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ACTIVITY RE

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

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

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/26	12:25 PM	ER	102	Sam

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/6/26	CBP, CRP, S/E, S.Cr, B/C/S	26019180	[signature]
	CXR	26008892	[signature]
	Covid Rat → positive	26019181	[signature]
03/06/26	Sars-CoV-2 Test for COVID 19	26019183	[signature]
	CCG, urine c/s	26019252	[signature]
4/6	CBP, CRP	26019287	[signature]
	Cross checked by [illegible] 4/6 @ 6AM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/6	Infusion pump	12:40AM	4/6 12:40 Am	308655	[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/6/26	IV placement	1	3086516	Jom
3/6/26	Neb - Hypersneb	3	3086716	
4/6/26	neb	3	3086777	
	Cross checked by Leelpons 4/6 @8AM			
	Nebs	1	3086836	

ANY OTHER INFORMATION

Covid Rat → Positive
3/6/26 no food till breakfast started food from lunch → 3/6/26 12pm

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Sabiq 4/6 @ 12:40 pm		

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102

Ref. No. F/INPR/12

Patient Name : Baby MRINAL PRADVI
VIH-00204627 IP-00060212
23-06-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM KUMAR

Registration No.:

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
3/6/26	00.00	1Am - Hyperneb	Beunnika	Ashwini.P
	1.00	9AM - hyperneb	Manasa	Ashwini.P
	2.00	5PM - Hyperneb	Subham	
	3.00	(3) 03086716		
	4.00	9pm - Levolin	Beunnika	Ashwini P
4/6	5.00	1Am - Hyperneb	Beunnika	Ashwini P
	6.00	9am - Levolin	Beunnika	Ashwini P
	7.00	(3) - 3086777		
	8.00	9am - Levolin + hyperneb	Indu	
	9.00	(1) 3086836		
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

0.1
9.6 - 9.5

Hb-17

pt - 30

-GBC - LO

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-00060212 **Admit Date** : 02-Jun-2026 **Admit Time** : 11:04 PM **UHID** : VIH-00204627

Patient Details :

Patient Name	: Baby MRINAL PRADVI	**Age**	: 0 Y 11 M 10 D
Guardian	: Mr PRADEEP UPPALETI	**DOB**	: 23-06-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 8-7-32/1/17/A,SAI NARAYANAPURI COLONY, ROAD NO.10,RR NAGAR,BOWENPALLY Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 9030333750/ 9030624625
		E-mail	: NA@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 PRADEEP UPPALETI **Relationship** : D/O

Contact Address : 8-7-32/1/17/A,SAI NARAYANAPURI COLONY,ROAD NO.10,RR NAGAR,BOWENPALLY Bowenpally Hyderabad Telangana INDIA 500011 **Phone No** : 9030333750

Signature

Doctor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr Ashwin Kumar	**Phone No**	: 9030259996
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: VIDAL HEALTH INSURANCE TPAPVT LTD

Patient Name : Baby. MRINAL PRADVI UHID : VIH-00204627 IPD : IP-00060212 Gender : Female Age : 0 Y 11 M

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

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wt : - 8.4 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. MRinal pradvi Age : 11M **Gender:** ☐ Male ☑ Female

Date : 2/6/26 Time of Arrival : 10:50 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: 99.5°F PR: 146/M BP: crying RR: 24b/M SpO$_2$: 100%, vomiting ×5

Chief Complaints: Fever × 5 days, loose stools, poor intake, cold & cough × 2 days

INITIAL PHYSIOLOGICAL CATEGORIZATION				INITIAL PHYSIOLOGICAL STATUS
Appearance		Work of Breathing		☑ Stable
☑ Normal	Circulation / Colour	☑ Normal	☐ Increased	☐ Unstable :
☐ Sick Looking	☑ Normal ☐ Abnormal ☐ Bleeding	☐ Decreased	☐ Gasping / Apnea	☐ Not – Life - Threatening
				☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 10:54 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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 2/6/26 @ 10:54 pm

Patient Name : Baby. MRINAL PRADVI UHID : VIH-00204627 IPD : IP-00060212 Gender : Female Age : 0 Y 11 M 10 D

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/6/26 Time of arrival : 10:58 pm 2days loose stools

Chief Complaints: fever x days, ↓our ↑intake, cold, cough x RBS: —

Height : — Weight : 8.4kg 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 : 11:02pm

Patient Name : Baby. MRINAL PRADVI UHID : VIH-00204627 IPD : IP-00060212 Gender : Female Age : 0 Y 11 M 10 D

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

Time	Nursing Notes
10:50pm	✡ patient Come to ER
10:54pm	✡ vital checked & Recorded
10:58pm	✡ Doctor seen the Adviced Admission
11:2pm	✡ Admission process done
11:4pm	✡ Iv placement done ✡ chest x-ray done
11:50pm	✡ Blood sampler collect set to lab
11:42pm	✡ covid Rat → positive
	✡ patient satted to ward (102)

Samples collected by: } Rajyalaxmi Time: @ 11:40pm

Samples sent by : Time: @ 11:50pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 105/M BP: Oxying CFT: 3sec	Shift - out from ER to: 102
RR: 24b/M SPO$_2$: 100%	Time of Shift - out: 2/6/26 @ 12:25AM
GCS: 15/15 Temperature : 98.2°F	Handover given to: Sr. Benenika
Pain Score: 0	(Nurse's Name) Br. sabir
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv placement done

Name of the Nurse : sabir Signature of the Nurse :

Date & Time : 2/6/26 @ 12:35AM

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: ARF ? UTI

Arrival Time: 12:25 AM Mode of Arrival: by mother lifting Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 8.4 Kg

..... Height: ..... cm

NIL

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Family History: .....

NIL

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

If yes please list, ...

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

PT | 40cs | 2.8kg | CIAB

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.: 98.0°F HR: 128 bl/min RR: 28 bl/min BP: 96/71(80)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: NIL 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 ..... mothers .....

Nurse's Name: ..... Beronika ..... Date: 8/6/26 ..... Time: at 12:45 AM Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00204627 IP-00060212 Baby MRINAL PRADVI 23-06-2025 0 Y 11 M 10 D (F) Dr. PREETHAM KUMAR	2/06/26 @ 11:04 PM	3/06/26 @ 12:25 AM
	Transfer Ordered by Dr. Nikesh	Reason for Transfer for Admission
From Unit ER	To Unit 102	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?

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
Swathi	Dr. Nikesh

Patient & Clinical Records Received by : Dr. Beeroniker

Date & Time of Patient Received : 3/6/26 @ 12:30 Am

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00204627 IP-00060212 _____

Baby MRINAL PRADVI

23-06-2025 0 Y 11 M 10 D (F)

Dr. PREETHAM KUMAR

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

fever x 5 days cough & cold x 5 days
vomiting intermittently
Loose stools x 3 days

History of present illness :

- fever, high grade, intermittent, without rigors
  relieved on taking medications
  for last 5 days

- Cough & cold,
  dry cough x 5 days

- vomiting, intermittent, mostly after taking feeds
  NP, NB, Non bloody since last 3 days

- Loose stools, watery, without blood, 4-5 / day
  since last 3 days

- Not taking orally well x 2 days

went to nearby pediatrician — advised for admission

Travel Hx (-).

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

FT/ LSCS /2.8kg/ CSAB/

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Completed

(P.T.O.)

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_____(Centile _____)

On Examination :

Temperature : 99.6 F Pulse Rate :_____ B.P. _____ SPO2 100.00 room RA

Resp.rate and type of breathing : ~~28/min~~

Rash NO

Lymphadenopathy No

Oedema : No

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : B/L canal

Air entry & breath sounds :

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : S1S2(N)

Heart Sounds :

Any murmur : NO murmur

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

Per Abdomen :

Inspection soft non tender

Palpation :

Ausculation :

Spine :_____ External Genitelia :

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

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton :

Tone: (N) Power good AL movements

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR +2 **Superficials:**

Plantars flexor

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute febrile illness (? UTI)

(P.T.O.)

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP ✓
CRP ✓
CUE ✗
S. electrolytes ✓
S. creatinine ✓
B. culture ✓
Urine culture ✗
chest X-ray ✓

Planned Management

IV fluid
Inj. ceftriaxone
Neb t hypertonic
Tab. Zinc
Inj. Pantoprazole
Tab. ondansetron

Noted by Dr. Rajyalakshmi on 2/06/26 @ 11.45Pm

Signature of the Doctor: .....
Name of the Doctor: Dr. NITEESH
Date & Time: 2/6/26

Signature of the Consultant: .....
Name of the Consultant: Dr Preetham
Date & Time: 3/6/26 9a

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:30 Am	C/B Resident	
	AFI + evaluation	
	H/o fever spike @ 4am (103.3°F).	
Oral intake (↓)	No vomiting / loose stools :: Admission.	
		Cold (ent)
u/o → (↓).	O/E	
	Child Alert	
	Vitals stable	Plan
Dr. Prashanth	CVS: S1S2 (+)	
	RS: B/L AE (+)	- Inj. ceftriaxone-D +
	P/A: soft	- Hypertonic nebulisation.
	CNS: NAD.	
		- Syp. Zincovit.
		- Monitor vitals
3/6/26 SA Dr Preetham	noted by Manasa 3/6 2 PM	- Inform (SOS).

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 4:30 pm	C/S/B Resident	
	Diag: LRTI.	
	No fever spikes.	
	No new concerns.	
	O/E	
Rx Send CUE	Child Active Alert	- Add levolin.
CBD, CRP] 11 pm	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	- Trace crea
	P/A: soft	4/ch.
Dr. [signature] 3/6/26 4 pm	CNS: NAD.	
		Noted by Subham 3/6/26 @7:30 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	AFI ? [RTI	
4/6/26 8:10 AM	- No fevers > 24hrs. - NORD on RA. - No other localizing signs - (N) UO, ↓intake CVS (N) RS (N) PA - Soft.	
B/C + No growth after 24hrs.		
CRP - 33 CUE - (N)		Plan - Trace Cultures - Ceftriaxone - fluvir - vitals 6th hr - inform SOS.
4/6/26 9A Afebrile		

noted by
manasa
4/6/26
9 2pm

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI ? UTI

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	02/6/26 N	3/6/26 NIGHT	3/6 M	3/6/26 Evening	3/6/26 N	4/6/26 M
	Medical Condition (Any special condition to be noted):	Nil	NIL	Nil	NIL	Nill	Nil
	Diet:	S.diet		S.diet	Soft diet Weaning	S.diet	S.diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	99.6°F	98.6°F	98.1°F	98.6°F	98.6°F	98.3°F
	Res:	28b/m	26b/mt	28b/m	28 b/mt	20 b/m	22b/m
	SpO_2:	99%	96%	97%	96%	97%	98%
	Pulse:	125b/m	126b/mt	120b/m	114 b/mt	112b/m	110b/m
	BP:	—	—	100/60 (76)	92/60 (75)	76/63 (71)	100/68 (78)
	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:	S.diet	S.diet	S.diet	S.diet	S.diet	S.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 :		Sabiya	Beronika	Manoja	Subham	Beronika	Indu
Signature / ID :			B018274	B019120		B018274	B006608
Date:		3/6/26	8/6/26	3/6/26	3/6/26	4/6/26	4/6
Time:		@12AM	8 AM	@2pm	@ 8PM	@8AM	@12PM
Taken Over By Name :		Beronika	Sadiya	Subham	Beronika	Indu	
Signature / ID :		B018274			B018274	B006608	
Date:		8/6/26	3/6	3/6/26	3/6/26	4/6/26	
Time:		12'25 AM	8AM	@ 2PM	@ 8PM	@8AM	

noted by Indu 4/6/26 @12pm

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-08-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM KUMAR

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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:							

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby MRINAL PRADVI**	**Age :**	**0 Y 11 M 10 D**
IP No:	**IP-00060212**	**Sex:**	**Female**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Pradeep
Relationship: Father
Date: 2/6/26 Time: 11:04 pm
Witness Name:
Witness Signature:

Patient Address:

8-7-32/1/17/A,SAI NARAYANAPURI COLONY,ROAD NO.10,RR NAGAR, BOWENPALLY Bowenpally Hyderabad Telangana INDIA 500011

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM KUMAR

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 8/6/26 Time:					
	1	3	4	7	
Doctor/Nurse/Family Concern?	am	am	am	am	
Temperature (°F)	98.2°F	98.8°F	103.8°F Syp Paracetamol	99.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Heart Rate (Number)	130	135	145	120	
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	30		35	30	
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	99	97	
Conscious Level: Normal / Altered	N	N	N	N	
GCS *	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	1	0	
Pain Score	0	0	0	0	
Observer's Initials	B	B	B	B	

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

* 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.

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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)

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM 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: 23/6 Time:	9	11	2	3:15	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	pm	pm	AM	AM	AM	pm

Temperature (°F): 98.1°F | 98.6°F | 99.5°F | 99.2°F | 98.0°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F

Heart Rate (Number)	115	120	124	132	119	116	110	120	122	115	110	112
Resp Rate (Number)	30	31	35	30		39		30		25		29
Resp Distress (Mod/ Severe / None / Mild)												
Receiving O_2 (l/min)												
O_2 Saturations (%)	97	98	98	97	99	96	99	99	98	97	99	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	MM	MM	MM	SK	SK	SK	BS	BS	BS	BS	BS	BS

Heart Rate (bpm) and Blood Pressure (mmHg) *: 100 (70) ↓60 | 90 ↑ (69) ↓56 | 92 ↑ (65) ↓52

Note: BP does not score in early warning scoring

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

ACTIONS NB: Scores 3 should be recorded overleaf	
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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.

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...BSERVATION 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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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)

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM KUMAR

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	4/6 9	11	1
Doctor/Nurse/Family Concern?	Am	Am	pm
Temperature (°F) 104 103 102 101 100 99 98 97 96 95 94	98.1°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50		105 ↑ (72) ↓ 64	
Note: BP does not score in early warning scoring			
Heart Rate (Number)	115	117	
Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10			
Resp Rate (Number)	25	26	
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	MM	MM	

noted by Indu 4/6 cpm

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
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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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23-06-2025 0 Y 11 M 11 D (F)
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FLUID CHART

Sheet No. : .....

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am			DNS								
Total Intake :						**Total Output :**						
3/6/26	02:00 am											
	03:00 am			30 ml								Benazir
	04:00 am		OBF	30 ml						✓	0	3/6/26
	05:00 am			30 ml								@ 7am
	06:00 am			30 ml								
	07:00 am			30 ml								
Total Intake :			150 ml			**Total Output :**						

Total 24 hrs. Intake	150ml	**Total 24 hrs. Output**	1 time

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23-06-2025 0 Y 11 M 11 D (F)
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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/6			Mouth	I.V	N.G							
	08:00 am		cAoml									manasa
	09:00 am		similac	30ml						✓		3/6
	10:00 am			30ml								
	11:00 am		DBM	30ml								
	12:00 pm			30ml								
	01:00 pm		similac							✓		
Total Intake :		120ml				**Total Output :**						
	02:00 pm			30ml								
	03:00 pm		Similac	30ml								Sneha
	04:00 pm		90ml	30ml								3/6
	05:00 pm		DBM							✓		@7pm
	06:00 pm											
	07:00 pm											
Total Intake :		90ml				**Total Output :**						
	08:00 pm		DBM									
	09:00 pm									✓		
	10:00 pm											
	11:00 pm		DBM									Beeranika
	12:00 am											3/6
	01:00 am											@1am
Total Intake :						**Total Output :**						
4/6/26	02:00 am		DBM							✓		
	03:00 am											
	04:00 am											
	05:00 am		DBM									Beeranika
	06:00 am											4/6
	07:00 am		DBM							✓		@7am
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	240 ml	Total 24 hrs. Output	6 time

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1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/6/26	08:00 am		DBF + DBF								0	Indu 4/6
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											noted by Indu 4/6/26 2:20pm
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Tab. CROCIN DS (PARACETAMOL) 5ml/240mg

Dose	Route	Frequency	Start Date
2.5ml	PO	SOS	2/6

Doctor's Signature	Valid Period	Pharma
M		

Additional Instructions: (15mg/kg/dose) (If T>100°F) (6 hrly) (ONDANSETRON)

Date/Time

Raiyalaguda 02/06/26 Signature

DRUG : Tab. ONDEM

Dose	Route	Frequency	Start Date
2ml	PO	SOS	2/6

Doctor's Signature	Valid Period	Pharm.
M		

Additional Instructions: (0.1 mg/kg/dose) (If vomiting) (Stat)

Date/Time

Raiyalaguda 02/06/26

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date/Time

VERIFIED BY : Name .....

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REGULAR PRESCRIPTIONS

Weight. 8.4kg Ward. 1st Floor

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
400mg	IV	(12)hrly	2/6

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

Additional Instructions: Approx fresh dose (50mg/kg/dose)

Date	3/6	4/6
Time		
6 AM	1:30 CSW	CSW
6 PM	Given	

Daily Doctor's Endorsement by a Sign

Rajyalaxmi 2/6 VERIFIED

DRUG : Neb. with HYPERNEB

Dose	Route	Frequency	Start Date
1 resp	Neb	(8)hrly	2/6

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

Additional Instructions: (IV. HS)

1 Spoon nebulization chart

Daily Doctor's Endorsement by a Sign

Rajyalaxmi 2/6 VERIFIED

DRUG : Syp. ZINCONIA

Dose	Route	Frequency	Start Date
5ml	PO	once daily	2/6

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

Additional Instructions: 5 ml = 20mg

Daily Doctor's Endorsement by a Sign

DRUG : ZINCONIA DROPS

Dose	Route	Frequency	Start Date
1ml	PO	once daily	2/6

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

Additional Instructions: (1 ml = 20mg)

Daily Doctor's Endorsement by a Sign

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 8.4 kgs Ward 1st Floor

VERIFIED & may be given 3/6/26

DRUG : SYP ZINCOVIT				Date→ Time	3/6	4/6												
Dose	Route	Frequency	Start Dt.															
5ml	PO	OHE	2/6															
Name & Signature of the Doctor Starting the Drugs:				6 AM	ESW	ESW												
Additional Instructions: 5ml = 20mg																		
Daily Doctor's Endorsement by a Sign																		

DRUG : OSELTAMIVIR				Date→ Time														
Dose	Route	Frequency	Start Dt.															
1ml	oral	12 hly	3/6															
Name & Signature of the Doctor Starting the Drugs: Dr Preetham																		
Additional Instructions: (1ml - 12mg) 3 mg/kg/dose																		
Daily Doctor's Endorsement by a Sign																		

10 am 3.6.26 MERCY

VERIFIED

DRUG : OSELTAMIVIR.				Date→ Time	3/6	4/6	↑	6	↗									
Dose	Route	Frequency	Start Dt.															
2ml	P/O	12 hrly	3/6/26	10 am														
Name & Signature of the Doctor Starting the Drugs: Dr. prathamh																		
Additional Instructions: 1ml/12mg. 3mg/kg/dose				10 pm	ESW													
Daily Doctor's Endorsement by a Sign																		

DRUG : Neb. Levosalbutamol				Date→ Time														
Dose	Route	Frequency	Start Dt.															
0.3ml/kg	P/N	6 hrly	3/6/26															
Name & Signature of the Doctor Starting the Drugs: Dr prathamh.																		
Additional Instructions: 1 ampule = 0.3ml/kg.						See the Neb's chart												
Daily Doctor's Endorsement by a Sign																		

3/6/26 CHH

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : NAW CLEAR NASAL DROPS				Date ▸ / Time ▾	3/6	4/6												
Dose	Route	Frequency	Start Dt.	6 AM	/	(signature)												
2 DROPS	P/N	8th hrly	3/6/2															
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanth				2 pm	/													
Additional Instructions: 2 DROP IN EACH NOSTRIL.				10 pm	(signature)													
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

DRUG :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		

VERIFIED BY : Name Chitti Signature 3/6/26

VIH-00204627 IP-00060212
Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM KUMAR

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

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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 .....
Name .....
VERIFIED

Baby MRINAL PRADVI
23-06-2025 0 Y 11 M 10 D (F)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 8.4kg ... 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
2/6	12:40 PM	DNS	IV	30					

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

Ref. No. F/INPR/12

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Patient Name : Baby MRINAL PRADVI
VIH-00204627 IP-00060212
23-06-2025 0 Y 11 M 11 D (F)
Dr. PREETHAM KUMAR

Registration No.: -

MEDICATION NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
3/6/26	00.00	6AM		
	1.00	INJ CEFTRIAXONE 400mg (BD) → 1:30AM		Ashwini.P
	2.00	SYP ZINCONIA 1mL (OD) → 6AM		
	3.00			
	4.00			
	5.00			
	6.00	6pm		
	7.00	INJ CEFTRIAXONE 400mg (BD)		
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			