

INSURANCE COPY

Rainbow
Children's
Hospital
It takes a lot to treat

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby Of MOUNIKA KOMPALLY	UHID	VIH-00201602
Father/Guardian	Mr MOUNI KAMPALLY	Age/Gender	0 Y 5 M 6 D/Male
Address	sainikpuri, hyderabad, Sainikpuri, Hyderabad, Telangana, INDIA, 500094		
IP No	IP-00060465	Admission Date	24-06-2026
Ref Doctor	Self	Discharge Date	26-06-2026

DISCHARGE SUMMARY

Consultant:

Dr. AKHEEL SYED RIZWAN

MBBS, DCH, MRCPC (UK)

SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY

Diagnosis: Acute Febrile Illness with Dehydration

History: Baby Of MOUNIKA KOMPALLY is a 0 Y 5 M 6 D boy presented with history of excessive cry, moderate to high grade intermittent fever since 1 day prior to admission. For the above complaints, he was admitted to Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. Heart rate-116/min, blood pressure - 70/50 mmHg and respiratory rate 30/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. Prolonged CRT present.

Weight on admission : 8.85 kgs.

Investigations: Enclosed.

Management: Initially in ER, NS bolus was given and was admitted in the ward and started on intravenous fluids and intravenous antibiotics. He was treated symptomatically with antipyretics and antacids.

Name	Baby Of MOUNIKA KOMPALLY	UHID	VIH-00201602
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His venous blood showed pH 7.40, pCO₂ 34.2 mmHg, pO₂ 51 mmHg, HCO₃ 21.6 mmol/L, BE - 3.6 mmol/L. Complete blood picture showed hemoglobin 10.8 gm%, white blood cells count of 5,400 cells/cumm, platelet count of 3.75 lakhs/cumm and C-reactive protein was 7.0 mg/l. Serum electrolytes and Serum creatinine were normal. CUE was normal. Ultrasound abdomen was normal.

He was continued on same line of management. He was regularly monitored for fever spikes. His fever spikes gradually settled. 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.

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg), 2ml 12th hourly (after food) for 2 days (Refrigerate after reconstitution).
3. Nasolear nasal drops, 2 drops into each nostril 6th hourly for 3 days.
4. Nebulization with 3% Hyperneb, 4ml 12th hourly for 3 days.
5. Kindly consult Dr. Akheel Syed Rizwan, Consultant Pediatrician & Neonatologist, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Paracetamol drops (1ml=100mg), 1.3ml (if needed) if fever more than 99.6°F (maximum 4-6 hourly).

Name	Baby Of MOUNIKA KOMPALLY	UHID	YH-00201602
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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.

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 by doctorin the language that I understand and I have understood the same.

Name :
 Relationship with patient :
 This summary has been explained by :

Signature :

Summary prepared by: Dr. Vishwaja
 DEO : Kalyan

M. Vishwaja
Registrar/Resident/C.M.O

V. Rizwan
Dr. AKHEEL SYED RIZWAN
 MBBS, DCH, MRCPCH (UK)
 SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY
 TSMC-13579

PatientName : Baby Of MOUNIKA KOMPALLY
 Age/Gender : 0 Y 5 M 4 D/ Male
 Ward/Bed : N 0 GF-EMERGENCY/ ER 102

Inpatient No. : IP-00060465
 Admit Date : 24-06-2026
 Discharge Date :

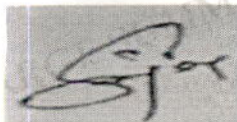
Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date :24-06-2026 18:40
HEMOGLOBIN (Colorimetry)	10.8	g/dL	9.5 - 13.5
RBC COUNT (DC detection method)	4.40	10 ¹² /L	3.1 - 4.5
PCV/HCT (Calculated)	29.5	VOL%	29 - 41
MCV (Calculated)	67.2	fL	L 74 - 108
MCH (Calculated)	24.6	pg/cells	L 25 - 35
MCHC (Calculated)	36.6	g/dL	H 30 - 36
RDW-CV (Calculated)	12.3	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	375	10 ⁹ /L	150 - 450
MPV (Calculated)	6.8	fL	6.5 - 10
WBC COUNT (DC Detection Method)	5.40	10 ⁹ /L	L 6 - 17.5
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	46	%	H 13 - 33
LYMPHOCYTES (Microscopy, Leishman stain)	43	%	41 - 71
MONOCYTES (Microscopy, Leishman stain)	10	%	4 - 14
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC, MICROCYTES(++) WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE		



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 :24-06-2026 18:40
CRP (Immunoturbidimetry)	7.0	mg/L	<10



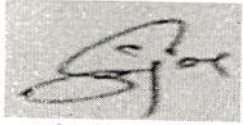
Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
			Order Date :24-06-2026 18:40


PatientName : Baby Of MOUNIKA KOMPALLY Inpatient No. : IP-00060465
Age/Gender : 0 Y 5 M 4 D/ Male Admit Date : 24-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 102 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.3	mg/dl	0.03 - 0.5



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 :24-06-2026 18:40			
SODIUM (Direct ISE)	138	mmol/L	134 - 144
POTASSIUM (Direct ISE)	4.7	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	103	mmol/L	98 - 108



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 :24-06-2026 18:41			
RANDOM BLOOD GLUCOSE (GOD/POD)	114	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)			
TEST RESULT STATUS : REPORT ENTERED Order Date :24-06-2026 18:41			
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			
TEST RESULT STATUS : REPORT AUTHORISED Order Date :24-06-2026 20:45			
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020		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

Rainbow Children's Hospital - Secunderabad

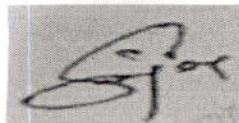
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009. 040-42462200, Ext 2000,2001,2002,



PatientName : Baby Of MOUNIKA KOMPALLY
Age/Gender : 0 Y 5 M 4 D/ Male
Ward/Bed : N 0 GF-EMERGENCY/ ER 102

Inpatient No. : IP-00060465
Admit Date : 24-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
MICROSCOPY			
PUS CELLS	3-4	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

Baby Of MOUNIKA KOMPALLY

0 Y 5 M 4 D

Male

IP-00060465

VIH-00201602

AKHEEL SYED RIZWAN

R26-010116

24-06-2026 07:17 PM

26-06-2026 12:24 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size 8.4 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

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

SPLEEN : Obscured only head visualized, rest obscured by bowel gas.

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

KIDNEYS :

Right kidney : 57x24 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 56 x 26 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended minimally and appears normal.

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

Impression

No significant sonological abnormality.

Suggested clinical correlation.

Print Date/Time : 26-06-2026 12:24 PM

Printed By : A HARISH
CHANDRA KALYAN

Page: 1 of 1

VIH-00201602 IP-00060465
 Baby Of MOUNIKA KOMPALLY
 20-01-2026 0 Y 5 M 5 D (M)
 Dr. AKHEEL SYED RIZWAN

101



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
25/6	00.00	12:30pm - hyperneb	Prisha	[Signature]
	01.00	7:00pm - hyperneb	anasa	
25/6	02.00	12:00AM - hyperneb	Benonika	[Signature]
	03.00	6:AM - hyperneb	Benonika	
	04.00	(14) - 3090662	Benonika	
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

ACTIVITY RECORD FOR BILLING

VIH-00201602 IP-00060465

Baby Of MOUNIKA KOMPALLY

20-01-2026 0 Y 5 M 4 D (M)

Name: - Dr. AKHEEL SYED RIZWAN

UHID No



Consultant: -----

Dept: 232

Date of Admission: 21/01/26 Time: 8:20am Date of Discharge: ----- Time: -----

Room / Bed No: 102 Ward: 1st Floor Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>24/6/26</u>	<u>8:20am</u>	<u>NR</u>	<u>102</u>	<u>(W)</u>

Cross Consultation Visit

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

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060465

Admit Date : 24-Jun-2026

Admit Time : 06:09 PM UHID : VIH-00201602

Patient Details :

Patient Name : Baby Of MOUNIKA KOMPALLY

Age : 0 Y 5 M 4 D

Guardian : Mr MOUNI KAMPALLY

DOB : 20-01-2026 12:41 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : sainikpuri, hyderabad Sainikpuri Hyderabad
Telangana INDIA 500094

Phone No : 9885204509/ 9985750207

E-mail : mounikompally@gmail.com

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 102

Ward Name : N 0 GF-EMERGENCY

Room No : ER 102

Admission Type : First Visit

Contact Details :

Name : Mr MOUNI KAMPALLY

Relationship : Father

Contact Address : sainikpuri, hyderabad Sainikpuri Hyderabad
Telangana INDIA 500094

Phone No : 9885204509

Ull
Signature
Grandfather

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :


Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : TATA AIG General Insurance Co Ltd

PATIENT TRANSFER FORM

/IH-00201602 IP-00060465 Baby Of MOUNIKA KOMPALLY 10-01-2026 0 Y 5 M 4 D (M) Dr. AKHEEL SYED RIZWAN 		Date & Time of Admission 24/6/26 @ 6:09 PM		Date & Time of Transfer Order 24/6/26 @ 8:20 PM	
Treating Consultant Name 		Transfer Ordered by Dr. Vishwaja		Reason for Transfer Admission	
From Unit 102		To Unit 107		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (21)		Number of Imaging Films 1009		Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over					
Sl.No.	Item Name			Quantity	
1.					
2.					
3.					
4.					
5.					
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name & Signature of Person who is Transferring Sr. Lehan (Signature)			Name of Person Ordered Transfer Dr. Vishwaja		
Patient & Clinical Records Received by : Sr. Bevanika					
Date & Time of Patient Received : 24/6/26 @ 8:20 PM					

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready

Patient Name : B/O. MOUNIKA KOMPALLY UHID : VIH-00201602 IPD : IP-00060465 Gender : Male Age : 0 Y 5 M 4 D

VIH-00201602 IP-00060465
Baby Of MOUNIKA KOMPALLY (M)
20-01-2026 0 Y 5 M 4 D
Dr. AKHEEL SYED RIZWAN



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/6/26 Time of arrival : 6:4 PM
Chief Complaints : No Fever since today after, Excessive crying RBS: 114 mg/dl
Height : — Weight : 8.85 kg 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: <input checked="" type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly <input type="checkbox"/> If Patient is > 6 years Assess the below parameters History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ambulatory Aids: • Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gait/Transferring: • Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES FOR ANY CATEGORY = RISK FOR FALLING Fall Risk Intervention: <input type="checkbox"/> Escort while ambulating <input type="checkbox"/> Assist Patient <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention	Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality Inform consultant for positive criteria Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method Inform consultant for positive criteria
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Psychological Screening: No Significant Findings
Unusual concerns about patient's Psychological Status: Yes No
If Yes Consultant Notified: — (Date/Time): —
Social History: Lives With Family
Siblings in household Yes No (if yes How Many?) —
Time of Initial assessment completed by ER Nurse : 6:19 pm

Patient Name : B/O. MOUNIKA KOMPALLY UHID : VIH-00201602 IPD : IP-00060465 Gender : Male Age : 0 Y 5 M 4 D

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

Time	Nursing Notes
6:58pm	* patient came to ER
6:9pm	* vitals checked and Recorded
6:13pm	* Dr. vishwaja Seen the patient and advised admission
6:17pm	* Admission process done
6:21pm	* iv placement done & collected the samples send to lab & COVID: Nlog
7:01pm	* patient shifted to ward

Samples collected by: } Ssr. Kiran
 Samples sent by: }

Time: } 6:21pm
 Time: }

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:37pm	NS Bolus x2	IV	160 ml	Dr. vishwaja	AS
7:32pm	inj. ceftriaxone	IV	100mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 142b/M BP: crying CFT: C2sec RR: 25b/M SPO ₂ : 100% GCS: 15/15 Temperature: 98.2°F Pain Score: 0 Repeat RBS (if applicable): -	Shift - out from ER to: 107 Time of Shift - out: 24/6/26 @ 8:20 Handover given to: Ssr. Narayana (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement Done

Name of the Nurse : Ss. Aschitha

Signature of the Nurse : AS

Date & Time : 24/6/26 @ 8:20

Y 5 M 4 D

VIH-00201602 IP-00060465
 Baby Of MOUNIKA KOMPALLY
 20-01-2026 0 Y 5 M 4 D (M)
 Dr. AKHEEL SYED RIZWAN



WT: 8.85 kg
 GRBS: 114 mg/dl
 Gender: Male Female

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Mounika Age : 5M

Date : 24/6/20 Time of Arrival : 6:05 PM

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: 98.2°F PR: 116 b/M BP: 109/82 (91) RR: 25 b/M SpO₂: 100%

Chief Complaints: fever since today after, Excessive crying dehydration

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		Work of Breathing: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea <i>today</i>		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable: <ul style="list-style-type: none"> <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening 	
---	--	--	--	--	--

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 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]
 Signature of Parent / Guardian
 Triage Completion Time : 6:09 PM

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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: _____
- 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 : Aachi
 Date & Time : 24/6/20 @ 6:09 PM

[Signature]
 Signature of Triage Nurse :



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: API & dehydration
Arrival Time: 8:30pm **Mode of Arrival:** referred by Mother **Admitting From:** ER OPD Direct
Allergy / Adverse Reaction: Nil Yes **Body Weight:** 8.85 Kg
Height: _____ cm

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify) _____

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Yes</u>	<u>Nil</u>	<u>Nil</u>

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 Medication: None Yes, If Yes, fill reconciliation form
Observations: Weight: 8.85kg Length: _____ Head Circumference (< 2 years): _____
 Temp.: 98.6 HR: 140 b/m RR: 35 b/m BP: 108/57/69

Pain Score: 0 Specify Site: _____ (Follow Pain Assessment Sheet & Document)
Fall Risk Assessment: Yes No Score: 14 (Document in the Humpty Dumpty Sheet)
Risk of Pressure Sore (Braden Q Score) 21 (Document in the Braden Q Assessment Sheet)

Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker
 Character of Pain 0 Location _____ Frequency _____ Duration _____

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 Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: Nil (Date/Time): -

Social History: Lives With Family

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

All Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No Waste Disposal Explained: Yes No

Infusion Pump : Yes No Hand hygiene Explained: Yes No Others

Patient Rights & Responsibilities: Yes No

Information given to Mother, father

Nurse's Name: Benonika Date: 24/6/26 Time: 8:40pm

Signature: *Benonika*



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

IH-00201602 IP-00060465
Baby Of MOUNIKA KOMPALLY
0-01-2026 0 Y 5 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

UHID ID: _____



Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : B/o Mounika Kompally Age/Sex 5 months

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

of inconsolable cry since evening
afw Fever

History of present illness :

Child brought by parents with
of inconsolable cry since evening
afw Fever - moderate grade

Sudden onset
gradually progressive
Relieved on milk

on presentation
child irritable
CRT > 3sec

pulse - good volume

Started on w bolus
and w fluid.

Pediatric Multiorgan History & Physical Examination

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

H/o UTI - around 2 week of age.
↓
hospitalised for week
on Antibiotic prophylaxis for 45 days.

Birth & Neonatal History:

Term / CSAR / 2500g / New stay around
week of age
for UTI



Birth & Socio Economic History:

About Father : _____
About Mother : _____ } class III
Any additional Information : _____

Developmental History :

Appropriate for age.

Immunization History :

Received upto date.

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 8.85kg (Centile _____)

On Examination :

Temperature : 98.2°F Pulse Rate : 116/min B.P. 100/70 SPO2 100%
Resp. rate and type of breathing : 27/min

Rash ⊖
Lymphadenopathy ⊖
Oedema : ⊖
Allergies (if any): ⊖

Respiratory System :

Inspection (any s/o distress) : ⊖
Air entry & breath sounds : BAC ⊕
Any addes sounds : NO
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : NO ⊕
Heart Sounds : SOB ⊕
Any murmur : NO
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection ⊖
Palpation : SOFT
Ausculation : RS ⊕
Spine : ⊖ External Genitelia : _____
Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power: 4/5 all limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : NO

Reflexes : +

DTR +

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : NO incontinence.

Clinical Summary & Diagnostic:

AFE ± dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent complications

Desired goals of the treatment: to treat current condition

Planned Labs:

- CRP ✓ VBG ✓
- CRP ✓ RBC 114 mp/dl
- Ue ✓
- S/E - serrat ✓
- U/G Abdomen ✓

Planned Management

- 1) U/G fluids for
 - 2) Perj ceftazidime 50mg/kg qd
 - 3) Perj ceftazidime OD - from 7/11
 - 4) Perj fampicillin
 - 5) Continuous Monitoring
- ↓
efiform sos

Noted by Dr. [Signature]
24/6/26 @ 2:10pm

Signature of the Doctor: [Signature]
 Name of the Doctor: Dr. Arshwaja
 Date & Time: 24/6/26

Signature of the Consultant:
 Name of the Consultant: Dr. Akheel Syed Rizwan
 Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/2026 10.30PM	c/s/B PICU Fellow	
	- Child seen.	
	- Child active, afebrile.	
	HR: 150/min	
	CRT < 3sec	
	SpO ₂ : 98-100% under room air	
	Chest: B/LAT - Dull, crackles heard (rhonchi)	
	CVS: S1S2 normal	
	CNS: Active, playful	
	P/A: soft, BS ⊕, passed urine after admission	
	Adv: (1) Put continuous monitor.	
	(2) Monitor vitals.	
	(3) Trace urine CPE	

[Signature]
 29/6/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 9 AM	S/B Rumbus	
	o/c	2 fever spikes
	child active	cold (+)
	pulse - good volume	
	CXR - (N)	
	o/c	
	Baby active	
	euthermic	
	vitals stable	
		plan
		1) Syp glucose Add
		2) Hypermets 3/4 hr 2th hourly
		3) Mefenidol JAM.
		noted by
		subham
		25/6
		o/c

(P10)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/O Dr. Akheel	
25.6.26	Acute febrile illness	
4:00 PM	no fever	
	o/e child better	
	CRT C 35pc	
	afebrile	
	CUS - S, S, D	
	RS - BACT clear	Play
	P/A - soft	→ Stop IVF
		→ cont Fluids & antibiotics
		→ Discharge on Saturday
	Sameer	
	(Dr. Sameer)	

Noted By
 Manasa
 25/6/26
 @8pm



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: DFR		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure: Nil		If Yes Specify:					
BACKGROUND	Date	Shift	24/6	24/6	25/6	25/6		
			GR	Night	M	F	Night	
Medical Condition (Any special condition to be noted):			Nil	Nil	Nil	Nil	Nil	
	Diet:			DBM+FF	DBM	DBM	DBM+FF	DBM+FF
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):		RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:		Temp:	98.2°F	98.6°F	98.3°F	98.5°F	98.6°F
			Res:	20b/m	25b/m	22b/m	26b/m	33b/m
			SpO ₂ :	100%	99%	98%	99%	99%
			Pulse:	163b/m	143b/m	135b/m	132b/m	130b/m
			BP:	102/81	103/57	102/65	105/77	98/63
			LOC:	-	conscious	conscious	conscious	conscious
			Fall Risk Score:	0	0	14	14	14
		Pain Score:	0	0	0	0	0	
		Skin Integrity:	Intact	Intact	Intact	Intact	Intact	
Safety Needs:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Physiotherapy:		Nil	Nil	Nil	Nil	Nil	Nil	
Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:			Nil	DBF	DBF	DBM+FF	DBM+FF	
Critical Lab Test / Values:		Nil	Nil	Nil	Nil	Nil	Nil	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):		dependent	dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	Nil	
Handed Over By Name :								
Signature / ID :		Benonika	Benonika	Indu	Manasa	Benonika	Benonika	
Date:		24/6/26	25/6/26	25/6/26	25/6/26	25/6/26	26/6/26	
Time:		@ 8:11u	@ 8Am	@ 2pm	@ 3pm	@ 3pm	@ 8am	
Taken Over By Name :								
Signature / ID :		Benonika	Indu	Manasa	Benonika	Subham	Subham	
Date:		24/6/26	25/6/26	25/6/26	25/6/26	25/6/26	26/6/26	
Time:		@ 8:20pm	@ 8am	@ 2pm	@ 3pm	@ 3pm	@ 9am	

Noted by
 Indu
 26/6/26
 @ 11:30am

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



NURSING CARE RECORD

Date: 24/6/26

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
- Maintain Skin Integrity
- Early Ambulation Reduce Anxiety
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	11pm	→ maintain good Nutritional status		→ to oral Intake is good.	→ Provided ORM + PP every 2-3hdy	Patient is stable	Benomika 25/6 @8Am
	1pm	→ maintain Fluid Balance.		→ Administered IV Fluid DMS 30 ml/hr	→ maintain Hydration		



NURSING CARE RECORD



Date: 25/6/26

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	9:00	maintain aseptic technique	9:30	maintained aseptic technique	- prevent from Infection	- patient is stable	Zuber 22pm Zuber
	1:00	Ensure safety	1:30	side rails kept up	- prevent from falls risk		
Afternoon	3pm	- maintain fluid balance		- Administered IV fluid DNS 30ml/hr.	- to maintain hydration	- Baby is stable	manisha 25/6/26 @ 3pm
Night	11pm	→ Maintain good nutritional status		→ To provided DDM + PP given every 2-3rd hly	→ Feeding well	Baby is stable	Benonika 26/6 @ 8am
	1am	→ Ensure safety		→ side rails kept up	→ prevent from fall risk		



NURSING CARE RECORD

Date: 26/6/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early-Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify: No. 1

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature	
Morning	1:30pm	Discharge note :- Doctor advice for Discharge						
Afternoon						noted by Anthe 26/6/26 @ 11:30am		
Night								

Patient Sticker

NURSING CARE RECORD



Date:

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							



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			24/6/2026	25/6/2026	26/6/2026	28/6/2026	26/6/2026
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3		3	3	3	3
	Forget Limitations	2	2				
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2				
	More than 48 hours/ None	1		1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			14	14	14	14	14

Intervention:

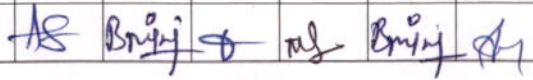
-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓
Wheel chair support	✗	✗	✗	✗	✗
Other Intervention(s) Specify	✓	✓	✓	✓	✓
Nurse's Name:	Ashika	Banika	Banika	Nandita	Banika
Signature:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:	24/6	25/6	26/6	25/6	26/6
Time:	6:35 PM	3am	12pm	3pm	2am




CHECKLIST FOR THROMBOPHLEBITIS


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	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		-	-	-	-	-	-			
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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		-	-	-	-	-	-			
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature :  Name : Kiran

Signature of Ward In Charge :

Signature :  Name : Elizabeth



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	6:45 PM	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	As
25/6	2am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Brijj
25/6	8am	-	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Brijj
25/6	12pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Indu
25/6/26	3pm	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	manisha
26/6/26	2am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Brijj
26/6/26	8am	0	-	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nil	Brijj
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Re-assessment Frequency:

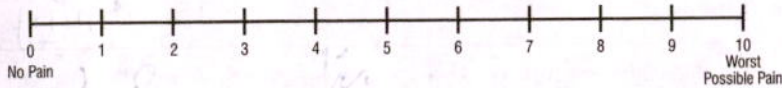
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

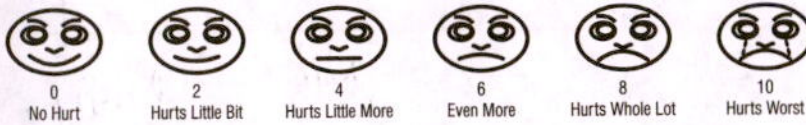
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years





BRADEN 'Q' SCALE

					Date :	24/6	25/6	26/6	26/6
					Time :	06:00 PM	6 AM	1 PM	2 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	3	3	3
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	2	2	2
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	3	3	3
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	3	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
TOTAL SCORE						28	20	20	20
Evaluator's Name						AS	Brij	Brij	Brij

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of MOUNIKA KOMPALLY **Age :** 0 Y 5 M 4 D
IP No: IP-00060465 **Sex:** Male
Consultant: Dr. AKHEEL SYED RIZWAN **Ward/Bed No:** N 0 GF-EMERGENCY/ER 102

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

(Receivers Signature:.....*[Signature]*.....) *grand father*

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *[Signature]*
Grand father

Name: *Mouni Komrally*

Relationship: *Father*

Date: *24-06-2026*

Time:

Witness Name: *[Signature]*

Witness Signature: *[Signature]*

Patient Address:
 sainikpuri, hyderabad Sainikpuri
 Hyderabad Telangana INDIA 500094

VIH-00201602 IP-00060465
 Baby Of MOUNIKA KOMPALLY
 20-01-2026 0 Y 5 M 4 D (M)
 Dr. AKHEEL SYED RIZWAN



FRM / CLINICAL / 124

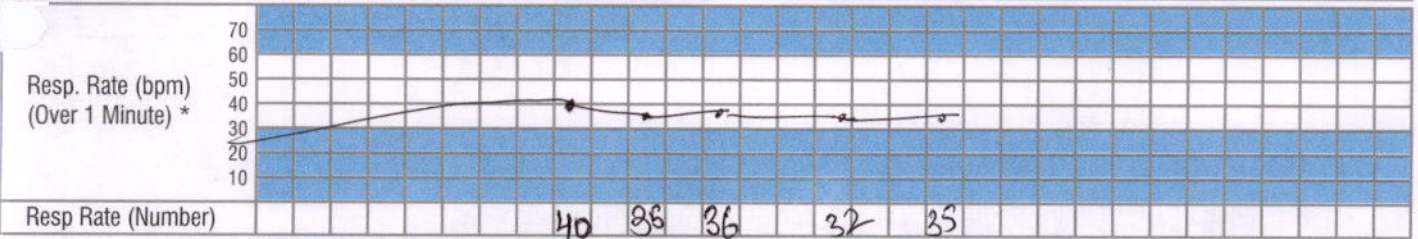
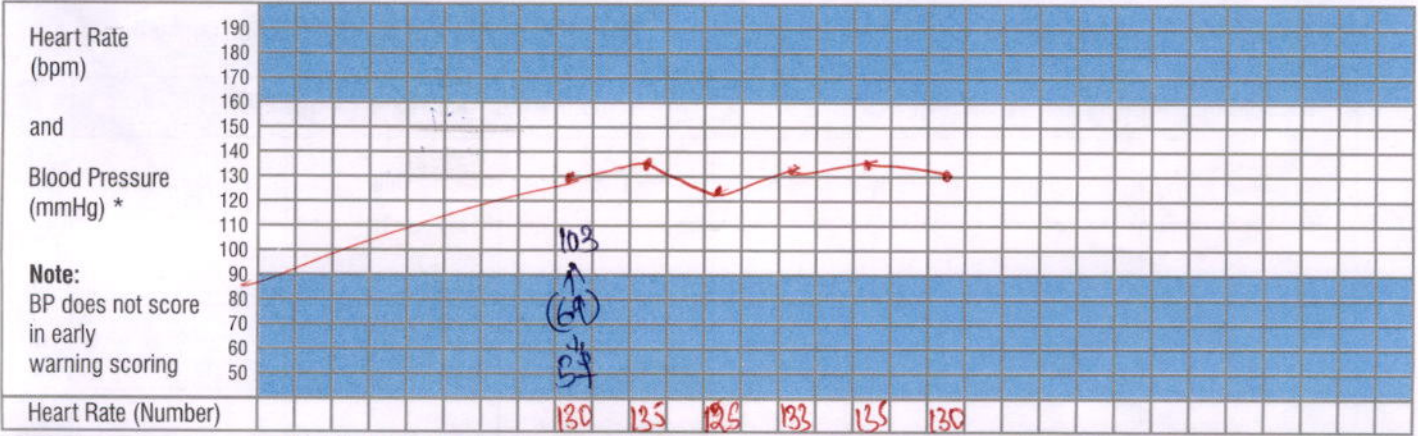
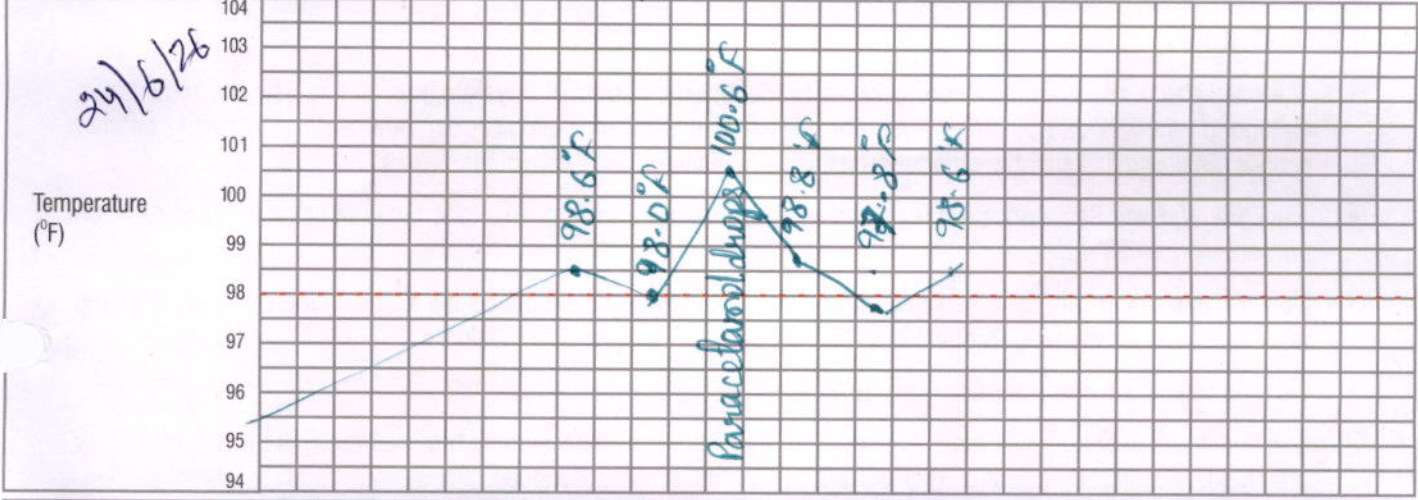
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



.....Y WARNING SCORE: CHILDREN'S UNIT

Date: Time: 9 11 1:30 3 5 7

Doctor/Nurse/Family Concern? Pm Pm am am am am



Resp Mod/ Severe Distress	None / Mild					
Receiving O ₂ (l/min)	O ₂ Saturations (%)	99	100	98	98	99
Conscious Level	Normal / Altered	N	N	N	N	N
GCS *		15	15	15	15	15
TOTAL SCORE						
Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		B	B	B	B	B

ACTIONS	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.

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 Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

VIH-00201602 IP-00060465
 Baby Of MOUNIKA KOMPALLY
 20-01-2026 0 Y 5 M 5 D
 Dr. AKHEEL SYED RIZWAN

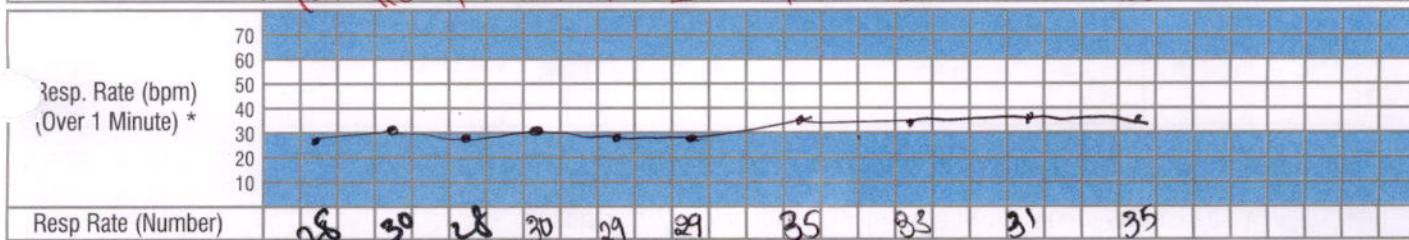
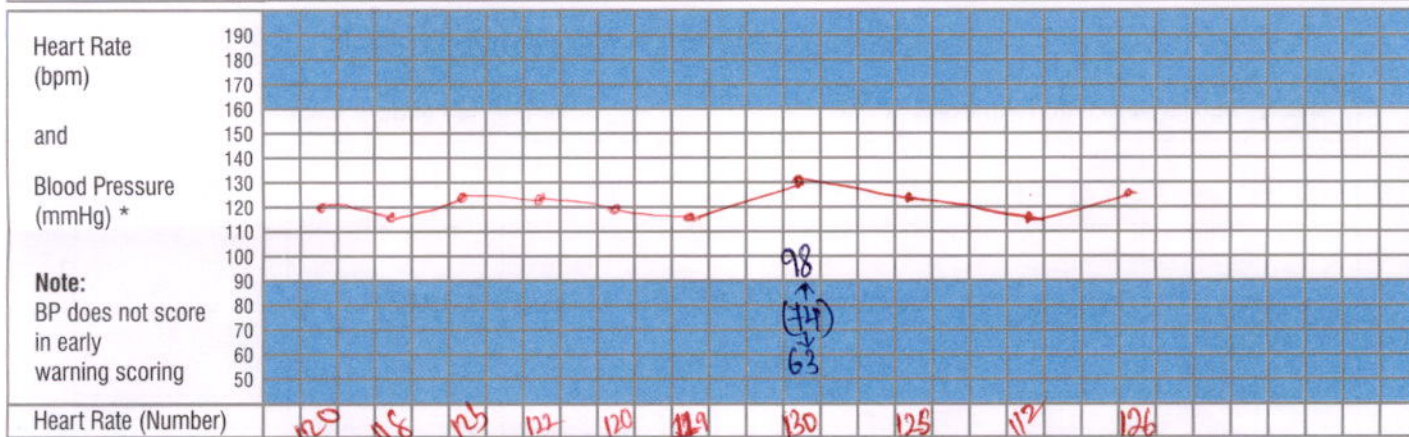
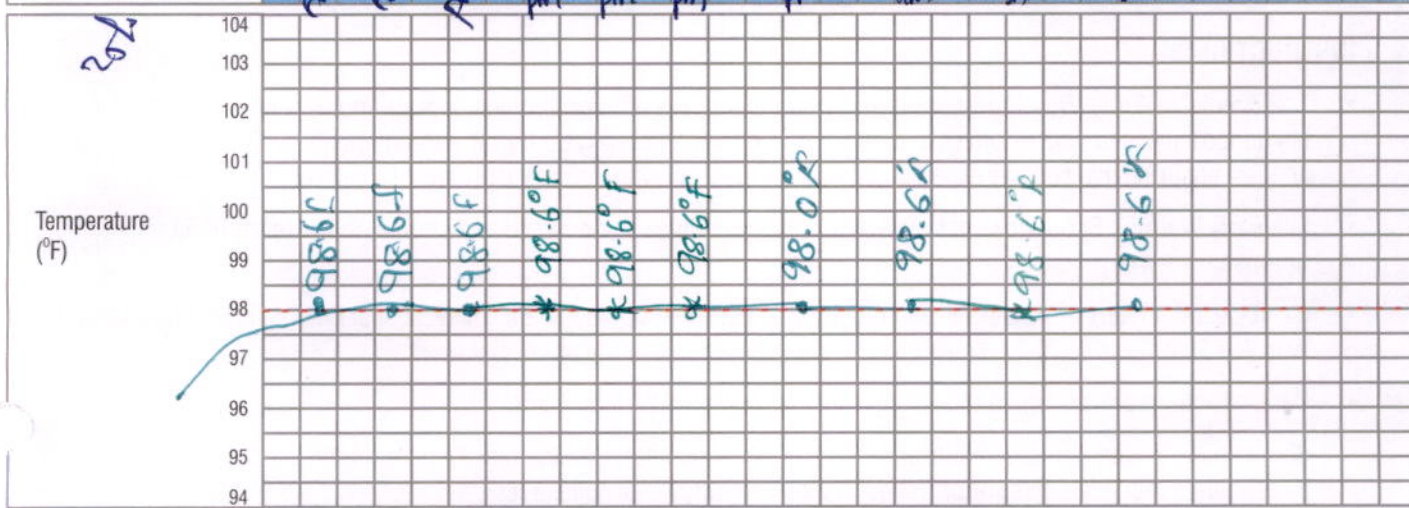
(M) No. : RCH/FRM / CLINICAL / 124

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 9 11 1 3 5 7 10 1 4 7
 Doctor/Nurse/Family Concern? pm pm pm pm pm pm pm am am am



Resp Distress	Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min)	O ₂ Saturations (%)	08	08	08	08	09	09	09	08	09
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		Dr. R	Dr. R	Dr. R	M	M	M	B	B	B

ACTIONS

- 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: Scores 3 should be recorded overleaf

* 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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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 *do go do*

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I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
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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)

VIH-00201602 IP-00060465
 Baby Of MOUNIKA KOMPALLY
 20-01-2026 0 Y 5 M 5 D (M)
 Dr. AKHEEL SYED RIZWAN



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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 9 AM 11 AM

Doctor/Nurse/Family Concern? 7 AM 7 AM

Temperature (°F)	104		
	103		
	102		
	101		
	100	99.8	99.8
	99		
	98		
	97		
	96		
	95		

Heart Rate (bpm)	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110		
	100		
Blood Pressure (mmHg) *	90		
	80		
	70		
	60		
	50		
	Note: BP does not score in early warning scoring		
	Heart Rate (Number)	130	136

Resp. Rate (bpm) (Over 1 Minute) *	70		
	60		
	50		
	40		
	30		
	20		
	10		
	Resp Rate (Number)	30	36

Resp Distress	Mod/ Severe None / Mild	N	N
Receiving O ₂ (l/min)			
O ₂ Saturations (%)		98	99
Conscious Level	Normal / Altered	N	N
GCS *		15	15
TOTAL SCORE			
Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		A	A

ACTIONS	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.

Noted by Anthea 20/1/26 @ 11:30 AM

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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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)



FLUID CHART

Sheet No. :

24/6/26

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					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	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	milk		ONS 30ml									
	10:00 pm			30ml									
	11:00 pm			30ml									
	12:00 am	milk		30ml									
	01:00 am			30ml									
Total Intake :						Total Output :							
				150 ml									
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am			30ml									
Total Intake :						Total Output :							
				30ml									
Total 24 hrs. Intake						Total 24 hrs. Output							
		180 ml											

VIH-00201602 IP-00060465
 Baby Of MOUNIKA KOMPALLY
 20-01-2026 0 Y 5 M 5 D (M)
 Dr. AKHEEL SYED RIZWAN

FLUID CHART

Sheet No. :

25/6/26

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
25/6	08:00 am									✓	1	} 25/6 @ 11am
	09:00 am	DBM									0	
	10:00 am										0	
	11:00 am									✓	1	
	12:00 pm	DBM									1	
	01:00 pm										1	
Total Intake :						Total Output :						
25/6/26	02:00 pm	DBM	30ml								1	} Manasa 25/6 @ 8pm
	03:00 pm		30ml							✓	1	
	04:00 pm	DBM	30ml								0	
	05:00 pm		30ml								0	
	06:00 pm	DBM	30ml							✓	1	
	07:00 pm										1	
Total Intake : 150ml						Total Output :						
25/6	08:00 pm	FF									1	} Beenuka 26/6 @ 11am
	09:00 pm									✓	1	
	10:00 pm	DBM	30ml					✓			1	
	11:00 pm		30ml								0	
	12:00 am	DBM									1	
	01:00 am										1	
Total Intake :						Total Output :						
26/6/26	02:00 am	DBM								✓	1	} Beenuka 26/6 @ 11am
	03:00 am										1	
	04:00 am	DBM									1	
	05:00 am										1	
	06:00 am	FF									0	
	07:00 am	DBM								✓	1	
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

VH-00201602 IP-00060465
 Baby Of MOUNIKA KOMPALLY
 20-01-2026 0 Y 5 M 5 D (M)
 Dr. AKHEEL SYED RIZWAN




FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
26/6	08:00 am	DBF											
	09:00 am	+FF											
	10:00 am												
	11:00 am	DBF											
	12:00 pm	+FF											
	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 *Amal*
 26/6 @ 51.3 AM

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker



FLUID CHART

Sheet No. :

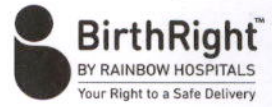
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

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

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00201602 IP-00060465
 Baby Of MOUNIKA KOMPALLY
 20-01-2026 0 Y 5 M 5 D (M)
 Dr. AKHEEL SYED RIZWAN



Sheet No:

REGULAR PRESCRIPTIONS

Weight 8.85kg Ward

25/6/26 12AM
 Urgent

Signature

VERIFIED BY: Name

DRUG : <u>SYP-OSELTAMIVIR</u>				Date Time	<u>25/6</u>	<u>12/6</u>																
Dose	Route	Frequency	Start Dt.	<u>LO</u>	<u>AM</u>	<u>PM</u>																
<u>2.5ml</u>	<u>PO</u>	<u>12th hrly</u>	<u>25/6</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Sameera</u>																						
Additional Instructions: <u>(1ml-12mg)</u> <u>3mg/kg/dose</u>				<u>LO</u>	<u>PM</u>																	
Daily Doctor's Endorsement by a Sign																						
DRUG :				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG :				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG :				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

Shifting From: IIC Shifted to: IICF

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4		Nil				<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Vishwaja A. Rao

Date & Time : 24/6/26 @ 6 PM

Nurse Name & Signature : Sulekha

Date & Time : 24/6/26 @ 6 PM



RESULT SHEET



Date	20/1/6				
Time	6:00 PM				
Hb	10.8				
PCV	29.5				
RBC	4.40				
WBC	5.40				
N/L	45.9/40.2				
Platelets	3.75				
CRP	7.0				
ESR					
PCT					
RBS					
Na	138				
K	4.7				
Cl	103				
Ca/Mg					
Phosphate					
Urea					
Creatinine	0.8				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					

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Patient Name : - **VIH-00201602** **IP-00060465**
Baby Of MOUNIKA KOMPALLY

Registration No.: **20-01-2026** **0 Y 5 M 5 D (M)**
Dr. AKHEEL SYED RIZWAN



MEDICATION
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
26/6/26	00.00			
	1.00	<u>12am</u> NASOCLEAR NASAL 2 ^o /2 ^o (QID)		
	2.00	<u>6am</u>		
	3.00	INJ CEFTRIAXONE 440mg (BD)		
	4.00	NASOCLEAR NASAL 2 ^o /2 ^o (QID)		
	5.00			
	6.00	<u>10am</u>		
	7.00	SYP OSELTAMIVIR 2.5ml (BD)		
	8.00			
	9.00	<u>12pm</u>		
	10.00	NASOCLEAR NASAL 2 ^o /2 ^o (QID)		
	11.00			
	12.00	<u>6pm</u>		
	13.00	INJ CEFTRIAXONE 440mg (BD)		
	14.00	NASOCLEAR NASAL 2 ^o /2 ^o (QID)		
	15.00			
	16.00	<u>10pm</u>		
	17.00	SYP OSELTAMIVIR 2.5ml (BD)		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

DECLARATION FORM

Name of the Hospital: Rainbow Date of Admission: 26-06-2028
Address: Korchi
PATIENT NAME/INSURED NAME (BLOCK LETTERS): AGE/SEX

(To be filled by the Insured/policy holder/Attendant)

1. Do you have an Insurance policy? YES/NO

If yes, then please mention the insurance name :

Policy No TATA AIG
TPA Name TATA AIG
TPA card No: _____

2. Have you contacted TPA or Insurance Company for cashless facility? YES/NO

3) Whether patient opted for Eligible Room Category under Policy: YES/NO

If No, then kindly mention the opted room category:.....

On my own option, I wish to avail above facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Facility/Procedure/Treatment and associated cost of it, which is over and above the agreedtariff for the treatment. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed tariff for the treatment and balance amount will be borne by me / patient only.

I have also been explained that when room service of a category other than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me/ patient only

Signature: Vijay G. father
Name of the Patient/Patient's attendant:

Signature: [Signature]
Name of the Hospital Representative & Hospital Seal:

Mobile No.....
E-Mail.....
PAN / Form 60:
Aadhar Card Number.....

BILLING POLICY

- **Billing Cycle:** - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card / Debit Card / NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't be applicable.
- If the Surgery / Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate / Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : <u>B/D Mounika From Raly</u>	UHID Number : <u>201602</u>
Self/Attendant Name : <u>Venu GOPAL</u>	Relation : <u>Grand father.</u>
Self/ Attendant Signature : <u>Venu</u>	Name & Signature of Financial Counselor <u>[Signature]</u>
Phone Number :	

Date & Time: 24-06-2020

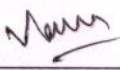
ATTENDANT INFORMATION SHEET

I, Mr/Mrs NOUW Karpal s/o _____ hereby state that
my child/Wife DOMONIK Karpal UHID No: 201605 has been
admitted in _____. I understand that
hospital is taking utmost precautions by standards set by Ministry of health, India.
The Treating Team has requested us to follow the following instructions.

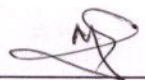
We are requested to follow below instructions strictly.

1. Always wear MASK
2. Follow strict hand hygiene with Alcohol hand rub frequently
3. Avoid any movement in the hospital (Once admitted will move out only after discharge).
4. Only one attendant is allowed per patient and no visitors are allowed in the hospital.

Name & signature of Legal Guardian and
relationship with patient:



Name and signature of Executive taking
the consent



Name and signature of Witness:





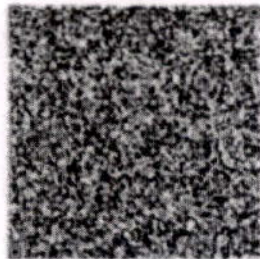
భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/Enrolment No.: 2081/30143/40026

To
కోడిపాల మౌనిక
Kodipala Mounika
W/o kompally mouni,
Plot no 266 and 268, flat no 502 g k rosa bella,
Defence colony,
Beside union bank of India,
Sainikpuri,
VTC: Sainikpuri,
PO: Sainikpuri,
District: Hyderabad,
State: Telangana,
PIN Code: 500094,
Mobile: 9493619343

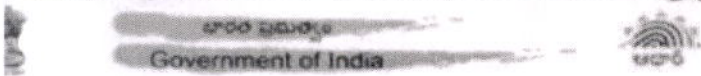
Signature Not Verified
Digitally signed by Kodipala Mounika
DN: cn=Kodipala Mounika, o=Unique
Identification Authority of India,
c=IN



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4230 2272 8596
VID : 9146 4282 0712 0828

నా ఆధార్, నా గుర్తింపు



కోడిపాల మౌనిక
Kodipala Mounika
పుట్టిన తేదీ/DOB: 1993
స్వ / FEMALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది దృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆన్లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth, it should be used with verification (online authentication, or scanning of QR code / offline XML).

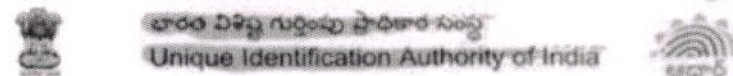
4230 2272 8596

నా ఆధార్, నా గుర్తింపు



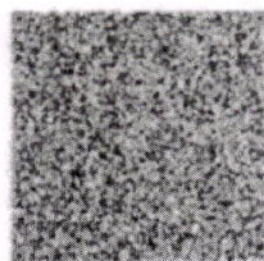
సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు యొక్క రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా ఆన్లైన్ ప్రమాణీకరణ ద్వారా లేదా యాప్ స్టోర్లలో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్‌ని ఉపయోగించి లేదా www.uidai.gov.inలో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్‌ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా దృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమూనా చేసిన తేదీ నుండి పులి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ చిరునామా ఆధార్ లో అప్డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు mAdhaar యాప్‌ను డౌన్లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్‌లను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్లాక్ ఆధార్/బయోమెట్రిక్స్ ఏపిఎస్ ఉపయోగించండి.
- ఆధార్‌ను కోర్ సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB).
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAdhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAdhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



చిరునామా:
W/o kompally mouni, ప్లాట్ నో 266, అండ్ 268, ప్లాట్ నో 502 గ క రోసా బెల్లా, డిఫెన్స్ కాలనీ, బీసీడీ యూనియన్ బ్యాంకు ఆఫ్ ఇండియా, సైనికపూరి, సైనికపూరి, సైనికపూరి, హైదరాబాద్, తెలంగాణ - 500094

Address:
W/o kompally mouni, Plot no 266 and 268, flat no 502 g k rosa bella, Defence colony, Beside union bank of India, Sainikpuri, Sainikpuri, PO: Sainikpuri, DIST: Hyderabad, Telangana - 500094



4230 2272 8596

VID : 9146 4282 0712 0828



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MEDICATION
 NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
25/6/26	00.00			
	01.00	6AM Pnj CEPTRIAZONE 440mg (BD)	[Signature]	[Signature]
	02.00			
	03.00			
	04.00			
	05.00			
	06.00	6pm Pnj CEPTRIAZONE 440mg (BD)		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			