

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
040-42462200, Ext 2000,2001,2002,



PatientName	: Master MADDURI GATHWIK REDDY	Inpatient No.	: IP-00060491
Age/Gender	: 12 Y 2 M 2 D/ Male	Admit Date	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
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COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :26-06-2026 12:48

HEMOGLOBIN (Colorimetry)	8.4	g/dL	L	13 - 16
RBC COUNT (DC detection method)	2.53	10 ¹² /L	L	4.5 - 5.3
PCV/HCT (Calculated)	23.2	VOL%	L	36 - 51
MCV (Calculated)	91.5	fL		79 - 98
MCH (Calculated)	33.1	pg/cells		25 - 35
MCHC (Calculated)	36.2	g/dL	H	32 - 36
RDW-CV (Calculated)	13.5	%		11.5 - 14
PLATELET COUNT (DC Detection Method)	379	10 ⁹ /L		150 - 450
MPV (Calculated)	8.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	6.82	10 ⁹ /L		4.5 - 13

Differential Count

NEUTROPHILS (Microscopy, Leishman stain)	76	%	H	34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	21	%	L	25 - 45
MONOCYTES (Microscopy, Leishman stain)	2	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 4

PERIPHERAL SMEAR (Microscopy, Leishman stain) RBC - NORMOCYTIC / NORMOCHROMIC, ANEMIA
WBC - MORPHOLOGY NORMAL
PLATELETS - ADEQUATE

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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C REACTIVE PROTEIN (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :26-06-2026 12:48

CRP (Immunoturbidimetry)	53	mg/L	H	<10
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Investigation	Result	Unit	Biological Reference Interval
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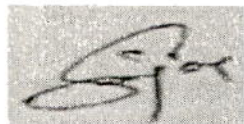
CREATININE (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :26-06-2026 12:48

PatientName : Master MADDURI GATHWIK REDDY Inpatient No. : IP-00060491
Age/Gender : 12 Y 2 M 2 D/ Male Admit Date : 26-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 101 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.2	mg/dl	L 0.5 - 1



Dr. SRUJANA SHYAMALA, MD, DNB

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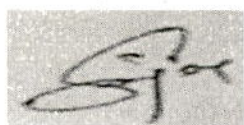
Investigation	Result	Unit	Biological Reference Interval
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LIVER FUNCTION TEST (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :26-06-2026 12:48

TOTAL BILIRUBIN (Azobilirubin)	0.4	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	20	U/L	15 - 40
SGPT (ALT) (Kinetic with P5P)	13	U/L	10 - 55
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	302	U/L	200 - 495
PROTEIN (Biuret method)	5.3	g/dL	L 6.3 - 8.6
ALBUMIN (Bromocresol Green)	3.2	g/dL	L 3.7 - 5.6
GLOBULIN (Calculated)	2.1	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.5		1.4 - 3.4



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Investigation	Result	Unit	Biological Reference Interval
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PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :26-06-2026 12:48

PT (Optical Clot Detection)	18.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.2		
APTT (Optical Clot Detection)	32.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		



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PatientName : Master MADDURI GATHWIK REDDY
Age/Gender : 12 Y 2 M 2 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060491
Admit Date : 26-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
UREA (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
UREA (Kinetic, Urease)			Order Date :26-06-2026 12:48
	24.3	mg/dl	15 - 38

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
RANDOM BLOOD GLUCOSE (GOD/POD)			Order Date :26-06-2026 12:48
	113	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :26-06-2026 18:32

PHYSICAL

COLOUR (Visual Examination)	PALE YELLOW	
APPEARANCE (Gross Examination)	CLEAR	
pH (Double pH indicator)	6.5	5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015	1.005 - 1.030
SEDIMENT (Gross Examination)	NIL	NIL

CHEMICAL

PROTEIN (Protein error of pH indicator)	Trace	NIL
GLUCOSE (GOD POD method)	NIL	NIL
KETONE BODIES (Acetoacetic acid reaction)	POSITIVE(+)	NEGATIVE

BILE SALTS (Hay's Sulfur Test)	ABSENT	ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT	ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE	NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT	ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE	NEGATIVE

MICROSCOPY

PUS CELLS	3 - 5	HPF	L	0 - 5
EPITHELIAL CELLS	4 - 6	HPF	L	0 - 5
RBCS.	NIL	HPF		0 - 2

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Consultant Pathologist, Reg No : 39356

PatientName	: Master MADDURI GATHWIK REDDY	Inpatient No.	: IP-00060491
Age/Gender	: 12 Y 2 M 3 D/ Male	Admit Date	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 05:37	
HEMOGLOBIN (Colorimetry)	6.3	g/dL	L 13 - 16
RBC COUNT (DC detection method)	1.91	10 ¹² /L	L 4.5 - 5.3
PCV/HCT (Calculated)	17.3	VOL%	L 36 - 51
MCV (Calculated)	90.5	fL	79 - 98
MCH (Calculated)	32.7	pg/cells	25 - 35
MCHC (Calculated)	36.2	g/dL	H 32 - 36
RDW-CV (Calculated)	13.2	%	11.5 - 14
PLATELET COUNT (DC Detection Method)	382	10 ⁹ /L	150 - 450
MPV (Calculated)	7.7	fL	6.5 - 10
WBC COUNT (DC Detection Method)	4.72	10 ⁹ /L	4.5 - 13
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	48	%	34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	44	%	25 - 45
MONOCYTES (Microscopy, Leishman stain)	06	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	02	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : ANISOCYTOSIS WITH NORMOCYTIC / NORMOCHROMIC, NORMOCYTIC / HYPOCHROMIC , ANEMIA WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ERYTHROCYTE SEDIMENTATION RATE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 14:58	
ESR	48	mm/1st hour	H UPTO 10



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Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 15:40	

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040-42462200, Ext 2000, 2001, 2002,



PatientName : Master MADDURI GATHWIK REDDY
Age/Gender : 12 Y 2 M 3 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060491
Admit Date : 26-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
CRP (Immunoturbidimetry)	24	mg/L	H <10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
FERRITIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :27-06-2026 17:08
FERRITIN (CLIA)	79.3	ng/ml	14 - 152

Dr. RASHIDA MAHREEN, MBBS, MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :27-06-2026 18:36
HEMOGLOBIN (Colorimetry)	5.9	g/dL	L 13 - 16
RBC COUNT (DC detection method)	1.79	10 ¹² /L	L 4.5 - 5.3
PCV/HCT (Calculated)	16.2	VOL%	L 36 - 51
MCV (Calculated)	90.9	fL	79 - 98
MCH (Calculated)	32.7	pg/cells	25 - 35
MCHC (Calculated)	35.9	g/dL	32 - 36
RDW-CV (Calculated)	13.2	%	11.5 - 14
PLATELET COUNT (DC Detection Method)	427	10 ⁹ /L	150 - 450
MPV (Calculated)	8.0	fL	6.5 - 10
WBC COUNT (DC Detection Method)	4.89	10 ⁹ /L	4.5 - 13
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	41	%	34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	54	%	H 25 - 45
MONOCYTES (Microscopy, Leishman stain)	3	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	2	%	1 - 4

PERIPHERAL SMEAR (Microscopy, Leishman stain) **RBC - NORMOCYTIC / NORMOCHROMIC, ANEMIA**
WBC - MORPHOLOGY NORMAL
PLATELETS - ADEQUATE

PatientName	: Master MADDURI GATHWIK REDDY	Inpatient No.	: IP-00060491
Age/Gender	: 12 Y 2 M 3 D/ Male	Admit Date	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
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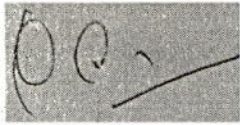
Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :27-06-2026 19:16

BLOOD GROUP	B
RH (D) TYPE	NEGATIVE

NOTE: DONE BY CELL GROUPING AND SERUM GROUPING METHOD.



Dr. SUREKHA DEVI ALLANKI, SENIOR CONSULTANT, TRANSFUSION

CONSULTANT,

Investigation	Result	Unit	Biological Reference Interval
CALCIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :29-06-2026 05:44
CALCIUM (Arsenazo dye)	7.5	mg/dl	L 8.8 - 10.6



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :29-06-2026 05:44
HEMOGLOBIN (Colorimetry)	5.9	g/dL	L 13 - 16
RBC COUNT (DC detection method)	1.88	10 ¹² /L	L 4.5 - 5.3
PCV/HCT (Calculated)	16.6	VOL%	L 36 - 51
MCV (Calculated)	88.2	fL	79 - 98
MCH (Calculated)	31.6	pg/cells	25 - 35
MCHC (Calculated)	35.8	g/dL	32 - 36
RDW-CV (Calculated)	15.0	%	H 11.5 - 14
PLATELET COUNT (DC Detection Method)	489	10 ⁹ /L	H 150 - 450
MPV (Calculated)	7.4	fL	6.5 - 10
WBC COUNT (DC Detection Method)	5.73	10 ⁹ /L	4.5 - 13
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	53	%	34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	42	%	25 - 45

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040-42462200, Ext 2000,2001,2002,



PatientName : Master MADDURI GATHWIK REDDY
Age/Gender : 12 Y 2 M 5 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060491
Admit Date : 26-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
MONOCYTES (Microscopy, Leishman stain)	04	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4

PERIPHERAL SMEAR (Microscopy, Leishman stain)

RBC : ANISOCYTOSIS WITH NORMOCYTIC / NORMOCHROMIC, NORMOCYTIC / HYPOCHROMIC,MACROCYTES(+),POLYCHROMATIC CELLS(++)
WBC : MORPHOLOGY NORMAL
PLATELETS : INCREASED

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :29-06-2026 05:44	
SODIUM (Direct ISE)	140	mmol/L	134 - 143
POTASSIUM (Direct ISE)	3.0	mmol/L	L 3.7 - 5
CHLORIDE (Direct ISE)	102	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CALCIUM (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :29-06-2026 18:28	
CALCIUM (Arsenazo dye)	7.9	mg/dl	L 8.8 - 10.6

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Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
		Order Date :29-06-2026 18:28	
SODIUM (Direct ISE)	139	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	102	mmol/L	98 - 108

PatientName	: Master MADDURI GATHWIK REDDY	Inpatient No.	: IP-00060491
Age/Gender	: 12 Y 2 M 5 D/ Male	Admit Date	: 26-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
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Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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CALCIUM (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :30-06-2026 10:42

CALCIUM (Arsenazo dye)	7.9	mg/dl	L 8.8 - 10.6
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Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :30-06-2026 10:42

HEMOGLOBIN (Colorimetry)	7.6	g/dL	L 13 - 16
RBC COUNT (DC detection method)	2.48	10 ¹² /L	L 4.5 - 5.3
PCV/HCT (Calculated)	21.4	VOL%	L 36 - 51
MCV (Calculated)	86.3	fL	79 - 98
MCH (Calculated)	30.7	pg/cells	25 - 35
MCHC (Calculated)	35.6	g/dL	32 - 36
RDW-CV (Calculated)	16.7	%	H 11.5 - 14
PLATELET COUNT (DC Detection Method)	422	10 ⁹ /L	150 - 450
MPV (Calculated)	8.2	fL	6.5 - 10
WBC COUNT (DC Detection Method)	10.77	10 ⁹ /L	4.5 - 13

Differential Count

NEUTROPHILS (Microscopy, Leishman stain)	75	%	H 34 - 64
LYMPHOCYTES (Microscopy, Leishman stain)	20	%	L 25 - 45
MONOCYTES (Microscopy, Leishman stain)	04	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4

PERIPHERAL SMEAR (Microscopy, Leishman stain)

RBC : MICROCYTIC / HYPOCHROMIC

WBC: MORPHOLOGY NORMAL WITH RELATIVE NEUTROPHILIA

PLATELETS : ADEQUATE



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Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
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ELECTROLYTES (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED

Order Date :30-06-2026 10:42

Rainbow Children's Hospital - Secunderabad

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PatientName : Master MADDURI GATHWIK REDDY
Age/Gender : 12 Y 2 M 6 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 101

Inpatient No. : IP-00060491
Admit Date : 26-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
SODIUM (Direct ISE)	140	mmol/L	134 - 143
POTASSIUM (Direct ISE)	3.9	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	99	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ALBUMIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :30-06-2026 11:13
ALBUMIN (Bromocresol Green)	3.0	g/dL	L 3.7 - 5.6

Dr. SRUJANA SHYAMALA, MD, DNB

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Investigation	Result	Unit	Biological Reference Interval
ERYTHROCYTE SEDIMENTATION RATE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :30-06-2026 11:13
ESR	22	mm/1st hour	H UPTO 10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Master MADDURI GATHWIK REDDY

12 Y 2 M 3 D

Male

IP-00060491

VIH-00206270

PREETHAM KUMAR

R26-010265

27-06-2026 12:22 PM

27-06-2026 04:07 PM

30-06-2026 05:07 PM

ULTRASOUND ABDOMEN

LIVER : Normal in size 11.9 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size 76 mm and echotexture, No obvious focal lesions.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :

Right kidney : 76 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 83 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended partially and appears normal.

No ascites / lymphadenopathy. No evidence bowel wall thickening / edema.

Print Date/Time : 27-06-2026 04:07 PM

Printed By : A HARISH
CHANDRA KALYAN

Page: 1 of 2

Master MADDURI GATHWIK REDDY

8897455588

12 Y 2 M 3 D

R26-010265

Male

27-06-2026 12:22 PM

IP-00060491

27-06-2026 04:07 PM

VIH-00206270

30-06-2026 05:07 PM

PREETHAM KUMAR

Impression

Bowel gas in peripheral and central abdomen

- Normal wall thickness
- No evidence of peritonitis
- Appendix was not visualized

Rest unremarkable.

Suggested clinical correlation.



Dr. MOHD ABDUL KHALID

MBBS,MD,DNB

Reg No: 82767

Name	Master MADDURI GATHWIK REDDY	UHID	VIH-00206270
Father/Guardian	Mr VENKAT REDDY	Age/Gender	12 Y 2 M 7 D/Male
Address	A S Roa Nagar, A S Roa Nagar, Hyderabad, Telangana, INDIA, 500062		
IP No	IP-00060491	Admission Date	26-06-2026
Ref Doctor	Dr.Hemalatha	Discharge Date	01-07-2026

DISCHARGE SUMMARY

Consultant:

Dr. PREETHAM KUMAR

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS

Diagnosis: Lower GI Bleed Under evaluation (Hematochezia)

History: Master MADDURI GATHWIK REDDY is a 12 Y 2 M 7 D boy presented with history of low grade intermittent fever since 3 days, multiple episodes of loose stools associated with blood, mucus large in volume, 2-3 episodes of non bilious non projectile vomitings since 1 day, 1 episode of seizure in the form of left eye deviation with deviation of head to left with left tonic posturing of upper limb lasted for 40 seconds prior to admission. For the above complaints, he was treated at outside hospital, but in view of persistence of symptoms, he was referred to Rainbow Children's Hospital for further management.

Outside Investigations: Complete blood picture done on 24.06.2026 showed hemoglobin 10.9 gm%, white blood cells count of 9,110 cells/cumm, platelet count of 2.97 lakhs/cumm and C-reactive protein was 74.1 mg/l. Widal showed 1:80. Ultrasound abdomen was normal.

Examination: He was afebrile, maintaining saturation at room air. HR-120/min, BP- 110/65 mmHg and RR 22/min. Signs of some dehydration were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. Examination of other systems including spine was normal.

Name	Master MADDURI GATHWIK REDDY	UHID	VIH-00206270
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Weight on Admission : 33 kgs

Investigations: Enclosed.

Management: He was admitted in ward and was started on intravenous antibiotics and intravenous fluids. He was treated symptomatically with antacids and antipyretics. He was started on probiotics and was advised gastro diet. In view of significant GI bleed single dose of Injection Vitamin K was given. He was loaded with Injection Lacosamide and was continued on maintenance dose.

His complete blood picture showed hemoglobin 8.4 gm%, white blood cells count of 6,820 cells/cumm, platelet count of 3.79 lakhs/cumm and C-reactive protein was 53 mg/l. Serum electrolytes done on OPD basis showed serum sodium - 139 mmol/L, serum potassium - 4.4 mmol/L, chloride - 102 mmol/L. Serum creatinine 0.2 mg/dl. Serum calcium 7.6 mg/dl and serum magnesium 1.6 mg/dl. Liver function test was normal. Coagulation showed PT 18.0 sec, INR 1.2 and APTT 32.0 sec. Blood culture was sterile after 48 hours of incubation. Complete urine examination showed 3-5 pus cells, 4-6 epithelial cells, albumin trace, ketones +. Stool culture was sterile.

In view of low serum calcium and magnesium correction was given. Ultrasound abdomen done was suggestive of bowel gas in peripheral and central abdomen, normal wall thickness, no evidence of peritonitis, appendix was not visualized. In view of on going GI bleed CECT was done which was suggestive of mild irregular urinary bladder wall thickening - likely changes of cystitis, mild rectal wall thickening is noted. MECKELS scan showed scan negative for functioning ectopic gastric mucosa in MECKEL'S diverticulum.

In view of significant GI bleed without focus child was seen by Dr. Jyoti Bothra, Consultant Pediatric Surgeon who advised to review with CECT report and plan to repeat MECKELS scan after week. Child was seen by Dr. Naga

Name	Master MADDURI GATHWIK REDDY
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UHID

Venkata Poushya Sai, Consultant Pediatric Gastroenterologist who advised for Colonoscopy, to rule out structural abnormalities Colonoscopy was done which was normal.

In view of seizure events, child was seen by Dr. Sindhura, P, Consultant Pediatric Neurologist who advised to continue anti seizure medications (Injection Lacosamide).

In view of low hemoglobin levels and ongoing GI bleed, child was seen by Dr. Sandhya Vaddadi, Consultant Pediatric Hemato-oncologist who advised to send Iron profile, ANA profile (to rule out Vasculitis). Iron studies 32 µg/dL. Serum Ferritin was 79.3 ng/ml.

In view of significant GI bleed with drop in hemoglobin levels, child was shifted to PICU and was transfused with 2 units of PRBC. Post transfusion period was uneventful, as the child remained hemodynamically stable, he was shifted back to ward for further management.

He improved with the above line of management. His loose stools and other symptoms improved. His repeat hemogram done on 30.06.2026 showed Hb 7.6 gm%, WBC count of 10,770 cells/cumm, platelet count of 4.2 lakhs/cumm. Serum electrolytes showed sodium 140 mmol/L, potassium 3.9 mmol/L and chloride 99 mmol/L. Serum calcium 7.9 mg/dl. Parents were counselled about course of illness and continuation of gastrodiet for few more days. He remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Name	Master MADDURI GATHWIK REDDY	UHID	VIH-00206270
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Advice:

1. Gastrodiet as advised (Wheat and dairy free diet).
2. Tablet Cefixime (200mg) 1 tablet 12th hourly (after food) for 7 days.
3. Tablet Metronidazole (400mg), 1 tablet 8th hourly (after food) for 7 days.
4. Pro GG sachet, 1 sachet 12th hourly for 7 days.
5. Tablet Lacosamide (50mg), 1 tablet 12th hourly till further advice.
6. Repeat MECKELS scan after 1 week.
7. Kindly consult Dr. Preetham Kumar, Consultant Pediatrician & Neonatologist, after 3 days in OPD with prior appointment (This consultation will be charged).
8. Kindly consult Dr. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist, on Tuesday (07.07.2026) in OPD with prior appointment (This consultation will be charged).
9. Kindly consult Dr. Sindhura.P, Consultant Pediatric Neurologist, after 2 weeks in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Tablet Paracetamol (500mg), 1 tablet for fever $>99.6^{\circ}\text{F}$ (maximum 4-6 hourly).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that i understand.

Name	Master MADDURI GATHWIK REDDY
------	------------------------------

UHID

VIP-00206270

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.Shrikar
Typist : Kalyan

Dr. PREETHAM KUMAR

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

Registrar/Resident/C.M.O

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No: -----
 Date of Adm: -----
 Room / Bed No: ----- Ward: ----- Suggested Billable bed type: -----
 Consultant: ----- Dept: -----
 Date of Discharge: ----- Time: -----

VIH-00206270 IP-00060491
 Master GATHWIK REDDY
 24-04-2014 12 Y 2 M 2 D (M)
 Dr. PREETHAM KUMAR

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/2026	1:55pm	ER	PICU 113	Preetham
29/6/26	3:pm	113	PICU	priya
29/6/26		PICU		

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhu mam	29/6/26 ^{5pm}	3095850	
2.	Dr. Sindhu	26/6/26	3094825	
3.	Dr. Preetham	27/6/26	3095308	
4.	Dr. Tyoti Bhatia	30/6/26	3096167	
5.	Cross checked by			
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/6/26	VBM RBS - 113 mg/dL	26021570	liten
	CRP, CRP, urea		
	creatinine LFT	26021569	
	Blood c/s, PT/APTT		
	EEG	R26 010228	
26/6	CVE	26021612	afg
26/6	Stool c/s	26021620	
27/6	CRP	26021654	
27/6	ESR,	26021729	
	CRP	26021732	
29/6	RBS - 122 mg/dL		Sumanjali
29/6	SLE - Calcium	26021897	
27/6	Iron, Ferritin	26021737	
27/6	CSP	26021741	
	Blood grouping	26021742	
29/6	CRP, SLE, Calcium	26021813	afg
30/6	PT/APTT, Calcium, SLE,	26021954	
	CRP		
30/6	Albumin, ESR	26021959	
27/6	USG Abd	26-010265	
	CECT Abd C Contrast	26-010274	
28/6	ECG	26-010311	
29/6	USG Guided procedures	26-010332	

[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/6/26	iv placement	①	3094890	[Signature]
28/6/26	Blood transfusion	①	3095379	[Signature]
29/6/26	Blood transfusion	②	3095834	[Signature]
28/6	PAC	①	3095544	[Signature]
27/6	iv placement	①	3095270	[Signature]
29/6	iv placement	①	8095587	[Signature]
29/6	Blood Tran			
(CROSS checked by [Signature] 1/7/26)				
1/7	Neb's	②	3096253	[Signature]
1/7	Neb's	②	3096277	[Signature]
	Arterial line	①	3095639	[Signature]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward [Signature] 01/7 @ 10:50 AM	Billing Assistant	Billing Supervisor
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VIH-00206270 IP-00080491
Master MADDURI GATHWIK REDDY
24-04-2014 12 Y 2 M 4 D (M)
Dr. PREETHAM KUMAR



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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
28/6	00.00	levolin - 80.30 Am	Anitha	Murthy
	01.00	levolin - 4:30 pm	manisha	Murthy
28/6	02.00	levolin - 10:30 pm	Vaishna	
29/6/26	03.00	levolin - 4:30 Am	Vaishna	
29/6/26	04.00	levolin 6 pm		
29/6/26	05.00	levolin - 10 pm	Suresh	
30/6/26	06.00	2am - levolin	Beunika	
	07.00	7am - levolin	Beunika	
	08.00	⑧. 3096253		
	09.00	11 AM - levolin	manac	
1/7/26	10.00	6 AM - levolin	manac	
	11.00	②. 3096277		
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

VIH-00206270 IP-00060491

Master MADDURI GATHWIK REDDY

24-04-2014 12 Y 2 M 6 D (M)

Dr. PREETHAM KUMAR

IP.No:

Ward:

DOA:



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Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060491

Admit Date : 26-Jun-2026

Admit Time : 12:36 PM UHID : VIH-00206270

Patient Details :

Patient Name : Master GATHWIK REDDY

Age : 12 Y 2 M 2 D

Guardian : Mr VENKAT REDDY

DOB : 24-04-2014

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : A S Roa Nagar A S Roa Nagar Hyderabad
Telangana INDIA 500062

Phone No : 8897455588

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

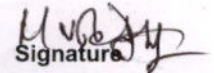
Contact Details :

Name : Mr VENKAT REDDY

Relationship : S/O

Contact Address : A S Roa Nagar A S Roa Nagar Hyderabad
Telangana INDIA 500062

Phone No : 8897455588 / 8309361030


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR

Specialisation : GENERAL PEDIATRICS

Referral Doctor : self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : CIGNATTK HEALTH INSURANCE CO LTD

Patient Name : Mast. GATHWIK REDDY UHID : VIH-00206270 IPD : IP-00060491 Gender : Male Age : 12 Y 2 M 2 D

VIH-00206270 IP-00060491
Master MADDURI GATHWIK REDDY
24-04-2014 12 Y 2 M 2 D (M)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/6/2016 Time of arrival : 11:24 Am
Chief Complaints : fever since 2 days, 1 ep of seizure today RBS : 113 mg/dl
Height : - Weight : 33 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 Parents

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

Time of Initial assessment completed by ER Nurse : 11:27 Am

Patient Name : Mast. GATHWIK REDDY UHID : VIH-00206270 IPD : IP-00060491 Gender : Male Age : 12 Y 2 M 2 D

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

Time	Nursing Notes
11:20Am	Patient Came to ER
11:22Am	vitals checked and recorded.
11:24Am	Doctor Prashanthi, Nikesh, Sindhura seen the pt & advice for blood test and advice admission.
12:58pm	Admission process done * RBS done, 113 mg/d L.
1Pm	* IV Placement done and Blood Samples Collected and Send to the Lab.
	* patient shifted to the ward (113)

Samples collected by: } Sr. Kiran
Samples sent by: }

Time: } 11:55Am
Time: }

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12pm	Inj. lacosamide.	IV	150mg	P	Bj

Condition of patient at time of shift - out :	Details of Shift - out
HR: 130b/min BP: 117/65mmHg CFT: 4254 RR: 22b/min SPO ₂ : 100-1. GCS: 15/15 Temperature: 99.4°F Pain Score: 0 Repeat RBS (if applicable): -	Shift - out from ER to: PICU Time of Shift - out: 26/6/26 A Handover given to: Bj (Nurse's Name) bj Bj

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : Sr. Nagmani
Date & Time : 26/6/26 E

Signature of the Nurse : Nagmani

Patient Name : Mast. GATHWIK REDDY UHID : VIH-00206270 IPD : IP-00060491 Gender : Male Age : 12 Y 2 M 2 D

VIH-00206270 IP-00060491
Master GATHWIK REDDY
24-04-2014 12 Y 2 M 2 D (M)
Dr. PREETHAM KUMAR



Wt: -33 kg
RBS-113 mg/dL

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Gatwik Reddy Age : 13 yrs Gender : ☒ Male ☐ Female
Date : 26/6/2014 Time of Arrival : 11:00 AM

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

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

Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99.4°F PR: 130b/m BP: 117/85(mmHg) RR: 22b/m SpO₂: 100%

Chief Complaints: fever since 2 days, 1 ep. of seizure today

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance ☒ Normal ☐ Sick Looking	Circulation / Colour ☒ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing ☒ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea
		☒ 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

m. gushma
Signature of Parent / Guardian

Triage Completion Time : 11:23 AM

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. Nagmani

Date & Time : 26/6/2014 @ 11:23 AM

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 : Nagmani

Content-Type: application/javascript Content-Length: 626 User-Agent: Windows Internet Print Provider Host: localhost

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206270 IP-00060491 Master GATHWIK REDDY 24-04-2014 12 Y 2 M 2 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 26/6/26 @	Date & Time of Transfer Order 26/6/26 @ 1:55pm
		Transfer Ordered by Dr. Preetham	Reason for Transfer Admission
From Unit ER	To Unit (113) 1st floor	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File (21)	Number of Imaging Films Vibron (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Sreekanth/See		Name of Person Ordered Transfer Dr. Preetham	
Patient & Clinical Records Received by : Dr. Aritha			
Date & Time of Patient Received : 26/6/26 @ 1:55pm			

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



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute dysentery

Arrival Time: 11:20 AM Mode of Arrival: By walk Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil Body Weight: 33 Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>yes</u>	<u>NO</u>	<u>NO</u>

Family History: Nil

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

If yes please list: Nil

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

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

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

Observations: Weight: Length: Head Circumference (< 2 years):

Temp.: 98.4 F HR: 110 bpm RR: 24 bpm BP: 107/78 (63)

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

Fall Risk Assessment: ☐ Yes ☒ No Score: 0 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

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

Character of Pain: Nil Location: Nil Frequency: Nil Duration: Nil

FUNCTIONAL SCREENING: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☒ No Abnormalities Detected

- ☐ Underweight ☐ Overweight ☐ Special Feeding Method
☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With 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 parents

Nurse's Name: Sr-Anitha Date: 26/6/20 Time: 2pm

ABJ
Signature

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206270 IP-00060491 Master MADDURI GATHWIK REDDY 24-04-2014 12 Y 2 M 5 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 26/6/26 @ 12:36 PM	Date & Time of Transfer Order 30/6/26 @ 1:35 PM
		Transfer Ordered by Dr. Shivam	Reason for Transfer Blood Transfusion given
From Unit PICU	To Unit 113	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Sreekanth/Sree		Name of Person Ordered Transfer Dr. Shivam	
Patient & Clinical Records Received by : Sd. Bevonika			
Date & Time of Patient Received : 30/6/26 @ 1:40 AM			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

PATIENT TRANSFER FORM

VIH-00206270 IP-00060491
Master MADDURI GATHWIK REDDY
24-04-2014 12 Y 2 M 2 D (M)
Dr. PREETHAM KUMAR



Date & Time of Admission 26/6/26 at 12:36 pm		Date & Time of Transfer Order 28/6/26 at 3 AM
Treating Consultant Name Dr. Preetham kumar	Transfer Ordered by Dr. Viswaja	Reason for Transfer Blood transfusion
From Unit 113	To Unit PICU	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 88 sheet	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐		
Name & Signature of Person who is Transferring Sr. Vaishnavi		Name of Person Ordered Transfer Sr. Poojanka
Patient & Clinical Records Received by : Sr. Ranuka		
Date & Time of Patient Received : 28/6/26 at 3 AM		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206270

IP-00060491

Master GATHWK REDDY

24-04-2014

12 Y 2 M 2 D

(M)

Dr. PREETHAM KUMAR





Pediatric Multiorgan History & Physical Examination

Name : Gathwik Reddy Age/Sex : _____
Information given by : mother Relationship : Good

Chief Presenting Complaints & Duration (Chronologically)

clb fever :: 3 days.
clb bleeding stools :: 2 days
clb vomitings :: 1 day

History of present illness : clb impending seizure like activity - Today.

Child was apparently asymptomatic 3 days back

then developed clb fever :: 3 days
(low-mod) grade.
2-3 spikes/day

T-t period - Active.

Subsiding on medication

Not associated with chills & rigor.

clb cold & cough :: 3 days

In the form of Nasal Blockade.

Dry-Intermittent cough.

clb loose stools :: 2 days

all in Blood - large volume.
in mucus.

Treated with Inj. moxifloxacin
cefotaxime outside.

metoprolol.

clb vomitings :: 1 day

2-3 episodes. NB/np Nonblood stained.

clb one episode of seizure in form of left eye deviation with
deviation of head to left with left tonic posturing of UL - lasted for
40 sec.

No postictal drowsiness.

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

K/clo Down's syndrome.

24/06/22

116 - 10.9

$$\omega_{BC} \rightarrow 9.11.$$

USA Adh $\rightarrow$ (N)

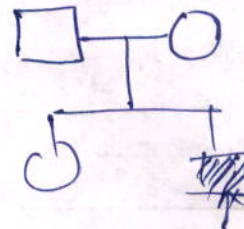
$pH = 2.97$

Cep $\rightarrow 24.1$

Widal $\rightarrow$ 1:80

Penumbra / 2.5% / 100

CIAB, NO NEW Admission.



About Father :

About Mother :

Any additional

Any additional Information :

Developmental delay (Int)

Immured ce perAge.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) 33kgs (Centile _____)

On Examination :

Temperature : 99.2°F Pulse Rate : 120b/m B.P. 110/65 mmHg SPO2 100%

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : ⊖

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : ⊖

Air entry & breath sounds : BLAEE

Any addes sounds : ⊖

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

Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S1S2

Any murmur : ⊖

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

Per Abdomen :

Inspection : (N)

Palpation : PA: soft NO +/u/R.

Ausculation : (N)

Spine : _____ External Genitalia : (N)

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

No neck rigidity

Jerky (ve)

Motor System:

Nutrition : (N)

Tone : (N)

Power : (R) 5/5 (L) 5/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (N)

Reflexes :

DTR +nt

Superficials: +nt

Plantars flexors.

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Acute dysentery

Preventive aspects of the treatment: TO prevent further complications.

Desired goals of the treatment : To treat the symptoms.

CBP, CRP, CUE, S/G, S/Ca, S/mg
PT / INR ✓
S. urea ✓
S. creat ✓
~~RFT~~, LFT ✓, VBA ✓
ECG.
Bilirubin.
B/cus ✓
- stool culture. X
cse.

- IVF
- Inj. ceftriaxone - IV - 12 hourly.
- Inj. Pantoprazole - IV - once daily
- Eworm sachet - 12 hourly
- Inj. metrogyl - IV - 8 hourly

Noted by
Sr. W. J. [unclear]
26/6/26

Signature of the Doctor:

Signature of the Consultant:

Name of the Doctor: Dr. Prashanthi

Name of the Consultant:

Date & Time: 26/6/26 12:20pm

Date & Time:



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/21 4pm	D/w on Sindhura nam EEG - Normal	Snoring, wakeful sublt ↓ EEG To r/o OSA on follow up.
Dr. Vishwak		plan To continue maintenance dose of Puj lacosamide - 5mg/kg/day (2 divided dose). ↓ From today evening.
20/6/21 8pm	S/R Resident A/E's - Acute desaturation o/e child asleep Entermec Vital stable. P/K - RAE (+) P/A - rgt	1 episode of loose stool - mood detached oral intake - low urine (N).
Dr. Vishwak		plan 1) Puj ceftriaxone 2) Econorm Sachet 3) Puj metrogyl 4) Puj lacosamide



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/2014	SLB Resident	
7pm	clo AF, c Acute onset Hematochezia (D₄ of illness) c ret Epi ① focal seizure ? ENTEROCOLITIS / ? proctocolitis	
	- ① large bloody stool @ 26/6 - 6 AM - no further (large stools) vomiting - ongoing fever ① - Epigastric pain ① - on 30pr	
	ols - Euthermic Cvs - S, S, ① ? short systolic murmur ②	- At peripheral pulse - good volume - CRT < 3 sec - pale/palor ①
	P₂ region R - BAS ① Conducting sounds ① PA - Epigastric - Rif tenderness ① (minimal) Cvs - 15/15 tone / ② power / ②	plan - SOS → USG Abdomen - Allow orally - TEF - BP monitoring - 3hly - monitor vitals - continuously - trace Ca¹², Mg¹² - trace stool culture sensitivity - send cse - also charting - Inform SOS



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2014 6AM	S/B Resident ? Enterocolitis 1 episode of bloody stool @ Yesterday 10pm Abdominal pain - intermittent no fever spikes O/E - child conscious Entirely U/tale stable CVT - S/S2 (+) P/L - BAE (+) P/A - RPT	(40 AFI) Acute onset Hematochezia (Dx of illness). 1 st episode of focal seizure
Dr. Lakshya	→ 1) USG Abdomen today → 2) On pouchy mass f/w 3) Paj Ceftriaxone Dr. Sandhya 4) Econorm Sachet f/w 5) Paj metrogyl 6) Paj lacosamide 7) BP monitoring 8) Trace stool c/s 9) Send cce 10) D/o chartay 11) Perform	plan
Dr. Lakshya 24/6/2014 9AM		Noted by Dr. Lakshya 24/6/2014 9AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/20	S/R Resident	
9am	Δ - ? Enterocolitis. loose stool - (b).	
	Of	
	Child asleep	
	Euthermic	
	Ustals stable	
	CVS-S12 (+)	
	Rp - BAC (+)	
	PLA - right	
		plan
	1) Meckel's scan - Monday 8am (Tennet Bowpre)	
	2) plan for colonoscopy - as: ↓ after scan	
	3) Add levorphan - 6th hrly	
	Dr. Kumar	
	28/6/20	
	9am	
		Backlog: 28/6/20
		Noted by Dr. Kumar
		28/6/20
		@



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/2014 11:15 AM	<u>qB Resident:</u> Had 1 episode of seizure like activity, UROEB ± floppiness of limbs - lasted - fraction of secs. No Postictal drowsiness. <u>Plan:</u> <u>Backup:</u> levet. 4mg/kg/dose. ↓ <u>If persist</u> → MRI-Brain (SOS) (<u>Mekels scan</u> (Tm). (Mkhen) * fasting - <u>12 AM</u> * <u>Inf. Pantidine</u> (SOS)	(D/W <u>Neuro team.</u>)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 3:00pm	8/8 Resident: A - 2, Intero white Ongoing loose stools ↓ blood & mucus episode No fever o/e child alert, euthermic, with pink as m p/kn (2) Adm. Ctr Metcels seen (7/10) ↓ Inform Dr. Pombhyan men (7/10) afternoon 80s - Colonoscopy (20/6/26)	

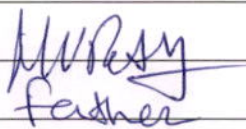
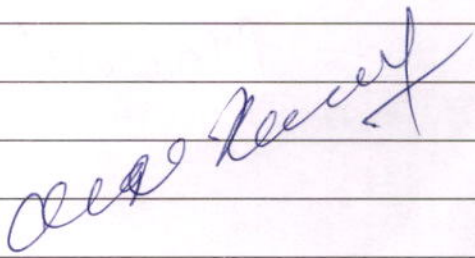


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2014 5:40 AM	<u>AB</u> Persistent: A - ? Enterocolitis. c/o Blood in stools. 1 epi of vomiting 1 episode of BROEB & floppiness. last fraction of seps. o/a child awake, anemic. HR - 114/min SpO₂ - 94% BP - (VL) (LL) <u>Adv.</u> by. Order. send CBL, & S. calcium, (w/ Neuro team.) <u>Todo:</u> MEL - Brain & review. of seizures - prolonged & sent by temp.	

Date & Time	Progress Notes	Doctor's Order
26/5	<u>CLB Dr Kerdana</u> <u>Enterocolitis</u> - NO further Episodes of seizure - one episode of blood in stool Medial scan is Negative <u>Plan</u> - NPO since 8pm - Repeat scan at 8:30AM at RR scan - S/E to be done now - Plan for colonoscopy/Laparoscopy to be done after scan	
	<u>Dr Kerdana</u> 26/5/20 8AM.	(10) Dr Shue

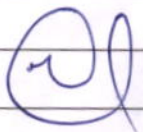
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/20 18:15	<u>Counseling Done by Dr Kundana</u> The scan we did today was negative. we will need to do a scan tomorrow & check as the child has active bleeding & clots so it can be false negative. As we suspect it to be meekle & we need to repeat the same scan tomorrow & we have to watch for any bag like structure present there. we will keep the child NPO overnight. Child is still having blood loss & we have to find out the cause.	
 Dr Kundana	 Father	 uncle

Date & Time	Progress Notes	Doctor's Order
10/26 0:30	<u>CS/B Arrendana</u> <u>Enterococcus</u> <u>Plan</u> - Hold Meckel's Scan for tomorrow - Films of CECT will be reviewed & further plan to be decided after Pediatric surgeon review - Allow orally.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/12/26 21:15	<u>Col/W & Kendaana</u> <u>Plan for Colonoscopy tomorrow</u> → NPD Bowel preparation to be done Pegleg sachet mix in 2lit water 9pm - 10pm → 500ml 10pm - 11pm → 500ml 11pm - 12am → 500ml 12am - 1am → 500ml Syp smUTH 5ml at 2am Mix another PEGLEG SACHET in 2lit 6Am - 7Am → 500ml 7Am - 8Am → 500ml 8Am - 9Am → 500ml 9Am - 10Am → 500ml PG ENOMA at 11AM	
		 Dr. Kendaana

Date & Time	Progress Notes	Doctor's Order
5/6/28 AM	<u>Shift Notes</u> 12 yr old male child came for blood transfusion, Blood transfusion done & unsuccessful. Child is on PPI Bowel prep for Colonoscopy. <u>Plan</u> Continue Bowel prep <i>[Signature]</i> <i>[Signature]</i>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident.	
30/6/26 9AM	① Enteroenteritis. O/e child active Eutermic Uetate stable CVC - H2O APS - BAE PLA - RPT	→ 100sectos L. 4 episodes passed stool morning ↳ with 2-3 clumps of Blood
		<u>Plan</u>
	CBD SE + S.Ga⁺⁺ NOW. PT/INR ESR & S. Albumin.	1) Dr. Sandhya mom c/o 2) Dr. Syed mom c/o 3) plan for colonoscopy - 2pm ↓ shift to Bangalore
For Kumbhast 30/6/26 9AM		4) To add Calcein plus Syrup 10ml BD 5) Start Vitamin-D weekly regimen for 6 weeks.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30.6.26 12:00 PM	d/w Dr. Paulaya Referral informed. Sameera (Dr. Sameera)	Plan → Reserve 1 unit PRBC → PAC at RCH Bangalore → Shift to RCH " for colonoscopy.
30/06/2026 2:12 PM	d/w Dr. Sandhya Down's syndrome c. Hematoma over the head & limb same time noted Also to send ANA profile to to vasculature Dr. Gayatri	

Date & Time	Progress Notes	Doctor's Order
30/6/26 9pm	D/w on kindana man	
	c/o Name: (7) D/E Child alert Autism SpO₂ - 98% HR - 100/min RR - 18-20/min ECG (7) MI - BAE (7) No c/o blood in stool	Advice Entire same medications Allow orally Plan for d/c T/m Plan to send A&A sample T/m Defecation
Dr. Vishwak		
	No c/o blood in stool	Port shifted to c/w
	to give Pyloridone etc.	
		noted by manoj 1/7 07/7/26

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 26/6/26	Diagnosis:	Surgery / Procedures: —	
	Allergies: Nil		Post OP Day: —	
	Date: 29/6/26			
	Area	Shift Time		
	Diet:			
	Ventilation (RA, NP, NIV, VENTI)			
INVASIVE LINES	1.			
	2.			
	3.			
	4.			
ASSESSMENT	Infusions / Transfusions			
	PU Prophylaxis			
	DVT Prophylaxis			
	Vitals	BP	110/60 mmHg	106/63 (76)
		PR	112 bpm	114 bpm
		RR	13.6 /min	16 bpm
		SpO ₂	100%	100%
		Temp	98.6°F	98.6°F
	Pain Score			
	LOC (Alert, Conscious, Confusion, Unconscious)			
	Skin Integrity (Intact / Bedsore / Any other condition)			
	Restraints If any	Physical		
		Chemical		
	Fall Risk (Vulnerable Y/N) if yes score			
(Ambulation, walking, moving with assistance, bed ridden)				
ADL (Dependent / Non-Dependent)				
Critical Lab Test / Values (If any)				

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

RECOMMENDATIONS	Date:	29/6/26		29/6/26
	Area		plco	plw
	Shift Time		8pm-8am	night
	Ordered / Planned		=> SIE. Caccay Send - MRI I/M	- T/m plan Colonoscopy
	Due		Now 170ml dialysate Bag	-
	Reports Pending		-	-
	Referrals (If any)		-	-
Remarks (Special Interventions like, Drainage tube flushing etc.)			-	-
Handed Over By Name :			Sumanjuli	Sreekanth
Signature :				
Date:			29/6/26	
Time:			@ 8pm	
Taken Over By Name :			Sreekanth	
Signature :				
Date:			29/6/26	
Time:			@ 8pm	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Acute dysentery</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:					
	Surgery / Procedure: <u> </u>		Post OP Day: <u> </u>					
BACKGROUND	Date	<u>26/6/26</u>	<u>26/6/26</u>	<u>26/6/26</u>	<u>27/6</u>	<u>27/6</u>	<u>27/6</u>	
	Shift	<u>Morning</u>	<u>E</u>	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Diet:	<u>Soft diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>99.4°F</u>	<u>98.6°F</u>	<u>98.3°F</u>	<u>98.4°F</u>	<u>98.6°F</u>	<u>98.1°F</u>
	Res:	<u>22b/m</u>	<u>24b/m</u>	<u>22b/m</u>	<u>24b/m</u>	<u>22b/m</u>	<u>24b/m</u>	
	SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>	
	Pulse:	<u>130b/m</u>	<u>110b/m</u>	<u>114b/m</u>	<u>110b/m</u>	<u>108b/m</u>	<u>118b/m</u>	
	BP:	<u>117/65(80)</u>	<u>100/78</u>	<u>106/57(70)</u>	<u>104/61(72)</u>	<u>103/58(69)</u>	<u>104/65</u>	
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	
	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Special Diet:	<u>soft diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>		
Recommendations	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	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):	<u>Dependent</u>	<u>Dependent</u>	<u>dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>dependent</u>	
	Post Operative Procedure Special Orders:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	
	Handed Over By Name :	<u>Nagmani</u>	<u>Manisha</u>	<u>Vaishnavi</u>	<u>Anetha</u>	<u>Anitha</u>	<u>Vaishnavi</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>26/6/26</u>	<u>26/6/26</u>	<u>27/6/26</u>	<u>27/6</u>	<u>27/6</u>	<u>27/6/26</u>		
Time:	<u>1:55pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>		
Taken Over By Name :	<u>Manisha</u>	<u>Vaishnavi</u>	<u>Anetha</u>	<u>Anitha</u>	<u>Vaishnavi</u>	<u>Anitha</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>26/6/26</u>	<u>26/6/26</u>	<u>27/6</u>	<u>27/6</u>	<u>27/6</u>	<u>28/6</u>		
Time:	<u>@ 1:55pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Enterocolitis</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known				
	Surgery / Procedure: <u>-</u>		Post OP Day: <u>-</u>				
BACKGROUND	Date	<u>28/6/26</u>	<u>28/6/26</u>	<u>29/6/26</u>	<u>29/6/26</u>	<u>29/6/26</u>	<u>30/6/26</u>
	Shift	<u>M</u>	<u>E</u>	<u>N</u>	<u>Morning</u>	<u>Night</u>	<u>N</u>
	Medical Condition (Any special condition to be noted):	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	Diet:	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>NPO</u>	<u>NPO</u>
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>R-N</u>
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: <u>98.6°F</u>	Temp: <u>98.4°F</u>	Temp: <u>98.3°F</u>	Temp: <u>98.3°F</u>	Temp: <u>98.6°F</u>	Temp: <u>98.6°F</u>
	Res:	<u>24 blm</u>	<u>20 blm</u>	<u>20 blm</u>	<u>22 blm</u>	<u>15-22m</u>	<u>15 blm</u>
	SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	Pulse:	<u>112 blm</u>	<u>100 blm</u>	<u>106 blm</u>	<u>110 blm</u>	<u>116 blm</u>	<u>112 blm</u>
	BP:	<u>98/62(42)</u>	<u>95/79(66)</u>	<u>102/52(61)</u>	<u>101/78(58)</u>	<u>105/64(78)</u>	<u>110/75(85)</u>
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>
	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
	Physiotherapy:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Special Diet:	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>G. diet</u>	<u>NPO</u>	<u>Nil</u>	
Recommendations	Critical Lab Test / Values:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
	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):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>
	Post Operative Procedure Special Orders:	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>	<u>Nil</u>
Handed Over By Name :	<u>Anitha</u>	<u>Manisha</u>	<u>Vaishnavi</u>	<u>Prithi</u>	<u>Benavika</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>28/6</u>	<u>28/6/26</u>	<u>29/6/26</u>	<u>29/6/26</u>	<u>30/6/26</u>		
Time:	<u>@ 2 pm</u>	<u>@ 8 pm</u>	<u>@ 8 am</u>	<u>@ 2 pm</u>	<u>@ 8 am</u>		
Taken Over By Name :	<u>Manisha</u>	<u>Vaishnavi</u>	<u>Prithi</u>	<u>Suma</u>	<u>Indu</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>28/6/26</u>	<u>28/6/26</u>	<u>29/6/26</u>	<u>29/6/26</u>	<u>30/6/26</u>		
Time:	<u>@ 2 pm</u>	<u>@ 8 pm</u>	<u>@ 8 am</u>	<u>@ 2 pm</u>	<u>@ 8 am</u>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Acute Nausea</u>			Any Infection: ☐ Yes ☒ No ☐ Not Known			
	Surgery / Procedure: <u>nil</u>			Post OP Day: <u>Nil</u>			
BACKGROUND	Date	<u>30/6/15</u>	<u>30/6/15</u>	<u>30/6/15</u>			
	Shift	<u>m</u>	<u>e</u>	<u>n</u>			
	Medical Condition (Any special condition to be noted):	<u>nil</u>	<u>nil</u>	<u>nil</u>			
	Diet:	<u>NPO</u>	<u>NPO</u>	<u>S. diet</u>			
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	<u>RR</u>	<u>RR</u>	<u>RD</u>			
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:						
	Temp:	<u>98.6°</u>	<u>98.3°</u>	<u>98.1°</u>			
	Res:	<u>20b/min</u>	<u>20b/min</u>	<u>18b/min</u>			
	SpO ₂ :	<u>98%</u>	<u>98%</u>	<u>98%</u>			
	Pulse:	<u>102b/min</u>	<u>106b/min</u>	<u>107b/min</u>			
	BP:	<u>100/60</u>	<u>98/60</u>	<u>102/60</u>			
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>			
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>			
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>			
	Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>			
Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Physiotherapy:	<u>nil</u>	<u>nil</u>	<u>nil</u>			
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Special Diet:	<u>S. diet</u>	<u>S. diet</u>	<u>S. diet</u>			
	Critical Lab Test / Values:	<u>nil</u>	<u>nil</u>	<u>nil</u>			
	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):	<u>Depend</u>	<u>Depend</u>	<u>Depend</u>			
		Post Operative Procedure Special Orders:	<u>nil</u>	<u>nil</u>	<u>nil</u>		
	Handed Over By Name :	<u>Rendu</u>	<u>Rendu</u>	<u>masara</u>			
	Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
	Date:	<u>30/6/15</u>	<u>30/6/15</u>	<u>1/7</u>			
	Time:	<u>2:30pm</u>	<u>2:30pm</u>	<u>2:30pm</u>			
	Taken Over By Name :	<u>Rendu</u>	<u>masara</u>				
	Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>				
	Date:	<u>30/6/15</u>	<u>30/6/15</u>				
	Time:	<u>2:30pm</u>	<u>2:30pm</u>				

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:		Post OP Day:			
BACKGROUND	Date	Shift				
	Medical Condition (Any special condition to be noted):					
	Diet:					
ASSESSMENT	Allergy:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):					
	Tubes/Drains/Catheter:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:				
		Res:				
		SpO ₂ :				
		Pulse:				
		BP:				
		LOC:				
		Fall Risk Score:				
	Pain Score:					
	Skin Integrity					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Physiotherapy:					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Special Diet:					
	Critical Lab Test / Values:					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:						
Handed Over By Name :						
Signature / ID :						
Date:						
Time:						
Taken Over By Name :						
Signature / ID :						
Date:						
Time:						



NURSING CARE RECORD

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	- maintain fluid balance - ensure safety		- Administered IV fluid 70ml/hr - side rail kept up	- to maintain hydration - prevent from fall risk	- patient is stable	manisha 26/6/26 @ 8pm
Night	11pm	Maintain fluid balance - Ensure safety	11:10	- Maintained input/output chart - provided side rails	- To prevent dehydration - To prevent falls	- patient is stable	Vaishnavi 26/6/26 @ 8am

NURSING CARE RECORD

Date: 27/6/26

Goals

- ☐ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications
☐ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify: NPS

- ☐ 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	9am	→ checked the vitals		→ checked the vitals	→ vitals are normal	→ patient is stable	Anitha 27/6 @2pm
	11am	→ maintain fluid balance		→ maintained fluid IO DWS 40ml/hg	→ To maintain hydration		
Afternoon	4pm	→ maintain Aseptic Technique		→ maintained Aseptic Technique	→ To prevent infection	→ patient is stable	Anitha 27/6 @8pm
	4pm	→ Ensure Safety		→ To side rails kept up	→ To prevent falls risk		
Night	10 pm	Maintain Fluid Balance - Ensure Safety	10:10	- Maintained input/output chart - provided side rails	- To prevent dehydration - To prevent Falls	patient is stable	Prishu 28/6/26 @3am

NURSING CARE RECORD

Date: 28/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10am	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provided by Gastro diet	→ patient is Stable	Anitha 28/6 @2pm
Afternoon	3pm	- maintain fluid Balance - Ensure safety		- Administered IV fluid 30ml/hr - Side rail kept up	- To maintain Hydration - prevent from fall risk	- patient is stable	Narisha 28/6/26 @8pm
Night	11pm	Maintain Fluid Balance - Ensure safety	11:10	- Maintained input/output chart - provided side rails	- To prevent dehydration - To prevent falls	- patient is stable	Vaishnavi 29/6/26 @5am

NURSING CARE RECORD

Date: 29/6/26

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	9 AM	maintain fluid balance	9:10 AM	maintain fluid IV D/S to mb/line	To maintain hydration	Pt is stable	<i>[Signature]</i> 29/6/26 ctb
Afternoon	4 PM	=> Assess the Baby condition => monitor vitals and recorded => maintained Input and output chart	5 PM	=> Assessed Baby condition => monitored vitals and Recorded => maintained Input and output chart	=> maintained vitals normal	=> Hemodynamics stable	<i>[Signature]</i> Sumanjyal
Night	11 PM	-> maintained Input & output chart 3 AM -> monitor vitals and recorded	12 AM	-> monitored hourly I/O chart -> monitored vitals and recorded	-> To maintain water balance -> vitals are Normal	-> patient is stable ->	<i>[Signature]</i> Benujia 30/6 @ 8 AM



NURSING CARE RECORD

Date: 30/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	Maintain fluid balance w/ Blood in stools	10 Am	⇒ continued IV fluids D/Ls 25ml/hr 3 episodes of Blood in stools.	To maintain hydration.	patient is stable.	Indu. 30/6/26
Afternoon	3pm	Came for colonoscopy checked vitals signs		colonoscopy done at OT @ 4pm. ⇒ Monitored vitals signs.	Maintained vitals signs Normal	Hemodynamically stable.	Gay
Night	10 PM	→ nebulization	10:30 PM	→ Levorin is given for every 6th hourly	→ To prevent cough	→ patient is stable	Of nurse

VIH-00206270 IP-00080491
 Master MADDURI GATHWIK REDDY
 24-04-2014 12 Y 2 M 5 D (M)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD

Date:

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							



THE HUMPTY DUMPTY SCALE

26/6/26 26/6 27/6 28/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4		2			
	3 to less than 7 years old	3					
	7 to less than 13 years old	(2)	2	2	2	2	2
	13 years old and above	1					
Gender	Male	(2)	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	(1)	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	(1)	1	1	1	1	1
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	(2)	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	(1)	1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	(1)	1	1	1	1	1
TOTAL		10	10	10	10	10	10

Intervention : -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓	✓
Adequate Lighting	✓	✓	✓	✓	✓	✓
Wheel Chair Support	✓	X	X	X	X	X
Other Intervention(s) Specify	X	✓	✓	✓	✓	✓
Nurse's Name :	Seetha	Varishu	Varishu	Varishu	Anita	Varishu
Signature :	Seetha	Varishu	Varishu	Varishu	Anita	Varishu
Date :	26/6/26	26/6/26	26/6	27/6	27/6	28/6
Time :	12:45pm	3pm	11pm	1AM	4pm	12AM



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 28/6	DATE 28/6	DATE 28/6	DATE 29/6	DATE 29/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			10	10	10	10	10

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair up, _____		X	X	X	X	X
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Anitha	Anitha	Anitha	Anitha	Anitha
Signature:		Anitha	Anitha	Anitha	Anitha	Anitha
Date:		28/6	28/6	28/6	29/6	29/6
Time:		11Am	3pm	11pm	7Am	11Am



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			24/6	29/6	30/6	30/6	30/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			10	10	10	10	10

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair safe		X	X	X	X	X
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		Say	Shakti	Bhargava	Rao	Rao
Signature:		✓	✓	✓	✓	✓
Date:		29/6	29/6	30/6	30/6	30/6
Time:		6pm	11pm	5am	10am	5pm



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	30/6				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2				
	13 years old and above	1					
Gender	Male	2	2				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2				
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
Total			11				

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓				
Call device within reach		✓				
Wheels Locked		✓				
Room free of clutter		✓				
Adequate lighting		✓				
Wheel chair secured		✓				
Other Intervention(s) Specify		✓				
Nurse's Name:		mona				
Signature:		Q				
Date:		30/6				
Time:		11PM				

CHECKLIST FOR THROMBOPHLEBITIS

VIH-00206270 IP-00060491
Master GATHWIK REDDY
24-04-2014 12 Y 2 M 2 D (M)
Dr. PREETHAM KUMAR

2C / THROM / 07

We

Da



S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	I.P. No.						REMARKS	
				26/6/26	26/6	26/6	26/6	26/6	26/6		
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-	-	
3	Two of the following signs are evident : Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced Stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-	-	

NOTE : Phlebitis > grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Sadiya Name : Sadiya

Signature of Ward In Charge :

Signature : Elizabeth Name : Elizabeth

CIN : L85110TG1998PLC029914

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6/26	12:45pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	See
26/6/26	3pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	MANUSHA
26/6/26	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Vaishnav
24/6/26	11Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Aneef
24/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Aneef
28/6	4Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Vaishnav
28/6	9Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manisha
28/6/26	3pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manisha
28/6/26	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Vaishnav
29/6/26	1/Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Priza

Re-assessment Frequency:

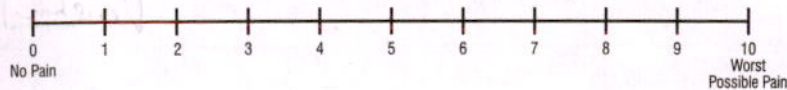
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6/14	6pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Surgeon
29/6/14	11pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Sub
30/6	10am	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sub
30/6	6pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sub
30/6	11pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sub
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

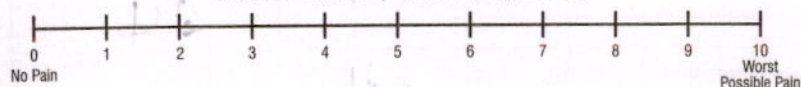
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Wong - Baker (Pediatrics) Above 7 Years



VIH-00206270

IP-00060491

Master MADDURI GATHWIK REDDY

24-04-2014

12 Y 2 M 2 D

(M)

Dr. PREETHAM KUMAR



BRADEN 'Q' SCALE

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

		Date :	26/6/2016	26/6	26/6	26/6
		Time :	12:45pm	3pm	1pm	1pm
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance. 2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently. 3. Slightly limited: Makes frequent through slight changes in body or extremity position independently. 4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed 2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair." 3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. 4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface. 2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body. 3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities. 4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned. 2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours. 3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours. 4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction. 2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. 3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down. 4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. 2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. 3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. 4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes. 2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40. 3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be < 2 seconds; serum pH is normal. 4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
TOTAL SCORE		28	28	28	27	
Evaluator's Name		see	ML	Varish	27	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

FROM:

1/14 - 00206270
Matter, Madden
Grathwick Reddy
Dr. Preetman
Kumar

Please undertake the following
investigation on credit:

SERIAL NO.

29703

DATE

To,

Tenet Diagnostics

Branch

o.	CUSTOMER NAME	INVESTIGATIONS
1.	order New	
2.	26010274)	CT abdomen
3.		CT Contrast
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Submit the bills to the above address for payment.

Date:

27-06-2026
14:01

Time:

Signature:

Name:

Seal:

VIN - 00000000

Mr. Robert
Johnston
1000 N. 1st St.
Tulsa, OK 74103

Uenu Lab slms Blood Bank

9848840200

B negative.

[Signature]

[Signature]
Date: 10/1/98

CONSULTATION FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name :

Date : 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

diagn

VIH-00206270 IP-00060491
Master MADDURI GATHWIK REDDY
24-04-2014 12 Y 2 M 2 D (M)
Dr. PREETHAM KUMAR



Signature:

M.D.

Report of Findings and Recommendations :

c/o fever : 3 days
Blood in stool : 2 days
Vomiting since 1 day (post syrup suggestion)
c/o 1 episode of seizure on day of admission.

- Post admission
1 Blood in stool episode
(large quantity).

Adv

- 1) CECT abdomen =
- 2) feed calprotectin, CSE
(Hold)
- 3) ESR ✓
- 4) Stool c/s → report awaited
- 5) SOS - meckels scan.
- 6) Colonoscopy - SOS.
- 7) Dairy, wheat free food

Consultant :

Name : Signature : Preetham Kumar Date & Time :

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

CONSULTATION FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name : Dr. Sindhu

Date : 29/6/26 Hour : 4:30 PM

Hospital :

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Referred for : ☐ Opinion ☐ Co-Management

Date : Time : By :

☐ Transfer of care

Reason for
diagnosis

VIH-00206270 IP-00060491
Master MADDURI GATHWIK REDDY
24-04-2014 12 Y 2 M 5 D (M)
Dr. PREETHAM KUMAR



care specify the particular need, especially in the absence of a second

Signature:

M.D.

Report of Findings and Recommendations :

s/o Dr. Sindhu

- child reviewed @ PICU

- Had H/O (2) Episodes of ~~Seizures~~ paroxysmal events in the form staring look + sudden shifting of both eyes to the left + Alar compression for < 1 min - no post-ictal phase
O/E: - Excessive sleepiness → occurs everytime while peeing stools only

- No focal neurological

deficit:

Imp: ? Excessive Syncope Vs Seizure.

- Adv: plan MRI Brain (med - apm)
(if apm corrects Excessive + still Excessive / still Seizure)

Consultant :

Name : P. Sindhu Signature : [Signature] Date & Time :

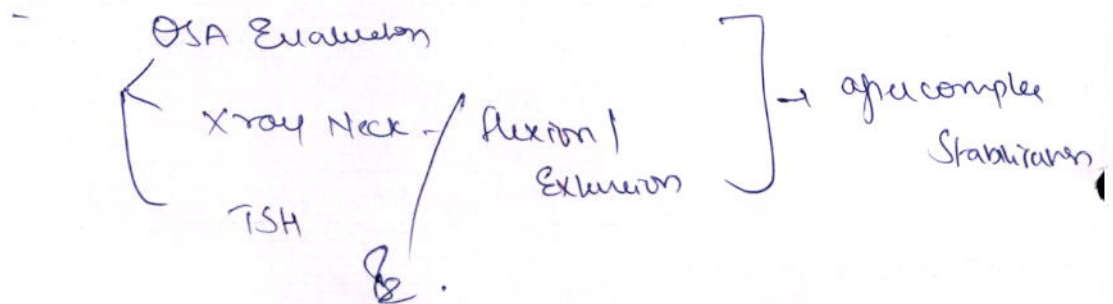
NOTE : If more space is required use another consultation sheet as continuation

- Continue lacosamide.

- Repeat catz / electrolytes mwd.

- Take appt & keep for MRI Brain

(Will decide how)



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSULTATION FORM

VIH-00206270 IP-00060491
Master GATHWIK REDDY
24-04-2014 12 Y 2 M 2 D (M)
Dr. PREETHAM KUMAR

Doctor Name :

Date :



Hospital : Rainbow children
hospital vikrampusi

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

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☒ Non Urgent (within 24 hrs.)

Date : 26/6/26 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 :

CPD
fever x 3 days
Loose stools x 3 days
one episode of seizures
in form of left eye deviation with deviation of head
to left with left tonic posturing of upper limb
lasted for around 40 sec

Reflex down syndrome

Developmental delay

ABL - partially dependent

Consultant :

Name : Dr. P. Sridharan Signature : [Signature] Date & Time : 26/6/26

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

GENERAL CONSENT FOR TREATMENT

Patient Name: Master GATHWIK REDDY **Age :** 12 Y 2 M 2 D
IP No: IP-00060491 **Sex:** Male
Consultant: Dr. PREETHAM KUMAR **Ward/Bed No:** N 0 GF-EMERGENCY/ER 101

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for 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:.....) *[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: *[Signature]*

Name: Venkat Reddy

Relationship: Father

Date: 26/06/26

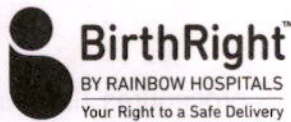
Witness Name: *[Signature]*

Witness Signature: *[Signature]*

Patient Address:

A S Roa Nagar A S Roa Nagar
Hyderabad Telangana INDIA 500062

Time: 12:36 P.M



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Master Gathwik Reddy Age : 12 yr.
 Gender : ☒ M ☐ F - IP No : VIIH - 00206270 Consultant : Dr. Preetnam Kumar
 Ward / Bed No. : Anaesthesiologist : Dr. Subramanyam
 Operative procedure planned : Meckel's scan.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery. Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- ☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure
☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / RTA
☐ Incapacitating COPD ☐ Others : Decapitation, Bronchospasm,

Comments : Laryngospasm, mechanical ventilation

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Master Gathwik Reddy the above mentioned operation / Diagnostic / Therapeutic procedures Meckel's scan.

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☒ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant: ☐ Yes ☒ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : M.V. Reddy

Name : Devenkat Reddy

Relationship with Patient: Father

Date & Time : 28/6/2026

Witness :

Signature : M. Sushma

Name : M. Sushma

Date & Time : 28/6/2026

Doctor (who is taking the consent) :

Signature : DR. M. VINAYATHA

Name : DR. M. VINAYATHA

Date & Time : 28/6/26

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I S/o Mr./ Ms
hereby declare that our patient Mr. / Ms GATHWIK REDDY who is related to me as
son is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's
Hospital on 29/6/2026 with UHID No. : VH-00206270

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

? Enterocolitis (i persistent loss of Blood in stool)

The doctors have clearly explained to me that my patient Mr./ Ms. GATHWIK REDDY during his / her stay in the PICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, central line insertion, PICC 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 PICU has life threatening medical conditions.

I understand that when a child is sick in the PICU 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 Mr. / Ms. GATHWIK REDDY in the PICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the PICU and treat him / her with all necessary means.

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

Patient Attendant :

Witness :

Signature :

Signature :

Name :

Name :

Relationship with Patient:

Date & Time :

Date & Time :

Doctor (who is taking the consent) :

Signature : Dr. Vithwaja

Name : Dr. Vithwaja

Date & Time : 29.6.26

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ (పి. ఐ. సి. యు) సమ్మతి పత్రం

రోగి పేరు వయస్సు నింగం పు ☐ / స్త్రీ ☐
యు.హెచ్. ఐ.డి
నేను చి
..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్ఫో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్‌లో తేది నాడు పూర్తి సమ్మతితో చేర్చితిని.
మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.
.....
.....
.....

మా బాలుడి/బాలికను పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చించే ముందు అవసరమయ్యే వివిధ రకాల వైద్య, శస్త్ర చికిత్స ప్రత్యేక విధానం శ్వాసకోశ నిర్వహణ, కృత్రమ శ్వాస, సెంట్రల్ లైన్, ఆర్థిరియల్ లైన్ ప్లేస్మెంట్స్, చెస్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇంసర్షన్ వంటి వివిధ చికిత్సా ప్రక్రియలు గురించి వైద్య నిపుణుడు నాకు పూర్తిగా వివరించితిరి.

పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే పీలు లేనిచో మా బాలుడి / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి/బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి.

మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా రక్తస్రావ ప్రమాదం కణజాలం దెబ్బతినడం మొదలగునవి.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు పి. ఐ. సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియ వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషంట్ ను తగినన విధంగా చికిత్స చేయడానికి వైద్యునికి నా పూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

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

తల్లిదండ్రులు / చట్టపరమైన సంరక్షకుని సంతకం

చిరునామ
.....

సాక్షి పేరు
.....

సంతకం తేది సమయం

డాకటరు పేరు
.....

సంతకం తేది సమయం



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/6/26 Time: 6pm

Blood Group of the Patient: B- Negative Blood Group on the Blood Bag: B- Negative

Blood Bank Issue No: 262339 Date of Collection: 14/6/26 Date of Expiry: 18/7/26

Date & Time of Starting Transfusion: 29/6/26 @ 6pm Planned duration of Transfusion: over 4 hours

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Br. Sumanjali Nurse 2: Br. Ramuly

Before starting transfusion vitals: Temp: 98.6°F HR: 103b/m RR: 19b/m BP: 100/80 mmHg SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
29/6/26	15 Min	113b/m	98.6°F	108/72 mmHg	100%	-	-	-	-
29/6/26	15 Min	103b/m	98.6°F	109/71 mmHg	100%	-	-	-	-
29/6/26	30 Min	112b/m	97.6°F	112/69 mmHg	98%	-	-	-	-
29/6/26	30 Min	100b/m	97.6°F	108/71 mmHg	97%	-	-	-	-
29/6/26	30 Min	117b/m	98.6°F	108/55 mmHg	100%	-	-	-	-
	1 Hr								
	1 Hr								

Comments: All

Name of the Incharge-Nurse: Br. Yashwant Name of the Nurse: Sumanjali

Signature of the Incharge-Nurse: yash Signature of the Nurse: S

Date & Time: 29/6/26 @ 6pm Date & Time: 29/6/26 @ 6pm

(PRBC)

B Rh (D) NEGATIVE Blood I.P. of Blood to +49ml of CPDA Solution	DONATE BLOOD SAVE LIFE AKSHAYA BLOOD CENTRE (A unit of Akshara Navya Society) H.No. 1-19-71/4, Rukminipuri Colony, Anutex Garments Back Side, Dr.A.S.Rao Nagar, ECIL, Medchal-Dist.-500 062 Ph : 040-27726677, 8977536788												
Lic No. 121/MDCL/TS/2021/BC/G													
VOLUNTARY / REPLACEMENT													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Unit No. : 262339</td><td style="width: 50%;">Volume :</td></tr><tr><td>Date of Collection : 14/6/26</td><td>HIV I & II</td></tr><tr><td>Date of Tested : 14/6/26</td><td>HBsAg</td></tr><tr><td>Expiry Date : 18/7/26</td><td>HCV</td></tr><tr><td></td><td>VDRL</td></tr><tr><td colspan="2">Date of X-Matching & Issue : 29/6/26</td></tr></table>		Unit No. : 262339	Volume :	Date of Collection : 14/6/26	HIV I & II	Date of Tested : 14/6/26	HBsAg	Expiry Date : 18/7/26	HCV		VDRL	Date of X-Matching & Issue : 29/6/26	
Unit No. : 262339	Volume :												
Date of Collection : 14/6/26	HIV I & II												
Date of Tested : 14/6/26	HBsAg												
Expiry Date : 18/7/26	HCV												
	VDRL												
Date of X-Matching & Issue : 29/6/26													
MP - Not Found.													
1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration. 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like haemolysis, clotting or discolouration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription.													



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/6/2016 Time: 9:33 pm

Blood Group of the Patient: B- Negative Blood Group on the Blood Bag: B-ve

Blood Bank Issue No: 262544 Date of Collection: 29/6/2016 Date of Expiry: 31/12/2016

Date & Time of Starting Transfusion: 29/6/2016 @ 9:33 pm Planned duration of Transfusion: over 3.5 hours

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Sr. Neha Nurse 2: Dr. Sreekanth

Before starting transfusion vitals: Temp: 98.6°F HR 115b/m RR: 17b/m BP: 106/62(76) SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>29/6/2016</u> <u>9:33 pm</u>	15 Min	<u>115b/m</u>	<u>98.6°F</u>	<u>106/62(76)</u>	<u>100%</u>	—	—	—	—
<u>29/6/2016</u>	15 Min	<u>121b/m</u>	<u>98.6°F</u>	<u>100/55(64)</u>	<u>100%</u>	—	—	—	—
<u>29/6/2016</u>	30 Min	<u>136b/m</u>	<u>98.6°F</u>	<u>95/80(67)</u>	<u>100%</u>	—	—	—	—
<u>29/6/2016</u>	30 Min	<u>126b/m</u>	<u>98.6°F</u>	<u>111/68(81)</u>	<u>100%</u>	—	—	—	—
	30 Min								
	1 Hr								
	1 Hr								

Comments: nil

Name of the Incharge-Nurse: Sr. Neha

Name of the Nurse: Sreekanth Rajendran

Signature of the Incharge-Nurse: Neha

Signature of the Nurse: Sreekanth

Date & Time: 29/6/2016 @ 9:33 pm

Date & Time: 29/6/2016 @ 9:33 pm

(PRBC)

B Rh (D) NEGATIVE Blood 1. Packed Blood to +49ml of CPDA Solution	DONATE BLOOD	SAVE LIFE
	AKSHAYA BLOOD CENTRE (A unit of Akshara Navya Society) H.No. 1-19-71/4, Rukminipuri Colony, Anutex Garments Back Side, Dr.A.S.Rao Nagar, ECIL, Medchal-Dist.-500 062. Ph : 040-27726677, 8977536788	
Lic No. 121/MDCL/TS/2021/BC/G		
VOLUNTARY / REPLACEMENT		
Unit No. 262544 Volume :		
Date of Collection 27/6/26	HIV I & II	} NEG
Date of Tested : 27/6/26	HBsAg	
Expiry Date : 31/7/26	HCV	
Date of X-Matching & Issue 29/6/26	VDRL	
MP - Not Found.		
1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration. 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like haemolysis, clotting or discolouration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription.		

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

Name: GATHWIK REDDY Age: 12 years Gender: Male ☒ Female ☐

UHID.No : UHI-00206270 Date: 29/6/26

I Sushma S/o, D/o, W/o, hereby
declare that our patient Master/Baby Gathwik Reddy who is related to me as son
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 29/6/26

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

? Intercostal (persistent blood on in stn. 04)

The doctors have clearly explained to me that my patient Master / Baby 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 : Gathwik Reddy.....
..... 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: M. Sushma

Name: M. sushma

Relationship with Patient: Mother

Date & Time: 29/6/2026 3 pm

Witness :

Signature:

Name:

Date & Time:

Doctor (who is taking the consent) :

Signature: G. V.

Name: Dr. Vichwaja

Date & Time: 29/6/26 8 pm

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

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

 BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.పా.బడి శ/ం. డ/ం. వ/ం.

నేను అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ఫోర్స్ పిల్లల అనుపత్తి లోని పిల్లల ఇంటర్నల్ 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 ఇంటర్నల్ కేర్ విభాగం లో చేరించి జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాలెటర్, బొడ్డు సిర మరియు ధమనుల కాలెటర్ వంటి. పెరిఫెరల్ ఇన్ఫర్మ్ చేయబడిన సెంట్రల్ కాలెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్, 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 జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

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

ఒక జడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటర్నల్ 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 ఇంటర్నల్ కేర్ యూనిట్ (పి.బి.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

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

CONSENT FOR BLOOD TRANSFUSION

Name: GATHWIK RIDDY Age: 12 years Gender: Male ☒ Female ☐
UHID.No : UHH-00206270 Date: 29/6/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I M. Sushma hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: M. Sushma

Name: M. Sushma

Date & Time 29/6/2026 3pm

Doctor (Who is talking the consent)

Signature: Dr. Vishwaje

Name: Dr. Vishwaje

Date & Time 29/6/26 3pm

Witness

Signature:

Name:

Date & Time

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రియోప్రెసిపిటేట్ | ☐ ఒకే ధాత స్టేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి బికిత్తులో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికి/రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బిడిన్, హైపటెటిస్ జి సర్వేస్ యాంటిజెన్, హైపటెటిస్ యాంటిబిడిన్, మలేరియా మరియు సిప్సిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్ సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి బికిత్తు చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. బికిత్తు చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రియోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెన్డెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00206270 IP-00060491 Master MADDURI GATHWIK REDDY 24-04-2014 12 Y 2 M 5 D (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 26/6/26 at	Date & Time of Transfer Order 29/6/26 at 3pm
		Transfer Ordered by Dr. viswaga	Reason for Transfer Blood Transfusion
From Unit 113	To Unit PICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 48	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Sr: Pritha		Name of Person Ordered Transfer	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

CONSENT FOR SPECIAL PROCEDURES

Patient Name : GATHWIL REDDY Gender: ☒ Male ☐ Female

UHID No : VIH - 00206270 Department : Pediatrics Date : 29/6/26

I Venkat Reddy S/D/W/O Narasimha Reddy

Here by give consent for procedure of :

For my patient, Named : Gathwik Reddy

The doctors have clearly explained to me that the procedure has following possible complications:

.....
.....
.....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

.....
.....

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient Attendant :

Signature : M.V. Reddy

Name : M.V. Reddy

Relationship with Patient: Father

Date & Time : 29/6/26 @

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : Dr. Sharine

Name : Dr. Sharine

Date & Time : 29/6/26 @

CONSENT FOR SPECIAL SEDATION

Patient Name: Arathnik Reddy Gender: ☒ Male ☐ Female
UHID No: VIM-00206270 Department: PEDIATRICS Date: 29/6/26

I Venkat Reddy S/D/W/O Narasimha Reddy
Here by give consent for procedure for my patient: Arathnik Reddy

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation :
- Possible complications from the procedure of sedation:
.....
.....

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : M.V. Venkat Reddy
Name : M.V. Venkat Reddy
Relationship with Patient: Father
Date & Time : 29/6/26 @

Witness :

Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :

Signature : M. Sharine
Name : M. Sharine
Date & Time : 29/6/26 @

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/6/26 Time: 3:Am

Blood Group of the Patient: B-ve Blood Group on the Blood Bag: B-ve

Blood Bank Issue No: 262080 Date of Collection: 31/5/26 Date of Expiry: 5/7/26

Date & Time of Starting Transfusion: 28/6/26/3:Am Planned duration of Transfusion:

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Rinkal Nurse 2: Renuka

Before starting transfusion vitals: Temp: 98.6°F HR 117b/m RR: 15b/m BP: 93/70 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
28/6/26	3:15 Am	109	98.6°F	92/62(70)	100%	—	—	—	—
	3:15 Am	107	98.6°F	95/81(87)	100%	—	—	—	—
	3:30 Am	101	98.6°F	93/70(78)	100%	—	—	—	—
	4:00 Am	110	98.6°F	113/62(81)	100%	—	—	—	—
	4:30 Am	102	98.6°F	101/62(77)	100%	—	—	—	—
	5:1 Hr	111	98.6°F	125/60(78)	100%	—	—	—	—
	6:1 Hr	104	98.6°F	116/77(85)	99%	—	—	—	—
	7:Am	114	98.6°F	99/70(78)	99%	—	—	—	—

Comments:

Name of the Incharge-Nurse: Rinkal

Name of the Nurse: Renuka

Signature of the Incharge-Nurse: Rinkal

Signature of the Nurse: Renuka

Date & Time: 28/6/26/8:Am

Date & Time: 28/6/26/8:Am

(PRBC)

B Rh (D) NEGATIVE	DONATE BLOOD	SAVE LIFE
	AKSHAYA BLOOD CENTRE (A unit of Akshara Navya Society) H.No. 1-19-71/4, Rukminipuri Colony, Anutex Garments Back Side, Dr.A.S.Rao Nagar, ECIL, Medchal-List-500 062. Ph : 040-27726677, 9377536788	

Lic No. 121/MDCL/TS/2021/BC/G

VOLUNTARY / REPLACEMENT

Unit No. :	262080	Volume :	260ml
Date of Collection :	31/05/26	HIV I & II	} NEG
Date of Tested :	31/05/26	HBsAg	
Expiry Date :	5/07/26	HCV	
		VDRL	
Date of X-Matching & Issue	28/06/26	MP - Not Found.	

1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration. 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like haemolysis, clotting or discolouration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription.

CONSENT FOR BLOOD TRANSFUSION

Name: Maddur Gathwik Reddy Age: 12 years Gender: Male ☒ Female ☐
UHID.No : UMH-00206270 Date: 27/6/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during my present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: M.V. Reddy

Name: M.V. Venkat Reddy

Date & Time 27/6/26 8:35pm

Doctor (Who is talking the consent)

Signature: [Signature]

Name: M. V. Venkatesh

Date & Time 27/6/26 8:35pm

Witness

Signature:

Name:

Date & Time

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయో ప్రెసిపిటేట్ | ☐ ఒకే దాత ప్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ యాంటీ బడిస్, హైపటెటిస్ బి సర్వేస్ యాంటీజన్, హైపటెటిస్ యాంటీబడిస్, మలేరియా మరియు సిప్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతివర్గం సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలత్తువచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం/ లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT



Name: Maddan Gathwik Reddy Age: 12 years Gender: Male ☒ Female ☐
UHID.No : U.H. - 00206270 Date: 27/6/26

I S/o, D/o, W/o, hereby
declare that our patient Master/Baby Gathwik Reddy who is related to me as son
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 27/6/26

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

Blood in stools - ? Enterocolitis

The doctors have clearly explained to me that my patient Master / Baby Gathwik Reddy 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 : Gathwik Reddy
..... 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: Maddan Reddy
Name: Maddan Reddy
Relationship with Patient: Father
Date & Time: 27/6/26 8:35 pm

Witness :

Signature:
Name:
Date & Time:

Doctor (who is taking the consent) :

Signature: G. B.
Name: Dr. Vishwaja
Date & Time: 27/6/26 8:35 pm

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

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

 **BirthRight[™]**
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.వో.బి.డి శ/ం. ద/ం. వ/ం.

నేను స/o. d/o. w/o.

..... అనే బాలుడు / బాలిక యొక్క విశిష్ట మేరకు రెయిన్సీ పిల్లల అనుపత్తి 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 బిల్డ్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది జిడ్డుకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనుపుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిపెరల్లి ఇన్ఫర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో రీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్డ్ 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 జిడ్డు ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

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

ఒక జిడ్డు అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమె పై 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 డాక్టర్ల నాకు భాగా అర్థమయ్యే భాషలో వివరించారు.

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

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకున్నారో)

తేదీ మరియు సమయము

సంతకము

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

CONSENT FOR SPECIAL SEDATION

Patient Name: Gauthwik Reddy Gender: ☒ Male ☐ Female
UHID No: V.H-00206270 Department: Pediatrics Date: 27/6/21

I M.V. Reddy S/D/W/O

Here by give consent for procedure for my patient: Gauthwik Reddy

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation: Prn Ketamine
- Possible complications from the procedure of sedation:
Hypertension, Tachycardia

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : M.V. Reddy
Name : M.V. Reddy
Relationship with Patient: Father
Date & Time : 27/6/21

Witness :

Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :

Signature : G.L.
Name : Dr. Vishwaje
Date & Time : 27/6/21

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Gauthier Reddy Gender: ☒ Male ☐ Female

UHID No : U.H-D.D.206270 Department : p.r. diabetes Date : 27/6

I M.V. Reddy S/D/W/O

Here by give consent for procedure of : CECT Scan.

The doctors have clearly explained to me that the procedure has following possible complications:

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient / Patient Attendant :

Signature : M.V. Reddy

Name : M.V. Reddy

Relationship with Patient: father

Date & Time : 27/6/26

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : Dr. Vishwanath

Name : Dr. Vishwanath

Date & Time : 27/6/26

To

TENET DIAGNOSTICS.

Respected Sir/Mem,

Hereby we are sending a 12yr old Male
Chathur Reddy, came to c/o blood in stools,
severe acting on Ty. lacosamide,
Requesting to do MRI - Brain for further
management.

Thanking you

Yours sincerely,

RCH, VKEP

29/6/26.


(Chathur)

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)

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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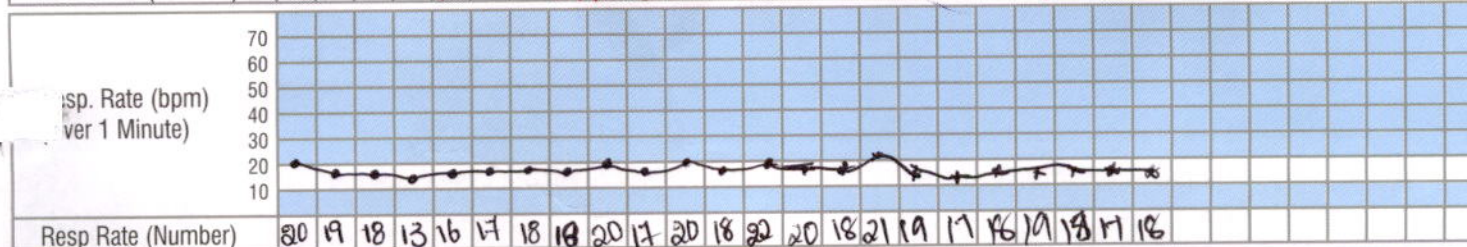
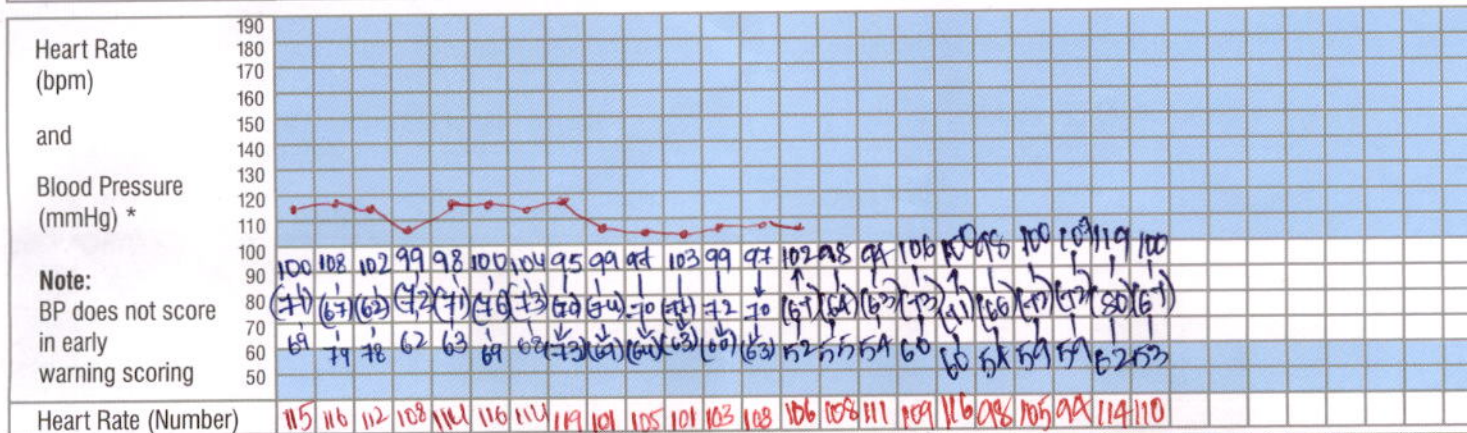
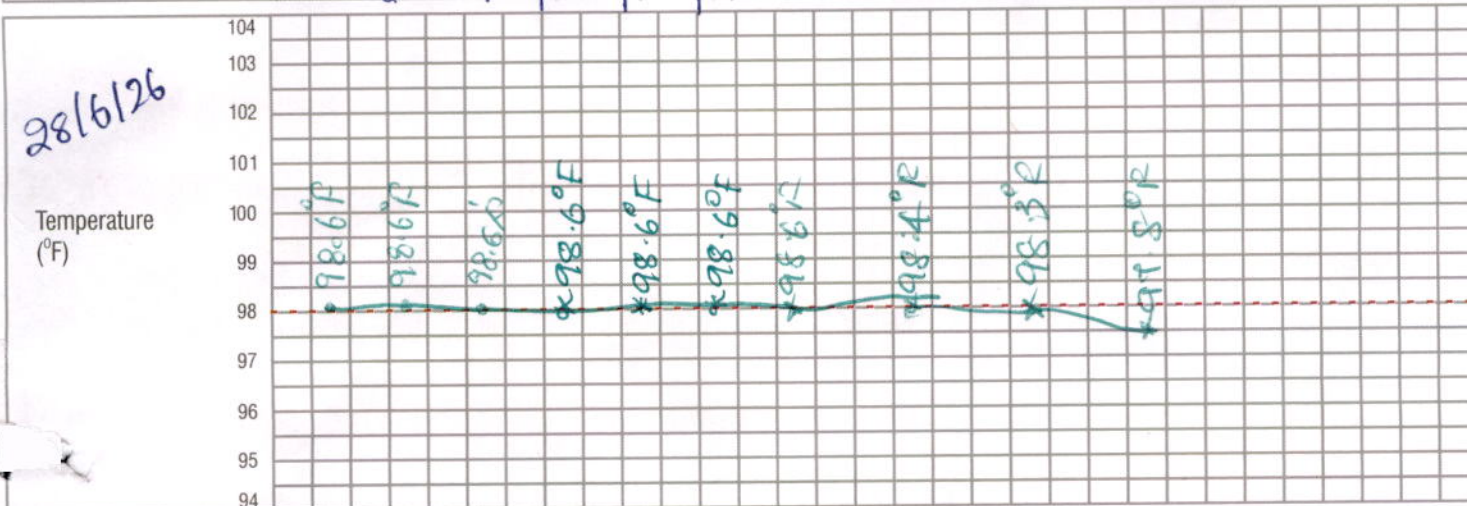
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R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 9 11 1 3 5 7 9 10 11 12 1 2 3 4 5 6 7
Doctor / Nurse / Family Concern? am am am pm pm pm pm pm pm pm am am am am am am am



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	
Pain Score	
Observer's Initials	

ACTIONS	
NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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:

- 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)

Date : 22/6/20 Time:

Doctor / Nurse / Family Concern?

Temperature
(°F)Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score in early warning scoring

Heart Rate (Number)

Resp. Rate (bpm)
(Over 1 Minute)

Resp Rate (Number)

Resp	Mod/ Severe
Distress	None / Mild

Receiving O ₂ (l/min)	O ₂ Saturations (%)
0	95.0
1	95.0
2	95.0
3	95.0
4	95.0
5	95.0
6	95.0
7	95.0
8	95.0
9	95.0
10	95.0
11	95.0
12	95.0
13	95.0
14	95.0
15	95.0
16	95.0
17	95.0
18	95.0
19	95.0
20	95.0
21	95.0
22	95.0
23	95.0
24	95.0
25	95.0
26	95.0
27	95.0
28	95.0
29	95.0
30	95.0
31	95.0
32	95.0
33	95.0
34	95.0
35	95.0
36	95.0
37	95.0
38	95.0
39	95.0
40	95.0
41	95.0
42	95.0
43	95.0
44	95.0
45	95.0
46	95.0
47	95.0
48	95.0
49	95.0
50	95.0
51	95.0
52	95.0
53	95.0
54	95.0
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62	95.0
63	95.0
64	95.0
65	95.0
66	95.0
67	95.0
68	95.0
69	95.0
70	95.0
71	95.0
72	95.0
73	95.0
74	95.0
75	95.0
76	95.0
77	95.0
78	95.0
79	95.0
80	95.0
81	95.0
82	95.0
83	95.0
84	95.0
85	95.0
86	95.0
87	95.0
88	95.0
89	95.0
90	95.0
91	95.0
92	95.0
93	95.0
94	95.0
95	95.0
96	95.0
97	95.0
98	95.0
99	95.0
100	95.0

Conscious Level	Normal Altered
-----------------	-------------------

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

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VH-00206270
Master MADDURI GATHWIK REDDY
24-04-2014
Dr. PREETHAM KUMAR
IP-00080491
12 Y 2 M 5 D (M)

o. : RCH/ FRM / CLINICAL / 127

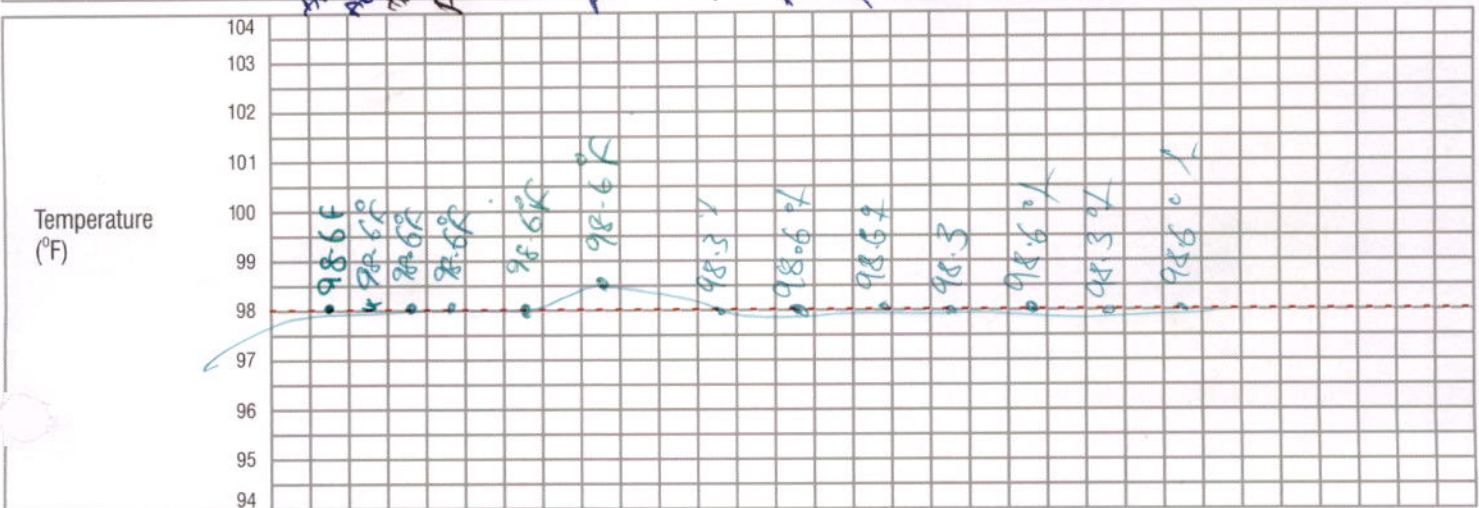
TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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 : 30/6/26 Time: 9:00 AM 10:00 AM 11:00 AM 12:00 PM 1:00 PM 2:00 PM 3:00 PM 4:00 PM 5:00 PM 6:00 PM
Doctor / Nurse / Family Concern? AM PM PM PM PM PM PM PM PM PM PM



Heart Rate (bpm)	190																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Resp. Rate (bpm) (Over 1 Minute)	70	60	50	40	30	20	10
Resp Rate (Number)	26	26	26	26	26	26	26

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

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

ACTIONS	Score 1 : Continue normal observation by staff nurse
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TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :		Time:			
Doctor / Nurse / Family Concern?					
Temperature (°F)	104				
	103				
	102				
	101				
	100				
	99				
	98				
	97				
	96				
	95				
	94				
	Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
		180			
170					
160					
150					
140					
130					
120					
110					
100					
90					
80					
70					
Note: BP does not score in early warning scoring	60				
	50				
	Heart Rate (Number)				
	esp. Rate (bpm) (Over 1 Minute)	70			
		60			
		50			
		40			
		30			
		20			
		10			
		Resp Rate (Number)			
		Resp	Mod/ Severe		
		Distress	None / Mild		
Receiving O ₂ (l/min)					
O ₂ Saturations (%)					
Conscious		Normal			
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GCS *					
TOTAL SCORE					
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FLUID CHART

Sheet No. : ①

26/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
26/6/26	02:00 pm	Kichidi	70ml									} Manisha 26/6/26 @8pm
	03:00 pm	Water	70ml						✓	1		
	04:00 pm									1		
	05:00 pm		70ml							0		
	06:00 pm		70ml			✓			✓	1		
	07:00 pm		70ml			✓				1		
Total Intake : 350ml						Total Output :						
26/6	08:00 pm	Kichidi	70ml									} Vaishnavi 26/6/26 @2am
	09:00 pm	Water	70ml								1	
	10:00 pm					(Blood Motion) ✓			✓	0		
	11:00 pm									1		
	12:00 am									1		
	01:00 am									1		
Total Intake :						Total Output :						
26/6	02:00 am		70ml									} Vaishnavi 26/6/26 @8am
	03:00 am		70ml								1	
	04:00 am		70ml								1	
	05:00 am		70ml								0	
	06:00 am		70ml						✓	1		
	07:00 am		70ml							1		
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						



FLUID CHART

Sheet No. :

27/6/26

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								
27/6/26	08:00 am											! } Anita 27/6 @ 4pm	
	09:00 am	Totly wates					✓			✓			
	10:00 am												
	11:00 am						✓						
	12:00 pm			70 ml									
	01:00 pm			70 ml									
Total Intake : 140 ml						Total Output :							
27/6/26	02:00 pm											! } Anita 27/6 @ 4pm	
	03:00 pm						✓			✓			
	04:00 pm												
	05:00 pm												
	06:00 pm	coad Rice								✓			
	07:00 pm						✓						
Total Intake :						Total Output :							
27/6/26	08:00 pm						✓					! } Anita 27/6 @ 2am	
	09:00 pm	Water					✓						
	10:00 pm												
	11:00 pm	NI											
	12:00 am			70 ml									
	01:00 am			70 ml									
Total Intake : 140 ml + 10 ml Blood						Total Output :							
28/6	02:00 am			70 ml								! } Vaishnavi 28/6/26 @ 8AM	
	03:00 am		50										
	04:00 am		50										
	05:00 am		50										
	06:00 am		50							300 ml			
	07:00 am		50										
Total Intake : 320 ml 600 ml						Total Output :							

Total 24 hrs. Intake

18. cc / kg / day

Total 24 hrs. Output

300 ml.



FLUID CHART

Sheet No. :

28/6/26

- All measurements in ml.
- 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																				
28/6	08:00 am						✓			✓	1	Anitha 28/6 @ 2pm													
	09:00 am									✓															
	10:00 am	Poly water					✓																		
	11:00 am																								
	12:00 pm			30ml																					
	01:00 pm			30ml																					
Total Intake : 60 ml					Total Output :																				
28/6/26	02:00 pm	curd		30ml							1	Manisha 28/6/26 @ 8pm													
	03:00 pm	Rice		30ml						✓															
	04:00 pm			30ml																					
	05:00 pm			30ml																					
	06:00 pm						✓			✓															
	07:00 pm																								
Total Intake : 120 ml					Total Output :																				
28/6	08:00 pm	richi									1	Vaishnav 28/6/26 @ 8am													
	09:00 pm	Water																							
	10:00 pm																								
	11:00 pm																								
	12:00 am			70ml																					
	01:00 am			50ml																					
Total Intake :					Total Output :																				
29/6	02:00 am			50ml							1	Vaishnav 29/6/26 @ 8am													
	03:00 am			50ml																					
	04:00 am			50ml																					
	05:00 am						✓			✓															
	06:00 am																								
	07:00 am																								
Total Intake :					Total Output :																				
Total 24 hrs. Intake													Total 24 hrs. Output												



FLUID CHART

Sheet No. :

29/6/20

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	Route	NG	Diarrhoea	Vomit	Drainage	Urine			
29/6/20				Oral								
	08:00 am	N	60ml							0	Surf	
	09:00 am	P	20ml							0		
	10:00 am									0		
	11:00 am	O								0		
	12:00 pm	Idly								0		
	01:00 pm	Water								0		
Total Intake :						Total Output :						
PRR Blood Stool	02:00 pm										0	Surf
	03:00 pm	Water	20ml								0	
	04:00 pm	Calcium	20ml								0	
	05:00 pm	Water	20ml								0	
	06:00 pm	Scratch	10ml								0	
	07:00 pm	Water	70ml								0	
Total Intake :						Total Output :						
	08:00 pm		70ml								0	Surf
	09:00 pm	Water	70ml								0	
	10:00 pm	Water	70ml								0	
	11:00 pm	Water	70ml								0	
	12:00 am	Water	70ml								0	
	01:00 am	Water	300ml								0	
Total Intake :						Total Output :						
	02:00 am		300ml								1	Benuka
	03:00 am	N	300ml								1	
	04:00 am										1	
	05:00 am	P									1	
	06:00 am		350ml								1	
	07:00 am	O	400ml								1	
Total Intake : 1350ml + 1350ml						Total Output :						
Total 24 hrs. Intake		2700 ml										
Total 24 hrs. Output												



FLUID CHART

Sheet No. :

30/6/26

- All measurements in ml.
- 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				
30/6/26			Mouth	IV	N.G								
	08:00 am	P		35 ml	250 ml		✓		✓				
	09:00 am			35 ml	300 ml								
	10:00 am	P		35 ml									
	11:00 am	O		35 ml									
	12:00 pm			35 ml									
	01:00 pm			35 ml									
Total Intake :					Total Output :								
30/6/26	02:00 pm	N		35 ml									
	03:00 pm												
	04:00 pm	P		35 ml									
	05:00 pm			35 ml									
	06:00 pm	O											
	07:00 pm												
Total Intake :					Total Output :								
30/6	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :					Total Output :								
31/7	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

FLUID CHART

Sheet No. :

12/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	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						



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	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						



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output						IV Site Thrombo-phlebitis Score	Sign. Nurse
			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: NO ☒ 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: 1st floor (113)

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. Prashanthi / Pz

Date & Time : 26/6/2026 @ 12:20 PM

Nurse Name & Signature : Seetha / Seetha

Date & Time : 26/6/2026 @ 12:20 PM



Patient Name :

P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : NARIVION-P-NARAL DROPS

Dose	Route	Frequency	Start Dt.	Date Time	26/6/16	28/6/16	30/6/16	1/7
2 DROPS	PO	12 hourly	26/6/16	6 AM	6 AM	6 AM	6 AM	6 AM
Name & Signature of the Doctor starting the Drugs:								
Dr. Prachanthi								
Additional Instructions:								
2 Drop In each NOITRAL								
Daily Doctor's Endorsement by a Sign.								

Handwritten notes: STOP, Dr. Prachanthi 1/7/16 10 AM

DRUG : INTJ. LACOSAMIDE

Dose	Route	Frequency	Start Dt.	Date Time	26/6/16	28/6/16	30/6/16	1/7
75mg	IV	12th hourly	26/6					
Name & Signature of the Doctor starting the Drugs:								
Dr. Prachanthi								
Additional Instructions:								
5mg/kg/day								
Daily Doctor's Endorsement by a Sign.								

DRUG : INTJ LACOSAMIDE

Dose	Route	Frequency	Start Dt.	Date Time	26/6/16	28/6/16	30/6/16	1/7
50mg	IV	12th hourly	26/6	6 am	6 AM	6 AM	6 AM	6 AM
Name & Signature of the Doctor starting the Drugs:								
Dr. Prachanthi								
Additional Instructions:								
5mg/kg/day								
Daily Doctor's Endorsement by a Sign.								

DRUG : TAB. SHELAL (500 mg)

Dose	Route	Frequency	Start Dt.	Date Time	26/6/16	28/6/16	30/6/16	1/7
2 tabs	PO	12 hly	26/6	6 AM	6 AM	6 AM	6 AM	6 AM
Name & Signature of the Doctor starting the Drugs:								
Dr. Sameera Sameer								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign.								

Handwritten notes: S, T, O, P, Dr. Prachanthi 30/6/16

Patient Name :

I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : <u>NEB. LEVOSALBUTAMOL</u>				Date	
Dose	Route	Frequency	Start Dt.	Time	
<u>1.25mg</u>	<u>PN</u>	<u>6th</u> <u>hrly</u>	<u>28/6</u>		
Name & Signature of the Doctor starting the Drugs: <u>Dr. Vichare</u>				<u>See the notes</u> <u>Chart</u>	
Additional Instructions: <u>2 respule = 1.25mg</u>					
Daily Doctor's Endorsement by a Sign.					

[illegible][illegible][illegible]

VIH-00206270

IP-00060491

Master MADDURI GATHWIK REDDY

24-04-2014

12 Y 2 M 5 D

(M)

Dr. PREETHAM KUMAR



STAT / ONCE ONLY DRUGS

Name:

Weight: kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/6	5:55pm	ANT. PHENIRAMINE (AVIL)	16mg	IV		Suma	Ray
29/6	5:55pm	ANT. HYDROCORTISONE (Cortel)	60mg	IV		Sun	Ray
29/6		PRBC TRANSFUSION	300ml	IV over 5 hrs			
29/6		1					
29/6	6pm	PRBC TRANSFUSION	500ml over 7 hours	IV			
29/6	8pm	INT FURASEMIDE	15mg	IV		Suma	Ray
29/6	10pm	INT FURASEMIDE	15mg	IV		Relu	Ray
29/6	6pm	PRBC TRANSFUSION	250ml over 3.5 hours	IV		Suma	Ray
29/6	9:30pm	PRBC TRANSFUSION	250ml Over 3.5 hrs	IV		Relu	Ray
29/6	9:30pm	PEGLEC 1 Sachet in 2LFL	2lit over 4 hours	PO/NG		Relu	Ray
30/6	2am	SYP SMOOTH	5ml	PO/NG		Relu	Ray
30/6	6am	PEGLEC 1 Sachet in 2LFL	2lit over 4 hours	PO/NG		Relu	Ray
29/6	11pm	INT OUDANSETRON	4mg	IV		Relu	Ray
30/6	11:30am	EG ENEMA	1 unit	PR		Relu	Ray
30/6	10pm	ULTAMIN-D CAPSULE	60,000 IU	PO		Relu	Ray
30/6	9:30pm	INT. OUDANSETRON	4mg	IV		Relu	Ray

STAT / ONCE ONLY DRUGS

Name:

Weight:33..... kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/6/26	3 ⁰⁰ AM	INJ AVIL	16mg	IV	✓	Rinkul	Renu
28/6/26		INJ HYDROCORTISONE (2mg/kg)	60mg	IV	✓	(HOLD)	
28/6/26	3 ⁰⁰ AM	PRBC TRANS FUSION	1 unit over 5 hours	IV		Rinkul	Renu
28/6/26	5 ³⁰ AM	INJ LASIX (mid way)	15mg	IV		Rinkul	Renu
28/6/26	8 ⁰⁰ AM	INJ CALIX (at end of transfusion)	15mg	IV		Rinkul	Renu
		INJ PHENIRAMINE MALEATE	10mg	IV		(HOLD)	
29/6/26	12pm	NGB. LEVOSALBUTAMOL	1.25mg	P/N	✓	prign	sup
29/6/26	10 AM	INJ LEVETIRACETAM	500mg	IV	✓	prign	prign
29/6/26		INJ CALCIUM GLUCONATE	10ml + 10ml of 5% D OVER 1 HOUR.	IV	✓	Suns	Rannu
		(WITH MONITORING OF HEART RATE)					
29/6/26	11 AM	INJ RANITIDINE	33mg	IV	✓	prign	sup
29/6/26	upm	SYN. POT KLOR	8ml (in 2 glass of water)	PO	✓	Suns	Rannu

28/6/26
US
2am

29/6/26



DRUG CHART

Date of Admission: 26/6/26 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 : <u>TAB. PARACETAMOL</u>				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG : <u>SUP. PARACETAMOL</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>5ml</u>	<u>PO</u>	<u>4-6 hrs</u>	<u>26/6/26</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>B</u>			<u>[Signature]</u>	
Additional Instructions:				
<u>10-15mg/kg/dose</u> <u>5ml/500mg</u> <u>if temp > 100°F</u>				

DRUG : <u>IV. ONDANSERON</u>				Date Time
Dose	Route	Frequency	Start Date	
<u>4mg</u>	<u>IV</u>	<u>8 hrs</u>	<u>26/6/26</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>[Signature]</u>			<u>[Signature]</u>	
Additional Instructions:				
<u>0.1-0.2mg/kg/dose</u>				

Weight. 33kg Ward. 113

[illegible]

Signature

VERIFIED BY : Name



		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
24/6/26	12:00pm	Inj. LACOSAMIDE	150mg over 1hr	IV	R	
26/6	2:15pm	SYP. PEDICLOXYL	15ml	PO	U	Gayathri Elizabeth
26/6	2:15pm	INJ. AVIL	15mg	IV	U	Gayathri Elizabeth
26.6.26	9.30 AM	INJ. MAGNESIUM SULPHATE	2ml + 30MINS (19m)	IV OVER 30m	Same	
24/6	10Am	INJ BUSCOPAN	15mg	IV	U	Gayathri Elizabeth
27/6	11Am	INJ. VET K	10mg	IV	U	Gayathri Elizabeth
27/6	8:45pm	HYPERNERB C 1% NL	1 respule	PN	U	Vaish



REGULAR PRESCRIPTIONS

Weight: 33 kg Ward: 113

DRUG : Inj. METEONIZADOL				Date Time	26/6/16	28/6	29/6	30/6	1/7
Dose	Route	Frequency	Start Date	6	ESW	ESW	ESW	ESW	
330mg	IV	8Hwly	26/6/16	Am					
Name & Signature of the Doctor Starting the Drugs:				2 P 6am 9am 12pm 3pm 6pm 9pm					
Additional Instructions:				10 pm ESW ESW ESW ESW					
10mg/kg/dose									
Daily Doctor's Endorsement by a Sign									
DRUG : Inj. CEFTRIAXONE				Date Time	26/6/16	28/6	29/6	30/6	1/7
Dose	Route	Frequency	Start Date	6	ESW	ESW	ESW	ESW	
1.5gm	IV	12Hwly	26/6/16	Am					
Name & Signature of the Doctor Starting the Drugs:				3pm 6 P 6am 9am 12pm 3pm 6pm 9pm					
Additional Instructions:				A 4pm 6pm 9pm 12pm 3pm 6pm 9pm					
25-10mg/kg/dose - Dose									
Daily Doctor's Endorsement by a Sign									
DRUG : Inj. PANTOPRAZOL				Date Time	26/6/16	28/6	29/6	30/6	1/7
Dose	Route	Frequency	Start Date	30mg	ESW	ESW	ESW	ESW	
30mg	IV	Once Daily	26/6/16	Am					
Name & Signature of the Doctor Starting the Drugs:				6 P 6am 9am 12pm 3pm 6pm 9pm					
Additional Instructions:									
1mg/kg/dose									
Daily Doctor's Endorsement by a Sign									
DRUG : Econorm Sachets				Date Time	26/6/16	28/6	29/6	30/6	1/7
Dose	Route	Frequency	Start Date	1 Sachet	ESW	ESW	ESW	ESW	
1 Sachet	PO	12Hwly	26/6/16	Am					
Name & Signature of the Doctor Starting the Drugs:				3pm 6 P 6am 9am 12pm 3pm 6pm 9pm					
Additional Instructions:				6 pm 9pm 12pm 3pm 6pm 9pm					
1 sachet in plain water									
Daily Doctor's Endorsement by a Sign									



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

Signature

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
24/6/26	12:00pm	Inj. LACOSAMIDE	150mg over 1hr	IV	R	
26/6	2:15pm	SYP. PEDIOLORYL	15ml	PO	U	Gayath Elizabeth
26/6	2:15pm	INT. AVIL	15mg	IV	U	Gayath Elizabeth
26.6.26	9.30 PM	INT. MAGNESIUM SULPHATE	2ml + 30 MINS (19m)	IV OVER 30m	Same	
27/6	10Am	INT BUSCOPAN	15mg	IV	U	Gayath Elizabeth
27/6	11Am	INT. URT K	10mg	IV	U	Gayath Elizabeth
27/6	8:45pm	HYPERNERC I.V.N.I.	1 capsule	PN	U	Vaish

Dr. Preetham Kumar



REGULAR PRESCRIPTIONS

Weight. 33 kg Ward. 112

DRUG : <u>Inj. METEONIZADOL</u>				Date Time	<u>26/6/16</u>	<u>28/6</u>	<u>29/6</u>	<u>30/6</u>	<u>1/7</u>
Dose	Route	Frequency	Start Date						
<u>330mg</u>	<u>IV</u>	<u>8 times</u>	<u>26/6/16</u>	<u>Am</u>	<u>ESW</u>	<u>ESW</u>	<u>ESW</u>	<u>ESW</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. prashanthi</u> <u>2 PM</u> <u>6 AM</u> <u>9 AM</u> <u>Sun</u> <u>6 AM</u> <u>pm</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u>					
Additional Instructions:				<u>10 mg/kg/dose</u> <u>10 PM</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u>					
Daily Doctor's Endorsement by a Sign									
DRUG : <u>Inj. CEFTRIAXONE</u>				Date Time	<u>26/6/16</u>	<u>28/6</u>	<u>29/6</u>	<u>30/6</u>	<u>1/7</u>
Dose	Route	Frequency	Start Date						
<u>1.5 gm</u>	<u>IV</u>	<u>12 times</u>	<u>26/6/16</u>	<u>Am</u>	<u>ESW</u>	<u>ESW</u>	<u>ESW</u>	<u>ESW</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. prashanthi</u> <u>3 PM</u> <u>6 PM</u> <u>9 PM</u> <u>Sun</u> <u>6 PM</u> <u>Am</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u>					
Additional Instructions:				<u>25-10 mg/kg/dose</u> <u>Am</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u>					
Daily Doctor's Endorsement by a Sign									
DRUG : <u>Inj. PANTOPRAZOL</u>				Date Time	<u>26/6/16</u>	<u>28/6</u>	<u>29/6</u>	<u>30/6</u>	<u>1/7</u>
Dose	Route	Frequency	Start Date						
<u>30mg</u>	<u>IV</u>	<u>once daily</u>	<u>26/6/16</u>	<u>Am</u>	<u>ESW</u>	<u>ESW</u>	<u>ESW</u>	<u>ESW</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. prashanthi</u> <u>Am</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u>					
Additional Instructions:				<u>1mg/kg/dose</u>					
Daily Doctor's Endorsement by a Sign									
DRUG : <u>ECONORM SACTIS</u>				Date Time	<u>26/6/16</u>	<u>27/6</u>	<u>28/6</u>	<u>29/6</u>	<u>30/6</u>
Dose	Route	Frequency	Start Date						
<u>1 sachet</u>	<u>PO</u>	<u>12 times</u>	<u>26/6/16</u>	<u>Am</u>	<u>ESW</u>	<u>ESW</u>	<u>ESW</u>	<u>ESW</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. prashanthi</u> <u>3 PM</u> <u>6 PM</u> <u>9 PM</u> <u>Sun</u> <u>6 PM</u> <u>pm</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u>					
Additional Instructions:				<u>1 sachet in glass water</u> <u>pm</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u> <u>ESW</u>					
Daily Doctor's Endorsement by a Sign									