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FC

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

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby A HAMSIKA	**UHID**	HNH-00015973
Father/Guardian	Mr ABIRUP NARAYAN	**Age/Gender**	2 Y 2 M 27 D/ Female
Address	3-6-667/10 flat no 201 sai sadan apts st no 10, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006583	**Admission Date**	14-06-2026
Ref Doctor	Dr Shruthi		
Discharge Date	16.06.2026		

Consultant:
Dr. SHRUTI SRIRAMPUR
MBBS
APMC/FMR/81736

DIAGNOSIS	ICD CODE
ADENOVIRAL ILLNESS	

History: Baby A HAMSIKA , 2 Y 2 M 27 D , old girl presented with the history of fever, decreased oral intake, dull activity since 3 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 132/min and Respiratory Rate -

Name	Baby A HAMSIKA	UHID	HNH-00015973
IP No	IP26-00006583	Admission Date	14-06-2026

24/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, dull looking, tachycardia; dry oral mucosa, sunken eyes, flushing, throat - congested were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 10.9 kilo grams.

Investigations: Enclosed reports

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative.
Adenovirus PCR was detected.

Initial hemogram showed Hemoglobin of 11.1 gm%, White Blood Cell count of 8540 cells/cumm, platelet count of 2.52 lakhs/cumm and C-Reactive Protein of 28 mg/l. Blood culture and sensitivity shows no growth after 24 hours of incubation.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics.
Fever workup done , reports showed Adenovirus positive .

She was regularly monitored for fever spikes, hemodynamic status. Her fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

Name	Baby A HAMSIKA	UHID	HNH-00015973
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She remained hemodynamically stable during the hospital stay. She improved with the above line of management and is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically stable.

Medication during hospital stay:
Injection. Ceftriaxone
Injection. Amoxiclav
Refresh eye drops

PLAN :
To collect final blood culture report on followup .

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SHRUTI SRIRAMPUR on Friday(19.06.2026) at his clinic.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe

Name	Baby A HAMSIKA	UHID	HNH-00015973
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parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SHRUTI SRIRAMPUR
MBBS
APMC/FMR/81736

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006583 **Admit Date** : 14-Jun-2026 **Admit Time** : 08:00 PM **UHID** : HNH-00015973

Patient Details :

Patient Name	: Baby A HAMSIKA	**Age**	: 2 Y 2 M 26 D
Guardian	: Mr ABIRUP NARAYAN	**DOB**	: 19-03-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-6-667/10 flat no 201 sai sadan apts st no 10 Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 9967200735/ 9912211164
		E-mail	: no@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name	: Mr ABIRUP NARAYAN	**Relationship**	: Father
Contact Address	: 3-6-667/10 flat no 201 sai sadan apts st no 10 Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 9967200735

Signature

Doctor Details :

Doctor Name	: Dr. SHRUTI SRIRAMPUR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr Shruthi	**Phone No**	:
Co-Consultant	: Dr. PRITESH NAGAR		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 10000.00
		Payor Name	: ICICI ICICI LOMBARD GENERAL INSURANCE

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ACTIV[illegible]ING

HNH-00015973
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR
IP26-00006583

Name: ----------

UHID No : ---------- Consultant : ---------- Dept : pedeatric

Date of Admission : 1/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/6/26	8:52PM	ER	2nd floor(2nd)	

Cross Consultation Visit

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

HNA-00015973 IP26-00006563
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/3/24	CBP, CRP, Respipanel } 9820 Respiratory panel } 9820, Blood C/S Urine C/S, CUE		
	Orders checked done by mahesh waari		

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	
14/6/26.	Infusion pump	14/6/26 @ 10pm	16/6/26 @ 7:am.	6702	A

cross checked done by mahesh

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Dr. SHRUTI SRIRAMPUR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/6/26	IV Placement	(1)	20691	
			cross checked done by maheshwari	
15/6/26 9:45am	NHA	(1)	G912	maheshwari
			cross checked done by mahi	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015973 IP26-00006583
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00015973 IP26-00006583

Pediatric Baby A HAMSIKA 19-03-2024 2 Y 2 M 26 D (F) Dr. SHRUTI SRIRAMPUR **I Examination**

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o fever since 3 days.
C/o decreased oral intake x 3 day
C/o dull activity x 3 days.

History of present illness :

Pt was apparently alright 3 days before then had fever on & off type high degree fever.

C/o decreased oral intake, dull activity since 3 day

Outside reports

CRP - 30
WBC - 7000.
Neutrophilic - 77%.
predominant

on oral Azithromycin.

Pediatric Multiorgan History & Physical Examination

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

Nothing significant.

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally normal.

Immunization History :

Upto date. till 18M.

Pediatric Multiorgan History & Physical Examinati

Anthropometry

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

Weight (kgs) 10.9 kg. (Centile _____)

On Examination :

Temperature : 99.5 °F Pulse Rate: 132 Description _____

B.P. _____ SPO2 98% at _____

Resp. rate and type of breathing : 24.

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 heard

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : Soft, NT

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

AFB & dehydration

_____

_____

_____

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP.

Respiratory Panel (5 Viruses)

Blood Cls

CUE, urine Cls

NIB shifting

Planned Management :

Inj ceftriaxone.

IVF DNS 2/3 M.

syp. Crocin DS

syp. ibugesic

NIB shifting

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

HNH-00015973
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19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR
IP26-00006583

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6 8:00pm.	C/S/13 Dr. Shruti	
	Fever (+)	Plan
	Vitals - Stable.	- CBP, CRP BCLs, CUE, U/Cls Respiratory panel.
	RLS / NAD PIA	-
		- Cont IVF
		- Cont Rx. ceftriaxone
		- Monitor U/O/P BP.
		- Monitor vitals
		Adv.
		NBS shifting

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6 4:00Am	Cl s/b Dr. Naipunya / Dr. prashanthi	
	AFB & dehydration	
	Fever (+) - 101.5°F	Plan
	oral intake - poor.	✓ cont ceftriaxone
	vitals - stable.	✓ cont IVF 2/3 M
	R/s - BL AE (+)	✓ trace Blood cls
	P/A - soft. NT	urine cls
		Resp. panel
		✓ monitor. vitals
		Neuf
		N.B Amruth @8Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/c/13 Dr. pritesh.	
15/6 9:00Am	AFB & dehydration	
	Fever +	
	oral intake poor	
	pallor +	
	Snoring + x2 days	
	Red eye +	
	O/E	- Trace Adenoreports
	Vitals stable	- Flop Viral Resp Panel
		WHO ORS
	S/E Not O.C. Congested.	- Hydrate/coconut water Buttermilk
	B/L Eye - Conjunctivitis -	Wait & Watch.
	RS - clear	- Amoxyclav to Switch
	P/A - Soft, NT, Spleen Tip Palpable Small	- Reduce to 1/2 maintenance IVF
	CNS. WNL	
	CVS. WNL.	
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184
		noted by Sr. Sandhya 15/6/26 @9:am

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 10 AM	C/B Dr shruti	
	△ AFI c Dehydration	
	Oral intake poor	
	Snoring +	
	Low grade fever	Adv
	pallor +	
		Trace adenovirus B/c/s, U/c/c
	O/E Vitals stable	
	B/L eye conjuctivitis	Proper hydration
		CT Amoxyclav
		noted by Sr. Sandhya 15/6/26 10:a

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ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 21°M	C/S/O Dr. Varun Δ- AP1 C dehydration. - NO fever spikes since morning 9am. - Oral intake - fair - Snoring -(+). O/E - vitals stable. S/E - WNL.	P/C - Tab Ondansetron, - Ct. 1/2 NS. - Trace blood c/s, urine c/s. - Ct. Amoxyclav. noted by Sr. Sandhya 15/6/26 2 pm.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Pritesh	
15/6/26		
5PM	- fever spikes (+)	
	- Snoring (+); ↓d	
	- oral intake - Good.	[Plan]
		- Add refresh eye drops 2° to affected eyes Q 6H.
	P/E - vitals stable.	
	S/E - WNL.	
		- Trace blood c/s, urine c/s.
		- Trace adenovirus PCR.
		- Ct. Amoxyclav.
		NB Sruthi (5PM
	[signature] Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 7:35 PM	Case d/w Dr. Pritesh	
	Dr. Shruthi	Plan
	Adenovirus	
	↳ positive	Stop AMOXYCLAV
	Blood C/S – Interim	
	↳ No growth	
	[signature]	
13/6/26 9:50 pm	S/B Dr. Shruthi	
		Plan
	D Adenoviral Illness	
	Fever spikes (+)	Encourage orals
	CNS – S/S (–)	Trace Blood C/S report
	RS – B/L AE (+)	Urine C/S
	P/A Soft	
[signature]	Conscious.	D.B Amoxiclav @ 10pm

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r. SHRUTI SRIRAMPUR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	S/B Dr. Sreeghan	Plan
	↳ Adenoviral illness	
		– Encourage orals
	Fever spikes ⊕	
		– Blood C/S – Trace
	CVS – S1S2 ⊕	
	RS – BIL – AE ⊕	N.B Amstadt @ 8 Am
	P/A – Soft	
	conscious.	
		(Dr. B.Sreegh...)

INH-00015973 IP26-00006583
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CCHL - Dr. Pradeep	
16/01/26	Dr Admitted Thru	
	Fever more grade (yesterday) No fresh - cough O/E: CVS - fair (Hemodynamically stable Hydration - good Redness of eyes (+) S/G: N/2D	
		Adv - Supportive care - Monitor vitals and Inform sup

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 10.30AM	c/o by. Ds Sruthi.	
	Adenoviral illn.	
	No fever since night	
	vital stable	— Enhance orally.
	S/E WNL.	— (T) B/clp.
		— Jinchya tody.
	Sutti.	— Monitor vitals.
		- Pro GG drops 15° BD
		-
		noted by Sr. Sanethya 16/6/26 @ 10.30a

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DRUG CHART

Date of Admission: 14/06/26 Drug Allergies: N/A ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp. Crocin DS

Dose	Route	Frequency	Start Date
3ml	PO	SOS	14/6

Doctor's Signature: Dey | Valid Period: >100°F | Pharm.: (a)

Additional Instructions:

Date ➔ Time	14/6 11.11PM	15/6 9AM	15/6 3:30 PM
	(a)	(a)	(a)

DRUG : Syp. Ibugesic

Dose	Route	Frequency	Start Date
2.5ml	PO	SOS	14/6

Doctor's Signature: Dey | Valid Period: >102°F | Pharm.: (a)

Additional Instructions:

Date ➔ Time	15/6 2:AM	15/6 2:PM
	(a)	(a)

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date ➔ Time		

Verified by Dr. Dhakshavani

VERIFIED BY : Name ..... Sign ..... Date .....

HNH-00015973 IP26-00006583
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

REGULAR PRESCRIPTIONS

Weight. 10.9kg Ward. .....

DRUG : Inj. ceftriaxone.

Dose	Route	Frequency	Start Date
600mg	IV	BD	14/6

Name & Signature of the Doctor Starting the Drugs: Dey.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	14/6
10AM	X
10pm	9:40pm

STOP (CHANGE) 15/6/26 @ 9:30 AM.

DRUG : Inj. AMOXYCLAV

Dose	Route	Frequency	Start Date
300mg	IV	TID	15/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	15/6	16/6
6AM	X	
2PM	10:00	
10PM	6pm	

STOP No 15/6

DRUG : REFRESH EYE DROPS

Dose	Route	Frequency	Start Date
2°	Each Eye	4th hrly	15/6

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	15/6	16/6
6AM	X	
10PM	X	
2PM	X	
6PM	5ml	
10PM		
2AM		

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time

Verified by Dr. Dhakshayani

HNH-00015973 IP26-00006583
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

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

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIFIED BY : Nurse .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00015973 IP26-00006583
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

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
14/6	9:45pm	1/2 NS (2/3 M)	IV.	25ml/hr			16/9		
15/6	9:45PM	1/2 M	IV	↓ 10ml					

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

PATIENT TRANSFER FORM

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Patient Name & UHID	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015973 IP26-00006583 Baby A HAMSIKA 19-03-2024 2 Y 2 M 26 D (F) Dr. SHRUTI SRIRAMPUR	14/6/26 @8:00 PM	14/6/26 @ 8:52 PM
	Transfer Ordered by	Reason for Transfer
	Dr. Nalpunya	Admission
From Unit	To Unit	Information to Attendant
ER	2nd Floor (209)	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
45/-		Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. Nalpunya

Patient & Clinical Records Received by : Amrutha

Date & Time of Patient Received : 14/6/26 @ 8:55 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

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Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ 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: 2nd floor (209)

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-Nappunya

Date & Time : 14/6/26 @ 7:50pm

Nurse Name & Signature: Bhargavi

Date & Time : 14/6/26 @ 7:55pm

209

HNH-00015973 IP26-00006583
Baby A HAMSIKA
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Dr. SHRUTI SRIRAMPUR

RESULT SHEET

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Date	14/6/26					
Time						
Hb	11.1					
PCV	31.4					
RBC	4.60					
WBC	8.54					
N/L	73.7/19.8					
Platelets	252					
CRP	28.					
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						

P.T.O.

Date	14/6/26					
Time						
CUE-Alb						
CUE-Sugar	Nill					
CUE - Ketones	Neg					
CUE-PUS Cells	2-4					
CUE - RBC Cells	Nill					
~~CUE~~ Nitrite	Neg					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

:HBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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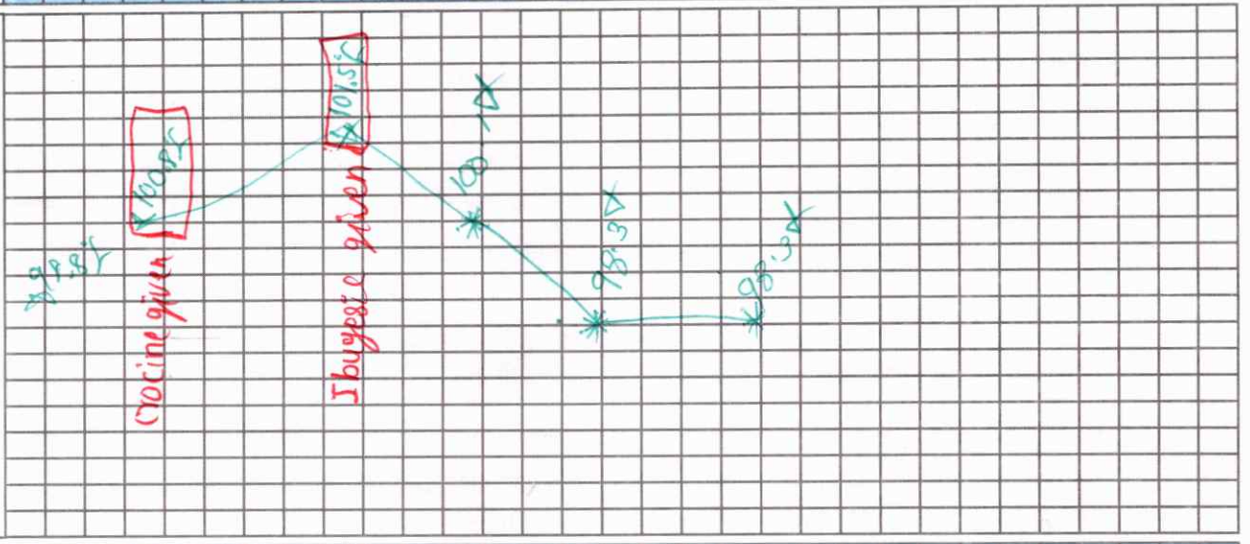
RLY WARNING SCORE: CHILDREN'S UNIT

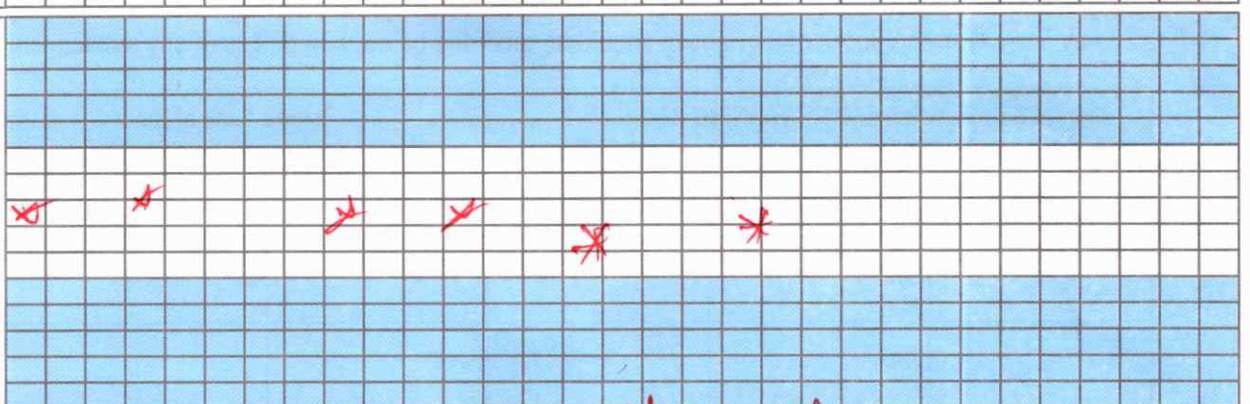
Date : 14/8/26.. Time:	10PM	11:11PM	2:15AM	3AM	5AM	7AM
Doctor / Nurse / Family Concern?						

Temperature (F)



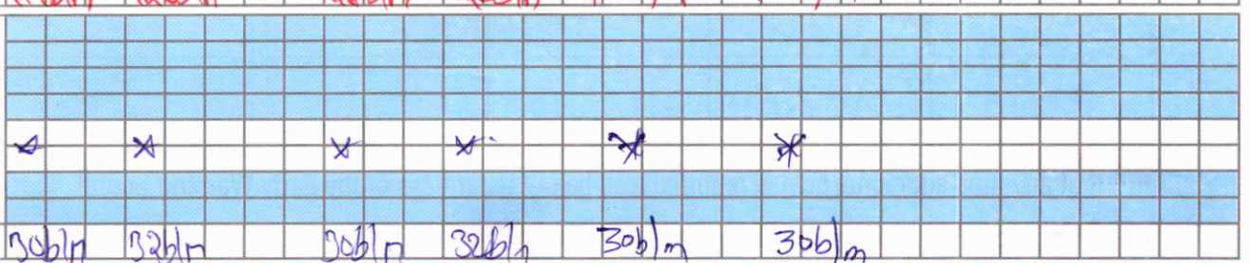
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	119bpm	120b/m	112bpm	123b/m	121b/m	122b/m

Resp. Rate (bpm) (Over 1 Minute) *



Resp Rate (Number)	30b/m	32b/m	30b/m	32b/m	30b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	99%	99%	98%	100%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M

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)

HNH-00015973 IP26-00006583
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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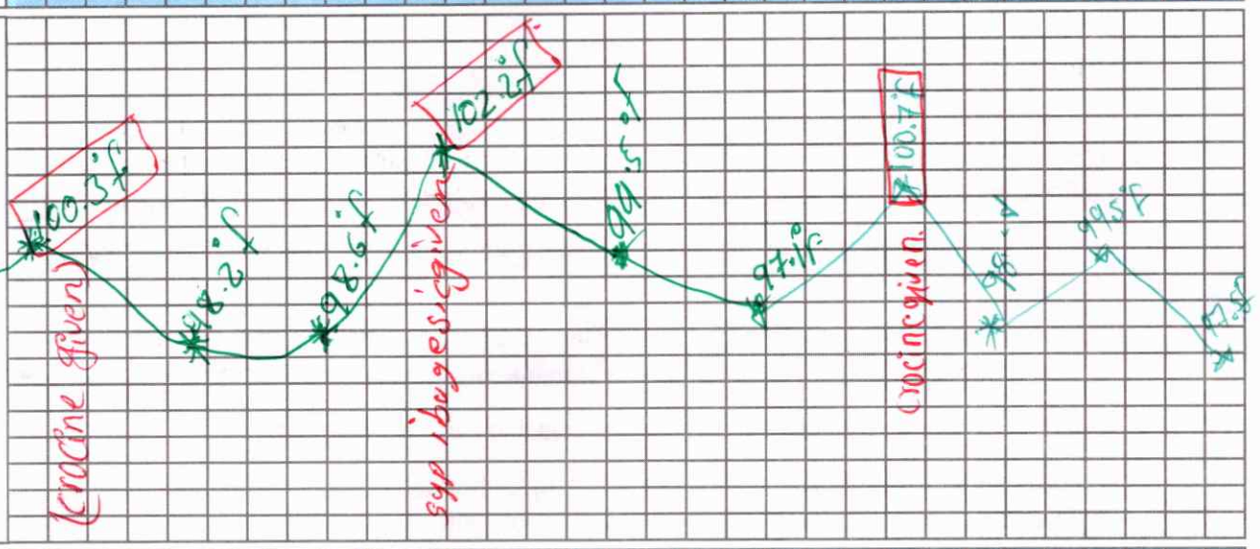
ARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/6/26 Time: 9am 10am 12pm 2pm 3:56pm 6:30pm 8:39pm 11pm 2am 6am

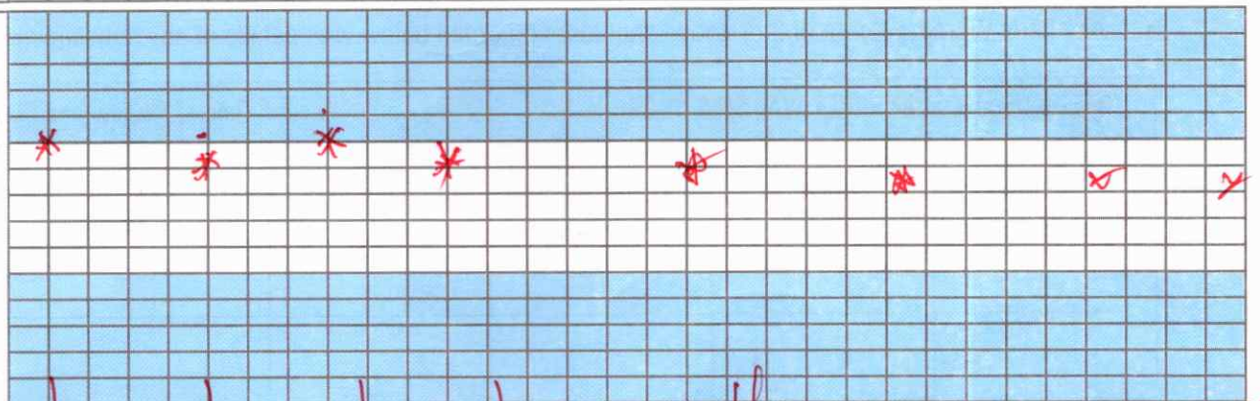
Doctor / Nurse / Family Concern?

Temperature (F)



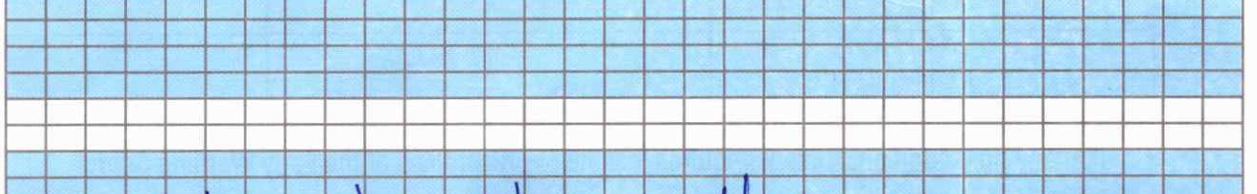
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 140/m 135/m 140/m. 135/m 129/m 110/m 112/m 102/m

Resp. Rate (bpm) (Over 1 Minute) *



Resp Rate (Number) 40/m 39/m 45/m 40/m 40/m 40/m 39/m 39/m

Resp Distress | Mod/ Severe / None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 99% 99% 99% 99% 100% 100% 99% 100%

Conscious Level | Normal / Altered

GCS * —

TOTAL SCORE
Number of shaded boxes 0 0 0 6

Pain Score 0 0 0 0 1 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
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* 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.

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Date	Time	Early Warning Score	Date	Time	Name

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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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19-03-2024 2 Y 2 M 26 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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am							V				
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
14/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
14/6/26	08:00 pm											
	09:00 pm	DNS		25ml								
	10:00 pm	DNS	1/2 O	25ml						✓	0	MJ
	11:00 pm	DNS	1	25ml								
	12:00 am	DNS	1 tbsp	25ml								
	01:00 am	DNS		25ml								
Total Intake :		Talcen				**Total Output :**		M – 0		U – 1		
15/6/26	02:00 am			25ml								
	03:00 am		1/2 O	25ml						220ml		
	04:00 am			25ml							0	MJ
	05:00 am	DNS		25ml								
	06:00 am			25ml								
	07:00 am			25ml								
Total Intake :						**Total Output :**		M – 0		U – 1		

Total 24 hrs. Intake		Total 24 hrs. Output	

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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.

		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							
15/6/26	08:00 am			25ml								
	09:00 am			25ml								
	10:00 am	DNS	Butter milk + H2O	25ml						160ml		
	11:00 am			16ml								
	12:00 pm			16ml						30ml		
	01:00 pm			16ml								
Total Intake :						**Total Output :** 4-2m-1						
15/6/26	02:00 pm			16ml						1140ml		
	03:00 pm		Apple + water melon	16ml								
	04:00 pm	DNS		16ml								
	05:00 pm			16ml								
	06:00 pm			16ml						200ml		
	07:00 pm			-								F: 5 0pm
Total Intake :						**Total Output :**						
15/6/26	08:00 pm			16ml								
	09:00 pm			16ml								
	10:00 pm		Curd rice	16ml								
	11:00 pm	DNS	+	16ml								
	12:00 am		roti	16ml								
	01:00 am			16ml								
Total Intake :						**Total Output :**						
1	02:00 am			16ml								
	03:00 am			16ml								
	04:00 am			16ml								
	05:00 am	DNS	H_2O	16ml								
	06:00 am			16ml						200ml		
	07:00 am			16ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 14/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	SA						
Afternoon							
Night	8pm SAn	→ plan continue IV fluids. → plan continue cetrizone. → monitor the vitals. → drugs give as per drug chart.	8pm SAn	→ planned to continue IV fluids. → planed to continue cetrizone. → monitored the vitals. → drugs given as per drug chart.	→ pt is stable now	→ Re assessed the vitals	

MNH-00015973 IP26-00006583
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NURSING CARE RECORD

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Date: 15/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2pm	→ Assess pt condition → monitor the vitals → maintain I/o chart → Administer medication as per drug chart	8Am to 2pm	→ Assessed pt condition → monitored vitals → maintained I/o chart → Administered medication as per drug chart	Patient is stable	Rechecked vitals	
Afternoon	2pm / 8pm	- Assess the pt. condition - Monitor vitals & records - maintain I/o chart - Give medication as prescribed by the doctor	2pm / 8pm	- Assessed the pt. condition - Monitored vitals & records - maintained I/o chart - Given medication as prescribed by doctor.	patient is Stable now	Re-checked vitals	
Night	8pm 8Am.	→ Assess the pt condition. → monitor the vitals. → maintain I/o chart. → Give medications as per drug chart.	8pm 8Am.	→ Assessed the pt condition. → monitored the vitals. → maintained I/o charts → Given medications as per drug chart.	→ pt is stable Now	→ Reassessed the vitals	

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URSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI C dehydration.

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

	Date / Shift	14/6/26 N1	15/6/26 M1	15/6/26 E2	15/6/26 N1	16/6/26 M6	
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	—	—	—	
	Diet:	regular.	—	—	—	—	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	99.2°F	97.8°F	98.1°F	98.0°F	
	Res:	30b/m	40b/m	40b/m	40b/m	40b/m	
	SpO_2:	100%	99%	100%	100%	100%	
	Pulse:	120b/m	140b/m	140b/m	128b/m	140b/m	
	BP:	—	—	—	—	—	
	LOC:	—	—	—	—	—	
	Fall Risk Score:	—	—	—	—	—	
	Pain Score:	—	—	—	—	—	
	Skin Integrity	Good	Good	—	Good	Good	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—	—	
	Critical Lab Test / Values:	—	—	—	—	—	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—	—	
Post Operative Procedure Special Orders:		—	—	—	—	—	
Handed Over By Name :		mahi	Sandhya	Priyanka	Amrutha	madhu	
Signature / ID :							
Date:		15/6/26	15/6/26	15/6/26	16/6/26		
Time:		8Am	2pm	8pm	8Am		
Taken Over By Name :		Sandhya	Priyanka	Amrutha	madhu		
Signature / ID :							
Date:		15/6/26	15/6/26	15/6/26	16/6/26		
Time:		8am	2pm	8pm	8Am		

NH-00015973 IP26-00006583
aby A HAMSIKA
8-03-2024 2 Y 2 M 27 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall-Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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PAIN ASSESSMENT FORM

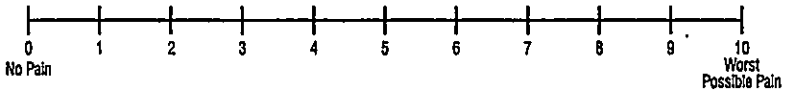
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/6/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/6/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/6/26	6pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
16/6/26	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
\				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention. d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression Intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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BRADEN 'Q' SCALE

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					Date : 14/6/26	15/6/26	15/6/26	16/6/26
					Time : N1	E2	N	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4	3	3
					TOTAL SCORE	23	27	26	26
					Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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CHECKLIST FOR THROMBOPHLEBITIS

15/6

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	14/6 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			0	0	0	0	0			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	0	0	0	0			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			0	0	0	0	0			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			0	0	0	0	0			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	0	0	0	0			
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Sandhya.

Signature of Ward In Charge :

Signature : Bhalarao Name : Bhalarao

Docu. No. : RCH /FRM / CLINICAL / 137

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 14/6	DATE 15/6	DATE 16/6	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3	–	–	–		
	7 to less than 13 years old	2	–	–	–		
	13 years old and above	1	–	–	–		
Gender	Male	2	–	–	–		
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4	–	–	–		
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3		
	Psych / Behavioral Disorders	2	–	–	–		
	Other Diagnosis	1	–	–	–		
Cognitive Impairments	Not aware of Limitations	3	–	–	–		
	Forget Limitations	2	–	–	–		
	Oriented to own ability	1	–	–	–		
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	–	–	–		
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1	–	–	–		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	–	–	–		
	Within 48 hours	2	–	–	–		
	More than 48 hours/ None	1	–	–	–		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	–	–	–		
	Hypnotics	3	–	–	–		
	Barbiturates	3	–	–	–		
	Phenothiazines	3	–	–	–		
	Antidepressants	3	–	–	–		
	Laxatives / Diuretics	3	–	–	–		
	Narcotics	3	–	–	–		
	One of the Meds listed above	2	–	–	–		
	Other Medications / None	1	1	1	–		
	Total		15	15	15		

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position	✓		✓	✓		
	Call device within reach	✓		✓	✓		
	Wheels Locked	✓		✓	✓		
	Room free of clutter	✓		✓	✓		
	Adequate lighting	✓		✓	✓		
	Wheel chair support	✓		✓	✓		
	Other Intervention(s) Specify	✓		✓	✓		
	Nurse's Name:	malvi		Priyanka	mal		
	Signature:						
	Date:	14/6		15/6	16/6		
	Time:	8pm		6pm	8 am		

Docu. No. : RCH /FRM / CLINICAL / 005

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wt - 10.91kg.

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EMERGENCY TRIAGE FORM

Patient's Name : hamsika. Age : 2yr. **Gender:** ☐ Male ☑ Female

Date : 1/6/26 Time of Arrival : 7:30pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99.5°F PR: 135 b/m BP: ..... RR: 24 b/m SpO_2: 99%

Chief Complaints: c/o. fever since 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal ☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:38pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Aruba

Signature of Triage Nurse : .....

Date & Time : 1/6/26 @ 7:32pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/6/24 Time of arrival : 7:34pm

Chief Complaints: c/o - fever since 3days RBS: .....

Height : ..... Weight : 10.9kg BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: ..... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☑ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With family

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

Time of Initial assessment completed by ER Nurse : .....

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Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
7:36pm	Assess the pt condetoon. monetore the vitals

Samples collected by: / Apurba Time:

Samples sent by : / Time: 8:30 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 135 b/m BP: ..... CFT: N.R. RR: 24 b/m SPO_2: 98 % GCS: 15 Temperature : 99.5 F Pain Score: ...:..... Repeat RBS (if applicable): N.R.	Shift - out from ER to: 2nd floor (ICU) Time of Shift - out: 8:52 pm Handover given to: ..... (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

IV placement done

Name of the Nurse : Shriram Signature of the Nurse : Sp

Date & Time : 14/6/26 @ 7:37pm

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 15/1/26 Time: 10 Am

Weight: 10.9 kg Centile: 15th

Height: 83 Cms Centile: 10th

Inference: underweight child

RDA: - Calories: 1250 kcal /d Protein: 21 gms /d

Diet Recommendations: Soft Diet with more liquids

Re-Assesment: Avoid spicy, chilled & outside foods

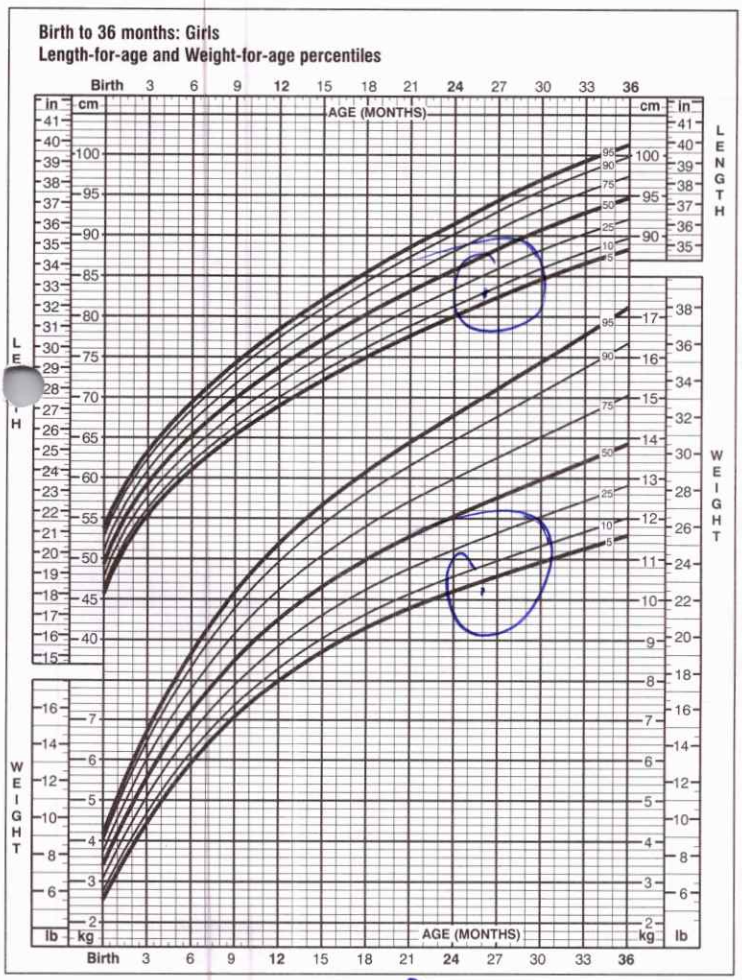
Food Allergies: NO Veg/Non-veg NON-Veg

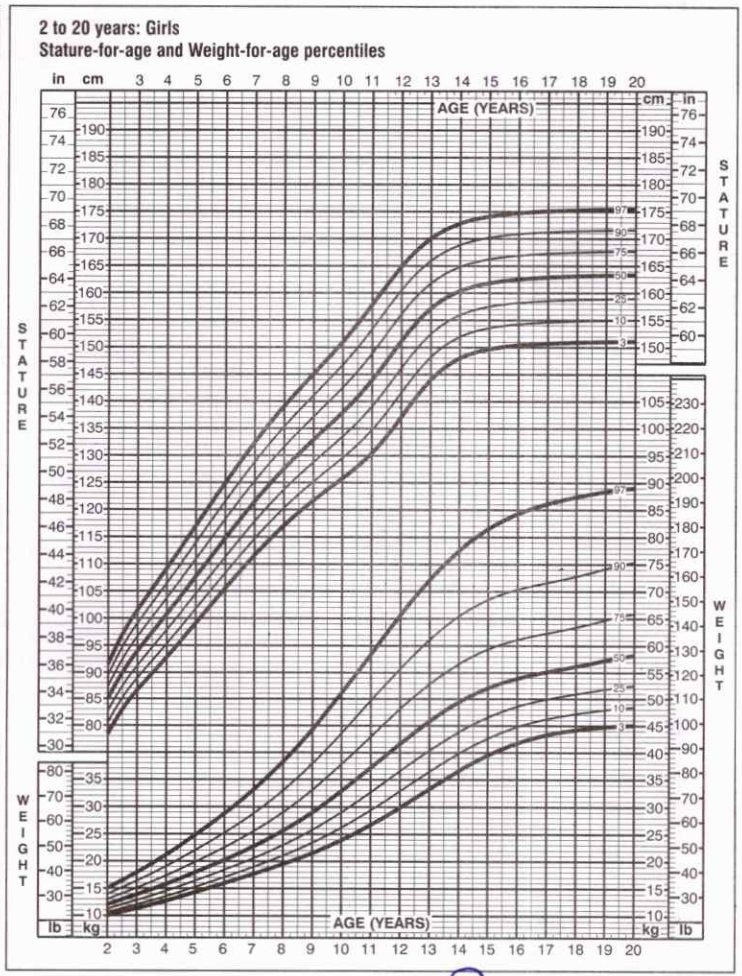
Diagnosis: AFI with Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby A HAMSIKA**	**Age :**	**2 Y 2 M 26 D**
IP No:	**IP26-00006583**	**Sex:**	**Female**
Consultant:	**Dr. SHRUTI SRIRAMPUR**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of falling the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: ABIRUP

Relationship:

Date: 14/06/26 Time: 8.00 pm.

Witness Name: Somendra Mauria

Witness Signature:

Patient Address:

3-6-667/10 flat no 201 sai sadan apts
st no 10 Himayathnagar Hyderabad
Telangana INDIA 500029

HNH-00015973 IP26-00006583
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS | 25 Years

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any

INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

ODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

HNH-00015973 IP26-00006583
Baby A HAMSIKA
19-03-2024 2 Y 2 M 26 D (F)
Dr. SHRUTI SRIRAMPUR

DECLARATION BY PATIENT OR PATIENT ATTENDANT (TPA / INSURANCE / AROGYA BHADRATA / CORPORATE)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

I have attended the financial counseling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate /Arogya Bhadrata Scheme.

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e. before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: A. HAMSIKA Date & Time of Admission: 14/06/26 20.05 p.m.

Name of the Parent / Guardian: ABIRUP NARAYANN Mobile Number: .....

Parent Aadhaar Card Number: .....

Signature & Relation