INSURANCE COPY

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Name	Ms VESAPOGU HARSHITHA	**UHID**	VIH-00201089
Father/Guardian	Mr VESAPOGU KRUPADANAM	**Age/Gender**	15 Y 11 M 0 D/Female
Address	BADAM APTS,FLAT NO:10,VIJAYAPURI COLONY,SOUTH LALLAGUDA,TARNAKA., Lallaguda, Hyderabad, Telangana, INDIA, 500017		
IP No	IP-00060736	**Admission Date**	17-07-2026
Ref Doctor	DR MURALI	**Discharge Date**	19-07-2026

DISCHARGE SUMMARY

Consultant:
Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS

Diagnosis: Abdominal pain under evaluation

History: Ms VESAPOGU HARSHITHA is a 15 Y 11 M 0 D girl presented with history of abdominal pain diffuse abdominal pain intermittent in nature radiation of pain to the back since 2 weeks, cough since 1 week. She had history of moderate grade intermittent to high fever, cold 1 week back taken antibiotics. For the above complaints, she was admitted to Rainbow Children's Hospital for further management.

Previous Investigations: CBP done on 14.07.2026 showed hemoglobin 13.9 gm%, white blood cells count of 8,300 cells/cumm, platelet count of 2.9 lakhs/cumm. Widal was negative. Quantiferon TB gold was negative. CUE done on 07.07.2026 was normal and urine culture showed no growth. Ultrasound abdomen done on 03.07.2026 was suggestive of polycystic morphology of both ovaries - Right - 44x17x16mm, Left - 45x16x19 mm. CT plain done on 11.07.2026 showed multiple enlarged mesenteric lymphnodes in right iliac fossa, right mesentery and periumbilical region - 15x9mm suggestive of mesenteric adenitis.

Past History: History of Psoriasis since 2 years and PCOS since 1 year. She was dysmenorrhea since 5 months back.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 87/min, blood pressure - 111/79 mmHg and respiratory rate - 22/min. On auscultation, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, diffuse mild tenderness present. Neurologically she was conscious and oriented. Other systemic examination was normal.

Weight on admission : 74.8 kgs.

Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. She was treated symptomatically with antacids and antipyretics.

Her complete blood picture showed hemoglobin 13.9 gm%, white blood cells count of 7,200 cells/cumm, platelet count of 2.83 lakhs/cumm and C-reactive protein was 1.0 mg/l. Serum electrolytes showed serum sodium - 147 mmol/L, serum potassium - 3.9 mmol/L, chloride - 105 mmol/L. Serum creatinine 0.6 mg/dl. Liver function tests showed SGPT 16 U/L, SGOT 16 U/L, ALP 95 U/L, total serum bilirubin was 0.4 mg/dl with direct fraction 0.1 mg/dl and indirect fraction 0.3 mg/dl, serum albumin was 4.2 g/dl, total protein was 7.9 g/dl, S.globulin was 3.7 g/dl. Serum amylase 80 U/L. Serum lipase 147 U/L. Blood culture was sterile after 24 hours of incubation. TSH was 1.54. T4 1.43 ng/dL. X-ray erect abdomen showed fecal loaded colon, for which enema was given and laxatives were added.

In view of abdominal pain, child was seen by Dr. Jyoti Bothra, Consultant Pediatric Surgeon who advised nil surgical intervention and to review if required.

In view of pain abdomen and dyspepsia, child was evaluated by Dr. M N V Poushya Sai, Consultant Pediatric Gastroenterologist. Upper GI Endoscopy done on 18.07.2026 showed mild nodularity in antrum, biopsy specimen taken from stomach /duodenum - D2 each and sent for HPE.

In view of past history of dysmenorrhea, PCOS, now with abdominal pain, child was seen by Dr. Srilatha Patnayak, Consultant Gynecologist who advised life style and diet modifications and to review in Gynec OPD after next cycle and advised Psychological counselling regarding delayed and irregular sleep timings.

She was continued on same line of management. Her vitals were regularly monitored. Her fever spikes and other symptoms gradually settled. 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 and exercise as advised.
2. Advised for physiotherapy.
3. Advised for psychological counselling
4. Tablet Pantoprazole (40mg), 1 tablet once daily (30 minutes before breakfast) for 4 weks.
5. Syrup. Sucralfate, 5ml 8th hourly (before food) for 5 days.

6. Tablet Ondansetron (4mg), 1 tablet if required for vomiting (maximum 8th hourly).
7. Muout powder, mix 5 scoops in 300ml water once daily at (10pm) after food for 3 months (In case of loose stools, reduce dose of Muout powder, mix 4 scoops in 240ml of water and give).
8. Kindly consult Dr. M N V Poushya Sai, Consultant Pediatric Gastroenterologist, on 24.07.2026 (Friday) in OPD at RCH, Banjara Hills with prior appointment (This consultation will be charged).

In case of Fever:
Tablet Paracetamol (650mg), 1 tablet for fever more than 99.6*F (maximum 4-6 hourly).
Tablet Ibuprofen (400mg), 1 tablet for fever more than 101*F (maximum 8 hourly).

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. Shrikar
DEO : Kalyan

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Rainbow Children's Hospital - Secunderabad

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PatientName	: Ms VESAPOGU HARSHITHA	**Inpatient No.**	: IP-00060736
Age/Gender	: 15 Y 10 M 28 D/ Female	**Admit Date**	: 17-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
AMYLASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :17-07-2026 11:58
AMYLASE (Enzymatic Colorimetric Assay - IFCC)	80	U/L	30 - 110

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :17-07-2026 11:58
HEMOGLOBIN (Colorimetry)	13.9	g/dL	12 - 16
RBC COUNT (DC detection method)	4.85	10^12/L	4.1 - 5.1
PCV/HCT (Calculated)	39.7	VOL%	33 - 51
MCV (Calculated)	81.8	fL	78 - 102
MCH (Calculated)	28.7	pg/cells	25 - 35
MCHC (Calculated)	35.1	g/dL	32 - 36
RDW-CV (Calculated)	12.5	%	11.5 - 14
PLATELET COUNT (DC Detection Method)	283	10^9/L	150 - 450
MPV (Calculated)	8.1	fL	6.5 - 10
WBC COUNT (DC Detection Method)	7.20	10^9/L	4.5 - 13
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	60	%	34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	32	%	25 - 45
MONOCYTES (Microscopy, Leishman stain)	06	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		

Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :17-07-2026 11:58

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Age/Gender	: 15 Y 10 M 28 D/ Female	Admit Date	: 17-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
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 :17-07-2026 11:58
CREATININE (Enzymatic)	0.6	mg/dl	0.5 - 1.1

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 :17-07-2026 11:58
SODIUM (Direct ISE)	**147**	**mmol/L**	H	134 - 143
POTASSIUM (Direct ISE)	3.9	mmol/L		3.5 - 5.1
CHLORIDE (Direct ISE)	105	mmol/L		98 - 108

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Consultant Pathologist, Reg No : 39356

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Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
LIPASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT ENTERED
			Order Date :17-07-2026 11:58
LIPASE (Enzymatic with colipase-Vitros)	147	U/L	10 - 220

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PatientName	: Ms VESAPOGU HARSHITHA	**Inpatient No.**	: IP-00060736
Age/Gender	: 15 Y 10 M 28 D/ Female	**Admit Date**	: 17-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED
				Order Date :17-07-2026 11:58
TOTAL BILIRUBIN (Azobilirubin)	0.4	mg/dl		<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl		<1.1
SGOT (AST) (Kinetic with P5P)	16	U/L		5 - 30
SGPT (ALT) (Kinetic with P5P)	16	U/L		5 - 35
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	95	U/L		50 - 130
PROTEIN (Biuret method)	7.9	g/dL		6.3 - 8.6
ALBUMIN (Bromocresol Green)	4.2	g/dL		3.7 - 5.6
GLOBULIN (Calculated)	**3.7**	**g/dL**	H	1.6 - 3.5
A/G RATIO (Calculated)	**1.1**		L	1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
FREE T4 (FREE THYROXINE) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :18-07-2026 16:07
FREE T4 (CLIA)	1.43	ng/dL	0.98 - 1.63

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

MC-7373

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Age/Gender	: 15 Y 10 M 29 D/ Female	**Admit Date**	: 17-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
THYROID STIMULATING HORMONE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :18-07-2026 16:07
THYROID STIMULATING HORMONE (TSH) (Eclia)	1.54	µIU/ml	0.51 - 4.3

Dr. **RASHIDA MAHREEN, MBBS,MD**

Reg No : **HMC13081**

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Age/Gender	: 15 Y 11 M 0 D/ Female	**Admit Date**	: 17-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Order Date : 17-07-2026 11:58:01

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report .....

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ACTI VIH-00201089 IP-00060736 **LING**
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Name ----------

UHID ---------- Consultant : ---------- Dept : ----------

Date of Admission : 17/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 110 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/7/26	1:25 PM	ER	110	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Jyothi	17/7/26	3102771	
2.	Dr. Sailatha	17/7/26	3102797	
3.	Cross checked by		18/7/26.	
4.	Dr. Poushya Sai	18/7/26	3102960	
5.	Cross checked by		19/7/26.	
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/7	X-ray Erect abdomen	26011518	
	CBP CRP SE Cr		
	LFT Amylase	26024149	
	Lapase, Bloody		
	Cross clinked by 18/7/26		
18/7	TSH, T3, T4.	26024291	
	Cross Clinked by 19/7/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/7	Infusion pump	11:40pm	5AM 19/7	3109292	
	Cross checked by		18/7/26		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/7/26	IV Placement	1	3102790.	
	Cross clubbed by		18/7/26	
18/7	IV placement	(1)	3102183	
	Cross clubbed by		19/7/26	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 11 M 0 D (F)
Dr. SIVA NARAYANA REDDY

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Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	01			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	02			
7	Nurses Progress notes	03			
8	Consultation Sheets	03			
9	General Consent for Treatment	01			
10	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	03			
26	Intake and Output chart (fluid Chart)	03			
27	Drug Chart (Regular prescription)	03			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Others	05			
	Billing	04			
	Total No. of Pages	38			

Packed by Indu
@ 11 AM
19/8/26

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060736 **Admit Date** : 17-Jul-2026 **Admit Time** : 11:37 AM **UHID** : VIH-00201089

Patient Details :

Patient Name	: Ms VESAPOGU HARSHITHA	**Age**	: 15 Y 10 M 28 D
Guardian	: Mr VESAPOGU KRUPADANAM	**DOB**	: 19-08-2010
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: BADAM APTS,FLAT NO:10,VIJAYAPURI COLONY,SOUTH LALLAGUDA,TARNAKA. Lallaguda Hyderabad Telangana INDIA 500017	**Phone No**	: 6301781705
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr VESAPOGU KRUPADANAM **Relationship** : Father

Contact Address : BADAM APTS,FLAT NO:10,VIJAYAPURI COLONY,SOUTH LALLAGUDA,TARNAKA. Lallaguda Hyderabad Telangana INDIA 500017 **Phone No** : 6301781705

Signature 17/07/26

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR MURALI **Phone No** : 9740954825

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Wt: 74.8 kg
Ht: 162 cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Harshitha Age : 15yrs Gender: ☐ Male ☑ Female

Date : 17/7/26 Time of Arrival : 10:40 AM

Allergies: ☐ No ☑ Yes ☐ Food ☑ Medications ☐ Blood Transfusion ☐ Other (Specify): Ibuprofen, Naprozen, ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) ..... metronidazole, fluoquinolones

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.3°F PR: 87 b/m BP: 111/79 (88) RR: 22 b/m SpO_2: 100 %

Chief Complaints: C/O Abdominal pain, cold, cough x 2 weeks, Fever x last 1 week, Vomitings, back pain on & off

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 : 10:44 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 : AS

Date & Time : 17/7/26 @ 10:44 AM

Patient Name : Baby. VESAPOGU HARSHITHA UHID : VIH-00201089 IPD : IP-00060736 Gender : Female
Age : 15 Y 10 M 28 D

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 17/7/26 Time of arrival : 11:46 AM

Chief Complaints: C/O Abdominal pain, cold, cough, vomitings RBS: —

Height : 162 cm Weight : 74.8kg BMI : — Head Circumference (<2 years) .....

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

If yes , identify Ibuprofen, Naproxen, metronidazole, fluoquinolones

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 1 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

☐ Character paining ☐ Location Abdomen ☐ Frequency Intermitted ☐ Duration 2 weeks

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 11:50 AM

Patient Name : Baby. VESAPOGU HARSHITHA UHID : VIH-00201089 IPD : IP-00060736 Gender : Female
Age : 15 Y 10 M 28 D

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

Time	Nursing Notes
10:40am *	patient came to ER
10:44am *	Vitals checked and Recorded
10:47am *	Dr. prashanthi Seen the patient & advised admission
11:37Am *	Admission process Done
12:11pm *	IV placement Done
12:15pm *	Collected The Samples & Send to lab
1:25pM *	patient shifted to ward

Samples collected by: Sr. Hema Time: 12:11 pm
Samples sent by : Time: 12:15 pM

Medication given in ER:

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

Condition of patient at time of shift - out:		**Details of Shift - out**
HR: 87b/m	BP: 111/77 (88) CFT: <2sec	Shift - out from ER to: ICU
RR: 22b/m	SPO_2 : 100 %	Time of Shift - out: 17/7/26 @ 1:25 pm
GCS: 15/15	Temperature : 98°F	Handover given to: Sr.
Pain Score: 1		(Nurse's Name) by Architha
Repeat RBS (if applicable): —		

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 : AS

Date & Time : 17/7/26 @ 1:25 AM

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute Abdomen Pain
Arrival Time: 1'25 pm Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Ibuprofen, Naproxen, metronidazole, fluroquinolones

Body Weight: 74.8 Kg
Height: 162 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
1 year Craniosynostosis	Nil	1 year (ago)

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: LSCS

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

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

Observations: Weight: 74.8 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6°F HR: 109 b/mt RR: 19 b/mt BP: 112/73 (85)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 8 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 20) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 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?) ..... '0' .....

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: ..... 12/7/26 ..... Time: 1:40pm Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00201089 IP-00060736 Ms VESAPOGU HARSHITHA 19-08-2010 15 Y 10 M 28 D (F) Dr. SIVA NARAYANA REDDY	17/7/26 @ 4:37 ~~pm~~	17/7/26 @ 1:25 PM
	Transfer Ordered by Dr. Prashanthi	Reason for Transfer Admission
From Unit ~~ER~~	To Unit 110	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? outside file given

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. hema	Dr. Prashanthi

Patient & Clinical Records Received by : Subham

Date & Time of Patient Received : 17/07/26 @ 1:25 pm

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

Drug Allergies (+nt) - To Ibuprofen, Naproxen, Metronidazole, fluoroquinolones.

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : Harshitha. Age/Sex 15Y/female.

Information given by: mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o stomach pain :: 2 weeks.
c/o backache :: 2weeks.
c/o cough :: 1week.

History of present illness :

child was apparently asymptomatic 2 weeks back
Then started c/o Abdominal pain
Diffuse Abdominal pain.
Cramping in character.
Intermittent in nature.

Radiation of pain to the back.

c/o fever, cold, ~~cough~~ - 1week back
Subsided Now
Last fever on Tuesday (14/7/26)
Spike - used Antibiotics - Tab. cefixime - for 10 days
Tab. ceftriaxone - 3 days.

c/o cough (+)
Dry Intermittent cough

c/o vomitings :: 2weeks
on & off - 3-4 episodes/week - small volume
NB/op/ Non blood stained.

c/o change in Bowel habit :: 2weeks.
Alternating Constipation & diarrhea.

14/7/26.

→ Quantiferon TB Gold - Negative.

03/7/21 USG Abdomen - polycystic morphology of both ovaries - (Rt) - 44×17×16mm (It) - 45×16×19mm.

11/7/26 → CT (plain) - multiple enlarged mesentric lymphnodes in (Rt) Iliac fossa, (Rt) mesentry, & periumbilical region - 15×9mm. Suggestive of mesenteric Adenitis.

Pediatric Multiorgan History & Physical Examination

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

H/o febrile seizure - 1 spike @ 1½ yr of Age.

H/o psoriasis : 2 yrs

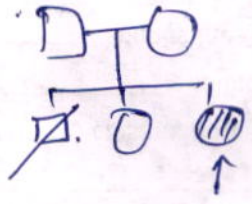
H/o pcos : 1 yr ago - Admitted for Dyspnoea 5 months back

16/7/26 → Small calculus measuring - 3-2mm in (It) kidney - midpole.
& B/L polycystic ovaries (3·7×3·2×1·6 cm) (-Rt)
(4·1×3·6×1·4) (-It).

14/7/26 - ESR - 10. Hb - 13·9
WBC → 8300 pH + 2·9 lakhs 7/7/26 + u/cs → No growth.
N/L → 72/17 widal → (-ve) CUE (-N).

Birth & Neonatal History:

Term baby | Bwt: 2.6kg | uncs.
CIAB, No NICU Admission.



Birth & Socio Economic History:

About Father : class III.
About Mother :
Any additional Information :

Developmental History :

Developmental achieved as per Age - In all 4 domain.

Immunization History :

Immunized as per Age.

(P.T.O.)

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 74.8kgs (Centile _____)

On Examination :

Temperature : 98.3 F Pulse Rate : 87b/m B.P. 117/79 SPO2 100%.

Resp.rate and type of breathing : 22b/m.

Rash (-).

Lymphadenopathy

Oedema :

Allergies (if any): (+) Allergic to Ibuprofen, Naproxen, metrogyl, Quinalones.

Respiratory System :

Inspection (any s/o distress) : (-)

Air entry & breath sounds : BILATERAL

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-).

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

Per Abdomen :

Inspection (N)

Palpation : P/A: Soft, Diffuse mild tenderness (+++) NO G/R.

Ausculation : (N)

Spine : (N) External Genitelia : (N).

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

VIH-00201089 IP-00060736
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19-08-2010 15 Y 10 M 28 D (F)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : (N) Alert c/v

Cranial Nerves : (N)

Motor System:

Nutriton : (N)

Tone: (N) Power 5/5 5/5

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR **Superficials:**

Plantars Flexor.

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Acute Abdominal pain + Evulation.

(P.T.O.)

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: TO Prevent further complications.

Desired goals of the treatment : TO treat Abdominal pain.

D/w Dr. Siva Narayana Sir.

Planned Labs:	Planned Management
CBP, CRP, CUE, S/E,	- Inj. Pantoprazole. IV - Once daily
S.creat. LFT,	
S. Amylase, S.lipase.	- Inj. Buscopan - IV - 8th hourly.
Xray erect Abdomen	- Inj. Ondansetron (SOS).
B/C/S. , Extraplain.	- Dr. Pouthyamam C/O -
USG Abdomen & CT (plain) / done outside.	- Sup. Pleoxyl - D - SM - P/O - 12th hourly.

Noted on Archiths 17/7/26 @ 12:30 PM

Signature of the Doctor: [signature]
Name of the Doctor: Dr. prashanth
Date & Time: 17/7/26.

Signature of the Consultant: [signature]
Name of the Consultant: Dr. [illegible]
Date & Time: 17/7/26 6pm

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Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17.7.26 3.45 PM	S/B Registrar ↓ abdominal pain ↓ evaluation abdominal pain radiating o/e child awake CRT < 3sec. apyrexial CVS - S1 S2 (+) RS - BAE (+) clear P/A - soft diffuse tenderness	Plan → Dr. Jyoti c/N → Dr. Soushya c/N → Dr. Sowjanya gynecology → Inj. Ceftriaxone. → Tab. Pan 40 mg
17/7/26 6 PM	Parents were counselled that constipation would be the cause of abdominal pain. 2nd possibility could be inflammatory bowel disease.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/2026 7:45 PM	C/S/B Resident Abdomen pain ↓ evaluation On & off diffuse dull abdomen c radiating to back. - No fevers, Novomiting - motion didn't pass today. - passed after enema - U.O - (N) Per abdomen - Soft Rest - normal.	? Constipation ? IBS ? Secondary dysmenorrhea ? PCOD. Plan - Dr. Poushya c/N v/c/ Direct - Ceftriaxone (D1) - Buscopan (D1) - Vitals 6th hrly - Trace B/L. - Inform Sos. M. Aces

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19-08-2010 15 Y 10 M 28 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 8 AM.	S/B Resident.	
	Abdominal pain & evaluation.	
	? Hypoplastic infection.	
	Abdominal pain – lower abd, Back	(post endoscopy & Biopsy
	No Fever spikes / vomitings.	
	D/E	
	Child alert	
stools-	Euthermic	
	Vitals stable	
	CVS – S1S2 (+)	
	R/S – BAE (+)	
	P/A – soft	
		Plan
		1) Trace Biopsy report
		2) Trace B/c's
		3) monitor vitals
		inform SOS
19/7/26		
		Noted by Dr
		@ 11 Am
		19/7/26

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 11 M 0 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute Abdominal pain/ evaluation

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

Surgery / Procedure: -

Post OP Day: -

BACKGROUND

Date / Shift	17/7/26 Morning	17/7 Evening	17/7 N	18/7/26 morning	18/7/26 Evening	18/7/26 N
Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
Diet:	Soft diet	S.diet	S.diet	S.diet	NBM	S.diet

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.3°F	98.4°F	98.4F	98.5°F	98.6°F	98.6F
Res:	22b/m	24b/mt	20b/m	23b/m	20b/mt	20b/m
SpO_2:	100%	98%	100%	99%	100%	99%
Pulse:	87b/m	80b/mt	76 b/m	90b/m	78 b/mt	84b/m
BP:	110/74(84)	115/78(85)	98/69(77)	100/78	101/71(81)	101/55(69)
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	8	8	8	8	8	8
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Soft diet	S.diet	S.diet	S.diet	NBM	Nil
Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	dependent	Dependent	Dependent	dependent	dependent
Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	Nil

Handed Over By Name :	Architha	Subham	Anitha	manisha	Subham	Bevanika
Signature / ID :	AS1020612	17444	Anitha	MS905015	17444	BD18727
Date:	17/7/26	17/7/26	18/7/26	18/7/26	18/7	19/7/26
Time:	1:25pm	@ 8pm	@8AM	@2pm	@ 8pm	@ 8am
Taken Over By Name :	Subham	Anitha	Manisha	Subham	Bevanika	Indu
Signature / ID :	17444	Anitha	MS905015	17444	BD18727	Indu
Date:	17/7/26	17/7/26	18/7/26	18/7/26	18/7/26	19/7/26
Time:	@ 2pm	@ 8pm	@8AM	@ 2pm	@ 8am	@8AM

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute Abdominal pain V-tralva						Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: nil
	Surgery / Procedure: nil						Post OP Day: nil
BACKGROUND	Date / Shift	19/8 M					
	Medical Condition (Any special condition to be noted):	nil					
	Diet:	S.diet					
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6f					
	Res:	24b/m					
	SpO_2:	98%					
	Pulse:	108b/m					
	BP:	N.B.P.(C)					
	LOC:	Conscious					
	Fall Risk Score:	8					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	nil					
	Others Specify:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S.diet					
	Critical Lab Test / Values:	nil					
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Depend					
Post Operative Procedure Special Orders:		nil					
Handed Over By Name :		Sridevi					
Signature / ID :							
Date:		19/8/18					
Time:		02pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Noted by Sridevi 19/8/18

Docu. No. : RCH /FRM / CLINICAL / 097

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Patient Sticker

NURSING CARE RECORD

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Date: 17/07/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... NIL
- ☑ 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	4pm	→ maintain fluid balance	4pm	→ Administered IV fluid DNS 50ml/hr	→ maintain hydration	→ Patient is Stable	Subhan 17/7 @ 8pm
Night	9pm → maintain Good Nutritional Status 11pm → Ensure Safety			→ To oral intake is Good. → To side rails kept up	→ provided by Soft diet → To prevent falls risk	→ patient is Stable	Anitha 18/7 @8Am

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 18/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... Nil
- ☑ 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	8Am	- Ensure safety - maintain Good Nutritional status	9:30 Am	- side rail kept up - oral intake is Good	- prevent from fall risk - provided soft diet	- patient is stable - NO fresh complaints.	manisha 18/7/26 @2pm
Afternoon	4pm	→ Maintain Good nutritional status	4pm	→ Administered IV fluid DNS 50ml/hr	→ maintain Hydration	→ Patient is stable	Subhem 18/7 @ 8pm
Night	10pm	→ Maintain fluid Balance.		→ Administered IV fluid DNS 50 ml/hr	→ Maintain Hydration	Patient is stable	Beronika 19/7 @8am
	1am	→ maintain good Nutritional status		→ To oral Intake is good	→ Provided soft diet		

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 11 M 0 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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

Date: 19/8

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		Discharge notes :- advice for discharge		Dr came for round	patient is stable		
Afternoon					noted by Dr @ 11AM 19/8/24		
Night							

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NURSING CARE RECORD

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Date: .....

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							
Afternoon							
Night							

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 17/7	DATE 17/7	DATE 18/7	DATE 18/7	DATE 18/7
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	1
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		8	8	8	8	8

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position	✓		✓	✓	✓	✓
	Call device within reach	✗		✗	✗	✗	✗
	Wheels Locked	✓		✓	✓	✓	✓
	Room free of clutter	✓		✓	✓	✓	✓
	Adequate lighting	✓		✓	✓	✓	✓
	Wheel chair cap	✓		✗	✗	✗	✗
	Other Intervention(s) Specify	✓		✓	✓	✓	✓
	Nurse's Name:	Hema		Subha	Anitha	manista	subha
	Signature:						
	Date:	17/7/26		17/7	18/7	18/7	18/7
	Time:	11:30AM		7pm	1AM	9AM	5pm

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	17/7 DAY-1			18/7 DAY-2			19/7 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	–	–	–	–			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–	–	–	–			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	–	–	–	–			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	–	–	–	–			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	–	–	–	–			
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Jyothi

Signature of Ward In Charge :

Signature : ..... Name : Elizabeth

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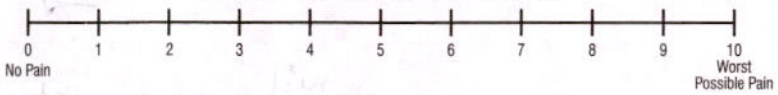
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/7/26	11:30AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
17/7/26	4PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
18/7	1AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Anuj
18/7/26	9AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manisha
18/7	3PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
18/7	7PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
19/7	2AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bruj
19/7	8AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bruj
19/7	11AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Jade
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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BRADEN 'Q' SCALE

					Date : 17/7/26	17/7	18/7	18/7/26
					Time : 11:30AM	5PM	1AM	9AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	28	28
					Evaluator's Name		Anj	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 17/7 Time: 2pm	Date: 18/7 Time: 2pm	Date: Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0				
	Total Score		0	0				
	Signature of the Nurse		Subhan	Manisha				

Intervention: Nil

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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Rainbow Children's Hospital - Secunderabad

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Ms VESAPOGU HARSHITHA**	**Age :**	**15 Y 10 M 28 D**
IP No:	**IP-00060736**	**Sex:**	**Female**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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 care 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.
ceivers 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:

17/07/26

Name: U. Koti[illegible]

Relationship: Father

Date: 17-7-2026 Time:

Witness Name:

Witness Signature:

Patient Address:

BADAM APTS,FLAT NO:10,VIJAYAPURI COLONY,SOUTH LALLAGUDA, TARNAKA. Lallaguda Hyderabad Telangana INDIA 500017

CONSULTATION FORM

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Doctor Name : Dr. MNV Poorshya Sai.

Date : 18/7/26. Hour : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : ..... Time : ..... By : .....

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

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 29 D (F)
Dr. SIVA NARAYANA REDDY

Signature: M.D.

Report of Findings and Recommendations :

- c/o abdominal pain radiating to back.
-

R/O H.pylori gastritis

Adv:

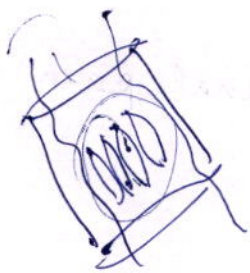
① NPO.

② upper GI endoscopy today.

Consultant :

Name : ..... Signature : ..... Date & Time : .....

NOTE : If more space is required use another consultation sheet as continuation



CONSULTATION FORM

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Doctor Name : Dr. Sailata patnaik

Date : 17/7/26 Hour : 6:30pm TO 7:30pm

Hospital : Rainbow children Hospital

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.) ☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : ..... Time : ..... By : .....

Reason for Consul ...ecify the particular need, especially in the absence of a second diagnosis:

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Signature: M.D.

Report of Findings and Recommendations :

17/7/2026
7 PM.

weight - 74.8kg. c/s/B Ds- Sailata Patnaik
- Consultant obstetrician & gynecologist.

- 15 yr old 10 months age admitted with c/o abdominal pain with on & off fever : 2 weeks.
- LMP - ~~2/07/2026~~ ? June (do not remember date)
Regular/ 35 days/ 4-5 days/
c dysmenorrhea.
- O/E- pt is c/c/c
GC - Fair
mild pallor (+)
P/A - Soft, NT.
BS (+)
Vitals stable.
- Hb - 13.9 gm/dl.
- 11/7/26 - CT abdomen.
- multiple enlarged lymph nodes
largest 15 x 9 mm.
s/o mesenteric adenitis.

Consultant :

Name : Dr. Sailata patnaik. Signature : ..... Date & Time : 17/7/26 @ 6:30pm 7:30pm

NOTE : If more space is required use another consultation sheet as continuation

Adv:

- Regular exercises.
- Green leafy vegetables
- Adequate water intake.
- Regular voiding of urine.
- Regularize sleep cycle.
- Review in gyne op after next cycle.
- Psychological counselling regarding delayed & irregular sleep timings.

CONSULTATION FORM

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Doctor Name : Dr. Jyothi

Date : 17/12/26 Hour :

Hospital : Rainbow Hospital Lakdikapul

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☑ Non Urgent (within 24 hrs.)

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Date : 17/12 Time : 5:30 PM By :

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

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Dr. SIVA NARAYANA REDDY

Signature: M.D.

Report of Findings and Recommendations :

c/B Dr Jyothi.

- Many thanks for ref
- Case capsule noted

c/o Abd pain on & off.

P/A- Soft

CECT- Mesentric adenopathy (+)

Adv: Nil surgical

R/w GS

Consultant :

Name : Dr Jyothi Bothra Signature : Date & Time : 17/12/26 5:30 PM

NOTE : If more space is required use another consultation sheet as continuation

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

RM / CLINICAL / 127

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

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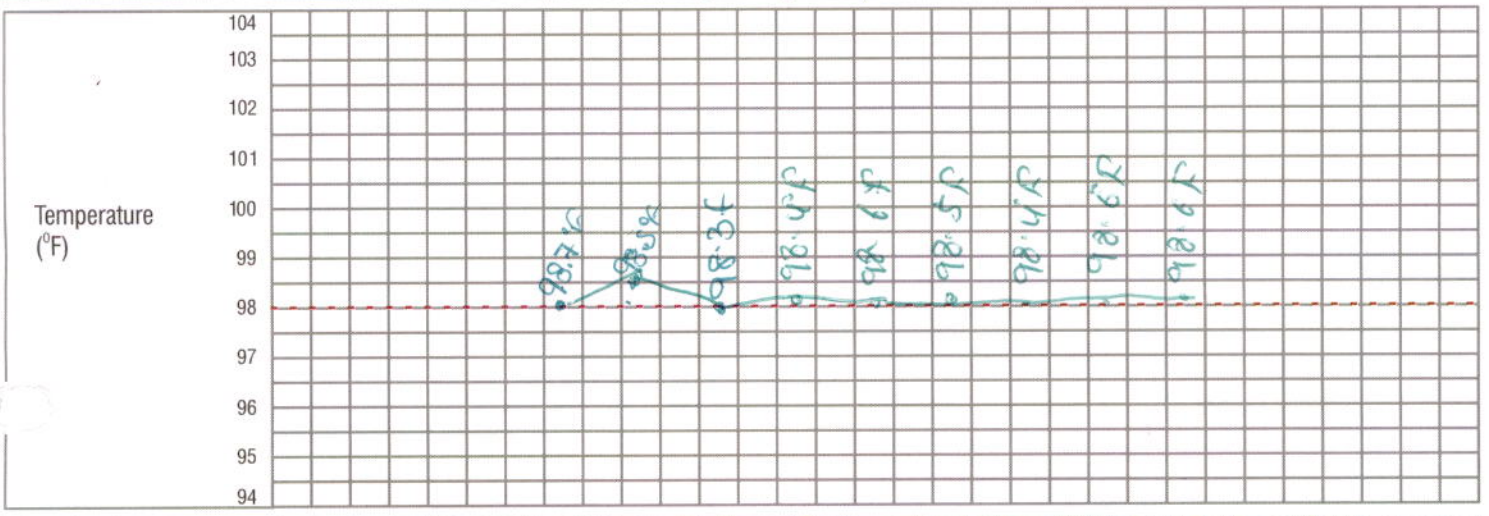
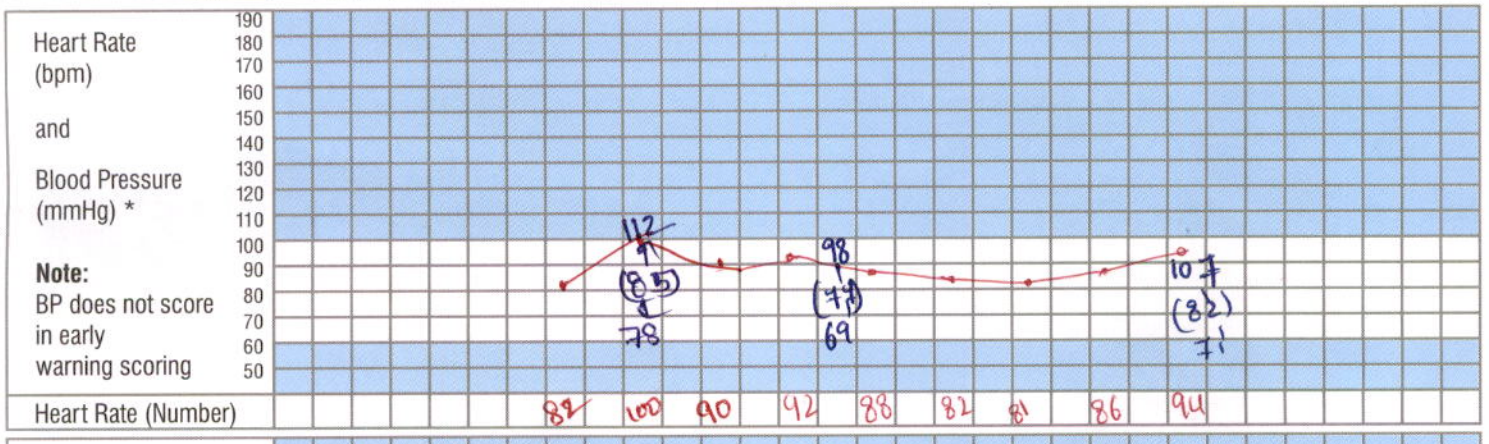
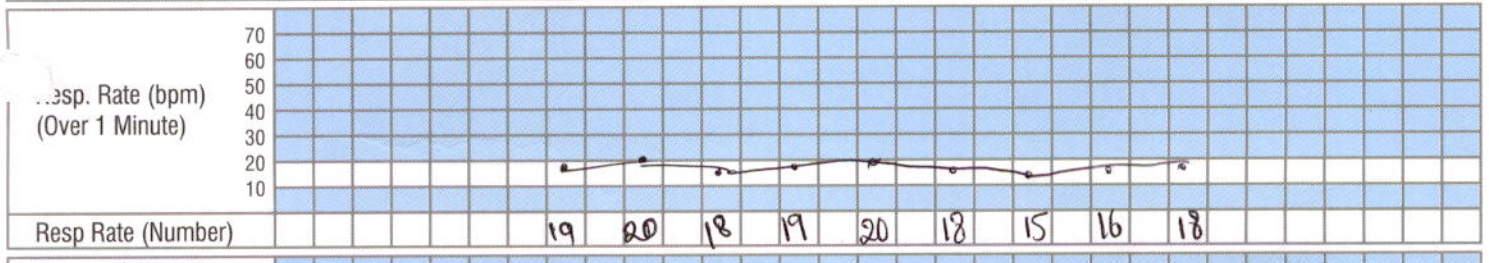
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/7/26 Time:	2	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	PM	PM	PM	PM	PM	AM	AM	AM	AM





Heart Rate (Number)	82	100	90	92	88	82	81	86	94



Resp Rate (Number)	19	20	18	19	20	18	15	16	18
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	98	99	100	99	98	99	100
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	SK	SK	SK	A	A	A	A	A	A

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- 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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Dr. SIVA NARAYANA REDDY

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9	11	1	3	5	7	10	1	4	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM	AM

18/7/26

Temperature (°F)

98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F

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

Note: BP does not score in early warning scoring

102/82 (70)			107 (81) 71			101 (64) 55			97 (58) 51
Heart Rate (Number)	110	90	85	79	86	90	84	80	92	95

Resp. Rate (bpm) (Over 1 Minute)

Resp Rate (Number)	27	26	27	20		20	19	20	20	20

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Date	Time	Early Warning Score	Date	Time	Name

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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)

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 11 M 0 D (F)
Dr. SIVA NARAYANA REDDY

RCH/ FRM / CLINICAL / 127

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/8/26 Time:	9	11
Doctor / Nurse / Family Concern?	AM	AM
Temperature (°F)	98.3 F	98.3 F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	110/70	90/60
Heart Rate (Number)	150	98
Resp. Rate (bpm) (Over 1 Minute)		
Resp Rate (Number)	20	24
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min) O_2 Saturations (%)	98	97
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	Bnd	Bnd

Noted by 24 21/Am 19/8/26

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : 1

17/7/26

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			DNS								
Total Intake :						**Total Output :**						
17/7/26	02:00 pm			50ml								
	03:00 pm		Rice	50ml								
	04:00 pm		water	50ml			✓			✓	0	Subhan 17/7 @ 8pm
	05:00 pm			50ml								
	06:00 pm			50ml						✓	0	
	07:00 pm											
Total Intake :		250ml				**Total Output :**						
17/7	08:00 pm		Rice									
	09:00 pm		water	50 ml								
	10:00 pm			50 ml						✓		Anitha 17/7
	11:00 pm			50 ml								
	12:00 am			50 ml								
	01:00 am			50 ml								
Total Intake :		250 ml				**Total Output :**						
18/7	02:00 am			50 ml								
	03:00 am			50 ml								
	04:00 am			50 ml								
	05:00 am			50 ml						✓		Anitha 18/7 @ 7Am
	06:00 am											
	07:00 am											
Total Intake :		200 ml				**Total Output :**						

Total 24 hrs. Intake	700 ml	Total 24 hrs. Output	4 times

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FLUID CHART

Sheet No. : .....

18/7/26

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							
18/7/26	08:00 am		Idly							✓		
	09:00 am		water	50ml			✓					
	10:00 am			50ml							0	
	11:00 am		NPO	50ml								Manisha 18/7/26 @2pm
	12:00 pm			50ml						✓		
	01:00 pm			50ml								
Total Intake : 250ml						Total Output :						
18/7/26	02:00 pm		NBM	50ml								
	03:00 pm			50ml								
	04:00 pm			50ml						✓		Sushma 18/7 @ 8pm
	05:00 pm											
	06:00 pm		water									
	07:00 pm											
Total Intake : 150 ml						Total Output :						
	08:00 pm											
	09:00 pm		chapati									
	10:00 pm		water	50 ml						✓		
	11:00 pm			50 ml								
	12:00 am			50ml								
	01:00 am			50ml								
Total Intake : 200ml						Total Output :						
19/7	02:00 am		water	50ml							0	Beronika 19/7 @ 7am
	03:00 am			50ml						✓		
	04:00 am			50ml								
	05:00 am			50ml								
	06:00 am											
	07:00 am									✓		
Total Intake : 200 ml						Total Output :						

Total 24 hrs. Intake	800 ml	Total 24 hrs. Output	6 time

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19-08-2010 15 Y 11 M 0 D (F)
Dr. SIVA NARAYANA REDDY

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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.

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
19/8	08:00 am		2ds	50ml								
	09:00 am			50ml						✓		Indu
	10:00 am		x	50ml							0	
	11:00 am		water	50ml								ONAn
	12:00 pm											
	01:00 pm											19/7/24
Total Intake : 200ml						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

noted by Indu
ONA
19/8/24

Total 24 hrs. Intake	

Total 24 hrs. Output	

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA (F)
19-08-2010 15 Y 11 M 0 D
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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		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: ..... Yes ..... ☑ 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: ..... IO .....

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. Prashanthi .....

Date & Time : ..... 17/7/26 @ 11:30 AM .....

Nurse Name & Signature: ..... Sr. Leena / ATL .....

Date & Time : ..... 17/7/26 @ 11:30 AM .....

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19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

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

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

REGULAR PRESCRIPTIONS

DRUG : NASIVION DROPS

Dose	Route	Frequency	Start Dt.
1 DROP	P/N	8th hrly	17/7

Name & Signature of the Doctor starting the Drugs: Dr. [illegible]

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	17/7	18/7	19/7
Time			
6 am	/	Gay Gay [illegible]	
2 pm	/	ESW [illegible]	
10 pm	Gay [illegible]	[illegible]	

DRUG : MUCUS POWDER

Dose	Route	Frequency	Start Dt.
3 SCOOPS	PO	ONCE DAILY (HS)	18/7

Name & Signature of the Doctor starting the Drugs: Dr. [illegible]

Additional Instructions: 3 SCOOP IN 200 ML WATER

Daily Doctor's Endorsement by a Sign.

Charge [illegible] 18/7/26.

DRUG : T. ALLEGRA

Dose	Route	Frequency	Start Dt.
120 Mg	PO	12th hrly	18/7

Name & Signature of the Doctor starting the Drugs: Dr. [illegible]

Additional Instructions: (1 tab = 120 Mg)

Daily Doctor's Endorsement by a Sign.

Date	18/7
Time	
10 am	/
10 pm	Gay [illegible]

DRUG : SYP. LACTULOSE

Dose	Route	Frequency	Start Dt.
10 Ml	PO	12th hrly	18/7

Name & Signature of the Doctor starting the Drugs: Dr. [illegible]

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	18/7
Time	
10 am	/
10 pm	Gay [illegible]

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

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 29 D (F)
Dr. SIVA NARAYANA REDDY

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

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

REGULAR PRESCRIPTIONS

18/7/26

DRUG : TAB. PANTOPRA 20MG

Dose	Route	Frequency	Start Dt.
1 tab	PO	once daily	18/7

Name & Signature of the Doctor starting the Drugs: Vishwaja.

Additional Instructions: 1 tab = 40mg IVS/RT/1 dose x 4 weeks.

Date / Time	18/7
6 am	Gay Sadiq

Daily Doctor's Endorsement by a Sign.

18/7/26

DRUG : SYP. SUCRALFATE

Dose	Route	Frequency	Start Dt.
5ml	PO	6th hourly	18/7

Name & Signature of the Doctor starting the Drugs: Vishwaja

Additional Instructions: 5ml/1g x 5 days.

Date / Time	18/7
6 am	Gay Sadiq
2 pm	
10 pm	

Daily Doctor's Endorsement by a Sign.

18/7/26

DRUG : MUDUT POWDER

Dose	Route	Frequency	Start Dt.
	PO.	Bed time	18/7

Name & Signature of the Doctor starting the Drugs: Vishwaja

Additional Instructions: x 3 months. mix 5 scoops in 300ml water

Date / Time	18/7
10 pm	Gay Sadiq

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign.

IP-00060736
VIH-00201089
Ms VESAPOGU HARSHITHA (F)
15 Y 10 M 26 D
19-08-2010
Dr. SIVA NARAYANA REDDY

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/S/B Resident
		Abdomen pain ↓ evaluation
18/7/2026		? Constipation
		? IBS
7:45 pm.	On & off diffuse	? Secondary dysmenorrhea
	dull abdomen c̄	? PCOD.
	radiating to back.	
	- No fevers, No vomiting	
	- Motion didn't pass	
	today.	
	- Passed after enema	
	- U.O - Ⓝ	
	Per abdomen - soft	
	Rest - normal.	
		Plan
		- Dr. Poushya c/n
		v/c/ Direct
	6	- Ceftriaxone (D1)
	Dr. [illegible]	- Buscopan (D1)
	18/7/26	- Vitals 6th hly
	10 pm	- Trace BKL.
		- Inform S/S
		[signature]

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17.7.26 3.45 PM	S/B Registrar	
	Abdominal pain ↓ evaluation	
	abdominal pain radiating	
	O/E child awake	
	CRT < 3sec.	
	afebrile	
	CVS - S1S2 (+)	
	RS - BAE (+) clear	Plan
		→ Dr. Jyoti c/n
	P/A - soft	→ Dr. Ramya c/n
	diffuse tenderness	→ Dr. Seelatha Gynecologist
		→ Serum lipase
		→ Vitals 4th hrly
	[signature] 17/7/26	
	Parents were counselled that constipation would be the cause of abdominal pain. 2nd possibility could be inflammatory bowel disease.	
		noted by Subham 17/07/26 @8pm

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Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 17/1/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Tab. PARACETAMOL				Date / Time
Dose: 650mg	Route: P/O	Frequency: 8thly	Start Date: 17/1/26	
Doctor's Signature: R	Valid Period:	Pharm:		
Additional Instructions: 10-15mg/kg/dose.				

DRUG : Inj. ONDANSETRON				Date / Time
Dose: 6mg	Route: IV	Frequency: 8thly	Start Date: 17/1/26	
Doctor's Signature: R	Valid Period:	Pharm:		
Additional Instructions: 0.1-0.2mg/kg/dose.				

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

Verified Dr. Rishika Clinical Pharmacologist

Dr. Rishika Clinical Pharmacologist

VERIFIED BY: Name Signa

VIH-00201089 IP-00060736

Ms VESAPOGU HARSHITHA

19-08-2010 15 Y 10 M 28 D (F)

Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

Weight. 74.8 kg Ward. 110

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
13/8/22	9:00pm	Inf-DNS (½m)	IV	TO	R.	Cold sucks.			

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

19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

Weight. 74.8 kg Ward. 110

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
17.7.26	4.15 PM	PROCTOCLYSIS ENEMA	100 ml	P/R		Subbu Kalpana
18/7/26	9:35 AM	INJ. TRAMADOL	100mg	IV		Eswara Elizabeth

verified Dr. Rishika Clinical Pharmacologist

VERIFIED BY : Name Signature

VIH-00201089 IP-00060736
Ms VESAPOGU HARSHITHA
19-08-2010 15 Y 10 M 28 D (F)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight 74.8 kg Ward. 110

Verified Dr. Rishika Clinical Pharmacologist — 17/7/26

DRUG: Inj. PANTOPRAZOLE				Date ▸ 17/7, 18/7 / Time
Dose	Route	Frequency	Start Date	
40mg	IV	ONCE DAILY	17/7/26	6 AM: — ; 18/7: Gag
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.				
Additional Instructions: 1mg/kg/dose.				Changed to Tab form 18/7/26
Daily Doctor's Endorsement by a Sign				

Verified Dr. Rishika Clinical Pharmacologist — 17/7/26

DRUG: Inj. BUSCOPAN				Date ▸ 17/7, 18/7, 19/7 / Time
Dose	Route	Frequency	Start Date	
20mg	IV	8th hrly	17/7/21	6 AM: 18/7 Gag, 19/7 Gag
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanth				2 pm: 17/7 Elu, 18/7 Elu
				10 pm: 17/7 Gag, 18/7 Gag
Additional Instructions: 0.5mg/kg/dose.				
Daily Doctor's Endorsement by a Sign				

Verified Dr. Rishika Clinical Pharmacologist — 17/7/26

DRUG: Syp. ASCORYL-D PLUS				Date ▸ 17/7, 18/7, 19/7 / Time
Dose	Route	Frequency	Start Date	
5ml	P/O	12th hrly	17/7/26	6 AM: 18/7 Gag, 19/7 Gag today
Name & Signature of the Doctor Starting the Drugs: Dr. prashanth.				6 pm: 17/7 Elu, 18/7 Gag
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Verified Dr. Rishika Clinical Pharmacologist

DRUG: INJ CEFTRIAXONE				Date ▸ 17/7, 18/7, 19/7 / Time
Dose	Route	Frequency	Start Date	
2gm	IV	12th hrly	17/7	6 AM: 18/7 Gag, 19/7 Gag today
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera.				6 pm: 17/7 Elu, 18/7 Gag
Additional Instructions: After Test Dose. 50 mg/kg/dose				
Daily Doctor's Endorsement by a Sign				