Rainbow Children's Hospital
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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

BAH-00644219 IP5-00173771
Baby Of ANUSHA
13-12-2025 0 Y 5 M 0 D (F)
Dr. SIRISHA RANI

Name : ____________________

UHID No. : ____________ Consultant: ____________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : _________ Time: _________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/12	1:20 pm	[illegible]	Oncology	Rafikam

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/5	HPLC, Sr. ferritin, TIBC Sr. Creat	8643	Isnad

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/5	Infusion pump	2pm	6:30pm	9606492	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/5	Iv placement	1	6101	
13/5	Blood transfusion	1	9606490	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : 13/5/26 Time : 8pm Prepared By : Nashep

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Oncology		

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 : IP5-00173771 **Admit Date** : 13-May-2026 **Admit Time** : 12:38 PM **UHID** : BAH-00644219

Patient Details :

Patient Name : Baby Of ANUSHA
Guardian : Mr KRISHNA C
Gender : Female
Occupation :
Address (H) : H NO 8-2-293/19, ROAD NO 14, Banjara Hills Hyderabad Telangana INDIA 500034

Age : 0 Y 5 M 0 D
DOB : 13-12-2025 01:00 AM
Religion :
Martial Status : Single
Phone No : 9550681655/ 7032030904
E-mail : KRISHNACHAVAN892@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : HO DC 3 **Ward Name** : 1F-HEMATO-ONCOLOGY
Room No : HO DC 3 **Admission Type** : First Visit

Contact Details :

Name : Mr KRISHNA C **Relationship** : Father
Contact Address : H NO 8-2-293/19, ROAD NO 14, Banjara Hills Hyderabad Telangana INDIA 500034 **Phone No** : 9550681655 / 7032030904

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

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

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Baby Of ANUSHA
13-12-2025 0 Y 5 M 0 D (F)
Dr. SIRISHA RANI

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Sirisha Rani Date : 13/5/26

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

Start Time of Assessment: ..... Weight: 5.4 Kg

Allergic History: .....

Chief Complaints:
Came for Regular checkup
Pallor on examination
Investigation c/o Severe Anemia
Came for PRBC transfusion

Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Significant Past History: Mother, father and Elder sibling → Thalassemic trait

Medication History: .....

Relevant Investigations: 12/5/26 CBP 5.3 21690 48/46 274000

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing

Rate: 28/min. SpO_2 on FiO_2 96%/RA

Rhythm: Regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAEE (+)

Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 132/min

BP: 110/ mmHg

Pulse Volume: Central / Peripheral: Good

If in Shock: Compensated .... / Hypotensive ....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

CFT: Central / Peripheral: <3sec

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes: ....

Disability

GCS: 15

AVPU: Alert

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right .... Left ....

Active Seizures: ☐ Yes ☑ No

Sugars: ....

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 97.9°f

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned:

- HPLC
- S. Iron, S. ferritin, TSI, TIBC
- S. Creatinine

Treatment Planned:

- PRBC transfusion 120 ml over 5 hours
- Inj. LASIX 5mg at end of transfusion
- Vital monitoring 2nd hrly

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Severe Anemia

Assessment done by

Name of the Doctor: [signature]

Signature: [signature]

Date & Time: 13/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	8			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion	(0)			
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	Anaestesia 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	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	5			
	Total No. of Pages	26			

Signature and Date :
13/5/26

(P.T.O)

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-00644219 IP5-00173771
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13-12-2025 0 Y 5 M 0 D (F)
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DRUG CHART

Date of Admission: 13/5/26 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 ..... Signatu

BAH-00644219 IP5-0017377
Baby Of ANUSHA
13-12-2025 0 Y 5 M 0 D (F)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS

Weight. 5.5Kg Ward. ....

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date ▸ / Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

13-12-2025 0Y5M0D (F)
Dr. SIRISHA RANI

Weight. 5.5kg Ward. Ours

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.	

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
13/5/26	2:30pm	PRBC transfusion	120ml over 5hours	IV	Sai	Nashey 3pm / Anu
13/5/26	6:30pm	Inj. LASIX	3 mg	IV	Sai	Nashey 6:30 pm
13/5	2:30pm	Inj AVIL	0.1ml	IV	R	Anusads / Nashey 3pm
13/5		Inj HYDROCORTISONE	10mg	IV	R	Anusads / Nashey

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... 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

Signature .....

VERIFIED BY : Name .....

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Dr. SIRISHA RANI
IP5-00173771
0 Y 5 M 0 D
(F)

Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/5 Time: 3 PM

Doctor / Nurse / Family Concern?

Temperature (F)

104 | 103 | 102 | 101 | 100 | 99 | 98 | 97 | 96 | 95 | 94

98.6°F

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

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

90 (81) 60

Note: BP does not score in early warning scoring

Heart Rate (Number) 126 b/m

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

70 | 60 | 50 | 40 | 30 | 20 | 10

28 b/m

Resp Rate (Number) 28 b/m

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	0
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.

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)

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FLUID CHART

Sheet No. : 1

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.

13/5/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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			30ml							0	
	03:00 pm			30ml						50ml	0	
	04:00 pm			30ml							0	
	05:00 pm			30ml						100ml	0	
	06:00 pm										0	
	07:00 pm										0	
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	

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FLUID CHART

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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**	

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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 : 12/12/25

Nurse Name & Signature: .....

Date & Time : 12/12/25 @ 1:30 pm

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13-12-2025 0 Y 5 M 0 D (F)
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 13/5/26 Time: 3pm

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAH26-01060 Date of Collection: 2/may/26 Date of Expiry: 13/Jun/26

Date & Time of Starting Transfusion: 13/5/26@3pm Planned duration of Transfusion: 4 hrs.

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Mathew Nurse 2: Anuradha

Before starting transfusion vitals: Temp: 98.6°F HR 109 bm RR: 28 bm BP: 101/51/69 SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
13/5/26	15 Min	101 bm	98.6°F	101/51/69	100%	N.A	N.A	N.A	N.A
	15 Min	103 bm	98.6°F	91/51/68	100%	N.A	N.A	N.A	N.A
	30 Min	101 bm	98.6°F	101/51/69	100%	N.A	N.A	N.A	N.A
	30 Min	109 bm	98.6°F	103/59/68	100%	N.A	N.A	N.A	N.A
	30 Min	115 bm	98.6°F	100/60/68	100%	N.A	N.A	N.A	N.A
	1 Hr								
	1 Hr								

Comments: N.A complaints

Name of the Incharge-Nurse: Mathew Name of the Nurse: Anuradha

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 13/5/26 @ 6pm Date & Time: 13/5/26@6pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-3

Qty. 150 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

O
Rh Positive

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-01060
Blood Group: O Rh Positive
Collection Date: 02/May/2026
Expiry Date: 13/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There Appr Antib

Issue Label / CrossMatching Report

Patient : **Baby Of ANUSHA .**
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR. SIRISHA RANI
UHID No.: BAH-00644219 Wd-Bed No.:

Product : LR-PRBC Pedia-3
Blood Group : O Rh Positive
Unit No.: **BAH26-01060**
XMatching Report:Compatible
X-matched by: B.Abhishek

Issue Dt : 13/May/2026
Collm. Dt :02/May/2026
Exp. Dt :13/Jun/2026
Issued By : B.Abhishek

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
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