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 :

Admission No : IP22-00023332 **Admit Date** : 20-Jun-2026 **Admit Time** : 03:54 PM **UHID** : HCV-00040950

Patient Details :

Patient Name	: Baby M.ROSHIKA RAMESH	**Age**	: 3 Y 6 M 29 D
Guardian	: Mr M.RAMESH	**DOB**	: 22-11-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: mentada,vizianagaram Babametta Vizianagaram Andhra Pradesh INDIA 535002	**Phone No**	: 9160970827
		E-mail	: no@gmail.com

Admission Details :

Bed Type : PICU **Bed No** : PICU 125 **Ward Name** : 1F-FIRST FLOOR-PICU

Room No : PICU 125 **Admission Type** : First Visit

Contact Details :

Name	: Mr M.RAMESH	**Relationship**	: Father
Contact Address	: mentada,vizianagaram Babametta Vizianagaram Andhra Pradesh INDIA 535002	**Phone No**	:

Signature

Doctor Details :

Doctor Name	: Dr. PEESAPATI ANANTHA NARSIMHACHARYULU	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: DR K PRAVEEN KUMAR	**Phone No**	:
Co-Consultant	: Dr. SHASHWAT MOHANTY		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 20000.00
		Payor Name	: SELFPAY

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ACTIVITY RECORD FOR BILLING

Name:---------- HCV-00040950 IP22-00023332 Baby M.ROSHIKA RAMESH 22-11-2022 3 Y 6 M 29 D (F) Dr. PEESAPATI ANANTHA ----------

UHID No :.....IP No :.... .....Dept.:.....

Date of Admission :..... ischarge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/06/2026	5:00 pm	ER	PICU.	Akhil
22/6/26	8:30 pm	PICU	3rd Floor	Sinlatha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	22/6/26	690381	Anbazagan
2.	Dr. Divya Jyothi	22/6	0583	[illegible]
3.	Dr. Ruthe	23/6	90666	[illegible]
4.	Dr. Rekha	24/6	90901	[illegible]
5.	Dr. Divya Jyothi	25/6	1067	[illegible]
6.	Dr. Divya Jyothi	25/6	1068	[illegible]
7.				
8.				
9.				
10.				

charges checked by [illegible]

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/6/26	Cardiac monitor, Infusion pump, Syringe pump	5pm	21/6/26 @ 5pm	690036	
21/6	Cardiac monitor, Syringe pump	5pm	22/6/26 @ 5pm	90213	
22/6	Cardiac monitor, Syringe pump	5pm		690431	
23/6/26	Syringe Pump	5pm	24/6/26 5pm	90734	
24/6/26	Syringe Pump	5pm	25/6/26	90918	
25/6/26	Syringe pump	5pm	26/6/26 5pm	1215	Now

Over checked for maintenance

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/06/2026.	CPK, CBC, CRP, LFT, S. Urea, Sr. Creatine, S. Ca²⁺, Sr. Electrolytes. ~~CSF Analysis~~	26013333	Akhil
20/06/26	GRBS 81 mg/dl - 5:00pm	6013335	Akhil
20/06/26	X Ray chest	006879	
20/6	CSF Analysis	6013340	Cly
20/6/26	GRBS 99 mg/dl	6013341	Cly
21/6/26	GRBS at 6AM - 89 mg/dl	26013364	Srilatha
21/6/26	CSF Culture *	26013365	Srilatha
22/6	GRBS at 6AM - 96 mg/dl	13395	Srilatha
22/6	Nerve Conduction Study	690201	Srilatha checked by 22/6/26
23/6	GRBS - 144 mg/dl 8AM	13459	Baisakhi
24/6	GRBS - 124 mg/dl 7AM	13500	Baisakhi
23/6/26	Anti Ganglioside Antibody IgG (GM1, GM2, GM3, GD1A, GD1b, GT1b, GQ1b)	90639	Mahar
25/6/26	GRBS - 114 mg/dl 6AM	13568	Baisakhi
26/6/26	GRBS - 6AM - 89 mg/dl	3627	Mounika-ch.

Orders checked by Mounika

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/06/26	IV placement	01	690037	Alwi
20/6/26	Lp	1	690057	[illegible]
20/6/26	IVIG Transfusion	1	690088	[illegible]
21/6/26	IVIG Transfusion	1	90278	[illegible]
				cross checked by [illegible] 26/6/26

ANY OTHER INFORMATION

Date: 26/6/26 Time: 6pm Prepared By: Monnikah

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Monaleah	3rd floor		

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HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 30 D (F)
Dr. PEESAPATI ANANTHA

; MONITORING CHART

Age/Gender: 3Y 1F
Diagnosis ? GBS

Date:	Time	Value	Informed to	Advice	Remarks
20/6/26	6PM	87 mg/dl	Dr. Aditya	—	—
20/6/26	6AM	97 mg/dl	Dr. Aditya	—	—
21/6/26	6AM	89 mg/dl	Dr. Aditya	—	—
22/6/26	6AM	96mg/l	Dr. Harika	—	—
23/6/26	8AM	144mg/dl	Dr. Srivali	—	—
24/6/26	7AM	124mg/dl	Dr. Yash	—	—
2					

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____ HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

UHID ID : _____

Department : _____

Consultant : _____

RCHHCV/FRM/GENERAL/065

HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

Padiatric Multiorgan History & Physical Examination

Name : Roshika. Age/Sex 3yrs/F.

Information given by: Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o weakness of lower limbs > upper limbs
× 2 days

History of present illness:

child was apparently normal 1 month back, then,

H/O fever & cough ~~since~~ 1 month back
× 3 days.

child was normal for 28 days ~~back~~

then, · weakness of lower limbs > upper limbs, sudden in onset, × 2 days, initially started c̄ lower limbs, difficulty in walking since yesterday, child was playing in sitting position,

· NO ~~c/o~~ urinary & bowel ~~incontinence~~

· ~~No~~ ~~c/o~~ ~~to~~ present. distal upper limb able to lift against gravity, neck lag is present.

· NO c/o urinary incontinence & bowel incontinence

· NO. c/o loss of smell.

HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

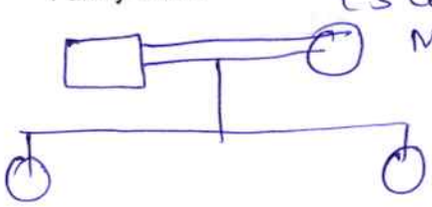
Past History : (Including details of any previous investigation or treatment)

NO similar complaints in past

Birth & Neonatal History:

LSCS | Term | cried immediately after birth

Family Chart



C/O convulsions manifested

Birth & Socio Economic History:

About Father: –

About Mother: –

Any additional Information: –

Developmental History:

attained upto the age

Immunization History:

vaccinated upto the age.

Anthropometry:

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

Weight (kgs) 11 kg. (Centile_____)

On Examination:

Temperature: 98.6°F Pulse Rate : 72/min B.P._____ SPO2 96% on RA.

Resp. rate and type of breathing :

RR → 24/min

Rash

Lymphadenopathy

Oedema:

NAD

Allergies (if any):

HCV-00040950 IP22-00023332
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22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

Respiratory System:

Inspection (any s/o distress):

Air entry & breath sound :

Any Addes sounds :

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

B/L AE (+), clear

Cardiovascular System:

Inspection of procordium :

Heart Sounds :

Any murmur:

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

$S_1 S_2$ (+)

Per Abdomen:

Inspection :

Palpation :

Ausculation :

Spine : External Genitelia :

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

soft, non-tender

Central Nervous System:

Level of Consciousness : AVPU / GCS Score:

Cranial Nerves :

Motor System:

Nutrition : good.

Tone: hypotonia (+) Power LL → 0 UL → 2 (+).

Co-ordinator :

Posture: Inability to bear own weight.

Involuntary Movements : NRL.

39 wks
3.1kg
decline

HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

Reflexes:

DTR NRL.

Superficials: NRL

Plantars NRL

Bladder / Bowel: (N).

Clinical Summary & Diagnostic:

? Guillain barre syndrome.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

X-ray hip
~~USG hip~~

CPK
- CBC
- CRP
- LFT
- S. urea, S. creatinine
- S. Ca2+, S. electrolytes
- CSF Analysis.
- Nerve conduction studies

Planned Management:

- I.V Rg 2gm/kg over 2 days
- NPO till r/m
- LP @ 6:30pm
- Inj Esomeprazole.
- DNS + 40mM/hr.

Signature of the Doctor : Praveen

Name of the Doctor : Praveen

Date & Time :

Signature of the Consultant:

Name of the Consultant :

Date & Time :

HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

DISCHARGE PLAINING FORM

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

1 Anticipated Date of Discharge :_____

2. Destnation 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:

☐ Ditary 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 :_____

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pa HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
Ag 22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		counselling done by Dr. Ananth
20/6/26	5pm	Child ~~Baby~~ had fever & cough for 1 month back, child had weakness of lower limbs followed by upper limbs flb neck lag, which can also lead to involvement of throat. child was probable to diagnosed to Guillain Barrie Syndrome. Need of I.V Ig is needed to child is given after CSF analysis. If child had left without treatment can lead to respiratory failure. Need of ventilator may be needed if its persists. Chances of Prolonged Hospital Stay, chances of Intubation, Requirement of mechanical ventilation explained. They understood & agreed to Prognosis. (M. Ramesh) Father

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient: HCV-00040950 IP22-00023332
Baby M. ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

Age : ..

I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	20/6/26 6pm	c/s/B Dr. Shashwat / Dr. Balaji
		Dx: ? Guillain barre syndrome
		• c/o weakness of lower limbs > upper limbs
		• NO c/o fever.
		• NO c/o vomiting.
		O/E:
		irritable
		Tone → reduced
		power → lower limb → 0
		upper limb → +2.
		deep tendon reflex → absent.
		• CVS → S1 S2 (+)
		• RS → B/L AE (+), clear.
		Vitals:
		• HR → 93/min
		• SpO2 → 99% on RA.
		BP → 104/66 mmHg
		Advice:
		• NPO till further order
		• IVF DNS 40ml/hr.
		• plan for I.V IG after lumbar puncture
		BALAJI
		noted by Chandrika 20/6/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

20/6/26
6:30 PM

LP Notes

Done By Dr. Aditya

→ After taking proper, explained consent from parents, under strict aseptic conditions, Lumbar puncture was done and samples were sent for CSF analysis and CSF culture.

→ Child was stable during whole procedure

Pre vitals	Post vitals
HR - 90 BPM	HR - 96 BPM
SPO2 - 99%	SPO2 - 98%
RR - 24/min	RR - 28/min
GRBS - 98 mg/dl	

Dr YAM

N.B
Chandrika
20/6/26
6:30 pm

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pati HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
Age 22-11-2022 3 Y 6 M 29 D (F) F
Dr. PEESAPATI ANANTHA
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26		Counselling done by Dr SM
6:30pm		Condition of the child explained.
		Child's symptoms starts in 2 days. History
		has been reviewed. Child's symptoms &
		exam findings are with GBS. To R/o
		other infections L.P. has been done. NCS has
		been planned today. Child symptoms are
		rapidly progressive so respiratory might be
		involved. So child is admitted in ICU.
		for continuously monitoring. Child might require
		IVIG. Prognosis is usually good. We
		would update you accordingly.
		A. Kavitha
		(A. Kavithakumari) Mother
		Praveen

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PROGRESS NOTES
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HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

M ☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26 10PM		C/S/B Dr. Aditya / Dr. Anjana / Dr. Suminaa
		Δ sis - Guillan Barre Syndrome
		C/O weakness of lower limbs > upper limbs
		not able to stand
		no bradyapneas
		sensorium (+), conscious & coherent
		On NPO
		IV fluids - 40ml/hr DNS
		On going IVIG → 10 gms over 12 hrs
		O/E
		Child is sleeping
		Gag (+)
		DTR's - absent
		RR - 22/min
		HR - 104 bpm
		BP - 113/72 mm Hg
		Adv
		1. Cont IVIG transfusion
		CSF -
		2. Plan nerve conduction study tlm
		Protein / Sugar - 23 / 62
		TC - 04
		3. W/f bradypnea
		LY - 04
		4. Monitor RR - 3rd hrly
		Suminaa

noted by Sricatha 20/6/26 at 10pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/6/26
8AM

S/B Dr. Ananth / Dr. Sumina.

Δ: 2! GBS ? AIDP
Ascending flaccid Paralysis

- on IVIg flow.
- No freshissues
  - → ✗ DTR's in all (4) limbs.
  - → mute Plantars
  - → Gag: Equivocal
  - → No respiratory Weakness
  - → No Diaphragmatic Weakness
  - → Power: UL: 3/5 (Rt, Lt)
    LL: 2+/5 (Rt, Lt)
  - → Hypotonia of all (4) limbs (+)

CBC
CRP
CSF

Rp

1) NPO till further orders ← Give NG feeds
2) Continue Physio Per p/c
3) NCS all (4) limbs to look for AIDP
4) TO plan Cervical Spine (SOF)

Peptum Jr | Kitchen feeds
50ml / feed Q3hrly
↓
Increase to 100ml

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	21/6/2026	Bedside counseling done
	9am	- Dr Achyut
		Explained about child's status. IVIG ongoing - will need to observe for early further progression in weakness. Will start NG feeds as gag reflex is poor. Need to stay in PICU for monitoring
		* Done.
		- fathers

21/6/26 OSLB Dr. Harika | Dr. Balaji

11:30 pm

Dx: ? Guillan Barre Syndrome

Ascending flaccid paralysis.

- On IV IG →
- c/o c/o weakness of lower limbs > upper limbs.
- No c/o distress
- No c/o fever.
- No c/o rashes

O/E:

Irritable

RS → B/L AE (+), clear

CVS → S1S2 (+).

Vitals:

- HR → 108/min
- SpO2 → 98% on RA
- BP → 113/78 mmHg

Advice:

- NG feeds 100ml / 3rd hrly
- cont. I-V IG
- nerve conduction studies of 4 limbs T/m

BALAJI

N.D

Sri Lakshmi

21/6/26 11:30pm

REF.NO.:F/PICU/DHDS/07

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Name : Roshika Ramesh
Age : 3y 6m Gender : ☐ M ☑ F
IP No. : 23332

Date of Admission : 20/6/26 Day of Admission : D2 Today's Date & Time : 21/6/26, 11:30 pm

PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW

Diagnosis : ? GUILLAIN BARRE SYNDROME

Current Issues :

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues : 90 mg/dl

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BL AE ⊕, clear

CXR :

SPO_2 : 98% on RA O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

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

Ventilatory Settings : Leak around ETT : Delivered Vt :

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

Chest Physiotherapy Plan : Suctioning Needs :

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

Plan of care : w/f distress.

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S1 S2 (+)

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

Blood Pressures : NIBP : 113/78 mmHg IBP : CVP :

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

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

☐ Milrinone mcg / kg / min

Any Other Infusions :

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

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

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

Day of arterial line : Day of Central line :

Plan of Care :

CNS

Neuro Exam : conscious, coherent

Pupils : BL pupil reactive **Sedation Used ?** ☐ Yes ☐ No **Any paralysis ?** ☐ Yes ☐ No

Types of Sedation : Types of Paralysis :

Relevant CT Scan, MRI EEG, Neurosonogram etc. :

Plan of Care : Neuro protective measures

Ramsay Sedation Score :

CIN : U85110 TG1998 PTC029914

FLUIDS STATUS NUTRITION AND G.I

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

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

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

Feed Formula : 100ml | 3rd hrly. Feed Schedule : .....

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

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

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

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

Labs : Na 139 K 4.5 Cl 105 Ca 10.5 Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : ALP → 211, SGPT → 20, SGOT → 38, T. Protein → 7.4

Abd Exam : Soft, non-tender S. Albumin → 4.4

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

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

cont. 100ml NG | 3rd hrly.

INFECTION

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

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

Describe c/s Reports : .....

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

NEPHROLOGY ISSUES

Sr. Creat : 0.3 Bld. Urea : 150 Other Relevant Labs : .....

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

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

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

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

Plan of Care : .....

HEMATOLOGY

Relevant Labs (CBP etc) : Hb → 13.2, WBC → 9.41, platelets → 3.04

Any Coagulopathy : .....

Relevant Transfusion History : .....

Plan of Care : .....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☐ No ☐ NA

CRBSI Bundle Used ? : ☐ Yes ☐ No ☐ NA

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

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

If yes, then details : .....

Pending Lab Results : ☐ Yes ☐ No

If yes, then details : .....

Pending Consultations : ☐ Yes ☐ No

If yes, then details : .....

FINAL COMMENTS

- cont. NG feeds 100ml | 3rd hrly
- cont. D.V IG
- Nerve conduction studies → 1/m

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

Signature : BALAJI

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

Signature : .....

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PROGRESS NOTES
(USE BALL BOOK PEN ONLY)

HCV-00040950 IP22-00023332
Baby M. ROSHIKA RAMESH (F)
22-11-2022 3 Y 6 M 30 D
Dr. PEESAPATI ANANTHA

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26		S/B. Dr. Ananth / Dr. Shashwat / Dr. Yash
	8 AM	Dis - ? Guillian Barrie Syndrome
		? Acute Inflammatory Demyelinating Polyneuropathy
		Ascending Flaccid Paralysis.
		→ IVIg Transfusion going on
		→ No any Rash, urticaria, Itching
		→ Currently child on Room air.
		→ No Signs of Respiratory Distress.
		→ No Fever.
		O/E - Irritable
		RS - B/L AE (+), Clear
		CVS - S1S2 (+)
		CNS - NO DTR in all 4 limbs
		- Hypotonia of all 4 limbs.
		- Power UL 3/5 LL - 1/5
		- Sensation (+) of 4 limbs
		- Crag (+) / Equivocal. ; No Autonomous Instability
		Vitals - HR - 150 BPM
		SPO2 - 98 %
		RR - 26 / min
		BP - 97/68 mmHg

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Plan

- Cont. IV Iy Transfusion
- ~~Nerv~~ Nerve conduction studies of 4 limbs Today
- Cont. NG feeds Pentamen Jr. Q3H 100 ml
- W/F Bradypnea
- To do chest and limb physiotherapy
- CBBS O.D.

Dr. YASN

N.B
A. vijayaram
016yrs
22/6/19
12pm

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

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

BirthRight™ BY RAINBOW HOSPITALS
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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 30 D (F)
Dr. PEESAPATI ANANTHA
☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26		
	9AM	
		→ Child is being sent for
		Nerve conduction studies of
		4 limbs.
		→ Pre transport vitals
		HR - 109 BPM
		RR - 24/min
		SpO_2 - 98%
		BP - 97/68 mmHg
		Dr YASH
		→ Post transport vitals :-
		HR - 130 BPM
		RR - 34/min
		SpO_2 - 99%
		BP - 104/71 mmHg
		Dr. YASH

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/26 Counselling Notes

By. Dr. Ananth

→ Parents counselled regarding the onset and progression of symptoms and diagnosis of suspected GBS.

~~→ Chances of aspiration~~

→ To continue with NG feeds as of now as pharynx muscle weakness is noticed, so to prevent any aspiration during ~~the~~ oral feeds, continue with NG feeds.

→ Parents explained the Nerve conduction study Reports.

→ Need to give IV Steroids to child for Recovery from symptoms and adverse effects of steroids also explained.

Dr YASM

(father)

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040950 IP22-00023332
Pa Baby M.ROSHIKA RAMESH ....
22-11-2022 3 Y 6 M 30 D (F)
Ag Dr. PEESAPATI ANANTHA] F
I.F ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26		S/B. Dr. Ananth / Dr. Yash
	5 pm	
		Asr - ? Guillian Barrie syndrome
		? Acute inflammatory
		Demyelinating Polyneuropathy
		Ascending Flaccid Paralysis
		- Currently child on R.A
		- No signs of distress, No bradypnea
		- IVIg Transfusion finished
		- No Rash, urticaria
		O/E - Active, Irritable
		Vitals HR - 100 BPM
		RR - 26/min
		SpO2 - 100%
		BP 107/71 mg
		RS - Clear
		CNS - Power U/L 3/5 LL 2/5
		- hypotonia all 4 limbs
		- Sensation (+)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

A dr

- Cont. Tab. Clomeprazole
  Inj. Methylprednisolone
- Cont. NG Kitchen feeds
  100ml 2 3 hrly
- Limb and chest
  physiotherapy
- URBS O.D
- W/F Bradypnea.

Dr MACM

noted by Ravali
22/6/26
7pm

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 7 M 0 D (F)
Dr. PEESAPATI ANANTHA
I.P. No. .....

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	10 pm	c/s/B Dr Aditya / Dr Surya / Dr Sravan
		Δ - ? Guillain Barre Syndrom
		? AIDP
		O/E
		AIOA, intact
		PR - 130/min.
		SpO_2 - 98 % @ RA
		on NG feed. - 100 ml 3rd h.
		CNS - Hypotonia of all limbs
		Sensorium - (N)
		Seizures - (+)
		P/a
		- GRBS OD
		- chest & limb physio
		- Cont of MPS D1
		- monitor intake.
		Noted By [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26
8am

Dr Anantha.
C/S/B Dr Shaswat / Dr Sree

Δ => Guillian Barrie Syndrome
? AIDP

Weakness ⊕ over lower limbs > upper limbs
No fever, on NG feeds.

O/E :-

Alert
RR - B/L AE ⊕
SpO2 - 98 % @ R.A
No distress
P/A - Soft, BS +
urine output - good.
CNS - Hypotonia of All 4 limbs ⊕
Sensation ⊕.

Plan :-

1) Cont Inj methylprednisolone - D2
2) Chest f Cons physio
3) monitor vitals
4) To Assess Oromotor function by Dr. Dibyajyothi,
Decide on starting oral feeds
5) ⊕ Physiotherapy Opinion

To send
Serum Anti Ganglioside Antibodies (IgG & IgM)
[Anti GQ1b, GT1a, GM1, GD1a]

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Doc. No. : E / HW / PGN / INPR / 15
ICV-00040950 IP22-00023332
Baby M. ROSHIKA RAMESH
Patient: 2-11-2022 3 Y 7 M 1 D (F)
Dr. PEESAPATI ANANTHA
Age
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26		S/B. Dr. Ananth / Dr. Shashwat / Dr. Yash
	5PM	
		Asir - Guillian Barrie syndrome ? ATDP
		- · weakness (+) over lower limbs > upper limbs
		· No c/o fever
		O/E:
		active, alert
		RS → BIL AE (+), clear
		· No distress
		Tone → UL → hypotonia
		LL → hypotonia
		Advice:
		· cont. Inj. methylprednisolone
		· monitor vitals, O2
		w/f distress
		Dr. BALAJI
		N.B. Reddy

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

24/6/26
8am

c/s/B Dr Ananth / Dr Sree

D = Guillian Barre Syndrome
- AIDP

weakness (+) B/L lower limbs > upper limbs.

No fever
on NG feeds

O/E :-

- Tone: Hypotonia but better
- DTR: ↓ ↓.
- Ankle ↓.

Alert
RS - No distress
on R.a, SpO2 - 99%.

P/A - Soft
BS (+)
urine - good

CNS - Sensorium - (N)
B/L UL + LL = Reduced tone ✓
Sensation - intact ✓.

CST culture - sterile

Plan

1) Tab methylprednisolone - D3

2) Limb & chest physiotherapy

3) Trace Antiganglioside Ab (Anti GD1b, GT1a, GM1, GD1a)

Plan
D/w Dr. Divyajyothi
regarding oral feeds status
& Shift to PICU for
supervised oral feeds.

Noted by Kalyani

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient I HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 7 M 2 D (F)
Dr. PEESAPATI ANANTHA
Age : ....
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/6/26	8pm	c/s/B Dr Anantha / Dr Sravani
		D = - Guillian Barne Syndrom
		- AIDP.
		- Weakness (+) B/L lower limbs > upper limbs
		- No fever
		oral feed - initiated.
		O/E :
		Alert.
		RS - No distress.
		P/A - soft, BS (+)
		CNS
		Sensorium - (N), Irritable
		B/L UL & LL - Hypotonia (improved)
		side to side movements (+)
		Plan
		1) Inj MPS - D3
		2) limbs & chest physiotherapy.
		3) Trace Antiglycoside Ab
		[Anti GQ1b, GT1a, GM1, GD1a]
		4) plan to start oral-solid
		5) Plan DIC on Friday feed 4/8

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/6/26
8am

C/S/B Dr Anantha / Dr Sree Nav

Δ = Guillian Barrie Syndrome
2.AIDP

- weakness ⊕ B/L lower limbs
- NO c/o fever
- On NG feeds → 100ml/2hrly.
- child is sitting c̄ out support & not bearing weight.

OE:

irritable,

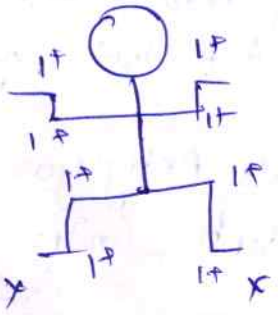
CVS → Tone → LL → hypotonia [improved.]
UL → ~~hypo~~ ~~normal~~ hypotonia } LL > UL].

- Deep tendon reflex → ⊕ in ~~absent~~

Gag = present.

CVS → S1 S2 ⊕.

PA → soft, non-tender



Advice.

~~w/h~~ Inj. methyl prednisolone Dy.
- cont. chest physiotherapy
- plan to start oral → solid feed under supervision.
- plan D/c → friday
- trace autoglycoside Ab reports

- Add MI-COB 2.5ml Q12h
- Add calcimax :- P 2.5ml OD.

BAUDT
NB Gurari

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00040950 IP22-00023332 Baby M.ROSHIKA RAMESH 22-11-2022 3 Y 7 M 3 D (F) Dr. PEESAPATI ANANTHA

Age F

I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26	8pm	c/s/B Dr. praveen / Dr. Balaji
		Dx: Guillian barre syndrome ? AIDP.
		· c/o weakness of BL lower limbs
		· No c/o fever.
		· on NG feeds + oral feeds.
		· child is sitting c out support & not able to bear weight.
		O/E:
		· active, alert.
		Tone → UL → hypotonia (improved)
		LL → hypotonia (+)
		CNS → S1S2 (+)
		P/A → soft, non-tender
		Advice:
		· cont. Chest physiotherapy
		· trace antiglycoside Ab
		· cont MR-COB 2.5 ml Q12hrs
		· Syp. calcimax-p 2.5 ml Q24hrs

Dr. BALAJI

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Kalyani

26/6/26
8 am

c/s/B Dr Anantha/Dr Sreenivas

A = - Guillian Barrie Syndrome
- AIDP.

- Weakness (+) LL > UL
on NG + oral feeds (soft diet)

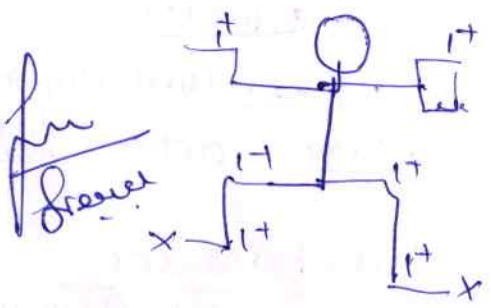
O/E

Alert (Irritable)
pulse - good
Hemodynamic - stable.
RS - B/L AE (+).
P/A - soft.

CNS

Tone - LL - B/L Hypotonia (improved)
UL - B/L Hypotonia (+) (LL > UL)

DTR - (⊗) (X) Ankle ⇒ ×; Knee ⇒ Trace.
Sensation - intact.
Gait - present.
unsteady. Falling backs.



Plan

1) Trace reports
2) Allow semisolid/solid foods - slowly.
3) Chest & limb physio
4) plan D/c bday.
5)

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CONSULTATION FORM

Doctor Name : Dr. Rekha

Date : 24/6/26 Hour : 6:30pm

Hospital : RCH

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 : 24/6/26 Time : 6:30 By : Dr. Ananth

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 :

S/B/Dr Rekha (A)

C/O : Cervical cord body

Δ : QBS

Rx : Walking without crt bracing

Standing alternate legs

AROM

Pelvic bridging

Positioning, Transitions

Consultant :

Name : Dr. Rekha Signature : Date & Time : 24/6/26 7:00pm

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

CONSULTATION FORM

Rainbow® Children's Hospital
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Doctor Name : Dr. Rekha

Date : 23/6/26 Hour : 7:00pm

Hospital : RCH

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 : 7:00 By : Dr. Anant

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

Thank you for the referral

Signature: M.D.

Report of Findings and Recommendations :

8/8 Dr. Rath (A)

C/o : Weakness whole body

D : GBS ?

R: AROM — for limbs, transitions

Blue bridging

Breathing exercises

Positioning, Playful activities

Sitting Cont support, — Crawl lying, Sd sitting

Consultant :

Name : Dr. Rekha Signature : Date & Time : 23/6/26 7:30pm

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

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BirthRigh BY RAINBOW HOSPITAL
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CONSULTATION FORM

Doctor Name : Dr. Dibyajyoti

Date : 22/06/26 Hour : 2PM.

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 : 22/6/26 Time : 2pm 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 :

Child as M4

Ob - ↓ tone ++.

ROM - limited. LL > UL.

Dysmorphic features.

- Lip clumping (+).
- Tongue mvt (+)

NNMC - Poor.

Plan - OMC b/l.

- Positioning.
- Gentle PROM / AAROM.
- Sensory stimulation.
- Parent counselling.

Consultant :

Name : Dr. Dibyajyoti Signature : Date & Time : 22/06/26.

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

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CONSULTATION FORM

Doctor Name : Dr. Dibyajyoti

Date : 24/6 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 : 24/06 Time : 11am 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 :

O/E - (N) term.
Pink free.
sitting c Oral support
Oromotor function.-
Lip closure - strong
Tongue mov't ✓.
swallowing strong.

Plan - Continue Oral stimulation.
- Arrange c activity.
- tolerated oral feeds well
- to start oral feed. as tolerated

Consultant :

Name : Dr. Dibya Jyoti Signature : Date & Time : 24/6

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

25/06

Reviewed.

Improved.

Tolerating oral feeds well.

Pt in-Core Strengthening exercises.

Done.

Ref. No. : F / HW / RS / INPR / 17

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RESULT SHEET

Patient Name: Baby M. ROSHIKA RAMESH (F)
HCV-00040950 IP22-00023332
22-11-2022 3 Y 6 M 29 D
Dr. PEESAPATI ANANTHA

Age : .....

I.D. No. : .....

Date	20/6/26					
Time	4pm					
Hb	13.2					
PCV	39.6					
RBC	4.77					
WBC	9.41					
N/L	38/50					
Platelets	304					
CRP	1					
ESR						
PCT						
RBS	97					
Na	139					
K	4.56					
Cl	108					
Ca/Mg	10.5/					
Phosphate						
Urea	15.0					
Creatinine	0.3					
ALP	211					
SGPT	20					
SGOT	38					
T.Bill/Conj	0.5 / 0.2 / 0.3					
T.Protein	7.4					
S.Albumin	4.6					
S.Globulin	2.8					
A/G Ratio	2.8					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar	27/62					
Cells	TC-04 CELLS					
N/L	DC-00 (00%) LY-04 (100%)					
Doctor's Signature						

Date	20/6/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
~~cpk~~ Cpk (creatine phosphokinase)	26					
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Ref. No. : F / HW / DC / INPR / 05

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Patient Name : ..... Age : .....

Gender ☐ M ☐ F - Hospital No. HCV-00040950 IP22-00023332 .....

Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)

Consultant : ..... Dr. PEESAPATI ANANTHA .....

Date of Admission : 20/6/24 .....

DRUG ALLERGIES : NOT KNOWN

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

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

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

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

SOS / PRN (As Required Medication)

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

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

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

HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

I.P. No.	Sheet No.	Wards	Weight (kg)
23332	1	PICU	11 kgs

REGULAR PRESCRIPTIONS

DRUG : INJ. ESMOPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	I.V	Q24hrs	20/6/26

Name & Signature of the Doctor starting the Drugs: BALAJI

Additional Instructions:

Date / Time	D1 20/6	D2 21/6	D3 22/6	23/6	24/6	25/6	26/6
6 AM	8pm	8pm	8pm	Bab	Baby	Baby	Baby
Daily Endorsement by a Sign.							

DRUG : Inj. METHYLPREDNISOLONE

Dose	Route	Frequency	Start Dt.
300 mg	IV	Q24H	22/6

Name & Signature of the Doctor starting the Drugs: DAMASH

Additional Instructions: x 3-5 days over 6hrs, Dilute 30ml N.S

Date / Time	22/6	23/6	24/6	25/6
5pm				
Daily Endorsement by a Sign.				

DRUG : SYP CALCIMAX-P

Dose	Route	Frequency	Start Dt.
2.5 ml	P.O	Q24h	25/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time	25/6
4 PM	
Daily Endorsement by a Sign.	

DRUG : SYP MICOB

Dose	Route	Frequency	Start Dt.
5 ml	PO	Q12h	25/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: Methylcobalamin - 1000mcg.

Date / Time	25/6	26/6
6 AM	X	
6 PM		
Daily Endorsement by a Sign.		

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Ref. No. : F / HW / DC / RP / INPR / 05.a

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

REGULAR PRESCRIPTIONS

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.

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.	

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
20/6	10pm	IVIG	10gm over 12hrs	IV	Sumina	Sailatha Rajeem
21/6	10pm	IVIG	10 gm over 12hrs	IV	[illegible]	Sailatha ~~Rajeem~~

HCV-00040950 IP22-00023332
Baby M.ROSHIKA RAMESH
22-11-2022 3 Y 6 M 29 D (F)
Dr. PEESAPATI ANANTHA

I.P. No.	Sheet No.	Wards	Weight (kg)
23332	0	PICU	11.0kg

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
20/6/26	5pm	DNS	I.V	40ml/hr			21/6/26 5pm		

IVIG

Ref. No. F/HW/CON/BT/03

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CONSENT FOR ~~BLOOD~~ TRANSFUSION

Patient Name: Roshika Age: 3y 6m

Gender : ☐ M ☑ F - IP No. : 23332

Ward / Bed NO. : PICU Date : 21/6/26

Type of Blood Product: 2ml IV 24 - 10gm

I Mendala Ramesh 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 Nil

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, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative./ Guardian):

Signature :

Name : M. Ramesh

Date & Time : 21/6/26 at 10pm

Witness:

Signature :

Name : Ch. Sirisha

Address : Rainbow Childrens hospital, Nizam

Contact No. : —

Date & Time : 21/6/26 at 10pm

Doctor(Who is taking the consent):

Signature :

Name : BALDST

Date & Time : 21/6/26

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పుడు మార్పిడి ఇన్‌ఫెక్షన్‌లు 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 బాషలో వివరించినారు, దానికి నేను అంగీకరిస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెస్పిటెట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

Inj- IVIG

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

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~~BLOOD~~ PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : Baby. Roshika UHID : 40950 I.P. No. : 23332

Age : 3y 6m Gender : Female Department : PICU Ward : –

Blood group of the patient : – Blood group on the Blood bag : –

Blood bank issue no : – Date of collection : – Date of expiry : –

Date & Time of starting transfusion : 20/6/26 at 10pm Planned duration of transfusion : 12 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	94	97.2F	111/55 (68)	98%	–	–	–	–
11PM	84	96.9F	113/72 (84)	99%	–	–	–	–
12AM	78	96.8F	119/95 (104)	100%	–	–	–	–
1AM	69	97.2F	120/82 (102)	99%	–	–	–	–
2AM	77	97.4F	109/88 (73)	100%	–	–	–	–
3AM	76	96.9F	101/75 (81)	99%	–	–	–	–
4AM	89	97.4F	112/61 (71)	100%	–	–	–	–
5AM	75	97.8F	111/61 (71)	99%	–	–	–	–
6AM	99	96.8F	104/68 (80)	98%	–	–	–	–
7AM	101	96.8F	112/80 (91)	100%	–	–	–	–
8AM	106	97.3F	99/51 (69)	98%	–	–	–	–
9AM	103	97.3F	100/42 (63)	99%	–	–	–	–

Comments : 10AM 96% 10/hr 6ml 4hr. 1 U RL transfusion during no reaction

Nurse Name : Srilatha Nurse Signature : [signature]

1N1G Ref. No. F/HW/CON/BT/03

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CONSENT FOR ~~BLOOD~~ TRANSFUSION

Patient Name: M. Rohini Ramesh Age: 34

Gender : ☐ M ☑ F - IP No. : 23332

Ward / Bed NO. : PICU Date : 20/6/26

Type of Blood Product: 2nd P.V.P.G. - 10gm

I.....Mandala Ramesh.....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.....Nil.....

.....

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, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative./ Guardian):

Signature : .....

Name : Mandala Ramesh

Date & Time : 20/6/26 10am

Doctor(Who is taking the consent):

Signature : .....

Name : BALAJI

Date & Time : 20/6/26 10pm

Witness:

Signature : A. Vijayalaxmi

Name : A. Vijayalaxmi

Address : RCH Vizag

Contact No. : 9160970822

Date & Time : 20/6/26 10pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పుడు మార్పిడి ఇన్‌ఫెక్షన్‌లు 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 బాషలో వివరించినారు, దానికి నేను అంగీకరిస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లెట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెస్పిటెట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

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PROCEDURE / SEDATION MONITORING FORM

Ref. No. : F / HW / PSMF / 09

Doctor Performing Procedure : Dr. Aditya
Doctor Giving Sedation : Dr. Shashwat
Assiting Nurse : Chandrika Rani

Patient Name : Roshika Ramesh Age : 3y Gender : Female
IP No. : 23332 Procedure Name : Lumbar puncture
Date : 20/6/26 In-time : 6:30pm Out-time : 7pm

SIGN IN

	Yes	No
NPO Status Checked from Patient/ Patient Attendant	✓	
Consent Checked	✓	
Any need for blood products		✓
If Yes Comment:		
Any risk of difficult airway		✓
If Yes, comment:		
Any risk of hemodynamic compromise		✓
If Yes, comment:		
Any drug or food allergy		✓
If Yes, comment:		
Correct site of procedure marked	✓	

Sign:

Doctor performing sedation
(To be filled by Doctor)

TIME OUT

	Yes	No
Patient identity confirmed	✓	
Any risk during procedure discussed		✓
All the team members introduced	✓	

Sign: Chandrika Rani

Assisting Nurse
(To be filled by Nurse)

SIGN OUT

	Yes	No
Patient monitored after the procedure	✓	
Labelling of the specimen	✓	
Any special instruction by doctor	✓	

Sign

Doctor Performing Procedure
(To be filled by Doctor)

Any Adverse / Unexpected Events

.....

.....

.....

PROCEDURE MONITORING FORM

Time (in min)	HR	SPO_2	BP	Intervention Required
0 - 5	112mt	98%	102/82 (75)	–
5 - 10	120mt	99%	111/73 (85)	–
10 - 15	121mt	99%	100/68 (63	–
15 - 20				
20 - 25				
25 - 30				
30 - 35				
35 - 40				
40 - 45				

Post Procedure Monitoring Notes : .....

.....

Signature of the Doctor

Chandrika Rani

Signature of the Nurse

Ref. No. : F / HW / CON / SP / 06

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CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Baby Roshika Ramesh
Gender : M ☐ F ☑ IP No. : 23332
Age : 3.4 Department : P.I.C.U
Date : 20.6.2016

I KAVITA KUMARI S/D/W/O M. RAMESH

hereby consent for the procedure of LUMBAR PUNCTURE

For my patient / myself named M. ROSHIKA RAMESH UHID NO.

The doctos have clearly explained to me in language known to me about the following possible complications of the procedure : HEADACHE, BLEED

The doctor have explained to me about the alternative to the procedures as :

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : Inj. MIDAZOLAM
Inj. KETAMINE

I have been explained about possible complication of sedation such as : fall in blood pressure ✓

Fall in heart rate ✓, suppression of spontaneous breathing ✓. Others

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure : Dr. ANJANA

Name of the Doctor administering the sedation : Dr. ADITYA

Patient Attendant :

Signature : A. Kavitha
Name : A. Kavitha Kumari
Relationship with Patient : Mother
Date & Time : 20/6/16 @ 6:55 pm

Witness :

Signature : A. Vijayalakshmi
Name : A. Vijayalakshmi
Date & Time : 20/6/16 6:50 pm

Doctor (who is taking the consent) :

Signature :
Name : Dr. ANJANA
Date & Time : 20/6, 6:50 pm

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం

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పెషెంట్ పేరు : .....

లింగం : పు ☐ స్త్రీ ☐ .....

ఐ.డి. నెం. .....

వయస్సు.....డిపార్ట్‌మెంట్.....

తేది : .....

నేను : .....S/D/W/O.....

నేను/నా బాలుడు/బాలిక .....ఐ.డి.నెం.....

జరుగు.....అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

.....

.....

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా : .....

.....

.....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరినామాలు ఏమని వివరించారనగా :

☐ రక్తపోటు తగ్గుతుందని ☐ గుండే రేటు తగ్గుట ☐ సహజ శ్వాస తగ్గుట ☐ ఇతర కారణాలు : .....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు : .....

మత్తు ఇచ్చు డాక్టరు పేరు : .....

సహాయకుడు :

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

సాక్షి :

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

డాక్టర్:

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT (PICU)

I .....Lakshmi..... S/o Mr./ Ms .....Roshika Ramesh.....
hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit (PICU) of Rainbow Children's Hospital on .....RCH..... with UHID No. : .....MOG5D.....

The doctors have explained to me in a language understood by me that my child has following health related issues : .....
.....weakness of.....
.....lower limbs > upper limbs 2day.

The doctors have clearly explained to me that my patient Mr./ Ms. ..... during his / her stay in the PICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, central line insertion, PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in PICU has life threatening medical conditions.

I understand that when a child is sick in the PICU with multiple medical and surgical procedures performed upon him / her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms :.....Roshika Ramesh..... in the PICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the PICU and treat him / her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : .....L. M. Lakshmi.....

Name : .....M. Lakshmi.....

Relationship with Patient: .....Mother.....

Date & Time : .....20/6/26 @ 6pm

Witness :

Signature : .....Chy.....

Name : .....Chandrika.....

Date & Time : .....20/6/26 @ 6pm.

Doctor (who is taking the consent) :

Signature : .....

Name : .....BALAJI.....

Date & Time : .....20/6/26 .....6pm.....