

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____ IP No : _____ Dept : _____

Date of Admission: _____ T _____ Charge : _____ Time: _____

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

BAH-00414409 IP5-00173789
Baby KHADIJA FATIMA
24-10-2017 8 Y 6 M 18 D (F)
Dr. DR. V.V.R. SATYA PRASAD



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/26	8:00pm	ER	Ward-147	Ashishela

Cross Consultation Visit

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

DK

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/5/26	R. Procena	1	6829	[Signature]
13/5	ALBUMIN transfusion		068321	[Signature]
14/5	NHA		0932181	[Signature]
14/5/26	Albumin transfusion.		960856 3	[Signature]

ANY OTHER INFORMATION

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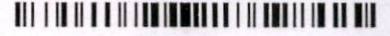
.....

Date : 16/5/26 Time : 10am Prepared By : Aparanjitha

Staff Nurse Aparanjitha	Shift / Ward 107	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00173789 Admit Date : 13-May-2026 Admit Time : 07:10 PM UHID : BAH-00414409

Patient Details :

Patient Name : Baby KHADIJA FATIMA Age : 8 Y 6 M 19 D
Guardian : Mr MOHAMMED AZHAR UDDIN DOB : 24-10-2017
Gender : Female Religion : Muslim
Occupation : Martial Status : Single
Address (H) : H NO. 7-8-158,,UJILIBASE Hanamkonda Phone No : 9908147983/ 8885962787
Warangal Telangana INDIA 506001 E-mail : AZZUMD1912@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : SW 147 Ward Name : 1F-VIBGYOR
Room No : SW 147 Admission Type : First Visit

Contact Details :

Name : Mr MOHAMMED AZHAR UDDIN Relationship : Father
Contact Address : H NO. 7-8-158,,UJILIBASE Hanamkonda Phone No : 9908147983 / 8885962787
Warangal Telangana INDIA 506001


Signature

Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD Specialisation : PEDIATRIC NEPHROLOGY
Referral Doctor : SELF Phone No :
Co-Consultant : Dr. SRUTHI BALLA

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 18 D (F)
 Dr. DR. V. V. R. SATYA PRASAD

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Satya Prasad Date : 13/5/26

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: Weight: 44.66 kg

Allergic History:

Chief Complaints:
clo-periorbital swelling
Since 3 days
Kidney CRNS with c/o nephropathy
now come with relapse

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

C Circulation

Normal
 Abnormal

Pallor
 Cyanosis
 Mottling
 Bleeding

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

Initial Physiological Status: Stable Unstable
 Life Threatening
 Non Life Threatening

Any urgent interventions needed: Yes No
 If Yes

Significant Past History: Kidney SRNS & c/o nephropathy

Medication History: on Tacrolimus 1mg BD; off steroid 9 months

Relevant Investigations: CRP 14.2 / 9440 / 52143 / 430000

Albumin: 2.0 ; Na⁺ 151 / creatinine 0.7 / S.P. protein 1396
K⁺ 5.1 / Urea 3.7 / c-creatinine 107.4
Cl⁻ 130 / UPC ratio 1.3

Primary Assessment

Airway Open
 Maintainable
 Not Maintainable

Breathing
 Rate: 21/min SpO₂ on FiO₂ 99% CRA
 Rhythm: Regular
 Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring
 Respiratory Noises: Stridor Wheezing Grunting
 Air Entry: BALLO
 Palpation Findings (If necessary)

Any urgent interventions needed: Yes No
 If Yes

Any urgent interventions needed: Yes No
 If Yes



Circulation

HR: 91/min

CFT Central Peripheral 23sec

Any urgent interventions needed: Yes No

If Yes

BP: mmHg

Murmurs: Yes No

Pulse Volume: Central Peripheral Good

Liver Span:

If in Shock: Compensated Hypotensive

ECG:

Muffled Heart Sound: Yes No

Any Signs of Heart Failure: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: 15/15 AVPU:

Any urgent interventions needed: Yes No

If Yes

Pupils: Responsive Non-Responsive
Size Right Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Exposure



Temp.: 97.9°f

Any urgent interventions needed: Yes No

If Yes

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Generalised Edema ⊕

Labs Planned: CRP, Ca, Alb, urea, creat, Electrolytes, uric acid
 CRP
 Calcium now

Treatment Planned:
 1) Inj ceftriaxone 1.5 gm IV BD
 2) Inj 20% Albumin 100ml IV over 4 hrs
 3) Inj LASIX 30mg (mid of transfusion)
 4) Inj methylprednisolone 60mg IV OD
 5) Withhold Tacrolimus

Need for Oxygen: Yes No if yes Low Flow

High Flow PPV

Final Diagnosis with possible Differential Diagnosis (If necessary): CRNS + Relapse

Assessment done by Name of the Doctor: *Sy*

Sr. Doctor on Duty (If necessary) Name of the Sr. Doctor:

Signature: *Sai*

Signature:

Date & Time: 13/5/26

Date & Time:



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00414409 IP5-00173789
Baby KHADIJA FATIMA
24-10-2017 8 Y 6 M 19 D (F)
Dr. DR.V.V.R.SATYA PRASAD



Patient Name:

Khadija Fatima

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cl^o peri orbital swelling : 2d.
Kl^o SRNS \bar{c} C19 nephropathy

History of present illness :

~~kl^o~~ Kl^o SRNS \bar{c} C19 nephropathy
on tacrolimus 1mg BD dose, off steroid
since 9 months.

cl^o periorbital swelling : 2d
progressed gradually to abdomen
and feet, now generalised swelling - Anasarca
pedal edema \oplus

no cl^o fever / loose stools / vomiting /
decreased urine output

No pain abdomen.

H/S . SPCR - 13

Albumin - 2.

Creat - 0.7

CBP - 14.2 } 9.4k < 4.2L

4.9 } 52/42



Pediatric Multiorgan History & Physical Examination

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

⊖

Birth & Neonatal History:

FT / 3kg / ⊕ Perinatal Transition

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developed according to age

Immunization History :

Immunised as per age.



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 44 kg (Centile _____)

On Examination :

Temperature : 97.9°F Pulse Rate : 91/min B.P. 115/65^{mmHg} SPO2 100% RA

Resp. rate and type of breathing : 21/min regular

Rash _____ generalised edema ⊕

Lymphadenopathy ⊕ periorbital puffiness

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE ⊕, clear

Any added sounds : ⊖

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : ⊖

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

Per Abdomen :

Inspection _____

Palpation : soft, NT, distended

Auscultation : /

Spine : ⊖ External Genitalia /

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

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Baby KHADIJA FATIMA
24-10-2017 8 Y 6 M 19 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan history & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

W/O SRNS & relapse.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent complications

Desired goals of the treatment: hemodynamic stability

Planned Labs:

CBP
S-Albumin, urea, creat,
S-Elect., SUPCR
done on OPD basis

S. Calcium
CRP.

~~AP2 T/m.~~
NIB
Abhishek
13/5/26
@ 8 pm

Planned Management

1ij CEFTRIAZONE
1ij 10% Albumin + LASIX
1ij Methylprednisolone
HOLD Tacrolimus.
~~AP2 tomorrow~~
Sup. CALCIMAX
1ij LASIX 30mg IV BD.

Signature of the Doctor:
Name of the Doctor: Savitri
Date & Time: 13/5/26. 7pm.

Signature of the Consultant:
Name of the Consultant: DR. V.V.R. SATYA PRASAD
Date & Time: 13/5/26
Registration No: 43599



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/11 8am	<p><u>U/S/B Relapsed</u></p> <p><u>Dr. Agushmas</u></p> <p><u>V/U/SRNS - Relapse</u></p> <p>wt - 42.6 kg ^{44 kg} → 43.4 kg</p> <p>v/u - 1350ml - - 1.25ml/kg</p> <p>Afebrile</p> <p>Oral intake - Good</p> <p>Stools - Not passed since yesterday</p> <p>Periorbital edema</p> <p>↳ Subtle</p> <p>Mild distension of abd (+)</p> <p>Pedal edema - (-)</p> <p>No cough, cold fever</p> <p>Child alert, vitals stable</p> <p>B/LA (+), S₂ (+)</p> <p>HA - Soft -</p>	<p>Plan</p> <p>cont = Same 7/6</p> <p>Carix 20mg BD</p> <p>Methy pred 5mg OD</p> <p>To check vitals next</p>
		<p><u>Agushmas</u></p>
		<p>Give Albumin today - 2gm.</p>
		<p>DR. V. V. R. SATYA PRASAD Registration No: 21550</p>

BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA (F)
 24-10-2017 8 Y 6 M 19 D
 Dr. DR.V.V.R.SATYA PRASAD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/9/2026 2 PM	S/B Dr. Sultei	
	<p>Case Revisited</p> <p>Edema better</p> <p>Painy urine</p> <p>Hemodynamically stable</p>	<p>Ad</p> <p>Continue same</p> <p>- IV albumin 2pm today</p> <p>- NO labs etc</p> <p>- Strict I/O charting</p> <p>- Daily wt</p>
14/9/26 4 PM	<p>9/5/15 Rendert</p> <p>Dr. Agulm</p>	<p>Sultei</p>
	<ul style="list-style-type: none"> No fever Oral intake - good Stools - passed Hemodynamically stable Urine output good 	<p>Ad</p> <ul style="list-style-type: none"> Cont same 7/7 No labs I/O charting Daily wt check <p>Agulmas</p>

BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA (F)
 24-10-2017 8 Y 6 M 19 D
 Dr. DR. V.V.R. SATYA PRASAD

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 8:30am	<p>CLSB Received</p> <p>SRNS & Delays C1 q nephropathy</p> <p>- NO fever spikes - edema - better</p> <p>T. wgt - 43.1kg ← 43.4kg</p> <p>Oral intake - fair</p> <p>BP - 113/73 (86) mmHg</p> <p>Urine output - 2358 cc / at 2 hrs - 22 cc / 1 hr</p> <p>PIA - soft</p>	<p>Plan</p> <p>- cont IV Ceftriaxone mds</p> <p>- Strict I/O counting</p> <p>- daily wgt check</p> <p>- Vitals 3x/4hr</p> <p>Inform SO's</p>
		<p><u>Patient</u></p>
15/5/26 11am	<p>15/5/26 Dr. Satya Prasad</p>	
		<p>See Urine Output - Cont Albumin</p> <p>No labs 7/AM</p> <p>11am</p> <p>DR. V.V.R. SATYA PRASAD Registration No: 4350</p> <p>Melby Ind. → today 3pm</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/8 4.30 pm	<p><u>Y/S Resident</u> <u>Dr. Ajushman</u></p>	
	<p>No fever Oral intake good Pedal edema - better Hemodynamically stable</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> Cont. Same +/- Plan d/c +/- No change <p>Ajushman</p>
16/8 9.30 am	<p><u>Y/S Dr. Satyaprasad</u></p> <p>R/V - Thursday <u>Thursday</u></p> <ul style="list-style-type: none"> CUE U PCR Plan to start MMF on F/U. 	<ul style="list-style-type: none"> Give morning dose of Methylpred na d/c today Taxol 20mg 1 tab BID x 2d Amnacetil 30mg BID x 2d Lasix 30mg OD x 1-2d Calceinax Lasix 1/2 tab BID x 2d (40)

Patient

BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 19 D (F)
 Dr. DR.V.V.R.SATYA PRASAD



RESULT SHEET

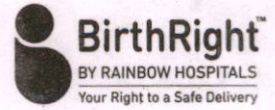
Date	13/5	14/5			
Time					
Hb	14.2				
PCV	40.8				
RBC	5 L				
WBC	9440				
N/L	52/43				
Platelets	4.3L				
CRP		5			
ESR					
PCT					
RBS					
Na	151 130	135			
K	5.1 5.1	4.7			
Cl	130 +'	109.			
Ca/Mg	.	8.2			
Phosphate					
Urea	37	32			
Creatinine	0.7	0.7			
ALP	-	-			
SGPT					
SGOT					
T.Bil/Conj					
T.Protein					
S.Albumin	2.0				
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L	neg	17			

BAH-00414409 IP5-00173789

Baby KHADIJA FATIMA

24-10-2017 8 Y 6 M 19 D (F)

Dr. DR.V.V.R.SATYA PRASAD



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: ward

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

* C- Continue, DC - Discontinue


MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sai
Sai

Date & Time : 13/5/26 7pm

Nurse Name & Signature: Abhishek
Abhishek

Date & Time : 13/5/26 8pm

BAH-00414409
 Patient *Ra*
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 19 D (F)
 Dr. DR. V. V. R. SATYA PRASAD
 IP5-00173789




DRUG CHART

Date of Admission: 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:																				

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 44.6 kg Ward.

VERIFIED

DRUG : Inj. METHYLPR				Date/Time	13/5	14/5	15/5	16/5
Dose	Route	Frequency	Start Date					
60mg	IV	OD	13/5					
Name & Signature of the Doctor Starting the Drugs: Sai				9pm <u>Susanta</u> 10pm <u>pravech</u> <u>Shrishi</u> <u>Sur</u> <u>2pm</u> <u>Sh</u>				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

VERIFIED

DRUG : Inj. CEFTRIAXONE				Date/Time	13/5	14/5	15/5	16/5
Dose	Route	Frequency	Start Date					
1.5gm	IV	Q12H	13/5					
Name & Signature of the Doctor Starting the Drugs: Sai				10AM X <u>Sur</u> <u>Shrishi</u> <u>Sur</u> <u>Shrishi</u>				
Additional Instructions:				10pm <u>pravech</u> <u>Shrishi</u> <u>Sur</u> <u>Shrishi</u>				
Daily Doctor's Endorsement by a Sign								

VERIFIED

DRUG : Inj. LASIX				Date/Time	13/5	14/5	15/5	16/5
Dose	Route	Frequency	Start Date					
30mg	IV	Q12H	13/5					
Name & Signature of the Doctor Starting the Drugs: Sai				10AM X <u>Sur</u> <u>Shrishi</u> <u>Sur</u> <u>Shrishi</u>				
Additional Instructions:				10pm <u>pravech</u> <u>Shrishi</u> <u>Sur</u> <u>Shrishi</u>				
Daily Doctor's Endorsement by a Sign								

VERIFIED

DRUG : Sup. CALCIMAX PLUS				Date/Time	13/5	14/5	15/5	16/5
Dose	Route	Frequency	Start Date					
5ml	PO	Q12H	13/5					
Name & Signature of the Doctor Starting the Drugs: Sai				10AM X <u>Sur</u> <u>Shrishi</u> <u>Sur</u> <u>Shrishi</u>				
Additional Instructions:				10pm <u>pravech</u> <u>Shrishi</u> <u>Sur</u> <u>Shrishi</u>				
Daily Doctor's Endorsement by a Sign								

BAH-00414409
 Baby KHADIJA FATIMA
 24-10-2017
 Dr. DR. V.V.R. SATYA PRASAD
 IP5-00173789
 8 Y 6 M 19 D
 (F)

V/



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/5/26	11:45pm	Inj. 20% HUMAN ALBUMIN	100ml over 4 hours	IV	Sai	praveen:437 Srishta
13/5/26	1:45AM	Inj. LASIX	30mg mid End of hr/over	IV	Sai	praveen:437 Srishta
14/5/26	2pm	Inj 20% Huma Album.	100ml over 4hrs	IV	Q	Arthy Srinivas
14/5/26	4pm	Inj Lasix	30mg end of midday	IV	Q	Qal 4pm Suresha
	6:30pm					Qal Suresha

Signature

VERIFIED BY: Name

BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 22 D (F)
 Dr. DR. V. V. R. SAIYA PRASAD

Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



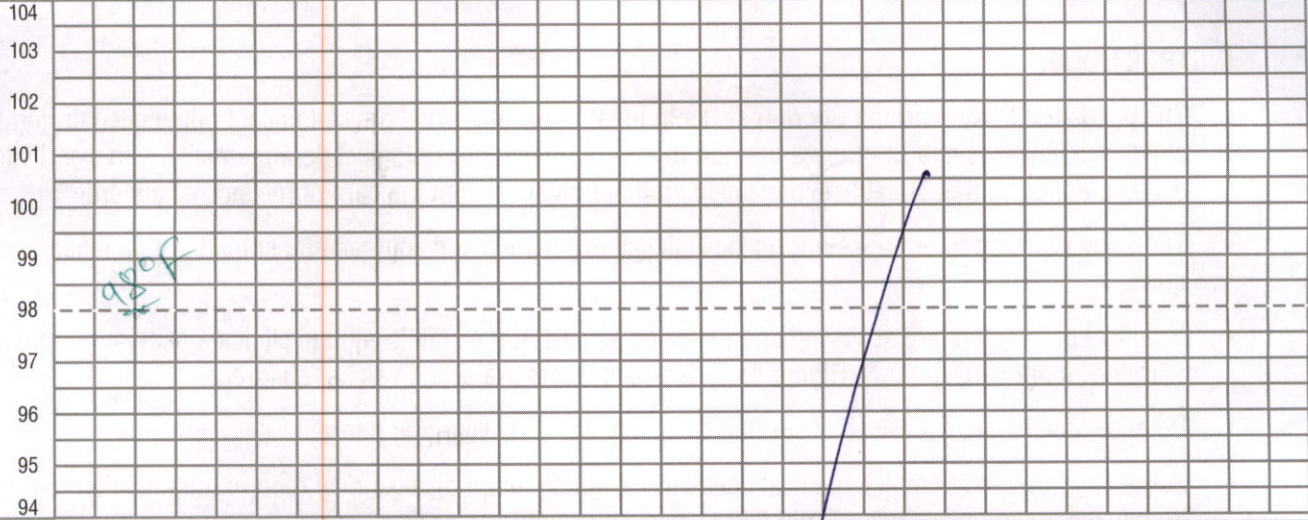
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/6 Time: 6am

Doctor / Nurse / Family Concern?

42-819

Temperature (F)

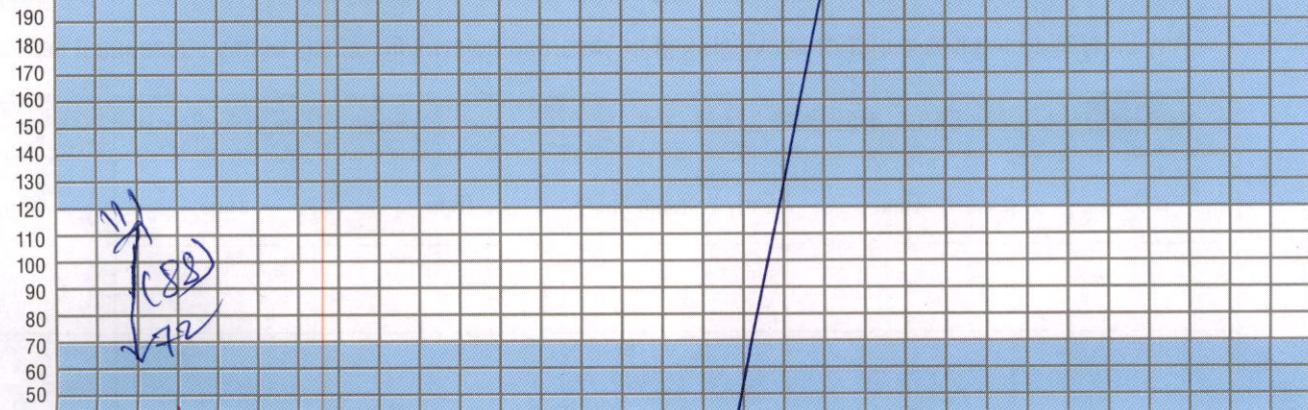


Heart Rate (bpm)

and

Blood Pressure (mmHg) *

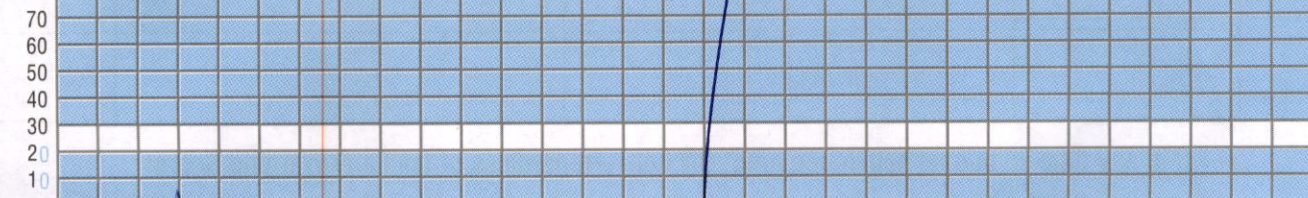
Note:
 BP does not score in early warning scoring



Heart Rate (Number)

109 bpm

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



Resp Rate (Number)

24 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

100%

Conscious Level Normal Altered

GCS *

15/15

TOTAL SCORE

Number of shaded boxes

1

Pain Score

0

Observer's Initials

VS

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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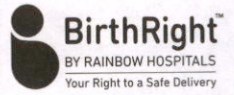
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BAH-004 4409 IP5-00173789
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 21 D (F)
 Dr. DR. V. R. SATYA PRASAD

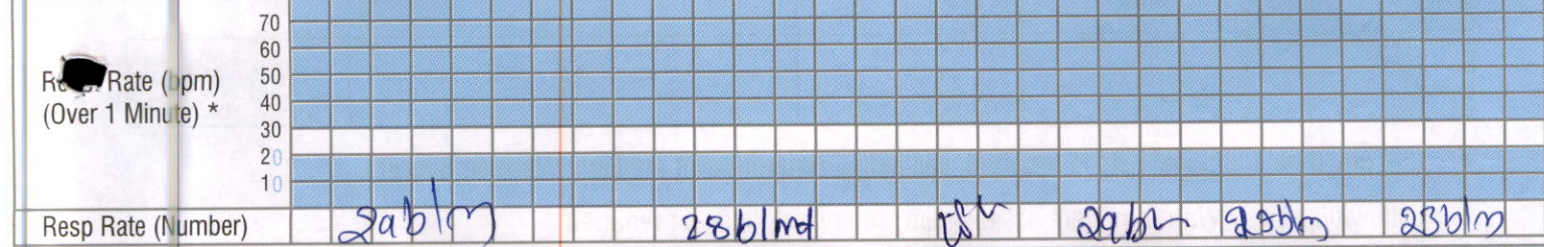
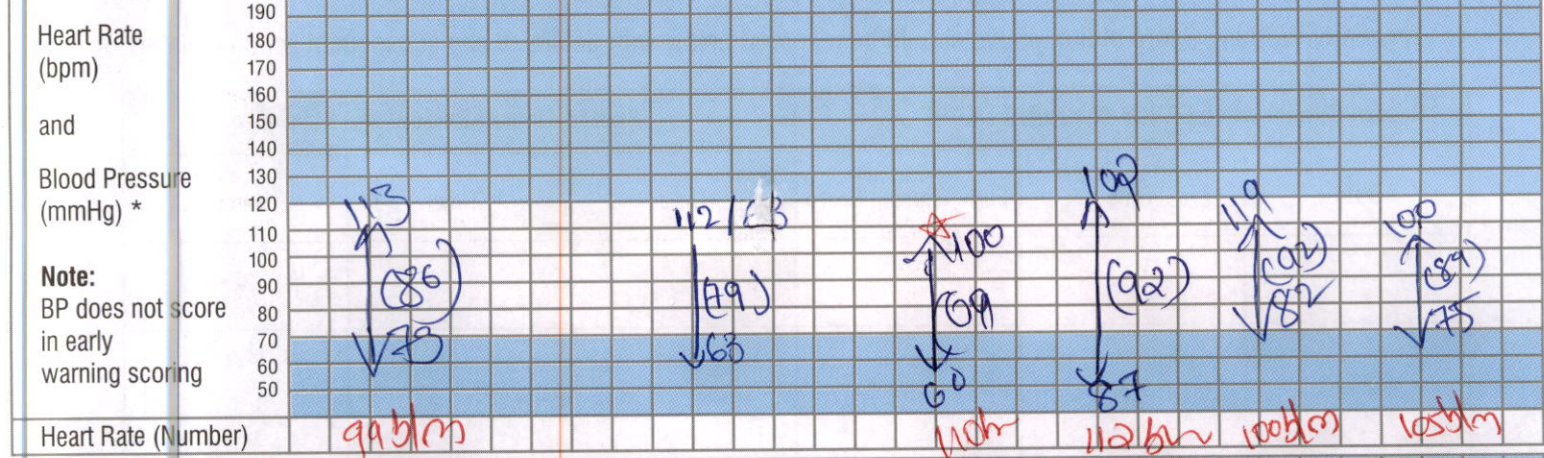
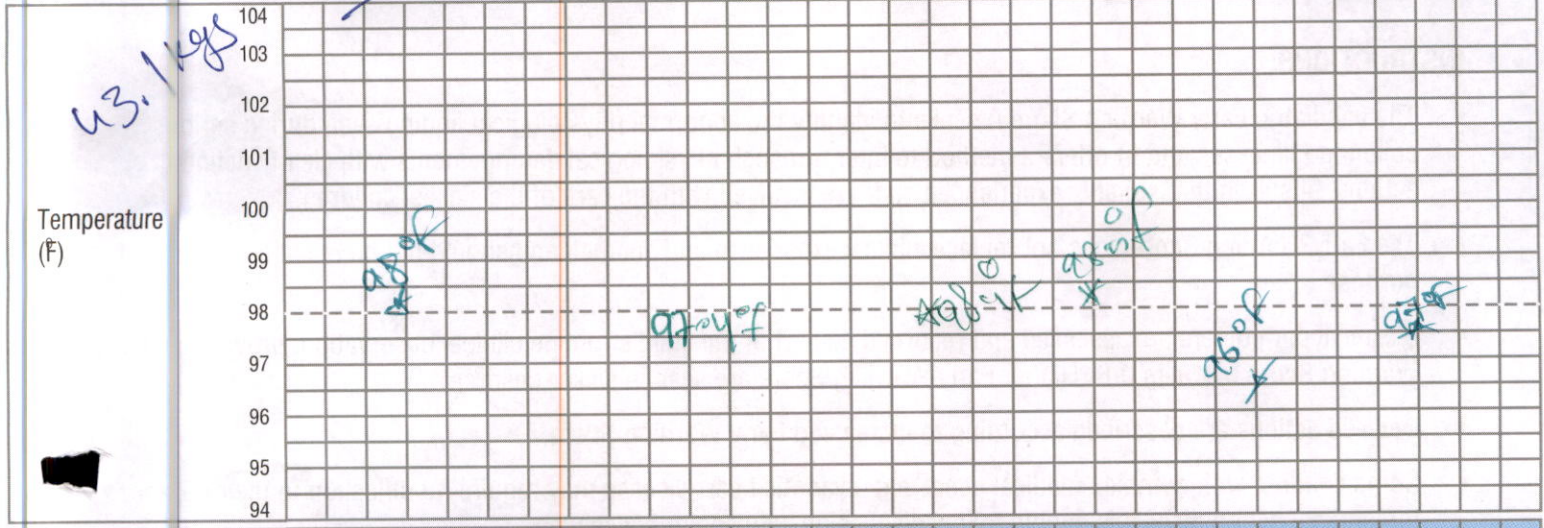
No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/11/17 Time: 6am 10am 2pm 6pm 10pm 2am
 Doctor / Nurse / Family Concern?



Resp Mod/ Severe Distress	None / Mild				
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	99%	99%
Conscious Level	Normal / Altered	15/15	15/15	15/15	15/15
GCS *		15/15	15/15	15/15	15/15

TOTAL SCORE					
Number of shaded boxes	1	1	1	1	1
Pain Score	0	0	0	0	0
Observer's Initials	0	0	0	0	0

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA (F)
 24-10-2017 8 Y 6 M 19 D
 Dr. DR.V.V.R. SATYA PRASAD

Doc. No. : RCHBH/FRM/CLINICAL/126

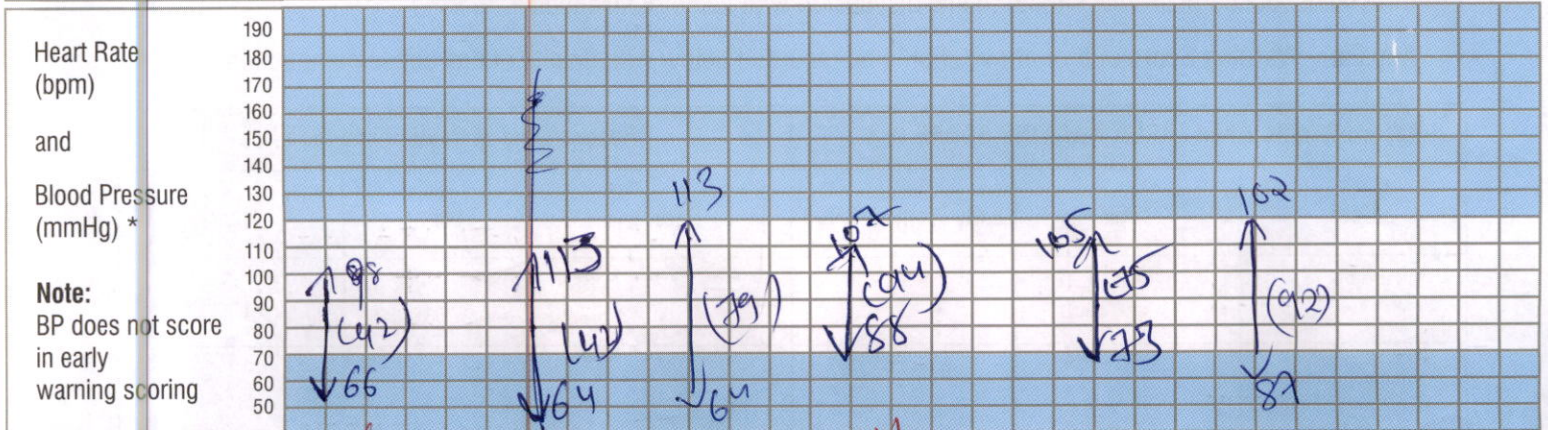
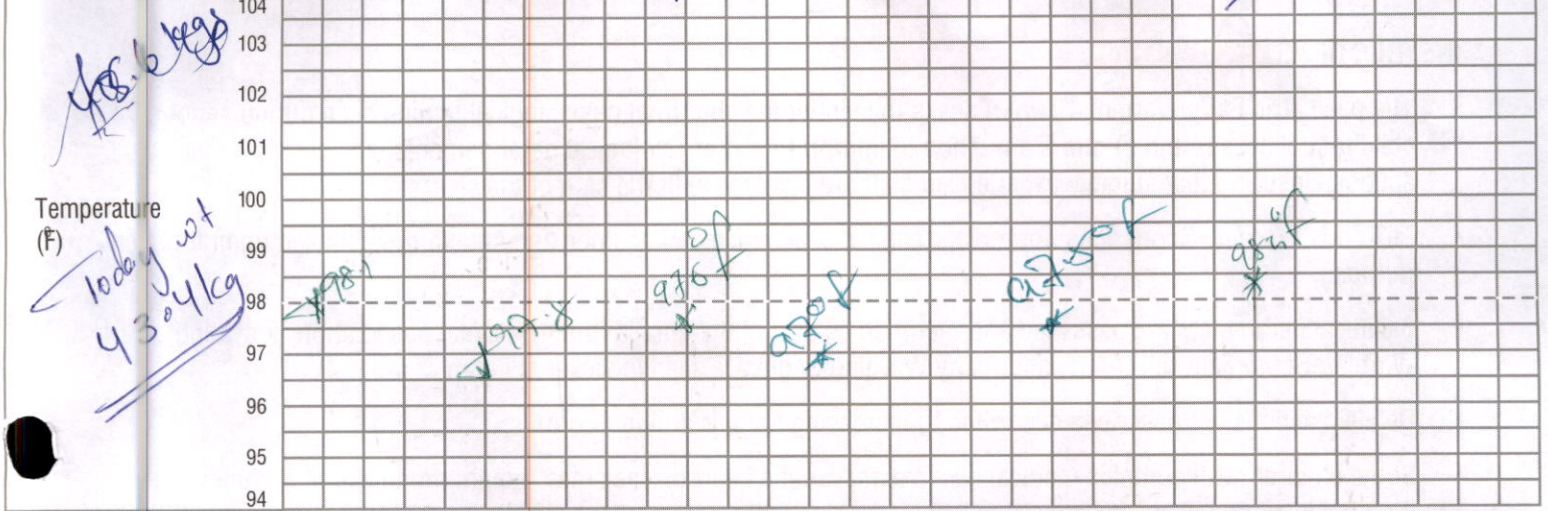
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/10/2017 Time: 10:00 AM

Doctor / Nurse / Family Concern? 10 AM 1 PM 6 PM 10 PM 2 AM 6 AM



Heart Rate (Number) 111b/m 108b/m 96b/m 107b/m 103b/m 112b/m



Resp Rate (Number) 26b/m 27b/m 29b/m 23b/m 25b/m 29b/m

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 99-1 100% 100% 99-1

Conscious Level Normal Altered

GCS * 13/15 13/15 15/15 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0 1 1 1 1

Pain Score 0 0 0 0 0 0

Observer's Initials

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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 - Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.
- NB: Scores 3 should be recorded overleaf

* 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.

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BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 19 D (F)
 Dr. DR.V.V.R.SATYA PRASAD



Doc. No. : RCHBH/ FRM / CLINICAL / 126

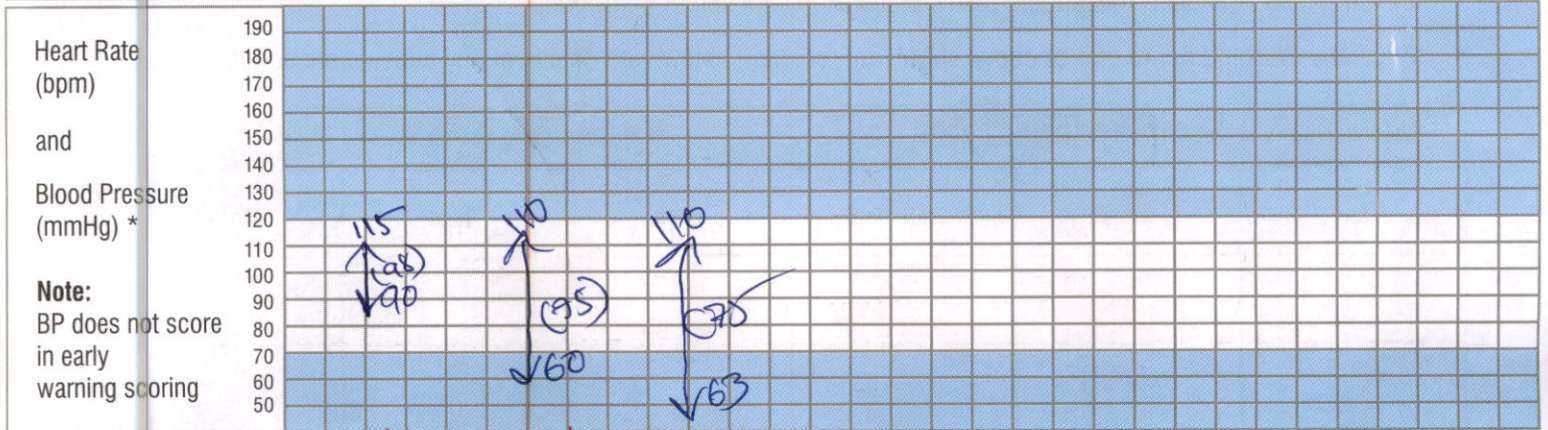
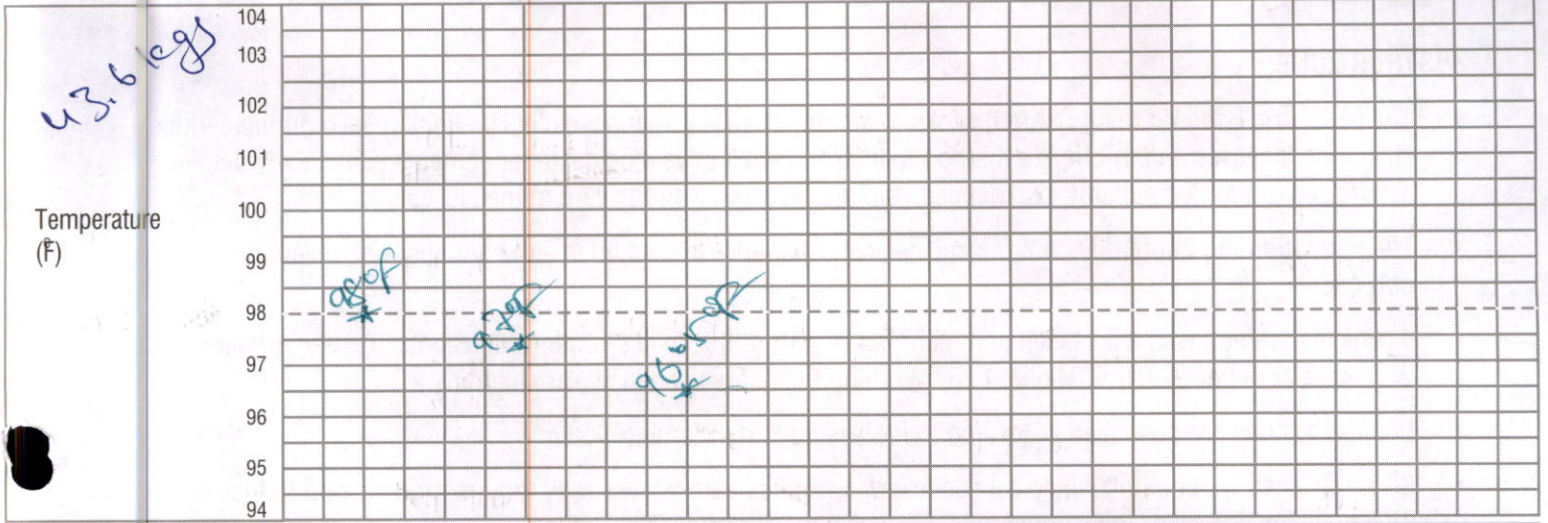
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



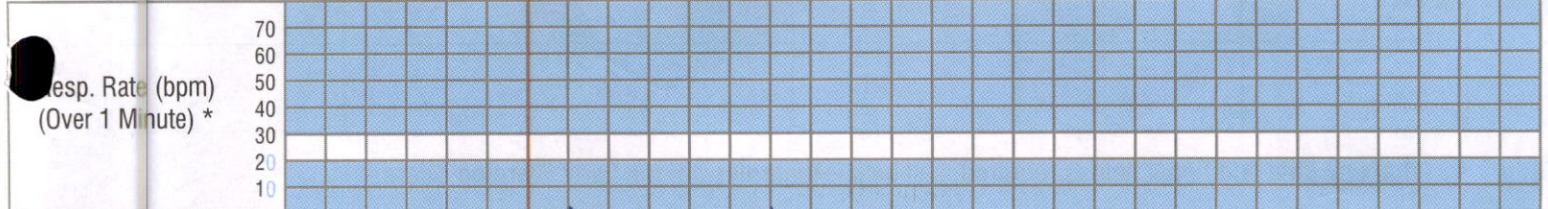
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/5 Time: 10pm 2pm 6am

Doctor / Nurse / Family Concern?



Heart Rate (Number) 99b/m 105b/m 99b/m



Resp Rate (Number) 29b/m 23b/m 27b/m

Resp Distress: Mod/ Severe / None / Mild

Receiving O₂ (l/min) / O₂ Saturations (%) 100% 99% 100%

Conscious Level: Normal / Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE			
Number of shaded boxes	1	0	1
Pain Score	0	0	0
Observer's Initials	S	O	S

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BAH-00414409 IPS-00173789
 Patient Baby KHADIJA FATIMA 8 Y 6 M 19 D
 24-10-2017 Dr. DR.V.V.R.SATYA PRASAD (F)



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Output			IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G			Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
	08:00 pm									150 ml	0			
	09:00 pm									180 ml	0	Shirisha		
	10:00 pm									150 ml	0	(607731)		
	11:00 pm									200 ml	0	Shirisha		
	12:00 am										0	(607731)		
	01:00 am										0			
	Total Intake :						Total Output :							
	02:00 am													
	03:00 am													
	04:00 am									200 ml	0	Shirisha		
	05:00 am										0	Shirisha		
	06:00 am										0	Shirisha		
	07:00 am										0			
	Total Intake :						Total Output :						1380 ml	
Total 24 hrs. Intake												Total 24 hrs. Output		



FLUID CHART

Sheet No. : ✓

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
14/5	08:00 am	No GNF	Mouth	I.V	N.G	/	/	/	/	/	50.3ml	0	Chand	
	09:00 am										0	Chand		
	10:00 am										0	Chand		
	11:00 am										0	Chand		
	12:00 pm										200ml	0	Chand	
	01:00 pm										0	Chand		
Total Intake :						Total Output :								
14/5/20	02:00 pm	No GNF	Mouth	I.V	N.G	/	/	/	/	/	/	0	Swal	
	03:00 pm											0	Swal	
	04:00 pm											0	Swal	
	05:00 pm											378ml	0	Swal
	06:00 pm											0	Swal	
	07:00 pm											0	Swal	
Total Intake :						Total Output :								
14/5	08:00 pm	No GNF	Mouth	I.V	N.G	/	/	/	/	/	355ml	0	Shirish	
	09:00 pm										0	Shirish		
	10:00 pm										0	Shirish		
	11:00 pm										500ml	0	Shirish	
	12:00 am										0	Shirish		
	01:00 am										0	Shirish		
Total Intake :						Total Output :								
15/5	02:00 am	No GNF	Mouth	I.V	N.G	/	/	/	/	/	/	0	Shirish	
	03:00 am											0	Shirish	
	04:00 am											0	Shirish	
	05:00 am											0	Shirish	
	06:00 am											337ml	0	Shirish
	07:00 am											0	Shirish	
Total Intake :						Total Output :								
Total 24 hrs. Intake						Total 24 hrs. Output							2,274cc leg	

BAH-00414409
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 19 D
 Dr. DR.V.V.R.SATYA PRASAD (F)
 IP5-00173789

FLUID CHART



Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/05	08:00 am	↑		↑							0	Shank
	09:00 am								500ml		0	Shank
	10:00 am	NO IUF									0	Shank
	11:00 am										0	Shank
	12:00 pm								300ml		0	Shank
	01:00 pm	↑									0	Shank

Total Intake :

Total Output :

26/5/20	02:00 pm	↑		↑							0	Shank
	03:00 pm										0	Shank
	04:00 pm	NO IUF									0	Shank
	05:00 pm	IUF							350ml		0	Shank
	06:00 pm	↑									0	Shank
	07:00 pm										0	Shank

Total Intake :

Total Output :

25/5	08:00 pm	↑	Rice water	↑							0	Shank
	09:00 pm										0	Shank
	10:00 pm	NO IUF							570ml		0	Shank
	11:00 pm	IUF									0	Shank
	12:00 am	↑							570ml		0	Shank
	01:00 am										0	Shank

Total Intake :

Total Output :

16/5	02:00 am	↑		↑							0	Shank
	03:00 am										0	Shank
	04:00 am	NO IUF									0	Shank
	05:00 am	IUF									0	Shank
	06:00 am	↑									0	Shank
	07:00 am										0	Shank

Total Intake :

Total Output : 2771

Total 24 hrs. Intake

Total 24 hrs. Output 2.69762ub 10cc

BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 19 D (F)
 Dr. DR.V.V.R.SATYA PRASAD



FLUID CHART

Sheet No. :

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			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00414409 IP5-00173789
 Baby KHADIJA FATIMA
 24-10-2017 8 Y 6 M 21 D (F)
 Dr. DR.V.V.R.SATYA PRASAD



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 13/5/20 Time: 9PM

Blood Group of the Patient: Blood Group on the Blood Bag:

Blood Bank Issue No: Date of Collection: Date of Expiry:

Date & Time of Starting Transfusion: 9PM Planned duration of Transfusion:

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Dramila Nurse 2: Shirishka

Before starting transfusion vitals: Temp: 97°F HR: 109' RR: 29 BP: 105/72 SpO₂: 99

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
13/5	15 Min	112b/m	99°F	105/62	99%	-	-	-	-
13/5	15 Min	109b/m	99°F	119/78	99%	-	-	-	-
13/5	30 Min	105b/m	97°F	101/70	100%	-	-	-	-
13/5	30 Min	113b/m	98°F	99/62	98%	-	-	-	-
13/5	30 Min	117b/m	96°F	105/63	100%	-	-	-	-
13/5	1 Hr	107b/m	98°F	107/72	98%	-	-	-	-
13/5	1 Hr	100b/m	98.1°	91/60	99%	-	-	-	-

Comments:

Name of the Incharge-Nurse: Shirishka

Name of the Nurse: Shirishka

Signature of the Incharge-Nurse: Neeraja

Signature of the Nurse: Palekesh

Date & Time: 13/5/20 @ 9PM

Date & Time: 13/5/20 9PM

BAH-00414409 IP5-00173789
Baby KHADIJA FATIMA
24-10-2017 8 Y 6 M 19 D (F)
Dr. DR.V.V.R.SATYA PRASAD



CONSENT FOR BLOOD TRANSFUSION

BAH-00414409 IP5-00173789
Baby KHADIJA FATIMA
24-10-2017 8 Y 6 M 19 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Name: Age: 9y Gender: Male Female
UHID.No : Date: 13/5/20



- Type of Blood Product:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input checked="" type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

..... 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

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 / Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: [Signature]

Name: Azharuddin

Date & Time: 13 may 2020 @ 9pm

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Satish

Date & Time: 13/5/20 @ 9pm

Witness

Signature: [Signature]

Name: Shrisha

Date & Time: 13/5/20 @ 9pm

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయోప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటెటీస్ జి సర్పెన్ యాంటిజన్, హైపటెటీస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ 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 ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము
పేరు

Albumin

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 14/5/26 Time: 2 pm

Blood Group of the Patient: Blood Group on the Blood Bag:

Blood Bank Issue No: Date of Collection: Date of Expiry:

Date & Time of Starting Transfusion: 14/5/26 @ 2pm Planned duration of Transfusion:

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Mithu Nurse 2: Surekha

Before starting transfusion vitals: Temp: 98.5f HR: 100b/m RR: 24b/m BP: 110/64 SpO₂: 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
14/5/26	15 Min	98b/m	98.5f	101/63	99%	-	-	-	-
14/5/26	15 Min	100b/m	97.7f	113/66	98%	-	-	-	-
14/5/26	30 Min	88b/m	97.6f	98/66	99%	-	-	-	-
14/5/26	30 Min	110b/m	96.8f	100/62	98%	-	-	-	-
14/5/26	30 Min	89b/m	98.2f	108/63	98%	-	-	-	-
14/5/26	1 Hr	104b/m	97.7f	110/68	99%	-	-	-	-
14/5/26	1 Hr	94b/m	97.6f	113/64	99%	-	-	-	-

Comments:

Name of the Incharge-Nurse: Kaishnendu

Name of the Nurse: Surekha

Signature of the Incharge-Nurse: Kaishnendu

Signature of the Nurse: [Signature]

Date & Time: 14/5/26 @ 2pm

Date & Time: 14/5/26 @ 2pm

Albumin

CONSENT FOR BLOOD TRANSFUSION



BAH-00414409 IP5-00173789
Baby KHADIJA FATIMA
24-10-2017 8 Y 6 M 19 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Name: Age: 8Y Gender: Male Female
UHID.No : Date:

- 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

..... 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

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 / Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature: [Signature]

Signature: [Signature]

Name: [Name]

Name: Dr. Solih

Date & Time 14/5/26 @ 2pm

Date & Time 14.05.26 1:30 p.m

Witness

Signature: [Signature]

Name: Swecha

Date & Time 14/5/26 @ 2pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ
UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|--|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input checked="" type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయో ప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ఫ్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ బి సర్ఫేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ 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 ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)
సంతకము
పేరు



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 14/5/26 Time: 9am

Weight: 44.6 kgs Centile: >97th

Height: 132 cms Centile: 50th

Inference: obese child

RDA: - Calories: 1550 Kcal/d Protein: 27g/d

Diet Recommendations: Normal diet + restricted salt

Re-Assessment: Avoid spicy, chilled, outside foods

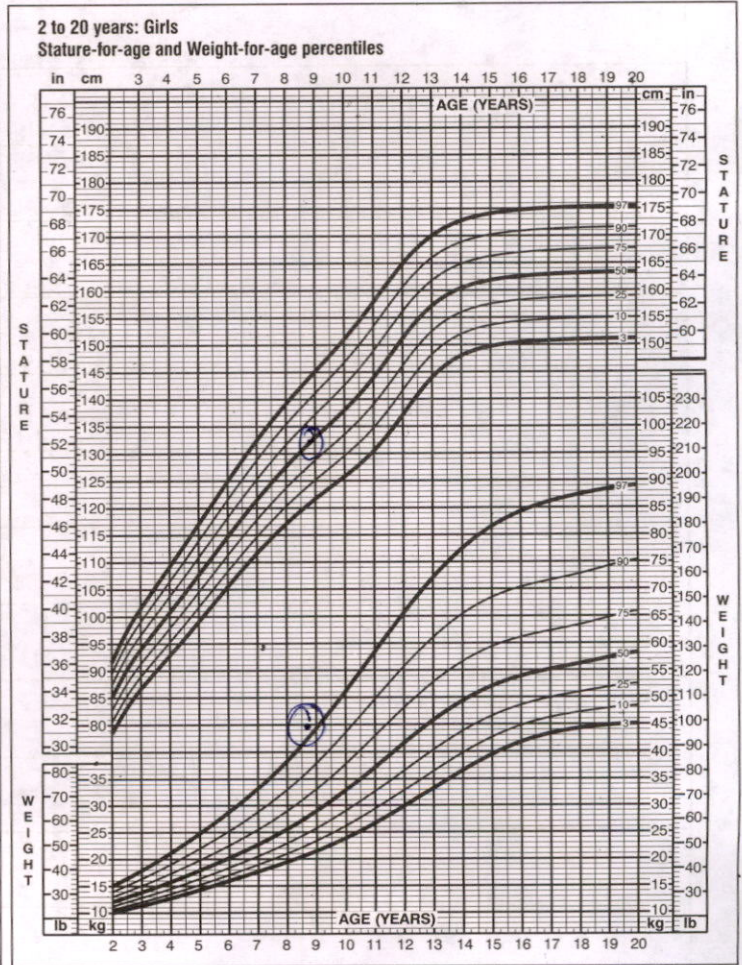
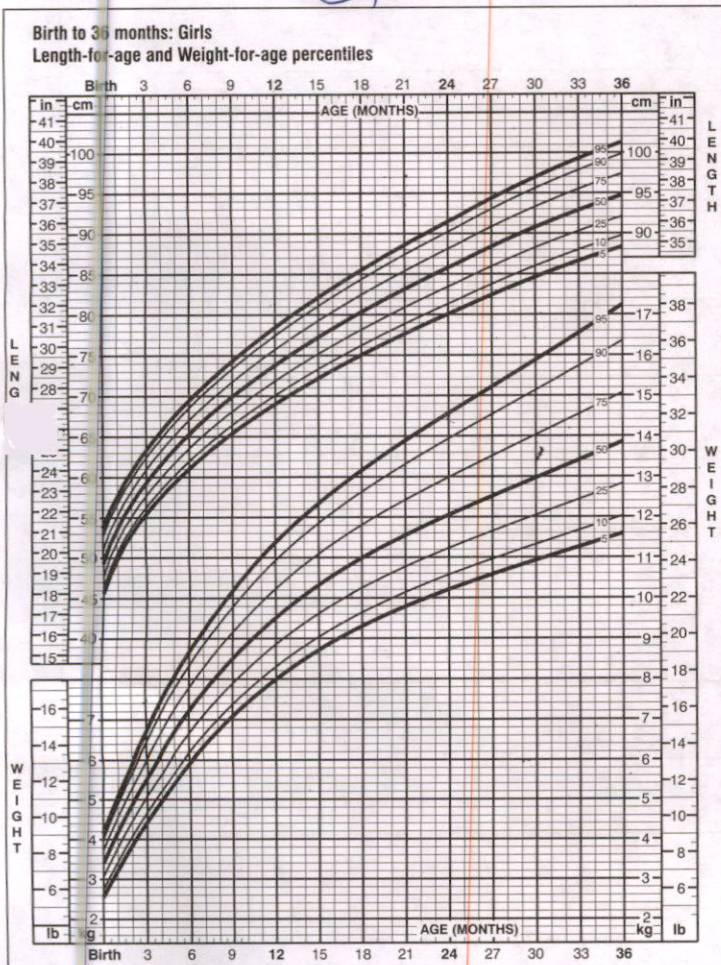
Food Allergies: No Veg/Non-veg Non-veg

Diagnosis: Icd10 S90.1 + relapse

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *[Signature]*

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: *[Signature]*

Daily Notes:

5/5/26
9:40 AM

child is stable. oral intake is Good.

continue \bar{c} normal diet \bar{c} restricted salt - Niletha