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

BirthRight BY RAINBOW HOSPITA
Your Right to a Safe Delive

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ---ER---

Date of Admission : 14/6 ---- Time : ---5:36Pm--- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/6	6:20am	ER	PICU	
14/6	7:20Pm	PICU	106	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Pushya P	12/6/26	3090631	
2.	Cross checked by			16/6/26.
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/6	VBG	26020341	
	CBP. CRP. PT/APTT		
	electrolyte. Crest. Ures	26020340	Nee
	LFT. Bloodus, LH & V		
	RBS - 90 mg/dl	26020342	Nee
14/6/26	x ray Chest	009551	PO
	Cross Checked by Blood 14/6/26 at 12pm		
15/6	USG	26-009571	
	Cross Checked	Sig 15/6/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/6/26	monitor	6:30 AM	14/6/26 @ 7:[illegible]pm	3090147	[illegible]
	infusion pump		14/6/26 6pm		
Cross checked by [illegible] 14/6/26 at 12p					

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/6	- IV Placement	1	3090146	Nee
	(Doc) Checked by Nurse		14/6/26	at 12pm
15/6/26	Nebulisation	(3)	3090635	Nurse
16/6	Neb's	(1)	3090792	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	16/6/26 12pm		

VIH-00151672 IP-00060340
Master K PAVANAJ
28-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
3 pm	00.00	Neb - Budecord		
	01.00	3:00Am - Budicort	Manasa	
	02.00	3 PM - Bude Cort	Subham	Deepthi
	03.00	(8) 3090635		
	04.00	3Am - Budecort.	Sadiya	
	05.00	(1) 3090792.		
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Master K PAVANAJ	**UHID**	VIH-00151672
Father/Guardian	Mr RAGHAVENDAR K	**Age/Gender**	8 Y 9 M 21 D/Male
Address	PLOT.NO:11,VASAVI NAGAR, Karkhana, Hyderabad, Telangana, INDIA, 500009		
IP No	IP-00060340	**Admission Date**	14-06-2026
Ref Doctor	SELF	**Discharge Date**	16-06-2026

DISCHARGE SUMMARY

Consultant: Dr. KODICHERLA VISHNU VARDHAN REDDY
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)
Fellow in PICU & CICU (RCPCH BCH UK)
CONSULTANT PEDIATRICIAN AND PEDIATRIC INTENSIVIST

Diagnosis: Acute febrile illness with hematemesis
? Mallory-Weiss tear

History: Master K. PAVANAJ is a 8 Y 9 M 21 D boy presented with history of high grade continuous fever since 1 day, 4 episodes of nonbilious, nonprojectile vomitings associated with blood clots since last 6 hours, one episode of loose stool on the day of admission. For the above complaints, he was admitted to Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturations at room air. Heart rate-100/min, blood pressure - 100/60 mmHg and respiratory rate 26/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Weight on admission : 19.7 kgs.

Investigations: Enclosed.

Management: He was admitted in the Pediatric Intensive Care Unit and started on IV fluids and IV antibiotics. He was frequently nebulized with budecort. He was treated symptomatically with antipyretics and antacids. Stat dose of Injection Vitamin-K was given.

His serum electrolytes showed serum sodium - 139 mmol/L, serum potassium - 4.7 mmol/L and serum chloride – 102 mmol/L. Serum creatinine 0.5 mg/dl, blood urea 45.2 mg/dl. Chest x-ray was done - report awaited. Her arterial blood gas showed pH – 7.38, pCO2- 34.9 mmhg, pO2 – 51 mmhg, HCO3 – 21.0 mmol/l, BE: – 4.4 mmol/l.

His liver function tests showed SGPT 36 U/L, SGOT 16 U/L, ALP 221 U/L, total serum bilirubin was 0.4 mg/dl with direct fraction 0.1 mg/dl and indirect fraction 0.3 mg/dl, serum albumin was 4.2 g/dl, total protein was 7.1 g/dl, S.globulin was 2.9 g/dl. Ultrasound abdomen showed bowel gas in peripheral and central abdomen.

On admission, complete blood picture showed hemoglobin 12.9 gm%, white blood cells count of 6,700 cells/cumm, platelet count of 1.77 lakhs/cumm and C-Reactive Protein 14 mg/l. Blood culture was sterile after 24 hours of incubation.

Case was discussed with Dr. M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist, who advised antacids, plan to do endoscopy if symptoms persists.

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

During the ward stay, his vitals were regularly monitored. Child was reviewed by Dr. M. Naga Venkata Poushya Sai, who advised to continue same line of management and to follow up after 2 weeks in OPD. Mother was counselled that if further episodes of hematemesis occur - plan to do Upper GI Endoscopy. He further improved gradually and he remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Discharge Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg) 5ml, 12th hourly for 3 days (Refrigerate after reconstitution).
3. Tablet Pantoprazole (20mg) 1 tablet once daily (30 minutes before breakfast) for 2 weeks.
4. Syrup Sucralfate 5ml, 8th hourly (30 minutes before food) for 7 days.
5. Syrup Domstal, 4ml, 8th hourly (30 minutes before food) for 2 weeks.
6. Kindly consult Dr. K. Vishnu Vardhan Reddy, Consultant Pediatric Intensivist & Pediatirican, after 7 days in OPD with prior appointment (This consultation will be charged).
7. Kindly consult Dr. M. Naga Venkata Poushya Sai, Consultant Pediatric Gastroenterologist & Hepatologist, after 2 weeks in OPD with prior appointment (This consultation will be charged).

In case of Fever:

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

Name	Master K PAVANAJ	UHID	VIH-00151672

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

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

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

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

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Sameera
Typist : Kalyan / Younus

Registrar/Resident/C.M.O

Dr. KODICHERLA VISHNU VARDHAN REDDY
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)
Fellow in Pediatric and Cardiac Intensive Care
(RCPCH Birmingham Children's Hospital UK)
Fellow in Pediatric Retrieval Medicine (KIDS-NTS UK)
APMC/FMR/79982

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	: Master K PAVANAJ	Inpatient No.	: IP-00060340
Age/Gender	: 8 Y 9 M 19 D/ Male	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 05:47
HEMOGLOBIN (Colorimetry)	12.6	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.52	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**34.9**	**VOL%**	L	35 - 45
MCV (Calculated)	77.2	fL		77 - 95
MCH (Calculated)	27.9	pg/cells		25 - 33
MCHC (Calculated)	**36.2**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.7	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	177	10^9/L		150 - 450
MPV (Calculated)	8.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	6.70	10^9/L		4.5 - 13.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**80**	**%**	H	33 - 61
LYMPHOCYTES (Microscopy, Leishman stain)	**14**	**%**	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	5	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - TC NORMAL WITH RELATIVE NEUTROPHILIA PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 05:47
CRP (Immunoturbidimetry)	**14**	**mg/L**	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 05:47

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	: Master K PAVANAJ	**Inpatient No.**	: IP-00060340
Age/Gender	: 8 Y 9 M 19 D/ Male	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.5	mg/dl	0.2 - 0.6

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 :14-06-2026 05:47
SODIUM (Direct ISE)	139	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.7	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
HIV TEST (CARD METHOD) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 05:47
HIV TEST (CARD METHOD)	Non-reactive		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 05:47
TOTAL BILIRUBIN (Azobilirubin)	0.4	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	36	U/L	15 - 40
SGPT (ALT) (Kinetic with P5P)	16	U/L	10 - 35
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	221	U/L	145 - 420
PROTEIN (Biuret method)	7.1	g/dL	6.2 - 8.1
ALBUMIN (Bromocresol Green)	4.2	g/dL	3.7 - 5.6

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,

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PatientName	: Master K PAVANAJ	Inpatient No.	: IP-00060340
Age/Gender	: 8 Y 9 M 19 D/ Male	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
GLOBULIN (Calculated)	2.9	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.4		1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 05:47
PT (Optical Clot Detection)	18.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.2		
APTT (Optical Clot Detection)	39.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
UREA (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 05:47
UREA (Kinetic, Urease)	45.2	mg/dl	H	9 - 30

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :14-06-2026 05:55
RANDOM BLOOD GLUCOSE (GOD/POD)	90	mg/dl	70 - 140

Laboratory Report

Master K PAVANAJ	7075756779
8 Y 9 M 21 D	VI26020340
Male	14-06-2026 06:00 AM
IP-00060340	14-06-2026 06:30 AM
VIH-00151672	
Dr. KODICHERLA VISHNU VARDHAN REDDY	N 0 GF-EMERGENCY / ER 101

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 .....

This is an interim report. The final report will be released after 24 hours

Master K PAVANAJ

8 Y 9 M 20 D

Male

IP-00060340

VIH-00151672

KODICHERLA VISHNU VARDHAN REDDY

R26-009571

15-06-2026 11:30 AM

15-06-2026 05:45 PM

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size 10.5 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

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

SPLEEN : Normal in size 7.1 cm and echotexture.

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

KIDNEYS :
Right kidney : 76 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 71 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.

Master K PAVANAJ	7075756779
8 Y 9 M 20 D	R26-009571
Male	15-06-2026 11:30 AM
IP-00060340	15-06-2026 05:45 PM
VIH-00151672	
KODICHERLA VISHNU VARDHAN REDDY	

Impression

Bowel gas in peripheral and central abdomen.

Suggested clinical correlation.

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 21 D (M)
Dr. KODICHERLA VISHNU VARDHAN

DEFICIENCY L CASE SHEET

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

Patient Name IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	01	–	–	
4	Patient Trasfer Forms	02	–	–	
5	In-patient Medical Record	01	–	–	
6	Doctors Progress Sheets	05	–	–	
7	Nurses Progress notes	04	–	–	
8	Consultation Sheets				
9	General Consent for Treatment				
10	Conset for Surgery				
11	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	01	–	–	
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	–	–	
27	Drug Chart (Regular prescription)	03	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	0			
30	Nebulization Chart	01	–	–	
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	OTHERS	29			
	Total No. of Pages				

Noted by
16/6/26
@10:30am

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

CONSULTATION FORM

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

BirthRight™ BY RAINBOW HOSPITALS

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 21 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Doctor Name : Dr. MNV Poushya Sai.

Date : 16/6/26. Hour : .....

Hospital : ....

....

Referred for : ☐ Opinion ☐ Co-Management
☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)
☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)
Date : 16/6/26 Time : 10:30 pm 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 :

- c/o hematemesis. - Fever - 4-5 days before.
- ? ~~Drug induced gastritis~~

U/s abd - (N)
CRP - ve
Plts = 4.5 laths
SGOT = 36
SGPT = 16
TSB = 0.1 < 0.1 / 0.3.

Adv:

1. Syp. SUCRAL (x) 3 days.
2. T. PANTOP (x) 2 weeks.
3. Syp. DOMSTAL (x) 2weeks
4. soft diet for 4 weeks.
5. R/w in OPD after 2weeks
   SOS UGIE if further episode of hematemesis

Consultant :

Name : Dr. Poushya Signature : Date & Time : 16/6/26 @ 10:30 pm

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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060340 **Admit Date** : 14-Jun-2026 **Admit Time** : 05:36 AM **UHID** : VIH-00151672

Patient Details :

Patient Name	: Master K PAVANAJ	**Age**	: 8 Y 9 M 19 D
Guardian	: Mr RAGHAVENDAR K	**DOB**	: 26-08-2017
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT.NO:11,VASAVI NAGAR Karkhana Hyderabad Telangana INDIA 500009	**Phone No**	: 7075756779
		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 RAGHAVENDAR K	**Relationship**	: Father
Contact Address	: PLOT.NO:11,VASAVI NAGAR Karkhana Hyderabad Telangana INDIA 500009	**Phone No**	: 7075756779

Signature

Doctor Details :

Doctor Name	: Dr. KODICHERLA VISHNU VARDHAN REDDY	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

EMERGENCY ROOM TRIAGE FORM

wt: – 19.7 kg
RBS: – 90 mg/dl

Patient's Name : Mast. Pavanaj Age : 8 yrs. Gender: ☐ Male ☐ Female

Date : 14/6/26 Time of Arrival : 5:03 am

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: 98.4°F PR: 106 b/m BP: 100/84 (78) RR: 25 b/m SpO2: 99%

Chief Complaints: c/o 2 episodes of blood vomiting, fever x 1 yesterday

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.

K. Rajender
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 5:07 am

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 : Revathy

Signature of Triage Nurse : Revathy

Date & Time : 14/6/26 @ 5:07 am

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

Patient Name : Mast. K PAVANAJ UHID : VIH-00151672 IPD : IP-00060340 Gender : Male Age : 8 Y 9 M 19 D

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/6/26 Time of arrival : 5:08 am

Chief Complaints: c/o 2 episodes of blood vomiting, fever x yesterday 9 months RBS: —

Height : 133cm Weight : 17.9 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 parents

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

Time of Initial assessment completed by ER Nurse : 5:11 am

Patient Name : Mast. K PAVANAJ UHID : VIH-00151672 IPD : IP-00060340 Gender : Male Age : 8 Y 9 M 19 D

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

Time	Nursing Notes
5:03 am	* Patient came to ER
5:04 am	* Vitals checked and recorded
	* Doctor has seen the patient
	* Advised admission.
6 am	* IV placement done, RBS checked and recorded
6:10 am	* Blood samples collected and sented to lab
	* Inj. ondem, Inj. Esomeprazole given in ER
6:20 am	* Patient shifted to PICU

Samples collected by: Sr. L. Kiran Time: 6 am

Samples sent by : Sr. Mogilicha Time: 6:10 am

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:05 am	Inj. Ondem	IV	4 mg		
	Inj. Esomeprazole	IV	20 mg		

Condition of patient at time of shift - out :

HR: 112 b/m BP: 101/62 (69) RT: 98.6 F

RR: 24 b/m SPO$_2$: 98 %

GCS: 15/15 Temperature : 97.2 F

Pain Score: 0

Repeat RBS (if applicable): .....

Details of Shift - out

Shift - out from ER to: PICU

Time of Shift - out: 14/6/26 @ 6:20 am

Handover given to: Sr. Rageswari (Nurse's Name)

by Sr. Revathy

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

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

Date & Time : 14/6/26 @ 6:20 am

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 14/6/16

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

Reason for Admission: vomiting and fever

Admission Diagnosis: Acute onset hematemesis

Accompanied By: ☐ Parent ☑ Guardian ☐ Other Name:

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

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify Nill

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

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

Family History: Nill

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

If yes please list, Nill

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

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

CURRENT MEDICATIONS

Taking Medications? ☐ Yes ☑ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 19.7kgs Length: Head Circumference (< 2 years):

Temp.: 98.6F HR: 96 RR: 22 BP: 98/74 (64)

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

Fall Risk Assessment: ☐ Yes ☑ No Score: 22 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 11) (Document in the Braden Q Assessment Sheet)

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Behavioural Status on Admission :

☐ Sleeping ☐ Crying ☐ Calm ☑ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: Nill (Date/Time): .....

Social History: Lives With .....

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify Nill

Name of Person Orientation was given to: —

Orientation not given Reason: —

Nurse Name: Br. Rinkal Nurse Signature : Rr

Date & Time: 14/6/16 at 6:30 Am

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☑ No

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

Any other needs anticipated: ☐ Yes ☑ No If Yes Specify .....

Discharge Medications: ☐ Yes ☑ No

Details: mst. K. PAVANAJ

Final Diagnosis: Acute onset hemtomesis

Nurse Name: Br. Rinkal Nurse Signature : Rr

Date & Time: 14/6/16 at 6:30Am

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acut onset Hemomesis

Arrival Time: 7:30pm Mode of Arrival: Wheel Chair Admitting From: ☐ ER ☐ OPD ☐ Direct PICU

Allergy / Adverse Reaction ..... No allergy

Body Weight: 19.74 Kg

Height: 133 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: 19.74kg Length: 133cm Head Circumference (< 2 years): .....

Temp.: 98.6°F HR: 101 b/mt RR: 22 b/mt BP: 103/60 (75)

Pain Score: 0 Specify Site: - (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 22) (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 ..... Family .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

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

Nurse's Name: ..... Subham ..... Date: ..... 14/6/26 ..... Time: ..... 8PM ..... Signature

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Date & Time of Admission	Date & Time of Transfer Order
14/6/26 @ 5.36 pm	14/6/26 @ 6:20am.

Transfer Ordered by	Reason for Transfer
Dr. Shivam	Admission

From Unit	To Unit	Information to Attendant
ER	PICU	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
24	VBG-1	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over op file given to attenders

Sl.No.	Item Name	Quantity & Remarks
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
Nagisree (Nurse)	Dr. Shivam

Patient & Clinical Records Received by : Rajeshwari

Date & Time of Patient Received : 14/6/26 @ 6:30pm

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

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

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

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Date & Time of Admission	Date & Time of Transfer Order
14/06/2026 @ 05:36 Am	14/06/26 @ 7:20 Pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Vishnu	Dr. Thanuja	child is stable

From Unit	To Unit	Information to Attendant
PICU	106	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
40	X-Ray - 1 VBG - 1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj Ceftriaxone — 1	2cc — 3
2.	Inj Esomeprazole — 1	5cc — 3
3.	Syp Ranitidine — 1	10ml D-W — 2
4.	Syp Domperidone — 1	Neb chamber — 1
5.	Syp Sucralfate — 1	Bedsheet — 4

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr- Sushma	Dr- Thanuja

Patient & Clinical Records Received by : Subham

Date & Time of Patient Received : 14/6/26 @ 7:30 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

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

fever x 1 days
vomiting with blood - 4 episodes in last 6 hours

History of present illness :

→ fever - high spikes, continuous, partially relieved on taking medications
x 1 day

- vomiting 4 episodes - NP, non bilious
last 2 episode - Hematemesis with clots of blood in vomits
→ 1 episode of Loose stools
- No decrease in activity

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

FT | NVD | 3kg | CSAB

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate

Immunization History :

Completed

(P.T.O.)

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_____(Centile _____)

On Examination :

Temperature : 98.4 F Pulse Rate : 136/min B.P. 100/64 SPO2 99% on RA

Resp.rate and type of breathing : 20/min

Rash No

Lymphadenopathy No

Oedema :

Allergies (if any):

Respiratory System :

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

Air entry & breath sounds :

Any addes sounds : No

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

Cardiovascular System :

Inspection of procordium : S1 S2

Heart Sounds :

Any murmur : No murmurs

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

Per Abdomen :

Inspection soft, non tender

Palpation :

Ausculation : No HSM

Spine : External Genitelia :

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

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: (N) Power 5/5

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR +2 **Superficials:**

Plantars Flexor

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute onset hematemesis first episode

↓ Dx

(P.T.O.)

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP ✓
PT WITH INR ✓
aPTT ✓
S. electrolytes ✓
S. creatinine, Bl. urea ✓
VBG ✓
Blood culture ✓
LFT ✓

Noted by Dr. Kiran MD
14/6/26 @ 6 AM

Planned Management

IV fluid
Inj. ceftriaxone
Inj. Pantoprazole
Inj. ondansetron
Inj. paracetamol SOS
Inj. Vitamin K

Signature of the Doctor:
Name of the Doctor: Dr. Nithesh
Date & Time: 14/6/26

Signature of the Consultant:
Name of the Consultant:
Date & Time:

VIH-00151672 IP-00060340
Master K PAVANAJ 8 Y 9 M 19 D (M)
26-08-2017
Dr. KODICHERLA VISHNU VARDHAN

(1)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 8AM	C/S/B Resident	
	Acute onset Hematemesis under evaluation	
	Current status	
	- on IV fluids	
	- on Ryles/Omadir	
	- No further bleeding episodes	
	- No further vomiting	
	Plan	
	- Continue NPO	
	- Continue IV fluids	
Dr. Ashwin		noted by [illegible] 14/6/26 at 8:30am

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 8:15 AM	CDLW & Poushq (gastro)	
	History informed	
	? Drug induced	Urinky
	Plan	
	- Inj esomeprazole BD	
	- Syp Rantac	
	- Syp Ondstal	
	- Syp Sucral	
	- Allow orally	
	- If further vomiting stat scopy tomorrow	
	noted by Dr Shiva 14/6/26 at 8:30	

Dr Shiva

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 7pm	C/S/B Dr Vishnu Acute onset Bilious Vomiting under evaluation ? Drug Induced ← NO vomiting Plan → Chest Xray → USG Abdomen – TLMs → Decision man CN	Dr. Vishnu Vardhan Reddy Reg.No.APMC/FMR/79982
9:05 Pm	Counselled Dr by Dr Vishnu History Noted, we will continue to monitor the child as the child might have further vomiting if stable by evening we will shift baby home & if similar episodes happen Jaswanth	Dr. Vishnu Vardhan Reddy Reg.No.APMC/FMR/79982 noted by Parent 14/6/26 at 9pm

(P.T.O)

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Sum notes	
14/6/1[illegible]	→ Hematemesis ↓ evaluation ? Drug induced	
	→	
10 AM	8 year 9 m old male child with history of fever 1 day c vomiting → 4 episodes brown color over 6 hours contains → blood clot with history of one loose stool	
Drug induced	→ H/o oral PCM and homeopathic medicine intake prior ? for which child was admitted in PICU Started on IV fluids / IV Antibiotics	
	C/D/W (DR Poushya ram) gastro enterologist who advised Antacids c advised ~~to~~ ~~not~~ or plan to do endoscopy if further symptoms	
	As there was no further episode of hematemesis child was started on soft diet c was advise to s/t to ward with following advise.	
		1) ~~IVF DNS → 30ml/hr~~
		2) Inj Ceftriaxone → 1gm / IV / 12hrly
		3) Inj Esomeprazole → 20mg / IV / 12hrly
		~~4) Inj Ondansetron → 4mg / IV / 8 hrly~~

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

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

(3)

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		5) Syp Domperidone 2ml/po/8hrly
		6) Syp [illegible] 3ml/po/12hly
		7) Syp Sucralfate (5ml = 1gm) → 5ml/po/8hly
		8) USG abdomen T/M on 15/6/22
		9) Dr [illegible] C/N T/M
		~~10) If further episode of vomiting plan for endoscopy tomorrow~~
		11) Neb [illegible] → BD
	For fever >100°F give IV PCM Stat infusion	[illegible signature]
		noted by [illegible] 14/6/22 at 12pm

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

VIH-00151672 IP-00060340
Master K PAVANAJ
28-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26	Case Profile	
	Hematemesis evaluation	? Drug induced
	IRTI	
6:17 pm	Child alert	
	afebrile	
	CVS S1 S2	
	ppeat(+)	
	CRT < 3 sec	
	HR 104	
	BP 99/61(70)	
	RS BAE (+)	
	NDAP	
	RR - 21	
	SpO2 - 97	1) Syp for card
	P/A soft	
	Temp - 99.2°F	
	no further hematemesis	
	One fever at 4pm 101°F	

Noted by Sis
14/6/26 6:17 pm

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 10:30AM	C/S/B Resident/vishnu...	
	A/c: Hematuria evaluation (?Drug Induced)	
	O/E	
	Child Alert & Active	
	NO vomitings.	
	1 fever spike @ 4:00Am. (100.4F)	
		Plan
	Change to oral PPI	- USG Abd today
		- Dr. poushyamam c/o [illegible] today.
		- Plan for d/c - [illegible]
		VNM
noted by [illegible] @2pm 15/6/26		

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

(P.T.O)

VIH-00151672 IP-00060340
Master K PAVANAJ (M)
28-08-2017 8 Y 9 M 21 D
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 6:00pm	C/B Resident	
	D/S: Hematemesis of gruelstorm	
	No vomitings.	
O/E + Better.	No fairpike.	(last pike - today mrng @ 4:00Am)
4/0 - Adverse.		
	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1S2 (+)	Plan
	RS: B/L AE (+)	
Dr. prakash.	P/A: Soft	- Dr. pournyamanda T/m
	CNS: NAD.	
		- GT
		- W/f vomitings
		If ant
		(plan for endoscopy -
		- Monitor vitals
		- Injuries)

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

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 21 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/20 10:00AM	C/W/B Dr. [illegible]	
	Haemetemesis ? Mallory Weiss tear.	
	O/E	
	Child Alert & Active.	
	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	Plan
		- D/C today
	CEFIXIME x 3days	
	PPI x 1 week	- Dr. [illegible] consultation today.
	SUCRAL x 1 week.	- oral PPI x od
	R/A 1 week.	- Syp. sucralfate
		Noted by [illegible] 16/6/20 @10:30am

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

(P.T.O)

VIH-00151672 IP-00060340
Master K PAVANAJ (M)
26-08-2017 8 Y 9 M 21 D
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: K. Pavanaj Age: 8 yr Gender: Male ☑ Female ☐

UHID.No : VIH-0015772 Date: 14/6/26

I Raghavendar S/o, D/o, W/o, Shivaramulu hereby declare that our patient Master/Baby K. Pavanaj who is related to me as Son is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 14/6/26

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

Brown vomitys
fever

The doctors have clearly explained to me that my patient Master / Baby K. Pavanaj 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 : K Pavanaj Son 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: K Raghu

Name: Raghavendar

Relationship with Patient: Father

Date & Time: 14/6/26 6am

Witness :

Signature: M. Deepthi

Name: M. Deepthi

Date & Time: 14/06/2026 @ 6am.

Doctor (who is taking the consent) :

Signature:

Name: Dr Sriram

Date & Time: 14/6/26 6 AM

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయినో 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 .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

VIH- 00151672 I st Floor

ULTRA SOUND ABDOMEN REQUEST FORM

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 20 D (M)
Dr. KODICHERLA VISHNU VARDHAN

PATIENT NAME :

DATE: 15/06/2026
Time: 11:45 AM

10.5 cm

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

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

SPLEEN : Normal in size 7.1 cm and echotexture.

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

KIDNEYS : Right kidney : 76 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 71 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and appears normal.
~~No ascites / Lymphadenopathy No evidence bowel wall thickening /edema~~.

IMPRESSIONL: ~~**No obvious sonological abnormality in abdomen.**~~

Rest unremarkable

Suggested clinical correlation. Bowel gas in peripheral and central abdomen

DR MOHD ABDUL KHALID MD, DNB.

~~*DR V. MAHIDHAR (MD)*~~

~~*DR VAISHNAVI REDDY B (MD)*~~

(Consultant Radiologist)

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

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

CONSENT FORM FOR HIV

Patient Name : K Pavanaj Age : 8y

Gender : M☑ F☐ - IP No : 60340 Marital Status : —

Ward / Bed No. : PICU IP/OP No. : 60340 Date : 14.6.26

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

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

Patient Attendant :

Signature : K Raghu

Name : Raghavender

Relationship with Patient: father

Date & Time : 14/6/26 6am

Parent (when patient is minor) :

Signature :

Name :

Relation :

Date & Time :

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

Signature : Name :

Relation : Date & Time :

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

Doctor :

Signature :

Name : Dr Shiva

Date & Time : 14/6/26 6am

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

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

హెచ్.ఐ.వీ పరీక్ష అంగీకార పత్రం

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

వివాహస్థితి ..... వార్డు / బెడ్ నెంబర్.....

హెచ్.ఐ.వి టెస్ట్ గురించి నాకు అవగాహన కల్పించటమైనదనియు మరియు పరీక్ష చేయించుకోవలసిన కారణము నాకు స్పష్టముగా వివరించటమైనది అప నేను చెప్పుచున్నాను. ఈ టెస్ట్ ఫలితం యొక్క పర్యవసానాలకు పాజిటివ్, నెగిటివ్ లేక నిర్ధారణ విధానము, దాని పరిమితులు మరియు ఫలితాల వివరణకు నాకు అర్థమయ్యే భాషలో వివరించారు.

నా హెచ్.ఐ.వి. రోగిస్థితి అంచనా వేయటానికి నాపై జరుపబడే టెస్టుకు నేను ఇష్టపూర్వకంగా తెలుపుతున్నాను. నా హెచ్.ఐ.వి. పరీక్ష ఫలితం రహస్యంగా వుంచాలి.

రోగి	సాక్షి
సంతకము:	సంతకము: .....
పేరు:	పేరు: .....
బంధము:	బంధము: .....
తేదీ మరియు సంతకము:	తేదీ మరియు సమయము: .....
(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)	
పేరు:.....	సంతకము: .....
సంబంధము :	తేదీ మరియు సంతకము: .....

హెచ్.ఐ.వి. టెస్ట్ అంగీకార పత్రంపై నా సమక్షంలో సంతకం చేయబడిన దనియు, టెస్టుకు ముందు ఇవ్వవలసిన సలహా ఇవ్వబడిన దనియు మరియు టెస్ట్ తర్వాత ఇవ్వవలసిన అవగాహన ఖచ్చితంగా ఇవ్వగలమని నేను నా బృందం ధృవీకరిస్తున్నాము.

డాక్టర్ .....

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Patient

NICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/6

Time:	7 PM	9 PM	11 PM	1 AM	3 AM	4 AM	7 AM
Doctor / Nurse / Family Concern?							
Temperature (°F)	98.1°F	98.6°F	98.6°F	98.6°F	99.2°F	100.5°F (Inj. PCM)	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (Note: BP does not score in early warning scoring)			104/70 (65)				103/72 (66)
Heart Rate (Number)	98	100	101	112	115		105
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	26	25	26	25	26		25
Resp Distress: Mod/Severe; None/Mild							
Receiving O_2 (l/min) / O_2 Saturations (%)	98	97	98	97	98		97
Conscious Level: Normal / Altered	N	N	N	N	N		N
GCS *	15	15	15	15	15		15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0		0
Pain Score	0	0	0	0	0		0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

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

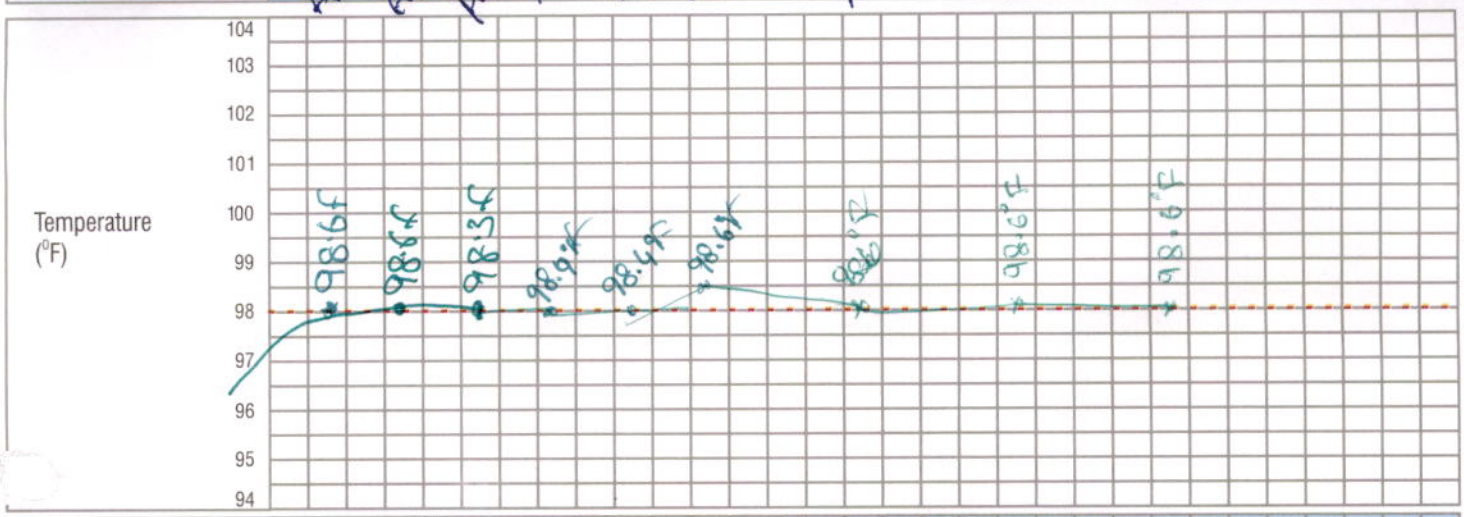
Rainbow® Children's Hospital
It takes a lot to treat the little.

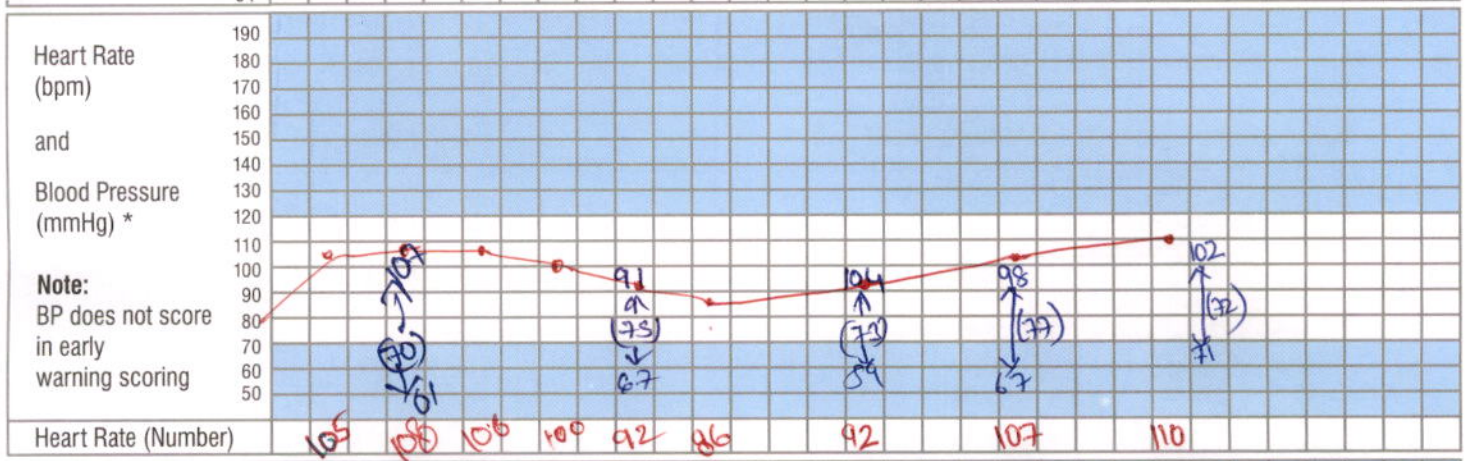
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

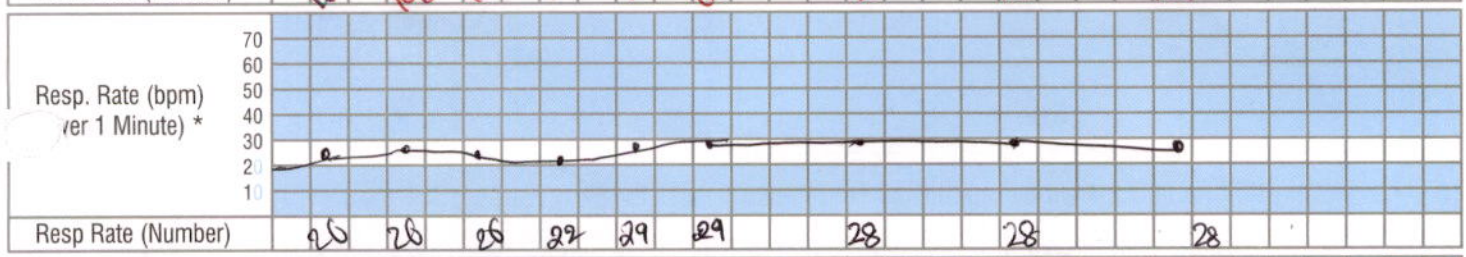
Date : ..15/06..... Time: 9 11 1 3 5 7 11 3 7

Doctor / Nurse / Family Concern? AM AM PM PM PM PM PM AM AM





Heart Rate (Number)	105	108	106	100	92	86	92	107	110



Resp Rate (Number)	26	28	26	22	29	29	28	28	28
Resp Distress (Mod/ Severe / None / Mild)									
Receiving O_2 (l/min) O_2 Saturations (%)	98	98	98	99	97	96	99	99	99
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	Prod	Prod	Prod	SK	SK	SK	SK	SK	SK

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 20 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..16/6..... Time: 9

Doctor / Nurse / Family Concern? 8

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 107

Resp. Rate (bpm) over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number) 24

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		98
Conscious Level	Normal	2
	Altered	
GCS *		15
TOTAL SCORE Number of shaded boxes		0 0
Pain Score		0
Observer's Initials		A

Noted by Dr. 0 1000. 16/6/17

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

Pati

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
14/6	08:00 pm											
	09:00 pm		Rice + water									
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
15/6	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Vomited 15/6 07 AM

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

15/6

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
15/6	08:00 am		Idly + water							✓	1	Sudha
	09:00 am										0	
	10:00 am											
	11:00 am											12pm
	12:00 pm									✓		
	01:00 pm											15/6
Total Intake :						**Total Output :**						
15/6	02:00 pm		Rice water								0	Subha
	03:00 pm									✓		15/6
	04:00 pm											@7pm
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake :						**Total Output :** 2 times						
15/6	08:00 pm											
	09:00 pm		Rice water							✓	0	Sadiya
	10:00 pm											16/6
	11:00 pm											@
	12:00 am									✓		2am
16/6	01:00 am											
Total Intake :						**Total Output :**						
16/6	02:00 am											
	03:00 am									✓		
	04:00 am		water								0	Sadiya
	05:00 am											16/6
	06:00 am									✓		@
	07:00 am											8am
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 20 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

16/6/26

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	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
16/6												
	08:00 am											
	09:00 am		Rdy									
	10:00 am											
	11:00 am		work									
	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	

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

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: N.K.A ☐ 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: PICU

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. Shivam /
Date & Time : 14/6/26 @ 5:50a
Nurse Name & Signature: Meeginsue / Nee
Date & Time : 14/6/26 @5:50a

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PRISM SCORE FORM

Variable	Age Restriction	Score Appointed	Score
Systolic Blood Pressure (mmHg)	**Neonate / Infant / Child / Adolescent** 40-55 / 44-65 / 55-75 / 65-85 <40 / <45 / <55 / <65	3 7	0
Temperature	All ages <33°C OR > 40 °C	3	0
Mental Status	All ages stupor or coma (GCS<8)	5	0
Heart Rate	**Neonate / Infant / Child / Adolescent** 215-225 / 215-225 / 185-205 / 145-155 <225 / <225 / <205 / <155	3 4	0
Pupillary reflexes	All ages = One Pupil fixed, pupil > 3mm All ages = Both fixed, pupil > 3mm	7 11	0
Acidosis (pH) or total CO_2(mmol/L)	All ages = pH 7.0 - 7.28 or total CO_2 5 - 16.9 All ages = pH < 7.0 or total CO_2 < 5	2 6	0
pH	All ages = 7.48 - 7.55 All ages > 7.55	2 3	0
PCO_2(mmHg)	All ages = 50.0 - 0 All ages > 75.0	1 3	0
Total CO_2 (mmol/L)	All ages > 34.0	4	0
Artenal Pao_2(mmHg)	All ages = 42.0 - 49.9 All ages = 42.0	3 6	0
Glucose	All ages > 200mg/dl	2	0
Potassium	All ages > 6.9mmol/L	3	0
Creatinine (mg/dl)	**Neonate / Infant / Child / Adolescent** >0.84mg/dl / >0.9mg/dl / >0.9mg/dl / >1.3mg/dl	3	0
Urea (mg/dl)	**Neonate / All other ages** 725.9 / 32.5	3	3
White blood cells	All ages < 3000 cella/mm^3	4	0
Prothrombin time (PT) Or Partial thromboplastin time (PTT)	**Neonate / All other ages** PT > 22.0 sec or PTT > 85.0 sec / PT > 22.0 sec or PTT > 57.0 sec	3	0
Platelets (cells/mm^3)	All ages = 100,000 to 200,000 All ages = 50,000 to 99,999 <50,000	2 4 5	2
	Total PRISM III - 24 hours.		5

Name of the Doctor: Dr Y Ramadas -P

Signature of the Doctor: [signature]

Date & Time: 14/6/26 11 AM

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ CEFTRIAXONE	1gm	IV	12hrly		☐C ☐DC
2	INJ ESOMEPRAZOLE	20mg	IV	12hrly		☐C ☐DC
3	INJ ONDANSETRON	4mg	IV	8hrly		☐C ☐DC
4	SYP DOMPERIDONE (1ml=1mg)	6ml	PO	8hrly		☐C ☐DC
5	SYP RANITIDINE (5ml=75mg)	3ml	PO	12hrly		☐C ☐DC
6	SYP SUCRALFATE (5ml=1gm)	5ml	PO	8hrly		☐C ☐DC
7	NEB BUDECORT (INSPULES 0.5mg)	INSPULE	PN	12hrly		☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr Thanuja. P J

Date & Time : 14/6/26 12PM

Nurse Name & Signature: Sj Jagadeesh

Date & Time : 14/6/26 12 Pm

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 14/6 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 : INJ PARACETAMOL				Date / Time	#16
Dose	Route	Frequency	Start Date		4:30pm Sneha
300 mg	IV	6hrly	14/6/26		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions: (10-15mg/kg/dose)					

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

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

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

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

REGULAR PRESCRIPTIONS Weight. 19.7 kg Ward. PICU

DRUG : INJ CEFTRIAXONE				Date / Time	14/6, 15/6, 16/6
Dose	Route	Frequency	Start Date	6AM	
1gm	IV	12th hrly	14/6		
Name & Signature of the Doctor Starting the Drugs: Dr Shivam				6PM	
Additional Instructions: 50mg/kg/dose (After test dose)					
Daily Doctor's Endorsement by a Sign					
DRUG : INJ ESMOPREZOLE				Date / Time	14/6
Dose	Route	Frequency	Start Date		
20mg	IV	once	14/6		
Name & Signature of the Doctor Starting the Drugs: Dr Shiva				6AM	
Additional Instructions: 1mg/kg/dose					Change to 12hrly
Daily Doctor's Endorsement by a Sign					
DRUG : INJ ONDANSETRON				Date / Time	14/6
Dose	Route	Frequency	Start Date	6AM	Stop
4mg	IV	8thhrly	14/6		
Name & Signature of the Doctor Starting the Drugs: Dr Shivam				2pm	
Additional Instructions: 0.1-0.2mg/kg/dose				10pm	14/6/26 3pm
Daily Doctor's Endorsement by a Sign					
DRUG : INJ ESOMEPRAZOLE				Date / Time	14/6, 15/6
Dose	Route	Frequency	Start Date	6AM	
20mg	IV	12hrly	14/6		Oral
Name & Signature of the Doctor Starting the Drugs: Dr SL				6pm	
Additional Instructions: 1mg/kg/dose					
Daily Doctor's Endorsement by a Sign					

Left margin notes: Dr Maggi 8ue 14/6 Dr Dobbler; Maggi 8ue 14/6 Dr Dobbler; Maggi 8ue 14/6 Dr Dobbler; As per doctor Dr Dobble 14/6/26 at 9:40

VIH-00151672 IP-00060340
Master K PAVANAJ
28-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Weight. 19-7kg Ward. PICU

	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
14/6/26	8AM	INJ VITAMIN K	6mg	IV		Rajeshri Pinkle

Signature

VERIFIED BY : Name

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Meagi 8 ue 14/6

I.V. FLUIDS CHART

Weight. 19.71kg Ward. PICU

			position of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
14/6	6:30 AM		IV Fluid DNS (2/3rd maint)	IV	40	[signature]	[signature] [signature]	14/6	[signature]	[signature] Bindu
14/6/26	11 Am		IV Fluid DNS (50% maint)	IV	30	[signature]	Bindu [signature]	14/6	[signature]	[signature] [signature]

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

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Ref. No.: F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	PICU	19.7 Kgs

REGULAR PRESCRIPTIONS

DRUG: SYP DOMPERIDONE

Dose	Route	Frequency	Start Dt.
4ml	PO	8th hrly	14/6

Name & Signature of the Doctor starting the Drugs: Dr Ashwin

Additional Instructions: 0.1-0.2mg/kg/dose 1ml=1mg

Daily Doctor's Endorsement by a Sign.

Date / Time	14/6	15/6	16/6
6am	X	Gayathri	Gayathri
2pm			
10pm		Gayathri	

DRUG: SYP RANITIDINE

Dose	Route	Frequency	Start Dt.
3ml	PO	12th hrly	14/6

Name & Signature of the Doctor starting the Drugs: Dr Ashiva

Additional Instructions: 75mg/5ml

Daily Doctor's Endorsement by a Sign.

Date / Time	14/6	15/6
10 am		
10 pm	Gayathri	Gayathri

DRUG: SYP SUCRALFATE

Dose	Route	Frequency	Start Dt.
5ml	PO	8th hrly	14/6

Name & Signature of the Doctor starting the Drugs: Dr Ashwin

Additional Instructions: 5ml = 1gm

Daily Doctor's Endorsement by a Sign.

Date / Time	14/6	15/6	16/6
6am		Gayathri	Gayathri
2pm			
10pm		Gayathri	

DRUG: NEB BUDECORT

Dose	Route	Frequency	Start Dt.
1 respule	PR	12th hrly	14/6/16

Name & Signature of the Doctor starting the Drugs: [illegible]

Additional Instructions: (0.5mg) 1 RESPULE 500mcg

Daily Doctor's Endorsement by a Sign.

As per doctor's order Budecort stopped 14/6/16 at 8:30

As per doctor's order Bud 14/6/16 at 8:30

As per doctor Blaaddar stopped 14/6/16 at 8:30

VIH-00151672 IP-00060340
Master K PAVANAJ
26-08-2017 8 Y 9 M 19 D (M)
Dr. KODICHERLA VISHNU VARDHAN

	I.P. No.	Sheet No.	Wards	Weight (kg)
		2	PICU	19.7 kg

REGULAR PRESCRIPTIONS

DRUG : INJ BUDECORT

Dose	Route	Frequency	Start Dt.
1 NEBULE	PN	12 hrly	14/6/26

Name & Signature of the Doctor starting the Drugs: Dr 14th NOPA

Additional Instructions: (1 NEBULE = 0.5 mg)

Daily Doctor's Endorsement by a Sign.

Date	14/6														
Time	3 AM	X													
	3 PM														

Dr Pavanaj 14/6/26

DRUG : Tab. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
20mg	P/O	ONCE DAILY	16/6/26

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

Additional Instructions: Tab: 20mg.

Daily Doctor's Endorsement by a Sign.

Date	16/6														
Time	6 AM														

Dr Pavanaj

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