Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174060 **Admit Date** : 20-May-2026 **Admit Time** : 12:29 PM **UHID** : VIH-00201487

Patient Details :

Patient Name	: Master MITTAPALLY NIHAN REDDY	**Age**	: 4 Y 9 M 20 D
Guardian	: Mr MITTAPALLY RAJA REDDY	**DOB**	: 30-07-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 5-113/6 MENDORA Pochampad Project Nizamabad Telangana INDIA 503219	**Phone No**	: 9491010409/ 9505901624
		E-mail	: RAJAREDDY229724@GMAIL.COM

Admission Details :

Bed Type	: DAY CARE	**Bed No**	: HO DC 1	**Ward Name**	: 1F-HEMATO-ONCOLOGY
Room No	: HO DC 1	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr MITTAPALLY RAJA REDDY	**Relationship**	: Father
Contact Address	: H NO 5-113/6 MENDORA Pochampad Project Nizamabad Telangana INDIA 503219	**Phone No**	: 9491010409

Signature

Doctor Details :

Doctor Name	: Dr. SANDHYA VADDADI	**Specialisation**	: HEMATO ONCOLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.92
		Payor Name	: SELFPAY

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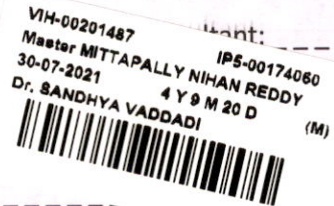
ACTIVITY RECORD FOR BILLING

Name : ____

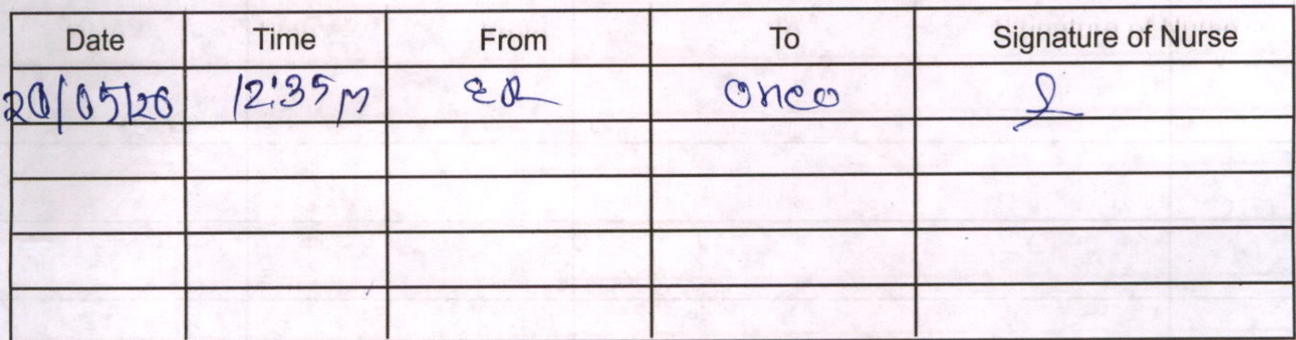


UHID No. : __________ IP No : _____ ...ltant: ____________ Dept : __________

Date of Admission: _________ Time : _ ... _________ Time: _________

Room / Bed No : __________ Ward : ________ ...le bed type : ______________

WARD TRANSFERS



Date	Time	From	To	Signature of Nurse
20/05/20	12:35 pm	ER	Onco	[signature]

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/5	Blood transfusio (RDP)	(1)	9617506	[illegible]

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : 20/5/26 Time : 3pm Prepared By : Marlene

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Marlene	Oncology		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 12:15pm	Seen by ER Resident: Dr Sabuhi.	
	ΔSis - APML Day 14.	
	PML-RARA +ve.	Plan
	Post HIDAC-2.	1. RDP transfusion 2unit
		~ premedication c
	CBP 20/5 - Hb - 9.4	Inj AVIL & Hydrocortisone.
	WBC - 1.27k (11.8/59)	
BG - O+	Plt - 9k.	2. continue other medication -
	O/E	voriconazol, ATRA, septran
	child alert, afebrile	& Tranexa.
	hemodynamically stable	
	Vitals - temp - 97°F	
	PR - 112/min BP - 108/65 mmHg	
	RR - 26/min SPO2 - 95% RA	Sabuhi
	chest clear	
	abdomen soft.	
		B Anmol 20/5/26

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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						

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.,) : ....

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

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DRUG CHART

Date of Admission: 20/5/18 .... Drug Allergies; .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				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 ....

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 17kg Ward. ....

DRUG : ~~OHE~~

Dose	Route	Frequency	Start Date
~~1/2 Tab~~	~~PO~~		

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: ~~1tab = 200mg~~

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾														

DRUG : T. TRANEXA.

Dose	Route	Frequency	Start Date
1/2Tab	PO	BD	20/5

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: 1tab = 500mg

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	20/5													
8AM	+													
8PM														

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

Weight. 17 kg Ward. Ono

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
20/5/26	1pm	Inj AVIL @ 0.5mg/kg/dose.	9 mg.	IV	✓	pooja Gayathri
20/5/26	1pm	Inj HYDROCORTISONE @ 2mg/kg/dose.	34 mg	IV	✓	pooja Gayathri
20/5/26	1pm	RDP transfusion	2 units	IV.	✓	pooja Gayathri

1:20pm

VERIFIED BY : Name .... Signature

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY (M)
30-07-2021 4 Y 9 M 20 D
Dr. SANDHYA VADDADI

I.V. FLUIDS CHART

Weight. 17kg. Ward. Onco

		...ition of I.V. Fluid (... infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: Ward.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. VORICONAZOLE (200 mg)	1/2 tab	PO	OD	20/5/26 10AM	☑ C ☐ DC
2	T. TRANEXA (500mg)	1/2 tab	PO	BD	20/5/26 10AM	☑ C ☐ DC
3	Syp SEPTRAN	5ml	PO	A/D	20/5/26 10AM	☑ C ☐ DC
4	Syp MOKTEL	5ml	PO	OD	20/5/26 10AM	☑ C ☐ DC
5	Sy CALCIMAX	5ml	PO	OD	20/5/26 10AM	☑ 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 : Sahithi [signature]

Date & Time : 20/5/26 12:30PM

Nurse Name & Signature: Anmab [signature]

Date & Time : 20/5/26 12pm

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Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

(1)

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter		Entry
Date : 29/5/26	Time:	1pm
Doctor / Nurse / Family Concern?		
Temperature (F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) *	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50	99 / (61) / 50
Note: BP does not score in early warning scoring		
Heart Rate (Number)		104 b/m
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10	
Resp Rate (Number)		28 b/m
Resp Distress	Mod/ Severe	
	None / Mild	✓
Receiving O_2 (l/min)		
O_2 Saturations (%)		100%
Conscious Level	Normal	C
	Altered	
GCS *		15/15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		[illegible]

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given 02/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake				Output						
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/5/25	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

FLUID CHART

Sheet No. : ....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

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

Total 24 hrs. Intake			**Total 24 hrs. Output**	

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

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
Dr. SANDHYA VADDADI

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CONSENT FOR BLOOD TRANSFUSION

Name: Mittapally Nihan Reddy .... Age: 4y .... Gender: Male ☑ Female ☐

UHID.No : 201487 .... Date: 20/5/26 ....

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☑ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others ....

I .... M. Latha .... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that ....

....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: [signature] ....

Name: M. Latha ....

Date & Time 20/5/26 @ 1:30pm ....

Doctor (Who is talking the consent)

Signature: ....

Name: ....

Date & Time .... 20/5/26 @ 1:30pm ....

Witness

Signature: [signature] ....

Name: M. Latha ....

Date & Time 20/5/26 @ 1:30pm ....

VIH-00201487 IP5-00174060
Master MITTAPALLY NIHAN REDDY
30-07-2021 4 Y 9 M 20 D (M)
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 20/5/26. Time: 1:30 pm.

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve.

Blood Bank Issue No: BAH 26 - 01217 Date of Collection: 19/5/26 Date of Expiry: 24/5/26

Date & Time of Starting Transfusion: 20/5/26 @ 1:30pm Planned duration of Transfusion: 30 mints

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Pooja Nurse 2: Gayathri

Before starting transfusion vitals: Temp: 98.6°F HR 102b/m RR: 26b/m BP: 100/50(60) SpO$_2$ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
	15 Min	102b/m	98.6°F	100/50(60)	100%	NA	NA	NA	-
	15 Min	100b/m	98.6°F	103/5	100%	NA	NA	NA	-
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No complaints

Name of the Incharge-Nurse: Sarita Name of the Nurse: N. Pooja

Signature of the Incharge-Nurse: [signature] Signature of the Nurse: [signature]

Date & Time: 20/5/26 @ 2pm Date & Time: 20/5/26 @ 2pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELET CONCENTRATE I.P.

Qty. 70 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

O	**HIV I & II/ HBsAG/ HCV - Non reactive** **VDRL - Non reactive** **MP - Negative** **NAT(HIV I & II/ HBsAG/ HCV)- Non reactive**
	Unit No.: BAH26-01217 **Blood Group: O Rh Positive** **Collection Date: 19/May/2026** **Expiry Date: 24/May/2026**

Do Not Dispence Without Prescription. 2. Check Blood Group On Label & Recipient'S Group And Name Before Administration. 3. Shake Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issu... Transfusion Set With Filter. 7. Do Not Use If There Is ... Like Haemolysis Clotting ... 24° C With Gentle A... 9. Admi...

Issue Label / CrossMatching Report

Patient : **MASTER M NIHAN REDDY**
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr sandhya
UHID No.: VIH-00201487 Wd-Bed No.:
Product : RDP
Blood Group : O Rh Positive
Unit No.: **BAH26-01217** Issue Dt : 20/May/2026
XMatching Report:Group Specific Colln. Dt :19/May/2026
X-matched by: Premalatha Exp. Dt :24/May/2026
Issued By : Premalatha

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELET CONCENTRATE I.P.

Qty. 66 ml. Prepared from Whole human blood collected in ... SAGM Solution.

O	**HIV I & II/ HBsAG/ HCV - Non reactive** **VDRL - Non reactive** **MP - Negative** **NAT(HIV I & II/ HBsAG/ HCV)- No reactive**
	Unit No.: BAH26-01204 **Blood Group: O Rh Positive** **Collection Date: 17/May/2026** **Expiry Date: 22/May/2026**

1. Do Not Dispence Without Prescription. 2. Check Blood Group On Label & Recipient'S Group And Name Before Administration. 3. Shake Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If There Is Any Visible Evidence Of Deterioration Like Haemolysis Clotting Or Discoloration. 8. Store Continuously At 22° C - 24° C With Gentle Agitation.Or Be... 9. A...

Issue Label ... Report

Patient : **MASTER ...**
Patient's Blood Group ... Positive
Hosp/Dr :Rainbow Ch...al,dr sandhya
UHID No.: VIH-0020... Wd-Bed No.:
Product : RDP
Blood Group : O Rh ...
Unit No.: **BAH26-01204** Issue Dt : 20/May/2026
XMatching Report:Group Specific Colln. Dt :17/May/2026
X-matched by: Pren... Exp. Dt :22/May/2026
Issued By : Premalatha

Rainbow Hosp... Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/... floor, Sy.No.129/11, 403/P, Road No.2, Ba... Hyderabad, Telangana State
...D/TS/2018/BB/G