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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ BAH-00416424 IP5-00175926 Master ZAYD KHAN 01-07-2014 12 Y 0 M 2 D (M) Dr. Prashant Bachina nsultant: _____ Dept : _____

Date of Admission: ___ te of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	3:03 pm	ER	PICU	Pooja

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
3/7/24	EBV } Quantitative	6619	Charan
	CMV } PCR		
	ABG		
4/7	CBP, CBP		
	B100 & Cls	26066916	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/7	Inv Monitor				
	Syr Pump	1		9680128	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/20	IV Placement	(1)	5716	Chenen
3/7	RVIG Transfussion	(1)	9688129	
4/7	Arterial line	(1)	96870292	

ANY OTHER INFORMATION

.....

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.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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 : IP5-00175926 **Admit Date** : 03-Jul-2026 **Admit Time** : 02:15 PM **UHID** : BAH-00416424

Patient Details :

Patient Name	: Master ZAYD KHAN	**Age**	: 12 Y 0 M 2 D
Guardian	: Mr ATIF KHAN	**DOB**	: 01-07-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO:12-2-39/A/32/1,,OPP HAPPY SCHOLAR SCHOOL Mehdipatnam Hyderabad Telangana INDIA 500028	**Phone No**	: 9866260464/ 8121253640
		E-mail	: SANIYADAGR8@HOTMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 143 **Ward Name** : 1F-GENERAL WARD II

Room No : GW 143 **Admission Type** : First Visit

Contact Details :

Name : Mr ATIF KHAN **Relationship** : Father

Contact Address : H.NO:12-2-39/A/32/1,,OPP HAPPY SCHOLAR SCHOOL Mehdipatnam Hyderabad Telangana INDIA 500028 **Phone No** : / 9866260464

Signature

Doctor Details :

Doctor Name : Dr. Prashant Bachina **Specialisation** : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. M N V POUSHYA SAI

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Zayd.

Patient Name: _____

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

UHID ID: _____

Department: _____

Consultant: _____

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Name : Zayd Khan Age/Sex 11/M

Information given by: mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

k/c/o: ulcerative colitis | NLRP12 (+) mutation (+)
now admitted for IVIg.

History of present illness :

child was diagnosed with UC in 2019 after he had diarrhoea 8-10/day
colonoscopy done.
multiple immunomodulation given.
discontinued all medication 1y ago.
now has loose stools 2-4/day.
occasional blood in stool

WES: (May 26) NLPP12 heterozygous AD- (+)

now admitted for IVIg

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Sachina

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) perinatal transition.

Birth & Socio Economic History:

About Father : father had GI symptoms (now better)
About Mother : (N)
Any additional Information :

Developmental History : developmentally (N)

Immunization History : -

(P.T.O.)

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 18.42kg (Centile _____)

On Examination :

Temperature : 97.9°F Pulse Rate : 106/min B.P. 100/68 SPO2 100%

Resp.rate and type of breathing : 20/min

Rash (-)

Lymphadenopathy pallor (+)

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : Clear.

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : (N)

Any murmur : none.

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

Per Abdomen :

Inspection

Palpation : soft / non tender / NO HSM.

Ausculation :

Spine : External Genitelia :

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

F ...rgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars (N)

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

F/u/c Ulcerative colitis
NLRP12 mutation. (+)

(P.T.O.)

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: transfusion reaction

Desired goals of the treatment : resolution

Planned Labs:

~~1 EDTA~~
2 extra plain
EBV | quantitative
CMV | PCR.

Planned Management

1.) Premedication Avil / Hydrocort
2.) IVIg 20g today

Signature of the Doctor: Akhila
Name of the Doctor: Akhila
Date & Time: 3/7/2026

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

Zayd Khan

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	DSIB Gastro team	
31/5/24		
6pm		
	c/o ulcerative colitis	Plan
	Genetics revealed NLRP12 mutation.	(1) cont DOLg.
	Father has same gene	
	↳ ? ~~Celiac disease~~	(2) Vitals checky.
	~~Debebop~~ Autoinflamm Sy	
	Sequelae/spectrum	(3) wft any reactions
	ongoing DOLg	(4) - trace EBV/CMV/PCR
	stooled twice (watery); Abd pain ↓	
	O/E Vitals stable	↓ Intermittent
	P/Abdp	(5) Shift to wound after DOLg.
	BS (+)	
	Not on any immunosuppressive medicn.	
	On Bactrim	
	was asked to start on Itraconazole.	
		Keshav Mp

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/07/2026	Oldw Mr. Poushya sai	
7:00 Am		
	K/c/o ulcerative colitis	plan:
	Came for IVIG infusion	1) Stop IVIG
	Issues:	2) Send CBP CRP Blood C/s
	fever spikes (+)	3) Start inj. ceftriaxone
	→ Completed 15grams of IVIG	4) Inform SOS
		[signature]
		Noted by [signature] 4/7/26 7:00Am
	BP centiles - 12yrs / 118 cm	
	5th centile - 84 41	
	50th centile = 102 60	
	90th - 115 75	
	95th centile 119 79.	

BAH-004 6424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 3 D
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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 03/07/26 Day of Admission : Day 1 Today's Date & Time : 04/07/26.

PRISM - III Score in first 24hrs. of Admission : ..... Today's SOFA Score : .....

OVERVIEW

Diagnosis : K/C/O Ulcerative Colitis
Came for IVIg. NLRP12 mutation

Current Issues : Fevers spikes.

VITAL SIGNS Today's Wt. (kg) : 18kg. Temp.: 99.2°F Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
BAE(+), clear

CXR : .....

SPO_2 : 99 -/- @ RA O_2 by NC / FM / NRB mask / Oxyhood, at — L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : .....

Ventilatory Settings : Leak around ETT : — Delivered Vt : — —

ABG : — $EtCO_2$: — P/F ratio : — O.I. : —

Chest Physiotherapy Plan : — Suctioning Needs : .....

Any Nebs : — **ICD ?** ☐ Yes ☐ No, if Yes, details : —

Plan of care : —

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : 145/min

Quality of Pulses : good cap refill Time : <3sec. Liver Edge : — cm below Rt costal margin

Blood Pressures : NIBP : 86/59 mmHg IBP : — CVP : —

Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min

☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine — mcg / kg / min

☐ Milrinone — mcg / kg / min

Any Other Infusions : —

Last 2D Echo Findings : —

Size of the heart and lung fields in latest CXR : .....

Arterial line in situ : ☐ Yes ☑ No Place of art. line & its condition : .....

Central line in situ : ☐ Yes ☑ No Place of central line & its condition : .....

Day of arterial line : ..... Day of Central line : .....

Plan of Care : — ① Hand Cannula.

CNS

Neuro Exam : GCS 15/15 Alert & active

Pupils : 2mm / 2mm reactive **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : ..... Types of Paralysis : .....

Relevant CT Scan, MRI EEG, Neurosonogram etc. : —

Plan of Care : —

..... Ramsay Sedation Score : .....

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☑ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : ..... / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr (..... times maintenance)

TPN : ☐ Yes ☐ No - If yes, details : .....

..... % of Dext, Glu Inf Rate (mg/kg/min) ..... Amino Acids (gm/kg/day) ..... Lipids (gm/kg/day)

..... Cal/kg/d ..... Nitrogen ..... Trace elements & MVI

Labs : Na ..... K ..... Cl ..... Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : soft

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

.....

.....

INFECTION

☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : .....

Cultures Sent ? ☐ Yes ☐ No - If yes, details : .....

Describe c/s Reports : Inj ceftriaxone D1

Other Labs (Latex, Serology, etc) : Inj Itraconazole D1

Ongoing Antibiotics : .....

.....

NEPHROLOGY ISSUES

Sr. Creat : ..... Bld. Urea : ..... Other Relevant Labs : .....

P.D. ☐ Yes ☑ No - If yes, details : .....

Diuretics : ☐ Yes ☑ No - If yes, details : .....

Catheterized : ☐ Yes ☑ No - If yes, then day of Catheter : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

.....

HEMATOLOGY

Relevant Labs (CBP etc) : .....

Any Coagulopathy : CBP : - 11 / 17,500 / 8.052 / 93/4

Relevant Transfusion History : .....

Plan of Care : .....

.....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☐ No ☑ NA

CRBSI Bundle Used ? : ☐ Yes ☐ No ☐ NA

CA - UTI Bundle Used ? : ☐ Yes ☐ No ☐ NA

Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA

If yes, then details : .....

.....

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : Blood c/s

CRP

Pending Consultations : ☐ Yes ☑ No

If yes, then details : .....

.....

FINAL COMMENTS

Trace CRP

Stop IVIG

Monitor Vitals

Doctor's Name (Handover given) : Jayaram

Signature : .....

Date & Time : 4/7/20 @ 8AM

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time : .....

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Master ZAYD KHAN
01-07-2014 12 Y M 3 D
Dr. Prashant Bachina

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/07/26 9AM	C/S/B - Gastro Team	Plan.
	K/C/O - Ulcerative colitis.	
	NLRP 12 mutation.	1) IV fluids - DNS 50% MF.
	? Auto inflammatory syndrome	2) Drugs as per chart.
	C/O fever 11PM/2AM/6AM ē chills, not associated	3) Monitor vitals.
	C/O occasional cramping. Pain abdomen	4) Monitor BP - w/f hypotension w/f Tachycardia to HHC.
	O/E - Boroom air, febrile, HR - 155/min Conscious. RR = 30/min $E_4V_5M_6$. SPO₂ = 96% on Room air. Chest - BAE⊕, clear P/A - soft, No tenderness. CNS - NAD BP = 90/60 (6P) mmHg.	5) Syp bactrim & Itraconazole to continue as advised by Rheumatologist. Discussed
	Decrease oral intake	6) To given NS bolus. 200ml over 1hr. 84/54 → Recheck BP for 1-2hrs. If normal ↓
	PCM ongoing Stools - 4 episodes, pasty. Vomiting - 2 episode. 17gm's IVIG given.	Can plan - Discharge after that if hemodynamically stable

NtBy Navaneetha
Docu. No. : RCHBH /FRM/ CLINICAL / 088 (P.T.O)

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Master ZAYD KHAN
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178 cm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Sandeep Reddy	
04/07/26 11:30am	Δ: 1440 UC c̄ Post-INIG reaction (H1).	PLAN 1) (T) Bloody 2) w/f BP, HR 3) If BP is low - to inform.
	SBP	DBP
5th		
50th	97	58
90th	108	71
95th	112	74
	SBP	DBP
	5 - 84	41
	50 - 102	60
	90 - 115	75
	95 - 119	79

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Shifting Notes:	
04/07/26 12:45pm	Δ: K/C/C UC c ? IVIG related reaction ? Infum.	
	·> 1hr fm IVIG given.	
	·> 2 few spike tmt & had c/o low BP around 5th FOK	
	·> Invasive BP monitor done for the same (at	
	T ~~+~~ 98.4°F	
	P ~~+~~ 109/m	ADVICE
	R ~~+~~ 26/m	1> w/F fever
	BP ~~+~~ 92/57mmHg	2> w/F ↓in BP target
	SPO_2 ~~+~~ 98% RA	> 90/60mmHg
		If less to inform PICU team.
		3> ① Blood C/S.
	Dr VAISHALI 04/07/26 12:45pm	

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01-07-2014 12 Y 0 M 3 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

BAH-00416424 IP5-001759
Master ZAYD KHAN
01-07-2014 12 Y 0 M 3 D
Dr. Prashant Bachina

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

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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: 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						☐ 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. Anhila

Date & Time : 31/7/26 @ 2:45 pm

Nurse Name & Signature: Pooja

Date & Time : 31/7/26 @ 2:45 pm

Patient Sticker

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RESULT SHEET

Date	04/07/26					
Time	9AM					
Hb	11					
PCV	38.9					
RBC	5.2					
WBC	17600					
N/L	93/4					
Platelets	8.0rL					
CRP	90					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : CMV - Not detected. DNA PCR

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient Sticker

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MEDICATION RECONCILIATION FORM

Drug Allergies: ?IVIG related. ☐ 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: PICU. Shifted to: .....

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	INJ PARACETAMOL	250mg	IV	~~SOS~~		☐C ☐DC
2	INJ CEFTRIAXONE	900mg	IV	BD.		☐C ☐DC
3	SYP BACTRIM (5ml=40mg)	3ml	PO	alternate day		☐C ☐DC
4				BD.		☐C ☐DC
5	SYP ITRACONAZOLE (5ml=10mg)	5ml	PO	OD.		☐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 Vamsi HP

Date & Time : 04/07/26 12:00pm

Nurse Name & Signature: .....

Date & Time : .....

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : INJ. PARACETAMOL				Date / Time	03/7 1030 hours												
Dose	Route	Frequency	Start Date														
250mg	IV	SOS	03/07														
Doctor's Signature		Valid Period	Pharm.														
Alert																	
Additional Instructions:																	

DRUG : SYP. MEFTAL-P				Date / Time	04												
Dose	Route	Frequency	Start Date														
9ml	PO	SOS	04/07														
Doctor's Signature		Valid Period	Pharm.														
Additional Instructions: >102°F fever																	

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

VERIFIED BY : Name ..... Signa

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

REGULAR PRESCRIPTIONS

Weight. 18.2kg. Ward. .....

DRUG : INJ. CEFTRIAXONE — Date/Time 4/7

Dose	Route	Frequency	Start Date
900mg	IV	BD	4/7

Name & Signature of the Doctor Starting the Drugs: Dr Kunal

Additional Instructions: 10 ml/hr

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PANTOPRAZOLE — Date/Time 4/7

Dose	Route	Frequency	Start Date
20mg	IV	OD	4/07

6AM

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : SYP BACTRIM — Date/Time 4/7

Dose	Route	Frequency	Start Date
3ml	PO	BD (Alternate day)	04/07

6AM

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

Additional Instructions: (5ml / 40mg). Alternate day.

6PM

Daily Doctor's Endorsement by a Sign

DRUG : SYP ITRACONAZOLE — Date/Time 4/7

Dose	Route	Frequency	Start Date
8ml	PO	OD	04/07

12PM

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

Additional Instructions: (1ml = 10mg)

Daily Doctor's Endorsement by a Sign

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

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

	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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/7	3:30pm	Inj AVIL	0.5ml	IV		
3/7	3:35pm	Inj HYDROCORTISONE	30mg. (2.0ml)	IV		
3/7	3:45pm	IVIG.	20 grams over 12h.	IV		
			0.5ml/h x 15min			
			1ml/h x 15 min			
			5ml/h x 15min			
			10ml/h x 15min			
			~~20~~ 25 ml/h x 15 min			
03/07	8:15am	INJ EQNIP PRA TOLE	2day	IV		
04/07		NS	200ml	IV over 1hr		

Signature

VERIFIED BY : Name

01-07-2014 12 Y 0 M 2 D

Dr. Prashant Bachina

I.V. FLUIDS CHART

Weight. 11.8kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
	9AM	DNS	IV	30ml/hr			d/t		
	9AM	DNS (7+/-MF)		42ml/hr					

Signature .....

VERIFIED BY : Name .....

BAH-00416424 IP5-001759
Master ZAYD KHAN
01-07-2014 12 Y 0 M 3 D
Dr. Prashant Bachina

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

STAT / ONCE ONLY DRUGS

Name: ZAYD KHAN Weight: 12.2 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
01/07	8:15a	INJ ONDEM	3mg	IV			

BAH-00416424 IP5-00175926
Master ZAYD KHAN
01-07-2014 12 Y 0 M 2 D (M)
Dr. Prashant Bachina

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 3/7/26 Time: @ 4pm

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: 3/7/26 (4pm) Planned duration of Transfusion: 20gm over 10 hrs

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Amulya Nurse 2: Rj

Before starting transfusion vitals: Temp: ..... HR ..... RR: ..... BP: ..... SpO 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
3/7/26	15 Min		97°F	105/57	99%	Nil	Nil	Nil	Nil
3/7/26	15 Min		98°F	104/51	99%	Nil	Nil	Nil	Nil
3/7/26	30 Min		98.4°F	95/65	100%	Nil	Nil	Nil	Nil
3/7/26	~~30~~ 60 Min		98.6°F	98/65	100%	Nil	Nil	Nil	Nil
3/7/26	~~30~~ 60 Min		98.6°F	98/68	100%	Nil	Nil	Nil	Nil
3/7/26	1 Hr		98.6°F	98/68	100%	Nil	Nil	Nil	Nil
3/7/26	1 Hr								

Comments: Nill

Name of the Incharge-Nurse: Rajni

Signature of the Incharge-Nurse: Rajni

Date & Time: 3/7/26 @ 8pm

Name of the Nurse: Dati. Amulya Lal

Signature of the Nurse: Amulya

Date & Time: 3/7/26 @ 8pm.

CONSENT FOR BLOOD TRANSFUSION

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Name: Master. ZAYD KHAN Age: 12y Gender: Male ☑ Female ☐

UHID.No : BAH-00416424 Date: 3/7/26

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.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: KUBRA NAWAL

Date & Time 3/7/26 @ 3:15 pm

Doctor (Who is talking the consent)

Signature: .....

Name: Jayashri

Date & Time 3/7/26 @ 3:15 PM

Witness

Signature: .....

Name: .....

Date & Time 3/7/26 @3:15pm

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Your Right to a Safe Delivery

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 .....