

ADMISSION SHEET

Registration Details :



Admission No : IP-00060447

Admit Date : 23-Jun-2026

Admit Time : 12:01 AM UHID : VIH-00205712

Patient Details :

Patient Name : Baby Of M.HARITHA

Age : 0 Y 0 M 20 D

Guardian : Mr M.SURESH

DOB : 03-06-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : H NO 1-68 PEDDAPUR JULAPALLY Choppa
Dandi Karimnagar Telangana INDIA 505415

Phone No : 9502667672

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : NICU

Bed No : NICU 248

Ward Name : N 2F-NICU I

Room No : NICU 248

Admission Type : First Visit

Contact Details :

Name : Mr M.SURESH

Relationship : Father

Contact Address : H NO 1-68 PEDDAPUR JULAPALLY Choppa
Dandi Karimnagar Telangana INDIA 505415

Phone No : 9502667672 / 9381007355

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : DR. SANDEEP BUSA

Phone No :

Co-Consultant :


Payment Details :

Deposit Amount : 0.03

Payment Mode : Cash

Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name: ----- VIH-00205712 IP-00060447 -----
 Baby Of M.HARITHA
 UHID No : ----- 03-06-2026 0 Y 0 M 20 D (M) Consultant : ----- Dept : -----
 Dr. SURENDER RAO DUSA
 Date of Admission  ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/3/26	Iv placement	2	9	
	Blood transfusion	1	3093444	Jenny

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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VIH-00205712

IP-00060447

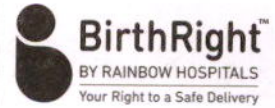
Baby Of M.HARITHA

03-06-2026


0 Y 0 M 20 D

(M)

Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
L3 22/6/26	<u>Blood Transfusion Notes</u>	
L4		
	Baby is admitted in NICU 1M/o LRA transfusion for anaemia	
	Baby was kept NPO since 8PM, 10PM feed was stopped.	
	N fluids started	
	20ml/kg of Irradiated LRA is being transfused	
	Start time - 2Am	
	End time - 6Am	
	Bag No - BAA26-01454.	
	Dose - 22/6/26	
	Exp date - 30/6/26	
	Collection date - 18/6/26.	
	No reactions noted in transfusion	
	Post transfusion LRA 0.5ml/kg is given.	
		
		D. Suresh

VIH-00205712 IP-00060447
 Baby Of M. HARITHA
 03-06-2026 0 Y 0 M 20 D (M)
 Dr. SURENDER RAO DUSA



LRBC



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 23/6/26 Time: 2 Am

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: RAH26-0459 Date of Collection: 18/6/26 Date of Expiry: 30/7/26

Date & Time of Starting Transfusion: 23/6/26 at 2 Am Planned duration of Transfusion: 23/6/26 @ 6 Am.

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: B.S. Aseef Nurse 2: Sr. Swetha

Before starting transfusion vitals: Temp: 36.5°C HR: 159 RR: 49 BP: 78/46 (56) SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>23/6/26</u>	<u>15 Min</u>	<u>159</u>	<u>36.5°C</u>	<u>78/46 (56)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>23/6/26</u>	<u>15 Min</u>	<u>150</u>	<u>36.5°C</u>	<u>74/42 (52)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>147</u>	<u>36.5°C</u>	<u>73/50 (38)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>149</u>	<u>36.5°C</u>	<u>80/55 (39)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>145</u>	<u>36.5°C</u>	<u>66/54 (40)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>145</u>	<u>36.5°C</u>	<u>85/63 (50)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>160</u>	<u>36.5°C</u>	<u>60/47 (39)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Comments: No. Reactions

Name of the Incharge-Nurse: Sr. Swetha

Name of the Nurse: B.S. Aseef Akram

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 23/6/26 @ 6 Am

Date & Time: 23/6/26 @ 6 Am

Hospital Blood Centre, Rainbow Childrens Hospital
103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS IP PEDIA-1
ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
solution.



h Positive

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: **BAH26-01459**
Blood Group: **O Rh Positive**
Collection Date: **18/Jun/2026**
Expiry Date: **30/Jul/2026**

Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Use if

Issue Label / CrossMatching Report

Name: **BABY.OF. M.HARITHA -**
Patient's Blood Group: **O Rh Positive**
Hosp/Dr: **Rainbow Childrens Hospital, dr surender rao**
UHID No.: **VIIH-00205712** Wd-Bed No.:
Product: **L.R-PRBC Pedia-1** Issue Dt: **22/Jun/2026**
Blood Group: **O Rh Positive** Collm. Dt: **18/Jun/2026**
Unit No.: **BAH26-01459** Exp. Dt: **30/Jul/2026**
XMatching Report: **Compatible** Issued By: **PILLEM**
X-matched by: **PILLEM**

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

25 GY INDICATOR
LOT 040312GX25
rod-sure™
OPERATOR
DATE 22/06/26
IRRADIATED
2025-02-11



DRUG CHART

Date of Admission: 23/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

VERIFIED BY : Name Signature

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

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

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



REGULAR PRESCRIPTIONS

Weight. Ward.

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



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
VARIABLE DOSE	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
23/6.	2 Am.	IR LRBC transfusion	20ml/Kg.	IV	[Signature]	[Signature] Sneha
23/6	6 Am	2mg Lasix.	0.5ml/Kg	IV	[Signature]	[Signature] Sneha

VERIFIED BY : Name Signature

CONSENT FOR BLOOD TRANSFUSION



Name: B/o Haritha Age: 20 D Gender: Male Female
UHID.No : 205712 Date: 23/6/26

Type of Blood Product: Fresh Frozen Plasma Packed Red Blood Cells Random Donor Platelets
 Cryoprecipitate Single Donor Platelet Whole Blood
 Albumin Red Blood Cell Others LRBC

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: Suresh

Name: M. Suresh

Date & Time 23/6/26 @ 12AM

Doctor (Who is talking the consent)

Signature: [Signature]

Name: D-Vishal

Date & Time 23/6/26 @ 12AM

Witness

Signature: [Signature]

Name: [Name]

Date & Time 23/6/26 @ 12AM

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ

UHID. సంఖ్య: తేదీ:

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయోప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటైటిస్ బి సర్వేస్ యాంటిజన్, హైపటైటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

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

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



NURSING CARE RECORD

Date: 23/6/26

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	12AM	Assessment	=>	Assessed the Baby condition.	I/o chart maintained	LRBC Transfusion	Ashu 23/6/26 @ 8AM
	3AM	vitals	=>	vitals are checked & recorded	6th baby Baby passed urine & motion	Done RBS Done	
	7AM	Feeds	=>	NPO			

Patient Sticker

NURSING CARE RECORD



Date:

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							



FLUID CHART

Sheet No. : 1

23/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	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										0		
	01:00 am										0		
Total Intake : 94ml						Total Output :							
	02:00 am										20ml	0	
	03:00 am										0		
	04:00 am										0		
	05:00 am										0		
	06:00 am										0		
	07:00 am										0		
Total Intake : 118.4ml						Total Output : 35ml							

Total 24 hrs. Intake 184cc/kg/Day

Total 24 hrs. Output 2.2cc/kg/Hr

Patient Sticker



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	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	
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Total 24 hrs. Output	
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VIH-00205712 IP-00060447

Baby Of M.HARITHA

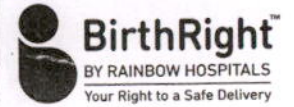
Ref No. F/INPR/19 03-06-2026 0 Y 0 M 20 D (M)

Dr. SURENDER RAO DUSA

Patient Name :



NURSES ASSESSMENT CHART



I.P. No

Date : 23/6/26 Diagnosis : Anemia Weight : 1.98kg Chart No. : 2

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200																			135	143	148	143	128	140
BLACK - RESP	105	190																							
GREEN - TEMP	104	180																							
BLUE - NIBP	103	170																							
	102	160																							
	101	150																							
A- ALERT	100	140																							
V-VOICE	99	130																							
P-PAIN	98	120																							
U-UNRESPONSIVE	97	110																							
	96	100																							
VERBAL	95	90																							
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
	12																								
	10																								
O2																									
SPO2																									
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU																									

Signature of the Nurse :

Morning Shift :

Evening Shift :

Night Shift : *ASU*
23/6/26
@ 8 AM.

