

Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits. Govt General Hospital Kda, Vishakhapatnam, Andhra Pradesh, INDIA, 530040.

TEL NO : 891-3501601

WEB : <https://rainbowhospitals.in>**ADMISSION SHEET****Registration Details :**

Reg No : IP22-00023327

Admit Date : 20-Jun-2026

Admit Time : 10:32 AM UHID : HCV-00040927

Patient Details :

Patient Name : Ms A.PADMA PRASANNA

Age : 12 Y 1 M 10 D

Gender : Mr A.SURESH

DOB : 10-05-2014

Gender : Female

Religion :

Address :

Marital Status :

Address (H) : kotananduru Kota Nanduru East Godavari
Andhra Pradesh INDIA 533407

Phone No : 9494658627

E-mail : no@gmail.com

Admission Details :

Bed No : GENERAL WARD

Bed No : GW 326

Ward Name : 3F-THIRD FLOOR

Room No : GW 326

Admission Type : First Visit

Contact Details :

Name : Mr A.SURESH

Relationship : Father

Contact Address : kotananduru Kota Nanduru East Godavari
Andhra Pradesh INDIA 533407

Phone No :

A Suresh
Signature

Physician Details :

Doctor Name : Dr. SHASHWAT MOHANTY

Specialisation : GENERAL PEDIATRICS

Reflector : DR . B. RAMA KRISHNA

Phone No :

Consultant :


Patient Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:----- HCV-00040927 IP22-00023327 -----
 UHID No : Ms A.PADMA PRABANNA 10-09-2014 12 Y 1 M 10 D (F) Consultant : Dept:.....
 Date of Admis:  Date of Discharge:..... Time:.....
 Room / Bed No : Ward : Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/16	12:00pm	ER	333	<i>[Signature]</i>
24/6/16	3:35pm	332	Plw	<i>[Signature]</i>
24/6/16	11pm	Plw	332 G/w	<i>[Signature]</i>
26/6/16	2:00pm	332	Plw	<i>[Signature]</i>
24/6/16 4:30 AM		Plw	332 G/w	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Jyothirmayee	20/6/16	90112 ✓	<i>[Signature]</i>
2.	Dr. Leena	20/6/16	90015 ✓	<i>[Signature]</i>
3.	Dr. Sushama Prasad	20/6/16		<i>[Signature]</i>
4.	Dr. Anantha	21/6	90390 ✓	<i>[Signature]</i>
5.	Dr. Sriharsha	21/6	0585 ✓	<i>[Signature]</i>
6.	Dr. Heena	21/6	586 ✓	<i>[Signature]</i>
7.	Dr. Sandhya	21/6	90655 ✓	<i>[Signature]</i>
8.	Dr. Padma	23/6	✓	<i>[Signature]</i>
9.	Dr. Sathya Prasad.	24/6/16	90801 ✓	<i>[Signature]</i>
10.	Dr. Chandrika	24/6/16	90806 ✓	<i>[Signature]</i>

cross checked by number,

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/6/26	Syringe pump Infusion pump	6:30pm 2pm	21/6/26 6:30pm 21/6/26 2pm	90086	Beardall
21/6/26	Syringe Pump Infusion Pump	6:30pm 2pm	22/6/26 6:30pm 2pm	90238	Beardall
22/6/26	Syringe Pump Infusion Pump	6:30pm 2pm	23/6/26 6:30pm 2pm	90508	Beardall
23/6/26	Syringe Pump	6:30pm	24/6/26 6:30pm	90700	Beardall
24/6/26	Cardiac Monitor Infusion pump	4pm	11:30pm STOP 10:30pm STOP	690877 0899	Ravali
24/6/26	Syringe pump	6:30pm		90953	Beardall
25/6/26	Syringe pump	6:30pm	26/6/26 7:30pm	1218	none
26/6/26	Syringe pump	6:30pm	26/6/26	1584	my

Now checked by
Kowloon

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/6/16	CBP, CRP, ESR, Blood clts* Creatine, electrolytes,	6013303	Amal
	RBS - 76 mg/dl	6013302	Amal
20/6/16	X-ray Abdomen erect	6852	Amal
20/6/16	CUE, Urine clts (Ac)	3325	mounilach
20/6	USG-abdomen	6875	mounilach
	2D-Echo		
20/6	X-ray chest (AP view)	6881	mounilach
21/6	TFT, ANA Profile Cortisol (8am) (fasting)	13363	Baisakhi
23/6	CBP, CRP	13457	Baisakhi
23/6	BGT	3495	Mala
24/6	CUE, Spot Protein/Creatinine Ratio	13499	Baisakhi
24/6	Lupus inhibitors/Lupus- like anti coagulant		
24/6	Beta-2 Glycoprotein IGG/IgM	26013550	
24/6	Anti-phospholipid antibody		
24/6	Anti-cardiolipin antibody IGG/IgM		
24/6	IFB Gamma interferon Quantiferon		
24/6	Anti HIV I/II antibodies		
24/6	IGG (immunoglobulin G)		
24/6	C ₃ , C ₄ Quantitation		
25/6/16	CBP, Albumin	13567	Baisakhi

Revised

even checked by mounilach

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/6/26	iv administration	21	689751 ✓	Amr
24/6/26	Blood Transfusion	①	0898 ✓	Mounir
26/6/26	Blood Transfusion	①	91541	Mounir

Cross checked by Mounir

ANY OTHER INFORMATION

Date: 26/6/26 Time: 6am Prepared By: Mounir

Staff Nurse <i>Mounir</i>	Shift / Ward <i>3rd floor</i>	Billing Assistant ✓	Billing Supervisor ✓
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ACTIVITY RECORD FOR BILLING

Name:----- HCV-00040927 IP22-00023327
 UHID No :-----IP No Ms A. PADMA PRASANNA
 Date of Admission :----- 10-05-2014 12 Y 1 M 14 D (F)
 Room / Bed No :-----Ward :-----Suggested Billable bed type:-----
 Dept:-----
 f Discharge:-----Time:-----
 Dr. SHASHWAT MOHANTY



2

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/16	9:30pm	332	piw	Muni
27/6/16	5:30am	piw	332	Rajesh

Cross Consultation Visit

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



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____

UHID ID : _____

Department : _____

Consultant : _____

HCV-00040927 IP22-00023327
Ms A. PADMA PRABANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. BHASHWAT MOHANTY



Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

no fever x 10 days
Abdominal pain x 10 days
Nausea & vomiting x 3 days
hyperpigmented Macules (+) over palms & soles ~
15 days

History of present illness:

child was apparently normal 6 months back
had fever & headache for 3 days
↓ admitted in local hospital treated with
IV ABx, discharged on oral ABx
got discharged on oral Antibiotics, multivitamin
↓ two week later (child was fine, no issue)
had rash - orally: mucosal area involved
↓ dry skin (+)
2-3 days later: had multiple episodes of
vomiting → 1 episode of COTC
seizure lasting for 2 mins started
On evaluation: Na^+ : 107 tempit
admitted as euvolemic hyponatremia

started Thyronorm 100mg
Jan 30: TSH: 49.12, TU: 7.5, T₂: 1.32
Feb 12: TSH: 11.13, TU: 13.64, T₂: 18.26
April: TSH: 0.66 → Thyronorm: 500mg

Since January - 6 Kgs wt loss (+)
multiple episode of recurrent fever (+)
Rash (+) - oral crusted lesions
hair loss (+)

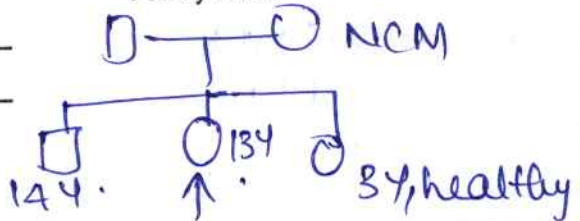
Past History : (Including details of any previous investigation or treatment) → Nil.

No Joint pains
 clo tingling sensation in (Rt) medial aspect of foot.
 clo white discharge (+) - last 5 days
 also itching (+).
 On Levipil 500BP
 Thyronorm 50-00

Birth & Neonatal History:

Term / Normal birth wt /
 No NICU stay.

Family Chart



Birth & Socio Economic History:

About Father: _____
 About Mother: _____
 Any additional Information: _____

Developmental History:

as per age

Immunization History:

as per NIP.

Anthropometry:

Head Circum (cms) _____ (Centile _____) Height (cms) _____ (Centile _____)
 Weight (kgs) _____ (Centile _____)

On Examination:

Temperature: _____ Pulse Rate: _____ B.P. _____ SPO2 _____

Resp. rate and type of breathing :

skin dryness
 Sparse hair (+)

Rash (+) painful hemorrhagic crusted lesions, blood stained - mucosal area of oral cavity, dry lesions

Lymphadenopathy (+) cervical & Inguinal. pectorally,

Oedema: mild peri-orbital puffiness (+) macular rashes over palms, soles.

Allergies (if any): _____

HCV-00040927 IP22-00023327
Ms A. PADMA PRABANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY



Respiratory System:

Inspection (any s/o distress): (N)
Air entry & breath sound : B/CAS (+)
Any Ades sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System:

Inspection of procordium : (N)
Heart Sounds : S1S2 (+)
Any murmur: NO
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) _____

Per Abdomen:

Inspection : (N)
Palpation : Soft, NO HSM
Ausculation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT.USE.etc.,) _____

Central Nervous System: Alert

Level of Consciousness : AVPU / GCS Score: _____
Cranial Nerves : _____
Motor System: Normal
Nutrition : _____
Tone: _____ Power _____
Co-ordinator : _____
Posture: _____
Involuntary Movements : _____

HCV-00040927 IP22-00023327
Ms A. PADMA PRABANNA
10-05-2014 12 Y 1 M 10 D (F)
Dr. SHASHWAT MOHANTY



Reflexes: Normal

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Pyrexia of Unknown origin

~~Stomach infection~~

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

CBC & smears ✓

CRP ✓

ESR ✓

Blood c/s ✓

CU & S-creat ✓

Urine c/s (ave)

S-Electrolytes ✓

USG Abdomen (ave)

X-ray Abdomen, chest ✓

Planned Management:

Iv CEFTRIAXONE

Candid mouth paint

Dr. Harsha (Dermatologist)

consultation

Dr. Leena consultation

Iv PROMETRIZOL

Iv ONDANSETRON

Signature of the Doctor:

Anjane

Signature of the Consultant:

Name of the Doctor:

A. Anjane

Name of the Consultant:

Date & Time:

20/06/26

Date & Time:

Patient Sticker

DISCHARGE PLANNING FORM

Note: * To be completed by a Doctor within (24) hours of admission

1. Anticipated Date of Discharge : _____

2. Destination Post Discharge : Home
Family Members Notified (Person Contacted _____)

Transfer
Hospital Facility Notified (Person Contacted _____)

3. Discharge Status: Self Care Family Home Care Home Professional Assistance

Needs Assistance In: _____ Remarks _____

Medication Yes No

Bathing Yes No

Eating Yes No

Walking Yes No

Dressing Yes No

Toileting Yes No

4. Nutritional Plan:

Dietary Instruction Discussed with the:

Patient Family Member Other:.....

5. Discharge Planning Discussed with the:

Patient Family Member Other:.....

6. Patient / Family Education Plan:

Education Topic /s :.....

Patient's Educational Topic/s discussed with the:

Patient Family Member Other:.....

Doctor Signature: _____

Name of the Doctor : _____

Date & Time : _____

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

Patient HCV-00040927 IP22-00023327
Ms A. PADMA PRABANNA
10-05-2014 12 Y 1 M 10 D (F)
Age : Dr. BHASHWAT MOHANTY
I.P. No 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26	spm	C/S/B Dr. Shashwat / Dr. Anand / Dr. Dinesh
		Δ - pyrexia of Unknown Origin
		<u>Issues:</u>
		- Sticking to 5th cephalosporin.
		- 1 fever spike since morning.
		oral intake - poor.
		<u>o/e</u>
		Alex.
		Hemodynamic - stable
		RS - B/L AC (+)
		P/A - Sgt.
		urine output - adequate.
		usg abd - mild diffuse bowel wall thickening.
		Echoc - mild pericardial effusion
		<u>Plan</u>
		1) To start 4 th Augmentin (test dose)
		2) Trace blood c/s, urine c/s.
		3) Derm consultation
		4) w/f fever

[Signature]
Dinesh

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

20/06

5pm cl/w Dr. Leena

? combined Endocrine disorder.

plan: -

Thyroid Antibodies,

1) ~~TFT~~ free T₄, T₄BC, ACTH,
TFT,

Serum cortisol 8AM sample



R/w reports.

ANJANA

2) to consider ANA

20/06
6pm

S/B Dr. SM / Dr. PV / Dr. AJ

Pyrexia of unknown origin
(? UTI | ? Inflammatory)

Stevens
Johnson
syndrome.

fever ⊕

CVS: plenty of pus cells

oral intake less

u/o → good

plan: -

1) TFT, free T₄,
Thyroid antibodies
8AM Cortisol

} T/m

ANA profile

2) Change to NIAPTAZ


ANJANA

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

ICV-00040927 IP22-00023327


Ms A. PADMA PRASANNA

0-05-2014 12 Y 1 M 10 D (F)

Dr. SHASHWAT MOHANTY



F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/06/26	10pm	S/B Dr. AD / Dr. AJ / Dr. Kumar
		PUO
		Adv
		to send: Thyroid function test *
		Free T4
		Thyroid Antibodies
		SAM cortisol *
		ANA profile *
		2) cont IV PIPTAZ
		3) Kenocost L/A
		4) Acuasoft L/A
		5) BP monitoring 4 hly
		 ANJANA
		Noted By Basakli

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/6/26
8am

c/s / B Dr Sm / Dr Sv

Δ = pyrexia of Unknown origin

c/o pain over B/L cost.
2 fever spikes in 24 hours
oral intake - poor.
No vomiting.

dx

Alert.

RS - B/L AET

PA - Sgt

U.O - good

Stools - not passed.

[Signature]
over

plan

-- Cont of piperac

- Trau ANA

—
—
—

N.B Sandhu

OA 222

21/6/26

9am

22/6/26

CLB Dr. Shadmoat / Dr. Balaji

8AM

Diis: - Pyrexia of unknown origin / Steven Johnson Syndrome
- UTI

- clo 1 fever spike in last 24 hrs
- NO clo Seizures
- NO clo Vomiting
- urine output - good.

OP:

active, alert.

- B₂ + BU AE ⊕, clear
- CUS + S₁S₂ ⊕
- PLA₁ soft, non-tender

urine cl₂ → klebsiella
oxytoca ⊕

[Signature]

Adm:

- Cont. Suj. p₁ptag
- Trace ANA report;
Cortisol report
- Dr Ananth Consultation.
- Dr S₁harshon - Derm
Review

[Signature]
N. By Lion

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref No F / HW / PGN / INPR / 15

ICV-00040927 IP22-00023327

Ms A. PADMA PRASANNA

Pa 0-05-2014 12 Y 1 M 12 D (F)

Dr. SHASHWAT MOHANTY



Ac

1 F

....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
2/6/26	5pm	c/s/B Dr Shashwat / Dr Sreekali
		D - Urinary Tract Infection [Klebsiella oxytoca]
		- ? Steven Johnson syndrome
		No fever spikes since 24 hours
		No Diarrhea
		No Vomiting
		oral intake - adequate
		control - 1-3.
		<u>o/e</u>
		Alex.
		RS - B/E A&F
		P/A - SGT, B/E ⊕
		axillary output - good.
		<u>Plan</u>
		1) Trace ANA report.
		2) Do Sriharsha - Derm Consultation
		3) cont 4 proben - D3
		4) <u>Add</u> Iron f
		- folic acid
		- vit B12
		- Riboflavin
		5) CBP, CRP - t/m

[Handwritten signature]

[Handwritten signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/26
10pm

C/S/B Dr Aditya / Dr See

D = -UTI

- Steven Johnson Syndrome

Pain ⊕ B/L foot - medial axis.

No fever / vomiting

O/E

Alex

power ⊕.

RS - B/L AE ⊕

P/A soft

U.O - good

See

Plan

- Trau ANA profile

- CRP, CRP - t/m

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26	8am	c/s/B Dr Shashwat / Dr Swasee
		D = - Urinary tract infection / klebsiella oxydosa
		- Steven Johnson Syndrome
		c/o pain @ B/L foot - medial aspect
		No loose stools / Vomitus
		No Swallow
		<u>O/E</u> [CRP-2]
		Dist.
		pallor ⊕
		RS - B/L AE ⊕
		P/A - Soft, BS ⊕
		CSM - alert - good.
		<u>Plan</u>
		1) Trace ANA profile
		2) Dr Lena Vidya
		Lowcut for body
		3) Cont. of piperac. D4.
		4) Dr. Chaudhara
		<u>N. By Swasee</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26
SPM

clerk Dr. Shaikusat / Dr. Balraj

Dis: Pyrexia of unknown origin

? systemic
Lupus
Lymphoma

- No cl fever spikes
- low pain over BL foot.

• NO c/o seizures

Admission D/E:

active, alert

RS - BL AEC⁺, clear

PLA - soft, non-tender

CU - S1 S2 -

ANA profile suggestive of SLE

Admission:

- Dr. Chandrika nam, consultant - 10/10
- plan PRBC transfusion LXTIM
- plan to reduce T. Thyronorm from 62.5 → 50 Mg (from Dr. Leena)
- cont. sup. p/ptaz
- Blood for (some sample)

- CUE, Spot Protein - 0.2
Creatinine Ratio
TIM 6 AM

N.B. mell

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

ICV-00040927 IP22-00023327

Patient **A. PADMA PRABANNA**
0-05-2014 12 Y 1 M 13 D (F)

Age : ..
Dr. SHASHWAT MOHANTY



I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/6/26		S/OB. Dr. SM / Dr. Yash
	8 AM	Systemic Lupus Erythematosus. c/o pain ⊕ over B/L knee No fever & spikes No seizures
		<u>O/E</u> Alert oral - good R/S - B/L AE ⊕ P/A - NG
		<u>L/E</u> - Hemorrhagic crusted lesions over lip C/o = protein 2 ⊕ <u>Plan</u>
		1) Dr. Chandrika consultation by Dr. Sakhya prasad asst. 2) Plan PRBC transfusion today continue 3) on 5g predn 4) to DO - CBT H/m LFT.
		for proced
		<u>A. B. Kalyan</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/06
10 AM

S/B Dr. Satyoprasad

Δ: SLE + Nephrotic range proteinuria to
R/o Lupus Nephritis

Adv

Do do Renal Biopsy for
grading of lupus
nephritis

1) Inj MPS ~~200~~ 60mg OD

2) Tab chelcol 500mg OD

3) HCOS 200mg OD

4) Esmoprozole

5) plenty of oral liquids

R/w Biopsy
report



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

ICV-00040927 IP22-00023327

Patient: A. PADMA PRABANNA
D-05-2014 12 Y 1 M 13 D (F)
Dr. SHASHWAT MOHANTY

Age :



I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/06	1 pm	<p>cd/w Dr. Prabha Chandrika Bhat</p> <p>plan -</p> <p>to do {</p> <ol style="list-style-type: none"> 1) G, cy levels 2) Antiphospholipid Antibody profile (APLA) 3) IgG levels 4) TB Quantiferon Gold 5) HIV testing <p>6) Start MPS 30mg/ly OD x 3 days Hb Wypster</p> <p>7) T. JR. Laxol 30mg x 6 days</p> <p>8) Tab MMF 500mg 1/2 - 1/2 x 2 days Hb CBP, LFT</p> <p>9) (N) → 1x to 500mg 1-1m to continue</p> <p>9) Tab HCL 200mg OD to continue</p> <p>10) To do Renal Biopsy to establish Nephritis class & S/S Rituximab</p> <p>cont cyclosporin 73 days ↳ start MMF after pulse</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

therapy of steroids.

24/6/26
spm

C/S/B Dr Shaswat / Dr Haritha /

Dr Sree

Δ - Systemic Lupus Erythematosus
- Urinary tract infection
- ? Hypothyroidism

No fever spikes
No vomiting / diarrhoea.

O/E :-

Alert, pulse - good, Hemodynamically - stable.

RS - B/LAE ⊕

P/A - soft.

BS ⊕

urine output - good.

• On PRBC
transfusion - 10

• No transfusion
reaction.

Plan

1) Cont. Jy piptaq 2 - D5

2) cont HCO 200mg Q24h

3) Cont Jy MPS x Q24h
800mg

4) Monitor vitals

5) Trace C3, C4 TB Quancherson
gold

6) Lupus inhibitors


7) To do CBP, Sm ALBUMIN - T/M

N.B MOCINIC

[Signature]
Shaswat

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00040927 IP22-00023327
Pc Ms A. PADMA PRASANNA
10-05-2014 12 Y 1 M 14 D (F) F
A Dr. SHASHWAT MOHANTY
I 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		⑧ Plan d/c - on Friday (26/6)
		⑨ Pij PIP7AZ - till 7/M
		↓ Oral CEFIXIME
		← N.B. myelimi
24/6/26	10PM	CLSB Dr. Shashwat / Dr. Suminaa Δ - Systemic Lupus Erythematosus urinary tract infection Hypothyroidism
		No fever spikes
		• No bleed from lips
		• No difficulty in breathing
		• No clo rash
		On going PRBC transfusion stopped
		• Hemo dynamically stable
		Vitals
		RR - 24/min
		HR - 118 bpm
		Spo ₂ - 100%
		B/LAE ⊕, clear
		Plan
		1. Endway d/c x 10mg
		2. Change to oral cefixime after Piptaz dose flm
		3. cont MPS, HCG
		4. Trace C3, C4, TB quantifusion 20g
		5. To do CBP, Sr. albumin flm
		6. plan d/c on Friday

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

25/6/26
8am

e/s/B Dr Shaswat / Dr Sreenivas

D = - Systemic Lupus Erythematoses

- Urinary Tract Infection
- Hypothyroidism

No fever / Vomity
 No distress
 oral intake - better.

Hb - 8.5

Alb - 3.4

C/E

Alert, pulse - good
 RS - B/L AE (+)
 P/A - soft
 urine output - good
 stools - passed.

L/E

- Hemorrhagic crusted lesion (+) over lips
- Dry skin of body.

Plan

5) plan D/c tomorrow


- 1) Cont. Sy pyptaz - D6
oral cyclosporin - D4
- 2) Cont. Sy mps - D2
800mg
- 3) Cont. TAB. HCQ 200mg OD
- 4) Trace, C3, C4
IgG
Apla, Anticardiolipin
- 5) plan to start mmf & stop cyclosporin - on discharge.

[Signature]

[Signature]

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15
IP22-00023327

Patient: HCV-00040927
M. A. PADMA PRASANNA
10-05-2014 12 Y 1 M 14 D (F)
Age: ... Dr. SHASHWAT MOHANTY
I.P. No. 

(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)

DATE: 20/6/26
TIME: 5pm

C/S/B Do Aditya / Dr. Sravani

D - - Systemic Lupus Erythematosus
- Urinary Tract Infection
- Hypothyroidism

No. fever / Vomity
No distress
oral intake - better

0/2

Alex:
pulse - good
Hemodynamic - stable
P/A - soft
urine output - good

1/c

Hemorrhagic lesion @ over lips

plc

- 1) Cont. 2x Piploz from 2
- 2) cont TAB HcQ
- 3) Trau reports
- 4) plc A/c tomorrow

[Signature]

Noted by *[Signature]*

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/26
8 am

C/O / B Dr Shaswat / Dr Jeevan

D -- Systemic Lupus Erythematosus

- Urinary Tract Infection
- Hypothyroidism

No fever / Vomiting
No distress
oral intake - better

O/E :

Alert.

pulse - good.

Hemodynamic - stable.

RS - B/L A/C (+)

P/A - soft

urine - good.

L/E

- Hemorrhagic crustal lesion (+)

- Alopecia (+)

- Dry skin of body (+)

On Jy MPS - Zony/ty - D3.

Plan :-

- 1) Cont Jy pypba 2 - D7
c. Cyclophosphamide - D7
- 2) Cont. T.H.C (+) Zony AD - D2
- 3) plan D/C body.


Dr. Jeevan

26/6/26
11pm

C/S/B Dr Aditya / Dr Sanya / Dr Sree

D = - Systemic Lupus Erythematosus
- Urinary Tract Infection
- Hypothyroidism

On PRBC transfusion - 10 (ongoing)

feed - orally (+)

RS - B/L AE (+)

No distress, SpO₂ - 98% @ RA

RR - 14/min

NO fever & tachy

C: HR - 82/min

BP - 118/70 mmHg

P/A - soft

urine - good

stool - good

Plan

- 1) Continue PRBC transfusion
watch
2) w/ transfusion section
for
- 2) monitor vitals
- 3) Continue IV medications

[Signature]
Sreevar

NB.

[Signature]
26/6/26
11PM

CONSULTATION FORM



Doctor Name : Dr. Sandhya

Date : 23/6/26 Hour :

Hospital : PCA Nizal

Referred for : Opinion Co-Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date : 23/6/26 Time : By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis: URINARY TRACT INFECTION / ? STEVEN JOHNSON SYNDROME

Signature: Dr. SHASHWAT M.D.

Report of Findings and Recommendations :

- clo pain over BIL feet
- NO fever
- NO vomiting

OLE:
• child is active.

Ab → 6.4

Advice:

- TO DO LFT, DCT
- S. Iron, S. Ferritin, Vit-B12 level
- Review after report

Consultant :

Name : Dr. Sandhya Signature : [Signature] Date & Time : 23/6/26

NOTE : If more space is required use another consultation sheet as continuation



CONSULTATION FORM

Doctor Name : DR. Srinivas

Date : 22/6/26 Hour :

Hospital : Rainbow Children's Hospital

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Referred for : Opinion Co-Management
 Transfer of care

Date : 22/6/26 Time : 6pm By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

- C/S/RS Dr. T. Srinivas (M.D./D.V.)
- Thank for referring
- ? ANA positive

? Steven Johnson's syndrome
? SLE

① Cap. Psoriasis → ② Day
|————→
③

Consultant :

Name : Signature : [Signature] Date & Time : 6:30pm
22/6/26

NOTE : If more space is required use another consultation sheet as continuation

CONSULTATION FORM



Doctor Name : Dr. Leena

Date : 22/6/26 Hour :

Hospital : Reh way

Type of Referral : Emergency (within one hr.)

Referred for : Opinion Co-Management
 Transfer of care

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Date : 22/6/26 Time : 6:30 pm By : Dr. Shanu

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

k/c/o Hypothyroidism, on T Thyronorm 50 mcg OD
? Steven Johnson Syndrome, Urinary tract inf.

Signature: [Signature] M.D.

Report of Findings and Recommendations :

Online Consultation

Case is a k/c/o Hypothyroidism diagnosed since
January-2026, on T. Thyronorm 50mcg OD

T3 - 262
T4 - 13.6
TSH - 10.11

Plan

- Increase Thyronorm to
62.5 mcg OD

[Signature]

Consultant :

Name : Dr. Leena Signature : Date & Time : 22/6/26 6:30 pm

NOTE : If more space is required use another consultation sheet as continuation

23/6/26

2pm

clinical hypothyroidism since January 2026,
on T. Thyronorm 50ug

T₃ → 262

T₄ → 13.6

TSH → 10.11

~~antibodies~~ → 12.3

O/E:

Advice:

- T ab. thyronorm 50mcg
OD.
- Repeat OFT, thyroid
antibodies + after
6 wks.



CONSULTATION FORM



Doctor Name : P. Anantes

Date : 22/6/24 Hour :

Hospital :

Referred for : Opinion Co-Management
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date : Time : By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

- Δ: Pyrexia of unknown origin
- Hyponatraemia → Seizure 6m ago
- Hyperpigmented macules over Palms
- Crusted plaques ⊕ & mucosal involvement
- Endocrine & skin involvement } → Hypothyroidism & hyponatraemia.

?? Acute immune disorder =
Acute Symptomatic Seizure (Hyponatraemia)
(7.7.24)

Consultant :

Name : Signature : Date & Time :

NOTE : If more space is required use another consultation sheet as continuation

Ex
1.)

T.

levipil

250mg

→

to continue for now

⇒

TO

Consider Evaluation of

SLE (vs) ? AI endocrinopathy

⇒

TO

reconsider ARM after

Complete evaluation &

plan elective etc & decision
(in ARM)

✓



Patient Name : HCV-00040927 IP22-00023327
 Gender M F - Hospital N Ms A. PADMA PRABANNA
 10-05-2014 12 Y 1 M 10 D (F)
 Consultant : Dr. SHASHWAT MOHANTY
 Date of Admission :



DRUG ALLERGIES: Yes - Allergic to ceftriaxone.

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 : SYP P500				Date	2016	2016	2016													
				Time	12:00	9:00	8:00													
Dose	Route	Frequency	Start Dt.																	
5ml	P/O	SOS																		
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions		5ml/500mg																		
DRUG : SYP IBUCIC				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
10ml	P/O	SOS																		
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions		5ml/100mg																		
DRUG :				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions																				



REGULAR PRESCRIPTIONS

DRUG: TWICE TRIAXONE

Dose	Route	Frequency	Start Dt.	Date/Time
1.3g	IV	12hly	20/06	Stop 20/6/26

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions: Dil in 20ml NS over 1hr

Daily Doctor's Endorsement by a Sign.

DRUG: TWICE EDOMEPRAZOLE

Dose	Route	Frequency	Start Dt.	Date/Time
30mg	IV	2hly	20/06	20/6 21/6 22/6 23/6 24/6 25/6 26/6 27/6

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG: TWICE ONIDANSETRON

Dose	Route	Frequency	Start Dt.	Date/Time
4mg	IV	8hly	20/06	20/6 21/6 22/6 23/6 24/6 25/6 26/6 27/6

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG: CANDID MOUTH PAINT

Dose	Route	Frequency	Start Dt.	Date/Time
LA	LA	6hly	20/06	20/6 21/6 22/6 23/6 24/6 25/6 26/6 27/6

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Patient Name: _____ I.P. No. ① Sheet No. ① Wards _____ Weight (kg) 27kg

REGULAR PRESCRIPTIONS

DRUG: Sy AUGMENTIN Date: 20/6 Time: 6am

Dose	Route	Frequency	Start Dt.
<u>800 mg</u>	<u>IV</u>	<u>Q8h</u>	<u>20/6/2016</u>

Name & Signature of the Doctor starting the Drugs: for 8 days

Additional Instructions: Give fast dose.

Daily Doctor's Endorsement by a Sign. _____

9am 6pm 10pm

STOP 20/6/16

DRUG: Tiy PIPERACILLIN Date: 20/6 Time: 6 AM

Dose	Route	Frequency	Start Dt.
<u>2.5g</u>	<u>IV</u>	<u>8 hourly</u>	<u>20/6</u>

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions: Dilute in 20ml NS, over 1hr

Daily Doctor's Endorsement by a Sign. _____

20/6 21/6 22/6 23/6 24/6 25/6 26/6 27/6

6 AM 9 AM 10 AM

DRUG: XENOVERT ORAL PASTE Date: 20/6 Time: 6 AM

Dose	Route	Frequency	Start Dt.
<u>6</u>	<u>local</u>	<u>Q8hly</u>	<u>20/6</u>

Name & Signature of the Doctor starting the Drugs: Sumina

Additional Instructions: _____

Daily Doctor's Endorsement by a Sign. _____

20/6 21/6 22/6 23/6 24/6 25/6 26/6 27/6

6 AM 9 AM 10 AM

ANJANA 24/6

DRUG: AQUASOFT MAX LOTION Date: 20/6 Time: 10 AM

Dose	Route	Frequency	Start Dt.
<u>10</u>	<u>local</u>	<u>Q4hly</u>	<u>20/6</u>

Name & Signature of the Doctor starting the Drugs: Sumina

Additional Instructions: _____

Daily Doctor's Endorsement by a Sign. _____

20/6 21/6 22/6 23/6 24/6 25/6 26/6 27/6

10 AM 9 AM

Patient Name :	I.P. No.	Sheet No. (9)	Wards	Weight (kg) 27 kg
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REGULAR PRESCRIPTIONS

DRUG : Tab METHYLPREDNISOLONE				Date & Time 24/05/2016
Dose 800mg	Route IV	Frequency 2x daily	Start Dt. 24/06	
Name & Signature of the Doctor starting the Drugs: ANJANA				5pm <i>[Signature]</i>
Additional Instructions: x 3 days				
Daily Doctor's Endorsement by a Sign. <i>[Signature]</i>				

DRUG : TAB. HYDROXYCHLOROQUINE				Date & Time 24/05/2016
Dose 1 tab	Route PO	Frequency 2x daily	Start Dt. 24/06	
Name & Signature of the Doctor starting the Drugs: ANJANA				3pm <i>[Signature]</i>
Additional Instructions: 1 tab / 200mg				
Daily Doctor's Endorsement by a Sign. <i>[Signature]</i>				

DRUG : TAB SHELICAL				Date & Time 24/05/2016
Dose 1 tab	Route PO	Frequency 2x daily	Start Dt. 24/06	
Name & Signature of the Doctor starting the Drugs: ANJANA				2pm <i>[Signature]</i>
Additional Instructions: 1 tab / 500mg				
Daily Doctor's Endorsement by a Sign. <i>[Signature]</i>				

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.				

VARIABLE DOSE		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time						
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	Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time						
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
20/6	w/h	Syp. Atarax	(5ml/10mg)	6ml/po	[Signature]	
22/6/26	6:30pm	Syr V/B B12	750 mcg in 15ml NS over 2hou	IV	[Signature]	mahe
22/6/26	6:45 PM	Syr PARACETA				
24/6/26	5pm	300ml PRBC	transfusion over 6 hours	IV	[Signature]	Maurika Ravali
24/6/26	8:30pm	Midway	lorix - 20mg	IV	[Signature]	[Signature]
24/6/26	10:30pm	Endway	lorix 10mg	IV	[Signature]	[Signature]
26/6/26	10pm	200ml PRBC	transfusion over 6 hours	IV	[Signature]	[Signature]
26/6/26	1AM	midway	lorix 15mg	IV	[Signature]	[Signature]
26/6/26	4AM	Endway	lorix 10mg	IV	[Signature]	[Signature]



Medication Reconciliation Form

Drug allergies:

PATIENT NAME: HCV-00040927 IP22-00023327
 Ms A. PADMA PRABANNA
 UHID: 10-05-2014 12 Y 1 M 10 D (F)
 DOCTOR: Dr. SHASHWAT MOHANTY
 DATE: _____

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team.
 (E.g. At the time of admission shifting from ICU to ward, or ward to ICUs)

Sl. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg,mcg)	ROUTE (PO,NG,SC,IV)	FREQUENCY	LAST DOSE DATE / TIME	ON ADMISSION
1.	T. LEVOTHYROXINE	50 mcg	PO	Q24h	20/6/26	<input checked="" type="checkbox"/> C DC <input type="checkbox"/>
2.	T. LEVETIRACETAM	500 mg	PO	Q12h	20/6/26	<input checked="" type="checkbox"/> C DC <input type="checkbox"/>
3.						<input type="checkbox"/> C DC <input type="checkbox"/>
4.						<input type="checkbox"/> C DC <input type="checkbox"/>
5.						<input type="checkbox"/> C DC <input type="checkbox"/>
6.						<input type="checkbox"/> C DC <input type="checkbox"/>
7.						<input type="checkbox"/> C DC <input type="checkbox"/>
8.						<input type="checkbox"/> C DC <input type="checkbox"/>
9.						<input type="checkbox"/> C DC <input type="checkbox"/>
10.						<input type="checkbox"/> C DC <input type="checkbox"/>

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature: *[Signature]*

Date & Time: 20/6/26 10:30 AM

Nurse name & Signature: *[Signature]*

Date / Time: 20/06/26 10:40 AM



CONSENT FOR BLOOD TRANSFUSION

Patient Name: Ms. A. padma prasad Age: 12y 1M
 Gender: M F - IP No.: 23227
 Ward / Bed NO.: pic. 10 Date: 24/6/26

Type of Blood Product:

PRBC

I, Mokarala 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 HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely 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 component 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 he alternative for this procedure that.....

All the above-mentioned risks 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 (PRBC, Platelets, FFP, Cryoprecipitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative./ Guardian):

Signature: A.N. Reddy
 Name: Anireddy Nookaratnam
 Date & Time: 24/6/26 @ 5:40pm

Witness:

Signature: [Signature]
 Name: Chandrika
 Address: RAH

Doctor(Who is taking the consent):

Signature: Haritha
 Name: Haritha
 Date & Time: 24/6/26

Contact No.:
 Date & Time: 24/6/26 @ 5:40pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు వయస్సు.....పు స్త్రీ

ఐ.పి. నెంబరు వార్డు/ బెడ్ నెం

రక్త మార్పిడి రకం

నేను ఇందు మూలముగా రెయిన్ బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటిస్ బి సర్వేస్ యాంటిజెన్, హైపటైటిస్ యాంటిబడీస్, మలేరియా మరియు సిఫిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్ ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పుడు మార్పిడి ఇన్ ఫెక్షన్లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే జాషలో వివరించినారు, దానికి నేను అంగీకరింస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (ఏ.ఆర్.బి.సి., ప్లేట్లెట్స్, ఎఫ్.ఎఫ్.పి.) క్రయోప్రెసిపిటేట్ మొదలగునవి. మా సమ్మాతిని ఇస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు.....

పేరు.....

తేది మరియు సమయము

తేది మరియు సమయము

డాక్టర్

సంతకము

పేరు.....

తేది మరియు సమయము



CONSENT FOR BLOOD TRANSFUSION

Patient Name: A. pedana prasanna Age: 12y
 Gender: M F - IP No. : 23227
 Ward / Bed NO. : 1112 Date : 26/6/20

Type of Blood Product:

I, A. Nookarajan 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 HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely 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 component 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 he alternative for this procedure that.....

All the above-mentioned risks 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 (PRBC, Platelets, FFP, Cryoprecipitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative./ Guardian):

Signature : A.N. Prathap
 Name : A. Nookarajan
 Date & Time : 26/6/20 9:47pm

Witness:

Signature : [Signature]
 Name : [Signature]
 Address :

Doctor(Who is taking the consent):

Signature : [Signature]
 Name : See You
 Date & Time : 26/6/20 9:47pm

Contact No. :
 Date & Time : 26/6/20 9:47pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు వయస్సు.....పు స్త్రీ
 ఐ.పి. నెంబరు వార్డు/ బెడ్ నెం
 రక్త మార్పిడి రకం


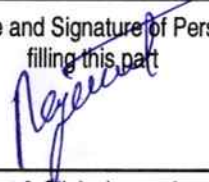

నేను ఇందు మూలముగా రెయిన్ బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటిస్ బి సర్వైస్ యాంటిజెన్, హైపటైటిస్ యాంటిబడీస్, మలేరియా మరియు సిఫిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్ ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పుడు మార్పిడి ఇన్ ఫెక్షన్లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే జాషలో వివరించినారు. దానికి నేను అంగీకరిస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ఫ్లేట్ లెట్స్, ఎఫ్.ఎఫ్.పి..) క్రయోప్రెసిసిటెట్ మొదలగునవి. మా సమ్మాతిని ఇస్తున్నాను.

సహాయకుడు(అటెండెంట్)
 సంతకము
 పేరు.....
 తేది మరియు సమయము
 డాక్టర్
 సంతకము
 పేరు.....
 తేది మరియు సమయము

సాక్షి
 సంతకము
 పేరు.....
 తేది మరియు సమయము

PATIENT TRANSFER FORM

 Date & Time of Admission 20/6/26 10:32 AM		Date & Time of Transfer Order 21/6/26 4:30 PM	
Treating Consultant Dr. Shrivastava		Transfer ordered by Dr. Aditya	
From Bed / Ward / Hospital PICU		To Bed / Ward / Hospital GICU 332	
Number of Sheets in clinical file 30		Number of Imaging films ✓	
Reason for Transfer ward change			
Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Medication		
2.	IV, PMO		
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part 		Name of person ordering transfer	Name & Signature of Nurse, Supervisor 
Referral note & referral Doctor Name:			
Patient & Clinical records received by:			
Signature with Date & Time			


If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00040927 IP22-00023327 Ms A. PADMA PRABANNA 10-05-2014 12 Y 1 M 16 D (F) Dr. SHASHWAT MOHANTY 		Date & Time of Admission 20 June / 2026 @ 10:32 AM.		Date & Time of Transfer Order 26/6/26 @ 9:02 pm	
		Transfer ordered by Dr. Jayasweya		Reason for Transfer Blood transfusion	
From Bed / Ward / Hospital 332		To Bed / Ward / Hospital plw		Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 35		Number of Imaging films		Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over					
Sl.No.	Item Name	Quantity			
1.	Dry, Diptat	2-25gm - (2)			
2.	250	10 PRBC -			
3.	Du set	- (1)			
4.					
5.					
Shifting Summary / Notes written by Doctor: Dr. Jayasweya					
Name and Signature of Person filling this part Monika		Name of person ordering transfer Dr. Jayasweya		Name & Signature of Nurse Supervisor Ganga	
Referral note & referral Doctor Name: -					
Patient & Clinical records received by:					
Signature with Date & Time					

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

PATIENT TRANSFER FORM

HCV-00040927 IP22-00023327
 Ms A.PADMA PRASANNA
 10-05-2014 12 Y 1 M 14 D (F)
 Dr. SHASHWAT MOHANTY



Date & Time of Admission 20/6/26 @ 10:32 AM	Date & Time of Transfer Order 24/6/26 @ 11 PM	
Treating Consultant Dr. Shashwat	Transfer ordered by Dr. Shashwat	Reason for Transfer ward change
From Bed / Ward / Hospital PICU	To Bed / Ward / Hospital G/W 332	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file 30	Number of Imaging films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	medication, syringes	
2.	IVI PMO	
3.	fluids, tableting	
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name of Signature of Person filling this part <i>[Signature]</i>	Name of person ordering transfer Dr. Shashwat	Name & Signature of Nurse Supervisor <i>[Signature]</i>	Referral note & referral Doctor Name:
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Patient & Clinical records received by:

Signature with Date & Time
[Signature] 020228 24/6/26 @ 11:45 PM


If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00040927 IP22-00023327 Ms A. PADMA PRASANNA 10-05-2014 12 Y 1 M 14 D (F) Dr. SHASHWAT MOHANTY		Date & Time of Admission 20/6/26 @ 10:32 AM	Date & Time of Transfer Order 24/6/26 @ 8:30 PM
		Transfer ordered by Dr. Aditya	Reason for Transfer Blood transfusion
From Bed / Ward / Hospital 332	To Bed / Ward / Hospital puw	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 40	Number of Imaging films 18	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name of Signature of Person filling this part Mahesh	Name of person ordering transfer Dr. Aditya	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time			


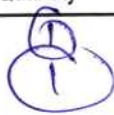
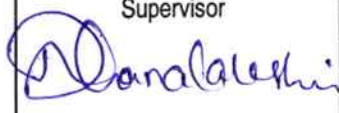
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00040927 IP22-00023327 M ^s A. PADMA PRABANNA 10-05-2014 12 Y 1 M 10 D (F) Dr. SHASHWAT MOHANTY 		Date & Time of Admission 19/06/2026 @ 10:32	Date & Time of Transfer Order 19/06/2026 @ 12:00
		Transfer ordered by Dr. Anjana	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 3 rd floor	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 18	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	DNS		
2.	Iv set		
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor: Dr. Anjana			
Name and Signature of Person filling this part Akhil	Name of person ordering transfer Dr. Anjana	Name & Signature of Nurse Supervisor 	Referral note & referral Doctor Name:
Patient & Clinical records received by: Sandhya 20/6/26 at 12:30pm			
Signature with Date & Time			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready



Packed Red Blood Cells I.P

Donor ID : 2331
Volume : 250ml
Collected on : 16/06/26
Expires on : 27/07/26
Issued on : 26/06/26



Compatible For :

Ms. PADMA PRASANNA

Age : 12 Years
Sex : Female

Hospital : Rainbow Children'S Hospital
X-Match : 26/06/26 by Chhatrapati Shivaji Voluntary Blood Centre
Issued by Chhatrapati Shivaji Vol. Blood Centre (Lic. No - 06/VSP/AP/2022/BC/G)

RID : CSVB26-RX00968
Patient B.G : O Rh(D) Pos
Method : Gel card

[Handwritten signature]
27/6/26
24 AM

[Handwritten signature]
[M/24/26]
27/6/26
24 AM



PRSC

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : A. Madhu Prabhu UHID : 40927 I.P. No. : 23327
 Age : 124 Gender : f Department : Pediatrics Ward : PICU
 Blood group of the patient : O+ve Blood group on the Blood bag : 2331
 Blood bank issue no : 2331 Date of collection : 16.16.126 Date of expiry : 7.27.126
 Date & Time of starting transfusion : 26.16.126 @ 10PM Planned duration of transfusion : over 6 hours

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
10PM	88b/w	97.3°		98%	-	-	-	-
10:30 ^{PM}	89b/w	97.5°	129/91 (101)	97%	-	-	-	-
11PM	86b/w	97.3°	112/83 (92)	99%	-	-	-	-
11:30 ^{PM}	86b/w	97.3°		98%	-	-	-	-
12AM	88b/w	97.3°	115/89 (97)	99%	-	-	-	-
1AM	81b/w	97.3°	117/85 (97)	98%	-	-	-	-
2AM	80	97.5°		98%	-	-	-	-
3AM	89	97.6°	114/79 (85)	99%	-	-	-	-
4AM	78	97.8°	132/91 (109)	98%	-	-	-	-
4:10 AM	89	97.1°	125/92 (105)	98%	-	-	-	-

Comments :

No reaction during transfusion

Nurse Name : Rajeev Nurse Signature : Rajeev

M. J. RA



Packed Red Blood Cells I.P

Donor ID : 2340
Volume : 250ml
Collected on : 16/06/26
Expires on : 27/07/26
Issued on : 24/06/26

O
Rh(D) Positive

Compat For :
MS. DMA / S. ASANNA

Age : Years
Sex : Male

RID : CSVB26-R02'91
Patient B.G : O (D) Pos
Method : Gel card

Hospital v Childr : S Hospital
X-Match v Har : ist. B

Issued by : [Signature] Blood Centre (Lic. No - 06/VSP/API/2022/BC/G)

50 CB
ER

A. Nookaratnam
[Signature]

Referenced
21/6/26
2:10 PM

1

PRBC

Ref. No. : F / HW / BTM / NSG / 03



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : padma prasanna UHID : 40927 I.P. No. : 23327

Age : 12y Gender : Female Department : PLCV Ward : PLCV

Blood group of the patient : O+ve Blood group on the Blood bag : O+ve

Blood bank issue no : 2340 Date of collection : 16/6/26 Date of expiry : 27/7/26

Date & Time of starting transfusion : 24/6/26 2:50 PM Planned duration of transfusion : Star 6:00 PM

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
5:45 PM	115bwt	98.4°F	167/69(88)	100%	-	-	-	-
6pm	116bwt	98.3°F		100%	-	-	-	-
6:30pm	120bwt	98.4°F	110/63(89)	99%	-	-	-	-
7:pm	115bwt	97.5°F		99%	-	-	-	-
7:30pm	118bwt	98.4°F	100/65(80)	100%	-	-	-	-
8pm	100bwt	97.4°F		100%	-	-	-	-
9pm	116	97.6°F	107/80(90)	100%	-	-	-	-
10pm	121	97.4°F		100%	-	-	-	-
10:30 PM	113	97.0°F	117/79(90)	100%	-	-	-	-

Comments :

No reaction / uneventful during transfusion

Nurse Name : [Signature] Nurse Signature : [Signature]