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

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Your Right to a Safe Delivery.

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : Peadiatrics

Date of Admission : 11/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	7:05PM	ER	PICU	
4/6/26	10:30PM	PICU	1st Floor	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/6	VBG, RBS - 87 Mg/dl	26020052	Nee
	CBP. CRP. Urea. Creat		
	electrolyte. Bicarbonate		
	Calcium, Magnesium		
	Phosphorus.	26020050	Nee
	Plasmarenin Activity		
	Serum Albosterone.		
	CSE	26020051	Nee
	HIV	26020054	Nee
	Cross Clubbed By Br. Rinj 11/6/26		
11/6/26	spot cal/creat. Ratio	26020074	
	CUE, spot urine electrolyte		
13/6	Electrolytes	26020224	
	VBG	26020225	
	USG abdomen	26009604	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26	Monitor	pm	12/6/26 x 8p		
	Infusion pump	7:05	[illegible]	~~3089303~~	Kaey
	Crass Checked	By	Br.	Rinkal	11/6/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/6/26	IV placement	1	30892	Sr. Moglisha.
	Orals Clerked By Dr. Ring		11/6/26	
	ADBR.	1	30818/26	
	Was Checked by Elizabeth C			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth Ajitha		

Name	Master BASKARLA VASISTA SRI VRISHNAV	**UHID**	VIH-00205825
Father/Guardian	Mr BHASKARLA SRINATH	**Age/Gender**	0 Y 7 M 26 D/Male
Address	HNO-3-39 TEKUMATLA TOWN, Jaipur Adilabad, Adilabad, Telangana, INDIA, 504216		
IP No	IP-00060321	**Admission Date**	11-06-2026
Ref Doctor	Dr P Krishna Prasad	**Discharge Date**	13-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SRUTHI BALLA
MD (Paediatrics), DM (Nephrology)
Fellowship in Pediatric Nephrology (ISN)
Consultant Pediatrician & Nephrologist
APMC/FMR/79729

Diagnosis:
Hypokalemic
Hypochloremic
Metabolic alkalosis - renal tubulopathy

History: Master BASKARLA VASISTA SRI VRISHNAV is a 7 M 26 D boy presented with history of weight loss since 2-3 months associated with dull activity, polyuria since last few days prior to admission. For the above complaints, he was investigated and treated at referral center, but in view of persistence of symptoms, he was referred to Rainbow Children's Hospital for further management.

Outside Investigations: Complete blood picture done on 10.06.2026 showed hemoglobin 10.6 gm%, white blood cells count of 14,370 cells/cumm, platelet count of 4.82 lakhs/cumm and C-reactive protein was 0.42 mg/l. Serum electrolytes showed serum sodium - 127 mmol/L, serum potassium - 2.3

mmol/L, chloride - 83.5 mmol/L. Serum creatinine 0.6 mg/dl.

Examination: He was afebrile, maintaining saturations at room air. Heart rate-120/min, blood pressure - 90/70 mmHg and respiratory rate 50/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Weight on admission : 5.37 kgs.
Weight on discharge : 5.72 kgs.

Investigations: Enclosed.

Management: He was admitted in the Pediatric Intensive Care Unit and started on IV fluids, IV antibiotics and potassium supplements in view of hypokalemia.

His serum electrolytes showed serum sodium - 138 mmol/L, serum potassium - 3.1 mmol/L and serum chloride – 97 mmol/L. Serum creatinine 0.3 mg/dl, calcium 10 mg/dl, magnesium 1.8 mg/dl, blood urea 25.7 mg/dl, phosphate 4.4.

Renal: Spot urine calcium 5.0, creatinine 7.4 mg/dl, ratio0.6. Spot urine for sodium 61 mmol/L, potassium 2.5 mmol/L, Chloride 43 mmol/L.

Venous blood gas showed pH – 7.44, pCO2- 41.7 mmhg, pO2 – 38 mmhg, HCO3 – 28.3mmol/l, BE: – 4.2 mmol/l. Child was maintaining saturations at room air and did not require any respiratory support.

His liver function tests showed SGPT 17 U/L, SGOT 35 U/L, ALP 136 U/L, total

serum bilirubin was 0.3 mg/dl with direct fraction 0.1 mg/dl and indirect fraction 0.2 mg/dl, serum albumin was 3.7 g/dl, total protein was 6.0 g/dl, S.globulin was 2.2 g/dl. Ultrasound abdomen was normal. Per abdomen examination was normal. Child was started on IV fluids as oral intake poor, later IV fluids gradually tapered and stopped as oral intake improved.

On admission, complete blood picture showed hemoglobin 9.7 gm%, white blood cells count of 15,030 cells/cumm, platelet count of 4.46 lakhs/cumm and C-Reactive Protein 8 mg/l. CUE & CSE were normal.

Hearing screening (AABR) done was normal. Whole exome sequencing was sent - report awaited. Renin, aldosterone were sent - reports awaited.

As he remained hemodynamically stable, maintaining saturations at room air and accepting feeds well, he was shifted to ward for further management.

During the ward stay, his vitals were regularly monitored. Urine output and weight monitored. Repeat serum electrolytes done on 13.06.2026 showed Na 140 mmol/L, K 3.9 mmol/L, chloride 105 mmol/L. He further improved gradually and he remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

At the time of Discharge : He is active, afebrile and hemodynamically stable.

Discharge Advice:

1. Diet as advised.
2. Syrup Potklor 2.5ml, 12th hourly till further advice.
3. Vitamin-D3 drops (1ml=400IU) 0.5ml, once daily till further advice.
4. Syrup Lactulose 1.5ml once daily at bedtime till further advice.
5. Simyl MCT oil, 1ml, 3 solid feeds per day.

Name	Master BASKARLA VASISTA SRI VRISHNAV	**UHID**	VIH-00205825

6. Tablet Lansoprazole (15mg) Mix 1 tablet in 10ml of water and give, 4ml once daily for 3 days.
7. To do serum electrolytes, spot urine electrolytes on 17.06.2026 (Wednesday) and review with report.
8. Trace Whole exome sequencing, renin, aldosterone reports.
9. Plan to add Spironolactone on follow up.
10. Kindly consult Dr. Sruthi Balla, Consultant Pediatric Nephrologist, on 17.06.2026 (Wednesday) or 19.06.2026 (Friday) in OPD with reports with prior appointment (This consultation will be charged).

In case of Fever:
Paracetamol drops (1ml=100mg), 0.8ml (if needed) if fever more than 99.6*F (maximum 4-6 hourly).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.
In Case of Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained to me.

Name	Master BASKARLA VASISTA SRI VRISHNAV	**UHID**	VIH-00205825

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Name : Signature :

Relationship with patient :

This summary has been explained by :

Admitting doctor : Dr. Vishwaja

Summary prepared by: Dr. B. Prashanthi
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. SRUTHI BALLA
MD (Paediatrics), DM (Nephrology)
Fellowship in Pediatric Nephrology (ISN)
Consultant Pediatrician & Nephrologist
APMC/FMR/79729

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	Inpatient No.	: IP-00060324
Age/Gender	: 0 Y 7 M 24 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
BICARBONATE (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
BICARBONATE (Enzymatic)	**30**	**mmol/L**	H	22 - 29

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
CALCIUM (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
CALCIUM (Arsenazo dye)	10.0	mg/dl		8.5 - 11

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
HEMOGLOBIN (Colorimetry)	**9.7**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	3.73	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**26.7**	**VOL%**	L	33 - 49
MCV (Calculated)	71.5	fL		70 - 86
MCH (Calculated)	26.1	pg/cells		23 - 31
MCHC (Calculated)	**36.5**	**g/dL**	H	30 - 36
RDW-CV (Calculated)	13.0	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	446	10^9/L		150 - 450
MPV (Calculated)	7.7	fL		6.5 - 10
WBC COUNT (DC Detection Method)	15.03	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	27	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	60	%		45 - 76
MONOCYTES (Microscopy, Leishman stain)	10	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	03	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC MICROCYTES(+) WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE			

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040-42462200, Ext 2000,2001,2002.

PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	Inpatient No.	: IP-00060321
Age/Gender	: 0 Y 7 M 24 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
CRP (Immunoturbidimetry)	8.0	mg/L	<10

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Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
CREATININE (Enzymatic)	0.3	mg/dl	0.03 - 0.5

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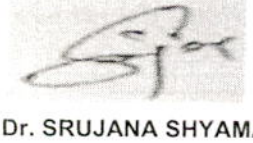
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
SODIUM (Direct ISE)	138	mmol/L		134 - 144
POTASSIUM (Direct ISE)	**3.1**	**mmol/L**	L	3.5 - 6.1
CHLORIDE (Direct ISE)	**97**	**mmol/L**	L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
MAGNESIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
MAGNESIUM (Formazon dye)	1.8	mg/dl	1.6 - 2.6



Dr. SRUJANA SHYAMALA, MD, DNB

PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	Inpatient No.	: IP-0006032
Age/Gender	: 0 Y 7 M 24 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PHOSPHOROUS (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
PHOSPHOROUS (UV-Phosphomolybdate)	4.4	mg/dl	3 - 6.9

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
UREA (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:29
UREA (Kinetic, Urease)	25.7	mg/dl	4 - 28

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE STOOL EXAMINATION (Specimen : STOOL)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:37
PHYSICAL			
COLOUR (Visual Examination)	BROWNISH		
CONSISTENCY (Gross Examination)	**SOLID**		
pH (Double pH indicator)	7.0		5 - 8.5
MUCUS (Gross Examination)	ABSENT		ABSENT
BLOOD (Gross Examination)	ABSENT		ABSENT
UNDIGESTED FOOD (Gross Examination/Microscopy)	ABSENT		ABSENT
HELMINTHES (Gross Examination/Microscopy)	NIL		NIL
MICROSCOPY			
PUS CELLS	2 - 4	HPF	0 - 5
RED BLOOD CELLS (Stool)	NIL	HPF	NIL
STARCH GRANULES	ABSENT		ABSENT
YEAST CELLS	NIL		NIL
FAT GLOBULES	ABSENT		ABSENT
PROTOZOA	NIL		NIL

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	Inpatient No.	: IP-00060321
Age/Gender	: 0 Y 7 M 24 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :11-06-2026 18:39
RANDOM BLOOD GLUCOSE (GOD/POD)	87	mg/dl		70 - 140

Investigation	Result	Unit		Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date :11-06-2026 18:39
PH (Reagent Strip/Double PH Indicator)	7.44	unit		7.35 - 7.45
pCO2	41.7	mm Hg		35 - 48
pO2	**28.3**	**mm Hg**	L	83 - 108
HCO3	27.4	mmol/L		
BE	3.8	mmol/L		
O2 Sat	78.8	mmol/L		

Investigation	Result	Unit	Biological Reference Interval
HIV TEST (CARD METHOD) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 18:45
HIV TEST (CARD METHOD)	Non-reactive		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 21:48
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.010		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL
CHEMICAL			
PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT

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PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	Inpatient No.	: IP-00060321
Age/Gender	: 0 Y 7 M 24 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**2-3**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**1-2**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
SPOT CALCIUM / CREATININE RATIO (Specimen : URINE)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 21:48
SPOT CALCIUM (Arsenazo)	5.0	mg/dl		
SPOT CREATININE (Modified Jaffe Kinetic)	**7.4**	**mg/dl**	L	24 - 392
RATIO	0.6			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
SPOT URINE ELECTROLYTES (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :11-06-2026 21:48
SPOT URINE FOR CHLORIDES	43	mmol/L	
SPOT URINE POTASSIUM	2.5	mmol/L	
SPOT URINE SODIUM	61	mmol/L	

Dr. RASHIDA MAHREEN, MBBS,MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :12-06-2026 06:39
SODIUM (Direct ISE)	138	mmol/L	134 - 144

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	**Inpatient No.**	: IP-00060321
Age/Gender	: 0 Y 7 M 25 D/ Male	**Admit Date**	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
POTASSIUM (Direct ISE)	3.9	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	99	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	**Inpatient No.**	: IP-0006032[illegible]
Age/Gender	: 0 Y 7 M 25 D/ Male	**Admit Date**	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
GAMMA GLATAMYL TRASFERASE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :12-06-2026 06:51
GAMMA GLUTAMYL TRANSFERASE (Szasz method)	10	U/L	5 - 32

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

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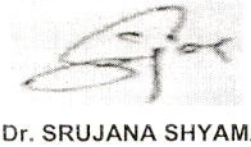
PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	**Inpatient No.**	: IP-00060321
Age/Gender	: 0 Y 7 M 25 D/ Male	**Admit Date**	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :12-06-2026 09:18
TOTAL BILIRUBIN (Azobilirubin)	0.3	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	35	U/L	22 - 63
SGPT (ALT) (Kinetic with P5P)	17	U/L	12 - 45
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	136	U/L	120 - 470
PROTEIN (Biuret method)	6.0	g/dL	5.9 - 7
ALBUMIN (Bromocresol Green)	3.7	g/dL	2 - 4.7
GLOBULIN (Calculated)	2.29	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.6		1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :13-06-2026 04:48
SODIUM (Direct ISE)	140	mmol/L	134 - 144
POTASSIUM (Direct ISE)	3.9	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date :13-06-2026 04:48
PH (Reagent Strip/Double PH Indicator)	7.44	unit		7.35 - 7.45
pCO2	**33.0**	**mm Hg**	L	35 - 48
pO2	**44**	**mm Hg**	L	83 - 108
HCO3	22.4	mmol/L		
BE	-1.6	mmol/L		
O2 Sat	82.1	mmol/L		

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.
040-42462200, Ext 2000,2001,2002,

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PatientName	: Master BASKARLA VASISTA SRI VRISHNAV	Inpatient No.	: IP-0006032
Age/Gender	: 0 Y 7 M 26 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval

Master BASKARLA VASISTA SRI VRISHNAV	9014482233
0 Y 7 M 25 D	R26-009404
Male	12-06-2026 09:18 AM
IP-00060321	13-06-2026 10:48 AM
VIH-00205825	
SRUTHI BALLA	

ULTRASOUND ABDOMEN

LIVER : Normal in size 7.6 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size 5.8 cm and echotexture.

PANCREAS : Normal in size and echotexture. MPD not dilated. No calcification noted.

KIDNEYS :

Right kidney : 54 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 55 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Empty at present scan.

No ascites / lymphadenopathy. No evidence bowel wall thickening /edema.

Impression:

No obvious sonological abnormality in abdomen.

Suggested clinical correlation.

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060321 **Admit Date** : 11-Jun-2026 **Admit Time** : 06:05 PM **UHID** : VIH-00205825

Patient Details :

Patient Name	: Master BASKARLA VASISTA SRI VRISHNAV	**Age**	: 0 Y 7 M 24 D
Guardian	: Mr BHASKARLA SRINATH	**DOB**	: 18-10-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-3-39 TEKUMATLA TOWN Jaipur Adilabad Adilabad Telangana INDIA 504216	**Phone No**	: 9014482233/ 9100564468
		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 : Mr BHASKARLA SRINATH **Relationship** : Father

Contact Address : HNO-3-39 TEKUMATLA TOWN Jaipur Adilabad Adilabad Telangana INDIA 504216 **Phone No** : 9014482233 / 9100564468

Signature

Doctor Details :

Doctor Name : Dr. SRUTHI BALLA **Specialisation** : PEDIATRIC NEPHROLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. PREETHAM KUMAR

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : Mast. BASKARLA VASISTA SRI VRISHNAV UHID : VIH-00205825 IPD : IP-00060321
Gender : Male Age : 0 Y 7 M 24 D

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/6/26. Time of arrival : 4:22pm.

Chief Complaints: c/o. weight loss since 2-3 months RBS: 87mg/dl

Height : — Weight : 5.49kg MI : — Head Circumference (<2 years) 43cms.

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

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 Parents.

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 (Brother)

Time of Initial assessment completed by ER Nurse : 4:25 pm.

(P.T.O.)

Patient Name : Mast. BASKARLA VASISTA SRI VRISHNAV UHID : VIH-00205825 IPD : IP-00060321
Gender : Male Age : 0 Y 7 M 24 D

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

Time	Nursing Notes
@ 4:15 pm	Patient come to ER
@ 4:19 pm	Vitals Checked & recorded.
4:23 pm	Dr. Vishwaja Seen the patient.
4:27 pm	Doctor Advice for admission, Admission done.
4:31 pm	IV Placement done, Sample Colacted & Send to Lab.
	Patient Shifted to PICU

Samples collected by: Sr. Moglisha
Samples sent by :

Time: @ 4:45 pm
Time: @ 4:50 pm.

Medication given in ER:

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

Nill

Condition of patient at time of shift - out :

HR: 146 b/m BP: 94/72 @5 CFT 2 sec.
RR: 24 b/m SPO_2 : 99%.
GCS: Alert & Conscious Temperature : 98.1°F
Pain Score: 0
Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: PICU
Time of Shift - out: 11/6/26 @ 7:05PM
Handover given to: Sr. Supriya (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Swagatika
Signature of the Nurse :

Date & Time : 11/6/26 @ 7:05PM

Patient Name : Mast. BASKARLA VASISTA SRI VRISHNAV UHID : VIH-00205825 IPD : IP-00060321
Gender : Male Age : 0 Y 7 M 24 D

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

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wt: 5.49 kgs
RBS:- 87mg/dl

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. vasist Srivishu Age : 7m
Gender: ☑ Male ☐ Female

Date : 11/6/26 Time of Arrival : 4:15pm

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: 98.3°F PR: 124bpm BP: 92/74 (82) RR: 26bpm SpO2: 99%

Chief Complaints: c/o weight loss since 2-3 months.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking
Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding
Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ 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.

M. Kal
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 4:20pm.

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 : Swaroopa K B

Signature of Triage Nurse : .....

Date & Time : 11/6/26 4:20pm.

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205825 IP-0006032 Master BASKARLA VASISTA SRI 18-10-2025 0 Y 7 M 24 D (M) Dr. SRUTHI BALLA	11/6/26 / 6:5pm	11/6/26 / 10':30pm
	Transfer Ordered by Dr. Shivam	Reason for Transfer child is stable
From Unit PICU	To Unit 1st floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File V1	Number of Imaging Films VBH-(1)	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.	5cc - (5)	DNS - (1)
2.	2cc - (5)	underpad - (2)
3.	10cc (5)	
4.	Intrafix - (1) NS 100ml - (3)	
5.	DW 10ml - (10) / Dpri	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Renuka 11/6/26 10':30pm	Dr. Sruthi Balla

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

VIH-00205825 IP-0006321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 11/6/25

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

Reason for Admission: Hypo kalemia

Admission Diagnosis: Hypokalemia

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
weight loss last 2-3 months	—	—

Family History: Nill

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: 9.270 Length: Head Circumference (< 2 years):

Temp.: 98.6 HR: 140 RR: 36 BP: 98/60

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

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?) ..... 1 .....

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: .....

Orientation not given Reason: .....

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

Date & Time: 11/6/25 @ 7:05 pm

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: .....

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

Date & Time: 11.6.25 @ 7:10 pm

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

(P.T.O.)

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Name : Vashista Age/Sex 7 months/M

Information given by: mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o weight loss since 2-3 months.
dull activity

History of present illness :

Child brought by parents with c/o weight loss since 2-3 months
c/w dull activity
H/o polyuria - since last few days.
↓
Visited outside hospital.
On evaluation - metabolic alkalosis + dyselectrolytemia
↓
Started on IVF ~ Chloride & potassium.
↓
admitted in RCH
for further Management

H/o constipation (+), H/o frequent cold, cough in last few months (+)
currently child is on mother feeds.
↓
tolerating well.
↓ managed on nebulisation (no hospitalisation)

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

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

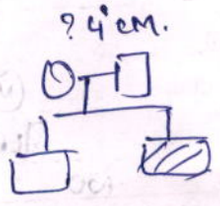
11/6/26 @Am.
pH - 7.5
HCO3 - 42.6
Lactate 0.3

10/6/26
CRP : 0.42
Hb - 10.6
TLC - 14,370
RBC - 4.16
PCV - 29 %
Plt : 4,02
S.creat : 0.6

S. Na+ - 127.1
S. K+ - 2.38
S.Cl - 83.5

Birth & Neonatal History:

Term / 3kg / NO NICU stay / LSCS (Emergency)



Birth & Socio Economic History:

About Father : Class III
About Mother :
Any additional Information :

Developmental History :

appropriate for age

Immunization History :

Received upto date vaccination

(P.T.O.)

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 5.37kg (Centile _____)

On Examination :

Temperature : 97.3°F Pulse Rate : 124/min B.P. 92/74 (82) SPO2 99%.

Resp.rate and type of breathing : 50/min.

Rash (-)

Lymphadenopathy

Oedema : (-)

Allergies (if any): (-).

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BLAE (+)

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements : NO

Reflexes : ↑

DTR **Superficials:**

Plantars Flexor

Sensory System : +

Bladder / Bowel : Constipation +

Clinical Summary & Diagnostic:

? pseudo Bartter syndrome

(P.T.O.)

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complicateon

Desired goals of the treatment : To treat current condeteon

D/W DR. shruthi mam

Planned Labs:

UBG.
CBP, RFT, CRP
S.Ca, S.Mg, S.phosphorus
Spot urine, electrolytes
Spot urine Ca, Createnenine
EOE, TSE, Urine K+, creat
USG Abdomen
Plasma Renen aldosterone
Urinary prostaglandins
→ MES (after financial counselling)

Planned Management

1) 1/2 DNS + 7.5ml KCl @ 2/3 M
2) Inj ceftriaxone
3) Inj pantoprazole.
4) Urine output monitoring + Input
Water for polyuria
5) Rp charting 4th hourly
6) Plan for electrolyte correcteon
↳ after reports.
↓
inform DR. shruthi mam
7) Hearing evaluateon.

noted by - Sabin 11/6/26 @ 7:50 -

Signature of the Doctor: G.V
Name of the Doctor: DR. Vishwaja
Date & Time: 11/6/26

Signature of the Consultant: Sruthi B
Name of the Consultant: DR. SRUTHI BALLA
Date & Time:

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8:30pm	CDLW Dr Sruthi Parents informed Child stable O/E Child Active CVS S_1S_2 (N) RS - B/L AE (N) PA - SOFT NVS Stable Plan ← Shift to ward	

Noted by
Renuka
11/6/26
9:1 pm

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 20:50	**Shifting Note**	

7 month old male child with weight 6kg referred i/v/o Hypokalemia.
Blood samples sent, child started on IV fluids. Reports collected
Child Hemodynamically stable so child is being shifted towards.

Plan

- Strict Input output charting
- Serum electrolytes in morning to be done
- Continue same IV fluid
- BP charting 4th hrly

Noted by
Renuka
11/6/26 8pm

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

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 25 D (M)
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6 9:00 am	D/w c Dr Sruthi mam.	
	→ Reports updated	
	Plan	
	- Usg Abdomen	
	↓	
	Based on Report →	Potassium Chloride / Potassium citrate
	→ cft in same sample	
	→ WES. (financial counselling)	
1 Dr Sruthi	O/E	
	Child Alert	
	vitals stable	
	CVS: S1S2 (+)	
	RS: BL/AE (+)	
	P/A: soft	
	CNS: WNL.	
		Plan
		- strict I/O charting
		- Continue IVF
		- BP charting 4thly
		- Monitor tals
	Noted by 12/6/26 @2pm	

Form No. : RCH /FRM / CLINICAL / 088

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 25 D (M)
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2026 2:45pm	S/B Dr. Sruthi Balla 7 months old, Mod - Severe FTT Polyuria Hypokalemic Hypochloremic Met alkalosis Initial Severe Alkalosis Saline Response NO vomiting, NO diuretic exposure No obvious diarrhoea U/E - OK. Ca/Cr - 0.6, Mg - (N). USG - WNL No nephrocalcinosis Renin Aldosterone } awaited CSE - WNL Blood pressures - WNL LFT - WNL. Probable Hypokalemic Renal tubulopathy To R/o - Bartters - Pseudobartters CF - Renal Tubular dysgenesis	Adv 1) IVF same to Continue 2) T/M - VBG - S. Electrolytes 3) Check wt T/M 4) I/O charting 5) WES to be planned 6) Inform Renin Aldosterone reports

Ruthi

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 25 D (M)
Dr. SRUTHI BALLA

Rainbow Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 3pm	S/B Dr. Sruthi.	
	Plan D/C T/m after reports	hypokalemia hypochloremia - Renal tubulopathy ?ut - for 1 evaluation
	1) Syp POTKLOR 2.5ml BD	till further orders
	2) Vit D3 drops 400 IU/ml - 0.5ml - OD	
	3) Syp Lactulose 1.5ml H/S OD.	
	4) Review on Wednesday / Friday	
	- S. Electrolytes	- Lanzoprazole ↓ wed
	- Spot urine Electrolytes	
	- Renin	
	- Aldosterone	Reports
	5) Plan to add Spironolactone on follow up.	
		Sruthi.
	Noted by Banavika 1/6 @ 8pm	- Stop IVF @ 10:00pm.
		- Give potklor @ night.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 8:00 PM	C/S/B Resident D/w Dr. Shruthi mam.	
	Twt: 5.72 kgs U/O → 2.7 cc/kg/hr.	Plan - D/c today. - f/u wednesday.
Dr. Prathana.		
		Noted By manisha 13/6/26 @9:30pm

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Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
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Patient Sticker

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 11/6/25 Time:	11	1	3	5	7				
Doctor/Nurse/Family Concern?	AM	AM	AM	AM	AM				
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.4°F				
Heart Rate (bpm) and Blood Pressure (mmHg) *	95/(68)/59		100/(71)/63		91/(61)/50				
Heart Rate (Number)	117	130	129	116	121	131	129	131	133
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	29	35	40	25	30	42	35	21	34
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	96	98	100	95	98	96	100
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	SK	SK	SK	SK	SK	SK	SK	SK	SK

Note: BP does not score in early warning scoring

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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Dr. SRUTHI BALLA

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM

12/6/26

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.1°F | 98.6°F | 98.1°F | 98.6°F | 98.3°F | 98.6°F

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

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	120	150	125	127	121	130	125	121	122	120	135	120	125	113	115	110

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

70 60 50 40 30 20 10

Resp Rate (Number)	34	37	30	36	31	31	35	36	35	32	36	35	34	30	28	29

Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	98	99	99	100	100	99	98	99	98	97	97	98	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15	11	15	15
TOTAL SCORE Number of shaded boxes	0	0	0		0		0		0		0	0	0	0	0	0
Pain Score	0	0	0		0		✓		0		0	0	0	0	0	0
Observer's Initials	M	M	M	MM	MM		B		B		B	MM	MM	MM	MM	M

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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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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Dr. SRUTHI BALLA

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/6/26 Time: 9 AM

Doctor/Nurse/Family Concern?

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94 — 98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50 — 99, 78

Note: BP does not score in early warning scoring

Heart Rate (Number): 113

Noted By Manisha 13/6/26 @9:30AM

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

Resp Rate (Number): 30

Resp Distress	Mod/ Severe / None / Mild	N
Receiving O_2 (l/min) O_2 Saturations (%)		99
Conscious Level	Normal / Altered	N
GCS *		15
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		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.
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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)

Patient

VIH-00205825 IP-00060321
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(1)

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FLUID CHART

Sheet No. : (1)

11/6/26

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
11/6	08:00 pm											
	09:00 pm											
	10:00 pm		DBM	½DNS+KCl								
	11:00 pm			14ml								
	12:00 am		Edly	14ml								
	01:00 am		water	14ml						100ml	1	Subha 11/6
Total Intake :						**Total Output :**						
12/6	02:00 am			14ml							1	
	03:00 am		DBM	14ml								
	04:00 am			14ml								Subha 12/6 @ 7AM
	05:00 am		DBM									
	06:00 am											
	07:00 am									136		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	84 ml

Total 24 hrs. Output	236ml

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FLUID CHART

Sheet No. : .....

12/6/26

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	DMS	N.G							
12/6	08:00 am		DBM	14ml						15ml		
	09:00 am			14ml								
	10:00 am		DBM	14ml			✓			20ml	0	Manisha 12/6 @2pm
	11:00 am			14ml								
	12:00 pm		DBM	14ml								
	01:00 pm			14ml			✓			51ml		
Total Intake : 84ml						Total Output : 86ml						
12/6	02:00 pm		DBM	14ml								
	03:00 pm			14ml			✓			20ml		
	04:00 pm		DBM									
	05:00 pm			14ml						30ml	0	Benarika 12/6 @7pm
	06:00 pm		DBM									
	07:00 pm						✓			60ml		
Total Intake : 42ml						Total Output : 110 ml						
12/6	08:00 pm		D									
	09:00 pm											
	10:00 pm		Dly							63ml		
	11:00 pm										0	Manasa 12/6
	12:00 am											
	01:00 am		DBM									
Total Intake :						Total Output : 63ml						
	02:00 am											
	03:00 am											
	04:00 am		DBM									
	05:00 am										0	Manasa 13/6 @AM
	06:00 am									114ml		
	07:00 am		DBM									
Total Intake :						Total Output : 117 ml						

Total 24 hrs. Intake	126 ml	Total 24 hrs. Output	376 ml

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FLUID CHART

Sheet No. : .....

Today wt - 5.72kg 13/6/26

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							
	08:00 am		Idly							✓	1	manisha
	09:00 am		water									
	10:00 am										0	
	11:00 am											
	12:00 pm										1	
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Noted by manisha 13/6/26 @9.30am

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... Shifted to: .....

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	INJ CEFTRIAXONE	260mg	IV	12th hrly	11/6	☐C ☐DC
2	INJ PANTOPRAZOLE	5mg	IV	OD	11/6	☐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 Shiva

Date & Time : 11/6/26 10pm

Nurse Name & Signature: Renuka

Date & Time : 11/6/26 10:30pm

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DRUG CHART

Date of Admission: 11/6/26 Drug Allergies: — ✓ ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG :				Date / Time →
Dose	Route	Frequency	Start 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:				

Signature .....

VERIFIED BY : Name .....

Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

REGULAR PRESCRIPTIONS

Weight. 5.37 Ward. PICU

Noogiise 11/6 Dr Ashoka

DRUG : INJ. CEFTRIAXONE				Date / Time: 11/6, 12/6, 13/6
Dose	Route	Frequency	Start Date	
260mg	IV	12th hourly	11/6	6 AM: X, signed, signed; 6 PM: signed, signed
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja.				
Additional Instructions: 50mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

Noogiise 11/6 Dr Ashoka

DRUG : INJ. PANTOPRAZOLE				Date / Time: 11/6, 12/6, 13/6
Dose	Route	Frequency	Start Date	
5mg	IV	Once daily	11/6	7 PM; 6 AM: signed, signed, signed
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				
Additional Instructions: 1mg/kg/dose.				
Daily Doctor's Endorsement by a Sign				

As per doctor Sruthi advice Chith 12/6/26

DRUG : SYP POTKLOR				Date / Time: 12/6
Dose	Route	Frequency	Start Date	
2.5ml	Po	BD	12/6/2026	10 AM: ✓; 10 PM: signed
Name & Signature of the Doctor Starting the Drugs: Sruthi				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....
VERIFIED ... Name .....

VIH-00205825 IP-00060321
Master BASKARLA VASISTA SRI
18-10-2025 0 Y 7 M 24 D (M)
Dr. SRUTHI BALLA

I.V. FLUIDS CHART

Weight. 5.37kg Ward. PICU

		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
11/6	7PM	1/2 DNS + 7.5ml KCl (2/3rd)	IV	14ml/hr		Sunitha			

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