



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00397366 IP5-00173693
Baby NAVYASREE
03-09-2011 14 Y 8 M 8 D (F)
Dr. DR.V.V.R.SATYA PRASAD



Patient Name:

Navyashree

UHID ID:

Department:

Consultant:

BAH-00397366

IP5-00173693

Baby NAVYASREE

03-09-2011

14 Y 8 M 9 D

(F)

Dr. DR.V.V.R.SATYA PRASAD



Pediatric Multiorgan History & Physical Examination

Name : Navyashree Age/Sex 14 / F
 Information given by: Mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

Sp OLT for biliary atresia
now i progressive swelling over
body

History of present illness :

↓
child evaluated
S. alb - 2.1
CUE - 4+ albuminuria
- 4+ hemolyzed blood
- loaded RBCs
now admitted for renal biopsy



History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 147.5 cm (Centile _____)

Weight (kgs) : 43.69 → 45.05 kg
(Centile 815) (Centile 415)

On Examination :

Temperature : 98°F Pulse Rate : 110 B.P. 118/71 SPO2 100%

Resp. rate and type of breathing : 20/min

Rash _____
Lymphadenopathy _____
~~Oedema~~ (-) edema (+)
Allergies (if any): _____ pedal
ascitis

Respiratory System :

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

Cardiovascular System :

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

Per Abdomen :

Inspection _____
Palpation : soft / NT
Ausculation : BS (+)
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : active

Cranial Nerves : 1

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : used / (N)

Clinical Summary & Diagnostic:

ep OLT.

now to AbgN for renal bx



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: bleeding / infection

Desired goals of the treatment : renal resolution biopsy.
→ for HPE diagnosis

Planned Labs:

CBP
CRP
RP2
albumin
PT | aPTT | INR
CUE
NPO
Ting

Planned Management

- 1.) Inj Ceftriaxone
- 2.) Inj Lasix
- 3.) Inj MPS.
- 4.) Continue Tacrolimus
- 5.) Spp Calcimax plus
- 6.) NPO from 5 am.

Signature of the Doctor: Dr. Ahhila

Signature of the Consultant: [Signature]

Name of the Doctor: Dr. Ahhila

Name of the Consultant:

Date & Time: 11/5/20

Date & Time:

DR. V.V.R. SATYA PRASAD
Registration No: 43589

BAH-00397366 IP5-00173693
 Baby NAVYASREE 14 Y 8 M 8 D (F)
 03-09-2011
 Dr. DR.V.V.R.SATYA PRASAD

CHILD DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Satyaprasad Date: 11/5/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: 3pm Weight: 4.5 kg

Allergic History: NKA

Chief Complaints: Sp O2
now 2 & 4 G/N
now for renal bx

Pediatric Assessment Triangle

A Appearance - TICLS (A)

B Breathing

C Circulation

Normal
 Abnormal

Pallor
 Cyanosis
 Mottling
 Bleeding

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

Initial Physiological Status: Stable Unstable
 Life Threatening
 Non Life Threatening

Any urgent interventions needed: Yes No
 If Yes

Significant Past History:

Medication History:

Relevant Investigations: (2)

Primary Assessment

Airway Open
 Maintainable
 Not Maintainable

Breathing

Rate: 20 SpO₂ on FiO₂: 100%
 Rhythm: reg
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BAT (A) / clear
 Palpation Findings (If necessary)

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 90/min

CFT Central Peripheral

Any urgent interventions needed: Yes No

BP: 118/70 mmHg

Pulse Volume: Central Peripheral

Murmurs: Yes No

If in Shock: Compensated Hypotensive

Liver Span: (N)

Muffled Heart Sound: Yes No

Any Signs of Heart Failure: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: 15 AVPU:

Any urgent interventions needed: Yes No

Pupils: Responsive Non-Responsive
Size Right Left 2mm

If Yes

Active Seizures: Yes No Sugars:

Signs of Neurological compromise: NEND

Exposure



Temp.: 98°F

Any urgent interventions needed: Yes No

Any Rash: Yes No

If Yes

If yes describe the rash

Active bleed: No

Lacerations Abrasions bruises

Describe:

Final Physiological Status:

- Respiratory Distress
- Shock - Compensated Hypotensive
- Respiratory Failure
- Respiratory Arrest
- Cardiopulmonary Arrest
- Hemodynamically Stable

Secondary Assessment:

Head to toe examination with positive findings:

Edema (+)

Labs Planned:

CBP
CRP
RP2
albumin
PT/APTT/INR

Treatment Planned:

1) Ceftriaxone
2) Lasix
3) Inj. MPS
4) Tacrolimus
5) Calcimax plus

Need for Oxygen: Yes No if yes Low Flow High Flow PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): A/GN

Assessment done by

Name of the Doctor: Dhile

Signature: Dhile

Date & Time: 11/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:

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 :

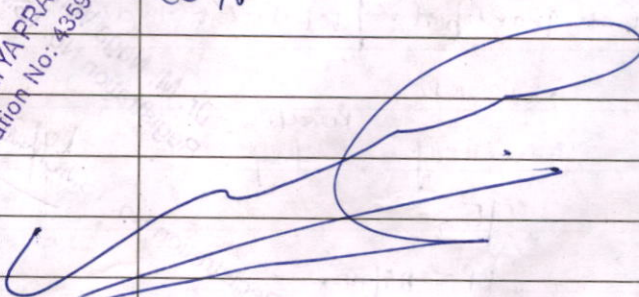
SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00397366
 Baby NAVYASREE IP5-00173693
 03-09-2011 14 Y 8 M 8 D (F)
 Dr. DR. V. V. R. SATYA PRASAD

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 4:30 PM	Seen by Resident: Dr Sahithi / Dr W R Satyaprasad	
	SIPOLT	Plan
	Now = AGN.	1. Continue medications as charted.
	No progressive swelling over body.	2. Trace CRP, RP2, albumin
	No fever.	PT/APTT/CNR, CUE.
	CUE - protein 4+	3. Plan Renal biopsy tom-
	hemolyzed blood 4+	orrow. (11am)
	loaded RBC.	4. NPO from 5AM - start
	OR	IV fluids @ 100% maintenance
	child alert/active, afebrile	at 5AM T/m.
	BP - 120/70 mmHg, hemodynamically	5. 5ml ALBUMIN 100ml of
	CVS - S, S2 @ Stable	over 4 hrs = 30mg Sahithi
	RS - BAE @, clear	LASIX midway & endway
	PA - soft, NT; distended.	
11/5 6 PM	Dr. Satyaprasad	
		20% Albumin 100ml over 4h.

V.V.R. SATYA PRASAD
 Registration No. 43599



BAH-00397366 IP5-00173693
 Baby NAVYASREE 14 Y 8 M 8 D (F)
 Dr. DR. V. V. R. SATYA PRASAD




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/12/26 9:15 AM	451B <u>Kashyap</u>	
	NPO CHBA	
	SP OUT on Reg Flo.	
	IE AAN. N 3 wks ago.	
		Plan
	<u>Issues</u> :-	1) cont NPO / cont fluids
	Persistent hematuria	2) shift to Plus for renal biopsy
	Persistent proteinuria, neph. epi.	3) Vitals change
		4) SpO ₂ change
	No HTN	5) Daily wt check
	on 1mg/kg/day of steroid.	
	on Lax.	
	Received 2070 Albu.	
Outpac	cont WF (Alb - 2-3)	
	11/5 4+prot loaded RBCs.	
	U _o → not quantified. / not check not done	
	Now NPO	
	Admitted for renal biopsy.	
<u>Kepler</u>	O/E	
	BP - 119/94.	
	PLAscp.	
	Redal Edema ↓	
	Pericarb puffiness ⊕	

Dr. M. Naga Sai
 Registration No: TSMC/FMR/34701

Dr. M. Naga Sai
 Registration No: TSMC/FMR/34701

BAH-00397366

Baby NAVYASREE

03-09-2011

Dr. DR.V.V.R.SATYA PRASAD

IP5-00173693

14 Y 8 M 8 D

(F)



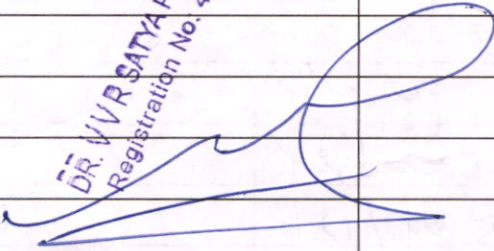
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/25 10 AM	Seen by Resident : Dr Sahithi	
S/P DLT		Plan.
Nowe AGN		1. Continue CEFTRIAXONE
No fever		METHYL PREDNISOLONE
persistent hematuria		LASIX
urine output -		TACROLIMUS.
wt - 44 kg.		2. Continue NPO for Renal Prøpny.
O/E child acut.afebrile.		3. Input output charting
BP - 117/68(85) @ Rom.		BP monitoring @ 3 hly.
vitals stable.		4. Daily wt check.
Chest clear		noted by sign @ 10:30 AM
P/A soft.		Sahithi
pedal edema better		
peri-orbital puffness - ⊕.		
G: oliguria despite		
regular lasix		
u/o - > 125 ml/12h		
wt - 45 - 44.1 kg.		

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 03-09-2011 14 Y 8 M 8 D (F)
 Dr. DR. V. V. R. SATYA PRASAD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 11am	U/S B Dr. Satyaprasad	
		Adv
		1) Renal Biopsy today
		2) Allow home feed
		3) Bedrest post biopsy
		4) Strict I/O charting
	<p>DR. V. V. R. SATYA PRASAD Registration No. 43599</p> 	
12/5/2016 12:15pm	U/S B Dr. Satya	
	<p>Under aseptic precautions @ Lower pole renal biopsy done & sample sent for LM + IF. No immediate post procedural complications noted.</p>	Adv

AH-00397366 IP5-00173693
 Baby NAVYASREE
 03-09-2011 14Y 8M 9D (F)
 Dr. DR.V.V.R.SATYA PRASAD



(12)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/9/2026 2 PM	S/B Dr. Smiti	
	Case Reviewed	<u>Adv</u>
	No Hematoma BP's - ok	- keep IV Cannula
	Biopsy site - NO External Hematoma	- Strict bed rest Till 7 PM 10 AM
	NO Pain.	- No chaper
		- Daily wt
		- vitals 3 daily.
		- NO labs t/m.
		- Lufen sos
		- Allow orally soft diet
		- IV Ondem 4mg sos.
		Order noted by Smiti

Dr SRUTHI BALLA
 18/07/2026

Dr SRUTHI BALLA
 18/07/2026
 Registrar

BAH-00397366 IP5-00173893
 Baby NAVYASREE
 03-09-2011 14 Y 8 M 9 D (F)
 Dr. DR.V.V.R.SATYA PRASAD

(11)



PROGRESS NOTES AND DOCTOR'S ORDER

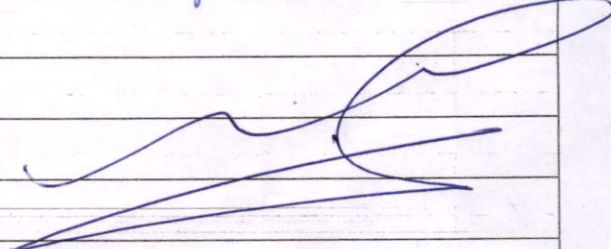
Date & Time	Progress Notes	Doctor's Order
13/5/26 9:30PM	Seen by Resident: Dr. Sahithi	
	S/P OLT now with AGW. SP Renal biopsy No fever hematuria - Subsided. U/O - 1,882 ml @ 24 hrs. O/E child alert, active, afebrile hemodynamically stable BP - 117/68 mmHg. CVS - S1S2 ⊕ RS - BAE ⊕, clear P/A soft.	Plan 1. Continue medications as charted. 2. Plan D/C today S. Sahithi
10/5/26 9:45 AM	YCB <u>urology team</u> Post Biopsy No hematuria small amt fair U/O ~ 200gms O/E BAE ⊕ W ⊕ Pmp	Plan 1) cont medich as advised 2) D/C as per nephro team. 3) RVE gastro SOB S. Sahithi
	BP - 104/68 mmHg. no swelling Pmt @ Bidri Hc	

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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
<p>13/5/26 10:40 am C/S/B</p>	<p>Dr. Satyaprasad</p>	<p>Dr. Smiti</p>
		<p><u>Adv.</u></p>
		<p>1) Tab Omnacortil 30mg. BD x 1wk.</p>
		<p>2) Lasix 40mg BD x 2d + 40mg OD x 3d.</p>
		<p>3) Tab TAC to continue.</p>
		<p>4) Sep CAUMAX plus.</p>
		<p>5) Tab Cefixime x 3d</p>
		<p>6) Tab Pantop 40mg x 1d</p>
		<p>R/v on Saturday morning (9am)</p>
		<p>↳ spot UPCK. ↳ biopsy report</p>
		

Dr. V. V. R. SATYA PRASAD
 registration No: 43599

BAH-00397366 IP5-00173693
 Baby NAVYASREE (F) e
 03-09-2011 14 Y 8 M 8 D
 Dr. DR.V.V.R.SATYA PRASAD



RESULT SHEET

OPD

Date	8/5	11/5/26.		
Time				
Hb	10.6	11.1		
PCV	35	36.4		
RBC	4.88	4.93		
WBC	14130	15.2k.		
N/L	35/55	54/33		
Platelets	3.45L	3.23L		
CRP	5	5		
ESR				
PCT				
RBS				
Na		139		
K		4.2		
Cl		111		
Ca/Mg	7.8/1.9			
Phosphate	3.8			
Urea	17	21.		
Creatinine	0.5	0.6.		
ALP	313			
SGPT	55			
SGOT	78			
T.Bill/Conj	1/0.2			
T.Protein	5.1			
S.Albumin	↓ 2.1	2.3		
S.Globulin	3			
A/G Ratio	0.7			
Uric Acid	3.2			
S.Amylase	61			
Sr.Lipase				
Blood Lactate				
S.Cholesterol	146			
PT/INR		21 / 1.6		
APTT		42		
CSF Protein / Sugar				
Cells				
N/L	40 ₃	23		



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	TACROLIMUS	0.5mg	PO	BID	11/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	OMNACORTIL	40mg	PO	OD	11/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAXIM-O	200mg	PO	BD	10/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	LASIX	40mg	PO	OD	10/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	PANTODAC	40mg	PO	OD	11/5	<input type="checkbox"/> C <input checked="" 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 : Akhila Akhila

Date & Time : 11/5/26

Nurse Name & Signature : Anneeb

Date & Time : 11/5/26 4:05pm



dry wt - 43kg.
 45

VERIFIED

DRUG: <u>Inj CEFTRIAXON</u>				Date/Time: <u>11/5 12/5</u>
Dose: <u>2g</u>	Route: <u>IV</u>	Frequency: <u>BID</u>	Start Date: <u>11/5</u>	<u>10 AM</u> <u>12 PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>Akhile</u>				<u>10 AM</u> <u>12 PM</u>
Additional Instructions: <u>@ 50mg/kg/dose</u>				<u>6 PM</u> <u>12 PM</u>
Daily Doctor's Endorsement by a Sign				<u>9</u> <u>9</u> <u>9</u>

VERIFIED

DRUG: <u>Inj LASIX</u>				Date/Time: <u>11/5 12/5</u>
Dose: <u>40mg IV</u>	Route: <u>IV</u>	Frequency: <u>BD</u>	Start Date: <u>11/5</u>	<u>10 AM</u> <u>12 PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>Akhile</u>				<u>10 AM</u> <u>12 PM</u>
Additional Instructions:				<u>10 PM</u> <u>12 PM</u>
Daily Doctor's Endorsement by a Sign				<u>9</u> <u>9</u> <u>9</u>

VERIFIED

DRUG: <u>Inj METHYL PREDNISOLONE</u>				Date/Time: <u>11/5 12/5</u>
Dose: <u>60mg IV</u>	Route: <u>IV</u>	Frequency: <u>BD</u>	Start Date: <u>11/5</u>	<u>10 AM</u> <u>12 PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>Akhile</u>				<u>10 AM</u> <u>12 PM</u>
Additional Instructions:				<u>10 AM</u> <u>12 PM</u>
Daily Doctor's Endorsement by a Sign				<u>9</u> <u>9</u> <u>9</u>

VERIFIED

DRUG: <u>Syp CALCIMAX</u>				Date/Time: <u>11/5 12/5</u>
Dose: <u>5ml</u>	Route: <u>PO</u>	Frequency: <u>OP</u>	Start Date: <u>11/5</u>	<u>10 AM</u> <u>12 PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>Akhile</u>				<u>10 AM</u> <u>12 PM</u>
Additional Instructions:				<u>10 AM</u> <u>12 PM</u>
Daily Doctor's Endorsement by a Sign				<u>9</u> <u>9</u> <u>9</u>

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Weight. Ward. *3rd floor*



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Dose		Dose		Dose		Dose		
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Dose		Dose		Dose		Dose		
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Dose		Dose		Dose		Dose		
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		

DRUG :

Route Start Date

Name & Signature of the Doctor

Additional Instructions:

VARIABLE DOSE

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Dose		Dose		Dose		Dose		
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Dose		Dose		Dose		Dose		
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Dose		Dose		Dose		Dose		
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		

DRUG :

Route Start Date

Name & Signature of the Doctor

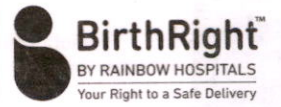
Additional Instructions:

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/5/26	10.50 PM	2nj ALBUMIN (20%)	100ml	IV over 4hrs	Sahithi	Prathima Swetha
11/5/26	12.00 AM	2nj FUROSEMIDE	30mg midway	IV	Sahithi	Prathima Swetha
11/5/26	2.00 AM	2nj FUROSEMIDE	30mg endway	IV	Sahithi	Prathima Swetha

VERIFIED BY : Name Signature

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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward 3rd floor

DRUG : Tab TACROLIMUS				Date/Time	11/5/13/5																		
Dose	Route	Frequency	Start Dt.																				
	PO	BID	11/5																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:				Tue/Thu/Sat 0.5mg Fri 0.5mg 0.5mg 1mg 8pm salt ✓																			
Daily Doctor's Endorsement by a Sign																							
DRUG : Inj ESOMEPRAZOLE				Date/Time	11/5/13/5																		
Dose	Route	Frequency	Start Dt.																				
40mg	IV	OD	11/5																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG :				Date/Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG :				Date/Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

VERIFIED

VERIFIED

VERIFIED BY : Na

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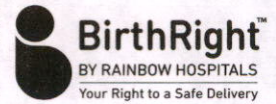
REGULAR PRESCRIPTIONS

Weight Ward

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

VERIFIED BY : Name Signature

BAH-00397366
 Baby NAVYASREE
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 Dr. DR.V.V.R.SATYA PRASAD



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Navyasree Age : 14yrs Gender: Male Female
 Date : 11/05/26 Time of Arrival : 2:40pm Triage Completion Time : 2:42pm
 Allergies: No Yes Food Medications Other (Specify): Not known any drug Allergies
 Source of Information : Parents Others (Specify)
 Mode of Arrival : Ambulatory Wheelchair Stretcher Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking	Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		

Initial Vital Signs: Temp: 95.0F PR: 110bpm BP: 118/71 RR: 22bpm SpO₂: 100% CRA
 Chief Complaints: Came for Renal biopsy

age Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input checked="" type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.
 * CTAS - Canadian Triage and Acuity Scale
 Signature of Parent / Guardian

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks? Yes No
- Have you had cough or a rash in the past 2 weeks? Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks? Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location:
- Are your parents / close contacts at home healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Reethana

Signature of Triage Nurse : [Signature]

Date & Time : 11/05/26 @ 2:42pm

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

BAH-00397366 IP5-00173693
 Baby NAVYASREE
 03-09-2011 14 Y 8 M 8 D (F)
 Dr. DR.V.V.R.SATYA PRASAD



1170520026

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

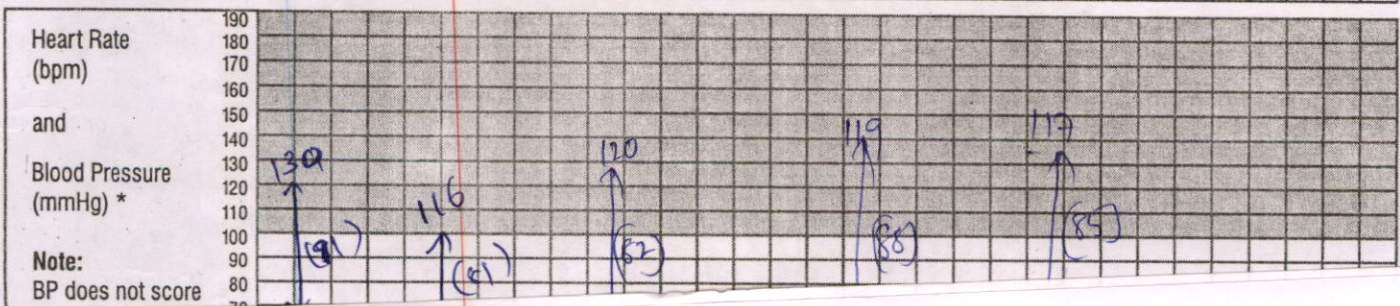
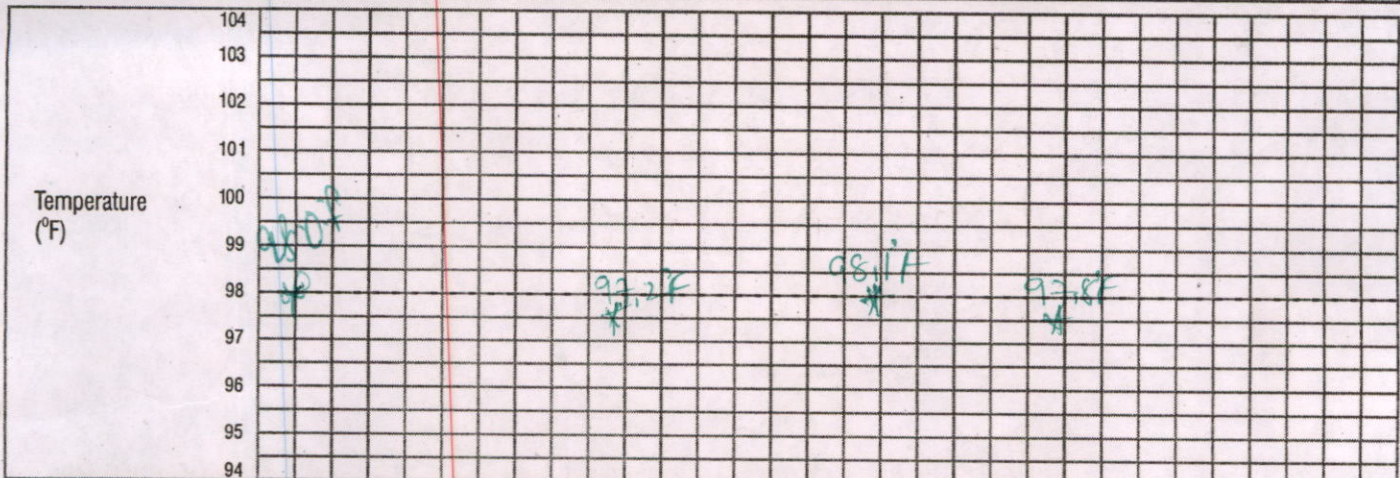
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 5pm 8pm 10pm 2am 6am

Doctor / Nurse / Family Concern? _____



Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00173693 Admit Date : 11-May-2026 Admit Time : 02:43 PM UHID : BAH-00397366

Patient Details :

Patient Name : Baby NAVYASREE	Age : 14 Y 8 M 8 D
Guardian : Mrs PRONEETHA	DOB : 03-09-2011
Gender : Female	Religion : Hindu
Occupation :	Martial Status : Single
Address (H) : PLOT NO 259,, MANGA PURAM COLONY, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010	Phone No : 7032789690/ 8125227733
	E-mail : proneethap@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT331-(2) Ward Name : 3F-ZONE C
 Room No : SPVT331-(2) Admission Type : First Visit

Contact Details :

Name : Mrs PRONEETHA Relationship : MOTHER
 Contact Address : PLOT NO 259,, MANGA PURAM COLONY, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010 Phone No : / 7032789690

Signature

Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD Specialisation : PEDIATRIC NEPHROLOGY
 Referral Doctor : Self Phone No :

BAH-00397366
 Baby NAVYASREE
 03-09-2011 14 Y 8 M 8 D (F)
 Dr. DR.V.V.R.SATYA PRASAD

IP5-00173693

12/5/2026
 Doc. No. : RCHBH/FRM/CLINICAL/127

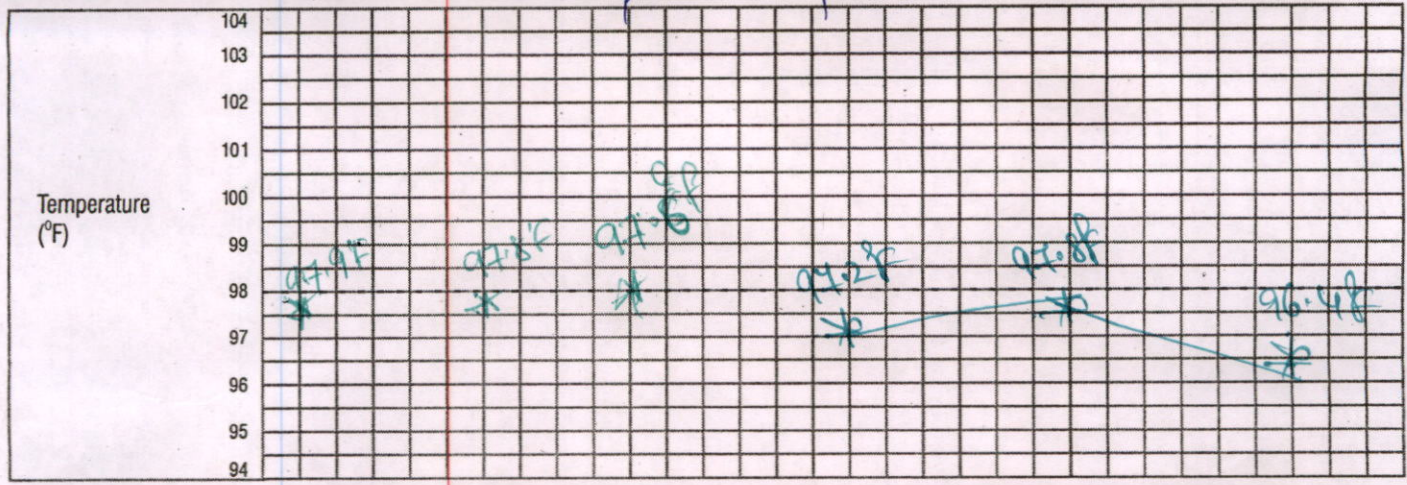
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10:00 AM

Doctor / Nurse / Family Concern? 10 AM 11 AM 6 PM 10 PM 2 AM 6 AM



Time	Heart Rate (bpm)	Blood Pressure (mmHg) *
10 AM	116	116/73
11 AM	135	135/74
6 PM	111	111/65
10 PM	119	119/71
2 AM	104	104/64
6 AM	119	119/88

Time	Resp Rate (bpm)
10 AM	26
11 AM	28
6 PM	24
10 PM	26
2 AM	24
6 AM	22

Time	Resp Distress	O ₂ Saturation (%)	Conscious Level	GCS *
10 AM	N	99%	N	15/15
11 AM	N	100%	N	15/15
6 PM	N	99%	N	15/15
10 PM	N	100%	N	15/15
2 AM	N	98%	N	15/15
6 AM	N	99%	N	15/15

Time	TOTAL SCORE
10 AM	0
11 AM	0
6 PM	0
10 PM	0
2 AM	2
6 AM	0

Time	Observer's Initials
10 AM	B
11 AM	B
6 PM	A
10 PM	BT
2 AM	BT
6 AM	Z

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.



FLUID CHART

Sheet No. : 1

11/05/2026

- 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												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm	water											
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	H ₂ O											
	10:00 pm												
	11:00 pm												
	12:00 am	H ₂ O											
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	H ₂ O											
	04:00 am												
	05:00 am	0 N soup											
	06:00 am	N soup											
	07:00 am	S O soup											
Total Intake :						Total Output :							
Total 24 hrs. Intake		taken				Total 24 hrs. Output		2 125 m - 1					



FLUID CHART



diaper wt - 60

Sheet No. : 2 Today wt - 44.1 12/05/2026

- 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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
12/05/26	08:00 am	D	N	40ml						0	Riya	
	09:00 am	N	P	40ml						0	Riya	
	10:00 am	S	D	40ml					10ml	0	Riya	
	11:00 am			40ml					15ml	0	Riya	
	12:00 pm			40ml					20ml	0		
	01:00 pm		water	40ml							0	
Total Intake :						Total Output : U=275 M=0						
12/5	02:00 pm									0	Shikha	
	03:00 pm		water							0	Shikha	
	04:00 pm								188	0	Shikha	
	05:00 pm								121	0	Shikha	
	06:00 pm		water							0	Shikha	
	07:00 pm									0		
Total Intake :						Total Output : U=309 M=0						
12/5	08:00 pm								62ml	0	Shikha	
	09:00 pm	Sig	water	40ml					130ml	0	Shikha	
	10:00 pm	meds		240ml					457ml	0	Shikha	
	11:00 pm	D	water	40ml					173ml	0	Shikha	
	12:00 am	N		40ml						0	Shikha	
	01:00 am	S	water	40ml						0	Shikha	
Total Intake : Taken						Total Output : M=0 U=						
13/5	02:00 am			40ml						0	Shikha	
	03:00 am	D		30ml					152ml	0	Shikha	
	04:00 am	N		30ml						0	Shikha	
	05:00 am	N		30ml					199ml	0	Shikha	
	06:00 am	S	water	30ml						0	Shikha	
	07:00 am			30ml						0	Shikha	
Total Intake : Taken						Total Output : M=0 U=						
Total 24 hrs. Intake			Taken			Total 24 hrs. Output			M=0 U=1532ml			

1532ml -

BAH-00397366 IP5-00173693

Baby NAVYASREE
03-09-2011 14 Y 8 M 9 D (F)
Dr. DR.V.V.R.SATYA PRASAD



FLUID CHART



Sheet No. : (3)

13/5/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 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		
13/5/26	08:00 am										0	Shilpa
	09:00 am								350	0		
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output : 0- u-						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake []

Total 24 hrs. Output []

Patient Sticker

FLUID CHART

Sheet No. :

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

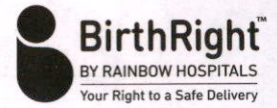
		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :		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

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00397366 IP5-00173693
 Baby NAVYASREE 14 Y 8 M 9 D (F)
 03-09-2011 Dr. DR.V.V.R.SATYA PRASAD

331-A



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 13/5/26 Time: 8 AM

Weight: 45kg Centile: 25th

Height: 110cm Centile: 25th

Inference: low child

RDA: - Calories: 1850 kcal/d Protein: 32g/m/d

Diet Recommendations: soft diet (low salt)

Re-Assessment: avoid spic, chilled & outside foods

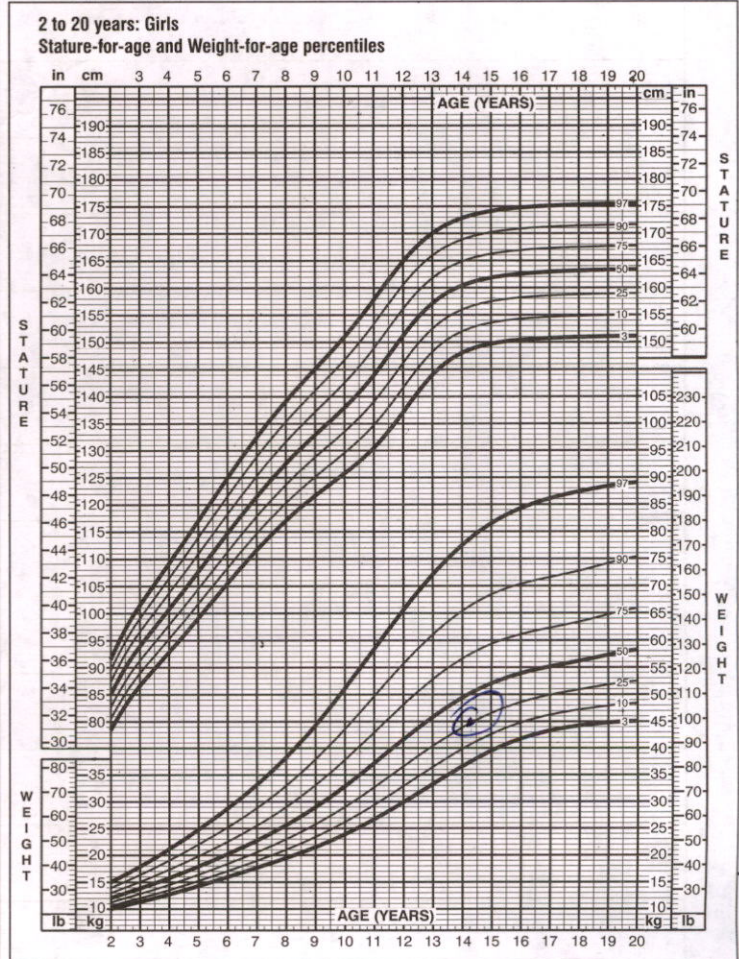
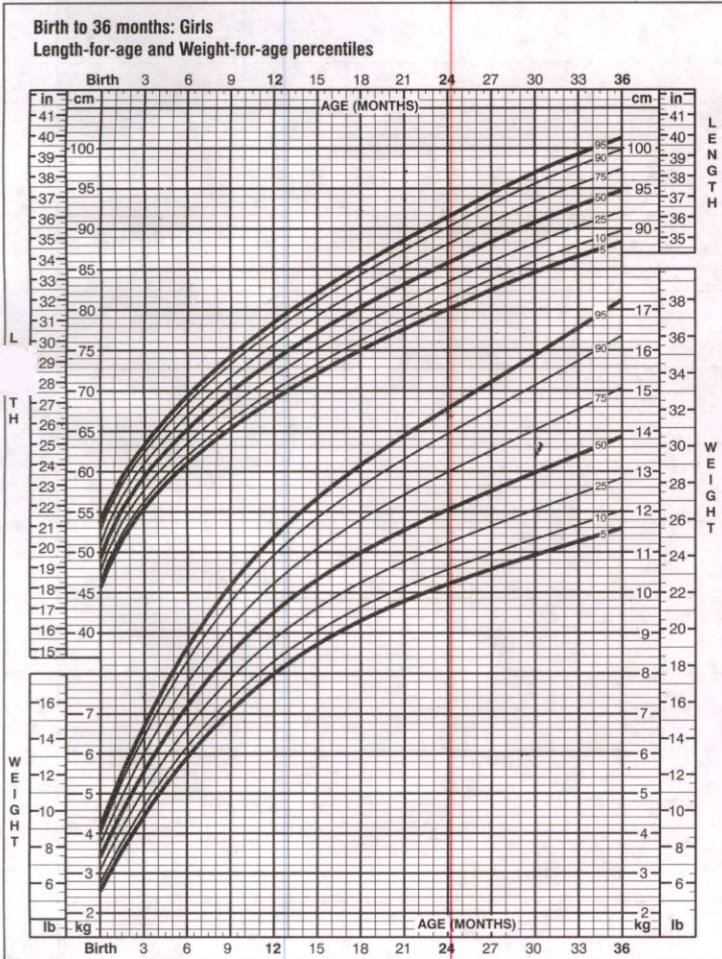
Food Allergies: - Veg/Non-veg -

Diagnosis: slp out low t ACUN

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Rajma

Dietician's Signature: [Signature]

