Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060288 **Admit Date** : 09-Jun-2026 **Admit Time** : 09:17 PM **UHID** : VIH-00199882

Patient Details :

Patient Name : Master NEYANSH NAYAK
Guardian : RAVINDAR
Gender : Male
Occupation :
Address (H) : 5-19/1 VAKEELPALLI, 8 INCLINE COLONY GODAWARI KHANI Subhashnagar Karimnagar Telangana INDIA 505211

Age : 1 Y 1 M 0 D
DOB : 09-05-2025 01:00 AM
Religion :
Martial Status :
Phone No : 9959086657
E-mail : na@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY
Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : RAVINDAR
Contact Address : 5-19/1 VAKEELPALLI, 8 INCLINE COLONY GODAWARI KHANI Subhashnagar Karimnagar Telangana INDIA 505211

Relationship : S/O
Phone No : 9959086657

Signature

Doctor Details :

Doctor Name : Dr. PAPPULA SINDHURA
Referral Doctor : Self
Co-Consultant :

Specialisation : PEDIATRIC NEUROLOGY
Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : HDFC ERGO GENERAL INSURANCE CO LTD

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

Patient Name: ______________________

UHID ID: ______________________

Department: ______________________

Consultant: ______________________

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

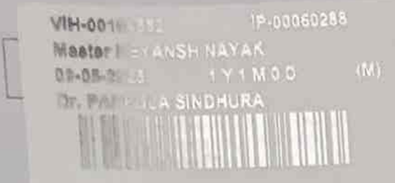
seizures x 10 days

History of present illness :

Increased frequency of seizures
staring look with perioral automatisms
sometimes with right version of
head lasted for around 1-2 min
followed by post ictal drowsiness for 10 min

Initially 4-5 episodes / day
today 20 episodes

No fever
No vomiting
No encephalopathy



Pediatric Multiorgan History & Physical Examination

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

K/c/o tuberous sclerosis
diagnosed at 8 months of age

Birth & Neonatal History:

NCBN | 1st birth order | LSCS | CSAB

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

mild (N)

Immunization History :

(N)

(P.T.O.)

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) ________ (Centile ________) Height (cms): ________ (Centile) ________)

Weight (kgs)) ________ (Centile ________)

On Examination :

Temperature : (A) Pulse Rate : 110/min B.P. ________ SPO2 99% on room air

Resp.rate and type of breathing : ________

Rash no

Lymphadenopathy no

Oedema : no

Allergies (if any): ________

Respiratory System :

Inspection (any s/o distress) : B/L equal

Air entry & breath sounds : ________

Any addes sounds : no

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

Cardiovascular System :

Inspection of procordium : S1 S2 (+)

Heart Sounds : ________

Any murmur : No murmur

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

Per Abdomen :

Inspection soft

Palpation : nontender

Ausculation : ________

Spine : ________ External Genitelia : ________

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

-03-2025 [illegible] (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : [illegible] 15

Cranial Nerves : Normal

Motor System:

Nutriton :

Tone: (N) Power good AG movements

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR +2 **Superficials:**

Plantars flexor

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Breakthrough seizures (focal non motor)
in k/c/o TSC

VIH-00199582 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP ✓
C.Ca ✓
C.Mg ✓
C.electrolytes ✓

Noted by
Sr. Revathy
9/6/26 ① 10:00pm

Planned Management

- Inj. Lacosamide
- Vigamet sachet 1 sachet b/d

Back up
|
Inj. Valproate

- IV fluid

Signature of the Doctor: [signature]
Name of the Doctor: Dr. [illegible]
Date & Time: 9/6/26

Signature of the Consultant: SD
Name of the Consultant: P. Sindhura
Date & Time:

(1)

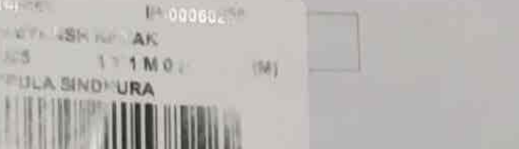
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/06/2026 10:00 PM	Case reviewed in PRO	
	D^1 – K/c/o TSC	
	Breakthrough seizures	
		(Focal non motor)
	Child active & Alert	
		Adv
	Intermittent staring look (+)	1) Inj. LACOSAMIDE & VIGABATRIN ORAL — Start loading dose given
		2) Maintenance to continue
		3) Backup ↓ Inj. Sodium valproate 20 mg/kg/stat
	[signature]	
		Noted by [signature] 10/6/26 @ 8pm.

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2026 8 am	C/s/b PICU fellow	
	D15 – k/c/o TSC [Breakthrough seizures]	
	On Room Air maintaining saturation Hemodynamically Stable Accepting orally u/o adequate (3.8 cc/kg/hr) Dcl... – 150 ml	Plan 1) Allow orally 2) Continue Anti-epileptics 3) Plan to shift to ward
	[signature]	Noted by Sr Devika 10/6/26 8 Am.



(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6	SR Neurology	
		Plan
	AIN - Breakthrough seizures in clusters (focal nonmotor) In k/c/o TSC	
		→ EEG plan
	No further seizures after Loading with Levetiracetam & Vigabatrin	→ Backup for frequent seizures
		↓
	(PE) vitals - (N) AF - open, flat	~~Inj. valproate 40mg/kg~~
	child is ~~sleeping~~ conscious, active	
	~~good activity movement~~	→ Back up for brief seizures
		↓
		~~Syp. Lefob 2ml BD~~ Viganext sachet ½ – 0 – 1
		↓ SOS clobazam 5mg HS
		→ shift to room
	Noted By Darka 10/6/26 9Am	

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

VIH-00126882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	counselling notes	
10/6/26	After giving injections - no further seizures. We are shifting child to room. Will observe for today. Will do EEG today.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 11:00 AM	Shifting Notes	

This is a K/c/o Tuberous sclerosis complex already on treatment by Ramesh Konanki now presented with ↑ frequency of seizures from 4 to 20/day. in the form of focal non-motor (staring looks) < 1-2 min post ictal drowsiness of 10 min. Not a/w fever/GI symptoms. admitted in PICU w/f seizure. No seizures. hence shifting to ward.

Plan

- EEG after shifting to ward
- Give feeds allow him to sleep then EEG
  ↓
  Review
- Continue syp lacosamide vigabatrin & clonazepam in drug chart.
- If prolonged seizure Inj. valproate 40mg/kg
- If brief seizure ↑ vigabatrin 1/2 - 0 - 1 sachet

VIH-00199882 IP-0006025c
Master NEYANSH NAYAK
09-05-2025 1Y1M0D M
Dr. PAPPULA SINDHURA

DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

SOS / PRN (As Required Medication)

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

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

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

REGULAR PRESCRIPTIONS Weight. 10kg Ward. PICU

DRUG: Tab CLONAZEPAM				Date/Time
Dose	Route	Frequency	Start Date	
1/4th	PO	HS	10/6	

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

Additional Instructions: 1 tab = 0.25 mg (0.01 mg/kg/dose)

Daily Doctor's Endorsement by a Sign

DRUG: VIGABATRIN SACHET				Date/Time	10/6	11/6
Dose	Route	Frequency	Start Date			
1/2	PO	12 hrly	10/6	10 AM	X	8 am
				10 PM		8 pm

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

Additional Instructions: 1 sachet = 500mg (50mg/kg/day)

Daily Doctor's Endorsement by a Sign

Started 10/6/26 at 8:30

DRUG: Syp. LACOSAMIDE				Date/Time	10/6	11/6
Dose	Route	Frequency	Start Date			
2.5ml	PO	12 hrly	10/6	10 AM		10 am
				10 PM		

SPD

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

Additional Instructions: (5ml = 75mg) (8mg/kg/day)

Daily Doctor's Endorsement by a Sign

Started 10/6/26 at 8:30

DRUG: Syp. LACOSAMIDE				Date/Time	10/6
Dose	Route	Frequency	Start Date		
2ml	PO	12 hrly	10/6	10 Am	Delta Yash
				10 Pm	

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

Additional Instructions: (7mg/kg/day) (75mg/5ml)

Daily Doctor's Endorsement by a Sign

VIH-0019[illegible]
Master N[illegible]
09-05-2025 [illegible] (M)
Dr. PAPPULA [illegible]

Weight. 10kg Ward. PICU

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
9/6	11 pm	Inj. LACOSAMIDE	100mg	iv	[signature]	Nikhi Bindu
9/6	11:30pm	VIGABATRIN SACHET	500 mg	PO	[signature]	Nikhi Bindu.
10/6		Syp. Pediclozyl	5ml	Po	[signature]	
10/6		Inj. AGIL	5mg	iv	[signature]	

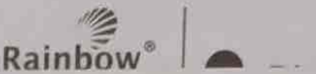
[signature] 9/06/26

[signature]

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

Printed Date / Time : [illegible] Printed By : [illegible]

VIH-00189582
Master
09-05-20
Dr.



I.V. FLUIDS CHART

Weight. 10 Ward. PICU

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
4/6	11pm	DNS	iv	25	[signature]	Nikhil Bindu	10/6	[signature]	Indu Yash

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

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Name: Mast. Neyansh Nayak Age: 1yr Gender: Male ☑ Female ☐

UHID.No : VIH - 00799882 Date: 9/6/26

I Ravinder S/o, D/o, W/o, Anjali hereby declare that our patient Master/Baby Neyansh Nayak who is related to me as SON. is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 9/6/26

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

frequent seizures

The doctors have clearly explained to me that my patient Master / Baby Mst. Neyansh 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 : mst. Neyansh 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: A. Anjali

Name: Anjali

Relationship with Patient: Mother

Date & Time: 9/6/26 @10:45pm

Witness :

Signature: [signature]

Name: Revathy. G

Date & Time: 9/6/26 @ 10:45pm

Doctor (who is taking the consent) :

Signature: [signature]

Name: Dr. Nithesh

Date & Time: 9/6/26

Docu. No. : RCH /FRM / CLINICAL / 013

Ref. No. : F / HW / CON / HIV / 08

CONSENT FORM FOR HIV

Patient Name : Mast. Deeyansh Dayak Age : 1 yr 1 month

Gender : M ☑ F ☐ - IP No : 00060288 Marital Status : Single

Ward / Bed No. : PICU IP/OP No. : 00060288 Date : 9/6/26

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

Patient Attendant :

Signature : A Anjali

Name : Anjali

Relationship with Patient: Mother

Date & Time : 9/6/26 @10:45pm

Parent (when patient is minor) :

Signature : ....

Name : ....

Relation : ....

Date & Time : ....

OR (Next to kin in case of unconscious patient) :

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

Relation : .... Date & Time : ....

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling is ensured by me and my team.

Doctor :

Signature : [signature]

Name : Dr. Nileesh

Date & Time : 9/6 @10:10pm

Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

CHECKLIST FOR THROMBOPHLEBITIS

10/6

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	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						
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			-	–						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	–						
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			–	–						
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			–	–						
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			–	–						
		Signature of the Nurse				[signature]	[signature]						

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 : [signature] Name : [signature]

Signature of Ward In Charge :

Signature : [signature] Name : [signature]

IH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND

DOA: 9/6/26	Diagnosis: seizures	Surgery / Procedures: –
Allergies: –		Post OP Day: –

SITUATION & BACKGROUND	Date:	9/6/26		
	Area / Shift Time			PICU / 10pm-8Am
	Diet:			DBF
	Ventilation (RA, NP, NIV, VENTI)			RA
INVASIVE LINES	1.			IV cannula
	2.			
	3.			
	4.			
ASSESSMENT	Infusions / Transfusions			DNS 25ml/hr
	PU Prophylaxis			–
	DVT Prophylaxis			–
	Vitals BP			96/58 (61)
	Vitals PR			120 b/m
	Vitals RR			30 b/m
	Vitals SpO_2			100%
	Vitals Temp			98.6°F
	Pain Score			0
	LOC (Alert, Conscious, Confusion, Unconscious)			Alert
	Skin Integrity (Intact / Bedsore / Any other condition			Intact
	Restraints If any Physical			–
	Restraints If any Chemical			–
	Fall Risk (Vulnerable Y/N) if yes score			17
	(Ambulation, walking, moving with assistance, bed ridden)			bed ridden
	ADL (Dependent / Non-Dependent)			Dependent
	Critical Lab Test / Values (If any)			–

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCH/FRM / CLINICAL / 122

RECOMMENDATIONS				
	Date:	9/6/26		
	Area / Shift Time	10pm - 8AM.		
Investigations Procedures	Ordered / Planned	Nil		
	Due	Nil		
	Reports Pending	Nil		
	Referrals (If any)	Nil		
Remarks (Special Interventions like, Drainage tube flushing etc.)		Nil		
Handed Over By Name :		Nikhitha		
Signature :		[illegible]		
Date:		10/6/26		
Time:		8Am		
Taken Over By Name :		Devika		
Signature :		[illegible]		
Date:		10/6		
Time:		8Am		

NURSE HAND OFF COMMUNICATION - ICU

Section	Item			
SITUATION & BACKGROUND	DOA:	Diagnosis: Break through seizures	Surgery / Procedures:	
	Allergies:		Post OP Day:	
	Date:	10/6/20		
	Area / Shift Time	PICU / M		
	Diet:	Orally allowed		
	Ventilation (RA, NP, NIV, VENTI)	RA		
INVASIVE LINES	1.	IV cannula		
	2.	–		
	3.	–		
	4.	–		
ASSESSMENT	Infusions / Transfusions	DNS 25ml/hr		
	PU Prophylaxis	Nill		
	DVT Prophylaxis	Nill		
	Vitals – BP	96/61/(70)		
	Vitals – PR	97b/m		
	Vitals – RR	22b/m		
	Vitals – SpO_2	94%		
	Vitals – Temp	97.8°F		
	Pain Score	0		
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert		
	Skin Integrity (Intact / Bedsore / Any other condition	Intact		
	Restraints If any – Physical / Chemical	Nill		
	Fall Risk (Vulnerable Y/N) if yes score	14		
	(Ambulation, walking, moving with assistance, bed ridden)	Bedridden		
	ADL (Dependent / Non-Dependent)	dependent		
	Critical Lab Test / Values (If any)	–		

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS		Date:	10/6		
	Investigations Procedures	Area / Shift Time	PICU / M		
		Ordered / Planned	plan to do EEG plan to shift to room		
		Due	Nill		
		Reports Pending	Nill		
		Referrals (If any)	Nill		
	Remarks (Special Interventions like, Drainage tube flushing etc.)		Nill		
Handed Over By Name :			Devika		
Signature :			[signature]		
Date:			10/6		
Time:			8pm		
Taken Over By Name :					
Signature :					
Date:					
Time:					

VIH-00199882
Master NEYANSH NAYAK (M)
1 Y 1 M 0 D
09-05-2025
Dr. PAPPULA SINDHURA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 9/6/26

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							
Afternoon							
Night	10pm	Assess the patient condition monitor vital's check & Record	10pm	Assessed the patient condition monitored vital's checked & Recorded	* I/O chart maintain 6th hrly	* maintain intake and output chart	Nikhitha 10/6/26 @8AM.

Docu. No: RCH /FRM / CLINICAL / 148

5

VIH-00199882 Master NEYANSH NAYAK 1 Y 1 M 0 D (M)
09-05-2025
Dr. PAPPULA SINDHURA

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 10/6

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	9am	- Assessment vitals monitoring		- Assessed child general condition vitals monitored	child condition is stable	child is hemodynamically stable	[signature] 10/6 2pm
Afternoon							
Night							

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 9/6/26

Source of Admission: ☐ OPD ☐ Ward ☐ Other: CR

Reason for Admission: seizures

Admission Diagnosis: Break though seizures

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify

Do you require an interpreter? ☑ Yes ☐ No

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

If yes, identify

Source of Information : ☑ Family ☐ Patient ☐ Others, Specify

SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	Nil	Nil	Nil

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list,

Was the child's birth normal? ☐ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☐ Yes ☐ No

CURRENT MEDICATIONS

Taking Medications? ☐ Yes ☑ No

If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 10 kg Length: Head Circumference (< 2 years):

Temp.: 98.6'F HR: 107 b/m RR: 26 b/m BP: 93/98 (60)

Pain Score: 0 Specify Site: (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 17 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (Document in the Braden Q Assessment Sheet)

VIH-00199862 IP-00000288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

Behavioural Status on Admission :
☐ Sleeping ☐ Crying ☑ Calm ☐ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant
☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

NUTRITIONAL SCREENING:
☐ Underweight ☐ Overweight ☐ Special Feeding Method
☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected
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?) ....

Orientation has been given regarding the following aspects:
☑ ID Band in situ
☑ Bedside safety explained
☑ PICU Routine: Doctor's rounds/Medication time
☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify ....
Name of Person Orientation was given to: ..... mother .....
Orientation not given Reason: ....
Nurse Name: ..... Nikhitha ..... Nurse Signature : ..... [signature] .....
Date & Time: ..... 9/6/26 @ 10:50pm .....

DISCHARGE PLAN
Source of Information: ☑ Family ☐ Friend
Will patient require transportation arrangements to go home: ☐ Yes ☑ No
Will Physiotherapy require at home: ☐ Yes ☑ No
Is home medical equipment anticipated: ☐ Yes ☑ No
Is home oxygen therapy anticipated: ☐ Yes ☑ No
Are dressing needs at home anticipated: ☐ Yes ☑ No
Any other needs anticipated: ☐ Yes ☑ No If Yes Specify ....

Discharge Medications: ☐ Yes ☑ No
Details: ....
Final Diagnosis: ..... Break through seizures .....
Nurse Name: ..... Nikhitha ..... Nurse Signature : ..... [signature] .....
Date & Time: ..... 9/6/26 @ 10:50pm .....

Patient Name : Mast. NEYANSH NAYAK UHID : VIH-00199882 IPD : IP-00060288 Gender : Male Age : 1 Y 1 M 0 D

VIH-00199882 IP-00060288
Master NEYANSH NAYAK (M)
09-05-2025 1 Y 1 M 0 D
Dr. PAPPULA SINDHURA

Rainbow® Children's Hospital | BirthRight by Rainbow Hospitals

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Neyansh Age : 1 year

Date : 9/6/26 Time of Arrival : 8:35 pm Gender: ☑ Male ☐ Female

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): —

Source of Information : ☑ Parents ☐ Others (Specify) — ☐ Not known

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 96.0°F PR: 129 b/m BP: 101/67 (78) RR: 26 b/m SpO2: 98%

Chief Complaints: c/o. Seizures since 10 days

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ 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: [signature]

Triage Completion Time : 8:39 pm

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 : Vaishnavi

Signature of Triage Nurse : [signature]

Date & Time : 9/6/26 @ 8:39 pm

Docu. No. : RCH /FRM / CLINICAL / 085

Patient Name : Mast. NEYANSH NAYAK UHID : VIH-00199882 IPD : IP-00060288 Gender : Male Age : 1 Y 1 M 0 D

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 9/6/26 Time of arrival : 8:42pm

Chief Complaints: C/o. Seizures since 10 days RBS: —

Height : — Weight : 9.99kg 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 — ☐ 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

	Yes	No
History of Falling: within past 3 months	☐	☑
Ambulatory Aids:		
• Wheelchair	☐	☑
• Uses furniture for support	☐	☑
Gait/Transferring:		
• Bedrest / immobile	☐	☑
• Weak	☐	☑
• Impaired	☐	☑
Mental Status: Forgets limitations	☐	☑

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 Parents

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

Time of Initial assessment completed by ER Nurse : 8:45pm

Patient Name : Mast. NEYANSH NAYAK UHID : VIH-00199882 IPD : IP-00060288 Gender : Male Age : 1 Y 1 M 0 D

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

Time	Nursing Notes
8:35pm	- Patient Came to ER
8:38pm	- vitals checked & Recorded
8:40 pm	- ER doctor seen the patient
	- Admission done
9:36 pm	- IV placement done
9:45 pm	- Blood samples collected and sented to lab
10:15 pm	- Baby shifted to picu

Samples collected by: } — Sr. Shanthi Time: 9:36pm

Samples sent by : Time: 9:45pm

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 129b/m BP: 101/67(T8) CFT: <3se	Shift - out from ER to: PICU
RR: 26 b/m SPO$_2$: 98%	Time of Shift - out: 9/6/26 @ 10:15pm
GCS: 15/15 Temperature : 96.0°F	Handover given to: Sr. Nikitha (Nurse's Name)
Pain Score: 6cy	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv placement done

Name of the Nurse : Sr. Vaishnavi Signature of the Nurse : Vaishnavi

Date & Time : 9/6/26 @ 10:15pm

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

NURSE HAND OFF COMMUNICATION - ICU

Section	Field				
SITUATION & BACKGROUND	DOA: 9/6/26	Diagnosis: Breakthrough seizures.		Surgery / Procedures:	
	Allergies: Nil			Post OP Day:	
	Date:	9/6/26			
	Area / Shift Time	ER / N			
	Diet:	Soft diet			
	Ventilation (RA, NP, NIV, VENTI)	RA			
INVASIVE LINES	1.	IV cannulation			
	2.				
	3.				
	4.				
ASSESSMENT	Infusions / Transfusions	Nil			
	PU Prophylaxis	Nil			
	DVT Prophylaxis	Nil			
	Vitals — BP	103/67(74)			
	Vitals — PR	110b/m			
	Vitals — RR	26b/m			
	Vitals — SpO_2	99%			
	Vitals — Temp	98.3F			
	Pain Score	'0'			
	LOC (Alert, Conscious, Confusion, Unconscious)	Conscious			
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact			
	Restraints If any — Physical	-			
	Restraints If any — Chemical	Φ			
	Fall Risk (Vulnerable Y/N) if yes score	'17'			
	(Ambulation, walking, moving with assistance, bed ridden)	walking			
	ADL (Dependent / Non-Dependent)	Dependent			
	Critical Lab Test / Values (If any)	-			

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCH/FRM / CLINICAL / 122

Patient Position

RECOMMENDATIONS		Date:	9/6/26			
	Investigations Procedures	Area / Shift Time	ER / N			
		Ordered / Planned	CBP, calcium, magnesium, Electrolytes			
		Due				
		Reports Pending	All reports Pending			
		Referrals (If any)	—			
		Remarks (Special Interventions like, Drainage tube flushing etc.)				
Handed Over By Name :			Vaishnavi			
Signature :			[signature] 020216			
Date:			9/6/26			
Time:			@ 10:40pm			
Taken Over By Name :			Nikhitha			
Signature :			[signature]			
Date:			9/6/26			
Time:			@10.40pm			

Age : 14 Gender : ☐M ☐F

Weight (kg) : 10kg Birth Weight (kg) :

sion : 9/6/26 Day of Ventilator :

Day of ECMO:

Cycle of CRRT / HD / SLED:

TARGET RANGE

HR		RR		TFI	
SBP		SpO2		PaCO2	
MAP		Temp		ICP/CPP	
CVP		U.O		PAP/LAP	

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Blood Group : E.T. Size : Length : D.O.I :

18	19	20	21	22	23	24	01	02	03	04	05	06	07		
															250
															240
															230
					105	102	106	104	107	103	109	115		42	220
														41	210
														40	200
					98.6°F	98.6°F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	39	190
														38	180
														37	170
														36	160
														35	150
														34	140
														33	130
														32	120
					93	90	92	89	88	97	104	95	93	31	110
														30	100
					↑	↑	↑	↑	↑	↑	↑	↑	↑	29	90
														28	80
														27	70
														26	60
					50	68	68	57	61	68	78	59	68	25	50
															40
															35
					↓	↓	↓	↓	↓	↓	↓	↓	↓		30
															28
															26
					48	57	52	44	49	56	65	48	58		24
															22
															20
															18
					25	20.	[illegible]	23	25	26	[illegible]	24	23		16
															14