

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020449      Admit Date : 14-May-2026      Admit Time : 04:40 PM      UHID : FDH-00045587

Patient Details :

Patient Name : Baby B/O KUSA RAVALI      Age : 0 Y 0 M 7 D  
Guardian : Mr KARGAM RAHUL REDDY      DOB : 07-05-2026 11:10 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : Manikonda Hyderabad Telangana INDIA      Phone No : 9121911914/  
500089      E-mail : 9121911914@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM      Bed No : PVT-205      Ward Name : 2F -PRIVATE ROOM  
Room No : PVT-205      Admission Type : First Visit

Contact Details :

Name : Mr KARGAM RAHUL REDDY      Relationship : Father  
Contact Address : Manikonda Hyderabad Telangana INDIA      Phone No :  
500089

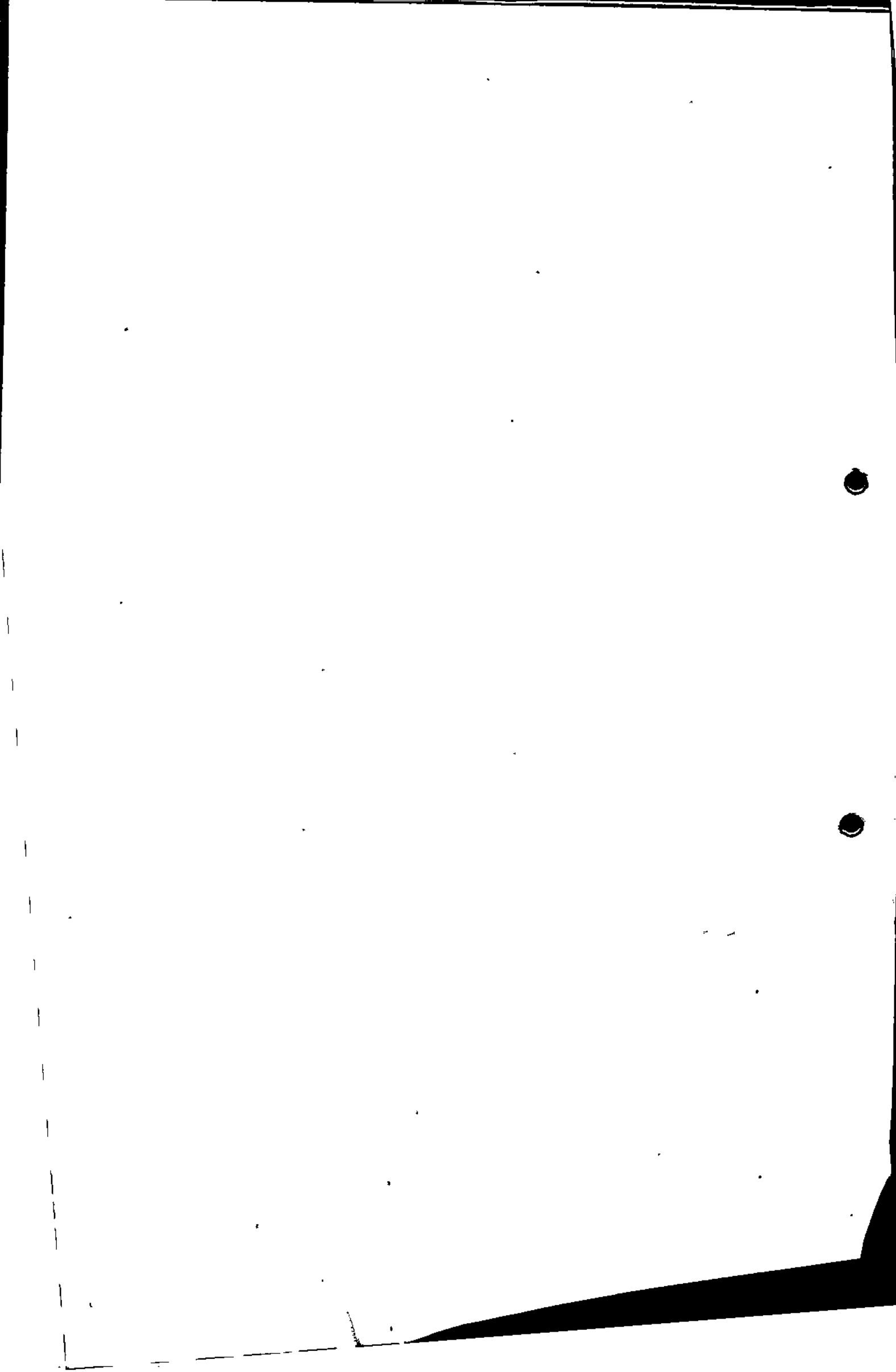
  
Signature

Doctor Details :

Doctor Name : Dr. Y ARVIND      Specialisation : GENERAL PEDIATRICS  
Referral Doctor :      Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : VIDAL HEALTH INSURANCE TPA PVT LTD



## ACTIVITY RECORD FOR BILLING

Name: ----- DH-00045587 IP25-00020449 -----  
 Baby B/O KUSA RAVALI  
 UHID No : ----- 07-05-2026 0 Y 0 M 7 D (M) Infant : ----- Dept : -----  
 Dr. Y ARVIND  
 Date of Admission : -----  Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/5/26	5:40 PM	BR	205 ward	Arvan
15/5/26	10:52 AM	205	Billing	

## Cross Consultation Visit

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









# EMERGENCY ROOM TRIAGE FORM

Patient's Name: B/o - KUSA RAVALI Age: 7 day Gender:  Male  Female

Date: 14/5/26 Time of Arrival: 4:30pm

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: 98.2° PR: 129b/m BP: 50/38b(62) RR: 45b/m SpO<sub>2</sub>: 100%

Chief Complaints: C/O - yellowish discoloration of skin SBP - 18.13 mg/dL

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding	Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea
	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input 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 type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" 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.

\* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [Signature]  
 Triage Completion Time: 4:33pm

## 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: Anan

Signature of Triage Nurse: [Signature]

Date & Time: 14/5/26 @ 4:32pm



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Handwritten text on the left side of the page, appearing to be a list or notes.

Handwritten text in the lower middle section of the page, possibly a paragraph or a set of notes.

Handwritten text at the bottom right of the page, possibly a signature or a date.

Patient Sticker

# NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 14/5/26 Time of arrival: 4:30 PM

Chief Complaints: C(1-1) yellowish discoloration of skin RBS: .....

Height: ..... Weight: 2.500kg BMI: ..... Head Circumference (<2 years) .....

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

If yes, identify .....

Pain Screening:  Yes  No If Yes, Pain Score: 0/10 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 parent .....

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

Time of Initial assessment completed by ER Nurse: 4:33 PM

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

Time	Nursing Notes
9:32pm	Assessed the pt general condition checked the vital records

Samples collected by:

NIL

Time:

Samples sent by :

Time:

NIL

**Medication given in ER:**

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 130b/m BP: 53/49 CPT: L2S4 RR: 420/m SPO <sub>2</sub> : 100% GCS: 15 Temperature: 98.2F Pain Score: 0/10 Repeat RBS (if applicable):	Shift - out from ER to: 8-205 Time of Shift - out: 5:40pm Handover given to: Anpita (Nurse's Name)

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):


NIL

Name of the Nurse : Aran

Signature of the Nurse : Anpita

Date & Time : 14/5/2020

# PATIENT TRANSFER FORM

Patient Name & UHID No. DH-00045587 IP25-00020449 Baby B/O KUSA RAVALI 17-05-2026 0 Y 0 M 7 D (M) Dr. Y ARVIND 		Date & Time of Admission 14/5/26 @ 4:40 PM	Date & Time of Transfer Order 14/5/26 @ 5:40 PM
		Transfer Ordered by DR. mohit	Reason for Transfer Admission
From Unit BR	To Unit 205	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 14	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 Arran		Name of Person Ordered Transfer DR. mohit	
Patient & Clinical Records Received by : Aspita			
Date & Time of Patient Received : 14/5/26 @ 5:45 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



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

\_\_\_\_\_

**Motor System:**

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

*CLT/A-8000*

**Reflexes :**

**DTR**

**Superficials:**

Plantars \_\_\_\_\_

**Sensory System :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bladder / Bowel :** \_\_\_\_\_

**Clinical Summary & Diagnostic:**

*D<sub>7</sub> / NND*

### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_

*keloid scars*

Desired goals of the treatment : \_\_\_\_\_

*Phototherapy*

**Planned Labs:**

*SBR @ 9am (Star)*

**Planned Management**

① *DSPT*

② *DBF + measured feeds  
(EBM > FF)*

③ *cover eyes & genitalia.*

Signature of the Doctor: *[Signature]* .....

Signature of the Consultant: *[Signature]* .....

Name of the Doctor: *[Name]* .....

Name of the Consultant: *[Name]* .....

Date & Time: *14/5/25* .....

Date & Time: *14/5/25* .....



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

DH-00045587 IP25-00020449

Baby B/O KUSA RAVALI

37-05-2028 0 Y O M ? D (M)

Dr. V ARVIND



### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

Yellowish discoloration of skin  
2 wks x 1 day

#### History of present illness :

- on PPF, tolerating well

~~C/V~~  
~~M/V~~

~~M/A+~~  
~~B/A+~~

B. Wt - 2.331

T. Wt - 2.500 kg

SBR-18.13

### Pediatric Multiorgan History & Physical Examination

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

Prex admitted for NND

D<sub>3</sub> → DSPT → 19.7 → 17 → 14.9

>20

CRP. CBP  
Retio count (R)

**Birth & Neonatal History:**

Term / AGA / AVD / Male / CFAS

**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

**Developmental History :**

**Immunization History :**

Birth Vaccines given

### Pediatric Multiorgan History & Physical Examination

**Anthropometry :**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) ) 2.50 kg (Centile \_\_\_\_\_)

**On Examination :**

Temperature : 36.5 Pulse Rate : 136 B.P. \_\_\_\_\_ SPO2 99%

Resp. rate and type of breathing : 26/min

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_ Femoral (+)

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

**Respiratory System :**

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : \_\_\_\_\_

Any addes sounds : \_\_\_\_\_ B/C A/E (+)

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

**Cardiovascular System :**

Inspection of procordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_

Any murmur : \_\_\_\_\_ S1S2 (+)

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

**Per Abdomen :**

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_

Ausculation : \_\_\_\_\_ soft

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 6:00am	<p>C/S/B D.Y. Arvind</p> <p>NNS / TRM / Snt / MCH.</p> <p>Day 2 of life.</p> <p>Wt gain @ Mother &amp; Baby that hour at my  <u>SBR - 18.13.</u></p>	<p><u>A/C</u></p> <p>(1) DSPT</p> <p>(2) DBR + USG Neck/feet                  2nd try</p> <p>(3) To Centre Victoria D3.</p> <p>(4) SBR - TRM at 9:00am</p> <p><u>Arvind</u> (D.Y. Arvind)</p>
15/5/26 11:30am	<p>C/S/B Archana</p> <p>SBR = 13.64 (below phototherapy range)                  Plan P/S today.</p> <p>NO BPND features. No new complaints / setbacks</p>	<p>Noted by Archana on                  14/5/26 @ 6:45 PM.</p>

