

**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 : IP5-00174696 Admit Date : 03-Jun-2026 Admit Time : 12:37 PM UHID : BAH-00521331

Patient Details :

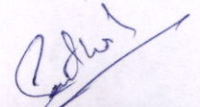
Patient Name : Master SKANDHAN CHARY SREERAM Age : 3 Y 8 M 22 D
Guardian : Mr SANTHOSH SREERAM DOB : 12-09-2022
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 6-22-103GOWTHAM NAGAR kanteshwar Phone No : 7396928264/ 9381194736
Kanteshwar Nizamabad INDIA 503002 E-mail :
SANTHOSHSREERAM391@GMAIL.CO

Admission Details :

Bed Type : DAY CARE Bed No : ER 01 Ward Name : 1B-EMERGENCY
Room No : ER 01 Admission Type : First Visit

Contact Details :

Name : Mr SANTHOSH SREERAM Relationship : Father
Contact Address : H NO 6-22-103GOWTHAM NAGAR Phone No : 9381194736 / 7396928264
kanteshwar Kanteshwar Nizamabad INDIA
503002


Signature

Doctor Details :

Doctor Name : Dr. PRASANTHI ARIPIRALA Specialisation : PEDIATRIC NEUROLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. JAPA AVINASH

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____ IP ↑ **BAH-00521331** **IP5-00174696** **Master SKANDHAN CHARY SREERAM** **12-09-2022** **3 Y 8 M 22 D** (M) **Dr. PRASANTHI ARIPIRALA** nt: _____ Dept : _____

Date of Admission: _____  Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/26	~	CR	-	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
4/06/20	Nutritional health NHS		
	assessment	642624	<u>Verd</u>

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
04/16/24	Nutritional			

ANY OTHER INFORMATION

.....
.....
.....
.....
.....
.....
.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00521331 IP5-00174696
Master SKANDHAN CHARY SREERAM
12-09-2022 3 Y 8 M 22 D (M)
Dr. PRASANTHI ARIPIRALA


Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

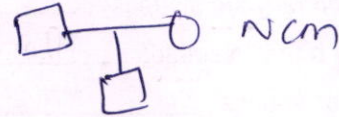
BAH-00521331 IP5-00174896
Master SKANDHAN CHARY SREERAM (M)
12-09-2022 3 Y 8 M 22 D
Dr. PRASANTHI ARIPIRALA

Perinatal Organ History & Physical Examination

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

klebsiella seizure on AED's.

Birth & Neonatal History:



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Global developmental delay

Immunization History :

Till date.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 15.8 kg (Centile _____)

On Examination :

Temperature : 98.2 F Pulse Rate : 103/min B.P. 96/72 (98) SPO2 98% on RA
Resp. rate and type of breathing : 24/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : 202cp

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : 2b (F)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : (S)

Ausculation : _____

Spine : _____ External Genitelia : _____

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

BAH-00521331 IP5-00174896
Master SKANDHAN CHARY SREERAM
12-09-2022 3 Y 8 M 22 D (M)
Dr. PRASANTHI ARIPIRALA



/ & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

kleo Infantile onset epilepsy
Polymorphic epilepsy - multifocal clonic myoclonic



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

completeness

Desired goals of the treatment : _____

Hemodynamic

Planned Labs:

Planned Management

long term EEG

VLS.

Noted by Rachel

3/6/26

4 PM

Signature of the Doctor: *[Signature]*

Signature of the Consultant: _____

Name of the Doctor: *Dr. Remakesh*

Name of the Consultant: _____

Date & Time: *2.16.24*

Date & Time: _____



DRUG CHART

Date of Admission: 3/6/2026 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 :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

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

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

VERIFIED BY : Name Signature



C				Date	Time
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : Tab PRISIUM 5mg				Date	26/6
				Time	4/6
Dose	Route	Frequency	Start Date		
1/2 tab	PO	Q12H	3/6/26	8 AM	4 PM
Name & Signature of the Doctor Starting the Drugs:					
Dr. Ranj					
Additional Instructions:				12pm	4pm
Daily Doctor's Endorsement by a Sign					
DRUG : Tab VALPARIN CRONO				Date	26
				Time	
Dose	Route	Frequency	Start Date		
1 tab	PO	HS	3/6/26	10pm	
Name & Signature of the Doctor Starting the Drugs:					
Dr. Ranj					
Additional Instructions:					
(1 tab = 200mg)					
Daily Doctor's Endorsement by a Sign					
DRUG : Tab LACOSAMIDE (50mg)				Date	26
				Time	
Dose	Route	Frequency	Start Date		
1 tab	PO	HS	3/6/26	10pm	
Name & Signature of the Doctor Starting the Drugs:					
Dr. Ranj					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

BAH-00521331 IP5-00174896
 Master SKANDHAN CHARY SREERAM
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 Dr. PRASANTHI ARIPIRALA



Sheet No:

REGULAR PRESCRIPTIONS

Weight 15.5kg ward BD

DRUG : Tab GARDENAL (30mg)				Date/Time																		
Dose	Route	Frequency	Start Dt.																			
1 Tab	PO	HS	3/6/26	10:00 AM																		
Name & Signature of the Doctor Starting the Drugs: <i>Dr Ranjan</i>																						
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:																						
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DRUG :				Date/Time																		
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Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

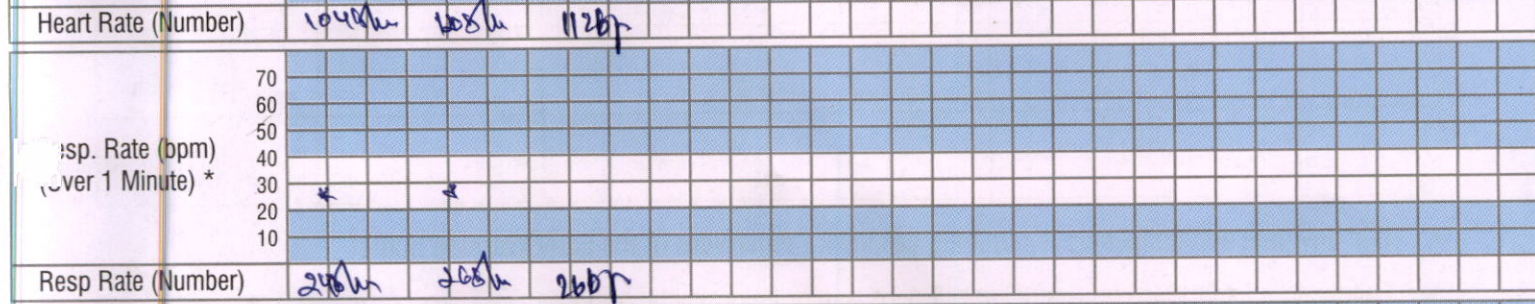
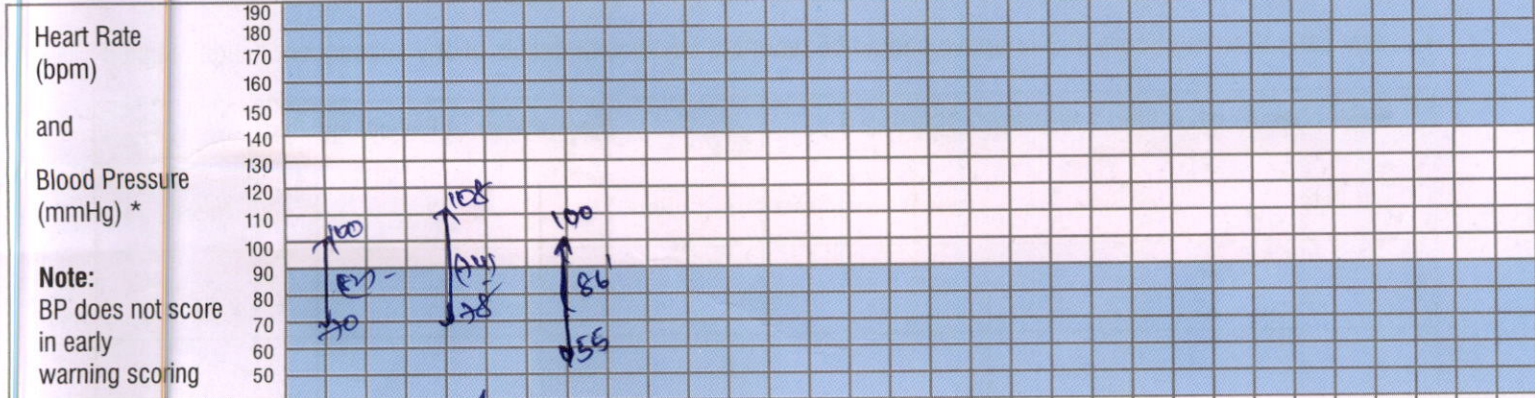
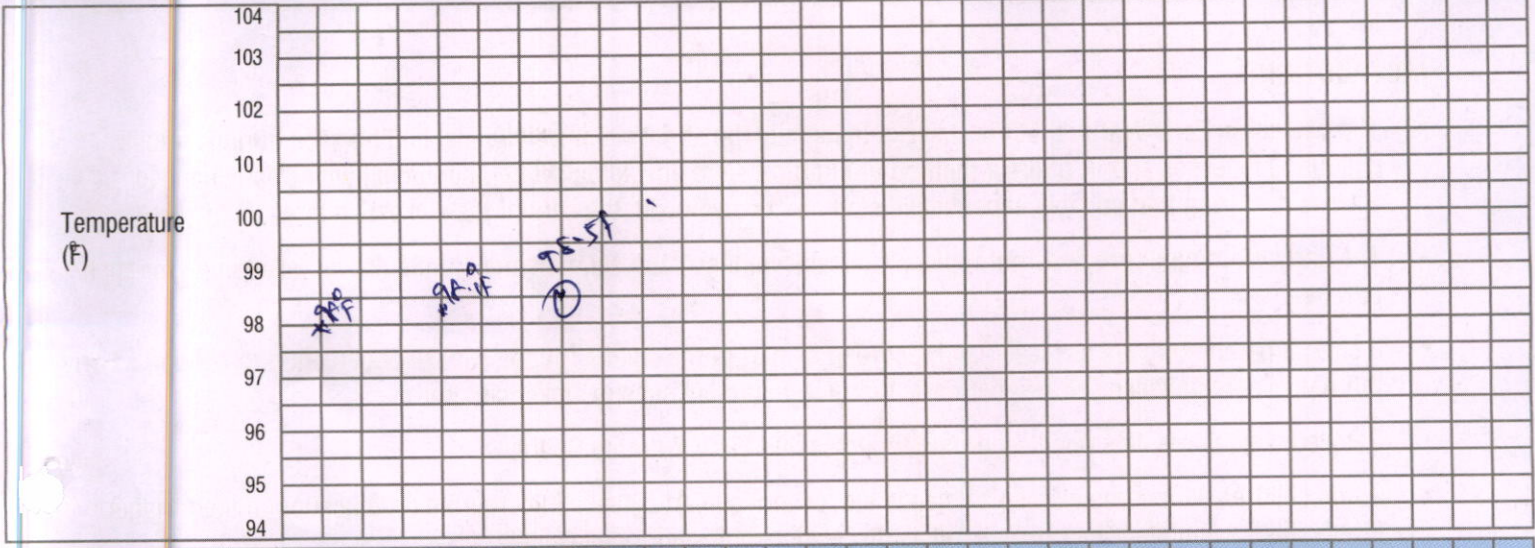
Signature
VERIFIED BY : Nan



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/6/22 Time: 12pm 4pm 8pm

Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 100%

Conscious Level Normal / Altered
GCS * 15/15 15/15 15/15

TOTAL SCORE
Number of shaded boxes
Pain Score 0/10 0/10 0/10
Observer's Initials [Signature] [Signature] [Signature]

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

NB: Scores 3 should be recorded overleaf

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

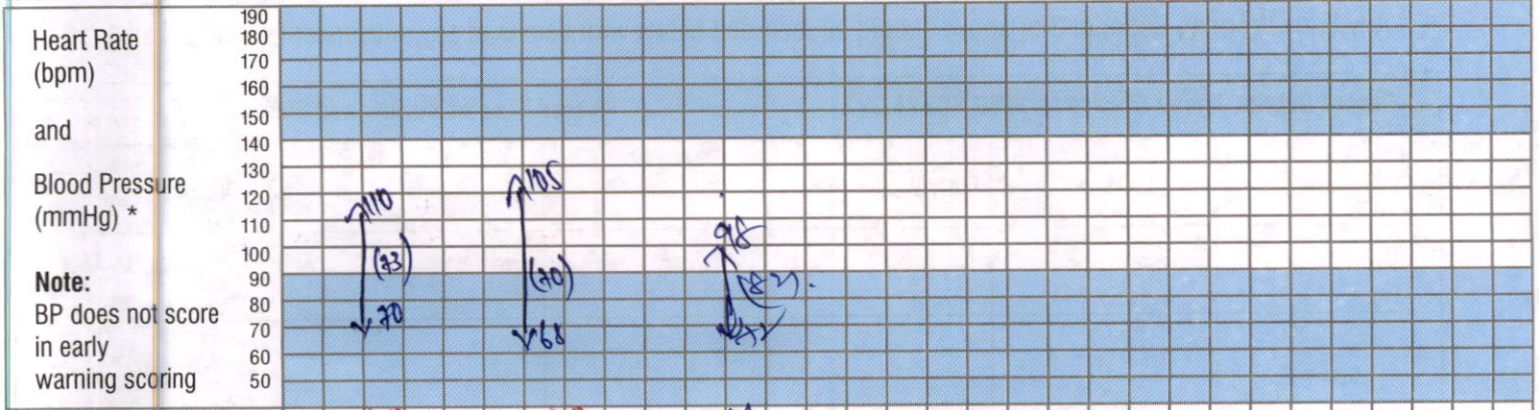
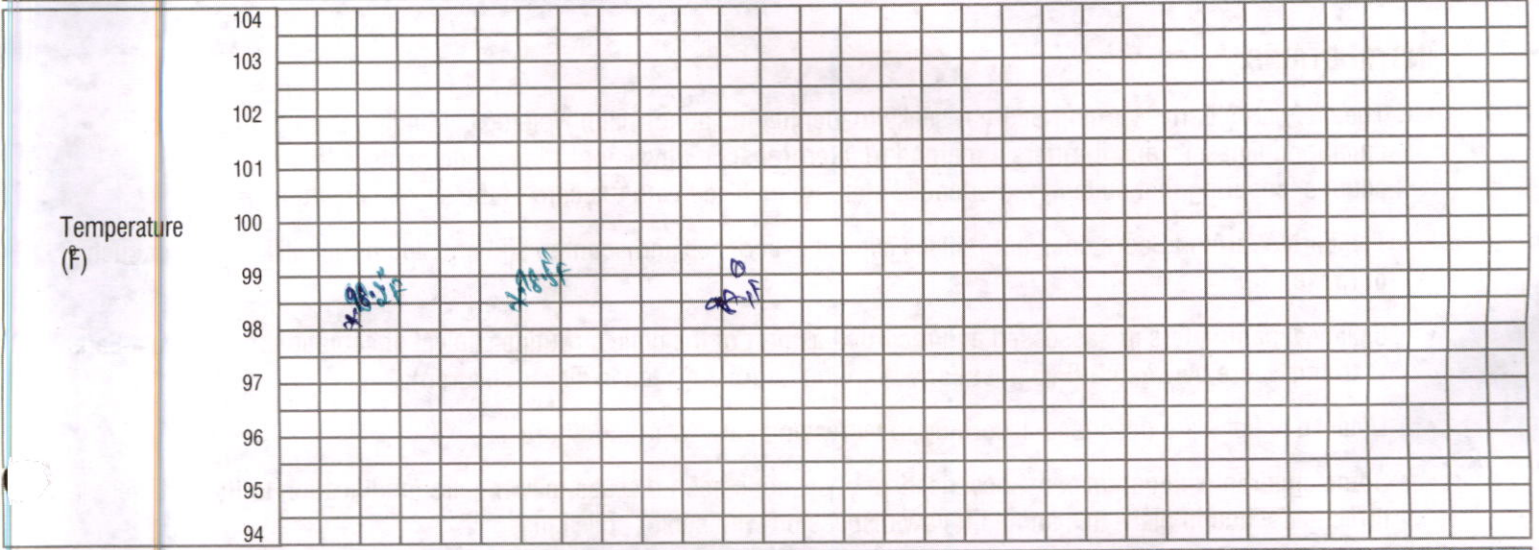
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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)

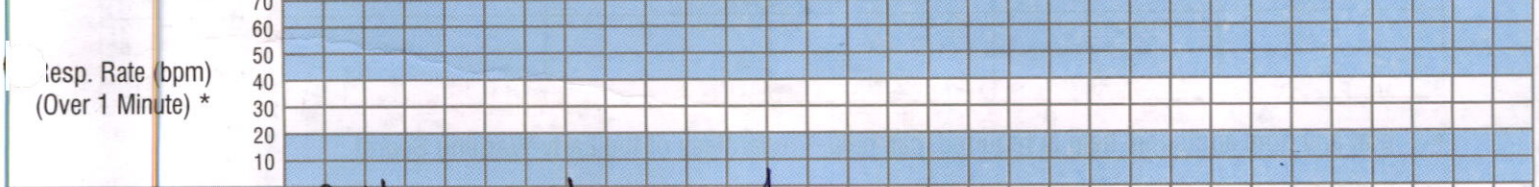


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/6/22 Time: 1pm 5pm 10pm
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 102 bpm 105 bpm 106 bpm



Resp Rate (Number) 26 bpm 26 bpm 26 bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%) 99% 98% RA 99%

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes

Pain Score 0 0 0

Observer's Initials

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