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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : Pediatrics

Date of Admission : 30/6/26 Time : 7:09PM Date of Discharge : ---------- Time: ----------

Room / Bed No : O.T Ward : OT. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	8:45AM	ER	OT	
30/6/26	11 am	OT	PICU	
30/6/26	5pm	PICU	132	

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
30/6	CBP. Bloodgroup	26021940	Ree

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6	Cardiac monitr	11 Am	30/6/16 at 5pm	309 6074	[illegible]
	Syringe Pump		30/6/16 at 7:30pm		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
30/6/26	IV placement	1	3096313	Sr. Moglisha.
30/6	PAC	1	3095975	Neo
30/6	Blood transfusion	1	3096023	
	Neb	3	3096314	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	01/7@ 10:30am		

132

Ref. No. F/INPR/12

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VIH-00195108 IP-00060521
Patient Name : Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN
Registration No

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
1/7/26	00.00	12:00Am - 3% NS	Manasa	
	1.00	2:00Am - budicort	Manasa	
	2.00	9am - 3% NS (5ml)	Bennika	
	3.00	(3) 3096314		
	4.00			
	5.00			
	6.00			
	7.00			
	8.00			
	9.00			
	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			

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
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SURGERY DETAILS

Date : 30/6/26

Patient Name: B/O Bachu Uma Rani Date of Birth: 19/08/2025 Age: 10 M

Gender: Male Ward : OT UHID No.: 195108

Date of Surgery: 30/6/26 ☑ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : V-W-I-S- cleft palate Repair

Time in : 9:10 Am Time Out : 10:30 AM

	NAME	AMOUNT
1. Surgeon	Dr. M. Venkat Naveen	OT- Charge Rs-60,000/-
2. Anaesthetist	Dr. Hemabindu	
3. Assistant Surgeon		
4. OT Technician	Br. Rakesh	
5. Circulating Nurse	Sr. Maria	
6. Assistant Nurse	Sr. Sheepa / Sr. Bhavani	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3096017/3096018 Order by: SK

INSURANCE COPY

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Name	Baby Of BACHU UMA RANI	**UHID**	VIH-00195108
Father/Guardian	Mr NAMBURI ABHINAV	**Age/Gender**	0 Y 10 M 11 D/Male
Address	H.NO-15-16/2,RAJA NAGAR COLONY,OLD MIRJALAGUDA,, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060521	**Admission Date**	30-06-2026
Ref Doctor	Self	**Discharge Date**	01-07-2026

DISCHARGE SUMMARY

Consultant : Dr. M. V. Naveen Reddy
MBBS, MS - General Surgery,
MCh - Plastic Surgery
Plastic Surgeon

Diagnosis:
Marshall-Stickler syndrome Type-II with cleft palate
Operated case of MLB done on 23.08.2025
Operated case of Feeding gastrostomy and Tracheostomy done under GA on 26.08.2025

Surgical Procedure: V-W-K - Cleft palate repair done under general anesthesia on 30.06.2026

History: Baby of BACHU UMA RANI, 10 M 11 D male is a known case of Marshall-Stickler syndrome Type-II with cleft palate. Now admitted at Rainbow Children's Hospital for surgical management.

Examination: He was afebrile, maintaining saturations at room air. Heart rate was 100/min, Blood Pressure - 90/60 mmHg and RR - 24/min. Oral cavity cleft palate present, tracheostomy tube in situ, gastrostomy tube in situ. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Name	Baby Of BACHU UMA RANI	UHID	VIH-00195108

Weight on admission: 8.3 kgs.

Investigations: Enclosed.

Management: Child was admitted in the ward and was started on IV fluids, IV antibiotics and analgesic.

Hemogram showed Hb - 8.3 gm%, WBC - 12,610 cell/cmm, Platelets - 3.98 lakh/cumm. In view of low hemoglobin, PRBC transfusion was given. No adverse reactions was noted.

Procedure: V-W-K - Cleft palate repair done under general anesthesia on 30.06.2026

Operative Notes:
- Under general anesthesia.
- V-W-K cleft palate repair done.
- Hemostasis achieved.

Post-Operative Notes: Post operative period was uneventful. After stabilization, child was started on oral feeds which he accepted and tolerated well. He remained hemodynamically stable during the hospital stay and operated site remained healthy. He is being discharged with the following advice.

Advice:

1. Double filtered only liquids to be given by mouth.
2. Amoxicillin + Clavulanic Acid drops (1ml=80mg) 2ml, 8th hourly for 7 days (Refrigerate after reconstitution).
3. Paracetamol drops (1ml=100mg) 1.2 ml, (if required) for pain maximum 8th hourly.
4. Kindly consult Dr. M. V. Naveen Reddy, Plastic Surgeon, after one week in OPD at Apollo Hospital, Secunderabad with prior appointment.

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

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

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

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

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

Name	Baby Of BACHU UMA RANI	UHID	VIH-00195108

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Shrikar
Typist : Kalyan

Registrar/Resident/C.M.O

Dr. M. V. Naveen Reddy
MBBS, MS - General Surgery,
MCh - Plastic Surgery
Plastic Surgeon

Rainbow Children's Hospital - Secunderabad

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

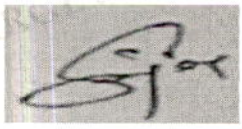
PatientName	: Baby Of BACHU UMA RANI	**Inpatient No.**	: IP-00060521
Age/Gender	: 0 Y 10 M 11 D/ Male	**Admit Date**	: 30-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :30-06-2026 07:43
BLOOD GROUP	O		
RH (D) TYPE	POSITIVE		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :30-06-2026 07:43
HEMOGLOBIN (Colorimetry)	**8.3**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	**3.55**	**10^12/L**	L	3.7 - 5.6
PCV/HCT (Calculated)	**24.6**	**VOL%**	L	33 - 49
MCV (Calculated)	**69.3**	**fL**	L	70 - 86
MCH (Calculated)	23.5	pg/cells		23 - 31
MCHC (Calculated)	33.8	g/dL		30 - 36
RDW-CV (Calculated)	15.5	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	398	10^9/L		150 - 450
MPV (Calculated)	7.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	12.61	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**60**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**35**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	**03**	**%**	L	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC,MICROCYTIC / HYPOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 12 D (M)
Dr. MADUR VENKAT NAVEEN

Patient Name : IP.No:

Ward: 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	02	—		
4	Patient Trasfer Forms	03	—	—	
5	In-patient Medical Record	03	—	—	
6	Doctors Progress Sheets	03	—	—	
7	Nurses Progress notes	03	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery	1	—	—	
[illegible]	Consent for Blood Transfusion	1	—	—	
12	Consent forChemotherapy				
13	Consent for High Risk	1			
14	Consent for Restraint	1			
15	DAMA Consent				
16	Consent for Special Procedure	1			
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)	2			
21	Pre Operative checklist	1			
22	Surgical safety Checklist	1			
23	Operation Theatre notes	1			
24	Nurses Clinical Presentation				
25	TPR & BP chart	2			
26	Intake and Output chart (fluid Chart)	1			
[illegible]	Drug Chart (Regular prescription)	3			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	13			
	Total No. of Pages	50			

Noted by Bavanika 11/7/26 @ 11am

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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Check List for ICU Shift Outs

CASH / TPA

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Special remarks: Respiratory ... 132

S.No	Parameters	Responsibility	Signature
1	Due clearence from **IP Billing & Financial Counselling** for the accomodation to be shifted	BILLING STAFF	(signed)
2	**Room Ready to Occupy - Checking done for A/C , Lighting , Plumbing, Cleaning & Bedsheets**	FLOOR COORDINATOR / MOD	(signed)
3	**Shift summary is prepared** or not Whether any Pharmacy Consumables are to be Replaced /Returns / Indent required **Pharmacy Clearence**	NURSING STAFF	(signed)

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060521 **Admit Date** : 30-Jun-2026 **Admit Time** : 07:09 AM **UHID** : VIH-00195108

Patient Details :

Patient Name	: Baby Of BACHU UMA RANI	**Age**	: 0 Y 10 M 11 D
Guardian	: Mr NAMBURI ABHINAV	**DOB**	: 19-08-2025 09:19 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-15-16/2,RAJA NAGAR COLONY,OLD MIRJALAGUDA, Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 8309451213/ 7386743371
		E-mail	: abhinavrocks31@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 NAMBURI ABHINAV **Relationship** : Father

Contact Address : H.NO-15-16/2,RAJA NAGAR COLONY,OLD MIRJALAGUDA, Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 8309451213 / 7386743371

N. Abhinav
Signature

Doctor Details :

Doctor Name : Dr. MADUR VENKAT NAVEEN **Specialisation** : PLASTIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00195108 IP-00060521 Baby Of BACHU UMA RANI 19-08-2025 0 Y 10 M 11 D (M) Dr. MADUR VENKAT NAVEEN	30/6/26 @ 7:09 AM	30/6/26 @ 10⁴⁵ Am.
	Transfer Ordered by Dr. Hemabindu	Reason for Transfer Post Operative Care
From Unit OT	To Unit PICU.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. M. Venkat N

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Mana	Dr. Hemabindu.

Patient & Clinical Records Received by :

Ramu 30/6/26

Date & Time of Patient Received : 10:45 Am

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00195108 IP-00060521 Baby Of BACHU UMA RANI 19-08-2025 0 Y 10 M 11 D (M) Dr. MADUR VENKAT NAVEEN	30/6/26 @ 7.4Am	30/6/26 @ 5pm
	Transfer Ordered by Dr. Sweety	Reason for Transfer Stable.
From Unit PICU	To Unit 132	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ? M. Aadhaar

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sumanjali	Dr. Sweety

Patient & Clinical Records Received by : Manisha

Date & Time of Patient Received : 30/6/26 @ 5pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Date & Time of Admission	Date & Time of Transfer Order
30/6/26 @ 7:09 Am.	30/6/26 @ 8:45 Am

Transfer Ordered by	Reason for Transfer
Dr. Ganesh	Admission

From Unit	To Unit	Information to Attendant
ER	OT	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	–	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over OPD file given.

Sl.No.	Item Name	Quantity
1.	Vaccum suction catheter	1
2.	Vaccum set	1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Swagatika	Dr. Ganesh.

Patient & Clinical Records Received by : ~~Swagatika~~ Staff

Date & Time of Patient Received : 30/6/26 @ 8:45 Am.

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Patient Name : B/O. Baby Of BACHU UMA RANI UHID : VIH-00195108 IPD : IP-00060521 Gender : Male Age : 0 Y 10 M 11 D

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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Wt: 8.3 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Bachu Uma Rani Age : 10 M Gender: ☐ Male ☐ Female

Date : 30/6/26 Time of Arrival : 7:02 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: 98.2°F PR: 101 b/m BP: Crying RR: 24 b/m SpO2: 100 %

Chief Complaints: C/O came for Surgery (Cleft palate)

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.

N. Abhiram
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 7:06 Am

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Asc Sithara

Signature of Triage Nurse : .....

Date & Time : 30/6/26 @ 7:06 Am

Docu. No. : RCH /FRM / CLINICAL / 085

Patient Name : B/O. Baby Of BACHU UMA RANI UHID : VIH-00195108 IPD : IP-00060521 Gender : Male
Age : 0 Y 10 M 11 D

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/6/26 Time of arrival : 7:08 AM

Chief Complaints: C/O came for Surgery (cleft palate) RBS: —

Height : — Weight : 8.3 kg BMI : — Head Circumference (<2 years) —

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

If yes , identify

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 7:11 AM

Patient Name : B/O. Baby Of BACHU UMA RANI UHID : VIH-00195108 IPD : IP-00060521 Gender : Male
Age : 0 Y 10 M 11 D

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

Time	Nursing Notes
7:02 AM	Patient came to ER
7:06 AM	Vitals checked and Recorded
7:10 AM	Dr. Aanesh Seen the patient
7:09 AM	Admission process Done
7:45 AM	IV Cannulation Done & Collected the Samples
7:40 AM	NPO from → Solids → yesterday evening 5:30 PM.
	→ Liquids → Today 3:30 AM.
8:45 AM	patient shifted to OT

Samples collected by: Sr. Moglisha. Time: @ 7:40 AM.
Samples sent by : Sr. Moglisha. Time: @ 7:45 AM.

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110 b/m BP: crying CFT: <2 sec	Shift - out from ER to: OT
RR: 24 b/m SPO_2 : 100 %	Time of Shift - out: @ 30/6/26 @ 8:45 AM
GCS: 15/15 Temperature : 98°F	Handover given to: Sr. Arif (Nurse's Name)
Pain Score: —	by
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

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

Date & Time : 30/6/26 @ 8:45 AM

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

Dr. MADDI VENKAT NAVEEN

Pediatric Multiorgan History & Physical Examination

Name : _____

Information given by: _____ Age/Sex _____

Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Came for Surgery.

History of present illness :

Came for Cleft Palate Surgery.

occasional Poor Succ, nasal regurgitation & feeding difficulty ∴ birth

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Late PT baby
1 week NICU
admission.

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Infantile Reflexes – (+)

Immunization History :

up to date.

(P.T.O.)

VIH-C
Baby
19-08-
Dr. MA

F ...iorgan History & Physical Examination

Ant... ...ry :

Head ...n (cms)_____(Centile _____) Height (cms):_____(Centile_____)

Weight ...gs))_____7.8 kg_____(Centile _____)

On Examination :

Temperature : 99°F Pulse Rate : 120 B.P. 100/60 SPO2 98%

Resp.rate and type of breathing :

Rash

Lymphadenopathy

Oedema : Nil

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L conducted sounds

Any addes sounds : due to tracheostomy

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 +

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft.

Ausculation :

Spine :_____External Genitelia :

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

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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 : ______

Reflexes :

DTR **Superficials:**

Plantars ______ f2 in all 4 limbs.

Sensory System :

______

______

______

Bladder / Bowel : ______

Clinical Summary & Diagnostic:

______

for Cleft Palate Surgery / correction.

______

(P.T.O.)

VIH-00195108 IP-0006052
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- ~~CBP.~~ — Priority basis
- PAC done.
- ~~Blood grouping done.~~

Planned Management

- Cleft Palate Surgery by Dr. Naveen.

Noted by
Neeraja
30/6/26

Signature of the Doctor: .....
Name of the Doctor: CH. GANESH
Date & Time: 30/6/2026.

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/25. 10.45 pm.	Hand over from OT to PICU.	
	C/p cleft palate repair & GA.	
	Patient is active	
	Vitals: HR - 153/min.	
	BP - 86/60 mHg.	
	SpO_2 - 100% on RA.	
	CVS - S1S2 (+)	
	RS - BAE (+), conducting sounds (+).	
	CNS - NAD	
	Intra op blood loss = nil.	Advice:
	Preop: Hb: 8.3 g/dl.	- plan for blood transfusion.
		- monitor vitals
		- I/O charting.
		- Adequate hydration
		- Tracheostomy tube care by nursing.
		- Inform SOS.
	Noted by Dr. Ramulu 30/6/25	Dr. M. Vineela 30/06/25.

VIH-00195108 IP-00060521
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 11AM	operated cleft palate done today	
	K/C/o marshall & Stickler Syndrome -	
	Tracheobronchomalacia - Tracheostomy & gastrostomy	
	Plan	
	1) Tracheostomy care & suction SOS	
	2) Oral suction only if visible bleed or pooling	
	3) Pain relief - Iv Paracetamol Q6H SOS Tramadol	
	4) PRBC Tx now	
	5) Consider gastrostomy feed after 4hr	
	6) Iv augmentin to continue	
	7) close monitoring of temperature & urine output	[illegible] 30/6/26
	Noted by Br Ramesh 30/6/26 4pm	

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2026 3.40PM	C/D w Dr Naveen Sir	
	- Informed about current status of child and post-op stability and PRBC transfusion.	
	- Informed about serosanguinous fluid coming from mouth.	
	- Adv. (1) Can shift to ward	
	(2) Continue the same management	
	(3) Avoid suctioning (To avoid trauma to palate)	
		Sd/- 30/6/2026.
30/6/2026 4.00PM	SHIFTING NOTE	
	The child got shifted from OT for PRBC transfusion. Child is post-op case of cleft palate repair with Tracheostomy & Feeding jejunostomy tube in situ.	
	Adv. (1) Continue feeding. (↑ slowly to 120, then 240ml/3hourly) ↓ if no sign of feed intolerance.	
	(2) Monitor vitals 2HOURLY.	
	(3) Suction ONLY SOS if major bleed and (donot injure palate)	
		Sd/- 30/6/2026

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 6:20pm	S/B Resident	
	1 episode of vomiting post feed milk + brownish blood clot ↓ Tracheostomy tube suction done	
	O/E child active Euthermic Maintaining saturation at RA CVS-S1S2 (+) RS-BAE (+)	
		Plan 1) To continue feed as per demand 2) ↑ feed if tolerating well 3) Monitor vitals 2nd hrly 4) Suction only SOS if major bleed - inform & donot suction mouth may injure palate
	Noted by [signature] 30/6/26 @ 8pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26	S/P [illegible]	
	-	Clear filter flush
	-	Oral Hygiene
	-	Rem after 1 week
	-	In case of heavy bleeds Report to ER
		[signature]
		Noted by Bavanika 1/7/26 @11am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 30/6/26	Diagnosis: cleft palate		Surgery / Procedures:	
	Allergies: Nill			Post OP Day:	
	Date: 30/6/26				
	Area / Shift Time	PICU morning		PICU evening	
	Diet:	Orally allowed		orally Allowed	
	Ventilation (RA, NP, NIV, VENTI)	RA		RA	
INVASIVE LINES	1.	IV Cannula		IV Cannula	
	2.	–		–	
	3.	–		–	
	4.	–		–	
ASSESSMENT	Infusions / Transfusions	PRBC 17ml/hr		PRBC 12ml/hr	
	PU Prophylaxis	Nill		–	
	DVT Prophylaxis	Nill		–	
	Vitals BP	–		–	
	Vitals PR	140 b/m		132 b/m	
	Vitals RR	40 b/m		28 b/m	
	Vitals SpO_2	96 %		99 %	
	Vitals Temp	99.8°F		98.6°F	
	Pain Score	0		0	
	LOC (Alert, Conscious, Confusion, Unconscious)	Concious		Concious	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact		Intact	
	Restraints If any Physical	Nill		Nill	
	Restraints If any Chemical	Nill		Nill	
	Fall Risk (Vulnerable Y/N) if yes score	0		0	
	(Ambulation, walking, moving with assistance, bed ridden)	Bed ridden		Bed ridden	
	ADL (Dependent / Non-Dependent)	dependent		dependent	
	Critical Lab Test / Values (If any)	–		–	

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

RECOMMENDATIONS					
		Date:	30/6/26	30/6/26	
	Investigations Procedures	Area / Shift Time	PICU M	PICU E	
		Ordered / Planned	plan to shift to room	-	
		Due	Nil	—	
		Reports Pending	Nil	—	
		Referrals (If any)	Nil	—	
	Remarks (Special Interventions like, Drainage tube flushing etc.)		Nil	—	
Handed Over By Name :			Dr. Ramulu	Sumanjali	
Signature :					
Date:			30/6/26	30/6/26	
Time:			2pm	@8pm	
Taken Over By Name :			Sumanjali		
Signature :					
Date:			30/6/26		
Time:			@2pm		

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Cleft palate			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: Nil			
	Surgery / Procedure: Cleft palate Surgery			Post OP Day:			
BACKGROUND	Date / Shift	30/6/26 Morning	30/6/26 M	30/6/26 E	30/6 N	1/7/26 M	
	Medical Condition (Any special condition to be noted):	Nill	Nil	Nil	Nil	NIL	
	Diet:	NPO	NP	NG feed	Gastrofeed	NT tube	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	R/A	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.6F	98.6°F	97.0°F	98.6°F	
	Res:	24b/m	26b/m	24b/m	25b/m	28b/mt	
	SpO_2:	100%	99%	97%	98%	99%	
	Pulse:	101b/m	110/70mfg	100 b/m	112b/m	103b/mt	
	BP:	Crying	Crying	–		–	
	LOC:	Conscious	Conscious	conscious	Conscious	Conscious	
	Fall Risk Score:	12	12	12	12	12	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nill	Nil	Nil	Nil	NIL	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	NPO	Nil	Nil	Nil	NIL	
	Critical Lab Test / Values:	Nill	Nil	Nil	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	dependent	
Post Operative Procedure Special Orders:		Nill	Bld transfusion		Nil	NIL	
Handed Over By Name :		Kajal	Mani	manisha	manasa	Bezonika	
Signature / ID :		Kajal 019497	018133	Manasa 014054		018727	
Date:		30/6/26	30/6/26	30/6/26	30/6/26	1/7/26	
Time:		8:45 AM	11am.	@8pm	@8AM	@11AM	
Taken Over By Name :		Arif	Bunty	Manasa	Bezonika		
Signature / ID :		016116	Bunty 014923	014054	018727		
Date:		30/6/26	30/6/26	30/6/26	1/7/26		
Time:		8:45pm.	10:45A	@8PM	@ 8AM		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 30/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6pm	- Relieve pain & Discomfort		- Reduce in pain	- TO Given PCM	- Baby is Stable	Manisha 30/6/26 @8pm
Night	10 pm	→ Feeding	10:30 pm	→ Contro feed is given for every 3rd hourly	→ To maintain oral intake	→ patient is stable	Manisha

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 01/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10AM → Discharge Note		10AM → Doctor Come for rounds and advice for discharge.				
Afternoon							
Night							

Noted by Bavanika 01/7/26 @ 11am

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Baby of Bachu Uma Rani Age : 10M Gender : Male ☑ Female ☐

UHID NO: VIH-00195108 Surgeon Name: Dr. Naveen

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Cleft palate Surgery

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Bleeding, need for post-op O_2 Support, laryngospasm

Comments : Bronchospasm

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Baby of Bachu Uma Rani the above mentioned operation / Diagnostic / Therapeutic procedures Cleft palate Surgery

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

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

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

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

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

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

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature : N. Akbari

Name : U M A Rani

Relationship with Patient: Mother/Father

Date & Time : 30/6/26, 9 Am.

Witness : (NA)

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Bhanda

Date & Time : 14/6/26, 7:30pm

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

Date: 30/6/26.

To Be Filled In By Assigned Nurse:

Department: Emergency. Duration of Procedure : 1hr 30min

Name of Surgeon: Dr. Naveen. Date of Admission : 30/6/26.

Bundle Care Criteria: (Tick (√) if done)

		Staff Signature
1.	Antibiotic given prior to surgery? ☐ Yes ☐ ~~No~~ ☐ Single Dose Antibiotic Or ☐ Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? ☐ Yes ☐ ~~No~~ Name of the Antibiotic: Inj Augmentin	Nil
2.	Hair Removal ☐ Yes ☑ No If Yes: ☐ Surgical Clipper Department where Hair Removed: ☐ Ward ☐ Operating Room ☐ Other: ..... Skin preparation done (cleanse surgical area with antiseptic agent)? ☑ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C ☑ Oral Or ☐ Tympanic (Goal: 36-37°C)	
4.	Name of doctor or staff administering the antibiotic: Tech - Palash Date & Time of antibiotic administration: 30/6/26 @9:10 Am Date & Time procedure started: 30/6/26 @9:10 Am.	Palash

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : B/o B. Uma Rani Gender: ☑ Male ☐ Female Age : 10m

UHID No : 195708 Date : 30/6/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Cleft Palate Repair (U-W-K)

upon

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Infection/ Sepsis/ Palatal fistula/ Need for repeat procedure
Bleeding/ ARDS/ MODS/ Deaths.

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure:

Consentee:

Signature :

Name :

Date & Time :

Witness : (NA).

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name : B. Uma Rani

Relationship with Patient: mother

Date & Time : 30/6/26, 9am

Doctor (who is taking the consent) :

Signature :

Name : Mowneen Reds

Date & Time : 30/6/26, 9am.

SURGICAL SAFETY CHECKLIST

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Surgeon : Dr. Venkat Naveen
Asst. Surgeon : —
Anaesthetist : Dr. Hemabindu
Scrub Nurse : Sr. Sheepa / Sr. Bhavani
Date : 30/6/26 In-time : Out-time :
Age : 10M Gender : M
Name : Cleft Palate

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 9 Am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☐ No ☐ NA
- Blood Units Reserved ☑ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : Dr. Uma Bondu
Name :

Before Skin Incision ➤➤ 10

TIME OUT Time: 9 Am

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm Baby of Uma Rani
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure Cleft Palate ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews: Difficult Airway, Anesthesia Plan, Blood transfusion
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☑ No ☐ NA

Power Supply, Earthing, Power Backup and functioning of equipment checked. ☑ Yes ☐ No

Signature :
Name : Ahib Hussain

Before Patient Leaves Operating Room

SIGN OUT Time: 10 Am 30

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☑ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No

Signature :
Name : Dr. Naveen

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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OPERATION NOTES

Surgeon : Dr. Madur Venkat Naveen		Asst. Surgeon :
Pre-Operative Diagnosis: Medial Stickle Syndrome - Cyh III c cleft Palate		
Surgical Procedure : V-W-IC - cleft Palate Repair		
Indications for Surgery : cleft Palate		
Date : 30/6/26	Start Time : 9[10] Am.	End Time : 10[30] Am.
Post Operative Diagnosis: -do-		
Peri-Operative Complications:		
Amount of Blood Loss:		Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:		
Operation Notes: V-W-IC- Cleft Palate Repair RC - on Satisfactory.		

- NBM fe/ 1hr after 1hr NP
- IV fluids DNS - 30ml/hr x 4hr
- Antibiotics / Analgesics as advised
- R. S. P. check
- watch temp
- lateral position.
- clear fluids
- watch for bleeding
- Inform SOS

Name of the Surgeon: M. V. Saren

Signature of the Surgeon: M. V. Saren

Date & Time: ....

Patient Sticker

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/6/26 Time: 11:30Am

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: 660 Date of Collection: 20/6/26 Date of Expiry: 5/7/26

Date & Time of Starting Transfusion: 30/6/26 11:30Am Planned duration of Transfusion: 4hours

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Br. Ramulu Nurse 2: Sujatha

Before starting transfusion vitals: Temp: 99.2°F HR 140b/m RR: 52b/m BP: 91/60 SpO_2 96%

PLEASE MONITOR THE FOLLOWING:

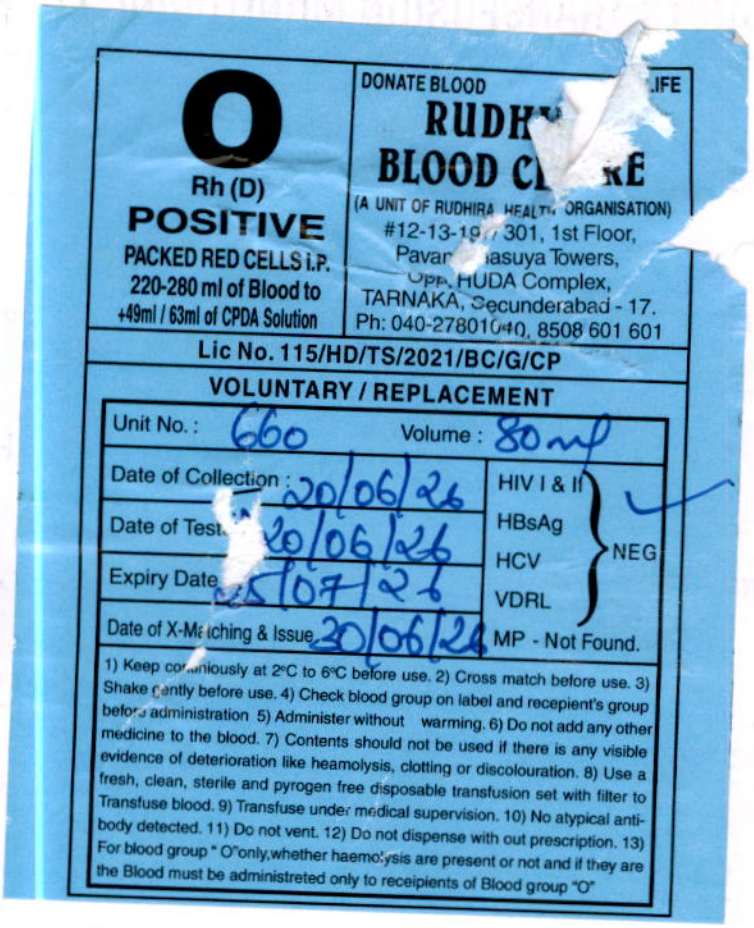
Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
30/6/26	15 Min	149b/m	99.6°F		98.1%	–	–	–	–
30/6/26	15 Min	130b/m	98.6°F		96.1%	–	–	–	–
30/6/26	30 Min	150b/m	98.9°F		97.1	–	–	–	–
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No Adverse Reactions

Name of the Incharge-Nurse: Sujatha Name of the Nurse: Saumyarani

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 30/6/26 @ 3:30pm Date & Time: 30/6/26 @ 3:30pm



O

Rh (D)

POSITIVE

PACKED RED CELLS i.P.

220-280 ml of Blood to

+49ml / 63ml of CPDA Solution

DONATE BLOOD ... LIFE

RUDH... BLOOD C... RE

(A UNIT OF RUDHIRA HEALTH ORGANISATION)

#12-13-19/ 301, 1st Floor,

Pavan Vasuya Towers,

Opp. HUDA Complex,

TARNAKA, Secunderabad - 17.

Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

VOLUNTARY / REPLACEMENT

Unit No. : 660 Volume : 80 ml

Date of Collection : 20/06/26

Date of Test : 20/06/26

Expiry Date : 25/07/26

Date of X-Matching & Issue : 20/06/26

HIV I & II, HBsAg, HCV, VDRL } NEG

MP - Not Found.

1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recepient's group before administration 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like heamolysis, clotting or discolouration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription. 13) For blood group " O"only,whether haemolysis are present or not and if they are the Blood must be administreted only to receipients of Blood group "O"

CONSENT FOR BLOOD TRANSFUSION

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Name: B/o Bachu Uma Rani Age: 10 M Gender: Male ☑ Female ☐

UHID.No : VIH - 0019510 8 Date: 30/06/2022

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

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

The doctor have explained to me about the alternative for this procedure that N.I.L

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

Patient (Or Patient Relative / Guardian):

Signature: Mr Abhinav

Name: Abinav

Date & Time 30/06/2022 at 11AM

Doctor (Who is talking the consent)

Signature:

Name: Dr Jayasree

Date & Time 30/06/2022 at 11AM

Witness

Signature: .....

Name: .....

Date & Time .....

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

Laboratory Report

Baby Of BACHU UMA RANI	8309451213
0 Y 10 M 11 D	VI26021940
Male	30-06-2026 07:43 AM
IP-00060521	30-06-2026 07:55 AM
VIH-00195108	
Dr. MADUR VENKAT NAVEEN	N 0 GF-EMERGENCY / ER 101

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED
HEMOGLOBIN (Colorimetry)	**8.3**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	**3.55**	**10^12/L**	L	3.7 - 5.6
PCV/HCT (Calculated)	**24.6**	**VOL%**	L	33 - 49
MCV (Calculated)	**69.3**	**fL**	L	70 - 86
MCH (Calculated)	23.5	pg/cells		23 - 31
MCHC (Calculated)	33.8	g/dL		30 - 36
RDW-CV (Calculated)	15.5	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	398	10^9/L		150 - 450
MPV (Calculated)	7.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	12.61	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**77.9**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**14.6**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	5.3	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	1.9	%		1 - 7

This is an interim report. The final report will be released after 24 hours

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of BACHU UMA RANI**	**Age :**	**0 Y 10 M 11 D**
IP No:	**IP-00060521**	**Sex:**	**Male**
Consultant:	**Dr. MADUR VENKAT NAVEEN**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill insurance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....) N Abhinav

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: N Abhinav

Name: Abhinav
Relationship: Father
Date: 30/6/2026 Time: 7:09 Am
Witness Name:
Witness Signature:

Patient Address:
H.NO-15-16/2,RAJA NAGAR COLONY,
OLD MIRJALAGUDA, Malkajgiri
Hyderabad Telangana INDIA 500047

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

CAL / 124

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

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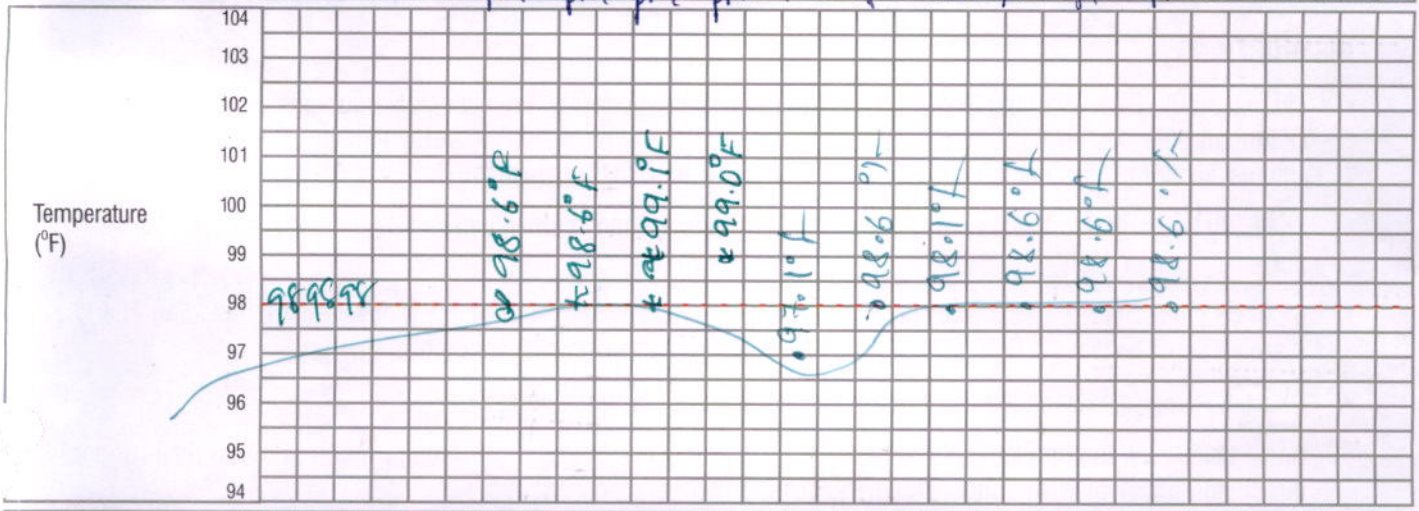
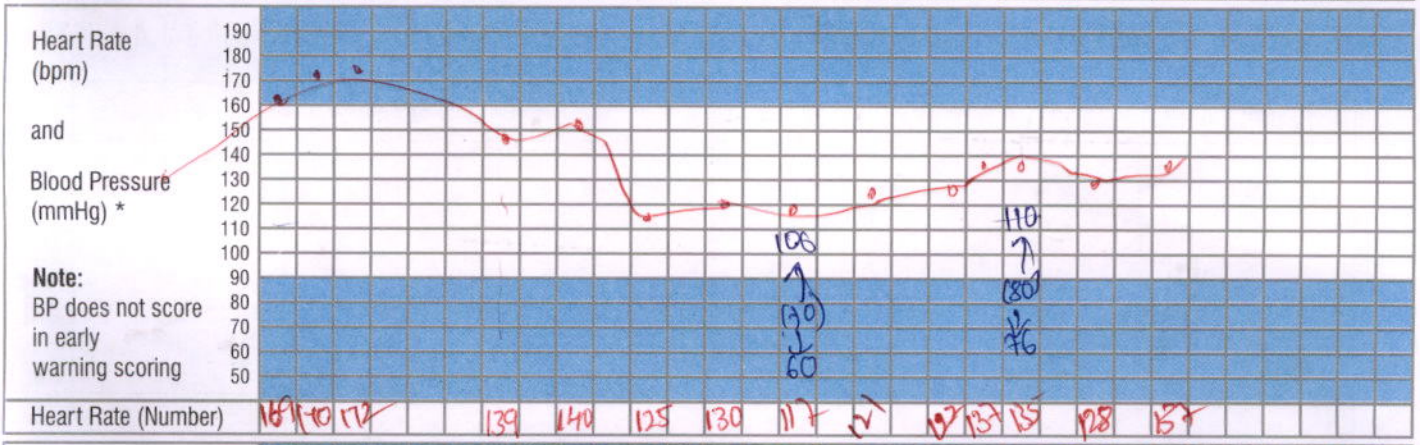
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

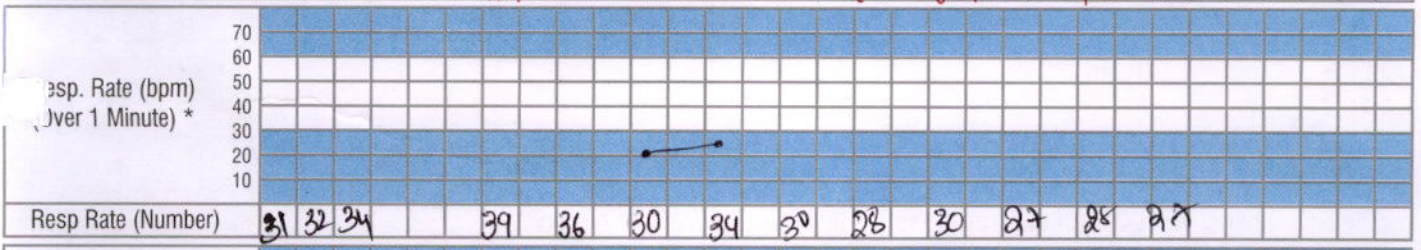
Date: 30/6/26 Time: 8 9 10 11 12 1 pm 3 pm 5 pm 7 pm 9 pm 11 pm 1 AM 3 AM 5 AM 7 AM

Doctor/Nurse/Family Concern?





Heart Rate (Number)	169	170	172		139	140	125	130	117	121	127	133	135	128	137



Resp Rate (Number)	31	32	34		39	36	30	34	30	28	30	27	25	27

Resp Distress (Mod/ Severe / None / Mild)	-	-	-				N	N						
Receiving O_2 (l/min)														
O_2 Saturations (%)	99	97	98		97	95	96	97	98	98	96	94	100	98
Conscious Level (Normal / Altered)	✓	-	✓				N	N	N	N	N	N	N	N
GCS *	✓	✓	✓				15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0		0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0		0	0	0	0	0	0	0	0	0	0
Observer's Initials					S	S	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 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

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It takes a lot to treat the little.

BirthRight
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Your Right to a Safe Delivery

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)

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 1/7/26 Time:	9	11
Doctor/Nurse/Family Concern?	am	am
Temperature (°F)	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (Note: BP does not score in early warning scoring)		
Heart Rate (Number)	110	112
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	33	40
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	99	100
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	B	B

Noted by Benarika 1/7 @11am

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

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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)

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

(1)

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FLUID CHART

Sheet No. : .....

30/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route		C.T	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	~~N.G~~							
30/6/26	08:00 am		NBM								0	
	09:00 am		NBM								0	
	10:00 am		NBM								0	
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
30/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm				120ml						0	
	06:00 pm											
	07:00 pm				50ml			✓		30ml		Manisha 30/6/26 @8pm
Total Intake :	170ml					**Total Output :**	30ml					
	08:00 pm											
	09:00 pm											
	10:00 pm				60ml							
	11:00 pm											
	12:00 am											
	01:00 am				120ml							Manasa 1/7 @7AM
Total Intake :	180ml					**Total Output :**					0	
	02:00 am									180ml		
	03:00 am											
	04:00 am				120ml							
	05:00 am											
	06:00 am											
	07:00 am	Juice			120 ml							
Total Intake :	240ml					**Total Output :**						

Total 24 hrs. Intake	590 ml

Total 24 hrs. Output	210 ml

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 1/7/26

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	G.T ~~N.G~~							
	08:00 am									88ml		
	09:00 am											
	10:00 am	Aptamil			120ml							Beuu
	11:00 am											1/7 @11am
	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	BF										
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 :						

Noted by Beuvitha 1/7/26 @11am

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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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: OT.

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ganesh

Date & Time : 30/6/26 @ 7:11 Am.

Nurse Name & Signature: Swarajika

Date & Time : 30/6/26 @ 7:11 Am

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VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : NEBULISATION - 3% NS

Dose	Route	Frequency	Start Dt.
	PN	12 hourly	30/6/26

Name & Signature of the Doctor starting the Drugs: Drs. [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time: S T O P

DRUG : NEBULISATION 3% NS

Dose	Route	Frequency	Start Dt.
1 RESPULE (5ml)	PN	6 HOURLY	1/7/26

Name & Signature of the Doctor starting the Drugs: Dr Sweety, [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : NEB BUDESONIDE

Dose	Route	Frequency	Start Dt.
1 RESPULE	PN	12 HOURLY	1/7/26

Name & Signature of the Doctor starting the Drugs: Dr Sweety, [signature]

Additional Instructions: 1 RESPULE = 0.5 mg.

Daily Doctor's Endorsement by a Sign.

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
120mg	IV	6 HOURLY	01/7/26

Name & Signature of the Doctor starting the Drugs: Dr Sweety, [signature]

Additional Instructions: @ 10-15 mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date / Time	1/7
12 AM	GW
6 AM	GW
12 PM	
6 PM	

Stopped 30/6/26 ...

chitta 1/7/26

chitta 1/7/26

As per doctor advice Dr Swetymaddas 1/7/26 Chitta

www.rainbowhospitals.in

CIN : U85110 TG1998 PTC029914

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

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.

Ref. No. F/INPR/19

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 12 D (M)
Dr. MADUR VENKAT NAVEEN

N	I.P. No.	Weight (kg)	Sheet No. :

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
		SYRUP IBUPROFEN (100mg/5ml)	4ml	PO	[signature]	(HOLD)
		~~[illegible]~~				

Ref. No. F/INPR/18

Name :	I.P. No.	Weight (kg)	Sheet No. :

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

VIH-00195108 IP-00060521
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

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DRUG CHART

Date of Admission: 30/6 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY Name Signature

Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

I.V. FLUIDS CHART

Weight. .... Ward. 8·3 | 9

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
30/6/26	9:10 Am	RINGERLACTATE	IV	20ml/hr	[signature]	[signature] / Mani	30/6	[signature]	[signature] / [signature]

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

Patient Sticker

Weight. .... Ward. ....

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.	

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6/26	9:10 AM	INJ: AUGMENTIN	240mg	IV	[illegible]	Pateth / Maris
30/6/26	9:15 AM	INJ. PARACETAMOL	120mg	IV	[illegible]	Pateth / Maris
30/6/26	9:15 AM	INJ: DEXAMETHASONE	1mg	IV	[illegible]	Pateth / Mari
30/6/26	11:30AM	PRBC Transfusion	80ml over (4) HOURS	IV	[illegible]	Pomuli
30/6/26	~~11~~ 3PM	INJ. LASIX (MIDWAY) (FUROSEMIDE)	2mg	IV	[illegible]	Pomuli / Sujatha
30/6/26	3:30 pm	INJ. FUROSEMIDE (Frusemide)	2mg	IV	[illegible]	Sumayri / Sujatha
30/6/26	12PM	SYP. IBUGESIC	3.5 ml	Gastrostomy tube	[illegible]	[illegible]
30/6/26	12:30PM	INJ PARACETAMOL	80 mg	IV	[illegible]	Pomuli / Sujatha
30/6/26	11:50pm	HYPER NEB c̄ 3% NS	1 respule	RN	[illegible]	

VIH-00195108
Baby Of BACHU UMA RANI
19-08-2025 0 Y 10 M 11 D (M)
Dr. MADUR VENKAT NAVEEN

REGULAR PRESCRIPTIONS

Weight. 8.3 kg Ward. ....

DRUG: INJ. AMOXICILLIN + CLAVULANIC ACID				Date/Time	30/6	1/7
Dose	Route	Frequency	Start Date	6	X	ESW
250 mg	IV	8 HOURLY	30/06	AM	X	
Name & Signature of the Doctor Starting the Drugs: M Dr Jayshree				12 PM	X	
Additional Instructions: 30 mg/kg/dose				10 PM	@[illegible]	
Daily Doctor's Endorsement by a Sign						

DRUG: INJ. PARACETAMOL				Date/Time		
Dose	Route	Frequency	Start Date			
120 mg	IV	8 HOURLY	30/06			
Name & Signature of the Doctor Starting the Drugs: M Dr Jayshree						
Additional Instructions: 15 mg/kg/dose						
Daily Doctor's Endorsement by a Sign						

DRUG: INJ. PANTOPRAZOLE				Date/Time	30/6	1/7
Dose	Route	Frequency	Start Date	8 AM		
8 mg	IV	ONCE DAILY	30/06	10 AM		
Name & Signature of the Doctor Starting the Drugs: M Jayshree				6 AM	12 pm Ramu sujatha	ESW
Additional Instructions: 1 mg/kg/dose						
Daily Doctor's Endorsement by a Sign						

DRUG: INJ PARACETAMOL				Date/Time	30/6	
Dose	Route	Frequency	Start Date	6 AM	X	
110 mg	IV	8 HOURLY	30/06	12 PM	X	
Name & Signature of the Doctor Starting the Drugs: M Dr Jayshree				6 PM	@[illegible]	
Additional Instructions: 10-15 mg/kg/dose						
Daily Doctor's Endorsement by a Sign						

ESTIMATION SLIP

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Date : 29/6/26 UHID/IP No.: _____ Sl. No.: 29115

Name of Patient : Baby of Bachu Uma Rani Age : 8M Gender : Male

Father's / Husband's Name : Abhinav Corporate/Occupation : P-V-J

Address: Mallaigiri Phone : 8309451213 Email : _____

Procedure/Plan: Cleft palate DOS : _____

MODE OF PAYMENT : ☐ SELF ☑ TPA : Medi Assist ☒ GIPSA : Pfizer Tokio ☐ OTHER

TARIFF INFORMATION : Dr. M.V Naveen

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges (Per Day)			1	1	7	12 Noon to 0, 12 Noon Billing			
Doctor's Fee			1	1	7				
L. Tax			12,900	16,640					

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetist's Fee / O.T Charges	2,30,000/-
O.T Consumables	5,000/- Subject to approval by TPA/Insurance Company
Instrument Charges	Not Covered by TPA/Insurance Company
Pharmacy, Consumables & Investigations	As per actual – Not Included In Estimation

Equipment Charges				
	Monitor : 1,500/-	Oxygen: 5000/-	Infusion Pump/Syringe Pump: 900/-	
	Ventilator	Conventional:	HFO-SLE 5000:	HFO-Sensormedix:
	Phototherapy	Single Surface:	Double Surface:	Triple Surface:

Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	As per actual – Not Included In Estimation	
Package	NHA - 1,500/-	IPF - 1,500/- MRD - 2,500/- 5/DA
Others	Dict - 1,000/day.	Consultant - 2,500/day 5/hst
Initial Minimum Deposit	2,00,000/-	Rec - 2,000/-

REMARKS : 40k

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thorocoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. **For Non – Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I Mr. Abhinav have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Mr. Abhinav — Signature of the Client

Father — Signatory Relationship

Signature of the Financial Counselor