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ACTIVITY RECORD FOR BILLING

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

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

UHID No ---------- Consultant : ---------- Dept : ICU

Date of Admission : 25/5/26 Time : 11:21 PM Date of Discharge : ---------- Time: ----------

Room / Bed No : ICU Ward : PICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5/26	12.20 AM	ICU	ICU	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sruthi Balla	27/5/26	3084267	
2.	Cross Checked by		28/5/26	
3.	Dr. Sruthi Balla	29/5/26	3085354	
4.	Dr. Moda Abdul	30/5/26	3085554	
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/5	electrolyte. Cr est.	26018297	Ace
	Bloodcul		
	Covid RAT Negative	26018299.	Ki
26/5	CUE	26018368.	
27/5	Urine cly,	26018435	[signature]
27/5	CBP, CRP	26018543	
27/5	USG-KUB	26-008556	[signature]
	Cross Checked by [signature] 28/5/26		
30/5	CBP, CRP.	26018810	[signature]
	Electrolytes, Creatinine		
	Urea	26018860	[signature]
	USG KUB	26008722	[signature]
	was checked by Elizabeth ✓		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/5.	Infusion pump	12:30am	27/5/26 12:30Am	3083598	Saliya
	Cross	Checked	by	28/5/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/5/26	Rv placement	1	3083597	
	Cross clubbed by 28/5/26			
28/5/26	Rv placement	1	3084598	

ANY OTHER INFORMATION

Covid Rat — Negative

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth Sharon		

Rainbow Children's Hospital

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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-00060114 **Admit Date** : 25-May-2026 **Admit Time** : 11:21 PM **UHID** : KUH-00201384

Patient Details :

Patient Name	: Master KONDAMUDI VIRAJ ADITHYA	**Age**	: 0 Y 6 M 17 D
Guardian	: Mr SANTHOSH KUMAR	**DOB**	: 08-11-2025 01:06 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT 134, SKC BLISS APARTMENT Bachupally Hyderabad Telangana INDIA 500090	**Phone No**	: 9963391120
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr SANTHOSH KUMAR **Relationship** : Father

Contact Address : FLAT 134, SKC BLISS APARTMENT Bachupally Hyderabad Telangana INDIA 500090 **Phone No** : 9963391120 / 9959144130

M. Durga Rao

Signature

Doctor Details :

Doctor Name : Dr. NAVLE NARESH KUMAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

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EMERGENCY ROOM TRIAGE FORM

Wt - 8.4kg

Patient's Name : Viraj Adithya Age : 6 months Gender: ☑ Male ☐ Female

Date : 25/5/26 Time of Arrival : 11:05 Pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.6°F PR: 140b/m BP: 104/62 (77) RR: 25b/m SpO_2: 98%

Chief Complaints: fever since yesterday

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 : 11:08 Pm

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 : Sr. Leena

Signature of Triage Nurse : .....

Date & Time : 25/5/26 @ 11:08 Pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 25/5/26 Time of arrival : 11:09 Pm

Chief Complaints: fever since yesterday - RBS: -

Height : - Weight : 8.4 kg BMI : - Head Circumference (<2 years) : -

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

If yes , identify -

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

☐ Character - ☐ Location - ☐ Frequency - ☐ Duration -

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 11:11 Pm

Patient Name : Mast. KONDAMUDI VIRAJ ADITHYA UHID : KUH-00201384 IPD : IP-00060114 Gender : Male Age : 0 Y 6 M 17 D

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

Time	Nursing Notes
11.05 PM	*Pt Came to ER
11.07 PM	*vitals checked and Recorded
11.08 PM	*ER Doctor Seen the Pt & advised admission
11.20 PM	*Admission Done
11.50	*IV placement Done
11.55 PM	*samples Collected & Sent to lab
12.20 AM	*Pt Shifted to ward (138)
	*

Samples collected by: Sis. Kiran Time: @ 11.50 PM

Samples sent by : Time: @ 11.55 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			N.I.L		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140 b/m BP: 106/68 (72) CFT: <2sec	Shift - out from ER to: (138)
RR: 25 b/m SPO_2 : 98%	Time of Shift - out: 25/5/26 @ 12.20 AM
GCS: 15/15 Temperature : 97.6°F	Handover given to: Sr Sindu
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): -	by Br Sanjay

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): cannulization

Name of the Nurse : Bro. Sanjay Signature of the Nurse : Sanjay

Date & Time : 25/5/26

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
KUH-00201384 IP-00060114 Master KONDAMUDI VIRAJ ADITHYA 08-11-2025 0 Y 6 M 17 D (M) Dr. NAVLE NARESH KUMAR	25/5/26 @ 11:21 pm	25/5/26 @ 12.20 PM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Vishwas	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	138	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	–	Yes ☑ No ☐ If yes, what ? OP file given to

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
Mogi Sue (Nc	Dr. Vishwas

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : [signature] 25/5 @ 12:20 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

Docu. No. : RCH /FRM / CLINICAL / 102

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI

Arrival Time: 11:50pm Mode of Arrival: lifted by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 8.4 Kg

Height: ..... cm

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

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

Family History: Nil

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

If yes please list, Nil

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

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

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

Observations: Weight: 8.4kg Length: - Head Circumference (< 2 years): .....

Temp.: 98.6°F HR: 25b/m RR: 110b/m BP: 107/77(69)

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

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

Risk of Pressure Sore (Braden Q Score 13) (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 Nil Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... parents .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... parents .....

Nurse's Name: ..... Indu ..... Date: 25/8/26 ..... Time @ 12:30pm Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

Pediatric Multiorgan History & Physical Examination

Name : Viraj Adithya. Age/Sex 16 months

Information given by: mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

C/o Fever since 2days
mild cough - on & off

History of present illness :

Child presented with c/o
Fever since - 2 days
5-6th hourly spikes 101-102°F
mod-high grade
Relieving on medication
not a/w chills.

c/o mild cough - dry - on & off

NO H/O cold
Vomitings
Loose stools.

Urine (N)
Stools (N)
Oral intake (N).
activity (N).

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
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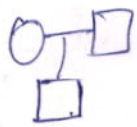
Pediatric Multiorgan ... ry & Physical Examination

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

20/8/25
Hb: 10.4g%.
RBC - 4mil CRP - 62.7 mg/dl
Non significant plt - 4.16
WBC - 20300
N° - 59%.
L° - 36%.
H/O UTI @ 4 months of age - Managed on oral meds.

Birth & Neonatal History:

Term / 3.5kg / LSCS / Perinatal admission for admission



Birth & Socio Economic History:

About Father : Class III
About Mother :
Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Vaccinated upto date.

(P.T.O.)

KUH-00201384 IP-00060114
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8.4kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 140/min B.P. 106/62 SPO2 98%

Resp.rate and type of breathing : 80/min

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

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

Air entry & breath sounds : BILAE (+)

Any addes sounds : ND

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : ND

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

KUH-00201384 IP-00060114
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08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

tory & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Awake

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power 4/5 all limbs

Co-ordinator : (N)

Posture :

Involuntary Movements : (-)

Reflexes :

DTR **Superficials:**

Plantars Extensor

Sensory System : +

Bladder / Bowel : NO Incontinence

Clinical Summary & Diagnostic:

AFI (D2)

(P.T.O.)

KUH-00201384 IP-00060114
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further Complication

Desired goals of the treatment : To treat current Condition.

Planned Labs:

S/E, S.Creat
Blood c/s
CUE

CBP
CRP } done outside
LFT

Planned Management

1) IV fluids 1/2 M
2) Inj piptaz
3) Inj PCM..

noted by
Swaro
@12:15AM

Signature of the Doctor: ....[signature]....

Name of the Doctor: ....Dr. Vishwaja....

Date & Time: ....25/5/26....

Signature of the Consultant: ....

Name of the Consultant: ....Dr. N. Naresh....

Date & Time: ....25/5/26....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/2026 8:30 AM	AFI (D3) ↓ Evaluation	
	- 3Am - fever spike (102°f)	
	- Active	
	- vitally stable.	
	- ↓ intake	
	- (N) U-O (+).	
	CVS, CNS, RS, PA (N)	Plan
		- Piptaz (D1)
		- Pantoprazole (D1)
		- IV DNS (1 1/2)
		- IV PCM (SOS)
		c/- Crm
		- Send CBP CRP - Tmrw.
		N. [signature]
		Dr. N. Naresh Kumar

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I B Resident	
26/5/26 5:00pm	Dns: AFI.	
	1 fever spike at 12pm → 104F.	
O/I - Better.	O/E	
U/O - Adequate.	Child is Alert	
	Vitals stable	
	CVS: S1S2 ⊕	Plan
	RS: BLAE ⊕	
	P/A: soft	- CBP, CRP tmrw
	CNS: NAD.	- UT
		- Monitoring
		- Inj. (W)
		Noted by Anitha @ 4pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9:30pm	c/s/B Dr. N. Naresh Kumar	
	fever spikes (+)	
	Baby conscious	History of UTI at 4 months of age
CUE Puscells - 10-12 Leucocytes (+) RBCs (+)	Afebrile PU - (N) Vitals stable S/A ± NOAD	> 10^2 CFU K. Pneumonia on Day 2 of fever
	UTI (Recurrent)	
Adv CBP } Afternoon CRP } U/C/S - Now		Rx (1) continue same Rx
pediatric nephrologist opinion Tomorrow		Noted by [signature] 27/5 @8am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	C/o/B Dr. Naresh	
10am		
	1 episode of fever at 3:45am	
	No other complaints	
	Baby conscious	
	Active	
	Afebrile	
Adv	AU-(D)	
USG-KUB	vitals stable	
	S/E:- NAD	
	? Acute Pyelonephritis	Rx
Adv.		
pediatric nephrologist opinion	c̄ Recurrent UTI	continue same Treatment
		+
		(1) L. Rhamnosus drops
	[illegible] F/D	0.5ml / PO / BD. (ProGiLa drops)
	- CBP	
	CRP	
	N.[signature]	Noted by
		Manisha 27/5/26 @2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Dr. Shruthi mam	
29/5/25 4:00pm		Ddr
		→ Continue IVF - ½ m.
		→ plan for repeat USG. after 72hrs.
		→ Continue IV Antibiotics × 7 days.
		→ plan for mcua after Antibiotics are completed.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	C/S/B. Dr. Naresh kumar	
10pm	fever spikes (+)	
	•CRP - 199	
	Baby conscious	
	febrile	
	vitals stable	
	S/E ÷ NAD	Rx
	Acute Pyelonephritis	Continue same Rx
	c Remnant UTI	+
		Inj. Amikacin.
		60mg / IV / BD
		N. Obs

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Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 20 D (M)
Dr. NAVLE NARESH KUMAR

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

..ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
22/5/26 9 Am	Δ: Acute Pyelonephritis (Recurrent UTIs).	
	Issues: ongoing fever spikes.	
	O/E	
	Baby cultured	
	CRT < 3 sec	Reports awaited
	CTA good	- U/cls.
	AF @ level	
	CVS - S1S2 (+)	Ask for
	RS BAE (+)	- Meropenam
	PA soft	- Piptaz
	CNS nofnd.	- Amikacin. } sensitivity
		- Nitrofurantoin
	Plan	
	- upgrade to Meropenem	
	- continue Inj. Amikacin	
	- IV fluids	
	- Rpt USG 30/5/26 to look for interval change.	
Dr Shikha 128535		

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

(P.T.O)

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA (M)
08-11-2025 0 Y 6 M 20 D
Dr. NAVLE NARESH KUMAR

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..OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	C/s/B Dr. Naresh	
11am	1 episode of fever @ 6:30 am - 102.9°F	
	Accepting feeds	
	O/E - Good	
	Baby conscious	
	Afebrile	
	PR (N)	
	Periph - warm	
Adv.	Activity - fair	Rx
Trace	Vitals stable	
Urine C/S	S/E - NAD	- CST -
Report	Acute Pyelonephritis	
	c̄ Recurrent UTI	
	R/O Congenital	
	Renal Anomalies	
		N(Nalu)
		Noted by Manasa 28/5 11am

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

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA (M)
08-11-2025 0 Y 6 M 20 D
Dr. NAVLE NARESH KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	C/S/B Dr. Naresh	
6pm		
	1 episode of fever @ 5pm – 100.4°F.	
	No other complaints	
	O/O - Good Baby conscious.	
	Afebrile	
	PR - (N)	
	vitals stable	
	S/E ÷ NAD.	
		Rx
		— CST :
		N.[signature]

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

(P.T.O)

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 20 D (M)
Dr. NAVLE NARESH KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/1/26 11:00 Am	C/S/B Dr. Naresh Kr	
	hart fever spike at 3:30 Am 100.3°f.	
4/0 → Adequate		
0/I → Better		
	-11	
	Feed intake (N)	

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)GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	c/s/b Dr. Naresh	
1 pm	U/C/S → E. coli (Possibly ESBL)	
	$10^{?2}$	
	∑	
	sensitive to Amoxiclav, Amikacin, Carbepenam, TMP-SMX, Nitrofurantoin	
	1 episode of fever at 3am - 100.5°F	
	Now Temp = 99.6°F	
	Baby conscious	
	Active	
	PU - (N)	
Adv	vitals stable	
CBP }	S/A = NAD	Rx
CRP } Tomorrow		
USG-KUB morning		continue same Treatment.
Pediatric nephrologist opinion		N. [signature]

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA (M)
08-11-2025 0 Y 6 M 21 D
Dr. NAVLE NARESH KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 5:30pm	C/S/B Resident	
	1 episode of fever spike @ 1:30 pm (100.5F)	
	Baby Alert & Active.	
	O/E	
Dr. Prashanth	Vitals stable	
	CVS: S1S2 (+)	plan
	RS: B/L AE (+)	
	P/A: soft	- CBP, CRP - T/m, RFT c S/E
	CNS: NAD	- plan for USG KUB - T/m
		- Inj. meropenam
		- syp. linezolid.
		- Inj. Amikacin.
		- monitor vitals
		- Tpm(cos)
		Noted by [illegible] 29/5 @ 7pm

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Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 21 D (M)
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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9:30pm	C/o/B. Dr. Naresh	
	1 episode of fever @ 1:30 pm	
	O/E = Baby conscious	
	Active	
	Afebrile	
	PV - (N)	
	vitals stable	
	S/E = NAD	
	Adv	Lx
	RFT c̄ S. electrolytes	- CST.
	- CBP	
	CRP	
	USG - KUB	
	Mention about	
	"Any Acute focal Nephritis"	
		N (N)

Noted by manisha 30/5/20 @ 8am

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Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 21 D (M)
Dr. NAVLE NARESH KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:30 AM	C/S/B Resident	
	UTI – positive for E.coli	
	last fever spike @ 2:00pm (100.5 F)	
CRP → (43).		
WBC → 9.25		
Plt → 5,56,000.	O/E	
feeding – well.	Child Active & Alert	Plan
	Vitals stable	
I/O – Adequate.	CVS: S1S2 (+)	– USG KUB – Now
	RS: B/L AE (+)	
	P/A: soft	– Plan for d/c after USG report.
(+) appreciated.	CNS: NAD	
		– Dietician consultation today.
30/5/2026 10:10 AM	C/S/B Pro fellow	
	Δ – UTI	
	fever spike subsided	
	Accepting orally	Plan
	Haemodynamically stable	→ USG Abdomen (KUB) ↓ To perform Dr. Shruthi
	Active & Alert	→ Plan discharge based on USG

Noted by Manasa 30/5

[signature]

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 22 D (M)
Dr. NAVLE NARESH KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	D/w Dr. Swathi	
30.5.26 12.00PM	USG report reviewed	Plan
		→ Discharge today
		→ R/w on Wednesday with CUE
		→ Plan to do MCUG on follow up
		→ Inj. Amikacin
	Sameera (Dr. Sameera)	→ Inj. Meropenem total 1 week
		→ Syp. Linezolid total 5 days
		noted by Manasa 30/5/26 01:15PM

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 19 D (M)
Dr. NAVLE NARESH KUMAR

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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: 27/5 Time: 7 pm	Date: 28/5 Time: 8pm	Date: 29/5 Time: 9pm	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	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	0			
	Total Score		0	0	0			
	Signature of the Nurse							

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

CONSULTATION FORM

Rainbow® Children's | BirthRight™ BY RAINBOW HOSPITALS to a Safe Delivery

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 19 D (M)
Dr. NAVLE NARESH KUMAR

Doctor Name : Dr. Sruthi

Date : 27/5/26 Hour : .....

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:

Signature: M.D.

Report of Findings and Recommendations :

6m old male
U77

USG – noted, Bulky kidneys.
? Early APN changes ⊕
Distal ureters prominent

Fever spikes ⊕
10–12 Pc in CVE
C/S → awaited

Phimosis ⊕ Physiological.
Meatus visible

Adv

→ Contene 1/2 maintance IVF.

→ To do USG after 72 hrs to look for interval changes.

→ IV Antibiotics x 7 days.

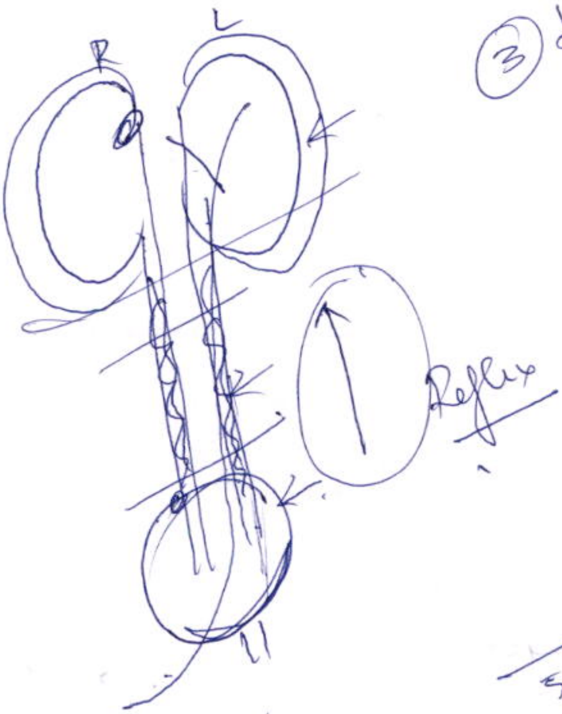
→ MCUG once IV Antibiotics are complete

Consultant :

Name : DR. SRUTHI Signature : Date & Time : 27/5/2026 5pm.

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

3 days



10.

5–7

? IV

MCUG scan

Culture

CONSULTATION FORM

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KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 21 D (M)
Dr. NAVLE NARESH KUMAR

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

Signature: M.D.

Report of Findings and Recommendations :

S/B Dr. Sruthi

c/s — Noted
Fever spikes ++
But intensity better

On IV Meropenem +
IV Amikacin

Adv

Syp Linezolid 4.5 ml TID

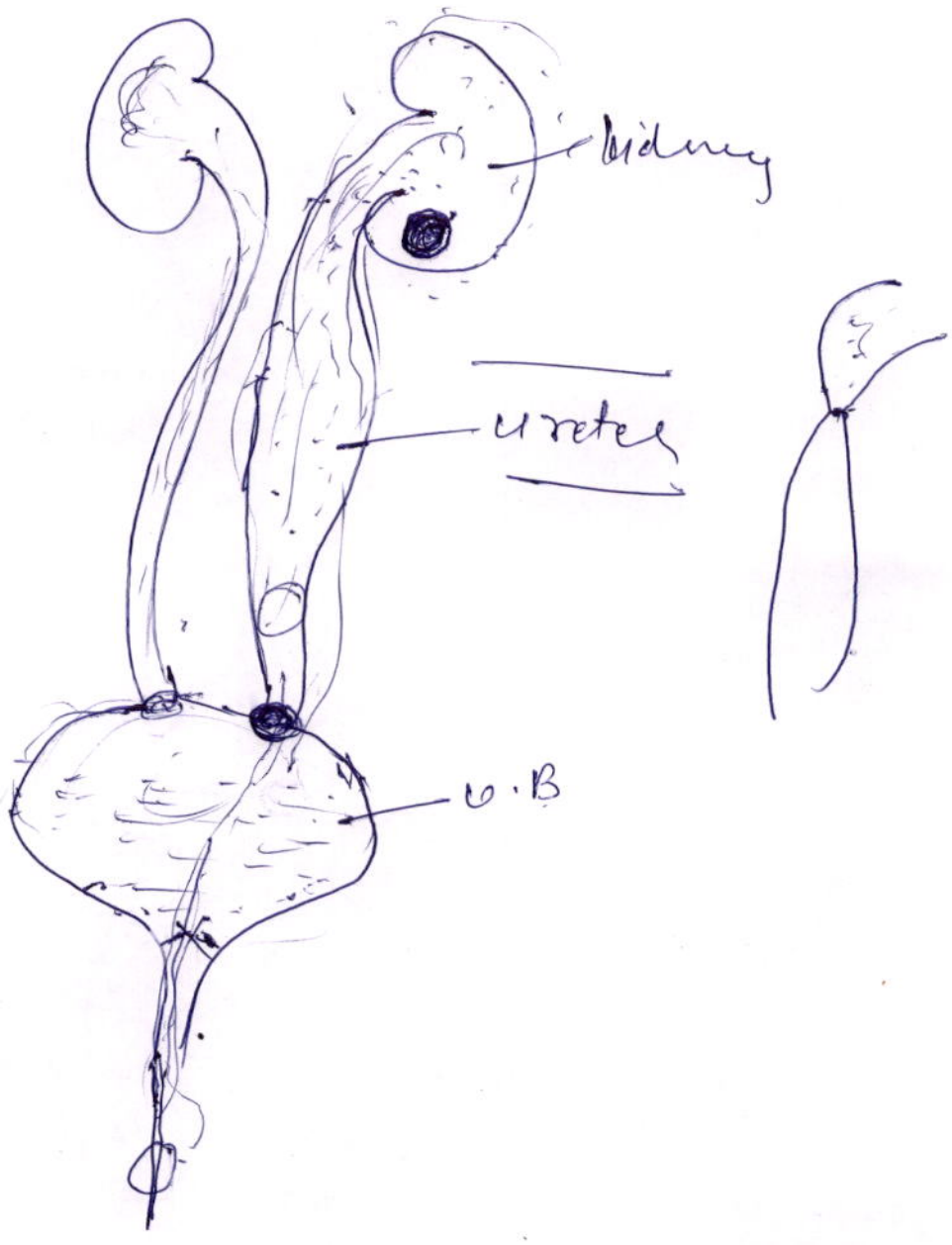
— Tujom USG tomorrow

— MCUG once urine is sterile

Consultant :

Name : DR. SRUTHI Signature : ..... Date & Time : 29/5/2025 3:30pm

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


kidney
ureter
U.B

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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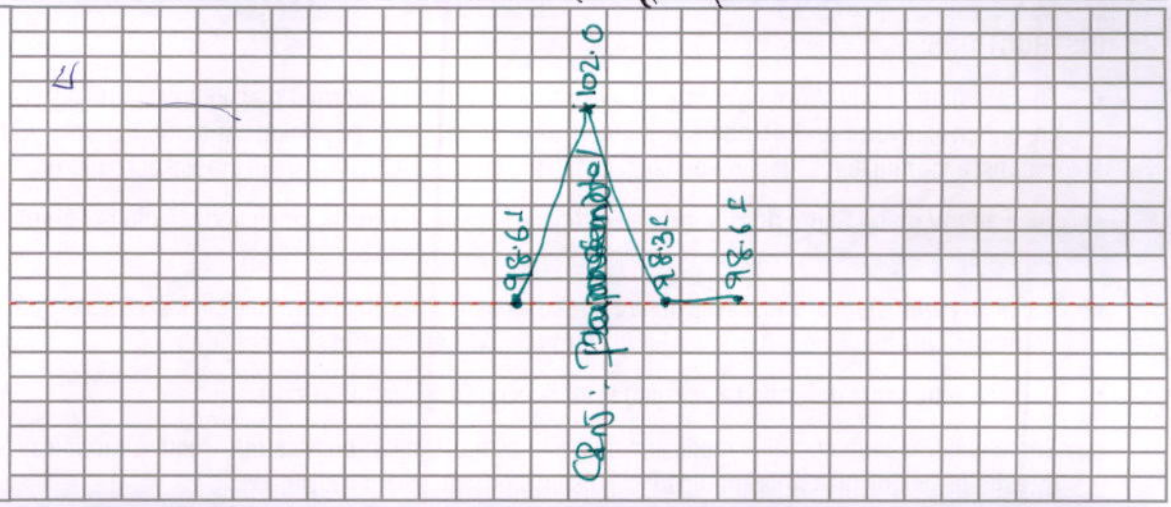
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

Doctor/Nurse/Family Concern?

25/5/26

Temperature (°F)



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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 125 120 128 130

Resp. Rate (bpm) Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 28 28

Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O_2 (l/min)					
O_2 Saturations (%)		98	98	98	98
Conscious Level	Normal	N	N	N	N
	Altered				
GCS *		15	15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		-	0	-	0
Observer's Initials		S	S	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 incharge and PICU /NICU fellow or PICU/NICU 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)

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA (M)
08-11-2025 0 Y 6 M 18 D
Dr. NAVLE NARESH KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	9 AM	12 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM	7 AM
Doctor/Nurse/Family Concern?											
Temperature (°F)	98.6°F	104°F Inj. PCM	98.2F	98.5F	101.4F Inj. PCM	98.3F	98.6F	98F	101.4 Inj. PCM	98.6F	98.3F
Heart Rate (bpm) and Blood Pressure (mmHg) *			95/57 (70)				91/63 (72)				98/59 (60)
Heart Rate (Number)	120	122	134	130	131	126	125	130	118	120	116
Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)	28	28	26	24	24	25	29	27	27	26	22
Resp Distress: Mod/ Severe											
Resp Distress: None / Mild	N	N	N	N	N						
Receiving O_2 (l/min)											
O_2 Saturations (%)	99	99	98	99	98	98	98	98	98	97	98
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	N	N
Conscious Level: Altered											
GCS *	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
Pain Score	0	0	0	0	0	0	0	0	0	0	-
Observer's Initials	[illegible]	H	[illegible]	[illegible]	[illegible]	Br	Br	Br	Br	Br	[illegible]

Heart Rate scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

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

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Patient Sticker

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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.
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KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 18 D (M)
Dr. NAVLE NARESH KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	9	11	1	3	5	7	9:30	11	1	3	6:40
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM

27/5/26

Temperature (°F): * 98.6°F; 98.6°F; 101.5°F (Inj. paracetamol); 98.9°F; 98.2°F; 98.4°F; 100.9°F (Inj. paracetamol); 98.9°F; 98.6°F; 98.4°F; 102.9°F (Inj. paracetamol)

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

Note: BP does not score in early warning scoring

BP: 102/78 (65); 98/82 (72)

Heart Rate (Number)	120	122	130	120	119	124	112	103	131	126	122

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

Resp Rate (Number)	32	30	30	32	34	38	30		32		29

Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	99	98	99	98	99	96	100	98	99
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	1	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials							SK	SK	SK	SK	SK

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
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* 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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It takes a lot to treat the little.

BirthRight
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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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)

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 19 D (M)
Dr. NAVLE NARESH KUMAR

c. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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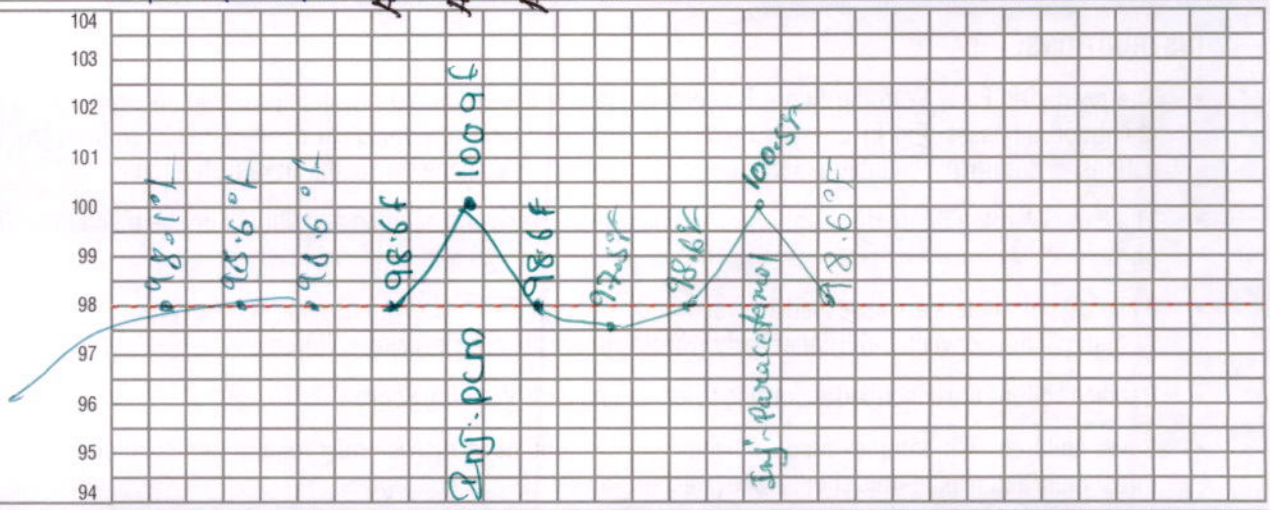
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/26 Time: 9 | 11 | 1 | 3 | 5 | 7 | 10 | 1 | 9:30 | 6

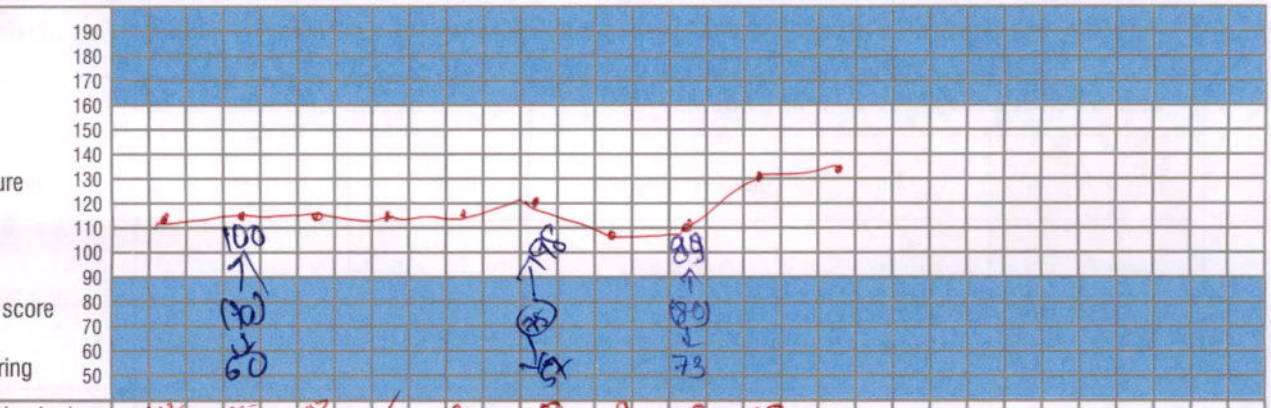
Doctor/Nurse/Family Concern? AM | AM | PM | PM | PM | PM | AM | AM | AM

Temperature (°F)



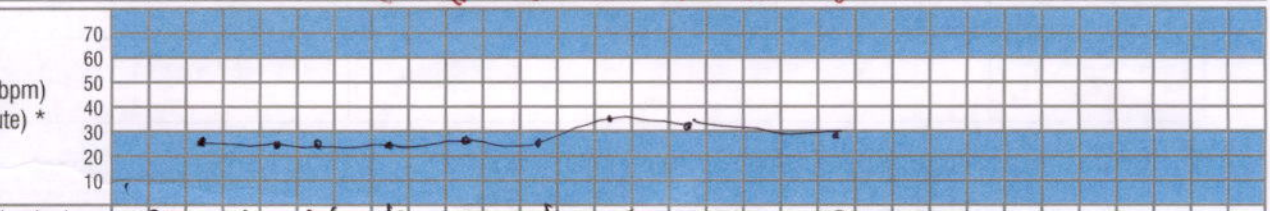
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	112	115	113	115	118	120	109	110	130	132

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



Resp Rate (Number)	26	25	26	26	27	25	35	30		29
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2 (l/min) O_2 Saturations (%)	97	98	97	98	98	97	97	99	98	96
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	SK	SK	SK	SK	SK	SK	SK	SK	SK	SK

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

29/5

Date: .... Time:	9 AM	11 AM	1.55 PM	9 PM	6 PM	8 PM	9 PM	11 PM	1 AM	2 AM	4 AM	6 AM	8 AM
Doctor/Nurse/Family Concern?													
Temperature (°F)	98.4°F	98.9°F	100.5°F [Inj PCM]	98.3°F	98.4°F	98.7°F	98.6°F	98.6°F	99.1°F	98.6°F	98.6°F	98.6°F	98.6°F
Blood Pressure (mmHg) *	92/60 (70)			98/58 (68)									100/77 (62)
Heart Rate (Number)	130	136	132	135	136	140	130	132	135	130	136	135	130
Resp Rate (Number)	36	40	44	38	39	40	38	40	36	44	38	39	38
Resp Distress: Mod/ Severe													
Resp Distress: None / Mild	N	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min)													
O_2 Saturations (%)	98	98	98	[illegible]	98	98	98	99	99	98	98	98	98
Conscious Level: Normal	N	N	N	[illegible]	N	N	N	N	N	N	N	N	N
Conscious Level: Altered													
GCS *	15	15	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	0	0
Pain Score	0	0	0	0 0		0 0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	M	M	M	M	M	M	M

Note: BP does not score in early warning scoring

Heart Rate (bpm) and Blood Pressure (mmHg) * scale: 190–50. Resp. Rate (bpm) (Over 1 Minute) * scale: 70–10. Temperature scale: 104–94.

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
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INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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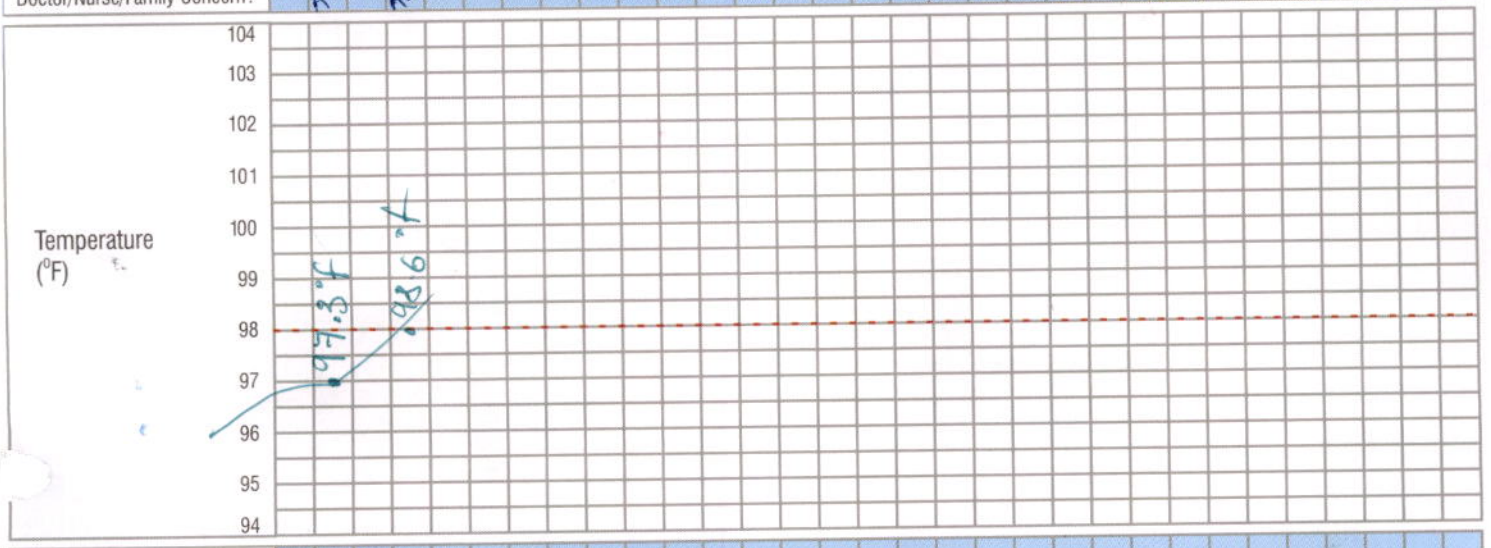
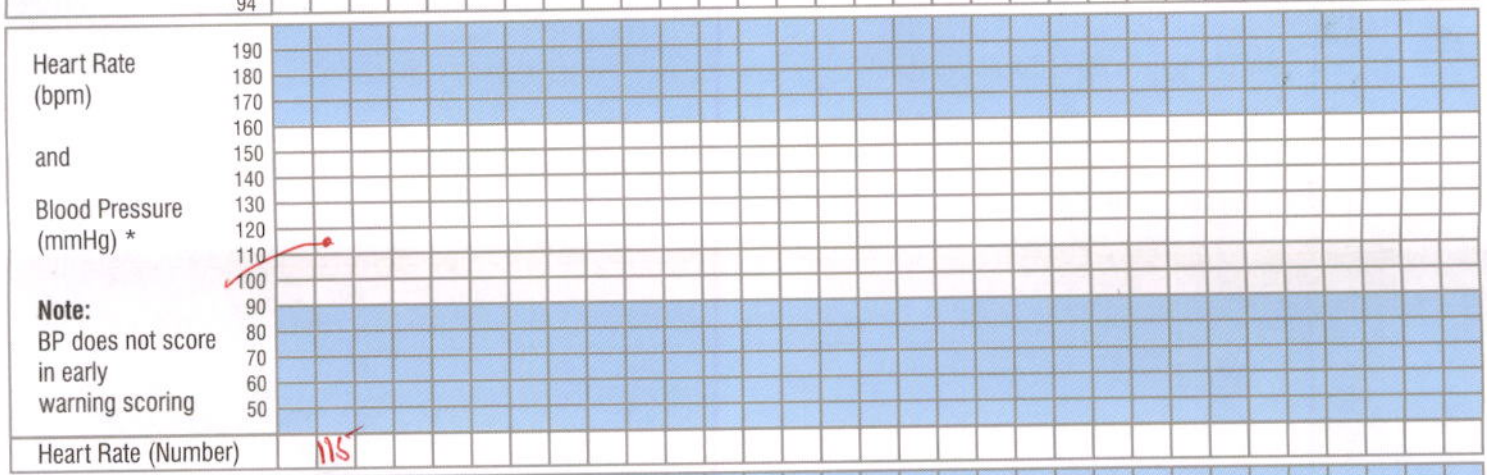
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/5 Time:	9 AM	11 AM
Doctor/Nurse/Family Concern?		





Heart Rate (Number)	115	

Resp Rate (Number)	26	25
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	NN	NN

ACTIONS	
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Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
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FLUID CHART

Sheet No. : .....

26/5/26

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

		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							
26/5	08:00 am		DBM	16ml								manisha 26/5/26 @2pm
	09:00 am			16ml						✓		
	10:00 am		DBM	16ml							0	
	11:00 am			16ml								
	12:00 pm		DBM	16ml						✓		
	01:00 pm											
Total Intake : 80ml						Total Output :						
26/5	02:00 pm		DBM									@nitha 26/5 @7pm
	03:00 pm									✓		
	04:00 pm		DBM									
	05:00 pm											
	06:00 pm		DBM							✓		
	07:00 pm			16 ml								
Total Intake : 16ml						Total Output :						
26/5	08:00 pm											Rndu
	09:00 pm		DBF							✓		
	10:00 pm											
	11:00 pm		DBF								0	
	12:00 am									✓		
	01:00 am		DBF									
Total Intake :						Total Output : 2 ml						380
27/5	02:00 am											27/5/26
	03:00 am		DBF								0	
	04:00 am									✓		
	05:00 am		DBF									
	06:00 am											
	07:00 am		DBF									
Total Intake :						Total Output : 2 ml						

Total 24 hrs. Intake	96ml	Total 24 hrs. Output	2 ml

KUH-00201384 IP-00060114
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FLUID CHART

Sheet No. : .....

27/5/26

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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							
27/5	08:00 am		DBM							✓		
	09:00 am											
	10:00 am		DBM									
	11:00 am			16ml								
	12:00 pm		DBM	16ml						✓		
	01:00 pm											
Total Intake : 32 ml						Total Output :						
27/5	02:00 pm		DBM									
	03:00 pm									✓		
	04:00 pm		DBM									
	05:00 pm											
	06:00 pm		DBM	16 ml						✓		
	07:00 pm			16 ml								
Total Intake : 32 ml						Total Output :						
	08:00 pm											
	09:00 pm		DBM									
	10:00 pm									✓		
	11:00 pm		DBM									
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
28/5	02:00 am		DBM									
	03:00 am									✓		
	04:00 am		DBM									
	05:00 am											
	06:00 am		DBM									
	07:00 am									✓		
Total Intake :						Total Output :						

maintd 27/5/26 @2pm

Anubha 27/5 @8pm

Subhan 28/5 @8AM

Total 24 hrs. Intake		Total 24 hrs. Output	7 times

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/5	08:00 am		(90ml) APtamilk									
	09:00 am									✓		
	10:00 am											
	11:00 am		(BOUP									
	12:00 pm		(90ml) APtamilk							✓		
	01:00 pm											
Total Intake :						**Total Output :**						
28/5	02:00 pm											
	03:00 pm		FF (90ml)									
	04:00 pm									✓		
	05:00 pm											
	06:00 pm		FF (90ml)									
	07:00 pm									✓		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		FF									
	10:00 pm											
	11:00 pm		DBM							✓		
	12:00 am											
	01:00 am		DBM									
Total Intake :						**Total Output :**						
29/5	02:00 am											
	03:00 am		FF									
	04:00 am											
	05:00 am		FF									
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	6 times

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

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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							
24/5	08:00 am		DBF							✓	1	
	09:00 am										0	Aditya SBP
	10:00 am		DBF									
	11:00 am										1	
	12:00 pm									✓		
	01:00 pm		DBF									
Total Intake :						**Total Output :**						
29/5	02:00 pm										1	Rooja
	03:00 pm		DBF									
	04:00 pm									✓	0	OPD
	05:00 pm		DBF									
	06:00 pm										1	
	07:00 pm		DBF							✓		ROP
Total Intake :						**Total Output :**						
29/5	08:00 pm		DBF								1	Manisha
	09:00 pm											
	10:00 pm		DBF							✓		
	11:00 pm										0	
	12:00 am		DBF									
	01:00 am									✓	1	
Total Intake :						**Total Output :**						
30/5	02:00 am		DBF								1	Manisha 30/5/26 @8AM
	03:00 am											
	04:00 am		DBF							✓		
	05:00 am										0	
	06:00 am		DBF									
	07:00 am										1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	3 times

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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							
30/5	08:00 am									2		
	09:00 am		Aptamik									
	10:00 am											
	11:00 am		Aptamilk									
	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 :**						

Monaya 30/5 Crm

noted by Monaya 30/5 Crm

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

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

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DRUG CHART

Date of Admission: 25/5/26 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 : SYP. PARACETAMOL

Dose	Route	Frequency	Start Date
3ml.	PO	Q6H	25/5

Doctor's Signature: Cl. Cram | Valid Period: | Pharm.:

Additional Instructions: 5ml-240mg 1.5mg/kg/dose.

Date/Time:

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
120mg	IV	Q6H	25/5

Doctor's Signature: Cl. Cram | Valid Period: | Pharm.:

Additional Instructions: 15mg/kg/dose.

Date/Time: 25/5/26 6AM 12PM Q6H Scotty

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Date/Time:

VERIFIED BY Name Signature

Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

REGULAR PRESCRIPTIONS

Weight. 8.4 kg Ward. .....

DRUG : INJ. PIPERACILLIN TAZOBACTEM

Dose	Route	Frequency	Start Date
840mg	IV	8th hrly	25/5

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

Additional Instructions: (After test dose) 100mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date → / Time	25/5	26/5	27/5	28/5
6AM			ESW	ESW
2PM				
10PM			ESW	ESW

Weight is by measurement

DRUG : INJ. PANTAPRAZOLE

Dose	Route	Frequency	Start Date
10mg	IV	24th hrly	25/5

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

Additional Instructions: 1mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date → / Time	25/5	26/5	27/5	28/5	29/5	30/5
6AM			ESW	ESW	ESW	ESW

DRUG : PROG DROPS

Dose	Route	Frequency	Start Date
0.5ml	P/O	12th hrly	27/5/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	27/5/26	28/5	29/5	30/5
6 AM		ESW	ESW	ESW
6PM				

DRUG : INJ. AMIKACIN

Dose	Route	Frequency	Start Date
60 mg	I/V	12th hrly	27/5

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

Additional Instructions: 7.5mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date → / Time	27/5	28/5	29/5	30/5
6 AM		ESW	ESW	ESW
6 PM				

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 20 D (M)
Dr. NAVLE NARESH KUMAR

480 mg
BD

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

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : Inj. MEROPENAM

Dose	Route	Frequency	Start Dt.
320mg	IV	8thhly	28/5/2

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

Additional Instructions: total 7 days
20-40 mg/kg/dose
wed ws

Date ➤ / Time	28/5	29/5	30/5
6 Am	8:30Am	ESW	ESW
2 pm		Baaye Pry	
10 pm	ESW	ESW	

Daily Doctor's Endorsement by a Sign.

23/5/26 ... 8am ... e. izalet

DRUG : Syp. LINEZOLID

Dose	Route	Frequency	Start Dt.
4.5ml	P/O	8thhly	29/5/2

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

Additional Instructions: 5ml/100mg.
x 10 5 days
10mg/kg/dose

Date ➤ / Time	29/5	30/5
6 am		ESW
2 pm		
10 pm	Priya	

Daily Doctor's Endorsement by a Sign.

As per Doctor order
S. maggi 29/5/26

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.

KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA (M)
08-11-2025 0 Y 6 M 20 D
Dr. NAVLE NARESH KUMAR

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

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

ker

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

SE	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

Signature .....

VERIFIED B... ame .....

Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 17 D (M)
Dr. NAVLE NARESH KUMAR

I.V. FLUIDS CHART

Weight. 8.4 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
25/5	12:30am	IV DNS (1/2 m)	IV	16	[signature]	[signature] [signature]			

Neoglase 25/5

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

Ref. No. F/INPR/12

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Patient Name : KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 21 D (M)
Dr. NAVLE NARESH KUMAR

Registration No.:

MEDICATION NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
29/5/26	00.00	6AM -		
	1.00	INJ PANTOPRAZOLE 10mg (OD)		
	2.00	INJ AMIKACIN 60mg (BD)		
	3.00	INJ MEROPENEM 820 mg (TID)		
	4.00	PRO GIGI Drops 0.5 ml (BD)		
	5.00			
	6.00			
	7.00	2pm		
	8.00	INJ MEROPENEM 820mg (TID)		
	9.00			
	10.00			
	11.00	6pm -		
	12.00	PROGIGI Drops 0.5ml (BD)		
	13.00	INJ AMIKACIN 60mg (BD)		
	14.00			
	15.00			
	16.00	10pm		
	17.00	INJ MEROPENEM 820mg (TID)		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Ref. No. F/INPR/12

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Patient Name : _ KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 19 D (M)
Dr. NAVLE NARESH KUMAR

Registration No.:

MEDICATION
~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
28/5/26	00.00	6AM.		
	1.00	INJ PIPTAZ 840mg (TID)		
	2.00	INJ PANTOPRAZOLE 10mg (OD)		
	3.00	PRO GIGI Drops 0.5ml (BD)		
	4.00	INJ AMIKACIN 60mg (BD)		
	5.00			
	6.00			
	7.00	2pm		
	8.00	INJ PIPTAZ 840mg (TID)		
	9.00			
	10.00			
	11.00	6pm		
	12.00	INJ AMIKACIN 60mg (BD)		
	13.00	PRO GIGI Drops 0.5ml (BD)		
	14.00			
	15.00			
	16.00	10pm		
	17.00	INJ PIPTAZ 840mg (TID)		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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Patient Name : Master KONDAMUDI VIRAJ ADITHYA
KUH-00201384 IP-00060114
08-11-2025 0 Y 6 M 18 D (M)
Dr. NAVLE NARESH KUMAR

Registration No.:

MEDICATION

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
27/5/26	00.00	6AM.		
	1.00	INJ PIPTAZ 840mg (TID)		
	2.00	INJ PANTOPRAZOLE 10mg (OD)		
	3.00			
	4.00			
	5.00	2pm.		
	6.00	INJ PIPTAZ 840mg (TID)		
	7.00			
	8.00			
	9.00			
	10.00	10pm.		
	11.00	INJ PIPTAZ 840mg (TID)		
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Ref. No. F/INPR/12

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Patient Name : —
KUH-00201384 IP-00060114
Master KONDAMUDI VIRAJ ADITHYA
08-11-2025 0 Y 6 M 21 D (M)
Dr. NAVLE NARESH KUMAR

Registration No.: -

MEDICATION

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
30/5/26	00.00	6AM.		
	1.00	INJ PANTOPRAZOLE 10mg (OD)		
	2.00	PRO GIGI DROPS 0.5ML (BD)		
	3.00	INJ AMIKACIN 60mg (BD)		
	4.00	INJ MEROPENEM 320mg (TID)		
	5.00	SYP LINEZOLID 4.5ML (TID)		
	6.00			
	7.00	2PM.		
	8.00	INJ MEROPENEM 320mg (TID)		
	9.00	SYP LINEZOLID 4.5ML (TID)		
	10.00			
	11.00	6PM.		
	12.00	INJ AMIKACIN 60mg (BD)		
	13.00	PRO GIGI DROPS 0.5ML (BD)		
	14.00			
	15.00			
	16.00	10PM.		
	17.00	INJ MEROPENEM 320mg (TID)		
	18.00	SYP LINEZOLID 4.5ML (TID)		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			