



MLC

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No: ----- IP No: ----- Consultant: ----- Dept: pediatric
 Date of Admission: 3/7/26 Time: 2:12 PM Date of Discharge: ----- Time: -----
 Room / Bed No: PICU Ward: PICU Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	2:40 PM	ER	PICU	<u>[Signature]</u>
3/7/26	8 PM	OT	PICU	<u>[Signature]</u>
6/7/26	3:15 PM	PICU	1st floor 113	<u>Neelha</u>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sripartha Krishna	4/7/26	3097341	<u>[Signature]</u>
2.	<u>Cross Check by Dr. N. K.</u>	<u>6/7/26</u>	<u>12 PM</u>	<u>[Signature]</u>
3.	Dr. Sripartha Krishna	6/7/26	3098043	<u>Neelha</u>
4.	Dr. Vishnu Vardhany	6/7/26	3098044	<u>Neelha</u>
5.				
6.				
7.				
8.				
9.				
10.				

MLC

ons

WILLIAM

[illegible]

MLC

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/26	IV placement	①	3097201 ✓	shu
	Catheterisation	②	3097492 ✓	Nehs.
4/7/26	Arterial Line	1	3097492 ✓	Tag
4/7/26	IV placement	1	3097553 ✓	Tag
Cross check by Bob 11/8 6/4/26 @ 12PM				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Eizabeth Jha-		

VIH-00206535 IP-00060557
 Baby R. SAADHYASRI
 08-10-2017 8 Y 8 M 26 D (F)
 Dr. GEETHA CHANDA

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

SURGERY DETAILS

Date : 04/07/26

Patient Name: Baby R. Saadhyasri Date of Birth: 08.10.2017 Age: 8y

Gender: Female Ward: OT UHID No.: 206535

Date of Surgery: 04/07/26 ☒ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: RIGHT FTP HINGE CRANIOTOMY AND AUGMENTATIVE DURAPLASTY

Time in : 01:45pm

Time Out : 04:45pm

	NAME	AMOUNT
1. Surgeon	Dr. Sriparthi Y	OT charges
2. Anaesthetist	Dr. Saritha / Dr. Akhila	Neurodrill charges
3. Assistant Surgeon	-	2:30 pm - 3:30 pm
4. OT Technician	Tech. Rakesh / Vrishmani	30976.59
5. Circulating Nurse	S. Masin / S. Prasone	
6. Assistant Nurse	S. Rukh / B. Ratan	

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☒ Others NEURODRILL

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3097658/52

Order by: Ratan



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CONSUMABLES
OF OT
Cm. Coniomy

Patient Name :

Gender ☐ M ☐ F UHIS/IP

Date : 09/10/20

Circulating Staff :

Mania Poosane

Technician :

Raketh

Anaesthesia Disposables	Issued	Qty	Used	Surgical disposables	Issued	Qty	Used	Disposables (Baby side)	Issued	Qty	Used
ET tube 5.5 cuffed			1	Major Pack General kit			1	Inj. Vit. K			
LMA				Sutures PDS 409304			2	Cord Clamp			
ECG leads A/P/N			3	2437			2	Suction Catheter			
HME filter : A/P/N			1	silk 5831			2	Feeding Tube			
Syringe 10 cc			2					Vacuum Suction Set			
05 cc			4	Gloves PDS			4	Surgical Gloves			
02 cc			4	SG 2 6 1/2 + 6			4 + 2	Gauze Pack			
01 cc				PF 71592			7 + 1	Syringe 1 ml / 2 ml			
Cautery Plate : A/P/N			1	Surgical blade 1115			2 + 1	Surgical Blade # 20			
IV set			1	NG tube				Koochies (S)			
RL			2	Cautery Pencil			1				
NS : 10ml/100 ml/ 500ml/1000ml			1	Koochies				caniotomy			
Minispike			1	Ointments				drapes (1)			
25-100				Suction Catheter							
Fentanyl				Cap. Mask			8 + 2	Bone wax			1
Morphine Gelation			1	Gauze Pack			2				
Ketamine				Mop Pack			1	Cream Cover			1
Propofol			1	Steristrip							
Rocuronium			1	Underpad Allesorb			1	Surgical clippers			1
Glycopyrolate				Draw Sheet							
Myopyrolate			1	Abgel			1	Artiflex loca			1
Ondansetron				Foleys Catheter 10F			1				
Pencan 25g/Spinal Needle 22				Urobag metes			1 + 1	P2002i metes plus			2
Bupivacaine 0.25% Jelco Needle 22g			1	Chest Drainage Catheter				sterile			
Bupivacaine 0.25%(Heavy)				Romodrain bag							
Antibiotics				Bandage				midazex cath			
Vein-o-line (100cm)			2	Tegaderm				MR 8-7			
Suppositories				Ioban							
Anamol : 80mg/250mg/170 mg				Double J Stent				Attach ment			1
Supridol 100 mg				Vacuum Suction set			2	stools			
Justin : 12.5 mg/25 mg/ 100 mg				Plastic Bed Sheet				MR 8-98440			
Tab. Misoprost : 200 mg				Betadine Solution			2				
High BP single monitor kit			1	Microshield			2				
O2 mask (P)			1	Cotton Balls							
				Latex Gloves			10				
				Ramdone Scrub 7.5%			2				
				Saral							

Surgeon

Dr. Sripasrtha

Anaesthesiologist

Dr. Sathya

Nurse

Ratan, Ruby, F

OT Technician

Order No. :

3097640/3097641

Ordered by :

Ratan

INPATIENT ISSUES AGAINST ORDERS



IP No 1P-00060557 Ward N 1F-PICU
Patient Name Baby R.SAADHYASRI Bed Name PICU 139
Age/Sex 8 Y 3 M 27 D / Female Order No 0003097671
Date 05/07/2026 11:06 Prescription No PRIP-1294475
Payor SELF PAY Dispensed Date 05/07/2026 11:07
UHID VIH-00206535

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20251001	09/30	1	265.00	265.00
2	ALLESCE FB CORE TURNAROUND COVER 40x102IN			260525I	05/31	1	563.00	563.00
3	ARTIFLEX 10 CM X 3M (SOFTROLL)	BSN MEDICAL	GENERAL	25MA041	11/29	1	217.00	217.00
4	BACTOPREP SOLUTIONS 100 ML	RAMAN & WEIL PVT LTD		RTBP2501I	09/28	2	229.00	458.00
5	BETADINE SCRUB 7.5% 50 ML	Win-MedicarePvtLtd		MF03925	01/27	2	106.58	213.16
6	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
7	EDNEWAX-W31C	ETHICON SUTURES-J&J		AV7308	06/29	1	226.88	226.88
8	C-ARM COVER	Surgiwere		2407DC0	06/29	1	193.12	193.125
9	CAUTERY PENCIL (ADVANCE)	The Advanced cadionmed	GENERAL	250303005	03/28	1	1,153.00	1,153.00
10	CRANIOTOMY DRAPE D901		GENERAL	2507DD0	06/30	1	1,680.00	1,680.00
11	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301111T	03/29	2	128.00	256.00
12	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	VI16062026	04/29	8	10.00	80.00
13	FOLEY'S CATHETER 10FR POLYMER	Polymed		24I7364N	11/29	1	359.00	359.00
14	GAUZE SWAB 10 X 10 CM 12PLY 5X-X-RAY	Bapuji Surgicals	GENERAL	VI16052026	10/27	2	100.00	200.00
15	GENERAL SURGERY KIT SAFE SECURE			VI27062026	12/30	1	2,544.00	2,544.00
16	MERSILK 2-0 NW 5333	ETHICON SUTURES-J&J C1		V3008	10/28	1	181.88	181.875
17	MERSILK 2-0 NW 5333	ETHICON SUTURES-J&J C1		V3008	10/28	1	181.88	181.875
18	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF046	05/30	1	949.00	949.00
19	NITRILE EXAMINATION GLOVES P-F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
20	PDS II 4-0 NW 9304	ETHICON SUTURES-J&J		T3005	03/28	2	931.88	1,863.76
21	PROXIMATE PLUS MD 3500 STAPLER (PMW35)	ETHICON ENDO-SURGERY - J&J	GENERAL	888D30	12/30	1	1,762.00	1,762.00
22	PROXIMATE PLUS MD 3500 STAPLER (PMW35)	ETHICON ENDO-SURGERY - J&J	GENERAL	948D53	02/31	1	1,762.00	1,762.00
23	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26E8073M	04/31	4	91.00	364.00
24	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	2	91.00	182.00
25	SGLOVE # 7.0 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
26	SURGICAL CAP	Mediblu	GENERAL	VI03062026	12/30	8	10.00	80.00
27	SURGICAL BLADE #1	Surgeon	GENERAL	261225	11/30	2	7.67	15.34
28	SURGICAL BLADE #5	Surgeon	GENERAL	160625	05/30	1	7.67	7.67
29	SURGICAL CLIPPER BLADE (968C)	3M HEALTHCARE	GENERAL	20250707	12/28	1	871.50	871.50
30	UROBAG (ADULT) - URODYNE		GENERAL	K26C050097	02/31	1	395.00	395.00
31	UROMETER (PEAD)	Polymed		G16532	05/28	1	602.64	602.64
32	VACUUM SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	2	739.00	1,478.00
33	VICRYL 2-0 VP 2437	ETHICON SUTURES-J&J C1		T5046	08/30	1	663.00	663.00

RAINBOW CHILDREN'S MEDICARE LIMITED

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

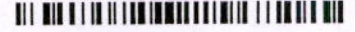
VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No IP-00060557 Ward N 1F-PICU
Patient Name Baby R.SAADHYASRI Bed Name PICU 139
Age/Sex 8 Y 8 M 27 D / Female Order No 0003097670
Date 05/07/2026 10:43 Prescription No PRIP-1294474
Payor SELFPAID Dispensed Date 05/07/2026 10:45
UHID VIH-00206535

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C10K11	02/31	2	28.13	56.26
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26D20K25	03/31	4	21.56	86.24
3	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A05K04	12/30	4	11.25	45.00
4	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	71603Z6	02/28	3	34.64	103.92
5	ET TUBE - 5.5 MM WITH CUFFED	SMITHS & Nephew		250700Z	06/30	1	348.00	348.00
6	GELOFUSINE 500 ML BOTTLE	Bharat Serums And Vaccines Ltd	H	24323371	07/27	1	406.88	406.875
7	H.M.E FLITER (PAED)-1831	Intrasurgical	GENERAL	26030337	02/31	1	818.00	818.00
8	IBP SINGLE MONITORING KIT-BL	BL Life sciences		25125088	11/28	1	2,175.00	2,175.00
9	INTRAFID (TRANSFLO)	Bbraun Medical PvtLtd	GENERAL	26A26K8961	01/31	1	333.09	333.09
10	JELCO NEEDLE 22 G	Polymed	GENERAL	4408942	08/28	1	109.69	109.688
11	MCT-RO 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
12	MINISPIR -V	Bbraun Medical PvtLtd	GENERAL	226A13A812A	01/31	1	167.81	167.81
13	MYOPYRPLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
14	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirliif		1C261641	02/29	1	44.93	44.93
15	Oxygen Mask With Tubing - PeadROMSONS-FC		GENERAL	G26B040154	01/31	1	460.00	460.00
16	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	The Advanced cadiomed	GENERAL	2509302403	09/28	1	1,050.00	1,050.00
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D262112	03/29	2	69.39	138.78
18	ROCUNIM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	1	1,010.00	1,010.00
19	VEIN-O-LINE 100CM ROMSONS	ROMSONS		K26D0103I5	03/31	2	464.00	928.00
Total :							7,761.66	8,490.89

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

Rainbow
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Hospital



RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No IP-00060557
Patient Name sby R.SAADHYASRI
Age/Sex Y 8 M 27 D / Female
Date 05/07/2026 12:28
Payor SELF PAY
UHID VIH-00206535

Ward N 1F-PICU
Bed Name PICU 139
Order No 0003097685
Prescription No PRIP-1294477
Dispensed Date 05/07/2026 12:28

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ATTACHMENT TOOLS MR8-9BA40	Medtronic		0229859748	10/29	1	12,451.00	12,451.00
Total :							12,451.00	12,451.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP-00060557	Ward	N 1F-PICU
Patient Name	Baby R.SAADHYASRI	Bed Name	PICU 139
Age/Sex	8 Y 8 M 27 D / Female	Order No	0003097671
Date	05/07/2026 11:06	Prescription No	PRIP-1294475
Payor	SELPAY	Dispensed Date	05/07/2026 11:07
UHID	VIH-00206535		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
34	VICRYL 20 VP 2437	ETHICON SUTURES-J&J C1		T5052	08/30	1	663.00	663.00
Total :							17,903.07	20,964.03

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI



EYE DROPS CHART

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
6/2/26	00:00 2 pm	Refresh eye drops		
	01.00	6 pm - Refresh eye drops	Reonice	
	02.00	10 pm - Refresh eye drops	Anitha	
	03.00	2 am - Refresh eye drops	Anitha	
	04.00	6 am - Refresh eye drops	Anitha	
	05.00	10 am - Refresh eye drops	Indu	
	06.00	2 pm - Refresh eye drops	Indu	
	07.00	6 pm - Refresh eye drops	Indu	
	08.00	10 pm - REFRESH EYE DROPS	?	
	09.00	2 am - Refresh eye drops	Anitha	
	10.00	6 am - Refresh eye drops		
	11.00	10 am - Refresh eye drops	vaishnavi?	
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ADMISSION SHEET



Registration Details :

Admission No : IP-00060557

Admit Date : 03-Jul-2026

Admit Time : 07:12 PM UHID : VIH-00206535

Patient Details :

Patient Name : Baby R.SAADHYA SRI

Age : 8 Y 8 M 25 D

Guardian : Mr R.RAVI KUMAR GOUD.

DOB : 08-10-2017

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : h.no:1-46,perllapally,ballampally. Bellampalli
R S Adilabad Telangana INDIA 504251

Phone No : 9494307186/ 8247774183

E-mail : rkgoudramagouni9494@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 R.RAVI KUMAR GOUD.

Relationship : Father

Contact Address : h.no:1-46,perllapally,ballampally. Bellampalli R
S Adilabad Telangana INDIA 504251

Phone No : 9494307186

Signature

Doctor Details :

Doctor Name : Dr. GEETHA CHANDA

Specialisation : PEDIATRIC NEUROLOGY

Referral Doctor : dr.mallesha gampa

Phone No :

Co-Consultant : Dr. AKHEEL SYED RIZWAN

Payment Details :

Deposit Amount : 30000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY

VIH-00206535 IP-00060557
 Baby R.SAADHYA SRI
 08-10-2017 8 Y 8 M 25 D (F)
 Dr. GEETHA CHANDA

SRI UHID : VIH-00206535 IPD : IP-00060557 Gender : Female Age : 8 Y 8 M 25

MLC

Wt: 22.2 kg.

Rainbow Children's Hospital
 It takes a little to make the difference.

BirthRight
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 Your Right to a Safe Delivery

Patient Sticker

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Saadhya Sri Age : 9 yrs Gender : ☐ Male ☒ Female

Date : 3/7/26 Time of Arrival : 6:15 pm

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

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

Mode of Arrival : ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99.2 F PR: 110 bpm BP: 117/73 mmHg RR: 20 bpm SpO2: 99.1

Chief Complaints: Hit by bike, vomiting since yesterday.

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	☒ Stable	
☒ Normal	☒ Normal	☐ Unstable:	
☐ Sick Looking	☐ Increased	☐ Not - Life - Threatening	
☒ Normal	☐ Decreased	☐ Life - Threatening	
Circulation / Colour	☐ Gasping / Apnea		
☐ Abnormal			
☐ Bleeding			

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

P. Krishnan
 Signature of Parent / Guardian

Triage Completion Time : 6:17 pm

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks ☐ Yes ☒ No
- 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

- 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:

- 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

Name of Triage Nurse : Sr. Nagman

Date & Time : 3/7/26 6:17 pm

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

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).

Signature of Triage Nurse : Nagman

MLC

Patient Name : R S AADHYA SRI UHID : VIH-00206535 IPD : IP-00060557 Gender : Female Age : 8 Y 8 M 25

VIH-00206535

IP-00060557

Baby R.SAADHYA SRI

08-10-2017 8 Y 8 M 25 D (F)

Dr. GEETHA CHANDA



MLC

Rainbow
Children's
Hospital

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/7/26 Time of arrival : 6:18pm
Chief Complaints : hit by bike, vomiting since yesterday RBS : 95 mg/dl
Height : - Weight : 22.2kg 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
- Uses furniture for support

☐ Yes ☒ No

☐ Yes ☒ No

Cait/Transferring:

- Bedrest / immobile
- Weak
- Impaired

☐ Yes ☐ No

☐ Yes ☐ No

☐ 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 Parents

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

Time of Initial assessment completed by ER Nurse : 6:19pm

Patient Name : R.SAADHYASRI UHID : VIH-00206535 IPD : IP-00060557 Gender : Female Age : 8 Y 8 M 25 D

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

Time	Nursing Notes
6:15pm	Patient Came to ER
6:16pm	vitals checked and recorded.
6:20pm	Dr. Nikesh seen the Patient.
7:00pm	Admission process done
7:20pm	IV placement done and samples sent to lab. * RBS done in ER 95mg/dL.
	Patient shifted to PICU

Samples collected by:

By Sr. Santhi

Time:

7:20pm

Samples sent by:

Time:

7:25pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:35pm	inj-levitezaedorn	IV	400mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110b/m BP: 117/73 CFT: 48Sec RR: 20b/m SPO ₂ : 99-1 GCS: 15/15 Temperature: 98.2°F Pain Score: 0 Repeat RBS (if applicable): -	Shift - out from ER to: PICU Time of Shift - out: @ 3/7/26 @ 8:40 PM Handover given to: Sr. Nagmani (Nurse's Name) By: Sr. Nagmani

Tick as applicable: ☒ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

IV placement done

Name of the Nurse : Sr. Nagmani

Signature of the Nurse :

Date & Time : 3/7/26 @ 8:40 PM



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 3:35pm Mode of Arrival: Staircase Admitting From: ☐ ER ☐ OPD ☒ Direct

Allergy / Adverse Reaction

Body Weight: 22.2 Kg

Height: cm

yes (Banana)

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>yes</u>	

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: 22.2kgs Length: Head Circumference (< 2 years):

Temp: 98.6°F HR: 102b/m RR: 19 b/m BP:

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

Fall Risk Assessment: ☒ Yes ☐ No Score: 9 (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 Location Frequency Duration

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: Nil (Date/Time):

Social History: Lives With family

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

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 Mother, father

Nurse's Name: Bevanika Date: 6/12/26 Time: 3:50 pm B. Singh
Signature

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206535 IP-00060557 Baby R. SAADHYASRI 08-10-2017 8 Y 8 M 28 D (F) Dr. GEETHA CHANDA 		Date & Time of Admission	Date & Time of Transfer Order 6/7/26 @ 3:35pm
		Transfer Ordered by Dr Amulya	Reason for Transfer child is stable
From Unit Pw	To Unit 1st floor	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 2.8 (81)	Number of Imaging Films C.T - (2) ① outside Tent-Rct - (1) x-ray - (5)	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.	Syp- levipil - (1)	5cc - (5)	
2.	Syp- PCM - (1)	5cc - (5)	
3.	Syp. Smooth - (1)	2cc (5)	
4.	Refresh eye drops - (1)	1cc - (2)	
5.	Telanto prazole - (10)		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Renuka / 6/7/26		Name of Person Ordered Transfer	
Patient & Clinical Records Received by : Sr. Bevonika			
Date & Time of Patient Received : 6/7/26 @ 3:35pm			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

MLC

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VIH-00206535 IP-00060557 Baby R.SAADHYA SRI 08-10-2017 8 Y 8 M 25 D (F) Dr. GEETHA CHANDA 		Date & Time of Admission 3/7/26 @ 2:12 pm	Date & Time of Transfer Order 3/7/26 @ 8:40 am
Treating Consultant Name:		Transfer Ordered by DR. vishwaga	Reason for Transfer for admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 21	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what? op file given to	
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 shanthi 18/11/26		Name of Person Ordered Transfer DR. vishwaga.	
Patient & Clinical Records Received by : Sumanjali			
Date & Time of Patient Received : 03/07/26 @ 9 pm			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

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MLC

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206535 IP-00060557
Baby R.SAADHYA SRI
08-10-2017 8 Y 8 M 25 D (F)
Dr. GEETHA CHANDA





MLC

Pediatric Multiorgan History & Physical Examination

Name: Saadhya Age/Sex 8y/F
Information given by: father Relationship

Chief Presenting Complaints & Duration (Chronologically)

1/0 Headache, dizziness. (2/7/26)
1/1/0 - Hit by bike (accident) yesterday near residence
@ 6pm. followed by vomiting (manicured)

History of present illness :

patient brought by parents with
1/1/0 - Hit by bike and fall - injury over head (no gross injury)

↓
1/1y loss of consciousness for 1min.

↓
after 1 hour → Episodes of vomiting
Np/NB/ non blood stained
Content - food/water.

(2/3/26) CT Brain
8pm

↓
↳ Acute SDH - Rt temporal convexity 4.5mm
Soft tissue swelling (Rt) temporal convexity

↓
admitted over night outside hospital.

↓
1/0 vomiting today after 12pm

↓
(8/7/26) Repeat CT Brain - Acute SDH - (Rt) parietal lobe 6.6mm
12:30pm
Small acute high focus - left frontal lobe.

On presentation - child alert, ACS 15/15

Headache

dizziness (+)

SAET (N)



MLC

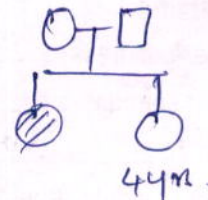
Pediatric Multiorgan History & Physical Examination

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

Non significant

Birth & Neonatal History:

ET/100g / 2.5kg / 1200 stay for 3 days
 Cxter for? Bellous vomity
 Releg ? Jaundice.



Birth & Socio Economic History:

About Father : _____
 About Mother : _____
 Any additional Information : _____

} clan III

Developmental History :

Appropriate for age small domelary

Immunization History :

Received upto date.



MLC

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 22.2 kg (Centile _____)

On Examination :

Temperature : 98.2° F Pulse Rate : 110/m B.P. 112/95 SP02 99%

Resp.rate and type of breathing : 24/m

Rash ⊖

Lymphadenopathy ⊖

Oedema : Swelling over (Rt) temporal area of scalp.

Allergies (if any): Banana allergy

Respiratory System :

Inspection (any s/o distress) : BAE ⊕

Air entry & breath sounds : Ⓝ

Any addles sounds : ND

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

Cardiovascular System :

Inspection of precordium : Ⓝ

Heart Sounds : 112 ⊕

Any murmur : ND

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

Per Abdomen :

Inspection Ⓝ

Palpation : soft

Auscultation : RL ⊕

Spine : Ⓝ External Genitalia : _____

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



JAMLC

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : Intact

Motor System:

Nutriton : 0

Tone : 0 Power 3/5 all limbs

Co-ordinator : 0

Posture : 0

Involuntary Movements : 0

Reflexes : +

DTR

Superficials:

Plantars flexor

Sensory System : +

Bladder / Bowel : no incontinence

Clinical Summary & Diagnostic:

Acute SDH [Subdural Hematoma]



ML

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

CBP ✓

S. Electrolytes ✓

S. Creatinine ✓

Planned Management

- IV fluids

- IV Leupit 20mg/kg Fib maintenance

- ~~IV. ~~Leupit~~~~

- IV. Ondansetron

- IV. Pantoprazole

- S/P. PCM @ home

- Ibuprofen 100

Watch for - Acute kidney injury

- CAC

- Patient monitoring

Call the team
Dr. Sriperuma

CT Scan
SOS

Signature of the Doctor: _____

Name of the Doctor: _____

Date & Time: _____

Signature of the Consultant: _____

Name of the Consultant: Dr. Geetha

Date & Time: 11/8/26 2P

Note d/t 2y
3/7/26 @ 7:30 PM
Ondansetron



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9:30pm	S/B picu fellow	
	Δ = Traumatic brain injury with right temporal subdural <u>subdural</u> hemorrhage	
	Airway - open & maintaining	
	Breathing - No tachypnea No retractions SpO ₂ - 100% on RA B/L AE ⊕ clear	
	Circulation - All peripheral pulses well felt - good volume BP - 50 within Normal limits CRT < 3 sec.	
	On IVF DNS 2/3rd maintenance	
	Exposure - Temp - 98.2°F No rash no external injury ⊕ over the abrasion over lower back trauma site	
	Disability - GCS - E3 V5 M6 - 14/15. ↓ drowsy but arousable. open to speech pupils - bilateral reactive to light	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- equal in size	
	- mass - 95mg/dl	
	Neurological :- HMT - oriented to time place person	
	CN - Intact	
	motor - Normal bulk & tone	
	power 5/5 in all limbs	
	DTR - 2+	
	knee 3+	
	plantar - B/L flexor (+)	
	No Neurological deficits	
	C/E vitals HR = 92 bpm	
	BP = 117/72 (81) mmHg	
	CRS < 3 sec.	
	SpO ₂ = 100% on RA	
	CNS = 8/82 (+)	
	P/S = B/L A/E (+)	
	P/A = soft non tender	
	First CT Report (2/7/6) @ 8:30 pm	
	- SDH in Rt temporal region 4-5mm	
	Rpt CT Report (3/7/6) - SDH " - 6.6mm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>plan</u>	
	- Keep NPO.	
	- IVF DNS 2/3rd maintenance.	
	- Nil levipil maintenance 12 Hourly.	
	- Inj ondansetron 8 th hourly.	
	- Inj Pantoprazole 24 th hourly	
	- Inj paracetamol 6 th hourly.	
	- watch for GCS, pupils. persistent vomiting.	
	- CT scan SOS in case of deteriorating GCS. pupils asymmetry.	
		Noted by Sr. Sumanjali 3/07/20 @ 10pm



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	S/B PICU fellow	
7:45 AM		
	Δ = Traumatic brain injury with Acute	
	Subdural hemorrhage in Rt temporal	
	region.	
	qo - 1 episode of vomiting at 2:30 AM	
	Headache - severity decreased.	
	Sensorium - good.	
	No sign of raised ICP.	
	Airway - Open & maintainable	
	Breathing - NO signs of distress	
	SpO ₂ : 99.1% on RA.	
	B/L AE ⊕ clear, no added sounds.	
	Circulation - HR = 84 bpm	
	Peripheral pulses - well felt, good volume.	
	CRT < 3 sec	
	Exposure - NO lacer, rash.	
	Abrasion over lower back,	
	lateral area 3x2 cm.	
	tiny abrasions over (RT) & (LT)	
	foot.	
	Disability - GU - E4 V5 M6 - 15/15.	
	pupils - Bilateral equal in size 2mm.	
	Reactive to light.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/26	CT Neurology ADT → Took some brain injury ADT - RT parietal SDH CT I vomiting Intermittent & headache since morning Vitals - (10) Intermittent bradycardia pupils - Bil equal, reacting ECG - 9 upper palsy ADT tone Power - 2/5 in all 4 limbs DTR - +1 Plantar - flexor	Plan 3x NaCl 100 ml iv stat over 1 hour CT Scan brain Neurosurgery review PT/INR, blood group Cross matched blood



④

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2022 10:50 AM	<u>Counseling notes</u> (Dr. Supradha Menesingar)	
	History reviewed	
	CT scan done now is showing # of bonyal saw, increase in size of hematoma and there is contusion in temporal region	
	child is very marked contusion for raised ICP signs which were there	
	At present increase in size of SDH has been seen there, which is less but there are significant symptoms	
	This temporal contusion, may increase in size for 3-5 days and lead to raised ICP, leading to herniation and effect on Brainstem.	
	She needs to be operated when there are signs of increased ICP like decreased level of consciousness or unresponsiveness, but it leads to poor prognosis, hence now she can be operated with <u>large craniotomy</u> & <u>Augmentative duroplasty</u> . which will be like scalp and decrease in complications and decreases cerebral pressure	
	Prognosis of the child depends on the level at which, child operated; if operated in poor level has poor sensorium, there may be poor prognosis than now.	
	Risk of surgery are excessive bleeding, requiring multiple transfusions, infection, need of antibiotics.	
	Require further evaluation with CT-scan if any increase in pressure cause need of resurgery.	

IP-00060557

08-10-2017

8 Y 8 M 25 D

(F)

Dr. GEETHA CHANDA



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 12:30 PM	Dr. RTA Adv. ① Keep cervical collar ② Radiological clearance → for spine. ③ Skelal survey ④ Document USG ⑤ Keep intubation thing bedside. ⑥ GCS, hourly pupil 1/2 hour	2 TBL (R) side SDU
	WSD VHML	Dr. Vishnu Vardhan Reddy Reg. No. APMC/FMR/79982
	Noted by N.B. 11/7/20 12-30 PM	



VIH-00206535 IP-00060557

Baby R. SAADHYASRI

08-10-2017

8 Y 8 M 25 D

(F)

Dr. GEETHA CHANDA



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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 4:45pm	OT → PICU Handover.	
	- Decompressive craniotomy of R SDH.	
	Intraop → Input: 600ml - RL	
	200ml - GeloFuse	
	20ml - 3% NS.	
	820ml	
	Output: 650ml - urine.	
	Blood loss: 120ml	
	Intraop events: Nil;	No drains.
	On arrival to unit (PICU)	
	PR - 77 RR - 13/min CRT < 3 sec.	
	BP - 112/72 Temp - 36.8°C (skin).	
	SpO ₂ - 100% CO ₂ via facemask @ 4L/min	
	US - Sit ⁺	
	M - BAE ⁺ chr.	
	Peripherals - warm.	
	Handover given by	Handover Taken by.
	Dr. Archita K	
	4/7/2026	
	4:50pm.	
	@mri	

Plan
to transfuse
PRBC based on
postop Hb.

24
or day
plw follow



7

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 6:30 PM	C/S/B Dr. <u>Neuro surgeon</u> Sr	
	- GCS: E4 M5 V6 Moving all limbs	
	sp. Maintaining at room air	
	Adv. (1) SOS Review (2) Monitor antiepileptic and anti-depressant measures Continue (3) Allow sips of water. (4) Monitor vitals	
		Noted by Br. Nandishwar 04/07/26 @ 9 PM
		<u>dr</u> 4/7/26

VIH-00206535

IP-00060557

Baby R. SAADHYASRI

8 Y 8 M 26 D

(F)

08-10-2017

Dr. GEETHA CHANDA



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LESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 16.00 AM	Δ RTA & TBI (post op Day 1) ⊖ (R) Temporo-parietal extradural Hematoma with fronto-temporal Contusion. ⊖ Fronto-temporo parietal hinge Craniotomy with Augmentative Duraplasty Issues: Local pain ⊕ Int	
	Airway: Maintainable at room air.	
	Breathing: R/R: 20-24/min WOB: minimal SpO₂: 99% under room air. B/L AE present.	
	Circulation: CRT < 3sec. BP: within normal limit Pulses: well felt	Balance: +122 ml u/o: @ 3.5 ml/kg/hr
	Disability: GCS: E4 V5 M6 GABs: 10.4 mg/dl	But drowsy
	Exposure: No face spike.	
	Fluid: 20 ml/hr + 20 ml/hr in 3% NS	
	Gut: Had 1 ep/vomiting,	→ Only water & ORS

VH-00206535

IP-00060557

Baby R. SAADHYASRI

08-10-2017

AY 8 M 26 D

(F)

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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB <u>Nilis</u>	
5/7	4/7 - Right temporoparietal EDH with frontal temporal contusion 4/7 S/P right frontotemporoparietal large laceration with augmented desquamation	Plan Admission orally Monitoring ← PNB LUS Remove Brey's catheter
5/8	1 vomiting episode Local IIR PRN	
5/6	Vitals (M) PRN - B/L equal, reaching Exam - full No focal defect Right temporoparietal swelling	Noted by Neelw. 5/26 10 AM <i>[Signature]</i>

SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Neurology	
6/7/26 9 AM	1st - Moderate TS with Right temporoparietal ECH SP right frontotemporoparietal wing conforming with augmented dysplasia	<u>Alom</u>
		<u>Stop IV fluid</u>
	no vomiting no headache I mild fever spike	<u>Stop 3% NaCl</u>
		<u>Stop Levet</u>
		<u>2ml BD</u>
	<u>VP</u> vitall - <u>no</u>	
	Pupils - bil equal reacting	<u>shift to ward</u>
	Right periorbital edema - the	
	<u>(N) tone</u>	
	force - S/S in all 4 limbs	
	no surgical site - healthy	



CONGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Consulting</u>	
	- Edema will settle in 2 days.	
	- we cool sheathing child to ward	
	← need for Cr scan will decide if needed	
	Raf	

Date & Time	Progress Notes	Doctor's Order
6/02/26 01:00 AM	SB New stem Plan. R/W of new; after is plan to shift to Room. position; wound came add smooth;	No new complaints O/E R Eye Soft Tissue Oedema B/L Pupil - 3mm, React Good antigenicity movements in all four limbs SRIPARTHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07 1pm	Shifting Order / Note	
	Axis :- Traumatic Brain Injury = EDH = Rt. temporo parietal #	
POD - 2	post-op. - Hinge Craniotomy = Augmented cranioplasty.	
	8-yr old girl, came = After hit by a 2 wheeler at Mancherial on 02/07/26	
	↓	
	had 1 episode of LOC for 1 min 3-4 episodes of vomiting	
	↓	
	CT Brain on 02/07 ↳ showed 4.5mm of SDH	
	↓	
	CT Brain on 03/07 → 66mm of SDH	
	↓	
	Referred to RCHV on 03/07 at 9pm.	
	↓	
	- Drowsy at presentation - = GCS 15/15. - pupils - B/L equal & Reactive to light. - = no headache.	
	A & AS monitored overnight for any signs of Raised ICP.	

VIH-00206535
 Baby R. SAADHYAARI
 08-10-2017 8 Y 8 M 28 D (F)
 Dr. GEETHA CHANDA



IP-00060557

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	In the morning on 04/07, @ 8 AM. - do persistent headache - drowsiness; 34. NS bolus - maintain started	
	↓ Repeat CT done	sp 7.2mm of SDH
	↓ Parents were counselled for Neurosurgeon regard; the requirements of surgery & risks associated with it & PAC.	temporal contouring
	↓ Pt. were willing to get surg. done here	
	↓ - Hinge Craniotomy - Augmented Duroplasty	
	↓ - Arterial line was secured intra op.	
	↓ - EDH was drained (around 200ml)	
	↓ Child was shifted to PICU at around 5pm on 04/07/26.	
	↓ Drowsy at Room 418 - Maintaining BP Urinary Catheter in situ vitals	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	↓	
	Pt - was monitored over night by continuing IV fluids (2/3 rd) & 3% NSS - Antibiotics	
	↓	
	On 05/07 → Sips were allowed flb soft food. At 1pm on 05/07 → urinary catheter removed.	
	↓	
	- After Repeat electrolytes	
	↓	
	Intra aural line was removed at 6pm 05/07.	
	↓	
	Overnight - monitored for vitals & signs of ↑ ICP.	
On 06/07 →	IV fluids & 3% NSS were stopped	
	Repeat CT done - to R/O on edema & showed to Neurosurgeon	
	↓	
	Child is hemodynamically stable CT Rept - Awaited	
	↓	
	Shift is to avoid c. Multiphasic monitor.	

VH-00206535

VIH-00206535
Baby R. SAADHYASRI
8 Y

Baby 100
08-10-2017

8 Y 8 M 28 D

(F)

08-10-2017
Dr. GEETHA CHANDA



IP-00060557



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D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes	Doctor's Order
STB	
<u>Nadobol</u>	
AST →	(Plan)
Mild fever	
No further complaints	
No headache	
No vomiting	→ <u>Monitoring</u>
(OK)	→ <u>Continue same Rx</u>
Vitals - (OK)	
PRPIL - B/L equal	
reacting	
EOM - full	
(OK) PNL	
Power - d/s	
DCE - +2	
Noted by Beonika 6/7/26 @8pm	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7	<u>SIB necessary</u> 1st - Moderate TBS with high temperature ECH/CDH. 2nd - high temperature hinge connection with augmented deepplasty	
	No fever No headache No vomiting	<u>Plan</u> → T1M SOS discharge
<u>7/7</u>	ACS-15/15 vitals - <u>10</u> pupil - R/L equal, reacting B/L periorbital swelling and Com-Pule Tone force - > 2/5 Sp - f2	<u>Ambulate child</u> → <u>Head up position</u>
		<i>[Signature]</i> Noted by Sude @ 3pm 8/16/17

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/07/26 6:30pm	club Dr. Srijanthe (Neuro Team)	
	POD3 Doing well Orally allowed Barely stool, self voiding C/O R Periorbital edema	
	O/E EUSM6 R pupil - B/L 3mm, Reactive Moving all four limbs >3/5 Lk ward healthy	
	Adv • Can consider for discharge tomorrow • Continue Syp CEFIXIME (ZIPRAX) 4.5ml BD x 3days (100mg/5ml) Syp LEVIPIL 2ml PO BD Syp PCM 7.5ml PO BD x 2days → SOS REFRESH TEARS E/D 2drops Q4H LACRIGEL OINTMENT LA TDS q x 5days Tab LANZOL JUNIOR 1Tab OD x 5days • Review on 19/07/26	
		Srijanthe

Noted by Rdu
07/07/26
7/07/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/11/24	<u>SIB Neurology</u>	
1st	Moderate TBI with right temporoparietal EDH with 1ed ICP slp right frontoparieto temporal hinge craniectomy with augmented duraloplasty	Plan
2nd	No vomiting no headache peri-orbital edema decreased	<u>T/D Discharge</u>
3rd	Vitals - (M) pupils - equal, reacting EOM - full (+) tone power - 5/5 DTR - 4/2 plantar - flexor	
		Noted By Vaishnavi 8-11-24 @ 10AM

SEE HA CHANDA

IP-00060557

8 Y 8 M 29 D

(F)



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 03/07/26	Diagnosis: Acute SAH	Surgery / Procedures: -	
	Allergies: Banana Allergy	Post OP Day: -		
	Date: 3/7/26			
	Area	3/7/26 E	3/7/26 N	
	Shift Time			
	Diet:	-	NPO	
	Ventilation (RA, NP, NIV, VENTI)	RA	RA	
INVASIVE LINES	1.	canula 22	IV Canula	
	2.	3way		
	3.	3 patient		
	4.			
ASSESSMENT	Infusions / Transfusions	nil	DNIS uomechi	
	PU Prophylaxis	nil	Nil	
	DVT Prophylaxis	nil	Nil	
	Vitals	BP	117/73(86)	108/70mmHg
		PR	110b/m	98b/m
		RR	20b/m	18b/m
		SpO ₂	99%	100%
		Temp	98.6°F	98.6°F
	Pain Score	01	02	
	LOC (Alert, Conscious, Confusion, Unconscious)	Conscious	conscious	
	Skin Integrity (Intact / Bed sore / Any other condition)	Intact	Intact	
	Restraints If any	Physical	-	-
		Chemical	-	-
	Fall Risk (Vulnerable Y/N) if yes score	9	9	
(Ambulation, walking, moving with assistance, bed ridden)	well chair	Ambulatory		
ADL (Dependent / Non-Dependent)	Dependent	Dependent		
Critical Lab Test / Values (If any)	Nil	Nil		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Date: 3/7/26			
	Area <u>ER</u> Shift Time	ER to PICU	PICU 8pm - 8AM	PICU 8pm - 8AM
	Ordered / Planned	CBP Electrolytes RBS - 95mg creatinine HIV	→ continue IVF ⇒ medicals given	→ continue fluids ⇒ given medicines
	Due	Nil	-	-
	Reports Pending	All Reports Pending	-	-
	Referrals (If any)	Nil	nil	-
	Remarks (Special Interventions like, Drainage tube flushing etc.)	Nil	nil	nil
Handed Over By Name :		Dr. Nagmani	Sumanjali	Sumanjali
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date:		3/7/26	4/7/26	4/7/26
Time:		@ 8:30 PM	@ 9 PM	@ 8 AM
Taken Over By Name :		Sumanjali		<i>[Signature]</i>
Signature :		<i>[Signature]</i>		<i>[Signature]</i>
Date:		3/7/26		4/7/26
Time:		@ 9 PM		



WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a score of 1 if 'YES' in parameter 1 to 9 and Assign a score of -2 if 'YES' in parameter No 10

S.No	Assessment Criteria	Score	Date:	Date:	Date:	Date:	Date:	Date:
			03/07/17	04/07/17	5/07/17	6/7	7/7	
			Time:	Time:	Time:	Time:	Time:	Time:
			9pm	9pm	9pm	9pm	9pm	
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0	0	0	
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0	0	0	
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0	0	0	
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0	0	0	
5	Entire leg swollen (Assess for both legs)	1	0	0	0	0	0	
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0	0	0	
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0	0	0	
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0	0	0	
9	Previously documented DVT (Assess for both legs)	1	0	0	0	0	0	
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0	0	0	
Total Score			0	0	0	0	0	
Signature of the Nurse			SI	SI	SI	SI	SI	

Intervention: Nil

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

CONSULTATION FORM

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Doctor Name : Dr. SriparthaDate : 04/07/26 Hour : _____

Hospital : _____

Type of Referral : ☐ Emergency (within one hr.)☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)Referred for : ☐ Opinion ☐ Co-Management☐ Transfer of care

Date : _____ Time : _____ By : _____

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

Signature: _____

M.D.

Report of Findings and Recommendations : Child Neuro TeamThanks for referral

Alleged n/o RTA - hit by a two-wheeler when
child was pillion rider on 03/07/26 at 6pm

Atb Multiple episode of vomiting
Persistent headache since

n/o LOC (+) - for ~ 1-2 minutes

No n/o seizure/ENT bleed

n/o episode of
Bradycardia & hypertension
intermittent (+)
during CT scans

o/e E4V5M6

Rph - Bp 3mm, reactive to light

Good orthogravity movement in all four limbs

CT (04/07/26) & o Acute Right FTD SDH ~ 7mm with midline shift ~ 3-4mm
with underlying Right Temporal contusion with
Temporal bone fracture

(P.P.O.)

Consultant :

Name : Dr. Sripartha Signature : _____ Date & Time : 04/07/26 11 am

NOTE : If more space is required use another consultation sheet as continuation

Plan

- Monitor ACS, Pupils, Vitals
- Plan → Decompressive Hinge Craniotomy with Augmentative DuraPlasty about the current condition, possibility of increase in temporal contusion and need reoperation, risks and benefits of surgery and overall prognosis
- Pnc
- Blood Group and Crossmatch, PT-INR
- Review Sors


Sripartha

MLC

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby R.SAADHYA SRI

Age : 8 Y 8 M 25 D

IP No: IP-00060557

Sex: Female

Consultant: Dr. GEETHA CHANDA

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 insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Ravi Kumar.

Relationship:

Father

Date:

31/7/26

Time:

7:12 PM

Witness Name:

Witness Signature:

(Signature)

Patient Address:

h.no:1-46,perllapally,ballampally.
Bellampalli R S Adilabad Telangana
INDIA 504251



OPERATION NOTES

Surgeon : <u>Dr. SRIPATHA Y</u>		Asst. Surgeon : <u>—</u>
Pre-Operative Diagnosis: <u>RIGHT FTP ACUTE SDH WITH FRONTOTEMPORAL CONTUSION</u>		
Surgical Procedure : <u>RIGHT FRONTOTEMPOROPARIETAL HINGE CRANIOTOMY WITH AUGMENTATIVE DURAPLASTY</u>		
Indications for Surgery : <u>RAISED INTRACRANIAL PRESSURE</u>		
Date : <u>04.07.2026</u>	Start Time : <u>01:45pm</u>	End Time : <u>04:45pm</u>
Post Operative Diagnosis: <u>RIGHT TEMPOROPARIETAL EXTRADURAL HEMATOMA WITH FRONTOTEMPORAL CONTUSION</u>		
Peri-Operative Complications: <u>NONE</u>		
Amount of Blood Loss: <u>120ml</u>		
Blood Transfused (in ML) <u>—</u>		
Name and Number of Surgical Specimen sent for examination: <u>—</u>		
Operation Notes: <u>1) Patient laid supine under GA, on horseshoe holder</u>		
<u>2) Right frontoparietal curvilinear incision made and flap raised</u>		
<u>3) Pericranial graft harvested. Temporalis muscle contused</u>		
<u>4) Fracture line across right fronto temporo parietal fracture noted</u>		
<u>5) Right frontotemporoparietal craniotomy done</u>		

- 6) ~ 15 ml of Extradural hemorrhage evacuated
- 7) Underlying dural bulge noted
- 8) Dura opened in curvilinear fashion. Underlying brain bulge noted.
- 9) Augmentative duroplasty done.
- 10) Bone flap replaced and hinge craniotomy done.
- 11) Wound closed in layers.

Post-Op INSTRUCTIONS

- 1) Oral sips once alert
- 2) Head end up - 30°
- 3) Head in neutral, midline position
- 4) Avoid lying on right side of head
- 5) Monitor Cx, Pupils, Vitals
- 6) Continue Antibiotics, Antiepileptics, and 3% NaCl.
- 7) Repeat CBC tomorrow morning
- 8) Review I/Os in case of any deterioration.

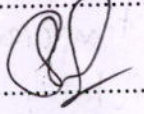
Postop

Evms

Pupils - 3mm, Reactive

Moving all four limbs

Name of the Surgeon: Dr. SRIPARTHA Y

Signature of the Surgeon: 

Date & Time: 04/7/26 5:30 PM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: R-sadhya Sri Age: 8y Sex: F UHID.No: VHF-00206535

Date: 11/7/20 Time: 1:00pm Proposed Operation: DC + Duroplasty

Diagnosis: Subdural Hemorrhage

B.P / CRT: 120/70 H.R: 91 Weight: 22kgs ASA Physical Status: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Laboratory Data:

Hgb: 10.5 Glucose: Protein: HIV: X-Ray: ☒ N
PCV: Urea: Alb: HBS Ag: ECG:
WBC: 11790 Creat: 0.5 Total Bill: HCV: 2D Echo:
Plate: 333 Na: 140 Dir. Bill: Blood group: O-ve Stress/Angio:
PT: 13.2 K: 4.5 LDH: T3: Other:
PTT: 13.8 Alk phos: T4:
INR: 1.25 Amylase: TSH:
Cl: 106 SGOT/SGPT:

Allergies: NEU

Medical History: CVS:

RESP: 10 headache

Diabetes: NEU for 3 days

CNS: TBI- 10c for 1min / Bontepu episodes of Vomiting

→ development appropriate
→ Immunised till date

Renal: / NEU
Hepatic / GE: / NEU
Others: -

Physical Activity: active

Past Anaesthetic History: NEU

Physical Exam:

Airway: MP 2 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: ☒ N Teeth: ☒ N

Lungs: BAE ⊕ chr

Heart: S1w ⊕

CNS: GCS 15/15 ? Irritable on & off → now ddc

Pregnant: ☐ Yes ☐ No ☒ NA

Venous Access Site:

Spine Exam for regional: N/E

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☒ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☒ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Levopir	/
3L NS	/

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL
 Water / ORS 2 Hours } yesterday
 Others 6 Hours
- Informed Consent: ☒ Standard ☐ High Risk
- Post Operative Pain Management: ☒ Discussed with Patient
- Other Instructions:
- To reserve 15ml/kg PRBC.

Signature:  Name: Dr. Divya K



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Nandini Time Received : 5 PM Time Discharged :

250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0 SPO ₂	250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	IV Cannula Site :
		☒ O ₂ Mask ☐ Nasal Prongs ☐ Tracheostomy ☐ T-Piece ☒ Oral Airway ☐ Nasal Airway
Vomiting : ☐ Yes ☒ No Drug: NG Tube : ☐ Yes ☒ No Drain: ☐ Yes ☒ No Urinary Catheter: ☒ Yes ☐ No Chest Tube: ☐ Yes ☒ No Nil Oral ☐ Yes ☒ No IV Fluids: <u>DNS</u> Oral Feeds: <u>NPO</u>		

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	2	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP $\pm$ 20 of Pre Anaesthetic level = 2 BP $\pm$ 20-50 of Pre Anaesthetic level = 1 BP $\pm$ 50 of Pre Anaesthetic level = 0	CIRCULATION	2	1	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		10	9	10		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Anaesthesiologist Name : Dr. Sandhya

Anaesthesiologist Signature: Dr. S.

Date & Time: 11/1/26 @ 5 PM

PACU Nurse Name : Dr. Nandini

PACU Nurse Signature: Dr. N.

Date & Time: 11/1/26 @ 5 PM

Reassessment Frequency:

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

Transferred to Unit by (PACU):

Date & Time:

Date and Time :

**CONSENT FOR ADMISSION
IN PEDIATRIC INTENSIVE CARE UNIT**

MLC

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Name: Baby R. Saadhya Sri Age: 8yrs Gender: Male ☐ Female ☒

UHID.No : VIH. 00206535 Date: 31/7/26

I R. Krishna Priya S/o, D/o, W/o, R. Ravikumar goud hereby
declare that our patient Master/Baby R. Saadhya Sri who is related to me as daughter
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 31/7/26

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

Child AS Hemorrhage in the Right Side of the Brain
measuring 6.6mm.

The doctors have clearly explained to me that my patient Master / Baby R. Saadhya Sri 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 : R. Saadhya Sri
child 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: P. Krishna Priya
Name: R. Krishna Priya
Relationship with Patient: Mother
Date & Time: 31/07/2026 7:50 PM

Witness :

Signature: Ran
Name: R. Ravikumar goud
Date & Time: 03/07/2026 8:00 PM

Doctor (who is taking the consent) :

Signature: P. V.
Name: Dr. Vishwaje
Date & Time: 31/07/2026 2:50 PM

**పిల్లల ఇంటర్నివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**

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రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.పా.బి.డి శ/ం. d/o. w/o.

నేను అనే బాలుడు / బాలిక యొక్క బికిత్త మేరకు రెయిన్స్ పిల్లల అనుపత్తి లోని పిల్లల ఇంటర్నివ్ 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 బిల్డ్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటర్నివ్ కేర్ విభాగం లో చేరించి బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటర్నివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర బికిత్తలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి. వెరిఫెరబ్లి ఇన్సర్ట్ చేయబడిన నెంట్రిల్ కాథెటర్ లైన్ మరియు అర్థరి 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 ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

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

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటర్నివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమె పై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రబికిత్తా 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 ఇంటర్నివ్ కేర్ యూనిట్ (పి.బి.సి.యు)లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

Docu. No. : RCH /FRM / CLINICAL / 013

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FORM FOR HIV

MLC

Patient Name : Baby R. Saadhya Sri Age : 2y 11
 Gender : M ☐ F ☒ IP No : 60557 Marital Status : —
 Ward / Bed No. : P.I.C.U IP/OP No. : 60557 Date : 31.7.26

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 : P. Krishna Priya
 Name : P. Krishna Priya
 Relationship with Patient : Mother
 Date & Time : 31/07/2026 : 7:50 PM

Parent (when patient is minor) :

Signature : Ravi
 Name : R. Ravi Kumar goud
 Relation : Father
 Date & Time : 9494307186
31/7/26 @ 5 pm

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 : G. B.
 Name : Dr. Vishwaje
 Date & Time : 31/7/26 2:50 pm

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-00206535 IP-00060557
 Baby R.SAADHYA SRI
 08-10-2017 8 Y 8 M 25 D (F)
 Dr. GEETHA CHANDA



RCHBH/ FHM / CLINICAL / 126

MLC

SCHOOL AGE (5-12 years)
 Children's Observation &
 Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/1/20	Time: 1	2	3	4	5	6
Doctor / Nurse / Family Concern?	fm		fm	fm		
Temperature (°F)	98.6	98.6	98.6	98.6	98.6	
Heart Rate (bpm)						
Blood Pressure (mmHg) *	110/60	102/59	114/69	112/50	113/89	
Heart Rate (Number)	87	94	90	84	92	
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	17	12	24	16	19	
Resp Mod/ Severe Distress None / Mild						
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	98	97	100	97	100	
Conscious Level	Normal	Normal	Normal	Normal	Normal	
GCS *	15	15	15	15	15	
TOTAL SCORE						
Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials	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 > 2 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

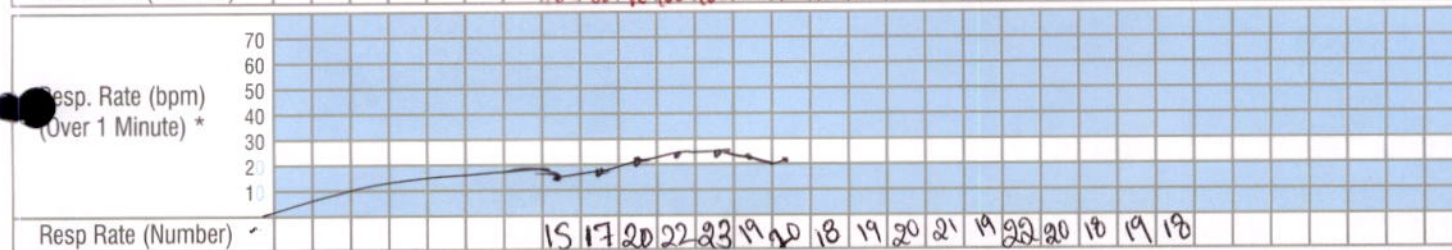
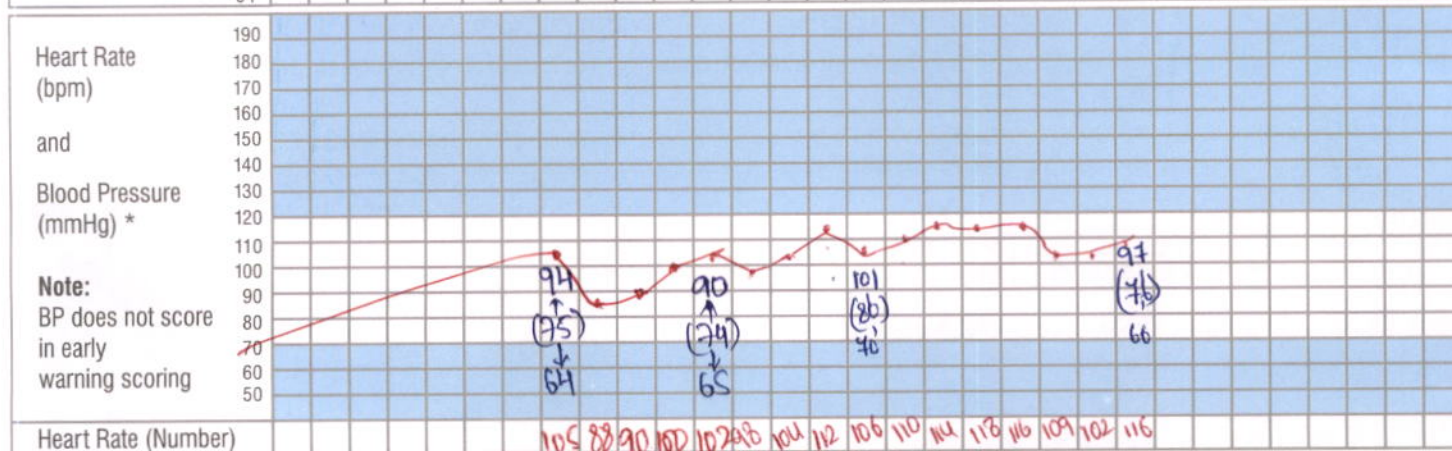
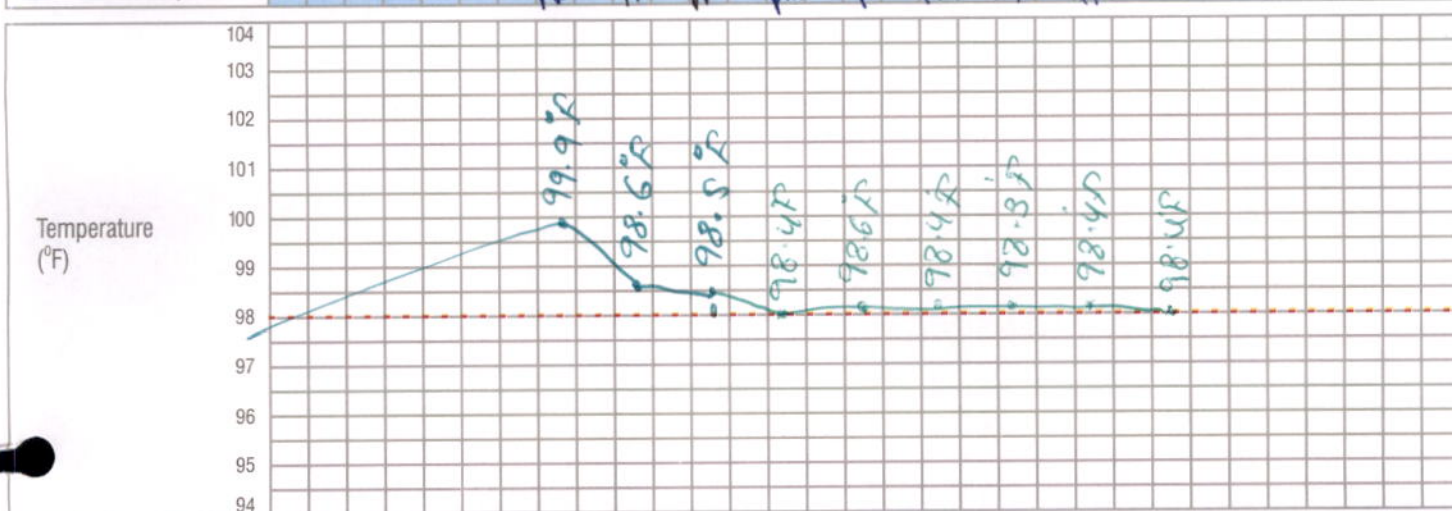
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/2/20 Time: 4:45 PM 6 8 10 12 2 4 6 8
 Doctor / Nurse / Family Concern? PM PM PM PM PM AM AM AM AM



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100	99	100	98	99	98	99	97
Conscious Level	Normal Altered	N	N	N	N	N	N	N	N
GCS *		15	15	15	15	15	15	15	15

TOTAL SCORE									
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	R	A	A	A	A	A	A

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.
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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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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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.

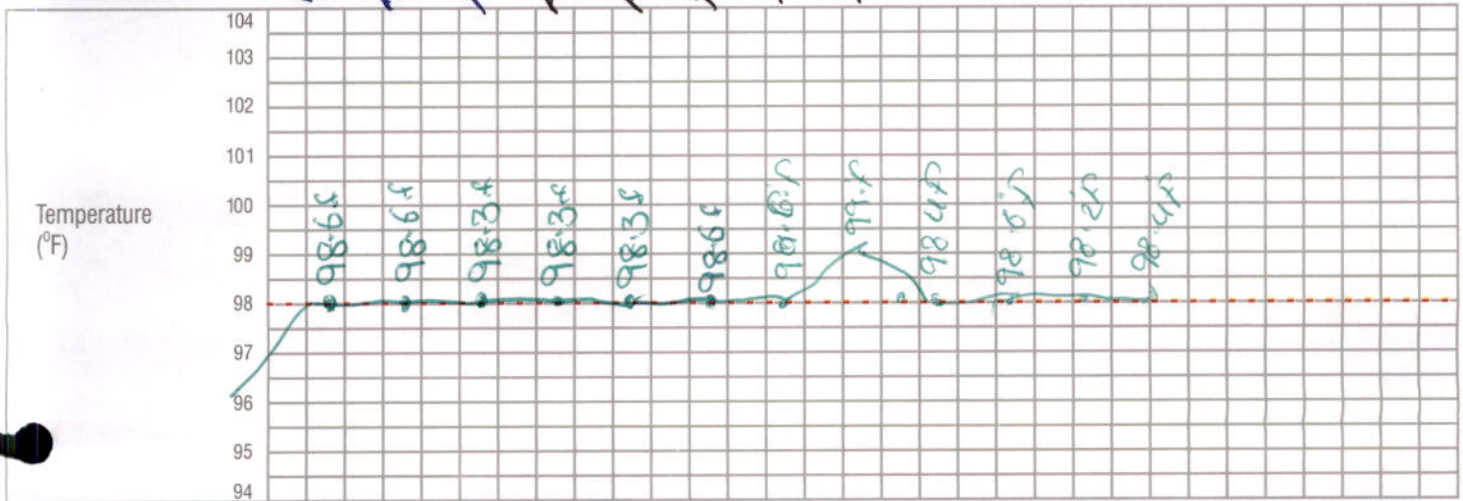
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S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACKGROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ 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)



SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/10/2017	Time : 9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?												



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

Note: BP does not score in early warning scoring

Heart Rate (Number)	110	112	113	110	112	115	110	112	114	108	116	115	109
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

BP Data (mmHg):
 130/80, 130/80, 130/80, 130/80, 130/80, 130/80, 130/80, 130/80, 130/80, 130/80, 130/80, 130/80, 130/80

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

Resp Rate (Number)	25	24	26	24	25	24	26	19	20	24	19	20
--------------------	----	----	----	----	----	----	----	----	----	----	----	----

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

TOTAL SCORE	
Number of shaded boxes	0
Pain Score	0
Observer's Initials	Dr. G. Chanda

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/10/17 Time: 9
 Doctor / Nurse / Family Concern? AM

Temperature (°F)

104
103
102
101
100
99
98
97
96
95
94

98.4°F

Heart Rate (bpm)

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

and

Blood Pressure (mmHg) *

Note:
 BP does not score
 in early
 warning scoring

Heart Rate (Number)

118

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

70
60
50
40
30
20
10

21

Resp Mod/ Severe
 Distress None / Mild

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

99

Conscious Normal
 Level Altered

GCS *

15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0

0

V

Noted by Dr. R. S. S. 8/10/17

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



Handwritten signature/initials in a circle.

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												

VH-00206535 IP-00060557
 Baby R. SAADHYASRI
 08-10-2017 8 Y 8 M 28 D (F)
 Dr. GEETHA CHANDA



FLUID CHART

Sheet No. :

6/7/26

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.

		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 :						
6/7/26	02:00 pm												
	03:00 pm												
	04:00 pm	Soup											
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
6/7/26	08:00 pm												
	09:00 pm	Kichidi											
	10:00 pm	water											
	11:00 pm												
	12:00 am	milk											
	01:00 am												
Total Intake :						Total Output :							
4/7/26	02:00 am												
	03:00 am	water											
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake													
Total 24 hrs. Output		5 times											

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													



MEDICATION RECONCILIATION FORM

Drug Allergies:

☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From:

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	1ij Ceftriaxone	1 gm	IV	12 th hly		☒ C ☐ DC
2	Tab. Chymoval forte	1 tab	PO	8 th hly.		☒ C ☐ DC
3	Tab. Lanzol Jr 15g	1 tab	PO	24 hly		☒ C ☐ DC
4	Syp. Paracetamol (250mg)	7.5ml	PO	8 th hly		☒ C ☐ DC
5	Syp. Levipil	2 ml	PO	12 th hly		☒ C ☐ DC
6	Lacrigel Oint.	Topical.		8 th hly.		☒ C ☐ DC
7	Refresh eyedrops	2 drop	RT eye Topical	4 th hly.		☒ C ☐ DC
8	Syp. Smooth	5ml	PO	12 th hly.		☒ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. J.V. Krishna Rao

Date & Time : 01:15pm on 06/07/2016

Nurse Name & Signature : Renuka

Date & Time : 6/7/2016 2pm



MLC

DRUG CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date of Admission: 3/7/26 Drug Allergies: Banana Allergy ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>SYP. IBUPROFEN</u>				Date Time
Dose <u>11ml</u>	Route <u>PO</u>	Frequency <u>as required</u>	Start Date <u>3/7</u>	
Doctor's Signature <u>[Signature]</u>		Valid Period <u>max 8th hour</u>	Pharm. <u>[Signature]</u>	
Additional Instructions: <u>10mg/kg/dose</u>				

DRUG : <u>2mg TRAMADOL</u>				Date Time
Dose <u>40g</u>	Route <u>IV</u>	Frequency <u>SOS</u>	Start Date <u>03/07</u>	<u>4/7</u> <u>11:00am</u> <u>[Signature]</u>
Doctor's Signature <u>[Signature]</u>		Valid Period	Pharm. <u>[Signature]</u>	
Additional Instructions: <u>C 1-2mg/kg/dose</u>				

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

VERIFIED BY : Name M. Jayashree Date 3/7/26 Signature [Signature]



REGULAR PRESCRIPTIONS

Weight. 22.2 K Ward. PTW

Chika 3/7/26

Chika 3/7/26

Chika 3/7/26

DRUG : INJ. LEVITERACETAM				Date Time	4/7 5/7 6/7
Dose 200mg	Route IV	Frequency 12th hourly	Start Date 4/7	10 AM	Rem New
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				10 PM	
Additional Instructions: 10mg/kg/dose				Sun	
Daily Doctor's Endorsement by a Sign					
DRUG : INJ. ONDANETRON				Date Time	3/7 4/7 5/7 6/7
Dose 4mg	Route IV	Frequency 8th hourly	Start Date 3/7	5 AM	10 PM
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				Rem New	
Additional Instructions: 0.2mg/kg/dose				Sun	
Daily Doctor's Endorsement by a Sign					
DRUG : INJ. PANTOPRAZOLE				Date Time	3/7 4/7 5/7 6/7
Dose 20mg	Route IV	Frequency Once daily	Start Date 3/7	9 PM	10 PM
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				Sun	
Additional Instructions: 1mg/kg/dose				Sun	
Daily Doctor's Endorsement by a Sign					
DRUG : SYR. PARACETAMOL				Date Time	
Dose 6.5ml	Route PO	Frequency 6th hourly	Start Date 3/7	Hold	
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja					
Additional Instructions: 5ml=240mg 1mg/kg/dose					
Daily Doctor's Endorsement by a Sign					

I.P. No.	Sheet No.	Wards	Weight (kg)
	②	PIU	22.2 kg

REGULAR PRESCRIPTIONS

DRUG: INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.	Date	Time
330mg	IV	6th hourly	3/7	3/7	4/7
Name & Signature of the Doctor starting the Drugs:				3/7	4/7
Additional Instructions:				3/7	4/7
Daily Doctor's Endorsement by a Sign.				3/7	4/7

DRUG: INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.	Date	Time
1gm	IV	BD	03/07	3/7	4/7
Name & Signature of the Doctor starting the Drugs:				3/7	4/7
Additional Instructions:				3/7	4/7
Daily Doctor's Endorsement by a Sign.				3/7	4/7

DRUG: CEFTRIAXONE

Dose	Route	Frequency	Start Dt.	Date	Time
1gm	IV	BD	03/07	5/7	6/7
Name & Signature of the Doctor starting the Drugs:				5/7	6/7
Additional Instructions:				5/7	6/7
Daily Doctor's Endorsement by a Sign.				5/7	6/7

DRUG: TAB CHYMORAL FORTE

Dose	Route	Frequency	Start Dt.	Date	Time
1 TAB	PO	8 hourly	5/07	5/7	6/7
Name & Signature of the Doctor starting the Drugs:				5/7	6/7
Additional Instructions:				5/7	6/7
Daily Doctor's Endorsement by a Sign.				5/7	6/7

RavH-00206535 IP-00080557
 Ch Baby R. SAADHYASRI
 Ho 08-10-2017 8 Y 8 M 26 D (F)
 Dr. GEETHA CHANDA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Pa	I.P. No.	Sheet No. 2	Wards 8CU	Weight (kg) 22.2/40
----	----------	-------------	-----------	---------------------

REGULAR PRESCRIPTIONS

DRUG : JEP. PARACETAMOL				Date Time	6/7	7/7	8/7													
Dose	Route	Frequency	Start Dt.																	
7.5ml	PO	Q4hly	6/7	6 AM																
Name & Signature of the Doctor starting the Drugs:																				
Dr. NIKETH																				
Additional Instructions:																				
(15mg/kg/dose)																				
5ml = 250mg																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : TAB LANZ JUMIOR				Date Time	7/7	8/7														
Dose	Route	Frequency	Start Dt.																	
1 tab	PO	Q12hly	6/7																	
Name & Signature of the Doctor starting the Drugs:																				
Dr. NIKETH																				
Additional Instructions:																				
(1mg/kg/dose)																				
1 tab = 10mg																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : JEP. LEVOPIL				Date Time	8/7	11/7														
Dose	Route	Frequency	Start Dt.																	
2ml	PO	Q4hly	6/7																	
Name & Signature of the Doctor starting the Drugs:																				
Dr. NIKETH																				
Additional Instructions:																				
(10mg/kg/dose)																				
Daily Doctor's Endorsement by a Sign.																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

Verified
 Dr. Rishika
 Clinical Pharmacologist

VH-00206535
Baby R. SAADHYASRI
08-10-2017 8 Y 8 M 28 D (F)
Dr. GEETHA CHANDA

Ref. No. : F / HW / DC / RP / INPR / 05.a

I.P. No.	Sheet No.	Wards	Weight (kg)
	3	PLU	22.2 kg

REGULAR PRESCRIPTIONS

DRUG : LACRIGEL OINTMENT				Date Time	6/7	7/7	8/7													
Dose TOPICAL	Route	Frequency TDS	Start Dt. 06/07		6	7	8													
Name & Signature of the Doctor starting the Drugs: <i>Sripaath</i>					Am	X	Bed	Even												
Additional Instructions: ② EVE					10	PM	2	PM												
Daily Doctor's Endorsement by a Sign.																				

DRUG : MOLLOL EYEDROPS				Date Time																
Dose 2 drops	Route TOPICAL	Frequency QUH	Start Dt. 06/07																	
Name & Signature of the Doctor starting the Drugs: ② EVE <i>Sripaath</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : SUP SORBITR				Date Time	6/7	7/7	8/7													
Dose Sml	Route PO	Frequency BD	Start Dt. 06/07																	
Name & Signature of the Doctor starting the Drugs: ② <i>Sripaath</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : PARSOL EYE DROPS				Date Time																
Dose 2 drops	Route TOPICAL	Frequency 4 times	Start Dt. 6/7																	
Name & Signature of the Doctor starting the Drugs: <i>Sripaath</i>																				
Additional Instructions: Both eyes																				
Daily Doctor's Endorsement by a Sign.																				

See the Eye drops chart

VH-00206535

IP-00060557

VIH-00206535
R SAADHYASRI

Baby R. S. A.
08-10-2017

8 Y 8 M 29 D

(F)

08-10-2017
Dr. GEETHA CHANDA



၇၈
LS
၁၄

I.P. No.

Sheet No. _____

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG: ffp, ZIP RAY

Date
Time

Dose	Route	Frequency	Start Dt.
------	-------	-----------	-----------

5 ml

Route
fo

⑫ hml 8/7

Name & Signature of the Doctor
starting the Drugs:

for fresh

Additional Instructions:

5 ml = 100 mg

Daily Doctor's Endorsement by a Sign.

DRUG :

Date

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.

VH-00206535

IP-00060557

VIH-00206535
Baby R. SAADHYASRI

08-10-2017

8 Y 8 M 26 D

(F)

Dr. GEETHA CHANDA



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name:

Weight: 22.2kg kgs

Sheet No:

[illegible]



Weight. 21.2 Ward. PICU

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7/26	8:35 PM	INJ. LEVITERACETAM (20mg/kg)	400mg	IV	[Signature]	Liron [Signature]
3/7/26	9:30 PM	INJ PARACETAMOL (15mg/kg)	330mg	IV	[Signature]	Sumayal [Signature] Tajana [Signature]
4/7/26	9:00 AM	IV 3-1-NACL (5ml/kg)	100 ml	IV	[Signature]	Shreekanth [Signature] Jadhav [Signature]
4/7/26		Inj vitamin K	6mg	IV	[Signature]	[Signature]
4/7/26	07:45 PM	INJ. CEFTRIAXONE (After test dose)	1 gram	IV	[Signature]	Rakesh [Signature] Indira [Signature]
4/7/26	3:00 PM	INJ-PARACETAMOL	330 mg	IV	[Signature]	Rakesh [Signature] [Signature]



MLC

I.V. FLUIDS CHART

Weight: 20.2 kg Ward: PRW

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	9pm	DNS (2/3 M)	iv	40	Le	Suma Sagar	9/7	2	Remy Jasmi
4/7	10 AM	3% NaCl	iv	22	1	Hin S	4/7	(Kmj)	Remy S
4/7	10 AM	2% NS	iv	20	2	Pin S	4/7	Jul	SX S
4/7	11:45 PM	RINGER LACTATE	iv	220ml/hr	(Kmj)	Raksh (Kmj)	4/7	(Kmj)	Raksh (Kmj)
4/7	3:50 PM	RINGER LACTATE	iv	120ml/hr	(Kmj)	Raksh (Kmj)	4/7	S	Raksh Dhruv
4/7	3:30 PM	GELOFUSINE	iv	100ml/hr	(Kmj)	Raksh (Kmj)	4/7	(Kmj)	Vishvi Remy
4/7	10 AM	3% NaCl	iv	20	S	Suma S	5/7	2	NB Raksh
5/7	6 PM	2% 3% NS	iv	11	JP	N.S S	6/7	2	Remy Nand
6/7	8:15 AM	IVF DNS	iv	10	Ju.	Suma Rq	6/7	2	Remy Nand

Signature

VERIFIED BY : Name

PICW

R. Saadhyani
Sylm Patient Sticker
JH-206855



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 04/09/26 Time: 9.30 AM

Weight: 22.2 kg Centile: < 25 centile

Height: Centile: -

Inference: well nourished

RDA: 1800 kcal Calories: 1800 kcal Protein: 22 - 22 gm/day

Diet Recommendations: NBM

Re-Assessment: Chew Liquids

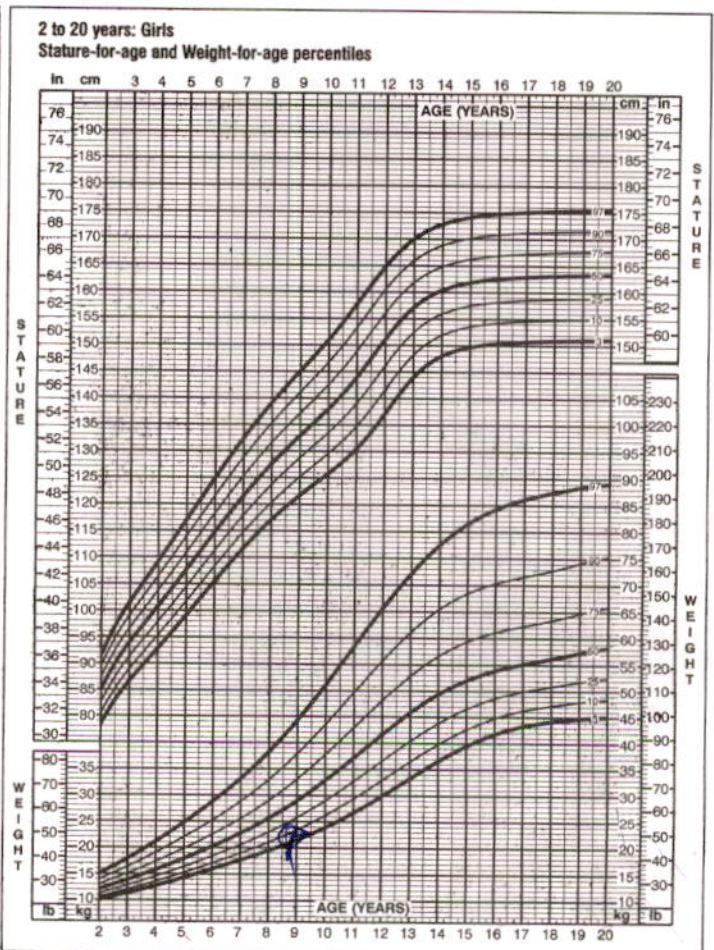
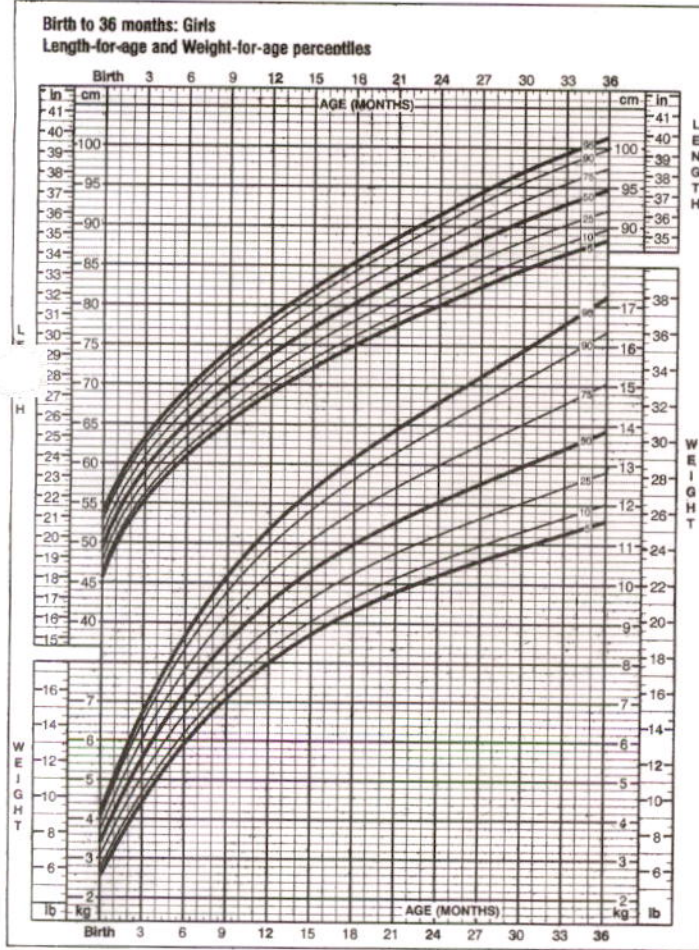
Food Allergies: Banana Veg/Non-veg: Both

Diagnosis: Traumatic brain Injury

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: P. Krishna Prasad (mother)

GROWTH CHART (GIRLS)



Dietician's Name: Zohra

Dietician's Signature: [Signature]

Daily Notes:

05/2/26.

on call SD, Curiosity
of signs of water & O₂

2h
9:30am

06/2/26.

Soft diet

2h
10Am

07/2/26.

Soft diet

2h
9.30Am?



ESTIMATION SLIP



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 03/07/26 UHID/IP No.: _____ Sl. No.: 29206
Name of Patient: Baby Saadhya Sui Age: 9y Gender: P
Father's / Husband's Name: Mr. Paui Kumar Corporate/Occupation: P.C.
Address: Manchin Phone: 9494307186 Email: _____
Procedure/Plan: medial magnet DOS: _____
MODE OF PAYMENT: ☒ SELF ☐ TPA: Cash ☐ GIPSA: _____ ☐ OTHER

TARIFF INFORMATION: Dr. Geetha.

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	1		1	1	7	12 Noon to			
Doctor's Fee						12 Noon	Billing.		
Tax	7900		12900	16400			21000		
PARTICULARS					AMOUNT (₹)				
Surgeon's / Anesthetist's Fee / O.T Charges									
O.T Consumables					Subject to approval by TPA/Insurance Company				
Instrument Charges					Not Covered by TPA/Insurance Company				
Pharmacy, Consumables & Investigations					★ As per actual - Not Included In Estimation				
Equipment Charges	Monitor : 1.500/-		Oxygen: 4.800/-		Infusion Pump/Syringe Pump: 900/-				
	Ventilator		Conventional:		HFO-SLE 5000:		HFO-Sensormedix:		
	Phototherapy		Single Surface:		Double Surface:		Triple Surface:		
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.					★ As per actual - Not Included In Estimation				
Package	NHA - 1,500/-		IPF - 1,500/- MRD - 2,500/- 5/DA						
Others	5x-wt on Bed		Consultant - 2,500/day						
Initial Minimum Deposit	30x		Diet - 1,000/day						

REMARKS :

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Endoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I Mr. Paui Kumar have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client

Signature Relationship

Signature of the Financial Counselor

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
It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

To

The Station House Officer,

P.S. Mancherial (PS)-8712658676

Dist. / City Hyderabad - at: 09:40 PM

Ref : Our Telephone Intimation Dated 03/7/2026

Received by : Mr. Dasharath H/c-2286

Patient Name : R. Soodhyo Sri

S/o. W/o. D/o R. Ravi Kumar Goud

Age: 8 years Sex: Male / Female

Address: Laxm Nagar, Mancherial,
Telangana.

Identification Marks

1) Photos attached

Date 03/07/2026

Time 6:15 PM

M.L.C. No. 1184

UHID / I.P No. UHI-00206535 / IP-00060557

Accompanied by P.C. / Attendant

Name : Mr./Mrs. R. Ravi Kumar Goud

Relation : Father

Phone No. 9494307186

Signature : Ravi

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

Signature / LTI of Patient

At 11/0 HSE by heli and fall @ 6pm on 2/7/26 @ Residence -
Mancherial, Telangana. Hby - Vomiting - child admitted at local hospital
and investigated. followed by persistence of vomiting on 3/7/26 associated
with Headache and Giddiness

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

Pulse : 110 /mt B.P.: 115/85 /mm Hg Resp. Rate 24 /mt Temp : 98.5° Of

Heart : S1S2+ Lungs : BAE+ Abdomen : soft Pupils : B/E Reactive to light

DESCRIPTION OF INJURIES

S No.	Description of wounds	Dimensions
	<u>Swelling over (R) temporal area of scalp.</u>	

Dying Declaration Required : Yes / No

Name & Sign. of Doctor : Dr. Vishwaja

Regn No. TSMC / FMC / 33080

MLC Received by :

Investigation Advised :

Treatment Given :

Signature :

Name :

Designation :

1. Admitted in ICU Ward / ICU

2. Left Against Medical Advice

3. Patient Condition at the Time of Transfer CONscious, Hchle

Name & Sign. of Doctor : Dr. Vishwaja

Regn No. TSMC / FMC / 33080

CBP
S/E
S. creat

11/0
Inj. Ondansetron
Syp. PCM
Inj. Pantoprazole
Inj. Levetiracetam

1980-1981

Patient Name : VIH-00206535
Baby R. SAADHYASRI IP-00060557
08-10-2017 8 Y 8 M 28 D (F)
Registration No.: Dr. GEETHA CHANDRA



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
7/7/26	00.00	6:00 AM		
	1.00	inj. ceftriaxone - 1gm (BD)		
	2.00	Tab. Chymosal Forte 1tab (TID)		
	3.00	Syr. Paracetamol 7.5ml (TID)	Sadiya	P. Krishna Prasad
	4.00	Tab. Lanzol Junior 1tab (OD)		
	5.00	1tab = 15mg		
	6.00	Lacogel ointment (TID)		
	7.00	10:00 AM		
	8.00	Syr. Levipil - 2ml (BD)		P. Krishna Prasad
	9.00	Syr. Smuth - 5ml (BD)		
	10.00	2:00 PM		
	11.00	Tab. Chymosal Forte - 1tab (TID)		
	12.00	Lacogel ointment		P. Krishna Prasad
	13.00	Syr. Paracetamol - 7.5ml (TID)		
	14.00	6:00 PM		
	15.00	inj. ceftriaxone - 1gm (BD)		P. Krishna Prasad
	16.00	10:00 PM		
	17.00	Tab. Chymosal Forte - 1tab (TID)		
	18.00	Syr. Paracetamol 7.5ml (TID)		
	19.00	Syr. Levipil - 2ml (BD)		
	20.00	Lacogel ointment		
	21.00	Syr. Smuth - 5ml (BD)		
	22.00			
	23.00			