

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020406 Admit Date : 12-May-2026 Admit Time : 12:32 PM UHID : FDH-00043116

Patient Details :

Patient Name : Baby B/O T BALA BHARGAVI Age : 0 Y 2 M 4 D
Guardian : Mr PRASANTH PRABHU DOB : 08-03-2026 10:29 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Hyderabad Hyderabad Telangana INDIA Phone No : 8885601226
500001 E-mail : na@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT-307 Ward Name : 3F -PRIVATE ROOM
Room No : PVT-307 Admission Type : First Visit

Contact Details :

Name : Mr PRASANTH PRABHU Relationship : Father
Contact Address : Hyderabad Hyderabad Telangana INDIA Phone No : / 7406176423
500001

Prasanth
Signature

Doctor Details :

Doctor Name : Dr. KALYAN CHAKRAVARTHY KONDA Specialisation : GENERAL PEDIATRICS
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

B

Q

ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00043116 IP25-00020406 -----
 Baby B/O T BALA BHARGAVI
 UHID No : ----- IP No : - 08-03-2026 0 Y 2 M 4 D (M) ----- Dept : -----
 Dr. KALYAN CHAKRAVARTHY KONDA
 Date of Admission : -----  ----- f Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS


Date	Time	From	To	Signature of Nurse
12/5/26.	1.45 P.M	ER.	307.	A. Roy.

307 to Billing

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
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PATIENT TRANSFER FORM

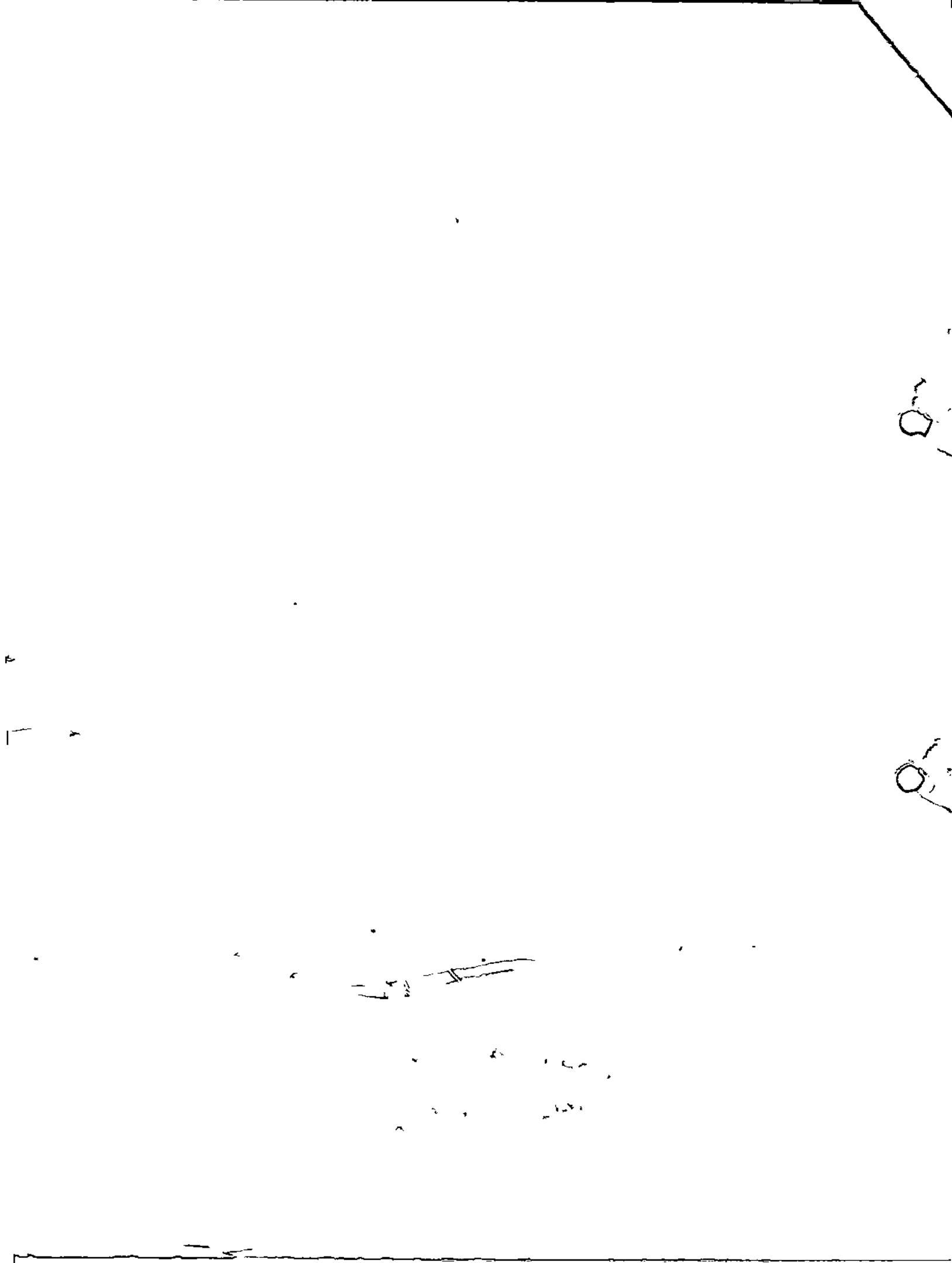
Patient Name & UHID No. FDH-00043116 IP25-00020406 Baby B/O T BALA BHARGAVI 08-03-2026 0 Y 2 M 4 D (M) Dr. KALYAN CHAKRAVARTHY KONDA 		Date & Time of Admission 12/5/20 @ 12.32 P.M.	Date & Time of Transfer Order 12/5/20 @ 1.10 P.M.
		Transfer Ordered by DR. owais.	Reason for Transfer Admission.
From Unit ER.	To Unit 307.	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 13.	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Op File</i> If yes, what ? <i>Op File</i>	
Medications / Consumables / Surgicals / Hand over <i>T.W. ...</i>			
Sl.No.	Item Name	Quantity	
1.	DHS	①	
2.	Intrafix	①	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Anush.</i>		Name of Person Ordered Transfer <i>DR. owais.</i>	
Patient & Clinical Records Received by : <i>Nibedita,</i>			
Date & Time of Patient Received : <i>12/5/20, @ 1:40pm</i>			

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





EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o T. Bala. Age : 2 M 6 D Gender: Male Female

Date : 12/5/26. Time of Arrival : 11:50 Am

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

Source of Information : Parents Others (Specify) _____

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 98°F PR: 118b/m BP: 102/55 RR: 30b/m SpO₂: 99%

Chief Complaints: C/O ↓ opal Intake x From Night.

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Unstable:
<input type="checkbox"/> Sick Looking	<input type="checkbox"/> Decreased	<input type="checkbox"/> Not - Life - Threatening
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Life - Threatening
<input type="checkbox"/> Abnormal	<input type="checkbox"/> Gasping / Apnea	
<input type="checkbox"/> Bleeding		

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 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.

T.N. Kiteleshan
 Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 11:54Am

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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: _____
- 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 : Samsul

Signature of Triage Nurse : Samsul

Date & Time : 12/5/26 @ 11:52Am



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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/5/26 Time of arrival : 11:50 AM
 Chief Complaints: ↓ Oral Intake RBS: NIL
 Height : Weight : 6.2 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: 0/10 Pain Tool Used: N Pass FLACC Wong Baker
 Character Location Frequency Duration

<p>RISK FOR FALL:</p> <p><input type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is > 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ambulatory Aids:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Weak <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Escort while ambulating <input checked="" type="checkbox"/> Assist Patient <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention 	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality <p>Inform consultant for positive criteria</p> <p>.....</p> <p>.....</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input checked="" type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method <p>Inform consultant for positive criteria</p>
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Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 11:50 AM

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

Time	Nursing Notes
11:52 AM	→ Assessed the general condition
	→ checked vital signs
	→ Informed ER Doctor & seen the baby

Samples collected by: Samsul.
 Samples sent by: _____

Time: _____
 Time: 12:50 P.M.

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>100 b.p.m.</u> BP: <u>95/55 (62)</u> CFT: <u>12 sec</u>	Shift - out from ER to: <u>307</u>
RR: <u>26 b.p.m.</u> SPO ₂ : <u>99%</u>	Time of Shift - out: <u>1:15 P.M.</u>
GCS: <u>15/15</u> Temperature: <u>98°F</u>	Handover given to: <u>Nibedija</u>
Pain Score: <u>0/10</u>	(Nurse's Name)
Repeat RBS (if applicable): <u>Not Applicable</u>	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): _____

_____ IV Placement _____

Name of the Nurse: A. K. S.

Signature of the Nurse: A. Ray

Date & Time: 12/5/26 @ 1:15 P.M.

FDH-00043116 IP25-0002040
Baby B/O T BALA BHARGAVI
08-03-2026 0 Y 2 M 4 D (M)
Dr. KALYAN CHAKRAVARTHY KOND.

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious + alert

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

RTA - good

Reflexes :

DTR

Superficials:

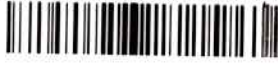
Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

LRTI



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent sepsis

Desired goals of the treatment: Resolute of symptoms.

Planned Labs:

- ~~CBP, CRP~~
- ~~WBC c/s~~
- ~~LFT~~
- ~~Flu panel (swab)~~
- ~~Blood gas.~~
- ~~SABs.~~

Noted by Sam
@ 12/5/26
@ 1:10 PM

Planned Management

- IVF DNS (2/3 m).
- INT AUGMENTIN -
- INT Pan 10mg OD -
- Neb I Budecort BD -
- Neb I hyperneb TID ✓
- Plan to decrease IVF rate if oral intake improves by evening.

Signature of the Doctor: [Signature]

Signature of the Consultant:

Name of the Doctor: Dr. Owai

Name of the Consultant:

Date & Time: 12/5/26 12:10 PM

Date & Time:



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00043116 IP25-00020406

Baby B/O TBALA BHARGAVI

09-03-2026 0 Y 2 M 4 D (M)

Dr. KALYAN CHAKRAVARTHY KONDA



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Cold : 1 week
cough : 2-3 days

History of present illness :

A 2 month old male was apparently asymptomatic 1 week back, when he developed cold, for which OPD based treatment was taken. Later, the child developed cough which 2-3 days. No H/o fever.

decreased feeding & decreased activity prior to admission.

outside lab (9/5/26)

OPD based



Hb = 8.8

TLC = 6.72 (23/61)

PLT = 5.38 L

CRP = 5

CX R → ↑ bronchovascular markings -
(AP view)



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term / AGA / EL LSCS / BCIAB

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

Vaccinated upto 6w of age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) 6.2 kgs (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 118/min B.P. _____ SPO2 99%

Resp. rate and type of breathing : 30/min
NO distress

Rash _____

Lymphadenopathy +

Oedema : _____

Allergies (if any): _____

CRTC3KCI
skin prick (+)
tryp.

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

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

AEBE (+)
CSF (+)

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

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

S1S2 (+)

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____

Spine : _____ External Genitalia : _____

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

soft



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/2026 3:50 pm	<p>C/SIB Dr. Aishwarya</p> <p>A LRTI without distress.</p> <p>Baby comfortable and awake. No cough reduced post neb Able to take DBF but not continuously.</p> <p>O/E: HR - 126/min RR - 32/min. SpO₂ - 100% on RA.</p> <p>S/E: R/S: Bil conducted sounds ⊕, Bil AE ⊕ C/S: S/S₂ ⊕, No murmur. P/A: Soft, Mild distension. CNS: WNL</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> - Trace blood reports - W/ff respiratory distress, monitor Respiratory rate Q4H - Continue nebulizations as charted. - W/ff feed tolerance. <p>Noted by M/san 12/5 un</p> <p><i>Aishwarya</i></p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/2026 9AM	<p>vs/B Dr - Kalyan</p> <p>3) <u>LRTI</u></p> <p>- GC: improving - maintaining saturation on RA - Oral intake: improving - cough ⊕ (decreased). - No fever spikes.</p>	
	<p><u>vitals</u> HR: 110/min RR: 30/min Temp: 98 SpO2: 98% RA</p>	<p><u>Plan</u> - 1) Plan to taper IV fluids 2) <u>CT</u> (NOT AVAILABLE IN CT Neb BUDROPT 3) CT Neb BUDROPT 4) CT HyperNeb Neb? TID. 5) Diet same as per charting 6) <u>Three Adenovirus report</u></p>
	<p><u>g/t</u> CNS: conscious, alert W/S: 2/2 ⊕, Mo R/S: B/L A&E, equal conducted sounds ⊕ RA = soft, NM</p>	
		<p>N.B Kalyan 13/5 @ 9am</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/2026		
3:30 pm	4 of BTDs - Greha	
	S: <u>LRTI</u>	
	<ul style="list-style-type: none"> GC: improving Oral intake - not not adequate maintaining saturation on room air with no respiratory distress. 	
	episode of post-thrived vomiting	
	vitals	Plan
	HR: 120/min	- continue IV fluids @ 10ml/hours.
	RR: 32/min	- Alprocat 1/2 x 2 x 2h ⁿ to continue QID
	SpO ₂ : 98% RA	- Budecat Neb ⁿ to continue BID
	Afebrile	- continue INS AUGMENTIN
	R/S: B/L nesses	- Rest same as per change w/ distress/desaturation
	conducted sounds	

Handed by Parent
 13/5/2026
 3:30 pm

True Blood U → 85% Ab
 of 85%

FDH-00043116 IP25-0002040
 Baby B/O T BALA BHARGAVI
 08-03-2028 0 Y 2 M 4 D (M)
 Dr. KALYAN CHAKRAVARTHY KONDA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 8:30 AM	c/s/B Dr. Kalyan / M. Dwar	
		<u>Plan</u>
	No fever on room air maintain situation No distress accepting feeds well.	- Discharge today - O/S on → - Hyperhep 96 hrs } - Rudocort BD } - Domstal + Lanzol.
	o/e - afebrile / alert vitality stable.	

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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

VERIFIED BY: Name Signature



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/5/26	11 AM	Inj Aspirin	METHYL PREDNISOLONE (0.5mg/kg/dose/24h)	Oral		kg mitt Keta.

Signature
VERIFIED BY : Name

FDH-00043116 IP25-00020407
 Baby B/O T BALA BHARGAVI
 08-03-2026 0 Y 2 M 4 D (A1)
 Dr. KALYAN CHAKRAVARTHY KONDA

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
12/5/26	00.00	HYPER neb 2p, 10pm, 6AM	4657 mirza	<i>[Signature]</i>
	01.00	Budecort - 7AM, 7A		
	02.00			
13/5/26	03.00	Neb hyperneb (12pm)	7888 Vello	
	04.00			
13/05/26	05.00	Meds hyperneb (6pm) 12AM, 6A	75193 mirza	
	06.00	Neb Budecort (10pm), 7A		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00	<i>cross checked done 14/05/26</i>		
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	22.00			
	23.00			

Handwritten notes and scribbles, including a circled '10' and various illegible markings.

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