Rainbow Children's Hospital

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 : IP25-00020668 **Admit Date** : 27-May-2026 **Admit Time** : 01:58 PM **UHID** : FDH-00046346

Patient Details :

Patient Name	: Baby SHRINIKA GUNDA	Age	: 7 Y 1 M 15 D
Guardian	: Mrs pavani vanga	DOB	: 12-04-2019
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	Phone No	: 8686736997
		E-mail	:

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	: Mrs pavani vanga	Relationship	: MOTHER
Contact Address	: Hyderabad Hyderabad Telangana INDIA 500001	Phone No	: / 7396676379

Pavani

Signature

Doctor Details :

Doctor Name	: Dr. PRANATHI GUTTA	Specialisation	: PEDIATRIC NEUROLOGY
Referral Doctor	:	Phone No	:
Co-Consultant	: Dr. VUPPALI NANDA KISHOR KUMAR		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	Payor Name	: VIDAL HEALTH INSURANCE TPA PVT LTD

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Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

Name: ---------- FDH-00046346 IP25-00020668
Baby SHRINIKA GUNDA
12-04-2019 7 Y 1 M 15 D (F)
Dr. PRANATHI GUTTA

UHID No : ---------- IP N ---------- int : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	2.40pm	ER	Ward	Navider
28/5/26	1.20pm	301 A	PICU	
28/5/26	3pm	PICU	301 A	Bikash

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
	CBP, CRP, Blood cls,		
	urea, creatinine,		Praveen
27/05/26	Electrolytes, LFT,	PD26018620	
	calcium, magnesium,		
	GRBS- 101 mg/dl		
27/05/26	Dengue NS1 (Saw Sample)	8636	Animesh
27/05/26	EEG	7108	Animesh
27/5	CUE	18158	Tulin
28/5	MRI Brain plain + Contrast	7147	NBora
	Cross checked by Anmol 29/5/2026 @10am		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/05/26	Infusion pump Syringe pump	3PM	28/5/26 @ 3pm 29/5/26 @ 10am	80953	Sumesh
28/5/26	Monitor	1.20pm	~~28/5/26 3pm~~	1424	Cintha
			Cross checked by Anuja 29/5/2026 @10am.		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/5/26	Sw placement	01	580898	[illegible]
27/5	PAC	01	Tulin	1229
27/5	NHA	01	Tulin	1228

Crosschecked by
Anuna
29/5/2026
@10am

ANY OTHER INFORMATION

Date: 27/5/26 Time: 2:40pm Prepared By: Samul

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sam	301-A.		

TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
00046346 IP25-00020668 Y SHRINIKA GUNDA 04-2019 7 Y 1 M 15 D (F) Dr. PRANATHI GUTTA	27/5/26 @ 1:58Pm	27/5/26 @ 2:45Pm
	Transfer Ordered by: Dr Kasmeera	Reason for Transfer: Admission
From Unit: ER	To Unit: ward (801-A)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 14	Number of Imaging Films: –	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ? all file

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DMS	1
2.	Intrafix	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr Kasmeera

Patient & Clinical Records Received by :

Date & Time of Patient Received : 27/05/26 @ 3PM

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-00046346 IP25-00020668
Baby SHRINIKA GUNDA
12-04-2019 7 Y 1 M 15 D (F)
Dr. PRANATHI GUTTA

301A

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 27-05-26 Time: 3:30PM

Weight: 17.8Kgs Centile: 3rd Centile

Height: — Centile: —

Inference: Well Nourished Child

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

Diet Recommendations: Advised moderate carbohydrates & Adequate protein

Re-Assesment: —

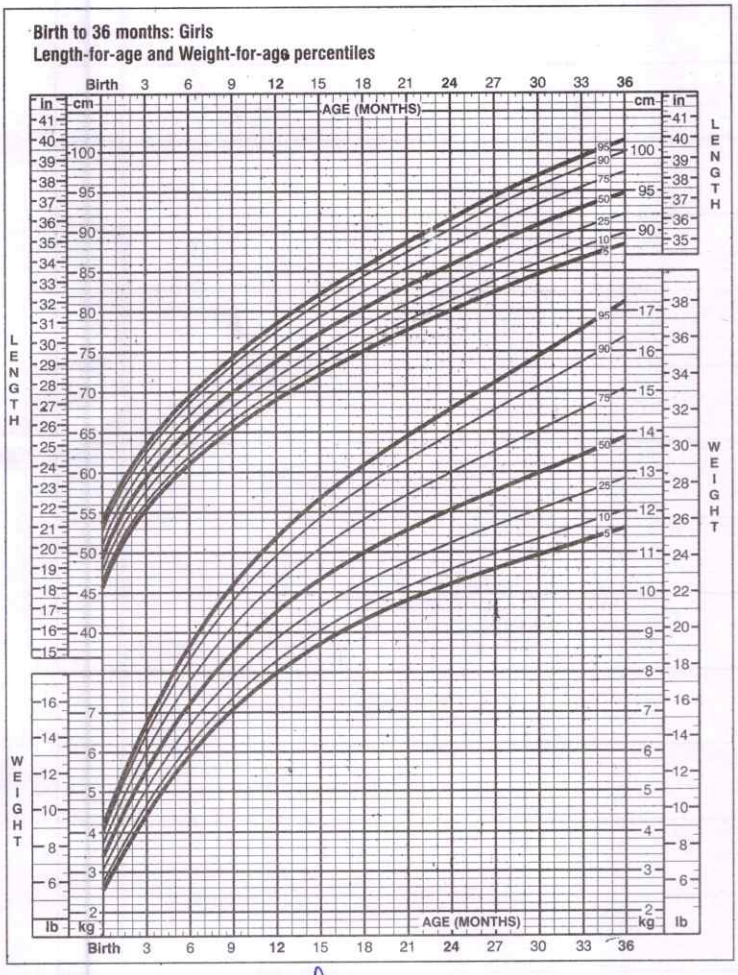
Food Allergies: Nil Veg/Non-veg ✓

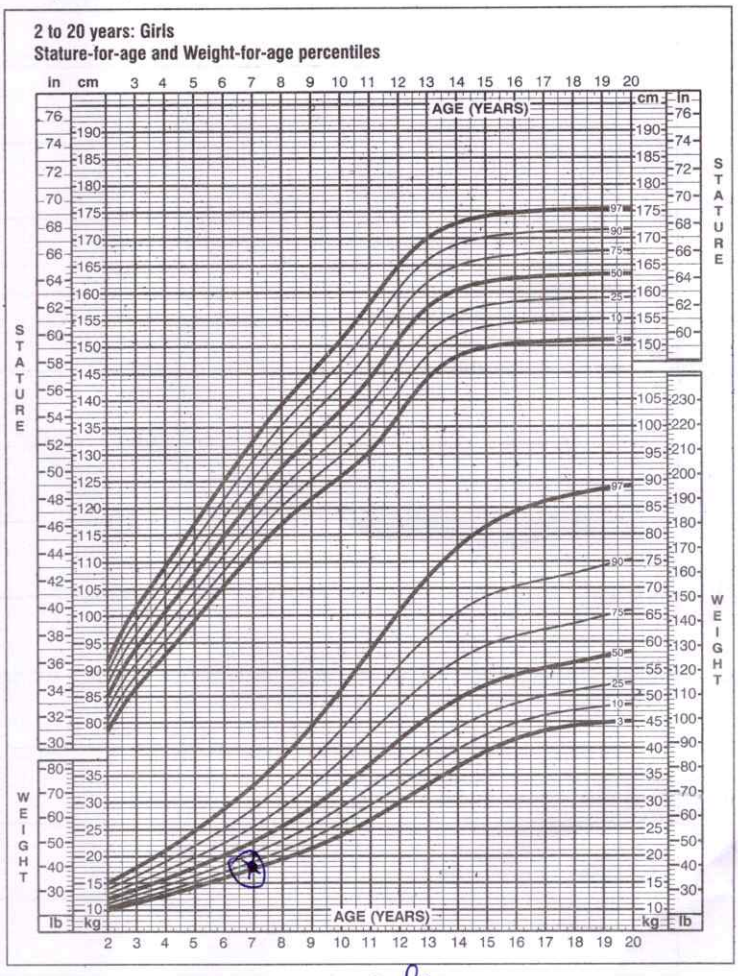
Diagnosis: AFI & Meningoencephalitis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name: Ankiya Dietician's Signature: Anki

Docu. No. : RCH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

27/05/26 Advised moderate carbohydrates & Adequate protein Ankit

DISCHARGE SUMMARY

Name	Baby SHRINIKA GUNDA	**UHID**	FDH-00046346
Father/Guardian	Mrs pavani vanga	**Age/Gender**	7 Y 1 M 16 D/ Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020668	**Admission Date**	27-05-2026
Ref Doctor	DR. SATISH S ANDANI		
Discharge Date	29.05.2026		

Consultant:
Dr. Pranathi Gutta
MBBS, MRCPCH (UK)
Consultant Pediatric Neurophysician
Reg.No: 46975

Co- Consultant:
Dr. Vuppali Nanda Kishor Kumar.
MBBS, DCH, MRCPCH
CONSULTANT PEDIATRICIAN & INTENSIVIST
Reg. No. 40299

DIAGNOSIS
FOCAL SEIZURES WITH IMPAIRED AWARENESS
?NON-EPILEPTIC EVENT
SPEECH DELAY

History: Baby SHRINIKA GUNDA, 7 Y 1 M 16 Days, old girl was brought with the complaints of 1 episode of partial unresponsiveness on 27/5/2026 morning at around 10am, which lasted for around 10 minutes associated with repeated swallow, post episode child had complaints of headache and which lasted for 10-15 minutes associated with 2-3 episodes of vomiting since morning .

Name	Baby SHRINIKA GUNDA	UHID	FDH-00046346
IP No	IP25-00020668	Admission Date	27-05-2026

History of low grade fever spike post the episode. For the above complaints, child was admitted at Rainbow Children's Hospital - Financial District for further management.

Birth History:History of emotional stress during pregnancy present in mother,FTLSCS,CIAB,B.W:2.7kg,NNJ on day 3 of life-Phototherapy given for 1 day.

Family History: First born to a non consanguineous marriage,No h/o epilepsy/development delay in family.

Development History: Child is currently in 2nd grade with average scholastic performance,History of speech delay with difficulty in pronunciation and delay in comprehension present.

Examination: She was febrile (100.1*F), maintaining saturations at room air(98%). Her heart rate was 114/min, Blood pressure - 100/62mmHg and Respiratory Rate - 26/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt.On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light.Neck stiffness present but no cerebellar signs.No neurocutaneous markers. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

Weight on admission : 17.8 kilograms.

Investigations: Enclosed reports.

Management: Child was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics in view of suspect meningitis. She was treated symptomatically with antacids and antipyretics.

Name	Baby SHRINIKA GUNDA	UHID	FDH-00046346
IP No	IP25-00020668	Admission Date	27-05-2026

Initial hemogram showed Hemoglobin of 12.6gm%, White Blood Cell count of 15630 cells/cumm, platelet count of 3.91lakhs/cumm and C-Reactive Protein of 5.0mg/l. Serum electrolytes showed sodium of 138mmol/L, potassium of 4.5mmol/L & Chloride of 104mmol/L. Serum Creatinine was 0.5mg/dl. Blood Urea was 35mg/dl. Liver function test showed total SBR of 0.4mg/dl with indirect fraction of 0.2 mg/dl, SGOT - 32U/L, SGPT - 23U/L, ALP - 312U/L, protein - 7.8gm/dl, albumin - 4.6gm/dl, globulin - 3.2gm/dl, A/G ratio of 3.2. Serum Calcium was 9.6mg/dl. Magnesium was 1.7mg/dl. Complete urine examination was normal. Blood culture was 24 hours sterile.
Dengue NS1 was negative.
EEG done on 27.05.2026 showed Abnormal EEG record with liability for generalised epileptogenicity.No encephalopathy.No ESES.
MRI Brain scan done on 28.05.2026 showed small area of few prominent branching linear veins draining into cortical vein in subcortical white matter of right frontal lobe-possible deep venous anomaly,No other significant anomaly.

In view EEG showing generalised epileptiform discharges child was loaded on Intravenous levetiracetam 40 mg/kg/dose followed by maintenance dose of 30mg/kg/day.

She was regularly monitored for fever spikes, hemodynamic & neurological status. Child had no further fever spikes and no further seizure episodes during hospital stay. She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

Parents were counselled regarding the nature of the disease and measures to take during future seizure episodes.Oral levetiracetam to be continued till further advice.

At the time of discharge: She is active, afebrile and hemodynamically stable.

Name	Baby SHRINIKA GUNDA	UHID	FDH-00046346
IP No	IP25-00020668	Admission Date	27-05-2026

Advice:
* Tablet. Pantoprazole - 20mg 1 tablet once daily 30 minutes before breakfast for 3 days.
* Syrup Levipil (100mg/1ml) 2.6 ml twice daily to continue till further advice.

Review consultation with Dr. PRANATHI GUTTA on 5/6/2026 Friday at Financial District in OPD with prior appointment **(Review consultation will be charged).**

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure 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 acknowledge.

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District / 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

Name	Baby SHRINIKA GUNDA	UHID	FDH-00046346
IP No	IP25-00020668	Admission Date	27-05-2026

Consultant:
Dr. Pranathi Gutta
MBBS, MRCPCH (UK)
Consultant Pediatric Neurophysician
Reg.No: 46975

Co- Consultant:
Dr. Vuppali Nanda Kishor Kumar.
MBBS, DCH, MRCPCH
CONSULTANT PEDIATRICIAN & INTENSIVIST
Reg. No. 40299

STAR HOSPITALS

UNIMED Healthcare Pvt. Ltd
Survey No.74, Financial District, Nanakaramguda,
Telangana, India - 500008
For Appointments: 1800 102 7827
GSTRN: 36AAACU8638B1ZD
CIN: U85110TG2006PTC051751
(Subject to Jurisdiction of Hyderabad)

Ms.BABY SHRINIKA GUNDA

7 FEMALE

REF BY.
DR PRANATHI GUTTA

TREATING PHYSICIAN

DEPARTMENT

UHID
910000154661

ENCOUNTER NO
912605281068

BILL NO	BILL DATE	MOBILE NO
91262002230	28 MAY 2026 10:00	9154777380

Bill Of Supply

S.No	PARTICULARS	CODE	UNIT	TARIFF	AMOUNT (IN INR)
1	MRI BRAIN WITH CONTRAST	MRIV002	1.0	18010.00	18010.00

GROSS TOTAL	**18010.00**
NET TOTAL	**18,010.00**
	Eighteen Thousand Ten Only

RECEIPT DETAILS

RECEIPT NUMBER	TRANSACTION NO	BANK	TYPE	AMOUNT
912611003587			Credit Voucher	18,010.00

On The Account Of :Rainbow Children Medicare Limited

THANK YOU

PRINTED ON: 28 MAY 2026 10:01
Remrks :

Star Hospitals
Sign
A Unit of Unimed Health Care Pvt. Ltd.

BILLED BY
TOKA PRABHAVATHI
info@starhospitals.in

E & OE

STAR HOSPITALS

UNIMED Healthcare Pvt. Ltd
Survey No.74, Financial District, Nanakaramguda,
Telangana, India - 500008
For Appointments: 1800 102 7827
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DEPARTMENT

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A Unit of Unimed Health Care Pvt. Ltd.

BILLED BY
TOKA PRABHAVATHI
info@starhospitals.in

E & OE

28/5/2026

DR. PRANATHI GUTTA
(PAEDS NEURO)

K/C/O/ episode of seizure to unresponsiveness ~ 10 minutes - As she woke up from sleep. No PMC posture / no jerking

Post episode c/o headache + vomiting x1

↳ In the hospital temperature 100°F. no fever temperature

Cbx ~ given Antipyretics

O/H/O NC
↑
P.

No H/O epilepsy
no H/O dev delay / LD.

Pregnancy: uneventful.
Emotional event.
FTLSCS → CIAS; 3.1 - 2.7 kg.
NNI → Antibiotics - 1 day.

Development: Mly speech delay
'Shy'; but has friends

School: 2nd class; no complaints
Slept needs repeated reminders to comply. Average performance.

O/E
H.C
no NCN
(-) cranial nerves
no focal motor deficit
no S/O of ICP.
no meningeal signs.

Bloods normal

EEG - GSWD / PSWD
(-) neuroimaging.

Imp: ? unprovoked seizure (post ictal ↑ Temp)
vs
provoked seizures.
mild language delay.

(P) (1) MRI brain plain + contrast.
(2) Antipyretics SOS; Culture AERS.
(3) E/W. +/- CSF if hypoxia.

FDH-00046346 IP25-00020668
Baby SHRINIKA GUNDA
12-04-2019 7 Y 1 M 15 D (F)
Dr. PRANATHI GUTTA

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby SHRINIKA GUNDA Age : 7 y **Gender:** ☐ Male ☑ Female

Date : 27-5-26 Time of Arrival : 1:40PM

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: 100.1 F PR: 114 bpm BP: 100/62 RR: 26/m SpO_2: 100% GRBS - 10 mg/dl

Chief Complaints: C/O Seizure like activity First time loosing C/O fever 9 x Today C/O vomiting

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

Signature of Parent / Guardian

Triage Completion Time : 2:43 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 : YASEEN

Signature of Triage Nurse : .....

Date & Time : 27-5-26 @ 1:42 PM

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

Patient Sticker

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27-5-26 Time of arrival : 1:40PM

Chief Complaints: Seziure like activity, fever, vomiting

Height : ..... Weight : 17.8 Kg Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☑ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

If patient is < 6 years ☑ Yes ☐ No

If **'Yes'** tick below fall risk intervention directly

If Patient is > 6 years

If **'Yes'** 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 Parent

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

Time of Initial assessment completed by ER Nurse : 1:43PM

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

Time pm	Nursing Notes
1:41	Assessed the condition check the vital sign And Inform to doctor

Samples collected by: YASEEN

Samples sent by :

Time: 2:45pm

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
2:35pm	Inj. Pantop	IV	15mg		
2:35pm	Inj. ondem	IV	2.7mg		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 98b/m BP: 105/71/81 CFT: <2sec	Shift - out from ER to: Sob A
RR: 20b/m SPO2 at FiO2: 98%	Time of Shift - out: 2:55pm Jawad
GCS: 15/15 Temperature : 98.7°F	Handover given to: Aimen
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse : Samyal Signature of the Nurse :

Date & Time : 27/5/26 @ 2:45pm

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : Conscious, alert

Neck stiffness (+)

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

AFI - ? Meningoencephalitis

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Hemodynamic instability
Sepsis
Seizures

Desired goals of the treatment : resolution of symptoms

Planned Labs:

- CBP, CRP
Blood C/s
Serum electrolytes
Urea, Creatinine
LFT
CUE
Ca^{+2}, Mg^{+2}

Noted by Praveen 27/5/26 2pm

Planned Management

- INJ CEFTRIAXONE
- INJ PARACETAMOL
- IVF - 1/2 maintenance
- EEG today
→ Neuroimaging tomorrow ± LP

Signature of the Doctor: Kasmeera.A
Name of the Doctor: Dr Kasmeera
Date & Time: 27-5-2026

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

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Children's
Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Shrinika

UHID ID: FDH-00046348 IP25-00020668
Baby SHRINIKA GUNDA
12-04-2019 7 Y 1 M 15 D (F)
Dr. PRANATHI GUTTA

Department:

Consultant:

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Seizure like activity @ 10AM today morning

History of present illness :

A 7 year old female presented with c/o vacant episode today morning at around 10 AM - which lasted for around 10 minutes a/w repeated swallow

Post episode drowsiness - lasted for 10-15 min

c/o 2-3 episodes of Vomiting ∵ morning today

H/o Fever - 100°F in the OPD

H/o ↑ Irritability - yesterday
minimal cough ∵ 1 day

No H/o Rash / LOC / Difficulty breathing / Trauma / Loose stools / Pain abdomen / Dysuria / Burning micturition

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Smooth transit

Birth & Socio Economic History:

About Father : –

About Mother : –

Any additional Information : –

Developmental History :

no developmental delay

Immunization History :

vaccinated as per schedule

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17.8 (Centile _____)

On Examination :

Temperature : _____ Pulse Rate : _____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy _____ (−)

Oedema : _____

Allergies (if any): No allergies

Respiratory System : AEBE (+)

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovascular System : $S_1 S_2$ (+)

Inspection of procordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen : Soft, non tender

Inspection _____

Palpation : _____

Ausculation : _____

Spine : _____ External Genitelia : _____

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

Patient ID	910000154661	Age & Sex	7 Years & F
Patient Name	BABY SHRINIKA GUNDA	Study Date	28-May-2026
Referring Physician	Self Doctor	Reported Date & Time	28-May-202604:23:06 PM

MRI BRAIN PLAIN AND CONTRAST

Technique: DWI Axials, SE T1 Axials, FSE T2 Axials, coronals and sagittals, FLAIR Axials, GRE Axials, Pre and Post contrast 3D T1 fat sat coronals, Post contrast T1 FLAIR Axials, sagittals and coronal sequences of whole brain and 3D TOF MR Angiography of intracranial arterial system were performed.

Findings:

Small area of few prominent branching linear veins draining into cortical vein noted in the sub cortical white matter of right frontal lobe seen on SWI as small calibre linear branching veins.

Cerebral parenchyma shows normal signal characteristics. No other focal lesions.

No abnormal parenchymal or leptomeningeal enhancement seen.

Brainstem and cerebellar hemispheres are normal in signal.

Ventricular system is normal.

Extracerebral CSF spaces are normal.

No evidence of extra axial fluid collections.

CP angles and Internal auditory canals are normal.

Basal cisterns, sella and suprasellar regions are normal.

Bony calvarium and scalp show no significant abnormality.

Skull base, visualised sections of paranasal sinuses, orbits and bilateral otomastoid regions are normal.

Visualised sections of upper neck and cervical spine show no significant abnormality.

IMPRESSION:

- **Small area of few prominent branching linear veins draining into cortical vein in the subcortical white matter of right frontal lobe--- possible deep venous anomaly.**
- **No other significant abnormality**

----for clinical correlation.

Sowmya.K..

Dr Katukooru Sowmya DMRD,DNB
Consultant radiologist
Reg no - 77228

FDH-00046346 IP25-00020668
Baby SHRINIKA GUNDA
12-04-2019 7 Y 1 M 15 D (F)
Dr. PRANATHI GUTTA

(I)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026	USIB Dr. Aishwarya	
4pm		
	Δ AFI	
	? Meningoencephalitis	
	? Seizure like activity	
	No fever spike since admission	
	No further seizures/ abnormal activity / No photosensitivity now.	
	Oral intake - moderate.	
	C/O headache (+), No further vomiting.	
	O/E: HR - 108/min	
	BP - 103/63	- No AMID seizures.
	RR - 20/min	- Photosensitivity (+) in morning
		- H/O vomiting - 3 episodes today
	S/E: CNS: GCS - 15/15	
	Tone - (N), Reflex - (N)	
	No Meningeal signs.	
	CVS: S1S2 (+), No murmurs	
	RS: B/L AE (+), NVBS	
	P/A: Soft, Non tender	Plan
		- EEG today
		- LP ± Neuroimaging tomorrow
		- w/f fever/seizures/vomiting
		- Continue medications as charted
		- Trace Reports
		- Vitals monitoring 2ᵗʰ,
		Nately Animesh on 27/5/26 @ 4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	D/w Dr Pranathi ma'am	
27/5		
	EEG - shows epileptiform discharges	
		Plan
		① Start levipil
		LD - 40mg/kg/dose
		↓
	(12hrs later)	MD - 30mg/kg/day
	Noted by Animesh on 27/5 @ 6:40pm	
	Planned for MRI @ 12pm tmrw in Star hospitals.	
	NPO from 5:30am tmrw (28/5/26).	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9:30am	CSIB Dr. Aishwarya	
	Δ ? meningoencephalitis. Seizure under evaluation.	
	Child awake and alert No further fever spikes, afebrile >24hours. No further seizures. Oral intake good → Currently NPO since 5:30am. Planned for MRI Brain @ 12pm.	
	O/E:- HR - 107/min BP - 106/62 mmHg RR - 20/min	→ No neurocutaneous markers → Development - Delay (+) → No F/H/O Seizure disorder
	S/E: CNS: GCS - 15/15 Tone - (N), Reflex ++ No neck stiffness. CVS: S1S2 (+), No murmur RS: BIL AE (+), NVBS P/A: Soft	
		Plan - Continue NPO till MRI - MRI Brain plain + contrast @ 12pm → Post MRI shift to PICU - w/f fever/ seizures. - continue medications as charted - PCM SOS
		Aishwarya. 28/5/26 @ 9:30 AM

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
28/8/25 9pm	Clshn Dr Prasune	
	Baby Shifted to PICU after MRI	
	↓	
	Vitals stable	
	O/E:	
	Child is active, alert.	
	HR-98	
	RR-24	
	SpO2-99%	
	BP-121/85 (81) mmHg	
	CVS: S1, S2 (+)	
	RS: B/L AE (+)	
	AVBS (+)	
	P/A soft.	
	CNS: GCS-15/15	
		Advice
		- Shift to ward
		- Put continue medication as charted
		- trace MRI report
		NB
		Shamu 28/8 9pm

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3

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026 9:45am	CSIB Dr. Pranathi / Dr. Nandakishor Focal seizures with impaired awareness Δ? Non-epileptic event / Δ. Speech delay ~~Focal~~	
	No fever spikes No further abnormal movements Child active and responsive to questions	
	OE: HR - 90/min RR - 20/min	EEG - Sinus epileptiform discharges MRI - venous anomaly
	ΔE: CNS: GCS - 15/15 Tone, Reflex → (N) CVS: S1 S2 ⊕, No murmurs PIA: Soft, Non tender RIS: BIL AE ⊕, NVBS	
		Plan - make IV medications → oral - D/S on oral antiepileptics and R/A 1 week in OPD - Δ → focal seizures with

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 17.8kg Ward 3A

DRUG : INJ LEVETIRACETAM

Dose	Route	Frequency	Start Dt.
260mg	IV	BD	28/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
30mg/kg/day

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	28/5	29/5
	[illegible]	[illegible]

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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 ..... Signature .....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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DRUG CHART

Date of Admission: 27/05/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line 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 : INJ. PARACETAMOL				Date/Time
Dose	Route	Frequency	Start Date	
210mg	IV	SOS	28/5/26	
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:				

Signature .....

VERIFIED BY : Name .....

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Baby SHRINIKA GUNDA
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Dr. PRANATHI GUTTA

REGULAR PRESCRIPTIONS

Weight. 17.8 kg Ward. '3A'

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
900MG	IV	BD	27-5-26

Name & Signature of the Doctor Starting the Drugs: Kasmeera.A

Additional Instructions: 50 MG/KG/DOSE

Date / Time	27/5	28/5	29/5
8am	X	Pai	Pai
8pm	Anil	Anil	Sai

Daily Doctor's Endorsement by a Sign

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Date
270MG	IV	6HRLY	27-5-26

Name & Signature of the Doctor Starting the Drugs: Kasmeera.A

Additional Instructions:

Date / Time	27/5	28/5
3am	X	Pai
9am	X	Neha
3pm	Anil	Nikhil 2pm
9pm		Pai

8 Days

Daily Doctor's Endorsement by a Sign

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
15 MG	IV	OD	27-5-26

Name & Signature of the Doctor Starting the Drugs: Kasmeera.A

Additional Instructions:

Date / Time	27/5/26	28/5	29/5
2:35pm	Sai 2:35pm		
6am		Pai	Pai

Daily Doctor's Endorsement by a Sign

DRUG : INJ ONDANSETRON

Dose	Route	Frequency	Start Date
2.7 MG	IV	TID	27-5-26

Name & Signature of the Doctor Starting the Drugs: Kasmeera.A

Additional Instructions:

Date / Time	27/5	28/5	29/5
2:35pm	Sai		
6am		Pai	Pai
2pm		Nikhil 2pm	
10pm		Pai	Pai

Daily Doctor's Endorsement by a Sign

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12-04-2019 7 Y 1 M 15 D (F)
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Weight. 17.8 Ward. 3A

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
27/5		~~INJ LEVETIRACETAM~~	~~710mg~~	~~710mg~~	~~[illegible]~~	
27/5	7pm	IM LEVETIRACETAM	710mg	IV	[illegible]	[illegible]

Signature

Name

VERIFIED

Baby SHRINIKA GUNDA
12-04-2019 7 Y 1 M 15 D (F)
Dr. PRANATHI GUTTA

I.V. FLUIDS CHART

Weight. 17.8kg Ward. '3A'

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
27-5-26	2:50 PM	IVF - DNS (0.9%)	IV	28 ML/HR (1/2 M/O)					
28/5	5:30 AM	IVF DNS (0.9%)	IV	50ml/hr			28/5 @ 3PM		

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