

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00642914 IP5-00176468
Master NOMULA VIYANSH REDDY
UHID No. : _____ 02-01-2020 6 Y 6 M 14 D (M)
Dr. KAPIL BHAGWATRAO SACHANE
Date of Admission: _____ Date of Discharge : _____ Time: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	3:30pm	ER	106	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. - Purna chandra	17/7/26	9707708	[Signature]
2	Dr. - Sushma Reddy	18/7/26	9710591	[Signature]
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

16/2 front

CBP, CRP, Blood cells
ESR, S. Creatinine

71388

Antônio

17/7/26

5 viral panel

-2509615-

Handy

17/9/26

CUF : Wine culture

-2509615-

Blank

122

(2D echo)

035658



1816	
1817	

Mycoplasma IgM ;
DNA titre

0240242

Q

18/7	

DNA titru

0240 u n

2

CBP . CRP . PCT . LFT

- 2604 239 3000

Shairaf

1917

CBP . CRP . PCT . LFT

- 2604 239 30000

Shaiuef

[illegible]

Date _____

Name of Equipment

Connecting Time

Disconnecting Time

Order No.

Signature

1612

infusion pump

3:00 pm

Time

706450

Sushma

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/7/2020	14 placement	(1)	706126	Arthur
15/2	NHA	(1)	706451	Bushma
18/07	JVIG Transfusion	(1)	9709239	Parash
19/2	JVIG Transfusion	(1)	9711442	20/2

ANY OTHER INFORMATION

(1) 20 Echo
Sub

Date: 2/8/2020

Time: 10:00

Prepared By :

Shanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shanthi	SPUT		

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176468

Admit Date : 16-Jul-2026

Admit Time : 02:15 PM UHID : BAH-00642914

Patient Details :

Patient Name : Master NOMULA VIYANSH REDDY

Age : 6 Y 6 M 18 D

Guardian : Mr NOMULA GANGA REDDY

DOB : 02-01-2020

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO - 4-99/1, NALLAVELLI , NALLAPALLI ,
Indalwai R S Nizamabad Telangana INDIA
503164

Phone No : 8008949290/ 8096614670

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Room Type : SEMI PRIVATE

Bed No : SPVT 106

Ward Name : 1F-VIBGYOR

Room No : SPVT 106

Admission Type : First Visit

Contact Details :

Name : Mr NOMULA GANGA REDDY

Relationship : Father

Contact Address : H NO - 4-99/1, NALLAVELLI , NALLAPALLI ,
Indalwai R S Nizamabad Telangana INDIA
503164

Phone No : 8008949290 / 8096614670

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Dr. Balesh Neti

Phone No : 9652335708

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 3000.00

Payment Mode : Cash

Payor Name : STAR HEALTH AND ALLIED
INSURANCE CO LTD

ADMISSION SHEET



Registration Details :

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Admit Date : 16-Jul-2026

Admit Time : 02:15 PM UHID : BAH-00642914

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Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 106

Ward Name : 1F-VIBGYOR

Room No : SPVT 106

Admission Type : First Visit

Contact Details :

Name : Mr NOMULA GANGA REDDY

Relationship : Father

Contact Address : H NO - 4-99/1, NALLAVELLI, NALLAPALLI,
Indalwai R S Nizamabad Telangana INDIA
503164

Phone No : 8008949290 / 8096614670

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : STAR HEALTH AND ALLIED
INSURANCE CO LTD

Patient Sticker
 Nomuda, *Ngweni Reelley*
 BAH-00642914
 108

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	58			
7	Nursing plan of care and handover sheets				
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion	1			
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	9			
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale				
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	<i>Extra</i>	1			
Total No. of Pages		58			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Viyansh Reddy

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00642914 IP5-00176468

Master NOMULA VIYANSH REDDY

02-01-2020 6 Y 6 M 14 D (M)

Dr. KAPIL BHAGWATRAO SACHANE





Pediatric Multiorgan History & Physical Examination

Name : Nomula viyansh Reddy Age/Sex: 8y/M

Information given by: _____ Relationship: Mother

Chief Presenting Complaints & Duration (Chronologically)

Fever x 1 day

cough, cold x 1 day

oral ulcers x 1 day

Eye redness x 1 day

History of present illness :

C/o fever x 1 day

- moderate - high grade

afw Dull activity x 1 day

oral ulcers x 1 day

B/L eye redness x 1 day

cough cold x 1 day

- yesterday for fever ~~and~~ took oral mefenamic acid + paracetamol, No other medication taken → oral ulcers were present before medication intake.

- H/O fever, ^{cough, cold}, week ago took oral antibiotic - ~~ceftiozime~~ cefpodoxime paracetamol & Asoxit-LS

BAH-00642914
Master NOMULA VIYANSH REDDY
02-01-2020
Dr. KAPIL BHAGWATRAO SACHANE (M)
6 Y 6 M 14 D

Physical Examination

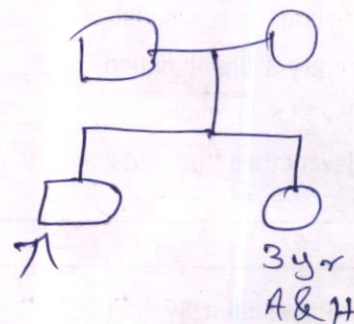
Past History : (Including details of any previous investigation or treatment)

H/O Reactive post infectious maculo cutaneous eruptions secondary to mycoplasma in december 2025

Birth & Neonatal History:

FT/LSCS/CIAB/B.Wt-3kg

No H/O NICO admix



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

} upper middle class.

Developmental History :

Achieved as per age in all domains.

Immunization History :

completely immunized

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 20.47 kg (Centile _____)

On Examination :

Temperature : 102.9 °F Pulse Rate 122 bpm B.P. 105/58 mmHg SPO2 100% RA

Resp. rate and type of breathing : 26 br/min ⓐ

Rash ⓐ oral ulcers ⓐ

Lymphadenopathy ⓐ

Oedema : ⓐ

Allergies (if any) : WDA

Respiratory System :

Inspection (any s/o distress) : ⓐ

Air entry & breath sounds : B/L A/E, clear

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : ⓐ

Heart Sounds : S1, S2 ⓐ

Any murmur : _____

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

Per Abdomen :

Inspection : ⓐ

Palpation : ⓐ

Auscultation : ⓐ

Spine : ⓐ

External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : 2 0

Motor System:

Nutriton : 2 0

Tone: 2 0 Power 2 0

Co-ordinator : 2 0

Posture : 2 0

Involuntary Movements : 2 0

Reflexes :

DTR

Plantars 2 0

Superficials: 2 0

Sensory System :

Bladder / Bowel : 2 0

Clinical Summary & Diagnostic:

AFI 2 Mucosal involvement



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Sepsis
Shock

Desired goals of the treatment :

Hemodynamic Stability

Planned Labs:

- CBP -
- CRP -
- Creatinine -
- ESR -
- Blood C/S -

SOS - 2D Echo

~~NB - Further~~

Planned Management

- IVF. DNS
- INS. LEFTRIAXONK
- Symp. AZEE
- Pantoprazole
- Zytex gel
- Symp. Mucaine gel
- SOS steroids after 10 hrs

- Dermatology

Review today

- Antipyretics

~~NB Further~~

Signature of the Doctor: Naal A.

Signature of the Consultant: Dr. D.

Name of the Doctor: Dr. Nandani

Name of the Consultant: Dr. D.

Date & Time: 16/07/2026, 2:15 PM

Date & Time: 16/07/2026, 2:15 PM

Registration No. UJJWALA DESAI
19171
9550

gsh

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	4/5/B PICU fellow	
16/2/26 4:30pm	c/o fever cough/cold oral Ulcers eye Redness x 1 day. Current issues - fever oral Ulcers. on Room A/Cs comfortable, oral Ulcers @ CNS CNS Resp H/A NAD.	Plan 1) TO continue i/v antibiotics & fluids, acyclovir 2) w/ fever spikes. 3) Trace blood investigation 4) inform SAS 5) Apply Zepet, Mucine. 6) Start Acyclovir If fever continues <i>John</i> <i>John</i> If fever continues, 2D-GC tomorrow.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/26	C/S/B Dr. P. C. S. follow	
	Asis- Acute febrile illness & <u>nan</u>	
	Mucosal involvement	- To do 2 DECHO
	Current issues - fever spikes	- collect bloods
	& oral ulcers	- Dermatologist Reference 1/0/0 mucosal erosion oral ulcers
	HR - 78/min	
	SpO ₂ - 94% on Room Air	
	Pulse volume - good	
	LN (-ve)	
	Chest - clear	
	Resp.	
	P/A	
	CNS	
	WS	
	C/S/B Dr. Anupama <u>nam</u>	
12/07/26 10:30 AM	Fever cont focus = gingivostomatitis to rule out Kawasaki	- send CUE, urine's (for sterile pyuria) - 2 DECHO
	Current issue - fever spikes	- Stop Acyclovir
	oral ulcers	- Start Quadrigel
		- Syp Atoz
		- Ribavirin 1/2 tab BD
		- Serial panel
		- Dermatology Referral

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/12/26 6:00 pm	OTC fever & focus sin fever & out focus gingivostomatitis clinical Kawasaki current med - fever spikes @ oral VI	C/D/W Dr. Anupama Plan 1) Trace Uremic, Blood 2) wff any fever spikes. 3) continue same IV antibiotics
	on Room A11 H.A. 74/40 mm IV - good. ent clear. LAT negative	7) Send Pro BNP. 8) IV Ig 1g/kg today in PICU. 1/20/27
12/12/26 8 pm	Δ fever & out focus Cause & evaluation	Old/W Dr. Kapil Plan: 1) Hold IVIG plan 2) Shift the patient under care of Dr. Ujjala Desai 1/20/27

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/12	ch /s Resident	
8:30am	As - AFE - mucosal involvement ? Mycoplasma ? Kawasaki. - fever (1:4 day) (from Wednesday) - mouth ulcer (1:4 days) - Redness of eyes (1:4 days). His fever episode on last Wednesday for 1 day - on medicine reduced. → fever intermittent relieved on medication, 4-5 days Paracetamol given, 100-101-102°F, not associated rash, chills associated with mouth ulcer and conjunctivitis. - Mouth ulcers. - Edema of face. no other systemic involvement O/E - Rt submandibular LN enlargement (2.1cm x 2.1cm) - Oral mucosa - ulcerative, painful tongue - (N) Dermat → Erythema multiforme & 2° Herpetic gingivitis 2° Cellulitis - neck - clinical Kawasaki → 5 viral Panel - NG - Blood Cl - NG till now - CRP - 51, ESR - 68	
	Post H/O	
	14/11/25 → Same complaint Reactive Postinfectious mucocutaneous eruption to Mycoplasma.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Fever - 12/7/26	12:30 pm - 100.8 °F
		4:15 pm - 101.4 °F
		10:30 pm - 103.8 °F
	<u>Physical Exam</u>	
	- Fever	
	- Conjunctivitis	
	- mouth ulcers	
	<u>O/E</u>	
	- (RT) Submandibular LN (+) (1.5 x 1.5)	Plan - 1st Ceftriaxone (D2-4) - Symp Azithromycin (Dg) - Mucosa gel
	- P/A - soft, tender over Rt. upper hypochondrium Periumbilical region.	- U/S abdomen - NOV Rt. send Mycoplasma IgM IgG - trace urine cl
	Painful stool - ✓	- Monitor vitals - Wt ↓ U.O, fever spikes - Rx about Dengue NSI
		Clf
18/7/26		
	Recovery of RIME	
	Earlier episode - resolved ✓	IULG. IgM/IgG Evaq in ICU.
	steroid. pos. pivi	
		consider methyl prednis.
	Mycoplasma IgM	- ophthal consultation - mycoplasma IgM to send.
		- ANA titre
		- CUE
		DR. UJJWALA DESAI Registration No: 90550

RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7	IVIG infusion. going on. Stable	Shift out if it once it's over
19/7/24 8:20 AM	Seen by Resident	On Dryjnu 99.
8:20 AM	Recurrence of RIME. last fever 103.8 10 PM 17/7. oral lesions new lesions ⊕ pain ⊕ mouth opening ↓. drooling ⊕ hemodynamically stable chest clear abdomen soft Blepharconjunctivitis ⊕.	Plan. 1. Continue [CEFTRIAXONE] D4 AZITHROMYCINE METHYLPRED D2 2. Trace mycoplasma. ANA titres 3. Monitor vitals inform SOS \$ Sahithi
		CBP/CRP/PGT LFT today
		IVIG 200mg today
		give in ward On normal. Dryjnu 99.
		DR UJJWALA DESAI Registration No: 90560
		1% HYDROCORTISONE ointment BD
		Saline gauze over mouth



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/12	CHRS Resident	
	Asis- RIME	
	No fever spikes	Plan
	unable to open mouth	It Rx ceftriaxone
	↓ oral intake	Syrp Asisomycom } OS
	Pain over penis.	Rx methylpred (D3)
	O/E	- Trace mycoplasma sym report
	Vital stable	ANA HCU
	Hemodynamically stable	✓ Add cephazolin (100mg/ml)
	2 doses syrup given	(0.5mg/kg/day)
		✓ Add Rx Fluconazole
		✓ Oint Pucibact over penis.
		- monitor vital
		- encourage oral intake
20/12	Seen by Resident.	
4 PM	Asis- RIME	By
	Mycoplasma +ve.	Plan
	No fevers	1. Continue medications
	oral lesions & pain same.	as charted.
	no fresh issues	2. monitor vitals &
	O/E child alert, afebrile	inform sos.
	hemodynamically stable	3 Encourage oral intake
	chest clear abdomen soft	
	ANA titers - Neg.	Sahilini



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/20 8:30 AM	Seen by Resident ACis - RIME. mycoplasma IgM+ve. No fevers. accepting only liquids. No fresh issues. O/C Child alert, afebrile hemodynamically stable. oral lesions ⊕. Chest fevers clear. abd. soft	Plan 1. 300 CEFTRIAXONE } D5 AZITHROMYCIN } METHYLPRED D4 CYCLOSPORINE D2. FLUCONAZOLE D2 2. monitor vitals & inform SOS Sahithi Encourage oral feeds. Likely for discharge tomorrow
21/7/20 4 PM	Seen by Resident ACis - RIME No fevers. accepting orally. No fresh issues hemodynamically stable.	DR. UJJWALA DESAI Registration No: 90550 Plan 1. continue medications as charted 2. Plan D/C tomorrow. 3. Plan to give neostomic enema T/M @ 8 AM y doesn't pass stool. DR. UJJWALA DESAI Registration No: 90550 N.B. Nikita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/9/20 8:40 AM	Seen by Resident. ASis - RIME.	
	No fever oral intake -	Plan
	No fresh issues.	1. Plan D/C today.
	OIE	
	child alert, afebrile	
	hemodynamically stable	
	chest clear, abd. soft	
	rashes improving.	
	RIME (Recurrent)	Ziprox x 3da
	Mycoplasma IgM +ve	Fluclozax x 5da
		Ator 2 syb,
	Discharge	X IV methyl pred today
	F16	oral omnacort 1
		10mg 1-1 x 5da
		1-1/2 x 3da
		1/2-1/2 x 3da
		1/2 op x 3da
		Tab Lantol x 2 week
		Cyclosporine -
		5mg/kg ld x 21.5
	F16	3mg/kg ld x 2 week
	Eye care -	Fluor 20k
	Lip x oral 4mg	
	Syp MUCAIN Gel - 5d	
	Duphatac MU-OUT	
	Review - after 1wk	

BAH-00642914 IP5-00176468
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02-01-2020 6 Y 6 M 16 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :

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:

Signature:

Findings and Recommendations :

- S/C/O - Fever since 3 days

- S/C/O - Gingivostomatitis

- S/no H/O Rash.

- H/O fever x 1 week back.

- H/O similar episode in December 2025.

Echo

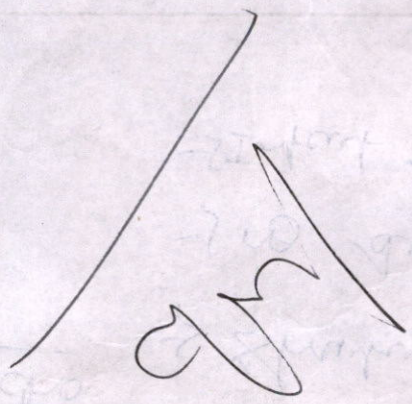
-> Structurally @ heart

- S/no murmur

- S/Intact IAS AIV.

Consultant :

Name : Signature : Date & Time :



Impression - Clinical Kawasaki disease

Adv -
 Give tomorrow
 by IVIG 2gm/kg

over 12-18 hours
 for 18/07/26.

② TAB DISPRIN 200mg P/O TID.

→ no Pericardial effusion / vegetation /
 → CABV
 → Left arch / no co-A
 ft.

Lmsa - 2.2mm (Z score - 0.37)
 RCA - 1.6mm (Z score - 0.57)
 LAD - 1.6mm (Z score - 0.45)

PATIENT NAME :

AGE :SEX :

DONE BY :DATE : 17/7/2026.

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs	
Cardiac Position	
Systemic Veins	
Pulmonary Veins	
Atrio ventricular connection	
Ventricular arterial connection	
Great artery relationship	
Right atrium	
Left atrium	
Inter atrial septum	
Mitral Valve	
Tricuspid Valve	
Right ventricle	
Left ventricle	
Interventricular septum	
Aorta and aortic arch	
Pulmonary artery and branch PA	
Aortic Valve	
Pulmonary valve	
Coronaries	Lmca - 2.2mm (Z Score -)
PDA	Lpd - 1.6mm (Z score)
Pericardium	RCA - 1.6mm ()
Others	

Doppler

	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow	1.2m/sec	
Pulmonary flow	1.2m/sec	

Mitral flow	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid flow	E'	A'	S'
Time Intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS

Position	Absolute (cm)	Z Score	Position	Absolute (cm)	Z Score
AO			Tricuspid Annulus		
LA			Mitral Annulus		
IVSd	0.529		Aortic Annulus		
LVIDd	3.86		PA Annulus		
LVPWd	0.447		RPA		
IVSs	0.811		LPA		
IVIDS	2.05		MPA		
LVPWsMA	1.040		AO Isthmus		
EF	75%		LV Mass		
FS	46%		Others		

IMPRESSION :

Performed by :



CROSS CONSULTATION FORM

Doctor Name : Dr. Sudhanshu Reddy Date : 18/9/26 Time : 3 PM

Diagnosis : Keratoconjunctivitis

Hospital :

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:

Sudhanshu Reddy
Signature:

Findings and Recommendations :

Thank for referral

Re

① Fort L eye drops
1 drop 4 times/day

② Refresh tear eye drops
1 drop 4 times/day

③ Moxicip eye drops
1 drop 4 times/day

④ Lacryl gel ointment
2 times/day

①/②

Also: Congestion,
bulbar conjunctiva
mild blepharitis

Ma
3 days

Consultant :

Name : Sudhanshu Reddy Signature : Sudhanshu Reddy Date & Time : 18/9/26 3 PM



CROSS CONSULTATION FORM

Doctor Name: DR. B. PURNA CHANDRAN Date: 17-7-26 Time: 1:30 PM

Diagnosis:

Hospital:

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:

Signature:

Findings and Recommendations :

Case seen by Dermatologist Dr. Purna
thanks for referral.
c/o purplish oral lesions since 2 days.
Pt was apparently asymptomatic 2 days back when
he developed fever high grade followed by
appearance of purplish oral lesions - all over the
oral mucosa.
No congestion of eyes (+)
No H/o skin lesions - [Considered bullous / pemphig / urticaria
petechiae / purpura / maculopapular rash]
No H/o genital mucous lesions
H/o blood in stool (+) not associated w/ vomiting and
diarrhoea p. 7.0.
- No H/o preceding medication

Consultant :

Name: PURNA CHANDRAN Signature: Purna Date & Time: 17-7-26

- H/o similar episode in the past (+) admitted and was treated like STS
- no H/o any lymphadenopathy

old multiple ulcers covered in yellowish exudate on an erythematous base few are discrete and few are coalesced with discharge (+) over the buccal mucosa, palate, gingival mucosa.

No evidence of adenitis over the lips.

No evidence of adenitis over the genital mucosa

congestion in membrane (+) in the conjunctiva. watery and purulent discharge (+) in the anterior nares.

skin all over the body (-)

Palms & soles (-)

nails (-)

Hair (-)

Impression - ERYTHMA MULTIFORME 2°
HERPETIC GINGIVOSTOMATITIS

Adv

IgG HSV type 1 [type 1] antitoxin
Igm HSV type 1

8. Care of the eyes and ophthalmologist opinion

Prescribed

1. Ij. DEXAMETHASONE 1cc IV BD X 3 d
1cc IV OD X 3 d
2. Ij. ACYCLOVIR 250mg IV BD X 5 d
3. T. ACYCLOVIR 200mg
o — o — o X 10 d
4. ACYCLOVIR oint for oral application twice daily
5. SALINE mouth gargles
6. Soft & bland diet
7. plenty of oral fluids



RESULT SHEET

Date	16/04	19/12			
Time	3pm				
Hb	11.6	11.5			
PCV	35.7	36			
RBC	4.68	4.62			
WBC	15,250	6,510			
N/L	82/11	53/35			
Platelets	4,03,000	526,000			
CRP	51	53.3			
ESR	68				
PCT		2.18			
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.5				
ALP		162			
SGPT		15			
SGOT		19			
T.Bill/Conj		0.3/0.2			
T.Protein		8.9			
S.Albumin		4.2			
S.Globulin		4.7			
A/G Ratio		0.8			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00642914 IP5-00176468
Master NOMULA VIYANSH REDDY
02-01-2020 6 Y 6 M 14 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



Viyansh Reddy

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Nomula, Dr. Nandana

Date & Time: 16/7/20, 2:30 PM

Nurse Name & Signature: Susmita

Date & Time: 16/7/20 2:30 p.m.

Viyansh Reddy

DRUG CHART

Date of Admission: 16/07/2026 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 : Symp. PARACETAMOL				Date Time															
Dose 6ml	Route PO	Frequency SOS	Start Date 16/7/26																
Doctor's Signature <i>Dr. Nandor</i>		Valid Period	Pharm. <i>✓</i>																
Additional Instructions: 240mg/5ml if temp > 100°F, minimum 6 hrs gap between 2 doses.																			
DRUG : Symp Meftal P				Date Time															
Dose 10ml	Route PO	Frequency SOS	Start Date 16/7																
Doctor's Signature <i>Sohul</i>		Valid Period	Pharm. <i>✓</i>																
Additional Instructions: Temp > 101°F max 3 times 5ml = 100mg 4 times																			
DRUG : Inj BUSCOPAN				Date Time															
Dose 1	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 20.47kg Ward.

VERIFIED

DRUG : INS. LEFFIRAXONE				Date Time	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Date							
1g	IV	BD	16/7/26							
Name & Signature of the Doctor Starting the Drugs:										
Dr. Nandan										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										

VERIFIED

DRUG : INS. PANIDOPRAZOL				Date Time	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Date							
20mg	IV	OD	16/7/26							
Name & Signature of the Doctor Starting the Drugs:										
Dr. Nandan										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										

VERIFIED

DRUG : SYR. AZITHROMYCIN				Date Time	16/7	17/7	18/7	19/7	20/7
Dose	Route	Frequency	Start Date						
5ml	PO	OD	16/7/26						
Name & Signature of the Doctor Starting the Drugs:									
Dr. Nandan									
Additional Instructions:									
200mg/5ml									
Daily Doctor's Endorsement by a Sign									

VERIFIED

DRUG : SYR. MUCAINE GEL				Date Time	16/7	17/7	18/7	19/7	20/7	21/7	22/7
Dose	Route	Frequency	Start Date								
5ml	PO	TID	16/7/26								
Name & Signature of the Doctor Starting the Drugs:											
Dr. Nandan											
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											

BAH-00642914 IP5-00175468
Master NOMULA VIYANSH REDDY
02-01-2020 6 Y 6 M 14 D (M)
Dr. KAPIL BHAGWATRAO SACHANE



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Sheet No:

REGULAR PRESCRIPTIONS

Weight 20.5kg Ward

DRUG: <u>ZYTEE GEL</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>2A</u>	<u>TID</u>																			
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
<u>For oral ulcers</u>																				
Daily Doctor's Endorsement by a Sign																				

DRUG: <u>ZYTEE GEL</u>				Date Time	<u>16/12/20</u>	<u>18/12/20</u>	<u>20/12/20</u>													
Dose	Route	Frequency	Start Dt.																	
<u>-</u>	<u>LA</u>	<u>TID</u>	<u>16/12/20</u>																	
Name & Signature of the Doctor Starting the Drugs:																				
<u>Dr. Nandan</u>																				
Additional Instructions:																				
<u>6AM X</u>																				
<u>2PM X</u>																				
<u>10PM X</u>																				
Daily Doctor's Endorsement by a Sign																				

DRUG: <u>T. ACYCLOVIR</u>				Date Time	<u>16/12/20</u>															
Dose	Route	Frequency	Start Dt.																	
<u>200mg PO</u>		<u>TID</u>	<u>18/12/20</u>																	
Name & Signature of the Doctor Starting the Drugs:																				
<u>Dr. Nandan</u>																				
Additional Instructions:																				
<u>1 tab = 200mg</u>																				
Daily Doctor's Endorsement by a Sign																				

DRUG: <u>MUCOPAIN GEL</u>				Date Time	<u>16/12</u>															
Dose	Route	Frequency	Start Dt.																	
		<u>TID</u>	<u>16/12/20</u>																	
Name & Signature of the Doctor Starting the Drugs:																				
<u>Stop</u>																				
Additional Instructions:																				
<u>Gel application to oral ulcers</u>																				
Daily Doctor's Endorsement by a Sign																				

Weight 20 mg Ward

Docu. No. : RCHBH /FRM / CLINICAL / 108



Sheet No:

REGULAR PRESCRIPTIONS

Weight 20mg. Ward

DRUG : <u>1g METHYLPREDNISOLONE</u>				Date Time	18/7															
Dose	Route	Frequency	Start Dt.																	
20mg	iv	BD	18/7																	
Name & Signature of the Doctor Starting the Drugs:				<u>Pup</u> <u>Chay</u> 																
Additional Instructions:				<u>10pm</u> 																
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>INT METHYLPREDNISOLONE</u>				Date Time	18/7	19/7	20/7	21/7												
Dose	Route	Frequency	Start Dt.																	
20mg	iv	OD	18/7																	
Name & Signature of the Doctor Starting the Drugs:				<u>Suby</u> <u>made oral</u> <u>Salbutamol</u> <u>2/7</u>																
Additional Instructions:				<u>10</u> 																
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>FLUOROMETHELONE</u>				Date Time	19/7	20/7	21/7													
Dose	Route	Frequency	Start Dt.																	
1°	eye drop	Q6 Hrs	18/7																	
Name & Signature of the Doctor Starting the Drugs:				<u>Santhi</u> 																
Additional Instructions:				<u>1 drop each eye</u> 																
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>REFRESH Tear eye drops</u>				Date Time	18/7	20/7	21/7													
Dose	Route	Frequency	Start Dt.																	
1°	eye drop	Q6 Hrs	18/7																	
Name & Signature of the Doctor Starting the Drugs:				<u>Santhi</u> 																
Additional Instructions:				<u>1 drop each eye</u> 																
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 20kg

Ward

DRUG : <u>MOXICIP EYE DRO</u>				Date Time																
Dose <u>1P</u>	Route <u>Eye</u>	Frequency <u>Q6Hly</u>	Start Dt. <u>18/7</u>	4Am	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: <u>Sanithi</u>				10Am	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
				4Pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Additional Instructions: <u>1 drop each eye</u>				10Pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daily Doctor's Endorsement by a Sign				8	8	8														
DRUG : <u>LACRYGEL Ointment</u>				Date Time																
Dose <u>1</u>	Route <u>Eye</u>	Frequency <u>12 Hly</u>	Start Dt. <u>18/7</u>	10Am	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: <u>Sanithi</u>				10Pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
				10Pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Additional Instructions: <u>for local application on eyes</u>																				
Daily Doctor's Endorsement by a Sign				8	8	8														
DRUG : <u>1% HYDROCORTISONE</u>				Date Time																
Dose <u>4A</u>	Route <u>Eye</u>	Frequency <u>8 Hly</u>	Start Dt. <u>19/7</u>	6Am	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: <u>Puif</u>				10Am	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
				2Pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Additional Instructions: <u>made BD</u> <u>Sanithi</u> <u>21/7/26</u>																				
Daily Doctor's Endorsement by a Sign				8	8															
DRUG : <u>Syrp DOPHALAC</u>				Date Time																
Dose <u>20mg</u>	Route <u>PO</u>	Frequency <u>Night</u>	Start Dt. <u>20/7</u>	7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: <u>Puif</u>																				
Additional Instructions: <u>STOP</u> <u>Sanithi</u>																				
Daily Doctor's Endorsement by a Sign				8																

Sheet No:

REGULAR PRESCRIPTIONS

Weight 20 kg.

Ward

DRUG:	Dose	Route	Frequency	Start Dt.	Date Time
Inj Fluconazole	100mg	iv	OD	20/7	20/7
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: Stop Cyclosporine	0.1ml	PO	OD	20/7	20/7
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: Symp cyclosporine	1ml	PO	OD	20/7	20/7
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: Symp LACTULOSE	10ml	PO	BD	20/7	20/7
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Ward

DRUG : FUSIBACT ointment				Date 10/7/23
Dose LA	Route TID	Frequency 20/2	Start Dt. 10/7/23	Time 10/7/23
Name & Signature of the Doctor Starting the Drugs: Sainthi				[Signature]
Additional Instructions: LA over penis rash. mixed 2 1% hydrocort ointment				10/7/23
Daily Doctor's Endorsement by a Sign				[Signature]

DRUG : 1% HYDROCORTISONE				Date	21/7
Dose	Route	Frequency	Start Dt.	Time	
	L/A	BD	21/7	10:00 AM	
Name & Signature of the Doctor					
Starting the Drugs:					
 Sahithi					
Additional Instructions:					
LA over angle of mouth				10:00	
Daily Doctor's Endorsement by a Sign					

DRUG : LEVOLIN				Date: 21/7
Dose: 0.63mg	Route: Neb	Frequency: TID	Start Dt.: 21/7	Time: 8pm X 3
Name & Signature of the Doctor Starting the Drugs:				2pm X 3
Additional Instructions:				2pm X 3
Daily Doctor's Endorsement by a Sign				10pm X 3

DRUG : T. OMNACORTIL 10mg				Date
Dose	Route	Frequency	Start Dt.	Time
10mg	PO	BD	21/7	
Name & Signature of the Doctor				
Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

01-2020
UJJWALA DESAI



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		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		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.
DRUG :		Dose		Dose		Dose
		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
18/7/26		IVC	20ml 10 over 6-8hrs	IV	[Signature]	
18/7/26	11AM	2ml AVIL (premedication)	10mg	IV	[Signature]	[Signature] 11AM
18/7/26	11AM	2ml HYDROCORTISONE (pre medication)	40mg	IV	[Signature]	[Signature] 11AM
18/7/26	10:50 am	IVIG	5ml x 10ml	IV		[Signature] 11:10 AM
		IVIG	10ml x 10ml	IV		
		IVIG	20ml x 10ml	IV		
		IVIG	30ml / hour	IV		
19/7/26		2ml AVIL	10mg	IV	[Signature]	
22/7		NEOTOMIC ENEMA	1 unit	PR	[Signature]	

Weight. 20.47 kg Ward.

[illegible]

Signature _____

VERIFIED BY : Name

BAH-00642914
Master NOMULA VIYANSH REDDY
02-01-2020 6 Y 6 M 19 D (M)
Dr. UJJWALA DESAI

Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation &
Early Warning Scoring Chart

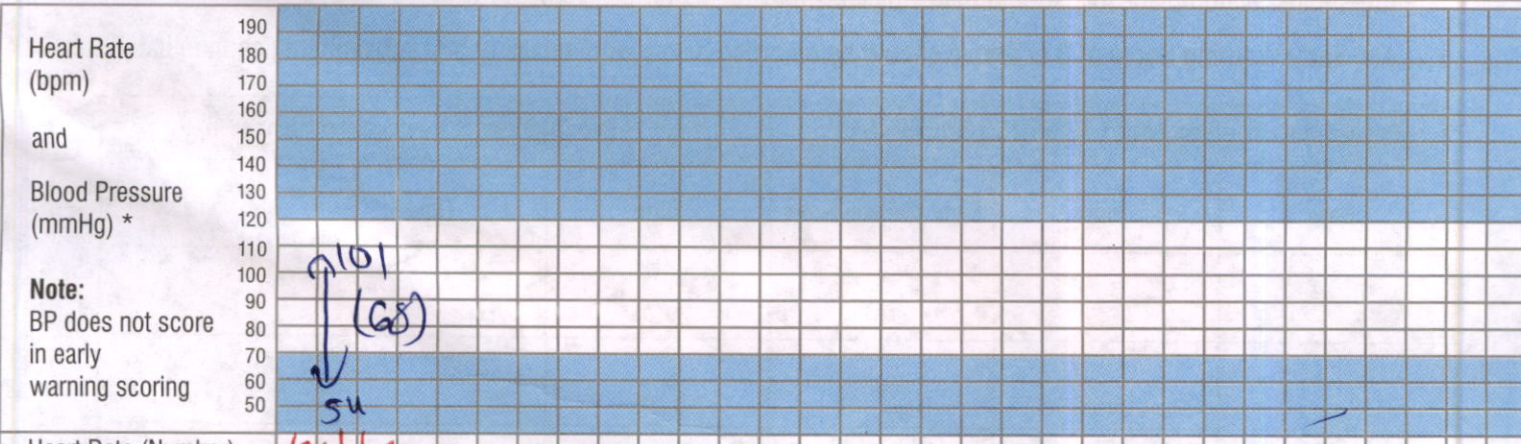
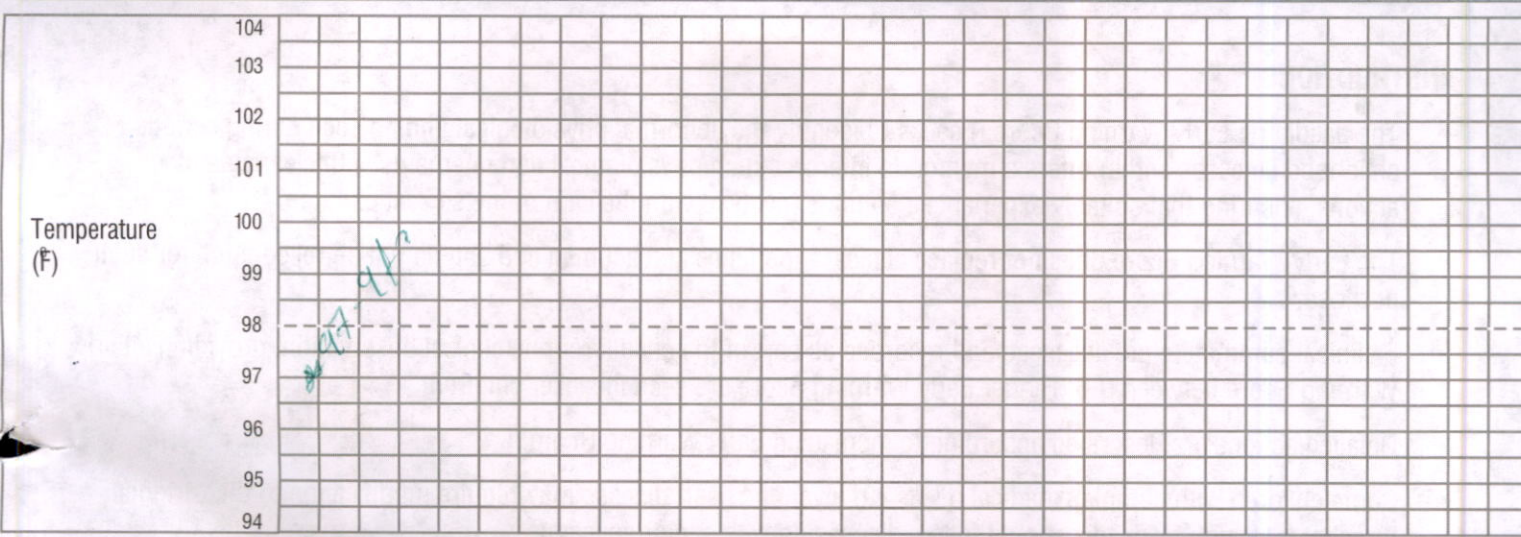
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/7 Time: 6AM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 101 bpm



Resp Rate (Number) 28 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%) 100%

Conscious Level Normal Altered

GCS *

TOTAL SCORE
Number of shaded boxes 1

Pain Score 0

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/11/2020	Time: 6pm	10pm	22/11	2am
Doctor / Nurse / Family Concern?	10pm	1pm	6pm	10pm
Temperature (F)	97.5	98.1	97.2	98.0
Heart Rate (bpm)	108	100	102	116
Blood Pressure (mmHg) *	98/62	91/61	103/68	100/70
Resp. Rate (bpm) (over 1 Minute) *	28	28	28	26
Resp Mod/ Severe Distress	None	None	None	None
Receiving O ₂ (l/min)	100%	28%	28%	100%
O ₂ Saturations (%)	100%	98%	98%	99%
Conscious Level	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE	1	1	1	1
Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
 Score 2 : Shift in charge nurse to be informed and continue hourly observations
 Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/1/2020	Time: 10am	1pm	6pm	10pm
Doctor / Nurse / Family Concern?				
Temperature (F)	97.2	98.1	98.1	97.5
Heart Rate (bpm)	119	110	103	116
Blood Pressure (mmHg) *	111/65	106/60	105/72	100/70
Heart Rate (Number)	119b/m	110b/m	103bpm	116b/m
Resp. Rate (bpm) (over 1 Minute) *	28	24	28	26
Resp Rate (Number)	28b/m	24b/m	28bpm	26b/m
Resp Distress	Mod	Severe	None	Mild
Receiving O ₂ (l/min)	0	0	0	0
O ₂ Saturations (%)	99%	100%	100%	100%
Conscious Level	Normal	Altered	Normal	Altered
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE	1	1	0	1
Number of shaded boxes	1	1	0	1
Pain Score	0	0	0	0
Observer's Initials	0	0	0	0

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
Score 2 : Shift in charge nurse to be informed and continue hourly observations
Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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.
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- 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.

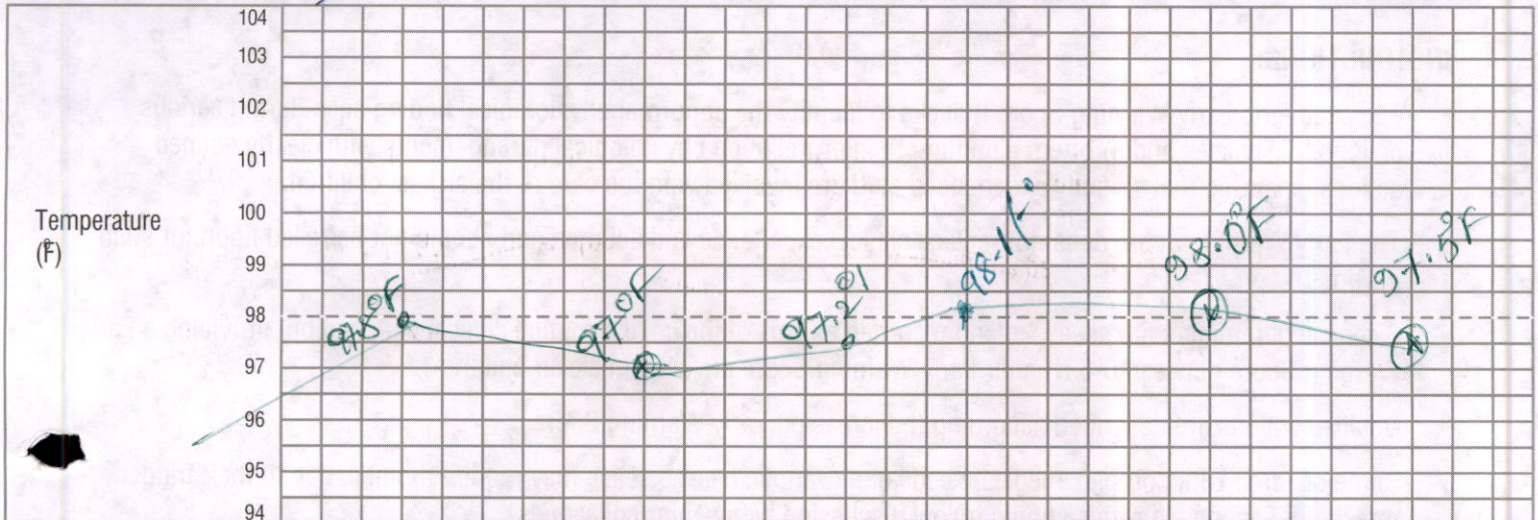
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S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ 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)
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SCHOOL AGE (5-12 years)
**Children's Observation &
Early Warning Scoring Chart**

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/7/20 Time : 10AM 1PM 4PM 10PM 2AM 6AM
Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
10AM	112	81/72
1PM	102	70/65
4PM	105	75/61
10PM	102	84/73
2AM	100	71/69
6AM	98	77/67

Resp. Rate (bpm) (Over 1 Minute) *

Time	Resp Rate (bpm)
10AM	26
1PM	26
4PM	26
10PM	26
2AM	26
6AM	24

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

Time	O ₂ (l/min)	O ₂ Saturations (%)
10AM	98	98
1PM	99	99
4PM	98	98
10PM	100	100
2AM	100	100
6AM	99	99

Conscious Level Normal / Altered

GCS *

Time	GCS
10AM	15/15
1PM	15/15
4PM	15/15
10PM	15/15
2AM	15/15
6AM	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	Number of shaded boxes	Pain Score	Observer's Initials
10AM	1	0	0
1PM	1	0	0
4PM	1	0	0
10PM	1	0	0
2AM	1	0	0
6AM	1	0	0

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)
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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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/01/20	Time:	6am	10am	2pm	10pm	2am	6am
Doctor / Nurse / Family Concern?							
Temperature (°F)	104						
	103						
	102						
	101						
	100						
Heart Rate (bpm)	190						
	180						
	170						
	160						
	150						
Blood Pressure (mmHg) *	130						
	120						
	110						
	100						
	90						
Note: BP does not score in early warning scoring	80						
	70						
	60						
	50						
Heart Rate (Number)		108		102	108	98	
Resp. Rate (bpm) (Over 1 Minute) *	70						
60							
50							
40							
30							
20							
10							
Resp Rate (Number)		28	28	26	22	22	
Resp Distress	Mod/ Severe None / Mild						
Receiving O ₂ (l/min) O ₂ Saturations (%)		98%	99%	99%	100%	99%	
Conscious Level	Normal Altered						
GCS *		15/15	15/15	15/15	15/15	15/15	
TOTAL SCORE		1	1	1	1	1	
Number of shaded boxes		0	0	0	0	0	
Pain Score		0	0	0	0	0	
Observer's Initials							

ACTIONS

NB: Scores 3 should be
recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)
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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)



PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/2/20	Time: 6pm	10-10pm	11-11pm	12-12pm	
Doctor / Nurse / Family Concern?					
Temperature (F)	104				
	103				
	102				
	101				
	100				
	99				
	98				
	97				
	96				
	95				
94					
Heart Rate (bpm)	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
Blood Pressure (mmHg) *	90				
	80				
	70				
	60				
	50				
	40				
	30				
	20				
	10				
	0				
Note: BP does not score in early warning scoring					
Heart Rate (Number)	120b/min				
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	0				
	Resp Rate (Number)				
	20b/min				
Resp Distress	Mod/ Severe				
None / Mild					
Receiving O ₂ (l/min)					
O ₂ Saturations (%)	99%				
Conscious Level	Normal				
Altered					
GCS *	15/15				
TOTAL SCORE					
Number of shaded boxes	1				
Pain Score	0				
Observer's Initials	0				

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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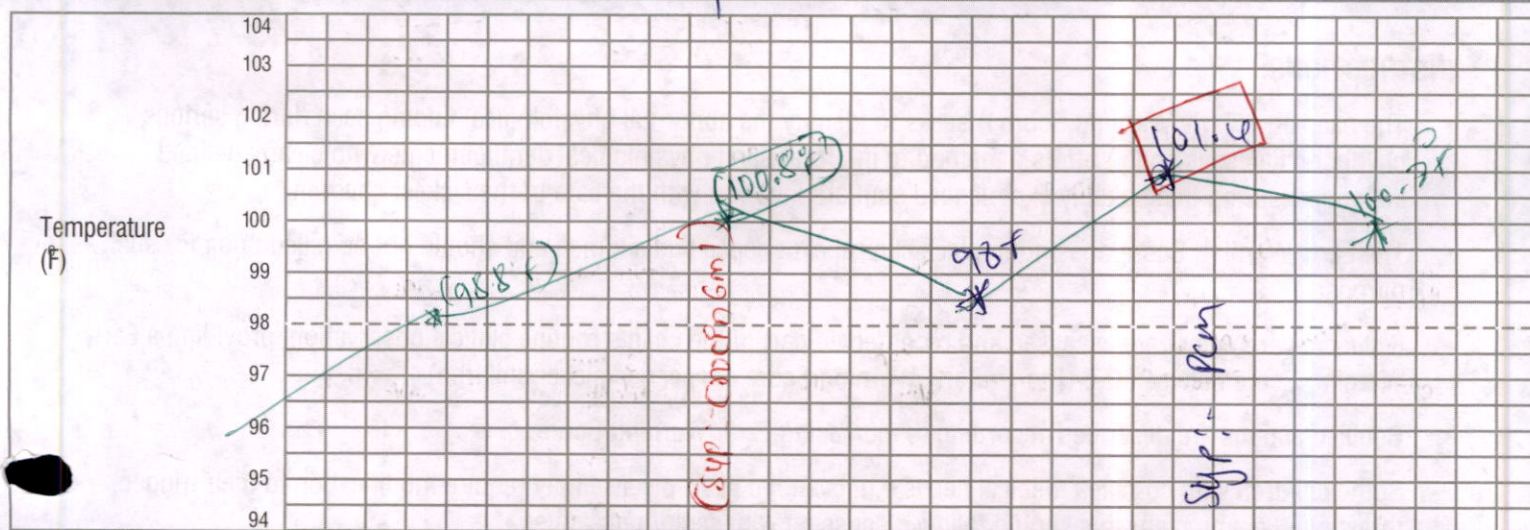


SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/0 Time: 10:00 AM 12:30 PM 2 PM 4:12 PM 6 PM
Doctor / Nurse / Family Concern?



Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number)

136b/m 118b/m

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number)

26b/m 26b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

100% 100%

Conscious Level Normal Altered

GCS *

15/15 15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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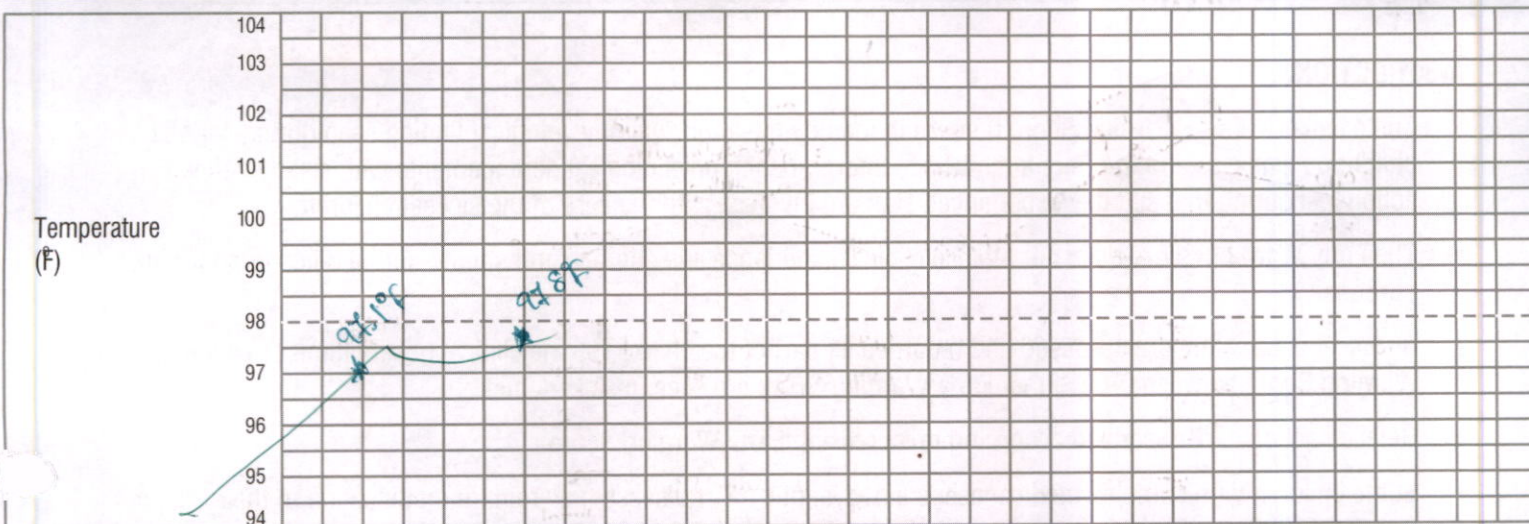


SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/05/22 Time: 12:35 am 6am

Doctor / Nurse / Family Concern?



Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

100
(36)
64

Heart Rate (Number)

15bpm

Resp. Rate (bpm) (Over 1 Minute) *

70
60
50
40
30
20
10

Resp Rate (Number)

24bpm

Resp Distress

Mod/ Severe

None / Mild

Receiving O₂ (l/min)

O₂ Saturations (%)

100%

Conscious Level

Normal

Altered

GCS *

15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1 : Continue normal observation by staff nurse

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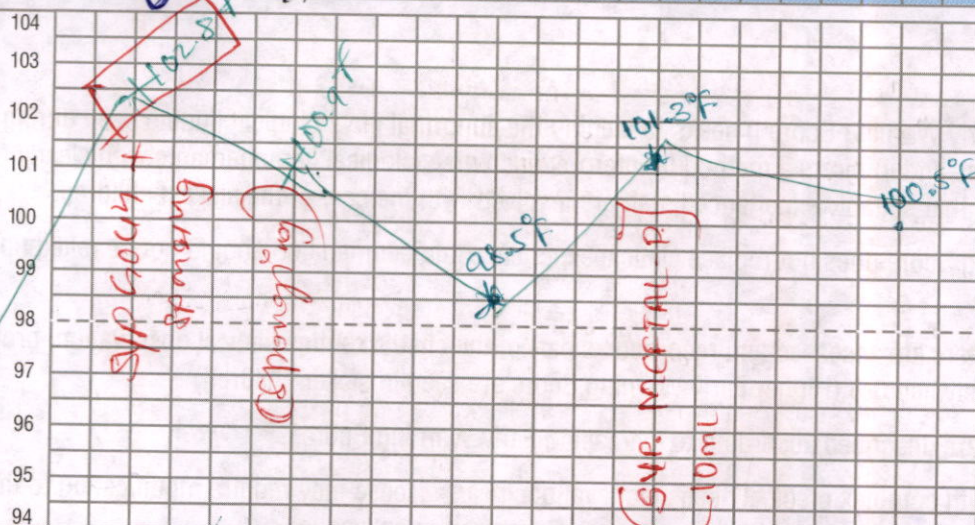
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/07/2020 Time: 6pm 7:30pm 8pm 11:30pm 12am
Doctor / Nurse / Family Concern?

Temperature
(F)



Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score
in early
warning scoring

Heart Rate (Number)

130 bpm 77 bpm

Resp. Rate (bpm)
(Over 1 Minute) *

Resp Rate (Number)

28 26 bpm

Resp Mod/ Severe
Distress None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

99% 100%

Conscious Level Normal
Altered

GCS *

14/15 15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

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- 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

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I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00642914 IP5-00176468
 Master NOMULA VIYANSH REDDY
 02-01-2020 6 Y 6 M 14 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

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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		
	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			404								
	04:00 pm			404								
	05:00 pm	DNS		404								
	06:00 pm			404								
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm			404								
	09:00 pm			404								
	10:00 pm			404								
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am			404								
	04:00 am			404								
	05:00 am			404								
	06:00 am			404								
	07:00 am			404								
Total Intake :						Total Output :						

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 Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
12/7	08:00 am	↑		uoml		/			/		0	Asana	
	09:00 am	↑	RFU	uoml		/				✓	0		
	10:00 am	ONS	tho	-		/			/		0		
	11:00 am			-		/					0		
	12:00 pm	↓		uoml		/			/		0		
	01:00 pm	↓		uoml		/					0		
Total Intake :						Total Output :							
17/7	02:00 pm	↓		uoml		/			/		0	Asana	
	03:00 pm	↓		uoml		/					0		
	04:00 pm	ONS		uoml		/			/		0		
	05:00 pm			-		/					0		
	06:00 pm	↓		-		/					0		
	07:00 pm	↓		-		/			/		0		
Total Intake :						Total Output :							
12/7	08:00 pm	↓		-		/					0	farye	
	09:00 pm	↓		-		/					0		
	10:00 pm			-		/					0		
	11:00 pm	ONS		uoml		/					0		
	12:00 am	↓		uoml		/			/		0		
	01:00 am			uoml		/					0		
Total Intake :						Total Output :							
12/7	02:00 am	↓		uoml		/					0	farye	
	03:00 am	↓		uoml		/					0		
	04:00 am			-		/					0		
	05:00 am	ONS		-		/					0		
	06:00 am	↓		-		/					0		
	07:00 am			uoml		/			/		0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
18/7	08:00 am	1		40ml		/						0	} mch 0 0
	09:00 am	1		40ml								0	
	10:00 am	DNS										0	
	11:00 am												
	12:00 pm	1											
	01:00 pm	1											
Total Intake :						Total Output :							
18/7	02:00 pm					/							
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
19/7	08:00 pm			40ml		/						0	} ch 0 0
	09:00 pm	1		40ml								0	
	10:00 pm	DNS		40ml								0	
	11:00 pm											0	
	12:00 am	1										0	
	01:00 am	1		40ml								0	
Total Intake :						Total Output :							
19/7	02:00 am	1				/						0	} ch 0 0
	03:00 am	1										0	
	04:00 am	DNS		4ml								0	
	05:00 am											0	
	06:00 am	1										0	
	07:00 am	1										0	
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							



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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	Sign. Nurse		
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score			
			Mouth	I.V	N.G									
19/12	08:00 am	↑		40ml	/	/	/	/	/	/	0	Shah		
	09:00 am	↑	gdy	40ml							✓		0	
	10:00 am	DNS	tho	-							MA		MA	0
	11:00 am	↓	1	60ml							✓		0	
	12:00 pm	↓	1	60ml							✓		0	
	01:00 pm	↓	1	60ml							✓		0	
Total Intake :						Total Output :								
19/12	02:00 pm	↑	RPO	60ml	/	/	/	/	/	/	0	Shah		
	03:00 pm	↑	tho	60ml							✓		0	
	04:00 pm	DNS	1	60ml							MA		MA	0
	05:00 pm	↓	1	60ml							✓		0	
	06:00 pm	↓	1	-							✓		0	
	07:00 pm	↓	1	-							✓		0	
Total Intake :						Total Output :								
19/12	08:00 pm	↓		60ml	/	/	/	/	/	/	0	Sawant		
	09:00 pm	↓		60ml							✓		0	
	10:00 pm	DNS		60ml							✓		0	
	11:00 pm	↓		60ml							✓		0	
	12:00 am	↓		60ml							✓		0	
	01:00 am	↓		60ml							✓		0	
Total Intake :						Total Output :								
20/12	02:00 am	↓		60ml	/	/	/	/	/	/	0	Sawant		
	03:00 am	↓		60ml							✓		0	
	04:00 am	DNS		60ml							✓		0	
	05:00 am	↓		60ml							✓		0	
	06:00 am	↓		-							✓		0	
	07:00 am	↓		-							✓		0	
Total Intake :						Total Output :								
Total 24 hrs. Intake						Total 24 hrs. Output								

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02-01-2020 6 Y 6 M 17 D (M)
Dr. UJJWALA DESAI



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.

		Intake			Output						IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
19/1 20	08:00 am			60ml								0	Saare
	09:00 am	↑	Idli	60ml								0	
	10:00 am	DNS	Rice	60ml								0	
	11:00 am		H2O									0	
	12:00 pm	↓										0	
	01:00 pm												
Total Intake :					Total Output :								
20	02:00 pm			60ml								0	Swamy
	03:00 pm	↑	Rice	60ml								0	
	04:00 pm	DNS		60ml								0	
	05:00 pm											0	
	06:00 pm	↓										0	
	07:00 pm												
Total Intake :					Total Output :								
20/1	08:00 pm	↑	Rice	60ml								0	Ponyank
	09:00 pm			60ml								0	
	10:00 pm	DNS										0	
	11:00 pm											0	
	12:00 am	↓		60ml								0	
	01:00 am			60ml									
Total Intake :					Total Output :								
21/1	02:00 am	↑		60ml								0	Ponyank
	03:00 am			60ml								0	
	04:00 am	DNS		60ml								0	
	05:00 am			60ml								0	
	06:00 am			60ml								0	
	07:00 am	↓											
Total Intake :					Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output



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Date	Time	Nature of Fluid	Intake			Output							Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score		
21/7	08:00 am	DMS	60ml		/	/	/	/	/	/	/	/	/
	09:00 am		60ml										
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm		60ml										
Total Intake :			60ml										
21/7	02:00 pm	DMS	60ml		/	/	/	/	/	/	/	/	/
	03:00 pm		60ml										
	04:00 pm		60ml										
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :			60ml										
21/7	08:00 pm	DMS	60ml		/	/	/	/	/	/	/	/	/
	09:00 pm		60ml										
	10:00 pm		60ml										
	11:00 pm												
	12:00 am												
	01:00 am		60ml										
Total Intake :			60ml										
22/7	02:00 am	DMS	60ml		/	/	/	/	/	/	/	/	/
	03:00 am		60ml										
	04:00 am		60ml										
	05:00 am		60ml										
	06:00 am												
	07:00 am												
Total Intake :			60ml										

Total 24 hrs. Intake

Total 24 hrs. Output

CONSENT FOR BLOOD TRANSFUSION

Name: Age: Gender: Male ☒ Female ☐
UHID.No : Date: 19/7/26

BAH-00642914 IP5-00176468
Master NOMULA VIYANSH REDDY
02-01-2020 6 Y 6 M 17 D (M)
Dr. UJJWALA DESAI



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 IVIG

I 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: Nreddy

Name: Gangga reddy

Date & Time 19/7/26 @ 1:30pm

Doctor (Who is talking the consent)

Signature: S. Sathish

Name: Sathish

Date & Time 19/7/26 @ 1:30pm

Witness

Signature: Shailaja

Name: Shailaja

Date & Time 19/7/26 @ 1:30pm

1V1G. CONSENT FOR BLOOD TRANSFUSION



Name: Viyansh

BAH-00642914 IP5-00176468
Master NOMULA VIYANSH REDDY
02-01-2020 6 Y 6 M 16 D (M)
Dr. UJJWALA DESAI

UHID.No :



Age: 6 y

Gender: Male ☒ Female ☐

Date: 18/7/26

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 <u>1V1G.</u> |

..... 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 Immuno-deficiency 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: N. Gangarosa

Name:

Date & Time 18/7/26 @ 10:40 AM

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Sanithi

Date & Time 18/7/26 @ 10:30 AM

Witness

Signature: [Signature]

Name: Prakash

Date & Time 18/07/26 10:40 AM

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ప్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటైటిస్ బి సర్వైస్ యాంటిజెన్, హైపటైటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



IVIG

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/07/26 Time: 11 AM

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: 18/07/26 @ 11 AM Planned duration of Transfusion: 8 hours

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Palash Nurse 2: Shweta

Before starting transfusion vitals: Temp: 99.2°F HR 98 RR: 26 BP: 99/55 SpO₂ 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
18/7	15 Min	120b/m	98.3f°	93/54	100%	-	-	-	-
18/7	15 Min	112b/m	98.5f°	95/73	100%	-	-	-	-
18/7	30 Min	118b/m	98.7f°	100/59	99%	-	-	-	-
18/7	30 Min	108b/m	97.9f°	101/72	98%	-	-	-	-
18/7	30 Min	103b/m	97.8f°	101/59	99%	-	-	-	-
18/7	1 Hr	108b/m	97.5f°	100/58	100%	-	-	-	-
18/7	1 Hr	116b/m	97.0f°	102/58	98%	-	-	-	-

Comments: Nil

Name of the Incharge-Nurse: Neeraja

Name of the Nurse: Shweta

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 18/07/26 @ 11 AM

Date & Time: 18/07/26 @ 11 AM



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16/2/2020 Time: 3:20 PM

Weight: 20.47 kg Centile: 72.5th

Height: 122 cm Centile: 75th

Inference: well child

RDA: — Calories: 1450 kcal/d Protein: 25 g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled & outside foods

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

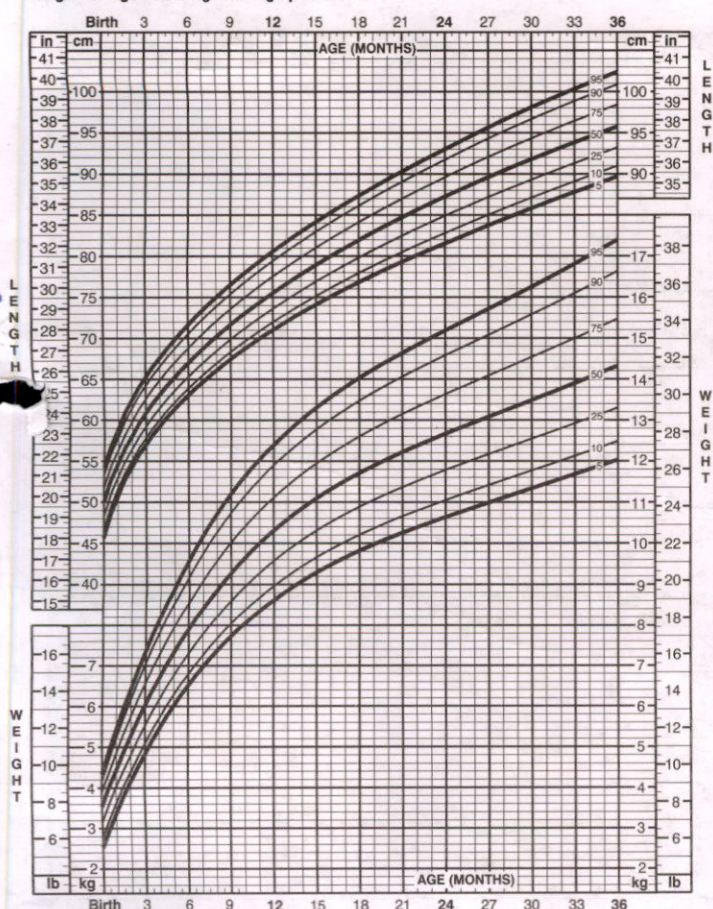
Diagnosis: AFI E mucosal involvement

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

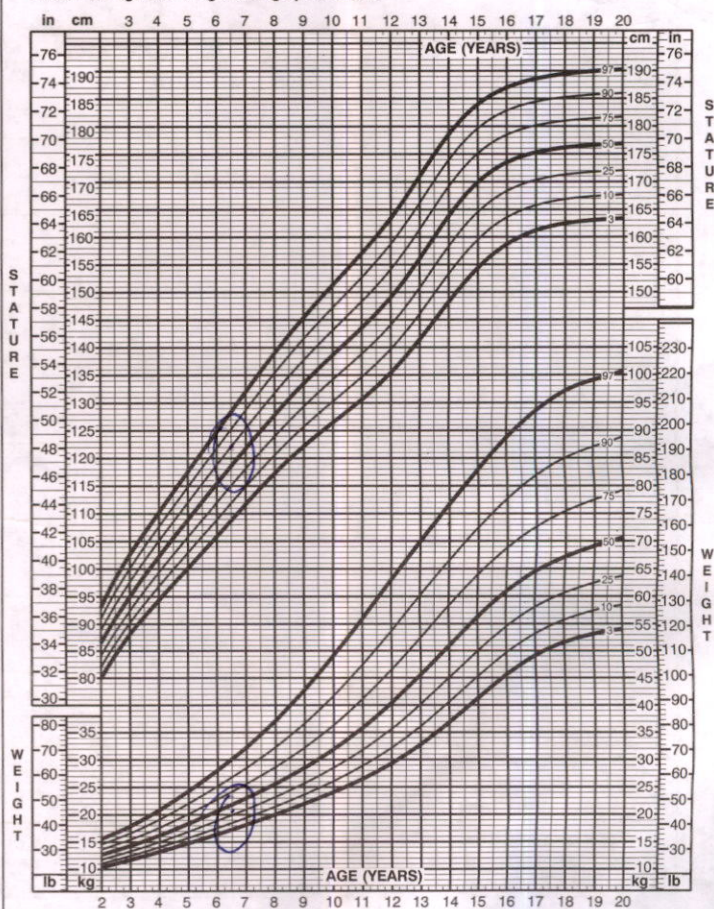
Patient's Signature: N. Gangadharan

GROWTH CHART (BOYS)

Birth to 36 months: Boys
Length-for-age and Weight-for-age percentiles



2 to 20 years: Boys
Stature-for-age and Weight-for-age percentiles



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

~~17/12/20~~
~~10:30am~~

child is stable. oral intake is fair
continue T Normal diet - Niletha

~~17/12/20~~
~~11am~~

Child is stable Oral Intake is optimal
Continue T Normal diet. - Niletha

~~20/12/20~~
~~8am~~

Child is stable. Intake is poor
continue T Normal diet - Niletha

~~21/12/20~~
~~8am~~

child is stable. oral intake is fair
continue T Normal diet - Niletha