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

ACTIVITY REC

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

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

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

Date of Admission : 30/6/26 Time : 3:22PM Date of Discharge : ---------- Time: ----------

Room / Bed No : PICU Ward : PICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	3:30pm	LDR	PICU	
1/7/26	7:20AM	PICU	202	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
30/6/26	CBP, LDH, PTABTT, Ana C titers	26021994	
30/6/26	Bone marrow Aspiration/Biopsy	26021996	
	Cross Checked by	Neha 1/7/26	
2/8/26	CBP	26022142	
	(Serum) RBS @ 6:00Am : 170 mg/dl	26022143	
03/8/26	CBP	26022243	
	Cross checked done by		3/8/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6	Invasive Monitor	3:30PM	1/7/26	3961305	Yk
30/6	Syringe pump IV/IA	7:pm	7AM	3096151	SI
	Cross checked by Neha		1/7/26	7Am	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
30/6/26	Implacement done in OPD Bed No.	1		
30/6	Bone Marrow	1	3096131	
30/6	Conscious Sedation			
30/6	IVIG	1	3096152	
	Cross checked by Nehs 1/7/26 7am			

ANY OTHER INFORMATION

Date : 03.07.26 Time : 2:00Am Prepared By : 03/07/26 @ 2Am

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

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206415 IP-00060524
Patient Name : Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–		
2	Discharge Summary	3	–	–	
3	Nursing Initial assessment form	2	–	–	
4	Patient Trasfer Forms	2	–	–	
5	In-patient Medical Record	3	–		
6	Doctors Progress Sheets	4	–	–	
7	Nurses Progress notes	4	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	1	–	–	
	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	~~DAMA~~ Consent for Special Sedation	1	–	–	
16	Consent for Special Procedure	1	–	–	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
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				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Consent for IVIG Transfusion	1	–	–	
	Admission in PICU	1	–	–	
	medication form	1	–	–	
	Triage form	1	–	–	
	Other page's	10	–	–	
	Total No. of Pages				

H3 – total page's

Signature and Date : Padma 3/7/26 @7.45pm

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Name	Master MANI KARTHIK CHAUHAN	**UHID**	VIH-00206415
Father/Guardian	Mr SRINIVAS	**Age/Gender**	13 Y 1 M 16 D/Male
Address	HNO-14-64/2/4/2 SAI NAGAR , NAGARAM ROAD, Husnabad, Karimnagar, Telangana, INDIA, 505467		
IP No	IP-00060524	**Admission Date**	30-06-2026
Ref Doctor	DR.J.Sravan kumar	**Discharge Date**	03-07-2026

DISCHARGE SUMMARY

Consultant: Dr. SANDHYA VADDADI,
MBBS, MD Paediatrics, FNB PEDIATRIC HAEMATO-ONCOLOGY
CONSULTANT PEDIATRIC HAEMATO-ONCOLOGIST
& PEDIATRICIAN
71664

Diagnosis: Acute immune thrombocytopenic purpura

History: Master MANI KARTHIK CHAUHAN is a 13 Y 1 M 16 D boy presented with history of rash over the chest and right hand since 6 days, initially subsided and restarted again over chest associated with bleeding. For the above complaints, he was investigated and treated at referral center, but in view of persistence of symptoms, he was referred to Rainbow Children's Hospital for further management.

Outside Investigations management : Complete blood picture done on 30.06.2026 showed hemoglobin 14.4 gm%, white blood cells count of 6,200 cells/cumm, platelet count of 11,000 cells/cumm. he received one SDP transfusion in view of low platelets.

Examination: He was afebrile, maintaining saturations at room air. Heart rate-71/min, blood pressure - 120/70 mmHg and respiratory rate 22/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented.

Name	Master MANI KARTHIK CHAUHAN	UHID	VIH-00206415

Examination of other systems including spine was normal.

Weight on admission : 79 kgs.

Investigations: Enclosed.

Management: He was admitted in the ward and started on injection methyl prednisolone, tranexamic acid and calcium supplement. He was treated symptomatically with antacids.

His complete blood picture showed hemoglobin 13.7 gm%, white blood cells count of 11,920 cells/cumm, platelet count of 28,00 cells/cumm. Coagulation profile showed PT 16 sec, INR 1.1, APTT 22 sec. ANA was sent - report awaited.

In view of severe thrombocytopenia in the absence of systemic manifestations ,immune thrombocytopenia was suspected so bone marrow aspiraton and biopsy were done ,aspiration report was normal.

Child was given IVIG 20 grams infusion under close monitoring. No adverse reactions were noted.

His vitals were regularly monitored. His symptoms gradually reduced. Repeat hemogram done on 02.07.2026 - showed improvement in platelet count to 45,000 remaining all are normal. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Advice:

1. Diet as advised.
2. Tablet Omnacortil (20mg) 2 tablets, 12th hourly from 04.07.26 to 08.07.2026
   followed by 1 tablet, 12th hourly from 09.07.2026 to 13.07.2026
   followed by 1 tablet, once daily from 14.07.2026 to 18.07.2026
   followed by 1/2 tablet, once daily from 19.07.2026 to 21.07.2026.

Name	Master MANI KARTHIK CHAUHAN	UHID	VTH-00206415

3. Tablet Pantoprazole (40mg) 1 tablet once daily (1/2 hour before breakfast) for 2 weeks.
4. Trace ANA report and bone marrow biopsy report.
5. To do CBP, RBS after 10 days and review.
6. Kindly consult Dr. Sandhya Vaddadi, Consultant Pediatric Hemato-oncologist & Pediatrician, after 10 days in OPD with CBP, RBS reports with prior appointment (This consultation will be charged).

In case of Fever:
Tablet Paracetamol (625mg), 1 tablet (if needed) if fever more than 99.6*F (maximum 4-6 hourly).

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

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

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

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name	Master MANI KARTHIK CHAUHAN	**UHID**	VIH-00206415

Name : N. Vijaya Lakshmi Signature : N. Vijaya Lakshmi

Relationship with patient : Mani Karthick Mother.

This summary has been explained by :

Summary prepared by: Dr. Ch Ganesh
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

for

Dr. SANDHYA VADDADI,
MBBS, MD Paediatrics, FNB PEDIATRIC HAEMATO-ONCOLOGY
CONSULTANT PEDIATRIC HAEMATO-ONCOLOGIST
& PEDIATRICIAN
71664

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-00060524 **Admit Date** : 30-Jun-2026 **Admit Time** : 03:22 PM **UHID** : VIH-00206415

Patient Details :

Patient Name	: Master MANI KARTHIK CHAUHAN	**Age**	: 13 Y 1 M 14 D
Guardian	: Mr SRINIVAS	**DOB**	: 16-05-2013
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-14-64/2/4/2 SAI NAGAR , NAGARAM ROAD Husnabad Karimnagar Telangana INDIA 505467	**Phone No**	: 8008767701
		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 SRINIVAS	**Relationship**	: Father
Contact Address	: HNO-14-64/2/4/2 SAI NAGAR , NAGARAM ROAD Husnabad Karimnagar Telangana INDIA 505467	**Phone No**	: 8008767701 / 9848850442

Signature

Doctor Details :

Doctor Name	: Dr. SANDHYA VADDADI	**Specialisation**	: HEMATO ONCOLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: ICICI LOMBARD GENERAL INSURANCE CO LTD

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 30/6/16

Source of Admission: ☐ OPD ☐ Ward ☑ Other: ER

Reason for Admission: Rashes over the Chest 3days

Admission Diagnosis: Acute ITP

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☐ No

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

If yes, identify

Source of Information : ☐ Family ☐ Patient ☐ Others, Specify

SIGNIFICANT HISTORY

Past Medical History	Past Surgical History	Last Hospital Admission
rash over the Body x 6days	—	29/6/16 Lankadi

Family History:

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 MEDICATIONS

Taking Medications? ☐ Yes ☑ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☐ No

Observations: Weight: 29/6m Length: Head Circumference (< 2 years):

Temp.: 98.6°F HR: 72 b/m RR: 22 b/m BP: 94/60 (72)

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

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

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

VIH-00206415 IP-0006524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Behavioural Status on Admission :

☐ Sleeping ☐ Crying ☑ Calm ☐ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ 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 ..... Father .....

Siblings in household ☑ Yes ☐ No (if yes How Many?) ..... One Younger Sister .....

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☐ Family ☐ Others specify .....

Name of Person Orientation was given to: ..... Father .....

Orientation not given Reason: .....

Nurse Name: Br. Yaswanth ..... Nurse Signature : .....

Date & Time: 30/6/16 at 3:31 PM

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☑ No

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

Any other needs anticipated: ☐ Yes ☑ No If Yes Specify .....

Discharge Medications: ☐ Yes ☑ No

Details: .....

Final Diagnosis: ..... Acute ITP .....

Nurse Name: Br. Yaswanth ..... Nurse Signature : .....

Date & Time: 30/6/16 at 3:31 PM

Patient Name : Mast. Mani Karthikk UHID : 54673 IPD : 13526 Gender : Male Age : 13

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/6/26 Time of arrival : 2:54 PM

Chief Complaints: Rashes over the chest x 3 days RBS: —

Height : 161 cm Weight : 79 kg BMI : — Head Circumference (<2 years) —

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☐ No
• Uses furniture for support	☐ Yes	☐ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☐ No
• Weak	☐ Yes	☐ No
• Impaired	☐ Yes	☐ No
Mental Status: Forgets limitations	☐ Yes	☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 2:56 PM

Patient Name : Mast. Mani Karthikk UHID : 54673 IPD : 13526 Gender : Male Age : 13

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

Time	Nursing Notes
2:50Pm	*Pt Came to ER
2:51Pm	*Vitals Checked and Recolded
2:55Pm	*Dr. Sandhya Seen the Pt & advised admission
	*Admission Done
	*IV Placement Done in outside
	*Pt Shifted to PICU for Bone marrow

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 78b/m BP: 126/67(88) mmHg CFT: 2sec	Shift - out from ER to: PICU
RR: 20b/m SPO_2 : 99%	Time of Shift - out: 30/6/26 @ 3:30Pm
GCS: 4,5,6 Temperature : 97°F	Handover given to: Sr. Sumanjali (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any):

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206415 IP-00060524 Master MANI KARTHIK CHAUHAN 16-05-2013 13 Y 1 M 14 D (M) Dr. SANDHYA VADDADI	30/6/26 @ 3:22PM	1/7/26 @ 7:20AM
	Transfer Ordered by Dr. Sweety	Reason for Transfer IVIG Done
From Unit PICU	To Unit 202	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 36	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? old file

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	~~[illegible]~~	
2.	IOLL – 2	
3.	5LL – 2	
4.	D/W – 5 Intrafid – 1	
5.	Tab-Tranexamicalid – 8	

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

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

Patient & Clinical Records Received by : Padma

Date & Time of Patient Received : 1/7/26 @ 7:35Am

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-00206415 IP-00060524 Master MANI KARTHIK CHAUHAN 16-05-2013 13 Y 1 M 14 D (M) Dr. SANDHYA VADDADI	30/6/26 @ 3:22PM	30/6/26 @ 3:30PM
	Transfer Ordered by Dr prashanthi	Reason for Transfer Admission
From Unit CR	To Unit PICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File (2)	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 ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sirisha	Dr prashanthi

Patient & Clinical Records Received by : Sumapati 30/6/26 at 3:40PM

Date & Time of Patient Received :

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: _____

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

UHID ID: _____

Department: _____

Consultant: _____

Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Name : Mani karthik Age/Sex 13Y/male.

Information given by: mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o rash over the body : 6days.

History of present illness :

child was apparently asymptomatic 6 days back then developed rash over chest & right hand.

Initially subsided & remitted again.

c/o rash over the chest → ~~petechiae & purpura~~.
ass c Bleeding.

NPO — 10am solids
— 10am liquids.

Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

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

30/6/20

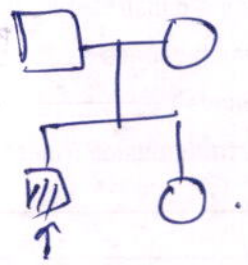
Hb - 14.4
N/L → 86/10
Plt → 11,000.
WBC → 6,200.

29/1/21

Hb → 13.0
WBC → 4700.
N/L → 58/30
Plt → 171000.

Birth & Neonatal History:

Term/ BwT: 3kg/ NVD
CIAB, NO NICU Admission.



Birth & Socio Economic History:

About Father : } class III.
About Mother :
Any additional Information :

Developmental History :

Development achieved as per Age. In all 4 domain

Immunization History :

Immunized as per Age.

(P.T.O.)

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 79kg. (Centile _____)

On Examination :

Temperature : 97°F Pulse Rate : 71 b/m B.P. 129/66 SPO2 100%.

Resp.rate and type of breathing : 22 B/m

Rash (-)

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

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

Air entry & breath sounds : B/L AE (+)

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (+)

Any murmur : (-).

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

Per Abdomen :

Inspection (N)

Palpation : P/A: soft

Ausculation :

Spine : (N) External Genitelia : (N)

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

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: (N) Power (R) 5/5 (L) 5/5

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (-)

Reflexes :

DTR fnt **Superficials:** fnt

Plantars flexor

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Acute ITP.

(P.T.O.)

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Avoid bleeding

Desired goals of the treatment : Improve platelets

Planned Labs:

CBP, LDH, PT/INR/APTT

ANAE titers

BMA + Biopsy - Today

Planned Management

- Inj. Tranexamic acid (500mg)
- Inj. methyl prednisolone
- IVIg 20gm today.

Noted by
Sr. Nurse
30/6/26 @ 3:30pm

Signature of the Doctor: B
Name of the Doctor: Dr. prashanth
Date & Time:

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

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26	S/b [illegible]	
	Δ ? Acute ITP	(P)
	→	CBP, LDH, PT/INR/APTT, ANA c̄ titres
	→	BMA & Biopsy today
	O/E P°I° →	Inj Tranexa (500 mg)
	No significant mucosal bleeds →	Inj methyl prednisolone to start
	P° A°	Rpt CBP, RBS } 2/7/26
	CVS / RS / P/A (N)	IVIG 20 gm today
		[signature]
		Noted by Sr. Sumanjali 30/6/26 @ 5pm

Consultant -SNDY

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

VIH-00206415 IP-00060524
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16-05-2013 13 Y 1 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 4:40 pm	Procedure notes After informed consent, child sedated. Under aseptic precautions, bone marrow aspiration & biopsy done from ~~right~~ posterior left posterior iliac spine. Post procedure vitals stable	R → Start methyl pred → CT ~~rest~~ same → Ondansetron stat PCM stat Noted by Sr. Sumaiyali 30/6/26 @ 5PM

Docu. No. : RCH /FRM / CLINICAL / 088

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16-05-2013 13 Y 1 M 14 D (M)
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SHIFTING NOTE	
1/7/2026 7.00 AM	The child got admitted from ER i/v/o of suspected ITP. The child was transfused with 20gm of IVIG. The child remained hemodynamically stable during transfusion.	
	Adv. (1) Shift to ward (2) S/Monitor vitals (3) Repeat CBP, RBS } 2/7/26 (4) Trial BMA, & BM biopsy.	→ Confirm with Dr Sandhya Maam.
	noted by Dr. Thanu 1/7/26 @7AM	1/7/26.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/04/26 9AM	S/B Resident D: Acute ITP	
	Issues: IVIg transfusion done platelets ↑ - Chest ↑ Hgb no bleeding manifestations	
	O/E. Body cultivi CRT < 3Sec P/V - good P/A - soft - no organomegaly CVS no BMS	
	Plan - track by biopsy Report BM Aspiration Report - Inj - methylprednisolone @12H - Inj. Tranexamic Acid @8H - ST (CBP, RBS) T/M - (SOS).	① diet
	Dr. Sandeep.	
	Noted by Deepika 1/7/26 @9AM	

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16-05-2013 13 Y 1 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1.7.26 4:00 PM	S/B Registrar	
	? ITP	
	no mucosal bleed	
	no new lesions	
	O/E child awake	
	CRT < 3sec	
	afebrile	Plan
	H/L - NAD	→ Trace BM biopsy
	P/A - soft.	aspiration
		→ CRP, RBS T/m
	Inj · Methylprednisolone : D2	→ Vitals 4th hrly
		[signature] 1/7 @ 5pm
	[signature] (Dr. Sameer)	
1/7 5pm	S/b [illegible]	
	A Acute ITP	(P)
		→ trace ANA
	No acute issues	start calcium
		C/t rest same
		CBP, RBS T/m @ 8am
	Noted by Abarbhas 01/7/26 @ 8PM	inform reports
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 9AM	S/B resident (D/w Dr Sandhya ma'am)	
	C/o thrombocytopenia	Evaluation
	- Suspected ITP	- post 1 dose IVIG + on steroids
C/?	No fevers	
	No bleeding manifestations/ no rashes	
	Tolerating orally	Plan
	Passing urine	- Cont + Cont. same instructions
		- Methylprednisolone - D3
	O/E - Euthermic	
	CVS - S1S2 (+)	- Tranexa + Shelcal
	RS - BAE = (+)	
	PA - Soft	- W/F bleeding manifestations
	CNS - NAD	- Monitor vitals
		- I/O charting
		- Informed
	UDH ✓	- Trace ANA & titres + BM report (Aspiration + Bx)
	CBP / RAS ✓	
	- D/c today	

noted by
[illegible]

Docu. No. : RCH /FRM / CLINICAL / 088

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15-05-2013 13 Y 1 M 15 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	c/o Dengue ↳ Acute ITP	
	Rpt Plt: 45K	(P) Rpt CBP T/m @ 9am → ct methyl pred. trace ANA plan D/C T/m morning if repeat Plt > 40K ↓
	→	T. Omnacortil (20mg) 2 ——→ 2 x 5 days (3/7 to 8/7) 1 ——→ 1 x 5 days (9/7 to 13/7) 1 ——→ x 5 days (14/7 to 18/7) ½ ——→ x 3 days 19/7 to 21/7
	→	ct Pan D x 2 weeks ct Rubral x 2 months RV after 10 days ē CBP& RBS
	- SOS - T. TRANEXA if any bleeding manifestations	
Medicine Dept 2/7/26		

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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute ITP

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	1/7/26 M	1/7/26 E	1/7/26 N	2/7/26 M	2/7/26 E	2/7/26 N
Medical Condition (Any special condition to be noted):	-	-	-	-	-	Nill
Diet:	(M) Diet	(E) diet	(N) diet	(M) diet	(E) diet	(N) diet

ASSESSMENT

	1/7/26 M	1/7/26 E	1/7/26 N	2/7/26 M	2/7/26 E	2/7/26 N
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:	98.6°F	98.0°F	98.2°F	96.5°F	97.2°F	
Res:	23b/m	22b/m	24b/m	23b/m	24b/m	
SpO_2:	99%	99%	99%	99	98%	
Pulse:	100b/m	75b/m	80b/m	80 b/m	85 b/m	
BP:	103/53(43)	139/55(78)		126/99 (75)	114/70 mmHg	
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0	0	0	0	0	0
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

	1/7/26 M	1/7/26 E	1/7/26 N	2/7/26 M	2/7/26 E	2/7/26 N
Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	-	-	-	Nil	Nil	Nill
Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	(N) diet	(E) diet	(N) diet	(M) diet	(N) diet	(N) diet
Critical Lab Test / Values:	-	-	-	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
Post Operative Procedure Special Orders:	CBP RBS(T/m)	RBS(Prn) CBP T/m	CBP RBS done.	-	-	
Handed Over By Name :	Deepika	Akanksha	Padma	Akanksha	Syed	Padma
Signature / ID :	607461	A606607	606329	A606607	01CU5	606329
Date:	1/7/26	1/7/26	2/7/26	2/7/26	2/7/26	3/7/26
Time:	@2PM	@8PM	@8am	@2PM	@8PM	@8am
Taken Over By Name :	Akanksha	Padma	Akanksha	Syed	Padma	
Signature / ID :	A606607	606329	A606607	01CU5	606329	
Date:	01/7/26	1/7/26	2/7/26	2/7/26	2/7/26	
Time:	@2PM.	@8pm	@8am	@2pm	@8pm	

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
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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:							

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 30/6/26	Diagnosis: ITP	Surgery / Procedures: —	
	Allergies: Nil		Post OP Day: —	
	Date: 30/6/26			
	Area / Shift Time	ER Evening	PICU Evening	PICU Night
	Diet:	NPO	NPO	Orally allowed
	Ventilation (RA, NP, NIV, VENTI)	RA	RA	RA
INVASIVE LINES	1. Peripheral line	1	IV Cannula	IV cannula
	2.			—
	3.			—
	4.			—
ASSESSMENT	Infusions / Transfusions	—	—	—
	PU Prophylaxis	Nil	Nil	Nill
	DVT Prophylaxis	Nil	Nil	Nill
	Vitals — BP	126/66 (89)	115/61 (80)	113/72 (85)
	Vitals — PR	78 b/m	59 b/m	62 b/m
	Vitals — RR	22 b/m	21 b/m	18 b/m
	Vitals — SpO_2	100%	100%	100%
	Vitals — Temp	97°F	98.0F	98.6F
	Pain Score	0	0	0
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact
	Restraints If any — Physical	—	—	—
	Restraints If any — Chemical	—	—	—
	Fall Risk (Vulnerable Y/N) if yes score	10	Nil	11
	(Ambulation, walking, moving with assistance, bed ridden)	Ambulation	Ambulating	Walking
	ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent
	Critical Lab Test / Values (If any)	Nil	Nil	Nill

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

RECOMMENDATIONS

Investigations Procedures

Date: 30/6/26			
Area / Shift Time	ER Evening	2-8pm.	PICU Night
Ordered / Planned	*Iv IG *Iv. Tranexa *CBP, LDH, PT/APTT *BMA Biopsy	>IVIG 20gms	+ IV29 continue CBP RBS 2/7/26
Due	All Done	Bone Marrow Biopsy.	Nil
Reports Pending	All reports Pending	Bone Marrow Report	Nill
Referrals (If any)	—	—	Nill
Remarks (Special Interventions like, Drainage tube flushing etc.)	—	—	Nill

Handed Over By Name :	Hema	Sumpali	Tharun
Signature :			
Date:	30/6/26	30/6/26	1/7/26
Time:	3:30pm	8pm	@7:30AM
Taken Over By Name :	Sumpat	Tharun	
Signature :			
Date:	30/6/26	30/6/26	
Time:	3:40pm	@8pm	

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
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NURSING CARE RECORD

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Date: 30/6/25

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	1PM.	=> Assess the Baby condition => monitor vitals and Recorded => maintain Input and output Chart	=>	Assessed Baby condition => monitored vitals and Recorded => maintain Input and Output Chart	=> Aspiration done.	=> Hemodynamically Stable	Sumaya
Night	8PM	-> Assessment -> Maintain good nutritional status.	8PM	-> Assessed the child condition -> maintained good nutritional status	-> child is active -> soft diet	NOW child is stable	Thara

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
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NURSING CARE RECORD

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Date: 1/7/26

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	8AM 11AM	Ensure Safety Maintaintain Good Nutritional Status	10AM 2pm	To provide Side rails To provide feeds/ Burps and hrly-	To provide safety To prevent dehydration	Re-Assessment done Baby is Stable	Deepika 1/7/26 @2pm
Afternoon	3 pm	* maintain fluid Balance. * Ensure Safety	4 pm	* Encouraged pt to take plenty of fluids. * Provided Side Rails upside	* prevented Dehydration. * prevented Fall Risk	* Re-Assessmt Done. pt condition is stable	Shaukh 01/7/26 @5pm
Night	9PM	* Ensure Safety * Maintain fluid Balance	0AM	* Provided the side rails * Encouraged pt to take plenty of fluids	* To Prevent Risk of falls * To Prevent dehydration	Re-assessment done pt RS stable	Padma 2/1/26 @2am

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN (M)
16-05-2013 13 Y 1 M 14 D
Dr. SANDHYA VADDADI

NURSING CARE RECORD

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Date: 02/7/26

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	9 Am	* Improve Activity & Tolerance * Ensure Safety.	10 Am	* Encouraged pt to Ambulate. * Provided Side Rails upside.	* Maintained good Activity. * Reduced fall Risk.	* Re-Assessed Pt. Pt condition is stable.	Akanksha 2/7/26 @ 12 pm
Afternoon	3 pm	Improve Activity & Tolerance Ensure safety.	3:30pm	Encouraged pt to Ambulate provided side rails upside.	Maintained good Activity. Reduced fall Risk.	Re assessed Done every 4th hrly vital checked pt is stable	Raj 2/7/26 @8p
Night	11pm	* Improve Activity & Tolerance.	6am	* Encouraged patient to Ambulate.	* maintained good Activity.	* Re-Assessment Done Patient condition is. Stable.	Jadhav 3/2/26 @7Am

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
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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							

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:	**Master MANI KARTHIK CHAUHAN**	**Age :**	**13 Y 1 M 14 D**
IP No:	**IP-00060524**	**Sex:**	**Male**
Consultant:	**Dr. SANDHYA VADDADI**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill surance. 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: L. Kishore Nayak
Relationship: Grand Father
Date: 30-06-2026 Time: 03:22 Pm
Witness Name:
Witness Signature:

Patient Address:
HNO-14-64/2/4/2 SAI NAGAR ,
NAGARAM ROAD Husnabad
Karimnagar Telangana INDIA 505467

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : Mani Karthik Chauhan Gender: ☑ Male ☐ Female

UHID No : 00206415 Department : PICU Date : 30.6.2026

I N. Vijaya Laxmi ~~S/D/W~~/ O Dr. L. Srinivas

Here by give consent for procedure of : Bone Marrow Aspiration & Biopsy

For my patient, Named : Mani Karthik Chauhan

The doctors have clearly explained to me that the procedure has following possible complications:

Bleeding

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Sandhya

Patient Attendant :

Signature : N. Vijaya Laxmi

Name : N. Vijaya Laxmi

Relationship with Patient: Son

Date & Time : 30/6/2026 2.45PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : Dr. Sameera

Date & Time : 30.6.26, 3:45PM

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : ....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR SPECIAL SEDATION

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Patient Name: Mani Karthik Chauhan Gender: ☑Male ☐Female

UHID No: 00206415 Department: PICU Date: 30.6.26

I N. Vijaya Laxmi S/D/W/O Dr. L. Srinivas

Here by give consent for procedure for my patient: Mani Karthik Chauhan

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : .....
- Possible complications from the procedure of sedation:

  Respiratory Distress, hypotension

  .....

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : N. Vijaya Laxmi

Name : N. Vijaya Laxmi

Relationship with Patient: SON

Date & Time : 30/6/2026 3:45PM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : Sameera

Name : Dr. Sameera

Date & Time : 30.6.26, 3.45 PM

IVIG

CONSENT FOR ~~BLOOD~~ TRANSFUSION

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Name: Mani. Karthik Chauhan Age: 13 Yrs Gender: Male ☑ Female ☐

UHID.No : 00206415 Date: 30/6/26

Type of Blood Product:

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

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

Incomplete Cor

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: N. Vijaya Lakshmi

Name: N. Vijaya Lakshmi

Date & Time 30/6/2026 7PM

Doctor (Who is talking the consent)

Signature: .....

Name: Dr SWS

Date & Time 30/6/26 7pm

Witness

Signature: .....

Name: .....

Date & Time .....

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

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

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

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Rainbow® Children's Hospital
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Name: Mast. L. mani kanthik Age: 13 yrs Gender: Male ☒ Female ☐

UHID.No : 206415 Date: 30.6.26

I Dr. L. Srinivas S/o, ~~D/o, W/o~~, L. Kishan Nayak hereby declare that our patient ~~Master~~/Baby L. mani kanthik who is related to me as child is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 30.6.26

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

Acute ITP

The doctors have clearly explained to me that my patient Master / Baby L. mani kanthik 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 : L. mani kanthik Son 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: Dr. L. Srinivas

Name: DR. L. SRINIVAS

Relationship with Patient: father

Date & Time: 30/6/26 @ 3:20PM

Witness :

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking the consent) :

Signature: .....

Name: Dr. prathima

Date & Time: 30/6/26 @ 3:20PM

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.

.....

.....

.....

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 డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ 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(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

PROCEDURE CHECK LIST

Rainbow® Children's Hospital
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VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI
30/6/16 at 5PM

Date: 30/6/2026

Ward

☑ PICU ☐ NICU ☐ ER ☐ Other: _____

Procedure Name: Bone marrow aspiration & Biopsy

Diagnosis: ITP.

Procedure done by: Dr Sandhya.

Assisted by: Dr Sweety

PROCEDURE CARE BUNDLE COMPLIANCE

Barrier precautions

Hand wash	(Y) / N	_____
Gown	(Y) / N	_____
Mask & cap	(Y) / N	_____
Gloves	(Y) / N	_____
Eye protection	(Y) / N	_____

Skin preparation done using:

1. Betadine
2. _____

Procedure related equipment check list (as per procedure)

Airway/ Oxygenation:	Nasal prongs	Y / N	_____	**Monitor:**	QRS volume audible	Y / N	_____
	Ambu/Bains	Y / N	_____		BP autocycling	Y / N	_____
	Mask (appropriate size)	Y / N	_____		SpO2	Y / N	_____
	Laryngoscope with blade	Y / N	_____	**Medication:** Sedation/Analgesia	1.		
					2.		
	ET tube/LMA (appropriate size)	Y / N	_____		Paralysis	Y / N	_____
	Oxygen connectors	Y / N	_____		Adrenaline	Y / N	_____
	Suction apparatus	Y / N	_____		Atropine	Y / N	_____

Post procedure care bundle compliance

Have all the sharps been disposed?	Y / N	_____
Was the sterile field maintained?	Y / N	_____
Has the procedure been documented?	Y / N	_____

Monitoring after procedure

_____

_____

_____

Adverse events - Y / N

If yes, details _____

Position check required - Y / N

If yes, details _____

Sweety

Signature of Doctor

(Please attach this to the patient file)

VIH-00206415 IP-00060524
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16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/2/26 Time: 9 11 3 6 10 12 4 8

Doctor / Nurse / Family Concern? AM AM PM PM PM AM AM AM

Temperature (°F)

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number): 100 98 95 90 69 70 96 89

Resp. Rate (bpm) (Over 1 Minute)

Resp Rate (Number): 25 23 25 24 21 22 21 22

Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%	99%	98	99	96
Conscious Level (Normal / Altered)	C	C	C	C	C	C		C
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	A	A	A	A	A	A	A	P

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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15-05-2013 13 Y 1 M 15 D (M)
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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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). : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7/26 Time: 11 1 5 8 11

Doctor / Nurse / Family Concern? AM PM PM PM PM

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

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

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)		99%	99%	98%	99%	99
Conscious Level	Normal / Altered	C	C	C	C	C
GCS *		15	15	A	11	15
TOTAL SCORE Number of shaded boxes		2	2	1	2	0
Pain Score		0	0	0	0	0
Observer's Initials		A	A	KB	S	P

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

VIH-00206415 IP-
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ 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: PICU

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		Nil				☐ 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 Prashanthi

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

Nurse Name & Signature: [illegible]

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

VIH-00206415 IP-00060524
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16-05-2013 13 Y 1 M 14 D (M)
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DRUG CHART

Date of Admission: 30.6.26 Drug Allergies: Nil ☐ 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.

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

(2)

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FLUID CHART

Sheet No. : (1) 1/7/26

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

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
1/7/26												
	08:00 am		upma + H_2O									
	09:00 am									✓		Deepika 01/7/26 @2pm
	10:00 am											
	11:00 am											
	12:00 pm									✓		
	01:00 pm		H_2O									
Total Intake :						**Total Output :**						
1/7/26	02:00 pm		(5) diet									
	03:00 pm		H_2O									
	04:00 pm									✓		Shanthi 01/7/26 @5pm
	05:00 pm											
	06:00 pm		H_2O							✓		
	07:00 pm											
Total Intake :						**Total Output :**						
2/7	08:00 pm											
	09:00 pm		Rice									
	10:00 pm		H_2O							✓		
	11:00 pm											
	12:00 am		H_2O							—		
	01:00 am											
Total Intake :						**Total Output :**						
2/7	02:00 am											
	03:00 am									✓		
	04:00 am		water									Padma 2/7/26 @7Am
	05:00 am											
	06:00 am									/		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 79 kg Ward. Picu

DRUG : INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
40 mg	IV	Q24H	30/6

Name & Signature of the Doctor Starting the Drugs: Mounika

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	30/6	1/7	2/7
6 AM			
6 PM			

change to oral 2/7/26

VERIFIED 30/6/26

DRUG : Tab TRANEXAMIC ACID

Dose	Route	Frequency	Start Date
1 tab	P/O	Q8H	30/6

Name & Signature of the Doctor Starting the Drugs: Mounika

Additional Instructions: 1 tab = 500 mg

Daily Doctor's Endorsement by a Sign

Date/Time	30/6	1/7	2/7	3/7
3 AM	X			
11 AM	X			
7 pm				

VERIFIED 30/6

DRUG : INJ METHYL PREDNISOLONE

Dose	Route	Frequency	Start Date
500 mg	IV	Q12H.	30/6

Name & Signature of the Doctor Starting the Drugs: Mounika

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	30/6	1/7	2/7	3/7
5 AM	X			
5 PM				X

VERIFIED 30/6/26

DRUG : T. SHELCAL

Dose	Route	Frequency	Start Date
1 TAB	p/o	ONCE DAILY	1/7

Name & Signature of the Doctor Starting the Drugs: Dr. Priya

Additional Instructions: CALCIUM SUPPLEMENTS
1 TAB = 500 MG

Daily Doctor's Endorsement by a Sign

Date/Time	1/7	2/7
10 pm		

VERIFIED Neha 1/7/26

3/7	02:00 am		
	03:00 am		
	04:00 am	1120	
	05:00 am		
	06:00 am		
	07:00 am		

3/7/26 @ 2am

Total Intake : **Total Output :**

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Rainbow Children's Hospital

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
15-05-2013 13 Y 1 M 15 D (M)
Dr. SANDHYA VADDADI

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

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

REGULAR PRESCRIPTIONS

VERIFIED 2/2/26

DRUG : NAKIVION-P

Dose	Route	Frequency	Start Dt.
1 AMP	PIV	STAT	2/7

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time: 2/7 6 AM; 2 PM; 10 PM

Daily Doctor's Endorsement by a Sign.

DRUG : Tab PAN-D

Dose	Route	Frequency	Start Dt.
1 tab	P/O	OD	3/7

Name & Signature of the Doctor starting the Drugs:

Dr Sandhya

Additional Instructions:

x 2 weeks

Daily Doctor's Endorsement by a Sign.

DRUG : T. PANTAPRAZOLE DOMPERIDONE

Dose	Route	Frequency	Start Dt.
1 tab	PO	OD	3/7

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

1 tab = 40mg + 10mg

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

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

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
15-05-2013 13 Y 1 M 15 D (M)
Dr. SANDHYA VADDADI

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

ULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ Time

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Weight. 7kg Ward. P.I.C.U

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

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

Signature

VERIFIED BY : N

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6	6:30PM	INJ AVIL	1ml	IV		Sumajali Yashwanth
30/6	6:30PM	IVIg	10 gm once 6hrs	IV		Sumajali Yashwanth
30/6	12:30AM	IVIg	10 gm once 8hrs	IV		Thanuja Achari. Yashwanth
30/6	5PM	INJ ONDANSETRON	8 mg	IV		Yashwanth Bindu.
30/6	4:30pm	INJ KETAMINE	40mg	IV		Yashwanth Sumajali
30/6	4:30PM	INJ PROPOFOL	40mg	IV		Sumajali Yashwanth
30/6	5PM	INJ PARACETAMOL	1000 mg	IV		Sumajali Yashwanth

PTO 30/6/13 at 5pm

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

I.V. FLUIDS CHART

Weight. 79 kg Ward. PICU

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

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

VIH-00206415 IP-00060524
Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

(1)

RESULT SHEET

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Date	30/6/26	2/7/26	3/7/26			
Time	6PM	7:39 Am	7:09 Am			
Hb	13.7	13.1	13.6			
PCV	38.7	36.9	37.5			
RBC	4.59	4.38	4.51			
WBC	11.92	16.59	15.99			
N/L	88.5/7.3	86.5/8.8	87.5/9.5			
Platelets	28	31 ↑	36			
CRP		(@ 45k)				
ESR						
PCT						
RBS		170				
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	16.0/1.1					
APTT	22.0					
CSF Protein/Sugar						
Cells						
N/L						

Date	20/6/25					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
UO H ⟶	3 U1					

Culture and Sensitivities : AMA ⊃ hives ⟶

BM — Aspirate? —

Biopsy —

Radiology: USG : .....

X-Ray: .....

ECHO: .....

CT: .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Pati VIH-00206415 IP-00060524 :k UHID : 54673 IPD : 13526 Gender : Male Age : 13

Master MANI KARTHIK CHAUHAN
16-05-2013 13 Y 1 M 14 D (M)
Dr. SANDHYA VADDADI

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

wt - 79 kg
Ht - 161 cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mani Karthik Age : 13 yrs
Gender: ☑ Male ☐ Female

Date : 30/6/26 Time of Arrival : 2:50 pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97°F PR: 75 b/m BP: 129/66 (84) RR: 22 b/m SpO2: 100 %

Chief Complaints: Rashes over the chest x 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

D. Vijaya Laxmi
Signature of Parent / Guardian

Triage Completion Time : 2:53 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Sr. Leena

Signature of Triage Nurse : .....

Date & Time : 30/6/26 @ 2:53 pm

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