Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176157 **Admit Date** : 09-Jul-2026 **Admit Time** : 02:30 PM **UHID** : BAH-00526546

Patient Details :

Patient Name	: Master BHAVITH AGARWAL	**Age**	: 3 Y 8 M 9 D
Guardian	: Mr MOHIT AGARWAL	**DOB**	: 30-10-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO. 1-3-183/40/48, SBI COLONY,SBI COLONY Gandhinagar Hyderabad Telangana INDIA 500080	**Phone No**	: 9000500646/ 9951321118
		E-mail	: nitinagarwal7892@gmail.com

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 325 **Ward Name** : 3F-ZONE C

Room No : DLX 325 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHIT AGARWAL **Relationship** : Father

Contact Address : H NO. 1-3-183/40/48, SBI COLONY,SBI COLONY Gandhinagar Hyderabad Telangana INDIA 500080 **Phone No** :

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : CARE HEALTH INSURANCE LIMITED

UHID: 00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 10 D (M)
Dr. NITASHA BAGGA

325

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 9/7/26 Time: 3:30pm

Weight: 12.4 kg Centile: <5th

Height: 85cms Centile: <5th

Inference: underweight child

RDA: – Calories: 1300kcal/d Protein: 22 gm/d

Diet Recommendations: Soft high protein diet

Re-Assesment: Avoid spicy, chilled & outside foods

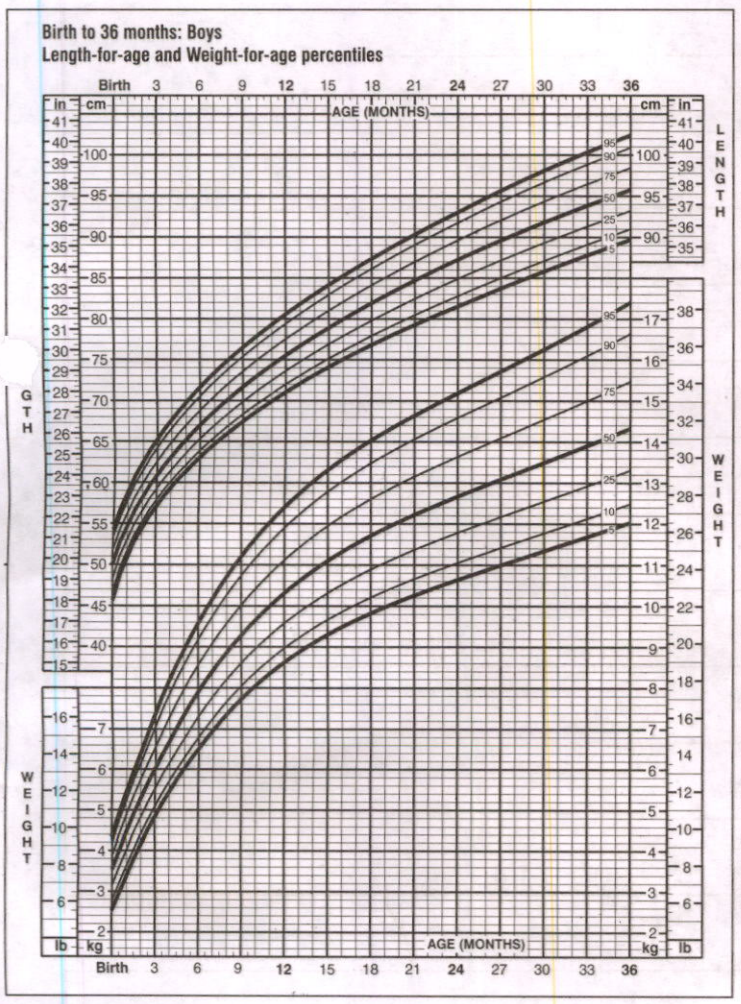
Food Allergies: No Veg/Non-veg Veg

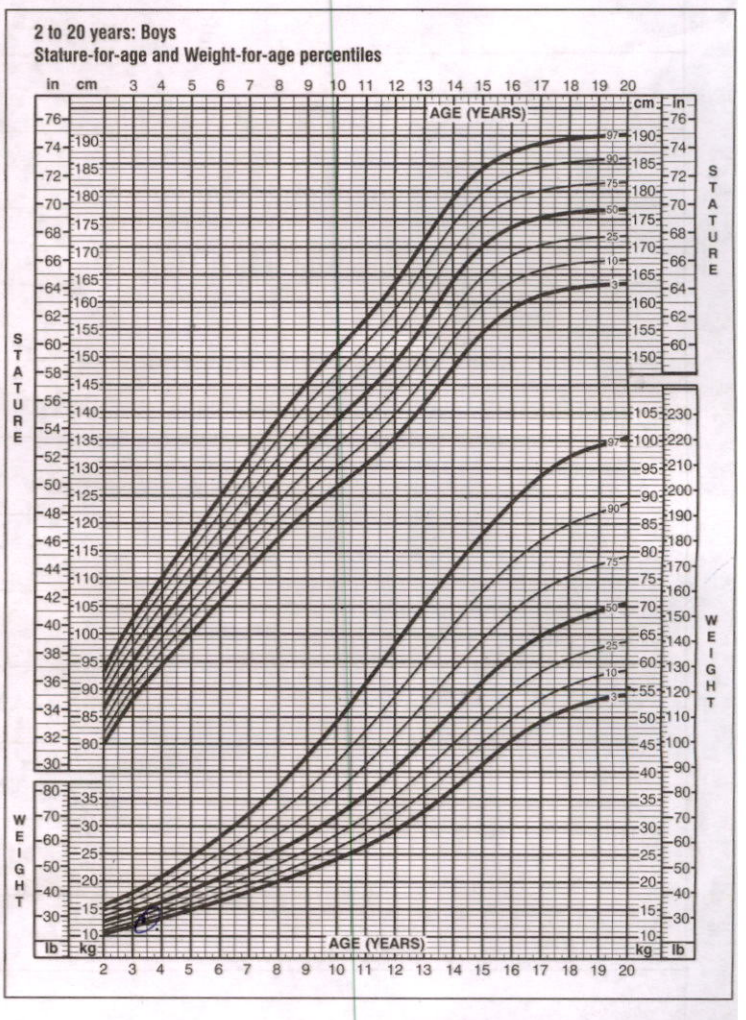
Diagnosis: WASR1

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Mahi'r

GROWTH CHART (BOYS)





Dietician's Name Saima Dietician's Signature Saima

Daily Notes:

10/7/26
9 am

Child is stable, Intake is fair
Tonsline soft high protein diet saline

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP BAH-00526546 IP5-00176157 tant: _____ Dept : _____
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

Date of Admission: _____ f Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	3:20 pm	ER	325	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/7	CBP, CRP	8673	Samphy
	X-ray chest	34101	
	USG Abdomen		
10/7/26	5 virus Panel	26069152 [illegible]	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7/26	Infusion Pump	4PM		9694843	Raju

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/7	IV placement	(1)	4687	Samshy
	Nebelization	(1)		

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Nitasha Bagga Date : 9/7/26

Type of Admission: ☑ OPD ☑ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: 2:15 pm Weight: 12.4 kg

Allergic History: .....

Chief Complaints:
Cold, Cough since 2 days.
Shortness of breathing since night (yesterday)
Poor oral intake?
Pain abdomen since 1 day (today)

Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing
- ☑ ↑ WOB
- ☐ ↓ WOB
- ☐ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

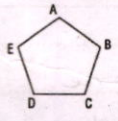
Any urgent interventions needed: ☑ Yes ☐ No
If Yes Neb Levolin

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing
Rate: 38/min SpO_2 on FiO_2 90-92% on RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☑ Wheezing ☐ Grunting
Air Entry: BL AE (+)
Palpation Findings (If necessary) .....

Any urgent interventions needed: ☑ Yes ☑ No
If Yes Levolin Neb
Hydrocort inj IV

Circulation

HR: 154/min

CFT: Central ..... Peripheral .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central ..... Peripheral .....

If in Shock: Compensated ..... Hypotensive .....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU: .....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right ..... Left .....

Active Seizures: ☐ Yes ☑ No Sugars: .....

Signs of Neurological compromise .....

.....

Exposure

Temp.: 98.7 F.

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .....

Any Rash: ☐ Yes ☑ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest ☐ Shock - Compensated ☐ Hypotensive ☐ ☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

Labs Planned:

CBP, CRP, CXR, USG Abdomen.

NIB Sagar 8:20 pm

Treatment Planned:

Inj Ceftriaxone

Inj Esomeprazole

IV fluids.

Neb Levolin QGH

Neb Budecort BD

Inj Hydrocort TID

NIB Sagar

Need for Oxygen: ☐ Yes ☑ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): WALR1

Assessment done by

Name of the Doctor: Dr. Ramya

Signature:

Date & Time: 9/7/26; 2:30pm

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: BHAVITH AGARWAL

UHID ID: BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

Department:

Consultant:

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Name : Bhavith Agarwal Age/Sex 3Y8M/male

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

Cold, Cough ∴ 2 days.
Fast breathing ∴ 1 day

History of present illness :

Apparently asymptomatic 2 days ago

1. Cold, Cough ∴ 2 days.
2. Fast breathing ∴ 1 day.

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

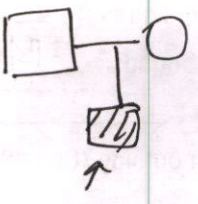
tory & Physical Examination

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

H/o similar complaints subsiding & subsiding on nebulizations

Birth & Neonatal History:

31 weeker | 1.11kg | H/o NICU stay for 40 days



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : Upper

Developmental History :

(N)

Immunization History :

Till date as per IAP schedule including Influenza vaccine.

(P.T.O.)

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12.4kg (Centile _____)

On Examination :

Temperature : 98.7F Pulse Rate : 120/m B.P. 100/60 SPO2 94-96% ↓R-A

Resp.rate and type of breathing : 32/m ; mild recessions

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): ✓

Respiratory System : Nasal flaring +.

Inspection (any s/o distress) : Mild distress

Air entry & breath sounds : B/L AE equal

Any addes sounds : B/L Wheeze +

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 : Non tender ; NO HSM

Ausculation :

Spine : – External Genitelia : –

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

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

& Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power 5/5

Co-ordinator :

Posture : WNL

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars ↓

Sensory System :

WNL

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute exacerbation of HRAD.

(P.T.O.)

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complication

Desired goals of the treatment : Resolution

Planned Labs:

- CRP, CRP, CXR
  USG abd.

Planned Management

- IVF
- Stat hydrocortisone
  Nebs as adv

Signature of the Doctor: .....
Name of the Doctor: M. Rahul Kumar
Date & Time: 9/7/26.

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

DR. NITASHA BAGGA
Registration No: 66260

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 10 D (M)
Dr. NITASHA BAGGA

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : 11/07/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 3:30pm	c/s/b Resident	
	Acute exacerbation of HRAD.	PLAN:
	O/E RR = 34/min mild recessions SpO_2 = 94%. RS: B/L Wheeze +. CVS: S1S2 +. P/A: Soft	- Drugs as per chart - Give stat dose hydrocortisone. - Monitor SpO_2. noted by Pg7 @1PM Rahul RATHI.
	PASS Score = 8.	
	09/07/2026 8.15PM C/S/B Resident D: Acute exacerbation of HRAD C/O abdominal pain Hemodynamically Stable On Room Air RR - 36 br/min SpO2 - 95% RA RS - B/L wheeze ++	Plan - continue medications as per drug chart - Head end elevation - SOS O_2 by NP at 2LPM if SpO_2 < 92%. - INJ. Paracetamol, Buscopan Stat - SpO_2 charting q 2 hourly - W/S ↑ in RD - Inform SOS Dalal (P.T.O)

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 8am		S/B DrNB
		✓ Cont Nebul
		✓ Add Budecort
	DR. NITASHA BAGGA Registration No: 86260	Cont
10/7 9:30am	C/S/B Resident	
	Δ: acute exacerbation of HRAD	Adv:
	- saturations borderline	1) ↑ neb freq.
	- cough +	
	- sleep - disturbed.	2) IVF to cont.
	- no fever.	Add 5ml KCl to IVF
	O/E: RD ⊕	
	RR - 36/min - 40/min	3) SOS low flow
	SpO_2 - 94 - 95%.	
	R/S: BAE ⊕	
	diffuse wheeze ⊕	Dr Akhila

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 4pm	C/S/B Resident	
	A: acute exacerbation / HRAD	
	saturating well - 99% on RA. afebrile. cough (+) / ↓ sed where better orally accepting	Adv: 1) R/v MgSO4. 2) Continue IVF / ~~IV ceftriaxone~~ / IV hydrocortisone
	O/E: alert vitals stable RR - 40/min no retractions. audible wheeze (+) chest: B/L insp + expiratory wheeze	3) Monitor saturations every 3hourly 4) SOS low flow & MgSO4 / shift PICU if SpO2 <94% 5) Night duty doctor to review child at 10pm
	DR. NITASHA BAGGA (Registration No. 66258)	Otchile
		Send 5 viral panel Stop Ceftriaxone

Noted by Pg CMO

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
IP/7 a am	Seen by Resident ~~CS/B Reo~~	
	Δ: acute exacerbation of HRAD	Adv:
	- on room air - saturating well - 100%	1) R/v discharge today.
	- sleep good. - cough + sed.	2) Continue all medications charted
	- o/i - good	
		3) Stop IVF
	O/E: alert stable vitals + ~~no~~ resp distress no retractions/ mild tachypnea	4) Encourage orally
		5) Trace adeno virus +ve
	R/S: BAE (+) wheeze (+)/+ sed	Akhila Dr. Akhila
	CVS/P/A/NAD	

BAH-00661093 IP5-00176146
Baby Of SAI MANOGNA GOLLAPUDI
05-07-2026 0 Y 0 M 4 D (F)
Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26	c/s/o Dr. V.S	11:30 Am.
10:30 Am	Asis Acute exacerbation of Asthma	Asthma.
	→ History noted	R/V discharge.
		Duolin-LD. - 9Am - 5pm - 1Am
	O/E	→ Levosh - ~~10 mg~~ 1pm - 9pm - 5Am. → Omnacortil forte (5mg/5
	Active	- ~~Not~~ Prednisolone → 4ml PO/BD
	Bs Bl wheeze +.	Budecort - 9AM - 9PM
		Montair-LC - OD/Hs.
		↳ 3ml PO/OD/Hs. x
		F/U monday. T N.B,

DR. VIJAYANAND JAMALPURI
Registration No: ~~40526~~

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
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RESULT SHEET

Date	9/7/26					
Time	@2:35					
Hb	13.2					
PCV	40.8					
RBC	5.31					
WBC	9.85					
N/L	70/20					
Platelets	285					
CRP	5					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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 : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya

Date & Time : 9/7/26 ; 2:30pm

Nurse Name & Signature: Sagar

Date & Time : 9/7/26 @ 3:20 pm

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Neb BUDECORT

Dose	Route	Frequency	Start Dt.
0.5mg	Neb	12hrly	10/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	10/7														
	10am														
	10pm														
	A	A													

DRUG : Neb DUOLIN

Dose	Route	Frequency	Start Dt.
1 neb	Neb	6h	10/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

DUOLIN 1.25mg

Daily Doctor's Endorsement by a Sign

Date / Time	10/7	11/7													
	6am	Sue													
	12pm														
	6pm														
	12am	Sue													
	A	A													

DRUG : Neb ~~BU~~ LEVOL

Dose	Route	Frequency	Start Dt.
1.25mg	Neb	6h	10/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

1.25mg.

Daily Doctor's Endorsement by a Sign

Date / Time	10/7	11/7													
	3am	Sue													
	9am														
	3pm														
	9pm	Sue													
	A	A													

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time															

VERIFIED

VERIFIED BY : NURSE Signature .....

BAH-00526546 IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 12.4 kg Ward .....

DRUG : Neb BUDECORT 0.5mg

Dose	Route	Frequency	Start Dt.
1 resp	Nasal	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Kavya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																	
	9/7	10/7															
7AM	not given	Given															
	5PM																
7PM	Plan																
	R																

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

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DRUG CHART

Date of Admission: 01/7/26 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 :				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:				

Signatu

VERIFIED BY : Name

IP5-00176157
Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

VERIFIED

REGULAR PRESCRIPTIONS

Weight. 12.4 kg Ward. ....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
625mg	IV	BD	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date/Time	9/7	10/7
6AM	Not given	Prathi me
6PM	5:30pm Pavani	

STOP 10/7

Daily Doctor's Endorsement by a Sign R

VERIFIED

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
12mg	IV	OD	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date/Time	9/7 2:30pm	10/7	11/7
6AM	Pavani Loked	Prathi me	Prathi me

Daily Doctor's Endorsement by a Sign R

VERIFIED

DRUG : Inj HYDROCORTISONE

Dose	Route	Frequency	Start Date
25mg	IV	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date/Time	9/7 2:30pm	10/7	11/7
2PM	Pavani Loked	[illegible]	Prathi me
6AM	Not given	Prathi me	
6pm	Prathi me	Prathi me	

Daily Doctor's Endorsement by a Sign R

VERIFIED

DRUG : Neb LEVOLIN 0.63mg

Dose	Route	Frequency	Start Date
1resp.	Nasal	Q6H	9/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date/Time	9/7	10/7
12AM	not given	Shipa
6AM	not given	Shipa
12PM	not given	
6PM	5PM Priya	

See ↑ freq the chart

Daily Doctor's Endorsement by a Sign R

Patient Sticker

Weight. ..... 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
9/7/20	3:30pm	Inj. HYDROCORTISONE	60 mg	I.V	Nalk	Anouk Puja
9/7/20	8:40pm	INJ. BUSCOPAN	6 mg	IV	Nalk	Prathima Shaly
9/7/20	8:40pm	INJ. PARACETAMOL	180 mg	IV	Nalk	Prathima Shaly

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

Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

I.V. FLUIDS CHART

Weight. 12.4 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/7/26	4PM	Inj DNS (2/3rd maint)	IV	30	[signature]	[signature] Priya	10/7	[signature]	
10/7	10:30AM	DNS + 5ml KCl	IV	80	[signature]	Lalita Swetha	11/7	[signature]	

Signature .....

VERIFIED BY : Name .....

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Master BHAVITH AGARWAL (M)
30-10-2022 3 Y 8 M 9 D
Dr. NITASHA BAGGA

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
09/7/26	00.00	Neb Levalin 4:30Pm	9694876	
	01.00	Neb budecort 4:45 Pm		Puja
	02.00	Neb levalin 10pm		Gulp
	03.00	Neb Levalin 5Am	9695422	
	04.00	Budecort 7Am		
	05.00	Budecort 10Pm	Sister.	
	06.00	Neb Levalin. 10:30Pm		
11/7	07.00	Neb Levalin 3Am.		
	08.00	Duolin 12Am		
	09.00	Duolin 6Am		
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 9 D (M)
Dr. NITASHA BAGGA

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FLUID CHART

Sheet No. : 09/07/2026

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
			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	D		30ml			wet			✓	0	Priya
	05:00 pm	N	Water	30ml			NP				0	Priya
	06:00 pm	S		30ml			water			✓	0	Priya
	07:00 pm			30ml							0	
Total Intake :						**Total Output :** U = 2 M = 0						
9/7/26	08:00 pm			–			1				0	Shiv
	09:00 pm	D	water	–						✓	0	
	10:00 pm			–			NP				0	Shiv
	11:00 pm	N		–							0	
	12:00 am	S	water	30ml			1				0	Shiv
	01:00 am			30ml							0	
Total Intake :		Taken				**Total Output :** U – 1 M – 0						
	02:00 am			30ml			1				0	Shiv
	03:00 am	D	water	30ml						✓	0	
	04:00 am			30ml			NP				0	Shiv
	05:00 am	N	water	30ml							0	
	06:00 am	S		30ml						✓	0	Shiv
	07:00 am			30ml			1				0	
Total Intake :		Taken				**Total Output :** U – 2 M – 0						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U – 5 M – 0

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Master BHAVITH AGARWAL
30-10-2022 3 Y 8 M 10 D (M)
Dr. NITASHA BAGGA

FLUID CHART

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 10/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G						0	
	08:00 am	D		30ml							0	Latha
	09:00 am	N	water	30ml						✓	0	
	10:00 am	S+	soup				✓				0	Latha
	11:00 am	K		30ml							0	
	12:00 pm	C	water							✓	0	Latha
	01:00 pm	L									0	
Total Intake :						Total Output : U-2 M-1						
10/7/26	02:00 pm			30ml							0	Piya
	03:00 pm	D N	Water	30ml						✓	0	Piya
	04:00 pm	S +		30ml			M				0	Piya
	05:00 pm	K		30ml							0	Piya
	06:00 pm	C	Water	30ml							0	Piya
	07:00 pm	L		30ml						✓	0	Piya
Total Intake :						Total Output : U=2 M=0						
	08:00 pm			3aml							0	Sri
	09:00 pm	DNS	Water	3aml						✓	0	Sri
	10:00 pm	+	Water	3aml			MP				0	Sri
	11:00 pm	KCL		3aml						✓	0	Sri
	12:00 am			3aml						✓	0	Sri
	01:00 am		Wat	3aml							0	Sri
Total Intake :						Total Output : U-3 M-0						
	02:00 am			3aml							0	Sri
	03:00 am	DNS	Water	3aml							0	Sri
	04:00 am	+		3aml						✓	0	Sri
	05:00 am	KCL	Water	3aml			MP				0	Sri
	06:00 am			3aml						✓	0	Sri
	07:00 am			3aml							0	Sri
Total Intake :						Total Output : U- 2 M-0						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U-9 M-1

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FLUID CHART

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Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		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**	

Patient Sticker

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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**	