Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176658 **Admit Date** : 20-Jul-2026 **Admit Time** : 03:08 PM **UHID** : MAH-00389734

Patient Details :

Patient Name	: Baby V ANEESHA REDDY	**Age**	: 15 Y 11 M 5 D
Guardian	: Mr V VENKATA SUBBA REDDY	**DOB**	: 15-08-2010
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 8-3-678/42 PNO - 17/18, GROUND F1, PADMAVATHI, NILAYAM,NAVODAYA COLONY, Srinagar Colony Hyderabad Telangana INDIA 500073	**Phone No**	: 9700990066/ 8309805890
		E-mail	: na@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 04 **Ward Name** : 1B-EMERGENCY

Room No : ER 04 **Admission Type** : First Visit

Contact Details :

Name : Mr V VENKATA SUBBA REDDY **Relationship** : Father

Contact Address : H NO 8-3-678/42 PNO - 17/18, GROUND F1, PADMAVATHI, NILAYAM,NAVODAYA COLONY, Srinagar Colony Hyderabad Telangana INDIA 500073 **Phone No** : 9700990066

V. Venkata Subba Reddy

Signature

Doctor Details :

Doctor Name	: Dr. ABHISHEK RAVINDRA JAIN	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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ACTIVITY RECORD FOR BILLING

Name :_____

MAH-00389734 IP5-00176658
Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 5 D (F)
Dr. ABHISHEK RAVINDRA JAIN

UHID No. : _____ sultant: _____ Dept : _____

Date of Admission: ____ e of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7	—	ER	—	Pramuj

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

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/07	Dr placement	1	713886	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Children's
Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

MAH-00389734 IP5-00176658
Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 6 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Patient Name: aneesha reddy

UHID ID: _____

Department: _____

Consultant: _____

MAH-00389734 IP5-00176658
Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 6 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o abnormal behaviour for last 1 month.
continuously speaks sentences, repeat words.
speaks in low voice tone

History of present illness :

c/o Abnormal behaviour for last 1 month
continuously speaks sentences | x 1 month

↓

now for longterm EEG.

MRI Brain – loss of WM with gliosis in periventricular and subcortical WM in Bl parieto occipital lobes, Corona Radiata and centrum semiovale.
likely hypotensive / hypoglycemic brain injury

MAH-00389734 IP5-00176658
Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 5 D (F)
Dr. ASHISHEK RAVINDRA JAIN

Pediatric Multiorgan History & Physical Examination

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

N/C

Birth & Neonatal History:

Term / 2.5 kgs / h/o NICU x 3days
not LIAB

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

middle

Developmental History :

motor - appropriate for age
Speech - delay (+)

Immunization History :

vaccinated till date

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Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 6 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__55kgs.__(Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate :110/min B.P. 125/mHg SPO2 100% ↓ RA

Resp.rate and type of breathing : 55rg

Rash Avgood

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BLAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (N).

Any murmur :

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

Per Abdomen :

Inspection

Palpation : soft

Ausculation :

Spine : External Genitelia :

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

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Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 5 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : active

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator : NAD

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

? Occipital lobe onset Seizures.
need for long term EEG

(P.T.O.)

MAH-00389734 IP5-00176658
Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 5 D (F)
Dr. ASHISHEK RAVINDRA JAIN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complications

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

longterm EEG

NIB
Rammy

Planned Management

① Longterm EEG.

Signature of the Doctor: Madhuri

Name of the Doctor: Madhuri

Date & Time: 20/7/26

Signature of the Consultant:

Name of the Consultant:

Date & Time:

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Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 5 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 3:40 pm	CDW Dr. Abhishek	
	Occipital lobe Epilepsy	Adv
	focal seizures (+) with twitching / jerks of limbs (+) unable to speak (+) pupils - B/L equal reactive	1) load with Valproate @ 20 mg/kg 2) if persistent seizure → shift to PICU
		NB Lavanya Dhanushas 21/07/26 @ 3:50 Am
21/7/26	D/s today Vitals - stable	Dr. Vinod

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00389734 IP5-00176658
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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: ..... Shifted to: .....

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 : .....

Date & Time : 21/7/26 .....

Nurse Name & Signature: .....

Date & Time : 20/07/26 @ 7.15pm .....

MAH-00389734 IP5-00176658
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15-08-2010 15 Y 11 M 5 D (F)
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DRUG CHART

Date of Admission: 20/8 .... Drug Allergies: .... ☐ ~~Not known any Drug Allergies~~

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Sign ....

MAH-00389734 IP5-00176658
Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 5 D (F)
Dr. ABHISHEK RAVINDRA JAIN

REGULAR PRESCRIPTIONS

Weight. 55kg Ward. ....

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

Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 6 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Weight. ...55kg... Ward. .....

	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7	3:50Am	Inj VALPROATE	Iv over 1 hr	IV		Lavanya Ramadevi
21/7	4:10Am	INJ AVIL	22 mg	IV		Lavanya NR: Venkat
21/7	4:15Am	SYR PEDICLORYL	7ml	PO		Lavanya NR: Venkat
21/7	12:16pm	SYP. PEDICLORYL	10ml	PO		Anuj Kartik
21/7	12:15pm	INJ. AVIL	45mg	IV		Anuj Kartik

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

MAH-00389734 IP5-00176656
Baby V ANEESHA REDDY (F)
15-08-2010 15 Y 11 M 5 D
Dr. ASHISHEK RAVINDRA JAIN

I.V. FLUIDS CHART

Weight. 55kg Ward. ....

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

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

MAH-00389734 IP5-00176658
Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 5 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2022 Time:

Time	8:00 pm	7:00 pm	11pm	3Am	7AM
Doctor / Nurse / Family Concern?					
Temperature (°F)	98.4°F	98.6°F	98.7	98.3°F	98°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	110/62 (78)	112/62 (78)	117/60 (78)	110/78 (85)	95/62 (79)
Heart Rate (Number)	112 b/m	110 b/m	95 bm	98 bm	92 bm
Resp Rate (Number)	20 b/m	20 b/m	20 bm	22 bm	20 bm
Resp Distress (Mod/Severe; None/Mild)					
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	100%	98%	98%	99%
Conscious Level (Normal / Altered)					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes			0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / Blood Pressure scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) scale: 70, 60, 50, 40, 30, 20, 10

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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given 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)

MAH-00389734 IP5-00176658
Baby V ANEESHA REDDY
15-08-2010 15 Y 11 M 6 D (F)
Dr. ABHISHEK RAVINDRA JAIN

21/07

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	11AM	3pm
Doctor / Nurse / Family Concern?		

Temperature (°F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

98.2°F

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

Note: BP does not score in early warning scoring

190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

103 (77) 67 — 101 (74) 62

Heart Rate (Number)	98 b/m	92 b/m

Resp. Rate (bpm) (Over 1 Minute) — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	20 b/m	20 b/m
Resp Distress (Mod / Severe / None / Mild)	RA	RA
Receiving O_2 (l/min) O_2 Saturations (%)	100%	99%
Conscious Level (Normal / Altered)		
GCS *	15/15	WNL
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials		

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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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)

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Baby V ANEESHA REDDY
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Dr. ABHISHEK RAVINDRA JAIN

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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.....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....