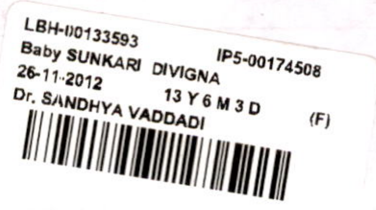


ACTIVITY RECORD FOR BILLING

Name : ____________________

UHID No. : __________ IP No : ____________ Consultant: ____________ Dept : __________

Date of Admission: _________ Time : _________ Date of Discharge : _________ Time: _________

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : ____________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5	7 PM	ER	122	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/05	CBP, PT/APTT/	54711	[signature]
29/5	CRP, pheripheral smear, LDH, LFT, Uric acid, DCT, Creat, Iron, B_{12}	Done on OP Basis	[signature]
29/5	Blood Grouping	26054734.	[signature]
30/5	Bone marrow Aspiration Biopsy	26055078	[signature]
1/6	CBP, RBS	26055485	[signature]
1/6/26	Reticulocyte count	26055571	[signature]
1/6/26	HPLC	26055588	[signature]
3/6/26	CBP, RBS, ANA profile.	26056186.	pooja.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/5	INFUSSION PUMP	8:30pm.	10:50AM.	9634207	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/05	IV placement		33625	[illegible]
29/5	Blood Transfusion (RDP)	1	9634223.	[illegible]
30/5	Bone marrow conscious Sedation	1	9635116	[illegible]
1/6	IV placement	1	9638144	[illegible]
1/6	IVIg Transfusion (10)	1	9638368	[illegible]

ANY OTHER INFORMATION

Don't charge for NIHA — Monica

Date : 3/6/26. Time : @ 11 Am Prepared By : pooja

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
pooja	morning		

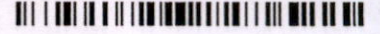
Rainbow Children's Hospital

BirthRight by 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 : IP5-00174508 **Admit Date** : 29-May-2026 **Admit Time** : 06:32 PM **UHID** : LBH-00133593

Patient Details :

Patient Name : Baby SUNKARI DIVIGNA
Guardian : Mr SUNKARI SRINIVASA RAO
Gender : Female
Occupation :
Address (H) : 2ND FLOOR, NIRAVANA RESIDENCY, VIYAJA SRI COLONY, ROAD NO 04 Mansoorabad Hyderabad Telangana INDIA 500068

Age : 13 Y 6 M 3 D
DOB : 26-11-2012
Religion :
Martial Status : Single
Phone No : 9640355522/ 8096891653
E-mail : NOMAIL@GMAIL.COM

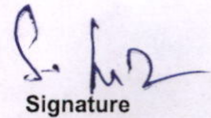
Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 122 **Ward Name** : 1F-HEMATO-ONCOLOGY
Room No : PVT 122 **Admission Type** : First Visit

Contact Details :

Name : Mr SUNKARI SRINIVASA RAO
Contact Address : 2ND FLOOR, NIRAVANA RESIDENCY, VIYAJA SRI COLONY, ROAD NO 04 Mansoorabad Hyderabad Telangana INDIA 500068

Relationship : Father
Phone No : 9640355522



Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI
Referral Doctor : Self
Co-Consultant : Dr. SIRISHA RANI

Specialisation : HEMATO ONCOLOGY
Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : CARE HEALTH INSURANCE LIMITED

PEDIATRIC IN-PATIENT MEDICAL RECORD

1

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

Patient Name: Divigna.

UHID ID:

Department:

Consultant:

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o excessive menstrual blood :: 6m
loss a/w irregular ~~to~~ cycles.
a/w echymotic rashes :: 15 days.

History of present illness :

Premorbidly well child,
c/o irregular mestrual cycles &
hypermenorrhoea since 6 months.
associated with weakness
c/o echymosis on legs and arms, since 15d
subsiding on its own and resurfacing.
with minor trauma.
~~c/o~~ rash
outside investigations -

USG abd (N). CBP - 5.6 > 6.5k / 57/31 < 40k
28/5/26.

BG - O -ve

29/5/26 - Plt 25k.

USG Pelvis - poly cystic morphology of Rt ovary.

B12 - 175
Iron - 21
TSH - 2.261

Pediatric Multiorgan History & Physical Examination

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

Ø

Birth & Neonatal History:

FT (N) perinatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developed as per age

Immunization History :

Immunised as per age

(P.T.O.)

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) ~~100.2°f~~ (Centile ________)
48.6kg

On Examination :

Temperature : 100.2°f Pulse Rate : 112/min B.P. 123/60 (73)mmHg SPO2 98% RA

Resp.rate and type of breathing : ________

Pallor (+)

Rash ecchymosis (+) on both LL and forearms. no new rashes

Lymphadenopathy ⎫
Oedema : ⎬ (−)
Allergies (if any): ⎭

Respiratory System :

Inspection (any s/o distress) : ________

Air entry & breath sounds : BAE (+)

Any addes sounds : (−)

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

Cardiovascular System :

Inspection of procordium : ________

Heart Sounds : S1S2 (+)

Any murmur : (−)

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

Per Abdomen :

Inspection ________

Palpation : soft, non tender.

Ausculation : ________

Spine : ________ External Genitelia : /

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

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements : NAD

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

intact

Bladder / Bowel : regular

Clinical Summary & Diagnostic:

Severe anemia.
? Nutritional
? PMOS.

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent bleeding

Desired goals of the treatment : hemodynamic stability

Planned Labs:

- CBP
- PT/APTT
- N/B

CBP, Peripheral smear, LDH, LFT, uric acid, DCT, S. Creatinine, Iron, B12
N/B — done on OP basis

Planned Management

- IV Tranexamic acid
- IV B12

N/B Shravan 29/5/26

Signature of the Doctor: ....

Name of the Doctor: Sahithi

Date & Time: 29/5/26 6:15PM

Signature of the Consultant: ....

Name of the Consultant: ....

Date & Time: ....

Dr. SANDHYA VADDADI Reg. No: 71664

Dr. SANDHYA VADDADI Reg. No: ...04

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 2:15 pm.	Seen by Resident	
	Dx: Severe Anemia.	Plan
	CBP - Hb - 5.1	1. Trace DCT
	Plt - 10k.	2. make Tranexa Inj - TID.
	PT/APTT - 15/35 sec.	3. PRBC transfusion
	No active bleeding	1 unit - with pre medication
	child alert, afebrile	with inj AVIL & HYDROCORT
	Hemodynamically stable.	& post medication =
		FUROSEMIDE.
	BG - O -ve	4. 3 units RDP transfusion
		5. Send HPLC tomorrow
		6. Plan bone marrow
		biopsy tomorrow.
		NPO from 5Am.
		Savitri
		N/B Savithri @11pm
		DSINDHO

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

(9)

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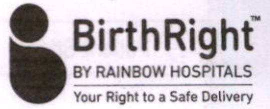
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 9 Am.	Bicytopenia under evaluation	
	Probable. Iron deficiency with ITP.	
	No fever.	
	Menorrhagia - better	
	No bleeding manifestations	
		Plan
	vitals - stable	1. Plan BMA + biopsy Today
		2. Iron Injection (FCM) - today & PRBC. today - HOLD
		3. Contine Tranexa.
		4. R/v HPLC
		5. Repeat CBP P/Tlm 1extra EDTA.
		6. Trace DCT.
		7. Inj FCM - 500mg IV over 4 hours today & tomorrow
		8.

N/B
30/5 @ 12pm

LBH-I0133593 IP5-00174508
Baby SUNKARI DIVIGNA (F)
26-11-2012 13 Y 6 M 4 D
Dr. SANDHYA VADDADI

(3)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5 4PM	Procedure notes:- Under strict aseptic conditions the area cleaned; Bone marrow aspiration and biopsy done over posterior iliac spine child tolerated well.	
		ITU send for Morphology + Biopsy
		® (Dr Sai)
		N.B Sona 0175 @ 5pm
31/5/26 9Am.	Bicytopenia under evaluation Probable IDA with ITP.	
	No fever. No vomiting No bleeding manifestations	Plan 1. Trace BMA + biopsy 2. Continue IV methylpred 3. R/v. 2nd dose fcm today
	Vitals stable	
		4. CBP RBS } tomorrow
	Dr. SANDHYA VADDADI Reg. No: 71664	5. send HPLC.
	N/B Kavima 015876 31/5/26 @12pm	Sandhya V 31/5 @ 10 am

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

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 4 D (F)
Dr. SANDHYA VADDADI

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/06 8AM	Bicytopenia ↓ Evaluation ? Nutritional Anemia + ITP.	
	No temperature spikes Activity (N) Hemodynamically stable on Exn:- Alert pallor (+) CVS, RS / P/A (N) TNC (N) (UO = 1.8ml/kg/hr)	Rx ① Tab. Lom ② I/O charting Q6H ③ T/C BMA report ④ Monitor vitals Inj Iron FCM today. IVIg 20gm to give (R) (Dr. Ravi) Rpt CBP, RBS, @ 2pm. ANA profile Thy Sandhya V 1/06/26 @ 9:40am
	NVB Kavitha 015876 1/6/26 @2pm	

Dr. SANDHYA V...ADDI
Reg. No: 71664

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 6 D (F)
Dr. SANDHYA VADDADI

(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9 Am	Bicytopenia ↓ evaluation Nutritional Anemia with ITP.	
	No fever No bleeding manifestations. IvIg vitals - stable	
		Plan 1. Trace BMA report 2. CBP } T/m 6 Am RBS } ~~today~~ 2pm. ANA profile } 3. continue supportive care [signature]
	N/B [signature] 606324 2/6/26 @ 12pm	

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 6 D (F)
Dr. SANDHYA VADDADI

(6)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8.30am	Morning Rounds	
	C/o Severe Anemia c̄ ITP.	
	No fever/vomiting	
	Oral intake (N)	Plan
	Vitals - stable	(1) CBP, RBS, ANA profile today
		(2) Collect platelets (R) +
		R/w discharge plan
		D/C today
		Tab OMNACORTIL (20mg) — Noted
		1 — 1 — 1
		x 7days
		(3/6 to 9/6)
		then to taper
		Tab PAN D
		1 — 0
		x 1 month
		Tab Shelcal (500 mg)
		1 — 0
		to cont
	Dr. SANDHYA VADDADI Reg. No: 71664	N/B ch. pooja @ 11:AM 9/0/05ub
		Sandhya V 3/6/26 @ 10am
	· Trace ANA profile	

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

BG - O -ve

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RESULT SHEET

Date	29/6	1/6/26	3/6/26			
Time	6 PM	7:8 AM	8 AM			
Hb	5.1	5.3	6.2			
PCV	17.9	19.7	23.5			
RBC	2.7	2.89	3.18			
WBC	11.1 k	24.97	38.66			
N/L	61/28	82.9/11.0	70/14			
Platelets	10 k	12,000	89,000			
CRP						
ESR						
PCT						
RBS		133				
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine 0.5						
ALP						
SGPT						
SGOT						
T.Bill/Conj 0.6 / 0.1 / 0.5						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid 3.1						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	15/1.1					
APTT	35					
CSF Protein / Sugar						
Cells						
N/L Lon-						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
1/6/26						
Reticulocyte counts — 4						

Culture and Sensitivities : DCT - 2+

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

1

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DRUG CHART

Date of Admission: 29/5/26 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ... Signature

LBH-00133593 IPS-00174300
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 48.6 Ward. ....

DRUG : Inj TRANEXAMIC ACID

Dose	Route	Frequency	Start Date
500mg	IV	BD	29/5

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Date: 29/5
Time: 6AM X; 9pm 8:45pm
Made TID Sahithi 29/5/26 10:00 am

Daily Doctor's Endorsement by a Sign

DRUG : Inj TRANEXAMIC ACID

Dose	Route	Frequency	Start Date
500mg	IV	TID	29/5

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Date: 29/5, 30/5, 31/5, 1/6
Time: 8am; 2pm; 10pm
Change to oral 1/6/26 @10AM

Daily Doctor's Endorsement by a Sign

DRUG : Tab FOLVITE

Dose	Route	Frequency	Start Date
1tab	PO	Q24h	30/5

Name & Signature of the Doctor Starting the Drugs: Sravani

Additional Instructions:

Date: 30/5, 31/5, 1/6, 2/6, 3/6
Time: 10AM

Daily Doctor's Endorsement by a Sign

DRUG : INJ METHYL PREDNISOLONE

Dose	Route	Frequency	Start Date
500mg	IV	BD	30/5

Name & Signature of the Doctor Starting the Drugs: BVKSAI

Additional Instructions: (in 100ml NS over 3hr)

Date: 30/5, 31/5, 1/6, 2/6, 3/6
Time: 6AM; 6Pm
3/6/26 @10AM

Daily Doctor's Endorsement by a Sign

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 4 D (F)
Dr. SANDHYA VADDADI

Sheet No: ...(I)... **REGULAR PRESCRIPTIONS** Weight ...48kg... Ward ....

DRUG: Inj ESOMEPRAZOLE				Date/Time	30/5	31/5	1/6	2/6	3/6
Dose	Route	Frequency	Start Dt.						
40mg	IV	OD	30/5						
Name & Signature of the Doctor Starting the Drugs: BVKSai				6Am / 6Pm	Sonam Ary	[illegible] Sunitha	[illegible]	[illegible]	[illegible] Ary
Additional Instructions:									
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	[sign]	[sign]	[sign]

DRUG: T. SHELCAL				Date/Time	30/5	31/5	1/6/26	2/5	3/6
Dose	Route	Frequency	Start Dt.						
1 tab	PO	OD	30/5						
Name & Signature of the Doctor Starting the Drugs: BVKSai				8Pm	X	Karima Divya	Karima Nasreen	Leela Nayk	
Additional Instructions: (500mg)									
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	[sign]	[sign]	[sign]

DRUG: Syp. SUCRAL-O				Date/Time	30/5	31/5	1/6/26	2/6	3/6
Dose	Route	Frequency	Start Dt.						
10ml	PO	TID	30/5	6Am	X	X	Karima Nasreen	Leela Nayk	Pooja Nash
Name & Signature of the Doctor Starting the Drugs: BVKSai				2Pm	X	X	Sonam Deyp	Sunitha Divya	
Additional Instructions:				10Pm	X	Sonam Nash	Saroj Ary	Saroj Ary	
Daily Doctor's Endorsement by a Sign					[sign]	[sign]	[sign]	[sign]	

DRUG: Tab TRANEXAMIC ACID				Date/Time	1/6	2/6	3/6
Dose	Route	Frequency	Start Dt.				
1 tab	P/O	Q8H	1/6	6am	X	Leela Nayk	Pooja Nasheen
Name & Signature of the Doctor Starting the Drugs: Sandhya				2pm	X	Sunitha	
Additional Instructions: 1 tab = 500mg				10pm	X	Saroj Ary	
Daily Doctor's Endorsement by a Sign						[sign]	

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

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 4 D (F)
Dr. SANDHYA VADDADI

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 4 D (F)
Dr. SANDHYA VADDADI

Weight. 786 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
29/5	8:45 pm	Inj. VITAMIN B12	500 mcg	IV	[signature]	Debnath Subhanwy
29/5	11:45pm	Inj AVIL (0.5mg/kg/dose)	22 mg (1 ml)	IV	[signature]	Saritha Subhakar
29/5	11:45pm	RDP	3 units	IV	[signature]	Saritha Subhakar
29/5		PRBC	1 unit	IV over 4 hrs	[signature]	(Hold)
29/5		Inj FURESEMIDE	12 mg midway	IV	[signature]	(Hold)
29/5		Inj FURESEMIDE	12 mg endway	IV	[signature]	(Hold)
30/5	11:10pm	Inj FCM	500mg + 200ml NS	IV 4 hour	[signature]	Debnath Subhanwy
30/5	11:10pm	Inj AVIL	1ml	IV	[signature]	Debnath Subhanwy
31/5	5:30 pm	Inj VITAMIN B12	1000mcg	IV	[signature]	Sonam Nasheem

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

LBH-00133593 IPS-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 4 D (F)
Dr. SANDHYA VADDADI

IPS-00174508 LBH-00133593

I.V. FLUIDS CHART

Weight. 48.6 Ward. ....

		osition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA (F)
26-11-2012 13 Y 6 M 6 D
Dr. SANDHYA VADDADI

1

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

STAT / ONCE ONLY DRUGS

Name: Dr. Sev

Weight: .... kgs

Sheet No: ....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
1/6	1:25pm	Inj Pcm	500mg in 20ml NS	IV once 4hou	d	Karima	Nasheena 1:25pm
1/6	1:20pm	Inj Ar IL	1ml	IV	d	Karima	Nasheena 1:20pm
1/6/26	9pm	IVIg	10gm over 8hours	IV	Ol	Anu	Pooja 9:30pm
2/6/26	4am	IVIg	10gm over 6hours	IV	Ol	Pooja	Anu. 4:45AM

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 5 D (F)
Dr. SANDHYA VADDADI

(6)

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

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/6 Time: 9Am

Parameter	Entry
Doctor / Nurse / Family Concern?	
Temperature (F) (scale 94–104)	98.5F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	100 / 60 (↕)
Note: BP does not score in early warning scoring	
Heart Rate (Number)	90b/m
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)	• (at 20)
Resp Rate (Number)	22b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	•
Receiving O_2(l/min)	
O_2Saturations (%)	100%
Conscious Level — Normal	C
Conscious Level — Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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

BirthRight
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Your Right to a Safe Delivery

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.
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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)

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 6 D (F)
Dr. SANDHYA VADDADI

(3)

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6 Time:	9AM	1pm	4PM	7PM	10pm	3 AM	6 AM
Doctor / Nurse / Family Concern?							
Temperature (F)	98.6F	98.6F	98.1°F	98.2°F	98.6F	98F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (Note: BP does not score in early warning scoring)	110/73 (83)	106/60 (71)	112/72 (84)	120/83 (90)	102/54 (65)	110/73 (83)	106/60 (71)
Heart Rate (Number)	95b/m	91b/m	96b/m	92b/m	84b/m	95b/mt	91b/mt
Resp. Rate (bpm) (Over 1 Minute)							
Resp Rate (Number)	22b/m	20b/m	20b/m	20b/m	28b/m	20b/mt	22b/mt
Resp Distress (Mod/ Severe; None / Mild)	0	0				0	0
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	100%	100%	100%	100%	100%	100%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 6 D (F)
Dr. SANDHYA VADDADI

(4)

No. : RCHBH/ FRM / CLINICAL / 127

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6 Time:	9am	1PM	4Pm	7Pm	10pm	3 AM	6 AM
Doctor / Nurse / Family Concern?							
Temperature (F) (scale 94–104)	98.4°F	97.4°F	98°F	98.6°F	98.6F	98°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	109/62 (74)	102/60 (72)	107/64 (74)	114/73 (84)	112/59 (62)	110/59 (60)	102/60 (72)
Heart Rate (Number)	98b/m	102b/m	91b/m	93b/m	106b/m	93b/m	102b/m
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)	•	•	•	•		•	•
Resp Rate (Number)	22b/m	22b/m	19b/m	18b/m	28b/m	20b/m	20b/m
Resp Distress — Mod/ Severe							
Resp Distress — None / Mild	o	o	o	o	-	o	o
Receiving O_2 (l/min)							
O_2 Saturations (%)	100%	100%	99%	100%	100%	100%	100%
Conscious Level — Normal	c	c	c	c	c	c	c
Conscious Level — Altered							
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

NB: Scores 3 should be recorded overleaf

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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

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.
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- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 4 D (F)
Dr. SANDHYA VADDADI

(3)

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

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/5 Time:	9am	1pm	4pm	7pm	10pm	2am	6am
Doctor / Nurse / Family Concern?							
Temperature (°F)	97.8°F	98.2°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	98/56 (64)	102/62 (74)	109/63 (74)	117/72 (85)	115/68 (77)	108/68 (73)	110/70 (88)
Heart Rate (Number)	108b/m	92b/m	89b/m	104b/m	97b/m	92b/m	90b/m
Resp. Rate (bpm) (Over 1 Minute)							
Resp Rate (Number)	24b/m	22b/m	19b/m	18b/m	20b/m	24b/m	22b/m
Resp Distress (Mod/ Severe / None / Mild)							
Receiving O_2 (l/min) / O_2 Saturations (%)	100%	100%	98%	100%	100%	100%	100%
Conscious Level (Normal / Altered)	C	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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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- 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!
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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)

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

Docu.No. : RCHBH/FRM/CLINICAL/127 (2)

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/5/26 Time:	9am	1pm	4pm	7pm	10pm	3am	6am
Doctor / Nurse / Family Concern?							
Temperature (°F)	98.2°F	97.8°F	97.8°F	98.01	98.6F	98.6F	98.5F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/56 (64)	102/62 (72)	106/68 70	118/62 75	124/70 (81)	118/73 (60)	106/68 (73)
Heart Rate (Number)	102b/m	100b/m	101b/m	112b/m	117b/m	108b/m	100b/m
Resp. Rate (bpm) (Over 1 Minute)	•	•	•	•		•	•
Resp Rate (Number)	24b/m	22b/m	21b/m	22b/m	20b/m	22b/m	20b/m
Resp Distress Mod/ Severe							
Resp Distress None / Mild	0	0	0	0	0	0	0
Receiving O_2 (l/min)							
O_2 Saturations (%)	100%	100%	99%	100%	100%	100%	100%
Conscious Level Normal	C	C	C	C	C	C	C
Conscious Level Altered							
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- 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 02/ 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)

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

Docu.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 : 29/5/26

Time:	9pm	11pm	3Am	6Am
Doctor / Nurse / Family Concern?				
Temperature (°F) (94–104)	98.1°F	98.6F	98.6F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190)	110/60 (70)	121/73 (88)	109/50 (66)	12/72 (86)
Heart Rate (Number)	100b/m	112b/m	102b/m	129b/m
Resp. Rate (bpm) (Over 1 Minute) (10–70)	–	–		
Resp Rate (Number)	29b/m	28b/m	28b/m	28b/m
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	100%	100%	100%
Conscious Level: Normal	C	C	C	C
Conscious Level: Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	6	6
Pain Score	[illegible]	[illegible]	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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

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)

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 6 D (F)
Dr. SANDHYA VADDADI

FLUID CHART

Sheet No. : 6

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/6	08:00 am	Rice								100ml		pooja
	09:00 am	H2O	100ml									
	10:00 am											
	11:00 am									200ml		
	12:00 pm	H20	50ml									
	01:00 pm											
Total Intake : 150ml								Total Output : 300ml				
	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	

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 6 D (F)
Dr. SANDHYA VADDADI

FLUID CHART

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Sheet No. : 5

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.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
2/6	08:00 am	idly	2	30ml			✓			300ml	0	Veena
	09:00 am	H2O+milk	300ml	30ml							0	
	10:00 am	.		30ml							0	
	11:00 am	pova									0	
	12:00 pm	H2O	200ml								0	
	01:00 pm									250ml	0	
Total Intake : 590ml						**Total Output :** 550ml +M						
	02:00 pm	rice									0	Susmitha
	03:00 pm	curry					✓			300ml	0	
	04:00 pm	water	200ml								0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm	water	200ml	70ml						300ml	0	
Total Intake : 470ml						**Total Output :** 600ml M-1						
	08:00 pm			70ml						200ml	0	[illegible]
	09:00 pm	Rice		40ml							0	
	10:00 pm	chapati		.							0	
	11:00 pm	H2O	200ml								0	
	12:00 am										3	
	01:00 am									200ml	0	
Total Intake : 240ml.						**Total Output :** 400ml						
	02:00 am										0	[illegible]
	03:00 am									200ml	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am									150ml	0	
	07:00 am										0	
Total Intake :						**Total Output :** 350ml.						

Total 24 hrs. Intake	1300 ÷ 27.08cc/kg/day.	Total 24 hrs. Output	1900 ÷ 1.6cc/kg/hr

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

M (2)

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 4 D (F)
Dr. SANDHYA VADDADI

FLUID CHART

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Sheet No. : 4

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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
1/6	08:00 am	H2O	180ml	40ml						200ml	0	Karima
	09:00 am	Idly	2p.c	40ml							0	
	10:00 am	fruits	1cup	40ml			✓				0	
	11:00 am			40ml							0	
	12:00 pm	H2O	200ml	40ml						300ml	0	
	01:00 pm			40ml							0	
Total Intake :		620ml						**Total Output :**		500ml +1 (M)		
	02:00 pm			50ml							0	Soren
	03:00 pm	H2O	200ml	50ml						200ml	0	
	04:00 pm	[illegible]		50ml							0	
	05:00 pm	[illegible]		50ml							0	
	06:00 pm			50ml							0	
	07:00 pm	H2O	2P	50ml						350ml	0	
Total Intake :		800ml						**Total Output :**		650ml		
	08:00 pm			50ml						200ml	0	[illegible]
	09:00 pm	Rice		20ml							0	
	10:00 pm	H2O	200ml	20ml							0	
	11:00 pm			20ml							0	
	12:00 am			20ml							0	
	01:00 am			20ml						200ml	0	
Total Intake :		150ml.						**Total Output :**		400ml		
	02:00 am			20ml							0	Debola
	03:00 am			20ml							0	
	04:00 am			20ml						200ml	0	
	05:00 am			20ml							0	
	06:00 am			20ml							0	
	07:00 am			20ml						150ml	0	
Total Intake :		120ml.						**Total Output :**		350ml.		

Total 24 hrs. Intake	1690 ÷ 35.2cc/kg/day	Total 24 hrs. Output	1900 ÷ 1.6cc/kg/hr

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

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA (F)
26-11-2012 13 Y 6 M 4 D
Dr. SANDHYA VADDADI

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FLUID CHART

Sheet No. : 3

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/5	08:00 am	H2O	200ml	30ml						200ml	0	Karima
	09:00 am	Idly	2P.C	30ml							0	
	10:00 am	milk	100ml	30ml							0	
	11:00 am	Sup	1cup	30ml						200ml	0	
	12:00 pm	H2O	200ml	50ml							0	
	01:00 pm			50ml			✓			200ml	0	
Total Intake :				220ml		Total Output :				600ml	m=1	
	02:00 pm	H2O	100ml	50ml							0	
	03:00 pm	Rice		50ml						300ml	0	
	04:00 pm	omlet	1	50ml							0	[illegible]
	05:00 pm	H2O	200ml	50ml							0	
	06:00 pm	Jus		30ml							0	
	07:00 pm	H2O	200	30ml						350ml	0	
Total Intake : 760ml						Total Output :				650ml		
	08:00 pm	Rice		40ml						200ml	0	
	09:00 pm	Chapati		40ml							0	
	10:00 pm	Egg		40ml							0	[illegible]
	11:00 pm	H2O	200ml	40ml							0	
	12:00 am	Juice	150ml	40ml							0	
	01:00 am			40ml						200ml	0	
Total Intake : 590ml						Total Output :				400ml		
	02:00 am			40ml							0	
	03:00 am			40ml						200ml	0	
	04:00 am			40ml							0	[illegible]
	05:00 am			40ml							0	
	06:00 am			40ml						250ml	0	
	07:00 am			40ml							0	
Total Intake : 240ml						Total Output :				450ml		

Total 24 hrs. Intake	2,310 ; 47cc/kg	Total 24 hrs. Output	2,100 ; 1.8cc/kg/hr

m 1

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

FLUID CHART

Sheet No. : 30/5/26. (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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	H2O	200ml	50ml								Karima
	09:00 am	Idly	2P.C	50ml						200ml		
	10:00 am	N		50ml								
	11:00 am	P		50ml								
	12:00 pm			50ml								
	01:00 pm	O		50ml						300ml		
Total Intake : 500ml						Total Output : 500ml						
	02:00 pm	N		50ml							0	[illegible]
	03:00 pm	P		50ml						300m	0	
	04:00 pm	P									0	
	05:00 pm	H2O	100m	50ml							0	
	06:00 pm	Rell		30ml							0	
	07:00 pm	Egg		30ml						300m	0	
Total Intake : 410 ml						Total Output : 680 ml						
	08:00 pm			30ml							0	[illegible]
	09:00 pm	Rice		30ml						250ml	0	
	10:00 pm	Chapati		30ml							0	
	11:00 pm	H2O	200ml	50ml							0	
	12:00 am			50ml						300ml	0	
	01:00 am			50ml							0	
Total Intake : 440 ml						Total Output : 550ml						
	02:00 am			50ml							0	[illegible]
	03:00 am			30ml							0	
	04:00 am			30ml						300ml	0	
	05:00 am			30ml							0	
	06:00 am			30ml							0	
	07:00 am	H2O	200ml	30ml						300ml	0	
Total Intake : 300 ml						Total Output : 600ml						

Total 24 hrs. Intake	1,650ml ; 33cc/kg	Total 24 hrs. Output	2,330 ml ; 1.9cc/kg/hr

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

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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.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm						GR					
	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			50ml							0	
	09:00 pm			50ml						300ml	0	
	10:00 pm			50ml							0	
	11:00 pm	H_2O	100ml	50ml							0	
	12:00 am			50ml						300ml	0	
	01:00 am			50ml							0	
Total Intake :		400ml						Total Output :		600ml		
	02:00 am			50ml							0	
	03:00 am			50ml							0	
	04:00 am			50ml							0	
	05:00 am			50ml							0	
	06:00 am			50ml							0	
	07:00 am			50ml						500ml	0	
Total Intake :		300ml						Total Output :				

Total 24 hrs. Intake	700cc — 14,40cc/kg	Total 24 hrs. Output	1,100cc — 1,88cc/hs/kg

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

122

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 30/5/26 Time: 12PM

Weight: 48.6kg Centile: >50th

Height: 160cm Centile: >50th

Inference: well child

RDA: — Calories: 1800kcal/d Protein: 32g/d

Diet Recommendations: Normal high protein diet

Re-Assesment: Avoid spicy chilled & outside foods.

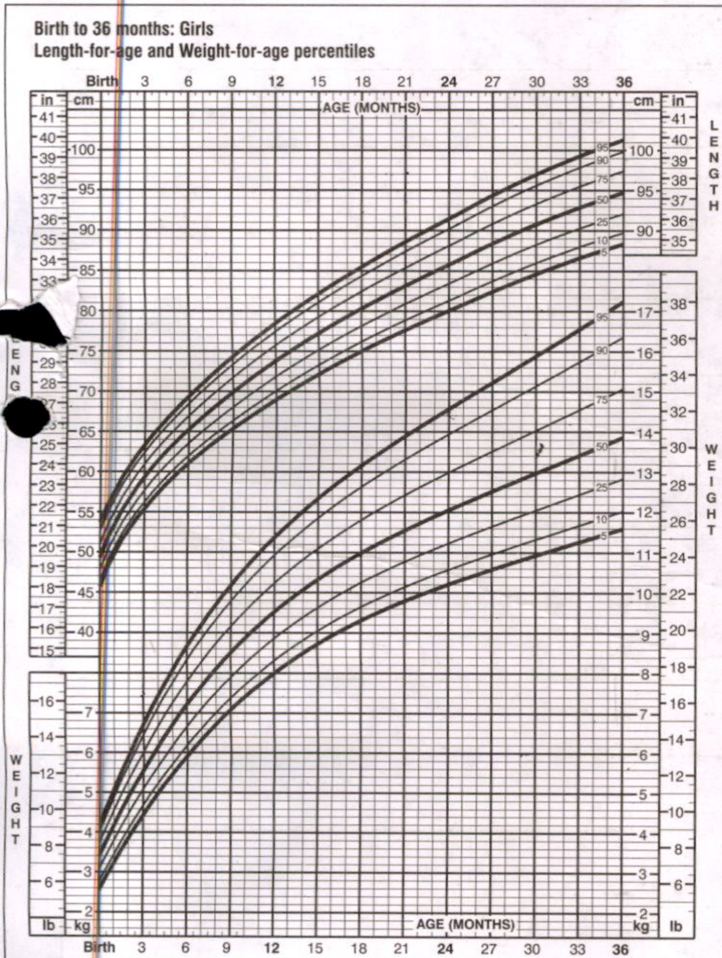
Food Allergies: NO Veg/Non-veg: Non-veg.

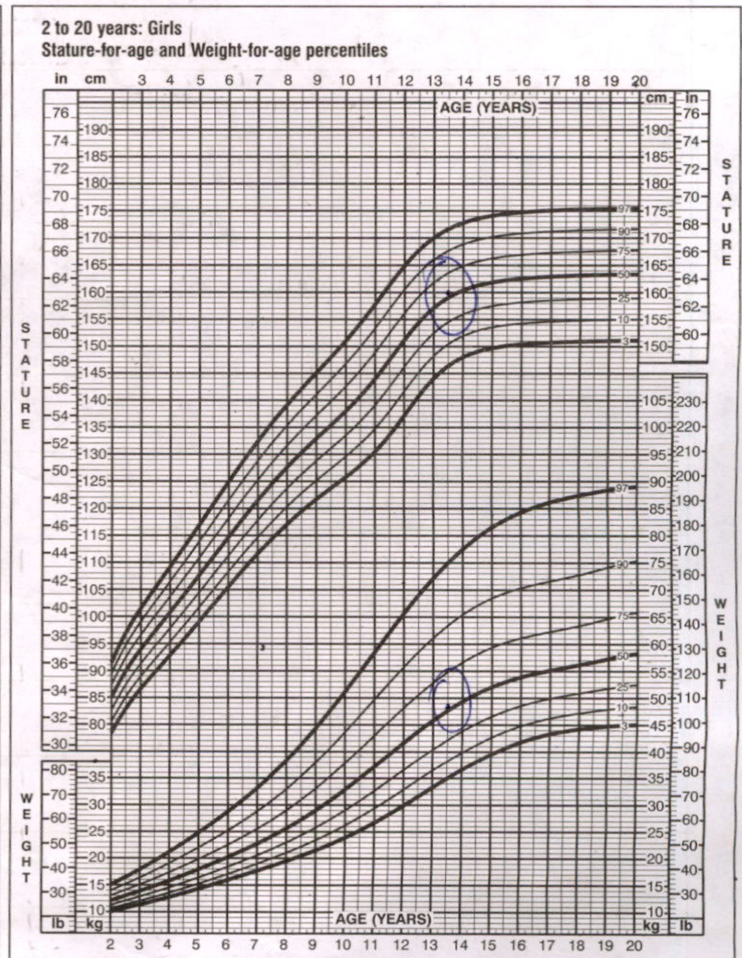
Diagnosis: Severe Anemia ? pmos

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: parent's don't need diettion. Don't charge for NHA.

GROWTH CHART (GIRLS)





Dietician's Name: Mounica Dietician's Signature: Mounica.

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

CONSENT FOR BLOOD TRANSFUSION

IVIG

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 6 D (F)
Dr. SANDHYA VADDADI

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

UHID.No : ...... Date: 1/6/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets ☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood ☐ Albumin ☐ Red Blood Cell ☐ Others IVIG

I S. Srinivasa Rao 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 ...... Explained

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. Rao

Name: S. Srinivasa Rao

Date & Time 1/6/2026 at 10pm

Doctor (Who is talking the consent)

Signature: [signature]

Name: Dr Sravani

Date & Time 1/6/2026 at 10pm

Witness

Signature: S. [signature] S. [signature]

Name: S. Srinivas S. krishnavani

Date & Time 1/6/2026 at 10.pm

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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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)	సాక్షి
సంతకము	సంతకం ....
పేరు	పేరు ....
తేదీ మరియు సమయము	తేదీ మరియు సమయము ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

Doc. No. : RCHBH/ FRM / CLINICAL / 014

LBH-00133593 IP5-00174508
Baby SUNKARI DIVIGNA
26-11-2012 13 Y 6 M 3 D (F)
Dr. SANDHYA VADDADI

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RDP

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30-05-2026 Time: 11:20 pm

Blood Group of the Patient: O-ve O-ve Blood Group on the Blood Bag: O-ve

Blood Bank Issue No: BAH26-01286 BAH26-01280 BAH26-01285 Date of Collection: 28/5/26 28/5/26 28/5/26 Date of Expiry: 2/6/26 2/6/26 2/6/26

Date & Time of Starting Transfusion: .... Planned duration of Transfusion: 30 mit

Check for Correct Unit: ☐ ✓ Correct Patient: ☐ ✓

Blood products cross checked by: Nurse 1: priyanka Nurse 2: Subhankar

Before starting transfusion vitals: Temp: 98°F HR 111b/m RR: 28b/m BP: 100/60(72) SpO_2 100%

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	112b/m	98.6°F	100/60(72)	100%	No	No	No	No
	15 Min	111b/m	98.5°F	102/70(82)	100%	No	No	No	No
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No Reaction.

Name of the Incharge-Nurse: Subhankar Name of the Nurse: Savithri

Signature of the Incharge-Nurse: [signature] Signature of the Nurse: [signature]

Date & Time: 29/5 @ 11:45pm Date & Time: 29/5 @ 11:45pm

BAH26-01286

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./ SAGM Solution.

O

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-01286
Blood Group: O Rh Positive
Collection Date: 28/May/2026
Expiry Date: 02/Jun/2026

1. Do Not Dispence Without Prescription. 2. Check Blood Group On **Label & Recipient'S Group And Name Before Administration. 3. Shake** Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If There ... Clotti... With Gentl... 9. Adı...

Issue Label / CrossMatching Report

Patient : **Baby SUNKARI DIVIGNA .**
Patient's Blood Group :O Rh Negative
Hosp/Dr :Rainbow Childrens Hospital,dr sandhya
UHID No.: LBH-00133593 Wd-Bed No.:

Product : RDP
Blood Group : O Rh Positive
Unit No.: **BAH26-01286**
XMatching Report:Group Specific
X-matched by: B.Abhishek

Issue Dt : 29/May/2026
Colln. Dt :28/May/2026
Exp. Dt :02/Jun/2026
Issued By : B.Abhishek

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
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Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELET CONCENTRATE I.P.

Qty. 70 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

O

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-01280
Blood Group: O Rh Positive
Collection Date: 28/May/2026
Expiry Date: 02/Jun/2026

1. Do Not Dispence Without Prescription. 2. Check Blood Group On **Label & Recipient'S Group And Name Before Administration. 3. Shake** Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set W... ter. 7. Do Not Use If There Is Any Visible Evidence Of Deteriora... Like Haemolysis Clotting Or Discoloration. 8. Store Continuou... y At 2?° C - 24° C With Gentle A... 9. Adm...

Issue Label / CrossMatching Report

Patient : **Baby SUNKARI DIVIGNA .**
Patient's Blood Group :O Rh Negative
Hosp/Dr :Rainbow Childrens Hospital,dr sandhya
UHID No.: LBH-00133593 Wd-Bed No.:

Product : RDP
Blood Group : O Rh Positive
Unit No.: **BAH26-01280**
XMatching Report:Group Specific
X-matched by: B.Abhishek

Issue Dt : 29/May/2026
Colln. Dt :28/May/2026
Exp. Dt :02/Jun/2026
Issued By : B.Abhishek

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P. Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

O

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-01285
Blood Group: O Rh Positive
Collection Date: 28/May/2026
Expiry Date: 02/Jun/2026

1. Do Not Dispence Without Prescription. 2. Check Blood Group On **Label & Recipient'S Group And Name Before Administration. 3. Shake** Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If There Is Any Visible Evidence Of Deterioration Like Haemolysis Clotting Or Discoloration. 8. Store Continuously At 22° C - 24° C With Gentle Agitation.Or Below. 9. Adm...

Issue Label / CrossMatching Report

Patient : **Baby SUNKARI DIVIGNA .**
...ient's Blood Group :O Rh Negative
...p/Dr :Rainbow Childrens Hospital,dr sandhya
...D No.: LBH-00133593 Wd-Bed No.:

...uct : RDP
...od Group : O Rh Positive
...it No.: **BAH26-01285**
...Matching Report:Group Specific
...-matched by: B.Abhishek

Issue Dt : 29/May/2026
Colln. Dt :28/May/2026
Exp. Dt :02/Jun/2026
Issued By : B.Abhishek

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G