30/5	02:00 am										1	Sahil 30/5/22 02:28 PM
	03:00 am										1	
	04:00 am								✓		0	
	05:00 am										1	
	06:00 am										1	
	07:00 am										1	
Total Intake :						Total Output : 2hrs						
Total 24 hrs. Intake						Total 24 hrs. Output						

VIH-00165582 IP-00060146
 Master TALLA SHREYANSH
 02-08-2023 2 Y 9 M 27 D (M)
 Dr. SURENDER RAO DUSA



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
30/5/26	08:00 am											Deepika 30/5/26 @ 11:25
	09:00 am	Bolus Water										
	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



DRUG CHART

Date of Admission: 27.10.2023 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)

I mean 5ml 500mg 20/10/23

DRUG : SYP. PARACETAMOL				Date/Time	27/10/23 7:58 PM
Dose	Route	Frequency	Start Date		
4ml	PO	Q6H	27/10		
Doctor's Signature		Valid Period	Pharm.		
d-han					
Additional Instructions: (5ml - 240mg) 15mg/kg/dose					

DRUG : SYP. IBUPROFEN				Date/Time	27/10/23 5:00 PM
Dose	Route	Frequency	Start Date		
5ml	PO	Q6H	27/10		
Doctor's Signature		Valid Period	Pharm.		
d-han					
Additional Instructions: (5ml - 100mg) 10mg/kg/dose					

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

VERIFIED BY: NARTE



REGULAR PRESCRIPTIONS

Weight: 133kg - Ward: 131

S. macy Ganneg
 S. macy Ganneg
 S. macy Ganneg
 Chithu 28/5/26
 MC-RW (Quay) 28/5/26

DRUG: INJ. CEFTRIAXONE				Date Time	28/5	28/5														
Dose	Route	Frequency	Start Date	6 AM	6 AM	12 th hourly	27/5													
Name & Signature of the Doctor Starting the Drugs:				S																
Additional Instructions:				6 pm D P C. V Amulya																
Daily Doctor's Endorsement by a Sign																				
DRUG: INJ. ESCIMEPRAZOLE				Date Time	28/5	28/5	28/5	28/5												
Dose	Route	Frequency	Start Date	6 AM	6 AM	24 th hourly	27/5													
Name & Signature of the Doctor Starting the Drugs:				6 AM Nog Nog Nog																
Additional Instructions:				1mg/kg/dose																
Daily Doctor's Endorsement by a Sign																				
DRUG: MASCULAR DROPS				Date Time	28/5	28/5	28/5	28/5												
Dose	Route	Frequency	Start Date	12 AM	12 AM	8 th hourly	28/5													
Name & Signature of the Doctor Starting the Drugs:				8 AM Nog Nog																
Additional Instructions:				4 pm Nog Nog																
Daily Doctor's Endorsement by a Sign																				
DRUG: NASALION - P NASAL DROPS				Date Time	28/5	28/5	28/5													
Dose	Route	Frequency	Start Date	6 AM	6 AM	2 th hourly	28/5													
Name & Signature of the Doctor Starting the Drugs:				2 pm Nog Nog																
Additional Instructions:				10 pm Nog Nog																
Daily Doctor's Endorsement by a Sign																				

13.3 kg

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

Dose 28/8/23

DRUG : METACRAY NASAL SPRAY				Date	28/8	29/8	30/8														
				Time																	
Dose	Route	Frequency	Start Dt.																		
	PN	12th hourly	28/8																		
Name & Signature of the Doctor starting the Drugs:				<p>Dr. Vishwaja.</p> <p>2 AM / NOG NOG</p>																	
Additional Instructions:				<p>1 puff each nostril</p> <p>2 pm prob. / NOG NOG</p>																	
Daily Doctor's Endorsement by a Sign.																					

Dose 28/8/23

DRUG : 105. AMOXICILLIN + CLAVULANATE				Date	28/8	29/8	30/8															
				Time																		
Dose	Route	Frequency	Start Dt.																			
400mg	IV	8th hourly	28/8																			
Name & Signature of the Doctor starting the Drugs:				<p>Dr. Vishwaja.</p> <p>2 AM / NOG NOG</p>																		
Additional Instructions:				<p>30mg/kg/dose.</p> <p>10 day / NOG NOG</p>																		
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.																							

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

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.																			

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28/05/26

Medication

Patient Name : -

VIH-00165582 IP-00060146
Master TALLA SHREYANSH
02-08-2023 2 Y 9 M 26 D (M)
Dr. SURENDER RAO DUSA

Registration No.:



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	1.00	<p><u>6AM</u></p> <p>Sol. Ceftriaxone - 650mg/5ml/12hrs Sol. Esomeprazole - 13mg/5ml 24th July</p>	} vagmas	} T. Sunita
	2.00			
	3.00			
	4.00			
	5.00			
	6.00			
	7.00	<p><u>6P</u></p> <p>Sol. Ceftriaxone - 650mg/5ml/12hrs</p>		
	8.00			
	9.00			
	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			

→ Esomeprazole - 5ml dilution → ^{give.} 1.6 ml

→ Ceftriaxone - 10ml dilution → add 6.5ml in 50ml NS

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Ref. No. F/INPR/12



Patient Name : _____

VIH-00165582 IP-00060146
Master TALLA SHREYANSH
02-08-2023 2 Y 9 M 26 D (M)
Dr. SURENDER RAO DUSA

Registration No.: _____



medication

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
29/5/26	00.00	12AM		
	1.00	Drops - NASOCLEAR / 2 / pr	Nagmani	}
	2.00	2AM		
	3.00	METASPRAY - NASAL SPRAY / 1 / pr	Nagmani	
	4.00	6AM		
	5.00	Drops - AMOXICILLIN / 400mg / iv	Nagmani	
	6.00	Drops - ESOMEPRAZOLE / 13mg / iv		
	7.00	NASIVION - p - NASAL - / 2 / pr		
	8.00			
	9.00	8AM		
	10.00	Drops - NASOCLEAR / 2 / pr		
	11.00	2PM		
	12.00	Drops - AMOXICILLIN / 400mg / iv	}	
	13.00	NASIVION - p - / 2 / pr		
	14.00	METASPRAY - / 1 / pr		
	15.00			
	16.00	4PM		
	17.00	Drops - NASOCLEAR / 2 / pr		
	18.00			
	19.00	10PM		
	20.00	Drops - AMOXICILLIN / 400mg / iv	}	
	21.00	NASIVION - p / 2 / pr		
	22.00			
	23.00			