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Your Right to a Safe Delivery.

MLC

ACTIVITY RECORD FOR BILLING

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

Name: ----------

UHID N ---------- Consultant : ---------- Dept : Pedia

Date of Admission : 2/7/26 Time : 11:41pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	@ 12:30 AM	ER	PICU	As
3/7/26	@ 12:44pm	PICU	104	Anuska

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
03/07/26	CBP, CRP electrol, urea, creatinine, calci, LFT, VBG	26022241	
	VBG	26022240	
	X ray AP/LAT	26-010607	
	~~HIV~~	26022245	
	Cross checked by G. Sujatha		
4/7/26	CBP	26022352	
	Cross checked by Subhan		

MEDICAL EQUIPMENT (WARD & ICU)

MLC

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/7/26	invasive monitor	12:30 am	3/7/26 11AM	3096929	Neha.
	infusion pump				
	Cross checked by Br. [illegible] 3/7/26 at 12:30pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/7/26	IV placement	(1)	03096914	
3/7/26	Nebulisation c O2	(1)	3097068	
	Crossechecked by Br.		3/7/26 12:30pm	
4/7/26	Nebs	2	3097296	
	Crossecked by Subham			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Crossecked by Subham		

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

(1) 104

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
3/7/26	00.00	2 Am - Budecort }	(1) 3097068	
	01.00	2pm - Budicort	Sindu.	
4/7/26	02.00	2:00Am - budicort (Refuse)	manasa	
	03.00	6:00Am - budicort	manasa	
	04.00	(2) 3097296		
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.

TEL NO :040-42462200, Ext 2000,2001,2002

WEB : https://rainbowhospitals.in

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ADMISSION SHEET

Registration Details :

Admission No : IP-00060548 **Admit Date** : 02-Jul-2026 **Admit Time** : 11:41 PM **UHID** : VIH-00182100

Patient Details :

Patient Name	: Baby ANWEIKHA NAYAK	**Age**	: 1 Y 10 M 7 D
Guardian	: Mr VIKAS NAYAK	**DOB**	: 25-08-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO. 145, O. U. COLONY, RAMPALLY, KEESARA MANDAL Ghatkesar Hyderabad Telangana INDIA 501301	**Phone No**	: 8977305433
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name	: Mr VIKAS NAYAK	**Relationship**	: Father
Contact Address	: PLOT NO. 145, O. U. COLONY, RAMPALLY, KEESARA MANDAL Ghatkesar Hyderabad Telangana INDIA 501301	**Phone No**	: 8977305433

Signature

Doctor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : Baby. ANWEIKHA NAYAK UHID : VIH-00182100 IPD : IP-00060548 Gender : Female Age : 1 Y 10 M 7 D

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21726 Time of arrival : 10:46pm

Chief Complaints: Cold x 1day, Vomiting - 3episodex Today RBS: —

Height : — Weight 8.9kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes , identify

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☒ No

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

Siblings in household ☒ Yes ☐ No (if yes How Many?) 1 sister

Time of Initial assessment completed by ER Nurse : 10:50pm

Patient Name : Baby. ANWEIKHA NAYAK UHID : VIH-00182100 IPD : IP-00060548 Gender : Female Age : 1 Y 10 M 7 D

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

Time	Nursing Notes
10:41 pm	* patient came to ER
10:45 pm	* vitals checked & Recorded
10:46 pm	* Dr. Sweety and Dr Ganesh sir seen the patient in ER
	* Dr. Adviced for Admission, Admission done.
11:29 pm	* IV cannulazation done.
11:35 pm	* Blood Sample send to lab (R) due.
3/7/26 @ 12:30 Am	* patient shifted to PICU
	* MLC done in ER.

Samples collected by: Sr. Rajyalaxmi Time:

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3/7/26 11:30 Am	Inj. ondem	IV	1mg		Aj
11:35 Am	Inj. Esomeprazole	IV	10 mg		Aj
11:40 Am	Inj. Dexamethasone	IV	1.5 mg		Aj

Condition of patient at time of shift - out :		Details of Shift - out
HR: 128 bpm	BP: Crying CFT: <2 sec	Shift - out from ER to: PICU
RR: 25 bpm	SPO_2 : 100 %	Time of Shift - out: 3/7/26 @ 12:30 Am
GCS: 15/15	Temperature : 98.6°F	Handover given to: Sr. Jagrani (Nurse's Name)
Pain Score: 0		by. Kajal
Repeat RBS (if applicable): —		

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulazation done

Name of the Nurse : Sr. Kajal Signature of the Nurse : Kajal

Date & Time : 3/7/26 @ 12:30 AM

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

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wt - 8-9 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Anvika Age : 1y 10m Gender: ☐ Male ☒ Female

Date : 2/7/26 Time of Arrival : 10:41 pm

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

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

Mode of Arrival : ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.7°F PR: 138 b/m BP: 98/72 (82) RR: 24 b/m SpO: 99%

Chief Complaints: C/o Accidentally ingestion of syrup 5-10ml (camphol home made) - Vomitings 3-4 episodes, cold

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☒ Normal ☐ Sick Looking

Circulation / Colour: ☒ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☒ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☒ Level 4 : LESS URGENT : Significant illness but not life threatening	☒ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Patient / Guardian

Triage Completion Time : 10:45 pm

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☒ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☒ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☒ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☒ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☒ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Sr. Kajal

Signature of Triage Nurse : Kajal

Date & Time : 2/7/26 @ 10:45 pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00182100 IP-00060548 Baby ANWEIKHA NAYAK 25-08-2024 1 Y 10 M 8 D (F) Dr. PREETHAM KUMAR	2/7/26 11:26 pm	3/7/26 ~~10 at~~ 12:40 PM
	Transfer Ordered by Dr. vishnu vardhan	Reason for Transfer Stable
From Unit PICU	To Unit 104	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 40 pages	Number of Imaging Films 1 chest x-ray	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.	1cc Syring	1
2.	2cc syring	3
3.	5cc syring	1
4.	Budecort Respules	5
5.	Steile water 10ml	2

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Devika	Dr. vishnu vardhan

Patient & Clinical Records Received by : Sindu

Date & Time of Patient Received : 12:50pm 3/7/26

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

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PATIENT TRANSFER FORM

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

F	Date & Time of Admission	Date & Time of Transfer Order
	2/7/26 @ 11:41 pm	3/7/26 @ 12:30 pm
Treating Consultant	Transfer Ordered by	Reason for Transfer
	Dr. Ganesh	Admission
From Unit	To Unit	Information to Attendant
ER	PICU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	VBG, X-ray - 1	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Arc Cliffs LAs	Dr. Ganesh

Patient & Clinical Records Received by : Jagan' 3/7/26 @ 12.30 Pm

Date & Time of Patient Received :

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

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

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Accidental Ingestion of camphor solution.

Arrival Time: 12:45 pm. Mode of Arrival: lifting by mother Admitting From: ☐ ER ☐ OPD ☐ Direct PICU

Allergy / Adverse Reaction ..... Nil ..... Body Weight: 8.9 ..... Kg

..... Height: ..... cm

.....

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

.....

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

.....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☐ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 8.9 Kg Length: ..... Head Circumference (< 2 years): Nil

Temp.: 98.7°F HR: 116 blm. RR: 27 blm. BP: 90/60 (65) mmHg.

Pain Score: 0 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 25) (Document in the Braden Q Assessment Sheet)

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

Character of Pain 0 Location 0 Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .....

Siblings in household ☐ Yes ☑ No (if yes How Many?) ..... 0 .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☑ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to .....

Nurse's Name: Indu Date: 03/07/26 Time: 1:0 pm Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F) _____
Dr. PREETHAM KUMAR

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/o ingestion of Concentrated Solution of Camphor (NO label about concentration)./unknown. around 5-15 ml of ingestion at 8 pm, Home.

↓

Came to ER at 10:20pm already vomited 3 times while reaching ER [NO seizures, fast breathing, Tachycardia] Smells of Camphor, Clothes also smelled (Smells of Camphor) C/O CMC toxicology Camphor (As > 2hr passed) no Gastric lavage / Activated charcoal

- 8 mg/kg - Toxic dose. (wt - 10 kg)

(written back) → Advised investigations & PICU observation, SOS - ventilation w/f. Seizures, Aspiration Pneumonia, BP fluctuations

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

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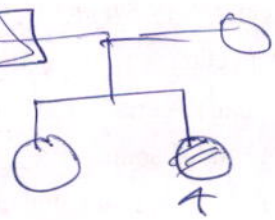
Pediatric Multiorgan History & Physical Examination

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

1st admission

Birth & Neonatal History:

No perinatal insult



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : class III

Developmental History :

(N) in all 4 domains

Immunization History :

upto date

(P.T.O.)

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9 kg (Centile _____)

On Examination :

Temperature : 98 °F Pulse Rate : 130/min B.P. 100/70 SPO2 99%

Resp.rate and type of breathing : 30/min.

Rash

Lymphadenopathy

Oedema : Smells of camphor around the child

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2

Any murmur :

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection

Palpation : Soft, NAD.

Ausculation :

Spine : External Genitelia :

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

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

(R)

DTR **Superficials:**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

_____

A/H/O Camphor Solution ingestion

_____

_____

(P.T.O.)

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

C/D/W CMC & AIIMS.

Planned Labs:

CBP, S.E, CRP, Urea creatinine, Ca, LFT, VBG, CXR

Noted by Dr. Rajitha on 3/07/26 @ 12.20 Am

Planned Management

- PICU Continous monitoring c/w Seizures / other vital derangement.
- Antipyretics.
- IVF (2/3rd)
- IV Amoxicillin & IV Pantop
- Budesonide, Inhalation.
- Ondansetron.

Signature of the Doctor: .....
Name of the Doctor: CHIRANJEEVI M.
Date & Time: 2/7/2026.

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: 3/7/26 2Pm

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-06-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

MLC (1)

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 8.30AM	△ A/H/o Camphor (Herbal oil) Ingestion.	Mixture of
	Air way: Maintainable at room air.	
	Breathing: R/R: 30/min SpO_2: 98% @ room air Chest: B/L AE present ~~Resp~~ WOB: Absent	No signs of respiratory distress
	Circulation: CRT < 3sec. BP: within normal limit	
	Disability: GCS: 15/15	
	Exposure: No fever spike.	
	Adv: (1) Plan to start orally → Liquid → no vomiting ↓ then semisolid.	
	(2) Plan to shift to ward.	
	(3) Plan to repeat CXR if any signs of RD.	
	Noted By Sr Deeka 3/7/26 8:30AM	3/7/2026.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/1/26 10.00AM	C/S/B	Dr Vishnu Sir
	- (1) Shift to room (2) Monitor for respiratory distress (3) Allow orally →	
	Noted By Sr. Devika 3/1/26 10 am.	
	Counselled by Dr Vishnu Sir The current condition of child explained in understable language. The child has injection camplor and we need to monitor the child for any complication. we will shift to ward and monitor. for 24 hrs. It might even be life threatening. Precautions regarding the feeds/ nonoral item explained to mother.	
	Mother	Father

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 12pm	Shifting notes	
	Δ's - Accidental camphor	Ingestion of Home made solution.
	1 yr 10 month old female child accidentaly ingested camphor solution at home, Unknown quantity / concentration on 2/7/26 at 8pm. child had 2-3 episodes of vomiting at home. Late, child was brought to ER at 10:20pm.	
	On presentation, ER and clothes of child smelled of camphor, She had no further episodes vomiting, no seizures, no breathing difficulty, no tachycardia, Case was discussed with CMC toxicology advised to send investigations. No Gastric Lavage / Activated charcoal was done. Admitted child in PICU and observed for seizures, Aspiration pneumonia, ABG fluctuations.	
	child also had cold and cough since 2days. Investigations revealed mild leukocytosis 15000, (Neutrophilic predominant - 56.1), Hb of 11.6g/dl, CRP - 6. Normal Sr. electrolytes,	ABG - NORM

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	normal, RFT, LFT and calcium. Chest x-ray was done which was normal. child was kept NPO, on IV fluids, IV Antibiotics, Nebulisation ē budesonide, Inj PCM 6th hrly SOS child remained stable overnight. child was allowed orally the following day (3/7/26), Stopped IV fluids. No fever spikes. No breathing difficulty noted. child is hemodynamically stable, hence being shifted to ward.	
	Plan	
	1) Oral diet	
	2) Stop IV fluids	
	3) IV Amoxycillin + clavulanate 8th hrly	
	4) IV PANTOP 12 hourly	
	5) Nebulisation with Budesonide 12 hourly	
	6) watch for respiratory distress, if present plan to repeat CXR.	
	7) CBP TLM	
	Noted by Dr. Ramesh 3/7/26 at 12pm.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/24 11AM	S/B Resident D: Accidental Ingestion of camphor → no Acute events → CRT < 3sec CVS – S1S2 (+) RS BAE (+) PA soft CNS no focal plan - w/f seizure, Respiratory distress - (SOS) CPR - CBP TPM Dr Sumitra	Noted by Beronika 3/7 @ 8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9am	S/B Resident	
	Dx:- Accidental ingestion of camphor	
	NO acute issues O/E - Child alert Euthermic Vitals stable CVS - S1S2 (+) R/S - BAE (+) P/A - soft	
		Plan 1) wf tachycardia, seizures, Respiratory distress
Discharge	2) 3) 4) 5)	Inj Amoxiclav 4th dose Neb. Budesonide 8th hrly CXR (PDS)
	Dr. Soumya 4/7/26 9AM.	Dx T/D ondansetron - Neopro x3 days - Syp Amoxic x3 day - Budecort x3 day - Relend plus 1.2 ml/kg/dose.
Not ed by Subha 04/7/26 @ 10am		

Rainbow Children's Hospital
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Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P.S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

MLC

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby ANWEIKHA NAYAK**	**Age :**	**1 Y 10 M 7 D**
IP No:	**IP-00060548**	**Sex:**	**Female**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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 urance 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 arance. In case of failing the submission, I will pay 200/- Rs.
ceivers 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:
(mama)

Name: V. Bas Nayak
Relationship: Father
Date: 02-07-2026 Time:
Witness Name:
Witness Signature:

Patient Address:
PLOT NO. 145, O. U. COLONY,
RAMPALLY, KEESARA MANDAL
Ghatkesar Hyderabad Telangana
INDIA 501301

MLC

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: Baby. Anweeikha Nayak Age: 1y.10M Gender: Male ☐ Female ☐

UHID.No : 182100 Date: 3/7/26

I D.Sandeep Reddy (MAMA) S/o, D/o, W/o, D.Srinivas Reddy hereby declare that our patient Master/Baby Anweekha Nayak who is related to me as Daughter is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 03/07/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

A/H/O camphor solution ingigation

The doctors have clearly explained to me that my patient Master / Baby Anweikha Nayak during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Anweikha Nayak in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: D.Sandeep Reddy

Name: D.Sandeep Reddy

Relationship with Patient: (MAMA)

Date & Time: 03-07-2026 (12:05) AM

Witness :

Signature:

Name: L. Sneha

Date & Time: 03-07-2026 (12:05) AM

Doctor (who is taking the consent) :

Signature:

Name:

Date & Time:

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐ స్త్రీ

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

MLC

Ref. No. : F / HW / CON / HIV / 08

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CONSENT FORM FOR HIV

Patient Name : Baby. Anweikha Nayak Age : 1y10m

Gender : M ☐ F ☐ IP No : 060548 Marital Status : .....

Ward / Bed No. : PICU IP/OP No. UHID-182100 Date : 3/7/26

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

Patient Attendant :

Signature : D. Sandeep Reddy

Name : D. Sandeep Reddy

Relationship with Patient: (MAMA)

Date & Time : 03-07-2026 (12:05) AM

Parent (when patient is minor) :

Signature : Prachi

Name : Prachi Teli

Relation : Mother

Date & Time : 3/07/2026 1235 AM

OR (Next to kin in case of unconscious patient) :

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

Relation : ..... Date & Time : .....

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling is ensured by me and my team.

Doctor :

Signature : .....

Name : .....

Date & Time : .....

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హెచ్.ఐ.వీ పరీక్ష అంగీకార పత్రం

రోగి పేరు ....., వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

వివాహస్థితి ..... వార్డు / బెడ్ నెంబర్.....

హెచ్.ఐ.వి టెస్ట్ గురించి నాకు అవగాహన కల్పించటమైనదనియు మరియు పరీక్ష చేయించుకోవలసిన కారణము నాకు స్పష్టముగా వివరించటమైనది అప నేను చెప్పుచున్నాను. ఈ టెస్ట్ ఫలితం యొక్క పర్యవసానాలకు పాజిటివ్, నెగిటివ్ లేక నిర్ధారణ విధానము, దాని పరిమితులు మరియు ఫలితాల వివరణకు నాకు అర్థమయ్యే భాషలో వివరించారు.

నా హెచ్.ఐ.వి. రోగిస్థితి అంచనా వేయటానికి నాపై జరుపబడే టెస్టుకు నేను ఇష్టపూర్వకంగా తెలుపుతున్నాను. నా హెచ్.ఐ.వి. పరీక్ష ఫలితం రహస్యంగా వుంచాలి.

రోగి	సాక్షి
సంతకము:	సంతకము: .....
పేరు:	పేరు: .....
బంధము:	బంధము: .....
తేదీ మరియు సంతకము:	తేదీ మరియు సమయము: .....
(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)	
పేరు:.....	సంతకము: .....
సంబంధము :	తేదీ మరియు సంతకము: .....

హెచ్.ఐ.వి. టెస్ట్ అంగీకార పత్రంపై నా సమక్షంలో సంతకం చేయబడిన దనియు, టెస్టుకు ముందు ఇవ్వవలసిన సలహా ఇవ్వబడిన దనియు మరియు టెస్ట్ తర్వాత ఇవ్వవలసిన అవగాహన ఖచ్చితంగా ఇవ్వగలమని నేను నా బృందం ధృవీకరిస్తున్నాము.

డాక్టర్ .....

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

: RCH/ FRM / CLINICAL / 125

MLC

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/8 Time: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8

Doctor / Nurse / Family Concern?

pm pm pm pm pm pm pm pm pm pm pm AM AM AM AM AM AM AM AM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F 98.6°F 98.6°F 98.6 98.8°F 98.4°F 98.5°F 98.6°F 98.6°F 98.6°F

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

93 (64) 53 100 (70) 60 98 (80) 58

Heart Rate (Number)

115 (B) 105 110 112 115 120 113 112 110 112 114 98 104 108 106 112 110 112 114

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

70 60 50 40 30 20 10

Resp Rate (Number)

26 25 30 28 26 30 26 27 22 24 30 32 28 26 24 20 21 24 26

Resp Distress	Mod/ Severe / None / Mild																	
Receiving O_2 (l/min) O_2 Saturations (%)		98	97	97	96	98	96	98	97	98	99	98	97	99	98	97	99	100	98	97	99
Conscious Level	Normal / Altered	N	N	N	N	N	N	N		N		N	N		N		N		N		N
GCS *		15	15	15	15	15	15	15		15		15	15		15		15		15		15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0		0		0	0		0		0		0		0
Pain Score		0	0	0	0	0	0	0		0		0	0		0		0		0		0
Observer's Initials		B	B	B	B	B	B	B		ma		ma	ma		ma		ma		ma		ma

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.

Patient Sticker

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It takes a lot to treat the little.

BirthRight
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT** : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/9/24 Time:	9
Doctor / Nurse / Family Concern?	AM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

Q PBS/F

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 103

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

70 60 50 40 30 20 10

Resp Rate (Number):

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level	Normal / Altered: N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	SR

Noted by Subhan 04/9 @ 10 am

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
Score 2	:	Shift in charge nurse to be informed and continue hourly observations
Score 3	:	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	:	Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	:	Shift in charge AND PICU fellow or PICU consultant to be informed.

NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

MLC

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FLUID CHART

Sheet No. : .....

3/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/7												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm		Rdy rice									
	01:00 pm											
Total Intake :						**Total Output :**						
3/7	02:00 pm											
	03:00 pm		Rice water							~		
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm									~		
Total Intake :						**Total Output :**						
3/7	08:00 pm											
	09:00 pm		Kichidi							~		
	10:00 pm		water									
	11:00 pm											
	12:00 am									~		
	01:00 am											
Total Intake :						**Total Output :**						
4/7	02:00 am											
	03:00 am		water							~		
	04:00 am											
	05:00 am											
	06:00 am									~		
	07:00 am											
Total Intake :						**Total Output :**						

IV Site Thrombo-phlebitis Score: 0 / 1 / 2 — Sindu @2pm 3/7/26

Beerabika 3/7/26 @7pm

Manasa 4/7/26 @7am

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/7	08:00 am											
	09:00 am		Sdly							L		Suha 4/7
	10:00 am		water									
	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	

Noted by Suha 4/07/26 @ 7AM

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ 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: PICU. Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ AMOXYCILLIN + CLAVULANATE	270MG	IV	8HOURLY	3/7/26 10AM	☑C ☐DC
2	INJ PANTOPRAZOLE	9 MG	IV	12HOURLY	3/7/26 12pm	☑C ☐DC
3	NEB BUDESONIDE	1RESPULE	PN	12HOURLY	3/7/26 2AM	☑C ☐DC
4	DNS	25ML/HR	IV	INFUSION	STOP.	☐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. Anulya | Anulya

Date & Time : 3/7/26, 12pm

Nurse Name & Signature: Devika

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

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

MLC

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DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: No ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : INJ PARACETAMOL				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
130mg	IV	6 HOURLY	2/7/26	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: @ 10-15 mg/kg/dose				

Nelg 2/7/26

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

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

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

VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 8.9 kgs Ward. PICU

DRUG : INJ AMOXYCILLIN + CLAVULUNATE

Dose	Route	Frequency	Start Date
270mg	IV	8 HOURLY	2/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Sweety, Rec

Additional Instructions: @ 30mg/kg/dose (AFTER TEST DOSE)

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	4/7
6AM	Jyothi	Gayathri Reddy
2PM	Devika	Sirisha
10PM	Gayathri Reddy	

Rajyalaxmi 3/07/26

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
9mg	IV	12 HOURLY	2/7/2.

Name & Signature of the Doctor Starting the Drugs: Dr Sweety

Additional Instructions: @ 1mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	4/7
6AM	X	Gayathri Reddy
6 pm	Ramulu Devika	

As per doctor Sweety advised Neha 2/7/26

DRUG : NEB BUDESONIDE

Dose	Route	Frequency	Start Date
1 RESPULE	PN	12 HOURLY	2/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Sweety, Rec

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	3/7
2AM	Jyothi
2PM	

Rajyalaxmi 3/07/26

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

25-08-2024
Dr. PREETHAM KUMAR

MLC

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

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

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

Signature .....

VERIFIED BY .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/7/26	18:30 pm	INJ ESOMEPRAZOLE	10 mg	IV		Kajal Rajalee
2/7/26	18:35 pm	INJ ONDENCETRON	1mg	IV		Kaja Rajalee
2/7/26	11:40 pm	INJ DEXAMETHASONE	1.5mg	IV		Kaja. Rajalee

Rajalee 3/07/26

Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 7 D (F)
Dr. PREETHAM KUMAR

Baby ANWEIKHA NAYAK
VIH-001821OO IP-0006054S

I.V. FLUIDS CHART

Weight. 8.9 kg Ward. PICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/7/24	12:30 pm	IVF DNS @ (2/3rd)	IV	25			3/7/24		Devika

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

Anwesha Nayak
Patient Sticker
VIH - 182100.
1y10m

PICU

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 03/07/26 Time: 8AM

Weight: 9kg Centile: < 5 centile

Height: — Centile: —

Inference: Underweight

RDA: 1200 kcal Calories: 1200 kcal Protein: 12 - 24 gm/day.

Diet Recommendations: NBM

Re-Assesment: Soft Adv.

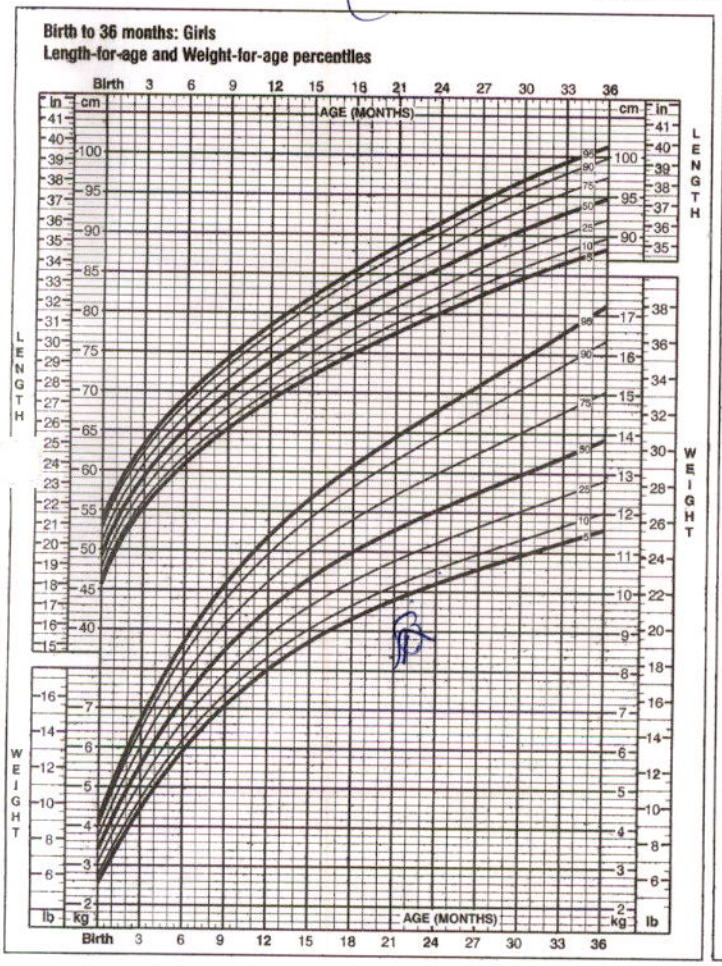
Food Allergies: Nil Veg/Non-veg Both.

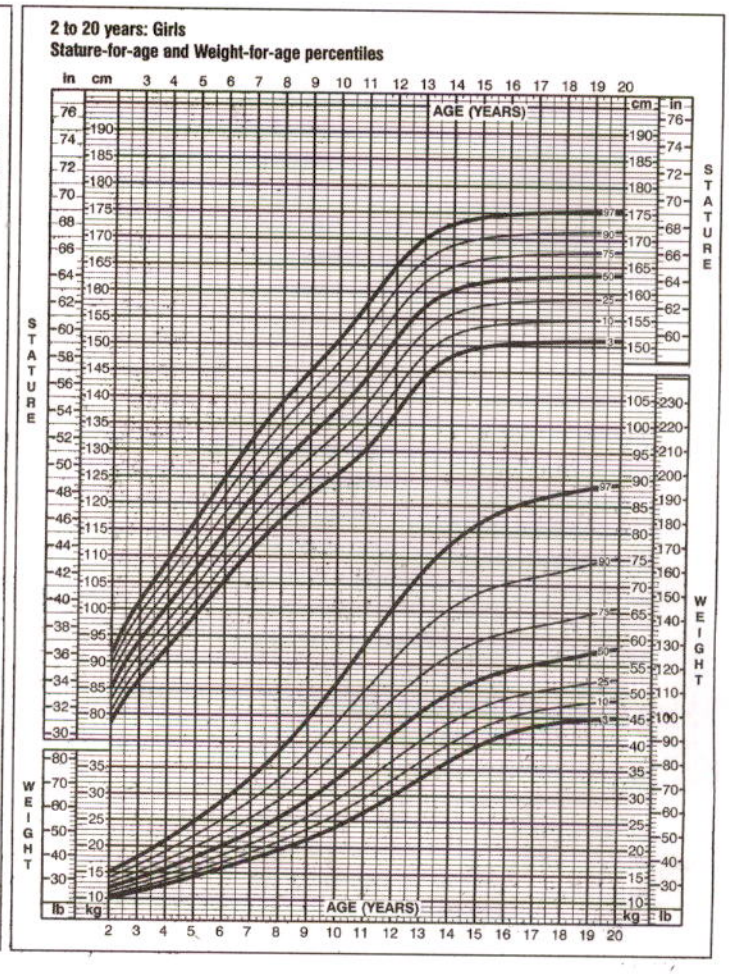
Diagnosis: Ingestion of Caustic Solution.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: (mother)

GROWTH CHART (GIRLS)





Dietician's Name Zohra

Dietician's Signature

Daily Notes:

04/7/26. Soft Chit 2hrs 9:18Pm

Ref. No. F/INPR/12

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VIH-00182100 IP-00060548
Baby ANWEIKHA NAYAK
25-08-2024 1 Y 10 M 8 D (F)
Dr. PREETHAM KUMAR

Patient Name :

Registration No

MEDICATION.

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents SIgnature
07/11/26	00.00	6am.		
	1.00	Inj. Amoxicillin 270mg (TID)	Gayp	
	2.00	Inj. Pantaprazole 9mg (BD)		
	3.00			
	4.00	2pm		
	5.00	Inj. Amoxicillin 270mg (TID)		
	6.00			
	7.00	6pm.		
	8.00	Inj. pantaprazole 9mg (BD)		
	9.00	10pm.		
	10.00	Inj. Amoxicillin 270mg (TID)		
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

RCHSC/FRM/General/008

3-7-222, 3-7-223,
Survey No : 51 to 54,
Karkhana Main Rd, Kakaguda,
Secunderabad - 500009

No. :

MEDICO LEGAL RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

To

The Station House Officer,

P.S. KESARA(PS) 8712662191

Dist. / City SEC'BAD, AT - 01.30pm

Ref : Our Telephone Intimation Dated 03/7/26

Received by : MR. SHANTA KUMAR HC-3711

Patient Name : Anweitha Nayak.

S/o. W/o. D/o Vikas Nayak

Age: 1Y10M Sex: Male / Female

Address: Plot No 145 O.U Colony, Pomally
Ice Factory Mandal, Hyderabad
501301.

Identification Marks

1) Photos attached.

Date 2/7/2026

Time 10:40PM

M.L.C. No. 1183

UHID / I.P No. VIH 00182100
IP-00060548

Accompanied by P.C. / Attendant

Name : Mr./Mrs. Vikas Nayak

Relation : Father

Phone No. 8977305433

Signature : D.Sagar

2)

Brief History of the case as stated by the patient / attendant :

Signature / LTI of Patient

C/O : Concentrated solution of Camphor ingestion, Concentration not known, around 5-15ml, vomited 3 times after that. at 8pm at home. Presented at 10:30pm on 2/7/2026, I mentioned above, NO major complaints at Presentation time

General Examination of the patient on arrival at Emergency Conscious Unconscious Semi-Conscious Brought Dead

Pulse : 138 /mt B.P.: 100/70 /mm Hg Resp. Rate 24 /mt Temp : 98.7F Of

Heart : S1S2 Lungs : B/L AE(+) Abdomen : Soft Pupils : B/L RTL.

DESCRIPTION OF INJURIES

S No.	Description of wounds	Dimensions
	Poisoning ingestion.	

Dying Declaration Required : Yes / (No)

Name & Sign. of Doctor : CH. GANESH

Regn No. APMC/FMR/125363

MLC Received by :

Signature :

Name :

Designation :

Investigation Advised :

CBP, S.E, CRP.
LFT, VBG, CXR.
Sa'l, Urea Creatine.

Treatment Given :

- IVF (DNS - 2/3 rd)
- Continuous monitoring
- SVS ventilation
- Supportive drugs (Pantoprazole ondansetron.)

1. Admitted in _____ Ward / (ICU)

2. Left Against Medical Advice

3. Patient Condition at the Time of Transfer Stable.

Name & Sign. of Doctor : CH. GANESH

Regn No. APMC/FMR/125363

Rainbow Children's Hospital | BirthRight

MEDICO LEGAL RECORD

No.

Survey No. 3 to 5, Kondapur Main Rd, Kakaguda, Secunderabad - 500009

To
The Station House Officer
PS: [illegible]
Dist / City: [illegible]
Ref: Our Telephone Intimation Dated [illegible]
Received by: [illegible]
Patient Name: [illegible]
S/o, W/o, D/o: [illegible]
Age: 1Y10M Sex: Male / Female
Address: [illegible]
Identification Marks
1)
2)

Photos collected.

Date: [illegible]
Time: [illegible]
MLC No: [illegible]
UHID / IP No: [illegible]
IP-000665418
Accompanied by P.C. / Attendant
Name: Mr./Mrs. [illegible]
Relation: [illegible]
Phone No.: [illegible]
Signature: [illegible]

Brief History of the case as stated by the patient / attendant — Signature / LTI of Patient

C/o accidental ingestion of [illegible] ... No [illegible]

General Examination of the patient on arrival at Emergency: Conscious / Unconscious / Semi Conscious / Brought Dead

Pulse: [illegible] /mt B.P.: [illegible] mm Hg Resp. Rate: 24 /mt Temp: [illegible]

Heart: S1 S2 Lungs: [illegible] Abdomen: Soft Pupils: [illegible]

DESCRIPTION OF INJURIES

S.No.	Description of wounds	Dimensions
	Poisoning ingestion.	

Dying Declaration Required: Yes / No

Regn No.: [illegible]

Name & Sign. of Doctor: [illegible]

MLC Received by:
Signature:
Name:
Designation:

Investigation Advised: CBP, [illegible], VBG, CXR, [illegible]

Treatment Given: [illegible]

1. Admitted in: [illegible]
2. Left Against Medical Advice
3. Patient Condition at the Time of Transfer: Stable.

Name & sign of Doctor: [illegible]

Regn No.: [illegible]