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Your Right to a Safe Delivery.

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 2/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 115 Ward : 1st Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	Re-admission	—	115	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Smitha Balla	3/6/26	3086688	
2.	Gross checked by Lead pang	4/6 @ 8 AM		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
3/6.	x-ray Chest Abd	26-008942.	[signature]
3/6	CBP, CRP, S/E, Creatinine Blood c/s.	26019243	[signature]
3/6	CUE, Urine c/s	26019249	[signature]
3/6	Bicarbonate	26019256	
3/6	VBG	26019257	
3/6	USG Abd	26-008900.	[signature]
	Goss checked Galpers u/6 @ [illegible]		
	Spot protein / creatinine ratio	26014290	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/06	Infusion pump	12:55pm	3/6/26 1:37pm	3686404	[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/6	14 placement	1	3086642	[illegible]
	Cross checked by [illegible] a 6@6pm			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 2/1 [illegible]		

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060207 **Admit Date** : 02-Jun-2026 **Admit Time** : 12:52 PM **UHID** : BCH-00014371

Patient Details :

Patient Name	: Master K. JAYAKRISHNA	**Age**	: 11 Y 9 M 25 D
Guardian	: Mr K. CHANDRA SHEKAR	**DOB**	: 08-08-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO ,SAI ANNAPOORNA ENCLAVE,RD NO-5,TELEPHONE COLONY Srinagar Colony Hyderabad Telangana INDIA 500073	**Phone No**	: 9000498121
		E-mail	: na123@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 K. CHANDRA SHEKAR **Relationship** : S/O

Contact Address : FLAT NO ,SAI ANNAPOORNA ENCLAVE,RD NO-5,TELEPHONE COLONY Srinagar Colony Hyderabad Telangana INDIA 500073 **Phone No** : 9000498121

Signature

Doctor Details :

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

Referral Doctor : DR P K RAJEEV **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BCH-00014371 IP-00060207
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08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : Mast. Jayakrishna Age/Sex 11y9m / M

Information given by: Mother Relationship Mother.

Chief Presenting Complaints & Duration (Chronologically)

c/o vomiting & loose stool
: morning.

History of present illness :

Mast. Jayakrishna is 11y9m old male child presented with H/o vomiting → 5 episodes
→ non-bilious, non-projectile
→ : morning

→ Multiple episode of loose stool
→ 4-5 episodes in 1 hour.
→ not a/w blood
→ : 1 hour.

no H/o fever

Child got operated on 1.6.26 for adenotonsillectomy (GA) then child dev. the above symptoms on POD-1

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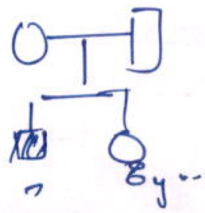
Pediatric Multiorgan History & Physical Examination

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

Underwent Coblation assisted adenotonsillectomy ↓ GA on 1.6.26

Birth & Neonatal History:

Term / LSCS / B.wt : 4kg / no neonatal issue.



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :
} class - III

Developmental History :

App: for age.

Immunization History :

Immunized till date

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 38.2kg (Centile _____)

On Examination :

Temperature : (N) Pulse Rate : 110/min B.P. 111/75 (80) mmHg SPO2 100% RA

Resp.rate and type of breathing : 26/min

Rash _____ sunken eyes (+)

Lymphadenopathy _____

Oedema : _____ ND

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1S2 (+)

Any murmur : no murmur.

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

Per Abdomen :

Inspection _____

Palpation : soft, no organomegaly

Ausculation : _____

Spine : _____ External Genitelia : _____

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power 4/5 all limb.

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes : ++ | ++ / ++ | +0

DTR **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

AGE with some dehydrat

(P.T.O.)

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-06-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A .

Desired goals of the treatment : Treat the infection.

Planned Labs:

Planned Management

- → NS BOLUS
- → IVF
- → INJ. CEFOTAXIM
- → PROBIOTIC
- → GASTRO DIET

Signature of the Doctor: Sameera

Name of the Doctor: Dr. Sameera

Date & Time: 2:6:26, 1:00 PM

Signature of the Consultant:

Name of the Consultant:

Date & Time: 2/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Sravya	
2.6.26 12:00 PM	AGE with some dehydration	
	O/E child awake signs of dehydration	
	CRT < 3 sec.	
	afebrile	
	H/L - NAD	Plan
	P/A - soft	→ NS bolus
		→ Cont Inj. Cefotaxim
		→ IVF
		→ Vitals 4th hrly
	Sameera (Dr. Sameera)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2.6.26 4.00 PM	S/B Regular AGE with some dehydration 1 loose stool after, passing urine well no vomiting, no fever. O/E child awake CRT < 3sec. afebrile CVS - S1,S2 (+) RS - BAE (+), clear P/A - soft Sameera (Dr. Sameera)	Plan → Gastrodial → Cont IV fluids - Encourage orally - Vitals 4th hrly

Noted by
Subhan
2/6/26
@7pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Registrar	
3.6.26 9.00am		
	AGE with some dehydration	
	On going loose stool, no	
	2 fever spikes overnight (Last spike @ 6:00am - 101.7°F).	
	O/E child awake	
	CRT < 3sec.	
	afebrile	Plan
	c/o stomach pain (int) H/L - NAD	→ Cont IV antibiotic
	P/A - soft, tenderness	→ Cont. Probiotics
	in RIF	→ CSE, use
	Sameera (Dr. Sameera)	- Change to Ceftriaxone & Amikacin. Metronidazole.
	Dr. Rulla 3/6/26 1Dr	- ~~Next spike~~ profile CBP, CRP, S/E, S.Creatinine B/cls - NOW.
		- USG Abdomen - today.
	Noted by Manasa 3/6 02pm	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 5:00pm	C/S/B Resident	
	Δ/s: AGE c̄ some dehydration.	
	Afebrile :: mrry.	
	Last spike @ 6:00am (101.9°F)	
	C/I/B Dr. Shrutimam ↓ Advised VBG, Bicarb report, X-ray erect Abdom	
	O/E Chud Alert & Active Vitals stable CVS: S1S2 (+) RS: B/L AE (+) P/A: soft CNS NAD.	Plan — Add murcot powder 2 scoops — Hold
Dr. prathiu.		— To do mrry Spot urine protein creatinine ratio.
		& Infm Shrutimam regarding report
Noted by Dr. ragni 3/6/26 @ 7pm		→ Trace Bicarb report └ Infm mam – Dr. Shruti.
		— Trace cue q 4/ch.

RCH/FRM/CLINICAL/088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2020		(ureteric reimplantation)
		VUR operated now admitted for
8:10 am		AGE
		No fevers
		Urine] passing
		Motion]
		semisolid stools.
		CVS
		CNS
		RS (N)
		PA
		Plan
		- Trace - Spot urine protein creatine
		- Trace u/c/s
		- Continue ceftriaxone, ~~[illegible]~~ metronidazole
		- vitals c4th hrly
		- Inform SOS
		[illegible]
		- D/c today
		On IV Antibiotics. × (2d)
		Consultant [illegible] - day [illegible]

(Seen) by [illegible] 4/6/20

Noted by [illegible] 4/6 @ 10:30AM

(P.T.O)

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Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		(ureteric reimplantation)
4/6/2026 8:10 AM		VUR operated now admitted for AGE
		No fevers
		Urine / Motion] passing
		semisolid stools.
		CVS, CNS, RS, PA | (N)
		Plan
		- Trace - Spot urine protein
		- Trace ulcls Creatine
		- Continue Ceftri oxone, metronidazole
		- vitals c/4th hrly
		- Inform SOS
		[illegible]
	6 Dr. Rutu 4/6/26 [illegible]	- D/c today
	noted by Manasa 4/6 @ 10:30AM	On IV Antibiotics. × (2d)
		Consult Rajrsi - dayapnthn

Patient Sticker

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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: AGE & Some

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

Surgery / Procedure: Nil

Post OP Day: 0

BACKGROUND

Date / Shift	02/06/25 E	2/6/26 N	3/6 M	3/6/26 E	3/6 N	4/6 M
Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nill	Nil
Diet:	Gastro Diet	G.diet	G.diet	G.diet	G.diet	G.diet

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	R-A	R.A	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6F	98.6F	98.1°F	98.6°F	98.6°F	98.1°F
Res:	22b/M	26b/M	25b/M	22b/m	28 b/m	27b/M
SpO_2:	100%	99%	98%	98%	98%	97%
Pulse:	84b/M	84 b/m	96b/M	112b/m	102b/m	105b/m
BP:	104/66(82)	96/54(78)	100/60(70)	109/56	114/76(99)	110/70(84)
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	11	11	11	11	11	11
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	Nill	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Special Diet:	Nil	G.diet	G.diet	G.diet	G.diet	G.diet
Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nill	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	Nill	Nil
Handed Over By Name :	Subhan	Beronika	Manasa	Nagmani	Beronika	Manasa
Signature / ID :	018727	018727	019597	020104	018727	019597
Date:	02/06/25	3/6/26	3/6	3/6/26	4/6/26	4/6
Time:	8pm	@8am	@2PM	@8pm	@8am	@10:30am
Taken Over By Name :	Beronika	Manasa	Nagmani	Beronika	manasa	
Signature / ID :	018727	019597	020104	018727	019597	
Date:	2/6/25	3/6	3/6/26	3/6/26	4/6/26	
Time:	@8pm	@8AM	@2pm	@8pm	@8AM	

Noted by Manasa 4/6/26 @10:30am

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

CONSULTATION FORM

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

Doctor Name : .....

Date : ..... 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 Consultar diagnosis:

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the particular need, especially in the absence of a second

Signature: M.D.

Report of Findings and Recommendations :

? K/C/o VUR
S/P Ureteric Reimplantation
@ 5yr of age

RFT - (N).

(2) Small kidney.
(CMSA records not available)

BP - WNL.

No Breakthru UTI's.

USG { Rt - 96mm ? New cortical scar UP.
Lt - 56mm, Scarred

Grade I RPD (R).

VB - (N).

Consultant :

Name : DR. SRUTHI. Signature : ..... Date & Time : 3/6/2016 4pm

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

R.T.O.

- Continue IV Antibiotics — Ceftriaxone IV 2gm BD
- DMSA Scan after 2 weeks from now.
- Regular Toilet Training
- Inform Bicarb report, VBG, Xray - Erect Abdomen.
- No Aminoglycosides
- To do Morning Spot urine protein
  M/M creatine ratio.

[signature]

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Patient S ICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6/26 Time:	2	3	5	7	9:20	12	2	4	6	8	
Doctor / Nurse / Family Concern?	PM	PM	pm	pm	pm	am	am	am	am	am	

Temperature (°F)

98.6°F, 98.5°F, 98.6°F, 98.6°F, 101.8°F Syp Paracetamol, 99.5°F, 98.6°F, 98.4°F, 101.9°F Tab Ibugesic, 99°F

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

Note: BP does not score in early warning scoring

117/84 → 72, 115/77 → 66

Heart Rate (Number)	92	80	100	112	AM	105	95	100	110	93
Resp. Rate (bpm) over 1 Minute) *										
Resp Rate (Number)	22	20	22	22	24	20		22		20
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N		
Receiving O_2 (l/min) O_2 Saturations (%)	99	96	98	99	98	99	99	98	99	100
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	1	0	0	0	0	0
Pain Score	0	0	0	?	?	B	0	0	0	0
Observer's Initials	SK	SK	SK			B	B	B	B	B

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)

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

oc. No. : RCH/ FRM / CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/6 Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM			PM	PM	AM	AM	AM	AM
Temperature (°F)	98.6°F	98.6°F	98.3°F	98.4°F	99.2°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) *		85 (72) 64		103 (85) 72			113 (74) 66					94 (60) 53
Heart Rate (Number)	96	100	105	110	98	107	114	105	102	100	95	101
Resp. Rate (bpm) Over 1 Minute) *												
Resp Rate (Number)	25	24	25	25	20	24	28	22	25			20
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2 (l/min) O_2 Saturations (%)	97	98	97	98	99	98	99	98	99	100	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	MA	MA	M	CA	CA	CA	VK	B	B	B	B	D

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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BCH-00014371
Master K. JAYAKRISHNA IP-00060207
08-08-2014 11 Y 9 M 26 D (M)
Dr. SIVA NARAYANA REDDY

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/6 Time:	9
Doctor / Nurse / Family Concern?	AM
Temperature (°F) (104–94)	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	110/70 80/70
Heart Rate (Number)	103
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	
Resp Rate (Number)	24
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	97
Conscious Level — Normal	✓
Conscious Level — Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	Ma

Note: BP does not score in early warning scoring

noted by Manasa 4/6 @10:30am

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.
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Patient Sticker

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BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : 1

2/6/26

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
			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										0	Subhan 2/6/26 @ 8pm
	03:00 pm			78ml			✓					
	04:00 pm		Coconut water	78ml						✓		
	05:00 pm			78ml			✓					
	06:00 pm		Soup	78ml			✓			✓		
	07:00 pm			78ml			✓					
Total Intake :		390ml				**Total Output :**						
2/6/26	08:00 pm			50ml			~				0	Ramya 2/6/26 @ 1Am
	09:00 pm		Coconut water	50ml			✓			✓		
	10:00 pm			50ml								
	11:00 pm			50ml			~			✓		
	12:00 am		Sabja water	50ml				✓				
	01:00 am			50ml								
Total Intake :		300ml				**Total Output :**						
3/6/26	02:00 am			50ml			✓	✓			0	Renuka 3/6/26 @ 7am
	03:00 am			50ml						✓		
	04:00 am			50ml								
	05:00 am			50ml								
	06:00 am			60ml								
	07:00 am									✓		
Total Intake :		250ml				**Total Output :**						

Total 24 hrs. Intake	940 ml	Total 24 hrs. Output	6 time

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA (M)
08-08-2014 11 Y 9 M 25 D
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : ② 3/6/26

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/6	08:00 am		Idly							✓		Manasa 3/6 @2pm
	09:00 am		water	3 78ml								
	10:00 am			78ml								
	11:00 am			78ml							0	
	12:00 pm		soup	78ml						✓		
	01:00 pm			9								
Total Intake : 318ml						Total Output :						
3/6/26	02:00 pm			78ml			✓					3/6 [illegible] @8pm
	03:00 pm		Rice							✓		
	04:00 pm		water				✓					
	05:00 pm						✓				0	
	06:00 pm		water				✓			✓		
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm		Rice				✓					
	10:00 pm		water							✓		
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						Benonika
4/6/26	02:00 am						✓			✓	0	4/6/26 @7am
	03:00 am		water									
	04:00 am											
	05:00 am						✓					
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 27 D (M)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

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Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
4/6							✓			✓		
	08:00 am		Idly									Manasa
	09:00 am		+				✓					4/6
	10:00 am		water								0	
	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 :**						

noted by manasa 4/6 @10:30

Total 24 hrs. Intake	

Total 24 hrs. Output	

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Master K. JAYAKRISHNA
08-06-2014 11 Y 9 M 25 D (M)
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DRUG CHART

Date of Admission: 2/6/26 Drug Allergies: Nil ☐ 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 IBUPROFEN				Date / Time
Dose	Route	Frequency	Start Date	
400mg	PO	BD (after review)	3/6	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: 10mg/kg/dose 1 Tab = 400mg				

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

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

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

Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight. 38.2kg Ward. 1st FLOOR

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
	IV	12th hrly	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ. CEFOTAXIM

Dose	Route	Frequency	Start Date
1gm	IV	8th hrly	2/6

Name & Signature of the Doctor Starting the Drugs:

Dr. Sameera

Additional Instructions:

25-50 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	3/6
6 am		ESW
2 pm	4pm Gayu	
10 pm	ESW	

STOP 3/6/26

VERIFIED Gopika 2/6/26

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	ONCE DAILY	3/6

Name & Signature of the Doctor Starting the Drugs:

Dr. Sameera

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	3/6	4/6
6 am	ESW	ESW

VERIFIED Gopika 2/6/26

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Date
1	PO	12th hrly	2/6

Name & Signature of the Doctor Starting the Drugs:

Dr. Sameera

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	3/6
10 am	Gayu	12 8am
10 pm	ESW	ESW

VERIFIED Gopika 2/6/26.

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08-08-2014 11 Y 9 M 25 D (M)
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Sheet No: (2)

REGULAR PRESCRIPTIONS

Weight 38.2 kg Ward 1st FLOOR

DRUG : SYP. PARACETAMOL

Dose	Route	Frequency	Start Dt.
5ml	PO	12 hrly	2/6

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

Additional Instructions: (5ml-500mg) 10 - 15 mg/kg/dose

Date / Time	2/6	3/6
10 am	/	
10 pm	ESW	ESW

Daily Doctor's Endorsement by a Sign

DRUG : SYP. MUCAINE GEL

Dose	Route	Frequency	Start Dt.
5ml	PO	8 hrly	2/6

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

Additional Instructions:

Date / Time	2/6	3/6
6 am	/	ESW
2 pm	Gayu	
10 pm	ESW	

SYP 3/6/26

Daily Doctor's Endorsement by a Sign

DRUG : SYP. RELENT PLUS

Dose	Route	Frequency	Start Dt.
5ml	PO	ONCE DAILY	2/6

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

Additional Instructions: BED TIME

Date / Time	2/6	3/6
10 pm	ESW OS	ESW OS

Daily Doctor's Endorsement by a Sign

DRUG : NASIVION-P SPRAY NASAL

Dose	Route	Frequency	Start Dt.
2 puffs	P/N	12 hrly	2/6

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

Additional Instructions:

Date / Time	2/6	3/6	4/6
6 am	/	ESW OS	ESW OS
6 pm	Gayu	Gayu	

Daily Doctor's Endorsement by a Sign

VERIFIED 2/6/26 Gayu

VERIFIED 2/6/26 Gayu

VERIFIED BY Gayu 2/6/26

VERIFIED Gayu

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

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Sheet No: (3)

REGULAR PRESCRIPTIONS

Weight 38.2kg Ward ....

DRUG: NASOCLEAR SPRAY SALINE

Dose	Route	Frequency	Start Dt.
2 puffs	P/N	8th hrly	2/6

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera (sign)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	2/6	3/6	4/6
6 am	/	ESW	ESW
2 pm	Gayu	[illegible]	
10 pm	ESW	ESW	

DRUG: INJ. AMIKACIN

Dose	Route	Frequency	Start Dt.
290 mg	IV	12th hrly	3/6

Name & Signature of the Doctor Starting the Drugs: Dr. Sameera (sign)

Additional Instructions: 7.5 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	3/6
6 Am	12pm Sahaja
6pm	11pm

STOP 3/6/26 12:00pm.

DRUG: Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
2gm.	IV	12th hrly	3/6/26

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

Additional Instructions: 25-50mg/kg/dose AFTER TEST DOSE

Daily Doctor's Endorsement by a Sign

Date/Time	3/6	4/6
6Am	12pm Sahaja	ESW
6pm	11pm ESW	

DRUG: Inj. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400mg.	IV	8thhrly	2/6/26

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

Additional Instructions: 10mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	3/6	4/6	5/6	6/6
6Am	/	ESW		
2pm	Sahaja			
10pm	ESW			

VERIFIED BY Name Signature: Dr. Jyothi 2/6/26

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

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

REGULAR PRESCRIPTIONS

DRUG : T. NODOSIS

Dose	Route	Frequency	Start Dt.
500mg	PO	8th hrly	3/6

Name & Signature of the Doctor starting the Drugs: d-

Additional Instructions: 1 tab = 500mg
NaHCO3 = Nodosis

Daily Doctor's Endorsement by a Sign.

Date															
Time															

DRUG : SYP. NODOSIS

Dose	Route	Frequency	Start Dt.
7.5ml	PO	8th hrly	3/6

Name & Signature of the Doctor starting the Drugs: d-

Additional Instructions: 15ml – 1000mg
As per Sruthi order.

Daily Doctor's Endorsement by a Sign.

S. Manoj Kumar 3/6/26

Date	3/6	4/6													
Time															
6 AM		EGW													
2 PM															
10 PM	EGW														

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date															
Time															

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date															
Time															

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Your Right to a Safe Delivery

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼														

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼														

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼														

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time ▼														

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

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

	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
2.6.26	12.45 PM	NORMAL SALINE BOLUS	800 ml	IV OVER 1hr	Same	Gayathri Sadiya
3/6/26	1.45 AM	INJ ONDANSETRON	4MG	IV		Eswari Kalapna

VERIFIED BY / Name ..... Signature .....

BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

Weight. 38.2 kg Ward. .....

		sition 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
2.6.26	2.00PM	DNS	IV	78					

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

Ref. No. F/INPR/12

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

115

Patient Name : _

Registration No.:

BCH-00014371 IP-00060197
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 24 D (M)
Dr. VIDYASAGAR DUMPALA

MEDICATION

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
2/6/26	00.00	6AM.		
	1.00	SYP RELENT PLUS 5ML (OD)		
	2.00	SYP MUCAINE GEL 5ML (TID)		
	3.00	NASOCLEAR NASAL 2/2 (TID)		
	4.00	NASIVION - P NASAL 2/2 (BD)		
	5.00			
	6.00	10AM.		
	7.00	SYP PAXIMO 5ML (BD)		
	8.00	SYP CALPOL 5ML (BD)		
	9.00			
	10.00	2pm		
	11.00	SYP MUCAINE GEL 5ML (TID)		
	12.00	NASOCLEAR NASAL 2/2 (TID)		
	13.00			
	14.00	6pm		
	15.00	NASIVION - P NASAL 2/2 (BD)		
	16.00			
	17.00	10pm		
2/6/26	18.00	~~SYP PAXIMO 5ML (BD)~~		
	19.00	SYP CALPOL 5ML (BD)		
	20.00	SYP MUCAINE GEL 5ML (TID)		
	21.00	NASOCLEAR NASAL 2/2 (TID)		
	22.00	INJ CEFOTAXIME 1gm (BD)		
	23.00	ECONORM 1sachet (BD)		
		SYP RELENT PLUS 5ML (OD)		

Ref. No. F/INPR/12

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Patient Name : BCH-00014371 IP-00060207
Master K. JAYAKRISHNA
08-08-2014 11 Y 9 M 25 D (M)
Dr. SIVA NARAYANA REDDY

Registration No.:

MEDICATION
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
3/6/26	00:00	6AM		
	1.00	Inj CEFOTAXIME 1gm (TID)		
	2.00	Inj PANTOPRAZOLE 40mg (OD)		
	3.00	Syp MUCAINE GEL 5ml (TID)		
	4.00	NASIVION -P NASAL 2puff (BD)		
	5.00	NASOCLEAR SPRAY SALINE 2-2-2 (TID)		
	6.00			
	7.00	10AM		
	8.00	Syp PARACETAMOL 5ml (BD)		
	9.00	ECONORM 1 sachet (BD)		
	10.00	2PM		
	11.00	Inj CEFOTAXIME 1gm (TID)		
	12.00	Syp MUCAINE GEL (TID)		
	13.00	NASOCLEAR NASAL 2/2/0 (TID)		
	14.00	6PM		
	15.00	NASIVION -P NASAL 2/2/0 (BD)		
	16.00	10PM		
	17.00	Inj CEFOTAXIME 1gm (TID)		
	18.00	ECONORM 1 SACHET (BD)		
	19.00	Syp PARACETAMOL 5ml (BD)		
	20.00	Syp MUCAINE GEL (TID)		
	21.00	Syp RELENT PLUS 5ml (OD)		
	22.00	NASOCLEAR NASAL 2/2/0 (TID)		
	23.00			