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

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

ACTIVITY RECORD FOR BILLING

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

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

Date of Admission : 26/7 Time : 9:36 Date of Discharge : ---------- Time: ----------

Room / Bed No : 104 Ward : ISHF Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/7	10:25a	ER	104	Nu

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
26/7	CBP. CRP. electrolyte		
	Cr-est. Calcium	26025341	
	Mg SO4		
	CUG	26025385	
	GGG	26-0121446	
	Gross checked by Gaalpong 28/7 @ 8AM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/7	Infusion pump	10.40pm	28/7/26 3.36pm	3106869	[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/7	Iv placement	1	3106870	Nee
28/7	neeby	5	3107399	[illegible]
	Cross checked by [illegible] 28/7 @ 5AM			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth [illegible]		

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Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 29 D (M)
Dr. PAPPULA SINDHURA

104

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
27/7/26	00.00	hyperneb :- 1pm	Roja	Neha
	01.00	Hyperneb : 5pm	Nagmani	Vinod
	02.00	9pm - Hyperneb	Sindu	Neha
28/7	03.00	1 Am - Hyperneb	Sindu	Neha
	04.00	5 Am - Hyperneb.	Sindu.	Neha
	05.00	(5) - 3107399		
	06.00			
	07.00			
	08.00			
	09.00			
	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			

Rainbow Children's Hospital

BirthRight by Rainbow

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-00060870 **Admit Date** : 26-Jul-2026 **Admit Time** : 09:36 PM **UHID** : VIH-00186070

Patient Details :

Patient Name	: Master RUAAN PATAWARI	**Age**	: 1 Y 7 M 28 D
Guardian	: Mr VINEET PATAWARI	**DOB**	: 28-11-2024 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 202,FERNES RESIDENCY West Meradpally Hyderabad Telangana INDIA 500026	**Phone No**	: 7073307244/ 9000987868
		E-mail	: NEHA.BETALA16.NB@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr VINEET PATAWARI **Relationship** : Father

Contact Address : 202,FERNES RESIDENCY West Meradpally Hyderabad Telangana INDIA 500026 **Phone No** : 7073307244 / 9000987868

Signature

Doctor Details :

Doctor Name : Dr. PAPPULA SINDHURA **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

wt - 10.90 kg
Ht - 85 cms

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Ruaan Age : 2 om Gender: ☐ Male ☑ Female

Date : 26/11/24 Time of Arrival : 8:55 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: 101.3°F PR: 185 bpm BP: Crying RR: 26 bpm SpO2: 97%

Chief Complaints: c/o. Fever since yesterday night; Seizuess (1 episode)

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Neha Bolisetty
Signature of Parent / Guardian

Triage Completion Time : @ 9:00 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 : Swagatika

Signature of Triage Nurse :

Date & Time : 26/11/24 @ 9:00 pm

Patient Name : RUAAN PATAWARI UHID : VIH-00186070 IPD : IP-00060870 Gender : Male Age : 1 Y 7 M 28 D

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/7/26 Time of arrival : 9:02 pm

Chief Complaints: C/O Fever x Yesterday Night, Seizures (1 episodes) RBS: -

Height : 85cms Weight : 10.90 Kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes , identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 9:07 PM

Patient Name : RUAAN PATAWARI UHID : VIH-00186070 IPD : IP-00060870 Gender : Male Age : 1 Y 7 M 28 D

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

Time	Nursing Notes
8:55pm *	patient came to ER
9:00pm *	Vitals checked and Recorded
9:10pm *	Dr. Deepthi Seen the patient and adviced admission
9:56pm *	Admission process Done
10:02pm *	IV placement Done
10:10 pm *	collected the Samples &
10:25 pm *	patient Shifted to ward

Samples collected by: } Sr. Moglisha Time: } 9:56 PM

Samples sent by : } Time: } 10:02 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9:25 pm	Syp. Ibugesic	oral	5 ml	Dr. Deepthi	AS

Condition of patient at time of shift - out :	Details of Shift - out
HR: 123 b/m BP: crying CFT: <2sec	Shift - out from ER to: 104
RR: 24 b/m SPO$_2$: 98 %	Time of Shift - out: @ 10:25 pm
GCS: 15/15 Temperature : 98.7°F	Handover given to: Sr. Subham. (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement Done

Name of the Nurse : Swagatika Signature of the Nurse :

Date & Time : 26/7/26 @ 10:25 pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00186070 IP-00060870 Master RUAAN PATAWARI 28-11-2024 1 Y 7 M 28 D (M) Dr. PAPPULA SINDHURA	26/7/26 @ 9:36 AM	26/7/26 @ 10:25 AM
	Transfer Ordered by Dr. Deepthi	Reason for Transfer Admission
From Unit ER	To Unit 104	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
Nagarjuna/NA	Dr. Deepthi

Patient & Clinical Records Received by :
Subham

Date & Time of Patient Received : 26/7/26 @10:25pm

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

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

Patient Name: _____ _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Name : Ruaan Age/Sex 1y 8m / M

Information given by: parent (father) Relationship father

Chief Presenting Complaints & Duration (Chronologically)

Ch/o fever : 1 day Alw
cold : 1 day
① Epi of seizure - today (26/A/26)

History of present illness :

A 1y 8m old male child, who is apparently asymptomatic 1 day back, presented to ER & H/o

> fever : 1 day
high grade (max 102°F)
Intermittent (responding to antipyretics)
Alw
> cold : 1 day
Alw running nose +
> ① Epi of seizures today (② 26/7/26)
↓
while asleep, in the form of ⓡ side deviation of both eyes & ? posturing of UL & UL +
Alw unresponsiveness - lasted for <5 min
↓
restricted movements for ~10 min

No H/o bowel / bladder incontinence

No H/o fall/trauma / rash / altered sensorium / vomitings / loose stools / any while paralysis / other concerns.

- orally tolerating - well
Ulo - adequate

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Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

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

- No significant past med hx

- family hx :- Nil significant

Birth & Neonatal History:

FT/ CSAN/ B.wt - 2.7 kg/ Cry
No immediate perinatal
Complications

Birth & Socio Economic History:

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

Developmental History :

Appropriate for age in all 4 domains

Immunization History :

Received upto date as per immunization Schedule

(P.T.O.)

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Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____ (Centile _____) Height (cms): 85 cm (Centile)_____)

Weight (kgs)) 10.9kg (Centile _____)

On Examination :

Temperature : 101.3°F Pulse Rate : 185/m B.P. _____ SPO2 97 % @ RA

Resp.rate and type of breathing : 26/m

Rash ⊖ — All peripheral pulses - felt
Lymphadenopathy ⊖ — peripheries - warm
Oedema : ⊖ — CRT <2 sec.
Allergies (if any): ⊖

Respiratory System :

Inspection (any s/o distress) : Rt chest moving symmetrically

Air entry & breath sounds : AEAE⊕; Rt mvbs⊕

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (N)

Any murmur : ⊖

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

Per Abdomen :

Inspection (N)

Palpation : Soft, No organomegaly

Ausculation : BS⊕

Spine : (N) External Genitelia : (N)

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

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Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Conscious, alert

Cranial Nerves : Intact ; No facial nerve palsy (No fNDs)

Motor System:

Nutriton : (N)

Tone: ↓ Power 3/5 in all 4 limbs

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR 2+ in all 4 limbs **Superficials:** +nt

Plantars Extensor

Sensory System : (N)

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Febrile (R) focal seizures & Evaluation

(P.T.O.)

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Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

To prevent further Complications

Desired goals of the treatment :

To treat Current Condition

(D/w Dr Sindhura mam & Dr Jyothi mam)

Planned Labs:

CBP, CRP, S. Creatinine,
S. Electrolytes
S. Ca++, S. Mg++
Blood c/s → Collect & keep

CUE ✗
EEG — Hm

Collected by Sreejatha @ 10:00PM

Planned Management

- Admit in wards
- IVF
- to start Clobazam
- Abx → after reports
- Syp. RELENT plus
- NASIVION MINI NASAL DROP
- Monitor vitals
- I/O charting
- W/F seizures / Other Concerns
- Informed

Signature of the Doctor: ....

Name of the Doctor: Dr. Deepthi

Date & Time: 26/7/26 @ 9:45pm

Signature of the Consultant: ....

Name of the Consultant: Dr. Sindhura

Date & Time: 26/7/26

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28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B	
	Neurology	
27/7		
	ΔSIS → Complex febrile seizures first episode	Plan
	fever continued	→ EEG
	no further seizures	→ CUE
	child is playing well	
	acting well	→ chest x ray Hold
	O/E	
	vitals (N)	
	Eom full	
	(N) tone	
	good all movements	
	DTR +2	
	noted by Sr. [illegible] 27/7/26 @ [illegible]	Note by Raja [illegible] 27/7/26 @9:A1

Name of the c... Scien...

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/1		
	SR Neurology	
		Plan
	Mild fever	
	—	Dr. Akeef to consult
	vitals (N)	
	child is sleeping	
	Noted by Sr. nagini 27/1/25 @ 7pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/by Dr Sindhura	
		- Discharge
	Child is stable	
	No fever spikes	- Dr Dx → Syp Fluvir x 3 days.
		Syp Clobazam x 1 day
	No Seizures.	
		- MIDAS Spray 1 puff in one nostril only
		- Flup spray 1 week.
		&

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Master RUAAN PATAWARI (M)
28-11-2024 1 Y 7 M 29 D
Dr. PAPPULA SINDHURA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Febrile Focal Seizures & Evaluation			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure: —			Post OP Day:			
BACKGROUND	Date / Shift	26/7/26 Night	26/7/26 N	27/7/26 m	27/7/26 E	28/7/26 N	28/7/26
	Medical Condition (Any special condition to be noted):	Fever Seizures	Nil	Nil	Nil	Nil	Nil
	Diet:	Normal.	N. diet	S diet	S.diet	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:	98.7°F	98.4F	98.6F.	98.2F	98.6F	98.7F.
	Res:	25 b/m	24 b/m	23 b/m	22 b/m	26 b/m	23 b/m
	SpO_2:	99./.	100./.	99./.	99./.	98./.	99./.
	Pulse:	148 b/m	140 b/m	135 b/m	120 b/m	118 b/m	119 b/m
	BP:	Crying.	–	–	-	91/63(20)	-
	LOC:	0	conscious	conscious	Conscious	conscious	conscious
	Fall Risk Score:	0	17	17	17	17	17
	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	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Normal	S.diet	S diet	S.diet	S.diet	S diet
	Critical Lab Test / Values:	—	Nil	Nil	Nil	Nil	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	—
Handed Over By Name :		Bumayat	Subham	Roja	Nagmani	Indu	Roja
Signature / ID :		0196071	13444	0101490	0181104	1606008	0101490
Date:		26/7/26	27/7	27/7/26	27/7/26	28/7/26	28/7/26
Time:		@ 10:25	@ 8AM	@2PM	@ 8pm	@8AM	@9:AM
Taken Over By Name :		Subham	Roja	Nagmani	Indu	Roja	
Signature / ID :		13444	0101490	0810104	1606008	0101490	
Date:		26/7	27/7/26	27/7/26	27/7/26	28/7/26	
Time:		10:25pm	@8AM	@2pm	@8pm	@8AM	

Noted by Roja 28/7/26 @9:AM

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Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 29 D (M)
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Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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:	**Master RUAAN PATAWARI**	**Age :**	**1 Y 7 M 28 D**
IP No:	**IP-00060870**	**Sex:**	**Male**
Consultant:	**Dr. PAPPULA SINDHURA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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:.....) Vineet

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: Vineet

Name: Vineet
Relationship: Father
Date: 26/7/26 Time: 9.36 pm
Witness Name:
Witness Signature:

Patient Address:
202,FERNES RESIDENCY West
Meradpally Hyderabad Telangana
INDIA 500026

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

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 : 26/7/26 Time:	10:30	2:30	4:45	6	8	
Doctor / Nurse / Family Concern?	AM	AM	AM	AM	AM	
Temperature (°F)	98.4°F	103.4°F Syp. Ibugesic	101.6°F	99.1°F	102.8°F Syp IBUPARONIC Sponging	
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	138	130	121	129	140	
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	29	35	30	29	30	
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	
Receiving O_2(l/min) O_2Saturations (%)	98	99	LUD	LUD	98	
Conscious Level: Normal / Altered	N	N	N	N	N	
GCS *	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	01	01	01	01	
Pain Score	0	0	0	0	0	
Observer's Initials	SK	SK	SK	SK	SK	

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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)

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 29 D (M)
Dr. PAPPULA SINDHURA

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 : 27/1/26

Time:	6 Am	12:35 Pm	2 Pm	3 Pm	5 Pm	7 Pm	9:30 pm	11 pm	1 Am	3 Am	5 Am	7 Am
Doctor / Nurse / Family Concern?												
Temperature (°F)	98.7F	99.3F	98.6F	98.[illegible]F	98.6F	98.2F	101.[illegible]F (Syp. Ibuprofen)	99.6F	98.6F	98.6F	98.3F	98.3F
Heart Rate (bpm) and Blood Pressure (mmHg) *		111 / ([illegible]) / [illegible]	93 / (71) / 63	95 / (73) / 59			98 / (65) / 58					
Heart Rate (Number)	117	108	117	110	112	110	112	115	118	112	115	115
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	25	29	27	24	22	24	25	26	25	24	25	26
Resp Distress — Mod/ Severe												
Resp Distress — None / Mild	N	N	N	N	N							
Receiving O_2(l/min)												
O_2Saturations (%)	99	97	99	98	99	99	98	98	98	97	98	98
Conscious Level — Normal	N	N	N	N	N	N	N	N	N	N	N	N
Conscious Level — Altered												
GCS *	15	15	15	15	15	15	15	15	15	15	15	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	AR	AR	AR	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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
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Patient Sticker

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VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

Patient Sticker

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Entry
Date: 28/7/26 Time:	9 AM
Doctor / Nurse / Family Concern?	
Temperature (°F) (scale 94–104)	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	x
Note: BP does not score in early warning scoring	
Heart Rate (Number)	116
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	x
Resp Rate (Number)	23
Resp Distress: Mod/ Severe	
Resp Distress: None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level: Normal	N
Conscious Level: Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	15
Pain Score	0
Observer's Initials	AR

Note by Roja Sr. 28/7/26 @ 9AM

ACTIONS	Score	Action
NB: Scores 3 should be recorded overleaf	Score 1	Continue normal observation by staff nurse
	Score 2	Shift in charge nurse to be informed and continue hourly observations
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Date	Time	Early Warning Score	Date	Time	Name

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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)

Patient

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

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FLUID CHART

Sheet No. : (1)

26/7/26

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

		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 :**						
26/7	08:00 pm											
	09:00 pm											
	10:00 pm			DNS								
	11:00 pm		milk									
	12:00 am			20ml								
	01:00 am			20ml								
Total Intake :		40ml				**Total Output :**						
27/7	02:00 am			20ml						—		
	03:00 am			20ml								
	04:00 am			20ml								
	05:00 am			20ml								
	06:00 am			20ml								
	07:00 am			20ml						✓		
Total Intake :		120ml				**Total Output :**						

Subhams
27/7
@ 8AM

Total 24 hrs. Intake	160ml	Total 24 hrs. Output	2times

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28-11-2024 1 Y 7 M 29 D (M)
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

27/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/7/26	08:00 am											
	09:00 am									✓		
	10:00 am											
	11:00 am	D		20ml								
	12:00 pm	N		20ml						✓		
	01:00 pm	S		20ml								
Total Intake :		60ml				Total Output :						
27/7/26	02:00 pm		Rice water	20ml						✓	1	
	03:00 pm			20ml								
	04:00 pm			20ml							0	
	05:00 pm											
	06:00 pm									✓	1	
	07:00 pm											
Total Intake :		60ml		60ml		Total Output :						
27/7	08:00 pm			20ml							1	
	09:00 pm		Rice + water	20ml						✓		
	10:00 pm			20ml							0	
	11:00 pm			20ml								
	12:00 am			20ml						✓	1	
	01:00 am			20ml								
Total Intake :		120ml				Total Output :				2 times		
28/7	02:00 am		water	20ml							1	
	03:00 am			20ml						✓		
	04:00 am			20ml							0	
	05:00 am			20ml						✓		
	06:00 am			20ml								
	07:00 am			20ml								
Total Intake :		120ml				Total Output :				2 times		

Total 24 hrs. Intake	480ml	Total 24 hrs. Output	8 times

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FLUID CHART

Sheet No. : .....

28/7/26

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

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
28/7/26												
	08:00 am											
	09:00 am	Ibuy								✓		
	10:00 am											
	11:00 am											
	12:00 pm	RA-9										
	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 :**						

RDG 28/7/26

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Patient Sticker

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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											
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	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**	

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DRUG CHART

Date of Admission: 26/7 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. PARACETAMOL				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
3ml	Po	6th hrly	26/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: (5ml/240mg) 10-15 mg/kg/dose >100°F				

DRUG: SYP. IBUPROFEN				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	27/7 3:30pm [sign]; 9:30 [sign]; 8PM [sign]
5ml	Po	6th hrly	26/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: (5ml/100mg) 8-10 mg/kg/dose >101.5°F				

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

VERIFIED BY: Name .... Signature 26/7

Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

REGULAR PRESCRIPTIONS

Weight. 10.5kg Ward. .....

Maggi 26/1

DRUG : SYP. RELENTPLUS

Dose	Route	Frequency	Start Date
2.5ml	PO	TWICE DAILY	26/1

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	26/1	27/1
Time		
10 am	/	
10 pm	Gayathri	Gayathri

Maggi 26/1/26

DRUG : T. CLONAZAM

Dose	Route	Frequency	Start Date
5mg	PO	TWICE DAILY	26/1

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (1 tab | 5mg)

1mg | 1by | 1 day

Daily Doctor's Endorsement by a Sign

Date	26/1	27/1
Time		
10 am	/	
10 pm	Gayathri	Gayathri

Verified Dr. Rishika 27/1/26 Clinical Pharmacologist

DRUG : SYP OSELTAMIVIR

Dose	Route	Frequency	Start Date
2.5ml	PO	12hrly	26/1

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

1ml = 12MG

3MG/Kg/dose

Daily Doctor's Endorsement by a Sign

Date	27/1
Time	
10 am	
10 pm	Gayathri

1/2/26 pm

Verified Dr. Rishika 27/1/26 Clinical Pharmacologist

DRUG : NAPHAZOLIN NASAL DROPS

Dose	Route	Frequency	Start Date
2 drops	PN	8th hrly	27/1

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

2 drops each nostril

Daily Doctor's Endorsement by a Sign

Date	27/1
Time	
6 am	
2 pm	
10 pm	Gayathri

1/2/26 pm

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 29 D (M)
Dr. PAPPULA SINDHURA

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

Verified 22/2/26 Dr Rishika 12:00 pm Clinical Pharmacologist

Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : NEB HYPERNEB

Dose	Route	Frequency	Start Dt.
1 Respule	PN	4 hrly	27/7

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

Additional Instructions: 1 Respule = 4 hrly

see the Nebulization charting

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Inj. P. IBUGESIC PLUS

Dose	Route	Frequency	Start Dt.
5ml	PO	8 hrly	27/7

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

Additional Instructions:

Date / Time: 27/7 — 6 AM — 2 PM — 10 PM — 12 PM

Stop

Daily Doctor's Endorsement by a Sign

Verified 22/2/26 Dr Rishika 12/2026 pm Clinical Pharmacologist Signature

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name .....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 29 D (M)
Dr. PAPPULA SINDHURA

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

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
27/7		Inj AVIT	5mg (stat)	iv		
27/7	10:20 Am	Syp. Policlorzyl	5ml	PO		

27/7/25
Dr. Rishika
Clinical Pharmacologist
12:20 pm

VERIFIED BY ..... Signature .....

VIH-00186070 IP-00060870
Master RUAAN PATAWARI
28-11-2024 1 Y 7 M 28 D (M)
Dr. PAPPULA SINDHURA

I.V. FLUIDS CHART

Weight. 10.9kg 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
26/7/26	10pm	IVF - D NS (1/2 maintenance)	IV	20	D				

Signature .....

VERIFIED BY : Name .....