ICICI Lombard Health Care Card

ICICI Lombard Health Care

ICICILOMBARD

Name	:	BUKKE SAROJA
Policy No	:	100059877200
Policy Type	:	Base Policy
Card No	:	100002669207
Relationship	:	MOTHER
Emp. ID.	:	19413
Age	:	47
Valid Up to	:	2027-04-17

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.

- *For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalizationc are, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays).
- This card is not transferable and is valid at network hospitals only
- Use of this card is governed by the policy terms and conditions
- Cashless access to the network provider can only be obtained when accompanied with an authorization letter issued by ICICI Lombard Health Care
- In case of non photo cards, to prove your identity, please produce this card along with any photo id card issued by Government.
- Valid up to policy expiry date or cancellation date whichever is earlier.

ICICI Lombard Health Care Pays: Hospitalisation bills for admissible claim, subject to prior approval. In case of emergency, approval can be taken within 24 hours of hospitalization.
Insured Pays: All non-medical hospitalisation bills and expenses not covered under the policy.
Mailing Address: ICICI Lombard Healthcare, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Pin code - 500 016, Telangana.
Registered Address: ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Fax Number: (040) 6698 9160/61
Email: healthcare@icicilombard.com
Toll Free Number: 1800 2666
Visit us at: www.icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg No.: 115. CIN: L67200MH2000PLC129408
*The mentioned covers are add-ons by paying additional premium and available only if opted by the policyholders.

ICICI Lombard Health Care Card

ICICI Lombard Health Care

ICICILOMBARD

Name	:	K SHAKTHI SASIDHAR
Policy No	:	100059877200
Policy Type	:	Base Policy
Card No	:	100002669208
Relationship	:	SON
Emp. ID.	:	19413
Age	:	5
Valid Up to	:	2027-04-17

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

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ICICI Lombard Health Care Card

ICICI Lombard Health Care

ICICILOMBARD

Name	:	K CHETHAN KARTHIKEYA
Policy No	:	100059877200
Policy Type	:	Base Policy
Card No	:	100002669210
Relationship	:	SON
Emp. ID.	:	19413
Age	:	0
Valid Up to	:	2027-04-17

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

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Fax Number: (040) 6698 9160/61
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ICICI Lombard Health Care Card

ICICI Lombard Health Care

ICICILOMBARD

Name	:	K KISHORE
Policy No	:	100059877200
Policy Type	:	Base Policy
Card No	:	100002669209
Relationship	:	SELF
Emp. ID.	:	19413
Age	:	31
Valid Up to	:	2027-04-17

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

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Registered Address: ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Fax Number: (040) 6698 9860/61
Email: healthcare@icicilombard.com
Toll Free Number: 1800 2666
Visit us at: www.icicilombard.com

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ICICI Lombard Health Care Card

ICICI Lombard Health Care

ICICILOMBARD

Name	:	D SHALANI
Policy No	:	100059877200
Policy Type	:	Base Policy
Card No	:	100002669211
Relationship	:	SPOUSE
Emp. ID.	:	19413
Age	:	31
Valid Up to	:	2027-04-17

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.

- *For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalizationc are, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays).
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క్రమ సంఖ్య 1
S.No.1

ఫారము. 5
FORM5

ఆంధ్రప్రదేశ్ ప్రభుత్వం
GOVERNMENT OF ANDHRA PRADESH
DEPARTMENT OF HEALTH, MEDICAL AND FAMILY WELFARE
GOVERNMENT MATERNITY HOSPITAL
GOVERNMENT MATERNITY HOSPITAL

జనన ధృవీకరణ పత్రము
BIRTH CERTIFICATE

(జనన & మరణాల నమోదు చట్టం, 1969, సెక్షన్ 12/17 ప్రకారము మరియు 8/13 ఆంధ్రప్రదేశ్ జనన & మరణాల నమోదు నిబంధనలు, 2026 క్రింద జారీ చేయబడినది)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE ANDHRA PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2026)

ఈ క్రింది సమాచారం భారతదేశము, ఆంధ్రప్రదేశ్ రాష్ట్రము/కేం. ప్ర. తిరుపతి జిల్లా తిరుపతి అర్బన్ మండలము/ఖాకు GOVERNMENT MATERNITY HOSPITAL జనన మరణాల రిజిస్టరులోని జననానికి సంబంధించిన అసలు రికార్డు నుండి తీసుకొనబడినదని ధృవీకరించడమైనది.

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR GOVERNMENT MATERNITY HOSPITAL OF TAHSIL/BLOCK TIRUPATI URBAN OF DISTRICT TIRUPATI OF STATE/UNION TERRITORY OF ANDHRA PRADESH, INDIA

పేరు / NAME: KONDALA CHETAN KARTHIKEY

లింగము / SEX: MALE

ఆధార్ సంఖ్య / AADHAAR NUMBER:

పుట్టిన తేది / DATE OF BIRTH:
21-02-2026 8:31 PM
TWENTY-FIRST-FEBRUARY-TWO THOUSAND TWENTY SIX

పుట్టిన స్థలం / PLACE OF BIRTH:
GOVERNMENT MATERNITY HOSPITAL, TIRUPATI, TIRUPATI URBAN, TIRUPATI, ANDHRA PRADESH

తల్లి పేరు / NAME OF MOTHER:
D SHALANI

తండ్రి పేరు / NAME OF FATHER:
K KISHORE

తల్లి యొక్క ఆధార్ సంఖ్య / AADHAAR NUMBER OF MOTHER:
XXXX-XXXX-6988

తండ్రి యొక్క ఆధార్ సంఖ్య / AADHAAR NUMBER OF FATHER:
XXXX-XXXX-6943

బిడ్డ పుట్టిన సమయంలో తల్లిదండ్రుల చిరునామా / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
18-38-S4-685,5THCROSS, SUNDARAIAH NAGAR, TIRUPATI, TIRUPATI URBAN, TIRUPATI, ANDHRA PRADESH, 517501

తల్లిదండ్రుల శాశ్వత చిరునామా / PERMANENT ADDRESS OF PARENTS:
18-38-S4-685,5THCROSS, SUNDARAIAH NAGAR, TIRUPATI, TIRUPATI URBAN, TIRUPATI, ANDHRA PRADESH, 517501

రిజిస్ట్రేషన్ సంఖ్య / REGISTRATION NUMBER:
B20262890173000115 8

నమోదు తేది / DATE OF REGISTRATION:
23-02-2026

రిమార్కులు (ఏవైనా ఉంటే) / REMARKS (IF ANY):
NIL

జారీ చేసిన తేది / DATE OF ISSUE:
26-05-2026

Updated On: 26-05-2026 15:34:37

'This QR code can be used to check the authenticity of the certificate'

జారీ చేసిన అధికారి సంతకము / SIGNATURE OF ISSUING AUTHORITY:
GOVERNMENT MATERNITY HOISPITAL, TIRUPATI
రిజిస్ట్రార్ (జననం & మరణం)
Registrar (BIRTH & DEATH)
GOVERNMENT MATERNITY HOSPITAL
GOVERNMENT MATERNITY HOSPITAL

"ప్రతి జననం మరియు మరణం యొక్క నమోదును నిర్ధారించుకోండి / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

ఎన్రోల్‌మెంట్/ Enrolment No.: 2052/31744/11230

To
కే కిశోర్
K Kishore
S/O K Venkataramana
18-38-s4-685
5th cross
sundaraiah nagar
Tirupati (Urban)
Chittoor Andhra Pradesh - 517501
8501007584

Signature Not Verified

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

9538 7509 6943

VID : 9108 5543 9839 9214

నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం
Government of India

కే కిశోర్
K Kishore
పుట్టిన తేదీ/DOB: 20/09/1992
పురుషుడు/ MALE

Issue Date: 10/12/2011

9538 7509 6943

VID : 9108 5543 9839 9214

నా ఆధార్, నా గుర్తింపు

Government of India

AADHAAR

సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వానికి కాదు.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- సురక్షిత QR కోడ్/ఆఫ్‌లైన్ XML/ఆన్‌లైన్ ప్రమాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఆధార్ లెటర్, PVC కార్డ్, ఇ-ఆధార్, ఎం-ఆధార్ వంటి అన్ని రూపాల ఆధార్ లు సమానంగా చెల్లుబాటు అవుతాయి. 12 అంకెల ఆధార్ నంబర్ స్థానంలో వర్చువల్ ఆధార్ ఐడెంటిటీ (VID)ని కూడా ఉపయోగించవచ్చు.
- కనీసం 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్‌డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడిని ఆధార్ లో అప్‌డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు స్మార్ట్ ఫోన్‌లలో ఎం ఆధార్ యాప్‌ను డౌన్‌లోడ్ చేసుకోండి.
- భద్రతను నిర్ధారించడానికి లాక్/అన్‌లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్ ను ఉపయోగించండి.
- ఆధార్ ను అభ్యర్థించే సంస్థలు తగిన సమ్మతిని పొందవలసి ఉంటుంది.
- **Aadhaar** is a proof of identity, not of citizenship.
- **Aadhaar** is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of **Aadhaar** like **Aadhaar** letter, PVC Cards, **eAadhaar** and **mAadhaar** are equally valid. Virtual **Aadhaar** Identity (VID) can also be used in place of 12 digit **Aadhaar** number.
- Update **Aadhaar** at least once in 10 years.
- **Aadhaar** helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in **Aadhaar**.
- Download **mAadhaar** app on smart phones to avail **Aadhaar** Services.
- Use the feature of lock/unlock **Aadhaar**/biometrics to ensure security.
- Entities seeking **Aadhaar** are obligated to seek due consent.

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

చిరునామా:
S/O కే వెంకటరమణ, 18-38-ఎస్4-685, 5వ క్రాస్, సుందరయ్య నగర్, తిరుపతి (అర్బన్), చిత్తూరు, ఆంధ్ర ప్రదేశ్ - 517501

Address:
S/O K Venkataramana, 18-38-s4-685, 5th cross, sundaraiah nagar, Tirupati (Urban), Chittoor, Andhra Pradesh - 517501

Download Date: 10/12/2011

9538 7509 6943

VID : 9108 5543 9839 9214

1947 | help@uidai.gov.in | www.uidai.gov.in

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

GUC-00093250 IP18-00036260
Baby K.CHETHAN KARTHIKEYA
02-02-2025 0 Y 4 M 28 D (M)
Dr. KARTHIK NARAYANAN R

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Age/Sex 4 months

Name:

Relationship

Information given by:

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

16th 30th

⇒ C/o fever for past 14 days (16/06/2026 to 30/06/2026), High grade, Tmax: 103 F, intermittent, relieved with paracetamol, not associated with chills / rigors.

⇒ C/o loose stools for 14 days, 3-4 episodes / day, greenish, watery consistency.

Baby was on DBF, ~~exclusively~~ until last 2 days

Rice + Moongdal porridge was given for past 2 days.

- Urine output - Good
- Activity during afebrile period - Good
- Accepting oral feeds well.

Inv. & Rx given: On day 2 of illness, admitted (15/6/26 to 27/6/26)

INJ. PIPTAZ, INJ. AMIKACIN, & DOXYCYCLIN

On 27/06/2026, as fever persisted was admitted @ Sri Vaishnavi hospital from 27th/06/26 to 30/6/26

Rx given: INJ. MEROPENEM, PARACETAMOL

& ? O2 ~~therapy~~ support

As symptoms persisted, referred here for further Rx

Patient Sticker

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

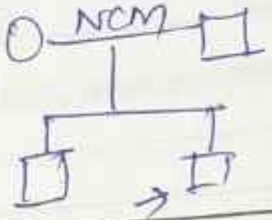
—

Birth & Neonatal History:

Term | NVD | B.wt - 2.7kg | C2AB

No NICU stay

Family Chart



No H/o similar illness in fami

Birth & Socio Economic History:

About Father : NCM

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Immunized upto date as per NIS

Anthropometry :

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

Weight (kgs) 5.8kg (Centile _____)

On Examination :

Temperature : 102.7F Pulse Rate : 146/min B.P. _____ SPO2 100% @ RA

Resp.rate and type of breathing : 30/min, No retractions.

Rash

Lymphadenopathy No

Oedema :

Allergies (If any):

(P.T.O.)

02-02-2026 0 Y 4 M 28 D (M)
Dr. KARTHIK NARAYANAN R

Reflexes :

DTR

plantars (N) Superficials:

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Fever under evaluation - ?Kawasaki disease

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

1. CBC
2. CRP
3. Blood c/s
4. SGOT, SGPT
5. Scrub Ig M
6. ECHO - To visualise coronaries
7. Chest x ray
8. Stool film array - (To w/H)
9. ESR

Planned Management To admit in HDU

1. IVF maintenance DNS @ 20ml/hr
2. INJ. MEROPENEM } w/H
3. INJ. DOXYCYCLINE }
4. Ped Gastro opinion - Dr. keerthyvas
5. Infectious Diseases consult
6. Pediatric cardio opinion after ECH
7. PARACETAMOL SOS
8. To continue RBF
9. INJ. CEFTRIAXONE 290mg @12H
10. To start IvIg @ 2g/kg over 48hrs.
11. T. ASPIRIN. @ 3mg/kg/day.

Signature of the Doctor: 154645

Name of the Doctor: Dr. S. Mahalakshmi

Date & Time: 30/06/2026, 12:30 pm.

Signature of the Consultant:

Name of the Consultant:

Date & Time: (P.T.O.)

QUC-00093250 IP18-00036260
Baby K.CHETHAN KARTHIKEYA
23-02-2026 0 Y 4 M 7 D (M)
Dr. KARTHIK NARAYANAN R

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 3.30pm.	S/B Dr. Chandrakala	
	Fever & evaluation ? Kawasaki disease	
	F/O fever x 14 days c/o loose stools x 14 days no c/o vomiting, rash, irritability	
	F – On IV Fluids. 20 ml/hr Direct breast feeds Rice & Moongdal porridge.	
	R – B/L AE@, no added sounds RR - 22/min SpO_2 - 96 in RA	
	I – Last fever spike at 11.30pm. TC – 26,600 N/L 74/8 CRP – 263.	
	C – ~~BP~~ – 137/min BP - 102/74 mmHg peripheral pulses felt CRT < 3 secs	
	H – Hb - 9. PCV – 26.	

Patient Sticker

Hospital

BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	M - 140/98 5.3	
	Euglycemia.	
	A - soft, non tender hepatosplenomegaly.	
	N - B/L pupil RTL. DTR - 2+ plantar - extensor	
	Adv. - monitor vitals - To start IVBy with premedication - W/F Tachycardia, hypotension Irritability, Rash. - Depsirin @ 50mg / kg / day - Infectious disease opinion - Tab Ufloxacine 200mg BD - Gastroenterologist opinion	

Dr. [illegible]

Dr. KARTHIK NARAYANAN R 0 Y 4 M 7 D (M)

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 5 PM	S/B Dr. Nataraj	
	↑ IVIG 3 ml/hr x 2 hrs	
	5 ml/hr to complete	
	Rpt USG abdomen	(signature) 65781
30/6/26 8:45pm	S/B Dr. Manmai	
	Reviewed.	?? Incomplete KD c Hyperdilated coron.
	fever - 2 spikes since adm	BP - 96/67 mmHg
	Afebrile now	
	taking feeds well	HR - 140/min
	urine output - adequate	SpO2 - 98% RA
	O/E	
	Alert, active	
	PP - WF, peripheries warm	
	S1 S2 ⊕	
	RS - clear	
	R	
	→ monitor vitals, F/b	
	- w/f tachycardia, lethargy, irritability.	

Patient Sticker

Children's Hospital

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 9.30 AM	S/E Dr. chandrimaga,	
	child reviewed	
	A - Kawasaki disease.	
	F - Fluids 20ml/kg IVRy 5ml/hr	
	Direct breast feeds	
	Rice & porridge & mangdal.	
	R - B/L AE@, no added sounds	
	RR - 33/min	
	SpO_2 - 98% RA	
	I - No fever spikes for 15 hrs	
	TC - 26600, CRP - 263	
	C - Bp - 86/57 mmHg	
	PR - 126/min.	
	PPNT, CRT < 3secs	
	H - 9.0	
	M - 140 | 98 / 5.3 |	
	A - Soft, no organomegaly	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	N - (N) sensorium PTR 2+ 2+ Plantar - extensor Adv - monitor vitals - IVIg @ 5ml/hr. - Asptrom @ 5mg/kg - Inj ceftriaxone 250mg BID IV - Enterogermina, Zdp, Vit D drops - Syp. Paracetamol 5ml BD	
	I D opinion: To send Csmrd IgG, IgM. To consider IV MPS	(W/H) (W/H)
	8/B	Dr Karthik
11/2/26 11:30am	CBC, CRP, LFT To cont IVIg Change to Isonhil feeds Add ecoviva drops	

GUC-00093250
Baby K.CHETHAN KARTHIKEYA
IP18-00036260
02-02-2026 0 Y 4 M 28 D (M)
Dr. KARTHIK NARAYANAN R

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

RESULT SHEET

Date	18/06/26	20/06/26	22/6/26	28/6/26	30/6/26	
Time	(Outside)	(Outside)	(Outside)	(Outside)	RCH	
Hb	11.3	10.8	10.9	8.4	9.0	
PCV	32	30	33	27	26	
RBC	3.88	3.66	3.72	3.31	3.42	
WBC	12,290	28990	25650	29230	26,600↓	✓
N/L	66/21	79/12	61/23	73/17	74/18	
Platelets	3,65,000	3,10,000	3,46,000	6,84,000		
CRP	167	110	17.	174	263↑	
ESR		40	30		138↑	
PCT						
RBS						
Na				140		
K				5.3		
Cl				98		
Ca/Mg						
Phosphate						
Urea	44					
Creatinine	0.4					
ALP	198	161	134			
SGPT	39	58	97	32	29↓	
SGOT	32	114	65	55	43↓	
T.Bil/Conj	3.8/3.	1.9/1.4	1.1/07			
T.Protein	5.8	5.5	5.2			
S.Albumin	3.5	3	2.9			
S.Globulin	2.3	2.5	2.3			
A/G Ratio	1.52	1.2	1.26			
Uric Acid	8.8	[illegible]				
S.Amylase		[illegible]				
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	18/6/26	20/6/26	22/6/26	28/6/26	29/06/26	
Time					Trace	
CUE - Alb	+				–	
CUE - Sugar	–				–	
CUE - Ketones	–				4	
CUE - PUS Cells	6-8				1	
CUE - RBC Cells	–				–	
CUE - Bacteria	–				– ve	
Nitrite	–				– ve	
Leukocyte						
Stool Pus Cell						–
OVA / Cyst						
Occult Blood						
P. Smear			microcytic Hypochromic		Normocytic normochromic	
Dengue IgM		+ve				
Dengue NS1		– ve				
Dengue IgG		– ve				
LDH					258	
Ferritin			184			
procalcitonin				0.47		

Culture and Sensitivities : Blood c/s – Enterococcus faecalis growth (18/6/26)

Radiology : 28/6/26 USG : Mild free fluid in peritoneal cavity.

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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ECHOCARDIOGRAPHY REPORT

NAME : K. CHE[illegible]AN KARTHIEYA	DATE :30.06.2026
MH /ID : GUC – 00093250	PERFORMED BY : DR. KARTHIK SURYA
D.O.B : 02.02.2026	REFERRED BY :DR KARTHIK NARAYANAN
AGE :4M	GENDER :MALE
Atrial Situs	Solitus
Atrio - Ventricular Relationship	Concordant
Ventriculo - Arterial Relationship	Concordant
Systemic Venous Return	Normal
Pulmonary Venous Return	Normal
Atrial Septum	Intact
Right Atrium	Normal
Left Atrium	Normal
Mitral Valve	Normal
Tricuspid Valve	Normal
Ventricular Septum	Intact
Left Ventricle	Normal
Right Ventricle	Normal
Aortic Valve	Normal
Ascending Aorta	Normal
Aortic Arch/Descending Aorta	Normal
Coronary Arteries	LMCA :(3.6mm); LAD(5.8mm); LCX:(3.3mm); RCA:(3.4mm)
Pulmonary Valve	Normal
Main Pulmonary Artery	Normal
Left & Right Pulmonary Arteries	Normal
Patent Ductus arteriosus	No
Others	

M-Mode:

LVD: 2.07cm LVS: 1.40cm EF: 63% FS: [illegible]%

INTERPRETATION:

- Structurally Normal Heart
- Hugely dilated right and left coronary systems
- Good Biventricular Function

Dr. Karthik Surya R. M.B.,B.S., DNB (Paed)., FNB (Paed Card)

Paediatric Cardiologist

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Dr. KARTHIK NARAYANAN R

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DRUG CHART

Date of Admission: 30-Jun-26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: PARACETAMOL DROPS				Date/Time: 30/6 6.30 PM V.S mR
Dose: 0.8ml	Route: P/O	Frequency: SOS	Start Date: 30/06/26	
Doctor's Signature: Sharke	Valid Period	Pharm.		
Additional Instructions: If Temp. > 100 F.				

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:				

Signature

VERIFIED BY : Name

[illegible] [illegible]
Baby K CHETHAN KARTHIKEYA
[illegible] [illegible] (M)
Dr. KARTHIK NARAYANAN R

REGULAR PRESCRIPTIONS

Weight: 5.8kg Ward: NPU

DRUG: INJ MEROPENEM	Date/Time
Dose: 235mg · Route: IV · Frequency: Q8H · Start Date: 30/06/26	
Name & Signature of the Doctor Starting the Drugs: [signature] 154645	W/H
Additional Instructions: 40mg/kg/dose	
Daily Doctor's Endorsement by a Sign	

DRUG: INJ. DOXYCYCLINE	Date/Time
Dose: 13mg · Route: IV · Frequency: Q12H · Start Date: 30/06/26	
Name & Signature of the Doctor Starting the Drugs: [signature] 154645	W/H
Additional Instructions: 2.2mg/kg/dose	
Daily Doctor's Endorsement by a Sign	

DRUG: OINTMENT. ZINC OXIDE	Date/Time
Dose: · Route: LA · Frequency: Q12H · Start Date: 30/6/26	
Name & Signature of the Doctor Starting the Drugs: [signature] 154645	
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	

	Date/Time	30/6	1/7
DRUG: ENTEROGERMINA			
Dose: 1 · Route: P/O · Frequency: Q12H · Start Date: 30/6/26	6 AM		34 9m
Name & Signature of the Doctor Starting the Drugs: [signature] 154645	6 9m	US mR	
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 5.85 Ward HDU

(1ml/20mg)

DRUG : Z&D DROPS

Dose	Route	Frequency	Start Dt.
1ml	P/O	OD	30/6/26

Name & Signature of the Doctor Starting the Drugs: 154645

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
30/6	1/7	
A	V.S	A.R 5pm
PM	M.R	

(1ml = 800IU)

DRUG : VITAMIN D DROPS

Dose	Route	Frequency	Start Dt.
0.5ml	P/O	OD	30/6/26

Name & Signature of the Doctor Starting the Drugs: 154645

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
30/6	1/7	
A	V.S	A.R 5pm
PM	M.R	

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
290mg	IV	Q12H	30/06/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
30/6	1/7	
H		9A
am		9m
H	V.S	A.R 5pm
PM	M.R	
	(DL)	

(1tab = 150mg)

DRUG : TAB. ASPIRIN

Dose	Route	Frequency	Start Dt.
1-0-½	P/O	1-0-½ tab	30/6/26

Name & Signature of the Doctor Starting the Drugs: 154645

Additional Instructions: 1 — 0 — ½ tab.

Daily Doctor's Endorsement by a Sign

Date / Time	
30/6	1/7

Changed

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

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

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REGULAR PRESCRIPTIONS

Weight 5.8 kg Ward HDU

Sheet No: .....

DRUG : T. ASPIRIN

Dose	Route	Frequency	Start Dt.
1tab= 75mg	P/O	Q6H	30/6/17

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

5mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time		
30/6/17		
5 AM	/	SY
11	/	SM
5 PM	/	MV
5	V.S	PA
PM	MK	
11	SY	
PM	SM	

DRUG : Syp. Omnacortil

Dose	Route	Frequency	Start Dt.
5ml	oral	BD	30/6/17

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

5ml/15mg

(5mg/kg/day)

Daily Doctor's Endorsement by a Sign

Date / Time			
30/6	1/7		
8 AM	SY	2	/
2 PM	SM	am	/
2	SM		
PM	PA		

DRUG : ECOVIVA DROPS

Dose	Route	Frequency	Start Dt.
1ml	P/O	Q8H	1/7

Name & Signature of the Doctor Starting the Drugs:

Dr. Gayathri

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
1/7		
8 AM	/	
2 PM	SM	
	PA	
10 PM		

DRUG : NEXPRO SACHET

Dose	Route	Frequency	Start Dt.
1 sachet	P/O	Q24H	1/7

Name & Signature of the Doctor Starting the Drugs:

Dr. Gayathri 165555

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
2/7	
6 AM	

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