Nebulization Levolin 0.31mg 4th hourly.

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: IH-00016066 IP26-00006614 Master SAMALA KARTHIKEYA 06-2026 0 Y 11 M 30 D (M) PRITESH NAGAR ..... Age: ..... Gender: Male ☐ Female ☐

UHID.No : ..... Date: .....

I ..... S/o, D/o, W/o, ... hereby declare that our patient Master/Baby ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

..... Pneumonia c R-D .....

..... Laryngomalacia / 1st Episode Febrile Seiz .....

.....

The doctors have clearly explained to me that my patient Master / Baby ..... during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

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

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

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

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : .... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature: .....

Name: .....

Relationship with Patient: .....

Date & Time: .....

Witness :

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking the consent) :

Signature: .....

Name: Dr. PRANAV

Date & Time: 12/3/26

IN-00018065 IP26-00006614
ster SAMALA KARTHIKEYA
-06-2026 0 Y 11 M 30 D (M)
PRITESH NAGAR

Nebulization Levolin 0.31mg 4th hourly.
Nebulization 3% NS 1 respules 6th hourly.

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
~~19/6/26~~	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
19/6/26	22.00	Levolin 0.31 T Bf/o NS.		
	23.00			

IP-00018088 IP26-00006614
ster SAMALA KARTHIKEYA
-06-2025 0 Y 11 M 30 D (M)
PRITESH NAGAR

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
20/6/26	02.00	Levolin 0.31mg	H	
	03.00		7523	
11	04.00	3% NS		
	05.00			
	06.00	Levolin 0.31mg.		
11	07.00			
	08.00			
	09.00			
11	10.00	3% NS + levolin 0.31mg		
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

(F.T.O)

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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RESULT SHEET

Date	19/6/26					
Time						
Hb	11.3					
PCV	34.3					
RBC						
WBC	5390.					
N/L	71/18					
Platelets	304000					
CRP	0.12					
ESR						
PCT						
RBS						
Na	138					
K	4.3					
Cl	103.					
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)

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ACTIVITY RECORD FOR BILLING

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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

UHID N ---------- Consultant : ---------- Dept : Paediatrics

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
19/6/26	8:50PM	ER	PICU	

Cross Consultation Visit

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

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/6/26	Respiratory panel	10043	
	VBG	10042	
	GRBS (86 mg/dl)	10042	
19/6/26	CXR	7363	
20/6/26	CUE	10048	

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6/26	Invasive monitoring	9pm		207499	Suman
	Infusion pump	9pm			
	Oxygen	9pm			

HNH-00016088 IP28-00008614
Master BAMALA KARTHIKEYA
30-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	r No.	Signature
17/6/26	IV placement	1	7484	
20/6/26	Nebulization	4	7523	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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 : IP26-00006614 **Admit Date** : 19-Jun-2026 **Admit Time** : 07:40 PM **UHID** : HNH-00016066

Patient Details :

Patient Name	: Master SAMALA KARTHIKEYA NANDAN	**Age**	: 0 Y 11 M 30 D
Guardian	: Mr SAMALA SANTOSH	**DOB**	: 20-06-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 2-3-512/4/21,CHENNA REDDY NAGAR Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 9030749964
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER02 **Ward Name** : GF -EMERGENCY

Room No : ER02 **Admission Type** : First Visit

Contact Details :

Name : Mr SAMALA SANTOSH **Relationship** : Father

Contact Address : 2-3-512/4/21,CHENNA REDDY NAGAR Amberpet Hyderabad Telangana INDIA 500013 **Phone No** : 9030749964

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : DrJayashree **Phone No** : 9841025050

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 15000.00

Payor Name : ADITYA BIRLA HEALTH INSURANCE CO. LTD

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00016056 IP26-00006614
Master SAMALA KARTHIKEYA
Pediatric 20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever x 1 day
c/o Runny nose x 1 day
c/o Cough x 1 day
c/o ↓ oral intake
c/o Abnormal Movements yesterday.

History of present illness :

c/o fever x 1 day, high grade, continuous with no diurnal Variation not reduced on medication, a/w abnormal movements 1 episode.

c/o Cold a/w nasal discharge c/o mucoid

c/o Cough dry, continuous ↑ no postural diurnal Variati

c/o ↓ Oral intake since yesterday

c/o 1 Abnormal Movements yesterday c/b B/L U/L 4 c/L, Upward of eyeballs, incontinence

Pediatric Multiorgan History & Physical Examination

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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

—

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Up to date.

Immunization History :

Not given at 12 Months.

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Morgan History & Physical Examination

Anthropom

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

Weight (kgs) 9 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: 152/min Description _____

B.P. _____ SPO2 90-1 at RA

Resp. rate and type of breathing : 46/m

Distress (+)

Rash Sick Looking

Lymphadenopathy Signs of dehydration (+) - Dry Mouth

Oedema : Dry oral Mucosa

Delayed skin turgor

Respiratory system : B/L diffose wheeze.

Inspection (any s/o distress) : ↓ Air entry (R) basal region

Air entry & breath sounds :

Any addes sounds :

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

(R.) LC. path (+)

Cardiovasclular System : S1 S2 +

Inspection of procordium :

Heart Sounds :

Any murmur :

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

Per Abdomen : SNT.

Inspection

Palpation :

Ausculation :

Spine: External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 14/15

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

~~Acute Bronchiolitis~~

R/ Lobar Pneumonia ? Laryngomalacia with Severe RD with Simple febrile Seizure

Preventive aspects of the treatment :

Prevent RF.

Desired goals of the treatment :

Provide supportive Mgmt

Planned Labs :

VBG
Resp. panel (Viruses)
CXR-PA (DOE)
eUE (DVE)
GRBS
Extra Sample

Noted By Barabir

Planned Management :

1) LFNC 2L/min SaS HHHFNC.
2) inj Amoxyclav.
3) Nebs Levolin Q4H
4) Nebs 3-1. NS. Q8H
5) Temp Monitoring.

Noted By

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 _____
   whose name the patient is being referred _____ on

Doctor's Signature Name _____ Date _____ Time _____

IM-00015066 IP26-00006614

HNH-00015066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	S/B. Dr Prabhakar.	
8.20pm	△ (R) Lobar Pneumonia c Conjugonalacia c Severe RD c Simple febrile seizure Child Dull RD +. O/E HR 132/m RR 44/m SpO2 98% on 2L/m P/A: B/L wheeze	Adv. - Send UBG, Rep Panel (5 Times) CUG, GRBS CXR-PA - Temp Monitoring - CT. inj Amoxyclav - Mobile Q4H - 3% NS Q6H

HNH-00016086 IP26-00006614
Master BAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	Counselling	
7:30pm	Child to be admitted in PICU for SOS HHHFNC support.	
	To be started on IV antibiotics inj Amoxylav	
	Nebulization Levolin / 3% NS	
	Clinically Child sick,	May be viral cause / Viral Pneumonia.
	Requires Minimum 48-72hrs.	
	Viral Panel to be sent.	
		S Sankar (Father)

IH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
-06-2025 0 Y 11 M 30 D (M)
PRITESH NAGAR

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Dilnaaz	
19/6 11:00pm.	- simple febrile seizure.	
	- RT lobar pneumonia.	
	on 2L/min NPO2.	Plan
	vitals - HR - 118 - RR - SpO2 - 97%.	- Trace reports
		- Cont Amoxiclav.
	Fever (+)	- Cont. Neb levalin. Neb 3% NS
	R/S - B/L AE (+) B/L wheeze (+)	
	↓ AE of Rt UL.	- Cont clobazam
	P/A - soft, NT	(signature)

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

(P.T.O)

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

HNH-00016086 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/26 12 AM	CVTS: Dr Sankanth / Dr Nagarjuna A: Rt Lobar pneumonia c Laryngomalacia c severe RD c Simple febrile seizure TSOSy on O_2 c NP @ 2 Lit/min Force (Exaggerated) O/E:- HR:- 118/min SpO_2:- 99% @ O_2 c NP @ 2 Lit/min RR: 36/min S/E: RS:- TSICAE (+), TS/C wheeze (+)	Adv - Cont. O_2 c NP @ 2 Lit/min - IV fluids (2/3 rd) - Inj Amoxiclav - Syp Clobazam - w/f fresh seizure - Monitor vitals and Tafcon SOS - Cont. Nebulization Sankanth

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

HNH-00015066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CU13 Dr. Naipuya	Dr. Sushanth
20/6 7:00Am	Rt lobar pneumonia c̄ RD	
	laryngomalacia.	
	simple febrile seizures	
	on 1 Lit NPO2	Plan
	Vitals - HR - 132, RR - 26cpm, SpO2 - 98%	- Cont IVF
		- Cont Amoxiclav
	R/S - B/L AE (+)	
	B/L wheeze (+).	- Cont Syp. Clobazam
	P/A - soft, NT	- Cont levalin Q4H
		3% NS Q6H
	U/P/O - 3.8ml/kg/hr.	
		- Monitor vitals
		[signature]
		Noted by Sanam at 7AM

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

(P.T.O)

IH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
-06-2025 0 Y 11 M 30 D (M)
PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6 9AM	C/S/B Dr. Pritesh Sir	
	Right Lobar Pneumonia c RD Laryngomalacia Simple Febrile Seizure	– (COVID +ve)
		Rx
	On low flow – 1 L/l	1) Stop IVF Supervised feeding
	Fever spikes (+) Tachypnea (+) ↑ WOB	2) USG chest, 2D echo } – Today
		3) Inj Amoxyclav Syp Cloba
	Vitals HR – 128/min SpO2 – 98 % RR – 28/min	4) CBP, CRP, Ferritin, LFT, LDH, D-Dimer, Pro BNP, ~~2D echo~~ – If worsening of high grade fevers persist for 24–48 hrs (T/M)
	R.S – B/L AE (+) Wheeze (+) P/A – Soft	
		5) Neb c Levolin – Q4H, 3% NaCl – Q6H
	USG Screening (L) side – Tiny sub pleural consolidation & Posterior – air bronchogram (R) side – UL – consolidation / Air Bronchogram Confluent B lines	6) Give ~~Decide~~ on Remdesivir – 5mg/kg on D1, 2.5mg/kg for D2
	Minimal pericardial effusion	7) Decide on Dexamethasone if worsening H by evening

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

Patient Sticker

Rainbow Children's Hospital
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BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am 20/06/26	Counselled	
	Covid +ve] – [Pneumonia RD / ICU + O2].	
	Moderate – Severe Covid	
	CXR / USG] → Pneumonia (R) > (L)	
	No Sp Medicine → Supportive Rx	
	Remdesivir → Try to Give] ±	
	Wait & watch / Monitor / O2 / Neb / HFNC – Neb]	
	3–5 days maybe >24h No RD >48h No Fever] → (OK) ±	Risk of Complications
	(KV)	
		S. Sathar

IH-00016066 IP26-00006614
aster SAMALA KARTHIKEYA
-06-2026 0 Y 11 M 30 D (M)
. PRITESH NAGAR

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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DRUG CHART

Date of Admission: ..... 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 *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 T>100°F	19/6/26

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: (240mg/5mL)

Date/Time																
19/6	20/6															
9pm	6:30 AM															
6th	BF															

DRUG : SYP. IBUGESIC

Dose	Route	Frequency	Start Date
3ml	PO	SOS/8H	19/06

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: (5ml/100mg)

DRUG : INJ. MIDAZOLAM

Dose	Route	Frequency	Start Date
1mg	IV	SOS	19/06

Doctor's Signature | Valid Period | Pharm.

Additional Instructions: (In case of seizures)

VERIFIED BY Name

HNH-00016086 IP26-00008614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight 9kg Ward

DRUG : INJ AMOXYCLAV

Dose	Route	Frequency	Start Date
300 mg	IV	TID	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Date / Time	19/6	20/6
6AM	✓	
2PM	X	
10PM		

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : NEB LEVOLIN

Dose	Route	Frequency	Start Date
0.3 mg	Neb	Q 4H	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions:

see the chart

Daily Doctor's Endorsement by a Sign

DRUG : NEB 3-1-NS

Dose	Route	Frequency	Start Date
1 vial	Neb	Q 6H	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath

Additional Instructions:

see the chart

Daily Doctor's Endorsement by a Sign

DRUG : CLOBAZAM

Dose	Route	Frequency	Start Date
0.5 mL	PO	BD	19/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions: 125 mcg/kg (2.5 mg/mL)

Daily Doctor's Endorsement by a Sign

IH-000[illegible] IP24-000[illegible]414
[illegible] SAMALA KARTHIKEYA
-06-202[illegible] 0 Y 11 M [illegible] D (M)
. PRITESH NAGAR

Rainbow Children's Hospital

BirthRight by Rainbow Hospitals

REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : Syp. CLOBAZAM

Dose	Route	Frequency	Start Dt.
1ml	PO	BD	19/6

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: (2.5mg/ml)

Daily Doctor's Endorsement by a Sign

Date / Time	19/6	20/6
10AM		
10pm	11:30pm	
	[signature]	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

(P.T.O.)

HNH-00015056 IP26-00006614
Master BAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6	10AM	Inj REMDESEVIR (100mg in 20ml)	45mg (5mg/kg)	IV over 2 hours	Pravar	
		Dilute 1 Vial to 20ml with Sterile Water	=> 1ml = 5mg (9ml in 100ml NS)			

Page: 3/4 (P.T.O)

VERIFIED BY ..... Signature

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 9 kg Ward. .....

		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
19/6	7.30pm	IVF PLASMALYTE (2/3 Maintain)	IV	25	[signature]	[signature] SM	20/6		[signature] [signature]

Signature .....

VERIFIED BY Name .....

IN-00018066 IP26-00006614
ister SAMALA KARTHIKEYA
06-2025 0 Y 11 M 30 D (M)
PRITESH NAGAR

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis: pneumonia c RD.	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time	1M.					
	Medical Condition (Any special condition to be noted):	RD.					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	28b/m					
	SpO_2:	98%					
	Pulse:	127 b/m					
	BP:	—					
	Fall Risk Score:	—					
	Pain Score:	—					
Recommendations	Safety Needs:	yes.					
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—					
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Suman					
Signature :		Sign					
Date:		19/6/25					
Time:		9pm					
Taken Over By Name :		Suman					
Signature :		Sign					
Date:							
Time:							

IH-00016066 IPZ6-00006614
ister SAMALA KARTHIKEYA
-06-2025 0 Y 11 M 30 D (M)
PRITESH NAGAR

BRADEN 'Q' SCALE

Rainbow® Children's Hospital | BirthRight

				Date : 19/6/26			
				Time : N			
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	4		
"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.	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.	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.	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		
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		
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.	4		
				TOTAL SCORE	28		
				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

IN-00016065 IP26-00006614
ister SAMALA KARTHIKEYA
-06-2025 0 Y 11 M 30 D (M)
PRITESH NAGAR

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	19/6 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							
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							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			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							
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							
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							
		Signature of the Nurse				SS							

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 : .....

Signature of Ward In Charge :

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

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

IH-00018068 IP26-00006414
ister SAMALA KARTHIKEYA
-06-2026 0 Y 11 M 30 D (M)
PRITEBH NAGAR

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 19/6	DATE	DATE	DATE	DATE
Age	Less than 3 years old	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	2				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations to Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1				
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	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				
	Total		13				

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:		Sravan				
Signature:						
Date:		19/6				
Time:		10 PM				

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

HNN-00016066 IP26-00008614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

w.t 9 kgs

GRBS- 86 mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : marker. kartikeya Age : 11M Gender: ☐ Male ☐ Female

Date : 19/6/26 Time of Arrival : 7:10 pm

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance with O2 2 l/m SpO2 10%

Initial Vital Signs: Temp: 99° PR: 156 BP: ..... RR: 46 SpO2: 97%. cold, cough

Chief Complaints: c/o. fever since 1 day fast breathing 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
- ☐ Normal
- ☐ Sick Looking

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

Circulation / Colour
- ☐ Normal
- ☐ Abnormal
- ☐ Bleeding

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 : 7:20pm

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 : .....

Signature of Triage Nurse : .....

Date & Time : 19/6/26 @ 7:20pm

HNH-00016066 IP26-00006614
Master BAMALA KARTHIKEYA (M)
20-06-2026 0 Y 11 M 30 D
Dr. PRITESH NAGAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/6/26 Time of arrival : 7:10 PM

Chief Complaints: c/o fever since 1 day cold cough fast breathing since 1 day

RBS: .....

Height : ..... Weight : 9 kgs BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

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: N/A (Date/Time): N/A

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse: Tulipy @ 7:15 PM

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

Time	Nursing Notes
7:10pm	⇒ Assessed the general condition and recorded
	⇒ vitals checked and
	O2 outflow 2 to 3 litre

Samples collected by: Time:

Samples sent by : Time:

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: 156 b/m BP: .... CFT: 2 sec	Shift - out from ER to: ~~8:40~~ PMPICU
RR: 46 b/m SPO$_2$: 97% with O2	Time of Shift - out: 8:40 P M
GCS: 15/15 Temperature : 99 F	Handover given to: .... (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : [signature] Signature of the Nurse : [signature]

Date & Time : ....

PATIENT TRANSFER FORM

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Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016056 IP26-00006614 Master SAMALA KARTHIKEYA 20-06-2025 0 Y 11 M 30 D (M) Dr. PRITESH NAGAR	19/6/26 @ 7:40 Pm	19/6/26 @ 8:40 Pm
	Transfer Ordered by Dr. prabathy	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant 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
Dr. prabathy	Dr. prabathy

Patient & Clinical Records Received by : Sam

Date & Time of Patient Received : 19/6/26 @ 9pm Sam

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

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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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: CP Shifted to: PICU

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. prabahy

Date & Time : 19/06/26 @ 8:40 PM

Nurse Name & Signature: Prabhu

Date & Time : 19/6/26 @ 8:40 PM

Docu. No. : RCH / FRM / GENERAL / 090

Printed By : 020099

Printed Date / Time : 19/06/2026 20:22

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:	**Master SAMALA KARTHIKEYA NANDAN**	**Age :**	**0 Y 11 M 30 D**
IP No:	**IP26-00006614**	**Sex:**	**Male**
Consultant:	**Dr. PRITESH NAGAR**	**Ward/Bed No:**	**GF -EMERGENCY/ER02**

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 failing 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: Hitesh
Relationship: Uncle.
Date: 19/06/2026 Time: 19:00
Witness Name: Yoseen ali khan
Witness Signature:

Patient Address:
2-3-512/4/21,CHENNA REDDY NAGAR
Amberpet Hyderabad Telangana
INDIA 500013

COUNSELLING SHEET

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road
AP State Housing Board Himayatnagar , Hyderabad- 500029

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	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY	1-pm – 12pm 2 –
CONSULTATION CHARGES				INVESTIGATION	7pm – 12pm 1 –
CONSULTANT CHARGES				CROSS CONSULTATION	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
NURSING CHARGES				CONSUMABLES	
DIET CHARGES				BLOOD PRODUCTS	VISITING HOURS 04:00pm TO 05:00pm.
TOTAL			1 20k	OXYGEN	
				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
				EQUIPMENT / DSPT / SSPT / TSPT	
				PROCEDURE	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
				NEBULISATION	
				MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	

HFNC Tubing 18K Approx

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

PATIENT NAME	Master Karthikeya –	AGE/SEX	4y. / Male
UHID		INSURANCE NAME	Aditya Birla.

	CAUTION DEPOSIT	15k

ATTENDENT SIGNATURE

COUNSELLING PERSON SIGNATURE

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2025 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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25

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 tpaln 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 TPA processing charges Rs.720 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 other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

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 inquire 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.

MODE 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.2,000/- 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.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in www.rainbowhospitals.in

HNH-00016066 IP26-00006614
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

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

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Date: 19/06/2026

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: Samala Karthikeya ..... Date & Time of Admission: 19/06/2026 @ 1940.

Name of the Parent / Guardian: Samala Santosh ..... Mobile Number: 9030749964

Parent Aadhaar Card Number: .....

Signature & Relation

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UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

To

The Management,

Rainbow Children's Hospital, Himayat Nagar,

Hyderabad - 500029.

Sub:- **Undertaking of Insurance Patient for Advance Payment.**

I Mr./Mrs./Ms. Lokesh (Father/ Mother/ Other _____) of Master/ Baby/ Baby of/ Mrs. / Ms. Karthikeyan was bought to your hospital on Emergency basis on 19/05/2026 at 19.40 approximate charges deposit details were explained by the front office executive on duty.

As I have cashless insurance so I have to pay 15k- as a caution deposit at the time of admission. If there will be any difference amount after getting the approval I'll pay that amount at the time discharge.

Thanking You

Signature

Name:- Lokesh

Ph. No.:- 9550968024.

HNH-00016066 IP26-00006814
Master SAMALA KARTHIKEYA
20-06-2026 0 Y 11 M 30 D (M)
Dr. PRITESH NAGAR

RADIOMETER ABL9
PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-06-19 20:33:20
Sample type: Venous

Blood gas				
pH	⇓⇓	7.29	[7.35-7.45]	
pCO_2		43.5 mmHg	[35.0-45.0]	
pO_2	⇓⇓	49 mmHg	[83-108]	
Hematocrit				
Hct	⇓⇓	31 %	[45-50]	
Electrolyte / metabolite				
cK^+	⇑⇑	4.58 mmol/L	[3.50-4.50]	
cNa^+		143 mmol/L	[135-145]	
cCa^{2+}		1.25 mmol/L	[1.15-1.50]	
cCl^-	⇑⇑⇑	113 mmol/L	[98-106]	
cLac	⇑⇑⇑	2.2 mmol/L	[0.3-1.6]	
Derived				
cH^+_C		51.8 nmol/L	[-]	
$ctHb_C$		10.2 g/dL	[-]	
$cHCO_3^-(P)_C$		20.7 mmol/L	[20.0-24.0]	
$cHCO_3^-(P,st)_C$	▼	19.6 mmol/L	[20.0-24.0]	
$cBase(B)_C$	▼	-5.5 mmol/L	[2.0-4.0]	
$cBase(Ecf)_C$		-5.9 mmol/L	[-]	
$cBase(B,ox)_C$		-5.9 mmol/L	[-]	
$cBase(Ecf,ox)_C$		-6.1 mmol/L	[-]	
$cCa^{2+}(7.40)_C$		1.17 mmol/L	[-]	
$ctCO_2(B)_C$		19.9 mmol/L	[-]	
$ctCO_2(P)_C$		22.0 mmol/L	[-]	
$Anion\ Gap_C$	▼	9.3 mmol/L	[10.0-14.0]	
$Anion\ Gap(K^+)_C$	▼	13.9 mmol/L	[14.0-18.0]	
sO_2e		79.5 %	[-]	
ctO_2e		5.0 mmol/L	[-]	

Notations
⇓⇓ 1010: Below reportable range
⇑⇑ 1023: Above reportable range
▼ 1039: Below reference range

Patient / sample information
First name: master samala
$FO_2(I)$: 21 %
Baro: 710 mmHg

Operator: ANONYMOUS
Analyzer serial no.: 407422
SC lot: 410703
SC serial no.: 4903612
SP lot: 603125
SP serial no.: 603125010
Sample no.: 6869
Sequence no.: 80190
Software version: 1.5.0
Printed: 2026-06-19 20:33:22