Name	Baby AADHYA	**UHID**	KUH-00080080
Father/Guardian	Mr KIRAN	**Age/Gender**	7 Y 9 M 27 D/Female
Address	FLAT NO: 316 NARAYANDRI BLOCK SEVEN HILLS NIZAPET , Quthbullapur, Hyderabad, Telangana, INDIA, 500090		
IP No	IP-00060740	**Admission Date**	18-07-2026
Ref Doctor	Self	**Discharge Date**	18-07-2026

DISCHARGE SUMMARY

Consultants: Dr. RAMESH KONANKI,
MD Pediatrics (AIIMS),
DM Pediatric Neurology (AIIMS),
CONSULTANT PEDIATRIC NEUROLOGIST

Diagnosis: K/c/o Spinal Muscular Atrophy - Stage - II
Now admitted for 17th dose of Inj. Nusinersen

History: Baby AADHYA, 7 Y 9 M 27 D, girl is a k/c/o spinal muscular atrophy - stage - II. Now admitted for 17th dose of Inj. Nusinersen at Rainbow Children's Hospital.

Examination: She was afebrile, maintaining saturations at room air. HR- 100/min, BP- 110/70 mmHg and RR - 22/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard.

Weight on admission : 23 kgs.

Investigations: Enclosed.

Name	Baby AADHYA	UHID	KUH-00080080

Management: She was admitted in the ward and was started on IV fluids. Informed consent taken from the attenders. Under aseptic precautions and continuous monitoring, lumbar puncture done. CSF flow noted and 5ml of Injection Nusinersen was administered. No adverse reactions noted.

She was monitored for fever spikes, hemodynamic status, vital parameters & neurological status, oxygen saturations and any signs of respiratory distress. She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Physiotherapy as advised.
3. To do LFT, CBP, PT/INR, APTT, urine for protein creatinine ratio & ECG on before next dose (1-2 days prior).
4. Syrup Ibugesic (5ml=100mg), 10ml (if required) for pain (maximum 8th hourly).
5. Review with reports for next dose of Injection Nusinersen after 4 months.

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.

Name	Baby AADHYA	UHID	KUH-00080080

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In Case of Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Nikesh
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. RAMESH KONANKI,
MD Pediatrics (AIIMS),
DM Pediatric Neurology (AIIMS),
CONSULTANT PEDIATRIC NEUROLOGIST
APMC-49226

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ACTIVITY RECORD FOR BILLING

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

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

UHID No : ---------- onsultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/26.	@ 11.50am	ER.	PICU	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7	Cardiac Monitor	4/12 PM	18/7/20 2pm	3103045	[illegible]
	Infusion Pump		18/7/26 2pm		
	Cross checked by [illegible] 18/7/26 at 1 PM.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/7/26	IV placement	①	3102985	Revathy
18/7/26	Consciousedation	1	3103046	Y
	Lumbar Puncture			
	Cross checked by [illegible] 18/7/26 at 1 PM.			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY [illegible] IP-00060740 [illegible]L CASE SHEET

KUH-00080080
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

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Patient Name IP.No:

Ward: DOA:

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

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060740 **Admit Date** : 18-Jul-2026 **Admit Time** : 10:34 AM **UHID** : KUH-00080080

Patient Details :

Patient Name	: Baby AADHYA	**Age**	: 7 Y 9 M 27 D
Guardian	: Mr KIRAN	**DOB**	: 21-09-2018
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Separated
Address (H)	: FLAT NO: 316 NARAYANDRI BLOCK SEVEN HILLS NIZAPET Quthbullapur Hyderabad Telangana INDIA 500090	**Phone No**	: 9848350690
		E-mail	: na123@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr KIRAN **Relationship** : Father

Contact Address : FLAT NO: 316 NARAYANDRI BLOCK SEVEN HILLS NIZAPET Quthbullapur Hyderabad Telangana INDIA 500090 **Phone No** : 9848350690 / 9848350690

Signature

Doctor Details :

Doctor Name : Dr. RAMESH KONANKI **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/7/24 Time of arrival : 10.26am

Chief Complaints: Came for CSMT RBS: —

Height : — Weight : 23Kg BMI : — Head Circumference (<2 years) —

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 10.30am

Patient Name : Baby. AADHYA UHID : KUH-00080080 IPD : IP-00060740 Gender : Female Age : 7 Y 9 M 27 D

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

Time	Nursing Notes
10.20 am	Pt came TO ER.
10.25 am	Pt vitals checked and Recordy Done.
10.27 am	Dr. Prashant i seen the Pt.
.	Pt came for (3mon)
10.30 am	Pt admission process Done.
10.35 am	Pt Iv Placement Done.
11.50 am	Pt shifted ER TO PICU

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		—			
	— Nill				

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110 b/m BP: 109/60 (75) CFT: <2 sec	Shift - out from ER to: PICU
RR: 22 b/m SPO_2 : 98%	Time of Shift - out: @ 11.50 am
GCS: 15 Temperature : 97.3 °F	Handover given to: Sis. Subhanjeny (Nurse's Name)
Pain Score: 0	BN, Sanjay
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulization Done

Name of the Nurse : BN, Sanjay Signature of the Nurse : Sanjay

Date & Time : 18/7/24 @ 11.50 am

PATIENT TRANSFER FORM

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KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

Date & Time of Admission	Date & Time of Transfer Order
18/7/26 @ 10.34 AM	18/7/26 @ 11.50 AM
Transfer Ordered by	**Reason for Transfer**
Dr. Prashanthi	Admission
From Unit	**To Unit**	**Information to Attendant**
OR	PICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	-	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over Op file given to attendes.

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

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

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

Patient & Clinical Records Received by : Laundry

Date & Time of Patient Received : 18/7/26 at 12PM

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: _____ KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI
_____

Department: _____ _____

Consultant: _____

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

Pediatric Multiorgan History & Physical Examination

Name : AADHYA Age/Sex 4 4 / female.

Information given by: mother. Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

K/c/o SMA-Type 2.
↓
ON Nusinersen.

Now Adviced for 17th dose on Inj. Nusinersen.

16/7/21

PT → 9.9.
INR → 0.8.
SGPT → 16.8
SGOT - 25.3.
TB → 0.19.
ALP → 125.
Alb → 4.5.
Alb/Globulin → 1.9.

Npo - Solids & Liquids
↓
9:30pm 4:00 Am

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

Pediatric Multiorgan History & Physical Examination

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

K/c/o SMA Type-II

Birth & Neonatal History:

Term baby | B.wt: . | LSCS.
CIAB, NO NICU Admission.

Birth & Socio Economic History:

About Father :
About Mother : } class III.
Any additional Information :

Developmental History :

Immunization History :

(P.T.O.)

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 23 kgs (Centile _____)

On Examination :

Temperature : 97.4°F Pulse Rate : 118 b/m B.P. 118/85 SPO2 99%

Resp.rate and type of breathing : 22 B/m.

Rash

Lymphadenopathy

Oedema : (-).

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : (-)

Air entry & breath sounds : B/L AE

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection

Palpation :

Ausculation : (N)

Spine : External Genitelia : (N)

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

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : N.

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : N

Clinical Summary & Diagnostic:

H/o SMA Type 2.

(P.T.O.)

IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

h.p.

Noted by DR

Planned Management

NPO

- Inj. Nutrineed.

Signature of the Doctor: .....

Name of the Doctor: Dr. prashanth

Date & Time: 14/7/21

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

1

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4	Lumbar Puncture	
12 noon		
	LP was done under aseptic precautions under sedation & CSF withdrawn (5ml)	
	↓	
	Inj Spinraza 5ml intrathecally given	
	↓	
	5ml CSF injected back	
	→ Pre & post procedure vitals remained stable	

Patient Sticke

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby AADHYA**	**Age :**	**7 Y 9 M 27 D**
IP No:	**IP-00060740**	**Sex:**	**Female**
Consultant:	**Dr. RAMESH KONANKI**	**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 to 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.
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:.....) Kiran

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: Kiran

Name: Kiran-
Relationship: Father
Date: 18/7/26 Time: 10:34 Am.
Wittness Name:
Wittness Signature:

Patient Address:
FLAT NO: 316 NARAYANDRI BLOCK
SEVEN HILLS NIZAPET Quthbullapur
Hyderabad Telangana INDIA 500090

CONSENT FOR SPECIAL SEDATION

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Patient Name: Baby Aadhya Gender: ☐Male ☑Female

UHID No: KWH-000800080 Department: PICU Date: 18/7/26

I Kiran S/D/W/O Ramakishtaiah

Here by give consent for procedure for my patient : Baby Aadhya

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

- Type of Sedation : Ketamine, Midazolam
- Possible complications from the procedure of sedation:

hypotension, bradycardia, respiratory depression, need for intubation

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 : Kiran

Name : Kiran

Relationship with Patient: father

Date & Time : 18/7/26 at 12PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. MOHAN

Date & Time : 18/7/26

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Baby Aadhya Gender: ☑ Male ☐ Female

UHID No : KUH-800520 Department : Ped. Neurology Date : 18/7/26

I Kiran S / D / W / O Ramakrishna

Here by give consent for procedure of : Lumbar puncture & intrathecal chemotherapy injection

For my patient, Named : Baby Aadhya

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

Headache, hypotension, bradycardia

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: Dr. Nikith

Patient Attendant :

Signature : Kiran

Name : Kiran

Relationship with Patient: Father

Date & Time : 18/7/26 at 1pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr Nikith

Date & Time : 18/7/26 at 12pm.

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : ....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

KUH-000860080 IP-000607740
Baby AADHYA 7 Y 9 M 27 D (F)
21-09-2018
Dr. RAMESH KONANKI

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DRUG CHART

Date of Admission: 19/8/21 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line 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 :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

I.V. FLUIDS CHART

Weight. ..... Ward. PICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
		DNS	IV	65ml/HR					

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

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21-09-2018 7 Y 9 M 27 D (F)
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Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
		Ketamine	12mg	IV		

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

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

REGULAR PRESCRIPTIONS

Weight. .... Ward. PICU

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ Time▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ Time▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ Time▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date▸ Time▾

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

wt - 23 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Aadhyaa Age : 7y 10 m **Gender:** ☐ Male ☑ Female

Date : 18/7/26 Time of Arrival : @ 10.20 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: 97.4°F PR: 118 b/m BP: 118/85 (95) RR: 22 b/m SpO_2: 99%

Chief Complaints: Pt came for (SMA)

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 10.25 Am

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bro. Sanjay

Signature of Triage Nurse : Sanjay

Date & Time : 18/7/26 @ 10.25 Am

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: Baby. Aadhya Age: 7days Gender: Male ☐ Female ☑

UHID.No : 80080 Date: 18/1/26

I K.KIRAN S/o, D/o, W/o, Ramakistaiah hereby declare that our patient Master/Baby Aadhya who is related to me as daughter is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 18/1/26

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

SMA.

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

Name: KIRAN KOVURI

Relationship with Patient: Father

Date & Time: 18/1/26 @ 11:30am

Witness :

Signature:

Name: Ramya Bacha

Date & Time: 18/1/26 @ 11:30am

Doctor (who is taking the consent) :

Signature:

Name: Dr. Madhavi

Date & Time: 18/1/26 @ 11:30am

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

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

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

.....

.....

.....

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

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO_2	Pain Score	Weight
	110/min	19/min	98.4°F	100%		

Diagnosis: SMA

Procedure: Intrathecal - nusinersen (LP)

Comorbidities: Nil

- ☑ Risk, benefits & alternatives discussed;
- ☑ Patient understand & elects to proceed
- ☐ Consents for procedure and sedation signed and dated

ASA Physical Status

- ☐ ASA PS 1: Healthy Patient
- ☑ ASA PS 2: Mild Systemic Disease, no functional limitations
- ☐ ASA PS 3: Severe Systemic Disease, functional limitations
- ☐ ASA PS 4: Severe Systemic Disease, constant threat to life
- ☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
- ☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes
- ☐ E: Emergency procedure

GCS: E 4 M 5 V 6

☐ IV Site: Gauge:

Sedation Plan:

Allergies:

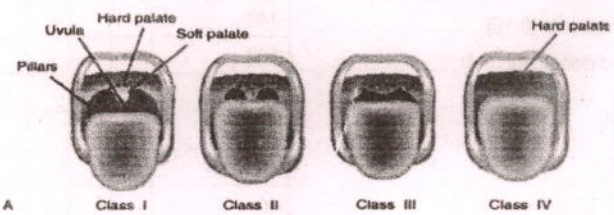
AIRWAY EVALUATION

Mouth:

- ☑ Normal
- ☐ Loose Teeth
- ☐ Small Mouth
- ☐ Protruding Incisors
- ☐ Receding Lower Jaw
- ☐ Dentures

Neck:

- ☑ Normal
- ☐ Decreased ROM
- ☐ Thyromental Distance Less Than 6 cm
- ☐ Short Neck



Mallampati Class: ☑ I ☐ II ☐ III ☐ IV

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O_2 Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- ☐ A - Alert
- ☐ V - Verbally Responsive
- ☐ P - Painfully Responsive
- ☐ U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O_2 Sat%	O_2 Supplementation	Comments / Initials
Baseline						

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
IV MIDAZOLAM	IV	2.5mg		
IV KETAMINE	IV	12mg		

Doctor Notes: ..... Procedure was uneventful .....

.....

.....

Time of transportation to post sedation care room: ..... LOC: .....

Doctor Name: ..... Dr. Amalya ..... Signature: .....

Post Sedation Care Room

Time																							
Monitoring	**180**																						
ECG NBP Oximeter	**160**																						
Pain Score (0-10)	**140**																						
Sedation Score (0-4).....	**120**																						
	100																						
	80																						
	60																						
	40																						

TOTAL ALDRETTE SCORE AT DISCHARGE =
(If 9 and more patient can discharge from post Sedation care unit

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep= 2	Sat O_2>92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal oncalling=1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat O^2>90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive=0	Apnea = 0	Saturation <90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Patient Discharge Time: .....

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

Date: ..... Time: .....

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

Stamp

PROCEDURE CHECK LIST

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KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

Date: 18/7/24

Ward

☑ PICU ☐ NICU ☐ ER ☐ Other: _____

Procedure Name: LP

Diagnosis: SMA

Procedure done by: Dr. Nikesh

Assisted by: _____

PROCEDURE CARE BUNDLE COMPLIANCE

Barrier precautions

Hand wash	Y / N	Y
Gown	Y / N	Y
Mask & cap	Y / N	Y
Gloves	Y / N	Y
Eye protection	Y / N	Y

Skin preparation done using:

1. Betadine
2. ~~Isopropyl alcohol~~ chlorhexidine

Procedure related equipment check list (as per procedure)

Airway/ Oxygenation:

Nasal prongs	Y / N	Y
Ambu/Bains	Y / N	Y
Mask (appropriate size)	Y / N	Y
Laryngoscope with blade	Y / N	Y
ET tube/LMA (appropriate size)	Y / N	Y
Oxygen connectors	Y / N	Y
Suction apparatus	Y / N	Y

Monitor:

QRS volume audible	Y / N	Y
BP autocycling	Y / N	Y
SpO2	Y / N	Y

Medication: Sedation/Analgesia
1. Ketamine
2. midaz

Paralysis	Y / N	Y
Adrenaline	Y / N	Y
Atropine	Y / N	Y

Post procedure care bundle compliance

Have all the sharps been disposed?	Y / N	Y
Was the sterile field maintained?	Y / N	Y
Has the procedure been documented?	Y / N	Y

Monitoring after procedure

Monitored

Adverse events - Y / N

If yes, details N

Position check required - Y / N

If yes, details N

Signature of Doctor

(Please attach this to the patient file)

KUH-00080080 IP-00060740
Baby AADHYA
21-09-2018 7 Y 9 M 27 D (F)
Dr. RAMESH KONANKI

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: PICU

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prashanthi /

Date & Time : 18/7/26 @ 10:40 am

Nurse Name & Signature: Sr. Revathy / Revathy

Date & Time : 18/7/26 @ 10:40 am

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 18/7/26	Diagnosis: SMA		Surgery / Procedures: –	
	Allergies: Nil			Post OP Day: –	
	Date:	18/7/26.			
	Area / Shift Time	ER / M			
	Diet:	NPO.			
	Ventilation (RA, NP, NIV, VENTI)	RA			
INVASIVE LINES	1.	IV cannulation			
	2.				
	3.				
	4.				
ASSESSMENT	Infusions / Transfusions	–			
	PU Prophylaxis	Nil			
	DVT Prophylaxis	Nil			
	Vitals – BP	110/85 (95) mm/Hg			
	Vitals – PR	118 b/m			
	Vitals – RR	22 b/m			
	Vitals – SpO_2	98%			
	Vitals – Temp	97.4°F			
	Pain Score	'0'			
	LOC (Alert, Conscious, Confusion, Unconscious)	Conscious.			
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact			
	Restraints If any – Physical	–			
	Restraints If any – Chemical	–			
	Fall Risk (Vulnerable Y/N) if yes score	N			
	(Ambulation, walking, moving with assistance, bed ridden)	Moving assistance			
	ADL (Dependent / Non-Dependent)	Dependent.			
	Critical Lab Test / Values (If any)	–			

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

RECOMMENDATIONS					
		Date:	18/7/26		
	Investigations Procedures	Area / Shift Time	ER / M		
		Ordered / Planned	SMA		
		Due	—		
		Reports Pending	—		
		Referrals (If any)	—		
	Remarks (Special Interventions like, Drainage tube flushing etc.)		—		
Handed Over By Name :			BN. Sujay		
Signature :					
Date:			18/7/26		
Time:			11.30 AM		
Taken Over By Name :			Vanitha		
Signature :					
Date:			18/7/26		
Time:			12 pm		