

Member Name	UHID
Skanda Jb	ACK.D12BA220260559.3
Date Of Birth	Ecode
13-Jun-2025	1003684
Policy Number	Valid Till
GMC028180100FRESHWORKS	01-Apr-2027

Corporate Name



Instructions

- Pre-authorization is compulsory for FHPL, prior to planned admission and within 24 hours for emergencies.
- Out Patient treatment not covered.
- Admission for Investigation/Evaluation not covered.
- Leave back all claims related documents with Network Hospital.
- Terms & Conditions of Insurance Company applicable.
- Refer Guide book for further details .
- Cashless hospitalization in network hospital can be obtained in conjunction with this card, an authorization letter issued by FHPL and photo identification such as Voter ID, Drivers License etc.



Family Health Plan Insurance TPA Limited

Ground Floor, Srinilaya Cyber Spazio, Road No. 2, Banjara Hills, Hyderabad - 500034, Telangana, India

Fax +91-4023541400 | Mail Us: info@fhpl.net | Web Access : www.fhpl.net



பெருநகர சென்னை மாநகராட்சி
GREATER CHENNAI CORPORATION

பொது சுகாதாரத்துறை

B587829175231482909/202

DEPARTMENT OF PUBLIC HEALTH

FORM-NO.5, படிவம் எண் .5

(See rule 8-விதி 8ஐப் பார்க்க)

BIRTH CERTIFICATE / பிறப்பு சான்றிதழ்

(ISSUED UNDER SECTION 12/17 OF REGISTRATION OF BIRTH AND DEATH ACT 1969
பிறப்பு மற்றும் இறப்பு பதிவு சட்டம் 1969-ன் பிரிவு 12/17-ன் கீழ் வழங்கப்பட்டது)

This is to certify that the following information has been taken from the original record of birth of the Greater Chennai Corporation of the State of Tamil Nadu, India.

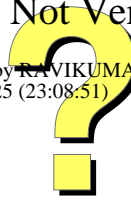
கீழ்கண்ட தகவல்கள் தமிழ்நாடு, பெருநகர சென்னை மாநகராட்சி அசல் பிறப்பு பதிவேட்டிலிருந்து எடுக்கப்பட்டவை என சான்று வழங்கப்படுகிறது.

Zone	09	Division	122
Name	SKANDA JB		
Sex	Male		
Date of Birth	13-JUN-2025		
Name of The Mother	JAYASHREE SRIRAM		
Name of The Father	BALAJI NAGARAJAN		
Address of Parents at the time of Birth of The Child	FLAT NO.206, LANCOR INFINYS, MEDAVAKKAM MAIN ROAD, KEELKATTALAI, CHENNAI, , TAMIL NADU - 600117		
Place of Birth	DSR HEALTH CARE PRIVATE LIMITED 542, T.T.K. ROAD, ALWARPET, CHENNAI-600018		
Permanent Address Of the Parents	FLAT NO.206, LANCOR INFINYS, MEDAVAKKAM MAIN ROAD, KEELKATTALAI, CHENNAI, , TAMIL NADU -600117		
Registration Number	B-2025:33-16447-000554		
Date of Registration	26-JUN-2025		
Remarks			
Date of Issue	18-NOV-2025		



Signature Not Verified

Digitally Signed by RAVIKUMARSI122
Date: 18-Nov-2025 (23:08:51)



Registrar of Births & Deaths,
Division :122 Zone : 09
Greater Chennai Corporation

The authenticity of this certificate can be verified at www.chennaicorporation.gov.in.
The Registration Number is unique to each birth. Ensure Registration of every Birth and Death



भारत सरकार

GOVERNMENT OF INDIA

பாலாஜி நா

Balaji N

பிறந்த நாள் / DOB: 14/10/1991

ஆண் / MALE



2827 0645 4952

எனது ஆதார், எனது அடையாளம்

आयकर विभाग

INCOME TAX DEPARTMENT

N BALAJI

NAGARAJAN

14/10/1991

Permanent Account Number

BTEPB6749P

N. Balaji

Signature



भारत सरकार
GOVT. OF INDIA



16072013



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00079893

IP18-00036193

Baby SKANDA JB

13-06-2025

1 Y 0 M 12 D

(M)

Dr. GANESH R



Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

No fever - D₁

No ~~or~~ 1 episode of seizure at home

uprolling of eyeballs & abnormal movements of
all 4 limbs for 1-2 mins, flb postictal drowsiness.

No No cough / coryza / rash / ear discharge /
vomiting / loose stools / crying during micturition.

Patient Sticker

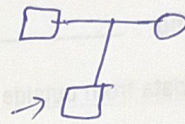
Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History: BW - 2.99 kg

Family Chart

Term / AGA / CIAB / H/O admission on

→ 15 g life for ? sepsis + Neonatal pustulosis for 3 days.



Birth & Socio Economic History:

About Father : _____

About Mother : H/O febrile seizure in childhood +

Any additional information : _____

Developmental History :

(N)

Immunization History :

(N)

Anthropometry :

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

Weight (kgs) 11 (Centile _____)

On Examination :

Temperature : 97.6 °F Pulse Rate : 152 B.P. _____ SPO2 98%

Resp. rate and type of breathing : 32

Rash _____ Bil ear wax +

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Reflexes :

DTR

Plantars

N

Superficials:

Sensory System :

N

Bladder / Bowel :

Clinical Summary & Diagnostic:

Simple febrile seizure - 1st episode

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC

CRP

S. electrolytes, Calcium

Planned Management

P100 drops SOS

Vitals monitoring Q4H

w/fe seizures

Signature of the Doctor:

Keerthana
125882

Name of the Doctor:

Keerthana D

Date & Time:

25/6/26 3:45 PM

Signature of the Consultant:

Name of the Consultant:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/25 11:45 PM	SLB DR. DEEPAK	
	Adm:	
	Febrile seizure	
	Child reviewed	
	Child has no new complaints	no fever spikes no seizure
	O/E: child alert, afebrile	no c/v: cough no study
	CVS: S1S2 ⊕	
	M: VRS ⊕	Moths has
	P/A: soft	H/O: Febrile seizure
	C/M: AEMD	
	Tone (n)	
	BPRCL ⊕	
	TC- 18,430	
	Pt- 3,21,000	By
	CRP- 7 -ve	
		→ TO monitor ACS/vitals/respiratory
		→ TO trace CRP & S.C. electrolyte
		→ TO monitor seizure & irritability
		Crdh 16425

Paste



DRUG CHART

Date of Admission: 25/6/25 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 / 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 : <u>CALPOL DROPS</u>				Date/Time															
Dose	Route	Frequency	Start Date																
<u>1.5 ml</u>	<u>PO</u>	<u>SOS</u>	<u>25/6</u>																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			
<u>if T > 100 F</u>																			

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

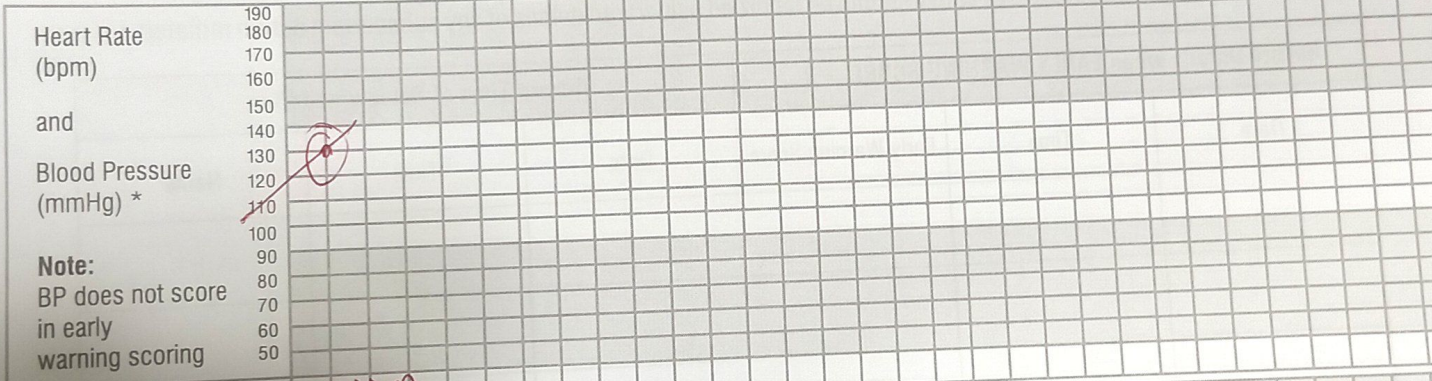
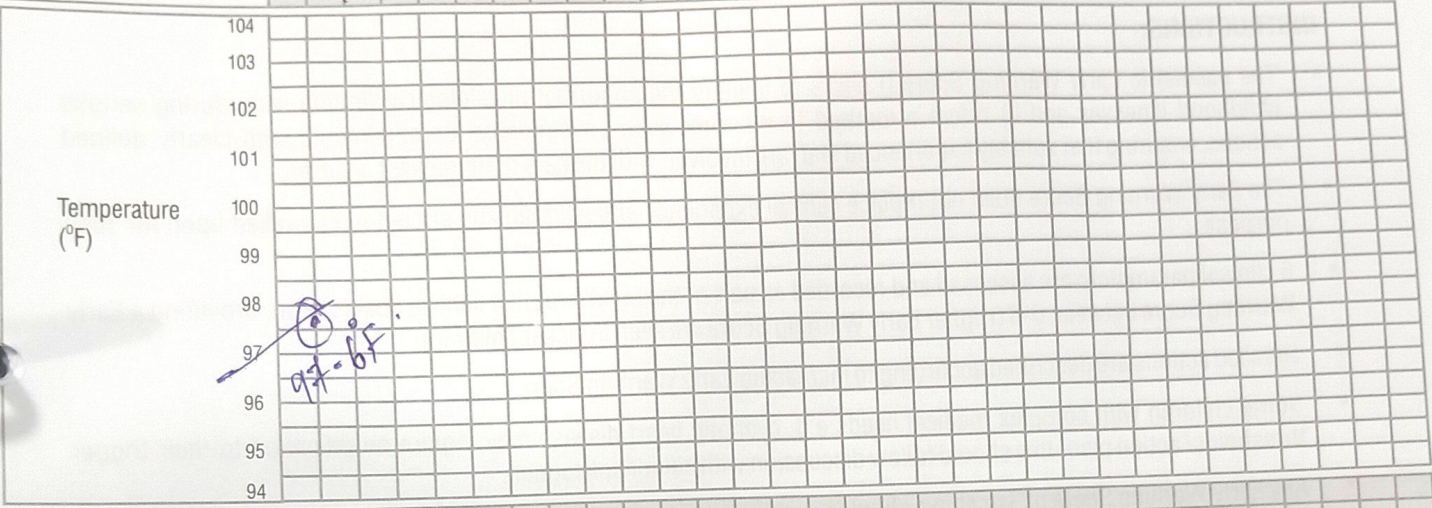
DRUG :				Date/Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

VERIFIED BY : Name Signature

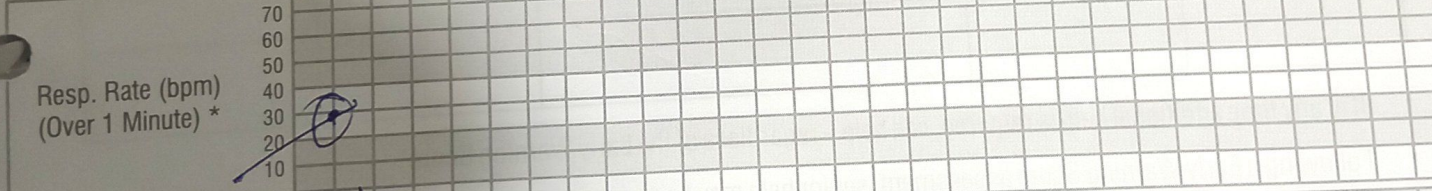


EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 06/06/25 Time: 4:30 PM
 Doctor / Nurse / Family Concern?



Heart Rate (Number) 132 bpm



Resp Rate (Number) 34 bpm

Resp Distress: Mod/ Severe, None / Mild
 Receiving O₂ (l/min): RA
 O₂ Saturations (%): 100%

Conscious Level: Normal, Altered
 GCS *: 15/15

TOTAL SCORE
 Number of shaded boxes: 0
 Pain Score: 0
 Observer's Initials: Chaya

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

NB: Scores 3 should be recorded overleaf