DISCHARGE SUMMARY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Master AANSH	**UHID**	FDH-00015299
Father/Guardian	Mr ABHIJEET	**Age/Gender**	6 Y 0 M 6 D/ Male
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020465	**Admission Date**	15-05-2026
Ref Doctor	Self		
Discharge Date	17-05-2026		

Consultant:
Dr. Kinnera Reddy S.V
MBBS, MS General surgery (Manipal university),
MCH Plastic & Reconstructive surgery (NIMS),
Fellowship in Aesthetic surgery (Barcelona, Spine).

Co-Consultant:
Dr. Y. Arvind
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg.No. 84564.

DIAGNOSIS
SOFT TISSUE INJURY LEFT EYEBROW

Procedure : Debridement + Local advancement flaps left eyebrow done on 16.05.2026.

History: Master AANSH, 6 Years, 6 Days, male presented with alleged history of fall onto a grill after colliding with another child while playing in his

Name	Master AANSH	**UHID**	HAH-00015299
IP No	IP25-00020465	**Admission Date**	15-05-2026

society. Following that, he sustained an injury over the left eyebrow. For the above complaints he was admitted at Rainbow Children's Hospital, Financial District for surgical management.

Examination: He was afebrile, maintaining saturations at room air (99%). Heart rate was 112/min, Blood Pressure - 100/60 mmHg and Respiratory rate - 22/min.
Local examination : Left eye brow with upper eye lid laceration having Irregular border, measuring 4 x 0.5 cm. No active bleed.
On auscultation of chest air entry was bilaterally equal with normal heart sounds. Left eye- normal movement present in all directions. Bilateral pupils equal and reactive to light. No focal neurological deficit. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 17 kilo grams.

Investigations: Enclosed reports.

Indication for surgery : Soft tissue injury left eyebrow done on 16.05.2026.

Pre-Operative preparation : Parts painted & draped.

Surgery Notes:
- Full thickness defect on left eyebrow noted.
- Margins debrided.
- Hemostasis achieved.
- Wash given.
- Wound approximated with a local advancement flap in multiple layers using 5-0 rapid vicryl.
- Dressing done.
- Procedure uneventful.

Name	Master AANSH	**UHID**	FSH100015299
IP No	IP25-00020465	**Admission Date**	15-05-2026

Post-Operative Notes: Post operative period was uneventful. He was initiated on oral feeds gradually which he tolerated well. He was seen by Dr. Kinnera Reddy (Fellowship in Aesthetic surgery (Barcelona, Spine).) who advised to continue conservative management. He remained hemodynamically stable during the hospital stay and operated site remained healthy. He is being discharged with the following advice.

Advice:

* Syrup. Augmentin DDS (Amoxicillin - 400mg + Potassium clavulanate - 57mg/5ml) 2.5 ml twice daily (1 hour before food or 2 hours after food) for 7 days (Should be kept in refrigerator after reconstitution, consume within 7-days).
*Syrup Ibugesic 5ml per oral twice daily after food for 3 days
*T-Bact ointment for local application for 5 days

Fever Management

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 5.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SEELAPUR REDDY VENKATA KINNERA, after 2 weeks in OPD at Financial District with prior appointment **(Review consultation will be charged)**.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I

Name	Master AANSH	**UHID**	HSHL00015299
IP No	IP25-00020465	**Admission Date**	15-05-2026

acknowledge.

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. Kinnera Reddy S.V
MBBS, MS General surgery (Manipal university),
MCH Plastic & Reconstructive surgery (NIMS),
Fellowship in Aesthetic surgery (Barcelona, Spine).

Co-Consultant:
Dr. Y. Arvind
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg.No. 84564.

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6Y0M6D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SURGERY DETAILS

Date : 16/5/26

Patient Name: Master. Aansh Date of Birth: 10/05/2020 Age: 6Y

Gender: M Ward : OT UHID No.: FDH - 00015299

Date of Surgery: 16/5/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : debridement + local advancement flaps left eyebrow.

Time in : 8:45 AM Time Out : 9:15 AM

		NAME	AMOUNT
1.	Surgeon	: S. V. Kinnera Reddy Dr. S. R. Venkata	Rs 35,000/-
2.	Anaesthetist	: Dr. Usha,	
3.	Assistant Surgeon	: —	
4.	OT Technician	: Br prasanth	
5.	Circulating Nurse	: Br. Subhadra	
6.	Assistant Nurse	: Sr. parvathi	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon
Dr Kinnera Reddy

Signature of Circulating Nurse

Order No: 576030/31 Order by: Parvathy

Docu. No. : RCH/FRM/GENERAL/114

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 6 D (M)
Dr. SEELAPUR REDDY VENKATA

Debridement suturing

CONSUMABLES OF OT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Circulating staff : ..... Technician : SURESH Date : 16/5/26 Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack Protobowery		02	Inj Vit.K		
LMA			Sutures 1			Cord Clamp		
ECG leads : A / P / N		3	9915		01	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc		3				Vaccum Suction Set		
05 cc		3	Gloves 6, 6½		2+2	Surgical Gloves		
02 cc		3				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		1	Koochies					
CAPNOGRAPHY. NASAL CANNULA		1	Ointments					
MIMSPIKE		1	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		03	T-Bact Ointment		01
Ketamine			Mop Pack					
Propofol		1	Steristrip		01			
Rocuronium			Underpad		02			
Glycopyrolate		1	Draw sheet		04			
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		01			
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse Parvathy OT Technician

Order No. : 576038(NSH) 576045 Ordered by : Parvathy

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020465 **Admit Date** : 15-May-2026 **Admit Time** : 10:39 PM **UHID** : FDH-00015299

Patient Details :

Patient Name	: Master AANSH	**Age**	: 6 Y 0 M 5 D
Guardian	: Mr ABHIJEET	**DOB**	: 10-05-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 9137274912
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : TWIN SHARING **Bed No** : TS-301A **Ward Name** : 3F -TWIN SHARING

Room No : TS-301A **Admission Type** : First Visit

Contact Details :

Name : Mr ABHIJEET **Relationship** : S/O

Contact Address : Hyderabad Hyderabad Telangana INDIA 500001 **Phone No** : / 8928243124

Signature

Doctor Details :

Doctor Name : Dr. SEELAPUR REDDY VENKATA KINNERA **Specialisation** : PLASTIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. Y ARVIND

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- FDH-00015299 IP25-00020465 ;ultant : ---------- Dept : ----------

Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/05/26	11 p.	ER	301-A	Tipu
16/05/26	7:45AM	3rd A (303)	OT	Miraj
16/5/26	12:10pm	OT	301-A	
17/5/26	9 Am	301-A	Billing	

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
15/05/26	CBP.	17369	Dipak
16/5/26	GRBS - 100 mg/dl		
	GRBS - 88 mg/dl	7391	Miran
	Crosschecked by 17/05 @ 8:30 pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/5/26	Infusion Pump	11 Pm	16/5/26 @ 3 pm	5921	Mira
	Syringe Pump		16/5/26 @ 11 pm		

Crosschecked by
17/05 @ 8:30 pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
15/05/26	IV placement	(1)	75915	Tupaki
	PAC	(1)	75914	Tupaki
16/5/26	NHA	01	6220	
	Crosschated by CN 17/05 @ 8:30pm			

ANY OTHER INFORMATION

Date : 15/5/26 Time : 11 pm Prepared By : Sreenija

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sreenija	361A		

EDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/5/26 Time of arrival : 8:45pm

Chief Complaints: C/O laceration over the near the eyebrow. BBS: .....

Height : ..... Weight : 17.2kgs BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 04/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

☐ Character ..Moderate ☐ 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 ..... Parents .....

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

Time of Initial assessment completed by ER Nurse : 8:47pm.

(P.T.O.)

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

Time	Nursing Notes
8:50 pm	→ Assessed pt condition
	→ Monitored vitals
	→ Inform to the DR. Mohith
8:55 pm	→ DR. Mohith Seen the c/d
	→ dressing is done in ER.
	→ Applied Steristrip

Samples collected by: Biswajit Time: 10:20 pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
9:05 pm	Syp:- Ibugesic	Oral	10mL		Sreenija

Condition of patient at time of shift - out :

HR: 100b/m BP: 100/60 CFT: <2sec

RR: 26b/m SPO_2 : 98%

GCS: 15 Temperature : 98F°

Pain Score: 0

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 361A

Time of Shift - out: 11 pm

Handover given to: Nirmala (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sreenija Signature of the Nurse :

Date & Time : 15/5/26@

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

Last food :- 4:30pm
Last liquid :- 8:00pm

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mr. Aanshmithaa Age : 6 years Gender: ☑ Male ☐ Female

Date : 15/05/26 Time of Arrival : 8:45pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.4F° PR: 102b/m BP: 100/60 RR: 26b/m SpO_2: 100%

Chief Complaints: C/O Accidently fall down laceration over the near the eyebrow X today 8:00pm

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☑ Bleeding [mild]

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

INITIAL PHYSIOLOGICAL STATUS
☐ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:47pm

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 : Sreenija

Signature of Triage Nurse : .....

Date & Time : 15/05/26 @ 8:46pm

Docu. No. : RCH /FRM / CLINICAL / 085

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Eyelrow

UHID ID: EDH-00015299 IP25-00020465

Master AANSH

10-05-2020 6 Y 0 M 5 D (M)

Department: Dr. SEELAPUR REDDY VENKATA

Consultant:

DH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

A/H/O Laceration over Left eyebrow while playing x today evening

History of present illness :

Child was apparently alright till today evening when he was playing in his society

he had accidentaly bumped onto another child while playing (running) followed by fall/collision over the grill beside it.

Leading to laceration / deep cut over (L) eyebrow / Upper eyelid

No H/O Loc / seizure / vomiting / ear/nose bleed

EDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

Pediatric Multiorgan History & Physical Examination

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

Nothing significant

Birth & Neonatal History:

Smooth Transition

Birth & Socio Economic History:

About Father :

About Mother : W/o Hb Similar illness

Any additional Information :

Developmental History :

Appr. to age

Immunization History :

As per age immunized

(P.T.O.)

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17kg (Centile ______)

On Examination :

Temperature : 97 Pulse Rate : 112/min B.P. ______ SPO2 99%

Resp.rate and type of breathing : 28/min

L/E

Rash (L) Eye brow/upper eyelid

Lymphadenopathy______

Oedema : deep laceration

Allergies (if any): irregular borders

Respiratory System : 4 x 0.5 cm

Inspection (any s/o distress) : deep laceration

Air entry & breath sounds : No active bleed

Any addes sounds : ______

Relevant data from outside (Chest X-Ray, ABG,etc.,) B/L AE (+)

Clear

Cardiovascular System : (L) Eye - ROM - (N)

Inspection of procordium : ______

Heart Sounds : B/L PERL

Any murmur : S_1S_2 (+)

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

Per Abdomen :

Inspection______

Palpation :______

Ausculation : Soft, no HSM

Spine :______ External Genitelia : ______

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

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Bl & Eht

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements : No loss of shell ft

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Deep laceration over @ eyebrow
Planned for Wound debridement
+ suturing V/G A

(P.T.O.)

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Syphi

Desired goals of the treatment : H. Stability

Planned Labs:

CBP

PAC films

Noted by Sreeraj 15/5/26 @ 10:45 pm

Planned Management

1. NPO from 2am
2. IVF
3. Pantop / PCM / Augmentin
4. W/F seizures / LOC / vomiting
5. SOS CT-brain

Signature of the Doctor: .....
Name of the Doctor: Dr Mahitha
Date & Time: 15/5/26

Signature of the Consultant: .....
Name of the Consultant: Dr Aravind
Date & Time: 15/5/26

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/S/B Dr Mohith	
16/5 8AM	- No new complaints	
	- No signs of raised ICP	
	- on NPO	
	O/E	
	H.stable	
	Alert/active	
	S/E - NAD	
	Plan	
	1) Shift & Pre OP	
	2) Cont. same Rx.	
16/5/2026	Y&/B Dr. Sneha (D.Y. Arjun)	
	POD : 0	(Soft tissue injury left eyebrow)
	GC: Stable	
	- Tolerated oral feeds.	
	- No active bleeding.	
	Vitals	Plan
	HR : 90/min	1) Stop IV fluids
	RR : 22/min	2) Continue Injection Augmentin
	temp: 98f	3) Continue Inj Paracetamol
	BP: 100/60 mmHg.	(D. Arjun)

Noted by Anjit on 16/5/26 @ 5pm

(P.T.O)

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6Y0M6D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/2022		
9AM	C/S/B Dr. Aswini, Dr. Sneha.	
	D: Soft tissue Injury,	
	No new issues	
	Vitals	
	HR: 90/min	plan
	RR: 20/min	- Discharge on oral Antimicrobial.
	SpO2: 98% RA	
	BP: 90/70	
	S/E	
	CNS	
	CVS	
	R/S — NAD.	
	P/A	

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

(P.T.O)

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

RESULT SHEET

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	15/5/26					
Time						
Hb	12.3					
PCV	37.2					
RBC	4.83					
WBC	7.91					
N/L	41/52					
Platelets	286					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
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						

P.T.O.

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: 301A

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 15/5/26

Nurse Name & Signature: Sreenija

Date & Time : 15/5/26 @

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

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

REGULAR PRESCRIPTIONS

Weight. 17kg Ward. 3rd A

VERIFIED

VERIFIED

DRUG : INJ. AUGMENTIN

Dose	Route	Frequency	Start Date
500mg	IV	BD	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

10PM - 7AM

Daily Doctor's Endorsement by a Sign

Date ▸ Time	15/5	16/5	17/5
7AM	X 6:30AM		
10PM	11:40PM		

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Date
240mg	IV	8H	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

(Post Sx)

Daily Doctor's Endorsement by a Sign

Date ▸ Time	16/5	17/5
3AM		
11AM		
7PM		

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
15mg	IV	OD	15/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	16/5	17/5
6AM	12PM	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	

16/5

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

Weight. 17Kg..... Ward. ...3rd/B......

	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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

I.V. FLUIDS CHART

Weight. 17kg Ward. 3rd A

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
13/5	10pm	DNS	IV	50	MD	Sreenu	16/5/22 4pm		Sandhi

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

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

Doc. No. : RCH/ FRM / CLINICAL / 125
16/5/26

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 : ..... Time:	1			4			7			10 pm			1			4 pm			7 pm			11 pm		
Doctor / Nurse / Family Concern?	Am			Am			Am						Dr											

Temperature (F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

97 | 97.1 | 97.4 | 97.4 | 96.8 | 96.5 | 98 | 97.9

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring

100/58 | 94/70 | 95/70 | 90/60 | 99/69 | 100/65 | 103/67 (75)

Heart Rate (Number)	100 bpm	74 bpm	72 bpm	78	78	99 bpm	98 bpm	99 bpm

Resp. Rate (bpm) (Over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	20 bpm	21 bpm	20 bpm	20	22 bpm	25 bpm	21 bpm	23 bpm
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98-1..	99+	98-1..	98%	98%	98%	99%	98%
Conscious Level (Normal / Altered)	N	N	N		N	N	N	N
GCS *	14	14	14	15	14	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score						0	0	3
Observer's Initials								

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

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 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)

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 6 D (M)
Dr. SEELAPUR REDDY VENKATA

Doc. No. : RCH/FRM / CLINICAL / 125 17/5/26

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 : ..... Time:	3 AM	7 AM
Doctor / Nurse / Family Concern?		
Temperature (F)	97.5°	97.5°
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	100 (75) 50	
Heart Rate (Number)	96b/m	102b/m
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	24b/m	21b/m
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	98%
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

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

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 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)

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6Y0M5D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

15/5/26

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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	–		–	NO	NO			N1		0	
	01:00 am	DM	Ad lib	50 ml	N1	NO			N1		0	
Total Intake : 50 + 100 + 150 ml						**Total Output :** M			U2			
	02:00 am				NO	N1			N1		0	
	03:00 am	DM	NPO	50 ml	NO	NO			N1		0	
	04:00 am	DM		50	N1	N1			N1		0	
	05:00 am	DM	NPO	50	N1	N1			N1		0	
	06:00 am	DM		50	N1	NO			N1		0	
	07:00 am	–		–	N1	N1			N1		0	
Total Intake : 200 ml						**Total Output :** M			U2			

Total 24 hrs. Intake	350 ml	Total 24 hrs. Output	M U

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

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 6 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. (2) 16/9/26

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							
M	08:00 am									✓	0	
	09:00 am	DNS					-	-	-	-	0	
	10:00 am	DNS	N	50ml/hr			-	-	-	-	0	
	11:00 am	DNS	B	50ml/hr			-	-	-	-	0	Sonali
	12:00 pm	DNS	M	50ml			-	-	-		0	
	01:00 pm	DNS	Jelly & coconut milk	50ml			-	-	✓	✓	0	
Total Intake :						**Total Output :** U-2 M-0						
E	02:00 pm	DNS		50ml	NO	NO			NO		0	
	03:00 pm	DNS	Dinner + H2O	50ml	NO	NO			NO	✓	0	
	04:00 pm	NOINT		NOINT	NO	NO			NO		0	
	05:00 pm	〃		〃	NO	NO			NO		0	
	06:00 pm	〃		〃	NO	NO			NO	✓	0	
	07:00 pm	〃		〃	NO	NO			NO		0	
Total Intake :		100ml + 200ml				**Total Output :** M→0 U→2						
15/9/26	08:00 pm	NO		NO	NO	NO			NO		0	
	09:00 pm				NO	NO			NO	✓	0	
	10:00 pm	I	Dinner + H2O	I	NO	NO			NO		0	
	11:00 pm	V		V	NO	NO			NO		0	
	12:00 am				NO	NO			NO	✓	0	
	01:00 am	F		F	NO	NO			NO		A	
Total Intake :		T-300ml				**Total Output :** M→0 U→2						
16/9/26	02:00 am	NO		NO	NO	NO			NO		0	
	03:00 am				NO	NO			NO		0	
	04:00 am	I	H2O	I	NO	NO			NO	✓	0	
	05:00 am	V		V	NO	NO			NO		0	
	06:00 am				NO	NO			NO		0	
	07:00 am	F		F	NO	NO			NO	✓	0	
Total Intake :		T-100ml				**Total Output :** M-0 U-2						

Total 24 hrs. Intake	T-400ml

Total 24 hrs. Output	M-0 U-8

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 11pm Mode of Arrival: while chair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction .....

Body Weight: ..... Kg

Height: ..... cm

NA

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	NA	NA

Family History: .....

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

If yes please list, ...

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

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

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

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

Temp.: 98.2 HR: 120 RR: 20 BP: .....

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Parents .....

Nurse's Name: ..... Minai ..... Date: 15/5/26 Time: 11:20P~ Signature

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 5 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATI(

Name: Master Aanshmitha Age: 6Yr Sex: Male UHID.No :

Date: 15/05/26 Time: 9:30 AM Proposed Operation: Laceration over eyebrow suturing

Diagnosis: laceration over the (L) Eyebrow

B.P / CRT: H.R: 102 bpm Weight: 17.1 kg ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

SPO2 = 100%. Temp = 97.4F, RR = 26 bpm

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: –

Medical History: CVS: – c/o Mild Cold, Fever NVD/FT CIAB / No NICU Stay

RESP: – 3 days ago Diabetes: –

CNS: – H/o Vomiting → 2-3 Episodes Development as per age

Renal: – 3days ago Vaccination till date

Hepatic / GE: – Physical Activity: Active

Others :

Past Anaesthetic History: –

Physical Exam:

Airway: MP (1) 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: + – – + / + + + +

Lungs : B/L AE, clear

Heart: S1S2 (+)

CNS: Consciousness, oriented

Pregnant: ☐ Yes ☐ No ☑ NA Venous Access Site : Accessible Spine Exam for regional :

Anaesthetic Plan: ☑ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Syrup Ibugesic	

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours } Explained
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

CBP

N.c.b. Budextot tomorrow morning

Signature: Name: DR SHINY

Docu. No. : RCH /FRM / CLINICAL / 044

FDH-00015299 IP25-0002046
Master AANSH
10-05-2020 6 Y 0 M 6 D (M)
Dr. SEELAPUR REDDY VENKATA

ANAESTHESIA CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☑ No

Fasting Status: confirmed

Physical Status: ☑ Patient Identified ☑ Consent Present ☐ Chart Reviewed

H.R: 100/min | B.P / CRT: | SpO_2: 100% | R.R: 20/min | Last Feed: >8hr

Pre-OP Diagnosis: Eyebrow laceration Operation: Suturing Date: 16/5/22

Surgeon: Dr. Kiniera Anaesthesiologist: Dr. UK ; Dr. AL Technician: Suresh

TIME 8.45 AM 9.15AM
N_2O /AIR O_2 LPM 4lpm
HALO /SO /SEVO
Drugs:
Tj MIDAZOLAM 0.6mg
Tj FENTANYL 40mcg
Tj PROPOFOL 40+20+10

FIO_2 / SaO_2 100% 100%
$ETCO_2$ 20 25
ECG SR SR
Temperature
Urine Output

Fluids
Blood

Antibiotic
Suppository
Blood Loss
NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☑ BP
☐ Cuff Site: Lt
☐ Art Site:
☑ EKG Lead 3
☑ Temp Site Skin
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☑ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 8:40Am
OP Start:
OP End:
Leave OR: 9:15Am

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☐ IV: 22G (R) UL
☐ IV:
☐ IV:

Induction
☑ IV ☐ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA ☑ Nasal prongs
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts:
Difficulty Why?

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor: Dr. Ashy
Signature of the Doctor: Dr. ASHWARYA

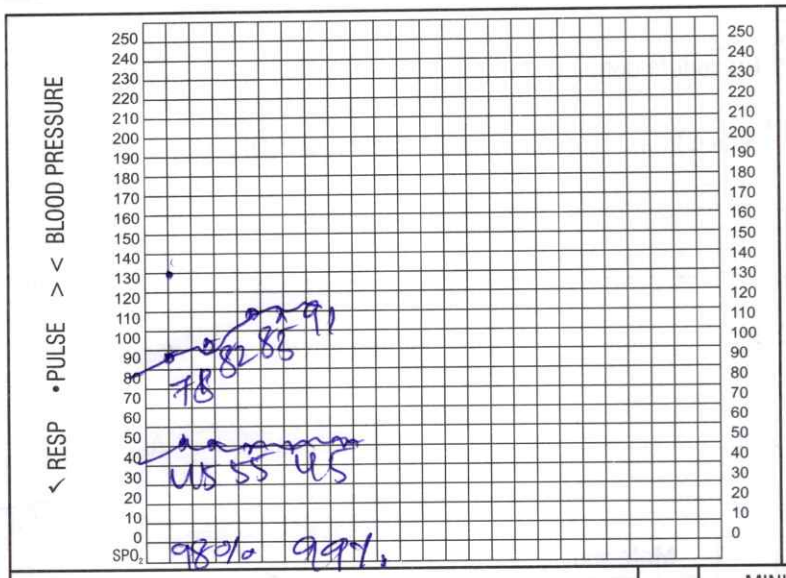
FDH-00015299 IP25-0002046
Master AANSH
10-05-2020 6 Y 0 M 6 D (M)
Dr. SEELAPUR REDDY VENKATA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Subhadeep Time Received : 9:20Am Time Discharged : .....



IV Cannula Site : (R) Hand

- ☐ O_2 Mask
- ☐ Tracheostomy
- ☐ Oral Airway
- ☐ Nasal Prongs
- ☐ T-Piece
- ☐ Nasal Airway

Vomiting : ☐ Yes ☑ No Drug: –
NG Tube : ☐ Yes ☑ No
Drain: ☐ Yes ☑ No
Urinary Catheter: ☐ Yes ☑ No
Chest Tube: ☐ Yes ☑ No
Nil Oral ☐ Yes ☑ No
IV Fluids: DNS
Oral Feeds: –

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY		1	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION		1	2	2		
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION		2	2	2		
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS		2	2	2		
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR		2	2	2		
		TOTAL		8	10	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
16/5/26	9:25Am	-	As per Advice	

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : [illegible]
Anaesthesiologist Signature: [illegible]
Date & Time: 16/5/26 @ 11:35Am

PACU Nurse Name : Dr. Subhadeep
PACU Nurse Signature: [illegible]
Date & Time: 16/5/26 @ 11:35Am

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Master Aanshmitihan Age : 6Yr

Gender : M ☑ F ☐ - IP No : Consultant :

Ward / Bed No. : Anaesthesiologist : DR SHINY

Operative procedure planned : SUTURING OVER LEFT EYEBROW

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA

☐ Incapacitating COPD ☐ Others : HYPOTENSION, BRADYCARDIA, LARYNGOSPASM

Comments : BRONCHOSPASM

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient ..... the above mentioned operation I Diagnostic I Therapeutic procedures .....

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anesthesia / ☑ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him I her will administer the Anaesthesia.

- Pregnant: ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :
Signature : .....
Name : Abhijeet
Relationship with Patient: Father
Date & Time : 15/05/26, 10.25 pm

Witness :
Signature : .....
Name : Br. Subhadeep
Date & Time : 15/5/26

Doctor (who is taking the consent) :
Signature : .....
Name : DR S H INY
Date & Time : 15/05/26, 10.25 pm

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

OPERATION THEATER NOTES

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 6 D (M)
Dr. SEELAPUR REDDY VENKATA

Patient's Name : ..... Age : ..... Gender : .....

UHID.: ..... No. : ..... Weight : 17 kgs

Surgeon : Dr Kinnera Reddy	Asst. Surgeon :
Anesthetist :	OT Nurse :

Surgical Procedure : Debridement + Local advancement flap left eyebrow.

Indications for Surgery : Soft tissue injury left eyebrow.

Date : 16/5/26	Start Time : 8:45 AM	End Time : 9:15 AM

PRE-OPERATIVE PREPARATION :

Part painted + draped.

OPERATION NOTES: Full thickness defect on left eyebrow with
margins debrided
hemostasis achieved
using Gauze

Wound approximated with a local advancement flap in multiple layers using 5-0 Vicryl.

Dressing done
Procedure uneventful

Dr Kinnera Reddy

POST - OPERATIVE ORDERS :

1) NBM for 2hrs.

2) Inj augmentin }
3) Inj PCM } as per pediatrician's advice.

Dr. S.V. Kinnera Reddy

Consultant Surgeon's Name

Kinnera.

Consultant Surgeon's Signature

Date : .... Time : ....

OT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 6 D (M)
Dr. SEELAPUR REDDY VENKATA

Date & Time of Admission	Date & Time of Transfer Order
16/5/26 @ 10:39 pm	16/5/26 @ 12:10 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. S.R. Venkata	Dr. Usha	post op care

From Unit	To Unit	Information to Attendant
OT	301 A	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	op file	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS (500ml)	01
2.	Intrafex	01
3.	Under pad	01
4.	T- Bact	01
5.	Steristrip	01

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Br. Subhadip 16/5/26	Dr. Usha

Patient & Clinical Records Received by : Sadvika 16/5/26 @ 12:10 pm

Date & Time of Patient Received :

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00015299 IP25-00020465 Master AANSH 10-05-2020 6 Y 0 M 5 D (M) Dr. SEELAPUR REDDY VENKATA	15/5/26 at 10:39 Pm	16/5/26 am
	Transfer Ordered by: DR. Mohit	Reason for Transfer: Lacération
From Unit: 301-A	To Unit: OT	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 12	Number of Imaging Films: Nil	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.	DNS	
2.	Intrafix	
3.	~~High Pressure~~	
4.	Thermometer	
5.	~~All med~~.	

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Miraj	DR. Mohit.
Patient & Clinical Records Received by :	
Date & Time of Patient Received :	16/5/26 08:40 AM

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00015299 IP25-00020465 Master AANSH 10-05-2020 6 Y 0 M 5 D (M) Dr. SEELAPUR REDDY VENKATA	15/05/26 @ 10:39 pm	15/05/26 @ 11 pm
	Transfer Ordered by: DR. Mohit	Reason for Transfer: Admission
From Unit: ER	To Unit: 301A	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (12)	Number of Imaging Films: Nil	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ (NO: op file) If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS	(1)
2.	Intrafix	(1)
3.	OP File - (1)	(1)
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sreenija	DR. Mohit

Patient & Clinical Records Received by : Mubrad

Date & Time of Patient Received : 15/5/26 at 11 Pm

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

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

FDH-00015299 IP25-00020465
Master AANSH
10-05-2020 6 Y 0 M 6 D (M)
Dr. SEELAPUR REDDY VENKATA

301A

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16-05-26 Time: 04:30PM

Weight: 17.2kgs Centile: 10th Centile

Height: — Centile: —

Inference: Well Nourished Child

RDA: 1600 - 1700 KCAL Calories: 1700 KCAL Protein: 19.0 gms

Diet Recommendations: Advised moderate carbohydrates & Adequate protein

Re-Assesment: —

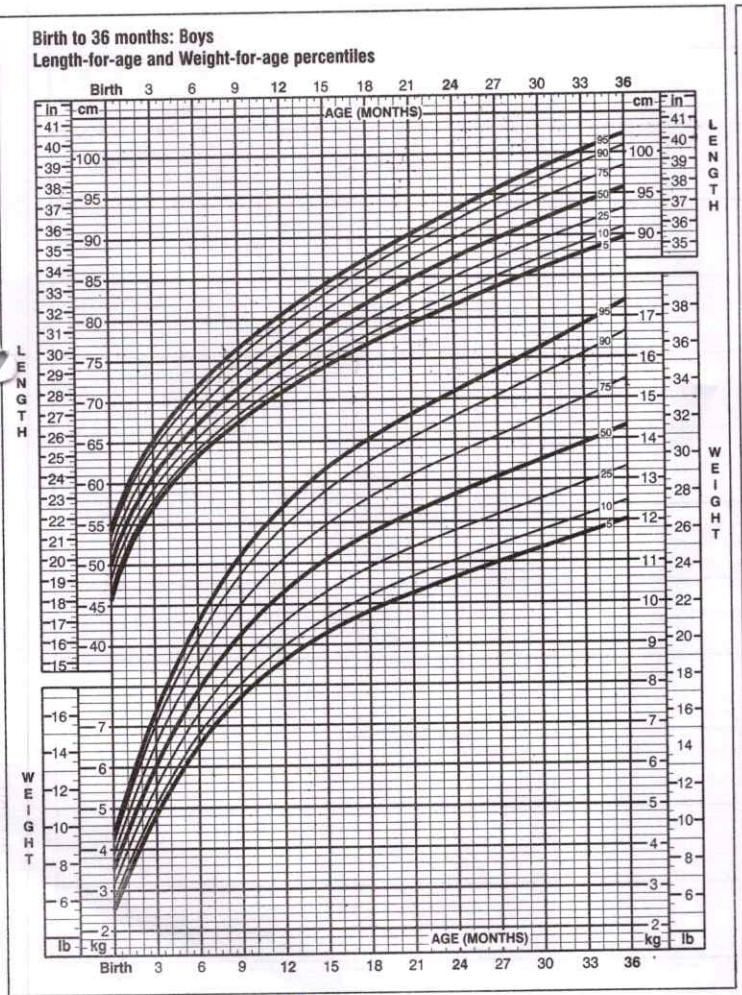
Food Allergies: Nil Veg/Non-veg

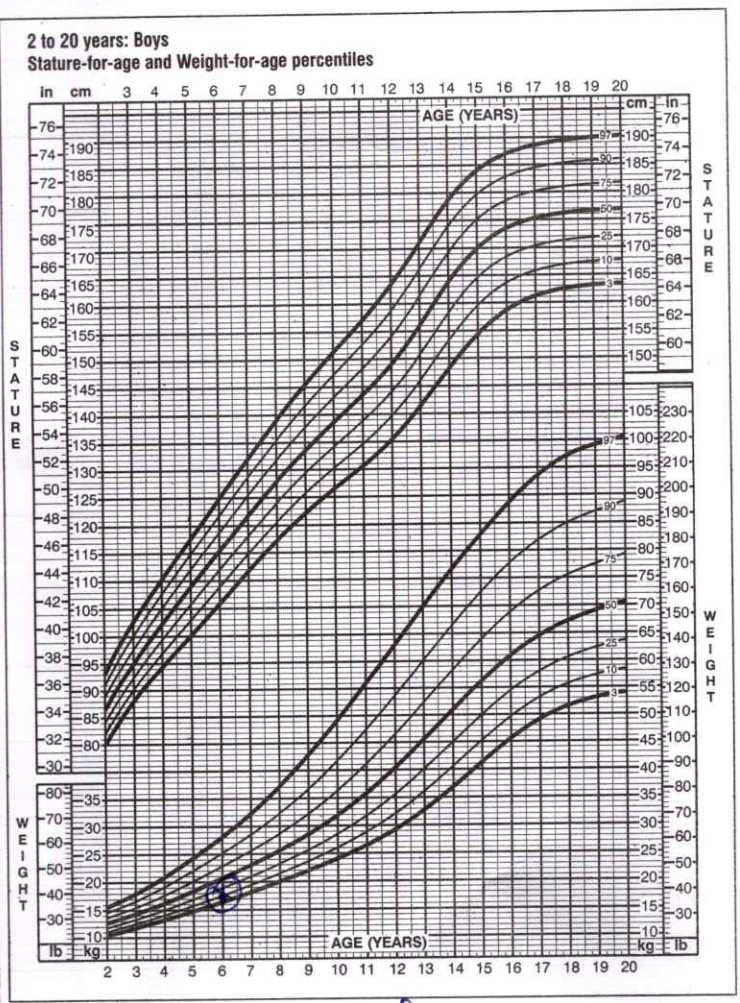
Diagnosis: Laceration over forehead

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name: Anshiya

Dietician's Signature: Anshi

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

(P.T.O.)

Daily Notes:

0.1

5-759710.

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

Patient Name: MASTER. AANSH Age: 6 Y Gender: MALE.

HID No: RAH-[illegible] IP No: [illegible] Date: 16/05/2026 Time: 06:44 AM.

Diagnosis: LACERATION OVER THE (L) EYELID.

PRESCRIPTION DETAILS (Tick only one of the following)

S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/Ml	100 MCG.	
2.	Morphine Sulphate Inj. 15mg/Ml	-	
3.	Remifentanil Hydrochloride Inj. 2MG	-	
4.	Remifentanil Hydrochloride inj. 1MG		

Doctor Name: DR SITNY Doctor Registration No: KMC 173328

Signature:

NARCOTIC DISPENSING FORM
APPENDIX 4 – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: [illegible] Date: 16/05/2026

Aadhaar No. of the Patient (Optional): .....

1.	Name : MASTER. AANSH.	Remarks
2.	Complete postal address (with contact number, if any)	HYDERABAD. TELANGANA. SCHOOL PHONE NO. 91[illegible]
3.	Brief description of the illness	SUTURING.
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	
5.	Details of essential Narcotic drug dispensed	FENTANYL

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
16/05/26	- FENTANYL	ONE		

Dispensed by (Name & ID No.): Bhaskar (01[illegible]) Signature:

Received by (Name & ID No.): [illegible] Signature:

Time: 7:50 AM

NARCOTIC PRESCRIPTION FORM
(MEDICAL RECORD)

S.No	Drug Name	Dosage	Remarks
1			
2			
3			
4			

NARCOTIC DISPENSING FORM
APPENDIX A – FORM NO. 3E
(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

1	Name	
2	Complete postal address (with contact number, if any)	
3	Brief description of the illness	
4	Whether registered with any other registered medical practitioner / recognised medical institution (if yes, details of the records)	
5	Details of essential Narcotic drug dispensed	

Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any