BAH-00593932 IP5-00174959
Baby HANIYA FATHIMA
02-07-2024 1 Y 11 M 8 D (F)
Dr. DR.V.V.R.SATYA PRASAD

ACTIVITY RECORD FOR BILLING

Name :

UHID No. : IP No : Consultant: Dept :

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	10:15 AM	EC	ward	B
10/6/26	4pm.	144	PICU-1441	Aruna.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
10/06/26	CBP, RFT, PT/APTT/INR	(Done on opBasis)	Isnad
10/6/26	Kidney Biopsy ultrasound guided procedure	26058541 29080	[illegible]
~~10/6/26~~	~~NIHA~~	9651627	Rorran

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/6	INV. monitor	11:50 am		9651227	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/06/26	IV placement	1	50974	Israf
10/6/26	Kidney Biopsy	not showing	in system	
	conscious Sedation	(1)	9651225	Rani
10/6/26	NIHA	.	9651627	Rama

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174959 **Admit Date** : 10-Jun-2026 **Admit Time** : 09:28 AM **UHID** : BAH-00593932

Patient Details :

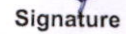
Patient Name	: Baby HANIYA FATHIMA	**Age**	: 1 Y 11 M 8 D
Guardian	: MR SYED SHAHEED	**DOB**	: 02-07-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 1-184/93 SURYA NAGAR COLONY, SANGAMBANDA ROAD, NARAYANPET (D) Makthal Mahabubnagar Telangana INDIA 509208	**Phone No**	: 9703871710/ 9985355937
		E-mail	: SYEDSHAHEED7@GMAIL.COM

Admission Details :

Bed Type	: GENERAL WARD	**Bed No**	: GW 120 (149C)	**Ward Name**	: 1F-GENERAL WARD I
Room No	: GW 120	**Admission Type**	: First Visit		

Contact Details :

Name	: MR SYED SHAHEED	**Relationship**	: Father
Contact Address	: H NO 1-184/93 SURYA NAGAR COLONY, SANGAMBANDA ROAD, NARAYANPET (D) Makthal Mahabubnagar Telangana INDIA 509208	**Phone No**	: 9703871710



Signature

Doctor Details :

Doctor Name	: Dr. DR.V.V.R.SATYA PRASAD	**Specialisation**	: PEDIATRIC NEPHROLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	: Dr. SRUTHI BALLA		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

BAH-00593932 IP5-00174959
Baby HANIYA FATHIMA
02-07-2024 1 Y 11 M 8 D (F)
Dr. DR.V.V.R.SATYA PRASAD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2026 7:30AM	C/o SRNS / Nephrotic Syndrome	adv
	Came for Renal Biopsy	1. NPO
		2. IVF ½ maintenance.
	Temp = 98.2°F	3. extra EDTA & Plain } CBP / RP2 / PT aPTT INR Blood grouping.
	HR - 108/min	
	RR = 26/min.	
	SpO2 - 98% in RA.	
5 → 4 NPO	Chest B/L AEBE.	
	P/A Soft BS (+).	
		N/B Pooja
10/6/26 10:30AM	Seen by Resident, Dr Satya Prasad sir	
	K/C/O SRNS.	1. Inform in PICU & radiology for Renal Biopsy
		2. Stop IV fluids after Biopsy & continue oral omnacortil after Biopsy.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/06/26 12pm	Procedure Notes	
	Under aseptic precautions, after taking informed consent and giving conscious sedation, patient kept in prone position, Biopsy site identified, and skin prepped with antiseptic solution, using ultrasound guided percutaneous renal Biopsy done	
	Procedure uneventful.	
	Vitals:- HR:- 140/min RR:- 24/min BP:- 120/80 mmHg. SpO2:- 99%@RA.	
		Dr. Sruthi
		1) Adv Strict Bed rest for 24 hrs
		2) Watch for gross Hematuria
		3) Monitor 3 hrly vitals
		4) Allow orally once fully conscious
		5) I/O charting
		6) Stop IVF after 2pm
		7) Medications to continue as per chart
	Sruthi [signature]	8) Inform SOS

BAH-00593932 IP5-00174959
Baby HANIYA FATHIMA
1 Y 11 M 8 D (F)
02-07-2024
Dr. DR.V.V.R.SATYA PRASAD

Haniya Fathima

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/06/2026 2:15pm	S/B Dr. Sruthi.	
	Case Reviewed S/P Renal biopsy. No new issues. BP ok. Hemodynamically stable.	Adv 1) Medications as per drug chart 2) Vitals 2 Hrly. 3) If Pain (+) Paracetamol (SOS) 4) I/O charting 5) Inform SOS Sruthi
11/06/2026 10 AM	S/B/R (Dr. Nandan) SRNS S/P Renal Biopsy (POD-1) On Room Air Hemodynamically stable No fresh issues	Plan - D/C today (Dr. Nandan)

BAH-00593932 IP5-00174959
Baby HANIYA FATHIMA (F)
02-07-2024 1 Y 11 M 8 D
Dr. DR.V.V.R.SATYA PRASAD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00593932 IP5-00174959
Baby HANIYA FATHIMA
02-07-2024 1 Y 11 M 8 D (F)
Dr. DR.V.V.R.SATYA PRASAD

RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

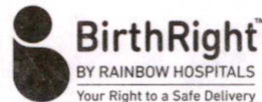
X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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



Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 10.5kg Ward ....

DRUG : Syp TONOFERON-P				Date/Time	10/6
Dose	Route	Frequency	Start Dt.		
2.5ml	PO	OD	10/6		
Name & Signature of the Doctor Starting the Drugs: Saineli				10 pm	[signature]
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:				DC
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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02-07-2024 1 Y 11 M 8 D (F)
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DRUG CHART

Date of Admission: 10|6|26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Baby HANIYA FATHIMA
02-07-2024 1 Y 11 M 8 D (F)
Dr. DR.V.V.R.SATYA PRASAD

REGULAR PRESCRIPTIONS

Weight. 10.56kg Ward. ....

DRUG: Inj CEFTRIAXONE				Date/Time	10/6
Dose	Route	Frequency	Start Date		9:30pm
500mg	IV	BD	10/6/26	10AM	Loading (25mg)
Name & Signature of the Doctor Starting the Drugs: Dr Ramya					
Additional Instructions:				10pm	[illegible]
Daily Doctor's Endorsement by a Sign					

DRUG: T. OMNACORTIL				Date/Time	10/6
Dose	Route	Frequency	Start Date		
20 mg	PO	OD	10/6		
Name & Signature of the Doctor Starting the Drugs: Sahithi				6pm	[illegible] Ramesh 6pm
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: T. LANZOL.				Date/Time	10/6	11/6
Dose	Route	Frequency	Start Date			
15mg	PO	OD	10/6			
Name & Signature of the Doctor Starting the Drugs: Sahithi				6AM	[illegible] 6pm	[illegible]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG: Syp CALCIMAX PLUS				Date/Time	10/6
Dose	Route	Frequency	Start Date		
5ml	PO	OD	10/6		
Name & Signature of the Doctor Starting the Drugs: Sahithi				10 pm	[illegible]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Baby HANIYA FATHIMA
02-07-2024 1 Y 11 M 8 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Weight. 10·50kg Ward. 1 ward

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
		DC				

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

BAH-00583932 IPS-00174959
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02-07-2024 1 Y 11 M 8 D (F)
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IPS-00174959 BAH-00583932

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/6/2026.	7.30AM.	IVF DNS. (1/2 maintenance)		22ml/hr	[illegible]	[illegible]			[illegible]

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

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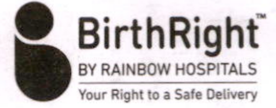
02-07-2024 1 Y 11 M 8 D (F)
Dr. DR.V.V.R.SATYA PRASAD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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: Ward

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. RAMYA

Date & Time : 10/6/26 ;

Nurse Name & Signature: pooja

Date & Time : 10/6/26 @ 10.15 am

Patient Sticker

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

SCHOOL AGE (5-12 years) 1to5

Children's Observation & Early Warning Scoring Chart

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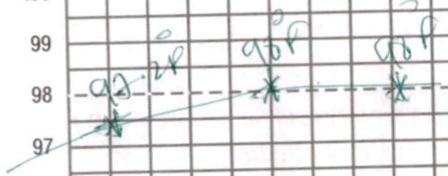
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/6 Time:

Doctor / Nurse / Family Concern?

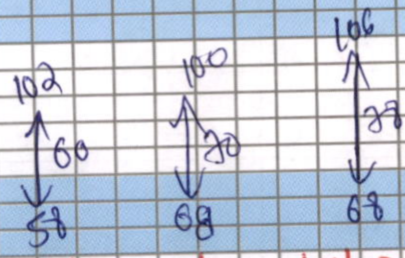


wt 10.41kg

Temperature (F) 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) * 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring



Resp. Rate (bpm) (Over 1 Minute) * 70, 60, 50, 40, 30, 20, 10

Time	10 pm	2AM	6am
Temperature (F)	97.2°F	98°F	98°F
Blood Pressure (mmHg)	102/58	100/68	106/68
Heart Rate (Number)	108bm	110bm	101bm
Resp Rate (Number)	27bm	26bm	28bm
Resp Distress: Mod/ Severe			
Resp Distress: None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	98%	99%
Conscious Level: Normal			
Conscious Level: Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
10/6	02:00 pm	NO IV	IDly								0	Rama
	03:00 pm										0	
	04:00 pm									✓	0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output :						
10/6	08:00 pm	NO IVF								100ml	0	
	09:00 pm										0	Nikita
	10:00 pm										0	
	11:00 pm						NP			150ml	0	
	12:00 am										0	Nikita
	01:00 am										0	
Total Intake :						Total Output :						
11/6	02:00 am	NO IVF									0	
	03:00 am										0	
	04:00 am						NP				0	Nikita
	05:00 am									150ml	0	
	06:00 am										0	Nikita
	07:00 am										0	
Total Intake :						Total Output :				400ml		

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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02-07-2024 1 Y 11 M 8 D (F)
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FLUID CHART

Sheet No. : ....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am						✓			[illegible] ✓		
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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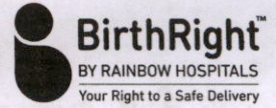


CONSENT FOR SPECIAL PROCEDURES

Patient Name : Baby Haniya Fatima Gender: ☐ Male ☑ Female

UHID No : Bal-00593932 Department : Nephrology Date : 10/06/26

I Syed Shaheed S / D / W / O ....

Here by give consent for procedure of : Renal Biopsy

For my patient, Named : ....

The doctors have clearly explained to me that the procedure has following possible complications:

Bleeding, Infection, Hematuria

....

....

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Nil

....

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr - Sruthi Balla

Patient Attendant :

Signature : [signature]

Name : ....

Relationship with Patient: Father

Date & Time : 10/6/26 @ 12pm

Witness :

Signature : [signature]

Name : Lavi

Date & Time : 10/6/26 @12pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Jayasri

Date & Time 10/6/26 @ 12pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

రోగి పేరు .... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి .... విభాగం .... తేదీ ....

నేను .... S/D/W/O ....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా ....

నా రోగికి, పేరు : ....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

....

....

....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : ....

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

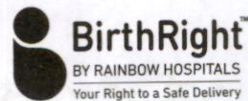
పేరు ....

సాక్షి

సంతకము ....

పేరు ....

తేదీ మరియు సమయము ....



CONSENT FOR SPECIAL SEDATION

Patient Name: Baby Haniya Fatima Gender: ☐ Male ☑ Female

UHID No: Bah-00593932 Department: Nephrology Date: 10/06/26

I Syed Shaheed S / D / W / O ....

Here by give consent for procedure for my patient : ....

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : Conscious sedation.
- Possible complications from the procedure of sedation:
  Hypotension, Bradycardia
  ....

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :

Signature : [signature]

Name : ....

Relationship with Patient: Father

Date & Time : 10/6/26 @ 12:00PM

Witness :

Signature : [signature]

Name : [signature]

Date & Time : 10/6/26 @12pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Jayadev

Date & Time : 10/6/26 @ 12:00PM

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : .... వయస్సు .... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. ....విభాగము ....

తేదీ ....

నేను .... కుమారుడు / కుమార్తె / భార్య ....

.... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

- సెడేషన్ రకం ....
- మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

....

....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను.

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

సాక్షి

సంతకము ....

పేరు ....

తేదీ మరియు సమయము ....

Docu. No. : RCHBH/ FRM / CLINICAL / 020

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Moderate Sedation Flow-Sheet

Immediate Pre-Sedation Assessment

B.P	P.R	R.R	Temp	SPO_2	Pain Score	Weight
	140/min	24/min	98.4°F	100%	0/10	10.5kg

Diagnosis: Steroid resistant Nephrotic Syndrome

Procedure: Renal Biopsy

Comorbidities: —

- ☐ Risk, benefits & alternatives discussed;
- ☑ Patient understand & elects to proceed
- ☑ Consents for procedure and sedation signed and dated

ASA Physical Status

- ☑ ASA PS 1: Healthy Patient
- ☐ ASA PS 2: Mild Systemic Disease, no functional limitations
- ☐ ASA PS 3: Severe Systemic Disease, functional limitations
- ☐ ASA PS 4: Severe Systemic Disease, constant threat to life
- ☐ ASA PS 5: Moribund Patient unlikely to survive 24 hrs.
- ☐ ASA PS 6: A declared braindead patient whose organs are being removed for donor purposes
- ☐ E: Emergency procedure

GCS: E M V

☐ IV Site: (R) Hand Gauge: 22 Gauze.

Sedation Plan: Conscious sedation

Allergies: Nil.

AIRWAY EVALUATION

Mouth:

- ☑ Normal
- ☐ Loose Teeth
- ☐ Small Mouth
- ☐ Protruding Incisors
- ☐ Receding Lower Jaw
- ☐ Dentures

Neck:

- ☑ Normal
- ☐ Decreased ROM
- ☐ Thyromental Distance Less Than 6 cm
- ☐ Short Neck

Mallampati Class: ☑ I ☐ II ☐ III ☐ IV

Monitoring of Patient Intra – Procedure

Procedure Monitoring

Heart Rate (HR), Respiratory Rate (RR), Oxygen Saturation (O_2 Sat) continuously monitored, and Level of Consciousness (LoC) to be monitored and recorded minimally every 15 minutes until 15 minutes after the last administration of any sedation, then every 30 minutes, then every 1 hour until stable. Respiratory status to be monitored continuously.

Level of Consciousness (LOC):

- ☑ A - Alert
- ☐ V - Verbally Responsive
- ☐ P - Painfully Responsive
- ☐ U - Unresponsive

Observation to be documented every 15 mins

TIME	BP	PR	RR	O_2 Sat%	O_2 Supplementation	Comments / Initials
Baseline	110/80mmHg	130/min	30/min	99%	—	✓

DRUG & IV Fluid: (including Nitrous Oxide)	ROUTE	DOSE	TIME GIVEN	SUBSEQUENT DOSES AND TIME
Inj KETAMINE	IV	10mg	12pm.	

Doctor Notes: ....

....

....

Time of transportation to post sedation care room: .... LOC: ....

Doctor Name: Jayashri .... Signature: JS ....

Post Sedation Care Room

Time	Temp 98.6°F
Monitoring ECG NBP Oximeter	
Pain Score (0-10)	180
Sedation Score (0-4)..............	160 HR — 133b/m
	140
	120
	100 BP — 118/53
	80
	60
	40 Resp 25b/m

TOTAL ALDRETTE SCORE AT DISCHARGE =
(If 9 and more patient can discharge from post Sedation care unit

Activity :	Consciousness:	Respiration:	Oxygen Saturation:	Circulation:
Four extremities = 2	Fully awake = 2	Breathe Deep= 2	Sat O_2>92 % on room air = 2	BP +/- 20 mm hg of pre-op = 2
Two extremities = 1	Arousal oncalling=1	Dyspnea, limited breathing = 1	Needs oxygen to maintain Sat 0^2>90% = 1	BP +/- 20-50 mm hg of pre-op = 1
No extremities = 0	Unresponsive=0	Apnea = 0	Saturation <90% with oxygen = 0	Bp +/-50 mm hg of Pre-Op = 0

Patient Discharge Time: ....

Nurse Name: .... Signature: ....

Date: .... Time: ....

Consultant Name: .... Signature: ....

Stamp

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120 → 144C

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 10/6/26 Time: 10 am

Weight: 10.56 kgs Centile: >10th

Height: 78 cms Centile: <5th

Inference: Underweight Child

RDA: - Calories: 1200 Kcal/d Protein: 20g/d

Diet Recommendations: Soft diet c̄ low salt

Re-Assesment: Avoid spicy, Chilled, outside foods

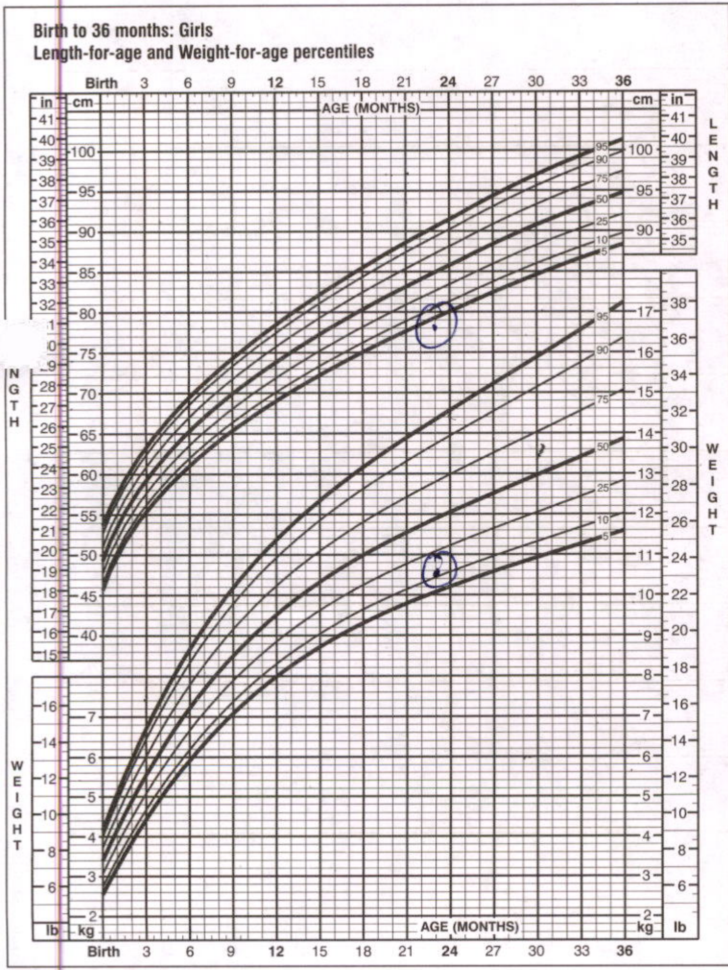
Food Allergies: NO Veg/Non-veg: Non-veg

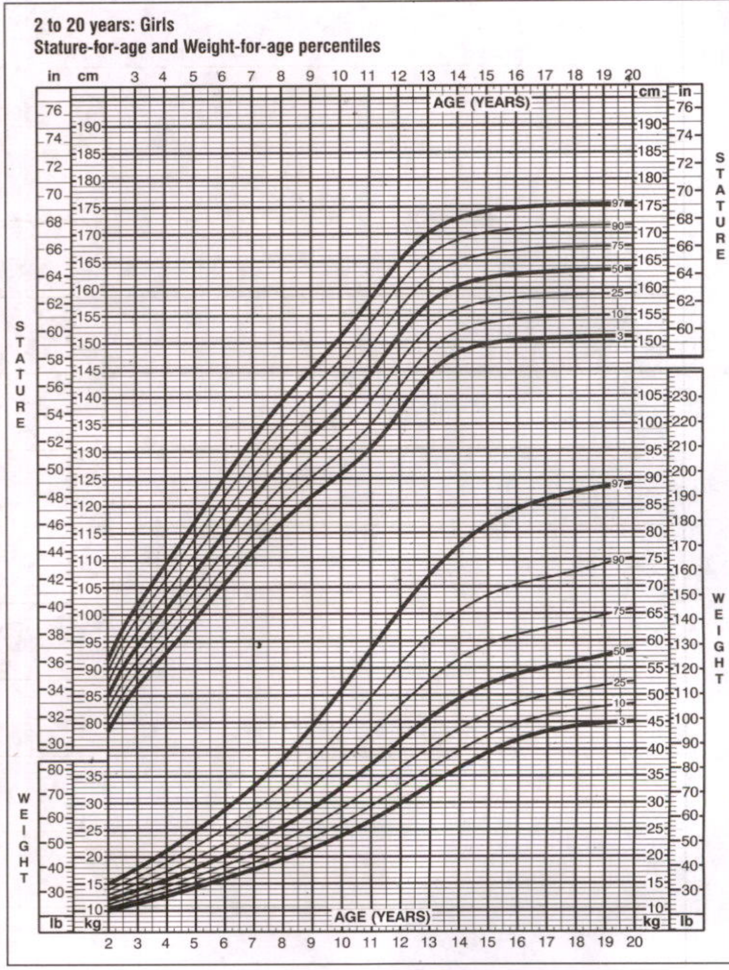
Diagnosis: C/O SRNS came for renal biopsy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (GIRLS)





Dietician's Name: Nikitha

Dietician's Signature: [signature]

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

(P.T.O.)

Daily Notes: