




**ACTIVITY RECORD FOR BILLING**

		<b>Rainbow Children's Hospital - Banjara Hills</b> 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	
<b>ADMISSION SHEET</b>			
			
<b>Registration Details :</b>			
Admission No : IP5-00173696	Admit Date : 11-May-2026	Admit Time : 04:33 PM	UHID : BAH-00636956
<b>Patient Details :</b>			
Patient Name : Master D ARYAN REDDY	Age : 12 Y 11 M 12 D		
Guardian : Mr D RAJANIKANTH REDDY	DOB : 29-05-2013		
Gender : Male	Religion :		
Occupation :	Martial Status : Single		
Address (H) : 16-11-511/D/9 SHALIVAHANA NAGAR St THOMAS SCHOOL, DILSUKHNAGAR Amberpet Hyderabad Telangana INDIA 500013	Phone No : 9959000008/ 9959578677		
	E-mail : drkreddy2727@gmail.com		
<b>Admission Details :</b>			
Bed Type : SEMI PRIVATE	Bed No : SPVT331-(1)	Ward Name : 3F-ZONE C	
Room No : SPVT331-(1)	Admission Type : First Visit		
<b>Contact Details :</b>			
Name : Mr D RAJANIKANTH REDDY	Relationship : Father		
Contact Address : 16-11-511/D/9 SHALIVAHANA NAGAR St THOMAS SCHOOL, DILSUKHNAGAR Amberpet Hyderabad Telangana INDIA 500013	Phone No : 9959000008		
		 Signature	
<b>Doctor Details :</b>			
Doctor Name : Dr. SHAIKH FARHAN A RASHID	Specialisation : GENERAL PEDIATRICS		
Referral Doctor : DR S BHASKAR	Phone No :		
Co-Consultant :			
<b>Payment Details :</b>			
Payment Mode : Cash	Deposit Amount : 0.00		
	Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD		

### Pediatric Multiorgan History & Physical Examination

Name: D. Aryan Reddy Age/Sex 12 / M

Information given by: Mother Relationship good

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

cp: fever since 2 days. (~~8~~ 9/5 morning)  
abdominal pain (9/5)

weakness of body along with  
spasm of hands/feet today

#### History of present illness:

↓  
child pre-morbidly well.

cp: h/o outside food consumption on  
Friday (8/5) evening. chutney.

cp: fever spikes since 9/5 morning  
- 12 hourly - 100-101°F. / no chills.

cp: abdominal pain x 9/5.  
epigastric region / not a/w nausea  
or vomiting or loose stools / or  
dysuria / or ↑ urinary freq or  
↓ sed appetite.

↓  
took to Paramitha → during blood sampling

child had OPD episode of  
spasm involving hands & feet (both)

→ hands flexed at or prox. met wrist  
& proximal mc joint & feet  
plantar flexed a/w shivering  
lasting few seconds of jaw.

→ child was oriented to parent T/P/P  
& communicating w/ parents.

Patient No. :  
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Master D ARYAN REDDY  
29-05-2013 12 Y 11 M 12 D (M)  
Dr. SHAIKH FARHAN A RASHID

Pe

**Physical Examination**

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

had dengue fever in Sept '25, admitted in ward, ~~at~~ d/c after 3-4 days no platelet transfusion / steroids

**Birth & Neonatal History:**

Term / 2.9kg / CIAB / no NICU stay

**Birth & Socio Economic History:**

About Father :

About Mother :

Any additional Information :

no GI symptoms in family

**Developmental History :**

appropriate for age.

**Immunization History :**

uptodate

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Master D ARYAN REDDY

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12 Y 11 M 12 D (M)

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Organ history & Physical Examination

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): 158 cm (Centile \_\_\_\_\_)  
Weight (kgs) 42.1 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 102.2°F Pulse Rate : 128/min B.P. 120/76 <sup>(89)</sup> SPO2 99%  
Resp. rate and type of breathing : 20/min

Rash (-) - no Carpopedal spasms.  
Lymphadenopathy (-) - chvostk sign - negative  
Oedema : (-)  
Allergies (if any): \_\_\_\_\_

**Respiratory System :**

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

**Cardiovascular System :**

Inspection of precordium : \_\_\_\_\_  
Heart Sounds : (N) none  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

**Per Abdomen :**

Inspection (N)  
Palpation : soft / NT / no HSM.  
Ausculation : BS (+)  
Spine : (N) External Genitalia : (N)  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_

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Neurological Examination History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert / oriented

Cranial Nerves : HMMF - (N)  
NFND

Motor System:

Nutrition : well built

Tone : / (N) Power 5/5

Co-ordinator : / (N)

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

Involuntary Movements : none

Reflexes :

(R) (L)  
DTR 2+ 2+ Superficials: \_\_\_\_\_  
Plantars ↓ ↓

Sensory System :

(N)

Bladder / Bowel : (N) / once in 2 days

Clinical Summary & Diagnostic:

AFI (D3) with suspected hypocalcemia

**paediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: sepsis, hypocalcaemic seizures

Desired goals of the treatment: resolution of febrile illness

**Planned Labs:**

**Planned Management**

- CBP
- CRP
- S. Ca<sup>2+</sup> / S. Mg<sup>2+</sup>
- S. electrolytes
- urea / creatinine
- LFT
- PT / INR / aPTT
- Blood c/s
- MP optimal
- Dengue NSI / TgMT
- CUE / urine c/s

- 1.) Inj Ceftriaxone
- 2.) 1 Tab Azithromycin
- 3.) Tab Pantodac
- 4.) Fever management as advised
- 5.) IVF DNS.
- 6.) To trace S. Calcium - if < 8, SOS calcium correction → inform

Signature of the Doctor: [Signature]  
 Name of the Doctor: Dr. Shihile  
 Date & Time: 11/5/26

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

DR. SHAIKH FARHAN A RASHID  
 Registration No: 66229



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/05/2026 5:30 PM	C/S/B PICU team	
	D: AFE (D <sub>3</sub> ) ? Hypocalcemic tetany	<u>Plan</u>
	On Room Air Hemodynamically stable	- Cont. IV Fluids (half maintenance)
	- Oral intake fair - Ongoing fever 3 spikes	- Cont GLEFIRAXONE (D <sub>1</sub> ) AZITHROMYCIN (D <sub>1</sub> )
	- Oral intake - fair  PR - 112 bpm RR - 20 bpm BP - 110/66 mmHg SpO <sub>2</sub> - 100% RA CRT < 3 sec	- Trace Labs  - If sr. Ca < 8, Calcium correction to be given.
	PA - soft RS - BIL A/E, clear	- Monitor vitals, O <sub>2</sub>  - W/ fever spikes
		- Inform SOS
	<del>C/S/B Dr. Leenatha Man</del>	Khalid. (Dr. Nandan)



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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
		C/S/B Resident (Dr. Nandan)
	D: AFI (D <sub>4</sub> ) Hypocalcaemic tetany	Plan - cont. IV fluids
	- on room air	
	- Hemodynamically stable	- Cont. Inj. ceftriaxone (D <sub>2</sub> ) Tab. Azithromycin (D <sub>2</sub> )
	- Oral intake - fair	
	- 2 fever spikes since admission	- True 5 viral panel / COE, Urine cs, Blood cs, MP optima
	102.2°f - 4.30 PM	- Dr. Leonatha Mann consultation today.
	101°f - 3.40 AM	
	- Abdominal pain sub <sup>d</sup> sided	- Monitor vitals, U/O
	- NO fresh issues	- w/s fever spikes
	- vitals - stable	- Inform SOS
	- PA - soft, BS (+), non tender	- Plan to do USG abdomen today.
	RS - BIL A/E, clear,	<u>Nanda</u> (Dr. Nandan)

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/05/2026 11:15AM	C/S/B Resident D: Influenza - Billnex Hypocalcemic tetany Infl-B → Positive	Plan Add <del>Syr. FLUVID</del> CAP. FLUVID Trace Adeno virus - PCR  M.A.L. (Dr. Nandan)
12/5/26 12PM	C/S/B Dr. Farhan Sir D: Infl. Billnex ± Hypocalcemic tetany USG abdomen ↓ Fecal loading of cecum & ascending colon. X-ray abdomen erect S/O Fecal impaction.	Plan ✓ Proctocoly sis enema stat ✓ Endocrinology review ✓ Dulcolax suppository alternate day ✓ SMOOTH } to add MO-DOT } <del>alternate day</del> - Trace Urine US, blood US Adenovirus PCR - send vit-D levels
12/5/26 12:10PM	C/D/W Dr. Leenatha Man Plan	Plan ✓ send vit-D levels - review reports M.A.L.



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>C/SIB PICO team.</u>	
		<u>Plan:</u>
	<p><del>12/5/20</del>  <del>ESP</del></p> <p>S: Influenza B illness /          Hypocalcaemic tetany</p> <p>Issu:- fever 1 spike 102.5 F.</p> <p>Oral intake good.          Child on room air.</p> <p>Spo2: 99% PR: 78/min          RR: 24/min BP: 110/70.</p> <p>Chest: B/L clear</p> <p>CNS: h.s. (+)          CNS: GCS 15/15</p> <p>Tone: (N)          Power (N).</p> <p>RA: soft NT-</p> <p>Passed stool me.</p>	<p>① Paper iv fluid to 20ml/hr.</p> <p>② Encourage oral intake.</p> <p>③ If oral intake good, stop iv fluids slow.</p> <p>④ Trace Vitamin D level.</p> <p>⑤ Dr Leenatha review from</p> <p>⑥ Trace Amino.</p> <p>⑦ Cont antibiotics. 4          Fluix.</p>
		Suby.
		Noted by Satya ESPN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/05/2024 8:30AM	C/S/B Residence (Dr. Nandan)	
	D: Influenza-B illness Hypocalcemic Sepsis.	Plan - Dr. Leenatha Mann consultation today.
	1 fever spike in last 24 hrs - 100.5°f @ 3:40PM	- Stop IV fluids - Trace Blood c/s, Urine c/s
	On room air Hemodynamically stable Good oral intake	Plan to discharge today.
		<u>Neel A.</u> (Dr. Nandan)
13/5/26 11:45AM	C/S/B Dr. Farhan Sir	
		- Azeez 3 days
		- Oseltamivir
		- Dulcolax A/D
		- Pantop
		- Smith
		- m-out
		- Vit-D <sub>3</sub>
		- Shalcal
		- Review after 3 days

DR. SHAIKH FARHAN A RASHID  
 REGISTRATION NO. 66228

*July 2024*  
 (Signature)









# CROSS CONSULTATION FORM

Doctor Name : Dr. Leenatha Reddy Date : 13-5-26 Time : 10:10am

Diagnosis : Influenza B ± possible low Ca → Ca = (N) ica = low &

Hospital : B Hills

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

**Reason for Referral :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

→ ica ↓  
h/o spasms

Signature: \_\_\_\_\_

**Findings and Recommendations :**

Had episode of tingling + spasms of hands & feet. Was unwell & fever.

ica = 1.04

Ca = 0.7

ALP = 200

Ca = 9.3

ur = 21

VitD = 28.6 → Borderline

No further episodes.

Plan: 1. vit D<sub>3</sub> 60k oral once a week for 4wks.

2. Shelcal 500mg od for 4wks

**Consultant :**

Name : Leenatha Reddy J Signature : [Signature] Date & Time : 13-5-26

Recheck

- Ca, Mg  
i. Ca, P<sub>04</sub>  
P<sub>04</sub>  
# Vit D

after 6wks.  
&  
review

OK

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## RESULT SHEET

Date	11/5				
Time	5 PM				
Hb	13.8				
PCV	40				
RBC	4.66				
WBC	4030				
N/L	69/29				
Platelets	2.42 Lakh				
CRP	5.0				
ESR					
PCT					
RBS					
Na	137				
K	4.2				
Cl	101				
Ca/Mg	9.3 / 1.6				
Phosphate					
Urea	21				
Creatinine	0.7				
ALP	200				
SGPT	14				
SGOT	30				
T.Bill/Conj	0.3 / 0.1				
T.Protein	7.5				
S.Albumin	4.6				
S.Globulin	2.9				
A/G Ratio	1.5				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	16 / 1.2				
APTT	39				
CSF Protein / Sugar					
Cells	VIF-D	28.6			
N/L					

Date	11/5/26				
Time	8 PM				
CUE - Alb	-				
CUE - Sugar	-				
CUE - Ketones	-				
CUE - PUS Cells	1-2				
CUE - RBC Cells	-				
CUE	Leucocyte	} Negative			
	Sediment				
	Blood				
Stool Pus Cell					
OVA / Cyst					
Occult Blood					

RMT → Negative

Culture and Sensitivities : Dengue (NS, + IgM) + Non reactive  
 5 viral panel Influenza - B → Positive  
 Inf: A, RS V, Covid → Negative  
 Adeno → Negative

Radiology : USG : (11/5) Blood cs → sterile after 24 hr  
 X-Ray :  
 ECHO :  
 CT :  
 MRI :  
 Others (ECG, Contrast Studies etc.) :

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## 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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Nalini Dr. Nandan

Date & Time: 11/05/2026, 5.20 PM

Nurse Name & Signature: Annab A

Date & Time: 11/5/26 5:20



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Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

<b>DRUG :</b> CAP. VIT-D3				Date Time																	
Dose	Route	Frequency	Start Dt.																		
1 cap	PO	weekly once	13/05																		
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.																					
Additional Instructions: 1 capsule = 60,000 IU Every wednesday weekly once x 8 weeks																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b> TAB. SHELCAL 500				Date Time																	
Dose	Route	Frequency	Start Dt.																		
1 tab	PO	OD	13/05																		
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

Signature  
VERIFIED BY : Name

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# DRUG CHART

Date of Admission: 11/5/20 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)

<b>DRUG : TAB. PARACETAMOL</b>				Date Time	11/5															
Dose	Route	Frequency	Start Date																	
1 tab	po	SOS	11/5																	
Doctor's Signature		Valid Period	Pharm.																	
Sai																				
Additional Instructions:																				
If Temp > 100°F, maximum 4 times a day																				

<b>DRUG : Inj. PARACETAMOL</b>				Date Time	12/5															
Dose	Route	Frequency	Start Date																	
400mg	IV	SOS	11/5																	
Doctor's Signature		Valid Period	Pharm.																	
Sai																				
Additional Instructions:																				
If Temp > 101°F																				

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

VERIFIED BY : Name .....



REGULAR PRESCRIPTIONS

Weight. 42kg Ward. ....

VERIFIED

**DRUG:** Inj CEFTRIAXON Date/Time 11/5 12/5

Dose	Route	Frequency	Start Date
<u>2g</u>	<u>IV</u>	<u>BID</u>	<u>11/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: @ 50mg/kg BID

Daily Doctor's Endorsement by a Sign

VERIFIED

**DRUG:** Tab AZITHROMY Date/Time 11/5

Dose	Route	Frequency	Start Date
<u>2tab</u>	<u>PO</u>	<u>BID</u>	<u>11/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 20mg/kg/d 1tab = 200mg ENTERIC DOSE

Daily Doctor's Endorsement by a Sign

VERIFIED

**DRUG:** Tab PANTODAC Date/Time 11/5 12/5

Dose	Route	Frequency	Start Date
<u>40mg</u>	<u>PO</u>	<u>OD</u>	<u>11/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 5pm

Daily Doctor's Endorsement by a Sign

**DRUG:** Tab AZITHROMYCIN Date/Time 12/5

Dose	Route	Frequency	Start Date
<u>1 1/2 tab</u>	<u>PO</u>	<u>BD</u>	<u>12/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: ~ 20mg/kg/d 1tab = 250mg Enteric dose

Daily Doctor's Endorsement by a Sign

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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		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Name & Signature of the Doctor		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Additional Instructions:		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		

**VARIABLE DOSE**

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		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Name & Signature of the Doctor		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Additional Instructions:		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/5	9PM	Inj. MAGNESIUM SULPHATE	4ml + 20ml NS	IV over 2hr	FSPK	Pulash Rah 3:00
12/26	1:30AM	INJ. CALCIUM GLUCONATE	20ml in 20ml 5% Dextrose	IV OVER 90mins	RA	Rah Pah 1:00
12/5/26	12PM	RHOCTOLYSIS ENEMA	1 unit	PR	Nalid.	Satyaj Tudeti 7:00

Signature .....

VERIFIED BY : Name .....



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11/5/26

Doc. No. : RCH/FRM/CLINICAL/127

**TEENAGE (12 + years)**  
**Children's Observation & Early Warning Scoring Chart**



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : .....	Time: <u>6pm</u>	<u>8pm</u>	<u>12PM</u>	<u>2:40</u>	<u>7:40</u>
Doctor / Nurse / Family Concern?					
Temperature (°F)	104				
	103				
	102				
	101				
	100				
	99	<u>99.8°F</u>	<u>99.8°F</u>	<u>98.6°F</u>	
	98				
	97				<u>97.4°F</u>
	96				
	94				
Heart Rate (bpm)	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100	<u>100</u>	<u>99</u>	<u>99</u>	<u>104</u>
Blood Pressure (mmHg) *	130				
	120				
	110				
	100				
	90				
	80				
	70				
	60				
	50				
	50				
Heart Rate (Number)	<u>100</u>	<u>99</u>	<u>99</u>	<u>85bpm</u>	<u>75bpm</u>
esp. Rate (bpm) Over 1 Minute	70				
	60				
	50				
	40				
	30				
	20				
	10				
	10				
	10				
	Resp Rate (Number)				<u>20</u>
Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O <sub>2</sub> (l/min)					
O <sub>2</sub> Saturations (%)				<u>100%</u>	<u>98%</u>
Conscious Level	Normal				
	Altered				
GCS *		<u>15/15</u>	<u>15/15</u>	<u>14</u>	<u>14</u>
<b>TOTAL SCORE</b>					
Number of shaded boxes	<u>1</u>	<u>1</u>		<u>0</u>	<u>0</u>
Pain Score	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>
Observer's Initials	<u>A</u>	<u>A</u>		<u>A</u>	<u>A</u>
<b>ACTIONS</b>	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.

## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

BAH-00638956 IP5-00173696  
 Master D ARYAN REDDY  
 29-05-2013 12 Y 11 M 13 D (M)  
 Dr. SHAIKH FARHAN A RASHID



12/5/26

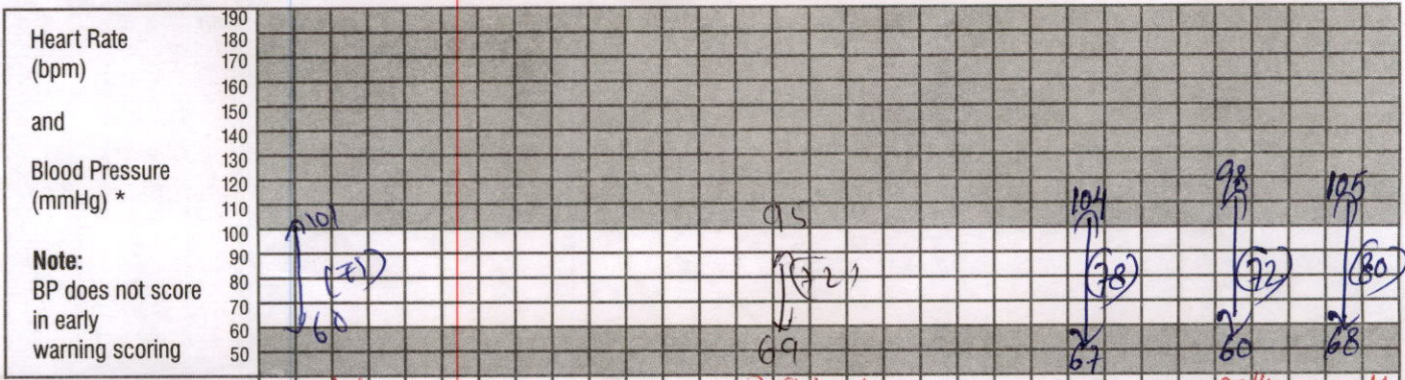
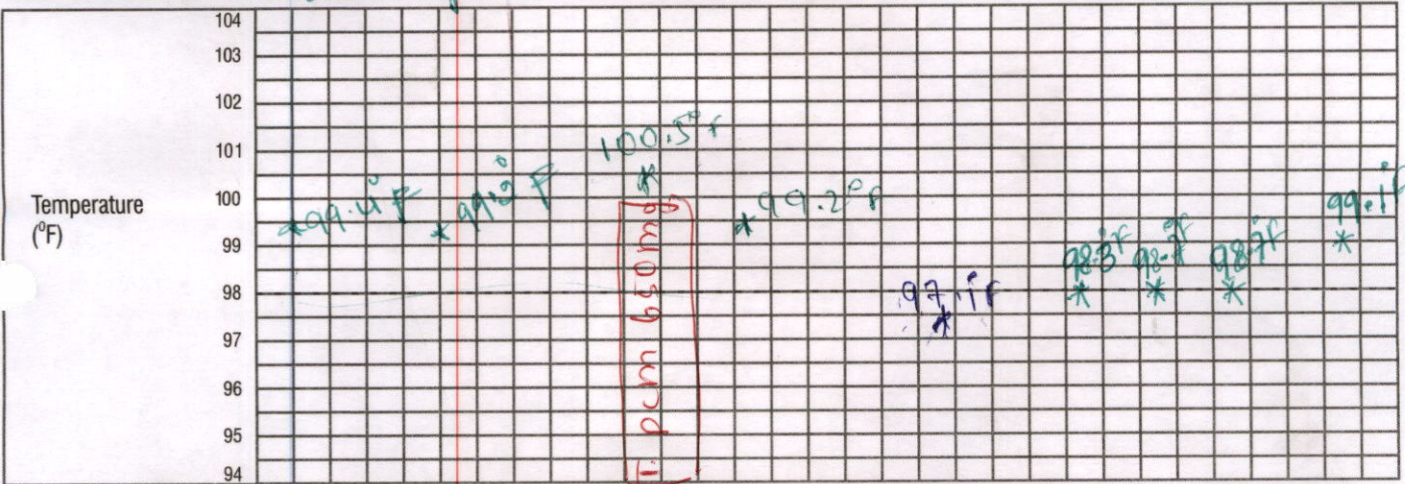
HBH/ FRM / CLINICAL / 127

**TEENAGE (12 + years)**  
**Children's Observation & Early Warning Scoring Chart**

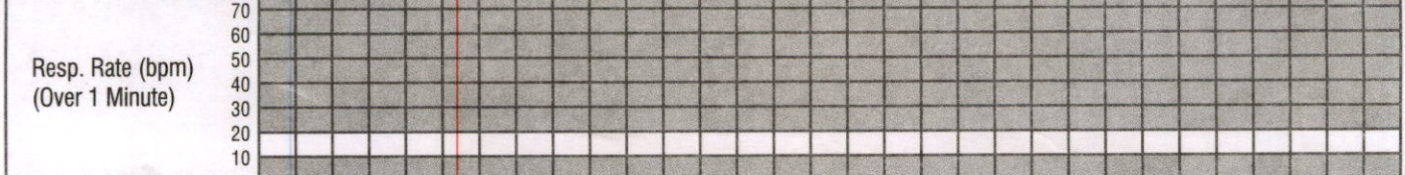


**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 12/5/26 Time: 11:30 am 4:30 pm 7:45 pm 10:30 pm 11:30 pm 2:00 am 6:20 am  
 Doctor / Nurse / Family Concern? [Handwritten initials]



Heart Rate (Number) 76 bpm, 95 bpm, 104 bpm, 98 bpm, 105 bpm



Resp Rate (Number) 28 bpm, 29 bpm, 20 bpm, 21 bpm, 20 bpm

Resp Distress	Mod/ Severe				
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	97%	99%	100%	100%
Conscious Level	Normal / Altered	15/5	15	14	14
GCS *		15/5	15	14	14
TOTAL SCORE		2	0	0	0
Number of shaded boxes		2	0	0	0
Pain Score		0	0	0	0
Observer's Initials		[Handwritten]	[Handwritten]	[Handwritten]	[Handwritten]

- ACTIONS**
- 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

BAH-00636956 IP5-00173696  
 Master D ARYAN REDDY  
 29-05-2013 12 Y 11 M 12 D (M)  
 Dr. SHAIKH FARHAN A RASHID



# FLUID CHART

11/5/26

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm										0		
	03:00 pm									✓	0		
	04:00 pm										0		
	05:00 pm									✓	0		
	06:00 pm										0		
	07:00 pm										0		
<b>Total Intake :</b>						<b>Total Output :</b> 0-2							
	08:00 pm										0		
	09:00 pm		150								0		
	10:00 pm									✓	0		
	11:00 pm		150								0		
	12:00 am										0		
	01:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b> 0-2 m-0							
	02:00 am										0		
	03:00 am	D	750	40ml						✓	0		
	04:00 am	N		40ml							0		
	05:00 am	S		40ml							0		
	06:00 am			40ml							0		
	07:00 am		150	40ml							0		
<b>Total Intake :</b>						<b>Total Output :</b> m-0 u-1							
<b>Total 24 hrs. Intake</b>		1150 + 700ml				<b>Total 24 hrs. Output</b>		m-0 u-4					

# FLUID CHART

Sheet No. : .....

12/0/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
12/0/26	08:00 am			40ml						0	Revathi	
	09:00 am			40ml						0		
	10:00 am	DNS	idly	40ml						0		
	11:00 am			40ml		NP				0		
	12:00 pm		soup	40ml						0		
	01:00 pm			40ml						0		
<b>Total Intake :</b>						<b>Total Output :</b> 0-21-0						
	02:00 pm		H2O	40ml						0	Sabya	
	03:00 pm			40ml						0		
	04:00 pm	DNS	H2O	40ml						0		
	05:00 pm			40ml						0		
	06:00 pm		H2O	40ml						0		
	07:00 pm			20ml						0		
<b>Total Intake :</b>						<b>Total Output :</b> 0-20-2						
	08:00 pm			20ml						0	Seema	
	09:00 pm		H2O	20ml						0		
	10:00 pm	DNS		20ml						0		
	11:00 pm		H2O	20ml						0		
	12:00 am			20ml						0		
	01:00 am			20ml						0		
<b>Total Intake :</b>						<b>Total Output :</b> 0-00-2						
	02:00 am			20ml						0	Seema	
	03:00 am		H2O	20ml						0		
	04:00 am	DNS		20ml						0		
	05:00 am			20ml						0		
	06:00 am		H2O	20ml						0		
	07:00 am			20ml						0		
<b>Total Intake :</b>						<b>Total Output :</b> 0-00-1						
<b>Total 24 hrs. Intake</b>			IVF -> 700ml			<b>Total 24 hrs. Output</b>			0-21-6			

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 Master D ARYAN REDDY  
 29-05-2013 12 Y 11 M 13 D (M)  
 Dr. SHAIKH FARHAN A RASHID



# 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
13/5/2013	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

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

<b>Total 24 hrs. Intake</b>	
-----------------------------	--

<b>Total 24 hrs. Output</b>	
-----------------------------	--

AH-00636956 IP5-00173696  
 Master D ARYAN REDDY  
 29-05-2013 12 Y 11 M 12 D (M)  
 Dr. SHAIKH FARHAN A RASHID



*enterom*

## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 11/5/20 Time: 11:00

Blood Group of the Patient: ..... Blood Group on the Blood Bag: .....

Blood Bank Issue No: ..... Date of Collection: ..... Date of Expiry: .....

Date & Time of Starting Transfusion: ..... Planned duration of Transfusion: .....

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Rub Nurse 2: MOSES

Before starting transfusion vitals: Temp: 98.6 HR 110 RR: 20 BP: 101/61 SpO<sub>2</sub> 98%

**PLEASE MONITOR THE FOLLOWING:**

Date	Time	HR	Temperature	Blood Pressure	SpO <sub>2</sub>	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
11/5	15 Min	107	98.6	101/69	98	NA	NA	NA	NA
	30 Min	108	98.6	102/70	99	NA	NA	NA	NA
	30 Min 1hr	104	98.6	101/70	98	NA	NA	NA	NA
	30 Min 2hr	110	98.6	103/71	98	NA	NA	NA	NA
	30 Min 3hr	108	98.6	102/70	98	NA	NA	NA	NA
	1 Hr								
	1 Hr								

Comments: .....

Name of the Incharge-Nurse: Rub

Name of the Nurse: Rub


Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 12/5/20 @ 3 AM

Date & Time: 12/5/20 @ 3 AM

# PATIENT TRANSFER FORM

Patient Name & UHID No.  BAH-00636956 IP5-00173696 Master D ARYAN REDDY 29-05-2013 12 Y 11 M 12 D (M) Treat: Dr. SHAIKH FARHAN A RASHID 		Date & Time of Admission 11/5/26 4:33 pm	Date & Time of Transfer Order 11/5/26 5:25 pm
Transfer Ordered by Dr. Akwila		Reason for Transfer Admission	
From Unit ER	To Unit 331 - 1	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, what? (op file)	Patient shifted with ID band: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No: .....	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DRS - to fix	1+1
2.		
3.		
4.		
5.		

ifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring Annab	Name of Person Ordered Transfer Dr. Akwila
---	---

Patient & Clinical Records Received by : Shivani
Date & Time of Patient Received : 11/5/26 6pm

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

- Unavailable Bed       Nurse not Available       Available Bed not ready



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# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 12/5/26 Time: 9 am

Weight: 42kg Centile: 72<sup>sd</sup>

Height: 126cm Centile: 72<sup>sd</sup>

Inference: well child

RDA: — Calories: 1750kcal/d Protein: 30g/d

Diet Recommendations: Normal High Calcium rich foods like

Re-Assesment: avoid spic, chilled & outside foods

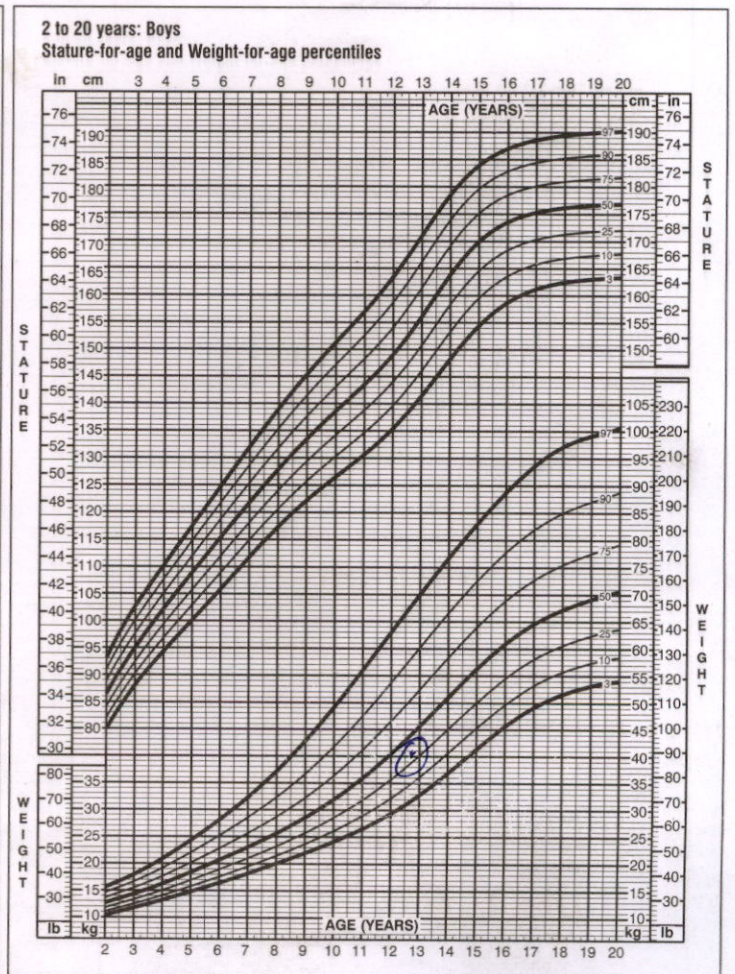
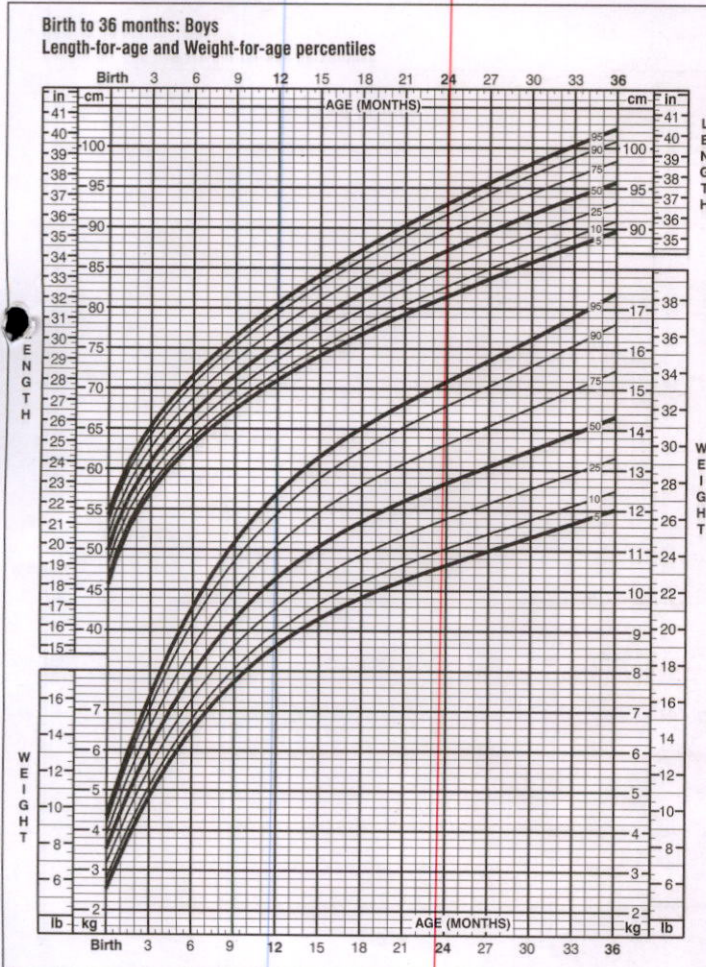
Food Allergies: NO Veg/Non-veg: NON-veg

Diagnosis: An (b4) & hypocalcemia

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: Alchay

## GROWTH CHART (BOYS)



Dietician's Name: Lalima

Dietician's Signature: Lalima



ADMISSION SHEET



Registration Details :

Admission No : IP5-00173696      Admit Date : 11-May-2026      Admit Time : 04:33 PM      UHID : BAH-00636956

Patient Details :

Patient Name	: Master D ARYAN REDDY	Age	: 12 Y 11 M 12 D
Guardian	: Mr D RAJANIKANTH REDDY	DOB	: 29-05-2013
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: 16-11-511/D/9 SHALIVAHANA NAGAR St THOMAS SCHOOL, DILSUKHNAGAR Amberpet Hyderabad Telangana INDIA 500013	Phone No	: 9959000008/ 9959578677
		E-mail	: drkreddy2727@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE      Bed No : SPVT331-(1)      Ward Name : 3F-ZONE C  
Room No : SPVT331-(1)      Admission Type : First Visit

Contact Details :

Name : Mr D RAJANIKANTH REDDY      Relationship : Father  
Contact Address : 16-11-511/D/9 SHALIVAHANA NAGAR St  
THOMAS SCHOOL, DILSUKHNAGAR Amberpet  
Hyderabad Telangana INDIA 500013      Phone No : 9959000008

  
Signature

Doctor Details :

Doctor Name : Dr. SHAIKH FARHAN A RASHID      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : DR S BHASKAR      Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD

**ACTIVITY RECORD FOR BILLING**

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

UHID No. : \_\_\_\_\_ IP No : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

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Master D ARYAN REDDY  
29-05-2013 12 Y 11 M 12 D (M)  
Dr. SHAIKH FARHAN A RASHID



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
11/5/26	5:28 PM	ER	33F-1	Anneeb

**Cross Consultation Visit**

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









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

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

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

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

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

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

BAH-00636956 IP5-00173696  
Master D ARYAN REDDY  
29-05-2013 12 Y 11 M 12 D (M)  
Dr. SHAIKH FARHAN A RASHID



**Pediatric Multiorgan History & Physical Examination**

Name: D. Aryan Reddy Age/Sex 12 / M  
Information given by: Mother Relationship good

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

cp: fever since 2 days. (~~8~~ 9/5 morning)  
abdominal pain (9/5)  
weakness of body along with  
spasm of hands/feet today

**History of present illness:**

↓  
child premonitory well.  
cp: h/o outside food consumption on  
Friday (8/5) evening - chutney.  
cp: fever spikes since 9/5 morning  
- 12 hourly - 100-101°F. / no chills.  
cp: abdominal pain x 9/5.  
epigastric region / not a/w nausea  
or vomiting or loose stools / or  
dysuria / or ↑ urinary freq or  
↓ sed appetite.

↓  
took to Paramitha → during blood sampling  
child had OPD episode of  
spasms involving hands & feet (both)  
→ hands flexed at ~~or prox~~ met wrist  
& proximal mc joint & feet  
plantar flexed a/w shivering  
lasting few seconds of jaw  
→ child was oriented to parent T/P/P  
& communicating w/ parents.