ACTIVITY RECORD FOR BILLING

Name : ________________________________

UHID No. : __________ IP No : ____________ Consultant: ____________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : 20/5/26 Time: 10AM

Room / Bed No : 103 Ward : SPVT Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	7:03 AM	ER	103	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/05	f/u pannel, CBP, CRP, s/E	50211	Isnaf
	Blood c/s		
	chust x-ray	24853	
18/05	CVG	2405801	[signature]
20/5	CBP/CRP	2601169	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/5	Infusion pump	7:20am	7	95009515	Shaily

D/C

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/05/26	IV placement	(1)	24853	Isuf
18/05/26	NHA	(1)	9614733	Sharif

19/5/26

ANY OTHER INFORMATION

x-ray - (1)

Date : 20/5 Time : 9:10am Prepared By : Nikita

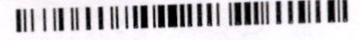
Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Nikita	1st floor		

Rainbow Children's Hospital BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET



Registration Details :

Admission No : IP5-00173950 **Admit Date** : 18-May-2026 **Admit Time** : 06:02 AM **UHID** : BAH-00614833

Patient Details :

Patient Name : Master SALAVATH VIHAAN
Guardian : Mr SALAVATH SANTHOSH
Gender : Male
Occupation :
Address (H) : H NO - 5-67, PATEL KUNTA THANDA , FAROOQ NAGAR , Mogalgidda Mahabubnagar Telangana INDIA 509410

Age : 3 Y 2 M 20 D
DOB : 28-02-2023
Religion :
Martial Status : Single
Phone No : 9666416499/ 9948337928
E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 103 **Ward Name** : 1F-VIBGYOR
Room No : SPVT 103 **Admission Type** : First Visit

Contact Details :

Name : Mr SALAVATH SANTHOSH **Relationship** : Father
Contact Address : **Phone No** : 9666416499 / 9948337928

S. Santhosh
Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : Self **Phone No** :
Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash
Deposit Amount : 0.00
Payor Name : SELFPAY

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 22 D
Dr. UJJWALA DESAI (M)

103

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ICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : Sane 20/5/26.

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Ujjwal desai Date : 18/5/26

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

Start Time of Assessment: .... Weight: 11.4 kg

Allergic History: ....

Chief Complaints:
c/o fever x 5 days
cough, cold x 5 days
vomiting x 2 days
poor oral intake x yesterday

Pediatric Assessment Triangle

A Appearance - TICLS ....

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

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

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

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

Significant Past History: H/o pneumonia 1½ year ago

Medication History: ....

Relevant Investigations: CRP 9.2 / 15800 / 309000
CRP → 69.2
Na⁺ → 136
K⁺ → 3.8
Cl⁻ → 98

Primary Assessment

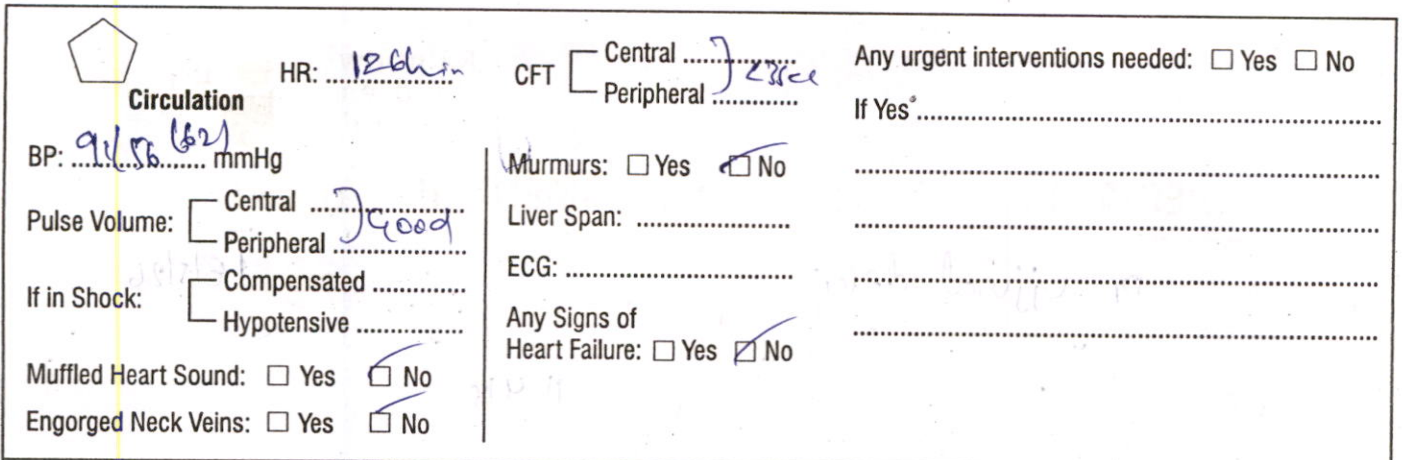
Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 24/min SpO$_2$ on FiO$_2$ 99% RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: BAE ⊕
Palpation Findings (If necessary) ....

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



Circulation

HR: 126/min

CFT [Central / Peripheral] < 3 sec

Any urgent interventions needed: ☐ Yes ☐ No

If Yes: ....

BP: 91/56 (62) mmHg

Pulse Volume: [Central / Peripheral] Good

If in Shock: [Compensated .... / Hypotensive ....]

Muffled Heart Sound: ☐ Yes ☑ No

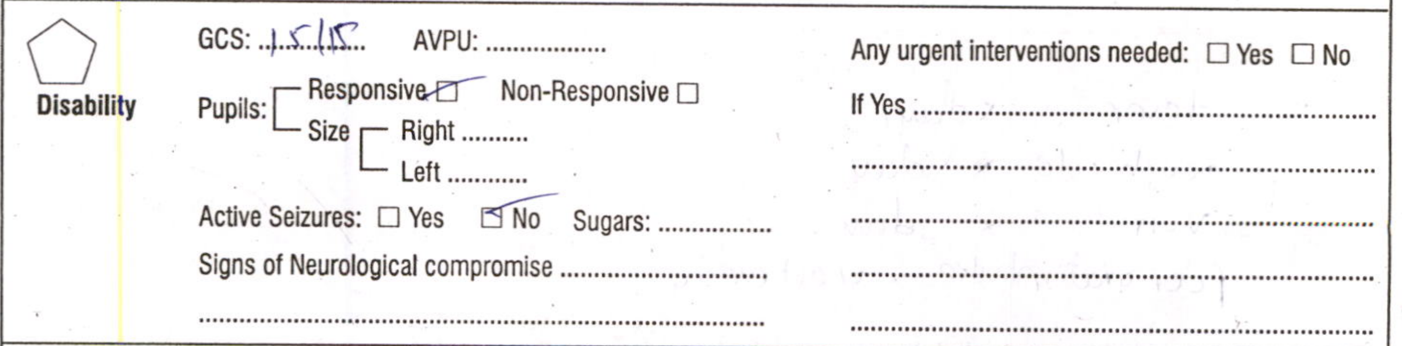
Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No



Disability

GCS: 15/15 AVPU: ....

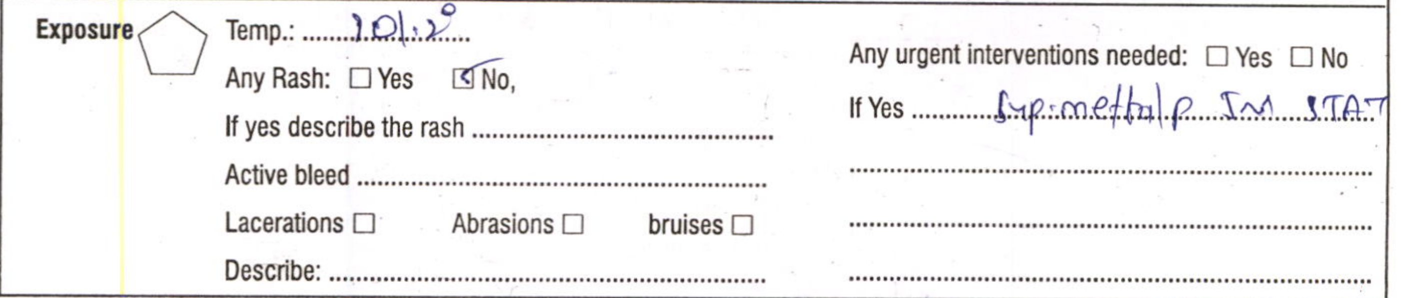
Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Pupils: [Responsive ☑ Non-Responsive ☐ / Size [Right .... / Left ....]]

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

Signs of Neurological compromise ....



Exposure

Temp.: 101.2°

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes Syp: meftal p IM STAT

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

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

Labs Planned:

- CBP, CRP, S. Electrolytes, flupanel
- Chest xray
- CUE
- Blood C/S

NB Bhavani 18/5/26

Treatment Planned:

1) Inj: Augmentin 350mg IV TID
2) Inj: pantop 10mg IV OD
3) Syp: Relent plus 2.5ml p/o BD
4) IVF: DNS @ 25ml/hr
5) fever management

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

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

Assessment done by

Name of the Doctor: Sai

Signature: [signature]

Date & Time: 18/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

Patient Name: Vihan

UHID ID:

Department:

Consultant: Dr. Ujjwala desai

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Name : ____________ Age/Sex ______

Information given by: ____________ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o fever since 5days
- cough, cold since 5days; vomitings 3-4episodes/day x 3days
- poor oral intake since yesterday

History of present illness :

Child was apparently asymptomatic 6days ago, later child developed - fever 5days duration
- High grade, progressive in nature, Highest documented 104°F
- not associated with chills
- Relieved on medication

cough, cold → since 5days duration
more aggrevated in night time
associated with snoring

Vomitings → Non projectile, non bilious, 3 days duration
3-4 episodes/day
aggrevated with Oral intake

poor oral intake since yesterday

↓

for the above complaints, child was taken to local hospital Star kidz hospital, child was admitted IV antibiotics for 2days symptoms still persist in form of high grade fever and poor oral intake, child was referred to RCH, Banjara hills

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

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

Admitted 1½ year ago in view of bronchopneumonia → Hospital stay for 3 days

Birth & Neonatal History:

Term/ CIAB/ NO NICU

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

(P.T.O.)

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) ~~11.4kg~~ 11.4kg (Centile ________)

On Examination :

Temperature : 101.2°F Pulse Rate : 126/min B.P. 92/51 (62) mmHg SPO2 99% RA

Resp.rate and type of breathing : 24/min Regular

Rash -

Lymphadenopathy - Throat minimal congestion

Oedema : -

Allergies (if any): -

Respiratory System :

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

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (+)

Any murmur : No murmur

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

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : BS (+)

Spine : ________ External Genitelia : ________

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

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

| (N)

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

| (N)

Reflexes :

DTR **Superficials:**

Plantars flexor

Sensory System :

| (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

AFI | URTI

(P.T.O.)

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment : Hemodynamic stability

Planned Labs: ↗ SVP

- Flu panel, chest x ray
- CBP, CRP, S. Electrolytes
- CUE
- Blood c/s

N/B
Inap

Planned Management

1) Inj. Augmentin 350mg IV TID
2) Inj. Pantopratole 10 mg IV OD
3) syp. Relent plus 2.5ml p/o BD
4) IVF: DNS @ 25ml/hr
5) fever management
6) vital monitoring 3rd hrly

Signature of the Doctor: [signature]

Name of the Doctor: Sai

Date & Time: 18/5/25 10am

Signature of the Consultant: [signature]

Name of the Consultant: Dr. Ujjwala

Date & Time: 18/5/25 9am

DR. UJJWALA DESAI
Registration No: 90550

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	C/S/B Resident	
	D: AFI c̄ URTI	Plan
		→ ~~Chan~~ stop
	child is Afebrile	① Inj AUGMENTIN TID 350mg
	H/O fever high grade	
	every 6th hrly x 4days.	② SYP RELENT PLUS 2.5ml BID
	↓	
	not a/w chills, no rash.	③ INJ PANTOPRAZOLE
	H/o → cold and cough x3days	
	nasal blockage.	④ IVF DNS @ 25ml/hr.
	Productive cough.	⑤ METATOP NASAL SPRAY
	c̄ 2 episode of	⑥ vitals & fever 4th hrly
	Post tussive vomiting	
	for 1day.	⑦ Add inj
	was admitted for same	ceftriaxone Sohil
	@ Local hospital	570mg I.V BID
	given Inj ceftriaxone - 600mg (monaff)	⑧ Convert Flu Panel to SVP.
	I.V → 2days	
	(16/5 & 17/5)	
	H/O travel to wedding 3days before.	Younger sister had fever 2days before.
	O/E: child is asleep	
	RS: BAE ⊕, nasal blockage ⊕	
	snoring ⊕, Diffuse Rhonchi ⊕	
	P/A: soft	
	CVS: S_1S_2 ⊕	DR. UJJWALA DESAI Registration No: 90550
	RR: 24/min	

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5 4pm	C/S/B Resident (AFI ē URTI) 1 fever — spik — 11.40 a — 102.5°F Cold & cough (+) Nasal block (+) ē snoring Oral intake — fair No vomiting Child is sleeping Vitals stable.	Plan • Trace Adeno • Cont. medicat" as per chart • Cont. iv fluids • Inform SOS W/B Pramila Ayushma
18/5/26 9:30pm.	Seen by Resident: Dr Sahithi A/s/b - AFI ē URTI AdenoV - (+)ve. Hemodynamically stable chest clear, abd soft	Plan 1. Continue medications as charted 2. Add cap RIBAVIRIN Sahithi N/B Pramila.

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	19/5/26	
		contin Ceftriax
	Febrile illness.	continue Ribavirin.
	URI	
	Adenovirus +ve	Add Methyl pred.
	High grade fever	1mg/kg/dose b.i.d
	spikes.	Antipyretics
		Dr.
		Dr Ujjwala
		9 am.
		19/5/26
		W/B Prem DR. UJJWALA DESAI Registration No: 90550
19/5/26. 12:30pm	QS/B Resident	
	D: AFI c URTI	
	Adenoviral illness.	
	6 spikes of fever	Plan
	(18/5 5:45pm)	
	5:45pm - 104°F	(1) cap Ribavirin
	9:47pm - 101°F	(2) Inj ceftriaxone
	12:50am - 102.9°F	(3) syp Relent-P
	2:30am - 103.1°F	(4) Metatop Nasal spray
	6:40am - 101.5°F	(5) Inj Pantoprazole
	↓ Oral feeds, no pains	(6) IVF DNS @ 40ml/hr.
Bld C/S - NG 24hrs	no rash.	

stable vitals.

O/E: P/A: soft, CVS:S1S2+

ENT: Nasal block +

Sohel

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

(P.T.O)

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 4:30pm	C/S/B Resident	
	Δ: AFI + URTI	
	Adenovirus illness.	Plan
		Continue medication as charted
	Afebrile ∵ 8a.m	
	no fresh complaint	
	Child not taking oral feeds	① RIBVIRIN CAP.
	hemodynamically stable	② INJ CEFTRIAXONE
	vitals	③ INJ METHYPREDNISOLONE
	RS → BAE ⊕, airway clear	
	RR → 24/min	Sohel
	CVS → S1 S2 ⊕	
	P/A → soft	CBP } 4am
	ENT → clear	CRP } 6a.m
	Bld c/s → NG 24hrs	
		[signature]
	Adenovirus Infection	Dr. Ujjwala
	Stable	Spm
		DR. UJJWALA DESAI Registration No: 90550

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-0[illegible]-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	C/S/B Resident	
	DAFI + URTI + Adenovirus illness	Plan
	Afebrile presently.	(1) Cap RIBAVIRIN (D_8)
	1 fever spike - 100.3 °F @ 11:15pm	(2) INJ CEFTRIAXONE (D_3)
	No fresh complaint	(3) INJ METHYLPREDNISOLONE BID (D_2)
	Taking small Quantity Oral feed.	
	Vitals	
	RS → BAE (+), airway clear	(4) SYP RELENT PLUS
	RR : 22/min	
	CVS : S,S,(+)	(5) METATOP NASAL SPRAY
	P/A : Soft	
	ENT : clear.	(6) INJ PANTOPRAZOLE
		(7) IVF DNS @ 40ml/hr.
		Sohel
	Dischar	Ceftriaxon 1gm at 10am today
	Adenoviral infection	Oral omnacortil 1mg/kg/day x 2days
	Dear Bevon	Relent
	Dr Ujjwala syp	Lenzo[illegible] DR. UJJWALA DESAI Registration No: 90550 I.V fl[illegible]
	9am	Ribavirin
	20/5/26	Cefixime
		metatop 1 puff each side once daily x 1 week

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

D/C

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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RESULT SHEET

	outside					
Date	16/5/26	18/5/26	20/5			
Time		@7am				
Hb	9.2	10.6	10.5			
PCV	29	34.2	34			
RBC	4.4	5.05	4.98			
WBC	15800	8.9.43	2.56 L			
N/L	80/14	~~3.10~~ 54/40	24/71			
Platelets	309000	3.10 L	2.74 L			
CRP	69.2	53	33			
ESR						
PCT						
RBS						
Na	135	134				
K	3.6	4				
Cl	98	99				
Ca/Mg	8.9					
Phosphate						
Urea						
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	Outside 16/5/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	+					
CUE - PUS Cells	2-3					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Flu panel Inf A, B RSV ⟶ -ve

Adeno - (+ve)

Bld C/S → 24hrs NG

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: Ward

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : sai

Date & Time : 18/5/26 @ 6:50 AM

Nurse Name & Signature: Bhavani

Date & Time : 18/5/26 @ 6:42 AM

Docu. No. : RCHBH /FRM / GENERAL / 090

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 18/5/26 Drug Allergies; .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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. CROCIN DS				Date / Time	Administration
Dose	Route	Frequency	Start Date		18/5 9:50 pm Shaheen
3.5 ml	P/O	SOS	18/5		
Doctor's Signature	Valid Period	Pharm.			19/5 9 am Shailaja
Sai					
Additional Instructions: (5 ml = 240 mg) If Temp > 100°F; maximum 4 times a day					

DRUG: Syp. MEFTAL-P				Date / Time	Administration
Dose	Route	Frequency	Start Date		18/05 11:40 pm Shanth; 19/5 12:50 am Shaheen
5 ml	P/O	SOS	18/5		
Doctor's Signature	Valid Period	Pharm.			2:30 am Shaheen
Sai					
Additional Instructions: 5 ml = 100 mg					

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

VERIFIED BY : Name .... Signature

Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

Weight. 11.4 kg Ward. ....

DRUG: Inj. AUGMENTIN				Date / Time	18/5
Dose	Route	Frequency	Start Date		
350mg	IV	Q8H	18/5	6am	7:30 am Sonu Sanjay (STOP)
Name & Signature of the Doctor Starting the Drugs: Sai				2pm	
Additional Instructions: 30 mg/kg/dose				10pm	
Daily Doctor's Endorsement by a Sign					

DRUG: Inj. PANTOPRAZOLE				Date / Time	18/5	19/5	20/5
Dose	Route	Frequency	Start Date				
10mg	IV	Q24H	18/5		7:30 am		
Name & Signature of the Doctor Starting the Drugs: Sai				6am	Sonu Sanjay	Anin Sam	Anin Sam
Additional Instructions: 1mg/kg/day							
Daily Doctor's Endorsement by a Sign							

DRUG: SYP. RELENT PLUS				Date / Time	18/5	19/5	20/5
Dose	Route	Frequency	Start Date				
2.5ml	P/O	Q12H	18/5	6am	7:30 am Sonu Sanjay	Anin Sam	Anin Sam
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:				6pm	Shanthi	Ravi	
Daily Doctor's Endorsement by a Sign							

DRUG: METATOP NASAL SPRAY				Date / Time	18/5	19/5
Dose	Route	Frequency	Start Date			
1puff	Each nostril	Q12H	18/5	10am	Krishna	Pramod
Name & Signature of the Doctor Starting the Drugs: Sai				10pm	Sourav Anirban	Anin Sam
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

VERIFIED

VERIFIED

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D
Dr. UJJWALA DESAI (M)

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 11.4 kg Ward ....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾	18/5	19/5
570mg	I.V	BID	18/5	10 Am	Das	Das / shanti / Pramila
				10 pm	Amr	Amr / Sai

Name & Signature of the Doctor Starting the Drugs: Sohila

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Cap RIBAVIRIN

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾	18/5	19/5
1	PO	BD	18/5	10 AM	X	Das / Pramila
				10 PM	Amr	Amr / Sai

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: 1 cap = 200mg
mix 1 cap in 10ml & give 5 ml

Daily Doctor's Endorsement by a Sign

DRUG : INJ METHYPREDNISOLONE

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾	19/5
12mg	I.V	BID	19/5	10 AM	Phil / 5PM / Pushpa
				10 pm	Amr / Sai

Name & Signature of the Doctor Starting the Drugs: Sohela

Additional Instructions: 1mg/kg/dose

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

VERIFIED

VERIFIED

VERIFIED BY : Name Signature

Patient Sticker

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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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				

D/C

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 .... Signature ....

Dr. UJJWALA DESAI

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

VARIABLE DOSE	Date ▸ Time ▾		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date ▸ Time ▾		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY ... Signature ...

28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

IPS-00173950
BAH-00614833

I.V. FLUIDS CHART

Weight. 11.4 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
18/5	7:30 am	IVF. DNS (Half maintainance)	IV	25ml/hr	Sai	Sharup Soma	Sohel 18/5 8:30am	Sohel 18/5	Swathi Bondre
18/5	8:30 am	IVF DNS (100% maintainance)	I.V	40ml/hr	Sohel	Shefy Swathi	Sohel 20/5 8:20am	Johns	[illegible]
		D/C							

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

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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

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

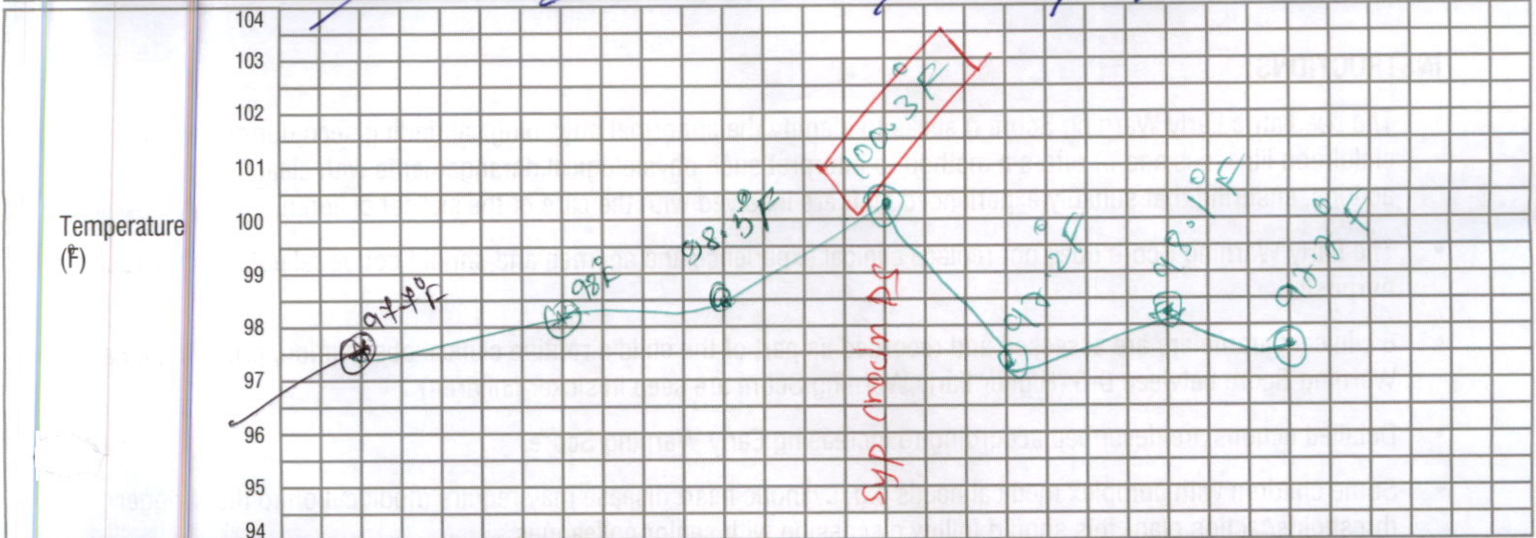
Pratiksha Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/5/26 Time: 10 Am, 1 PM, 6 pM, 11:15 pm, 12:30 am, 3 am, 6 am

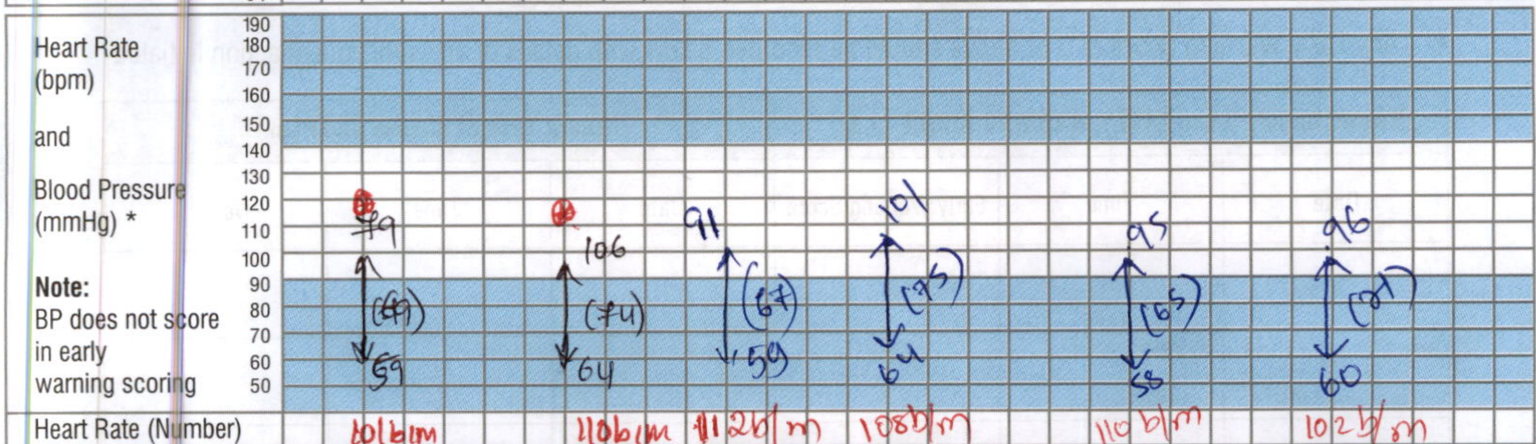
Doctor / Nurse / Family Concern?

Temperature (F)



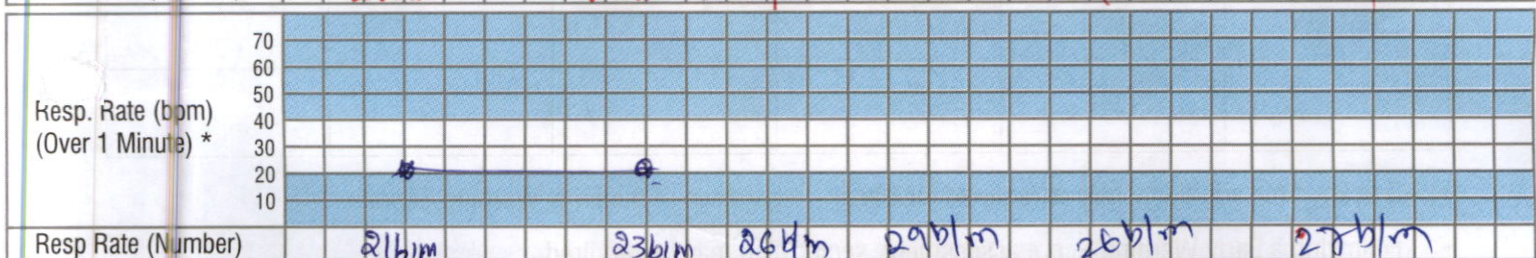
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Time	10 Am	1 PM	6 pM	11:15 pm	12:30 am / 3 am	6 am
Heart Rate (Number)	101b/m	110b/m	112b/m	108b/m	110 b/m	102 b/m

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



Time	10 Am	1 PM	6 pM	11:15 pm	3 am	6 am
Resp Rate (Number)	21b/m	23b/m	26b/m	29b/m	26b/m	27b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%	100%	100%	98%	100%	98%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 02/ 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)

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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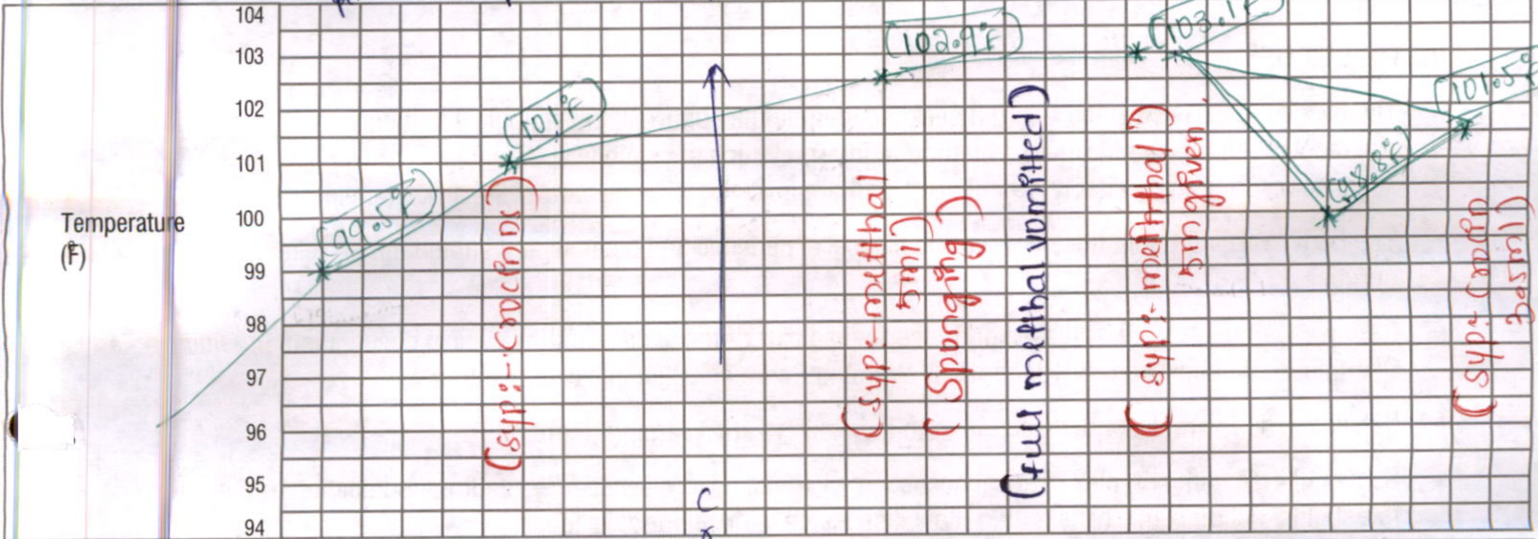
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/5 Time: 9:5 pm | 9:47 pm | 10 pm | 12:50 am | 2:30 am | 4 am | 6:40 am

Doctor / Nurse / Family Concern?



crying

	2:30 am	6:40 am
Heart Rate (bpm) and Blood Pressure (mmHg) *	98/60 (71)	110/60 (78)
Heart Rate (Number)	118 bpm	118 bpm
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	28 b/m	28 b/m
Resp Distress: Mod/ Severe; None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	98%	98%
Conscious Level: Normal; Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
Pain Score	0	0
Observer's Initials	[illegible]	[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

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/5

Time:	7 am	7:30 am	11:40 am	12:30 pm	2 pm	5:45 pm	7 pm
Doctor / Nurse / Family Concern?							
Temperature (F)		97.0°F	102.5°F [Syp. Mefteal]	100.4°F	98.1°F	104.1°F [Syp. Mefteal]	99.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	E R	crying	96/59 (70)		100/60 (74)	96/65 (74)	
Heart Rate (Number)		118 bpm	137 b/m		130 b/m	110 b/m	
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)		28 b/m	28 b/m		38 b/m	29 b/m	
Resp Distress Mod/ Severe / None / Mild							
Receiving O_2 (l/min) / O_2 Saturations (%)		98%	99%		100%	100%	
Conscious Level Normal / Altered							
GCS *		15/15	15/15		15/15	15/15	
TOTAL SCORE Number of shaded boxes		1	1		1	1	
Pain Score		[illegible]	8		[illegible]	[illegible]	
Observer's Initials			[illegible]		S	S	

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

Note: BP does not score in early warning scoring

ACTIONS	
	Score 1 : Continue normal observation by staff nurse
NB: Scores 3 should be recorded overleaf	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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- 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!
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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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FLUID CHART

Sheet No. : 1

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					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
18/2	07:30 am	DNS	Iday	25ml					1	✓	0	Shareef
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

ER

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
18/05/26	08:00 am	DNS		25ml	NA	NA	✓	NA	NA			
	09:00 am			25ml							0	[illegible]
	10:00 am			25ml						✓	0	
	11:00 am			40ml							0	[illegible]
	12:00 pm			40ml							0	
	01:00 pm			–							0	[illegible]
Total Intake :						Total Output :						
18/05/26	02:00 pm	DNS		40ml	NA	NA	|	NA	NA		0	[illegible]
	03:00 pm			40ml						✓	0	
	04:00 pm			40ml							0	[illegible]
	05:00 pm										0	
	06:00 pm									✓	0	[illegible]
	07:00 pm										0	
Total Intake :						Total Output :						
18/5	08:00 pm	DNS		40ml								
	09:00 pm		Sdly	40ml							0	[illegible]
	10:00 pm		H2O	–				✓		✓	0	
	11:00 pm			–			NP				0	[illegible]
	12:00 am			40ml						✓	0	
	01:00 am			40ml							0	[illegible]
Total Intake :						Total Output :						
19/5	02:00 am	DNS		40ml						✓	0	
	03:00 am			40ml							0	[illegible]
	04:00 am			40ml			NP				0	
	05:00 am			40ml						✓	0	[illegible]
	06:00 am			–						✓	0	
	07:00 am			–							0	[illegible]
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
23-02-2023 3 Y 2 M 20 D (M)
Dr. UJJWALA DESAI

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Your Right to a Safe Delivery

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/5	08:00 am			40ml						✓	0	pravall
	09:00 am		[illegible]	40ml							0	pravall
	10:00 am	DNS		40ml							0	pravall
	11:00 am			—							2	Cannula changed MAM
	12:00 pm			40ml							0	
	01:00 pm			40ml						✓	0	pravall
Total Intake :						**Total Output :**						
19/5	02:00 pm	↑		40ml							0	P.B
	03:00 pm			40ml						✓	0	
	04:00 pm	DNS		40ml							0	P.B
	05:00 pm			—							0	
	06:00 pm			→						✓	0	P.B
	07:00 pm	↓	RO	40ml							0	
Total Intake :						**Total Output :**						
19/5	08:00 pm			40ml			✓				0	Sona
	09:00 pm			40ml							0	Sona
	10:00 pm	DNS		medicine						✓	0	Sona
	11:00 pm										0	Sona
	12:00 am			40ml							0	Sona
	01:00 am			40ml							0	Sona
Total Intake :						**Total Output :**						
20/5	02:00 am			40ml						✓	0	Sona
	03:00 am			40ml							0	Sona
	04:00 am	DNS		40ml			NP				0	Sona
	05:00 am			40ml							0	Sona
	06:00 am			40ml						✓	0	Sona
	07:00 am			40ml							0	Sona
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	

BAH-00614833 IP5-00173950
Master SALAVATH VIHAAN
28-02-2023 3 Y 2 M 20 D (M)
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FLUID CHART

Sheet No. : ....

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake			Total 24 hrs. Output	

D/C

BAH-00614833 IP5-00173950
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28-02-2023 3 Y 2 M 20 D (M)
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 18/5/26 Time: 9AM

Weight: 11.4kg Centile: <5th

Height: 92cm Centile: 10th

Inference: under weight child

RDA: — Calories: 1300kcal/d Protein: 22g/d

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy, chilled & outside foods.

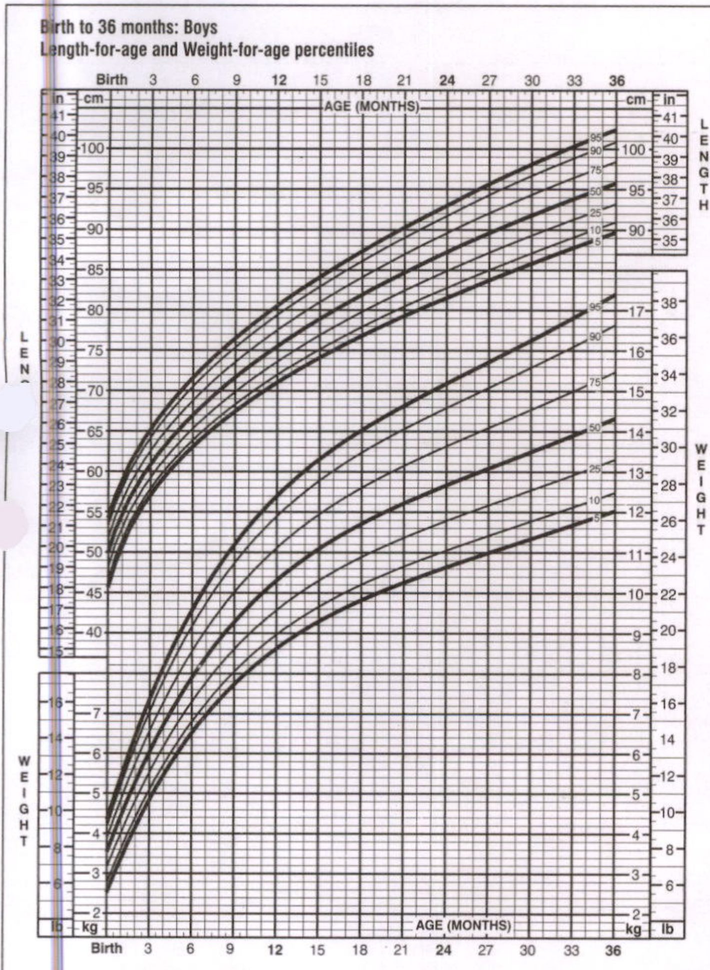
Food Allergies: NO Veg/Non-veg Non-veg

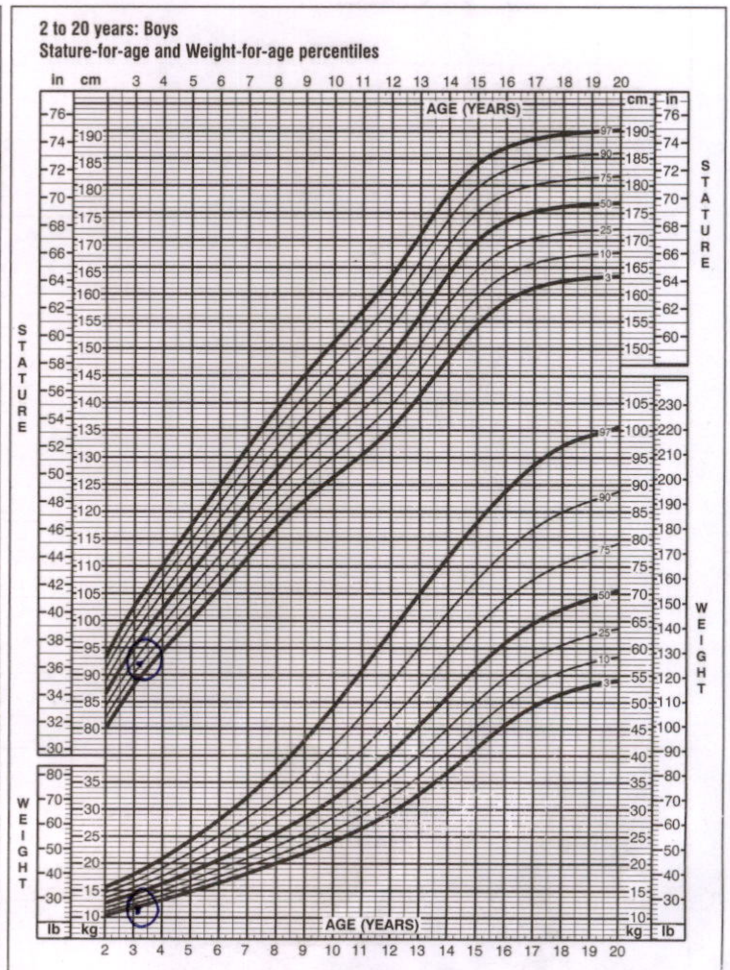
Diagnosis: AFI / URTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sandhya

GROWTH CHART (BOYS)





Dietician's Name: Nikitha Dietician's Signature: Nikitha.

Docu. No. : RCHBH /FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

19/5/26
10:30am child is stable. oral intake is fair.
continue c̄ soft diet — Mounica.

20/5/26
8am Child is stable. Intake is poor
continue c̄ soft diet Nikitha