Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR IP

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

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

UHID No : --- ------- Consultant : ---------- Dept : ----------

Date of Admission : 2/7/26 Time : 9:42 pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 130 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/26	10:25pm	ER	130	Rajal

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sandhya	4/07	3097452	
2.	Cross checked by Sadhya		6/7 @	9pm
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
3/7	CRP CRP, PCT, LDH, Ferritin	26022260	
8/7	AFB-I	26022265	
	Cross checked by [illegible] 3/7/26		
	CNG	26022269.	Sobiya.
	AFB-II	26022355	
	Creatinine	26022424	
	AFB-III	26022459	
	Cross checked by Sobiya 6/7 @ 8 pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	Infusion pump	10-30pm.	6/7 8Am	3096880	
	Cross checked by			2/7/22	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/7	IV placement	(1)	3098959	
	Cross Checked by			3/7/26
	NGD	2	3098149	
	IV placement	1	3097877	
	Cross checked by Sahaya		6/7 @ 9 pm	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Sahaya 6/7 @ 9pm		

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 4 D (F)
Dr. AKHEEL SYED RIZWAN

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
5/7/26	00.00	Hypex neb - 11pm	Amitha	
	01.00	Hypex neb - 4 Am	Amitha	
	02.00	(2) 3098149		
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

CHECK LIST OF MEDICAL CASE SHEET

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 5 D (F)
Dr. AKHEEL SYED RIZWAN

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IP.No:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	-	-	
2	Discharge Summary	02	-	-	
3	Nursing Initial assessment form	03	-	-	
4	Patient Trasfer Forms	01	-	-	
5	In-patient Medical Record	03	-	-	
6	Doctors Progress Sheets	07	-	-	
7	Nurses Progress notes	05	-	-	
8	Consultation Sheets	01	-	-	
9	General Consent for Treatment	01	-	-	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
	Consent forChemotherapy				
	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special ~~Procedure~~ Sedation	01	-	-	
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	05	-	-	
26	Intake and Output chart (fluid Chart)	03	-	-	
27	Drug Chart (Regular prescription)	03	-	-	
	Daily Investigation sheet				
	Investigation Values (Result Sheet)	01	-	-	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	-	-	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	others	03	-	-	
		61			
	Total No. of Pages				

Noted by Akhila 6/7/25 @8.30pm

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-00060547 **Admit Date** : 02-Jul-2026 **Admit Time** : 09:42 PM **UHID** : VIH-00205843

Patient Details :

Patient Name	: Baby SUHRUTHI KEYURA KASUKURTHI	**Age**	: 0 Y 8 M 1 D
Guardian	: Mr NAGARAJU	**DOB**	: 01-11-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 1-8-494/10, vikar nagar, begumpet Begumpet Hyderabad Telangana INDIA 500016	**Phone No**	: 9440065626/ 8655670206
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr NAGARAJU **Relationship** : Father

Contact Address : 1-8-494/10, vikar nagar, begumpet Begumpet Hyderabad Telangana INDIA 500016 **Phone No** : 9440065626

Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : FLIPHEALTH INDIA PRIVATE LIMITED

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205843 IP-00060547 Baby SUHRUTHI KEYURA 01-11-2025 0 Y 3 M 1 D (F) Dr. AKHEEL SYED RIZWAN	2/7/26 @ 9:42 pm	2/7/26 @ 10:25 pm
	Transfer Ordered by Dr. Shanina	Reason for Transfer Admission
From Unit ER	To Unit 130	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? op file given to Attender

Medications / Consumables / Surgicals / Hand over

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

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

Dr. Shanina

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Kajal	Dr. Shanina

Patient & Clinical Records Received by :

Date & Time of Patient Received : Patient 2/7/26 at 10:25 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

Patient Name : Baby. SUHRUTHI KEYURA KASUKURTHI UHID : VIH-00205843 IPD : IP-00060547 Gender : Female Age : 0 Y 8 M 1 D

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

wt - 7.2 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby - Suhruthi Age : 8 months Gender: ☐ Male ☑ Female

Date : 2/7/26 Time of Arrival : 9:14 pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp 99.6°F PR 140b/m BP 92/72 (79) RR 26 b/m SpO_2 98%

Chief Complaints: fever × 5 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

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

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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 : 9:18 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sr. Kajal

Signature of Triage Nurse : Kajal

Date & Time : 2/7/26 @ 9:18pm

Patient Name : Baby. SUHRUTHI KEYURA KASUKURTHI UHID : VIH-00205843 IPD : IP-00060547 Gender : Female Age : 0 Y 8 M 1 D

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 2/7/26 Time of arrival : 9:19 PM

Chief Complaints: fever x 2 days RBS: —

Height : — Weight : 7.2kg BMI : Head Circumference (<2 years)

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

If yes , identify

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 9:24 PM

Patient Name : Baby. SUHRUTHI KEYURA KASUKURTHI UHID : VIH-00205843 IPD : IP-00060547 Gender : Female Age : 0 Y 8 M 1 D

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

Time	Nursing Notes
9:14pm	* patient came to ER
9:17pM	* vitals checked and Recorded
9:25pM	* Dr. Shrikar Seen the patient and advised admission.
	* Admission process Done
	* Iv placement Done at out side(Banjara)
10:25pm	* patient shifted to ward (130)

Samples collected by: — Time:

Samples sent by : — Time: —

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
			No 1		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 135 b/m BP: Crying CFT: 2sec	Shift - out from ER to: 130
RR: 26 b/m SPO_2 : 98%	Time of Shift - out: @ 2/7/26 @ 10:25 pm
GCS: 15/15 Temperature : 98.2°F	Handover given to: Sr. Priyanka
Pain Score: 0	(Nurse's Name) by. Kajal
Repeat RBS (if applicable) : —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

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

Date & Time : 2/7/26 @ 10:25pm

VIH-00205843 IP-00060547
Baby SUHRUTH KEYURA
01-11-2025 0Y8M1D (F)
Dr. AKHEEL SYED RIZWAN

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: API & evaluation

Arrival Time: 10:27pm Mode of Arrival: ..... Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... NO Allergy ..... Body Weight: 7.2 Kg

..... Height: 68 cm

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NO Family H/O TB	- Nil -	Yes

Family History: ..... Nil .....

.....

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

If yes please list, ...

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

.....

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

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

Observations: Weight: 7.2 kg Length: 68 Head Circumference (< 2 years): Nil

Temp.: 98.6°F HR: 102 RR: 26 BP: 101/75 (88)

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 13 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain Nil Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☐ Yes ☑ No

Information given to ..... mother .....

Nurse's Name: ..... Priya ..... Date: 2/7/26 Time: 10:45pm Signature P

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Suhruthi

UHID ID: VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

Department:

Consultant:

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Name : Suhruthi. Age/Sex 8m/F

Information given by: father Relationship Mood.

Chief Presenting Complaints & Duration (Chronologically)

c/o fever x (5) days.

History of present illness :

A 8m old female child had H/o Fever x (10) days
↓
As Atypical K.D.
↓
received IVIg - 2 doses.
↓
discharged on 22/6/25.

Now admitted @ RCH1.E
c/o Fever x (5) days
↓
given 1 dose of Infliximab. @ 10mg/kg.
↓
T/V/O Persistent of Fever spikes
Shifted to RCH IVCP for further evaluation & management

No c/o Rash, vomiting, loose stools, convulsions

Oral intake — good.
U.O — good.

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

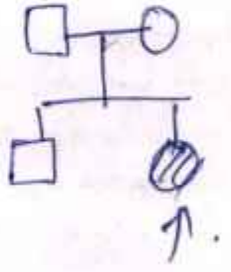
NA

No Family H/O TB.

Birth & Neonatal History:

FT | LSCS | CIAB | 2.7 kgs

No NICU admission



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmental milestones attained as per age.

Immunization History :

Vaccination done till now.

(P.T.O.)

VIH-00205843 IP-00060547
Baby SUHRUTH KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

P:

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 7.2kg (Centile _____)

On Examination :

Temperature : 99.6°F Pulse Rate : 140/min B.P. 92/72 (79) SPO2 98%.

Resp.rate and type of breathing : 26/mt.

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

Respiratory System :

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

Air entry & breath sounds : BAE (+)

Any addes sounds : —

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (+)

Any murmur : —

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

Per Abdomen :

Inspection (N)

Palpation : Soft.

Ausculation : —

Spine : _____ External Genitelia : —

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

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: N Power 5/5 | 5/5

Co-ordinator :

Posture :

Involuntary Movements : —

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Atypical KD) now admitted. c
on RA Persistent fever spikes
(AFI ↓ evaluation)

(P.T.O.)

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

(D/w Dr. Akheel sir & Dr. Bhargavi mam).

Planned Labs:

CBP, CRP, PCT, LDH, Ferritin (T/M)
CUE
Gene Xpert, AFB - (3) samples (T/M)

Noted by ... 02/07/26 @ 10pm.

Planned Management

- Allow orally.
- Monitor fever spikes
- Cont PIPTAZ
  T. Dispoin.
- vitals monitoring.

Signature of the Doctor: ...
Name of the Doctor: Dr. Sharine.
Date & Time: 02/07/26.

Signature of the Consultant: ...
Name of the Consultant: A. Rizwan
Date & Time: 220 pm 3/6/26.

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Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 11Am	S/B Dr. Vishnu c/r / Resident	
	c/o IVIG resistant Atypical KD c superadded 2° HLH ↓ Now c persistent fever spike.	post IVIG x2 Infliximab x1
	? d/t ongoing systemic inflammation	
	– ongoing fever spike (+) – No new Concerns – orally tolerating - well – passing - urine	plan
		– CT → Cont. same instructions
	O/E – Euthermic CVS - S1 S2 (+) RS - BAE (+) PA - soft CNS - NAD	– Draw PCT + LDH + ferritin
		– Draw CA genexpert + GA AFB early morning on 4/7, 5/7
		– Monitor vitals – I/O charting – Continue [illegible] + Aspirin – Dr. [illegible] c/o
[signature]		Noted by [illegible] 2pm 3/7/26

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

(P.T.O)

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/11/2025 2PM	C/S/B Dr Akheel Sir	
	Δ- PUO c evaluation	
	Last fever spike	plan
	@ 8AM	
		1) To collect CBH, Reporting
	Active & Alert	
		2) Dr Sandhya [Haematologist Consultation]
		3) Monitor vitals
		Decide on D20 pend
[signature] A. Thevan	[signature]	

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

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/09/2026 4:20 pm	c/D/w Dr Sandhya (Haemato-oncologist)	
	Δ's – persistent fever & evaluation	
	? Immune dysregulation	
	History given & course of treatment explained reviewed	
	Dear child persistent fever	Plan
	Suspected Atypical Kawasaki	1) To inform Ferritin levels
	↓	↓
	2 IVIG transfusion given	To decide on steroid
	& on steroids	2) To send plan to send genetic workup (WES)
	↓	
	In view of persistent fever	To r/o Immune dysregulation syndrome
	2° HLH suspected	
	↓	
	Infliximab given	
	[signature]	

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

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7	S/B Resident.	
4pm		
	- Last fever spike - 6Am 101.f	
	- no Acute events	
	- Tolerating orally well	
	CRT <3 sec	
	CVS S1S2 (+)	
	RS BAE (+)	
	PA soft	
	CNS no fnd	
	plan	
	- Trace 1. ferritin → update to Sandhya mam.	
	- Sandhya mam c/o TLM	
Dr [signature]		
		Noted By manisha 3/7/26 @8pm

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/1/26 7:30pm	D/w Dr Sandhyarani	
	- Ferritin] updated	
	- LDH]	
	Plan	
	- To Hold steroids till further workup	
	- Plan to do ~~PET~~ PET CT scan	
	after PICU rounds.	
	MTR → Triple NAT (-ve)	
[signature]		

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

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/25 9:30am	PUO ↓ Evaluation	
	↓ fever spikes	
	child active & irritable	
	Haemodynamically stable	
	- No rashes	
	CVS - S1S2 +	
	CNS - NAD	
	RS - B/L AE ⊕	
	P/A - soft	
		Plan
		- Collect official TB (Genexpert) report
		- Continue T. aspirin & piptaz.
		- Dr. Sandhya C/W T/D about - PET scan to be decided today.
	(PET-CT on monday morning by 1AM.)	[signature]

- Consent
- → Start 3:00pm NS only T/M.

(P.T.O)

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- Fasting to be decided based on Slot.	
4/7/2026 3:20pm	SOB	Dr. Akil / Dr Sandhya
	PVO	
	- Again fever on. 3:20pm - child active.	
	CVS CNS RS (N) PA	Plan - Continue rest + Nebulization - PEFCT on monday morning - NS only IVF from 3:00pm T/M - fasting based - Send (WES) / Trace. Pre-PRBC one to medgenome. - Fasting / NPO to be decided from T/M based on slot
		Noted by manisha 4/7/26 @ 7PM

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 9:30Am	C/S/B Dr. kundanamam.	
	PUO evaluation.	
	2 fever spikes yesterday 12:15pm & 7:45pm (101.9°F) (100.4°F)	
	No new concerns.	
Orally hydrating well.	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	
	P/A: soft	
	CNS: NAD.	
		Plan
		- NPO from 7pm.
		- start IVF - NS from 7 pm.
		- PCT - T/m
		- Track USG report.
Noted by [illegible] @1pm 5/7/26		- Inj. piptaz - D3.
		- T. Alprim - D3.
		- T. Naproxen - 12thly.
		- monitor vitals. Inform SOS.

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA (F)
01-11-2025 0 Y 8 M 2 D
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
BirthRight BY RAINBOW HOSPITALS

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 5:39pm	c/s/B Resident	
	PUO + Evaluation.	
	No fever spikes.	
O/I - Betta.	No new concerns.	
4/D - Adenite.	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1S2 (+)	
Dr. Prashant.	RS: B/L AE (+)	
	P/A: soft	Plan
	CNS: NAD.	
		- NPO from 7pm.
		- Start IVF - NS - from 7pm.
		- PET CT / M.
		- Trace WBC report
		- Continue same medication.
	Noted By Manisha 5/7/26 @8pm	- WF fever spikes.

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

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 4 D (F)
Dr. AKHEEL SYED RIZWAN

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
6/07/2026	c/o/b PICU fellow	
	Procedure → ~~PECT~~ PET CT scan	
	Inj. FDG given at 9:30 AM	
	pre injection GRBS → 92 mg/dl	
10:10 AM	HR – 134/min	
	SpO2 – 100% @ RA	
	RR – 36/min	
	BP – (8th centile) 72/38 (50)	→ 1 RR NS small bp bolus given
	M – ~~GBAT~~ +, clear	
	CVS – S1S2 (+)	
10:30 AM	HR – 124/min	
	SpO2 – 100 / @ RA	Inj. ketamine 1mg/kg/stat
	RR – 36/min	Inj. Propofol 1mg/kg/stat
	BP – 82/62 (72) mmHg	given
	Scan completed @ 10:50 AM	
	Post procedure vitals	
	HR – 103/min	
	SpO2 – 100% c pm suction	
	BP – 90/70 (80)	
		[signature]

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0Y8M5D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 4pm	C/B Resident	
	PUO ↓ evaluation	
	PETCT done	
	Report awaited	Plan
	allowed orally	- Allow orally
		- contd same
	Conscious	
	CVS	
	RS / NAD	
	PA	
	V. Stable	
		Signature
		Noted by Manisha 6/7/26 @ 8pm

Patient Sticker

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

CONSENT FOR SPECIAL SEDATION

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Patient Name: Suhruthi Kasukurthi Gender: ☐Male ☐Female

UHID No: VIH-00205843. Department: Pediatrics Date: 6/7/2026

I NAGARAJ S/D/W/O Ramesh baby

Here by give consent for procedure for my patient :

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

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

→ Drowsy

→ Slow breathing. (↓ Resp activity).

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 : Nagaraj

Name : NAGARAJ

Relationship with Patient: FATHER

Date & Time : 06

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : Ch. Ganesh

Name : CH. GANESH

Date & Time : 7:00 AM 6/7/2026.

STDC Hyd.

Nucleic Acid Amplification Test (NAAT)	Lab Serial 4456		
Type of test	☐ CBNAAT	☑ True Nat	
Sample	☐ A	☐ B	
M. Tuberculosis	☐ Detected	☑ Not Detected	☐ N/A
Rif Resistance	☐ Detected	☐ Not Detected	☐ Indetermine ☐ N/A
Test	☐ No Result ☐ Invalid ☐ Error	Error Code _____	(Please arrange for fresh sample)

Date tested: 3/7/26 Date of Reported: 3/7/26 Reported by:
Laboratory Name: **(Name and Signature)**

Culture (☐ LJ ☐ LC)				
Lab Sr.No.	Negative	Positive	NTM (write species)	Contimination

Date tested: _____ Date of Reported: _____ Reported by:
Laboratory Name: **(Name and Signature)**

First line LPA

Lab Serial ☐ Direct ☐ Indirect

Drug	Resistant detected	Final interpretation	Remark
Rifampicin (R)	☐ Yes ☐ Inferred ☐ No	If yest or inferred. R should not b given	
Isoniazid (Kat G)	☐ Yes ☐ Inferred ☐ No	If yes or inferred. H(h) should not be given	
Isoniazid (inh-A)	☐ Yes ☐ Inferred ☐ No	If yes or internet, H(h) can be considered & Eto should not be given	

Date Result: _____ **Reported:** _____ **Reported by:** _____
Laboratory Name: **(Name and Signature)**

Second line LPA

Lab Serial ☐ Direct ☐ Indirect

Drug	Resistant detected	Final interpretation	Remark
Levofloxin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Lfx should not be given. Mfx (h) can be considered.	
Moxifloxacin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Lfx & Mfx (h) should not be given	
Amikacin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, An should not be given	
Kanamycin	☐ Yes ☐ Inferred ☐ No	If yes or infered Km should not be given	
Capreomycin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Cm should not be given	

Date Result: _____ **Reported:** _____ **Reported by:** _____
Laboratory Name: **(Name and Signature)**

Drug susceptibiity Test (DST) results

Lab. Sr.No.	1st line drugs																							
	R	H(InhA)	H(CatG)	Z	E	S	Km	Cm	Am	Lfx	Mfx(0.5)	Mfx(1)	Mfx(2)	PAS	Lzd	Ctz	Clr	Azl	Bdq	Dlm	Eto	Cs		

Date Result: _____ **Reported:** _____ **Reported by:** _____
Laboratory Name: **(Name and Signature)**

R: Resistant S: Susceptive; C: Contimanated - Not done

Other test for TB diagnosis

Test (Please specify): _____
Result: _____
Date reported: _____ **Reported**
by: _____
Laboratory Name: **(Name and Signature)**

c/o. Rainbow Childrens Hospital

Annexure-2

NTEP Request Form for examination of biological specimen for TB

(Required for Diagnosis of T.B. Drug susceptibility Testing and folow-up)

Patient Information		
Patient Name: Baby. Subuthi Keyura. K	Age (in yrs.): 08 months	Gender: M F TG
Patient mobile No. or other contact No.: 9440065626	Specimen collection date (DD/MM/YY): 3/7/26	Sputum ☐ Other (specify) Gastric Aspirate
Aadhaar No. (if available)	HIV Status: Reactive ☐ Non Reactive ☐ Unknown	
Patient address with landmark: Begumpet.	Key Populations: ☐ Contact of known TB Patient ☐ Diabetes ☐ Tobacco ☐ Prison ☐ Miner ☐ Migrand ☐ Refugee ☐ Urban slum ☐ Health-care worker ☐ Other (specify)	

Name and Type of referring facility (PHI/DMC/TU/ DTC/CTC/ART/Medical College/Dr-TB Centre/Private Others specify) _____ Health Establishment ID (NIKSHAY)	Episode ID: _____ Test request ID: _____
State: Telangana **District:** Hyd.	**Tuberculosis Unit (TU):**

Reason for Testing

Diagnosis and follow up of TB		
Diagnosis of TB		Follow up (Smear and culture)
H/O anti TB Rx for >1 month: ☐ Yes ☐ No		
I Presumptive Tb I Repeat Exm I Private referral I Presumptive NTM	Predominant symptom _____ Duration _____ days	Reason: ☐ End IP ☐ End CP Post treatment: ☐ 6m ☐ 12 ☐ 18 m ☐ 24m

Diagnosis and follow up Durg-resistant TB		
Diagnosis of DR TS (DRT/DST)		Follow-up (Smar & culture)
Presumptive MDR TB	☐ New ☐ Previously treated ☐ At TB diagnosis ☐ Contact of MDDR/RR-TB ☐ Follow up Sm+ve ☐ Private referral ☐ Discorance resoltuion	Type of case: ☐ H monopoly TB ☐ MDR/RR TB ☐ XDR TB Regimen Type: ☐ All oral H monopoly TB ☐ Shorter MDR TB regimen ☐ All oral longer regimen
☐ Presumptive H mono/poly		
Presumptive MDR TB	☐ MDR/RR TB at Diagnosis ☐ Follow up culture postive ____ Months ☐ Failure or recurrnet of MDR/ RR-TB regimen ☐ Disordance resolution	Regimen composition for all oral longer regimen: ☐ Lfx ☐ Mfx ☐ Bdq ☐ Lod ☐ Cfz ☐ CS ☐ Z ☐ E ☐ Etc ☐ Dim ☐ Am ☐ Km ☐ Cm ☐ _____ Treatment follow up omnth: _____

Test requested:

☐ Microscopy ☐ TST ☐ IGRA ☐ Chest X-Ray ☐ Cytopathology ☐ Histopathology ☐ CBNAAT ☐ True Nat
☐ Culture ☐ DST ☐ FL - LPA ☐ SL - LPA ☐ Gene Sequencing ☐ Other (Please specify)

Requested by (Name, Designation and Signature): _____

Contact Numbe r: _____ Email ID: _____

Results: **NIKSHAY ID** Generated: _____

Microscopy (☐ ZN ☐ Florescent)							
	Lab Sr.No	Visual appearance	Result				
Sample A		S M B	Negative	Scanty	1+	2+	3+
Sample B		S M B					

Date tested: _____ Date Reported: _____ Reported by: _____

Laboratory Name: (Name and Signature)

c/o. Rainbow Childrens Hospital.

Annexure-2

NTEP Request Form for examination of biological specimen for TB

(Required for Diagnosis of T.B. Drug susceptibility Testing and folow-up)

Patient Information

Patient Name: Baby. Subruthi Keyura-k	Age (in yrs.): 08 months	Gender: M F TG
Patient mobile No. or other contact No.: 9440065626	Specimen collection date (DD/MM/YY): 3/7/26	Sputum ☐ Other (specify) Gastric ☐
Aadhaar No. (if available)	HIV Status: Reactive ☐ Non Reactive ☐ Unknown	
Patient address with landmark: Begumpet.	Key Populations: ☐ Contact of known TB Patient ☐ Diabetes ☐ Tobacco ☐ Prison ☐ Miner ☐ Migrand ☐ Refugee ☐ Urban slum ☐ Health-care worker ☐ Other (specify)	

Name and Type of referring facility (PHI/DMC/TU/ DTC/CTC/ART/Medical College/Dr-TB Centre/Private Others specify) _____
Health Establishment ID (NIKSHAY)

Episode ID: _____

Test request ID: _____

State: Telangana **District:** Hyd. **Tuberculosis Unit (TU):**

Reason for Testing

Diagnosis and follow up of TB

Diagnosis of TB	Follow up (Smear and culture)
H/O anti TB Rx for >1 month: ☐ Yes ☐ No	Reason: ☐ End IP ☐ End CP
I Presumptive Tb I Repeat Exm I Private referral I Presumptive NTM Predominant symptom _____ Duration _____ days	Post treatment: ☐ 6m ☐ 12 ☐ 18 m ☐ 24m

Diagnosis and follow up Durg-resistant TB

Diagnosis of DR TS (DRT/DST)		Follow-up (Smar & culture)
Presumptive MDR TB	☐ New ☐ Previously treated ☐ At TB diagnosis ☐ Contact of MDDR/RR-TB ☐ Follow up Sm+ve ☐ Private referral ☐ Discorance resoltuion	Type of case: ☐ H monopoly TB ☐ MDR/RR TB ☐ XDR TB Regimen Type: ☐ All oral H monopoly TB ☐ Shorter MDR TB regimen ☐ All oral longer regimen
☐ Presumptive H mono/poly		
Presumptive MDR TB	☐ MDR/RR TB at Diagnosis ☐ Follow up culture postive ___ Months ☐ Failure or recurrnet of MDR/ RR-TB regimen ☐ Disordance resolution	Regimen composition for all oral longer regimen: ☐ Lfx ☐ Mfx ☐ Bdq ☐ Lod ☐ Cfz ☐ CS ☐ Z ☐ E ☐ Etc ☐ Dim ☐ Am ☐ Km ☐ Cm ☐ _____ Treatment follow up omnth: _____

Test requested:

☐ Microscopy ☐ TST ☐ IGRA ☐ Chest X-Ray ☐ Cytopathology ☐ Histopathology ☐ CBNAAT ☐ True Nat
☐ Culture ☐ DST ☐ FL - LPA ☐ SL - LPA ☐ Gene Sequencing ☐ Other (Please specify)

Requested by (Name, Designation and Signature): _____

Contact Numbe r: _____ Email ID: _____

Results: **NIKSHAY ID** Generated: _____

Microscopy (☐ ZN ☐ Florescent)

	Lab Sr.No	Visual appearance	Result				
			Negative	Scanty	1+	2+	3+
Sample A		S M B					
Sample B		S M B					

Date tested: _____ Date Reported: _____ Reported by: _____

Laboratory Name: (Name and Signatu

STDC Hyd.

Nucleic Acid Amplification Test (NAAT) Lab Serial 4456

Type of test	☐ CBNAAT	☑ True Nat
Sample	☐ A	☑ B
M. Tuberculosis	☐ Detected	☑ Not Detected ☐ N/A
Rif Resistance	☐ Detected	☐ Not Detected ☐ Indetermine ☐ N/A
Test	☐ No Result ☐ Invalid ☐ Error	Error Code _____ (Please arrange for fresh sample)

Date tested: 3/7/26 Date of Reported: 3/7/26 Reported by: (Name and Signature)

Laboratory Name:

Culture (☐ LJ ☐ LC)

Lab Sr.No.	Negative	Positive	NTM (write species)	Contimination

Date tested: _____ Date of Reported: _____ Reported by: (Name and Signature)

Laboratory Name:

First line LPA

Lab Serial ☐ Direct ☐ Indirect

Drug	Resistant detected	Final interpretation	Remark
Rifampicin (R)	☐ Yes ☐ Inferred ☐ No	If yest or inferred. R should not b given	
Isoniazid (Kat G)	☐ Yes ☐ Inferred ☐ No	If yes or inferred. H(h) should not be given	
Isoniazid (inh-A)	☐ Yes ☐ Inferred ☐ No	If yes or internet, H(h) can be considered & Eto should not be given	

Date Result: _____ **Reported:** _____ **Reported by:** _____ (Name and Signature

Laboratory Name:

Second line LPA

Lab Serial ☐ Direct ☐ Indirect

Drug	Resistant detected	Final interpretation	Remark
Levofloxin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Lfx should not be given. Mfx (h) can be considered.	
Moxifloxacin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Lfx & Mfx (h) should not be given	
Amikacin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, An should not be given	
Kanamycin	☐ Yes ☐ Inferred ☐ No	If yes or infered Km should not be given	
Capreomycin	☐ Yes ☐ Inferred ☐ No	If yes or inferred, Cm should not be given	

Date Result: _____ **Reported:** _____ **Reported by:** _____ (Name and Signatu

Laboratory Name:

Drug susceptibiity Test (DST) results

Lab. Sr.No.	1st line drugs																				
	R	H(InhA)	H(CatG)	Z	E	S	Km	Cm	Am	Lfx	Mfx(0.5)	Mfx(1)	Mfx(2)	PAS	Lzd	Ctz	Clr	Azl	Bdq	Dlm	Eto	Cs

Date Result: _____ **Reported:** _____ **Reported by:** _____ (Name and Signat

Laboratory Name:

R: Resistant S: Susceptive; C: Contimanated - Not done

Other test for TB diagnosis

Test (Please specify): _____

Result: _____ **Reported**

Date reported: _____

by: _____ (Name and Signa

Laboratory Name:

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

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

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Doctor Name : Dr Sandhya V

Date : 4/7/26 Hour : ....

Hospital : ....

Type of Referral : ☐ Emergency (within one hr.) ☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

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

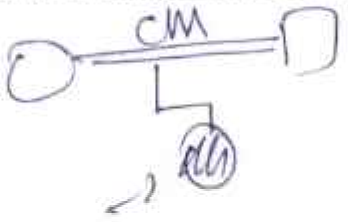
Date : .... Time : .... By : ....

Reason for Consultation (please specify the particular need, especially in the absence of a second diagnosis:

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

Signature: M.D.

Report of Findings and Recommendations :



fever on & off x 1 month
treated as atypical kawasaki
Incomplete IVIg + steroid + Aspirin
on tapering steroid, fever ...
@ given 1 dose Infliximab
+ PRBC Tx

ferritin 4K
[redacted] LDH 892

- LDH : 892
ferritin 4040

AFB : Negative
CRP : 61

PID w/u not done.

BMA - not done

(P)

- Start Syp Naproxen (15mg/kg/day)
- Full body PET-CT adviced.
- To send whole exome [WES] sequencing @ [Sample before PRBC] for Primary HLH / PID

Consultant :

Name : Dr Sandhya V Signature : [signature] Date & Time : 4/7/26

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

CIN: L85110TG1998PLC029914

VIH-00206843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/7/26 Time:	11 PM	1 AM	3 AM	5 AM	6 AM	8 AM
Doctor/Nurse/Family Concern?						
Temperature (°F) (104–94)	98.6°F	97.2°F	98.6°F	98.6°F	100.1°F PARACETAMOL (Drops) [illegible]	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	98/65					
Heart Rate (Number)	112	108	[illegible]	130	134	
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	32	26	26	24	24	
Resp Distress Mod/ Severe						
Resp Distress None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	100	98	100	98	100	
Conscious Level Normal	N	N	N	N	N	
Conscious Level Altered						
GCS *	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	1	
Pain Score	0	0	0	0	0	
Observer's Initials	P	P	P	P	R	

ACTIONS		
ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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 incharge and PICU /NICU fellow or PICU/NICU 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.

Patient Sticker

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

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

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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
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VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital

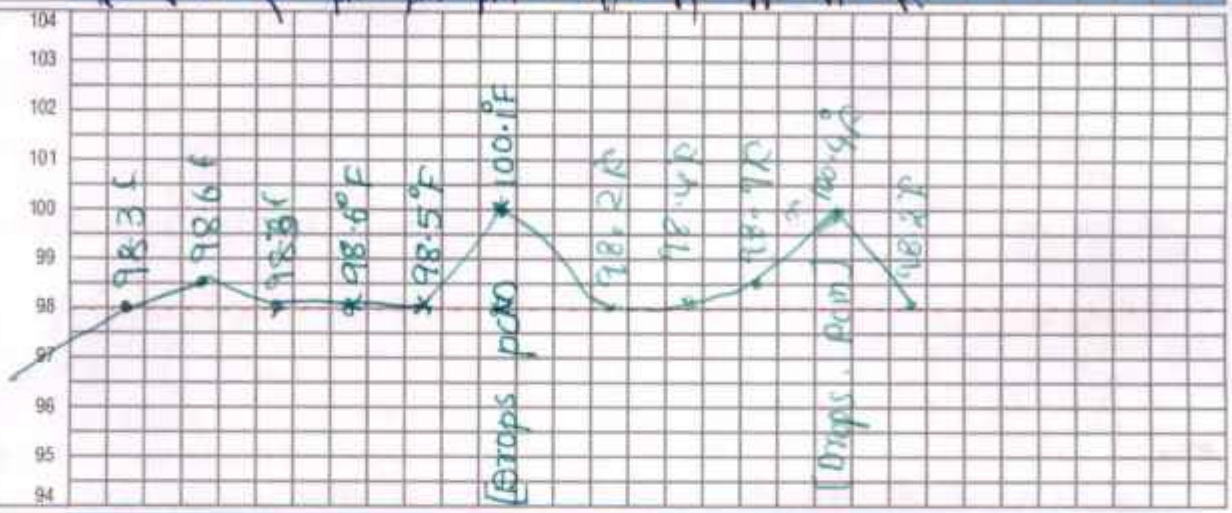
BirthRight BY RAINBOW HOSPITALS

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/7 Time: 9 11 1 3 5 7:50 11 1 3 4:30 7

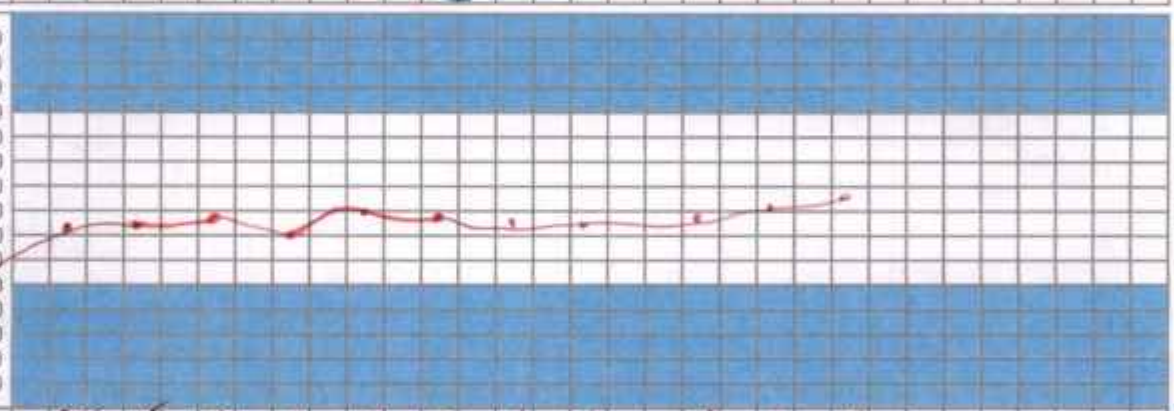
Doctor/Nurse/Family Concern? AM AM PM PM PM PM AM AM AM AM PM

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	112	115	118	110	120	119	114	116	115	121	124

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

Resp Rate (Number)	28	28	29	30	32	30	26	24	26	30	39
Resp Distress: Mod/ Severe / None / Mild											
Receiving O_2 (l/min)											
O_2 Saturations (%)	98	97	98	98	99	98	99	98	99	100	97
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Bndu	Bndu	Bndu	M	M	M	M	M	M	M	M

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 124

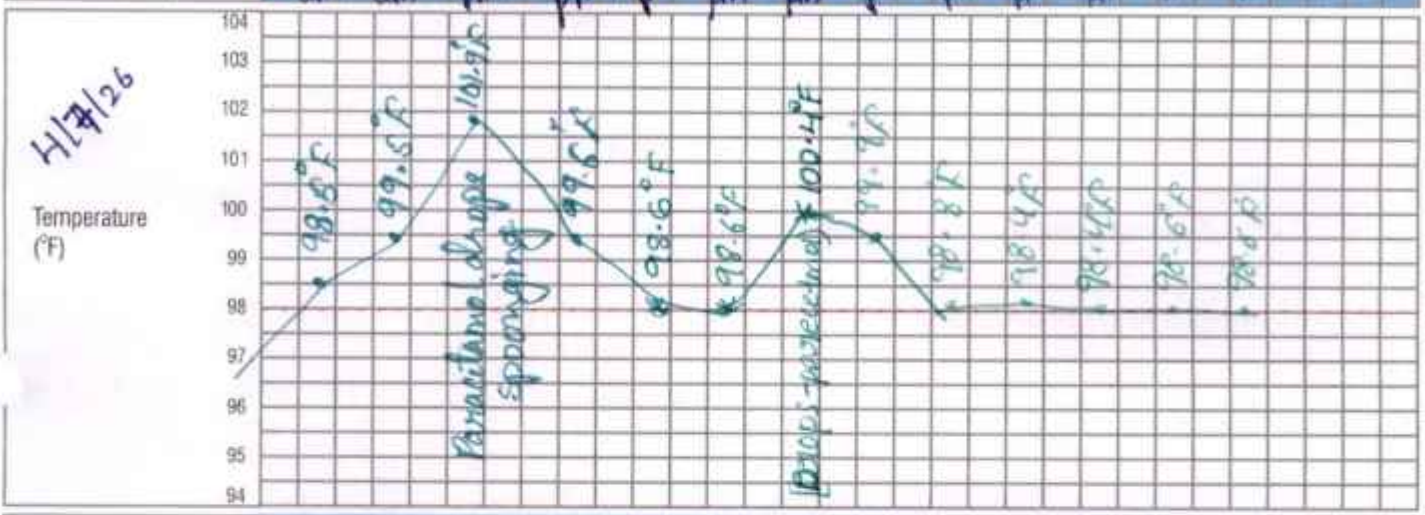
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

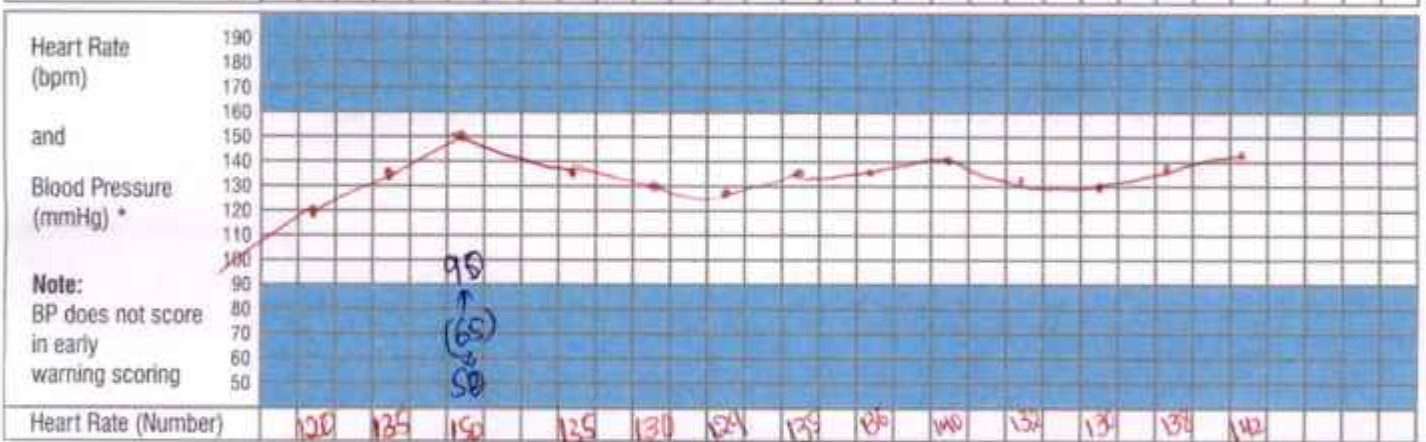
Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	9	11	12:15	2	3	5	7:45	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM





Heart Rate (Number)	120	135	150	135	130	124	139	136	140	134	134	134	142

Resp Rate (Number)	30	32	30	25	32	35	32	110	38	41	43	46	93
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	98	99	99	98	99	98	99	100	97	98	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	01	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	B	M	M	M	A	A	A	A	A	A

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

Patient Sticker

Rainbow® Children's Hospital | BirthRight® BY RAINBOW HOSPITALS

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

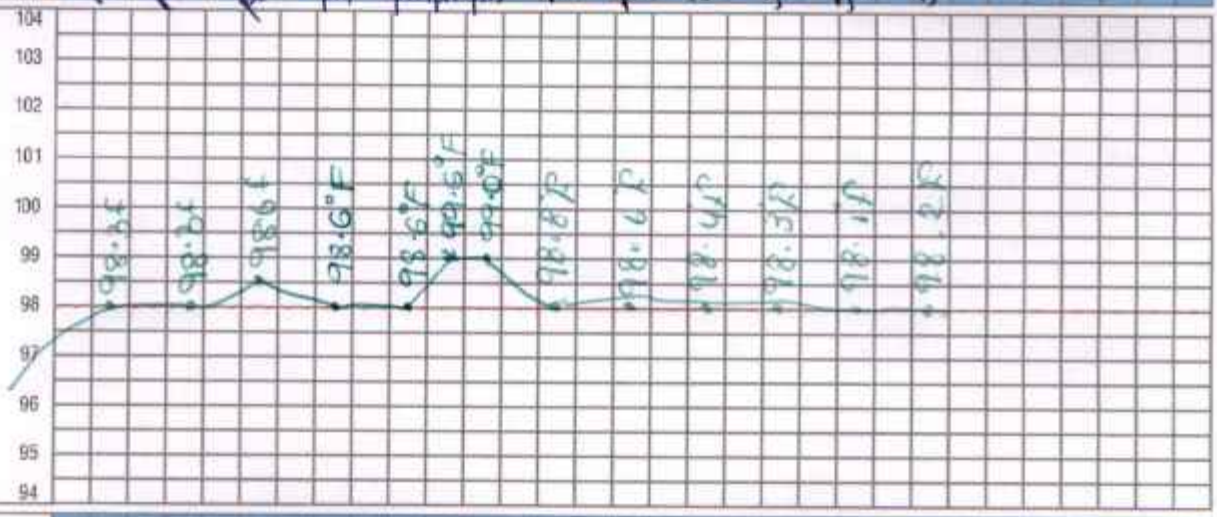
Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS

EARLY WARNING SCORE: CHILDREN'S UNIT

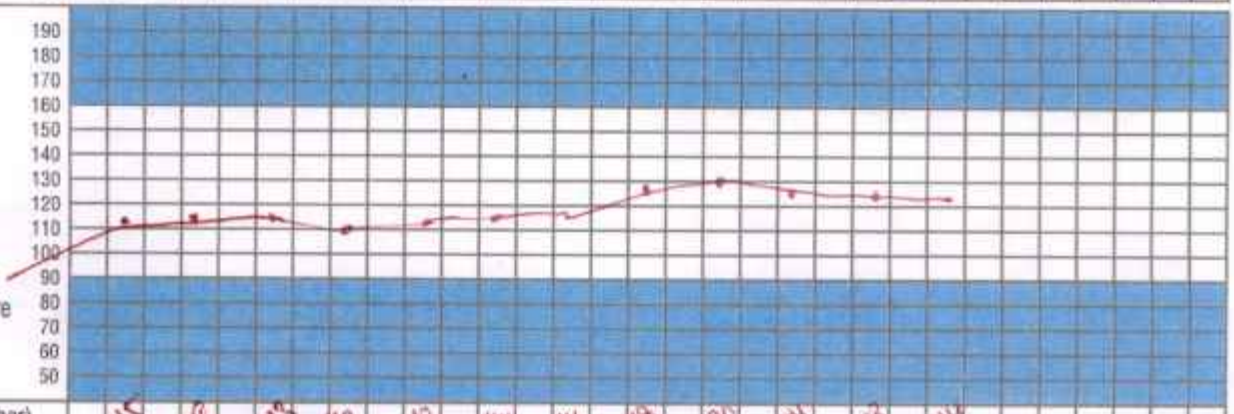
Date: ..... Time:	9	11	1	3	5	6:30	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM

Temperature (°F)



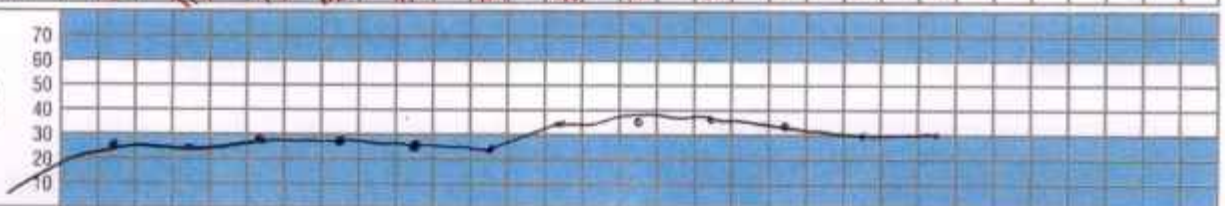
Heart Rate (bprn) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	115	118	113	110	112	114	116	118	120	114	113	114

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



Resp Rate (Number)	25	27	28	29	28	27	32	26	34	34	29	30
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	98	99	98	99	98	99	100	98	97	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Andu	Andu	Andu	M	M	M	A	A	A	A	A	A

ACTIONS NB: Scores 3 should be recorded overleaf	
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01-11-2025 0 Y 8 M 5 D (F)
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7/26 Time:	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	94 (69) 55					
Heart Rate (Number)	129	113	129	120	127	125
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	29	30	32	30	32	30
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	99	97	98	100	99	98
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SK	SK	SK	M	M	M

Noted by Dr. Akhee 6/7 @8:30pm

ACTIONS	
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It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

2/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
2/7/26	08:00 pm											
	09:00 pm											
	10:00 pm			DNS								
	11:00 pm		Milk FF	10 ml						✓	0	
	12:00 am			10 ml						✓		
	01:00 am			10 ml								2/7/26 at 2Am
Total Intake :						**Total Output :**						
3/7/26	02:00 am		Milk FF									
	03:00 am			10 ml								
	04:00 am		Milk FF	10 ml						✓	0	
	05:00 am			10 ml								3/7/26 at 7Am
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	60 ml	Total 24 hrs. Output	4 times

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

3/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/7	08:00 am		4pm	10ml						✓		
	09:00 am		↓	10ml							0	
	10:00 am		water	10ml								02pm
	11:00 am		↓	10ml						✓		3/7/26
	12:00 pm											
	01:00 pm											
Total Intake : 40ml						Total Output : 2 times						
3/7/26	02:00 pm		kichidi									
	03:00 pm		water									
	04:00 pm									✓		
	05:00 pm		soup								0	manisha 3/7/26 @8pm
	06:00 pm											
	07:00 pm									✓		
Total Intake :						Total Output : 2 times						
3/7/26	08:00 pm											
	09:00 pm		Kichidy							✓		
	10:00 pm		water								0	
	11:00 pm											
	12:00 am									✓		
	01:00 am											
Total Intake :						Total Output :						
4/7/26	02:00 am											Anitha 4/7/26 @8am
	03:00 am		water							✓		
	04:00 am											
	05:00 am										0	
	06:00 am									✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	8 times

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Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 4/7/26

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
4/7/26												
	08:00 am			NS								
	09:00 am									✓		
	10:00 am		uppma	10ml								
	11:00 am										0	Bevonika 4/7 @ 1pm
	12:00 pm			10ml								
	01:00 pm			10ml						✓		
Total Intake :						Total Output :						
4/7	02:00 pm		kichdi + water									
	03:00 pm									✓		[illegible]
	04:00 pm										0	
	05:00 pm											@8pm
	06:00 pm											4/7/26
	07:00 pm											
Total Intake :						Total Output :						
4/7	08:00 pm											
	09:00 pm		kichdi							✓		
	10:00 pm											
	11:00 pm		+ water									Anitha
	12:00 am									✓	0	4/7
	01:00 am		milk									
Total Intake :						Total Output :						
5/7	02:00 am											
	03:00 am		water							✓		
	04:00 am											
	05:00 am		milk									Anitha
	06:00 am									✓	0	5/7
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	8 times

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

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/7/26	08:00 am									✓	1	
	09:00 am		Upma + water								0	Sindhu
	10:00 am											
	11:00 am											
	12:00 pm									✓		5/7/26
	01:00 pm											
Total Intake :								**Total Output :**		2 times		
5/7/26	02:00 pm		Kichidi + water									
	03:00 pm									✓	1	
	04:00 pm											
	05:00 pm										0	Manisha 5/7/26 @8pm
	06:00 pm									✓		
	07:00 pm		NPO	NS 20ml							1	
Total Intake :		20 ml						**Total Output :**				
5/7/26	08:00 pm		N	20 ml								
	09:00 pm		P	20 ml						✓	1	
	10:00 pm		O	20 ml								
	11:00 pm		water	20 ml							0	
	12:00 am			20 ml						✓	1	
	01:00 am			20 ml								
Total Intake :		120 ml						**Total Output :**				
6/7	02:00 am		ORS	20ml							1	Anitha 6/7 @8am
	03:00 am			20 ml						✓		
	04:00 am		-	20 ml								
	05:00 am		N	20 ml							1	
	06:00 am		P	20 ml						✓		
	07:00 am		O	20 ml							1	
Total Intake :		120 ml						**Total Output :**				

Total 24 hrs. Intake	360 ml	Total 24 hrs. Output	8 times

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 4 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

6/7/26

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

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
6/7	08:00 am									✓		
	09:00 am		N									Indu
	10:00 am		P								0	@2pm
	11:00 am		O									6/7
	12:00 pm		ff	2.0ml								
	01:00 pm			8ml						✓		
Total Intake : 4.0						Total Output :						
6/7/26	02:00 pm		Kichidi									
	03:00 pm		water							✓		
	04:00 pm											
	05:00 pm										0	Manisha
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output :						
6/7	08:00 pm		Kichidi									
	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 :						

Noted by Anitha 6/7 @8:20pm

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

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

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 1 D (F)
Dr. AKHEEL SYED RIZWAN

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Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : PARACETAMOL DROPS				Date / Time	3/7/26 6AM	4/7 12:15pm
Dose	Route	Frequency	Start Date		[signature]	[signature]
1mL	P/O	6th hourly	2/7/26			
Doctor's Signature		Valid Period	Pharm.			
[signature]			[signature]			
Additional Instructions: (1ml/100mg) 15mg/kg/dose if T >99.8F						

DRUG : SYP. IBUPROFEN				Date / Time
Dose	Route	Frequency	Start Date	
3.5ml	PO	6th hourly	3/7	
Doctor's Signature		Valid Period	Pharm.	
[signature]			[signature]	
Additional Instructions: (5ml/100mg) 8-10mg/kg/dose (>101.5°F)				

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

VERIFIED BY: Name ...... Signature: Chitti 2/7/26; Chitti 3/7/26

Baby SUHRUTHI KEYURA
01-11-2025 0Y 8M 1D (F)
Dr. AKHEEL SYED RIZWAN

REGULAR PRESCRIPTIONS

Weight 7.2kg Ward

DRUG : INJ. PIPERACILLIN+TAZOBACTUM.

Dose	Route	Frequency	Start Date
100MG	IV	THRICE DAILY	2/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
100MG/KG/DOSE.

Daily Doctor's Endorsement by a Sign

Date/Time: 2/7 | 3/7 | 4/7 | 5/7 | 6/7

6 AM | 2 PM | 10 PM

DRUG : T. ASPIRIN (DISPRIN)

Dose	Route	Frequency	Start Date
	P/O.	ONCE DAILY	2/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: (1TAB = 325mg)
1TAB IN 10ml of water & give 1ml

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7 | 4/7 | 5/7 | 6/7

6 AM | 2 PM | 10 PM

DRUG : TAROMOPHOBE OINTMENT

Dose	Route	Frequency	Start Date
	LA	8 HOURLY	3/7/26

Name & Signature of the Doctor Starting the Drugs:
Dr SWETA

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7 | 4/7 | 5/7 | 6/7

6 AM | 2 PM | 10 PM

DRUG : SYP NAPROXEN

Dose	Route	Frequency	Start Date
2ml	PO	12th hrly	4/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
5ml - 125mg.
12 - 15mg/kg/day.

Daily Doctor's Endorsement by a Sign

Date/Time: 5 | T | O | P

VIH-00205843 IP-00060547
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :			
Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 1/2 TAB in 10ml 12.5mg then GIVE 6ml OD

Daily Doctor's Endorsement by a Sign

DRUG : TAB NAPROXEN			
Dose	Route	Frequency	Start Dt.
2.5ml	PO	12th hourly	4/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Sweety

Additional Instructions: @10-20mg/kg/day
1 TAB = 275 mg
MIX IN 10ml DW & GIVE 2.5ml.

Date/Time: 4/7 — 10 am; 5/7; 6/7 — 10 am

Daily Doctor's Endorsement by a Sign

DRUG : NEXPRO SACHET			
Dose	Route	Frequency	Start Dt.
10ml	PO	ONCE DAY	4/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Sweety

Additional Instructions: 1 SACHET = 10 mg
MIX IN 15ml of DW
@1mg/kg/day

Date/Time: 4/7; 5/7; 6/7 — 6 PM

Daily Doctor's Endorsement by a Sign

DRUG : HYPERNEB NEB			
Dose	Route	Frequency	Start Dt.
3%	P/N	8th hourly	5/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Prashan

Additional Instructions: 1/2 rapule.

See the nebulization chart

Daily Doctor's Endorsement by a Sign

(As per Dr Sandyp adv. Chitti 4/7/26)

Mr Jayaram 4/7/26 08 hrs

Check 5/7 the

VERIFIED BY

Patient Sticker

Rainbow® Children's Hospital
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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

Baby SUHRUTHI KEYURA
01-11-2025 0 Y 8 M 2 D (F)
Dr. AKHEEL SYED RIZWAN

VH-00205843 IP-0006054?

Weight 7.21<4, 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
6/07	10:30 AM	INJ PHENYLEPHRINE MALEATE	0.2 ml	IV		
6/07	10:20 AM	INF HS	35 ml over 10 min	IV		
6/07						
6/07	10:40 AM	INJ. KETAMINE	7mg	IV		
6/07	10.40 AM	INJ. PROPOFOL	7mg	IV		

Dr. AKHEEL SYED RIZWAN

I.V. FLUIDS CHART

Weight. 7.2kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
2/7/26.	10:45 PM	IVF - DNS C 1/3 (N)	IV	10.					
4/7/26	9:00AM.	IVF - NS C 1/3 (N)	IV	10			4/7.		
4/7/26	9:20PM	IV - DNS @ 1/3	IV	10					
5/7/26		~~IVF - DNS.~~							
5/7/26	7pm	IVF - NS	IV	20	R				

Signature

VERIFIED BY : Name