DISCHARGE SUMMARY

Name	Master SHAUNIK PUPPALA	**UHID**	HNH-00007353
Father/Guardian	Mr ANUP KUMAR	**Age/Gender**	1 Y 7 M 15 D/ Male
Address	The heritage apartment, Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006906	**Admission Date**	20-07-2026
Ref Doctor	Dr P V S Sivesh		
Discharge Date	22.07.2026		

Consultant:
Dr. P V S Sivesh
MBBS MD
TSMC/FMR/07022

Co Consultant:
Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

DIAGNOSIS	ICD CODE
DENGUE FEVER WITH DEHYDRATION	
SARS-COVID ILLNESS	

History: Master SHAUNIK PUPPALA is a 1 Y 7 M 15 D old boy presented with history of fever and vomitings since 5 days, rashes over face and legs since 1 day, pain per abdomen since 2 days, reduced oral acceptance since 1 day, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 118/min and RR was 28/min. Chapped lips, sunken eyes, rash present over face and bilateral legs were present. Signs of some dehydration were present. Peripheries were warm and pulses well felt. On auscultation of chest air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Neurologically, he was

Name	Master SHAUNIK PUPPALA	UHID	HNH-00007353
IP No	IP26-00006906	Admission Date	20-07-2026

conscious & alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits.

Weight on admission : 13.3 kgs.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was

SARS-CoV-2	**POSITIVE**
Influenza A	NEGATIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Serum Creatinine was 0.2 mg/dl. Liver function test showed total SBR of 0.2 mg/dl with indirect fraction of 0.1 mg/dl, SGOT - 74 U/L, SGPT - 38 U/L, ALP - 108 U/L, protein - 7.3 gm/dl, albumin - 4.4 gm/dl, globulin - 2.9 gm/dl, A/G ratio of 1.5.

Date	20.07.2026	22.07.2026
Hemoglobulin	11.4g/dL	11.2 g/dL
PCV	31.9vol %	31.7vol %
While Blood Cells	4940cell/cmm	6920cell/cmm
Platelets	2.38lakhs/cmm	2.18 lakhs/cmm

Dengue NS1 antigen was positive (49.2 panbio units).
Dengue IgM was negative.

Management: He was admitted in ward and was started on IV fluids and IV antacids. He was treated symptomatically with antipyretics, antiemetics and antihistaminics.

In view of fever since 5 days, Respiratory panel sent which showed SARS-COVID positive. symptomatic treatment continued.

In view of fever associated with thrombocytopenia, Dengue NS1 antigen sent which was positive (49.2 panbio units). Dengue IgM was negative.

In view of dengue fever, his blood counts were serially monitored, which were normal.

Name	Master SHAUNIK PUPPALA	**UHID**	HNH-00007353
IP No	IP26-00006906	**Admission Date**	20-07-2026

His hemodynamic status, vitals and urine output were regularly monitored which remained stable. IV fluids were corrected appropriately on regular basis as per protocol. There were no signs of bleeding manifestations.

He was continued on same line of management. His fever and other symptoms settled gradually. He remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Medication during hospital stay:
Injection. Pantoprazole
Syrup. Sucralfate

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet. LANZOL DT (Lansoprazole - 15mg)	1 tablet	7am (before breakfast)	For 3 days
2	Syrup. ZINCOVIT	5 ml	10am (after food)	Start after 2 days for 15 days
3	Syrup. ONDEM (Ondansetron – 5ml/2mg)	5 ml	7am-7pm (30 minutes before food)	SOS if vomitings present
4	Drops. ATARAX (Hydroxizine - 1ml/6mg)	1 ml	(1 hour before food)	For 3 days
5	Tablet Limcee	1/4th tablet in 5 ml of water	once daily Morning 9 am	For 1 week
6	Atarax anti itch lotion	For local application	twice daily	For 5 days
7	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 4ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour

Name	Master SHAUNIK PUPPALA	UHID	HNH-00007353
IP No	IP26-00006906	Admission Date	20-07-2026

intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. P V S Sivesh on (24.07.2026) Friday at his clinic.

Danger signs: Follow up immediately in Emergency Room if high grade fever, vomiting, abdominal distension, breathlessness and any bleeding manifestations like (gum bleed, nose bleed, blood in stool or black coloured stools or blood in urine).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. P V S Sivesh
MBBS MD
TSMC/FMR/07022

i-00007353 IP26-00006906
ter SHAUNIK PUPPALA
2-2024 1 Y 7 M 16 D (M)
: V S Sivesh

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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	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
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				
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)	2			
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				
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				
	Billing	1			
	Extras	6			
	Total No. of Pages	27			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 22/07/26

(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

Rainbow Childrens Hospital-Himayatnagar

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 : IP26-00006906 **Admit Date** : 20-Jul-2026 **Admit Time** : 11:17 PM **UHID** : HNH-00007353

Patient Details :

Patient Name	: Master SHAUNIK PUPPALA	**Age**	: 1 Y 7 M 15 D
Guardian	: Mr ANUP KUMAR	**DOB**	: 06-12-2024 04:16 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: The heritage apartment Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 9063268997/
		E-mail	: 23anupkumar@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-102 **Ward Name** : 1F -PRIVATE ROOM

Room No : PVT-102 **Admission Type** : First Visit

Contact Details :

Name : Mr ANUP KUMAR **Relationship** : Father

Contact Address : **Phone No** : 9063268997 / 8688801563

V. Swathavika
Signature

Doctor Details :

Doctor Name : Dr. P V S Sivesh **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr P V S Sivesh **Phone No** : 8143818234

Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Deposit Amount : 25000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name: --- HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
UHID No : 06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh
---------- Consultant : ---------- Dept : ----------

Date of Ac e : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	12 Am	ER	Ward	

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
20/7/26	CBP, Createnine		
	Dengue NS1+ Igm	2165 ✓	
	Respiratory panel		
	X-ray chest	8858 ✓	
		Cross checked done	
21/7	USG Abd	8876 ✓	
21/7	LFT	2186 ✓	
22/7	CBP	12941 ✓	
		Cross checked done	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7/26	Infusion pump	21/7/26 @ 1:30 am	22/7/26 10 pm	~~215585~~	[signature]
				Cross checked done	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/7/26	IV placement	(1)	15536	
			Cross checked done	
22/7/26	IV placement	(1)	215852	
21/7/26	NHA	(1)	5853	
			Cross checked done	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Shaunik

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
05-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

Patient ID# :

Consultant : Dr. Amreet

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o fever x 5 days
c/o vomitings x 5 days (on & off)
c/o rashes over face & legs :. 1 day.
(erythematous, pinpoint)
c/o pain per abdomen c defecation x 2 days
c/o reduced oral acceptance x 1 day.

History of present illness :

Patient was apparently ~~asymptomatic~~ 5 days ago when he developed fever, moderate grade, not ~~ass~~ with rashes, not c rigors.

c/o vomitings 5 days ago, reduced, re-started yesterday.

c/o pain per abdomen, as noticed by mother c during defecation.

c/o rashes, erythematous, ~~red~~ over face & legs.

18/7/26
last CBP (36 hrs ago) → Hb : 10.8
Plt : 2.64
TLC : 4.77 (N 22 / L 64 / E 04 / M 10)

CRP : 2.6.

Pediatric Multiorgan History & Physical Examination

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

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Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

Birth & Neonatal History :

FT | LSCS | C1AB | Bwt - 3kgs | MCH .

Birth & Socio Economic History :

About Father : Wnl .

About Mother :

Any additional Information :

Developmental History :

(N) .

Immunization History :

upto date .

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) _____ (Centile _____) Height (cm) : 86 cms (Centile _____)

Weight (kgs) 13.3 kgs (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate: 118 bpm Description _____

B.P. _____ SPO2 98% at ~~RA~~

Resp. rate and type of breathing : 28/min

Rash (+) over face + BL legs. chapped lips (+)

Lymphadenopathy – sunken eyes (+).

Oedema : – ↓ skin turgor.

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : AEBE, BL clear

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 (+) M0

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____

Ausculation : Soft, non tender

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : wnl

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFI with rashes with dehydration.
(? Dengue).

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment : BP

50th : 87/43
90th : 100/55
95 : 104/57
95+12th : 116/69 mm Hg

Desired goals of the treatment :

Planned Labs :

- CBP
- Creatinine
- CXR - (PA view)
- Dengue IgM, Dengue NS1
- Respiratory panel (5 viruses)
- USG (coming morning) if pain abdomen +
- [CRP & Blood cs (later) if required]

NB Jyoti 20/7/26

Planned Management :

- Start IVF (0.9%) DNS @ 45cc/hour
- Input/output charting
- Inj PANTOPRAZOLE (OD)
- Inj ONDEM (SOS)
- Syp PCM (250 mg/5ml)
- Syp Sucralfate 5ml PO BD

NB Jyoti
20/7/26

Please fill up the following details

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

Dr. Aniket Amit Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8568

Doctor's Signature Name _____ Date _____ Time _____

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
05-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26. 8 AM	S/B Dr. Archana / Dr. Thanvi.	
	Dengue like illness with dehydration with (SARS-CoV$_2$ positive)	Adv [verbal report]
	fever spikes (-) Rashes (+) oral acceptance ↓. urine output to be monitored.	- Ct RVF. - Ct Symptomatic support - (T) Dengue Igm Dengue NS1 Resp. panel (5 viruses) - Strict Input/output charting. - BP Q4 hourly monitoring.
	O/E BP: 95/48 (61 mm Hg) 50th to 90th percentile	
	S/E CNS - conscious, active CVS - S1S2 (+) RS - A≥BE P/A - soft, nt	N.B Swetha.

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26, 11:20 Am	S/B Dr. Anikets	Plan
	Δ Dengue Fever (Day 5-6)	
	c̄ COVID +ve	Rx
		- IV Fluids @ 26 ml/h
	Afebrile	
	CVS - S1S2 ⊕	- Send ~~[illegible]~~ LFT
	RS - BLL - AEE ⊕	& yesterday sample
		- Monitor BP 4th h
	PA - Soft	
	Conscious	- Strict Input output monitoring.
	↓ oral Intake	
		- USG Abdomen today
		- Repeat CBP - T/M
	[stamp:] ...ket Anil Parashar Consultant Paediatrician & Intensivist Reg. No: 8568	
		[signature] Dr. Aniket P
21/7, 11:30 Am.	C/S/B Dr. Shivesh	
	Dengue fever.	
	Covid positive.	Plan
	Afebrile.	- Cont IVF
		- USG Abdomen today
	RS / NAD	
	P/A	- monitor 4th hourly
		[signature]

Docu. No. : RCH /FRM / CLINICAL / 088

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Master SHAUNIK PUPPALA
05-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Naipuya	
21/7 2:00pm	Dengue fever. SARS-COVID positive.	
	No fever.	Plan
	Vitals - stable	
	oral intake - fair.	
		- Trace LFT
	R/S - B/L AE (+)	- Cont IVF 26ml/hr
	P/A - soft NT	- Monitor BP HR hourly
		(+)
	BP. - 109/59mmHg	- USG Abdomen report
		- Repeat CBP - (T/M)
	U/O/P - 4ml/kg/hr.	
		- Strict input/output Charts.
		- monitor vitals
		[signature]
		N.B. Amrutha 21/7/26.

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
05-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 7:30PM	c/s/b Dr. Aniket	
	- No fever.	
	- ~~[illegible]~~ rash (+)	
	- oral intake - better	
		Plan
	o/E - vitals stable.	- Dulcolax supp. stat start (if not passed stool) tomorrow.
		- Atarax drops 1ml BD. mng
	S/E - WNL.	- Start Atarax anti itch lotion TID.
		- Repeat USP tomorrow.
		Cross checked done
		Dr. Aniket Anil Parashar, ...ant Pe... & Intensivist, Reg. No. 8568 — Dr. Aniket P

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026 8am	c/s/b/y Dr Anusha / Dr Nameer.	
	Dengue fever (D6-7)	
	Covid +ve.	
	- No fever.	Plan
	- Intense pruritis ++	1) B Trace CBP
	- oral intake - improved	2) et Atarax lotion, Atarax drops
	chest clear	
	P/A soft.	3) Change IV pantoprazole to oral
	hemodynamically stable.	
	Cannula site swelling	4) Monitor vitals
	not passed stools yet	5) Dulcolax supp- stat
		(Dr Nameer)
		Noted by Swetha 22/1/26 @ 8:30AM

IH-00007353 IP26-00006906
ister SHAUNIK PUPPALA
-12-2024 1 Y 7 M 15 D (M)
. P V S Sivesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/13 Dr. Aniket	
22/7 11.00pm	Dengue fever. SARS - COVID positive	
	No fever. Vitals - Stable.	Plan
	R/S - BILAT (+)	- Cont Atarax Anti itch lotion.
	P/A - Soft, NT	Atarax drops
	U/O/P - Adequate	Encourage orally - Syp. sucralfate - T. Levipole IVT. - D/S today

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8568

Dr. Aniket

IH-00007353 IP26-00006906
ster SHAUNIK PUPPALA
12-2024 1 Y 7 M 15 D (M)
P V S Sivesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B. Dr - Shivesh	
22/7 11:45 pm	Dengue fever	
	SARS - COVID positive.	Plan
	No fever	P.L.
	No pain abdomen	- Cont Atarax - Anti itch lotion.
	R/S - B/L AE (+)	Atarax drops
	P/A - soft, NT	- Cont T. Lanzole DT
		- D/C today
		- T. Limcee 1/4th tab
		- Syp. Zincovit 5ml OD after 2 days.
		Dr. Sivesh

IH-00007353 IP25-00006906
ster SHAUNIK PUPPALA
-12-2024 1 Y 7 M 15 D (M)
P V S Sivesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
08-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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DRUG CHART

Date of Admission: 20/7/26 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 / 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 PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
4 ml	PO	SOS	20/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: (240 mg/5ml)				

DRUG : Inj ONDANSETRON				Date / Time
Dose	Route	Frequency	Start Date	
mg	IV.	SOS	20/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: (4 mg)				

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

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
05-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

REGULAR PRESCRIPTIONS

Weight. 13.3kgs Ward. ....

Verified by Dr. Dhakshayani

DRUG : INJ PANTOPRAZOLE				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date		1:00AM	
15mg	IV.	OD.	20/7	6AM		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:					changed to oral	
Daily Doctor's Endorsement by a Sign						

Verified by Dr. Dhakshayani

DRUG : Syp SUCRALFATE				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date		2AM	
5ml	PO	BD	20/7	6AM		
Name & Signature of the Doctor Starting the Drugs:				6pm		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : ATARAX ANTI ITCH LOTION				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date		6pm	
	L/A.		21/7.			
Name & Signature of the Doctor Starting the Drugs:				9pm		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Syp. XYZAL				Date / Time	21/7	
Dose	Route	Frequency	Start Date			
3ml	PO.	HS	21/7.			
Name & Signature of the Doctor Starting the Drugs: (night only)				9pm	6pm	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

1.5

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : ATARAX DROPS

Dose	Route	Frequency	Start Dt.
1ml	PO	TID	21/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	21/7	22/7
6am	X	Sny
2pm	X	
10pm	(dil)	

DRUG : TAB. LANZOL DT

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	22/7

Name & Signature of the Doctor Starting the Drugs: Nau (Dr Tameem)

Additional Instructions: Dilute in (1 tab = 15mg) 5ml and give 4-5ml.

Daily Doctor's Endorsement by a Sign

Date → / Time	22/7
6AM	Sny

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time

(P.T.O.)

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : | Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : | Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : | Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : | Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY Name Signatur

Patient Sticker

Weight. 13.3 kg Ward. .....

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
22/07	1:30AM	Inj AVIL	0.3ml	IM	Nav	
22/07	11AM	DULCOLAX SUPP.	5mg	PR	Nav	

VERIFIED BY : Name ..... Signatur

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I.V. FLUIDS CHART

Weight. 13-3 kgs 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
20/7/26	11:30pm	0.9% DNS (Mtx)	IV	45cc/hr.			21/7	2	
21/7	11:30 AM	DNS	IV	26 ml					
21/7	7:30PM	DNS		↓ 20 ml					

Signature .....

VERIFIED BY : Name .....

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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: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ 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. Archana

Date & Time : 20/7/26 @ 11:20 pm

Nurse Name & Signature: JJoshi / SJA

Date & Time : 20/7/26 @ 11:22 pm

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

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RESULT SHEET

Date	20/12					
Time						
Hb	11.4					
PCV	31.9					
RBC	4.79					
WBC	4.94					
N/L	11.6/83.6					
Platelets	238					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	~~21/12/24~~					
Creatinine	0.2					
ALP 21/12/24	108					
SGPT	38					
SGOT	74					
T.Bill/Conj	0.2/0.1					
T.Protein	7.3					
S.Albumin	4.4					
S.Globulin	2.9					
A/G Ratio	2.9					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L	1/6					

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 : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Dr. P V S Sivesh

Patie

M / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ....21/7..... Time: 12:30AM 2AM 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

99.2F 97.2F 97.5F

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

95 (61) 148

Heart Rate (Number) 122 b/m 125 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 38 b/m 35 b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)

O_2Saturations (%) 100% 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes 0 0
Pain Score
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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FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7/26 Time: 10AM 2pm 6pm 10pm 2AM 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.2 98.2 97.4 98.2

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

101 (74) 59 | 109 (71) 59 | 107 (92) 60

Heart Rate (Number) 124b/m 122b/m 119b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 28b/m 30b/m 28b/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			

ACTIONS

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Patient Sticke / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha™ Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:																																	
Doctor / Nurse / Family Concern?																																	
Temperature (°F)	104																																
	103																																
	102																																
	101																																
	100																																
	99																																
	98																																
	97																																
	96																																
	95																																
	94																																
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																																
	180																																
	170																																
	160																																
	150																																
	140																																
	130																																
	120																																
	110																																
	100																																
Note: BP does not score in early warning scoring	90																																
	80																																
	70																																
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	50																																
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	50																																
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	20																																
	10																																
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Resp Distress: Mod/ Severe																																	
Resp Distress: None / Mild																																	
Receiving O_2(l/min)																																	
O_2Saturations (%)																																	
Conscious Level: Normal																																	
Conscious Level: Altered																																	
GCS *																																	
TOTAL SCORE Number of shaded boxes																																	
Pain Score																																	
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
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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 :**						
20/4	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	DNS	Milk	45ml				✓			0	
	01:00 am	DNS		45ml							0	
Total Intake :						**Total Output :**						
21/4	02:00 am			45ml							0	
	03:00 am			45ml							0	
	04:00 am			45ml							0	
	05:00 am	DNS	Milk	45ml							0	
	06:00 am			45ml							0	
	07:00 am			45ml							0	
Total Intake :		Taken				**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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							
21/7	08:00 am			45ml							0	
	09:00 am			45ml						160ml	0	
	10:00 am	DNS		45ml		NA	0	NA			0	
	11:00 am		+	95ml						180ml	0	
	12:00 pm		H2O	45ml						160ml	0	
	01:00 pm			45ml							0	
Total Intake : Taken						Total Output : M - O					U -500	
21/7	02:00 pm			26ml								
	03:00 pm			26ml						160ml		
	04:00 pm		Kidadi +	26ml								
	05:00 pm	DNS	H2O	26ml		NA	0	NA		160ml	0	
	06:00 pm			26ml						160ml		
	07:00 pm			26ml								
Total Intake :						Total Output :						
	08:00 pm			20ml								
	09:00 pm		Kidadi	20ml						120ml		
	10:00 pm			20ml								
	11:00 pm	DNS	+	20ml		NA		NA		100ml	0	
	12:00 am		H2O	20ml								
	01:00 am			20ml								
Total Intake :						Total Output :						
	02:00 am			20ml						100ml	0	
	03:00 am			20ml							0	
	04:00 am			20ml							0	
	05:00 am	DNS		20ml		NA		NA			0	
	06:00 am			20ml							0	
	07:00 am			20ml							0	
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

IH-00007353 IP26-00006906
ster SHAUNIK PUPPALA
12-2024 1 Y 7 M 15 D (M)
P V S Sivesh

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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**	

Patient Sticker

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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	

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA (M)
05-12-2024 1 Y 7 M 14 D
Dr. P V S Sivesh

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm to 8am	⇒ Assess the pt condition ⇒ Monitor vital & record ⇒ Maintain I&O chart ⇒ Administer medication as per drug chart	8pm to 8am	⇒ Checked the pt condition ⇒ Monitored vital & recorded ⇒ Maintained I&O chart ⇒ Administered medication as per drug chart	⇒ Pt. is Stable	⇒ Rechecked vitals ⇒ BP monitored 2nd hrly	SV

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

NURSING CARE RECORD

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Date: 27/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM | 2pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintained	8 AM | 2 PM	→ Assessed the pt condition → Administration & medication given as per doctor orders → I/O chart maintained	→ Pt is stable	→ Re-checked vitals	
Afternoon	2PM 8pm.	→ Assess the pt condition. → monitor the vitals. → plan to trace LFT report. → maintain I/O chart.	2pm 8pm	→ Assessed the pt condition → Monitored the vitals. → planned to trace LFT. report. → Maintained I/O chart.	→ pt is stable Now.	→ Re assessed the vitals.	
Night	8pm to 8AM	⇒ Assess the pt condition ⇒ Monitor vitals & record ⇒ Maintain I/O chart → Administer medication as per drug chart	8pm to 8AM	⇒ Assessed the pt condition ⇒ Monitored vitals recorded ⇒ Maintained I/O chart ⇒ Administered medication as per drug chart	⇒ Pt is stable	⇒ Rechecked vitals	

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Master SHAUNIK PUPPALA
05-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	NA	NA	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	NA	NA	0				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			0	NA	NA	0				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA		0	NA	NA	0				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	NA	NA	0				
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

HNH-00007353 IP26-00006906
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06-12-2024 1 Y 7 M 14 D (M)
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BRADEN 'Q' SCALE

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					Date : 20/7	21/7	21/7	21/7
					Time : 12	06	6	PM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	3	3
					TOTAL SCORE	28	23	25	25
					Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI & Dehydration (? Dengue)					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure: –					Post OP Day:	
BACKGROUND	Date / Shift	20/7 N	21/7 M	21/7 E	21/7 Night		
	Medical Condition (Any special condition to be noted):	–	–	–	–		
	Diet:	Milk	Milk	Soft	Soft		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	–	–		
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	99.2°F	98.3°F	98.1°F	98.2°F		
	Res:	28b/m	28b/m	30b/m	32b/m		
	SpO_2:	100%	98%	98%	100%		
	Pulse:	192b/m	121b/m	120b/m	128b/m		
	BP:	98/48	101/60	–	–		
	LOC:	–	–	–	–		
	Fall Risk Score:	–	–	–	–		
	Pain Score:	–	–	0	–		
	Skin Integrity	–	–	Good	Good		
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–	–		
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	–	–	–	–		
	Critical Lab Test / Values:	–	–	–	–		
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	–	NA	–	–		
Post Operative Procedure Special Orders:		Swetha	Amrutha	–	Swet		
Handed Over By Name :				mahi	Swetha		
Signature / ID :		20/7/26	21/7/26				
Date:			2pm	21/7/26	22/7/26		
Time:		8AM	Mahi	8pm	8AM		
Taken Over By Name :		Amrutha		Swetha			
Signature / ID :			2				
Date:		21/7/26	21/7/26	21/7/26			
Time:		8AM	2pm	8pm			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non-Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00007353 IP26-00006906 Master SHAUNIK PUPPALA 06-12-2024 1 Y 7 M 14 D (M) Dr. P V S Sivesh	20/7/26 @ 12:10 AM	20/7/26 @ 12:10 PM
	Transfer Ordered by Dr. Archana	Reason for Transfer Admission
From Unit ER	To Unit Ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films	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
S. prabir	Dr. Archana

Patient & Clinical Records Received by : Sruthi

Date & Time of Patient Received : 20/7/26 @ 12:10 AM

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

H-00007353 IP26-00006906
ster SHAUNIK PUPPALA
12-2024 1 Y 7 M 15 D (M)
P V S Sivesh

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/7/26 Time: 8:45am

Weight: 13.3 Kg Centile: 75th

Height: — Centile: —

Inference: Well nourished child.

RDA: — Calories: 1200 Kcal/day Protein: 20 gms/day

Diet Recommendations: Soft diet with high fiber diet with liquids

Re-Assesment: No Junk, spicy, oily food.

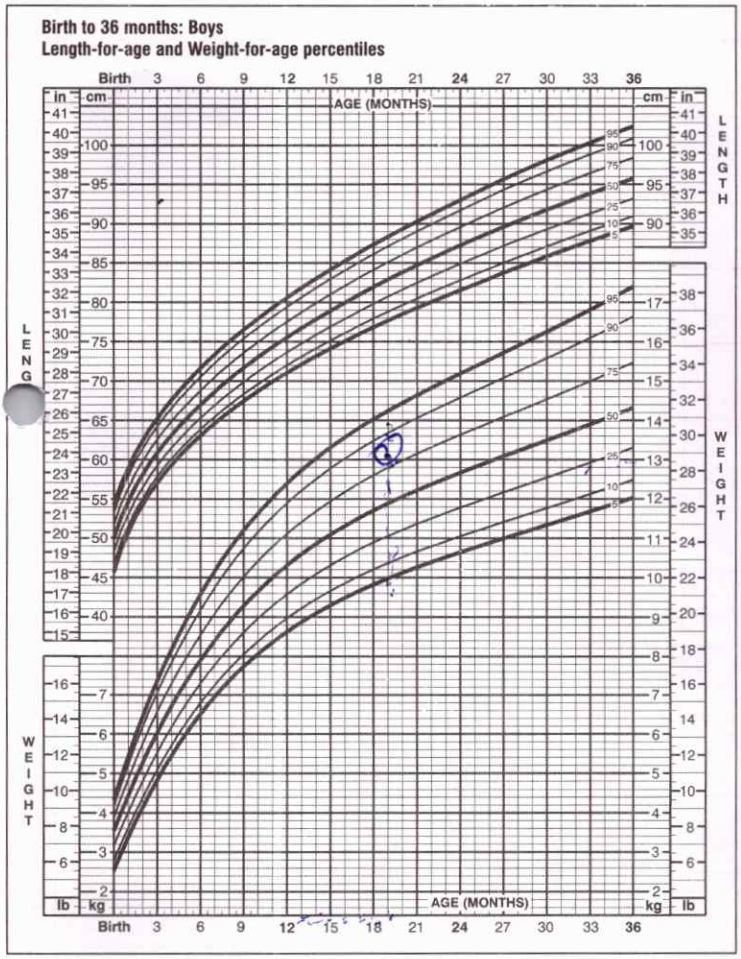
Food Allergies: NO Veg/Non-veg Ovo Vegetarian

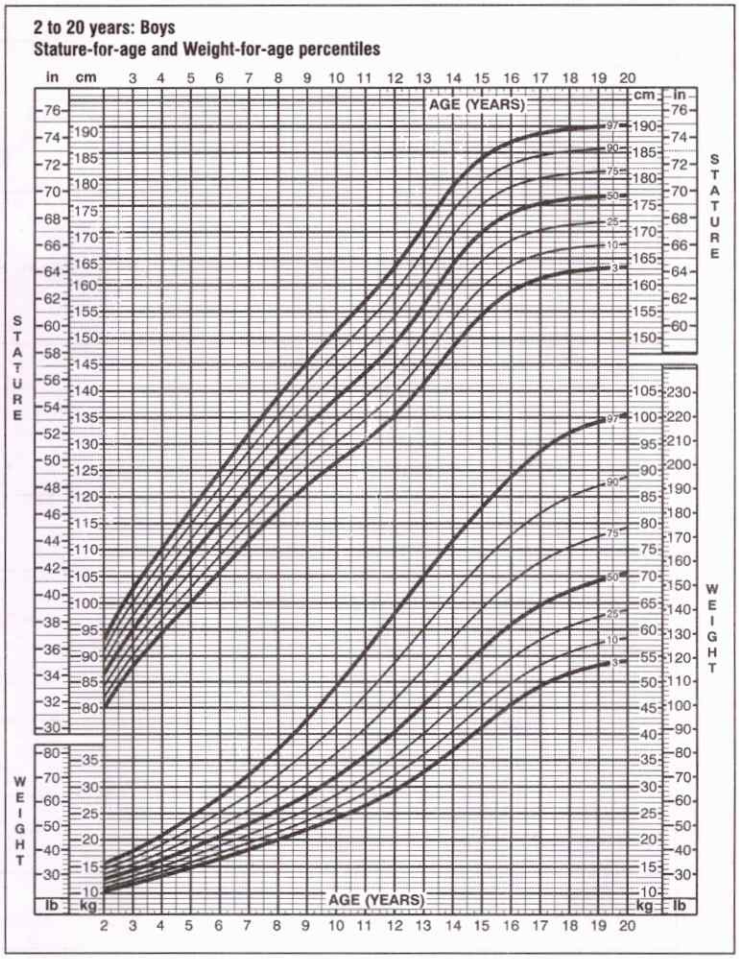
Diagnosis: Dengue like Illness & dehydration & SARS Covid positive

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: V. Swathavika.

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

Daily Notes:

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

Wt- 13.3kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : shaunik Puppala Age : 1 yr 6 month **Gender:** ☑ Male ☐ Female

Date : 20/7/26 Time of Arrival : 11 PM

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: 99.4°F PR: 120b/m BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: c/o fever since 4 days, with vomiting 3 epi

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 : 11:05 pm

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 : Babi

Signature of Triage Nurse : .....

Date & Time : 20/7/26 @ 11:05 p.m

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/7/26 Time of arrival : 11 PM

Chief Complaints: C/o Fever since 4 days RBS: .....

Height : ..... Weight : ..... BMI : ..... 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
tick below fall risk intervention directly

☐ If Patient is > 6 years
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 : 11:05 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→

Samples collected by: Prabir Time:

Samples sent by : Time: 11:05pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 130 b/m BP: ..... CFT: 2 sec	Shift - out from ER to: 12.00 AM
RR: ..... SPO_2 : 98%	Time of Shift - out: 12 AM
GCS: 15/15 Temperature : 99.4°F	Handover given to: .....
Pain Score: 10	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Prabir Signature of the Nurse : .....

Date & Time : 20/7/26 @ 11:05PM

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master SHAUNIK PUPPALA**	**Age :**	**1 Y 7 M 14 D**
IP No:	**IP26-00006906**	**Sex:**	**Male**
Consultant:	**Dr. P V S Sivesh**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature: V. Swabhavika)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: V. Swabhavika

Name: V. Swabhavika

Relationship: Mother

Date: 20/7/26 Time:

Witness Name:

Witness Signature:

Patient Address:

The heritage apartment Amberpet
Hyderabad Telangana INDIA 500013

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

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25 years

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

V. Swabhavika.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**

COUNSELLING SHEET

RAINBOW CHILDREN'S HOSPITAL, HIMAYATNAGAR

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ROOM TARIFF IS INCLUDING BED CHARGES, DOCTOR CHARGES, NURSING CHARGES.		SEPARATED FROM TARIF
TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	13,350	PHARMACY ✓
		INVESTIGATION ✓
		CROSS CONSULTATION ✓
PRIVATE / DELUXE ROOM / SUITE ROOM	17,250	CONSUMABLES ✓
		BLOOD TRANSFUSSION ✓
PICU / NICU / HDU		EQUIPMENT ✓
		PROCEDURE ✓
		MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY) ✓

12 TO 12 NOON BILLING POLICY ✓

PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)

VISITING HOURS 04:00pm TO 05:00pm. ✓

OUTSIDE FOOD AND MEDICATION NOT ALLOWED ✓

DATE:- 20/7/26	CAUTION DEPOSIT:- 25 K	
PATIENT NAME:-		
AGE/SEX:- 1 Y 7 M / male		
INSURANCE/SELFPAY:- Cash		

PVT - NIA DLX - 215

HNH-00007353 IP26-00006906
Master SHAUNIK PUPPALA
06-12-2024 1 Y 7 M 14 D (M)
Dr. P V S Sivesh

V. Swabhavika ✓

ATTENDENT SIGNATURE

COUNSELLING PERSON SIGNATURE

NAME:- V. SWABHAVIKA

RELATIONSHIP:- MOTHER

CONTACT NO.:- 8688801563