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Your Right to a Safe Delivery

ACTIVIT' G

VIH-00199925 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

Name: ----

UHID No : -

--------- Consultant : ---------- Dept : ----------

Date of Admission : 2/8/26 Time : 1:13 AM Date of Discharge : 4/8/26 Time: 8:30 A

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/8/26	2:15 AM	ER	PICU	
2/8/26	3.30 Am	PICU	206	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/8/26	HIV test	26026133	Hena
2/8/26	LFT	26026132	Hena
2/8/26	X-ray chest AP/LAT	R26-012585	
2/8/26	CUE	26026170	
2/8/26	Calcium, phosphorous	26026193	
	Cross check by		
3/8/26	Vitamin D_3 (1.25 Dihydroxy)	26026255	
3/8/26	E.E.G.	R26-012623	
	Cross Check by		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/8/26	Cardiac Monitor	2/8/26 2 Am 2/8/26	2/8/26 3.10 Am	3109669	[signature]
	infusion pump	3/8/26 4 Am	[illegible]		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/8/26	Iv placement	1	3109672	
	IV Placement	1	3109975	
	Cross checked by Sn			

ANY OTHER INFORMATION

Date : 4/8/26 Time : 8:30 AM Prepared By : Sn 4/8/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sn	2		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

Patient Name :

IP.No:

Ward:

DOA: 2/8/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	
2	Discharge Summary				
3	Nursing Initial assessment form	1	–	–	
4	Patient Trasfer Forms	2	–	–	
5	In-patient Medical Record	3	–	–	
6	Doctors Progress Sheets	2	–	–	
7	Nurses Progress notes	4	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	1	–	–	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for ~~High Risk~~ PICU	1	–	–	
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test	1	–	–	
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	–	–	
26	Intake and Output chart (fluid Chart)	2	–	–	
27	Drug Chart (Regular prescription)	2	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Emergency Room Triage	1	–	–	
	Medication Reconciliation	1	–	–	
	Others	11	–	–	
	Total No. of Pages	36			

Vaishnavi 3/8/26

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060969 **Admit Date** : 02-Aug-2026 **Admit Time** : 01:13 AM **UHID** : VIH-00199928

Patient Details :

Patient Name	: Master KRITIN	**Age**	: 2 Y 1 M 15 D
Guardian	: Mr B.RAVI	**DOB**	: 18-06-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Nagaram Nagaram Hyderabad Telangana INDIA 500083	**Phone No**	: 9032274529
		E-mail	: NA@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 B.RAVI **Relationship** : Father

Contact Address : Nagaram Nagaram Hyderabad Telangana INDIA 500083 **Phone No** : 9032274529

Signature

Doctor Details :

Doctor Name : Dr. PAPPULA SINDHURA **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2/8/26 Time of arrival : 1:04 AM

Chief Complaints: Came for Calcium Correction RBS: —

Height : — Weight : 10.8 kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 1:06 AM

Patient Name : Mast. KRITIN UHID : VIH-00199928 IPD : IP-00060969 Gender : Male Age : 2 Y 1 M 15 D

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

Time	Nursing Notes
1 AM	* Pt Came to ER
1:01 AM	* Vitals Checked and Recorded
1:03 AM	* ER Doctor Seen the Pt & advised admission
1:13 AM	* Admission Done
1:45 AM	* Iv placement Done
2:15 AM	* Pt Shifted to PICU
1:20 Am	*. Sponging done in ER

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1:15 Am	Syp. Ibugesic	P/O	5 ml	Dr. ganesh	

Condition of patient at time of shift - out :	Details of Shift - out
HR: 132 b/m BP Crying CFT: <3Sec	Shift - out from ER to: PICU
RR: 28 b/m SPO_2 : 99%	Time of Shift - out: 2/8/26 @ 2:15 Am
GCS: 4, 5, 6 Temperature : 100.8°F	Handover given to: Sr. Sanjay (Nurse's Name)
Pain Score: 0	by. Sr. Kajal
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv Placement

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

Date & Time : 2/8/26 @ 2:15 AM

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

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wt - 10.8 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Kritin Age : 2 yrs Gender: ☑ Male ☐ Female

Date : 2/8/26 Time of Arrival : 1 AM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 103.2°F PR: 140/m BP: Crying RR: 26/m SpO2: 99%

Chief Complaints: Came for Calcium correction

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 1:03 AM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sr. Hema

Signature of Triage Nurse

Date & Time : 2/8/26 @ 1:03 AM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00199928 IP-00060969 Master KRITIN 18-06-2024 2 Y 1 M 15 D (M) Dr. PAPPULA SINDHURA	2/8/26 @ 1:13 Am	2/8/26 @ 2:15 Am
	Transfer Ordered by Dr. Ganesh	Reason for Transfer 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 Attender

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Hema	Dr. Ganesh

Patient & Clinical Records Received by : BW, Sanjay

Date & Time of Patient Received : 2/8/26 @ 2:20pm.

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

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VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

Date & Time of Admission	Date & Time of Transfer Order
2/8/26 @ 1.13Am	2/8/26 @ 3.30Am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Amulya	Stable

From Unit	To Unit	Information to Attendant
PICU	206	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	—	Yes ☑ No ☐ If yes, what? op file given to attender

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS 500ml	1
2.	NS 100ml	1
3.	High Pressure	1
4.	10cc-7 Scc	10
5.	D/W	10

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sanjay	Dr. Amulya

Patient & Clinical Records Received by : Vaishnavi

Date & Time of Patient Received : 2/8/26 @ 3:40Am

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

UHID ID: _____

Department: _____

Consultant: _____

18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o seizures A/w fever.

History of present illness :

c/o Seizures for 5-7 min
A/w fever >(100° F)
in the form left sided limb.
Jerks (leg & hand)
later UROF of eye balls &
drooling of saliva.

Post ictal deficit of 5-7 min

↓

Managed on opd basis & sent
investigations as a case of
febrile seizures.
@(6.5)

↓

But: I/v/u Ca^{+2} -low called back
shifted to PICU
for correction.

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

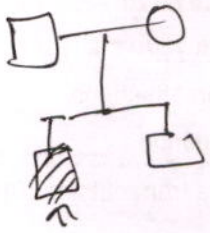
Past History : (Including details of any previous investigation or treatment)

Ca^{++} - 6.8 mg/dr
Na^{+} - 144
K^{+} - 3.9
Cl^{-} - 106
Mg^{++} - 1.9.
CRP - 26

US - - 1st admission
L Bronchiolitis for RD
- 2nd - RD (WALRI)
- 3rd - Now.

Birth & Neonatal History:

NSD Perinatal insult.



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : Class III

Developmental History :

mild language delay (Stuttering(+))
Rest - (N)

Immunization History :

upto date

(P.T.O.)

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 10 kg. (Centile _____)

On Examination :

Temperature : 102°F Pulse Rate : 142 B.P. 100/80 SPO2 98%

Resp.rate and type of breathing : 41/min

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE ⊕

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 ⊕

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft (N&D

Ausculation :

Spine : External Genitelia :

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

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars ++ in all limbs

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

? hypocalcemic seizures
? febrile seizures

(P.T.O.)

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

C/D/W Dr. Sindhura

Planned Labs:

Send Ionised Ca^{+2},
- LFT (Some Sample)

CBP
CRP
S.E
Ca^{+2}, Mg^{+2} } Done on OPD basis.

Planned Management

- Shift to PICU for low Ca^{+2}.
↓
later to ward.

Repeat Ca^{+2}.

W/F Bradycardia. during infusion continous bedside monitoring

Noted by Sr. Kajal 2/8/26 @ 1:30 PM

Signature of the Doctor: .....
Name of the Doctor: CH. GANESH.
Date & Time: 1:20 Am : 2/8/2026

Signature of the Consultant: .....
Name of the Consultant: P. Sindhura
Date & Time: .....

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/08/26 3:30pm	c/s/o PICU fellow	
	Δ = febrile seizures ē hypocalcemia.	
	Ca = 6.5	
	Airway = maintained	
	Breathing - RR = 28/min	
	SPO2 100% on Room air	
	B/L AE ⊕ clear	
	circulation - HR = 118/min.	
	CRT < 3secs	
	U/O = Adequate	
	Disability = GCS = 15/15	
	pupils = B/L RTL equal	
	exposure = No fever	
	IV Calcium gluconate 100mg/kg given over.	
	1 hour - No adverse events noted	
	Shifting to ward	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	I/P Nephrology	
2/8/26		(Plan)
	C/O	
	No fever	– CUE
	No vomiting	
	(O/E)	– Chest x ray
	Vitals – (N)	– S. calcium, vitamin D3, Phosphorus @ 5 AM
	P/A – B/L renal, [illegible]	
	Exam – [illegible]	– Ionised calcium in OPD sample
	(N) tone	
	Power 5/5	
	DTP – [illegible]	
	Plan – [illegible]	

Noted by Deepika @ 8AM 2/8/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Neurology	
3/8/26		
	1 FT – complex febrile seizures (left focal movt)	
		T/D vitamin D3 level
	c/o 3 fever spikes	
	No seizures	– T/D EEG e 11
	HC → 46.5 cm	
	pupil →	
	EOM →	
	Tone ↑ (N)	
	power → good the movements	
	DTR →	
	Plantars →	
Noted by Staff 3/8/26		

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8		
	No fever	Adv
	ECG – normal	D/s [illegible] T/M

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 16 D (M)
Dr. PAPPULA SINDHURA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/8		
	c/s/by Dr. Sindhu	
		Discharge.
	fever spikes (+)	
		- Continue Abx / Inj Zinc
	low grade	- on discharge
	Vitals stable	
		- Trace Vitamin D repeat
		- Calcium - P
		Nidaz spray BD
		noted by
		manasa
		4/8
		@8AM

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Master KRITIN
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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 2/8/26	Diagnosis: ?Hypocalcemic seizures ?febrile seizures	Surgery / Procedures: Nil	
	Allergies: Nil		Post OP Day: Nil	
	Date: 2/8/26			
	Area / Shift Time	2/8/26 Night		2/8/26 8pm → Am
	Diet:	Soft diet		~~RT~~ Soft Diet
	Ventilation (RA, NP, NIV, VENTI)	RA		IV communi.
INVASIVE LINES	1. Peripheral line	1		
	2.			
	3.			
	4.			
ASSESSMENT	Infusions / Transfusions	Nil		Inj. Calcium 11ml + 11 ml NS @ 10ml/hour.
	PU Prophylaxis	Nil		Nil
	DVT Prophylaxis	Nil		Nil
	Vitals BP	92/62 (70) mmHg		90/53 (67) mmHg
	Vitals PR	128 b/m		130 b/m
	Vitals RR	27 b/m		26 b/m
	Vitals SpO_2	99%		99 %
	Vitals Temp	100.8°F		100.3°F
	Pain Score	0		0
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert		Alert
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact		Intact
	Restraints If any Physical	—		—
	Restraints If any Chemical	—		—
	Fall Risk (Vulnerable Y/N) if yes score	17		17
	(Ambulation, walking, moving with assistance, bed ridden)	Ambulation		Ambulation
	ADL (Dependent / Non-Dependent)	Dependent		Dependent
	Critical Lab Test / Values (If any)	Calcium – 6.5 mg/dl		Calcium 6.5

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

RECOMMENDATIONS					
		Date: 2/8/26			
	Investigations Procedures	Area / Shift Time	ER Night		P/O 8pm-8am
		Ordered / Planned			* DNS 2 months & calcium correction done.
		Due	Nil		Nil
		Reports Pending	Tomorrow Calcium & LFT Due		Nil
		Referrals (If any)	Nil		Nil
	Remarks (Special Interventions like, Drainage tube flushing etc.)		Nil		Nil
Handed Over By Name :			Sr. Kajal		Supriya
Signature :					Sri
Date:			2/8/26		2/8/26
Time:			2:15 AM		
Taken Over By Name :			Supriya		
Signature :			Sri		
Date:			2/8/26		
Time:			@ 2:20 Am.		

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ? Hypocalcemic Seizures ? Febrile Seizures. | Any Infection: ☐ Yes ☑ No ☐ Not Known | If Yes Specify: —

Surgery / Procedure: N/T | Post OP Day: N/T

BACKGROUND

Date / Shift	2/8/26 N	2/8/26 M	2/8/26 E	3/8/26 N	3/8/26 M	3/8/26 E
Medical Condition (Any special condition to be noted):	—	—	—	—	—	Nill
Diet:	⑤ diet	⑤ diet	⑤ diet	⑤ diet	⑤ diet	⑤ diet

ASSESSMENT

	2/8/26 N	2/8/26 M	2/8/26 E	3/8/26 N	3/8/26 M	3/8/26 E
Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.6°F	98.4°F	98.6°F	98.3°F	98.6°F	98.0°F
Res:	26 b/m	26 b/m	20 b/m	26 b/m	24 b/m	25 b/m
SpO_2:	99%	99%	99%	99%	98%	99%
Pulse:	103 b/m	103 b/m	100 b/m	105 b/m	104/bpm	101 b/m
BP:	80/mp(ss)	103/53(62)	—	—	—	110/60 (66)
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	11	'15'	'15'	15	15	15
Pain Score:	0	'0'	'0'	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

	2/8/26 N	2/8/26 M	2/8/26 E	3/8/26 N	3/8/26 M	3/8/26 E
Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	—	—	—	Nill
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Special Diet:	⑤ diet	⑤ diet	⑤ diet	⑤ diet	⑤ diet	⑤ diet
Critical Lab Test / Values:	—	—	—	—	—	Nill
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	
Handed Over By Name :	Vaishnavi	Dupika	Dupika	Vaishnavi	Syed	Padma
Signature / ID :	WO20216	DK60746	DK60746	WO20216	016452	606329
Date:	2/8/26	2/8/26	2/8/26	3/8/26	3/8/26	3/8/26
Time:	@8AM	@2pm	@8pm	@8AM	@2pm	@8pm
Taken Over By Name :	Dupika	Dupika	Vaishnavi	Syed	Padma	Manasa
Signature / ID :	DK60746	DK60746	WO20216	016452	606329	
Date:	2/8/26	2/8/26	2/8/26	3/8/26	3/8/26	3/8/26
Time:	@8AM	@2pm	@8pm	@8pm	@2pm	@8pm

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: febrile seizures c hypocalcemia				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	3/8 N					
	Medical Condition (Any special condition to be noted):	Nil					
	Diet:	S.diet					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F					
	Res:	25 b/m					
	SpO_2:	98%					
	Pulse:	120 b/m					
	BP:	112/68 (81)					
	LOC:	Conscious					
	Fall Risk Score:	11					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S.diet					
	Critical Lab Test / Values:	Nil					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent					
Post Operative Procedure Special Orders:		Nil					
Handed Over By Name :		Manasa					
Signature / ID :		Manasa					
Date:		04/8/26					
Time:		8AM					
Taken Over By Name :					noted by Manasa 4/8/26 8AM		
Signature / ID :							
Date:							
Time:							

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Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

NURSING CARE RECORD

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Date: 2/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	*	Assessment	*	Assessed the child condition	* child is active.	* child is Hemodeinamicly Stable.	Supriya 2/8/26
	*	vitals	*	vitals are normal.	* vitals are normal.		
	*	medications	*	medications given.			

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Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
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NURSING CARE RECORD

Date: 2/8/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Ensure safety Maintain fluid Balance		To provide Side rails To administer DNS 30ml/hr	To prevent falls To prevent dehydration	Re-Assessment was done. Baby is stable.	Deepika 2/8/26 @2pm
Afternoon	2pm 4pm	Assessed the Condition Monitored vitals	3pm 8pm	Assed the Baby Condition Vitals checked	Baby is stable Vitals stable	Re-Assessment was done. Baby is safe.	Deepika 2/8/26 @8pm
Night	11pm	Maintain fluid Balance -Ensure Safety	11:10 pm	-Maintained input-/output-chart -provided side rails	-To prevent dehydration -To prevent falls	-Re-Assessment is done, vitals checked	Vaishnavi 3/8/26 @2AM

VIH-00199926 IP-00060869
Master KRITIN
18-05-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

NURSING CARE RECORD

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Date: 3/8/24

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	6AM	Maintain fluid balance Ensure safety.	9:30AM	Maintain oral Intake. provided safe environment.	provided for dehydration. provided for fall risk.	Re assessment done every 4th hrly vital checked baby is stable.	Dep. 3/8/24 @2pm
Afternoon	2pm	* maintain fluid Balance.	7pm	* maintaintained the fluid Balanced.	* prevent to the dehydration	* Re-Assessment Done. Baby is Stable	Padma 3/8/24 8pm
Night	9 pm	→ maintain good nutritional status	9:30 pm	→ Advice patient to take more oral intake	→ To maintain oral intake	→ patient is stable	Dharani RN

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Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

NURSING CARE RECORD

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Date: 4/8

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Discharge notes :-		Doctor came for rounds and advice for discharge			
Afternoon						noted by manasa 4/8/24	
Night							

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BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master KRITIN**	**Age :**	**2 Y 1 M 15 D**
IP No:	**IP-00060969**	**Sex:**	**Male**
Consultant:	**Dr. PAPPULA SINDHURA**	**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: Mr. B. Ravi
Relationship: Father
Date: 2/8/26 Time: 1:13 pm
Witness Name: Nukesh
Witness Signature:

Patient Address:
Nagaram Nagaram Hyderabad
Telangana INDIA 500083

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: mast. Kaitin Age: 2yrs Gender: Male ☑ Female ☐

UHID.No : 199928 Date: 2/8/26

I ..... S/o, D/o, W/o, ... hereby declare that our patient Master/Baby Kaitin who is related to me as Son is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 2/8/26

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

.....

.....

.....

The doctors have clearly explained to me that my patient Master / Baby Kaitin 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 : Kaitin ..... 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: .....

Name: Roasanna

Relationship with Patient: mother

Date & Time: 2/8/26 2AM

Witness :

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking the consent) :

Signature: .....

Name: CH. GARI M

Date & Time: 2/8/2026

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్

తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

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

.....

.....

.....

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

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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

CONSENT FORM FOR HIV

Patient Name : Mast. Kaitin Age : 2yrs

Gender : M☑ F☐ - IP No : 60969 Marital Status : —

Ward / Bed No. : PICU IP/OP No. : 199928 Date : 2/8/26

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 : PB Rao

Name : Prasanna

Relationship with Patient: mother

Date & Time : 2/8/26 @ 2AM

Parent (when patient is minor) :

Signature : .....

Name : .....

Relation : .....

Date & Time : .....

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 : Dr Ramesh

Name : Dr Ramesh

Date & Time : 2/8/26 @ 2Am

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హెచ్.ఐ.వీ పరీక్ష అంగీకార పత్రం

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

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

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

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

రోగి	సాక్షి
సంతకము:	సంతకము: .....
పేరు:	పేరు: .....
బంధము:	బంధము: .....
తేదీ మరియు సంతకము:	తేదీ మరియు సమయము: .....

(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)

పేరు:.....	సంతకము: .....
సంబంధము :	తేదీ మరియు సంతకము: .....

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

డాక్టర్ .....

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00199828 IP-00060969
Master KRITIN
18-08-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

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

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

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

Date : 1/8/26 .... Time:	2	3	4	7:30
Doctor / Nurse / Family Concern?	AM	AM	AM	AM
Temperature (°F)	98.3°F	97.0°F	98.6°F	99.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	99 / (65)	103 / (72)	80 / (56)	87 / (48)
Note: BP does not score in early warning scoring	40	69	50	46
Heart Rate (Number)			109	121
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	28	29	26	31
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	99%	99%
Conscious Level: Normal / Altered				
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	S	S	V	V

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.

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BirthRight
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 16 D (M)
Dr. PAPPULA SINDHURA

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

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

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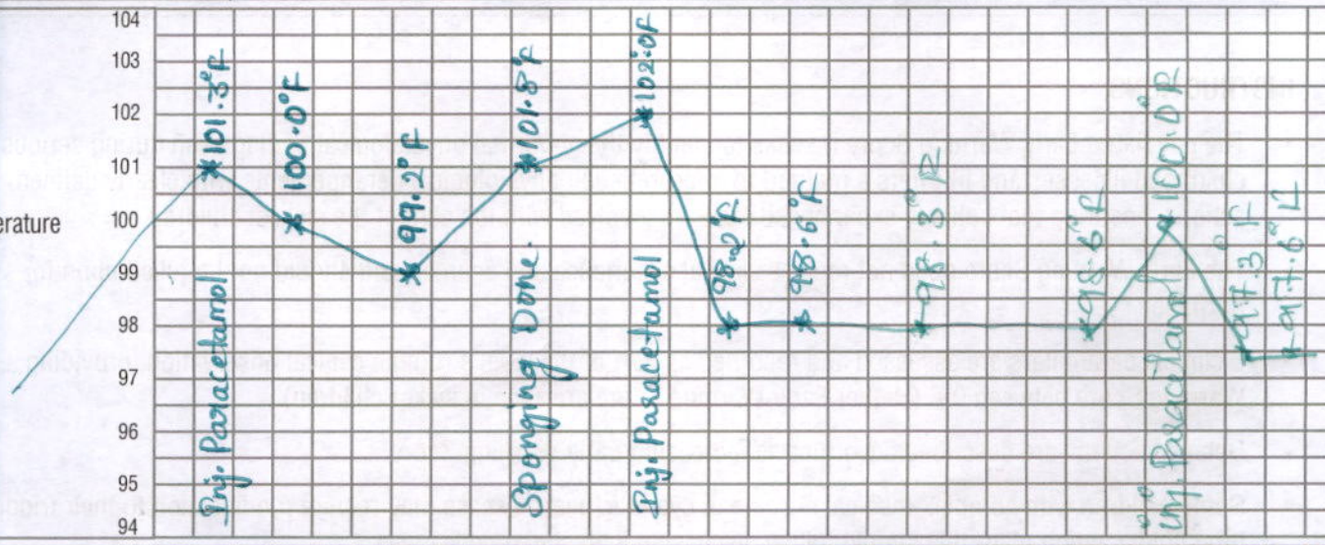
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ...2.8.26... Time:	9	10	12	2	3:30	5	7	10	2	4	6
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM

Temperature (°F)



Heart Rate (bpm) and Blood Pressure (mmHg) *	103/(70)	103/(56)	117/(70)	104/(60)			92/(57)
Note: BP does not score in early warning scoring	61	58	(62)	58			47
Heart Rate (Number)	117	127	130	120	114	118	106
Resp. Rate (bpm) (Over 1 Minute) *	30	24	32	30	28	24	28
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	98%	99%	98	98	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	(1)	(1)	(1)	0	0	0 (1)	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	D	D	D	D	✓	✓	✓

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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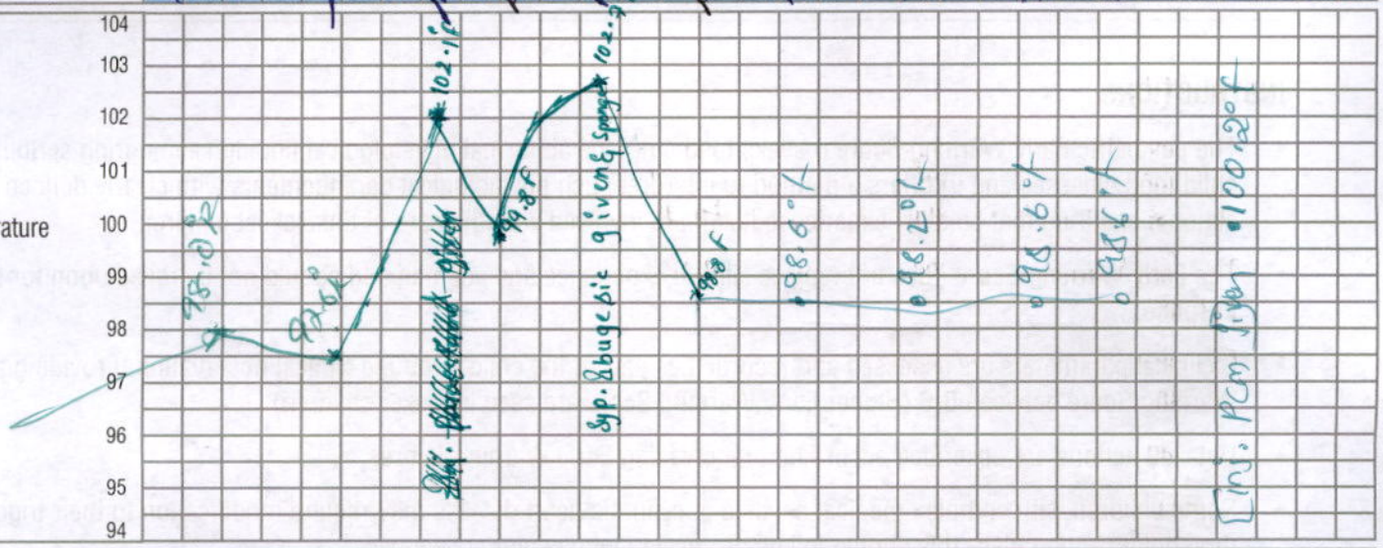
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/8/26 Time:

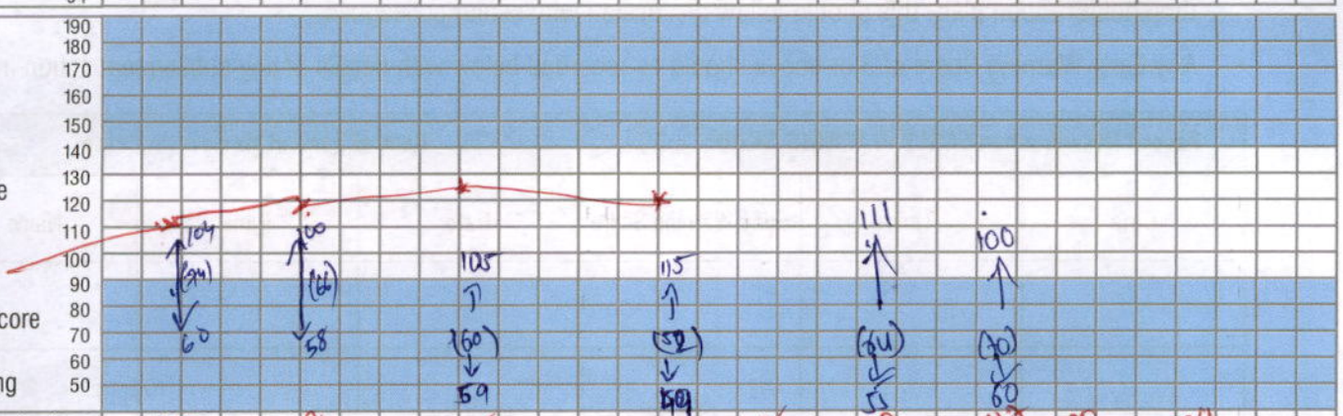
Time:	1P	2	4.20	4.35	5.50	7.30	9	12	3	5	7	
Doctor / Nurse / Family Concern?	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM	

Temperature (°F)



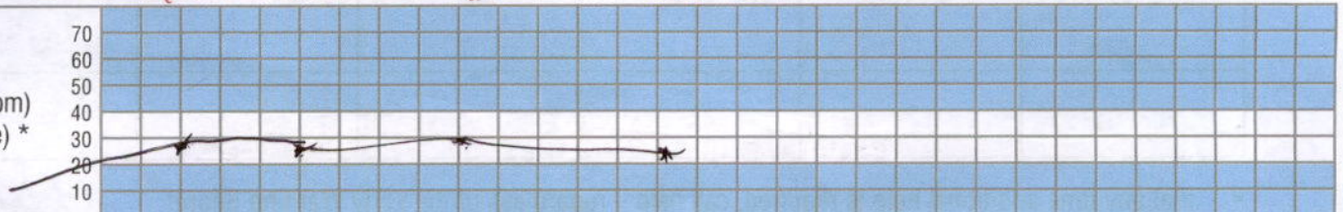
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	110	127	125	120	112	120	117	120		119

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



Resp Rate (Number)	26	30	32	30	27	26	27	26	27	
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	100	99	98	97	98	98	98	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	
GCS *	15	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	S	S	S	S	MA	M	M	M	MA	

noted by Mehwish 9/8 0AM

ACTIONS

NB: Scores 3 should be recorded overleaf

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A	**ASSESSMENT** : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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 :		DNS		calcium gluc		**Total Output :**						
21/8/24	02:00 am			22ml								
	03:00 am											
	04:00 am	D		20ml								
	05:00 am	N		20ml								
	06:00 am			20ml								
	07:00 am	S	H2O	20ml								
Total Intake :						**Total Output :**						

Vaishnavi 21/8/24 @ 6 AM

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : (2)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/8/26	08:00 am											
	09:00 am	D		30ml								
	10:00 am									✓		
	11:00 am	N		30ml								
	12:00 pm			30ml								
	01:00 pm	S		30ml								Deepika 2/8/26 @2pm to 8pm
Total Intake :						Total Output :						
2/8/26	02:00 pm	DNS		30ml						✓		
	03:00 pm	DNS		30ml								
	04:00 pm											
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output :						
2/8/26	08:00 pm		① diet + H_2O									
	09:00 pm											
	10:00 pm										0	Vaishnavi 3/8/26 @2AM
	11:00 pm									✓		
	12:00 am											
	01:00 am	DNS		20ml								
Total Intake :						Total Output :						
3/8/26	02:00 am	D		20ml								
	03:00 am	N		20ml								
	04:00 am	S		20ml						✓	0	Vaishnavi 3/8/26 @8AM
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

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Master KRITIN
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Dr. PAPPULA SINDHURA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/8	08:00 am											
	09:00 am		thro'							✓		
	10:00 am											
	11:00 am		Jaggery Kashi									
	12:00 pm						✓			✓		
	01:00 pm											
Total Intake :						**Total Output :**						
3/8	02:00 pm		Oral									
	03:00 pm									✓		
	04:00 pm											
	05:00 pm						✓					
	06:00 pm									✓		
	07:00 pm		1/2 D									
Total Intake :						**Total Output :**						
3/8	08:00 pm		Fluids + water									
	09:00 pm											
	10:00 pm											
	11:00 pm									✓		
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
4/8	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	

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 16 D (M)
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FLUID CHART

Sheet No. : .....

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

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

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

VIH-00199828 IP-00060969
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8-06-2024 2 Y 1 M 15 D (M)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: PICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ganesh

Date & Time : 2/8/26 @ 1AM

Nurse Name & Signature: Sr. Hema

Date & Time : 2/8/26 @ 1AM

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

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
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DRUG CHART

Date of Admission: 2/8/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 : INJ. PARACETAMOL				Date / Time	2/8	3/8	4/8												
Dose	Route	Frequency	Start Date	9 AM	DG	A AMP Vomited	DG												
150mg	IV	Q6H	2/8																
Doctor's Signature		Valid Period	Pharm.	3:30 PM	DG														
Additional Instructions: 10-15mg/kg/dose.																			

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

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

Docu. No. : RCH /FRM / CLINICAL / 118

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

10.8 Kg
~~10.8~~ Kg.

I.V. FLUIDS CHART

Weight. ..... Ward. PICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/8.	3.50 PM	1v DNS C/1/2 maint	1v	20		Vaishy	2/8/26		DY

Signature .....

VERIFIED BY : Name .....

VIH-00199928 IP-00060969
Master KRITIN
18-06-2024 2 Y 1 M 16 D (M)
Dr. PAPPULA SINDHURA

Weight. 10.8kg Ward. PICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/8/26	2pm	10% CALCIUM GLUCONATE (+)	11ml mix in 11ml NS	IV		Sowjanya Jagarani
		C1ml-100mg| (1ml/kg)	Total 22ml			
		[for 11kg-11ml]	give over 30 min			
3/8	11 AM	Inj AVIL	5mg	iv		Deleted Nurse
3/8	11 AM	Tab Pediclory	5ml	PO		Deleted Nurse
3/8		INJ ONDANSETRON	2MG	IV		HOLD

Vasu 2/8/26
3/8/26
Dr. Rishika Clinical Pharmacologist
9:40 PM

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

Master [illegible]
18-06-2024 2 Y 1 M 15 D (M)
Dr. PAPPULA SINDHURA

REGULAR PRESCRIPTIONS

Weight. 10.8 Kg. Ward. PICU

DRUG : T. FRISIUM				Date / Time	2/8	3/8
Dose	Route	Frequency	Start Date	10 AM	[illegible]	[illegible]
½ tab	PO	12 hly	2/8			
Name & Signature of the Doctor Starting the Drugs: [illegible]				10 PM	[illegible]	[illegible]
Additional Instructions: 1 tab = 5 mg						
Daily Doctor's Endorsement by a Sign						

S. [illegible] 2/8/26

DRUG : Inj CEFTRIAXONE				Date / Time	2/8	3/8
Dose	Route	Frequency	Start Date	10 AM	[illegible]	[illegible]
500mg	IV	12 hly	2/8			
Name & Signature of the Doctor Starting the Drugs: [illegible]				10 PM	[illegible]	[illegible]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

S. [illegible] 2/8/26

DRUG : Syp. CALCIMAX-P				Date / Time	2/8	3/8
Dose	Route	Frequency	Start Date	10 AM		[illegible]
5ml	PO	12th hly	2/8			
Name & Signature of the Doctor Starting the Drugs: [illegible]				10 PM	[illegible]	[illegible]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Neha 2/8/26

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