LEAVING AGAINST MEDICAL ADVICE SUMMARY

Name	Master MIRZA SHAHZAIN BAIG	**UHID**	HNH-00016627
Father/Guardian	Mr MIRZA HASSAN BAIG	**Age/Gender**	2 Y 5 M 25 D/ Male
Address	Thummaloor, MAHESHWARAM, Telangana, INDIA, 501359		
IP No	IP26-00006865	**Admission Date**	16-07-2026
Ref Doctor	Self.		
LAMA Date	17-07-2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
SIMPLE FEBRILE SEIZURE	
ACUTE FEBRILE ILLNESS	

History: Master MIRZA SHAHZAIN BAIG , 2 Y 5 M 25 D , old boy presented with the history of high grade fever since 1 day, 1 episode of seizure in the form of uprolling of eyeballs & generalised tonic clonic movements of all 4 limbs lasting for 2 minutes followed by post ictal drowsiness for 1 minutes on the day of admission. For the above complaints, he was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: He was febrile (102*F), maintaining saturations at room air. His heart rate was 120/min and Respiratory Rate - 35/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was

Name	Master MIRZA SHAHZAIN BAIG	UHID	HNH-00016627
IP No	IP26-00006865	Admission Date	16-07-2026

conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission : 10.75 kilograms.

Investigations: Enclosed reports.

VBG showed pH of 7.35, pCO2 of 31.9 mmHg, pO2 of 60 mmHg, HCO3 of 19.1 mmol/L and BE of -7.3 mmol/L.

Initial hemogram showed Hemoglobin of 8.9 gm%, White Blood Cell count of 14920 cells/cumm, platelet count of 4.09 lakhs/cumm and C-Reactive Protein of 18.0mg/l. Serum Calcium was 9.7 mg/dl. Magnesium was 2.1 mg/dl. Complete urine examination was normal.

Management: He was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. He was started on febrile seizure prophylaxis with clobazam.

He was regularly monitored for fever spikes, hemodynamic & neurological status.Fever spikes are persistent for the child and was advised to send respiratory panel(5 viruses) but parents refused.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

Parents were counselled about the nature, severity of illness and possible

Name	Master MIRZA SHAHZAIN BAIG	**UHID**	HNH-00016627
IP No	IP26-00006865	**Admission Date**	16-07-2026

prognosis of the child's condition. They were also counselled about the need for further hospital stay for further care. However parents were unwilling for further management of the child in hospital and hence child **LEFT AGAINST MEDICAL ADVICE.**

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.

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 **Himayatnagar** / **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**

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

CONSENT FOR LEFT AGAINST MEDICAL ADVICE

(If patient attendee refusing the ambulance services)

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Patient Name : MIRZA SHAHZAIN BAIG Age : 2y 5months Gender : ☑ Male ☐ Female

UHID NO : HNH000166627 Department : Paediatric Date : 17/7/26

I Basith S/~~D/W~~/O Saleem here

by give declare that my child is diagnosed of

Simple febrile seizure

& persistent fever spikes (high grade)

The doctor has explained me the nature of illness and need of admission & continue hospitalization care. After extensive discussion with the family members about the risk and alternatives I have decided not to continue treatment in this hospital and I want to take my child to another health care facility. The hospital staff have advised to take my child in an ambulance with appropriate medical care facilities and a healthcare worker.

I do not wish to use the ambulance and I am taking my child through my own transport arrangements and fully understand the consiquences of the same. I don't have any complaints against the doctors and hospitals staff.

Patient Attendant :

Signature :

Name : Basith

Relationship with Patient: Uncle

Date & Time : 17/7/26 5:50pm

Witness :

Signature :

Name :

Date & Time :

Doctor :

Signature :

Name : B. Sreeja

Date & Time : 17/7/26 5:50pm

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006865 **Admit Date** : 16-Jul-2026 **Admit Time** : 08:20 PM **UHID** : HNH-00016627

Patient Details :

Patient Name	: Master MIRZA SHAHZAIN BAIG	**Age**	: 2 Y 5 M 24 D
Guardian	: Mr MIRZA HASSAN BAIG	**DOB**	: 22-01-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Thummaloor MAHESHWARAM Telangana INDIA 501359	**Phone No**	: 7386554235
		E-mail	: juveriyahassan20@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 MIRZA HASSAN BAIG **Relationship** : Father

Contact Address : Thummaloor MAHESHWARAM Telangana INDIA 501359 **Phone No** : 7386554235

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

HNM-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

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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	3			
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)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
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			
	Extra	6			
	Total No. of Pages	25			

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

Signature and Date : 17/7/2026

(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

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ACTIVITY RECORD FOR BILLING

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 6 M 24 D (M)

Name: --- Dr. SINDHURA MUNUKUNTLA ----------

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

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	9:10pm	ER	ward	

Cross Consultation Visit

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

INVESTIGATIONS

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

Date	Investigations	Order No.	Sign
15/7/26	CBP		
	CRP		
	KBG	11895	[illegible]
	Sr. Ca+ Sr. Mg+		[illegible]
	GRBS	11894.	
	VBG	11897	
		cross checked	
17/7/26	CUE	11907	sandhya

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	
16/7/26	Infusion Pump	16/07/26 9:40 pm	17/7/26 8pm	14559.	Sandhya
					cross check done Mounika

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/7/26	W placement	1	14483	
17/7/26	NHA	1	14606	Baby

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00016527 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pedia... sical Examination

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

fever x 1 day
1 episode of abnormal movements
@ 6:15 PM 16/07/24
poor oral intake

History of present illness :

Apparently well 1 day back,
fever x 1 day high grade, documented upto 101°F
not abv chills, partially relieved on oral medications
Child had 1 episode of unresponsiveness
with stiffening of all 4 limbs. abv upwards
eyes, not abv frothing from mouth

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

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

No

Birth & Neonatal History :

Not Significant (No h/o NICU stay).

Birth & Socio Economic History :

About Father :

About Mother : –

Any additional Information :

Developmental History :

Normal for age

Immunization History :

Immunized upto date

Anthropometry

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

Weight (kgs) 10.75 kg (Centile _____)

On Examination :

Temperature : 100.8 F (After paracetamol) Pulse Rate: 120/mm Description 102 F

B.P. 106/84 mm Hg SPO2 99% @ RA at _____

Resp. rate and type of breathing : Normal

TBCMG ⊖

Rash _____

Lymphadenopathy / No

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : TBCMG ⊖ . clear

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 : Soft Non tender

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : Sensorium - Alert, conversing, Oriented

Cranial Nerves :

Motor System :

Nutrition :

Tone : Normal Power ~~2/5~~ 5/5

Co-ordinator :

Posture :

Involuntary Movements : NAD No

Reflexes :

DTR +2 **Superficials :**

Plantars

Sensory System :

Normal

Bladder / Bowel :

Clinical Summary & Diagnostic :

Febrile Seizure (1 episode)

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP
VBG
CUE
RBS:- 92 mg/dl
Sr. Ca+ Sr. Mg+

ABBS:- 92 mg/dl
TB Quad c/s (C/K)
Noted by Jyothi

Planned Management :

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 #)
4. Name of the doctor in Rainbow Team Dr. Sindhura M on whose name the patient is being referred

Doctor's Signature Name Date 16 Jan Time 7:45 pm

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/1/26 7:25pm	S/B Dr. Sindhura M	
	Hrs → 2 febrile seizures	
		child alert
		temp - 101F
		pulse ok
		wt ...
		lung - BAE (+)
		...
	Adv - VBG	- Adv
	- CBP	- Syp ...
	- CRP	- supportive management.
	- Bl cultures (w/H)	
	- wt	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970
	- Sr Ca+	
	- Sr Mg+	Sindhura MUNUKUNTLA-M
	- ABG - ...	
		noted by Jyothi

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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..RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/07/26 7AM	c/o Dr. Sinchaitha / Dr. [illegible]	
	- febrile seizures	
	No fresh seizure episode	
	fever ⊕ - low grade	
	O/E: Alert	
	Hemodynamically stable	
	Hydration - good	
		Adv
		- IV fluids
		- Syp Clobazam
		- Monitor vitals and
		Inform SOS
		[signature]
		noted by sr. Sandhya

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/8/26	S/B Dr Sindhura	
10:15AM		
	D Simple febrile seizures	
	fever spikes ⊕	Plan
		- c/t CLOBAZAM
	CVS - S1, S2 ⊕	
	RS - B/L - AEE ⊕	- Send Resp-panel
	B/L conducted sounds ⊕	(5 viruses)
	P/A - soft	
	conscious	- Start AMOXYCLAV

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 17/7/24 Time: 8:30am

Weight: 10.75kg Centile: <5th

Height: — Centile: —

Inference: Underweight child.

RDA: — Calories: 1250Kcal/day Protein: 21gms/day

Diet Recommendations: Soft diet with high Calcium diet

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

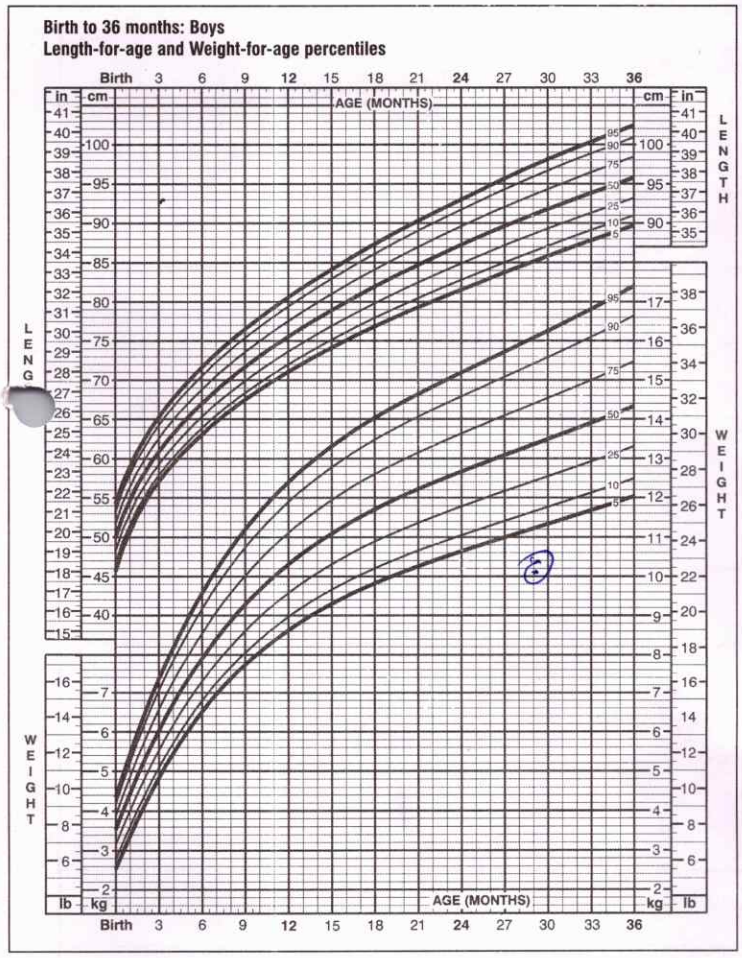
Food Allergies: No Veg/Non-veg Non Veg

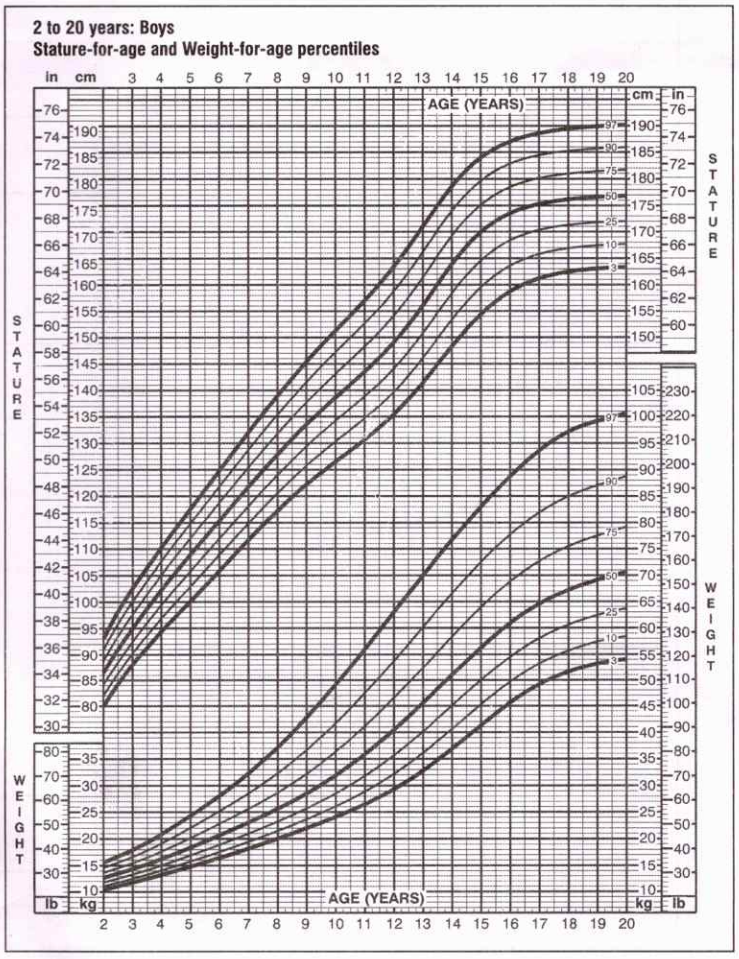
Diagnosis: Febrile seizures (1 ✓)

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Jureija

GROWTH CHART (BOYS)





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

Daily Notes:

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

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DRUG CHART

Date of Admission: 16/7/26 Drug Allergies: Nill ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

10.75 kg

SOS / PRN (As Required Medication)

DRUG : SYP. CROCIN DS

Dose	Route	Frequency	Start Date
3.5ml	PO	SOS/6H	16/07

Doctor's Signature: Sindhu | Valid Period: | Pharm.:

Additional Instructions: (5ml/240mg)

Date/Time: 17/7 1:35 AM | 17/7 8 am | 17/7 2 pm

DRUG : SYP. IBUGESIC

Dose	Route	Frequency	Start Date
3.5ml	PO	SOS/8H	16/07

Doctor's Signature: Sindhu | Valid Period: | Pharm.:

Additional Instructions: (5ml/100mg).

DRUG : INJ. MIDAZOLAM

Dose	Route	Frequency	Start Date
1mg	IV	SOS	16/07

Doctor's Signature: Sindhu | Valid Period: | Pharm.:

Additional Instructions: (In case of seizure)

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

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 10.7 Kg Ward. ....

DRUG : Syp. CLOBAZAM				Date ▸ / Time ▾	16/7	17/7
Dose	Route	Frequency	Start Date	8am		
1 ml	PO	12H	16/07			
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions: (1 ml/2.5 mg)				8pm		
Daily Doctor's Endorsement by a Sign						

DRUG : Inj. AMOXYCLAV				Date ▸ / Time ▾	17/7
Dose	Route	Frequency	Start Date	8am	
300 mg	IV	TID	17/7		
Name & Signature of the Doctor Starting the Drugs: B. Sruyh [signature]				8pm	
Additional Instructions:				10pm	
Daily Doctor's Endorsement by a Sign					

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

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

HNH-00016627 IP26-00005865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
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.	

Signature .....

VERIFIED BY / Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 10.7 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
16/07	8:30PM	IVF - ONS (2/3rd)	IV	30 ml/hr					

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

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

208

Rainbow® Children's Hospital
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RESULT SHEET

Date	16/7/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP	18.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	9.7/2.1					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells	2-3					
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Gyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 26 D (M)
Dr. SINDHURA MUNUKUNTLA

No. : RCH/ 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 : 14/07/26 Time:	10pm	12pm	3:30 pm	5:30 pm
Doctor / Nurse / Family Concern?				
Temperature (F) (scale 94–104)	99.2	101.2 F (Given Ibugesic)	101.6 F (CROCIN – given)	101.9 F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)				
Heart Rate (Number)	118 b/m	120 b/m	123 b/m	
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)				
Resp Rate (Number)	28 b/m	30 b/m	30 b/m	
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	99%	100%	100%	
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]	

Note: BP does not score in early warning scoring

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)

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient S

INICAL / 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 : 16/1/26 Time: 10pm 2am 2.30am 3.am 6am 7.am 8.07

Doctor / Nurse / Family Concern? AM

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.4°F 100.2°F Syp Crocin given 99.4°F 98.2°F 100.4°F Sponging given 99.2°F 99.8°F Crocin Syp given

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

99/60

100/70

Heart Rate (Number) 105/m 105/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 29/m 28/m

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min) O_2Saturations (%)		99%	99%
Conscious Level	Normal		
	Altered		
GCS *			
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials			

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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)
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- 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.
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Date	Time	Early Warning Score	Date	Time	Name

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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
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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)

Patient S

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 26 D (M)
Dr. SINDHURA MUNUKUNTLA

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UID 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 :**						
16/7/26	08:00 pm										1	
	09:00 pm											
	10:00 pm			30 ml							0	
	11:00 pm			30 ml								
	12:00 am		Milk	30 ml						✓		
	01:00 am	DNS		30 ml							1	
Total Intake : Taken						**Total Output :** U- 1 M-						
17/7/26	02:00 am			30 ml								
	03:00 am		Milk	30 ml						✓		
	04:00 am	DNS		30 ml							0	
	05:00 am			30 ml								
	06:00 am			30 ml								
	07:00 am		Milk	30 ml						✓	1	
Total Intake : Taken						**Total Output :** U- 2 M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

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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 :**						
17/07/26	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-00015627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital
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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	9PM → 8am	→ Assess the patient general condition → monitor vitals → Administer medications as Per doctor's orders	9PM → 8am	→ Assessed the patient general condition → monitored vitals → Administered medications as Per doctor's orders	Patient is stable	Rechecked vitals	

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HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
-2024 2 Y 5 M 25 D (M)
SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

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	8AM to 8pm	⇒ Assess the pt condition. ⇒ Maintain I/o Chart ⇒ check the vitals	8AM to 8pm	⇒ Assess the pt condition ⇒ Maintain I/o chart ⇒.	pt is a stable	check the vitals	Neeha
Afternoon	2pm to 8pm	⇒ Assess the pt condition ⇒ Maintain I/o Chart ⇒ Plan D/C	2pm to 8pm	⇒ Assess the pt condition ⇒ Maintain I/o Chart ⇒ plan D/C	pt is a stable.	check the vitals	Neeha
Night							

Patient Sticker

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: seizures				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	16/7/26 N8	17/7 M5				
	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:	98.4°f	97				
	Res:	20/m	29/m				
	SpO_2:	99%	100				
	Pulse:	125b/m	125b/m				
	BP:	105/80	106/70				
	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 :		Sandhya	Mayuri				
Signature / ID :		SA	M				
Date:		16/7/26	17/7/26				
Time:		8pm	8pm				
Taken Over By Name :		Mayuri					
Signature / ID :		M					
Date:		17/7/26					
Time:		8AM					

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:							

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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				Date : 16/7/26	17/7		
				Time : 10am	8AM		
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	
"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	
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	
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	
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	
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	
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	
				TOTAL SCORE	28	28	
				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

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG
22-01-2024 2 Y 5 M 26 D (M)
Dr. SINDHURA MUNUKUNTLA

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PAIN ASSESSMENT FORM

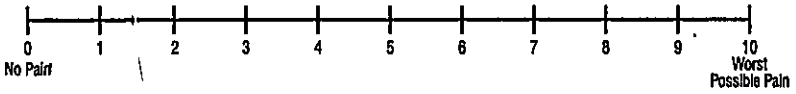
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
17/7/26	10Am	0/10	Ns	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Ns	[illegible]
				☐ 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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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ 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: .....

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. Susanta.

Date & Time : 16/7/26 @

Nurse Name & Signature: Atome /

Date & Time : 16/7/26 @

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016527 IP26-00006865 Master MIRZA SHAHZAIN BAIG 22-01-2024 2 Y 5 M 24 D (M) Dr. SINDHURA MUNUKUNTLA	16/7/26 @ 8:20 pm.	16/7/26 @ 9:10 pm
	Transfer Ordered by Dr. Susanth	Reason for Transfer Admission.
From Unit ER	To Unit ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	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
Aruna /	Dr. Susanth

Patient & Clinical Records Received by : Sr. Sandhya

Date & Time of Patient Received : 16/7/26 @ 9:20 pm

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

Dn. — 92 mg/dl Wt - 10.75 Kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mirza Shahzain Baig Age : 2 Y 5 m **Gender:** ☑ Male ☐ Female

Date : 16/7/26 Time of Arrival : 6:55 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: 100.8°F PR: 140 BP: 106/84 (93) RR: ..... SpO_2: 100%

Chief Complaints: c/o Seizure activity ~~since~~ by evening Fever x yesterday

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 : 6:57 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 : Apurba

Signature of Triage Nurse : .....

Date & Time : 16/7/26 @ 6:57 pm

Docu. No. : RCH /FRM / CLINICAL / 085

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/26 Time of arrival : 6:59pm

Chief Complaints: c/o Sagan Aceto... by ... Fever x 4 days RBS: 92mg/dl

Height : .... Weight : 10 BMI : — Head Circumference (<2 years) ....

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

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: '0' Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

	Yes	No
History of Falling: within past 3 months	☐	☑
Ambulatory Aids:		
• Wheelchair	☐	☑
• Uses furniture for support	☐	☑
Gait/Transferring:		
• Bedrest / immobile	☐	☑
• Weak	☐	☑
• Impaired	☐	☑
Mental Status: Forgets limitations	☐	☑

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: N/A (Date/Time): N/A

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 6:59pm [signature]

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

Time	Nursing Notes
6:50 pm	Assessed the Patient condition. monitor vitals Done

Samples collected by: / Jyothi Time: /

Samples sent by : / Jyothi Time: / 8:30pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:35 pm	Inj clobazam	oral	2.5mg	Dr. Sushanth	

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 140 b/m BP: 106/84 mmHg CFT:	Shift - out from ER to: ward
RR: ..... SPO_2 : 100%	Time of Shift - out: 9:10 pm
GCS: 15/15 Temperature : 100.8°F	Handover given to: ..... (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): 92 mg/dl	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): ..... IV placement Done .....

Name of the Nurse : Aroma Signature of the Nurse : .....

Date & Time : 16/7/26

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 MIRZA SHAHZAIN BAIG**	**Age :**	**2 Y 5 M 24 D**
IP No:	**IP26-00006865**	**Sex:**	**Male**
Consultant:	**Dr. SINDHURA MUNUKUNTLA**	**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:.....)

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:

Name: Abdul Basith

Relationship: Uncle

Date: 16/07/26 Time: 20:32

Witness Name:

Witness Signature:

Patient Address:

Thummaloor MAHESHWARAM
Telangana INDIA 501359

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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.

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

HNH-00016627 IP26-00006865
Master MIRZA SHAHZAIN BAIG (M)
22-01-2024 2 Y 5 M 24 D
Dr. SINDHURA MUNUKUNTLA

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UNDERTAKING FOR BALANCE DEPOSIT

To

The Management,

Rainbow Children's Hospital, Himayatnagar

Hyderabad-500029

Sub:- **Undertaking Balance Deposit**

I Mr./Mrs./Ms. Mirza Hassan Baig (Father/ Mother/ Other _____) of Master/ Baby/ Baby of/ Mrs. / Ms. Mirza Shahzain baig was bought to your hospital on Emergency basis on 16-07-2026 at 8:20 PM. Admitted in _____. Approximate charges deposit details were explained by the Pharmacy executive on duty. I have to pay the amount of 25 K as a caution deposit but for now I'm depositing 10 K. The remaining amount 15 K I'll deposit on _____ at _____.

Thanking You

_____

Signature

Name:- Abdul Basith

Ph. No.:- 7386554235

HNH-00016627 IP26-00006865
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22-01-2024 2 Y 5 M 24 D (M)
Dr. SINDHURA MUNUKUNTLA

COUNSELLING SHEET

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road
AP State Housing Board Himayatnagar , Hyderabad- 500029

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	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY	
				INVESTIGATION	
CONSULTATION CHARGES				CROSS CONSULTATION	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
				CONSUMABLES	
CONSULTANT CHARGES				BLOOD PRODUCTS	VISITING HOURS 04:00pm TO 05:00pm.
				OXYGEN	
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
				EQUIPMENT / DSPT / SSPT / TSPT	
DIET CHARGES				PROCEDURE	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
				NEBULISATION	
TOTAL	13350 (SPLIT)	17250 (PVT) 19,200		MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	

12 PM - 12 PM
1 PM - 12 PM
12 PM - 1 PM

PATIENT NAME		AGE/SEX	
UHID		INSURANCE NAME	Cash

	CAUTION DEPOSIT	10 K

ATTENDENT SIGNATURE

Rakesh
COUNSELLING PERSON SIGNATURE

2nd law policy