Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006758 **Admit Date** : 06-Jul-2026 **Admit Time** : 08:56 AM **UHID** : HNH-00016384

Patient Details :

Patient Name	: Baby THOKALA NISHIKA REDDY	**Age**	: 3 Y 7 M 3 D
Guardian	: Mr PRASHANTH	**DOB**	: 03-12-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 14-2/1, thokalapally, chelpur, huzurabad Chelpur Karimnagar Telangana INDIA 505122	**Phone No**	: 9441464556/ 8074659147
		E-mail	: prashanththokala9@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr PRASHANTH **Relationship** : Father

Contact Address : 14-2/1, thokalapally, chelpur, huzurabad Chelpur Karimnagar Telangana INDIA 505122 **Phone No** : 9441464556

T. Prashanth

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

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ACTIVITY RECORD FOR BILLING

Name: ----- HNH-00016384 IP26-00006758 Baby THOKALA NISHIKA REDDY 03-12-2022 3 Y 7 M 3 D (F) Dr. SINDHURA MUNUKUNTLA ----------

UHID No : -- -------- Consultant : ---------- Dept : ----------

Date of Adm --- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	11:15 AM	ER	215	A.R

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	CBP, E	1070	A.T
6/4/20	CRP		
6/4/20	blood c/c		
	VBG	1069	A.T
6/7	CUE	11077	Rev
6/7	Stool c/s		
6/7	CSE	11100	
6/7	USG Abd & pelvis	8100	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Infusiomat	11:20 AM		11187	Pai

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV cannula	1	1115	
6/7/26	NHA	(1)	11186	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00016384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
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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: ER Shifted to: 215

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	Syp. Zebispas-P.	4ml	PO	BD		☐ 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 : Dr. Nameen Banu

Date & Time : 6/7/2026 @ 8:30 am.

Nurse Name & Signature: Anupam

Date & Time : 6/7/26 @ 9:10AM

Docu. No. : RCH / FRM / GENERAL / 090

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name :

HNH-00018384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

Dy / 3yrs

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o 1/ Fever since 3 days
2/ Vomitings since 2 days
3/ Loose stool/ since 2 days
4/ Decreased oral intake since 1 day

History of present illness:

Child was apparently asymptomatic 3 days back after which she had fever which was initially low-grade but later had moderate grade fever spikes responding to oral paracetamol.

Vomitings started 2 days back which were 8-10 episodes/day non-bilious, non-projectile contains food matters

Loose stools started 2 days back which were 15 episodes/day mucoid ~~fe~~ watery foul smelling & contains blood in stool.

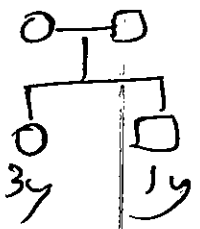
Child has decreased oral intake since 2 days also with decreased urine output

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Term / EL-LSCS / 2·6 kg / CIAB



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

OAP-Schedule - up-to-date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 11.3 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2 96% at RA

Resp. rate and type of breathing : _____

dry lips, dry oral mucosa

Rash _____ Sunken eyes, decreased skin turgor

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BL-AEB

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1, S2

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : P/A Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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 : Normal

Motor System :

Nutrition : ⓝ

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials :

Plantars ⓝ

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Δ Acute Dysentery c̄ dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

IV fluids

IV Antibiotics

Desired goals of the treatment :

Fever subsidence

Vomiting subsidence

Planned Labs :

CBP ✓

CRP ✓

CUE ✓

Periperal (S variety) —Hold.

CSF

Stool C/S ✓

Blood C/S ✓

VBG ✓

Planned Management :

- Inj. CEFTRIAXONE 1.2gm IV OD
- Inj. METRONIDAZOLE 120mg IV TID
- Inj. ESMOPRAZOLE 10mg IV OD
- Syp. ZINC (5ml/20mg) OD
- WHO-ORS 100ml each loose stool
-

Please fill up the following details

1. Name of the Referring Doctor :
2. Name of the Referring Hospital : (Including the name of City)
3. Contact number of the Referring Doctor : (Preferring Mobile #) Dr. Sadhana. D
4. Name of the doctor in Rainbow Team on whose name the patient is being referred

Doctor's Signature Name [signature] Date 6.7.26 Time 10:50 pm

HNH-00016384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10:50 AM	S/B Dr. Sindhura.	
	Δ Acute Dysentery c̄ dehydration PG	
	pulse volume - ↓ 100	- IV NS bolus 100 ml over 30 min give
	Baby dull	
	CVS - S1, S2 (N)	- stat CEFTRIAXONE
	RS - BIL - AIE (+)	METRONIDAZOLE
	P/A - soft	- IV Fluid Plasmalyte @ 40 ml + 100 ml Dextrose
	conscious	
		- Trace reports
		- Start ZINC
		- WHO ORS 100 ml each loose stool
		[signature]
		noted by Sr. Sandhya 6/7/26 @ 11 a.

HNH-00016384 IP26-00006758
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	c/s/b Dr. Varun / Dr. Archana.	
2:30pm	No c/o vomiting since admission.	
	Δ Acute Dysentery ? dehydration	- USG Abdomen + pelvis
	CVS - S1 S2 ⊕ RS - BL - AE ⊕	- C/F CEFTRIAXONE METRONIDAZOLE
	P/A Soft Conscious	- C/F ZINC
	C/o loose stools	- C/F IV fluids
		- WHO-ORS 100 ml each loose stool

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/8/26	S/B Dr. Sindhura	
4:30 PM	Intake	Plan
	Δ Colitis c dehydration	
	Dysentery	– Cf CEFTRIAXONE
	C/o loose stool	METRONIDAZOLE
	Wt S/c S/B	– Cf ZINC
	R/-BIL-ACED	
		– Cf ESMOPRAZOLE
	P/A soft	
	conscious	– ONDANSETRON SOS
		– IV fluids
		@ 30ml/h
		– Trace CSE
		Blood C/S
		Stool C/S
		[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

,Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

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DRUG CHART

Date of Admission: .... 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 : Syp. CROCIN - DS				Date / Time	6/7 12:55P	
Dose	Route	Frequency	Start Date			
3.5ml	oral	SOS/6th	6/7		3ml / 8:45 PM	
Doctor's Signature	Valid Period	Pharm.				
[signature]						
Additional Instructions: Paracetamol (15mg/kg)						

DRUG : WHO - ORS				Date / Time
Dose	Route	Frequency	Start Date	
200ml	oral	6th (SOS)	6/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions:				

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

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

HNH-00016384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 11.8 kg Ward. ....

DRUG: Inj. CEFTRIAXONE				Date / Time	6/7
Dose	Route	Frequency	Start Date	11:10 Am	
1.2 gm	IV	OD	6/7	·	AC
Name & Signature of the Doctor Starting the Drugs: B. Sreeja					
Additional Instructions: dilute in 50 ml NS					
Daily Doctor's Endorsement by a Sign					

DRUG: Inj. METRONIDAZOLE				Date / Time	6/7
Dose	Route	Frequency	Start Date	6A	
90 mg	IV	TID	6/7	2P	
Name & Signature of the Doctor Starting the Drugs: B. Sreeja				10P	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: Inj. ESOMEPRAZOLE				Date / Time	6/7
Dose	Route	Frequency	Start Date	6Am	10:30
10 mg	IV	OD	6/7		
Name & Signature of the Doctor Starting the Drugs: B. Sreeja					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: Syp. ZINCONIA				Date / Time	6/7
Dose	Route	Frequency	Start Date		
5 ml	oral	OD	6/7		
Name & Signature of the Doctor Starting the Drugs: B. Sreeja				2pm	
Additional Instructions: ZINC (5 ml/20 mg)					
Daily Doctor's Endorsement by a Sign					

HNH-00016384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

Weight. ..... 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
6/7	10 AM	NS bolus	100 ml over 1 hour	IV		
6/7	5pm	Syp. Cyclopam	5ml	PO		

Signature

VERIFIED BY : Name

HNH-00016384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 11.84 ..... 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
6/7	11 AM	PLASMALYTE - 400ml + 100ml 25% Dextrose	IV	40 ml/hr					
6/7	4:30 AM	↓	IV	30 ml/hr					

Signature .....

VERIFIED BY : Name .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016384 IP26-00006758 Baby THOKALA NISHIKA REDDY 03-12-2022 3 Y 7 M 3 D (F) Dr. SINDHURA MUNUKUNTLA	6/7/26 @ 8:56Am	6/7/26. 11Am
	Transfer Ordered by	Reason for Transfer Admission
From Unit FR	To Unit 215	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films — VBG	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Amulya	Dr. Sreeja.

Patient & Clinical Records Received by : Sr. Sandhya 6/7/26 @11:30am

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Patient Sticker 3Y7M

312

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 6/7/20 Time: 12pm

Weight: 11.8 kg Centile: < 10th

Height: — Centile: —

Inference: underweight child

RDA: — Calories: 1300 kcal/d Protein: 22 gms/d

Diet Recommendations: Gastro Diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

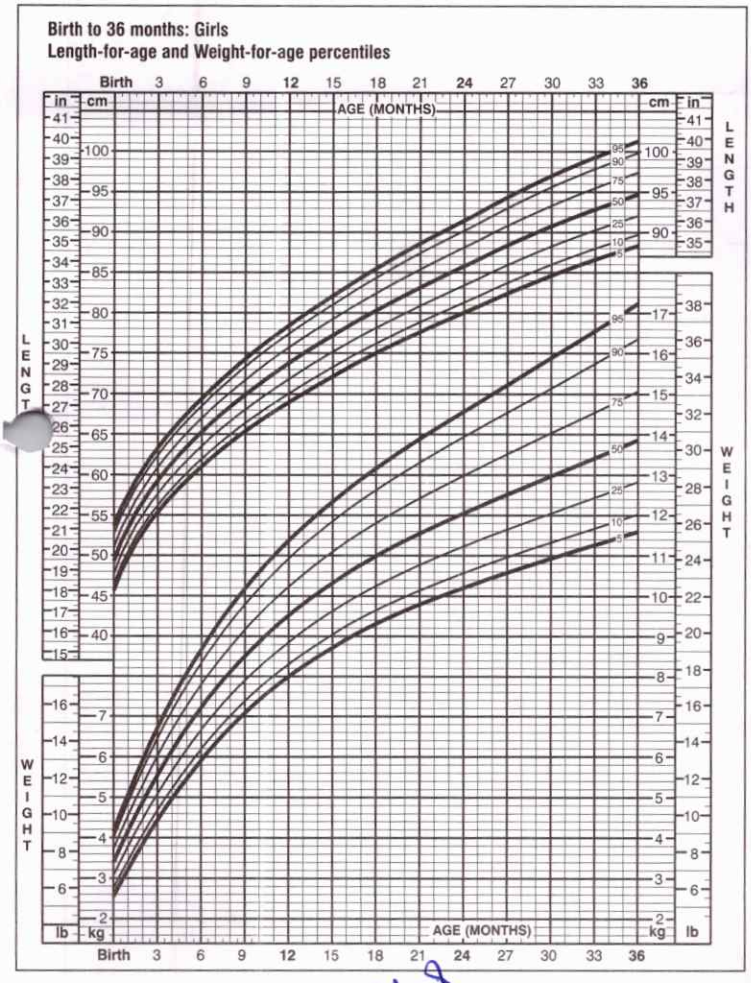
Food Allergies: ND Veg/Non-veg NON-Veg

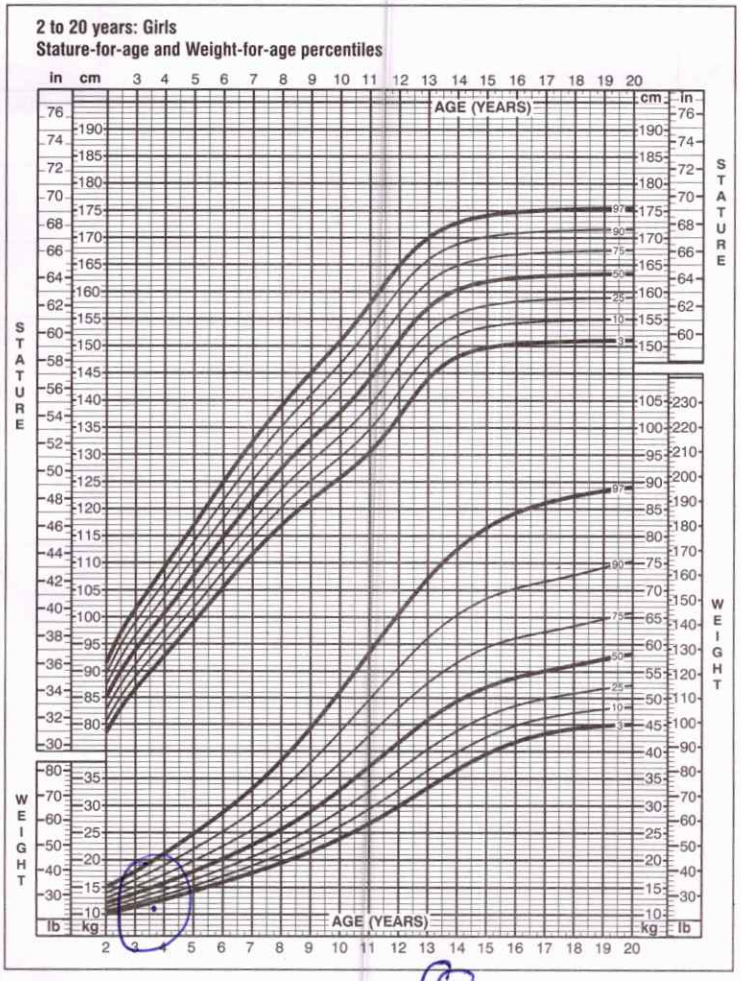
Diagnosis: Acute Dysentry & Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: T. Prathana

GROWTH CHART (GIRLS)





Dietician's Name sathwika

Dietician's Signature

Daily Notes:

HNH-00016384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

wt — 11.8kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : T. Nishika reddy Age : 4 yr Gender: ☐ Male ☑ Female

Date : 6/7/26 Time of Arrival : 7:45 am

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98°F PR: 112bl/m BP: 96/70 RR: ..... SpO_2: 97% 2 episodes of vomiting

Chief Complaints: c/o loose stools since Night

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☐ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 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

Triage Completion Time : 7:47 Am

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. 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

1. 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: .....
2. Are your parents / close contacts at home is/a 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 : Bhargavi

Signature of Triage Nurse : B

Date & Time : 6/7/26 @ 7:47 am

HNH-00016384 IP26-00006758
Baby THOKALA NISHIKA REDDY
03-12-2022 3 Y 7 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 7:48 am

Chief Complaints: c/o - loose stools x yesterday nt. 9 episode of vomiting

Height : ..... Weight : 11.8 kg Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: ..... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☑ No
If **'Yes'** tick below fall risk intervention directly
If Patient is > 6 years
If **'Yes'** Assess the below parameters
History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- ☐ Escort while ambulating
- ☑ Assist Patient
- ☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With family

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

Time of Initial assessment completed by ER Nurse : 7:50 AM

Nursing Care Plan (Including Labs / Medications / Other Care):

Time	Nursing Notes
7:50am	Assess the pt condition monitore the vitals

Samples collected by: Sujanda Time:

Samples sent by : Time: ~~8~~ 9:10 Am

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	100ml NS	IV	100 ml		A.Y
10.50AM	esmoparazole.	IV	1 amp		A.P

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 112 BP: 95/70 CFT: NA RR: 30 SPO2 at FiO2: 98 GCS: 15/15 Temperature : 98.7 Pain Score: 2 Repeat RBS (if applicable): NO	Shift - out from ER to: 215 Time of Shift - out: 11:15Am Handover given to: ..... (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 6/7/26 @ 7:52am

2/2

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RESULT SHEET

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Date	6/7/26						
Time							
Hb	11.4						
PCV	31.7						
RBC	4.32						
WBC	5.18						
N/L	70/24						
Platelets	2.49						
CRP	190						
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							

P.T.C

Date	6/7/-					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells	3-5					
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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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 : 6/6 Time:

	10Am	1pm	2pm	3pm	6:40pm
Doctor / Nurse / Family Concern?					
Temperature (F)	98.6°F	101.5°F (Crocin given)	100.6°F	98.4°F	101°F (Give crocin)
Heart Rate (bpm) and Blood Pressure (mmHg) *					
Heart Rate (Number)	126b/m		129b/m		138b/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	38b/m		30b/m		32b/m
Resp Distress: Mod/ Severe; None / Mild					
Receiving O_2(l/min)					
O_2Saturations (%)	100%		98%		99%
Conscious Level: Normal; Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0		0		0
Pain Score	0		0		0
Observer's Initials	[illegible]		[illegible]		[illegible]

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

Heart Rate / BP 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 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.

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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. 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	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
6/7/26	08:00 am	Plasmalyte + 40ml + 25% D. 10ml				NA			NA			
	09:00 am						✓					
	10:00 am		Idly	40ml						✓	0	(B)
	11:00 am		Mho									
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :**						
6/7/26	02:00 pm	plasmalyte + 25% Dextrose		40ml		NA			NA			
	03:00 pm		poha	40ml			✓			✓		
	04:00 pm		+ H2O	40ml			✓			✓	0	[illegible]
	05:00 pm		dhobudar	30ml			✓			✓		
	06:00 pm			30ml								
	07:00 pm			30ml								
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

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						
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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PAIN ASSESSMENT FORM

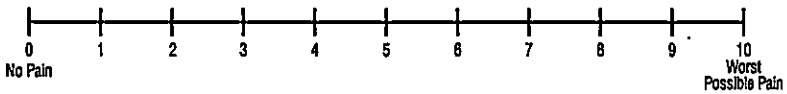
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression Intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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NURSING CARE RECORD

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Date: 6/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	→ Assess the pt condition → monitor the vitals → maintain I/o chard. → drugs give as per drug chart.	8Am 2pm	→ Assessed the pt condition. → monitored the vitals, → maintained I/o chard. → drugs given as per drug chart.	→ pt is stable now	→ Reassessed the Vitals	
Afternoon	2pm | | | 8pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart - Give medication as prescribed by doctor	2pm | | | 8pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/o chart - Given medication as prescribed by doctor	patient is Stable now	Re-checked vitals	
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: ACNE ~ dehydration.

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND	Area / Shift Time	6/7 M6	6/7 E2				
	Medical Condition (Any special condition to be noted):	—	—				
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	97.8°F				
	Res:	28/m	28/bm				
	SpO_2:	100%	100%				
	Pulse:	128/bm	128/bm				
	BP:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	0	—				
Recommendations	Safety Needs:	Yes	Yes				
	Physiotherapy	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—				
	Special Diet:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—				
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Sindhya	Priyanka				
Signature :							
Date:		6/7/26	6/7/26				
Time:		2pm	8pm				
Taken Over By Name :		Priyanka					
Signature :							
Date:		6/7/26					
Time:		2pm					

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

Patient Name	Baby THOKALA NISHIKA REDDY	Patient Ph. No	9441464556
Age	3 Y 7 M 3 D	Requisition No	R2626-008100
Gender	Female	Collected on	06-07-2026 03:54 PM
IP / Bill No.	IP26-00006758	Received on	06-07-2026 04:18 PM
UHID No.	HNH-00016384	Reported on	06-07-2026 04:18 PM
Ref. Doctor	SINDHURA MUNUKUNTLA	Ward / Bed No	

ULTRASOUND ABDOMEN

LIVER : Normal in size (9.0 cm) and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size (7.3 cm) and echotexture.

PANCREAS : Normal in size and echotexture in head and proximal body. Rest obscured due to bowel gas.

KIDNEYS : Right kidney : 7.0 x 2.8 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.
Left kidney : 6.9 x 3.1 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

No ascites.

There are multiple small lymph-nodes noted along the mesentery in the RIF and periumbilical region, largest measuring 1.1 x 0.5 cm - in keeping with mesenteric adenopathy.
Submucosal wall thickening involving the entire colon, predominantly descending and sigmoid colon, wall thickening measuring 4.2 mm with increased vascularity in the wall, suggestive of colitis.

Impression

*** Submucosal wall thickening involving the entire colon, predominantly descending and sigmoid colon, with increased vascularity in the wall, suggestive of colitis.**
*** Multiple small lymph-nodes along the mesentery in the RIF and periumbilical region, in keeping with mesenteric adenopathy.**
- For clinical correlation.

Dr. YELMARE OOJA REDDY
MD, CON RADIOLOGIST
No: 74406

Note: Clinically Correlate, Kindly discuss if necessary.

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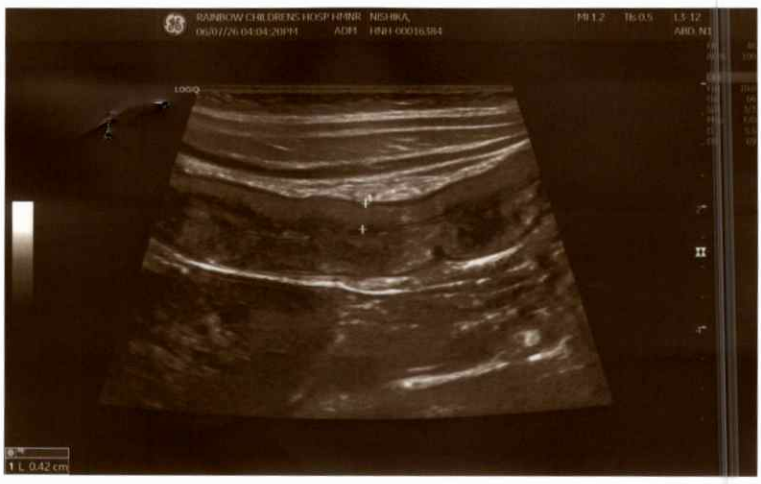
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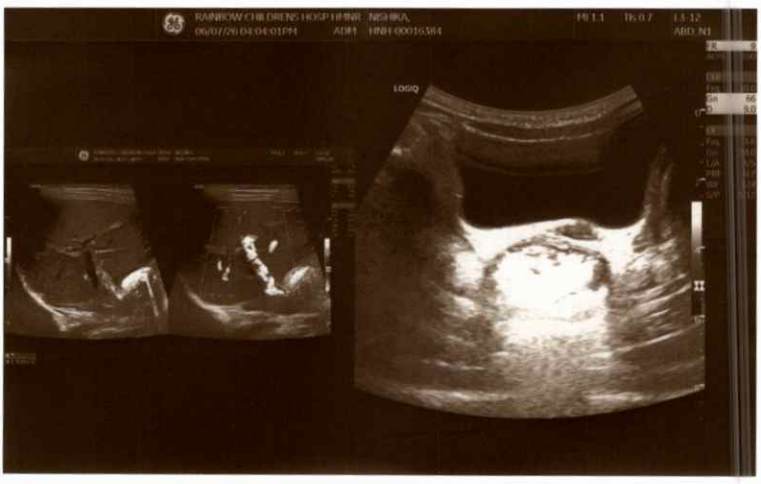
06/07/26 04:04:20PM ADM HNH-00016384
LOGIQ
1 L 0.42 cm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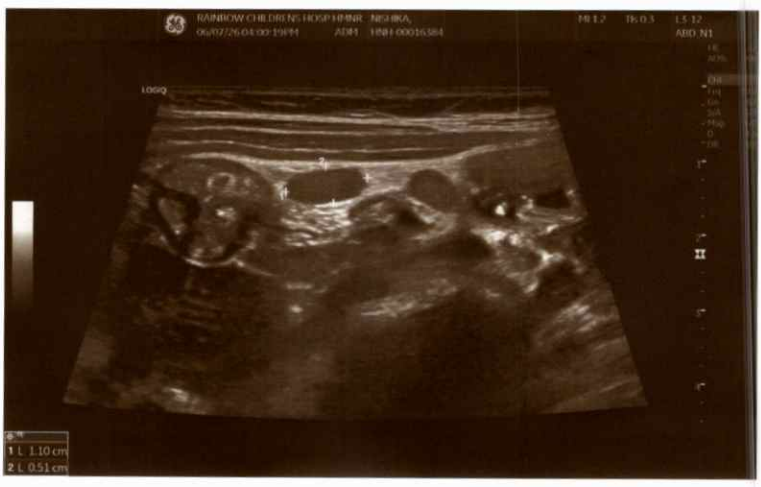
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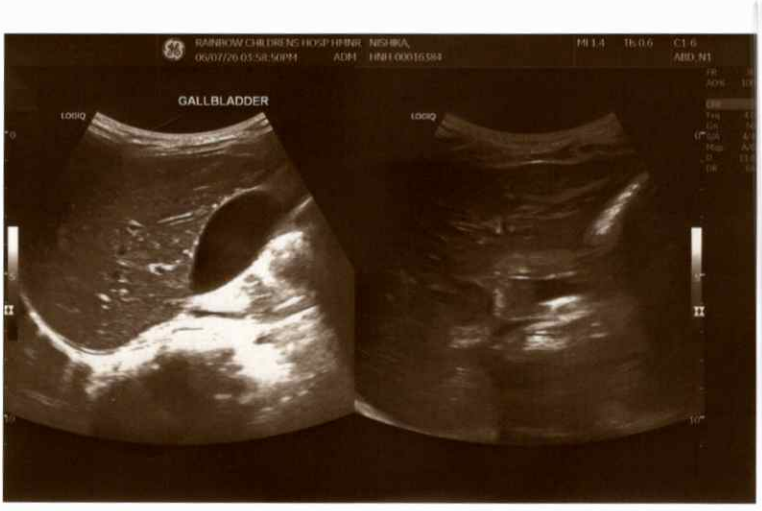
1 L 1.10 cm
2 L 0.51 cm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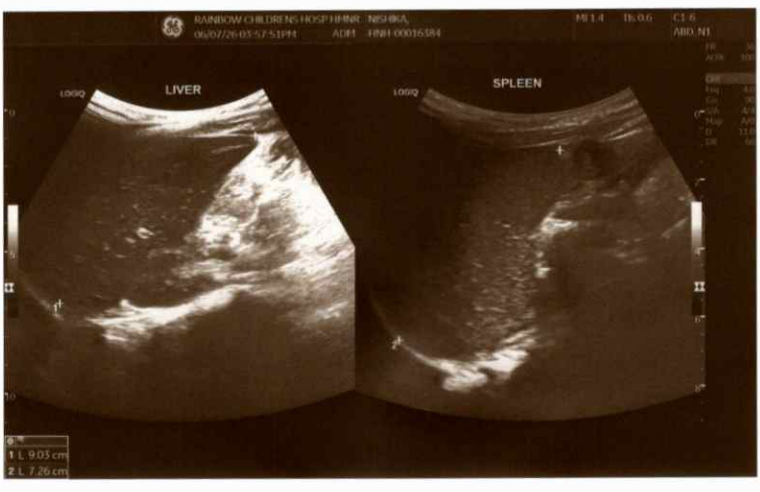
GALLBLADDER
LOGIQ
LOGIQ


RAINBOW CHILDRENS HOSP HHNR NISHKA,
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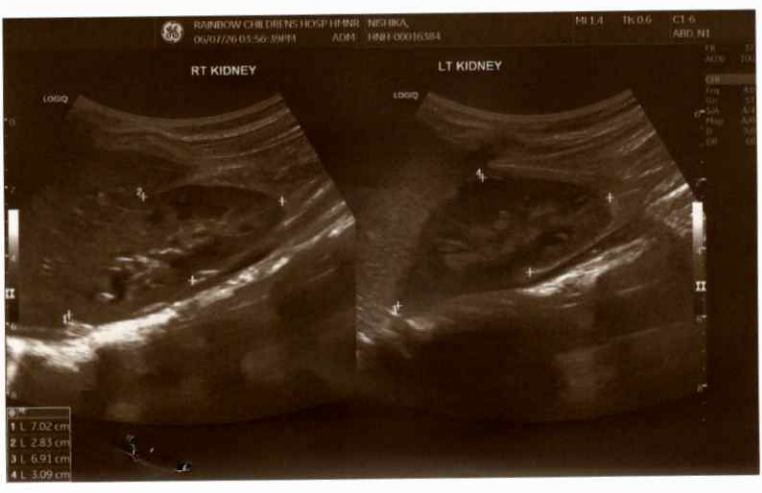
LIVER
SPLEEN
LOGIQ
LOGIQ
1 L 9.03 cm
2 L 7.26 cm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06/07/26 05:56:39PM ADM HNH-00016384
RT KIDNEY
LT KIDNEY
LOGIQ
LOGIQ
1 L 7.02 cm
2 L 2.83 cm
3 L 6.91 cm
4 L 3.09 cm