

**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP5-00174603 Admit Date : 01-Jun-2026 Admit Time : 01:34 PM UHID : BAH-00459772

Patient Details :

Patient Name : Baby MEDIGA SARANGA DARIYA Age : 5 Y 3 M 9 D
Guardian : Mr MEDIGA VINOD KUMAR DOB : 23-02-2021
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : 3-14-116/62,,CHITHRASEEMA COLONY,
MANSARABAD,MANSURABAD Mansoorabad
Hyderabad Telangana INDIA 500068 Phone No : 9985839915/ 9885887128
E-mail : VINODMEDIGA@YAHOO.COM

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 201 Ward Name : 2F-SECOND FLOOR
Room No : SPVT 201 Admission Type : First Visit

Contact Details :

Name : Mr MEDIGA VINOD KUMAR Relationship : Father
Contact Address : 3-14-116/62,,CHITHRASEEMA COLONY,
MANSARABAD,MANSURABAD Mansoorabad
Hyderabad Telangana INDIA 500068 Phone No : 9985839915 / 9885887128

Signature

Doctor Details :

Doctor Name : Dr. NALLA ANURAAG REDDY Specialisation : HEMATO ONCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. SIRISHA RANI

Payment Details :

Payment Mode : Cash Deposit Amount : 737.38
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name : _____

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

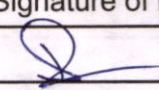
Date of Admission: _____ Discharge : _____ Time: _____

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

BAH-00459772 IP5-00174603
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 3 M 9 D (F)
Dr. NALLA ANURAAG REDDY



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/06	2:40pm	ER	201	

Cross Consultation Visit

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Mediga Saranga Dariya,

UHID ID:

Department:

Consultant:

BAH-00459772 IP5-00174603
Baby MEDIGA SARANGA DARIYA (F)
23-02-2021 5 Y 3 M 8 D
Dr. NALLA ANURAG REDDY



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____
Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

No fever from 3 days.
Rash from 3 days

History of present illness :

Child
with Beta thalassemia - Transfusion dependent
/ moderate Hepatic from overload
Post WIG (WIG given on 30/5/26)

↓
No fever from 3 days
Fever high grade, Responding with Paracetamol
associated with maculopapular rashes started
over abdomen progressed to involve the body
Except palms & soles.

No H/o vomiting, cough/cold.

on hy. ceftriaxone from 30/05/26.



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Lscs 1st admission
d
Anemia

□ TO
The
fault

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Normal till age

Immunization History :

vaccinated till age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 15.9 kg (Centile _____)

On Examination :

Temperature : 99.1°F Pulse Rate : 116/m¹² B.P. 93/48 (60) SPO2 98.1% R/A
Resp. rate and type of breathing : 24/m¹²

Rash _____ Maculopapular rash present
Lymphadenopathy _____ all over the body
Oedema : _____ Except palms
Allergies (if any): _____ Soles.

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : _____
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____ etc. etc.

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : _____
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____ etc.

Per Abdomen :

Inspection _____
Palpation : _____
Ausculation : _____ etc.
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____ *Alert*

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

*Child of Bthalassaemia, Transfusion dependent
moderate Hepatic Iron overload, post IVIG
↓
Viral Exanthem with febrile neutropenia.*



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection

Desired goals of the treatment: Resolution of symptoms

Planned Labs:

fever
measles IgM
repeat Blood culture
urine culture) opbanti
done

Planned Management

1. w/ piperac 1.5 gm IV TID.
2. Dressing change.
3. Monitor vitals.

NB Javang
01/06/26 @epm

Signature of the Doctor: N. Prakash

Name of the Doctor: N. Prakash

Date & Time: 01/06/26 1:35pm

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Anurag

Date & Time: [Blank]

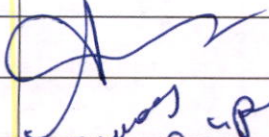
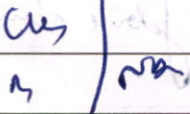
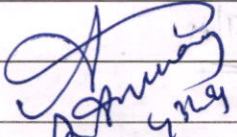
DR. SIRISHA BANI
Registration No: 40525

BAH-00459772 IP5-00174603
 Baby MEDIGA SARANGA DARIYA (F)
 23-02-2021 5 Y 3 M 9 D
 Dr. NALLA ANURAAG REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6 6:20 pm	S/O Mrs. Smedly Δ Thalassemia Major on PTIS fever 100°f - tachyp. heard	Acute febrile illness - maculo papular rash (P) - trace measles Ig M. - ct - Acidosis - ct - p/p 2
	IVIg given on 30/5. - fever (1/6) 1250	- fluonase to add. - see methyl pred if high grade fever. Smedly
2/6/21 12:20 pm	S/O A. Anurag Δ Thalassemia Major - viral exanthematous o/s active, alert - w/ 1/6 - 1/6 Anurag 43499	Acute febrile illness - viral - trace Measles Ig M, Blood culture - continue Antibiotics - CBP T/M

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/21	S/O Anuraag	
4 pm	- no new concern	Adm
		- continue the same.
		- CBP T/A
	 Anuraag 4:55 PM	
27/6/21	S/O Hemaru team	
11 AM	O/S active, alert	
	 Anuraag	Adm
12:15 pm <u>equivocal</u>		- Continue w antibiotics
		- RBC transfusion (irradiated)
		- Ret today
	 Anuraag	→ CBP to be done (4/6)

DR. SIRISHARANI
 Registration No. 40525

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 23-02-2021 5 Y 3 M 9 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9 AM	S/B Dr. SIRISHA RANI	
	<p>β Thal major / Tx dependent viral exanthematous fever.</p>	
	No fever	Plan
	rash - better	1. discharge today
	vitals stable	2. Cefixime - x 3 days
		Puriconazole 1/200 x 3 days
		Sup Aldonix x 3 days.
		3. R/O on 11/6/26 cap.
		To do donor workup <u>done</u>
		f on 9/6/26
		Restart hydomynea
		Peprijet } on Monday
		at Pointe f calcium

DR. SIRISHA RANI
 Registration No: 40525

[Handwritten signature]

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 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 3 M 9 D (F)
 Dr. NALLA ANURAAG REDDY



(28) **RESULT SHEET**

Date	1/6/26	03/6/26	4/6/26		
Time		6:13 AM	7 AM		
Hb	9.9	8.9	12.7		
PCV	29.8	28.0	38.3		
RBC	4.05	3.75	5.03		
WBC	1.15 (L)	1.35	2.39		
N/L	41/40	25.2/50.4	46.9/33.9		
Platelets	82,000/mm ³	92	1.14000		
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Retraction — 1250

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 Baby MEDIGA SARANGA DARIYA
 23-02-2021 6 Y 3 M 9 D (F)
 Dr. NALLA ANURAG REDDY



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: ICU Shifted to: ICU

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	SYP. AYLCONP (5ml/400mg)	2ml	PO	BH		<input type="checkbox"/> C <input type="checkbox"/> DC
2	T-folicacid	2 tablet	PO	BH		<input type="checkbox"/> C <input type="checkbox"/> DC
3	SYP. CALCIUM ₂ PLUS	5ml	PO	12H		<input type="checkbox"/> C <input type="checkbox"/> DC
4	SYP. UDILIV	4ml	PO	12H		<input type="checkbox"/> C <input type="checkbox"/> DC
5	SYP. SEPTRAN	5ml	PO	Twice daily Monday Wednesday Friday		<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: N. Prashanth N. Prash

Date & Time: 01/06/2021 1:30pm

Nurse Name & Signature: Lavanya S

Date & Time: 01.06.2021 @ 2pm



DRUG CHART

Date of Admission: 01/06 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 : <u>SYP. CROCIN DS</u>				Date/Time	<u>1/6/26</u>															
Dose	Route	Frequency	Start Date																	
<u>5ml</u>	<u>PO</u>	<u>SOS</u>	<u>01/6</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>N. Senthil</u>																				
Additional Instructions:																				
<u>(Sm/40mg) 1x Temp</u>																				
<u>3100°F</u>																				

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



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
03/06	1 ³⁰ pm	Inj AVIL	8mg	IV	Jayanti	Kala Dipanwita 1:50p
03/06	1:50pm	Inj HYDROCORTISONE	30mg	IV	Jayanti	Kala Dipanwita 1:50p
03/06	2pm	PRBC (Extradiated)	1 unit over 5 hours	IV	Jayanti	Kala Dipanwita 2:00p
03/06	2 ³⁰ pm	Inj LASIX	8mg	IV	Jayanti	Kala Dipanwita 30 Apr
			end of PRBC			

Signature
Verified By Name

BAH-00459772 IP5-00174603
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 3 M 9 D (F)
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Doc. No. : RCHBH/ FRM / CLINICAL / 126

3/6/26

SCHOOL AGE (5-12 years)

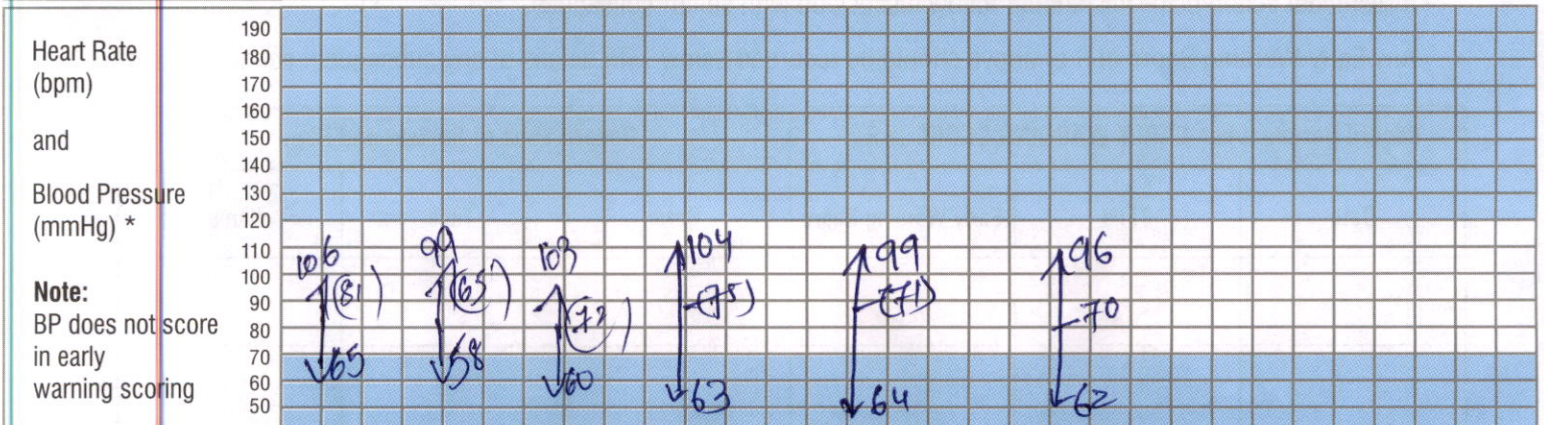
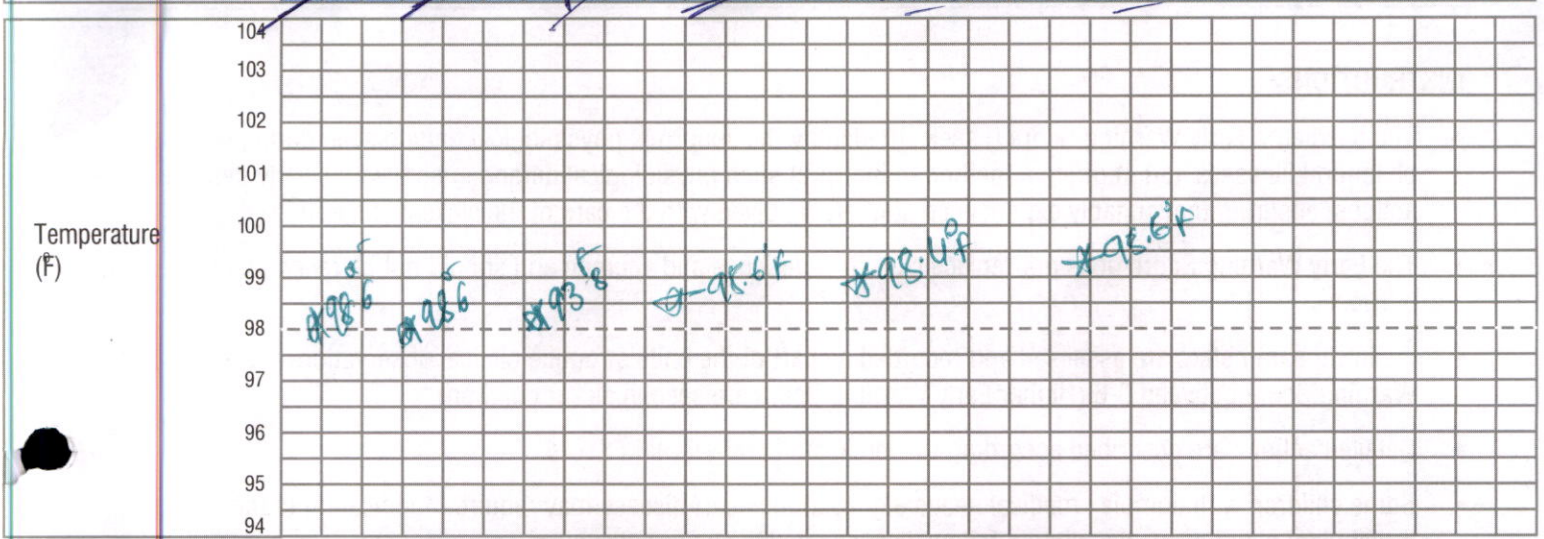
Children's Observation & Early Warning Scoring Chart



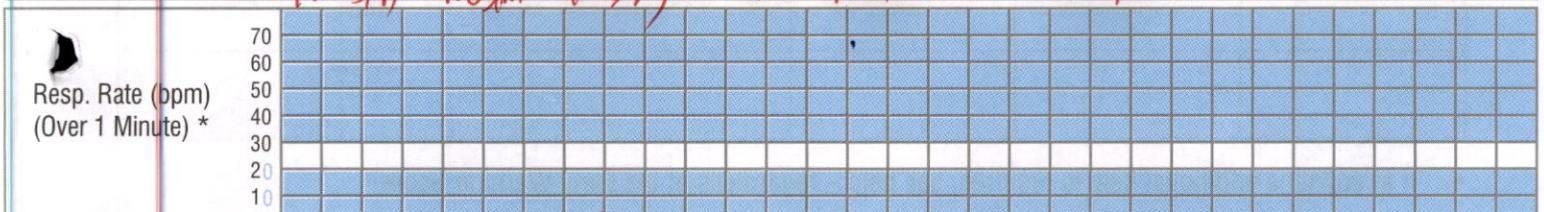
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10Am 2pm 6pm 10pm 2am 6am

Doctor / Nurse / Family Concern?



Heart Rate (Number) 122b/m 106b/m 108b/m 126b/m 98b/m 99b/m



Resp Rate (Number) 22b/m 22b/m 26b/m 24b/m 25b/m 25b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) RA 99% RA 100% RA 100% RA 100% RA 99% RA 98%

Conscious Level Normal Altered

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

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

Pain Score 0 0 0 0 0 0

Observer's Initials

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

2/6/26

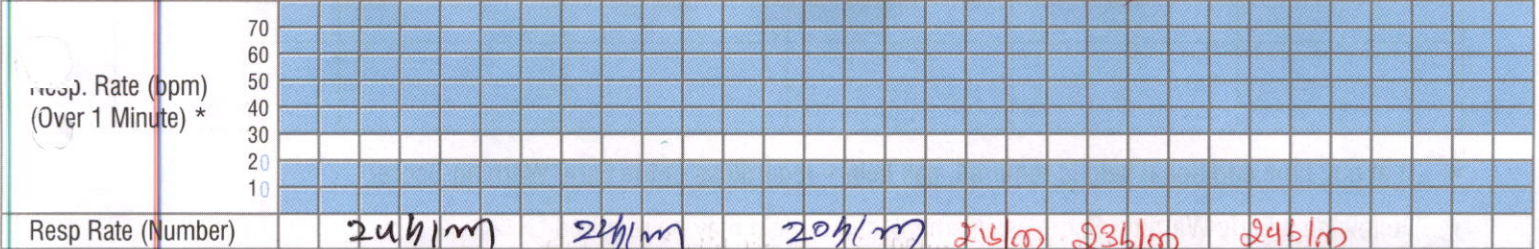
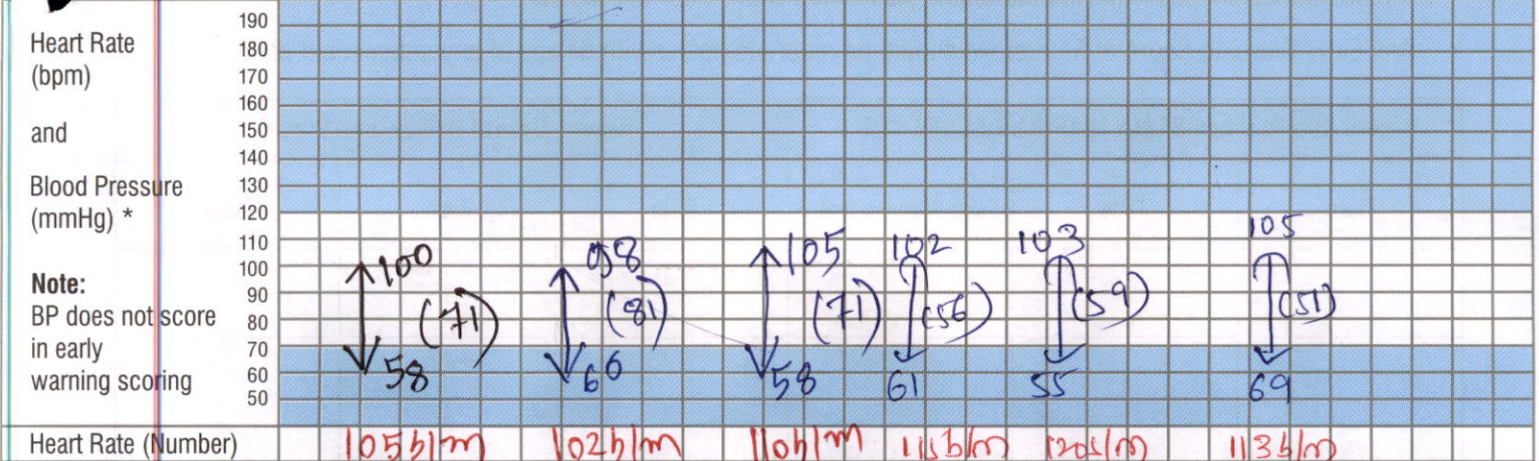
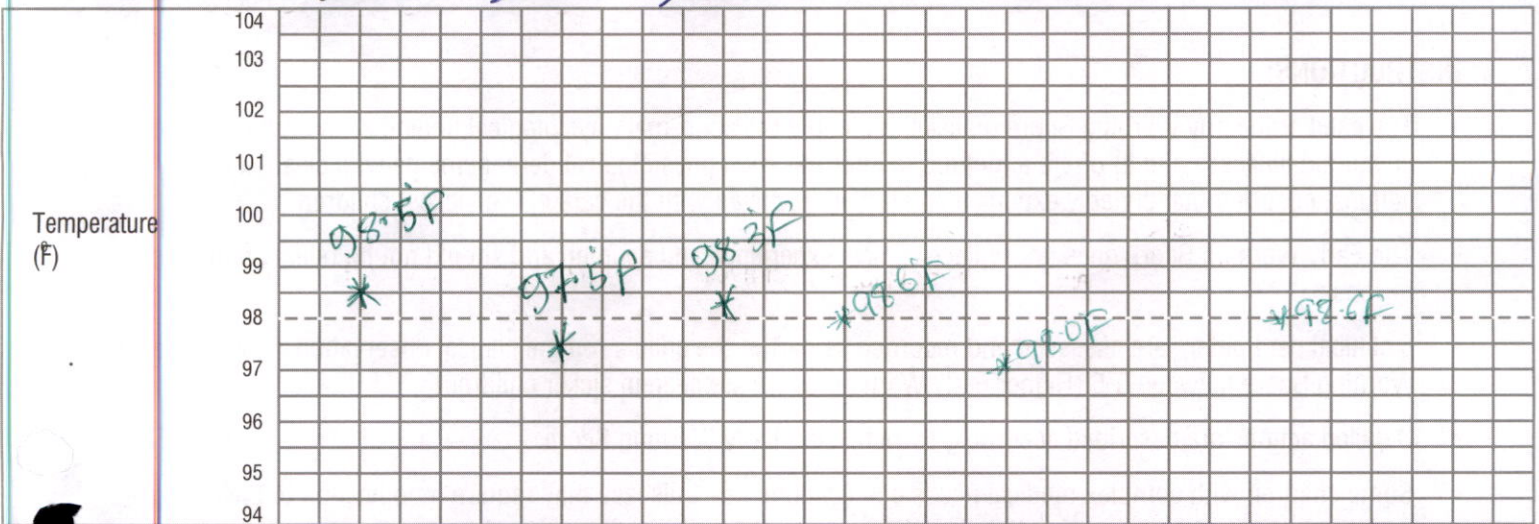
No. : RCHBH/FRM/CLINICAL/126

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10 AM 2 PM 6 PM 10 PM 2 AM 6 AM
 Doctor / Nurse / Family Concern? _____



Resp Distress	None / Mild					
Receiving O ₂ (l/min)		RIA	RIA	RIA	RIA	RIA
O ₂ Saturations (%)		100%	98%	99%	100%	99%
Conscious Level	Normal / Altered	✓	✓	✓	✓	✓
GCS *		15/15	15/15	15/15	15/15	15/15

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

ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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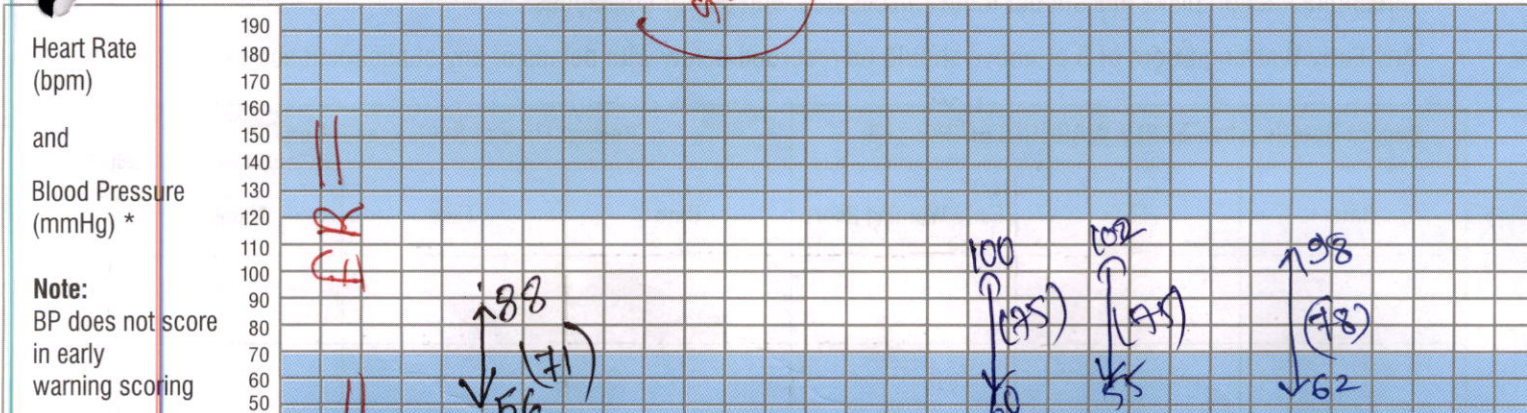
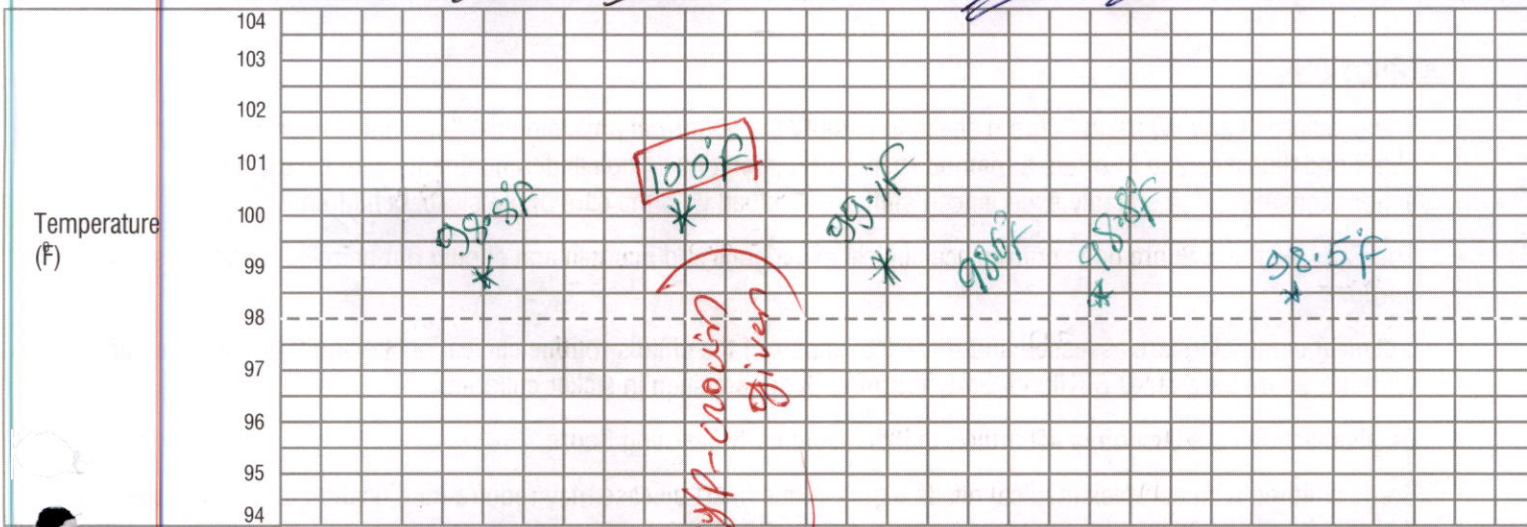
1/6/26

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

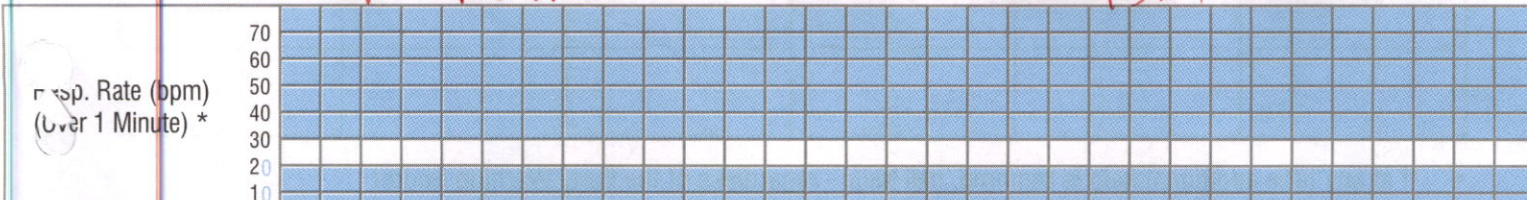


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 5PM 5:45PM 7PM 10PM 9AM 6AM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 105 b/m 123 b/m 100 b/m



Resp Rate (Number) 22 b/m 23 b/m 24 b/m

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

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

ACTIONS

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: 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.

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)



01/06

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			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	Route	Picc	NG	Diarrhoea	Vomit	Drainage	Urine				
					N.G									
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm				1 ml									
	05:00 pm	NO	rice		1 ml					0		Bani		
	06:00 pm	IVP	water		1 ml					0		Bani		
	07:00 pm				1 ml					6		Bani		
	Total Intake :						Total Output :							
	08:00 pm				6 ml									
	09:00 pm		gdy water		1 ml					0		Mouni		
	10:00 pm				1 ml					0		Mouni		
	11:00 pm				1 ml					0		Mouni		
	12:00 am				1 ml					0		Mouni		
	01:00 am				1 ml					0		Mouni		
	Total Intake :						Total Output :							
	02:00 am				6 ml									
	03:00 am				1 ml					0		Mouni		
	04:00 am				1 ml					0		Mouni		
	05:00 am				1 ml					0		Mouni		
	06:00 am				1 ml					0		Mouni		
	07:00 am				1 ml					0		Mouni		
	Total Intake :						Total Output :							
	Total 24 hrs. Intake						Total 24 hrs. Output							
						7-12ml						M-00-4		



2/6/26

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	↑	rice	1ml						✓	0	Barnei
	09:00 am	↑	water	1ml							0	Barnei
	10:00 am	NO		1ml							0	Barnei
	11:00 am	↓		1ml			NP			✓	0	Barnei
	12:00 pm	↓		1ml							0	Barnei
	01:00 pm	↓		1ml							0	Barnei
Total Intake :			6ml			Total Output : M-0 U-2						
	02:00 pm	↑	rice	1ml							0	Barnei
	03:00 pm	↑	water	1ml							0	Barnei
	04:00 pm	NO		1ml						✓	0	Barnei
	05:00 pm	↓		1ml						✓	0	Barnei
	06:00 pm	↓		1ml							0	Barnei
	07:00 pm	↓		1ml							0	Barnei
Total Intake :			6ml			Total Output : M-1 U-2						
2/6	08:00 pm	↓	rice	1ml							0	Haily
	09:00 pm	↓	water	1ml						✓	0	Haily
	10:00 pm	NO		1ml			NP				0	Haily
	11:00 pm	↓		1ml							0	Haily
	12:00 am	↓		1ml							0	Haily
	01:00 am	↓		1ml						✓	0	Haily
Total Intake :			6ml			Total Output : m-0 u-2						
3/6	02:00 am	↓		1ml							0	Haily
	03:00 am	↓		1ml						✓	0	Haily
	04:00 am	NO		1ml			NP				0	Haily
	05:00 am	↓		1ml							0	Haily
	06:00 am	↓		1ml							0	Haily
	07:00 am	↓		1ml						✓	0	Haily
Total Intake :			6ml			Total Output : m-0 u-2						
Total 24 hrs. Intake			24ml			Total 24 hrs. Output					m-1 u-8	



FLUID CHART

Sheet No. :

3/6/26.

- 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		
3/6/2	08:00 am	↓		1ml						✓	0	Kaly
	09:00 am	↓	1ml							✓	0	Kaly
	10:00 am	No IVF	1ml								0	Kaly
	11:00 am	↑	1ml								0	Kaly
	12:00 pm	↑	1ml							✓	0	Kaly
	01:00 pm		1ml								0	Kaly
Total Intake :			6ml			Total Output :						U-2
3/6/2	02:00 pm	↓	1ml								0	Kaly
	03:00 pm	↓	1ml							✓	0	Kaly
	04:00 pm	No IVF	1ml								0	Kaly
	05:00 pm	↑	1ml								0	Kaly
	06:00 pm	↑	1ml							✓	0	Kaly
	07:00 pm		1ml								0	Kaly
Total Intake :			6ml			Total Output :					M-1 U-2	
	08:00 pm	↓	1ml								0	Rosny
	09:00 pm	No IVF	1ml							✓	0	Rosny
	10:00 pm	Take water	1ml								0	Rosny
	11:00 pm	↓	1ml								0	Rosny
	12:00 am	↓	1ml							✓	0	Rosny
	01:00 am	↓	1ml								0	Rosny
Total Intake :			6ml			Total Output :					M-1 U-2	
	02:00 am	↓	1ml							✓	0	Rosny
	03:00 am		1ml								0	Rosny
	04:00 am	No IVF	1ml								0	Rosny
	05:00 am	↓	1ml							✓	0	Rosny
	06:00 am	↓	1ml								0	Rosny
	07:00 am	↓	1ml							✓	0	Rosny
Total Intake :			5ml			Total Output :					M-0 U-3	

Total 24 hrs. Intake 23

Total 24 hrs. Output M2 - U-9



4/6/28

FLUID CHART

Sheet No. :

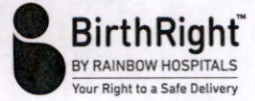
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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-00459772 IP5-00174603
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 3 M 11 D (F)
 Dr. NALLA ANURAAG REDDY



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 3/6/26 Time: 2 PM

Blood Group of the Patient: B⁺ positive Blood Group on the Blood Bag: "B" positive

Blood Bank Issue No: BAH 26-01234 Date of Collection: 22/5/26 Date of Expiry: 3/4/26

Date & Time of Starting Transfusion: 3/6/26 2 PM Planned duration of Transfusion: 5 hrs

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Dipranjaya Nurse 2: G. Kalavathi

Before starting transfusion vitals: Temp: 98.6 HR: 118 RR: 24 BP: 90/60 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
3/6/26	15 Min	78	98.6	90/60	100%	NA	NA	NA	-
3/6/26	15 Min	106	98.3	101/58	99%	NA	NA	NA	-
3/6/26	30 Min	105	97.5	96/61	100%	NA	NA	NA	-
3/6/26	30 Min	88	98.6	102/65	99%	NA	NA	NA	-
3/6/26	30 Min	102	93.2	104/59	100%	NA	NA	NA	+
3/6/26	1 Hr								
3/6/26	1 Hr								

Comments: NA

Name of the Incharge-Nurse: Anitra

Name of the Nurse: Kalavathi

Signature of the Incharge-Nurse: Anitra

Signature of the Nurse: Kalavathi

Date & Time: 3/6/26 4:30 PM

Date & Time: 3/6/26 7:30 PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No. 2
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 250 ml. Prepared from Whole human blood collected in 63 ml Solution.

B

Rh Positive

HIV I & II/ HBsAG/ HCV
reactive
VDRI. - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/
reactive

Unit No.: BAH26-01234
Blood Group: B Rh Posit
Collection Date: 22/May/2026
Expiry Date: 03/Jul/2026

DATE 03/6/26

OPERATOR

BIACH&RI BLOOD BANK

IRRADIATED

25 Gy INDICATOR

1) Administer Without Warming. 2) Shake Gently Before Use
Add Any Medication. 4) Check Blood Group on Label & Re
Group and Name Before Administration. 5) Use Sterile Transf
With Filter

There is
Appropri
Antibodi

Issue Label / CrossMatching Report

Patient : **Baby MEDIGA SARANGA DARIYA**
Patient's Blood Group : B Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. SIRISHA RANI
UHID No. : BAH-00459772. Wd-Bed No.:

Product : I.R-PRBC
Blood Group : B Rh Positive
Unit No. : **BAH26-01234**
X-Matching Report: Compatible
X-matched by: K.SAIKUMAR
Issue Dt : 03/Jun/2026
Collm. Dt : 22/May/2026
Exp. Dt : 03/Jul/2026
Issued By :

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G



CONSENT FOR BLOOD TRANSFUSION

Name: Baby Mediga Saranga Dariya Age: Gender: Male Female
UHID.No: BAH: 00459772 Date: 03/06/2026

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" 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 type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I 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 Immunodeficiency 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 NRI

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: [Signature]
Name: M. Vinod Kumar
Date & Time: 03/06/2026 at 13:30

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Nallan
Date & Time: 3/6/26 1:30 pm

Witness

Signature: [Signature]
Name: [Name]
Date & Time: 3/06/26 at 1:30 pm

201

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 1/6/26 Time: 2:30pm

Weight: 15.9 kgs Centile: >5th

Height: 102 cms Centile: >5th

Inference: Underweight child

RDA: - Calories: 1400 kcal/d Protein: 24g/d

Diet Recommendations: Normal high protein diet

Re-Assessment: Avoid spicy, chilled, outside foods

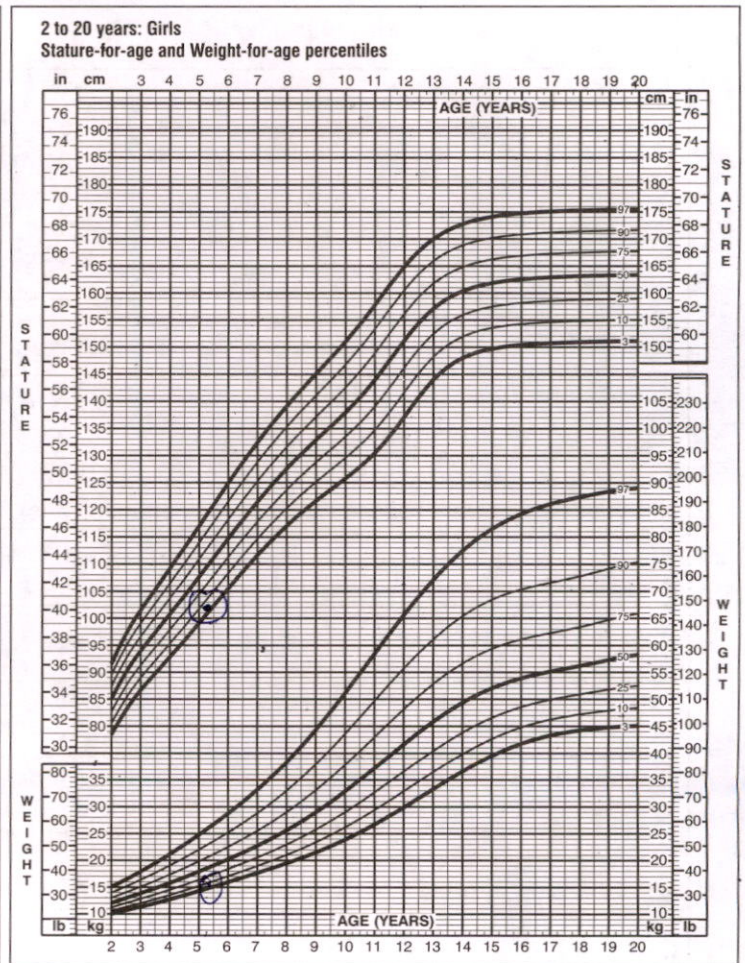
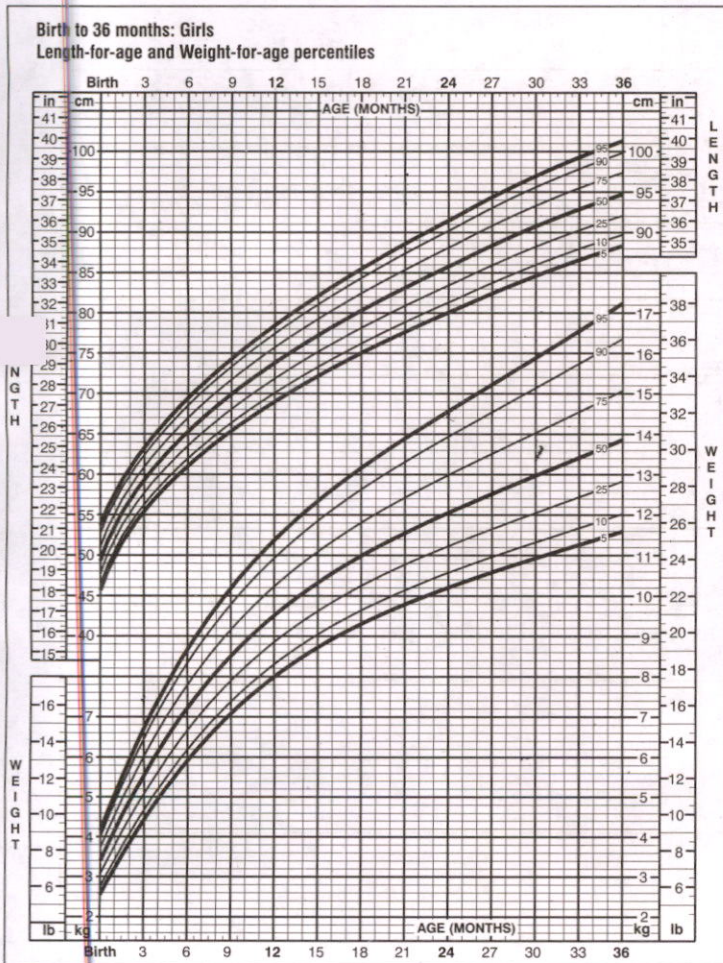
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: IC/cb B-Thalassemia - viral exanthematous febrile neutropenia

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Parents dont want dietitian. Do not charge for NHA

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

