

ACTIVE VIH-00136570 IP-00060157
Baby B. SATHWIKA
16-11-2012 13 Y 6 M 12 D (F)
Dr. PREETHAM KUMAR

Name: --



UHID No

Consultant: -----

Dept: *paediatric*

Date of Admission: *28/5* Time: *12:22* Date of Discharge: ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>28/5/16</i>	<i>1:35u</i>	<i>ERW</i>	<i>PIW</i>	<i>[Signature]</i>
<i>29/5/16</i>	<i>4:20pm</i>	<i>PIW</i>	<i>1st floor (132)</i>	<i>Nahar</i>

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
28/5	CERPT, S/C, (Cerebrospinal fluid), Urea, H/V, HBA, HBA	26018634	sh
	URU, H/V, HBA, HBA		
	URU, H/V, HBA, HBA	26018635	sh
	Blood ketone - HI	26018638	sh
	URU, H/V, HBA, HBA	26018639	sh
	CVC	26018645	TR
	RBS 3pm - 201 mg/dl	26018666	TR
	ABG 3pm	26018667	TR
	RBS 7pm - 133 mg/dl	26018676	TR
	ABG @ 9pm	26018694	TR
	C/E @ 11pm	26018693	TR
	ABG @ 5am	26018719	TR
	Blood ketone (1.0) 5am	26018718	TR
	ABG 11am	26018754	TR
	cross checked by	Nelsa 29/5/26	Nelsa

1:30pm
Nelsa 29/5/26

cross checked by

ABG 11am

29/5/26

Blood ketone (1.0) 5am

ABG @ 5am

29/5/26

C/E @ 11pm

28/5/26

ABG @ 9pm

RBS 7pm - 133 mg/dl

ABG 3pm

RBS 3pm - 201 mg/dl

CVC

28/5/26

URU, H/V, HBA, HBA

Blood ketone - HI

URU, H/V, HBA, HBA

URU, H/V, HBA, HBA

CERPT, S/C, (Cerebrospinal fluid)

28/5

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
26/5/26	IV placements	1	3084814	[Signature]
	Catheterization	1	3084753	✓
	Arterial line	1		
26/5/26	1/0 placement	1	3084814	[Signature]
29/5/26	N placement	1	3085209	Neha
	cross checked by	Neha		
		29/5/26	ipm	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

<p>Staff Nurse</p> <p>[Signature]</p> <p>30/5/26</p> <p>at 11:30 AM</p>	<p>Shift / Ward</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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VIH-00136570 IP-00060157
 Baby B. SATHWIKA
 16-11-2012 13 Y 6 M 12 D (F)
 Dr. PREETHAM KUMAR



C32

RBS

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
20/5/16	00.00	9pm RBS - 201 mg/dl	R	Patient is having their own Glucometer to check RBS.
	01.00	11pm RBS - 164 mg/dl	R	
20/5/16	02.00	1Am RBS - 156 mg/dl	R	
	03.00	3Am RBS - 119 mg/dl	R	
	04.00	5Am RBS - 214 mg/dl	R	
	05.00	7Am RBS - 158 mg/dl	R	
	06.00	9Am RBS - 142 mg/dl	R	
	07.00	11Am RBS - 295 mg/dl	R	
	08.00	1pm RBS - 191 mg/dl	R	
	09.00	1:45 pm - 175 mg/dl	R	
	10.00	4 pm - 226 mg/dl	11 units given Melhu	Patient is having their own Glucometer to check RBS.
	11.00	7.50pm - 155 mg/dl	12 units	
30/5/16	12.00	2Am - 291 mg/dl	16 units	
	13.00	8Am - 374 mg/dl		
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Name	Baby B.SATHWIKA	UHID	VIH-00136570
Father/Guardian	Mr B.PRASAD	Age/Gender	13 Y 6 M 13 D/Female
Address	H.NO : 17-927 , I.N.NAGAR , MALKAJGIRI, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060157	Admission Date	28-05-2026
Ref Doctor	Self	Discharge Date	30-05-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR

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

Diagnosis: Known case of Diabetes Milletus Type I with Diabetic Ketoacidosis

History: Baby B. SATHWIKA is a 13 Y 6 M 13 D girl presented with history of vomitings & generalized weakness since 3 days, breathing difficulty since 1 day of admission. For the above complaints, she was admitted at Rainbow Childrens Hospital for further management.

Examination: She was afebrile, heart rate was 130/min, blood pressure was 120/80 mmHg and respiratory rate 45/min with normal perfusion. Acidotic type of breathing was present. Chest was clear with normal heart sounds. Abdomen was soft diffuse tenderness was present. Bowel sounds were heard normally. Neurologically, she was verbally responsive. Spine and other examinations were normal.

Weight on admission : 50 kgs.

Investigations: Enclosed.

Name

Baby B.SATHWIKA

UHID

VIII-00136570

Management: Her blood sugar was high and blood ketones was high. Blood gas showed pH - 7.00, pCo2 - 10.4, pO2 - 84, Bicarb -2.6, BE: -26.8. diagnosed to be severe DKA, NS bolus was given in the ER

Child was admitted in PICU for further management and started on IV fluids and insulin infusion as per DKA protocol. Blood glucose monitoring done on hourly basis. Her electrolytes, urine output were monitored serially with above line of management acidosis and ketosis settled. Blood gas showed pH -7.29, pCo2 - 31.8, pO2 -106, Bicarb - 15.3, BE: -10.3. Blood ketones were 1.

She was changed to subcutaneously insulin after consulting Dr. Leenatha Reddy, Consultant Pediatric Endocrinologist.

Gradually her insulin doses were titrated according to RBS monitoring. She remained hemodynamically stable throughout the PICU stay hence shifted to ward.

Her latest Blood gas on 29.05.2026 showed pH 7.29, pCo2 31.8, pO2 106 Bicarb 15.3, BE: 11.2.

Investigations: Her complete hemogram showed Hb of 15.6 gm%, WBC count of 21,550 cells/cumm and platelet count of 3.44 lakhs/cumm. CRP was 3 mg/l. Serum electrolytes showed sodium 143 mmol/L, potassium 5.2 mmol/L and chloride 105 mmol/L. Serum creatinine was 0.7 mg/dl, blood urea 22.7 mg/dl.

As her RBS are well controlled with current insulin regimen and parents are confident enough to take care of the child. She is being discharged with the following advice.

At the time of Discharge : She is active, afebrile and hemodynamically stable.

Name

Baby B.SATHWIKA

UHID


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


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Advice:

1. Diet as advised.
2. Adequate hydration.
3. Tablet Cefixime (200mg), 1 tablet, 12th hourly (after food) for 3 days.
4. Insulin Regimen:

Before breakfast, before lunch, before dinner:

If RBS < 100 = Inj. Novorapid - 10 units subcutaneously
If RBS > 100 = Inj. Novorapid - 11 units subcutaneously
If RBS > 150 = Inj. Novorapid - 12 units subcutaneously
If RBS > 200 = Inj. Novorapid - 14 units subcutaneously
If RBS > 250 = Inj. Novorapid - 15 units subcutaneously
If RBS > 300 = Inj. Novorapid - 16 units subcutaneously
If RBS > 350 = Inj. Novorapid - 17 units subcutaneously
If RBS > 400 = Inj. Novorapid - 18 units subcutaneously

Before Snack (4:00pm):

If RBS < 100 = Inj. Novorapid - 8 units subcutaneously
If RBS > 100 = Inj. Novorapid - 9 units subcutaneously
If RBS > 150 = Inj. Novorapid - 10 units subcutaneously
If RBS > 200 = Inj. Novorapid - 12 units subcutaneously
If RBS > 250 = Inj. Novorapid - 13 units subcutaneously
If RBS > 300 = Inj. Novorapid - 14 units subcutaneously
If RBS > 350 = Inj. Novorapid - 15 units subcutaneously
If RBS > 400 = Inj. Novorapid - 16 units subcutaneously

5. Injection Tresiba 24 units at 10:00pm subcutaneously once daily.
6. Random sugar monitoring on daily basis as follows Before breakfast, Before lunch, before snack (4:00pm), before dinner, (Midnight 2 :00 am).
7. Kindly consult with Dr. Leenatha Reddy, Consultant Pediatric Endocrinologist, on 12.06.2026 (Friday) in OPD with prior appointment (This consultation will be charged).

Name

Baby B.SATHWKA

UHID

VIH-00136570

To take appointment for OPD consultation at Rainbow Karkhana or Rainbow Banjara Hills or Clinic at Madhapur, just dial one number 040-4340 4340 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in (or) contact our Toll Free number 1800-2122.

In Case of Emergency Contact 040-42462200 Extn: 2010 for increasing breathing difficulty, recurrent vomitings, altered sensorium, loss of consciousness, dullness or high fever.

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 : *y B. madhavi*

Signature : *y B. madhavi*

Relationship with patient :

This summary has been explained by : *Dr. Sameera*

Summary prepared by: Dr. P. Thanuja / Dr. Sameera
DEO : MD Younus Pasha



Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

ADMISSION SHEET

Registration Details :



Admission No : IP-00060157

Admit Date : 28-May-2026

Admit Time : 12:22 PM UHID : VIH-00136570

Patient Details :

Patient Name : Baby B.SATHWIKA

Age : 13 Y 6 M 12 D

Guardian : Mr B.PRASAD

DOB : 16-11-2012

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : H.NO : 17-927 , I.N.NAGAR , MALKAJGIRI
Malkajgiri Hyderabad Telangana INDIA
500047

Phone No : 9014971775

E-mail : na123@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 105

Ward Name : N 0 GF-EMERGENCY

Room No : ER 105

Admission Type : First Visit

Contact Details :

Name : Mr B.PRASAD

Relationship : D/O

Contact Address : H.NO : 17-927 , I.N.NAGAR , MALKAJGIRI
Malkajgiri Hyderabad Telangana INDIA 500047

Phone No : 9493013994

B. madhav,
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 : SELFPAY

Patient Name : Baby. B.SATHWIKA UHID : VIH-00136570 IPD : IP-00060157 Gender : Female Age : 13 Y 6 M 12 D

VIH-00136570 IP-00060157
 Baby B.SATHWIKA
 16-11-2012 13 Y 6 M 12 D (F)
 Dr. PREETHAM KUMAR



RBS - 41
 Blood ketoses: -H+

wt: -15 kg outside

EMERGENCY ROOM TRIAGE FORM

Patient's Name: Baby. sathwika Age: 14 year Gender: Male Female
 Date: 28/5/26 Time of Arrival: 11:49 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: 97.8 F PR: 123b/M BP: 127/74(91) RR: 15b/M SpO₂: 98%

Chief Complaints: vomiting since 2 today's per day 2x 2ep side morning Abnormal breathing
body pain x 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input type="checkbox"/> Stable <input checked="" type="checkbox"/> Unstable : <input checked="" type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening	
--	--	--	--	--	--

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input checked="" type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 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.

B. madhavi
 Signature of Parent / Guardian
 Triage Completion Time: 11:53 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

- 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: Swathi
 Date & Time: 28/5/26 @ 11:53 AM

Signature of Triage Nurse: [Signature]

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 Baby B.SATHWIKA
 16-11-2012 13 Y 6 M 12 D (F)
 Dr. PREETHAM KUMAR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/5/26 Time of arrival : 11:50 AM Abnormal breathing morning
 Chief Complaints: vomiting since 2 x day per day 2x3 episodes RBS: H1
body pain x 3 days
 Height : — Weight : 15kg BMI : — Head Circumference (<2 years) : —
 Allergies: Yes No Medications Blood Transfusion Food Other: —

If yes, identify —

Pain Screening: Yes No If Yes, Pain Score: 2 Pain Tool Used: N Pass FLACC Wong Baker
 Character Aching Location hall body Frequency Intermed Duration 3 days

RISK FOR FALL:

- If patient is < 6 years tick below fall risk intervention directly
- If Patient is > 6 years Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

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

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse @ 11:58 AM



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 28/5/26
 Source of Admission: OPD Ward Other: ICU
 Reason for Admission: severe DKA vomiting since 2 days
 Admission Diagnosis: Severe DKA
 Accompanied By: Parent Guardian Other Name: _____
 Primary Language: Telugu English Hindi Other Specify _____
 Do you require an interpreter? Yes No
 Allergies: Yes No Medications Blood Transfusion Food Other: _____
 If yes, identify _____

Source of Information : <input checked="" type="checkbox"/> Family <input type="checkbox"/> Patient <input type="checkbox"/> Others, Specify _____			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	<u>nil</u>	<u>nil</u>	<u>VRCH</u>
	Family History: <u>nil</u>		
	Has the child or close family member had recent contact with a communicable disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes please list, _____ Was the child's birth normal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please describe problems: _____ Are the child's immunization up to date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CURRENT MEDICATIONS	Taking Medications? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Fill the reconciliation form Medicine brought to the hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Observations: Weight: _____ Length: _____ Head Circumference (< 2 years): _____ Temp.: <u>98.6 F</u> HR: <u>105 b/m</u> RR: <u>25 b/m</u> BP: <u>105/66 (72)</u> Pain Score: _____ Specify Site: _____ (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No Score: <u>9</u> (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score <u>27</u>) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on Admission:

- Sleeping Crying Calm Distressed/Consolate Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

- 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 Parent

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

Orientation has been given regarding the following aspects:

- ID Band in situ
 Bedside safety explained
 PICU Routine: Doctor's rounds/Medication time
 Visiting policy explained

Orientation given to: Family Others specify

Name of Person Orientation was given to: B. madhavi, mother

Orientation not given Reason:

Nurse Name: Sri. Jaguani

Nurse Signature: Jagu

Date & Time: 28/5/26 @ 1:50 Pm

DISCHARGE PLAN

Source of Information: Family Friend

Will patient require transportation arrangements to go home: Yes No

Will Physiotherapy require at home: Yes No

Is home medical equipment anticipated: Yes No

Is home oxygen therapy anticipated: Yes No

Are dressing needs at home anticipated: Yes No

Any other needs anticipated: Yes No If Yes Specify

Discharge Medications: Yes No

Details: Vomiting since yesterday. Periodic 2x3 epi. episodes Abnormal breathing


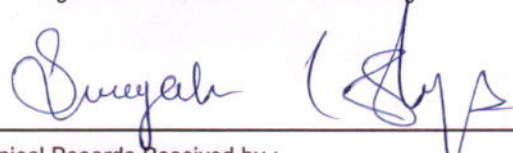
Final Diagnosis: Reven DKA

Nurse Name: Jaguani

Nurse Signature: Jagu

Date & Time: 28/5/26 @ 1:50 Pm

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00136570 IP-00060157 Baby B.SATHWKA 16-11-2012 13 Y 6 M 12 D (F) Dr. PREETHAM KUMAR 		Date & Time of Admission 28/5/26. at 2:20 pm.	Date & Time of Transfer Order 28/5/26 @ 1:35 pm
From Unit ER		Transfer Ordered by Dr. Sameera	Reason for Transfer Admission
To Unit PICU		Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Sameera	
Patient & Clinical Records Received by : Dr. Jagannath 28/5/26 @ 1:35 pm			
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

Patient Name : Baby. B.SATHWIKA UHID : VIH-00136570 IPD : IP-00060157 Gender : Female Age : 13 Y 6 M 12 D

VIH-00136570 IP-00060157
 Baby B.SATHWIKA
 16-11-2012 13 Y 6 M 12 D (F)
 Dr. PREETHAM KUMAR

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

Time	Nursing Notes
11:49 AM	⊙ patient come to ER
11:53 AM	⊙ vital checked & RECORDED
11:57 AM	⊙ Doctor seen the patient advised Admission
12:00 PM	⊙ Admission process done
12:5 PM	⊙ IV placement done
12:10 PM	⊙ Blood sampler collected set to lab
12:15 PM	⊙ patient shifted to PICU
12:20 PM	⊙ RBS 461 mg/dl

Samples collected by: } shantha leuman
 Samples sent by: }

Time: @ 11:55 AM

Time: @ 12:00 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:52 AM	esom prozole	IV	40mg	} shantha leuman	} [Signature]
11:56 AM	ondam	IV	2mg		
12:00 PM	NS 500 ml	IV	100 ml		
12:4 PM	NS 100 ml	IV	180 ml		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 105/61M BP: 105/66(72)FT: 435cm RR: 45/61M SPO ₂ : 100% GCS: 15/15 Temperature: 98.6°F Pain Score: "0" Repeat RBS (if applicable): -	Shift - out from ER to: PICU Time of Shift - out: 28/5/26 @ Handover given to: SV (Nurse's Name) SV

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement done


Name of the Nurse : Swagatika

Signature of the Nurse : [Signature]

Date & Time : 28/5/26 @

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00136570 IP-00060157 Baby B. SATHWIKA 16-11-2012 13 Y 6 M 13 D (F) Dr. PREETHAM KUMAR 		Date & Time of Admission 28/5/26 @ 12:22 pm	Date & Time of Transfer Order 29/5/26 @ 4:30 pm
Transfer Ordered by Dr - Suresh		Reason for Transfer Stable	
From Unit PICU	To Unit 1st Floor (132)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 56	Number of Imaging Films NBG - 1 ABG - 4	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Candid powder	1	
2.	5CC	2	
3.	10 CC	2	
4.	20 CC	2	
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Moheswari		Name of Person Ordered Transfer Dr - Suresh	
Patient & Clinical Records Received by : Anetha			
Date & Time of Patient Received : 29/5/26 @ 4:30 pm			

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

Unavailable Bed

Nurse not Available

Available Bed not ready



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

VIH-00136570

IP-00060157

Baby B.SATHWIKA

16-11-2012

13 Y 6 M 12 D

(F)

Dr. PREETHAM KUMAR

UHID ID: _____



Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____
Information given by: Patient (Child herself) Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

fast breathing & vomiting : 3 days
Body pains & Confusion : 2 days

History of present illness :

K1c1o DM type -I
on regular follow up
Dr. Leenatha Jakkid

now presented with fast breathing and
& vomitings : 3-4 days
(NB, NP) Alw body pains &
confusion : 2 days.

no H/O fever, Polyuria
no skipping of insulin bt meals
skipped insulin 2-3 times
before 4pm (snack)

subcutaneously giving herself
as per sliding scale.

- RBS - high. → after bolus - 46 (mg/dl)
- Blood ketones - high.



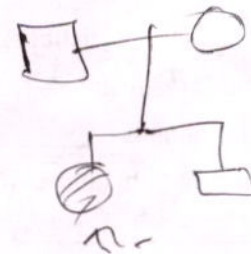
Pediatric Multiorgan History & Physical Examination

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

2021 →
December 2024 → poor glycaemic control
H10 3 times admitted
for DKA.
4th time - now.

Birth & Neonatal History:

2.5 kg / Term



Birth & Socio Economic History:

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

Developmental History :

(N) in all 4 domains

Immunization History :

upto date.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 50 kg (Centile _____)

On Examination :

Temperature : 97 F Pulse Rate : 133/min B.P. _____ SP02 98%

Resp.rate and type of breathing : _____
45/min Tachpynea (+)

Rash _____ Kussmaul's breathing (+)

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ clear

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : _____ S1S2

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____ Soft, NAD

Ausculation : _____

Spine : _____ External Genitelia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : GCS-14/15

Cranial Nerves : Intact

Motor System:

Nutrition : _____

Tone : _____ Power 3/5 in all 4 limbs

Co-ordinator : _____

Posture : (2)

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Severe DKA. ~ (PH-7)



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

VRG, CBP, CRP,
SE, Urea, Creatinine,
COF, Hb, AC,

Planned Management

- NS Bolus
- Deficit + maintenance
L48 hrs
- insulin IV
Regular ABG monitoring
Sr. electrolytes
- (50%) K⁺ correction
- Switching.

Noted by *Dwajah*
28/5/2012
@ 1:45 PM

Signature of the Doctor: *Dr. Preetham*
Name of the Doctor: *CH. GANESH*
Date & Time: *28/5/2012*

Signature of the Consultant: *[Signature]*
Name of the Consultant: *D. Preetham*
Date & Time: *28/5/12 9A*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026	Δ: K/c/o Type I DM	[since August 2021].
1.00PM	- Now with	Severe DKA [ph: 7.00 [<7.1]
		HCO ₃ : 2.6 [<5mmol/L]
	→ On admission in ER:	
	RBS: High Ketone body in Blood: High Acidosis	Patient on: - Tresiba - 24 unit at 10PM - Novorapid according to sliding scale (3 times + 4PM)
	→ 10% Dehydration Correction	
	→ NS Bolus @ 10ml/kg given over 1 hour.	
	→ Fluid: Deficit + Maintenance	} over 48 hours wt: 50kg.
	Deficit: 10%: 5000ml over 48 hours [4500ml] so, 2500ml over 24 hours [2250ml]	
	Subtracting Bolus, → 2000	
	Maintenance: 2100ml over 24hrs.	
	Total: 180ml/hr for 48 hours.	
	- Insulin @ 0.111 unit/kg/hr.	
	 28/5/26 4PM Dr. Preetham	 28/5/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	C/S/B Dr. Preetham 6r	Doctor's Order
28/5/26	3.00PM: VBGs : PH: 7.19.		
	pCO ₂ : 9.2mmHg	, pO ₂ : 124mmHg.	
	HCO ₃ : 3.5		
	K ⁺ : 3.38mmol/L		
	Adv: ① Correction [Deficit]: 7.5% correction.		
	② Add: Potassium 7.5ml in fluid.		
	③ Fluid : @ 150ml/hour.		
	④ CRAS → 2hrly		
	⑤ PAC → 6hrly		
	⑥ SE →		
	⑦ Blood sugars on 28/5/26 at 6AM		
	GMS		
	① NS + 7.5ml K ⁺ → 2250g/L — 75ml + 75g		
	② DNS + 7.5ml K ⁺ → 150-200g/L — 75ml + 75g		
	③ 10% DNS + 7.5ml K ⁺ → <150g/L — 75ml + 75ml		
	④ INSULIN → (1ml + 39ml NS) → 5ml/hr (0.1 units/kg/hr) (Actrapid)		

Preetham
28/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026	Counselling by Dr. Preetham Sr.	
3.30 PM		
	- The child current condition has been explained	
	- The child has severe DKA leading to all the clinical manifestations. During correction, the child might have brain swelling.	
	- The acidosis should reduce slowly over next 36-48 hours.	
	- We have started insulin, and keto acidosis needs to resolve.	
	- If ketosis is not controlled the child might have severe infection.	
	<u>Mother</u>	<u>Relative</u>
	B. madhavi	

Dr. Preetham Sr.
28/5/2026

28/5/26

As advised by Dr. Preetham Sr

9:45 AM

By Insulin → 0.05U/kg → 2.5U/kg

Dr. Preetham Sr



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/20	Ces 10 Duo fed	
	K/d to TIDM with Seer D/L	
7:30 pm	Hematuria - betel	
	A/axer:- Clev Gromantole	
	Breast:- B/P/E/P Me: 20 Sp: 95 Clev	
	C/ralet:- HR: 97 Bp: 100/60/70 CRT: c/c	
	D/Seahy:- Clev 15/15	
	Exposure:- no fever	
	Fluid:- 7-5% hydration total 150ml/kg + kcal acc to GRAS	
	GIT:- Clev liquid allowed	
	Renal:- Nil	
	Infect:- IV ceftazox	
	fungal cysts over vulva → candida present	
	Kidney:- $\frac{T}{O} = \frac{3310}{1450}$ upto 1-5ml/kg	
	metab:- 4 Insulin (2-5ml/kg) - 0.05 U/kg	[Hbale → 17]
	p/O ₂ 7 → 7.29 HCO ₃ 2.6 → 15.3	
	ketons → 1	
	GMS 2nd hly	
	[Plan]	
	1) leanette men clor	Consultation -
	2) ABG → 8hly	
	3) SE → BD.	
	4) GMS → 2nd	

Handwritten notes:
 Metab
 GMS
 ABG
 SE
 e-ly

VIH-00136570

IP-00060157

Baby B. SATHWIKA

18-11-2012

13 Y 6 M 12 D (F)

Dr. PREETHAM KUMAR



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


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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	<p><u>clp/w</u> no <u>leucocytes</u> was Reports informed</p>	
9 AM	<p>1) of Trasha → 24 SC 2) give <u>breakfast</u> 3) Continue IU Insulin 4) plan to cye to SC by afternoon.</p>	<p>the nrty</p>
<p>Noted by Jagnani 29/5/26 at 9 AM</p>		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	<u>Cas 13 DR ULKANO SW</u>	
10 AM	Klelo T1 Dm caltn severe DKA	
	→ Plr to syt after chy to syt to SK q lenater may clw to rem	
Noted by Jaynani 29/5/26 at 10 AM	counsel by DR ULKANO (to mom)	 Z DTK
10:30 AM	→ advise to continue regular insulin → Advise to syt to end	Z DTK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026 3.00PM	C/D/W	Dr <u>Leenatha. Maam</u>
	- Parents has been counselled regarding management plan to parents	
	- T/M. Inform maam regarding GRBS trend.	
	- Till then continue scale (as per OPD file).	
	- T/M. : Plan to discharge	
	- R/v after 2 week.	

Signature
 29/5/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026	<u>SHIFTING NOTE</u>	
3.30 PM		
	<p>The child k/c/o Type I DM, and came with severe Diabetic acidosis. The child was managed as per DKA protocol, rapidly slowly over 24 hours. Consultation with Dr. Keerthi Maan was taken. Child is clinically hemodynamically stable and hence planned to shift to ward.</p>	
	<p>Adv: ① Monitor vitals <u>AN</u> hourly ② Look for signs of hypoglycemia if any. ③ GRBS monitoring: BF / BL / BD and 4.0 o'clock (Before snack) and 2 AM</p>	
	<p>④ Insulin dose scaling as per OPD file ⑤ To inform Dr. Keerthi T/M regarding GRBS trend.</p>	
	<p>INSULIN 12 units 11a 8am</p>	<p>See 29/5/2026</p>
	<p>INSULIN 24 units 11a 8pm (continue @ night)</p>	<p>Noted by Dr. Preetham @ 7 PM</p>

VH-00136570 IP-00060157

Baby B. SATHWIKA

18-11-2012

13 Y 6 M 13 D

(F)

Dr. PREETHAM KUMAR



.....GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:30 Am.	<u>C/S/B Resident</u>	
	K/clo TIDM e severe DKA.	
	→ Oral Intake - Better. - No new fever.	
4/0 - Adenite.		
	<u>O/E</u> child Alert Vital stable	<u>Plan</u>
	CU = 511 (A) M = 611 (A) P/A = soft CNS = NAD.	- Inform Dr. heenatha mam regarding CRBS trend.
Dr. Prathap		- CRBS monitoring BA/BL/BD 4 h of doc.
30/5/26 Subham		- Inj. uprisone - D2 - Plaster off today - R/A 2 wks.
	Insulin : 12U	
		noted by Subham 30/5/26 @10u

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	D/w <u>Dr. Leenatha</u>	
30.5.26		
10.30 am	Increase 1 u after ^{for} RBS	(BBF / Lunch / Dinner)
		> 200 → 14
		> 250 → 15
		> 300 → 16
		> 350 → 17
		> 400 → 18
	4 P M	> 200 → 12
		> 250 → 13
		> 300 → 14
		> 350 → 15
		> 400 → 16
	<u>Samer</u>	
	(Dr. Samer)	

WELL'S CRITERIA FOR ASSESSING DVT

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

S.No	Assessment Criteria	Score	Date:	Date:	Date:	Date:	Date:	Date:	
			28/5	29/5					
			Time:	Time:	Time:	Time:	Time:	Time:	
			2PM	2PM					
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0					
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0					
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0					
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0					
5	Entire leg swollen (Assess for both legs)	1	0	0					
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0					
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0					
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0					
9	Previously documented DVT (Assess for both legs)	1	0	0					
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0					
Total Score			0	0					
Signature of the Nurse			<i>[Signature]</i>	<i>[Signature]</i>					

Intervention: _____

High Risk = >2 Score
 Moderate Risk = 1-2 Score
 Low Risk = <1 Score

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

VH-00136570 IP-00060157
 Baby B. SATHWIK A
 18-11-2012 13 Y 6 M 12 D (F)
 Dr. PREETHAM KUMAR



MULTI DISCIPLINARY CARE PLAN



DIAGNOSIS: severe DKA

DATE TIME	DISCIPLINE	TYPE	PATIENT NEEDS/ PROBLEM LIST	GOAL	PLAN/INTERVENTION	Signature	Team Verification
28/5 @ 9pm	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	child having high glucose level	→ To control & maintain normal level	→ insulin started	Jagrani	<input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others
28/5 @ 8pm	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	child is having High GRBS level	To control & maintain normal levels	continue inj insulin	Branham	<input type="checkbox"/> Medical <input type="checkbox"/> Others
28/5 11pm	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	child is having hyperglycemia	to decreased glycemia.	losetta. RBS checked and hdy.	dasika	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others
29/5	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	child is having hyperglycemia	to decreased glycemia	→ Continue	Jag	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others
29/5	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	child is having severe <u>Ensure safety</u>	TO Provide Salt rails.	TO Provide Salt rails	manu	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others

Patient Sticker

MULTI DISCIPLINARY CARE PLAN



DIAGNOSIS: _____

DATE TIME	DISCIPLINE	TYPE	PATIENT NEEDS/ PROBLEM LIST	GOAL	PLAN/INTERVENTION	Signature	Team Verification
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Nursing <input type="checkbox"/> Others
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Others
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others

Arterial Line Monitoring Chart

Name :

VIH-00136570 IP-00060157
Baby B.SATHWIKA
16-11-2012 13 Y 6 M 12 D (F)
Dr. PREETHAM KUMAR

Age / Sex :

UHID/IP.No :

Department :

Inserted By :

Date of Insertion :

Site :

No.of Attempts :

Extremity :

INDICATIONS

Frequent Blood Samplings	
Inability to use non invasive blood pressure monitoring	
Need for accurate blood pressure monitoring	
Monitoring of shock status	

COMPLICATIONS

Parameters	Date : 28/5			Date : 29/5			Date :		
	S1	S2	S3	S1	S2	S3	S1	S2	S3
Pain	-	-	-	-	-	-			
Redness	-	-	-	-	-	-			
Haematoma	-	-	-	-	-	-			
Decreased sensation at fingertips	-	-	-	-	-	-			
Loss of wave form	-	-	-	-	-	-			
Catheter movement /position	-	-	-	-	-	-			
Blood backup into tubing	-	-	-	-	-	-			
Blood clots/Air bubbles in the tubings	-	-	-	-	-	-			
Collection of Blood at insertion site	-	-	-	-	-	-			
Gangrene formation	-	-	-	-	-	-			
Infection	-	-	-	-	-	-			

removed catheter line
29/5/2012 @ 3:30 PM

VH-00136570
 Baby B. SATHWIKHA IP-00080157
 16-11-2012 13 Y 6 M 12 D (F)
 Dr. PREETHAM KUMAR

URINARY CATHETER BUNDLE CHECK LIST



Date of Insertion: 28/5/26 @ 2PM

Date of Removal: 29/5/26 3:30pm

Parameters	Date	Shift Time	28/5 2PM	28/5 2PM-8PM	28/5 8PM-6AM	29/5 8PM-2PM	29/5 2PM-8PM		
Need for the Catheter			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Hygiene			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usage of Sterile Equipment			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Collection bag below the level of bladder			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Catheter dated as policy			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting bag is been emptied regularly?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of closed system for the catheter			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing clean and dry?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the line removed as Policy?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance of Perineal Care			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onset of New Fever			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asses for the leakage at the site of insertion			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Nurse			Sarvani	Bo. Nara	Kaif	[Signature]	Mahi		
Signature of the Nurse			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		

Patient Sticker

URINARY CATHETER BUNDLE CHECK LIST



Date of Insertion:

Date of Removal:

Parameters	Date	Shift Time						
Need for the Catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usage of Sterile Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Collection bag below the level of bladder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Catheter dated as policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting bag is been emptied regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of closed system for the catheter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing clean and dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the line removed as Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance of Perineal Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onset of New Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asses for the leakage at the site of insertion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Nurse								
Signature of the Nurse								

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B. Sathwika Gender: Male Female

UHID No : VH-00136570 Department : PICU Date : 28/5/26

I MADHAVI S/D/W/O PLASAD

Here by give consent for procedure of : Arterial line Placement

For my patient, Named : B. Sathwika

The doctors have clearly explained to me that the procedure has following possible complications:
Thrombosis, Bleeding, Gangrene

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :
None

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. THANUS

Patient Attendant :
Signature : B. madhavi
Signature : B. madhavi
with Patient: Madhavi

Witness :
Signature :
Name :
Date & Time :

28/5/26 at 1:35 pm

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr Swaly
Date & Time : 28/5/26 at 1 pm

ప్రత్యేక విధానాలకు సమ్మతి



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

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B. Sathwika Gender: Male Female

UHID No : VH-00136570 Department : PICU Date : 28/5/26

I MADHAVI S/D/W/O PRASAD

Here by give consent for procedure of : Urinary Catheter Placement

The doctors have clearly explained to me that the procedure has following possible complications:
Urinary Infection, Bleeding

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :
No

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

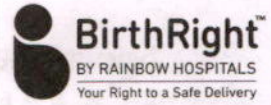
Name of the Doctor performing the procedure: Dr Swamy

Patient / Patient Attendant :
Signature : B. madhavi
Name : B. madhavi
Relationship with Patient: mom
Date & Time : 28/5/26 1:35pm

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr Swamy
Date & Time : 28/5/26 at 1:35pm

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



Name: B. Sathwika Age: 13y 6m Gender: Male Female
UHID.No : V14-60136570 Date: 28.5.26
I B. madhavi S/o, D/o, W/o, Prasad hereby
declare that our patient Master/Baby Sathwika who is related to me as daughter
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 28.5.26

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

..... Severe diabetic ketoacidosis

The doctors have clearly explained to me that my patient Master/Baby Sathwika 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 : Sathwika 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: B. madhavi
Name: B. madhavi
Relationship with Patient: mother
Date & Time: 28/5/26 @ 1:30pm

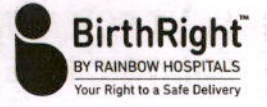
Witness :

Signature:
Name:
Date & Time:

Doctor (who is taking the consent) :

Signature: Sameera
Name: Dr. Sameera
Date & Time: 28.5.26 , 1:15 PM

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



రోగి పేరు వయస్సు లింగం పు స్త్రీ
 యు.హెచ్.ఐ.డి
 నేను s/o. d/o. w/o.
 అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ఫో 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 . పెరిఫెరల్ ఇన్ఫర్మ్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్ఫర్మ్ మొదలైనవి.

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

పీడియాట్రిక్ 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)	సాక్షి
సంతకము	సంతకము
పేరు	పేరు
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)	తేదీ మరియు సమయము
సంతకము	
పేరు	



CONSENT FORM FOR HIV

Patient Name : B. Sathwik Age : 13y6m
 Gender : M F - IP No : 00060157 Marital Status :
 Ward / Bed No. : PICU IP/OP No. : 00060157 Date : 28.5.26

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

Patient Attendant :
 Signature : B. madhavi
 Name : B. madhavi
 Relationship with Patient : mother
 Date & Time : 28/5/26 @ 1:32h

Parent (when patient is minor) :
 Signature :
 Name :
 Relation :
 Date & Time :

OR (Next to kin in case of unconscious patient) :

Signature : Name :
 Relation : Date & Time :

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling is ensured by me and my team.

Doctor :
 Signature : Sampora
 Name : Dr. Sampora
 Date & Time : 28.5.26 ; 1:15 PM

హెచ్.ఐ.వీ పరీక్ష అంగీకార పత్రం

రోగి పేరు వయస్సు లింగం పు స్త్రీ

వివాహస్థితి వార్డు / బెడ్ నెంబర్.....

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

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

రోగి	సాక్షి
సంతకము:	సంతకము:
పేరు:	పేరు:
బంధము:	బంధము:
తేదీ మరియు సంతకము:	తేదీ మరియు సమయము:
(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)	
పేరు:.....	సంతకము:
సంబంధము :	తేదీ మరియు సంతకము:

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

డాక్టర్

సంతకము

పేరు

తేదీ మరియు సమయము

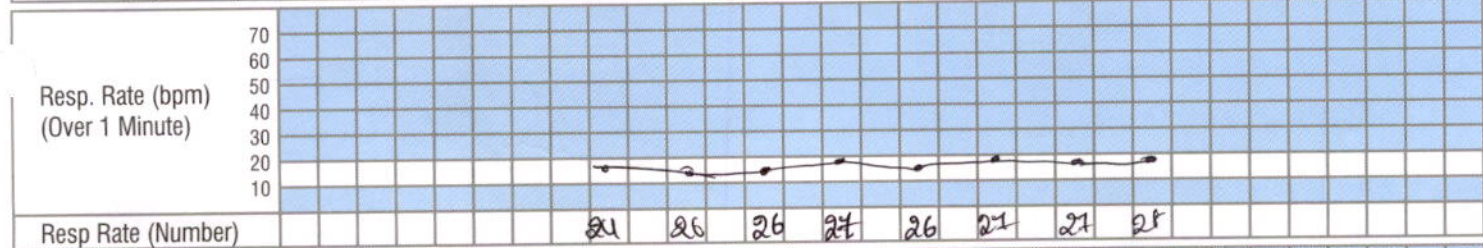
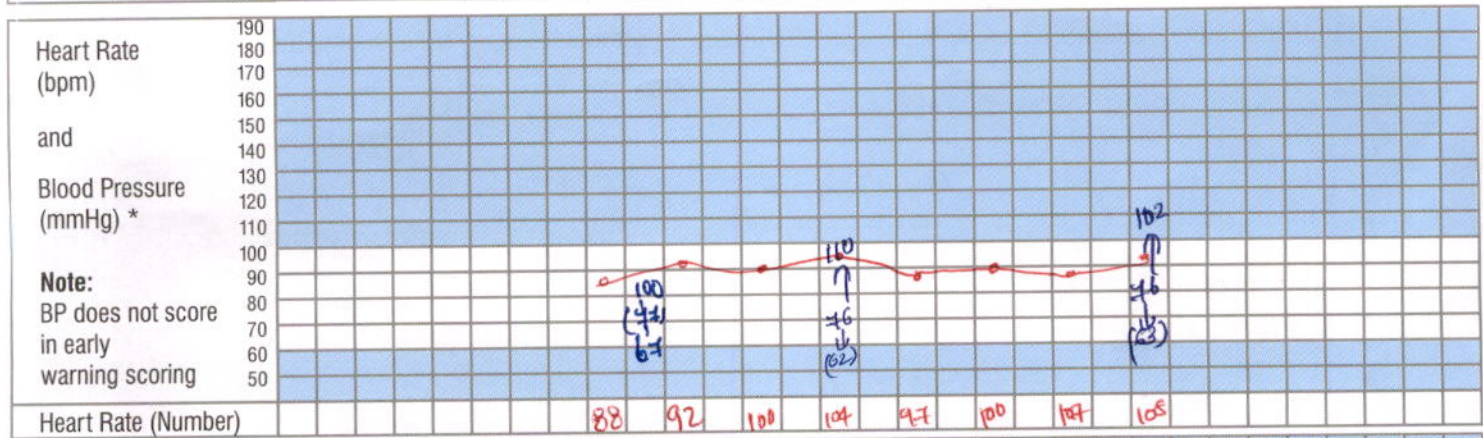


TEENAGE (12 + years)
 Children's Observation &
 Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 5 7 9 11 1 3 5 7
 pm pm pm pm am am am am

Doctor / Nurse / Family Concern?



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

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

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VH-00136570
 Baby B. SATHWIKA
 16-11-2012
 Dr. PREETHAM KUMAR
 IP-00060157
 13 Y 6 M 13 D (F)

FRM / CLINICAL / 127

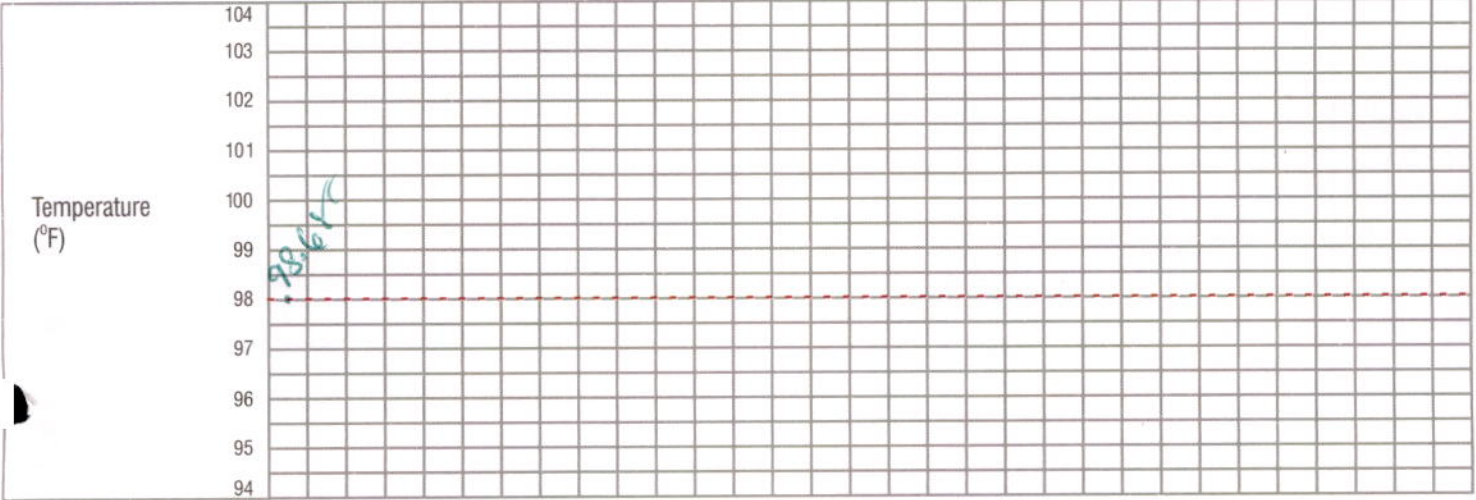
TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart



13 Y 6 M 13 D (F) EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/5/26 Time: 9

Doctor / Nurse / Family Concern? Am



Heart Rate (bpm)	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)	102	

Resp. Rate (bpm) (Over 1 Minute)	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)	22	

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	92	

Conscious Level	Normal / Altered	N
GCS *		15

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

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Noted by Subbar 30/5/26 @10am

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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Date	Time	Early Warning Score	Date	Time	Name

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

VIH-00136570 IP-00060157
 Baby B.SATHWIKA
 16-11-2012 13 Y 6 M 12 D (F)
 Dr. PREETHAM KUMAR



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	Snacks										
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

VIH-00136570
 Baby B. SATHWIKA IP-00060157
 18-11-2012 13 Y 6 M 13 D (F)
 Dr. PREETHAM KUMAR

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			
<i>Sols</i>	08:00 am		<i>Soly</i>									<i>[Signature]</i>	
	09:00 am		<i>water</i>										
	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							

Noted by Subh @ 10am

VIH-00136570 IP-00060157
 Baby B.SATHWIKA
 16-11-2012 13 Y 6 M 13 D (F)
 Dr. PREETHAM KUMAR



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

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

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ CEFTRIAXONE	2gm	IV	12hr Hourly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ PANTOPRAZOLE	40mg	IV	24hr Hourly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	CANDID POWDER		LA	6 Hourly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Sweeny, Dr

Date & Time : 29/5/2024, 3.00PM.

Nurse Name & Signature: Jude

Date & Time : 29/5/24 at 3:10 PM



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

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

Shifting From: ER Shifted to: PICU

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sameera

Date & Time : 28-05/26 at 1:00pm

Nurse Name & Signature: Sr. Swagathika

Date & Time : 28-5-26 at 1:00pm



REGULAR PRESCRIPTIONS

Weight. ~50kg Ward. PICU

As per doctor order
 Thud 28/5/26 at 2 PM

DRUG : <u>INJ. CEFTRIAXONE</u>				Date Time	<u>28/5</u>	<u>29/5</u>	<u>30/5</u>
Dose	Route	Frequency	Start Date	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>
<u>2g</u>	<u>IV</u>	<u>12th hly</u>	<u>28/5</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>
Name & Signature of the Doctor Starting the Drugs: <u>IN SOML NS</u>				<u>6 AM</u>			
Additional Instructions: <u>CAfter test day</u>				<u>AM</u>			
<u>50mg/kg/dose</u>				<u>AM</u>			
Daily Doctor's Endorsement by a Sign							

As per doctor order
 Thud 28/5 at 2 PM

DRUG : <u>INJ PANTOPRAZOLE</u>				Date Time	<u>29/5</u>	<u>30/5</u>	
Dose	Route	Frequency	Start Date	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>	
<u>40mg</u>	<u>IV</u>	<u>24th hly</u>	<u>28/5</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>6 AM</u>			
Additional Instructions:				<u>AM</u>			
<u>1mg/kg/dose</u>				<u>AM</u>			
Daily Doctor's Endorsement by a Sign							

Thud 28/5/26
 at 2 PM

DRUG : <u>CANDID POSOLON</u>				Date Time	<u>28/5</u>	<u>29/5</u>	<u>30/5</u>
Dose	Route	Frequency	Start Date	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>	
<u>12</u>	<u>LA</u>	<u>6 hourly</u>	<u>28/5/26</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	
Name & Signature of the Doctor Starting the Drugs: <u>nitrofur</u>				<u>6 AM</u>			
Additional Instructions: <u>x 3 days</u>				<u>6 PM</u>			
Daily Doctor's Endorsement by a Sign							

S. macy
 28/5/26

DRUG : <u>CANDID DINTMENT</u>				Date Time	<u>29/5</u>	<u>30/5</u>	
Dose	Route	Frequency	Start Date	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>	
<u>0</u>	<u>C/P</u>	<u>once</u>	<u>28/5/26</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>2 PM</u>			
Additional Instructions:				<u>10 PM</u>			
Daily Doctor's Endorsement by a Sign							

Patient



Weight. 50kg Ward. PICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28.5.26	@12:00m	NORMAL SALINE BOLUS	500 ml	IV OVER 2hr	<u>Sami</u>	Shanthi Sueyech
28.5.26	11:50 AM	INT. ONIDENSETADN	4 mg	IV	<u>Sami</u>	Shanthi Sueyech
28.5.26	11:52 AM	INJ. ESOMEPRAZOLE	40 mg	IV	<u>Sami</u>	Shanthi Sueyech
29/5/26	9 AM	INJ. TRISIBA	24 units	SC	<u>SP</u>	Jasmi Neha
29/5/26	2 PM	INJ. NOVORAPID	12 units	SC	<u>SP</u>	Jasmi Neha
29/5/26	4 PM	INJ NOVORAPID	11 unit	SC	<u>SP</u>	Neha Binah
30/5	8 AM	INJ. TRISIBA	12 units	SC	<u>SP</u>	
30/5	8 PM	INJ. TRISIBA	24 units	SC	<u>SP</u>	
29/5/26	7:10pm	Inj. NOVORAPID	12 units	SC	<u>SP</u>	Gayathri Sueyech

VERIFIED BY: N... Signature



I.V. FLUIDS CHART

Weight. 20kg Ward. ped

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
28/5	1.35 PM 1 PM	IV NS (CRBs > 250mg/dl)	IV	180			28/5		
28/5	2 PM	IV DNS (5%) (150-250 mg/dl)	IV	180			28/5		
28/5		IV DNS (10%) (< 150 mg/dl)	IV	180			28/5		
28/5	1 PM	IV INSULIN (1ml - 40 units) + 39ml NS @ 0.11kg/hr. (@ 0.10/kg/hr)	IV	5			28/5		
28/5/26	11 AM	IV NS + 7.5ml/kg CRBs > 250mg/dl	IV	75 + 75			29/5		
28/5/26	2 PM	DNS + 7.5ml/kg < 150-250mg/dl	IV	75 + 75			29/5		
28/5/26	7 PM	10% DNS + 7.5ml/kg < 150mg/dl	IV	75 + 75			29/5		
28/5/26	9 PM	IV INSULIN (1ml + 39ml NS) (0.05U/kg/hr)	IV	2.5ml/hr 16			29/5		

VERIFIED BY : Name