

DISCHARGE SUMMARY

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
Father/Guardian	Mr ALI BIN ABUBAKAR	Age/Gender	16 Y 5 M 24 D/ Female
Address	H NO: 18-11-48/1/2,JAMAL BAND , Barkas, Hyderabad, Telangana, INDIA, 400027		
IP No	IP26-00006720	Admission Date	02-07-2026
Ref Doctor	Self		
Discharge Date	08.07.2026		

Consultant:

Dr. PRITESH NAGAR

MBBS MD

Medical Registration No. 47184

DIAGNOSIS	ICD CODE
SUB ACUTE INTESTINAL OBSTRUCTION -IMPACTED STOOLS	
POLYCYSTIC KIDNEY DISEASE (?AD)	
OBSTRUCTED RIGHT RENAL CALCULUS WITH HYDROURETRONEPHROSIS	
SUBCLINICAL HYPOTHYROIDISM	

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
IP No	IP26-00006720	Admission Date	02-07-2026

History: Baby AMINA BINTA ALI BIN MAHFOOZ is a 16 Y 5 M 24 D , old girl presented with history of pain abdomen associated with multiple episodes of non bilious , non projectile vomiting since 1 day, reduced oral intake since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Outside Investigations:

18-03-2020 :

Oxilate - 3.19 mg/day

Urine Creatinine - 14.31 mg/kg

09.03.2020

24 hours urinary creatinine - 0.3975 gm/day

24 hours urinary phosphorous - 0.14 gm/day

24 hours urinary uric acid - 205 gm/day

24 hours urinary calcium - 24.7 gm/day

01-02-2024 :

Spot calcium 1.3 mg/dl

Spot creatinine 221.2 mg/dl

Calcium creatinine Ratio 0.005 mg/dl

Spot urine for uric acid - 101.8 mg/dl,

Currently: 02-07-2026: Initial hemogram showed Hemoglobin of 9.2 gm%, White Blood Cell count of 8800 cells/cumm. Serum electrolytes showed sodium of 136 mmol/L, potassium of 3.6 mmol/L & Chloride of 104 mmol/L. Serum Creatinine was 0.6 mg/dl. Blood Urea was 14 mg/dl.

Serum Calcium was 8.4mg/dl.

Phosphate - 6.4 mg/dl. Uric acid was 2.2 mg/dl.

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
IP No	IP26-00006720	Admission Date	02-07-2026

CT KUB done on 09.03.2020:

- * Left hydronephrosis.
- Suggested clinical correlation and if necessary discuss.

USG ABDOMEN 22-01-2024

Bilateral renal calculi
Bilateral renal cortical cysts.

USG ABDOMEN 02-07-2026

- * Mild to moderate right sided hydronephrosis with few echogenic foci with no obvious posterior acoustic shadowing - ? calculi / calcifications.
- * Bilateral renal cortical cysts.
- * In view of positive maternal history of polycystic kidney disease, the bilateral renal cysts and mild enlargement of left kidney are highly concerning for early ADPKD.
- * Internal echoes in urinary bladder. Suggested CUE correlation.
- * Severe fecal loading in ascending, descending and sigmoid colon.
- For clinical correlation / further evaluation.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 80/min, blood pressure was 120/84 mmHg and RR - 18/min. On examination Signs of dehydration were present, dry lips, sunken eyes were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, diffuse tenderness present without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
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Weight on admission: 43 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.44, pCO2 of 26.3 mmHg, pO2 of 34 mmHg, HCO3 of 19.3 mmol/L and BE of -6.3 mmol/L.

Complete urine examination was normal.

C-Reactive Protein of 5.0 mg/l.

THYROID STIMULATING HORMONE (TSH)	6.40	0.51 - 4.3	μIU/ml
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Spot protein 1.1 mg/dl

Spot creatinine 119.7 mg/dl

Ratio 0.01

Spot urine phosphorous - 106.0.

Free T4 was 1.18 ng/dL.

T3 - Free was 3.0 pg/mL.

Urine culture was 24 sterile.

Ultrasound abdomen shows done on 03.07.2026

* Mild to moderate right sided hydronephrosis with few echogenic foci with no obvious posterior acoustic shadowing - ? calculi / calcifications.

* Right upper ureteric obstructive calculus causing mild hydroureter.

* Bilateral renal cortical cysts.

* In view of positive maternal history of polycystic kidney disease, the bilateral renal cysts and mild enlargement of left kidney are highly concerning for early ADPKD.

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
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- For clinical and RFT correlation.

Repeat USG ABDOMEN 06-07-2026

- * Mild to moderate right sided hydronephrosis with few echogenic foci with no obvious posterior acoustic shadowing - ? calculi / calcifications.
- * Mild right sided hydroureter. Mid and distal ureter could not be evaluated due to bowel gas. A mid / distal ureteric calculus cannot be excluded.
- * Bilateral renal cortical cysts.
- * In view of positive maternal history of polycystic kidney disease, the bilateral renal cysts and mild enlargement of both kidneys are highly concerning for early ADPKD.

Management: She was admitted in the ward and started on intra venous fluids and iv antibiotics . She was treated symptomatically with antiemetics, antacids and antiemetics.

In view of vomitings and pain abdomen, advised gastrodiet.

In view of severe pain abdomen and recurrent vomitings X ray erect abdomen and usg abdomen done. X ray abdomen showed severe fecal loading and USG abdomen showed Bilateral renal cortical cysts, Right upper ureteric obstructive calculus causing mild hydroureteronephrosis, for which pediatric surgeon consultation taken, increased iv fluids and started on tamsulosin and citralka . Nephrologist consultation planned.

In view of severe pain abdomen and significant fecal loading, child was given enema stat followed by significant laxatives. To rule out hypothyroidism, TSH sample sent which is high , free t3 and free t4 were normal.

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
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In view of positive maternal history of polycystic kidney disease, the bilateral renal cysts and mild enlargement of left kidney are highly concerning for early ? ADPKD.

Renal functions tests sent outside, were normal , sodium of 136 mmol/L, potassium of 3.6 mmol/L & Chloride of 104 mmol/L. Serum Creatinine was 0.6 mg/dl. Blood Urea was 14 mg/dl. Serum Calcium was 8.4mg/dl. Phosphate - **6.4 mg/dl** . Uric acid was 2.2 mg/dl. In view of high phosphate levels , urine phosphorous ,urine creatinine and UPCR ratio sent showed normal .

TMP/GFR and TRP were calculated, were 2.13 and 92%,insignificant .

In view of pain abdomen and persistant vomitings serum lipase and LFT were sent which were normal and later Dr. Alisha Babbar (pediatric Gastroenterologist) opinion was taken who advised for inj. Buscopan stat dose, peglac, muout, smuth to continue.

She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms settled gradually.

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Medications given during hospital stay:

Injection. Ondansetron

Injection. Ceftriaxone

Injection. Pantoprazole

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tab. TAXIM-O (Cefixime - 200mg)	1 tablet	8am - 8pm (after food)	For 4 days.
2	Tablet. TAMSULOSIN (0.4mg)	1 tablet	9pm	For 15 days
3	Tablet. Domstal (DOMPERIDONE- 10mg)	1 tablet	6am-1pm- 9pm (30 minutes before food)	For 2 days (Later SOS for vomiting)
4	Syrup. Citralka	10 ml in 30 ml of water	10 Pm (Once at night)	For 15 days
5	Syrup. Smuth	15 ml	8pm (after food)	For 15 days
6	MUOUT PLUS powder	5 scoops in 300ml water	- 10am- 10pm (twice daily)	For 5 days (Till 13/07/26)
7	MUOUT PLUS powder	5 scoops in 300ml water	10pm (bed time only)	For 3 months
8	Tab PANTOP 40MG	1 tablet	8am (before breakfast)	For 4 days
9	Tablet. UROSPAZ	1 tablet	9am - 9pm	For 15 days

Plan:

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
IP No	IP26-00006720	Admission Date	02-07-2026

Syrup. Colax
Tab. Tamsulosin
Tab. Urospaz
Tablet. Taxim O
Tablet. Pantop
Tablet. Domstal
Tablet. Diclofenac
Mu out
Syrup. Citralka

Advice:

* Diet as advised.

Name	Baby AMINA BINTA ALI BIN MAHFOOZ	UHID	BAH-00575469
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1. To consult Urologist for further management of calculus.
2. Regular follow up for constipation and ADPKD.

Fever Management

- * Tab Paracetamol - (1Tablet/500mg) 1 tablet after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
- * Tepid sponging if fever > 101 *F.

Review consultation with Dr. PRITESH NAGAR on Friday (10.07.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Food instructions while taking medications:

- * **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
- * Food can decrease the absorption of **antihistamines**. Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed 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.

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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**



Pritesh
Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

3AM-00575469 IP26-00006720
 Baby AMINA BINTA ALI BIN
 39-01-2010 16 Y 5 M 29 D (F)
 Dr. PRITESH NAGAR



**Rainbow®
 Children's
 Hospital**
 It takes a lot to treat the little.

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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	10			
7	Nursing plan of care and handover sheets	10			
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	Anaesthesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
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	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
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	6			
	Total No. of Pages	42			

[Signature]
 8/7/2020 (P.T.O)



CROSS CONSULTATION FORM

Doctor Name : Dr. Alshai B Date : 7/7/26 Time :

Diagnosis :

Hospital : RCH Himayal-nagar

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

in v/o Pain abdomen.

48kg

Signature: _____

Findings and Recommendations:

cpo Pain abdomen - (R) epigastric / lumbar & Renal angle
cpo vomiting - Multiple episode / day, Non bilious,
Nonprojectile.

USG Abdomen

→ Mild to Mod (R) Hydronephrosis - (R) Ureteric
→ B/L Renal cortical cyst, 2 ADPKD.

~~or~~

family H/O PKD

Lipase = 91 (07/07/26)

Xray ← (2/7 } Gross fecal
6/07 } loading of Colon.
No air fluid level.

H/O passing stools - irregularly - Post Enema / laxatives -
child was better for 1-2 days.

Consultant :

Name : Dr. Alshai Signature : [Signature] Date & Time : 7/7/26

Rooh + Curry + Rice, occasional chicken, occasional fruit.

Hereditary immunity is stable.

P/A-soft, No tenderness

B5 (+), Rio Huerfano

ix) (R) obstructive urolithic calculi.

5. Subcutaneous Hypertrophy

CT film - duwende
Dr. Milton

(N) - 2, 10, 28

20. 2000

Dr. King

Protein for disinfection
1 packet in 2 lit water
↓
500ml/hr rate
the process taking
clear effluents

Plan
I present with
~~12 USG Hydovata~~ Dr. Nitein
2) Eng. Buscopan - stat
I followed by.

BAH-00575469 IP26-00006720
Baby AMINA BINTA ALI BIN
09-01-2010 16 Y 5 M 28 D (F)
Dr. PRITESH NAGAR



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Diagnosis :

Hospital :

Type of Referral :

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☐ Urgent
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Signature: _____

Findings and Recommendations :

Consultant :

Name : Signature : Date & Time :

BAH-00575469
Baby AMINA BINTA ALI BIN
09-01-2010 18 Y 5 M 27 D (F)
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	Billing	1			
	Others	5			
	Total No. of Pages	41			

**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 : IP26-00006720 Admit Date : 02-Jul-2026 Admit Time : 11:58 PM UHID : BAH-00575469

Patient Details :

Patient Name	: Baby AMINA BINTA ALI BIN MAHFOOZ	Age	: 16 Y 5 M 24 D
Guardian	: Mr ALI BIN ABUBAKAR	DOB	: 09-01-2010
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: H NO; 18-11-48/1/2, JAMAL BAND Barkas Hyderabad Telangana INDIA 400027	Phone No	: 9700534786
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : ER02 Ward Name : GF -EMERGENCY
Room No : ER02 Admission Type : First Visit

Contact Details :

Name : Mr ALI BIN ABUBAKAR Relationship : Father
Contact Address : H NO; 18-11-48/1/2, JAMAL BAND Barkas Phone No : 9700534786
Hyderabad Telangana INDIA 400027


Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Deposit Amount : 5000.00
Payment Mode : DC/CC Card Payor Name : STAR HEALTH AND ALLIED
INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

Name: BAH-00575469 IP26-00006720

Baby AMINA BINTA ALI BIN

UHID N 09-01-2010 16 Y 5 M 24 D (F)

Dr. PRITESH NAGAR

Consultant : ----- Dept : *pediatric*

Date of 

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	1:04AM	ER	ward	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Swapna Palakurthy	3/7/26	11705	<i>[Signature]</i>
2.			11705	
3.				
4.				
5.	Dr. muktha	6/7/26	11199 ✓	<i>[Signature]</i>
6.	Dr. Alisha Babbar	7/7/26	11496 ✓	<i>[Signature]</i>
7.	(Gastro opn)			
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
3/7/26	VBG	10824	JH
	CRP	10825	
	CUE	10826	
	urine culture and sensitivity.		
3/7/26	Spot protein/Creatinine Ratio	0851	JD
	Spot urine phosphorous		
3/7/26	TSH	0881	JD
3/7/26	USG Abdomen	7969	JD
CNS and L ² 4/7/26 e ²			
4/7/26	Free T ₃ , Free T ₄	0957	JD
4/12/26	X-ray erect abdomen	8057	JD
Cross checked by don 6/7/26 @ 1:00 PM			
6/7/26	USG Abdomen KUB	8068	JD
6/7/26	LFT, Ser. Lipase	1129	JD
6/7/26	VBG	11138	JD
7/26	Creatinine	11172	JD
Cross checked by don			

[illegible]

Date _____

Name of Equipment

Connecting Time

Disconnecting Time

Order No.

Signature

3/7/26

Infusion pump

3/7/20
45 Am.

6/7/20
@ 8:15 AM

10178

EW

7/7/26
10 AM

Cross checked in note

PROCEEDURE

Date	ProceEDURE	Quantity	Order No.	Signature
3/7/26	IV placement	①	10172	<i>[Signature]</i>
3/7/26	NHA	①	8463	<i>[Signature]</i>
4/7/26	IV placement	①	0682	<i>[Signature]</i>
6/7/26	IV placement	①	11360	<i>[Signature]</i>

with dual 4 R

*Cross checked / done
6/7/26 @ 1:00 AM*

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10



PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Amina Bin Ali

Patient ID# : _____

Consultant : Dr. Pritesh

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Cl^o pain per abdomen x 1 day .

Cl^o vomitings x 1 day .

Cl^o reduced oral acceptance x 1 day .

History of present illness :

Patient was apparently asymptomatic 1 day ago, when she developed pain per abdomen, generalised over abdomen.

Cl^o reduced oral acceptance with sunken eyes, chapped lips

Cl^o vomitings, 7 episodes in last 2 hours, non-projectile, non blood/bile stained.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

FT(SVD) CIAB/AGA
NNH.

Birth & Socio Economic History :

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Immunization History :

upto date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) _____ (Centile _____)

On Examination :

Temperature : 98.7°F Pulse Rate: 80 bpm Description _____

B.P. 120/84 mmHg SPO2 99% at Room Air

Resp. rate and type of breathing : 18/min

Sunken eyes ⊕, chapped lips ⊕

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : AEBE, B/L clear

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1S2 ⊕ M0

Any murmur : _____

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

Per Abdomen :

Inspection soft, tender

Palpation : _____

Auscultation : _____

Spine: _____ External Genitalia : _____

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 : _____

Tone : wnl Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

wnl

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Acute gastritis with dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

VBG

CUE

CRP

Urine culture & sensitivity

Planned Management :

- start IVF at 2/3rd mls
- keep patient NBM until further orders
- IVF CEFTRIAXONE
- IVF PANTOPRAZOLE
- IVF ONDANSETRON
- ENEMA coming morning
- IVF TRAMADOL stat.

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 _____ on
whose name the patient is being referred

Doctor's Signature Name _____


Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No. 47184

Date _____

Time _____

CROSS CONSULTATION FORM

Doctor Name: Dr. Pritesh Date: 3/7/26 Time: _____

Diagnosis: Acute gastritis & constipation.

Hospital: RCH, Himayatsagar

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

Referred for: ☒ Opinion ☒ Co-Management ☐ Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Pain Abdomen

Signature: _____

Findings and Recommendations: R/clo poly cystic kidney disease.

- Pain Abdomen

- NO pain while
 walking sitting.

Q/E - rits stable.

Q/E - PLA - Rt. Iliac fossa
 tenderness

SNA, BSA

CNS } WNL

Plan

- Rpt. USG Abdomen

- Rein & scan report

- Sp. Citric acid (omd)
 in 30mlg water @
 bed time x 3 days

& Nephrologist Opinion
change

Consultant :

Name: Dr. Sushant Signature: [Signature] Date & Time: 3/7/26





CROSS CONSULTATION FORM

Doctor Name : Date : 6/7/2026 Time :

Diagnosis :

Hospital :

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

8/3 Drunkle

16yr / fch (P) Renal Calculi

Kidney B/L Renal cortical cysts.

Pain present - Colicky.

.. N/O hematuria at present

NO fever

penicillin

R/a Tender @ Rt lumbar

USG
(377) - 80 mm anteroposterior
Calculus 6mm
midline

Consultant :

Name : D. Kulkarni Signature : _____ Date & Time : 11:20 AM

6/7/2026

Adv

→ USG CAB. - to
look for increase in
hydrocephalus; if any
internal eds in
pelvis.

→ Ct. Translucency. ~~X~~ hydrocephalus
→ T. UP 1800s. Ed for pain
→ will remain

Parents



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 12:30 am	S/B Dr. Archana Acute Gastritis & dehydration	
	vomiting (+) pain per abdomen (+) NBM. o/e vitaly stable. o/e P/A - soft, tender.	Advice • (1) CUE, CRP, urine C+S • Ct IVF @ 2/3 mts. • Keep patient NBM until further orders. • Ct Ceftriaxone & rest as per chart. <i>[Signature]</i>
3/7/26 8 am	S/B Dr. Archana Acute Gastritis & dehydration	
	pain per abdomen (+) vomiting - none after admission I/O - maintained o/e vitaly stable P/A - soft, nt	Adv NBM • (1) labs • Ct ceftriaxone • Ct IVF @ 2/3 mts. • Ct rest same <i>[Signature]</i> Dr. Archana N/B - Supriya 8:48 AM @ 3/7/26

Date & Time	Progress Notes	Doctor's Order
3/7/26 9:30am	U/B Dr. P. K. Singh <u>Acute gastritis & dehydration</u>	
	- Pain abdomen (+) - no vomitings & administrations.	
	<u>O/E</u> - inlets: stable <u>S/E</u>: P/A: soft tenderness (+) in P & L (+) umbilical region.	<u>Plan</u> 1) Send urine phosphorus urine creatinine urine p/c ratio. 2) P. surgeon opinion 3) A. antibiotics 4) allow orally 5) calox syp - 5ml/BP 6) Neostonic enema (2) 20ml + 20ml by evening if not passed stools. 7) STOP MUOUT.
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:40 PM	<u>Summary</u>	
	1) B/L Poly Polycystic Kidney	Mother +ve ? ADPKD
	2) ? Renal Calculi	
	3) Chronic Constipation	
	4) Hydronephrosis <	R Now L 2020
	<u>2024</u>	<u>2020</u>
	Ca/Cr Ratio Normal	24hr Urine Ca 1mg/ug/d
		24hr Oxalate 3.5mg/me/d
		24hr Uric acid 1.1mg/ug/d
	<u>Se PO₄ ↑↑</u>	TRP- 92%
	Calculate TMP/GFR	← TMP/GFR 2-13
	Se PO ₄ / Urine PO ₄	
	Se Cre / Urine Creat	
	(TRP) ✓	

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47184



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 4:40pm	MRB Dr. Perleth <u>Acute gastroenteritis & dehydration</u> - nausea ⊕ - Pain abdomen ⊕ - did not pass stool	
	<u>o/e</u> vitals: stable <u>s/e</u> : P/A - soft tenderness ⊕ m ⊕ & ⊕ lumbar region	<u>Plan</u> 1) send thyroid profile [TSH] 2) P. surgeon opinion 3) ct. antibiotics 4) ↑ dose of - Syp colax - 10ml BD 5) cont ct. as per Rx chart.
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184 N/B - Supriya 5pm @ 3/7/26	

Date & Time	Progress Notes	Doctor's Order
26 AM.	c/s/b or. Verum/Dr. Sushanta. <u>Agastitis & dehydration.</u> — Oral intake — poor. — B/L flank pain (+). — passed minimal stools yesterday. ofe — vitals stable. ofe — P/A — S/D/T, NT, Bst (+). no renal & tenderness.	Plan — Ceftriaxone. — Cef. opur meds as per Rx chart. — ? Nephrologist opinion. <i>[Signature]</i> noted by <i>[Signature]</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/11/20 9:30 AM	C/L/B Dr. Pritesh Acute gastro to dehydration	
	- Not passed stools. - Oral intake is poor. - No bilious or flank pain. - vitals stable.	Plan - Ct. ceftriaxone. - Ct. other meds as per Rx chart. - Ct. Litralka syde. - Start Temolanin 0.4mg OD. - Give Neotonic enema PR stat now.
	TRP - 92% TMP / GFR - 2-13	
	- Send FTY in same sample after insurance approval. - Mention 2020 24hrs stone workup report in the discharge.	

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No. 47184

noted by Dr. Sandhya
 4/11/20
 9:30 am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/2/26 3pm	<u>ds/hy</u> <u>ds Annuke</u> ? AD PKD. habitual constipation. (RF) Renal calculi - hydronephrosis.	
	<u>vital</u> stable	
	S/E B/L AC (+) (R/S) NUBS (+)	<u>Plan</u>
	(P/A) tender (+) - Periumbilical	- Secure cannula - start IV fluids (20ml/h) - 1g CEFTRIAXONE - w/ urine output.
	- pass stools after ENEMA	
	Send <u>free Ty</u> <u>free Ty</u>	- ct CITRACKA COCA X TAMSULOSIN.
	<u>Al</u>	- Monitor vit

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/2 8am	cls/B Dr-Pranav / Dr-Thomas Acute Gastritis ± Dehydration (R) Renal Calculi ± Hydronephrosis 2 AD PKD Abdominal pain - belly Vomiting - (one) yst emi Blood in urine & (Micturition) Vitals stable Afebrile R-S-B/L AS ⊕ PLA - soft mild Tenderness (RIF) TRP - 92 y. TmP/GFR - 2-BV. (2) To mention 2020 - 24hrs urine urine stone workup report in the D/C Summary	Ph 1) Enema - gas 100 ml 2) Cx-Tx Ceftriaxone Syp Citrakuta Syp Colan Tab Tamoxifen (0.4mg) / 150 3) Monitor Vitals 4) Trace Fxcs T3 & T4 5) Contd Vitals Wheel by Abhilesh



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 10:30 AM	<u>cl/ly Dr. pritesh</u> Acute Gastritis & dehydration (R) Renal calculi & hydronephrosis APPEND → 1/2 Back pain (+) / loin pain (+) 2 Episodes of blood in urine → passed stools morning. vital stable.	<u>Plan</u> - start MUOOT - ct other Mx. - (T) free T3 & T4 - Inform paed surgeon Advise wait & watch & Tm will Review - Enhance orally (2-3 lit) - Monitor vitals. - U/O, Bp.
	<u>Upo chart</u>  Dr. Pritesh Nagar Consultant, Pediatrician & Intensivist Reg. No: 47184	noted by Sr. Sandhya 45/7/26 @ 10:30 am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26. 8pm	c/s/hy. Dr. Anush Acute Gastric & duodenal. 2 ADPKD 2 (RT) Renal Cal & hydronephrosis.	
	vital stable. pain abated	
	o/o adequate.	Plan ct some Mx
	s/e NAD	
	Al	
5/7/26 8:20 AM	c/s/hy. Dr. Anush Acute Gastric & duodenal. 2 ADPKD 2 (RT) Renal calculi & hydronephrosis	
	vital stable.	
	o/o Intact pain abated	
o/o 1-3 melk	Nausea (+) 1 episode vomiting @ 7AM	Plan
	s/e P/A soft Not distended	ct IV fluids hydration ct MVOUT Tamsulosin Diclofenac Hyorm sos paed sx - Paed consultation
	Al	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 10 AM	c/s/by Dr. Pritesh	
	Acute Gastric & dehydration	
	(2) ADPKD	
	(3) (RT) renal calculi & hydronephr.	
	vital stable	Paed Surgeon consultat (as multiple)
	Pain abdo. loin pain (+)	ct IV fluids
	<u>s/c</u>	ct Toradol COLAX
	P/a soft not distended	MU OUT Diclofenac
		Monitor vital
		X Ray Erect Abdomen Now
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No. 47184
		noted by s.s. and lge 6/7/26 @10:00

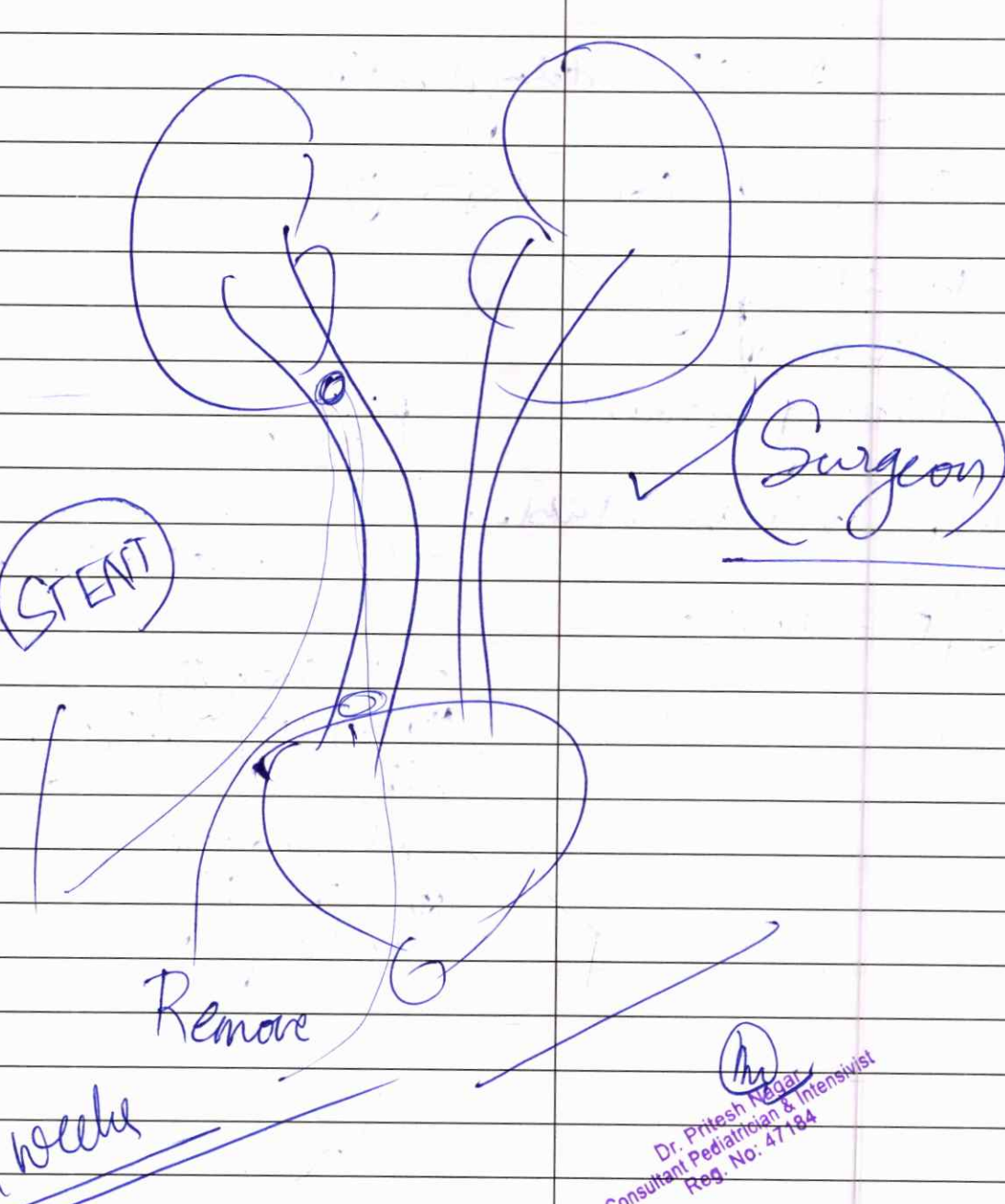


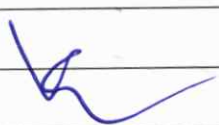
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 11:30 AM	DW Dr. Pritesh	
		Adm. USG - Abdomen KUB screening → get it done now
		noted by Sr. Sanchya 6/7/26 11:30 am
	C/S/B Dr. Pritesh	
9/26 PM	- XGT dehydration. - R renal Calculi & Pain abdomen (+) Loose pain (+) Vomiting (+) No vitals stable.	Lymphadenopathy. <u>Plan</u> - change Ceftriaxone to ord cephixime. - ct. IVF - ? DJ starting - Urologist opinion (Dr. Rauf).



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Date & Time	Progress Notes	Doctor's Order
	 STENT Surgeon Remove <u>2 weeks</u>	Dr. Pritesh Negar Consultant Pediatrician & Intensivist Reg. No: 47184

Date & Time	Progress Notes	Doctor's Order
6/11	cls/b dr. Varun / dr. Archana <u>Δ-HET dehydration.</u> - Persistent loin pain (+). - Vomiting (+). - Passing stools. of E - vitals stable. S/E - WNL.	<u>Plan</u> - Ct. IVF @ 50cc/Lv. - Ct. Cdx BD / MUSC HS / T. biopsy. S/H - Urologist opinion by Dr. Ranf. 



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/2/26 5pm	LB Dr. Pritesh Δ: Agt & dehydration Adv. 1 eb vomiting today morning Persistent loin pain Nausea ⊕ ✓ passed. ole vitality stable SE P/A - soft, tender ⊕	• Ct 80F @ 50 cc/hr • Urologist consult • Ct rest same • can be discharged. 1/BSuppt @ 5pm Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 9:30 AM	S/B Dr. Pritesh	
	Δ Sub-Acute Intestinal obstruction, AD-PKD Subclinical Hypothyroidism	
		- NEO TOMC Enema 100ml stat
	WT - 5.5 kg	
	PLA - 100% concentrated	- CF TAXIM-O - CF Tab. URISPALZ
		- Allow oral
		- Discharge
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184
		noted by Sr. Sandhya 7/7/26 9:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/10	Care d/w Dr. Vinalagitt	
1 PM	S/B Dr. Pritesh	Plg
	C/o Pain Abdomen	- Serum Creatinine - repeat
		- Gastroenterologist opinion for pain Abdomen
		- CT KUB
7/7/10	S/B Dr. Pritesh Sreejith	
4:30 PM	Δ AD - PKD	
	± Pain Abdomen	Plg
	± Subcutaneous hypotension	- Trace serum creatinine
	C/o nausea, back pain	
	CNS - S, Si ⊕	
	My-BU - ACE ⊕	- CT OGDAMERON ESMOPIRAZOL
	PHA - S, Si ⊕	
	conscious,	- CT T. URISPAJ T. TAXIM - 0
		- Encouraging only

15 Sub

IP26-00006720

09-01-2010 16 Y 5 M 28 D (F)

Dr. PRITESH NAGAR



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PRESS NOTES AND DOCTOR'S ORDER

09-01-201016 Y 5 M 28 D(F)

Dr. PRITESH NAGAR



RESS NOTES AND DOCTOR'S ORDER

Date & Time

Progress Notes

Doctor's Order

7/12/24

SIB

SIB Dr. Preetish

DAD-PKD

Renal calculi

Sub-clinical Hypothyroidism

Flu

CVS - S4, S1 @

RI - B/L ALB @

PIA - soft

Coarctation

PEALGR ↓ Sactat

2 lit water

↓

Soon cry has

↓

lit child

passer clear look

stool

MUOUR powder

Continue

Dr. Pritesh Nagar

Consultant Pediatrician & Intensivist

Reg. No: 471124

7/12/24

7/12/24

CLINICAL / 088



Date & Time	Progress Notes	Doctor's Order
8/3/2026 8am	S/B Dr. Achana / Dr. Nameer. AD - PRD + Pain Abdomen + Subclinical Hypothyroidism	
	Pain Abdomen (-) vomiting none, nausea (+) oral intake - fair chest - clear P/A - soft peglec - not taken passing normal stools 3-4 times	Plan (1) et Citralin Translamin (2) et Peglac disimpactum and mucosil.
		N.B Amotyl. Day (Inlanener)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/20	AD- PKD	
8am	Δ- Subclinical hypo thyroidism	
	2 stool- 3 times	
	fair Abdomen ⊖	
	vomiting +	plan
		① ct Citralka
		② Tamsulosin
		③ ct Reglac disimpaction
		& mu out
		④ Dispers
	o/e	
	P/A- Soft	
	4 scoops	
	MU-out TAKEN	
	Reglac Not taken	

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47114

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



REGULAR PRESCRIPTIONS

Weight. 43 kg Ward.

Verified by
 Dr. Dhakshayani

DRUG : <u>Aug Ceftriaxone</u>				Date Time	3/7	9/7	5/7	6/7
Dose	Route	Frequency	Start Date					
2g	IV	BD	3/7/26	5pm	1:45 pm	4:30 pm	1:45 pm	4:30 pm
Name & Signature of the Doctor Starting the Drugs:				 STOP 6/7/26 1:30 PM				
Additional Instructions:				dilute in 100ml NS give over 1 hour				
Daily Doctor's Endorsement by a Sign								
DRUG : <u>Aug Ondansetron</u>				Date Time	3/7/26	2/7	4/7	
Dose	Route	Frequency	Start Date					
4 mg	IV	TDS	3/7/26	6 AM	9 AM	12 PM	3 PM	6 PM
Name & Signature of the Doctor Starting the Drugs:				 chye				
Additional Instructions:				10pm				
Daily Doctor's Endorsement by a Sign								
DRUG : <u>Aug Pantoprazole</u>				Date Time	3/7/26	9/7	5/7	
Dose	Route	Frequency	Start Date					
40mg	IV	OD	3/7/26	11:40 AM	6 AM	12 PM	6 PM	
Name & Signature of the Doctor Starting the Drugs:				 chye				
Additional Instructions:				Asche				
Daily Doctor's Endorsement by a Sign								
DRUG : <u>COLAX SYP</u>				Date Time	3/7			
Dose	Route	Frequency	Start Date					
5ml	PO	BD	3/7/26	11 AM	2:30 PM			
Name & Signature of the Doctor Starting the Drugs:				 change done				
Additional Instructions:				11 PM				
Daily Doctor's Endorsement by a Sign								



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Weight 130g Ward

Verified by
Dr. Dhakshayani

Da: Doctor's Endorsement by a Sign

Verified
Dr. Dhaksh

Daily Doctor's Endorsement by a Sign

Dr. Dhakshi

Daily Doctor's Endorsement by a Sign

✓ Verified by
Dr. Dhakshay

Daily Doctor's Endorsement by a Sign

BAH-00575469 IP26-00006720
 Baby AMINA BINTA ALI BIN
 09-01-2010 18 Y 5 M 26 D (F)
 Dr. PRITESH NAGAR



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REGULAR PRESCRIPT

Sheet No: Date: 5/7/18 Time: 6/18 Weight: 6.3kg Ward:

DRUG: TAB DILOFENAC
 Dose: 5mg Route: PO Frequency: BD Start Dt: 5/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
 (50mg = 1/2 tablet)

Daily Doctor's Endorsement by a Sign

DRUG: T. DOMSTAL
 Dose: 10mg Route: PO Frequency: TID Start Dt: 5/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
 (TID - 30min before food)

Daily Doctor's Endorsement by a Sign

DRUG: T. PANTOP
 Dose: 40mg Route: PO Frequency: OD Start Dt: 5/7/18

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
 PANTOPRAZOLE

Daily Doctor's Endorsement by a Sign

DRUG: Tab VROSPA2
 Dose: 1stab Route: PO Frequency: BD Start Dt: 6/7/18

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
 FLAVOXATE HYDROCHLORIDE

Daily Doctor's Endorsement by a Sign

DRUG: Tab VROSPA2
 Dose: 1stab Route: PO Frequency: BD Start Dt: 6/7/18

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
 FLAVOXATE HYDROCHLORIDE

Daily Doctor's Endorsement by a Sign

Verified by

Verified by

Verified by

Dr. Dhakshayani

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Baby AMINA BINTA ALI BIN
09-01-2010 16 Y 5 M 27 D (F)
Dr. PRITESH NAGAR



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Sheet No:

REGULAR PRESCRIPTIONS

Weight 43kg Ward

DRUG : Tob. TAXIM D				Date Time	6/7 7/7 8/7
Dose	Route	Frequency	Start Dt.		
10mg	PO	BD	6/7	8pm ✓	
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
CEFIXIME					
Daily Doctor's Endorsement by a Sign					
DRUG : Inf ONDANSETRON				Date Time	6/7 7/7 8/7
Dose	Route	Frequency	Start Dt.		
4mg	IV	TID	6/7		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : MUOUT powder				Date Time	7/7 8/7
Dose	Route	Frequency	Start Dt.		
5 scoops	oral	BD	7/7	7am x	
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
drink in 30ml water					
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					

Patient Sticker

Sheet No: 1232

REGULAR PRESCRIPTIONS

Weight Ward

VERIFIED BY : Name Signature

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																			
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																			

100

100

100

100

100

100

100



302

RESULT SHEET

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(outside)
separately

Date	2/7/26	3/7/26	7/7/26			
Time						
Hb	9.2					
PCV	29.5					
RBC	4.2					
WBC	8800					
N/L	55/36					
Platelets						
CRP		5.0				
ESR						
PCT						
RBS						
Na	136					
K	3.6					
Cl	104					
Ca/Mg	8.4					
Phosphate	6.4					
Urea	14					
Creatinine	0.6					
ALP						
SGPT			13			
SGOT			21			
T.Bill/Conj			0.5/0.2			
T.Protein			7.4			
S.Albumin			4.2			
S.Globulin			3.2			
A/G Ratio			1.3			
Uric Acid	2.2					
S.Amylase						
Sr.Lipase			91			
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Date	3/7/26					
Time						
CUE-Alb	Nil					
CUE-Sugar	Nil					
CUE - Ketones	present					
CUE-PUS Cells	3-5					
CUE - RBC Cells	Nil					
CUE Epithelial cells	2-3					
Nitrate	Negative					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Spot urine Phosphorus	106.0		TRP 92%		(N)	
Spot Protein	1.1		TMP/GFR 2.13		(N)	
Spot Creatinine	119.7					
1+ Ratio	0.01					

Culture and Sensitivities : Urine c/s — 24hrs no Growth

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.):



TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/12/20 Time: 1:30pm 6am

Doctor / Nurse / Family Concern?

Temperature
(°F)

104
103
102
101
100
99
98
97
96
95
94

98.2
98.5

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

120
80

105
68

Heart Rate (Number)

82b/min

Resp. Rate (bpm)
(Over 1 Minute)

70
60
50
40
30
20
10

20

20

Resp Rate (Number)

20b/min

20b/min

Resp Mod/ Severe
Distress None / Mild

Receiving O₂(l/min)
O₂Saturations (%)

99.1

99.1

Conscious Level
Normal Altered

GCS *

15/15

15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0

0

0

0

0

0

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.

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.

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00575469 IP26-00006720
Baby AMINA BINTA ALI BIN
09-01-2010 18 Y 5 M 24 D (F)
Dr. PRITESH NAGAR



CHBH/ FRM / CLINICAL / 127

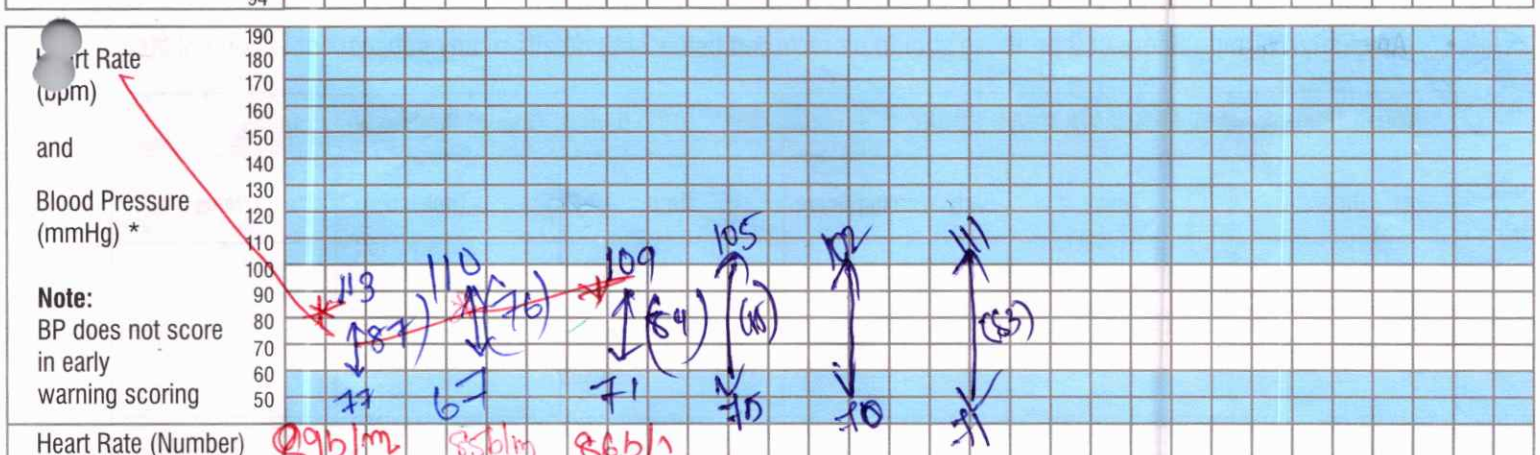
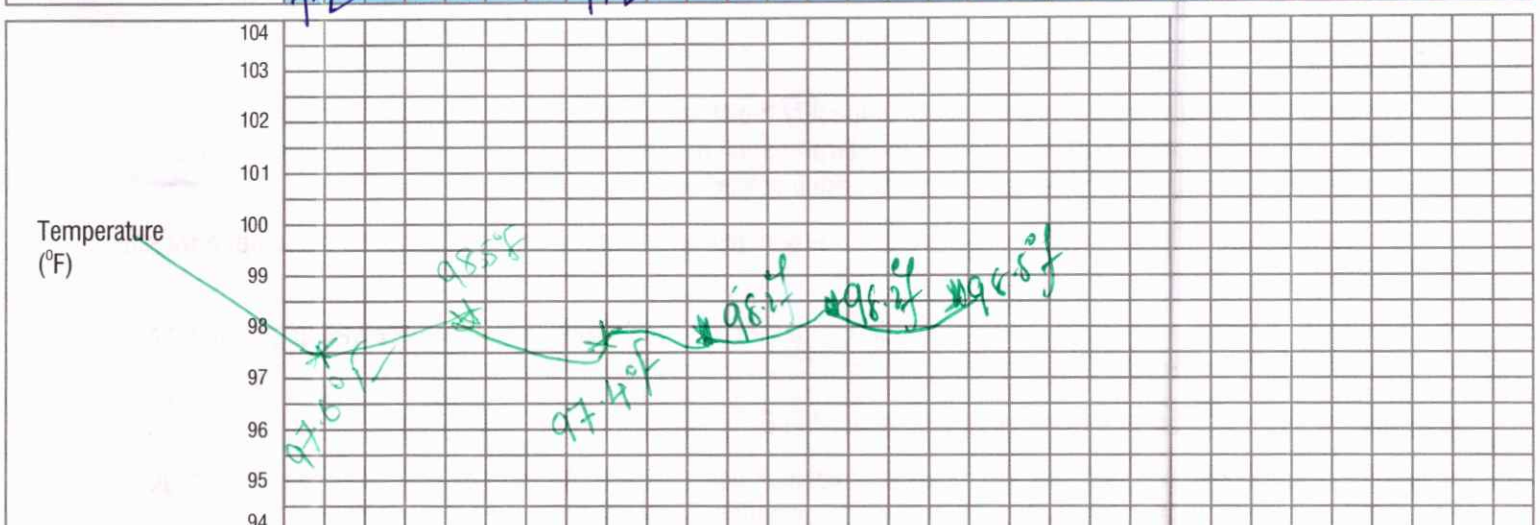
TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/7/26	Time: 10	2pm	6	10pm	2Am	6Am
Doctor / Nurse / Family Concern?	AM		PM			



Heart Rate (Number)	99b/m	85b/m	86b/m			
Resp. Rate (bpm) (Over 1 Minute)						
Resp Rate (Number)	24b/m	24b/m	24b/m	25b/m	25b/m	24b/m

Resp Mod/ Severe Distress None / Mild						
Receiving O ₂ (l/min) O ₂ Saturations (%)	100%	100%	99%	99%	100%	100%
Conscious Level Normal / Altered						
GCS *	15/15		15/15	15/15	15/15	15/15

TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	PN	PN	PN	PN	PN	PN

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.

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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00575459 IP26-00006720
 Baby AMINA BINTA ALI BIN
 08-01-2010 16 Y 5 M 24 D (F) / 127
 Dr. PRITESH NAQAR



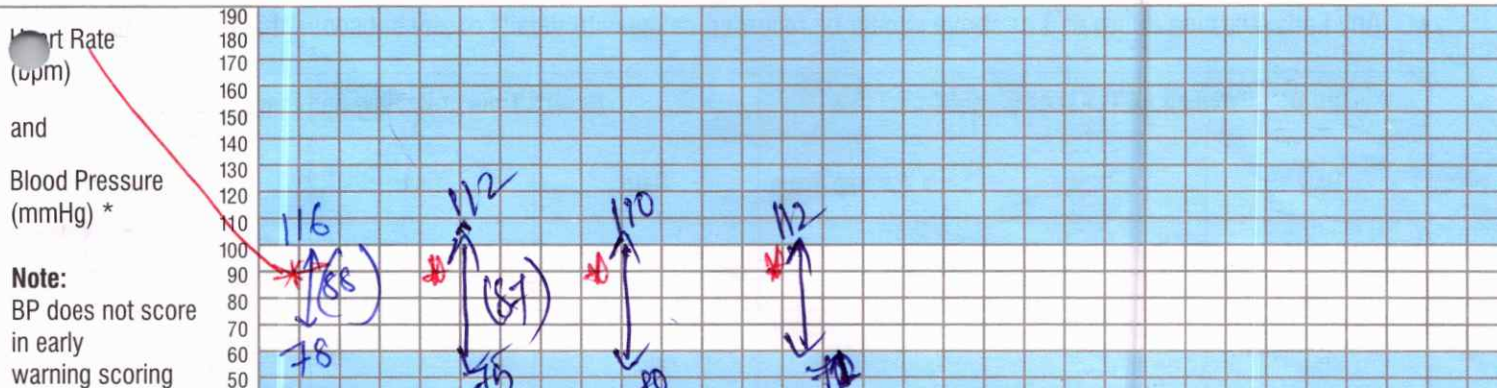
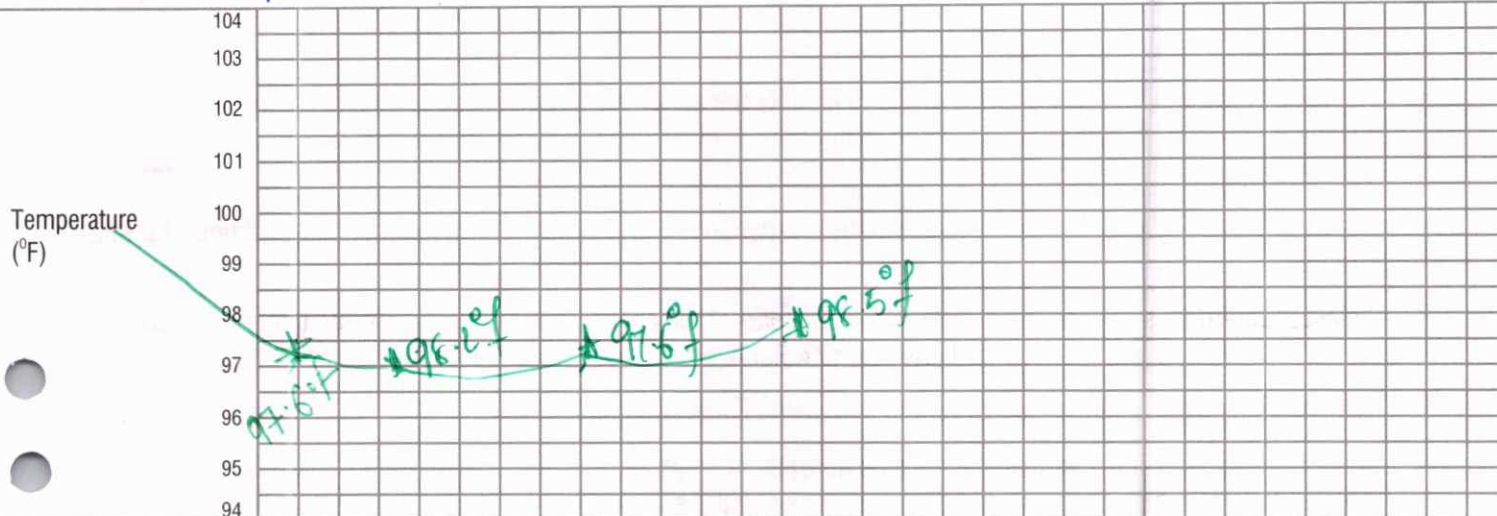
TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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IG SCORE: CHILDREN'S UNIT

Date: 2/7/26 Time: 5:00pm 10pm 2AM 6AM
 Doctor / Nurse / Family Concern? PM



Heart Rate (Number)

98b/m 99b/m 97b/m 98b/m

sp. Rate (bpm) (Over 1 Minute)

22b/m 20b/m 22b/m 22b/m

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

100% 100% 99% 99%

Conscious Level Normal Altered

GCS *

15/15 15/15 15/15 15/15

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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* 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.

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.
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BAH-00575469 IP26-00006720
Baby AMINA BINTA ALI BIN
09-01-2010 18 Y 5 M 26 D (F)
Dr. PRITESH NAGAR



AL / 127

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

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/7/26 Time: 10am 2pm 5:30pm 10pm 2Am 6Am
Doctor / Nurse / Family Concern?

Temperature
(°F)

104
103
102
101
100
99
98
97
96
95
94

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

Heart Rate (Number)

Sp. Rate (bpm)
(Over 1 Minute)

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

Receiving O₂ (l/min)
O₂ Saturations (%)

Conscious
Level Normal
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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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.
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TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

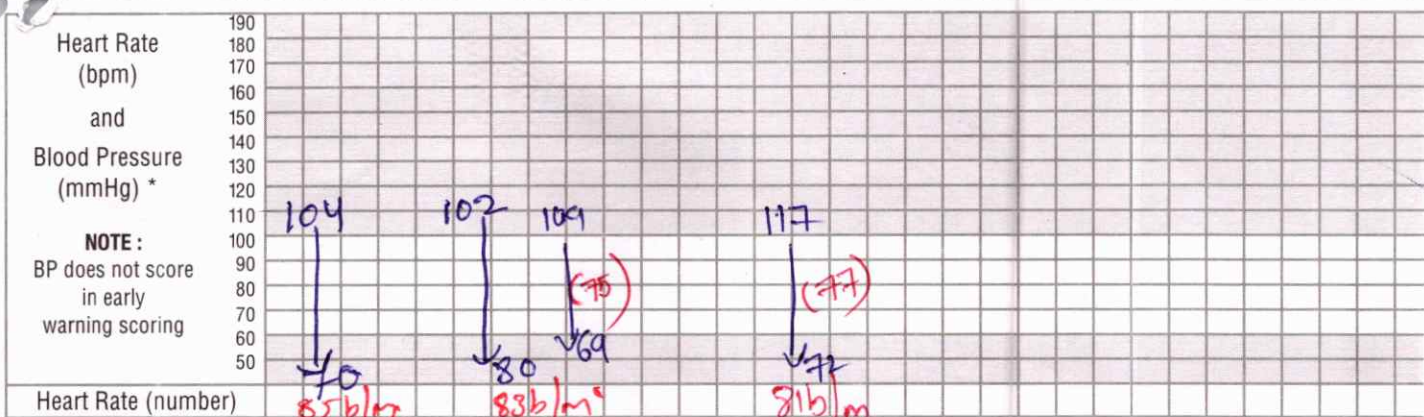
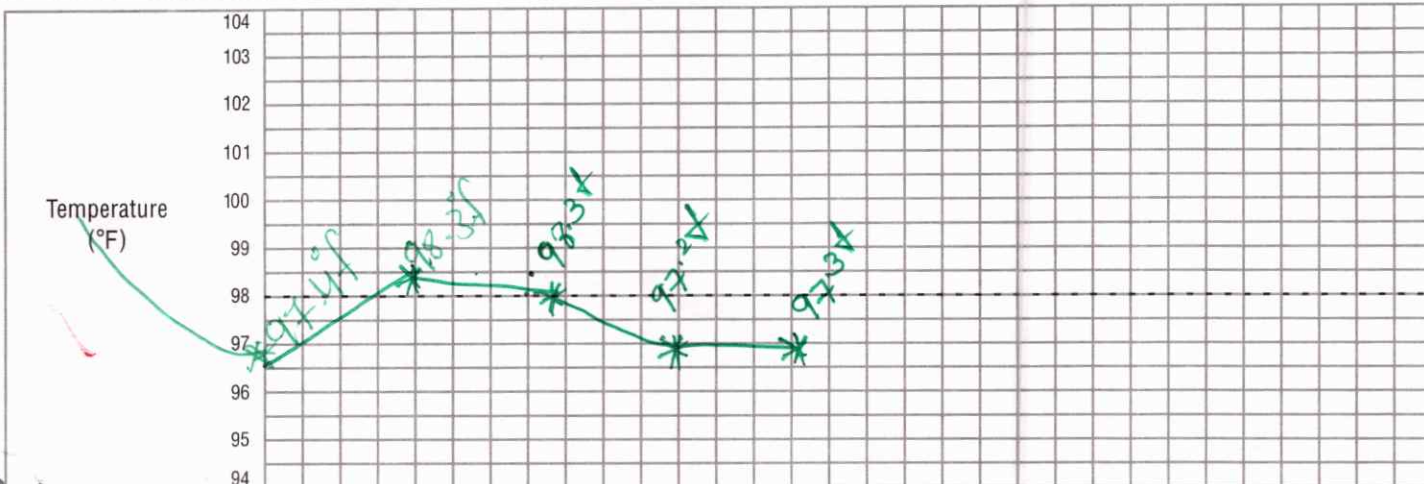
Patient Name :
Date of Birth :

BAH-00575489 IP28-00006720
Baby AMINA BINTA ALI BIN
09-01-2010 18 Y 5 M 27 D (F)
Dr. PRITESH NAGAR

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/12/26 Time: 10am 2pm 10pm 2AM 6AM

Doctor / Nurse / Family Concern?



Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%)

Conscious Normal Level Decreased

GCS *

TOTAL SCORE
Number of shaded boxes
Observer's initials

ACTIONS

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: Scores 3 should be recorded overleaf

* 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.

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

Patient Name : ...

Date of Birth : ...

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/1/18	Time: 4pm	4pm	6pm	8pm	10pm	12am	2am	4am
Doctor / Nurse / Family Concern?								
Temperature (°F)	104							
	103							
	102							
	101							
	100							
Heart Rate (bpm)	190							
	180							
	170							
	160							
	150							
Blood Pressure (mmHg) *	140							
	130							
	120							
	110							
	100							
NOTE : BP does not score in early warning scoring	90							
	80							
	70							
	60							
	50							
Heart Rate (number)		118	118	118	118	118	118	118
Resp Rate (bpm) (over 1 minute)	70							
	60							
	50							
	40							
	30							
Resp Rate (number)	20							
	10							
Resp. Mod/Severe Distress None/Mild								
Receiving O2 (L/min) O2 saturations (%)		99%	99%	99%	99%	99%	99%	99%
Conscious Normal Level Decreased								
GCS *								
TOTAL SCORE		0	0	0	0	0	0	0
Number of shaded boxes								
Observer's initials		g	g	g	g	g	g	g

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.

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														
	90														
NOTE : BP does not score in early warning scoring	80														
	70														
	60														
	50														
Heart Rate (number)															
Resp Rate (bpm) (over 1 minute)	70														
	60														
	50														
	40														
	30														
	20														
	10														
Resp Rate (number)															
Resp. Mod/Severe Distress None/Mild															
Receiving O2 (L/min) O2 saturations (%)															
Conscious Normal Level Decreased															
GCS *															
TOTAL SCORE Number of shaded boxes															
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 Name : _____
Date of Birth : _____ I.P. No. : _____

[illegible]

Temperature (°F)

Time

[illegible][illegible][illegible][illegible][illegible]

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.
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	Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

CIN : U85110 TG1998 PTC029914

BAH-00575469 IP26-00006720
 Baby AMINA BINTA ALI BIN
 09-01-2010 16 Y 5 M 24 D (F)
 Dr. PRITESH NAGAR



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					IV Site Thrombo- phlebitis Score	Sign. Nurse											
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine													
			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 :																
3/7/20	02:00 am			50ml																			
	03:00 am			50ml																			
	04:00 am	plasma		50ml																			
	05:00 am	5ml kcal		50ml																			
	06:00 am			50ml																			
	07:00 am			50ml																			
	Total Intake :						Total Output :																
Total 24 hrs. Intake												Total 24 hrs. Output											

Patient Sticker

BAH-00575469 IP26-00006720
 Baby AMINA BINTA ALI BIN
 09-01-2010 16 Y 5 M 24 D (F)
 Dr. PRITESH NAGAR



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

FLUID CHART

Shee

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
3/7/26	08:00 am	PlasmaLyte x 5ml H ₂ O	Mouth	50ml									
	09:00 am		I.V	50ml									
	10:00 am		I.V	50ml									
	11:00 am		I.V	50ml									
	12:00 pm		I.V	50ml									
	01:00 pm		I.V	50ml									
Total Intake :						Total Output :							
3/7/26	02:00 pm	PlasmaLyte x 5ml 5ml KCL	Mouth	50ml									
	03:00 pm		I.V	50ml									
	04:00 pm		I.V	50ml									
	05:00 pm		I.V	50ml									
	06:00 pm		I.V	50ml									
	07:00 pm		I.V	50ml									
Total Intake :						Total Output :							
3/7/26	08:00 pm	PlasmaLyte 5ml KCL	Mouth	75ml									
	09:00 pm		I.V	75ml									
	10:00 pm		I.V	75ml									
	11:00 pm		I.V	75ml									
	12:00 am		I.V	75ml									
	01:00 am		I.V	75ml									
Total Intake :						Total Output :							
7/7/26	02:00 am	PlasmaLyte 5ml KCL	Mouth	75ml									
	03:00 am		I.V	75ml									
	04:00 am		I.V	75ml									
	05:00 am		I.V	75ml									
	06:00 am		I.V	75ml									
	07:00 am		I.V	75ml									
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00575469 IP26-00006720
 Patient St **Baby AMINA BINTA ALI BIN**
 09-01-2010 16 Y 5 M 24 D (F)
 Dr. PRITESH NAGAR



FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
4/8/20	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm						✓			✓		
	01:00 pm											
	Total Intake :			Total Output :								
4/8/20	02:00 pm	PlasmaLyte 15ml	Rece								0	}
	03:00 pm									0		
	04:00 pm			50ml					✓	0		
	05:00 pm		H2O	50ml				✓	0			
	06:00 pm			50ml					0			
	07:00 pm			50ml					0			
	Total Intake :			Total Output : 0 - M -								
4/9/20	08:00 pm			50ml					✓	0	}	
	09:00 pm		Rece	50ml					0			
	10:00 pm			50ml				✓	0			
	11:00 pm			50ml					0			
	12:00 am		H2O	50ml					0			
	01:00 am			50ml					0			
	Total Intake : 100ml			Total Output : 0 - m -								
5/7/20	02:00 am			50ml						0	}	
	03:00 am			50ml					0			
	04:00 am			50ml					0			
	05:00 am			50ml					0			
	06:00 am								0			
	07:00 am								0			
	Total Intake :			Total Output :								
Total 24 hrs. Intake			Total 24 hrs. Output									

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
5/7/26	08:00 am										0	[Signature]
	09:00 am										0	
	10:00 am										0	
	11:00 am	Plasma		50				✓		50ml	0	
	12:00 pm			50ml					20ml	0		
	01:00 pm			50ml				✓		200ml	0	
Total Intake : Taken					Total Output : 4-							
5/7/26	02:00 pm			50ml							0	[Signature]
	03:00 pm		rice	50ml					250ml	0		
	04:00 pm			50ml					200ml	0		
	05:00 pm	Plasma	HLR	50ml			✓			0		
	06:00 pm			50ml						0		
	07:00 pm			50						0		
Total Intake :					Total Output : 4- 4-							
5/7/26	08:00 pm			50ml							0	[Signature]
	09:00 pm			50ml							0	
	10:00 pm	Plasma		50ml					200ml	0		
	11:00 pm	Plasma		50ml					90ml	0		
	12:00 am			50ml						0		
	01:00 am			50ml						0		
Total Intake : Taken					Total Output : 4- 4-							
6/7/26	02:00 am			50ml							0	[Signature]
	03:00 am			50ml					50ml	0		
	04:00 am			50ml						0		
	05:00 am	Plasma	HLR	50ml					300ml	0		
	06:00 am			50ml			✓			0		
	07:00 am			50ml			✓			0		
Total Intake : Taken					Total Output : 4- 4-							

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
6/7/26	08:00 am	PlasmaLyte		50ml						50ml	1	
	09:00 am			50ml						50ml	0	
	10:00 am			50ml						50ml	1	
	11:00 am			50ml						50ml	1	
	12:00 pm			50ml						50ml	1	
	01:00 pm			50ml						50ml	1	
Total Intake : Taken						Total Output : 4- 1- 1-						
6/8/26	02:00 pm	PlasmaLyte		50ml							1	
	03:00 pm			50ml						1	1	
	04:00 pm			50ml						1	1	
	05:00 pm			50ml						1	1	
	06:00 pm			50ml						1	1	
	07:00 pm			50ml						1	1	
Total Intake :						Total Output :						
6/7	08:00 pm	PlasmaLyte		50ml							0	
	09:00 pm			50ml						0	0	
	10:00 pm			50ml						0	0	
	11:00 pm			50ml						0	0	
	12:00 am			50ml						0	0	
	01:00 am			50ml						0	0	
Total Intake : Taken						Total Output : 0- 0-						
7/7	02:00 am	PlasmaLyte		50ml							0	
	03:00 am			50ml						0	0	
	04:00 am			50ml						0	0	
	05:00 am			50ml						0	0	
	06:00 am			50ml						200ml	0	
	07:00 am			50ml						0	0	
Total Intake : Taken						Total Output : 0- 0-						

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00575489 IP26-00008720
 Baby AMINA BINTA ALI BIN
 09-01-2010 18 Y 5 M 27 D (F)
 Dr. PRITESH NAGAR

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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						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
7/6/16	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :						Total Output :						
7/6/16	02:00 pm												
	03:00 pm												
	04:00 pm	Plasma											
	05:00 pm	Soln											
	06:00 pm	Plasma											
	07:00 pm												
	Total Intake :						Total Output :						
7/7	08:00 pm												
	09:00 pm												
	10:00 pm	Plasma											
	11:00 pm	Soln											
	12:00 am	Soln											
	01:00 am	Soln											
	Total Intake :						Total Output :						
7/7	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am	Soln											
	06:00 am	Soln											
	07:00 am	Soln											
	Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00576489 IP26-00006720
 Baby AMINA BINTA ALI BIN
 09-01-2010 16 Y 5 M 28 D (F)
 Dr. PRITESH NAGAR



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

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

BAH-00575469 IP26-00006720
 Baby AMINA BINTA ALI BIN
 09-01-2010 18 Y 5 M 24 D (F)
 Dr. PRITESH NAGAR



Patient

NURSING CARE RECORD

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Date: 3/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 10am 2pm	*To assess the pt. condition *To check the vitals & record *To administer the medication as per drug chart *I/O chart maintain	8am 10am 2pm	*To assessed the pt. condition *To checked the vitals & recorded *To administered the medication as per drug chart *I/O chart maintain	Patient is stable Radiative surgeon opinion to be done by evening	*Re-checked the vitals *I/O *Trace urine c/s	Supriya
Afternoon		Day Duty					
Night	8pm 11pm 8am	Assess the pt. condition Monitor vitals & record Maintain I/O chart Give medications as prescribed by doctor	8pm 11pm 8am	Assessed the Pt. condition Monitored vitals & record Maintained I/O chart Given medications as prescribed by doctor	Patient is stable Plan - nephrology opinion H.M.	Re-checked vitals	

BAH-00575489 IP26-00006720
 Baby AMINA BINTA ALI BIN
 09-01-2010 18 Y 5 M 24 D (F)
 Dr. PRITESH NAGAR

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NURSING CARE RECORD

Date: 2/7/26

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				NA			
Afternoon							
Night	2AM	Assess the pt condition - monitor vitals & sounds - maintain i/o chart - Give medication as prescribed by doctor	2AM	Assessed the pt condition - Monitored vitals & sounds - Maintained i/o chart - Given medication as prescribed by doctor	Patient is Stable	Re-checked vitals	B
	8AM	plan to NBM till further order	8AM	prescribed by doctor			

BAH-00575469 IP26-00006720
 Baby AMINA BINTA ALI BIN
 08-01-2010 16 Y 5 M 24 D (F)
 Dr. PRITESH NAGAR

NURSING CARE RECORD

Date: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm 8pm	→ Assess the general condition of pt → Monitor vitals → Maintain I/O chart → Administer medication	2pm 8pm	→ Assess the general condition of pt → Monitor vitals → Maintain I/O chart → Administer medication	pt is stable + IV cannulation done by 4pm	Re-assess vitals → Trace Free T3 & Free T4	Supriya
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 → monitor vitals & record → Maintained I/O chart → Administer medication as per drug chart	pt is stable	→ Recheck vital	SD

Patient Sticker

BAH-00575469 IP26-00006720
 Baby AMINA BINTA ALI BIN
 09-01-2010 16 Y 5 M 26 D (F)
 Dr. PRITESH NAGAR



NURSING CARE RECORD

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Date: 5/7/26

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	8am	Assess the patient general condition	8am	Assessed the patient general condition	Patient is stable	Rechecked vitals	
	12pm	→ monitor vitals → maintain I/O chart → Administer medication as per order	12pm	→ maintained strict I/O → Administered medication as per doctor's order			
Afternoon	2pm	Assess the patient condition	2pm	Assessed the patient condition	Pt. is stable	→ monitor vitals	SN
	4pm	Monitor vitals & record Maintain I/O chart Provide the comfortable position	4pm	monitored vitals & record maintained I/O chart provided the comfortable position			
Night	8pm	medication give as per doctor's order	8pm	medication give as per doctor's order	Pt is stable	→ maintain I/O chart	4
	9pm	→ Assess the pt condition → monitor vitals & record → maintain I/O chart → administer medication as per doctor's chart	9pm	→ Assessed the pt condition → monitored vitals & record → maintained I/O chart → administered medication as per doctor's chart			

Chart

BAH-00575469 IP26-00006720
 Baby AMINA BINTA ALI BIN
 09-01-2010 16 Y 5 M 27 D (F)
 Dr. PRITESH NAGAR



NURSING CARE RECORD

Rainbow Children's Hospital
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Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess the patient general condition	8am	→ Assessed the patient condition	Patient is Stable	Rechecked vitals	
	12pm	→ monitor vitals → Administer medication as per doctor's orders	12pm	→ monitored vitals → Administered medications as per orders			
Afternoon				<u>Elavering slabs</u>			
Night	8pm	→ Assessed the pt condition	8pm	→ Assess the pt condition	→ pt is stable	→ Re-checked vitals	
	8am	→ monitoring vitals checked and recorded → z/o chart maintain	8am	→ Administration of medication given as per doctor's orders			

NURSING CARE RECORD

Date: 27th

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assess the pt condition → Monitor vital signs → drug as per chart → provide comfortable position		→ Administered the pt condition → monitored vital signs → drug as per chart → provided comfortable position	pt is stable	Rechecked vital signs	
Afternoon				PTA			
Night	8PM	→ Assess the pt condition → Monitor vital signs & response → maintain skin care → Administer medication as per drug chart		→ Administered the pt condition → Monitor vital signs & response → Maintained skin care → Administered medication as per drug chart	pt. is stable	Rechecked vital signs	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	<i>Chronic constipation & dehydration</i>							
BACKGROUND	Area	Shift Time	<i>2/7/26 N1</i>	<i>3/7/26 M5</i>	<i>3/7/26 N1</i>	<i>4/7/26 F2</i>	<i>4/7/26 N1</i>	<i>5/7/26 nmng</i>
	Medical Condition (Any special condition to be noted):		-	-	-	-	-	-
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	<i>97.8°F</i>	<i>98.1°F</i>	<i>97.8°F</i>	<i>97.4°F</i>	<i>98.2°F</i>	<i>98.3°F</i>
		Res:	<i>20b/m</i>	<i>24b/m</i>	<i>20b/m</i>	<i>24b/m</i>	<i>20b/m</i>	<i>20b/m</i>
		SpO ₂ :	<i>100%</i>	<i>99%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>
		Pulse:	<i>118b/m</i>	<i>116b/m</i>	<i>118b/m</i>	<i>118b/m</i>	<i>102b/m</i>	<i>110b/m</i>
		BP:	<i>120/80</i>	<i>112/71</i>	<i>108/62</i>	<i>108/63</i>	<i>120/80</i>	<i>110/80</i>
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	-	<i>0</i>	-	-	-	-		
Recommendations	Safety Needs:	<i>Yes</i>	<i>Yes</i>	-	-	-	-	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	-	-	-	-	-	-	
	Special Diet:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	-	-	-	-	-	-	
Post Operative Procedure Special Orders:		-	-	-	-	-	-	
Handed Over By Name :		<i>Priyanka</i>	<i>Supriya</i>	<i>Priyanka</i>	<i>Supriya</i>	<i>Supriya</i>	<i>Sandhya</i>	
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		<i>3/7/26</i>	<i>3/7/26</i>	<i>4/7/26</i>	<i>4/7/26</i>	<i>5/7/26</i>	<i>5/7/26</i>	
Time:		<i>8AM</i>	<i>8PM</i>	<i>8PM</i>	<i>8PM</i>	<i>8PM</i>	<i>2PM</i>	
Taken Over By Name :		<i>Supriya</i>	<i>Priyanka</i>	<i>Supriya</i>	<i>Supriya</i>	<i>Sandhya</i>	<i>Supriya</i>	
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		<i>3/7/26</i>	<i>3/7/26</i>	<i>4/7/26</i>	<i>4/7/26</i>	<i>5/7/26</i>	<i>5/7/26</i>	
Time:		<i>8PM</i>	<i>8PM</i>	<i>8PM</i>	<i>8PM</i>	<i>3:00</i>	<i>2PM</i>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: AGE		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
BACKGROUND	Area	5/7/26	5/7/26	6/7/26	6/7/26	7/7/26	
	Shift Time	E2	N1	Ming	N1	N1	
	Medical Condition (Any special condition to be noted):	AGE	AGE	-	-	-	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.2°F	98.5°F	98.2°F	98.3°F	98.3°F
		Res:	22b/m	20b/m	20b/m	20b/m	20b/m
		SpO ₂ :	99	99	99	100	100
		Pulse:	100	100	102	109b/m	99
		BP:	112/62	107/70	110/80	109/69	-
	Fall Risk Score:	0	-	-	-	-	
Pain Score:	-	-	-	-	-		
Recommendations	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Others Specify:	-	-	-	-	-	
	Special Diet:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Other Special Orders / Medications:	-	-	-	2A	-	
Post Operative Procedure Special Orders:		-	-	-	2A	-	
Handed Over By Name :		Gruha	Swetha	Swetha	Amrutha	Swetha	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		5/7	5/7/26	6/7/26	7/7/26	7/7/26	
Time:		8pm	8am	2pm	8am	8pm	
Taken Over By Name :		Swetha	Swetha	Amrutha	Swetha	Swetha	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		5/7/26	6/7/26	6/7	7/7/26	7/7/26	
Time:		8pm	8pm	8pm	8pm	8pm	



CHECKLIST FOR THROMBOPHLEBITIS

2/7 3/7

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	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			NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA	NA	NA	
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			NA	NA	NA	NA	NA	NA	NA	
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	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA	NA	
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personnel 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 :

BAH-00575469 IP26-00006720
Baby AMINA BINTA ALI BIN
09-01-2010 16 Y 5 M 24 D (F)
Dr. PRITESH NAGAR



CHECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 6/7			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							
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			NA							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA							
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			NA							
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							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA							
Signature of the Nurse						NA							

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 of Ward In Charge :

Signature : Name :

Signature : Name :



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/20	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	A
7/7/20	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	S
7/7/20	upr	0/10	NA	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☒ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☒ Yes ☐ No	NA	S
7/7/20	upr	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	✓
				☐ 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:

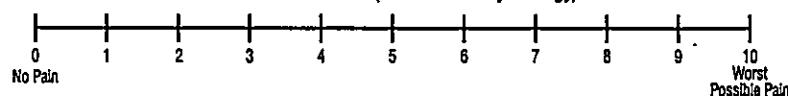
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, 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

Numerical Pain Scale (Obstetric and Gynecology)



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, SaO₂	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.

Wong - Baker (Pediatrics) Above 7 Years



BAH-00575489

IP26-00006720

Baby AMINA BINTA ALI BIN

08-01-2010

18 Y 5 M 28 D

(F)

Dr. PRITESH NAGAR



AMINTA BINTA ALI BIN



**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little.



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name:

Weight: kgs

Sheet No:

[illegible]



Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7/26	12 AM	Inj TRAMADOL (50 mg/ml)	1 ml, dilute in 100 ml NS, give over 1 hour.	IV	[Signature]	[Signature]
3/7/26	6 AM	PROCTOCLYSIS enema	100ml stat	PR	[Signature]	[Signature]
3/7/26	3:30 PM	Inj PARACETAMOL	450mg (450mg) over 2 hrs	IV	[Signature]	[Signature]
3/7/26	4:20 PM	NEOTOMIC ENEMA	40ml	PR	[Signature]	[Signature]
3/7/26	7 PM	PROCTOCLYSIS ENEMA	100ml STAT	PR	[Signature]	[Signature]
4/7/26	10:00 AM	NEOTOMIC ENEMA	100ml	PR	[Signature]	[Signature]

Signature
Name

Verified by



I.V. FLUIDS CHART

Weight. 43 kg Ward.

[illegible]



MEDICATION RECONCILIATION FORM

Drug Allergies: N/A ☒ 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: 3/7/26 @ 12:00 AM

Nurse Name & Signature: Tyoni / [Signature]

Date & Time: 3/7/26 12:02 AM

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00575469 IP26-00006720 Baby AMINA BINTA ALI BIN 09-01-2010 16 Y 5 M 24 D (F) Dr. PRITESH NAGAR 		Date & Time of Admission 3/7/26 @ 11:58 PM	Date & Time of Transfer Order 3/7/26 @ 1:04 AM
		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 VBU	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 Sis Symi / [Signature]		Name of Person Ordered Transfer Dr. Archana	
Patient & Clinical Records Received by : [Signature: Swetha]			
Date & Time of Patient Received : 3/7/26 @ 1:30 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

302

16.67 kg/m²

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 3/7/26 Time: 11:30 AM

Weight: 4.3 kg Centile: 10th

Height: 152 cm Centile: 50th

Inference: underweight child

RDA: - Calories: 1950 kcal/d Protein: 35 gms/d

Diet Recommendations: Soft diet with high fiber

Re-Assessment: Avoid spicy, chilled & outside foods

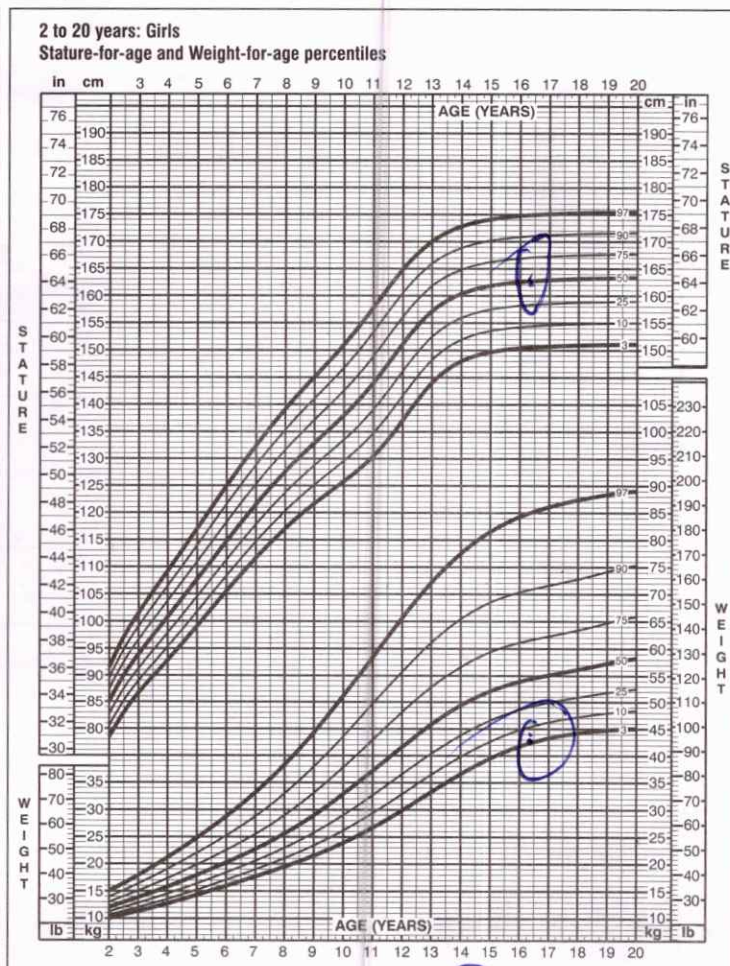
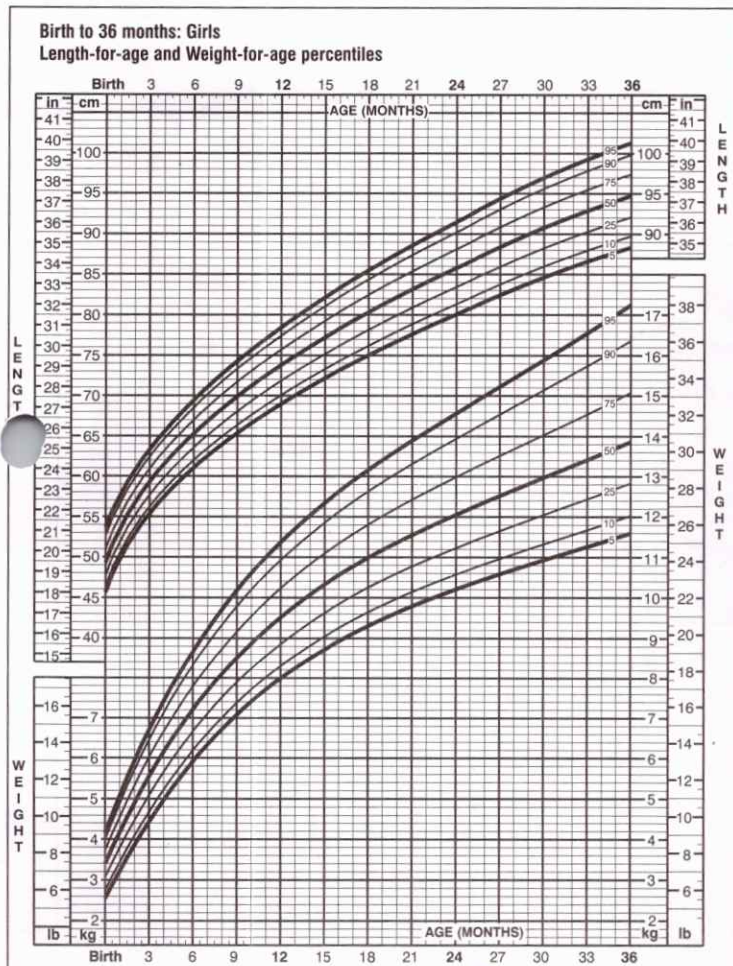
Food Allergies: NO Veg/Non-veg: NON-veg.

Diagnosis: polycystic kidney. 1 ADPKD

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: fatima

GROWTH CHART (GIRLS)



Dietician's Name: Sathwika-G

Dietician's Signature: [Signature]

1. The first part of the document is a list of names and dates, which appears to be a record of some kind. The names are written in a cursive script, and the dates are in a more formal, printed style. The list is organized into columns, with names in the first column and dates in the second column.

2. The second part of the document is a series of handwritten notes or entries. These are written in a cursive script and are organized into a list format. The notes appear to be related to the names and dates in the first part, possibly providing additional information or details about them.

3. The third part of the document is a series of handwritten notes or entries, similar to the second part. These are also written in a cursive script and are organized into a list format. The notes appear to be related to the names and dates in the first part, possibly providing additional information or details about them.

4. The fourth part of the document is a series of handwritten notes or entries, similar to the second and third parts. These are also written in a cursive script and are organized into a list format. The notes appear to be related to the names and dates in the first part, possibly providing additional information or details about them.

5. The fifth part of the document is a series of handwritten notes or entries, similar to the second, third, and fourth parts. These are also written in a cursive script and are organized into a list format. The notes appear to be related to the names and dates in the first part, possibly providing additional information or details about them.

wt - 43.76 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Amina Bin Ali Age : 16 years Gender: ☐ Male ☒ Female

Date : 2/07/26 Time of Arrival : 11:28 AM

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

Source of Information: ☒ Parents ☐ Others (Specify):

Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.4F PR: 97b/m BP: 120/84 (95) mmHg RR: 1004 SpO₂: 100% 6 episode

Chief Complaints: clo stomach pain since 1 hour back - vomiting since today

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

- ☐ Level 1 : Resuscitation
☐ Level 2 : EMERGENT : Life or limb threatening
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening
☐ Level 4 : LESS URGENT : Significant illness but not life threatening
☐ Level 5 : NON - URGENT : May receive care when convenient

CTAS

- ☐ Immediate
☐ < 15 min
☐ 30 min
☒ 60 min
☐ 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 : 11:38 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: Shirur
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 : Shirur

Signature of Triage Nurse : Shirur

Date & Time : 2/07/26 @ 11:28 AM

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

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

Time	Nursing Notes
11:34 PM	Assess The patient condition monitor the vital signs

Samples collected by:

Samples sent by:

/ Syothi

Time:

Time:

12:10 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:40 PM	inj. - ondansetron	IV	4mg	Dr. Arun	Dr. Arun
11:42 PM	esomeprazole	IV	40mg	"	Dr. Arun

Condition of patient at time of shift - out	Details of Shift - out
HR: 92 bpm BP: 120/84 mmHg CFT: N/A RR: 18 bpm SPO ₂ : 98% GCS: 15/15 Temperature: 98.5°F Pain Score: 5/10 Repeat RBS (if applicable): N/A	Shift - out from ER to: 3rd floor (304) Time of Shift - out: 1:04 AM Handover given to: _____ (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

IV placement done

Name of the Nurse: Shrishti

Signature of the Nurse: [Signature]

Date & Time: 3/07/26 @ 11:36 PM

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby AMINA BINTA ALI BIN MAHFOOZ **Age :** 16 Y 5 M 24 D
IP No: IP26-00006720 **Sex:** Female
Consultant: Dr. PRITESH NAGAR **Ward/Bed No:** GF -EMERGENCY/ER02

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: *Salah*

Name:

Salah Bagravi

Relationship:

mama

Date:

02-07-2026

Time:

11:58 PM

Witness Name:

Yoseen Ali Khan

Witness Signature:

Yoseen

Patient Address:

H NO; 18-11-48/1/2,JAMAL BAND
Barkas Hyderabad Telangana INDIA
400027

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 tpain 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.

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



**DECLARATION BY PATIENT OR PATIENT ATTENDANT
(TPA / INSURANCE / AROGYA BHADRATA / CORPORATE)**

**Rainbow
Children's
Hospital**
It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 02/07/2026

I have attended the financial counseling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate/ Arogya Bhadrata Scheme.

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e. before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: Amina binta Ali bin mahboob Date & Time of Admission: 02/07/2026 @ 11:58

Name of the Parent / Guardian: Ali bin Abubakar Mobile Number: 9700534786

Parent Aadhaar Card Number:

Sabbir
Signature & Relation

BAH-00575469 IP26-00006720
Baby AMINA BINTA ALI BIN
09-01-2010 16 Y 5 M 24 D (F)
Dr. PRITESH NAGAR



Rainbow
Children's
Hospital
It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25
of being the guiding light
Nurturing Babies, Shining Bright

UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

To
The Management,
Rainbow Children's Hospital, Himayat Nagar,
Hyderabad - 500029.

Sub:- Undertaking of Insurance Patient for Advance Payment.

I Mr./Mrs./Ms. Saleh Balasani (Father/ Mother/
Other (Uncle)) of Master/ Baby/ Baby of/ Mrs. / Ms. Amina
was bought to your hospital on Emergency basis on 02/07/2026 at 11:58 PM.
approximate charges deposit details were explained by the front office executive on
duty.

As I have cashless insurance so I have to pay 5k as a caution deposit at the
time of admission. If there will be any difference amount after getting the approval I'll
pay that amount at the time discharge.

Thanking You

Saleh
Signature

Name:- Saleh

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