

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020416 Admit Date : 12-May-2026 Admit Time : 08:16 PM UHID : FDH-00045649

Patient Details :

Patient Name : Baby B/O TANVI BANSAL Age : 0 Y 0 M 3 D  
Guardian : Mr ABHILASH CHAKRABORTY DOB : 09-05-2026 07:18 PM  
Gender : Male Religion :  
Occupation : Martial Status :  
Address (H) : Narsingi Hyderabad Telangana INDIA 500075 Phone No : 9962229102/  
E-mail : 9962229102@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT 318 Ward Name : 3F -PRIVATE ROOM  
Room No : PVT 318 Admission Type : First Visit

Contact Details :

Name : Mr ABHILASH CHAKRABORTY Relationship : Father  
Contact Address : Narsingi Hyderabad Telangana INDIA 500075 Phone No : 9962229102 / 7303509087

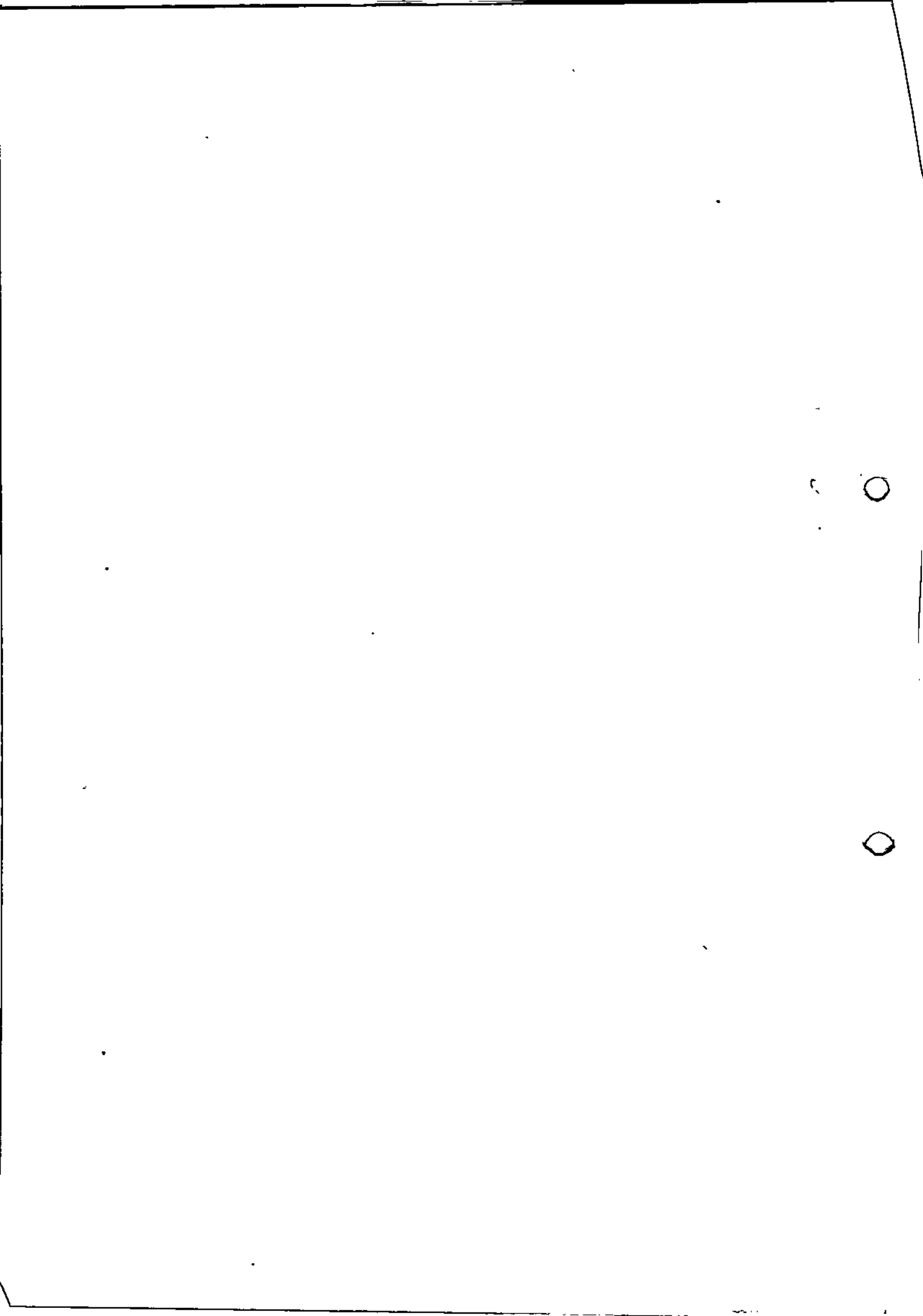
  
Signature

Doctor Details :

Doctor Name : Dr. KALYAN CHAKRAVARTHY KONDA Specialisation : GENERAL PEDIATRICS  
Referral Doctor : Phone No :  
Co-Consultant :

Payment Details :

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



**ACTIVITY RECORD FOR BILLING**

Name: -----

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

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

Room / Bed No : ----- Ward : -----

FDH-00045649 IP25-00020416  
Baby B/O TANVI BANSAL  
09-05-2026 0 Y 0 M 3 D (M)  
Dr. KALYAN CHAKRAVARTHY KONDA



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
12/05/26	9:10pm	ER	318	Ament

**Cross Consultation Visit**



	Doctors Name	Date	Order No.	Signature
1.				
2.				
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# PATIENT TRANSFER FORM

Patient Name & UHID No.  FDH-00045649      IP25-00020416 Baby B/O TANVI BANSAL 09-05-2026      0 Y 0 M 3 D (M) Dr. KALYAN CHAKRAVARTHY KONDA 	Date & Time of Admission 12/05/26 @ 8:16 pm	Date & Time of Transfer Order 12/05/26 @ 9:10 pm
From Unit ER	Transfer Ordered by DR. prasanna	Reason for Transfer Admission
To Unit 318	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Pharmacy</i> If yes, what?
Number of Sheets in Clinical File 74	Number of Imaging Films -	Medications / Consumables / Surgicals / Hand over
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor :    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring 	Name of Person Ordered Transfer DR. prasanna	
Patient & Clinical Records Received by : <i>Blaxana</i> 12/5/26 9:20R		
Date & Time of Patient Received : 12		

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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FDH - 00045649



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O - Tanvi Bansal Age : 3 Days Gender :  Male  Female  
 Date : 12/05/26 Time of Arrival : 8:16 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: 98.2 F PR: 140b/m BP: 77/48 RR: 36b/m SpO<sub>2</sub>: 95%  
 Chief Complaints: yellowish discoloration whole body TCBR - >20

<b>INITIAL PHYSIOLOGICAL CATEGORIZATION</b> Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gaspings / Apnea		<b>INITIAL PHYSIOLOGICAL STATUS</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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 : 8:20 pm

## Communicable Disease Triage Screening

**PART A. The following questions should be asked to all patients at the initial screening:**

- Have you had fever (elevated temperature) in the past 2 weeks  Yes  No
- Have you had cough or a rash in the past 2 weeks  Yes  No
- 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

- 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: \_\_\_\_\_
- 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 : Rupak

Signature of Triage Nurse : \_\_\_\_\_

Date & Time : 12/05/26 @ 8:18 pm





### NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/05/20 Time of arrival : 8:16 pm  
 Chief Complaints: yellowish discoloration whole body RBS: .....  
 Height : ..... Weight : 3.198 kgs BMI : ..... Head Circumference (<2 years) .....  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: .....

If yes, identify .....

Pain Screening:  Yes  No If Yes, Pain Score: ..... Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character .....  Location .....  Frequency .....  Duration .....

<p><b>RISK FOR FALL:</b></p> <p><input checked="" type="checkbox"/> If patient is &lt; 6 years tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is &gt; 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Weak <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Escort while ambulating</li> <li><input checked="" type="checkbox"/> Assist Patient</li> <li><input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p>
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**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?) .....

Time of Initial assessment completed by ER Nurse : 8:20 pm

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

Time	Nursing Notes
8:16 hr	Assessed pt Condition Monitor vitals

Samples collected by:

Time:

Samples sent by :

Rupak

Time:

**Medication given in ER:**

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 132/min BP: 80/54 CFT: 2 sec	Shift - out from ER to: 218
RR: 34/min SPO <sub>2</sub> : 98%	Time of Shift - out: 9:10pm
GCS: 1+ Temperature: 98.2F	Handover given to: Bharanga
Pain Score: -	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

N/A

Name of the Nurse: Rupak

Signature of the Nurse: [Signature]

Date & Time: 2/5/20 09 pm



**Rainbow<sup>®</sup>  
Children's  
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

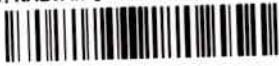
FDH-00045649 IP25-00020416

Baby B/O TANVI BANSAL

09-05-2026 0Y0M3D (M)

Dr. KALYAN CHAKRAVARTHY KONDA





### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

cl yellowish discoloration of eyes & skin since  
1 day.

#### History of present illness :

DOB - 9/5/26

T/B - 9:30 AM

Birth weight = 3.535 kg

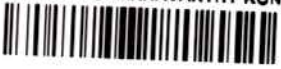
Today's weight = 3.198 kg

CWL - 9.5%

(TCBR) - 20 on Pcl-4  
today

M/BG - B +ve

R/BG - B +ve



### Pediatric Multiorgan History & Physical Examination

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

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**Birth & Neonatal History:**

Term LGA / Em'lsy 1 Baby boy NICU

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

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**Developmental History :**

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**Immunization History :**

Birth vaccines given.

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### Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) 34cm (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) 7.198kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 98°f Pulse Rate : 148 B.P. \_\_\_\_\_ SPO2 97%  
Resp.rate and type of breathing : 42

Rash \_\_\_\_\_  
Lymphadenopathy idemp (+)  
Oedema : \_\_\_\_\_  
Allergies (if any): \_\_\_\_\_

**Respiratory System :**

Inspection (any s/o distress) : \_\_\_\_\_  
Air entry & breath sounds : B/LCAG (+)  
Any addes sounds : NUBS (+)  
Relevant data from outside (Chest X-Ray, ABG, etc..) \_\_\_\_\_

**Cardiovascular System :**

Inspection of procordium : \_\_\_\_\_  
Heart Sounds : S1S2 (+)  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : \_\_\_\_\_

**Per Abdomen :**

Inspection \_\_\_\_\_  
Palpation : soft  
Auscultation : \_\_\_\_\_  
Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_  
Relevant data from outside (CT, USG etc..) \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Motor System:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

*CTIA good*

#### Reflexes :

#### DTR

#### Superficials:

Plantars \_\_\_\_\_

#### Sensory System :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

\_\_\_\_\_

*Unconjugated hyperbilirubinemia*

\_\_\_\_\_

\_\_\_\_\_

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: \_\_\_\_\_  
 B12D.

Desired goals of the treatment: \_\_\_\_\_  
 Resolution of symptoms.

**Planned Labs:**

SBR  
 Nat  
 CBP, CRP  
 CUE (with probag)

Send to star

due

Noted by Anint

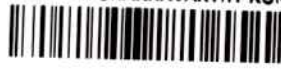
**Planned Management**

- measured feeds  
 30-35ml 2nd hely  
 (d) 45-50ml 3rd hely  
 - NSPT & eyes & genitalia covered.  
 - Trace reports & intenn.  
 - 9f SBR > 20 => shift to nicu  
 - 9f CRP > 15 => secure sample send B/c/s & start antibiotics

Signature of the Doctor: \_\_\_\_\_  
 Name of the Doctor: Dr. Prasad  
 Date & Time: 12/5/26, 9 AM

Signature of the Consultant: \_\_\_\_\_  
 Name of the Consultant: \_\_\_\_\_  
 Date & Time: \_\_\_\_\_

FDH-00045649 IP25-00020416  
 Baby B/O TANVI BANSAL  
 09-05-2026 0 Y 0 M 3 D (M)  
 Dr. KALYAN CHAKRAVARTHY KONDA



## 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: ..... ICU ..... Shifted to: ..... W. 18 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
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10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

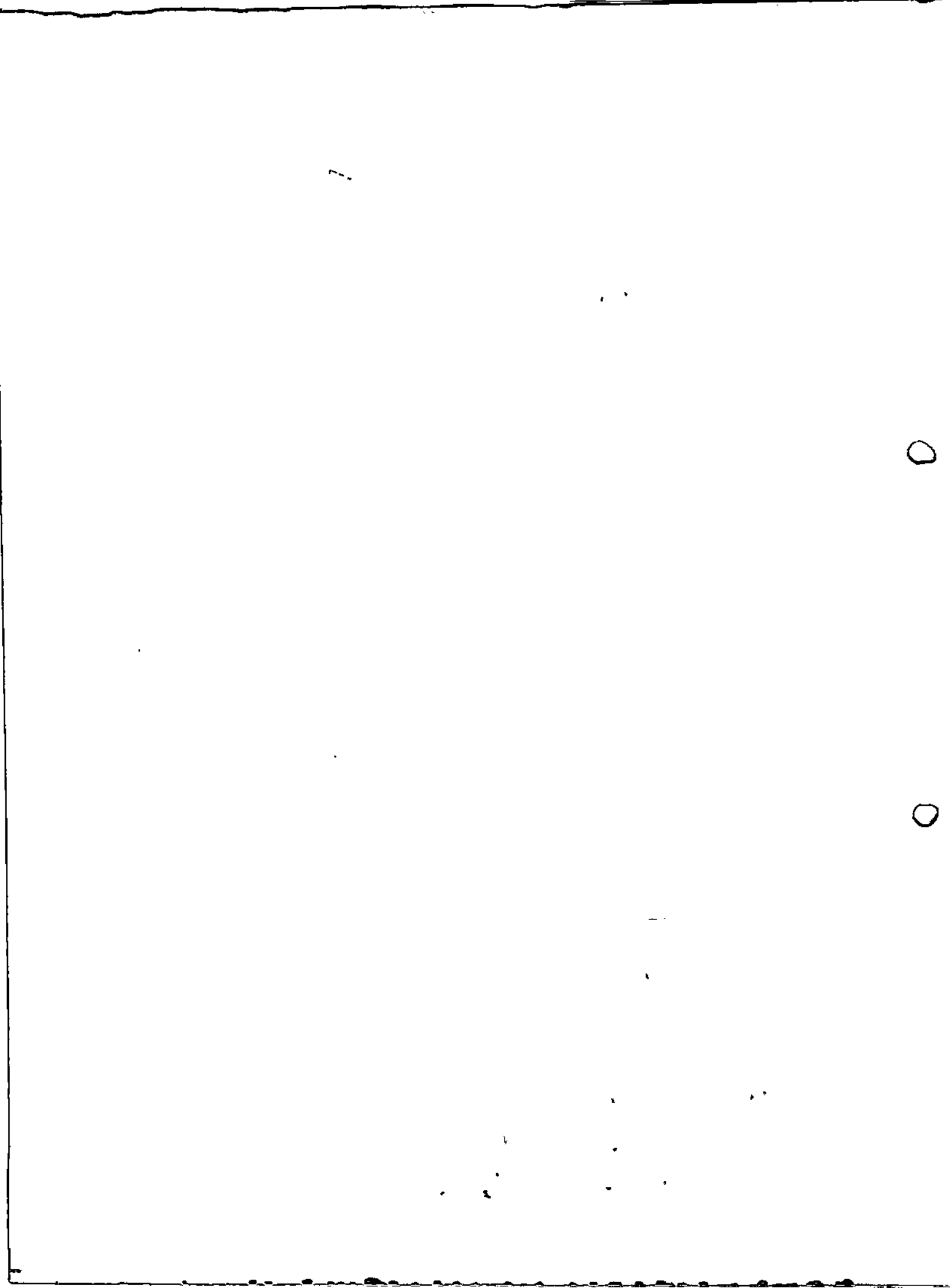
Doctor Name & Signature : ..... [Signature] .....

Date & Time : ..... 12/5/26, 2 PM .....

Nurse Name & Signature : ..... [Signature] .....

Date & Time : ..... 12/5/26, 5 PM .....

Docu. No. : RCH / FRM / GENERAL / 000





**PREGNANT'S NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
12/5/16	C/S by Dr. Prasad	
11 PM	N.M.T.	
	reports reviewed	
	CPR - 9.56	
	SBR - 12.34	17.29 10.10
	RBC - 22.4	T
	Hb - 22.4	T
	Rcv - 64.6	
	RBC - 7.48	
	TLC - 7.54	
	Plt - 212	
	Pcty. 0.18	
	Advice	
	To continue with eye drops & to cover eyes with patch 30-35ml red cell, 10ml 25-30ml & 10ml to decide on SBR after 4mrs onwards.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/5/16		
10 AM	<p>CLSI B <u>Dr. Kalyan</u></p>	
	<p>↓ DSPI</p>	
	<p>on DBF + BSM</p>	
	<p>accepting feeds well</p>	
	<p>CLSI B - hold</p>	
	<p>come &amp; check paller</p>	
	<p>parents are explained</p>	<p>Ph</p>
	<p>that baby has probable</p>	<p>- Cat DSPI</p>
	<p>UTI, need catheter sample</p>	<p>- Cat DBF + BSM</p>
	<p>sample for culture, but</p>	
	<p>parents want to sent</p>	<p>- Send CUE - new</p>
	<p>CUE once again</p>	<p>with voiding - show</p>
		<p>↓ of spec (P)</p>
		<p>use culture</p>
		<p>SC</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/24		
4pm	<p>CLINICAL</p>	
	<p>↓ D/S</p>	
	<p>on 1st FEBN</p>	
	<p>accepting feeds w</p>	
	<p>CLINICAL</p>	
		<p>on</p>
		<p>at 8pm</p>
		<p>- call DR FEBN</p>
		<p>- Time WF</p>
		<p>Dis TM @ 8AM</p>

