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

ACTIVITY PLANNING

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
15-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

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

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

Date of Admission : 3/7/26 Time : 2:04 Am Date of Discharge : ---------- Time: ----------

Room / Bed No : 217 Ward : 2nd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	@ 3.10Am	ER	217	
3/7/26	@ 5.10Am	2nd Floor	PICU	
3/7/26	7.20 AM	PICU	217	

Cross Consultation Visit

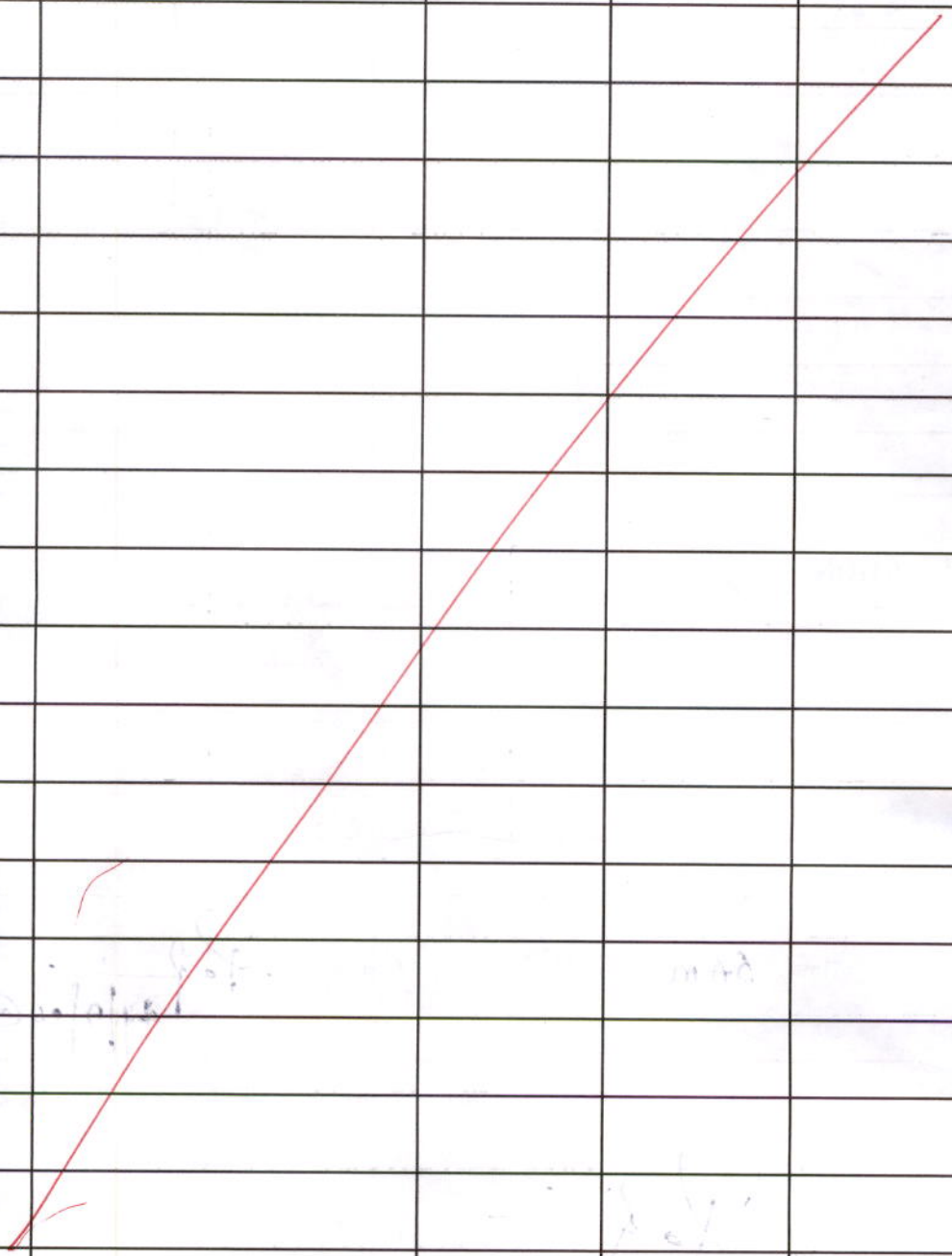
	Doctors Name	Date	Order No.	Signature
1.	Dr. Leena Sha Yarlidi Reddy.	3/7/26	3097112 ✓	
2.				
3.	Dr. Sruthi Balla	3/7/26	3097191 ✓	
4.				
5.	Cross Checked done by			
6.			4/03/26	
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
03/07/26	CBP, electrolytes, Ca, Mg.	26022241	RL
	RBS 120 mg/dl	26022245	RL
	Calcium, magnesium, phosphorous, vit D, PTH, spot urine mat, spot urine cot/creatinine ratio	26022308	M
	urea, Creatinine, spot urine proteins	26022320	
	ECG.	D26-010625 ✓	
	USG Abdomen	D26-010623 ✓	M
	Cross checked done by Raf.	04/07/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/7/26	Infusion pump	3/7/26 @ 3:40pm	3/7/26 @ 6pm	3096946 ✓	Rep.
3/7/26					
—	Cross Checked done by Rep.				04/08/26



PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
3/5/26	Iv placement	1	3096947	
—	Cross checked done by		04/07/26	

ANY OTHER INFORMATION

Date : 04.07.26 Time : 5AM Prepared By: 04/7/26 @ 5A

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Padma	Sis.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
Patient Name : 16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

IP.No: 60549

Ward:

DOA: 3/7/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	2	–	–	
2	Discharge Summary	3	–	–	
3	Nursing Initial assessment form	2	–	–	
4	Patient Trasfer Forms	3	–	–	
5	In-patient Medical Record	3	–	–	
6	Doctors Progress Sheets	2	–	–	
7	Nurses Progress notes	3	–	–	
8	Consultation Sheets	2	–	–	
9	General Consent for Treatment	2	–	–	
	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	–	–	
	Intake and Output chart (fluid Chart)	1	–	–	
	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 Educatlon Form				
	consent for PICU	1	–	–	
	medication form	1	–	–	
	triage form	1	–	–	
	Braden Q	1	–	–	
	Humpty dumpty	1	–	–	
	pain assessment	1	–	–	
	DVT form	1	–	–	
	Total No. of Pages				

37 - total pages

Signature and Date : 4/7/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060549 **Admit Date** : 03-Jul-2026 **Admit Time** : 02:04 AM **UHID** : VIH-00206506

Patient Details :

Patient Name	: Baby PARNITA GAUTAM	**Age**	: 10 Y 3 M 17 D
Guardian	: Mr RAHISH KUMAR GAUTAM	**DOB**	: 16-03-2016
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO 245,EWSH APHB COLONY,EDCHAL,KV. RANGAREDDY,MEDACHL,TELANGANA Medchal Hyderabad Telangana INDIA 501401	**Phone No**	: 7989724885
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : TWIN SHARING **Bed No** : TSH 217 **Ward Name** : N 2F-SECOND FLOOR

Room No : TSH 217 **Admission Type** : First Visit

Contact Details :

Name	: Mr RAHISH KUMAR GAUTAM	**Relationship**	: Father
Contact Address	: HNO 245,EWSH APHB COLONY,EDCHAL,KV.RANGAREDDY,MEDACHL,TELANGANA Medchal Hyderabad Telangana INDIA 501401	**Phone No**	: 7989724885

Signature

Doctor Details :

Doctor Name	: Dr. PAPPULA SINDHURA	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : CARE HEALTH INSURANCE LIMITED

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060549 **Admit Date** : 03-Jul-2026 **Admit Time** : 02:04 AM **UHID** : VIH-00206506

Patient Details :

Patient Name	: Baby PARNITA GAUTAM	**Age**	: 10 Y 3 M 17 D
Guardian	: Mr RAHISH KUMAR GAUTAM	**DOB**	: 16-03-2016
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO 245,EWSH APHB COLONY,EDCHAL,KV. RANGAREDDY,MEDACHL,TELANGANA Medchal Hyderabad Telangana INDIA 501401	**Phone No**	: 7989724885
		E-mail	: NA@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr RAHISH KUMAR GAUTAM **Relationship** : Father

Contact Address : HNO 245,EWSH APHB COLONY,EDCHAL,KV.RANGAREDDY,MEDACHL,TELANGANA Medchal Hyderabad Telangana INDIA 501401 **Phone No** : 7989724885

Signature

Doctor Details :

Doctor Name : Dr. GEETHA CHANDA **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

Patient Name : Baby. PARNITA GAUTAM UHID : VIH-00206506 IPD : IP-00060549 Gender : Female Age : 10 Y 3 M 17 D TID : 185447

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/7/26 Time of arrival : 1:22 AM

Chief Complaints: c/o Seizures x 1 episode - 2/7/26 @ 11 PM RBS: 120 mg/dl

Height : 141 CM Weight : 28.6 °F BMI : Head Circumference (<2 years) —

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

If yes , identify

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

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

RISK FOR FALL:

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

☒ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

Siblings in household ☒ Yes ☐ No (if yes How Many?) 1 sister

Time of Initial assessment completed by ER Nurse : 1:26 AM

Patient Name : Baby. PARNITA GAUTAM UHID : VIH-00206506 IPD : IP-00060549 Gender : Female Age : 10 Y 3 M 17 D TID : 185447

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

Time	Nursing Notes
1:17 Am	* patient came to ER
1:21 Am	* vitals checked & Recorded
1:22 Am	* Dr. Sharina Mam seen the patient Advised for Admission . Admission done'
2:20 Am	* IV cannulazation done.
2:25 Am	* Blood sample send to lab (R) done.
3:10 PM	* patient shifted to ward ( )

Samples collected by: Sr. Kajal Time: 2:20 PM

Samples sent by : Sr. Rajyalaxmi Time: 2:25 Am

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3/7/25 @ 2:25 Am	Inj:- Levetiza - cetam	IV	500 mg	Dr. Sharina	Kajal

Condition of patient at time of shift - out :		Details of Shift - out
HR: 102 b/m	BP: 108/70 (81) CFT: <2sec	Shift - out from ER to: 2/7
RR: 20 b/m	SPO_2 : 100 %	Time of Shift - out: 3/7/26 @ 8:10 AM
GCS: 15/15	Temperature : 98.6°F	Handover given to: Sr Raja (Nurse's Name)
Pain Score: 0		by. Kajal
Repeat RBS (if applicable): —		

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulazation done.

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

Date & Time : 3/7/26 @ 3:10 Am

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Seizures

Arrival Time: 03:10Am Mode of Arrival: wheel chair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Nil ..... Body Weight: 28.6 wk Kg

Height: 141 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, ...

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

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

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

Observations: Weight: 28.6 Length: 141cm Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 102bpm RR: 20bpm BP: 108/70(81)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 14 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ..... Family .....

Siblings in household ☐ Yes ☐ No (if yes How Many?) ..... 2 .....

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Parents .....

Nurse's Name: ..... Roja ..... Date: ..... 31/26 ..... Time: ..... 03:20Am ..... Signature .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206506 IP-00060549 Baby PARNITA GAUTAM 16-03-2016 10 Y 3 M 17 D (F) Dr. PAPPULA SINDHURA	3/7/26 @ 2:04 AM	3/7/26 @ 3:10 Am
	Transfer Ordered by Dr. Sharing	Reason for Transfer Admission
From Unit ER	To Unit 217	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? op file given to Attender

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Intratix with 100ml NS (open)	1.
2.	100.	
3.		
4.		
5.		

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

Dr. Sharing

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

Patient & Clinical Records Received by :

Roja

Date & Time of Patient Received : 3/7/26 @ 3:20 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-00206506 IP-00060549 Baby PARNITA GAUTAM 16-03-2016 10 Y 3 M 17 D (F) Dr. PAPPULA SINDHURA	3/7/26 @ 2:04 AM	3/7/26 @ 7:20 AM
	Transfer Ordered by Dr. Swetha	Reason for Transfer Magnesium correction done
From Unit PICU	To Unit 217	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 29	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. Swetha

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Tharun	Dr. Swetha

Patient & Clinical Records Received by :

Roja

Date & Time of Patient Received : 3/7/26 @ 7:20 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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VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

	Date & Time of Admission	Date & Time of Transfer Order
...g Consultant Name	3/7/26 @ 2:04Am	3/7/26 @ 5:10Am
	Transfer Ordered by: DR-Geetha chanda	Reason for Transfer: observation
From Unit: 2ndFloor	To Unit: PICU	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 28 pages	Number of Imaging Films: Nil	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. Ganesh

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIS:- Roja	DR. Ganesh

Patient & Clinical Records Received by : Br. Thanu

Date & Time of Patient Received : 3/7/26 @ 5:10PM

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

(P.T.O.)

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Name : Parnita.

Information given by: Mother Age/Sex 11y/F.

Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

1 episode of seizure activity @ 10:30 PM.
while eating.

History of present illness :

A 11yr old female child came c/o deviation of angle of mouth & chin towards left side & tightness of lt limb movement of (Rt) UL. lasted ~ 3-4 min.

Awareness (+).
No Drooling of saliva / Bowel & Bladder incontinence.
No Postictal drowsiness
No H/o fever, cough, cold, rash.
No H/o trauma / fall.

↓

went to Medicover & referred KH, VCP for further evaluation

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

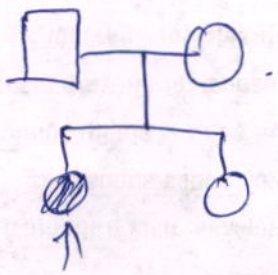
Pediatric Multiorgan History & Physical Examination

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

2 admission for AFI @ 14 & 15 yrs.

Birth & Neonatal History:

FT | LSCS | C/AB | ? | ~ 2 kgs.



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Development milestones attained as per age.

Immunization History :

Vaccination done till now as per N/s.

(P.T.O.)

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____ (Centile _____) Height (cms): 141cm (Centile)_____)

Weight (kgs)) 28.6kgs (Centile _____)

On Examination :

Temperature : 98.2F Pulse Rate : 95/m B.P. 116/75(87) SPO2 100%

Resp.rate and type of breathing : 20/mt

Rash -

Lymphadenopathy -

Oedema :

Allergies (if any):

Respiratory System :

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

Air entry & breath sounds : BAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : BS_2 (+)

Any murmur :

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

Per Abdomen :

Inspection (N).

Palpation : Soft.

Ausculation : BS (+).

Spine : (N). External Genitelia :

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

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System:

	(R)	(L)
Nutriton :		
Tone:	N	
Co-ordinator :		
Posture :		
Power	4/5	4/5

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

1st episode of unprovoked seizure (focal?)

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

(D/W Dr. Geeta mam).

Planned Labs:

CBP, S. Ca^{2+}, S. Mg^{+}, RFT,
RBS, ⇒ 120/-

~~ECG~~ F/m

Noted. By m. Rajyalu 3/7/26 E: 2-25 Day

Planned Management

→ IVF 1/3 (M).
→ INJ. LEVETIRACETAM @ 20mg/kg/dose STAT
→ Backup: Inj. Lacosamide
→ Hrly monitoring.

Signature of the Doctor: .....
Name of the Doctor: Dr. Shankar.
Date & Time: 03/07/26

Signature of the Consultant: .....
Name of the Consultant: Dr. Geeta.
Date & Time: 03/07/26

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026	C/D/w Dr. Geetha Chanda	
4:30 Am.	As magnesium is low and child required Correction, hence shifting to PICU for Correction. i/v/o hypomagnesemia → (0.9) after informing to Dr. Geetha Chanda.	
		35mg/kg over 6min.
		Note by PAP @ 4 3/7/26 @ 4:30 Am

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26	C/o/By Dr Sindhu 1st Episode focal aware motor clonic seizure (N) BH (N) DH Mg → 0.9 Adv:- Tab Myrol 200mg - 1/2 — Stat - EEG → 10:30am → if abnormal → MRI SOS. - Sr. Mg+2 @ 3Pm ↓ low → <1.5 ↓ one Correction more. - Dr. Sruti (Nephrologist) + - Dr Geetha (Endocrinologist) Noted by Sathi 3/7/26 @4Pm	c/n to day)

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Baby PARNITA GAUTAM
15-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 11 AM	D/w Dr. Sruti Mishra	
	- Case was discussed & reports were updated	
	plan	
	- To send S. Ca^{+2}	today @ 3pm
	S. Mg^{+2}	
	S. phosphorous	
	vit - D levels	
	PTH levels	
	✓ urine for Ca^{+2} creatinine ratio	
	✓ urine for spot Mg^{+2}	
	✓ CUE	
	USG Abdomen c KUB	
	S. urea, creatine	
	✓ spot urine protein	
	3/7	Adv
		T/D MRI brain plain @ 3PM
Noted by Sruti 3/7/26 at 7PM		- T. OXETOL (150mg) ½ - 0 - ½ - ③ days then 1 tab BD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Neurology	
3/7 5:30PM	No further seizures	Plan
	O/E	- Same Rx
	Vitals - (N)	
	Conscious, oriented	
	EOM - Full	
	(N) tone	
	Power - 5/5	
	DTR - +2	
	Plantar - flexor	
	Noted by padma 3/7/20	

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Seizures

Any Infection: ☐ Yes ☐ No ☐ ~~Not~~ Known
If Yes Specify: .....

Surgery / Procedure: Nill

Post OP Day:

	Date / Shift	3/7/26 Night	3/7/26 N	3/7/26 N	3/7/26 M	3/7/26 E	3/7/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	Nill	Nil	Nill	Nil	Nil	Nill
	Diet:	Soft diet	(S)diet	S-diet	NPO	S.diet	(S)diet
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	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	98.7F	98.6F	98.6F	98.6F	98.3F
	Res:	20b/m	23b/m	22b/m	26b/mt	26b/mt	25b/m
	SpO_2:	100%	99%	98%	98%	100%	100%
	Pulse:	95b/m	107b/m	96 b/m	101b/mt	100b/mt	101b/m
	BP:	116/75(87)		101/53(64)	99/69(78)	100/69(78)	110/69(83)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	14	14	14	14	14	14
	Pain Score:	0	0	0	0	6	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ ~~Yes~~ ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nill	Nil	Nill	Nil	Nil	Nill
	Others Specify:	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Soft diet	(S)diet	Nill	NPO	S.diet	(S)diet
	Critical Lab Test / Values:	Nill	Nill	Nill	Nil	Nil	Nill
	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	dependent
Post Operative Procedure Special Orders:		Nill	EEG T/M	EEG T/M	Nil	Nil	
Handed Over By Name :		Sr.Kajal	Rajg	Thanuja	sushila	sushila	padma
Signature / ID :		014992	Rajg	020105	816993	816993	606329
Date:		3/7/26	3/7/26	3/7/26	3/7/26	3/7/26	4/7/26
Time:		@3:10pm	@5:10pm	@7:20pm	2pm	at 8pm	@8am
Taken Over By Name :		Rajg	Thanuja	sushila	sushila	padma	
Signature / ID :		Rajg	020105	816993	816993	606329	send softly
Date:		3/7/26	3/7/26	3/7/26	3/7/26	3/7/26	Nil Billing
Time:		@3:20pm	@5:10pm	8AM	2pm	@2pm	

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16-03-2016 10 Y 3 M 17 D (F)
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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-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

NURSING CARE RECORD

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Date: 31/12/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify: Assess the patient condition
- ☑ 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							
Night	4AM	t maintain fluid balance	4:30 AM	t Administered IV medi-cation DNS 20ml/hr	t prevent dehydration	Re-assessment vital stable	Reg 9 @ 31/12/26

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NURSING CARE RECORD

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Date: 8/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ 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	9Am	maintain Fluid Balance	9:10 AM	To provided IV Fluid DNS 20ml/hr	To maintain Hydration	Patient is Stable	Sus Lily 8/7/26 @2Pm
Afternoon	3Pm	prevent Infection	3:10 PM	To maintain Hand Hygiene	To prevented Infection	Patient is Stable	Sus Lily 8/7/26 @PM
Night	11pm	Maintained fluid Balance.	8Am	*maintained fluid Balanced. *Nutritional Status.	* To Prevent to the delay -dition	* Re- Assessment Done patient condition is. Stable.	Padma 4/7/26 @7Am

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NURSING CARE RECORD

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Date: 4/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ 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				1 Discharge Notes 1 Doctor came for the Rounds. Baby is. Stable. 1 Doctor Adviced Discharge			Padma 4/7/26 @ 9am
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ 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							
Night							

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

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

CONSULTATION FORM

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Doctor Name : .....

Date : ..... Hour : .....

Hospital : .....

.....

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

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

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

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: M.D.

Report of Findings and Recommendations :

Hypomagnesemia
Seizure.

Rest of Labs awaited

USG – ? (R) Smaller kidney.
Normal CMB.

CUE – (N)

Adv

1) T. Magnesium
Loading:
1 – 1 – 1

2) Inform pending
report

Consultant :

Name : DR. SRUTHI ..... Signature : ..... Date & Time : 3/7/2016
4 pm

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

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

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

CONSULTATION FORM

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Doctor Name : Dr. Leenatha Reddy

Date : 3-7-26 Hour : 2:35 pm

Hospital : Banjara - Kharkana

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

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

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

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

→ ↓ Mg - Bl. tests done because of. Seizure activity.

Signature: M.D.

Report of Findings and Recommendations :

1st episode focal seizure last night

- Developm^{n} – Normal
- Growth appears (N).

NO F/H of ca problems.

Mg = 0.9
calcium = 9.3

Has received Mg correction.

Repeat Mg & calcium – today

If Mg is low to check Urine

if ↓ Mg low Mg persists → Genetic testing

Consultant :

Name : Leenatha Reddy Signature : Date & Time : 3-7-26

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

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 PARNITA GAUTAM**	**Age :**	**10 Y 3 M 17 D**
IP No:	**IP-00060549**	**Sex:**	**Female**
Consultant:	**Dr. GEETHA CHANDA**	**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 also 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 clearance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature:

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:

Name: Rahul Kumar Gautam
Relationship: Father
Date: 03-7-2026 Time:
Wittness Name:
Wittness Signature:

Patient Address:
HNO 245,EWSH APHB COLONY, EDCHAL,KV.RANGAREDDY,MEDACHL, TELANGANA Medchal Hyderabad Telangana INDIA 501401

Rainbow Children's Hospital

BirthRight 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 PARNITA GAUTAM**	**Age :**	**10 Y 3 M 17 D**
IP No:	**IP-00060549**	**Sex:**	**Female**
Consultant:	**Dr. PAPPULA SINDHURA**	**Ward/Bed No:**	**N 2F-SECOND FLOOR/TSH 217**

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 also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for urance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the e 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 clearance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature:.....)

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:

Name: Rakesh Kumar Gautam

Relationship: Father

Date: 3/7/2026 Time: 2:04 AM.

Witness Name:

Witness Signature:

Patient Address:

HNO 245,EWSH APHB COLONY, EDCHAL,KV.RANGAREDDY,MEDACHL, TELANGANA Medchal Hyderabad Telangana INDIA 501401

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: Parnitha Age: 10Y Gender: Male ☐ Female ☒

UHID.No : 206506 Date: 3/7/26

I Rahish Kumar S/o, D/o, W/o, Jagadeesh hereby

declare that our patient Master/Baby Parnita who is related to me as daughter

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 3/7/2026

The doctors have explained to me in a language understood by me that my child has following health related issues :

- Low magnesium
- Chance of seizures

The doctors have clearly explained to me that my patient Master / Baby Parnita during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed \upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Parnita in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: Rkumar

Name: Rahish Kumar Gautam

Relationship with Patient: Father

Date & Time: 3/7/26 6AM

Witness :

Signature:

Name:

Date & Time:

Doctor (who is taking the consent) :

Signature:

Name:

Date & Time: 3/7/26 6AM

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐ స్త్రీ

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

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.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

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

SCHOOL AGE (5-12 years)
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 : 7/7/20 Time:	4	5	5:30	6	6:30	7	7:30
Doctor / Nurse / Family Concern?	AM	AM	AM	AM	AM	AM	AM
Temperature (°F)	99.5	98.6	98.6	98.6	98.8	98.6	
Heart Rate (bpm) and Blood Pressure (mmHg) *	101 (63)	105 (68)	106 (74)	103 (77)	102 (69)		
Note: BP does not score in early warning scoring	53	55	59	65	56		
Heart Rate (Number)	100	92	80	79	77	72	
Resp. Rate (bpm) (Over 1 Minute) *	90	19	17	18	19		
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N		
Receiving O_2(l/min) O_2Saturations (%)	98	98	99	100	100		
Conscious Level: Normal / Altered	N	N	N	N	N	N	
GCS *							
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	
Observer's Initials	AR	T	T	T	T	T	

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.

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Baby PARNITA GAUTAM
15-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

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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)

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Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
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Doc. No. : RCHBH/ FRM / CLINICAL / 126

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/8/26 Time:	9	11	1	8	7	10	9	6
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM

Temperature (°F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 97.3°F | 97.0°F | 97.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring

	100 (65) 62			101 (69) 59		108 69 52	110 70 64	100 65 52
Heart Rate (Number)	103	110	102	101	100	101	109	110

Resp. Rate (bpm) (Over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	29	29	29	23	24	25	23	25
Resp Distress (Mod/ Severe / None / Mild)								
Receiving O_2(l/min)								
O_2Saturations (%)	96	99	96	99	96	99	97	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
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	S	SJ	SJ	SJ	SJ	P	P	P

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

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Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
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FLUID CHART

Sheet No. : .....

3/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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		DNS	20ml								
	04:00 am			20ml								
	05:00 am			20ml							0	
	06:00 am			50ml	Magnesium						0	
	07:00 am			50ml	Correction					✓	0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

3/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/7/26	08:00 am		idly water	20 ml								
	09:00 am			20ml								
	10:00 am		M							✓	0	
	11:00 am		P									
	12:00 pm			20ml								
	01:00 pm		O	20ml								
Total Intake :						Total Output :						
3/7/26	02:00 pm			20 ml								
	03:00 pm		Rice	20 ml								
	04:00 pm		water	20ml						✓	0	
	05:00 pm			20ml								
	06:00 pm			20ml								
	07:00 pm											
Total Intake :						Total Output :						
4/7	08:00 pm		⑤ diet									
	09:00 pm		bto							✓		
	10:00 pm											
	11:00 pm											
	12:00 am		bto									
	01:00 am											
Total Intake :						Total Output :						
4/7/26	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am		bto									
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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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: 217

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. Sharma

Date & Time : 8/7/26 @ 1:50 Am

Nurse Name & Signature: Sr. Kajal (Kajal)

Date & Time : 8/7/26 @ 1:50 Am

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16-03-2016 10 Y 3 M 17 D (F)
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P		I.P. No.	Weight (kg)	Sheet No.

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
3/7	9:40AM	Inj [illegible]	15mg	iv	[signature]	[signature]
3/7	9:40AM	Syp Pedicloryl	15ml	po	[signature]	[signature]
~~3/7~~		T. ~~MAGNESIUM SULFATE~~ (200mg)	~~1/2 tab~~	~~po~~	[signature]	

[signature]

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

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DRUG CHART

Date of Admission: 3/7/26 Drug Allergies: ..... ☐ ~~Not~~ known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 .....

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I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (if infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
03/07	3:40 Am	IVF- DNS	IV	20			3/7/16		Sujatha. Nirmala.

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

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Dr. PAPPULA SINDHURA

Weight 28.6 Kg Ward. PICU

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
03/07/26	2:25 AM	INJ. LEVETIRACETAM (20mg/kg/dose)	500mg	IV		Rajalaxmi Reject
3/7/26	~~4:20AM~~	~~Dilute 2ml of Mgsoy (1ml = 500mg)~~	~~1000mg/2ml dilute in 24ml NS~~ give over 60min	IV		W/N
3/7/26	5:00 AM	Mgsoy (50%) (35mg/kg)	1000mg/2ml dilute in 50ml NS give over 60 min	IV		W/N
3/7/26	6am.	INJ Mg SO4	1g in 100ml g NS.	IV		Thanuja Neha.

Rajalaxmi 03/07/26

3/7/26 at 5:30

Page: 3/4 (P.T.O)

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

VIH-00206506 IP-00060549
Baby PARNITA GAUTAM
16-03-2016 10 Y 3 M 17 D (F)
Dr. PAPPULA SINDHURA

REGULAR PRESCRIPTIONS

Weight. ~~26.6Kgs~~ 28.6Kg Ward. ....

DRUG: T. MAGNESIUM SULFATE (struck through)				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG: T. OXETOL				Date / Time	3/7/16
Dose	Route	Frequency	Start Date		
½ tab	PO	(12) hrly	3/7		
Name & Signature of the Doctor Starting the Drugs: Dr NITEESH				11 AM	[signature]
Additional Instructions: 1 tab = 150mg				11 PM	[signature]
Daily Doctor's Endorsement by a Sign					

[margin: 3/7/16 Dr [signature]]

DRUG: T. MAGVION				Date / Time	3/7/16	4/7
Dose	Route	Frequency	Start Date			
400mg	PO	8th hrly	3/7	6 AM		[signature]
Name & Signature of the Doctor Starting the Drugs: Dr Keerthi				2 PM	3pm	
Additional Instructions: (1 tab = 400mg)				10 PM	[signature]	
Daily Doctor's Endorsement by a Sign						

[margin: [signature] 3/7/16]

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