

VIH-00184316 IP-00060268
Baby GATLA SIYA RAJESHWARI
14-10-2024 1 Y 7 M 25 D (F)
Dr. SURENDER RAO DUSA



ACTIVITY RECORD FOR BIL

Name: -----
 UHID No : ----- IP No : ----- Consultant : ----- Dept : Pediatric
 Date of Admission : 8/6/26 Time : 12:04 PM Date of Discharge : ----- Time: -----
 Room / Bed No : 114 Ward : 1st floor Suggested Billable bed type : -----



WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|--------|----------|-----------------|------------|--------------------|
| 8/6/26 | 1:05 PM | ER | 114 | |
| 9/6/26 | 11:30 AM | 1st Floor (113) | OT | |
| 9/6/26 | 1:35 PM | OT | Room (114) | |
| | | | | |
| | | | | |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|-----|--|--------|-----------|-----------|
| 1. | Dr. Mohd Abdul Khalid | 8/6/26 | 3088144 | |
| 2. | Dr. Jyoti Bhatia | 8/6/26 | 3088153 | |
| 3. | Dr. Vidya Sagar (Ortho) | 9/6/26 | 3088531 | |
| 4. | Cross checked by <u>Coalpaas</u> 10/6 @ 10 AM. | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

PROCEDURE

| Date | Procedure | Quantity | Order No. | Signature |
|---------------------------------------|------------------------------|----------|-----------|---|
| 8/6/26 | IV placement done | 1 | 3088044 |  |
| Cross checked by 9/6/26. | | | | |
| 19/6/26 | PAC | ① | 3088169 |  |
| Cross checked by company 10/6 @ (OTM) | | | | |
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ANY OTHER INFORMATION

 COVID test - Negative

Date :

Time :

Prepared By :

| | | | |
|-------------|--|-------------------|--------------------|
| Staff Nurse | Shift / Ward  balpans | Billing Assistant | Billing Supervisor |
|-------------|--|-------------------|--------------------|

Patient:

VIH-00184316 IP-00060268
Baby GATLA SIYA RAJESHWARI
14-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA



SURGERY DETAILS

Date : 9/06/26

Patient Name: Baby G. Siya Rajeshwari Date of Birth: 14/10/2024 Age: 1yr

Gender: female Ward: OT UHID No.: 184316

Date of Surgery: 9/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Excision & Drainage

Time in : 12:20 PM

Time Out : 12:40 PM

| | NAME | AMOUNT |
|----------------------|--------------------------|------------|
| 1. Surgeon | Dr. Jyoti Bothra | OT charges |
| 2. Anaesthetist | Dr. Madhav/Dr. Baundha | |
| 3. Assistant Surgeon | | |
| 4. OT Technician | Br. Rakesh/Sr. Veishnavi | |
| 5. Circulating Nurse | Sr. Ruby.p/Br. Radan | |
| 6. Assistant Nurse | Sr. Manimala | |

- Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3088460 / 3088461

Order by: Sr. Sheela

CONSUMABLES OF OT

ICU

Patient Name :

Gender M F UHS/IF

Date :

09/06/20

VIH-00184316 IP-00060268
Baby GATLA SIYA RAJESHWARI
14-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA



Circulating Staff : Technician :

| Anaesthesia Disposables | Qty | | Surgical disposables | Qty | | Disposables (Baby side) | Qty | |
|--------------------------------|--------|------|-----------------------------|--------|------|-------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube | | | Major Pack | | | Inj. Vit. K | | |
| LMA | | | Sutures | | | Cord Clamp | | |
| ECG leads : A/P/N | | | | | | Suction Catheter | | |
| HME filter : A/P/N | | | | | | Feeding Tube | | |
| Syringe 10 cc | | 2 | | | | Vaccum Suction Set | | |
| 05 cc | | 4 | Gloves 6 (SC) + 6 (PP) → 2H | | | Surgical Gloves | | |
| 02 cc | | 2 | | | | Gauze Pack | | |
| 01 cc | | | | | | Syringe 1 m/ 2 ml | | |
| Cautery Plate : A/P/N | | | Surgical blade 11 NO → 1 | | | Surgical Blade # 20 | | |
| IV set | | | NG tube | | | Koochies (S) | | |
| RL | | | Cautery Pencil | | | | | |
| NS : 10ml/100 ml/ 500ml/1000ml | | 2/1 | Koochies | | | | | |
| Various Disposables | | | Ointments | | | | | |
| Capnography (P) | | 1 | Suction Catheter | | | | | |
| Fentanyl | | | Cap. Mask | | 8/8 | | | |
| Morphine | | | Gauze Pack | | | | | |
| Ketamine | | | Mop Pack | | | | | |
| Propofol | | 1 | Steristrip | | | | | |
| Rocuronium | | | Underpad | | | | | |
| Glycopyrolate | | | Draw Sheet | | | | | |
| Myopyrolate | | | Abgel | | | | | |
| Ondansetron | | | Foleys Catheter | | | | | |
| Pencan 25g/Spinal Needle 22 | | | Urobag | | | | | |
| Bupivacine 0.25% | | | Chest Drainage Catheter | | | | | |
| Bupivacine 0.25%(Heavy) | | | Romodrain bag | | | | | |
| Antibiotics | | | Bandage Abgel | | | | | |
| | | | Tegaderm | | | | | |
| Suppositories | | | Ioban fllesorb → 1 | | | | | |
| Anamol : 80mg/250mg/170 mg | | | Double J Stent | | | | | |
| Supridol 100 mg | | | Vaccum Suction set | | | | | |
| Justin : 12.5 mg/25 mg/ 100 mg | | | Plastic Bed Sheet | | | | | |
| Tab. Misoprost : 200 mg | | | Betadine Solution | | | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | 10 | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Surgeon

Anaesthesiologist

Nurse

Manimala

OT Technician

Order No. : 3088462

Ordered by : [Signature]

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospital - Secunderabad**


Rainbow
Children's
Hospital



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

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS

| | | | |
|--------------|-----------------------------------|-----------------|------------------|
| IP No | IP-00060268 | Ward | N 1F-FIRST FLOOR |
| Patient Name | Baby GATLA SIYA RAJESHWARI | Bed Name | TSH 114 |
| Age/Sex | 1 Y 7 M 26 D / Female | Order No | 0003088462 |
| Date | 09/06/2026 13:37 | Prescription No | PRIP-1290479 |
| Payor | MEDI ASSIST INSURANCE TPA PVT LTD | Dispensed Date | 09/06/2026 13:38 |
| UHID | VIH-00184316 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|---|-----------------------------|----------|------------|----------|---------|-----------------|-----------------|
| 1 | ALLESORB CORE TURNAROUND COVER 40x102IN | | | VI01062026 | 03/29 | 1 | 775.00 | 775.00 |
| 2 | BACTOPREP SOLUTIONS 100 ML | RAMAN & WEIL PVT LTD | | RTBP26002 | 02/29 | 1 | 229.00 | 229.00 |
| 3 | CAPNOGRAPHY NASAL CANNULA-PEAD | | GENERAL | CGBMD01 | 03/29 | 1 | 200.00 | 200.00 |
| 4 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 26CO3K92 | 01/31 | 5 | 28.13 | 140.65 |
| 5 | DSYRINGE 5ML.(NIPRO) | NIPRO | GENERAL | 26C03K96 | 02/31 | 4 | 21.56 | 86.24 |
| 6 | DSYRINGS 2.5ML(NIPRO) | NIPRO | GENERAL | 26A06K07 | 12/30 | 2 | 11.25 | 22.50 |
| 7 | ENCORE MICROPTIC GLOVES-6 PF | ELITE MEDICALS | GENERAL | 260300751T | 03/29 | 1 | 128.00 | 128.00 |
| 8 | FACE MASK-3LAYER THREADED | Sunrise | | 012605O2 | 04/29 | 8 | 10.00 | 80.00 |
| 9 | MCT-ROF 100MG 10ML | Neon Laboratories Ltd | H | NA1353004 | 10/27 | 1 | 69.10 | 69.10 |
| 10 | NITRILE EXAMINATION GLOVES P F- MEDIUM | ELITE MEDICALS | | 26AR001 | 03/29 | 10 | 23.43 | 234.30 |
| 11 | NS 500ML CLOSED BOTTLE | Denis Chem Lab Ltd | H | IC261780 | 02/29 | 1 | 93.94 | 93.94 |
| 12 | NS IV 10 ML AMPULE | MEDLIFE HEALTH SOLUTIONS | GENERAL | 72I9O38 | 06/30 | 2 | 16.14 | 32.28 |
| 13 | SGLOVE # 6 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26C2003M | 02/31 | 2 | 91.00 | 182.00 |
| 14 | SURGEONS CAP | Mediblu | General | VI03062026 | 12/30 | 8 | 10.00 | 80.00 |
| 15 | SURGICAL BLADE 11 | Surgeon | GENERAL | 261225 | 11/30 | 1 | 7.67 | 7.67 |
| Total : | | | | | | | 1,714.22 | 2,360.68 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



ESTIMATION SLIP



Date: 08/06/26 UHID/IP No.: VH-184316 Sl. No.: 28876

Name of Patient: Baby G. Siya Rameshwari Age: 1yr Gender: F

Father's / Husband's Name: _____ Corporate/Occupation: _____

Address: _____ Phone: 9505059466 Email: _____

Procedure/Plan: 13D DOS: _____

MODE OF PAYMENT: SELF TPA: M.A GIPSA: _____ OTHER

TARIFF INFORMATION: Dr. Jyoti bathra

| ROOM CATEGORY | GW | SW | TSW | PR | DLX | NICU | PICU | MICU | DAY CARE |
|---|--------------|-----------------|---|----|-----------------------------|------|------|------|----------|
| (Per Day) Room Rent & Nursing Charges | | | | | | | | | |
| Doctor's Fee | | | | | | | | | |
| L. Tax | | | | | | | | | |
| PARTICULARS | | | AMOUNT (₹) | | | | | | |
| Surgeon's / Anesthetist's Fee / O.T Charges | | | <u>53,000/-</u> | | | | | | |
| O.T Consumables | | | <u>3,000/-</u> Subject to approval by TPA/Insurance Company | | | | | | |
| Instrument Charges | | | Not Covered by TPA/Insurance Company | | | | | | |
| Pharmacy, Consumables & Investigations | | | As per actual - Not Included In Estimation | | | | | | |
| Equipment Charges | Monitor : | | Oxygen: | | Infusion Pump/Syringe Pump: | | | | |
| | Ventilator | Conventional: | HFO-SLE 5000: | | HFO-Sensormedix: | | | | |
| | Phototherapy | Single Surface: | Double Surface: | | Triple Surface: | | | | |
| Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc. | | | As per actual - Not Included In Estimation | | | | | | |
| Package | | | <u>Rec - 2,000/-</u> | | | | | | |
| Others | | | | | | | | | |
| Initial Minimum Deposit | | | | | | | | | |

REMARKS :

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thoroscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a 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.
- During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- 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. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I G. Nagarjun have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In 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.

Signature of the Client: G. Nagarjun Signatory Relationship: _____ Signature of the Financial Counselor: [Signature]

| | | | |
|-----------------|--|----------------|---------------------|
| Name | Baby GATLA SIYA RAJESHWARI | UHID | VIH-00184316 |
| Father/Guardian | Mr NAGARJUN | Age/Gender | 1 Y 7 M 27 D/Female |
| Address | 2-2-1125/1 , narsimha basthi , new nallakunta , hyderabad, musheerabad, Lali-Thanagar Colony, Hyderabad, Telangana, INDIA, 500044 | | |
| IP No | IP-00060268 | Admission Date | 08-06-2026 |
| Ref Doctor | SHIVA HOSPITAL | Discharge Date | 10-06-2026 |

DISCHARGE AT REQUEST SUMMARY

Consultant : Dr. SURENDER RAO DUSA

MD (Pediatric), Fellowship in Neonatology,
SENIOR CONSULTANT PEDIATRICS
47776

Co-Consultant: Dr. JYOTI BOTHRA

DNB; MCh (Pediatric Surgery), FMAS
SENIOR CONSULTANT PEDIATRIC SURGEON & UROLOGY
TSMC/FMR/02962

Diagnosis: Acute febrile illness with abscess over the forehead S/P Incision & Drainage done on 09.06.2026

History: Baby GATLA SIYA RAJESHWARI, 1 Y 7 M 27 D female presented with complaint of small blister over right forehead region which gradually progressed to swelling, moderate grade intermittent since one week, decreased oral intake, difficulty in walking on the day of admission. For the above complaints, she was investigated and treated on OPD basis, but in view of persistence of symptoms, she was admitted at Rainbow Children's Hospital for further management.

OPD basis investigations: Hemogram done on 06.06.2026 showed Hb of 7.8 gm%, WBC count of 21,700 cells/cumm and platelet count of 4.37 lakhs/cumm. CRP was 72 mg/l.

Name

Baby GATLA SIYA
RAJESHWARI

UHID

VIH-00184316

Examination: She was afebrile, maintaining saturations at room air. Heart rate was 120/min, Blood Pressure - 100/70 mmHg and RR - 26/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. Examination of other systems was normal.

Weight on admission: 8.3 kgs.

Investigations: Enclosed.

Management: Child was admitted in the ward and was started on IV fluids, IV antibiotics.

Hemogram showed Hb - 7.5 gm%, WBC - 21,610 cell/cmm, Platelets - 5.94 lakh/cmm. CRP 46 mg/L. Serum electrolytes and calcium were normal. Blood culture was sterile after 24 hours of incubation.

In view of left hip pain & limp, child was seen by Dr. Vidyasagar Chandankere, Consultant Pediatric Orthosurgeon, who opined as ? transient synovitis hip and advised analgesic for 3 days.

Dr. Jyoti Bothra, Senior Consultant Pediatric Surgeon & Urologist, opinion was sought in view of abscess forehead, who advised I & D and to do x-ray both knees, x-ray hip & pelvis and ultrasound hips.

Procedure: Incision & Drainage done on 09.06.2026

Operative Notes:

- I & D with 11 No. blade.
- ~ 10 ml thick pus.
- Light packing done.
- Pus culture was sent.

Name

Baby GATLA SIYA
RAJESHWARI

UHID

Post-Operative Notes: Post operative period was uneventful. After stabilization, child was started on oral feeds which he accepted and tolerated well. Repeat hemogram done on 10.06.2026 showed Hb - 6.7 gm%, WBC - 18,890 cell/cmm, Platelets - 5.69 lakh/cmm. CRP 31 mg/L. Her operated site remained healthy. She had ongoing fever spikes. She is being discharged at request with the following advice.

Advice:

1. Diet as advised.
2. Alternate day dressing.
3. Syrup Amoxicillin + Clavulanic Acid (5ml=200mg) 4ml, 12th hourly for 7 days (Refrigerate after reconstitution).
4. Syrup Paracetamol (5ml=240mg) 2.5ml, 8th hourly (if required) for pain.
5. Trace pus culture report.
6. To start Iron supplement on follow up.
7. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, on 13.06.2026 (Saturday) in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Syrup Paracetamol (5ml=240mg), 2.5ml SOS if fever >99.6°F (maximum 4-6 hourly).

Syrup Ibuprofen (5ml=100mg), 4 ml SOS (after food) for fever >101°F (maximum 8 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.

Name

Baby GATLA SIYA
RAJESHWARI

UHID

VIH-00184316

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 discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name :

Signature :

Relationship with patient :

This summary has been explained by :

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

Dr. Prashanthi

Registrar/Resident/C.M.O

Dr. SURENDER RAO DUSA

MD (Pediatric), Fellowship in Neonatology,
SENIOR CONSULTANT PEDIATRICS
47776

PatientName : Baby GATLA SIYA RAJESHWARI **Inpatient No.** : IP-00060268
Age/Gender : 1 Y 7 M 25 D/ Female **Admit Date** : 08-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 102 **Discharge Date** :

| Investigation | Result | Unit | Biological Reference Interval |
|-----------------------------------|--------|-------|---|
| CALCIUM (Specimen : SERUM) | | | TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-06-2026 12:22 |
| CALCIUM (Arsenazo dye) | 9.1 | mg/dl | 8.7 - 10.8 |



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 :08-06-2026 12:22 |
| HEMOGLOBIN (Colorimetry) | 7.5 | g/dL | L 10.5 - 13.5 |
| RBC COUNT (DC detection method) | 3.82 | 10 ¹² /L | 3.7 - 5.6 |
| PCV/HCT (Calculated) | 21.7 | VOL% | L 33 - 49 |
| MCV (Calculated) | 56.7 | fL | L 70 - 86 |
| MCH (Calculated) | 19.7 | pg/cells | L 23 - 31 |
| MCHC (Calculated) | 34.8 | g/dL | 30 - 36 |
| RDW-CV (Calculated) | 16.7 | % | H 11.5 - 16 |
| PLATELET COUNT (DC Detection Method) | 594 | 10 ⁹ /L | H 150 - 450 |
| MPV (Calculated) | 7.9 | fL | 6.5 - 10 |
| WBC COUNT (DC Detection Method) | 21.61 | 10 ⁹ /L | H 6 - 17 |
| Differential Count | | | |
| NEUTROPHILS (Microscopy, Leishman stain) | 75 | % | H 15 - 35 |
| LYMPHOCYTES (Microscopy, Leishman stain) | 16 | % | L 45 - 76 |
| MONOCYTES (Microscopy, Leishman stain) | 05 | % | 4 - 12 |
| EOSINOPHILS (Microscopy, Leishman stain) | 04 | % | 1 - 7 |
| PERIPHERAL SMEAR (Microscopy, Leishman stain) | RBC : ANISOCYTOSIS WITH MICROCYTIC / HYPOCHROMIC, NORMOCYTIC / HYPOCHROMIC,PENCIL CELLS(+) WBC : LEUCOCYTOSIS PLATELETS : INCREASED | | |



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 :08-06-2026 12:22 |

PatientName : Baby GATLA SIYA RAJESHWARI Inpatient No. : IP-00060268
Age/Gender : 1 Y 7 M 25 D/ Female Admit Date : 08-06-2026
Ward/Bed : N 0 GF-EMERGENCY/ ER 102 Discharge Date :

| Investigation | Result | Unit | Biological Reference Interval |
|--------------------------|--------|------|-------------------------------|
| CRP (Immunoturbidimetry) | 46 | mg/L | H <10 |



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 :08-06-2026 12:22 |
| SODIUM (Direct ISE) | 137 | mmol/L | 134 - 143 |
| POTASSIUM (Direct ISE) | 4.9 | mmol/L | 3.7 - 5 |
| CHLORIDE (Direct ISE) | 102 | mmol/L | 98 - 108 |



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

| Investigation | Result | Unit | Biological Reference Interval |
|---|----------|------|---|
| COVID ANTIGEN RAPID TEST (Specimen : SWAB) | | | TEST RESULT STATUS : REPORT ENTERED Order Date :08-06-2026 13:18 |
| COVID ANTIGEN RAPID TEST | negative | | |

| Investigation | Result | Unit | Biological Reference Interval |
|--|----------|------|--|
| BLOOD GROUPING (Specimen : BLOOD) | | | TEST RESULT STATUS : REPORT AUTHORISED Order Date :09-06-2026 02:31 |
| BLOOD GROUP | O | | |
| RH (D) TYPE | POSITIVE | | |



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 :10-06-2026 05:13 |
| HEMOGLOBIN (Colorimetry) | 6.7 | g/dL | L 10.5 - 13.5 |
| RBC COUNT (DC detection method) | 3.35 | 10 ¹² /L | L 3.7 - 5.6 |
| PCV/HCT (Calculated) | 18.8 | VOL% | L 33 - 49 |
| MCV (Calculated) | 55.9 | fL | L 70 - 86 |
| MCH (Calculated) | 20.0 | pg/cells | L 23 - 31 |

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 GATLA SIYA RAJESHWARI
Age/Gender : 1 Y 7 M 27 D/ Female
Ward/Bed : N 0 GF-EMERGENCY/ ER 102

Inpatient No. : IP-00060268
Admit Date : 08-06-2026
Discharge Date :

| Investigation | Result | Unit | Biological Reference Interval |
|---|---|--------------------|-------------------------------|
| MCHC (Calculated) | 35.7 | g/dL | 30 - 36 |
| RDW-CV (Calculated) | 17.1 | % | H 11.5 - 16 |
| PLATELET COUNT (DC Detection Method) | 569 | 10 ⁹ /L | H 150 - 450 |
| MPV (Calculated) | 6.9 | fL | 6.5 - 10 |
| WBC COUNT (DC Detection Method) | 18.89 | 10 ⁹ /L | H 6 - 17 |
| Differential Count | | | |
| NEUTROPHILS (Microscopy, Leishman stain) | 75 | % | H 15 - 35 |
| LYMPHOCYTES (Microscopy, Leishman stain) | 15 | % | L 45 - 76 |
| MONOCYTES (Microscopy, Leishman stain) | 06 | % | 4 - 12 |
| EOSINOPHILS (Microscopy, Leishman stain) | 04 | % | 1 - 7 |
| PERIPHERAL SMEAR (Microscopy, Leishman stain) | RBC : ANISOCYTOSIS WITH MICROCYTIC / HYPOCHROMIC , PENCIL CELLS (++) WBC: LEUCOCYTOSIS PLATELETS : INCREASED | | |

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 :10-06-2026 05:13 |
| CRP (Immunoturbidimetry) | 31 | mg/L | H <10 |

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report

Baby GATLA SIYA RAJESHWARI

9505059466

1 Y 7 M 27 D

VI26019656

Female

08-06-2026 01:14 PM

IP-00060268

08-06-2026 01:22 PM

VIH-00184316

Dr. SURENDER RAO DUSA

N 0 GF-EMERGENCY / ER 102

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report

Baby GATLA SIYA RAJESHWARI

1 Y 7 M 25 D

Female

IP-00060268

VIH-00184316

SURENDER RAO DUSA

9505059466
R26-009202

08-06-2026 07:02 PM

10-06-2026 12:19 PM

DRAFT

ULTRASOUND HIP

FINDINGS

Acetabulum and iliac wing appear normal.

Femoral head appears normal.

No joint effusion.

No intramuscular fluid collection.

No evidence of any collections.

IMPRESSION

No significant sonological abnormality in both hips.

Print Date/Time : 10-06-2026 12:19 PM

Printed By : YOUNUS PASHA
MOHAMMAD

Page: 1 of 1

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE: *12/10/2018*

MRD EXECUTIVE

**Rainbow Children's Hospital - Secunderabad**

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

ADMISSION SHEET**Registration Details :**

Admission No : IP-00060268 Admit Date : 08-Jun-2026 Admit Time : 12:04 PM UHID : VIH-00184316

Patient Details :


Patient Name : Baby GATLA SIYA RAJESHWARI Age : 1 Y 7 M 25 D
Guardian : Mr NAGARJUN DOB : 14-10-2024 05:52 PM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : 2-2-1125/1 , narsimha basthi , new
nallakunta , hyderabad, musheerabad Lali-
Thanagar Colony Hyderabad Telangana INDIA
500044 Phone No : 9505059466
E-mail : na@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 NAGARJUN Relationship : Father
Contact Address : 2-2-1125/1 , narsimha basthi , new nallakunta ,
hyderabad, musheerabad Lali-Thanagar Colony
Hyderabad Telangana INDIA 500044 Phone No : 9505059466


Signature


Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA Specialisation : GENERAL PEDIATRICS
Referral Doctor : SHIVA HOSPITAL Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

PATIENT TRANSFER FORM

| | | | |
|---|------------------------------|--|---|
| VIH-00184316 IP-00060268 Baby GATLA SIYA RAJESHWARI 14-10-2024 1 Y 7 M 25 D (F) Dr. SURENDER RAO DJSA  | | Date & Time of Admission 8/6/26 @ 12:04 PM | Date & Time of Transfer Order 8/6/26 @ 1:05 PM |
| Treating Consultant Name | | Transfer Ordered by Dr. Vishwaja | Reason for Transfer for Admission |
| From Unit ER | To Unit 114 | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in Clinical File 21 | Number of Imaging Films - | 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 Dr. Vishwaja Swathi | | Name of Person Ordered Transfer Dr. Vishwaja | |
| Patient & Clinical Records Received by : Manisha | | | |
| Date & Time of Patient Received : 8/6/26 @ 1:05 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 : Baby. GATLA SIYA RAJESHWARI UHID : VIH-00184316 IPD : IP-00060268 Gender : Female
 Age : 1 Y 7 M 25 D

VIH-00184316 IP-00060268
 Baby GATLA SIYA RAJESHWARI
 14-10-2024 1 Y 7 M 25 D (F)
 Dr. SURENDER RAO DUSA




wt:- 8.33kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby, Siya Rajeshwari Age : 1Y/7M Gender: Male Female
 Date : 8/11/20 Time of Arrival : 11:50AM

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: 102°F PR: 120b/m BP: 97/75(66) RR: 26b/m SpO₂: 100%

Chief Complaints: Fever, since 1 week

| INITIAL PHYSIOLOGICAL CATEGORIZATION | | INITIAL PHYSIOLOGICAL STATUS | |
|--|--|---|--|
| Appearance | Work of Breathing | <input checked="" type="checkbox"/> Stable | |
| <input checked="" type="checkbox"/> Normal | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Unstable: | |
| <input type="checkbox"/> Sick Looking | <input type="checkbox"/> Increased | <input type="checkbox"/> Not - Life - Threatening | |
| Circulation / Colour | <input type="checkbox"/> Decreased | <input type="checkbox"/> Life - Threatening | |
| <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Gasping / Apnea | | |
| <input type="checkbox"/> Abnormal | | | |
| <input type="checkbox"/> Bleeding | | | |

| 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

Husifa
 Signature of Parent / Guardian
 Triage Completion Time : 11:55 Am

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 : Surathi

Signature of Triage Nurse : 

Date & Time : 8/11/20 @ 11:55AM

Patient Name : Baby. GATLA SIYA RAJESHWARI UHID : VIH-00184316 IPD : IP-00060268 Gender : Female
Age : 1 Y 7 M 25 D

VIH-00184316 IP-00060268
Baby GATLA SIYA RAJESHWARI
14-10-2024 1 Y 7 M 25 D (F)
Dr. SURENDER RAO DUSA



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/6/26 Time of arrival : 11:56 AM
Chief Complaints: Fever since 1 week RBS: -
Height 78 cm Weight: 8.33 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:

- If patient is < 6 years
tick below fall risk intervention directly
- If Patient is > 6 years
Assess the below parameters
- History of Falling: within past 3 months Yes No
- Ambulatory Aids:**
 - Wheelchair Yes No
 - Uses furniture for support Yes No
- Gait/Transferring:**
 - Bedrest / immobile Yes No
 - Weak Yes No
 - Impaired Yes No
- Mental Status:** Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

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

Social History: Lives With family

Siblings in household Yes No (if yes How Many?) 1 (brother)

Time of Initial assessment completed by ER Nurse : 12:00 AM

Patient Name : Baby. GATLA SIYA RAJESHWARI UHID : VIH-00184316 IPD : IP-00060268 Gender : Female
 Age : 1 Y 7 M 25 D

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

| Time | Nursing Notes |
|----------|--|
| 11:50 AM | → patient came to ER |
| 12:00 PM | → vital checked & Recorded |
| 12:04 PM | → Doctor seen the patient advised Admission |
| 12:08 PM | → Admission process done |
| 12:35 PM | → IV placement done |
| 12:55 PM | → Blood sampler collectet set to lab → Covid Rat :- |
| 1:05 PM | → patient shifted To 114 |

Samples collected by:

Samples sent by:

} Hema

Time: @ 12:35 PM

Time: @ 12:55 PM

Medication given in ER:

| Date / Time | Medication | Route | Dosage & Instructions | Doctor Sign | Nurse Sign 1 |
|-------------|----------------|-------|-----------------------|--------------------|--------------------|
| 12:30 PM | Syr. Ibuprofen | P/O | 4ml | <i>[Signature]</i> | <i>[Signature]</i> |
| | | | | | |
| | | | | | |
| | | | | | |

| Condition of patient at time of shift - out : | Details of Shift - out |
|---|---------------------------------------|
| HR: 128b/m BP: 96/58(70) CFT: 23se ° | Shift - out from ER to: 114 |
| RR: 28b/m SPO ₂ : 99% | Time of Shift - out: 8/c/26 @ 1:05 PM |
| GCS: 4, 5, 6 Temperature: 100° F | Handover given to: Sr. Manishna |
| Pain Score: 0 | (Nurse's Name) |
| Repeat RBS (if applicable): | |

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV placement

Name of the Nurse :

Sr. Hema

Signature of the Nurse :

[Signature]

Date & Time :

8/6/26 @ 1:05 PM



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFT Abscess forehead

Arrival Time: 11:50am Mode of Arrival: lifted by mother Admitting From: ER OPD Direct

Allergy / Adverse Reaction: Nil Body Weight: 8.33 Kg

Height: _____ cm

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

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|----------------------|-----------------------|-----------------------------|
| nil - | nil - | nil |

Family History: Nil

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

If yes please list, _____

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

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

Current Medication: None Yes, If Yes, fill reconciliation form

Observations: Weight: 8.33 kg Length: _____ Head Circumference (< 2 years): _____

Temp: 98.6 F HR: 110 bpm RR: 11.0 blm BP: 98/61 (42) mmHg

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

Fall Risk Assessment: Yes No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (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 _____ 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

Inform consultant for positive criteria

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 parents

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

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 parents

Nurse's Name: Manisha Date: 8/16/26 Time: 1:30pm


Signature

PATIENT TRANSFER FORM



| Patient Name & UHID No. VIH-00184316 IP-00060268 Baby GATLA SIYA RAJESHWARI 14-10-2024 1 Y 7 M 26 D (F) Dr. SURENDER RAO DUSA  | | Date & Time of Admission 8/6/26 @ 12:04 PM | Date & Time of Transfer Order 9/6/26 @ 1:30 PM |
|--|--------------|--|--|
| From Unit OT | | To Unit 114 | Reason for Transfer postoperative care |
| Number of Sheets in Clinical File 43 | | Number of Imaging Films X-ray - 2 | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | | | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ? |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | Nasal prisms | 1 | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| Name & Signature of Person who is Transferring Srn Ruby P | | Name of Person Ordered Transfer Dr. madhav. | |
| Patient & Clinical Records Received by : Dr. Manasa | | | |
| Date & Time of Patient Received : 9/6/26 @ 1:40 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 TRANSFER FORM

| | | | |
|---|-----------------------------------|---|--|
| Patient Name & UHID No. VH-00184316 IP-00060268 Baby GATLA SIYA RAJESHWARI 14-10-2024 1 Y 7 M 25 D (F) Dr. SURENDER RAO DUSA  | | Date & Time of Admission 8/6/26 @ 12:00pm | Date & Time of Transfer Order 9/6/26 @ 11:30 AM |
| | | Transfer Ordered by Dr. Prashanthi | Reason for Transfer for Surgery |
| From Unit 1st Floor (114) | To Unit OT | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in Clinical File 2 | Number of Imaging Films 38 | Personal belongings including clinical documents. If any handed over to attendant Yes <input 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 Sb. Chandra | | Name of Person Ordered Transfer Dr. Prashanthi | |
| Patient & Clinical Records Received by Dr. Prashanthi 8/6/26 | | | |
| Date & Time of Patient Received : @ 11:25 AM | | | |

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00184316 IP-00060268
Baby GATLA SIYA RAJESHWARI (F)
14-10-2024 1 Y 7 M 25 D
Dr. SURENDER RAO DUSA





Pediatric Multiorgan History & Physical Examination

Name : G. Siya Rajeshwari Age/Sex 1yr / female

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cfb Swelling over
cfb Fever since 1 week (June 2nd)
↓
oral intake
difficulty in walking since morning

History of present illness :

Child was apparently healthy 2 weeks back
then developed small blister over (RT) forehead region

↓
which gradually progressed to swelling
with redness and pain

cfb Fever since 1 week - Intermediate to mod grade
4th - 6th hourly
Requiring medication
↓
oral intake

Weakness in legs since morning
Bending of knees while walking

NO H/O cold, cough, Vomitus
↓
looked well

↓
Initially managed on O/D basis
↓
Syn. Augmentee - 2day

↓
9/10 persistent symptoms ⇒ admitted

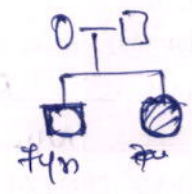
Pediatric Multiorgan history & Physical Examination

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

6/6/26
Hb - 7.8
RBC - 2.85
Non symptomatic
WBC - 21.70
plt - 4.37
N^e - 64.9%
CRP - 72

Birth & Neonatal History:

Term / w/o / 3 kg / NICU admission for 5 days
? not passed stools.



Birth & Socio Economic History:

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

Developmental History :

Appropriate for age

Immunization History :

Received upto date vaccination.

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile) _____
Weight (kgs)) 8.33kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate : _____ B.P. _____ SPO2 _____
Resp.rate and type of breathing : _____

Rash ⊖
Lymphadenopathy ⊖
Oedema : Swelling ? abcess over forehead
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : ⊖
Air entry & breath sounds : R/LAE ⊕
Any addes sounds : ND.
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : ⊖
Heart Sounds : S1S2 ⊕
Any murmur : ND
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Suictact (15/15)

Cranial Nerves : Intact

Motor System:

Nutriton : _____

Tone: no Power 4/5 all limbs

Co-ordinator : _____

Posture : _____

Involuntary Movements : ⊖

Reflexes : +

DTR +2

Superficials:

Plantars flexor

Sensory System : +

Bladder / Bowel : no incontinence

Clinical Summary & Diagnostic:

AEI & I absent over forehead



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Complications

Desired goals of the treatment : To treat current conditions

Planned Labs:

- CBP ✓
- CRP ✓
- S/E ✓
- S. calcium ✓
- B/C/S ✓
- CVE X

Planned Management

- 1) W fluids (only upper limb)
- 2) Parv Augmentin IV TID
- 3) Allycin pateen over abscess over forehead - 8th hourly
- 4) Dr. Fysher man-consultant
- 5) Antipyretics SOS

Noted by
Dr. Chandra
8/6/26 @ 12:35pm

Signature of the Doctor: G. D

Name of the Doctor: Dr. M. Chandra

Date & Time: 8/6/26 12:35pm

Signature of the Consultant: _____

Name of the Consultant: _____

Date & Time: _____

Dr. Surender Rao



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------------------|---|---|
| 9/6/26 10:00 AM | <p>Child Resident</p> <p>AFI - absent over the forehead.</p> <p>2 faucpikes @ 6:30 pm & 1:20 Am. (100 if) (101 if)</p> | |
| 9/6 - Alert | | |
| NPO - from 5:00 AM | <p>0/2</p> <p>child is Alert</p> <p>vitals stable</p> <p>CX: C115 @</p> <p>M - BLA @</p> <p>P/A: folk</p> <p>(vs. JAD)</p> | |
| A - present | | <p>Plan</p> <p>- J&D Today</p> <p>Call 11:30 AM</p> |
| noted by Manasa a/b @ 2 PM | | <p>- Inj. Augmentin Tr & Hwey</p> <p>-> CAP, CRP T/m</p> |
| Dr. Suresh Rao | | <p>9/6/26</p> <p>11:10 AM</p> |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| <p>9/10/24 11:00pm</p> | <p style="text-align: center;"><u>CLTB Resident</u></p> <p>ASIC above the forehead.</p> <p><u>T4D done.</u> No-faucpikes.</p> <p>Orally breathing well.</p> | |
| <p style="text-align: right;">Dr. Prabhakar</p> | <p style="text-align: center;"><u>D/S</u></p> <p>Check ALut Vital stable</p> <p>CU: 11g/dl M: 11g/dl PA: 10lt cal: vAD</p> | <p style="text-align: center;"><u>Plan</u></p> <ul style="list-style-type: none"> - Trace pnculture - All-day drawing - CBP, crp - if m - Continue Inj. Augmentin - trace B/cd - Ortho consultation - today |
| | | <p style="text-align: center;"> noted by Dr. Seetha <u>9/10/24</u> @ 4pm </p> |

PROGRESS NOTES AND DOCTOR'S ORDER


| Date & Time | Progress Notes | Doctor's Order |
|---------------------------|---|---|
| 10/6/24 9:00 AM | <p><u>C/S/B Resident</u></p> <p>AFTC Abscess on the forehead.</p> <p>ICD - Done - POD-1.</p> | |
| 0/I - Better. | <p>2 fever spikes 7:20 PM & 5:20 AM. (102.5°F) (104°F).</p> | |
| 4/10 - Admitted. | <p><u>0/E</u></p> <p>child Alert & Active.</p> <p>Vital signs stable</p> <p>CK: 113 @</p> <p>M: BLA @</p> <p>HA: 10/4</p> <p>CM: NAP.</p> | <p><u>Plan</u></p> |
| 0/Practitioner | | <p>- Ij. Anoxidan - IV - 8mg</p> <p>- Trae pucukae.</p> |
| B/ch → No growth again | | <p>- All day dress.</p> |
| | | <p>- mouth wash</p> <p>- Ij (201)</p> |
| Wokas member | <p>Oral Phenidol → x 2d</p> <p>Amoxicillin</p> <p>fluon sat.</p> | <p>Dr. Surender Rao</p> <p>10/6/24</p> <p>11 AM</p> |

CONSULTATION FORM



Doctor Name : Dr. Shrutki

Date : 8/6/26 Hour : 6PM

Hospital :
 Baby GATLA SIYA RAJESHWARI
 14-10-2024 1 Y 7 M 25 D (F)
 Dr. SURENDER RAO DUSA
 Referred for : 
 Transfer of care

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
 Date : 8/6/26 Time : 6PM By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations : S/B Dr. Goh

- Many thanks for ref -
 - Case noted

c/o Abscess over forehead,
 Pain over the left hip joint
 Inability to stand/wt bearing

Adv: - 12 D chx for abscess
 - Use hip, Xray hip & pelvis

Consultant : Dr. Gohli Bhat Signature : [Signature] Date & Time : 8/6/26 6PM

NOTE : If more space is required use another consultation sheet as continuation

CONSULTATION FORM



Doctor Name : Dr. Vidhyasagar
Date : 9/6/26 Hour : 7 PM

Hospital :

Type of Referral : Emergency (within one hr.)

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Referred for : Opinion Co-Management

Date : 9/6/26 Time : 7 PM By :

Transfer of care

Reason for Co diagnosis:

VIH-00184316 IP-00060268
 Baby GATLA SIYA RAJESHWARI
 14-10-2024 1 Y 7 M 26 D (F)
 Dr. SURENDER RAO DUSA

specify the particular need, especially in the absence of a second

Signature: _____

M.D. _____

Report of Findings and Recommendations :

c/o Hip pain & limp. - 3 days
 h/o Scalp abrasion (+)
 Child febrile
 Hip Tenderness (+)
 ROM terminally painful.
 No pseudo paralyis

? Transient Synovitis Hip.

2
 + 200 Continue
 of analgesics
 2 days plus
 3 days

Consultant :

Name : Dr. Vidhyasagar Signature : _____ Date & Time : 9/6/26 7 PM

NOTE : If more space is required use another consultation sheet as continuation

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name Baby Gratta Siya Rajeshwari Age 1yr 7m Gender : Male Female

UHID NO: V14 00184316 Surgeon Name: Dr. Jyoti Bhatnagar

Anaesthesiologist : Dr. Durgabhorani

Operative procedure planned : Incision and Drainage

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
 Incapacitating Chronic Obstructive Pulmonary Disease

Others : Hemodynamic changes, O₂ support, Bleeding

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Baby Gratta Siya Rajeshwari the above mentioned operation / Diagnostic / Therapeutic procedures Incision and Drainage

I authorize and give consent for anaesthesia (Regional / General Anesthesia / Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : Hasika

Name : Hasika

Relationship with Patient: Mother

Date & Time : 8/6/22 8:10pm

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr Durga Rherani

Date & Time : 8/6/22 8:20pm

SURGICAL SAFETY CHECKLIST

VIH-00184316 IP-00060268
 Baby GATLA SIYA RAJESHWARI
 14-10-2024 1 Y 7 M 26 D (F)
 Dr. SURENDER RAO DUSA



Surgeon : Dr. Jyoti Bothra
 Asst. Surgeon : -
 Anaesthetist : Dr. Madhav
 Scrub Nurse : Sr. Manu Malu

Age : 7yr Gender : Female
 Primary Name : JAD
 Date : 16/10 In-time : 12:20pm Out-time : 12:40pm



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

| SIGN IN | Time: <u>12:15pm</u> |
|--|---|
| Patient Has Confirmed | |
| Identity | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Site | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Consent | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Site Marked | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Anaesthesia Safety Check Completed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Pulse Oximeter on Patient & Functioning | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Does Patient have a: | |
| Known Allergy? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Difficult Airway / Aspiration Risk? | |
| Yes, & Equipment / Assistance Available | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Risk of > 500ml Blood Loss (7ml/kg in Children)? | |
| Yes, and Adequate Intravenous Access and Fluids Planned | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| Blood Units Reserved | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| Has Antibiotic Prophylaxis been given within the last 60 minutes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA |
| Signature : <u>[Signature]</u> | |
| Name : <u>Dr. Bunde</u> | |

| TIME OUT | Time: <u>12:20pm</u> |
|---|--|
| Confirm all team members have introduced themselves by Name and Role | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Surgeon, Anaesthesia Professional and Nurse Verbally Confirm | |
| Correct Patient (Check ID Band) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Correct Site | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Correct Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Anticipated Critical Events | |
| Surgeon Reviews: | |
| What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? | <u>none</u> <u>5min</u> <u>2ml</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Anaesthesia Team Reviews: | |
| Are There Any Patient-specific Concerns? | <u>convulsion</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Nursing Team Reviews: | |
| Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Is Essential Imaging Displayed? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Power Supply, Earthing, Power Backup and functioning of equipment checked. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature : <u>[Signature]</u> | |
| Name : <u>Sr. Ruby p.</u> | |

| SIGN OUT | Time: <u>12:40pm</u> |
|---|---|
| Nurse Verbally Confirms with the Team: | |
| The Name of the Procedure Recorded | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| The Specimen is Labelled (including patient name) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Whether there are any Equipment Problems to be addressed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| To Surgeon, Anaesthetist and Nurse: | |
| What are the key concerns for recovery and management of this patient? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature : <u>[Signature]</u> | |
| Name : <u>Dr. Jyoti Bothra</u> | |

Rainbow Children's Medicare Ltd.

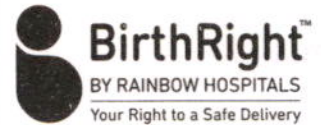
3-7-222 & 3-7-223, Sy. No. 51 & 54, Opp. New Karkhana Police Station

Karkhana Main Road, Kakaguda, Secunderabad - 500009.

Tel : +91-40-4246 2200, 2789 5050, 2789 6060.

GST: 36AABCR4014M1ZE email: vrchbilling@rainbowhospitals.in

CIN: L85110TG1998PLC029914 www.rainbowhospitals.in



OPERATION THEATER NOTES

| | | |
|---|--|---------------------------|
| Patient's Name : Baby GATLA SIYA RAJESHWARI | Age : 1 Y 7 M 26 D | Gender :Female |
| UHID : VIH-00184316 | I.P. NO. -00060268 | WEIGHT : 8.3kg |
| Surgeon : DR JYOTI BOTHRA | Asst surgeon : Dr - | |
| Anaesthetist : Dr MADHAV | OT Nurse : S/N <i>Marimala.</i> | |
| Surgical Procedure : I & D | | |
| Indications for Surgery : | | |
| Anaesthesia -GA | | |
| OPERATIVE NOTES: - I & D with 11 No. blade. - ~ 10 ml thick pus. - Light packing done. - Pus culture was sent. | | |
| DISCHARGE ORDERS 1. Diet as advised. 2. Alternate day dressing 3. Continue antibiotic as per the chart. | | |

Consultants Surgeon's Name

Dr. JYOTI BOTHRA

Date : *9/06/26.*

Consultant Surgeon's Signature

Time :

12:50pm



INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Bhgy. G. Rajeshwari Gender: Male Female Age : 1yr
 UHID No : 184316 Date : 09/16/20

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Incision & Drainage

upon Rajeshwari
 (Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Infection

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: Dr. Jyoti Bhatnagar

Consentee :

Signature : [Signature]
 Name :
 Date & Time :

Patient Attendant :

Signature : [Signature]
 Name : Nagarajan
 Relationship with Patient: Father
 Date & Time :

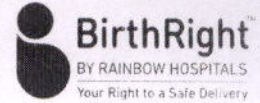
Witness :

Signature : Harika
 Name : Harika
 Date & Time :
 Docu. No. : RCH /FRM / CLINICAL / 027

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Jyoti Bhatnagar
 Date & Time : 9/16/20

VIH-00184316 IP-00060268
 Baby GATLA SIYA RAJESHWARI
 14-10-2024 1 Y 7 M 25 D (F)
 Dr. SURENDER RAO DUSA



BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)





Date: 9/6/26

To Be Filled In By Assigned Nurse:

Department: 1st Floor Duration of Procedure: 20 mins

Name of Surgeon: Dr. Jyothi Date of Admission: 8/6/26

Bundle Care Criteria: (Tick (✓) if done)

| | | Staff Signature |
|----|---|---|
| 1. | Antibiotic given prior to surgery? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single Dose Antibiotic Or <input type="checkbox"/> Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Antibiotic: <u>1st AMOXICILLIN</u> |  |
| 2. | Hair Removal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes: <input type="checkbox"/> Surgical Clipper Department where Hair Removed: <input type="checkbox"/> Ward <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: _____ Skin preparation done (cleansing surgical area with antiseptic agent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 3. | Patient's body temperature immediately post operation (Recovery Room) <u>36</u> °C <input type="checkbox"/> Oral Or <input checked="" type="checkbox"/> Tympanic (Goal: 36-37°C) |  |
| 4. | Name of doctor or staff administering the antibiotic: <u>Sr. P. Vijayanka</u> Date & Time of antibiotic administration: <u>09/06/26 @ 6 AM</u> Date & Time procedure started: <u>9/6/26 @ 12:20 PM</u> |  |

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Baby Giatla Siya Rajeshwar Age: 1 yr 7m Sex: F UHID No: VH 00189316

Date: 8/6/20 Time: 8pm Proposed Operation: IAD for Abscess

Diagnosis: Abscess over forehead

B.P / CRT: H.R: 103 Weight: 8.3kg ASA Physical Status: 1 2 3 4 5

Last vaccine: 26/3/20

Laboratory Data

| | | | | |
|---|------------------|-------------------|--------------------|---------------------|
| Hgb: <u>7.8</u> <u>8/6</u> <u>7.5</u> | Glucose: | Protein: | HIV: | X-Ray: |
| PCV: <u>21.2</u> <u>21.7</u> | Urea: | Alb: | HBS Ag: | ECG: |
| WBC: <u>21k</u> | Creat: | Total Bill: | HCV: | 2D Echo: |
| Plate: <u>4.3+</u> <u>5.94</u> <u>CH42</u> | Na: <u>137</u> | Dir. Bill: | Blood group: | Stress/Angio: |
| PT: | K: <u>4.9</u> | LDH: | T3: | Other: |
| PTT: | Ca++: <u>9.1</u> | Alk phos: | T4: | |
| INR: | Mg++: | Amylase: | TSH: | |
| <u>CH 72</u> | Cl-: <u>102</u> | SGOT/SGPT: | | |

Allergies: NKDA

Medical History: CVS Team IVD/3kgs/NICU post day

RESP: clo Abscess over forehead Diabetes: Development up to date

CNS: pain over left hip joint, inability to stand/weight bearing

Renal: No fever 1.5 week

Hepatic / GE: Physical Activity: Active till 1 week before

Others: No fever: 1 week

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth: No loose tooth.

Lungs: BAT Clear

Heart: S1S2 1 tachycardia

CNS: Play asleep.

Pregnant: Yes No NA Venous Access Site: Spine Exam for regional: Baby asleep, didn't check history of no abnormality.

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|------------------------|----------------------|
| <u>AUGMENTIN</u> | <u>200mg IV stat</u> |
| <u>By: PARACETAMOL</u> | <u>100mg</u> |
| | |
| | |

Pre-Operative instructions:

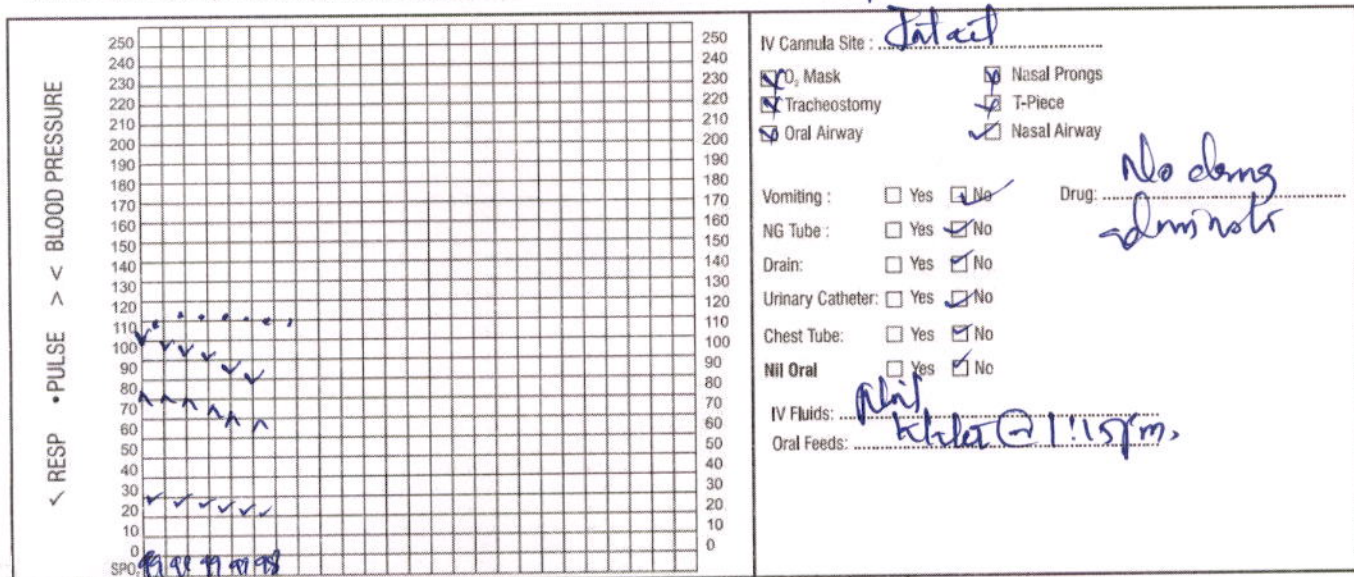
- DVT Prophylaxis: NBM > 6hrs holiday
- NIL ORAL: Formule talk
 Water / ORS 2 Hours
 Others 6 Hours
> 2hrs clear liquid
> 4hrs breast milk
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:
 - check temp before shifting
 - cross match sample, blood grouping
 - INI. PARACETAMOL 15mg/kg IV if Temp > 100F before shifting to OT

Signature: [Signature] Name: Dr. D. Neelakrishnan



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: S. Praxona Time Received: 12:50pm Time Discharged:



| POST ANAESTHESIA SCORE (Modified Aldrete Score) | IN | MINUTES | | | OUT | SCORING INTERPRETATION |
|--|----|---------|----|----|-----|--|
| | | 30 | 60 | 90 | | |
| Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0 | 1 | 2 | 2 | 2 | 2 | A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician: |
| Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0 | 2 | 2 | 2 | 2 | 2 | |
| BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 | 2 | 2 | 2 | 2 | 2 | |
| Fully awake = 2 Arousable on calling = 1 Not responding = 0 | 1 | 1 | 2 | 2 | 2 | |
| Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 | 2 | 2 | 2 | 2 | 2 | |
| TOTAL | 8 | 9 | 10 | 10 | 10 | |

PAIN ASSESSMENT AND MANAGEMENT FORM

| Date | Time | Pain Score | Intervention | Signature |
|--------|------|------------|--------------|-------------|
| 9/6/24 | 1pm | 0 score | - | [Signature] |
| | | | | |
| | | | | |
| | | | | |

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name: Dr. Madhan / Dr. Praxona

Anaesthesiologist Signature: [Signature]

Date & Time: 09/6/26 @ 1:15pm

PACU Nurse Name: S. Praxona

PACU Nurse Signature: [Signature]

Date & Time: 09/6/26 @ 1:15pm

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): S. Praxona

Date & Time: 09/6/26 @ 1:15pm

VIH-00184316

ULTRA SOUND HIP JOINT REQUEST FORM

Ist Floor

PATIENT NAME :

VIH-00184316 IP-00060268
Baby GATLA SIYA RAJESHWARI
14-10-2024 1 Y 7 M 25 D (F)
Dr. SURENDER RAO DUSA

AGE/SEX:

OP/IP NO :

REF.DR :

Time: 6:25 PM

DATE :

Date: 08/08/2026

TO BE FILLED BY DOCTOR ONLY

HISTORY :

IMPORTANT CLINICAL FINDING :

SIGNIFICANT LAB REPORTS :

WORKINGS DIAGNOSIS :

DOCTORS NAME & SIGNATURE

HRUS Both hips

FINDINGS

Acetabulum and iliac wing appear normal.

Femoral head appears normal.

No joint effusion.

No intramuscular fluid collection.

Alpha angle - Right
Left

Beta angle - Right
Left

No elo any collections

IMPRESSION

No significant sonologic abnormality in both hips.

V. Mahidhar

DR MOHD ABDUL KHALID. (MD.DNB)

DR V. MAHIDHAR (MD)

CONSULTANT RADIOLOGIST.

VIH-00184316 IP-00060268
 Baby GATLA SIYA RAJESHWARI
 14-10-2024 1 Y 7 M 25 D (F)
 Dr. SURENDER RAO DUSA



WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a score of 1 if 'YES' in parameter 1 to 9 and Assign a score of -2 if 'YES' in parameter No 10

| S.No | Assessment Criteria | Score | Date: | Date: | Date: | Date: | Date: | Date: |
|------------------------|--|-------|--------------------|--------------------|-------|-------|-------|-------|
| | | | Time: | Time: | Time: | Time: | Time: | Time: |
| | | | 9/16 | 10/6/26 | | | | |
| | | | 12:00 | 12:00 | | | | |
| 1 | Active cancer (on-going treatment or diagnosed within 6 months or palliative care) | 1 | 0 | 0 | | | | |
| 2 | Bedridden recently >3 days or major surgery within four weeks | 1 | 0 | 0 | | | | |
| 3 | Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs) | 1 | 0 | 0 | | | | |
| 4 | Collateral (non varicose) superficial veins present (Assess for both legs) | 1 | 0 | 0 | | | | |
| 5 | Entire leg swollen (Assess for both legs) | 1 | 0 | 0 | | | | |
| 6 | Localized tenderness along the deep venous system (Assess for both legs) | 1 | 0 | 0 | | | | |
| 7 | Pitting edema, greater in the symptomatic leg (Assess for both legs) | 1 | 0 | 0 | | | | |
| 8 | Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs) | 1 | 0 | 0 | | | | |
| 9 | Previously documented DVT (Assess for both legs) | 1 | 0 | 0 | | | | |
| 10 | Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. | -2 | 0 | 0 | | | | |
| Total Score | | | | 0 | | | | |
| Signature of the Nurse | | | <i>[Signature]</i> | <i>[Signature]</i> | | | | |

Intervention: Nil

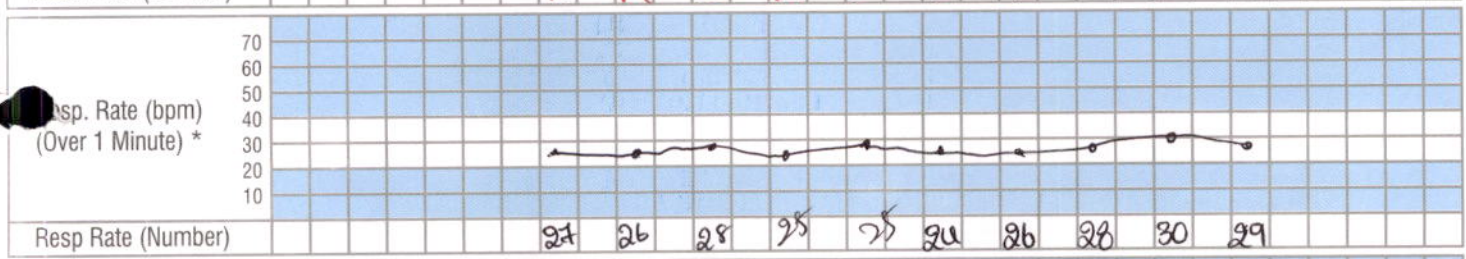
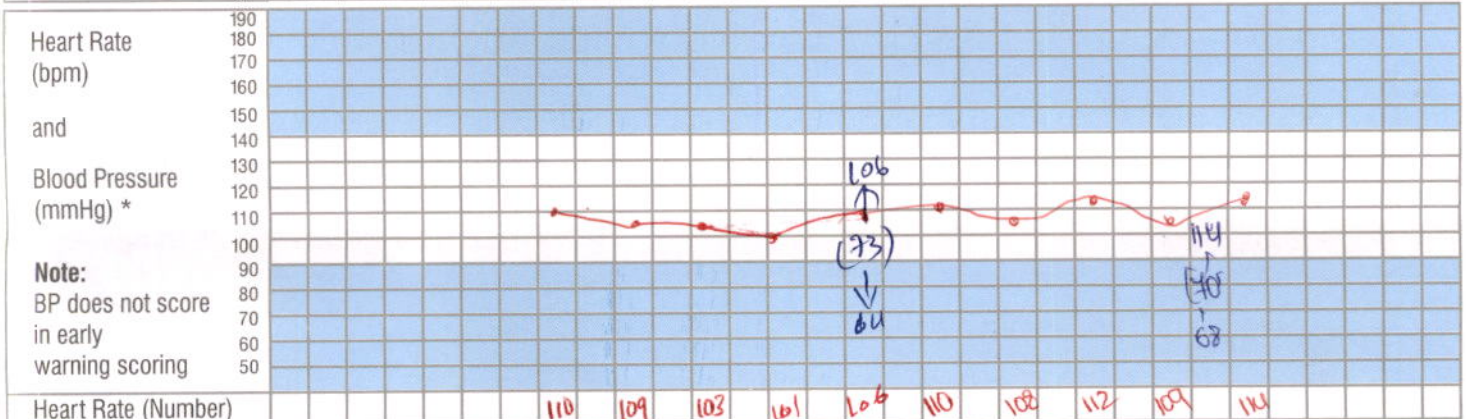
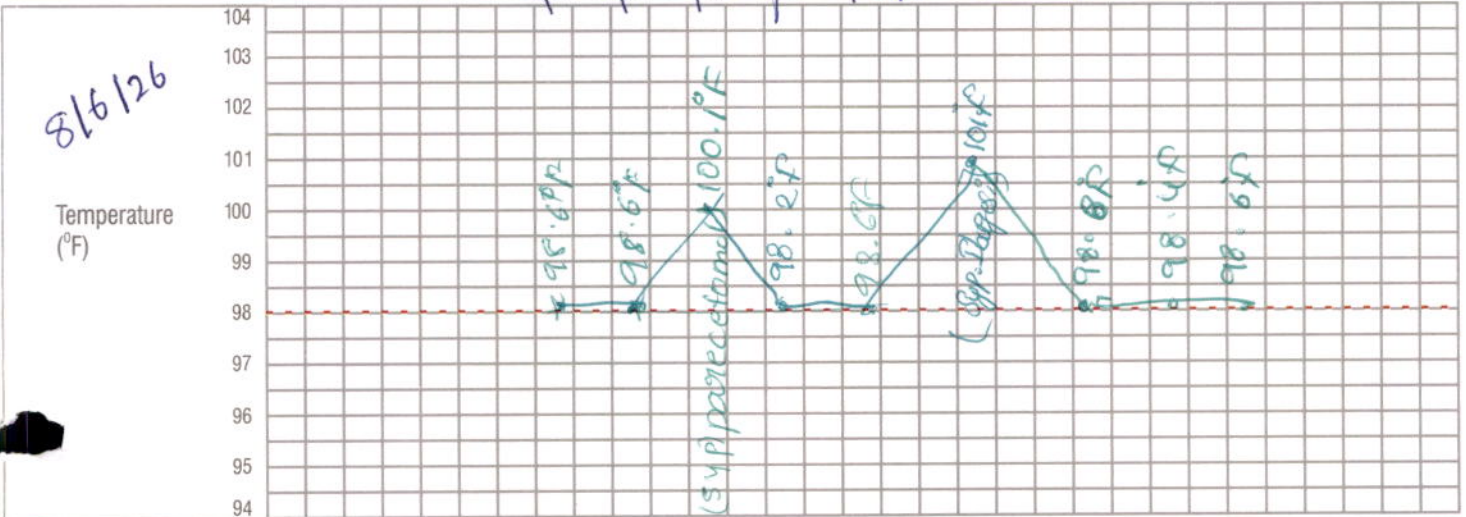
- High Risk = >2 Score
- Moderate Risk = 1-2 Score
- Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 3 5 6:30 8 10 12 2 4 6 8

Doctor / Nurse / Family Concern? pm pm pm pm pm pm pm pm pm pm



| | | | | | | | | | | |
|----------------------------------|--------------------------------|----|----|----|----|----|----|----|----|----|
| Resp Distress | Mod/ Severe None / Mild | N | N | N | N | N | N | N | N | N |
| Receiving O ₂ (l/min) | O ₂ Saturations (%) | 98 | 99 | 95 | 98 | 98 | 98 | 99 | 98 | 97 |
| Conscious Level | Normal / Altered | N | N | M | M | M | 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 | 0 |
| Pain Score | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Observer's Initials | SR | SR | M | A | A | A | A | A | A | A |

| | | |
|--|-------------|---|
| ACTIONS NB: Scores 3 should be recorded overleaf | Score 1 | : Continue normal observation by staff nurse |
| | Score 2 | : Shift in charge nurse to be informed and continue hourly observations |
| | Score 3 | : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. |
| | Score 4 | : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see |
| | Score 5 & 6 | : Shift in charge AND PICU fellow or PICU consultant to be informed. |

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

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) |

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) |



EARLY WARNING SCORE: CHILDREN'S UNIT

| | |
|--|--|
| Date : 10/6/26 | Time: 9 11 |
| Doctor / Nurse / Family Concern? | |
| Temperature (°F) | |
| Heart Rate (bpm) | |
| Blood Pressure (mmHg) * | |
| Note: BP does not score in early warning scoring | |
| Heart Rate (Number) | 112 115 |
| Resp. Rate (bpm) (Over 1 Minute) * | |
| Resp Rate (Number) | 28 28 |
| Resp Distress | Mod/ Severe None / Mild |
| Receiving O ₂ (l/min) | |
| O ₂ Saturations (%) | |
| Conscious Level | Normal Altered |
| GCS * | 2 2 |
| TOTAL SCORE | |
| Number of shaded boxes | 15 15 |
| Pain Score | 0 0 |
| Observer's Initials | Man 10 |
| 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 in charge AND PICU fellow or PICU consultant to be informed. |

Noted by Pndu
 09 Ph
 10/6/26

* 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.

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|----------|--|
| 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) |



FLUID CHART

Sheet No. : 1

8/6/26

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 | |
|------------------------------|----------|-----------------|----------------|-------|-------|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 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 | 8/6/26 | idly water | 22ml | | | | | | | 1 | manish 8/6/26 8pm | |
| | 03:00 pm | | | 22ml | | | | | | | | | |
| | 04:00 pm | | | 22ml | | | | | | | | | |
| | 05:00 pm | | | 22ml | | | | | | | | | |
| | 06:00 pm | | | 22ml | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : 110 | | | | | | Total Output : | | | | | | | |
| | 08:00 pm | 8/6/26 | kicheady water | 22 ml | | | | | | | 1 | Anthe 8/6 | |
| | 09:00 pm | | | 22 ml | | | | | | | | | |
| | 10:00 pm | | | 22 ml | | | | | | | | | |
| | 11:00 pm | | | 22 ml | | | | | | | | | |
| | 12:00 am | | | 22 ml | | | | | | | | | |
| | 01:00 am | | | 22 ml | | | | | | | | | |
| Total Intake : 132 ml | | | | | | Total Output : | | | | | | | |
| | 02:00 am | 9/6 | idly hor | 22 ml | | | | | | | 1 | Anthe 9/6 | |
| | 03:00 am | | | 22 ml | | | | | | | | | |
| | 04:00 am | | | 22 ml | | | | | | | | | |
| | 05:00 am | | | N | 22 ml | | | | | | | | |
| | 06:00 am | | | P | 22 ml | | | | | | | | |
| | 07:00 am | | | O | 22 ml | | | | | | | | |
| Total Intake : 132 ml | | | | | | Total Output : | | | | | | | |

| | |
|-----------------------------|--------|
| Total 24 hrs. Intake | 374 ml |
|-----------------------------|--------|

| | |
|-----------------------------|--|
| Total 24 hrs. Output | |
|-----------------------------|--|

VH-00184316 IP-00060268
 Baby GATLA SIYA RAJESHWARI
 14-10-2024 1 Y 7 M 25 D (F)
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. : (2)

9/6/26

- All measurements in ml.
- 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 | |
|-----------------------------|----------|-----------------|--------|------|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|-------------------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 9/6/26 | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | NBM | | | | | | | | | | | |
| | 12:00 pm | NBM | | | | | | | | | | | |
| | 01:00 pm | NBM @ 1:15 pm | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| | 02:00 pm | 22ml | | | | | | | | | | | |
| | 03:00 pm | 22ml | | | | | | | | ✓ | | | Subham 9/6/26 8pm |
| | 04:00 pm | 22ml | | | | | | | | | | | |
| | 05:00 pm | 22ml | | | | | | | | | | | |
| | 06:00 pm | 22ml | | | | | | | | ✓ | | | |
| | 07:00 pm | 22ml | | | | | | | | | | | |
| Total Intake : 132ml | | | | | | Total Output : | | | | | | | |
| 9/6/26 | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | Rice water | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | 22ml | | | | | | | ✓ | | Subham |
| | 12:00 am | | | 22ml | | | | | | | | | |
| | 01:00 am | | | 22ml | | | | | | | | | |
| Total Intake : 66ml | | | | | | Total Output : | | | | | | | |
| 10/6/26 | 02:00 am | | | 22ml | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | ✓ | | Subham 10/6 @ 7AM |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : 22ml | | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake 220ml

Total 24 hrs. Output 4 times

FLUID CHART

Sheet No. : 3

10/10/26

- All measurements in ml.
- 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 | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 10/10/26 | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | Feed | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | Feed | | | | | | | | | | | |
| | 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-00184316 IP-00060268
 Baby GATLA SIYA RAJESHWARI (F)
 14-10-2024 1 Y 7 M 27 D
 Dr. SURENDER RAO DUSA



FLUID CHART

Sheet No. :

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

| Date | Time | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | | |
|-----------------------|----------|-----------------|-------|-----|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|--|
| | | 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 | | | | | | | | | | | | |
| | 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-00184316 IP-00060268
 Baby GATLA SIYA RAJESHWARI
 14-10-2024 1 Y 7 M 23 D (F)
 Dr. SURENDER RAO DUSA



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 1st floor

| 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 | | | | | | <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. P. Vishwaja [Signature]

Date & Time : 8/6/26 @ 11:56 AM

Nurse Name & Signature: Suathi [Signature]

Date & Time : 8/6/26 @ 11:56 AM



DRUG CHART

Date of Admission: 8/6/26 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)

Chitra 8/6/26

| | | | | | | | | | | | | | | | | | | | | |
|---|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : SYP. PARACETAMOL. | | | | Date Time | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | | | | | | | | | | | | | | | | | |
| 2.5ml | PO | as required | 8/6 | | | | | | | | | | | | | | | | | |
| Doctor's Signature | | Valid Period | Pharm. | | | | | | | | | | | | | | | | | |
| | | max other | | | | | | | | | | | | | | | | | | |
| Additional Instructions: 5ml = 240mg 15mg/kg/dose if temp > 100F | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|-------|-------------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : Syp. IBUGESIC | | | | Date Time | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | | | | | | | | | | | | | | | | | | |
| 4ml | PO | as required | 8/6 | | | | | | | | | | | | | | | | | | |
| Doctor's Signature | | Valid Period | Pharm. | | | | | | | | | | | | | | | | | | |
| | | max 8th hourly | | | | | | | | | | | | | | | | | | | |
| Additional Instructions: 5ml = 100mg 10mg/kg/dose if temp > 102F | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : | | | | Date Time | | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | | | | | | | | | | | | | | | | | | |
| Doctor's Signature | | Valid Period | Pharm. | | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | |

VERIFIED BY: Name



| | | | | |
|--|-------|-----------|------------|--------------|
| 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 | | | | |

Dr. Jitendra

| | | | | |
|---|----------|-------------------|------------|-----------------------------------|
| DRUG : <u>PNT. AMOXICILLIN CLAVULANATE</u> | | | | Date Time |
| Dose | Route | Frequency | Start Date | |
| <u>250mg</u> | <u>o</u> | <u>8th hourly</u> | <u>8/6</u> | <u>8/6</u> <u>9/6</u> <u>10/6</u> |
| Name & Signature of the Doctor Starting the Drugs: | | | | |
| <u>Mulchawala</u> | | | | |
| Additional Instructions: <u>after food</u> <u>do not</u> | | | | |
| <u>80mg/kg/day</u> | | | | |
| 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 | | | | |

| | | | | |
|--|-------|-----------|------------|--------------|
| 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 | | | | |



| Date Time | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | | Nurse Sig. | |
|--------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|--|
| | | | | | | | | |
| | Dose | | Dose | | Dose | | Dose | |
| | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. | |
| Route | Start Date | Dose | Dose | Dose | Dose | Dose | Dose | |
| | | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | |
| Name & Signature of the Doctor | | Dose | Dose | Dose | Dose | Dose | Dose | |
| | | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | |
| Additional Instructions: | | Dose | Dose | Dose | Dose | Dose | Dose | |
| | | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | Dr. Sign. | |

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

STAT / ONCE ONLY DRUGS

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|------|----------|------------------|-----------------------------|-------|-------------|------------------|
| 9/6 | 10:20 AM | INJ. PARACETAMOL | 120mg | iv | [Signature] | Elizabeth Sabaya |
| 10/6 | 5:25 AM | INJ. PARACETAMOL | 120mg | iv | [Signature] | Priya Pajjales |
| | | | | | | |
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VERIFIED BY: [Signature] Signature

VIH-00184316 IP-00060268

Baby GATLA SIYA RAJESHWARI

14-10-2024 1 Y 7 M 23 D (F)

Dr. SURENDER RAO DUSA



RESULT SHEET

| | | | | | |
|---------------------|-----------|-----------|--|--|--|
| Date | 08/06 | 10/6/26 | | | |
| Time | 12:22pm | 6AM | | | |
| Hb | 7.5 | 6.7 | | | |
| PCV | 21.7 | 18.8 | | | |
| RBC | 3.82 | 3.35 | | | |
| WBC | 21610 | 18,89 | | | |
| N/L | 74.6/16.1 | 74.7/15.3 | | | |
| Platelets | 5.94 | 5.69 | | | |
| CRP | 46 | 31 | | | |
| ESR | | | | | |
| PCT | | | | | |
| RBS | | | | | |
| Na | 137 | | | | |
| K | 4.9 | | | | |
| Cl | 102 | | | | |
| Ca/Mg | 9.1 | | | | |
| Phosphate | | | | | |
| Urea | | | | | |
| Creatinine | | | | | |
| ALP | | | | | |
| SGPT | | | | | |
| SGOT | | | | | |
| T.Bill/Conj | | | | | |
| T.Protein | | | | | |
| S.Albumin | | | | | |
| S.Globulin | | | | | |
| A/G Ratio | | | | | |
| Uric Acid | | | | | |
| S.Amylase | | | | | |
| Sr.Lipase | | | | | |
| Blood Lactate | | | | | |
| S.Cholesterol | | | | | |
| PT/INR | | | | | |
| APTT | | | | | |
| CSF Protein / Sugar | | | | | |
| Cells | | | | | |
| N/L | | | | | |

