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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

Name: --

UHID No

Consultant : ---------- Dept : ----------

Date of Admission : 9/6/26. Time : @ 9:15pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	10:25pm	ER	PICU	Revathy
10/6/26	11:28am	PICU	106	Deepika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr Akhila Venagin	11/6/26	3029089	Cg
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
9/6/26	CBP, S. Electrolytes, Calcium, Magnesium. HIV.	26019837	[signature]
10/6/26	LFT	26019868	[signature]
	Cross checked by Yaswanth 10/6/26 at 11am		
	EEG	26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
09/6/20	Invasive monitor	10:30p	10/6/20 at 11am		
	Infusion pump		10/6/20 at 10am	3088565	[illegible]
	Cross checked by Yasuo at 10/6/20 at 11am.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
9/6/26	IV placement	1	3088566	[illegible]
	(Not checked by Yamuna 10/6 [illegible])			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 9/6/26		

INSURANCE COPY

Name	Master NEYANSH NAYAK	**UHID**	VIH-00199882
Father/Guardian	RAVINDAR	**Age/Gender**	1 Y 1 M 1 D/Male
Address	5-19/1 VAKEELPALLI, 8 INCLINE COLONY GODAWARI KHANI, Subhashnagar, Karimnagar, Telangana, INDIA, 505211		
IP No	IP-00060288	**Admission Date**	09-06-2026
Ref Doctor	Self	**Discharge Date**	11-06-2026

DISCHARGE SUMMARY

Consultants:

Dr. GEETHA CHANDA MBBS, MD, Pediatrics PDF Pediatric Neurology Consultant Pediatric Neurologist APMC/FMR/87648	
Dr.Sindhura Pappula MBBS, MD, DrNB (Pediatric Neurology), FIPN, FIAMG Consultant Pediatric Neurologist	**Dr. RAMESH KONANKI,** MD Pediatrics (AIIMS), DM Pediatric Neurology (AIIMS),Consultant Pediatric Neurologist, APMC-49226

Diagnosis: K/C/O TCS
Now admitted for Breakthrough Seizures

History: Master NEYANSH NAYAK, 1 Y 1 M 1 D, boy presented with history of increased frequency of seizures in the form of focal, non motor (staring look), some times deviation of head to right side for around 1-2minutes followed by post ictal drowsiness for 15 minutes. Initially episodes were around 5-6 per day, now it has increased to around 20/ day. For the above complaints, he was investigated and treated at nearby hospital. In view of persistence of symptoms, he was admitted at Rainbow Children's Hospital for

further management.

Past History: K/C/O TCS diagnosed at 8 months of age.

Birth History: Born to non consanguineous couple, 1st in birth order, FT/Emergency LSCS/AGA/Cried immediately after birth. Normal perinatal transition.

Developmental History: Appropriate for age.

Examination: He was afebrile, maintaining saturations at room air. HR- 110/min, BP- 90/60 mmHg and RR - 22/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.

Neurological examination: Child was conscious and alert. AF at level. Pupils were bilaterally equal and reacting to light. EOM Full. DTR elicitable. Tone normal. Power moving all limbs against gravity. Plantars flexors. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure. No meningeal signs.

Weight on admission : 10 kgs.
Head circumference - 44 cm

Investigations: Enclosed.

Management: He was admitted in the PICU and was started on IV fluids. In view of seizures, he was loaded with Inj. Lacosamide and continued on maintenance dose and Tablet Clonazepam was given.

After loading medications, there are no further seizure episodes.

His complete blood picture showed Hb 11.2 gm%, WBC count of 11,890 cells/cumm, platelet count of 2.89 lakhs/cumm. Serum electrolytes showed Na - 140 mmol/L, K - 4.0 mmol/L, Cl - 105 mmol/L. Serum calcium 10.3 mg/dl. Serum magnesium 1.8 mg/dl. Liver function tests showed SGPT 8 U/L, SGOT 30 U/L, ALP 315 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 3.9 g/dl, total protein was 6.3 g/dl, S.globulin was 2.4 g/dl.

As the child remained hemodynamicaly stable, he was started on oral feeds, which he tolerated well,and no further seizure episodes during the PICU stay he was shifted to ward for further management.

During the ward stay he was continued on the same line of management. EEG done was showed normal background with no hypsarrythmia pattern (better than previous EEG). He was regularly monitored for fever spikes, hemodynamic status, vital parameters & neurological status, oxygen saturations and any signs of respiratory distress. His symptoms gradually settled & had no further seizure episodes during hospital stay. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Neurological condition at the time of discharge:
He is conscious, awake.
EOM full.
Pupils are bilaterally equal and reacting to light.
Tone normal.
No focal neurological deficits.

Name	Master NEYANSH NAYAK	UHID	VIH-00199882

Advice:

1. Diet as advised.
2. Physiotherapy as advised.
3. Kindly consult Dr. Pappula Sindhura, Consultant Pediatric Neurologist, after 15 days in OPD with prior appointment (This consultation will be charged).

SYRUP LACOSAMIDE	2ml 12th hourly till further advice
VIGANEXT SACHET (500MG)	1/2....................1/2 to continue
SYRUP IQ NORM DHA	5ml once daily for 3 months

** Midacip nasal spray (Midazolam = 0.5mg/puff), 1 puffs intranasal (into once nostril in sitting position) if seizure for more than 3 minutes.

Backup plan: If further seizures occur :

1. VIGANEXT sachet 1/2...........................1
2. If still seizures - Tab FRISIUM (5mg) 1 tab HS

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 by doctor ....in the language that I understand and I have understood the same.

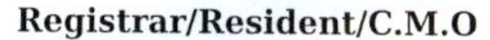
Name : B. Ravindar

Signature

Relationship with patient : Father

This summary has been explained by :

Summary prepared by : Dr.Nikesh
Typist :Kalyan



Registrar/Resident/C.M.O

Consultants:

Dr. GEETHA CHANDA
MBBS, MD, Pediatrics
PDF Pediatric Neurology
Consultant Pediatric Neurologist
APMC/FMR/87648

Dr.Sindhura Pappula
MBBS, MD, DrNB (Pediatric Neurology),
FIPN, FIAMG
Consultant Pediatric Neurologist

Dr. RAMESH KONANKI,
MD Pediatrics (AIIMS),
DM Pediatric Neurology
(AIIMS),Consultant Pediatric
Neurologist, APMC-49226

PatientName	: Master NEYANSH NAYAK	**Inpatient No.**	:	IP-00060288
Age/Gender	: 1 Y 1 M 0 D/ Male	**Admit Date**	:	09-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
CALCIUM (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :09-06-2026 21:30		
CALCIUM (Arsenazo dye)	10.3	mg/dl		8.7 - 10.8

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :09-06-2026 21:30		
HEMOGLOBIN (Colorimetry)	11.2	g/dL		10.5 - 13.5
RBC COUNT (DC detection method)	4.29	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**31.7**	**VOL%**	L	33 - 49
MCV (Calculated)	73.8	fL		70 - 86
MCH (Calculated)	26.0	pg/cells		23 - 31
MCHC (Calculated)	35.2	g/dL		30 - 36
RDW-CV (Calculated)	13.3	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	289	10^9/L		150 - 450
MPV (Calculated)	7.6	fL		6.5 - 10
WBC COUNT (DC Detection Method)	11.89	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	22	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	68	%		45 - 76
MONOCYTES (Microscopy, Leishman stain)	07	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	03	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE**			

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 :09-06-2026 21:30	

PatientName	: Master NEYANSH NAYAK	**Inpatient No.**	: IP-00060288
Age/Gender	: 1 Y 1 M 0 D/ Male	**Admit Date**	: 09-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
SODIUM (Direct ISE)	140	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.0	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	105	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 :09-06-2026 21:30
HIV TEST (CARD METHOD)	Non-reactive		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
MAGNESIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :09-06-2026 21:30
MAGNESIUM (Formazon dye)	1.8	mg/dl	1.6 - 2.6

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 :10-06-2026 09:32
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)	30	U/L	20 - 60
SGPT (ALT) (Kinetic with P5P)	8	U/L	5 - 45
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	315	U/L	145 - 420
PROTEIN (Biuret method)	6.3	g/dL	5.9 - 7
ALBUMIN (Bromocresol Green)	3.9	g/dL	3.4 - 4.7

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 NEYANSH NAYAK	**Inpatient No.**	: IP-00060288
Age/Gender	: 1 Y 1 M 1 D/ Male	**Admit Date**	: 09-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
GLOBULIN (Calculated)	2.4	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.6		1.4 - 3.4

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

HIMAYATHNAGAR Emergency: 040 - 48873000 | BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency: 040 - 4466 5555, 91009 25516 | HYDERNAGAR (NABH Accredited) Emergency: 040 - 4246 2300 | KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency: 040 - 4246 2100 | SECUNDERABAD (NABH Accredited) Emergency: 040 - 4246 2200 | KONDAPUR Emergency: 040 - 4246 2400 | L B NAGAR (NABH Accredited) Emergency: 040 - 7111 1333 | NANAKRAMGUDA Emergency: 040-69313233
1800 2122 www.rainbowhospitals.in

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital — BirthRight by Rainbow Hospitals

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 1 D (M)
Dr. PAPPULA SINDHURA

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	02	–	–	
4	Patient Trasfer Forms	02	–	–	
5	In-patient Medical Record	03	–	–	
6	Doctors Progress Sheets	03	–	–	
7	Nurses Progress notes	06	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
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	02	–	–	
26	Intake and Output chart (fluid Chart)	02	–	–	
27	Drug Chart (Regular prescription)	02	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	17			
	Total No. of Pages	46			

Signature and Date : Revonika @11/6/25 [illegible]

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad

Rainbow Children's Hospital | BirthRight by Rainbow

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-00060288 **Admit Date** : 09-Jun-2026 **Admit Time** : 09:17 PM **UHID** : VIH-00199882

Patient Details :

Patient Name	: Master NEYANSH NAYAK	**Age**	: 1 Y 1 M 0 D
Guardian	: RAVINDAR	**DOB**	: 09-05-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5-19/1 VAKEELPALLI, 8 INCLINE COLONY GODAWARI KHANI Subhashnagar Karimnagar Telangana INDIA 505211	**Phone No**	: 9959086657
		E-mail	: na@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	: RAVINDAR	**Relationship**	: S/O
Contact Address	: 5-19/1 VAKEELPALLI, 8 INCLINE COLONY GODAWARI KHANI Subhashnagar Karimnagar Telangana INDIA 505211	**Phone No**	: 9959086657

Signature

Doctor Details :

Doctor Name	: Dr. PAPPULA SINDHURA	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: HDFC ERGO GENERAL INSURANCE CO LTD

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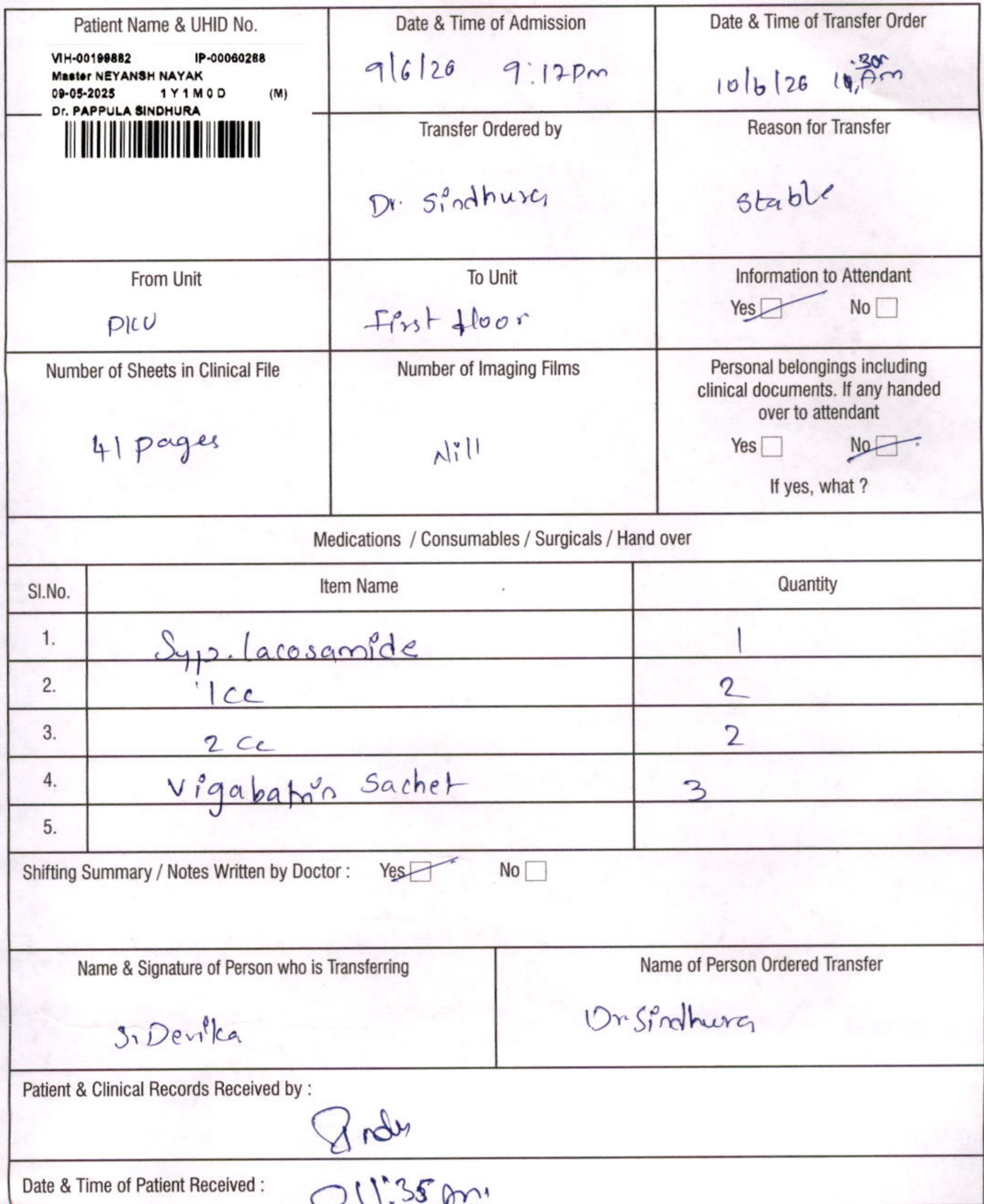
PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00199882 IP-00060288 Master NEYANSH NAYAK 09-05-2025 1 Y 1 M 0 D (M) Dr. PAPPULA SINDHURA	9/6/26 9:17Pm	10/6/26 10.30 Am
	Transfer Ordered by Dr. Sindhura	**Reason for Transfer** stable
From Unit PICU	**To Unit** First floor	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 41 pages	**Number of Imaging Films** Nill	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Syp. lacosamide	1
2.	1cc	2
3.	2 cc	2
4.	vigabatrin Sachet	3
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Devika	Dr Sindhura

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 011:35 am

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

	Date & Time of Admission	Date & Time of Transfer Order
	9/6/26 @ 9:17pm	9/6/26 @ 10:15pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Nikesh	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
21	—	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over OP file given to attender

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Revathy	Dr. Nikesh

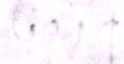
Patient & Clinical Records Received by : Nikhitha

Date & Time of Patient Received : 9/6/26@10:15pm

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

Docu. No. : RCH /FRM / CLINICAL / 102



Patient Name : Mast. NEYANSH NAYAK UHID : VIH-00199882 IPD : IP-00060288 Gender : Male Age : 1 Y 1 M 0 D

VIH-00199882 IP-00060288
Master NEYANSH NAYAK (M)
09-05-2025 1 Y 1 M 0 D
Dr. PAPPULA SINDHURA

EMERGENCY ROOM TRIAGE FORM

Gender: ☑ Male ☐ Female

Patient's Name : Mast. Neyansh Age : 1 year

Date : 9/6/26 Time of Arrival : 8:35 pm — ☐ Not known

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): —

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 96.0°F PR: 129 b/m BP: 101/67 (78) RR: 26 b/m SpO₂: 98%

Chief Complaints: c/o. Seizures since 10 days

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking	Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ Gasping / Apnea	☑ 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

Signature of Parent / Guardian

Triage Completion Time : 8:39pm

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

* CTAS - Canadian Triage and Acuity Scale

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 : Vaishnavi

Signature of Triage Nurse : Vaishnavi

Date & Time : 9/6/26 @ 8:39pm

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

Patient Name : Mast. NEYANSH NAYAK UHID : VIH-00199882 IPD : IP-00060288 Gender : Male Age : 1 Y 1 M 0 D

VIH-00199882 IP-00060288
Master NEYANSH NAYAK (M)
09-05-2025 1 Y 1 M 0 D
Dr. PAPPULA SINDHURA

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 9/6/26 Time of arrival : 8:42pm RBS: —

Chief Complaints: C/o. Seizures since 10 days Head Circumference (<2 years) —

Height : — Weight 9.99kg BMI : — ☐ Food ☐ Other: —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion

If yes , identify — Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 ☐ Frequency — ☐ Duration —

☐ Character — ☐ Location —

RISK FOR FALL:

- ☐ If patient is < 6 years
  tick below fall risk intervention directly
- ☑ If Patient is > 6 years
  Assess the below parameters ☐ Yes ☑ No

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids: ☐ Yes ☑ No

- 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

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 : 8:45pm

(P.T.O.)

Docu. No. : RCH /FRM / CLINICAL / 120

Patient Name : Mast. NEYANSH NAYAK UHID : VIH-00199882 IPD : IP-00060288 Gender : Male Age : 1 Y 1 M 0 D

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

Time	Nursing Notes
8:35pm	- Patient Came to ER
8:38pm	- vitals Checked & Recorded
8:40pm	- ER doctor seen the patient
	- Admission done
9:36pm	- IV placement done
9:45pm	- Blood Samples collected and sented to lab
10:15pm	- Baby Shifted to picu

Samples collected by: } — Sr. Shanthi Time: } 9:36pm

Samples sent by : Time: 9:45pm

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 129b/m BP: 101/67(?) CFT: <3se

RR: 26b/m SPO$_2$: 98%

GCS: 15/15 Temperature : 96.0°F

Pain Score: 5cy

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: PICU

Time of Shift - out: 9/6/26 @ 10:15pm

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

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

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

Date & Time : 9/6/26 @ 10:15pm

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Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 9/6/26

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

Reason for Admission: Seizures

Admission Diagnosis: Break though seizures.

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

Source of Information : ☑ Family ☐ Patient ☐ Others, Specify			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last 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 MEDICATIONS	Taking Medications? ☐ Yes ☑ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☑ No		

Observations: Weight: 10 kg Length: Head Circumference (< 2 years):

Temp.: 98.6'F HR: 107 b/m RR: 26 b/m BP: 93/98 (60)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 17 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (Document in the Braden Q Assessment Sheet)

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

Social History: Lives With Family

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 ....

Name of Person Orientation was given to: mother.

Orientation not given Reason: ....

Nurse Name: Nikhitha Nurse Signature: [signature]

Date & Time: 9/6/26 @ 10:50pm

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: ....

Final Diagnosis: Break through seizures

Nurse Name: Nikhitha Nurse Signature: [signature]

Date & Time: 9/6/26 @ 10:50pm

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Seizers

Arrival Time: 11:35 am Mode of Arrival: lifting by mother Admitting From: ☐ ER ☐ OPD ☐ Direct PICU

Allergy / Adverse Reaction: Nil

Body Weight: 10 Kg

Height: .... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, Nil

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: 10kg Length: — Head Circumference (< 2 years): —

Temp.: 98.6f HR: 115b/m RR: 27b/m BP: 98/60mmHg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 17 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (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: .... (Date/Time): ....

Social History: Lives With ...family...

Siblings in household ☐ Yes ☑ No (if yes How Many?) ...0...

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: ...Indu.. Date: ...10/6/26............ Time: ...11:50AM Signature

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
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Dr. PAPPULA SINDHURA

Patient Name: ____________________

UHID ID: ____________________

Department: ____________________

Consultant: ____________________

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Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ______

Information given by: ______________________ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

seizures x 10 days

History of present illness :

- Increased frequency of seizures
staring look with partial automatisms
sometimes with right version of
head lasted for around 1-2 min
followed by post ictal drowsiness for 10 min

initially 4-5 episodes / day
today 20 episodes

No fever
No vomiting
No encephalopathy

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Pediatric Multiorgan History & Physical Examination

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

K/c/o tuberous sclerosis
diagnosed at 8 months of age

Birth & Neonatal History:

NCPN / 1st birth order / [illegible] / LSCS

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

mild (N)

Immunization History :

(N)

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__________(Centile __________)

On Examination :

Temperature : (Fe) Pulse Rate : 110/min B.P. __________ SPO2 99% on room air

Resp.rate and type of breathing : __________

Rash No

Lymphadenopathy No

Oedema : No

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 murmur

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

Per Abdomen :

Inspection soft

Palpation : nontender

Ausculation : __________

Spine : __________ External Genitelia : __________

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Normal

Motor System:

Nutriton :

Tone: (N) Power good [illegible] movements

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR +2 **Superficials:**

Plantars Flexor

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Breakthrough seizures (focal non motor)
in k/c/o TSC

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- CBP ✓
- S.Ca ✓
- S.Mg ✓
- S.electrolytes ✓

Planned Management

- Inj. Lacosamide
- Vigonext sachet 1 sachet stat
- Back up
- Inj. Valproate
- Tr [illegible]

Noted by
Sr. Revathy
9/6/25 10:00pm

Signature of the Doctor: [signature]

Name of the Doctor: Dr. [illegible]

Date & Time: 9/6/26

Signature of the Consultant: [signature]

Name of the Consultant: P. Sindhura

Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/06/2026 10:00 PM	Case reviewed in PRO	
	D/ - K/c/o TSC	
	Breakthrough seizures	
		(Focal non motor)
	Child active &	
	Alert	Plan
	Intermittent	
	staring look (+)	1) Inj. LACOSAMIDE & VIGABATRIN ORAL } Start loading dose given
		2) Maintenance to continue
		3) Backup ↓ Inj. Sodium valproate 20mg/kg/sc
	[signature]	Noted by Nikhitha 10/6/26 @ 8PM.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2020 8 AM	C/S/B PICU fellow	
	D15 - K/c/o TSC	
	[Breakthrough seizures]	
	On Room Air	
	maintaining saturation	Plan
	Hemodynamically stable	1) Allow orally
	Accepting orally	
	u/o adequate (3.8 cc/kg/hr)	2) Continue Anti-epileptics
	Diclofenac - 150 ml	3) Plan to shift to ward
		Noted by Sr Devika 10/6/26 8Am.
	[signature]	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Neurology	
10/6		
		(Plan)
	AH - Breakthrough seizures in clusters (focal nonmotor) in k/c/o TSC	
		← EEG plan
	No further seizures after Loading with Levetiracetam & Vigabatrin	→ Backup for frequent seizures
	(O/E) Vitals - (N) AF - open, flat	~~Tab valproate 40mg/kg~~
	Child is ~~sleeping~~ conscious, active	
	~~good antigravity~~ movement	← Back-up for brief seizures
		~~Syp. Clobaz 2ml BD~~ Viganext sachet ½ - 0 - 1
		Sos clobazam 5mg HS
		← shift to room
	Noted By Deepika 10/6/26 9Am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling Notes	
10/6/26		
	After giving injections - no further seizures. We are shifting child to room. Will observe for today, will do [illegible] today.	

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09-05-2025 1 Y 1 M 0 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 11:00 AM	Shifting Notes	
	This is a K/c/o Tuberous Sclerosis complex already on treatment by Ramesh Konanki now presented with ↑ frequency of seizures from 4 to 20/day. in the form of focal non-motor (staring looks) < 1-2 min post ictal drowsiness of 10 min. Not a/w fever/GI symptoms. admitted in PICU w/f seizure. No seizures. hence shifting to ward.	
		Plan
		- EEG after shifting to ward
		- Give feeds allow him to sleep then EEG ↓ Review
		- Continue syp lacosamide vigabatrin & clonazepam ir drug chart.
Noted by [illegible] 10/6/26	- If brief seizure ↑ vigabatrin 1/2 - 0 - 1 sachet	- If prolonged seizure Inj. valproate 40mg/kg

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Neurology	
11/6/26	Adm - Breakthrough seizures in k/c/o TSC	(Adm)
	C/o	
	No further seizures	- AS today
	O/E vitals - (N)	- Backup
	concious, oriented	
	pupils - equal, reacting	2nd Vigonext sachet
	fixing & tracking	½ - 0 - 1
	(N) tone	
	good All movements	2nd ~~[illegible]~~
	DTR ++2	T FRISIUM (5mg)
	Plantar - flexor	1 tab HS
	Noted by Boonika 11/6 @10:05 PM	- TID Physiotherapy
		- Syp. IRNORM DHA 5ml once daily - (3) months

CONSULTATION FORM

Doctor Name : Akhila Vemaragi

Date : 11-06-26 Hour : 11:15am.

Hospital : Rel.

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 : .... Time : .... By : ....

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

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Dr. PAPPULA SINDHURA

s/o Imaging

Signature: Akhila. M.D.

Report of Findings and Recommendations :

s/b physiotherapist.

c/o ÷ TSC.

→ child. is able to get to sitting
gets to standing & walking ē support

→ single unit
→ half unit
→ half unit — stand.
→ squat position
→ squats
→ standing activities

Consultant :

Name : Akhila Signature : Akhila Date & Time : 11-06-26 4:15am.

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

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Name: Mast. Neyansh Nayak Age: 1ys Gender: Male ☑ Female ☐

UHID.No : VIH - 00799882 Date: 9/6/26

I Ravinder S/o, D/o, W/o, Anjali hereby declare that our patient Master/Baby Neyansh Nayak who is related to me as SON. is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 9/6/26

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

frequent seizures

The doctors have clearly explained to me that my patient Master / Baby Mst. Neyansh 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 : Mst. Neyansh 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: A. Anjali

Name: Anjali

Relationship with Patient: Mother

Date & Time: 9/6/26 @10:45pm

Witness :

Signature: Revathy G

Name: Revathy. G

Date & Time: 9/6/26 @ 10:15pm

Doctor (who is taking the consent) :

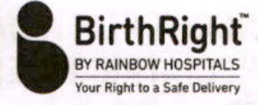
Signature: [signature]

Name: Dr. Mithesh

Date & Time: 9/6/26

Docu. No. : RCH /FRM / CLINICAL / 013

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి



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

యు.హ్.ఐ.డి ....

నేను .... s/o. d/o. w/o . ...

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

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

....

....

....

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

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

సాక్షి

సంతకము ....

పేరు ....

తేదీ మరియు సమయము ....

Ref. No. : F / HW / CON / HIV / 08

CONSENT FORM FOR HIV

Patient Name : Mast. Deejansh Dayak Age : 1yr 1month

Gender : M ☑ F ☐ - IP No : 00060288 Marital Status : Single

Ward / Bed No. : PICU IP/OP No. : 00060288 Date : 9/6/26

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 : A. Anjali

Name : Anjali

Relationship with Patient: Mother

Date & Time : 9/6/26 @10:45pm

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 : [signature]

Name : Dr. Nikesh.

Date & Time : 9/6 @10:10pm

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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 ....

Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

CLINICAL / 125

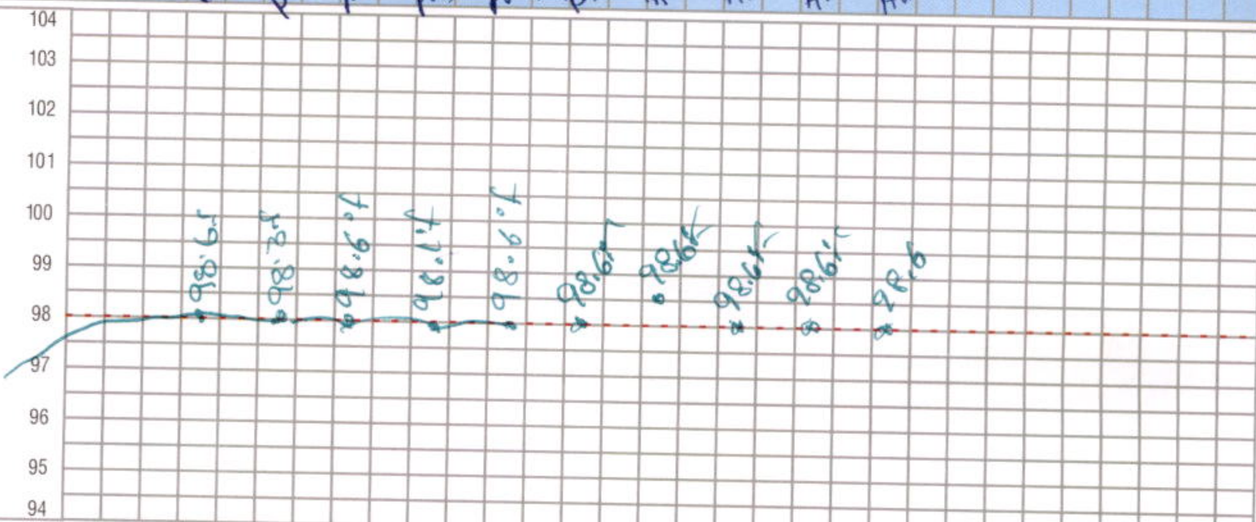
PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

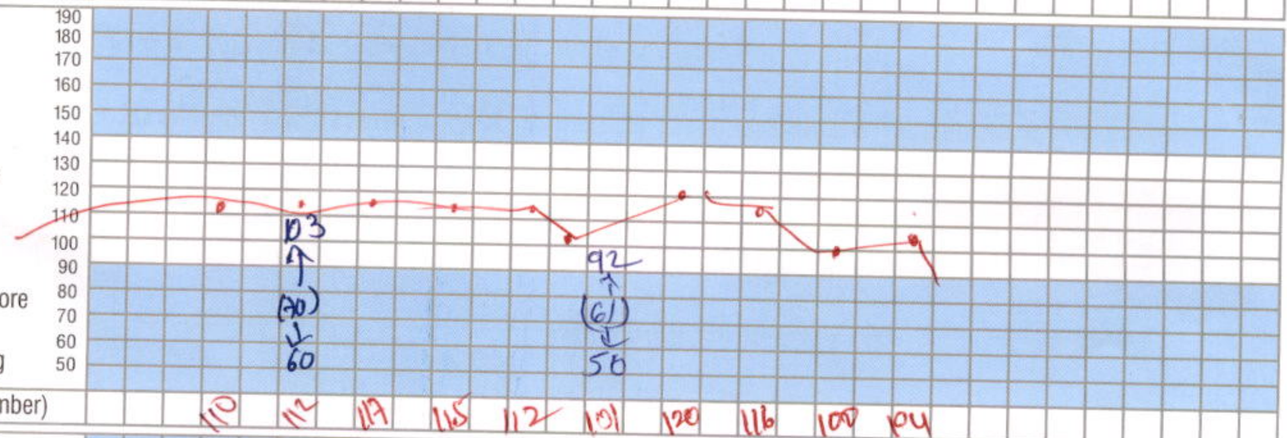
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/25 Time:

Time	11:05 am	1 pm	3 pm	5 pm	7 pm	10 PM	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?										
Temperature (°F)	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
Heart Rate (Number)	110	112	117	115	112	101	120	116	100	104
Blood Pressure (mmHg)		103/60 (70)				92/50 (61)				
Resp Rate (Number)	27	27	26	26	27		28		30	
Resp Distress (Mod/Severe; None/Mild)										
Receiving O_2 (l/min)										
O_2 Saturations (%)	98	97	98	98	98	97	99	100	96	97
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	Na	Na	Na	SK	SK	SK	SK	SK



Temperature (°F)



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

Note: BP does not score in early warning scoring

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

...TIONS

...ores 3 should be ... overleaf

Score	Action
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.

...elow 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00199882 IP-00060288
Master NEYANSH NAYAK (M)
09-05-2025 1 Y 1 M 1 D
Dr. PAPPULA SINDHURA

c. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Values (first column)
Date : 11/6/26 Time:	9 AM
Doctor / Nurse / Family Concern?	
Temperature (°F) (scale 94–104)	98.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	100/(90?) 60
Note: BP does not score in early warning scoring	
Heart Rate (Number)	165
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	
Resp Rate (Number)	26
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	97
Conscious Level — Normal	N
Conscious Level — Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[initials]

Noted by Rebonita 11/6 2:30 PM

ACTIONS
NB: Scores 3 should be recorded overleaf

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Patient Sticker

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FLUID CHART

Sheet No. : ①   10/6/26

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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
10/6	08:00 am											
	09:00 am		Jelly + water								0	Bindu @2pm 10/6/26
	10:00 am											
	11:00 am											
	12:00 pm									✓		
	01:00 pm											
Total Intake :						Total Output :						
10/6	02:00 pm											
	03:00 pm		Rice							✓		Manasa 10/6 @8pm
	04:00 pm		water									
	05:00 pm										0	
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output :						
10/6	08:00 pm											
	09:00 pm		Rice									
	10:00 pm		water								0	Subhan 10/6
	11:00 pm									✓		
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
11/6	02:00 am											
	03:00 am		ORS									Subhan 11/6 @7Am
	04:00 am										0	
	05:00 am									✓		
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	5 times

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

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Master NEYANSH NAYAK (M)
09-05-2025 1 Y 1 M 1 D
Dr. PAPPULA SINDHURA

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FLUID CHART

Sheet No. : ....(2).... 11/6/25

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					✓		
11/6	08:00 am		Adly									Manasa
	09:00 am		f									11/6
	10:00 am		water								0	
	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										noted by	
	06:00 pm										Manasa	11/6
	07:00 pm											8pm
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	

Patient Sticker

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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 :**						
	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-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ 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: PICU Shifted to: 10 G

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	T- CLONAZEPAM	1/4 tablet 1 tab = 0.25mg	PO	At night time.		☐ C ☐ DC
2	VIGABATRIN SACHET	1/2 sachet	PO	12th hly		☐ C ☐ DC
3	SYP. LACOSAMIDE	2ml (5ml - 75mg)	PO	12th hly		☐ 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 : [signature], CH. GANESH

Date & Time : 10/6/2026

Nurse Name & Signature: Devika

Date & Time : 10/6/26 at 11 Am

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ ~~Not known any Drug Allergies~~

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

Shifting From: ER Shifted to: 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. Nikesh / [signature]

Date & Time : 9/6/26 @ 9:25 p.m.

Nurse Name & Signature: Sr. Revathy / [signature]

Date & Time : 9/6/26 @ 9:25 pm

Docu. No. : RCH /FRM / GENERAL / 090

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

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DRUG CHART

Date of Admission: 9/6/26 .... 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 :				Date ▸ / Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

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

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

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

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

REGULAR PRESCRIPTIONS

Weight. 10kg Ward. PICU

DRUG : Tab CLONAZEPAM				Date/Time	10/6/16
Dose	Route	Frequency	Start Date		
1/4th	Po	HS	10/6		
Name & Signature of the Doctor Starting the Drugs: Dr Nithesh				10 pm	
Additional Instructions: 1 tab = 0.25 mg (0.01 mg/kg/day)					
Daily Doctor's Endorsement by a Sign					

10/6/26 8 pm

DRUG : VIGABATRIN SACHET				Date/Time	10/6			11/6
Dose	Route	Frequency	Start Date					
1/2	Po	12 hrly	10/6	10 AM	X		10 am	
Name & Signature of the Doctor Starting the Drugs: Dr Nitheesh								
Additional Instructions: 1 sachet = 500mg (50mg/kg/day)				10 PM			10 pm	
Daily Doctor's Endorsement by a Sign								

10/6/26 at 8:30

DRUG : Syp. LACOSAMIDE				Date/Time	10/6			11/6
Dose	Route	Frequency	Start Date					
2.5ml	PO	(12) hrly	10/6	10 AM			10 am	
Name & Signature of the Doctor Starting the Drugs: Dr Nitheesh								
Additional Instructions: (5ml = 75mg) (8mg/kg/day)				10 PM				
Daily Doctor's Endorsement by a Sign								

10/6/26 at 8:30

S PD

DRUG : Syp. LACOSAMIDE				Date/Time	10/6	11/6
Dose	Route	Frequency	Start Date	10 Am		
2ml	Po	(12) hrly	10/6			
Name & Signature of the Doctor Starting the Drugs: Dr Nitkesh						
Additional Instructions: (7mg/kg/day) (75mg/5ml)				10 Pm.		
Daily Doctor's Endorsement by a Sign						

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09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

Weight. 10kg 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
9/6	11 pm	Inj. LACOSAMIDE	100mg	iv	[signature]	Nikhi / Bindu
9/6	11:30pm	VIGABATRIN SACHET	500 mg	PO	[signature]	Nikhi / Bindu
10/6	12:10 pm	Syp. Pediclozyl	5 ml	PO	[signature]	Lalpang / Sindu
10/6		Inj. AGIL	5 mg	iv	[signature]	

[signature] 9/06/26

Dr. [signature]

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

VIH-00199882 IP-00060288
Master NEYANSH NAYAK
09-05-2025 1 Y 1 M 0 D (M)
Dr. PAPPULA SINDHURA

I.V. FLUIDS CHART

Weight. 10 .... Ward. PICU ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/6	11pm	DNS	iv	25	[signature]	Nikhi / Bindu	10/6	[signature]	[signature] / Yash

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