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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : Pediatrics

Date of Admission : 12/6/26. Time : 3:57pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 132 Ward : 1st Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	5:20 pm	ER	132	
12/6/26	8:30 pm	1st floor	PICU	
13/6/26	4 AM	PICU	1st floor	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/6	CBP, CRP, Calcium		
	Al. Bumin, Cholesterol	26020186	Shy
	S/E, Creat-inem, Urea		
	Bicarbonate		
	Urea, S/E	26020228	~~dfv~~
	Gross checked by Gopal 14/6 @ 10AM.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/6	Inv- monitor	9:30 pm	13/6/26 4Am	3089735	
	infusion pump				
	Bags checked by loading 14/6 @ 10AM.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/6/26	IV placement	1	3089664	Sr. Shantha
13/6/26	Albumin transfusion	1	3089702	Reemarci.
	Cross checked by (calpany. 14/6 @ 10AM).			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	1st floor Calpany.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 25 D (M)
Dr. SRUTHI BALLA

Patient Name :

IP.No:

Ward:

DOA:

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	02			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	04			
7	Nurses Progress notes	03			
8	Consultation Sheets				
9	General Consent for Treatment	01			
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03			
26	Intake and Output chart (fluid Chart)	03			
	Drug Chart (Regular prescription)	03			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Humpty dumpty	01			
	Pain Assessment	01			
	Thrombo.	01			
	PIW consent	01			
	other	02			
	Billing	04			
	Total No. of Pages	40			

Noted by Bndu
@ 10 Am

Signature and Date : 14/8/20

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

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-00060326 **Admit Date** : 12-Jun-2026 **Admit Time** : 03:57 PM **UHID** : VIH-00155457

Patient Details :

Patient Name	: Master HARSHA VITTAL GOUD	**Age**	: 5 Y 9 M 24 D
Guardian	: Mr HARI KRISHNA GOUD	**DOB**	: 19-08-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: DEGAM Armoor Nizamabad INDIA 503224	**Phone No**	: 7995861988
		E-mail	: na123@gmail.com

Admission Details :

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

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr HARI KRISHNA GOUD **Relationship** : S/O

Contact Address : DEGAM Armoor Nizamabad INDIA 503224 **Phone No** : 7995861988 / 9010825252

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SIVA NARAYANA REDDY VENNAPUSA

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

Name	Master HARSHA VITTAL GOUD	**UHID**	VIH-00155457
Father/Guardian	Mr HARI KRISHNA GOUD	**Age/Gender**	5 Y 9 M 26 D/Male
Address	DEGAM, Armoor, Nizamabad, INDIA, 503224		
IP No	IP-00060326	**Admission Date**	12-06-2026
Ref Doctor	Self	**Discharge Date**	14-06-2026

DISCHARGE SUMMARY

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

Co-Consultant: Dr. SIVA NARAYAN REDDY VENNAPUSA
DCH., DNB (Paeds), Fellowship in Neonatology,
SENIOR CONSULTANT PEDIATRICS
APMC- 48300

Diagnosis: Nephrotic syndrome with relapse

History: Master HARSHA VITTAL GOUD is a 5 Y 9 M 26 D boy presented with history of abdominal pain, abdominal distension, periorbital edema, 4-5 episodes of non-bilious non-projectile vomitings, increased frequency of stools since 6 days prior to admission. For the above complaints, he was treated outside hospital, but in view of persistence of symptoms, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. Heart rate-100/min, blood pressure - 110/70 mmHg and respiratory rate 22/min. Periorbital edema present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, distended. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Name	Master HARSHA VITTAL GOUD	UHID	VIH-00155457

Weight on admission : 24.8 kgs.
Investigations: Enclosed.

Management: He was admitted in the ward and started on intravenous antibiotics, diuretics and calcium supplements. He was treated symptomatically with antacids.

His complete blood picture showed hemoglobin 13.5 gm%, white blood cells count of 4,440 cells/cumm, platelet count of 3.56 lakhs/cumm and C-reactive protein was 5 mg/l. Serum electrolytes showed serum sodium - 134 mmol/L, serum potassium - 5.4 mmol/L, chloride - 111 mmol/L, bicarbonate 24 mmol/L. Serum creatinine 0.4 mg/dl, blood urea 45.7 mg/dl, serum albumin 1.6 g/dl, cholesterol 594 mg/dl.

In view of hypoalbuminemia, 20% albumin infusion was given. Injection Methyl prednisolone was started.

His vitals were regularly monitored. His symptoms gradually settled. Repeat serum electrolytes showed Na 134 mmol/L, K 4.8 mmol/L, Cl 106 mmol/L. Blood urea 40 mg/dl. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg), 6ml, 12th hourly (after food) for 4 days (Refrigerate after reconstitution).
3. Syrup Calcimax Plus (5ml=250mg) 5ml once daily for 1 month.
4. Tablet Pantoprazole (20mg) 1 tablet once daily (1/2 hour before breakfast) for 4 days.
5. Tablet Omnacortil (20mg) in morning & (25mg) at night (after food) for 1 week.

6. To do spot urine calcium, uric acid, protein creatinine ratio on 19.06.2026 (Friday).
7. Kindly consult Dr. Sruthi Balla, Consultant Pediatric Nephrologist, on 19.06.2026 (Friday) with spot urine calcium, uric acid, protein creatinine ratio reports in OPD with prior appointment (This consultation will be charged).

In case of Fever:
Syrup Paracetamol (5ml=240mg), 7.5ml (if needed) if fever more than 99.6*F (maximum 4-6 hourly).

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

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name	Master HARSHA VITTAL GOUD	UHID	VIH-00155457

Name : T. Padmamsha

Signature :

Relationship with patient : mother

This summary has been explained by :

Summary prepared by: Dr. Vishwaja
DEO : MD Younus Pasha

Dr. Vishwaja

Registrar/Resident/C.M.O

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

Patient Name : Mast. HARSHA VITTAL GOUD UHID : VIH-00155457 IPD : IP-00060326 Gender : Male Age : 5 Y 9 M 24 D

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

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wt - 24.08 kg
Ht - 120 cm

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Harsha Vittal Goud Age : 5Y9M

Gender: ☐ Male ☐ Female

Date : 12/6/26 Time of Arrival : 3:38 PM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6F PR: 103bpm BP: 116/72(83) RR: 22bpm SpO2: 98%

Chief Complaints: C/O - Abdomen distance, edema.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☐ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☑ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 3:42 PM

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Sabir

Signature of Triage Nurse : SA

Date & Time : 12/6/26 @ 3:42 PM

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

Patient Name : Mast. HARSHA VITTAL GOUD UHID : VIH-00155457 IPD : IP-00060326 Gender : Male Age : 5 Y 9 M 24 D

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/6/20 Time of arrival : 3:44PM

Chief Complaints: C/O - Abdomen distance. RBS: -

Height : 120cm Weight 24.08kg BMI : - Head Circumference (<2 years) -

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

If yes , identify .....

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

☐ Character - ☐ Location - ☐ Frequency - ☐ Duration -

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

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

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

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

Social History: Lives With Parents.

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

Time of Initial assessment completed by ER Nurse : 3:48PM

Patient Name : Mast. HARSHA VITTAL GOUD UHID : VIH-00155457 IPD : IP-00060326 Gender : Male Age : 5 Y 9 M 24 D

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

Time	Nursing Notes
3:38pm	Patient came to er.
3:40pm.	Check vitals & record.
3:44pm.	Doctor seen the Pt.
3:57pm.	Advaice to Admission. Admission done.
4:20pm.	IV placement done, Sample colacted & Send to Lab. * Patient Shifted to ward. (132)

Samples collected by: Sr. Shantha Kumari Time: @4:20pm

Samples sent by : Sr. Sravanthi Time: @4:30pm.

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 103bpm BP: 112/78(82) CFT: <2sec.	Shift - out from ER to: 132
RR: 22bpm SPO_2 : 98%.	Time of Shift - out: @ 5:20pm
GCS: 15/15 Temperature : 98.06F	Handover given to: Sr. Srikanth
Pain Score: 0	(Nurse's Name) Sr.
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Vaishnavi Signature of the Nurse : Vaishnavi

Date & Time : 12/6/26 @5:20pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00155457 IP-00060326 Master HARSHA VITTAL GOUD 19-08-2020 5 Y 9 M 24 D (M) Dr. SRUTHI BALLA	12/6/26 3:56 pm	13/6/26/4 AM
	Transfer Ordered by Dr. Jayasree	Reason for Transfer child is stable
From Unit PICU	To Unit 1st floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 32	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	500cc — (1)	
2.	5cc — (1)	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Renuka 13/6/26/4 AM	Dr. Jaya Sree

Patient & Clinical Records Received by : Manasa

Date & Time of Patient Received : 13/6/26 @ 4:50 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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00155457 IP-00060326 Master HARSHA VITTAL GOUD 19-08-2020 5 Y 9 M 24 D (M) Dr. SRUTHI BALLA	12/6/26 @ 3:57pm	12/6/26 @ [illegible]
	Transfer Ordered by Dr. Prashanthi	Reason for Transfer Albumin Replacement.
From Unit 132	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 31	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj Albumin — 1	
2.	50 cc — 1 Inj Lasix — 2	
3.	ECG leads — 1	
4.	Inj Hydrocort — 1	
5.	Inj Avil — 1	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Lalpary	Dr. Prashanthi

Patient & Clinical Records Received by : [illegible]

Date & Time of Patient Received : [illegible]

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

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VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

	Date & Time of Admission	Date & Time of Transfer Order
	12/6/26 @ 3:57pm	12/6/26 @ 5:20 pm
	Transfer Ordered by	Reason for Transfer
	Dr. Vishwaja.	Admission.
From Unit	To Unit	Information to Attendant
ER		Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
29	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over — OPD file given.

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Swagath	Dr. Vishwaja.

Patient & Clinical Records Received by : Sreekanth

Date & Time of Patient Received : 12/6/26 @ 5:26pm

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Nephrotic Syndrome

Arrival Time: 5:25 pm Mode of Arrival: by walk Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..NO.. Body Weight: 24.8 Kg

Height: 120 cm

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
YES	NIL	NO

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: 24.8 kg Length: 120 cm Head Circumference (< 2 years): NO.1

Temp.: 98.3°F HR: 112 b/m RR: 25 b/m BP: 105/64 (72)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (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 NIL Location NIL Frequency NIL Duration NIL

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: ..... (Date/Time): .....

Social History: Lives With ..... Family .....

Siblings in household ☑ Yes ☐ No (if yes How Many?) ..... 01 .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother .....

Nurse's Name: ..... Greeshma ..... Date: ..... 12/6/26 ..... Time: ..... 12:40PM ..... Signature

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Children's
Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Name : Harsha Age/Sex 5y/male

Information given by: Mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

K/c/o SDNS - off steroids now
c/o vomitings, loose stools. } since 4 days
paraabdomen
Abdominal distension.

History of present illness :

Child is K/c/o SSNS - SDNS since 3 years of age
↓
off steroids since April 2025
H/O URTI → feb 2026

Now c/o - Abdominal distension - since Saturday
a/w Abdominal pain., periorbital edema.
H/O vomitings - 4-5 episodes
NB/NP/non Bloodstained
content - food water
H/O ↑frequency of stools - pasty consistency
Non Blood stained
} since Saturday

↓
Converted local hospital
Vomitings, loose stools - Subsided

On presentation ;
Abdominal distension (+)
periorbital edema (+)
Abdominal pain (+)

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

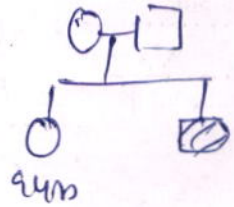
Pediatric Multiorgan History & Physical Examination

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

H/o SINS - SDNS since 3 years of age ↓
↓
off steroids : April 2025 — Received Levamisole / Endoxan 2025
(Feb 2026, URI related relapse).

Birth & Neonatal History:

Term/ LSCS (previous)/ 2.5kg/ NONICO stay



Birth & Socio Economic History:

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

Developmental History :

Appropriate for age in all domains.

Immunization History :

[illegible] - [illegible] ([illegible])
Not Received up to date → Live vaccines - MMR
chickenpox
not taken.

(P.T.O.)

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Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 24.8kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 103/min B.P. 116/72 SPO2 98%

Resp.rate and type of breathing : 22/min

Rash (-)

Lymphadenopathy (-)

Oedema : periorbital edema, Abdominal distension (+)

Allergies (if any): (-)

Respiratory System :

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

Air entry & breath sounds : BLAE (+)

Any addes sounds : NO.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : No

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

Per Abdomen :

Inspection (N) Abdominal distension (+)

Palpation : Soft

Ausculation : BS (+)

Spine : (N). External Genitelia :

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

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Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power 4/5 all limbs

Co-ordinator : (N)

Posture :

Involuntary Movements : NO

Reflexes : +

DTR +2 **Superficials:** +

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

SSNS – SDNS (Nephrotic Syndrome)

(P.T.O.)

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Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complecation

Desired goals of the treatment : To treat current condetcon

S/B Dr. Shruthi Balla mam

Planned Labs:

CBP ✓
CRP ✓
Rp2 ✓
S. calcium ✓
S. albumen ✓
Total Cholesterol ✓

Noted by Krishnaja

Planned Management

1) Inj ceftriaxone
2) Inj pantoprazole
3) plan for ~~Albumen~~ 20% transfusion → after euformmy reports.
if S.Alb < 2
~~after reports~~ – plan for IV methyl pred

Signature of the Doctor: G.V
Name of the Doctor: Dr. Vishwaja
Date & Time: 12/6/26

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

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Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2020 6:30pm	S/B Dr. Sruthi	
	XLS c relapse.	Plan
	ALb – 1.6	– 100mg IV Albumin over 6hrs — L ICU.
		– Lasix 25mg – midway / end.
		– Lasix 25mg – IV – 12 hrly
		– metyl pred 50mg IV once daily.
		– Syp. Calcimax plus 5ml-0-0-1 daily.
		→ Strict I&O charting.
		→ B.P monitoring.
T/H	S. Urea S. Electrolytes	– wt-monitr.
		– Daily wt charting
	Sruthi	→ low salt diet.

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/2026 9:30 PM	c/s/b PRW fellow	
	D" – NS c relapse	
	Hypoalbuminemia for	Albumin Infusion
		Plan
	HR – 63/min	1) To start Albumin Infusion 1 cc and over (6) hrs followed by Inj. LASIX 18 mg/kg IV
	SpO_2 – 100%	
	RR – 24/min	
	BP – 114/72 (82) mm Hg	
	(> 95th centile)	
	BP centiles	2) Inj. FUROSEMIDE midway & midway
		3) Strict BP monitoring

	SBP	DBP
5	87	49
50	98	60
90	108	69
95	111	71
99	117	76

(signature)

Noted by Renuka 13/6/26 4:00

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

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026 9:50 am	c/s/b PICU fellow	
	Planned for Albumin transfusion, Lasix given post transfusion [illegible]	
	HR - 64/min	
	SpO2 - 100%	
	BP - 99/52 (66)	
	R - Mostly clear	
	no adverse events	
	Haemodynamically stable	Adv
		Shift to ward
		[signature]
		Noted by Renuka 13/6/26 4:[illegible]

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

(P.T.O)

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/2026 8:35 AM	Nephrotic Syndrome I Relapse -eyelids -Edema better - Abdomen edema ++ - BPS-good - urine output-good. CVS CNS (N) RS PA - mild distension.	Plan - No albumin today - continue Lasix. 2mg/BD - methyl prednisolone continue - 12pm-today, 8 AM T/D - BP 4th hrly. wt - I/O monitoring. declining. d. Cannula

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Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 25 D
Dr. SRUTHI BALLA (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Resident	
13/6/26 10:00 AM	D/W Dr. Shruthi mam.	
	Abd. distention - Better.	
	TWT: 23.18 kgs.	periorbital edema +.
	Yesterday wt: 24.8 kgs	Adv
	1.7 cc/kg/hr - U/O.	- Plan for diet/m.
		- Continue Lasix c/s methylprednisolone.
		- B.P monitoring 4th hrly
		- w/f u/o.
	Dr. [signature]	- monitor weight.
	13/6/26	
	10A	
		Noted by [signature] @ 1pm 13/6/26

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

(P.T.O)

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD (M)
19-08-2020 5 Y 9 M 25 D
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/21 4:00pm	C/s/B Resident	
	Afir: NS c̄ relapse.	
	Abd. distension better.	
	Periorbital edema (↓).	
	O/E	
Dr prashanth.	Vitals stable	
	euthmic	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	
	P/A: soft	Plan
	CNS: NAD.	
		- plan for d/c Tlm.
		- Wt monitoring
		- Strict I/O monitoring.
		- BP monitoring - 4thly
		- Give methyl pred - Tlm @ 8:00Am.
	Noted by Subha 13/6/21 @ 7PM	- Continue lasix.

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 25 D (M)
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	adm: 2?.08
14/6/26 9 AM	Δ: NS c Replase	Pvt 23.18
	Issue: Abdominal Distension & periorbital Edema (−)	
	→ U/O = 8.4 cc/kg/hr. BP ~ 90-95th centile.	
	O/E	Plan – D/c today.
	Body Condition	
	CRT < 3 sec	1) T. Omnezolid
	Pedal Edema. Abd. dist (+)	20mg — 25mg × 1 week
	CVS – S1 S2 (+)	
	RS BAE (+)	2) Calcium
	PA soft	3) Vit D
	CNS no FND.	4) Cefixime × 4 days
	Received methylpred @ 8 am today;	5) Kidney Spot & serum Urine
Dr. [signature]		VM [signature]

Discussed OOP 14/6/21

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 25 D (M)
Dr. SRUTHI BALLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE [illegible] UNIT

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Name: Mast. Harshavittal Age: 5 Y/9M Gender: Male ☑ Female ☐

UHID.No : 155457 Date: 12/6/26

I Rudramsha S/o, D/o, W/o, Hari krishna gaud hereby

declare that our patient Master/Baby ..... who is related to me as .....

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on .....

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

..... Nephrotic Syndrome .....

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

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

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

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : .....

..... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature: .....

Name: Rudramsha

Relationship with Patient: .....

Date & Time: .....

Witness :

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking the consent) :

Signature: .....

Name: Dr. Prashanth

Date & Time: 12/6/26 6:25pm

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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రోగి పేరు ..... వయస్సు ..... లింగం ☐ పు ☐ స్త్రీ

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o. .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR BLOOD TRANSFUSION

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Name: Mast. Harsha Vittal Goud Age: 5y Gender: Male ☑ Female ☐

UHID.No : 155457 Date: 12/6/26 @ 9pm

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☑ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... Rudraamsha ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: Rudraamsha .....

Date & Time .....

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. prashanth .....

Date & Time 12/6/26 6:10pm. .....

Witness

Signature: .....

Name: Dr. prashanth .....

Date & Time 12/6/26 6:10 p.m. .....

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

M / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/6..... Time: 6 8 9 10 11 12 1 2 3 4 7

Doctor / Nurse / Family Concern? Pm Pm AM

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 102 105 100 96 97 79 66 70 61 69 97

Resp. Rate (bpm) over 1 Minute) *

Resp Rate (Number) 20 22 24 33 23 29 30 29 31 27

Resp Distress	Mod/ Severe / None / Mild										
Receiving O_2 (l/min) O_2 Saturations (%)		99	100	95	96	97	98	99	97	96	99	98
Conscious Level	Normal / Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *		15	15	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	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		R	B	B	B	R	R	B	R	R		M

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 25 D (M)
Dr. SRUTHI BALLA

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/8/20 ..... Time:	9	11	1	3	5	7	9	11	1	3	5	7	
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM	
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.4°F	98.0°F	98.2°F	98.1°F	97.9°F	97.7°F	98.6°F	98.1°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/68	100/68	100/68	120/67 (78)		110/60 (76)		110/70 (80)		106/61 (73)		112/76 (82)	
Heart Rate (Number)	98	102	101	80	82	90	96	102	105	99	100	95	
Resp. Rate (bpm) over 1 Minute) *													
Resp Rate (Number)		26	27	24		22	23	24	23	25	24	25	
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2 (l/min) O_2 Saturations (%)				95	99	100	98	99	97	98	97	98	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	Bnd	Bnd	Bnd	SK	SK	SK	MS	MS	MS	MS	MS	MS	

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 25 D (M)
Dr. SRUTHI BALLA

c. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/6/26 Time: 9 AM

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

99.6 98.6

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 107

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

70 60 50 40 30 20 10

Resp Rate (Number) 25

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

Noted by Dr Idan 14/6/26

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

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

(1)

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FLUID CHART

Sheet No. : (1)

12/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	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		Rice water							150ml		Bevanika 12/6 @8pm
	07:00 pm											
Total Intake :			Albumin			**Total Output :** 150ml						
	08:00 pm										0	
	09:00 pm										0	
	10:00 pm			17ml						200ml	0	
	11:00 pm			17ml							0	Rem 13/6 8pm
	12:00 am		Sagu water	17ml						100	0	
	01:00 am			17ml						200ml	0	
Total Intake :						**Total Output :** 500ml						
	02:00 am			17ml							0	
	03:00 am									200ml		
	04:00 am											
	05:00 am											
	06:00 am									wine motion		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	650 ml (1.7cc/kg)

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

(2)

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FLUID CHART

Sheet No. : 13.16

Today wt – 23.18kg

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: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
13/6												
	08:00 am		Idly + water							50ml		
	09:00 am										0	Sudha @2pm 13/6/20
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm									50ml		
Total Intake :						**Total Output :**				100ml		
13/6/20	02:00 pm									300ml		
	03:00 pm		Rice water									
	04:00 pm									250ml	0	Sutchan 13/6 @ 7PM
	05:00 pm											
	06:00 pm									100ml		
	07:00 pm											
Total Intake :						**Total Output :**				750ml		
13/6	08:00 pm		Rice + water							250ml		
	09:00 pm											
	10:00 pm									100ml		
	11:00 pm											
	12:00 am									100ml		
	01:00 am											
Total Intake :						**Total Output :**				450ml	0	
14/6	02:00 am											
	03:00 am									150ml		
	04:00 am											
	05:00 am											
	06:00 am									300 ml		
	07:00 am									280ml		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	1930ml (3.4cc/kg)

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD (M)
19-08-2020 5 Y 9 M 25 D
Dr. SRUTHI BALLA

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FLUID CHART

Sheet No. : 3

Today wt - 23.18 14/08/26

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	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
14/8/26												
	08:00 am											
	09:00 am		nosetg Tdy								0	Nandu @10am 14/8
	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 :**						

noted by Prudh @10AM 14/8/26

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 113

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Vishnavija.

Date & Time : 12/6/26 @ 3:50 pm

Nurse Name & Signature: Swagatika / SN

Date & Time : 12/6/26 @ 3:50 pm

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DRUG CHART

Date of Admission: 12/6/26 Drug Allergies: — ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
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REGULAR PRESCRIPTIONS

Weight. 24.8kg Ward. .....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.2g	IV	12th hourly	12/6

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

Additional Instructions: after test dose
50mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	12/6	13/6	14/6
6 am	/	Gayathri	Gayathri
6 pm	Gayathri		

Chith 12/6/26

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
25mg	IV	once daily	12/6

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

Additional Instructions:
1mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	12/6	13/6	14/6
6 am	Gayathri		Gayathri
pm			

Chith 12/6/26

DRUG : Inj. FUROSEMIDE

Dose	Route	Frequency	Start Date
25mg	IV	12th hrly	12/6/26

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

Additional Instructions:
1mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	12/6	13/6	14/6
6 Am	/	/	Gayathri
2pm		Gayathri	
6 pm	/	6pm.	
		Gayathri	

Blood 12/6/26 at 7:20

DRUG : Inj. METHYL PREDNISOLONE

Dose	Route	Frequency	Start Date
50mg	IV	ONCE DAILY	12/6/26

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

Additional Instructions:
2mg/kg/day

Daily Doctor's Endorsement by a Sign

Date	12/6	13/6	14/6
		12pm	8am
6 pm	Gayathri	Gayathri	Gayathri

As per blood today Blood 12/6/26 at 7:20

Master HARSHA VITTAL GOUD IP-00060326
19-08-2020 5 Y 9 M 25 D (M)
Dr. SRUTHI BALLA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/6/26	10 PM	Inj ALBUMIN 20%	100ml (Anvil/hf)	IV		Renuka Rinkal
12/6/26	9:30 PM	Inj. CASIX	over 6hrs 12 mg	IV		Renuka Rinkal
12/6/26	1 AM	Inj LASIX	25mg - midway	IV		Renu Rinkal
12/6/26	4 AM	Inj. LASIX	25mg - end.	IV		Renuka Rinkal
12/6/26	9:40 PM	Inj. AVIL	12mg	IV		Renuka Rinkal
12/6/26	9:45 PM	Inj. HYDROCORTISONE	50mg	IV		Renuka Rinkal

Chitr 12/6/26

Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 24 D (M)
Dr. SRUTHI BALLA

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

Signature .....

VERIFIED BY : Name .....

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As per doctor order 12/6/26 at 7:30

REGULAR PRESCRIPTIONS

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

				Date ▸ / Time ▾	12/6	13/6
DRUG : SYP. CALCIMAX PLUS						
Dose	Route	Frequency	Start Dt.			
5ml	P/O	ONCE DAILY	12/6/26			
Name & Signature of the Doctor Starting the Drugs: Dr. prathann				6 PM		
Additional Instructions: (5ml = 250 mg)						
Daily Doctor's Endorsement by a Sign						

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

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

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

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

VIH-00155457 IP-00060326
Master HARSHA VITTAL GOUD
19-08-2020 5 Y 9 M 25 D (M)
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REGULAR PRESCRIPTIONS

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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