Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

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

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

Date of Admission : 27.7.126 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 105 Ward : 1st Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	4:20 AM	ER	105	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	CBP, CRP, Serum Electrolyte, Serum Creatinine, Urea, VBG	26025368	Sucegatha.
	GRBS - 115 mg/dl.	26025367.	[illegible]
	X-Ray Chest	26012138	[illegible]
	cross checked by [illegible] 2/8/2 @ [illegible]		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/7	Infusion pump	4:30 AM	28/7/25 4:45 AM	8106874	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/7/26	IV placement	1	3106885	Dr. Moglisha.
28/7	Meds	4	3107396	
	Cross checked by Gadpayl		28/7 @ 2 AM	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Evening Shift		

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

105

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
27/7/26	00.00	ADRENALINE-10Am	Raja	Swetha
	01.00	4:00pm - Budecort	Jyagmani	Swetha
27/7/26	02.00	+ Adenalin		
	03.00	10pm - Adrenaline.	Ender	Swetha
28/7	04.00	4Am - Budicort + Adrenalin	Ender	Swetha
	05.00	(4) - 3107396.		
	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			

Name	Baby CHARVEE SLOKA.K	**UHID**	VIH-00171873
Father/Guardian	Mr UMAKANTH REDDY	**Age/Gender**	4 Y 8 M 12 D/Female
Address	98,99 NL HEIGHT ROAD NO.: 10 SRI MARUTHI ENCLAVE KUGHAIGUDA HYD, Kapra, Hyderabad, Telangana, INDIA, 400011		
IP No	IP-00060873	**Admission Date**	27-07-2026
Ref Doctor	DR.VENKATA LOKDAS	**Discharge Date**	28-07-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Diagnosis: Severe acute laryngotracheobronchitis

History: Baby CHARVEE SLOKA.K is a 4 Y 8 M 12 D girl presented with the history of fast breathing, stridor, hoarseness of voice since one hour prior to admission. For the above complaints, she was referred to Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations on oxygen support. Her heart rate was 160/min, blood pressure - 110/70 mmHg and respiratory rate - 60/min. Respiratory distress was present in the form of tachypnea & subcostal retractions. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, she was conscious and oriented. Other systemic examination was normal.

Weight on admission : 20 kgs.

Investigations: Enclosed.

Name	Baby CHARVEE SLOKA.K	UHID	VIH-00171873

Management: In emergency room, child was nebulized with adrenaline and budecort. Injection Dexamethasone was given. The acute symptoms resolved and shifted to ward. She was started on intravenous fluids. She was nebulized with Adrenaline and Budecort.

Her venous blood gas showed pH 7.30, pCO2 47.0 mmHg, pO2 57 mmHg, HCO3 21.5 mmol/L, BE -3.3 mmol/L. Her CBP, inflammatory markers, serum creatinine, electrolytes and blood urea were normal.

Her vitals were regularly monitored. She did not have any such further episodes. As hemodynamically stable, she is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Nebulization with Budecort (2mg) 1 respule 12^{th} hourly for 3 days.
3. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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

Name : Signature :

Relationship with patient :

This summary has been explained by:

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

Registrar/Resident/C.M.O

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Name	Baby CHARVEE SLOKA.K	**UHID**	VIH-00171873
Father/Guardian	Mr UMAKANTH REDDY	**Age/Gender**	4 Y 8 M 12 D/Female
Address	98,99 NL HEIGHT ROAD NO.: 10 SRI MARUTHI ENCLAVE KUGHAIGUDA HYD, Kapra, Hyderabad, Telangana, INDIA, 400011		
IP No	IP-00060873	**Admission Date**	27-07-2026
Ref Doctor	DR.VENKATA LOKDAS	**Discharge Date**	28-07-2026

DISCHARGE SUMMARY

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MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

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Name : Signature :

Relationship with patient :

This summary has been explained by:

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

Registrar/Resident/C.M.O

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

PATIENT COPY

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PatientName	: Baby CHARVEE SLOKA.K	**Inpatient No.**	: IP-00060873
Age/Gender	: 4 Y 8 M 12 D/ Female	**Admit Date**	: 27-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				**TEST RESULT STATUS : REPORT ENTERED** Order Date :27-07-2026 03:49
RANDOM BLOOD GLUCOSE (GOD/POD)	115	mg/dl		70 - 140

Investigation	Result	Unit		Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)				**TEST RESULT STATUS : REPORT ENTERED** Order Date :27-07-2026 03:49
PH (Reagent Strip/Double PH Indicator)	**7.30**	**unit**	L	7.35 - 7.45
pCO2	47.0	mm Hg		35 - 48
pO2	**57**	**mm Hg**	L	83 - 108
HCO3	21.5	mmol/L		
BE	-3.2	mmol/L		
O2 Sat	86.1	mmol/L		

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				**TEST RESULT STATUS : REPORT AUTHORISED** Order Date :27-07-2026 03:49
HEMOGLOBIN (Colorimetry)	12.6	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	5.12	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	35.1	VOL%		34 - 40
MCV (Calculated)	**68.6**	**fL**	L	75 - 87
MCH (Calculated)	24.6	pg/cells		24 - 30
MCHC (Calculated)	35.8	g/dL		32 - 36
RDW-CV (Calculated)	14.2	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	331	10^9/L		150 - 450
MPV (Calculated)	6.6	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**15.55**	**10^9/L**	H	5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	42	%		23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	51	%		35 - 65
MONOCYTES (Microscopy, Leishman stain)	05	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MILD LEUCOCYTOSIS PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

This is an interim report. The final report will be released after 24 hours.

Investigation	Result	Unit	Biological Reference Interval

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby CHARVEE SLOKA.K	**Inpatient No.**	: IP-00060873
Age/Gender	: 4 Y 8 M 11 D/ Female	**Admit Date**	: 27-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-07-2026 03:49
CRP (Immunoturbidimetry)	1.0	mg/L		<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
CREATININE (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-07-2026 03:49
CREATININE (Enzymatic)	0.3	mg/dl		0.04 - 0.6

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-07-2026 03:49
SODIUM (Direct ISE)	**146**	**mmol/L**	H	134 - 143
POTASSIUM (Direct ISE)	4.2	mmol/L		3.7 - 5
CHLORIDE (Direct ISE)	**112**	**mmol/L**	H	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
UREA (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-07-2026 03:49
UREA (Kinetic, Urease)	29.4	mg/dl		9 - 30

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
18-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

Patient Nam

Ward:

IP.No: 60873

DOA: 27/7/26

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

Signature and Date : 27/7/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060873 **Admit Date** : 27-Jul-2026 **Admit Time** : 03:43 AM **UHID** : VIH-00171873

Patient Details :

Patient Name	: Baby CHARVEE SLOKA.K	**Age**	: 4 Y 8 M 11 D
Guardian	: Mr UMAKANTH REDDY	**DOB**	: 16-11-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 98,99 NL HEIGHT ROAD NO.: 10 SRI MARUTHI ENCLAVE KUGHAIGUDA HYD Kapra Hyderabad Telangana INDIA 400011	**Phone No**	: 8008800500
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr UMAKANTH REDDY **Relationship** : D/O

Contact Address : 98,99 NL HEIGHT ROAD NO.: 10 SRI MARUTHI ENCLAVE KUGHAIGUDA HYD Kapra Hyderabad Telangana INDIA 400011 **Phone No** : 8008800500

Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00 **Payor Name** : HDFC ERGO GENERAL INSURANCE CO LTD

Patient Name : Baby. CHARVEE SLOKA.K UHID : VIH-00171873 IPD : IP-00060873 Gender : Female Age : 4 Y 8 M 11 D

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

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EMERGENCY ROOM TRIAGE FORM

RBS – 115 mg/dl
Wt: 21 Kg (out side)

Patient's Name : Baby. chasvi shloka Age : 4yrs
Gender: ☐ Male ☑ Female

Date : 27/7/26 Time of Arrival : 3:30pm

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: 98.4°F PR: 160bpm BP: 109/70 (80) RR: 60 b/m SpO2 100% @ O2

Chief Complaints: c/o Croup (Breathing difficulty)

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 3:07 AM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Aschitha

Signature of Triage Nurse : A

Date & Time : 27/7/26 @ 3:07 AM

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

Patient Name : Baby. CHARVEE SLOKA.K UHID : VIH-00171873 IPD : IP-00060873 Gender : Female Age : 4 Y 8 M 11 D

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/7/26 Time of arrival : 3:09 AM

Chief Complaints: C/O Croup C Breathing difficulty RBS: 115 mg/dl

Height : — Weight : 21 Kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family (Brothers)

Siblings in household ☑ Yes ☐ No (If yes How Many?) 1

Time of Initial assessment completed by ER Nurse : 3:14 AM

Patient Name : Baby. CHARVEE SLOKA.K UHID : VIH-00171873 IPD : IP-00060873 Gender : Female Age : 4 Y 8 M 11 D

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

Time	Nursing Notes
3:09Am.	Patient came to ER
3:05AM	Vitals checked and Recorded
3:07Am	Dr. Shivam. Seen the patient and adviced admission
3:13Am	Admission process Done
3:00AM	IV Placement Done
3:15Am	Collected the Samples & Send to lab
4:20AM	patient Shifted to ward

Samples collected by: } Sr. Shivam Time: } 3:10 AM
Samples sent by : } Time: } 3:15 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
@3:02A	inj. Adrinamil	P|N	5ml	Dr. Shivam Surgeon	
3:10Am	inj. ondem	IV	4 mg	Dr. Shivam	
3:10A	inj. Dexamethasone	IV	8mg	Dr. Shivam Surgeon	
3:20Am	inj. Rudeseze	P|N	2 mg	Dr. Shivam Surgeon	

Condition of patient at time of shift - out :

HR: 150 b/m BP: 109/70 (80) CFT: <2sec
RR: 50-60 b/m SPO$_2$: 100 @ O$_2$
GCS: 15/15 Temperature : 98°F
Pain Score: 0
Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 10 ward
Time of Shift - out: @ 4:20AM
Handover given to: Sr. Shubhang (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Architha Signature of the Nurse : Archith

Date & Time : 27/7/26 @ 4:20AM

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute Severe Croup.

Arrival Time: 4:10 PM Mode of Arrival: Wheel chair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Nil ..... Body Weight: 21 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: Nil

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

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

Observations: Weight: ..... Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6°F HR: 120b/mt RR: 29b/mt BP: 102/63(70)

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

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

Risk of Pressure Sore (Braden Q Score 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 ..... Family .....

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 ..... Mother .....

Nurse's Name: ..... Subham ..... Date: 27/7/26 ..... Time: 4:30pm Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00171873 IP-00060873 Baby CHARVEE SLOKA.K 16-11-2021 4 Y 8 M 11 D (F) Dr. SURENDER RAO DUSA	27/7/26 @ 3:43 AM	27/7/26 @ 4:20 AM
	Transfer Ordered by Dr. Shivam.	Reason for Transfer Admission
From Unit ENT	To Unit	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films X-ray VBG	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over OPD file given.

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Swagatika / Sh	Dr. Shivam.

Patient & Clinical Records Received by : Subham

Date & Time of Patient Received : 27/7/26 @ 4:20 Am

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fast breathing
Stridor
Hoarseness of voice
} Since 2:30 Am

History of present illness :

Child had trigger of playing in Rain
↓
slept
↓
Sudden Hoarseness, Stridor & fast breathing in sleep

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Pediatric Multiorgan History & Physical Examination

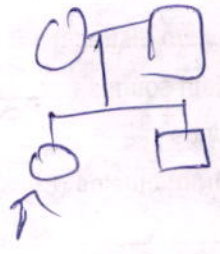
Past History : (Including details of any previous investigation or treatment)

Not Significant

Birth & Neonatal History:

FT/LSCS/CRBB/BBA

NICU Adm



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for Age

Immunization History :

Done for Age

(P.T.O.)

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 20kg (Centile _____)

On Examination :

Temperature : 99°F Pulse Rate : 160/m B.P. (09/20(88) SPO2 100% on O2

Resp.rate and type of breathing : 50 - 60/min Tachypnea (+)

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : Tachypnea (+), SOB (+)

Air entry & breath sounds : BILAB (+)

Any addes sounds : (-)

Relevant data from outside (Chest X-Ray, ABG,etc.,) Xray → Steeple sign (+)

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (N)

Any murmur : (-)

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

Per Abdomen :

Inspection (N)

Palpation : (N)

Ausculation : (N)

Spine : External Genitelia :

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

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

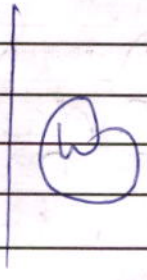
Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :



Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute Severe Croup

(P.T.O.)

VIH-00171873 IP-0006087
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : To prevent & Rx complications

Planned Labs:

CBP, CRP, STE, Sr Creat, ✓
UA ✓
UBG ✓
CXR ✓

Planned Management

- Adr Neb Sml undiluted
- Budecort Neb 2MG
- Inj Dexa 8MG SOL
- Inj Unasyn 4MG SOL
- Continue Vital monitoring
- SOS ACW

Noted by Swagatika @3:46 hr.

Signature of the Doctor: .....
Name of the Doctor: Dr Swagatika
Date & Time: 27/12/26 3:26 AM

Signature of the Consultant: .....
Name of the Consultant: Dr Surender Rao
Date & Time: 27/12/26 3:26 AM

Referred by Dr Venkat Lokdas

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8 AM	S/B Resident	
	c/o Ac. Laryngotracheal Bronchitis	
	C/o: No fever	plan
	fast breathing - better	
	Pain - [illegible]	- SOS - PICU
		- Continue Adrenaline Budecort nebs
	O/E - Euthermic	- Monitor vitals
	CVS - S1, S2 (+)	- I/O charting
	RS - NAE (+)	- Inform SOS
	PA - soft	- with tiny RD / deterioration → Inform immediately
	CNS - NAD	- Stop continuous monitoring → Monitor vitals - 2nd hourly
Dr. Deepthi		Note by Roja Rui 27/6/26 08:41

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SB Resident	
27/7 3:30pm		
	D: CROUP	
	↓ no active issue now.	
	AP (-)	
	WOB (N)	
	O/E	
	Euthermic	
	CVS - S1 S2 (+)	
	RS BAE (+) RS (+)	
	P/A: Soft	
	CNS no FND	
	plan	
	- adrenaline nebulization	
	- CST	
	- monitor vitals 3rd hrly	
Dr Shraikar	noted by Dr. Nagini 27/7/26 CSPA	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/7/26 9AM	CB/B Resident	
	Δ Croup	
	NO fresh issue WOB (N)	
	O/E Conscious Afebrile CVS - S1 S2 (N) RS - B/L AE (P) PA - SOT Vitals - SOT	Plan D/C Today - Monitor vitals

Dr. Surender Rao 28/7/26. 11:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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16-11-2021 4 Y 8 M 11 D (F)
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Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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

Date : 26/7/26.. Time:	4.30	6	8
Doctor / Nurse / Family Concern?	am	am	am
Temperature (F)	98.6F	98.6F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/71		
Heart Rate (Number)	126	128	116	106	124
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	32	29	28	28	22
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N
Receiving O_2(l/min)					
O_2Saturations (%)	96		99		97
Conscious Level: Normal / Altered	N		N		N
GCS *	15		15		15
TOTAL SCORE Number of shaded boxes	0		0		0
Pain Score	0		0		0
Observer's Initials			SK		SK

Note: BP does not score in early warning scoring

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

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

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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...LY WARNING SCORE: CHILDREN'S UNIT

Date : 27/7/26 Time: 9 11 1 3 5 7 9 11 1 3 5 7

Doctor / Nurse / Family Concern? AM AM PM PM PM PM PM PM AM AM AM AM

Temperature (°F): 98.4 97.6 98.5 99.0 98.6 98.6 98.4 98.6 98.4 98.6 98.4 98.6

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 110 112 114 120 110 116 115 113 115 110 110 112

Resp. Rate (bpm) (Over 1 Minute) *: 27 29 25 31 25 26 25 26 24 25 24 25

Resp Distress | Mod/ Severe / None / Mild: N N N N

Receiving O_2 (l/min) O_2 Saturations (%): 99 97 98 99 98 99 98 98 98 98 98 98

Conscious Level | Normal / Altered: N N N N N N N N N N N N

GCS *: 15 15 15 15 15 15 15 15 15 15 15 15

TOTAL SCORE Number of shaded boxes: 0 0 0 0 0 0 0 0 0 0 0 0

Pain Score: 0 0 0 0 0 0 0 0 0 0 0 0

Observer's Initials: AP AP AP MA CH CH Sindu Sindu Sindu Sindu Sindu Sindu

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 28/11/21 Time: 9

Doctor / Nurse / Family Concern? AM

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

Heart Rate (bpm) and 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) 113

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

Resp Rate (Number) 22

Resp Distress	Mod/ Severe	
	None / Mild	N
Receiving O_2 (l/min)		
O_2 Saturations (%)		97
Conscious Level	Normal	N
	Altered	
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		AP

Note by Dr RK 28/11/21 @9AM

ACTIONS NB: Scores 3 should be recorded overleaf	
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FLUID CHART

Sheet No. : .....

26/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	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			DNS								
27/7	04:00 am		water	40ml								
	05:00 am			40ml								
	06:00 am			40ml						✓	0	
	07:00 am			40ml								Subha 27/7 @ 8am
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	160ml	Total 24 hrs. Output	1 time

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : .....

27/7/26,

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/7/26	08:00 am		Idly								1	
	09:00 am	D		40ml						✓		
	10:00 am			40ml								
	11:00 am		H2O	40ml							0	
	12:00 pm			40ml						✓		
	01:00 pm			40ml							1	
Total Intake : 200ml						**Total Output :**						
27/7	02:00 pm		Rice	40ml							1	
	03:00 pm		water	40ml						✓		
	04:00 pm			40ml							0	
	05:00 pm			40ml								
	06:00 pm									✓		
	07:00 pm										1	
Total Intake : 160ml						**Total Output :**						
27/7	08:00 pm			40ml							1	
	09:00 pm		Rice	40ml						✓		
	10:00 pm		+	40ml							0	
	11:00 pm		water	40ml								
	12:00 am			40ml						✓		
	01:00 am			40ml							1	
Total Intake : 240ml						**Total Output :** Thi.						
28/7	02:00 am		water	40ml							1	
	03:00 am			40ml						✓		
	04:00 am			40ml							0	
	05:00 am			40ml								
	06:00 am			40ml						✓		
	07:00 am			40ml							1	
Total Intake : 240ml						**Total Output :** 2 time						

Total 24 hrs. Intake	780ml	Total 24 hrs. Output	8 times

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FLUID CHART

Sheet No. : .....

28/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/7/26												
	08:00 am			40ml								
	09:00 am	D		40ml								
	10:00 am											
	11:00 am	N	20									
	12:00 pm											
	01:00 pm	S										
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	

Docu. No. : RCH /FRM / CLINICAL / 092

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FLUID CHART

Sheet No. : .....

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

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

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

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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: 105

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. Shivam I

Date & Time : 27/7/26 @ 3:30Am.

Nurse Name & Signature: Swagatika

Date & Time : 27/7/26 @ 3:30Am.

Docu. No. : RCH / FRM / GENERAL / 090

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DRUG CHART

Date of Admission: 24/7/126 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... ture .....

16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS Weight. 21 kgs Ward. .....

Nebulise 27/7/26

DRUG : NEB · ADRENALINE

Dose	Route	Frequency	Start Date
5ML	PN	6th hly	27/7

Name & Signature of the Doctor Starting the Drugs: A Dhivam

Additional Instructions: UNDILUTED

see the Nebulization Chart

Daily Doctor's Endorsement by a Sign

Date / Time

As per Dr. AR visit 27/7 Nebulise

DRUG : NEB · BUDESONIDE

Dose	Route	Frequency	Start Date
2MG	PN	12th hly	27/7

Name & Signature of the Doctor Starting the Drugs: A Dhivan

Additional Instructions: 1 Respule = 1MG

see the nebulization chart

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Dr. SURENDER RAO DUSA

IP-0006087J VIH-0017187J

Weight. 21 Kg Ward. .....

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.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/7	3:05 AM	NEB ADRENALINE	5ML (UNDILUTED)	PN		Nee Archibald
27/7	3:20 AM	NEB BUDESONIDE	2MG	PN		Nee Archibald
27/7	3:10 Am	INJ DEXAMETHASONE	8MG	IV		Nee Archibald
27/7	3:10 Am	INJ ONDANSETRON	4MG	IV		Nee Archibald

Nee

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

16-11-2021 4 Y 8 M 11 D (F)
Dr. SURENDER RAO DUSA

Baby CHARVEE SLOKA.K
VIH-001718?3 IP-0006087?

I.V. FLUIDS CHART

Weight. 21 kgs 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
27/7	4pm	IV Fluid DNS (2/3rd)	IV	40					

Maggie 27/7

Signature .....

VERIFIED BY : Name .....

VIH-00171873 IP-00060873
Baby CHARVEE SLOKA.K
16-11-2021 4 Y 8 M 11 D (F)
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(1)

RESULT SHEET

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Date	24/4					
Time	8:49 AM					
Hb	12.6					
PCV	35.1					
RBC	5.12					
WBC	15.55					
N/L	41.5/51.3					
Platelets	3.31					
CRP	1.0					
ESR						
PCT						
RBS						
Na	146					
K	4.2					
Cl	112					
Ca/Mg						
Phosphate						
Urea	29.4					
Creatinine	0.3					
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 : .....

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Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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