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

ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : ____ BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA
_____ Dept : _____

Date of Admission: _____ Time : _ _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/05/26	10:20pm	ER	105	Anwar
28/5/26	6:00AM	PICU	105	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/5	CBP, S/E, CPK, Ca+, urea, creat, Lyme serology.	54038	Samthy
28/5	NCS	256/321	[illegible]
30/5	CUE, spot urine creatinine	28a	[illegible]
28/05	MRI SPINE c̄ Contrast c̄ whole spine screening	9630991	[illegible]
1/6/26	USG KUB	027480	AB

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/8/26	Invasive monitoring	11:00Pm	~~Spot~~	9630140	Buddhas
	Infusion Pump		Stop		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/5	IV Placement	(1)	30072	Sowmya
27/5	IV Ig Transfusion.	(1)	9630143	Bushra
28/5	NHD	(1)	9821869	Anupama
28/5	IV IG transfusion	(1)	9632407	SV
28/5	IV Ig transfusion	(1)	834389	Anu
29/5	IVIG transfusion	(1)	9421460	Appu

ANY OTHER INFORMATION

NCS - (1)

D/C

Date : 31/05/26 Time : @ 11:34am Prepared By : K. Sravanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
K. Sravanthi	SPUT - 105		

Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174403 **Admit Date** : 27-May-2026 **Admit Time** : 09:09 PM **UHID** : BAH-00652583

Patient Details :

Patient Name	: Baby SIVVA AKSHAJ	**Age**	: 12 Y 9 M 28 D
Guardian	: Mr SIVVA NAVEEN KUMAR ,	**DOB**	: 29-07-2013
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 9-48/1, VENKATESHWARA NAGAR Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9849371420/ 9618229757
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 105 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 105 **Admission Type** : First Visit

Contact Details :

Name : Mr SIVVA NAVEEN KUMAR , **Relationship** : Father

Contact Address : H NO - 9-48/1, VENKATESHWARA NAGAR Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 9849371420 / 9618229757

S. Naveen Kumar

Signature

Doctor Details :

Doctor Name	: Dr. BANDI RAMYA	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	: Dr. RAMESH KONANKI		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: STAR HEALTH AND ALLIED INSURANCE CO LTD

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 2 D (M)
Dr. BANDI RAMYA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3+1			
7	Nursing plan of care and handover sheets	5+1			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	✓			
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	6			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	~~Bed~~ side check list Thrombus	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart	1			
44	RBS monitoring chart				
45	Extra	4			
	Total No. of Pages	44			

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

Signature and Date : Sane 31/8/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

Patient Name: Akshaj shiva

UHID ID: BAH-00652583

Department: Ped. neurology

Consultant:

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Name : Akshaj Sivva Age/Sex 12yr/M

Information given by: Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

H/o calf pain 6 days back
unable to walk properly × 6 days

History of present illness :

child was apparently normal 6 days back, had calf muscle pain for 1 day; relieved by Analgesics

↓

Later child had difficulty in walking (waying) unable to get up from sitting position
- not able to wear chappals
- Tingling, numbness in over lower limbs
- no h/o Fever/Vomiting
- Bladder, bowel continence (normal).

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Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

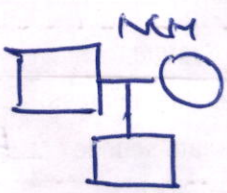
Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

Term | NVD | 3kg | CAB
NO H/O NICU stay
NO H/O convulsions



Birth & Socio Economic History:

About Father :
About Mother : Upper Middle class
Any additional Information :

Developmental History :

NO delay; Development (N)

Immunization History :

BCG given; immunized according to age

(P.T.O.)

BAH-00852583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 68kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 90/min B.P. 110/70 SPO2 97% RA

Resp.rate and type of breathing : 22/min

Minimal pallor ⊕

Rash

Lymphadenopathy NO

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : bilateral air entry ⊕

Any addes sounds : NO added sounds

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 ⊕

Any murmur : NO

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

Per Abdomen :

Inspection Normal

Palpation : Soft

Ausculation : BS ⊕ Bowel sounds ⊕

Spine : (N) External Genitelia : (N)

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

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : 15/15

All cranial nerves are intact

Motor System:

Nutriton : (N)

Tone: Mild hypotonia Power < UL 3-4/5, LL 4/5

Co-ordinator : Sensory ataxia

Posture :

Involuntary Movements : (N)

Reflexes : Lower Limbs (↓)

DTR **Superficials:** ++

Plantars Equivocal

Sensory System :

Normal

Bladder / Bowel : Normal

Clinical Summary & Diagnostic:

? Acute onset paraparesis
? Miller Fisher syndrome

(P.T.O.)

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

To treat cause

Desired goals of the treatment :

To prevent complications

Planned Labs:

CBP, serum Electrolytes
UREA, creatinine
CPK, calcium
Lyme serology

(MRI L-S spine with contrast after rounds) 11AM-12PM

Planned Management

1) IV fluid ½ maintenance
2) Inj ceftriaxone
3) Inj pantoprazole
4) IVIG 10gm today

I/O input/output monitoring

(Major)

N/B Annexed 27/05/26

Signature of the Doctor: Bvkgoi
Name of the Doctor: Dr. SOi
Date & Time: 27/05/26; 8pm

Signature of the Consultant:
Name of the Consultant: Dr. B. Ramya
Date & Time: 28/5/26 @ 10:am

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29-07-2013 12 Y 9 M 29 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o Neuroteam	
28/5/26	Acute onset paraparesis - ? GBS.	
	- Fever. Weakness.	
	O/E: - Vitals → Stable - CN - E○○ full, B/L pupils equal Reactive. - Meningismus - Power UL — P >4/5 >4/5 D >4/5 >4/5. LL — P - 4- 4- D - 4/5 4/5. - Reflexes. B ↑ ↓ A P. R 2+ + ÷ - ↓ K ↑ + - - ↓. - No meningeal or cerebellar signs. - Nibulous signs (+).	Adv. (without sedation) MRI US spine contrast today. - CSF reports - NCS
		Note by Dr Anupama
		Akhilesh

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 5:15pm	f/b Neurotean GBS (Ascending). - NCS:- Ascending - MRI:- Nerve root enhancement (+). CSF (+). - Issue:- Proximal weakness. O/E. R L. - LL → P 4/5 4/5 D 4/5 4-/5 R R L - Reflexes:- K - - B +2 +2 A - - T +2 +2 P - -	Adv: - IVIg 10gm/day. - vitals - Peace tymes Advised. Note by Sir

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 08:30AM	C/S/B Neuroteam: GBS (AMSAN)	
	Issues: LL weakness (improving) No fresh complaints	
	•) NCS - AMSAN	
	•) MRI - Nerve root involvement +	
	•) IVIg (yest) → 10g given → 10g (ongoing)	•) LYMES ⇒ NEGATIVE
	O/E: Vitals: stable CNS: EOM (full), B/L pupils reacting to light	Adv •) Trace lyme's report •) vitals ~~ongoing~~ monitoring •) IVIg - 20g today ~~today~~ AFP updating. •) IVIg - 10 gm now.
	Tone - N | N / N | N	
	power - R | L; UL - >4/5 | >4/5	
	L/L - P = 4/5 | 4/5; D = 4-/5 | 4/5	
	Reflex - B +2 +2; T +2 +2. K - -; A - - plantar - -	

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29-07-2013 12 Y 9 M 29 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5 05pm	c/s/B Neuroteam GBS (AMSAN) No fresh complaints	
	Issues: B/L LL weakness (improving)	
	R | L O/E: UL-P-4/5 | 4/5 D-4/5 | 4/5	Adv
	DTR-LL-K – | – A – | – P – | –	IVIg 10 gm after completion of 1st vial
		Dr Lakshmi

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Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 0 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5	C/S/B Neuroteam GBS (AMSAN)	
	Issues: Hypertension B/L LL weakness improving Vitals: stable ; BP 144/90 mmHg. O/E: Child conscious HMF: (N) CN: (N) Tone - UL N | N LL N | N power - UL - >4/5 | >4/5 LL - P 4*/5 | 4/5 D 4/5 | 4/5 Reflex: B +2 | +2 T +2 | +2 K - | - A - | - plantar - - Sensory examination: (N) No meningeal / cerebellar signs	Adv 1) T. Amlodipine stat 5mg 2) If BP normalizes ↓ continue IvIg @ 5ml/hr 3) vitals & BP monitoring 4) UVE & spot urine creatinine ratio
	V.L. Sawant	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5 6:30pm	c/s/o Neurocam B/L Issues: L/L weakness hypertension	
	O/E: Sensorium - Good BP: 138/80 mmHg HR - 118/min Tone - Normal power - LL - P 4-/5 | 4+/5 D 4-/5 | 4-/5	Adv 1) BP monitoring 2) IVIg ongoing @ 5ml/hr 3) ↑ amlodipine to BP.

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

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06	C/S/B Neuroteam → GBS (AMSAN) ~~→ DF~~	
	Issues: ① hypertension (on medication) weakness - improving	
	O/E: vitals - ~~stable~~ BP: 123/76 mmHg ~~Tone~~ RMF: Good; CN - B/L pupils NSRL Tone - N/N, N/N Power: UL: >4/5 / >4/5 LL — P 4/5 / 4/5 D 4/5 / 4/5 Sensory exam - ⊗ No meningeal/cerebellar signs ⊖	Adv 1) BP monitoring 2) USG - KUB & plan ⓓ 3) Nephro f/up 4) Trace CUE & spot urine creat (endo) on f/up opinion
	O/E CN → All CN is intact Motor - Normotonia. Power. Shoulder Abd. R: 4+ L: 4+ Add 4+ 4+ Elbow flexion 4+ 4+ Extension. 4+ 4+ ~~Hip Abd~~: 4- ~~Knee~~ Hip flexion 4- 4. Hip Add: 4. Knee Extension 4 4 Ankle DF 4- 4- Ankle PF 4+ 4+	

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29-07-2013 12 Y 10 M 2 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	-Reflexes B T K A P R + - - - L + - - -	
	- cerebellar signs: - Dysmetria (+) - Dysdiadochokinesia (+). - Impaired finger nose - Impaired tandem walking. -	
	-Romberg (-). -No meningeal or local signs	
	-Gait → Mild impairment on R/L Apple Down flexors → toe first	

BAH-00652583 IP5-00174403
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: ward

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. sai

Date & Time : 27/5/26 9:30pm

Nurse Name & Signature: Anvel

Date & Time : 27/05/26 9:30pm

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DRUG CHART

Date of Admission: 27/05/16 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name ..... Sign ..... Date .....

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

VERIFIED

VERIFIED

REGULAR PRESCRIPTIONS

Weight. 6.8 kg Ward. ....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
2gm	IV	Q12H	27/5

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/5	29/5	30/5	31/5	1/6
8AM	[signatures]	[signatures]	[signatures]	[signatures]	[signatures]
6PM	[signatures]	[signatures]	[signatures]	[signatures]	

DRUG : Inj. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	Q24H	27/5

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/5	29/5	30/5	31/5	1/6
8AM	[signatures]	[signatures]	[signatures]	[signatures]	[signatures]

DRUG : T. AMLODIPINE

Dose	Route	Frequency	Start Date
5mg	PO	BD	30/5

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	30/5	31/5
9AM	9:30 AM [signature]	[signature]
9PM	[signatures]	[signatures]

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/5	2 9pm	T. AMLODIPINE	5 mg	PO		Swaroop	Aparna
30/5	9:30 AM	T. AMLODIPINE	5mg	PO		Soroo	Aparna
31/5	5.25pm	Inj ONDANSETRON	6mg.	IV		Anupa	Appu

Docu. No. : RCHBH /FRM / CLINICAL / 136

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STAT / ONCE ONLY DRUGS

Name: Shiva Akshaj Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/5	4pm	Inj. AVIL	35mg	IV	dy	Soma	sirisha
29/5	4pm	Inj. HydROCORTISONE	50mg	IV	dy	soma	sirisha
29/5	4pm	IVIg	10g (100ml)	IV		soma	sirisha
			2.5ml/hr for 1st 15 minutes.			Soan	Arch
			(f/b)				
			5ml/hr for next 15 minutes			Soan	Arch
			(f/b)				
			7.5ml/hr for next 15 minutes			Soan	Arch
			(f/b)				
			10ml/hr for next 15 minutes			Soan	Arch
			(f/b)				
			12ml/hr for next 15 minutes			Soan	Arch
			↓ 17ml/hr			Soan	Arch
		(AFTER 2 HOURS OF COMPLETION OF IVIg)					
30/5	9am	IVIg	10g (100ml)		Soma	Suvekha	
			2.5ml/hr x 15min				
			↓ 5ml/hr x 15min				
			↓ 7.5ml/hr x 15min				
			↓ 10ml/hr x 15 min				
			↓ 12.5ml/hr x 15min				
			↓ 17ml/hr x 15min				
	9am	Inj. AVIL	35mg	IV	dy	Soma	Suvekha
		Inj. HYDROCORTISONE	50mg	IV			

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

Weight. ...~~28 kg~~... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5	10:30 Am	Inj. AVIL	35mg	IV	Sai	10:50 pm
27/5	10:30 pm	Inj. HYDROCORTISONE	100mg	IV	Sai	10:50 pm
27/5	10:30pm	IVIG	10 gm (100ml)	IV	Sai	10:50 pm
			2.5ml/hr → For first 15 minutes f/b			
			5ml/hr → next 15 minutes f/b			
			7.5ml/hr → next 15 minutes f/b			
			10ml/hr → next 15 minutes f/b			
			12ml/hr to continue for 15 mts			
			20 ml/hour			

VERIFIED

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

I.V. FLUIDS CHART

Weight. ....6.8kg.... Ward. .....

		Position of I.V. Fluid (Intention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/5	6pm	DNS	IV	50ml/hr			28/5		

VERIFIED

Signature .....

VERIFIED BY : Name .....

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 29 D (M)
Dr. BANDI RAMYA

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STAT / ONCE ONLY DRUGS

Name: Shiva Akshaj Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/5	05:30pm	Inj. AVIL	35mg	IV		Sourav	Anupama 7:32 pm
28/5	05:30pm	Inj. HYDROCORTISONE	50mg	IV		Sourav	Anupama 7:32pm
28/5	05:30pm	IVIg	10gm(100ml)			Sourav	Anupama 7:35 pm
			2.5ml/hr - for 1st 15 minutes (f/b)				
			5ml/hr - for next 15mins (f/b)			Sourav	Anupama 8pm
			7.5ml/hr - for next 15 minutes f/b)			Sourav	Sourav
			10ml/hr - for next 15 minutes (f/b)			Sourav	Sourav
			12ml/hr for 15 minutes ↓ 17ml/hr.			Sourav	Sourav
29/5/25	4:18AM	Inj Avil	35mg	IV		Sourav	Sourav 4:18AM
29/5/25	4:19AM	Inj HYDROCORTISONE	50mg	IV		Sourav	Sourav 4:19AM
29/5/25	4:20AM	IV Ig	10g (100ml) 2.5ml → for 1st 15mins IV ↓ 5ml/hr → for next 15mins ↓ 7.5ml/hr → next 15m ↓ 10ml/hr → next 15mins ↓ 12ml/hr → 15mins ↓ 17ml/hr			Sourav	Sourav 4:20AM

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 3 D (M)
Dr. BANDI RAMYA

...H/ FRM / CLINICAL / 127

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6/26

Parameter	Time: 2AM	Time: 6AM
Doctor / Nurse / Family Concern?		
Temperature (°F) (scale 94–104)	97.1°F	96°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	126/77 (89)	123/77 (87)
Heart Rate (Number)	90 b/m	93 b/m
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)		
Resp Rate (Number)	20 b/m	20 b/m
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	99%	98%
Conscious Level: Normal / Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
Pain Score	0	0
Observer's Initials	U	d

Note: BP does not score in early warning scoring

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.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- 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)

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 2 D (M)
Dr. BANDI RAMYA

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

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

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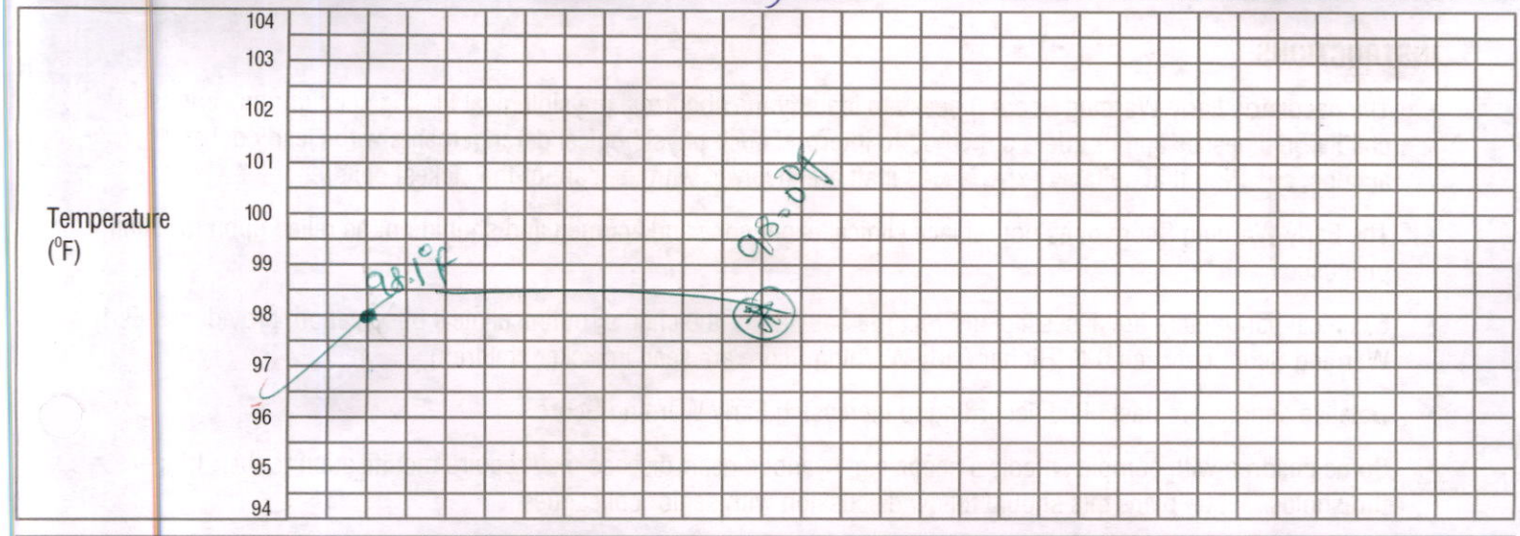
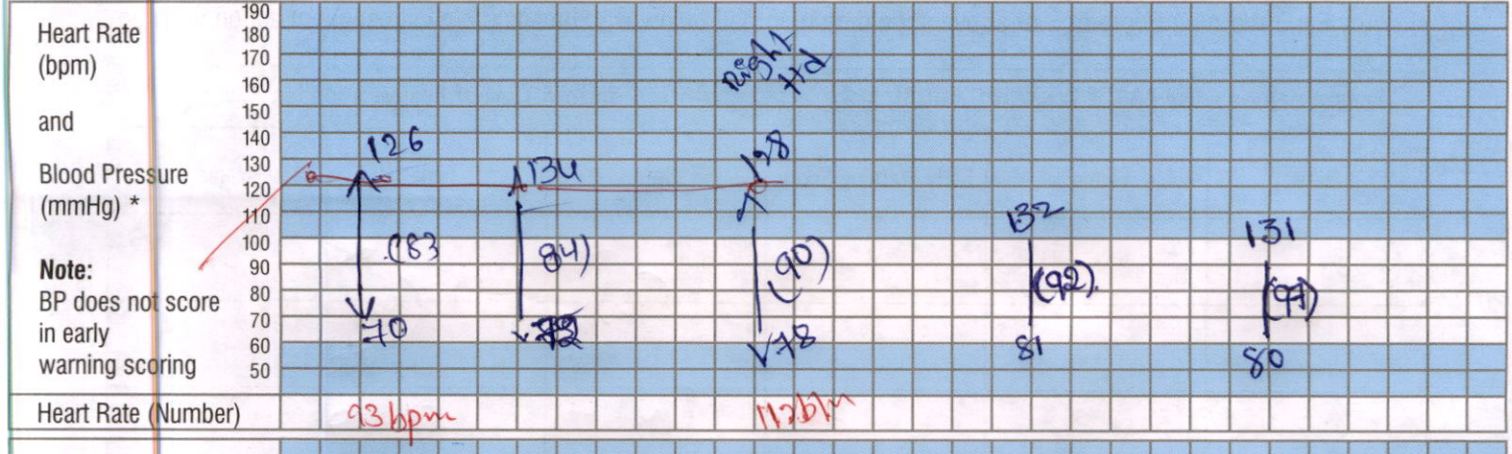
EARLY WARNING SCORE: CHILDREN'S UNIT

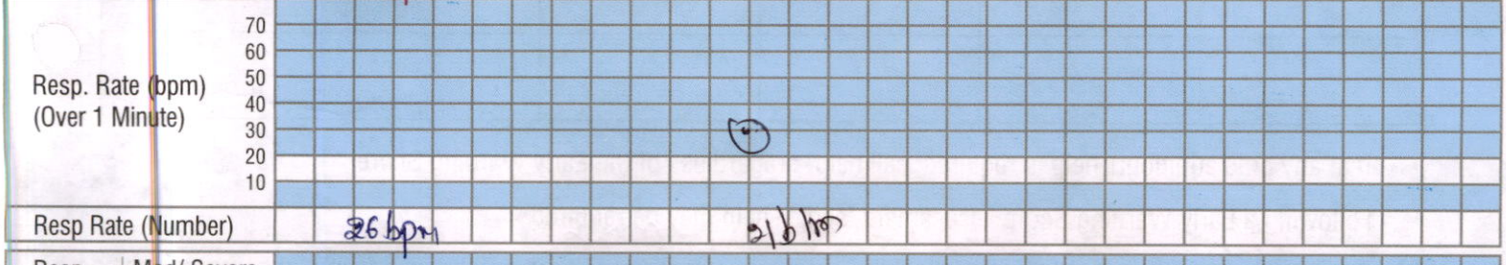
Date : 29/7/15 Time: 12pm 3pm 5:30pm 9pm 10PM

Doctor / Nurse / Family Concern?





Heart Rate (Number) 93 bpm 112 bpm



Resp Rate (Number) 26 bpm 21 bpm

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2 (l/min)			
O_2 Saturations (%)		99%	100-1%
Conscious Level	Normal		
	Altered		
GCS *		15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1
Pain Score		0	0
Observer's Initials			

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.

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Patient Sticker

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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

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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)

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 2 D (M)
Dr. BANDI RAMYA

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

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/05/26 Time: 10pm. 31/05/26 12am. 2am 4am 6am 8am 10am

Doctor / Nurse / Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

	10pm.	12am.	2am	4am	6am	8am	10am
Heart Rate (Number)	90bpm.		77bpm.		89bpm		100bpm
Blood Pressure	136/(82)/66	138/(94)/82	110/(85)/77	102/(63)/60	118/(85)/79	120/(86)/74	118/(81)/71
Resp. Rate (bpm) (Over 1 Minute)							
Resp Rate (Number)	22bpm		20bpm		22bpm	20bpm	20bpm
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)	98%		99%		99%	99%	99%
Conscious Level: Normal / Altered							
GCS *	15/15		15/15		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1		1		1	1	1
Pain Score	0		0		0	0	0
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 0 D (M)
Dr. BANDI RAMYA

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 : 28/7/13 Time:

Doctor / Nurse / Family Concern? 1pm 2pm 3pm 4pm 6pm 8pm

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.5°F 98.2°F

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

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Right hand: 138 (98) 87 | 144 (104) 91
Left hand: 124 97 85
Right hand: 137 (94) 85
Left hand: 129 (97) 96
Left hand: 131 (81) 66
Right hand: 138 91 80
132 (100) 91

Note: BP does not score in early warning scoring

Heart Rate (Number) 81b/m 96b/m 94b/m

Resp. Rate (bpm) (Over 1 Minute)

70 60 50 40 30 20 10

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

Resp Distress: Mod/ Severe / None / Mild

Receiving O_2 (l/min) O_2 Saturations (%) 100% 100%

Conscious Level: Normal / Altered

GCS * 15 15

TOTAL SCORE Number of shaded boxes 1 1

Pain Score 0 0

Observer's Initials O

ACTIONS

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Score 1	:	Continue normal observation by staff nurse
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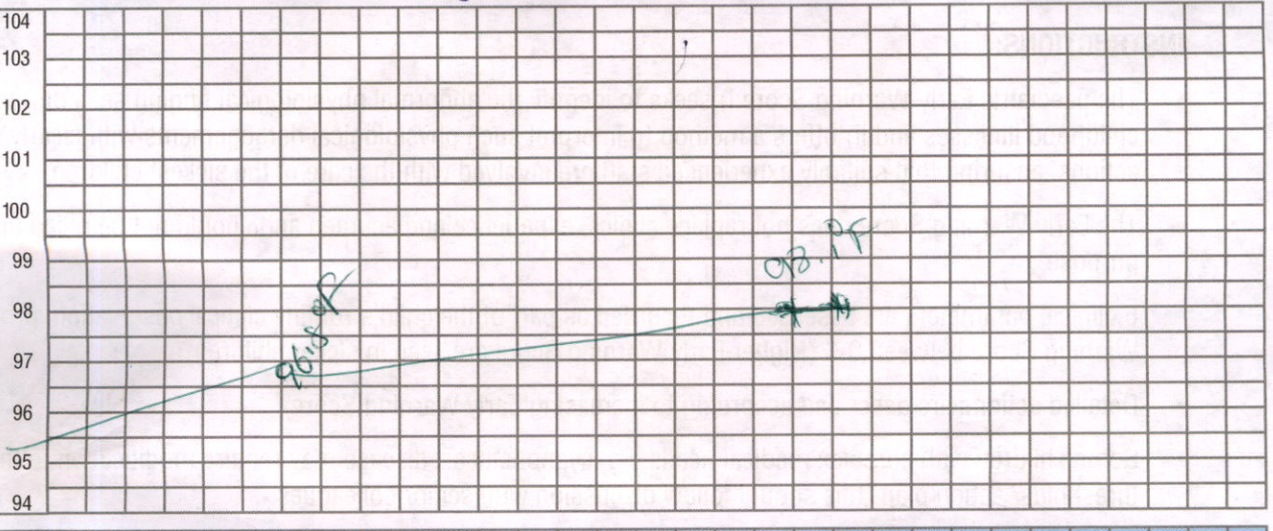
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:

Doctor / Nurse / Family Concern?

6am 7am 8am 9am 10am 11am 12pm

Temperature (°F)



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

Note: BP does not score in early warning scoring

	6am	7am	8am	9am	10am	11am	12pm
Heart Rate (Number)	96b/m	82b/m	97b/m	84b/m			
Resp. Rate (bpm) (Over 1 Minute)	30b/m			31b/m			
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min) O_2 Saturations (%)	99%			99%			
Conscious Level (Normal / Altered)							
GCS *	15/15			15/15			
TOTAL SCORE Number of shaded boxes	1			1			
Pain Score	0			0			
Observer's Initials	G			O			

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.
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Patient Sticker

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

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- 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)
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BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 0 D (M)
Dr. BANDI RAMYA

. No. : RCHBH/ FRM / CLINICAL / 127

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/5/26 Time:

Doctor / Nurse / Family Concern?	11pm	30/5/26 12AM	1Am	2AM	3AM	4AM
Temperature (°F) 104–94						
Heart Rate (bpm) and Blood Pressure (mmHg) * 190–50	134/80 (95)	129/70 (86)	114/64 (78)	105/54 (94)	104/56 (70)	113/59 (75)
Heart Rate (Number)						
Resp. Rate (bpm) (Over 1 Minute) 70–10						
Resp Rate (Number)						
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)						
Conscious Level: Normal						
Conscious Level: Altered						
GCS *						
TOTAL SCORE Number of shaded boxes						
Pain Score						
Observer's Initials						

Note: BP does not score in early warning scoring

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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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
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- 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

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29-07-2013 12 Y 9 M 29 D (M)
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TEENAGE (12 + years)
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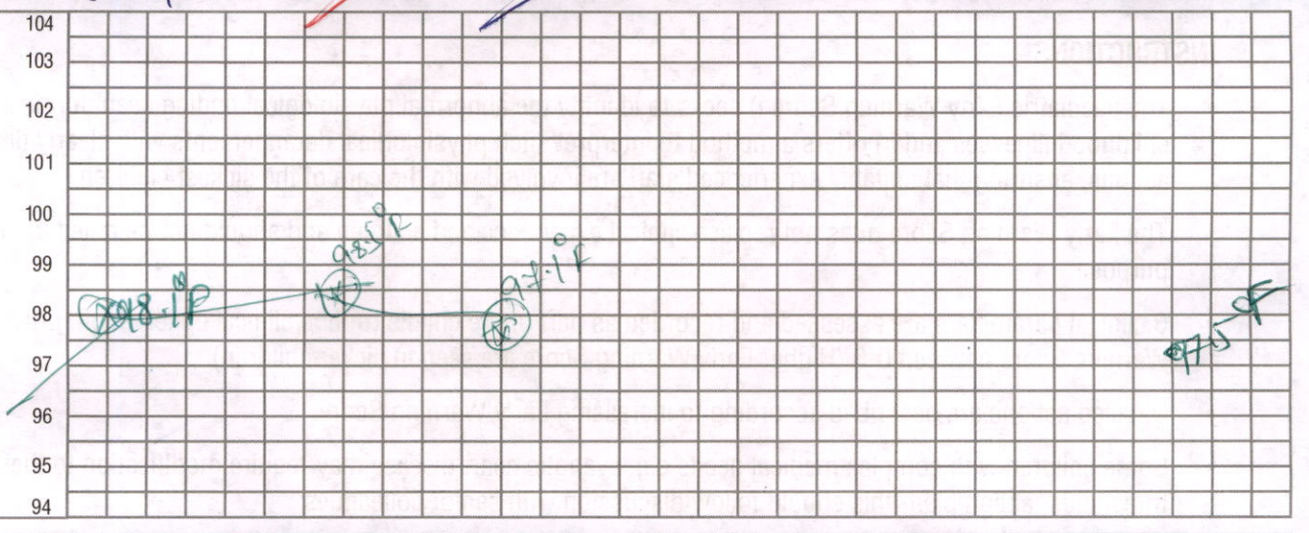
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/7/13 ..... Time:

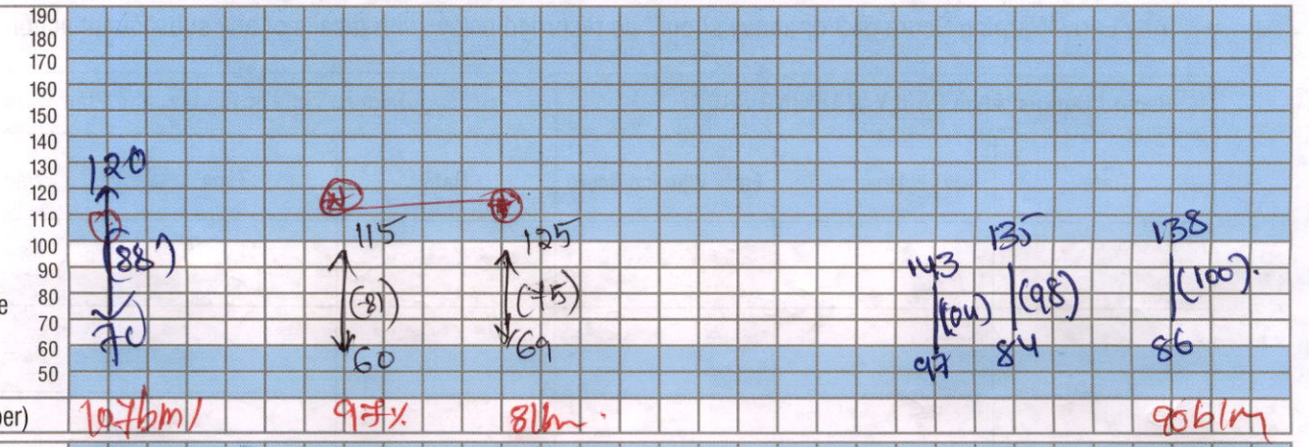
Doctor / Nurse / Family Concern? 6am 10 AM 1pm 6PM 9PM 10PM

Temperature (°F)



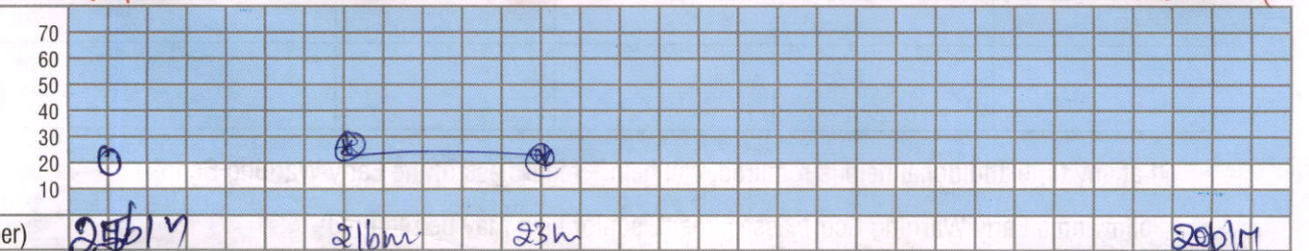
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 107bpm 97bpm 81bpm 96bpm

Resp. Rate (bpm) (Over 1 Minute)



Resp Rate (Number) 25bpm 21bpm 23bpm 20bpm

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	60%	97%	98%
Conscious Level	Normal / Altered			
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1
Pain Score	0	0	0	0
Observer's Initials				

ACTIONS

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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29-07-2013 12 Y 9 M 29 D (M)
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TEENAGE (12 + years)
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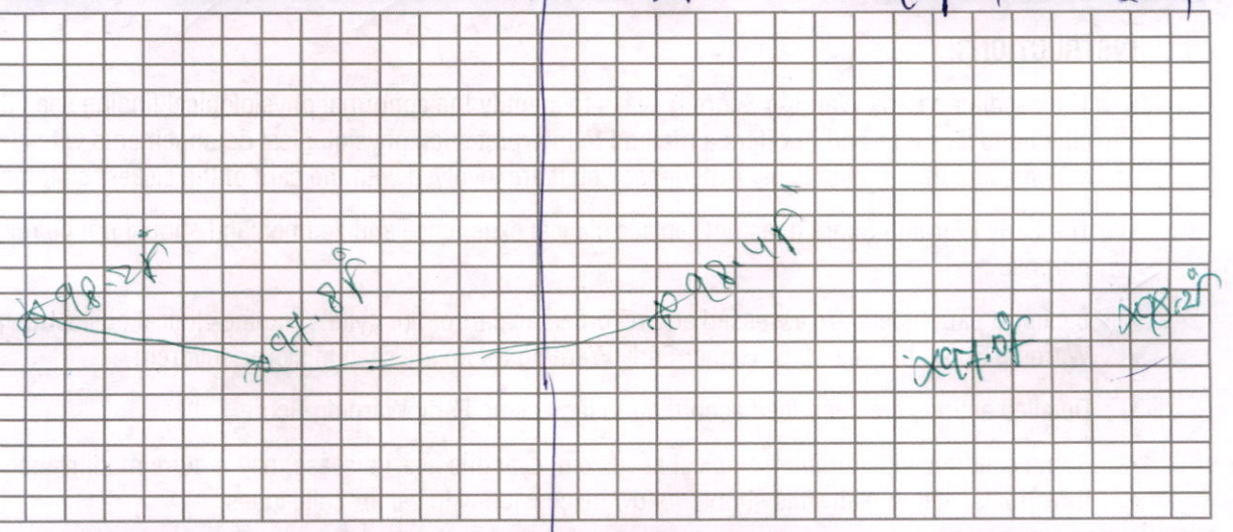
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ...28/5.... Time: 6-(9AM) 10:30AM 2PM 5PM 10PM 2AM

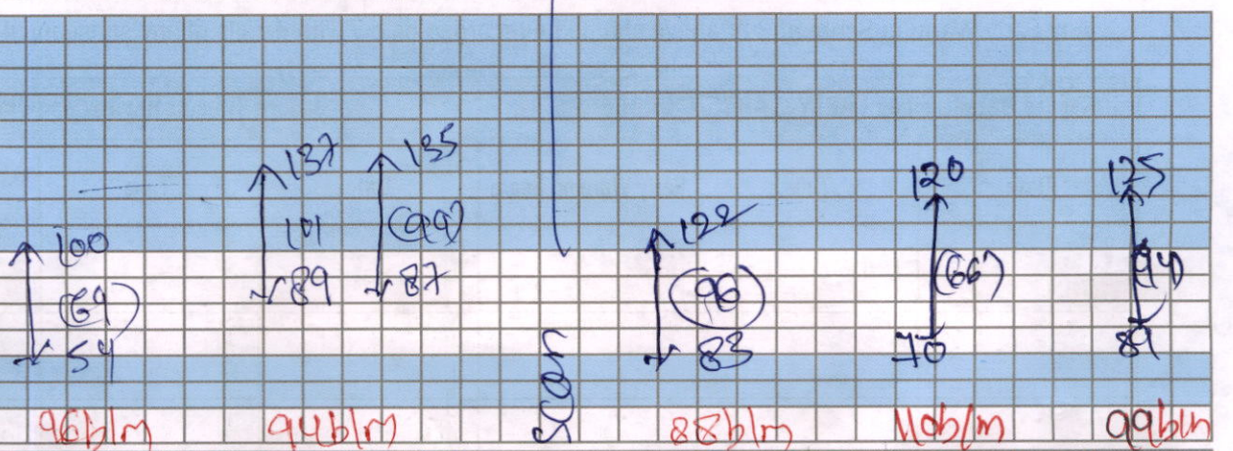
Doctor / Nurse / Family Concern?

Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	96b/m	94b/m	Scan	88b/m	110b/m	99b/m
Resp. Rate (bpm) (Over 1 Minute)			MRI			
Resp Rate (Number)	22b/m	20b/m		22b/m	26b/m	24
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	5L 99%	99%	100%	100%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1		1	1	1
Pain Score	0	0		0	0	0
Observer's Initials						

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Patient

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 28 D (M)
Dr. BANDI RAMYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/5	08:00 am			50ml								
	09:00 am			50ml								Anup
	10:00 am	DNS		50ml								
	11:00 am			50ml								Anup
	12:00 pm			50ml								
	01:00 pm			—								
Total Intake :						**Total Output :**						
28/5	02:00 pm			—								
	03:00 pm			—								Anup
	04:00 pm	DNS		—								
	05:00 pm			—								Anup
	06:00 pm	100 LVF		—								
	07:00 pm			—								
Total Intake :						**Total Output :**						
28/5	08:00 pm			12								
	09:00 pm			12								Suvi
	10:00 pm			12								
	11:00 pm			12								Suvi
	12:00 am			12								
	01:00 am			12								Suvi
Total Intake :						**Total Output :**						
29/5	02:00 am			12ml								
	03:00 am			12								Suvi
	04:00 am			12ml								
	05:00 am			—								Suvi
	06:00 am			—								
	07:00 am			—								Suvi
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 29 D (M)
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FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
29/5	08:00 am										0	
	09:00 am		1 dry							✓	0	
	10:00 am	NIL	H2O								0	
	11:00 am	IVF					✓				0	
	12:00 pm										0	
	01:00 pm									✓	0	
Total Intake :						**Total Output :**						
29/5	02:00 pm										0	Shirisha
	03:00 pm		Rice							✓	0	
	04:00 pm	IVIG									0	Shirisha
	05:00 pm									✓	0	
	06:00 pm	✓									0	Shirisha
	07:00 pm											
Total Intake :						**Total Output :**						
29/5	08:00 pm			–							0	Aruna
	09:00 pm			–						✓	0	
	10:00 pm	IVIG		–							0	Aruna
	11:00 pm			8ml	NA			NA			0	
	12:00 am			8ml							0	Aruna
	01:00 am			8ml						–	0	
Total Intake :						**Total Output :**						
	02:00 am			8ml							0	Aruna
	03:00 am			8ml						–	0	
	04:00 am	IVIG		8ml	NA			NA			0	Aruna
	05:00 am			8ml							0	
	06:00 am			–						✓	0	Aruna
	07:00 am			–							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
30/5	08:00 am	1	Milk	5ml							0	Appu
	09:00 am	IV		5ml							0	Appu
	10:00 am	IG		5ml	NA			NA			0	Appu
	11:00 am	1		5ml							0	
	12:00 pm			5ml							0	Appu
	01:00 pm		Rice	5ml							0	
Total Intake :						**Total Output :**						
30/5	02:00 pm			5ml							0	
	03:00 pm	1		5ml							0	
	04:00 pm	IV		5ml							0	
	05:00 pm	IG		5ml	NIL		NIL	NIL			0	
	06:00 pm	1		5ml			1				0	
	07:00 pm	1		5ml							0	
Total Intake :						**Total Output :**						
30/5	08:00 pm	1		5ml							0	Aruna
	09:00 pm			5ml							0	
	10:00 pm	NIL		—	NA			NA			0	Aruna
	11:00 pm	IVF		—			NA				0	
	12:00 am	1		—							0	Aruna
	01:00 am			—			1				0	
Total Intake :						**Total Output :**						
31/5	02:00 am	1									0	Aruna
	03:00 am										0	
	04:00 am	NIL			NA			NA			0	Aruna
	05:00 am	IVF					NA				0	
	06:00 am	1									0	Aruna
	07:00 am						1				0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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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
			Mouth	I.V	N.G							
31/5/25	08:00 am		Idli									
	09:00 am											
	10:00 am	NO										
	11:00 am	IVF										
	12:00 pm											
	01:00 pm		rice									
Total Intake :						**Total Output :**						
31/5/25	02:00 pm		Nil									
	03:00 pm											
	04:00 pm	AD										
	05:00 pm	IVF			NT							
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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			Mouth	I.V	N.G							
31/8	08:00 am		1/4									
	09:00 am											
	10:00 am	ND							NA			
	11:00 am	IVF			NA							
	12:00 pm											
	01:00 pm		Nil									
Total Intake :						**Total Output :**						
31/5	02:00 pm		Luxd Rice									
	03:00 pm											
	04:00 pm	ND	Soup									
	05:00 pm	IVF			NA		NP					
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
31/5	08:00 pm											
	09:00 pm											
	10:00 pm	NO			NA							
	11:00 pm	IVF					NA		NA			
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
1/6	02:00 am											
	03:00 am											
	04:00 am	NO			NA				NA			
	05:00 am	IVF					NA					
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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

(4)

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 0 D (M)
Dr. BANDI RAMYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/5/26 Time: 4:06 pm

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

Blood Bank Issue No: — Date of Collection: 29/5/26 Date of Expiry: .....

Date & Time of Starting Transfusion: 29/5/26 Planned duration of Transfusion: .....

Check for Correct Unit: ☐ Correct Patient: ☑

Blood products cross checked by: Nurse 1: pulakesh Nurse 2: Shirisha

Before starting transfusion vitals: Temp: 98.1°F HR 91bm RR: 21bm BP: 127/80 SpO 100.%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
29/5/26.	15 Min	98b/m	97.5°F	115/60	100%	—	—	—	—
	15 Min	94b/m	98.3°F	125/69	99%	—	—	—	—
	30 Min	99b/m	98.7°F	122/75	100%	—	—	—	—
	30 Min	101b/m	97.9°F	126/80	98%	—	—	—	—
	30 Min	120b/m	98°F	130/90	98%	—	—	—	—
	1 Hr	100b/m	97.1°F	129/70	99%	—	—	—	—
	1 Hr	108b/m	97.5°F	114/64	99%	—	—	—	—
						—	—	—	—
						—	—	—	—

Comments: .....

.....

Name of the Incharge-Nurse: pulakesh Name of the Nurse: Shirisha

Signature of the Incharge-Nurse: pulakesh Signature of the Nurse: Shirisha

Date & Time: 29/5/26 @4:00 pm Date & Time: 29/5/2026 @4pm

(4)

CONSENT FOR ~~BLOOD~~ IVIG TRANSFUSION

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Your Right to a Safe Delivery

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 10 M 0 D (M)
Dr. BANDI RAMYA

Name: ..... Age: ..... Gender: Male ☑ Female ☐

UHID.No : ..... Date: 29/5/26

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 IVIG

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

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

..... Nil .....

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: .....

Name: Suhasini Sivva.

Date & Time 29/5/26 6AM

Doctor (Who is talking the consent)

Signature: .....

Name: Pavani

Date & Time 29/5/26 6AM

Witness

Signature: Soma. Shirisha

Name: Shirisha

Date & Time 29/5/26 6AM

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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 సిఫ్లిస్ 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 .....

IVIG. (3)

CONSENT FOR ~~BLOOD~~ TRANSFUSION

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 29 D (M)
Dr. BANDI RAMYA

Name: ..... Age: ..... Gender: Male ☑ Female ☐

UHID.No : ..... Date: 29/5/26.

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 IVIG

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.

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

..... N.A. .....

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: Sahasri.

Name: S. Sahasri

Date & Time 29/5/26 @ 4:20 AM

Doctor (Who is talking the consent)

Signature: Pavani

Name: Pavani

Date & Time 29/5/26 @ 4:20 PM

Witness

Signature:

Name: Swarna

Date & Time 29/5/26 @ 4:20pm

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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 సిఫ్లిస్ 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 చేయబడి 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 .....

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 29 D (M)
Dr. BANDI RAMYA

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/5/26 Time: 4:20 AM

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

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

Date & Time of Starting Transfusion: 29/5/26 @ 4:20 am Planned duration of Transfusion: —

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Anirban Nurse 2: Swarna

Before starting transfusion vitals: Temp: 96.8°F HR 112 RR: 22 BP: 101/57 SpO 99%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
29/5	15 Min	101	98.1°F	115/77	98%.	—	—	—	—
	15 Min	115	97.5°F	120/89	99%.	—	—	—	—
	30 Min	103	98.5°F	119/88	99%.	—	—	—	—
	30 Min	99	96.5°	120/77	98%.	—	—	—	—
	30 Min	95%.	97.3°F	125/69	99%.	—	—	—	—
	1 Hr	97	97.5°F	111/65	99%.	—	—	—	—
	1 Hr	112	97.1°F	110/69	97%.	—	—	—	—

Comments: NIL

Name of the Incharge-Nurse: Anirban Name of the Nurse: Swarna

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 29/5/26 @ 4:20 AM Date & Time: 29/5/26 @ 4:20 AM

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 29 D (M)
Dr. BANDI RAMYA

(Y)

CONSENT FOR BLOOD TRANSFUSION

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

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Your Right to a Safe Delivery

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 29 D (M)
Dr. BANDI RAMYA

Name: ..... Age: 12Y Gender: Male ☐ Female ☐

UHID.No : ..... Date: 28/5/26

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 IVIG

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.

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.

ent (Or Patient Relative / Guardian):

Signature: .....

Name: S Naveen Kumar

Date & Time 28/5/26 @ 7:30pm

Doctor (Who is talking the consent)

Signature: .....

Name: Ayushman Arlay

Date & Time 28/5/26, 11 pm

Witness

Signature: .....

Name: S Subashini

Date & Time 28/5/26 @ 7:30pm

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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 సిఫ్లిస్ 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 .....

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 29 D (M)
Dr. BANDI RAMYA

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/5/26 Time: 3.30pm

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

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

Date & Time of Starting Transfusion: 28/5/26 @ 3pm Planned duration of Transfusion: .....

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Soumya Nurse 2: Anupama

Before starting transfusion vitals: Temp: 97.6°F HR 84 RR: 22 BP: 115/81 SpO 99

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
28/5	15 Min	98	97.1°F	110/56	99%	-	-	-	-
28/5	15 Min	100	98.3°F	120/77	98%	-	-	-	-
	30 Min	110	96.5°F	115/80	99%	-	-	-	-
	30 Min	107	95.8°F	110/89	99%	-	-	-	-
	30 Min	112	98.1°F	120/80	98%	-	-	-	-
	1 Hr								
	1 Hr								

Comments: No reaction baby is Stable.

Name of the Incharge-Nurse: Neeraja Name of the Nurse: Soumya

Signature of the Incharge-Nurse: N Signature of the Nurse: S

Date & Time: 28/5/26 @ 2:40pm Date & Time: 28/5/26 @ 2:40pm

Docu. No. : RCHBH /FRM / CLINICAL / 078

CONSENT FOR BLOOD TRANSFUSION

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Name: Sivva Akshaj Age: 12 y Gender: Male ☑ Female ☐

UHID.No : BAH-00652883 Date: 27/5/26

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 IVIG

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

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

.....NIL.....

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: S. Naveen Kumar

Name: S. Naveen Kumar

Date & Time 27/05/26 9:40 pm

Doctor (Who is talking the consent)

Signature: Pavan. V

Name: Pavan. V

Date & Time 27/5/26 9:50 pm

Witness

Signature: Anu

Name: Anusha

Date & Time 27/05/26 10 pm

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/5/26 Time: 10.30 AM

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

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

Date & Time of Starting Transfusion: 28/5/26 Planned duration of Transfusion: —

Check for Correct Unit: ☑ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Buddhadev Nurse 2: Anupama

Before starting transfusion vitals: Temp: 98.0°F HR 100 RR: 22 BP: 108/60 SpO 100 %

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
28/5/26	1 hour 15 Min	98	98.1°F	101/60	100%	—	—	—	—
28/5/26	2 hour 15 Min	95b/m	97.8°F	102/67	99%	—	—	—	—
28/5	3 hour 30 Min	91b/m	97.4°F	98/68	97%	—	—	—	—
28/5	4 hour 30 Min	87b/m	98.2°F	97/70	99%	—	—	—	—
28/5	5 hour 30 Min	88b/m	98.3°F	98/65	98%	—	—	—	—
	1 Hr								
	1 Hr								

Comments: 140 Ivpotonic buy is stable.

Name of the Incharge-Nurse: Rani Name of the Nurse: Rahul

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 28/5/26 @ 10.30 AM Date & Time: 28/5/26 @ 10.30 AM

BAH-00652583 IP5-00174403
Baby SIVVA AKSHAJ
29-07-2013 12 Y 9 M 29 D (M)
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 9AM

Weight: 68kgs Centile: 97th

Height: 166cm Centile: 90th

Inference: Obese child

RDA: — Calories: 1750kcal/d Protein: 31g/d

Diet Recommendations: child is on NPO.

Re-Assesment:

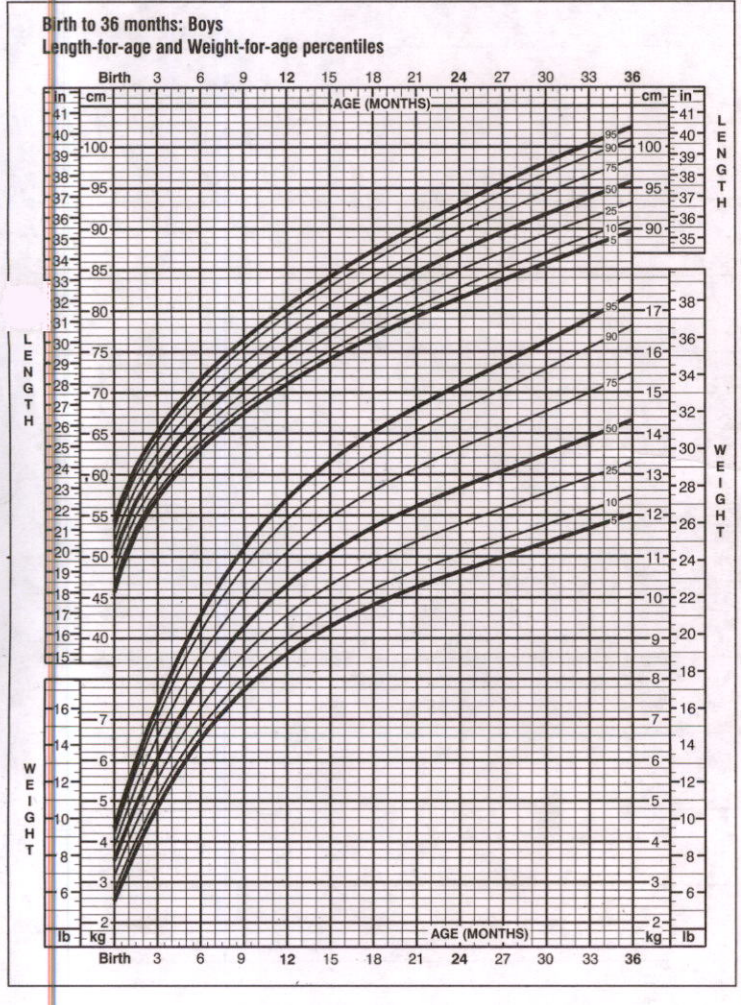
Food Allergies: NO Veg/Non-veg Veg

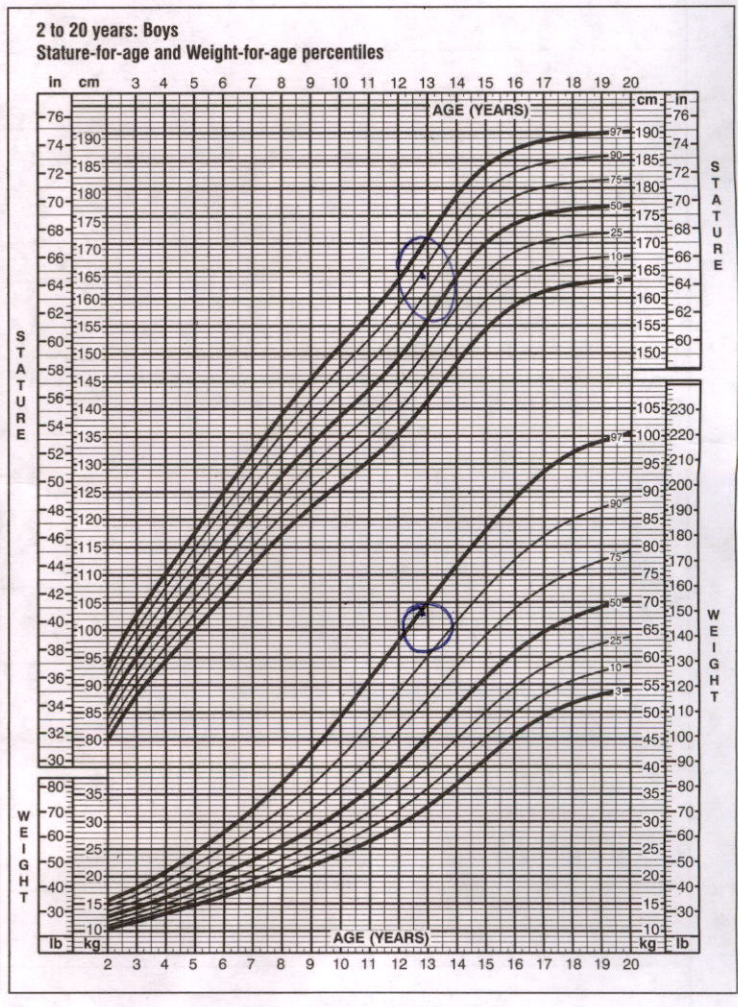
Diagnosis: Acute onset paraplegia ? william Barre syndrome

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Mounica Dietician's Signature Mounica

Daily Notes:

29/5/26
10.30am Child is stable. oral intake is Better.
Encourage orally Normal soft diet - Nikitha.

30/5/26
11am Child is stable. oral intake is Good.
continue ~~c~~ Normal soft diet - monica.

31/5/26
8am Child is stable. Intake is improving
Continue ~~c~~ normal low salt diet Nikitha