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ACTIVITY

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

G

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

UHID No : ---------- ---------- Consultant : ---------- Dept : Pediatrics.

Date of Admission : 11/6/26. Time : 3:18 PM Date of Discharge : ---------- Time: ----------

Room / Bed No : 137 Ward : 1st F Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	4:20 PM	ER	137	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/6	RAT - Negative	26020025	Sweyatha
	CBP. CRP. electrolyte		
	Creat. Blood cal	26020024	Nee
	GRBS - 99 mg/dl	26020031	Sweyatha
	Cross checked by 12/6/26		
12/6	AE	26020133	
	USG Abd	26-009462	
	Cross checked by 12/6/26		
13/6	CBP, CRP	26020227	
	Cross checked by Gadpang 13/6 @ 10am.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6	Infusion pump	4:38pm	12/6 @ 9AM	3089829	[signature]
	Cross	checked	by [signature]	12/6/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/6/26	IV placement	1	3089244	Sr. Moglisha
	Cross checked by [illegible] 12/6/26			
13/6/26	Nebulization	3	3090049	[illegible]
	[illegible]	2	3090[illegible]	[illegible]
	Cross checked by coalpang 14/6 @ 10AM			

ANY OTHER INFORMATION

11/6 RAT - Negative

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] coalpang		

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 2 M 0 D (M)
Dr. PREETHAM KUMAR

13)

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
13/6	00.00	1AM - hypaneb	manasa	
13/6/26	01.00	10Am - Hypaneb	Sindu	Bhanu Priya
	02.00	6Pm - Hypaneb	Subham	
	03.00	(3) 3090049		
14/6	04.00	2AM - hypaneb (refused)	manasa	Bhanu Priya
	05.00	8AM - hypaneb	manasa	Bhanu Priya
	06.00	(2) - 3090197		
	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			

Name	Master NAMPALLY MAHADEV	**UHID**	BAH-00624983
Father/Guardian	Mr VENU	**Age/Gender**	1 Y 2 M 1 D/Male
Address	SHEKARRAOPET,SIDDIPET, Kodur Khurd, Medak, Telangana, INDIA, 502276		
IP No	IP-00060317	**Admission Date**	11-06-2026
Ref Doctor	Dr Bhargavi Arun	**Discharge Date**	14-06-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

Diagnosis: Acute gastroenteritis with dehydration

History: Master NAMPALLY MAHADEV is a 1 Y 2 M 1 D boy presented with history of moderate to high grade intermittent fever since 5 days, multiple episodes of non bilious non projectile vomitings, multiple episodes of loose stools since 4 days, decreased oral intake, dull activity prior to admission. For the above complaints, he was investigated and treated at referral center, but in view of persistence of symptoms, he was referred to Rainbow Children's Hospital for further management.

Outside Investigations: Complete blood picture done on 10.06.2026 showed hemoglobin 8.4 gm%, white blood cells count of 19,300 cells/cumm, platelet count of 3.68 lakhs/cumm and C-reactive protein was 76 mg/l. MP was negative. Widal showed "O" 1:180 dilution. Dengue serology was negative.

Examination: He was afebrile, maintaining saturation at room air. HR-140/min, BP- 90/60 mmHg and RR 30/min. Signs of some dehydration were present. Diaper rash present. On auscultation of chest, air entry was bilaterally

equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. Examination of other systems including spine was normal.

Weight on Admission : 7.8 kgs

Investigations: Enclosed.

Management: He was admitted in ward and started on intravenous antibiotics and intravenous fluids. He was treated symptomatically with antacids and antipyretics. He was started on probiotics and was advised gastro diet.

His complete blood picture showed hemoglobin 7.8 gm%, white blood cells count of 23,350 cells/cumm, platelet count of 3.25 lakhs/cumm and C-reactive protein was 109 mg/l. Serum electrolytes and creatinine were normal. Complete urine examination was normal. Blood culture was sterile after 48 hours of incubation. Ultrasound abdomen was normal.

His vitals were regularly monitored. His fever spikes and other other symptoms gradually settled. His repeat hemogram done on 13.06.2026 showed Hb 7.4 gm%, WBC count of 10,560 cells/cumm, platelet count of 3.82 lakhs/cumm and CRP 36 mg/l. Parents were counselled about course of illness and continuation of gastrodiet for few more days. He remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

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Advice:

1. Gastrodiet as advised.
2. Syrup Cefixime (5ml=100mg) 2ml, 12th hourly (after food) for 5 days Refrigerate after reconstitution).
3. Syrup Zinconia 2.5ml once daily for 2 weeks.
4. Econorm sachet, 1/2 sachet, 12th hourly for 5 days.
5. Nasivion-P nasal drops, 2 drops in each nostril, 8th hourly for 3 days.
6. Plan to start iron supplement after 1 week, Syrup Tonoferon (5ml=80mg) 1.5ml once daily for 3 months.
7. Plan to do HPLC test.
8. Kindly consult with Dr. Sandhya Vaddadi, Consultant Pediatric Hemato-oncologist & Pediatrician, on OPD basis with prior appointment (This consultation will be charged).
9. Follow up with Dr. Bhargavi Arun, Consultant Pediatrician.

In case of Fever:

Syrup Paracetamol (5ml=240mg), 2.5ml for fever >99.6*F (maximum 4-6 hourly).
Syrup Ibugesic (5ml=100mg), 3.5ml for fever >101*F (maximum 8 hourly).

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

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

In Case of high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

Name	Master NAMPALLY MAHADEV	UHID	BAH-00624983

The discharge advice and details on how to obtain emergency care has been explained to me in the language that i understand.

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

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

Name : Venu .N

Signature : Venu

Relationship with patient : Father

This summary has been explained by :

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

M. Vishwaja.

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

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 NAMPALLY MAHADEV	Inpatient No.	: IP-0006031
Age/Gender	: 1 Y 1 M 29 D/ Male	Admit Date	: 11-06-2026
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 :11-06-2026 15:51
HEMOGLOBIN (Colorimetry)	**7.8**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	4.41	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**24.0**	**VOL%**	L	33 - 49
MCV (Calculated)	**54.4**	**fL**	L	70 - 86
MCH (Calculated)	**17.7**	**pg/cells**	L	23 - 31
MCHC (Calculated)	32.5	g/dL		30 - 36
RDW-CV (Calculated)	16.0	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	325	10^9/L		150 - 450
MPV (Calculated)	7.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**23.35**	**10^9/L**	H	6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**60**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**33**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	06	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : ANISOCYTOSIS WITH NORMOCYTIC / HYPOCHROMIC, MICROCYTES(++) WBC : LEUCOCYTOSIS WITH NEUTROPHILS SHOWING TOXIC GRANULES 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 :11-06-2026 15:51
CRP (Immunoturbidimetry)	**109**	**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 :11-06-2026 15:51

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master NAMPALLY MAHADEV	Inpatient No.	: IP-00060317
Age/Gender	: 1 Y 1 M 29 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.4	mg/dl	0.03 - 0.5

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 :11-06-2026 15:51
SODIUM (Direct ISE)	140	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.5	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	104	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)			TEST RESULT STATUS : REPORT ENTERED Order Date :11-06-2026 15:51
COVID ANTIGEN RAPID TEST	negative		

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :11-06-2026 16:19
RANDOM BLOOD GLUCOSE (GOD/POD)	99	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :12-06-2026 10:03
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	CLEAR		
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.020		1.005 - 1.030
SEDIMENT (Gross Examination)	NIL		NIL
CHEMICAL			
PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE

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PatientName	: Master NAMPALLY MAHADEV	Inpatient No.	: IP-00060317
Age/Gender	: 1 Y 1 M 30 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**2 - 3**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**1 - 2**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

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 :13-06-2026 04:49
HEMOGLOBIN (Colorimetry)	**7.4**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	4.21	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**23.1**	**VOL%**	L	33 - 49
MCV (Calculated)	**54.9**	**fL**	L	70 - 86
MCH (Calculated)	**17.5**	**pg/cells**	L	23 - 31
MCHC (Calculated)	31.9	g/dL		30 - 36
RDW-CV (Calculated)	16.0	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	382	10^9/L		150 - 450
MPV (Calculated)	7.8	fL		6.5 - 10
WBC COUNT (DC Detection Method)	10.56	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	33	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	60	%		45 - 76
MONOCYTES (Microscopy, Leishman stain)	06	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : ANISOCYTOSIS WITH MICROCYTIC / HYPOCHROMIC, PENCIL CELLS(++) WBC: MORPHOLOGY NORMAL PLATELETS : ADEQUATE			

Dr. SRUJANA SHYAMALA, MD, DNB

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master NAMPALLY MAHADEV	Inpatient No.	: IP-00060317
Age/Gender	: 1 Y 2 M 0 D/ Male	Admit Date	: 11-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

C REACTIVE PROTEIN (Specimen : SERUM)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :13-06-2026 04:49

CRP (Immunoturbidimetry)	36	mg/L	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Laboratory Report

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Master NAMPALLY MAHADEV	7680070290
1 Y 2 M 0 D	VI26020024
Male	11-06-2026 03:54 PM
IP-00060317	11-06-2026 04:11 PM
BAH-00624983	
Dr. PREETHAM KUMAR	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture : -
Second Report - No growth after 48 hrs of incubation

..... End of the Report .....

Master NAMPALLY MAHADEV	7680070290
1 Y 1 M 30 D	R26-009462
Male	12-06-2026 08:14 PM
IP-00060317	13-06-2026 11:00 PM
BAH-00624983	
PREETHAM KUMAR	

DRAFT

ULTRASOUND ABDOMEN

LIVER : Normal in size 7cm 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 5.6cm and echotexture.

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

KIDNEYS :

Right kidney : 57x20 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 63x22 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.

Mild inter bowel free fluid is noted

Impression:

No obvious sonological abnormality in abdomen.

Rest unremarkable.

Suggested clinical correlation.

DEFICIENCY CHE ... ASE SHEET

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 2 M 1 D (M)
Dr. PREETHAM KUMAR

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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	03			
4	Patient Trasfer Forms	01			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	03			
7	Nurses Progress notes	03			
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				
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	04			
26	Intake and Output chart (fluid Chart)	04			
27	Drug Chart (Regular prescription)	03			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Humpty dumpty	02			
	pain Assessment	01			
	Thermos	02			
	Other	03			
	Billing	04			
	Total No. of Pages	41			

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060317 **Admit Date** : 11-Jun-2026 **Admit Time** : 03:18 PM **UHID** : BAH-00624983

Patient Details :

Patient Name	: Master NAMPALLY MAHADEV	**Age**	: 1 Y 1 M 29 D
Guardian	: Mr VENU	**DOB**	: 13-04-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: SHEKARRAOPET,SIDDIPET Kodur Khurd Medak Telangana INDIA 502276	**Phone No**	: 7680070290
		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 : Mr VENU **Relationship** : S/O

Contact Address : SHEKARRAOPET,SIDDIPET Kodur Khurd Medak Telangana INDIA 502276 **Phone No** : 7680070290 / 9398474496

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR BHARGAVI **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : Mast. NAMPALLY MAHADEV UHID : BAH-00624983 IPD : IP-00060317 Gender : Male Age : 1 Y 1 M 29 D

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

eRBS - 99 mg/dl
Wt - 7.81 Kgs.
Ht 73 cms.

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Mahadev Age : 1y 2m. Gender: ☑ Male ☐ Female

Date : 11/6/26 Time of Arrival : 2:40pm

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: 96.6°F PR: 147 b/m BP Crying RR: 20 b/m SpO$_2$: 100 %

Chief Complaints: C/O - Fever, cold, since x 5 days loose stool since 4 days vomiting on and off.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☐ Normal ☑ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2:44pm

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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 11/6/26 @ 2:44pm

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

Patient Name : Mast. NAMPALLY MAHADEV UHID : BAH-00624983 IPD : IP-00060317 Gender : Male Age : 1 Y 1 M 29 D

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/6/26 Time of arrival : 2:45pm

Chief Complaints: fever, cold, since 5 days loose stools x 4 days vomiting on and off BSS: —

Height : 73cm Weight : 7-8kg 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 family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 (sister)

Time of Initial assessment completed by ER Nurse : 2:49pm

Patient Name : Mast. NAMPALLY MAHADEV UHID : BAH-00624983 IPD : IP-00060317 Gender : Male Age : 1 Y 1 M 29 D

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

Time	Nursing Notes
2:40pm	☆ patient Came to ER
2:41pm	☆ vital checked & Recorded
2:48pm	☆ Doctor seen the patient Adviced Admission
2:50pm	☆ Admission process done
3:28pm	☆ IV placement done
3:30pm	☆ Blood sampler collect set to lab
3:33pm	☆ Covid Rat :— negative
4:00pm	☆ patient shifted to ward

Samples collected by: } Moglisha Time: @ 3:38pm

Samples sent by : Time: @ 3:40pm

Medication given in ER:

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

Condition of patient at time of shift - out :				Details of Shift - out	
HR:	105b/M	BP:	Crying	Shift - out from ER to:	ICU
RR:	20b/m	SPO_2 :	100%	Time of Shift - out:	11/6/26 @ 4:00
GCS:	15/15	Temperature :	98.2°F	Handover given to: (Nurse's Name)	Sr. Swagatika by Dr. Shivakanth
Pain Score:	0				
Repeat RBS (if applicable):	—				

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Swagatika Signature of the Nurse :

Date & Time : 11/6/26 @ 4:00 p.m.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00624983 IP-00060317 Master NAMPALLY MAHADEV 13-04-2025 1 Y 1 M 29 D (M) Dr. PREETHAM KUMAR	11/6/26 @ 3:18 pm	11/6/26 @ 4:20 pm
	Transfer Ordered by	Reason for Transfer
	Dr. Vishwaja.	Admission
From Unit	To Unit	Information to Attendant
ER	131	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
25	–	Yes ☑ No ☐ If yes, what ? OPD file given.

Medications / Consumables / Surgicals / Hand over

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
Sowgathika / [signature]	Dr. Vishwaja.

Patient & Clinical Records Received by : Manisa

Date & Time of Patient Received : 3:45pm 11/6/26

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : Mahadev Age/Sex 1year / M

Information given by: mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever since 5day
vomitings, loosestools since 4days
↓ oral intake
dull activity

History of present illness :

Child brought by parents with
c/o Fever - since 5day - moderate to high grade
and cold insidious onset
gradually progressive
Relieving on medication.
c/o vomitings - to solid food items - NP/NB/non blood staining
↳ tolerating motherfeeds well.
loose stools since 4days - multiple episodes
watery yellowish - greenish colour.
non Blood stained
c/o ↓ oral intake
dull activity
consulted outside hospital - syp. cefixime 2days
syp. PCM.
i/v/o persistence of symptoms referred to Rau

On presentation : child active
Euthermic
thirst ⊕
pulses ⊕ - low volume
H/o admission 1month back → Iron deficiency anemia

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

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

H/O Surgery for CHPS + GERD → 1 month of age.

10/8/25 (outside)

Hb : 8.4
WBC : 19,300
N° - 71%
RBC - 4.8
Plt - 368

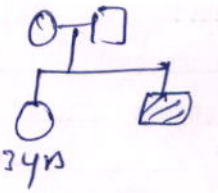
(Rapid test)
Dengue Ag (NS1) } negative
IgM
IgG

CRP - 76.2

MP - negative
Widal : Salmonella Typhi 'O' : 1:180 dilution

Birth & Neonatal History:

Term | NVD | 2.1kg | No NICU stays in first month of life



Birth & Socio Economic History:

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

Developmental History :

Appropriate for age in all domains

Immunization History :

Received upto date

(P.T.O.)

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms): 73cms (Centile)_____)

Weight (kgs)) 7.8kg (Centile _____)

On Examination :

Temperature : 96.5°F Pulse Rate : 147/min B.P. Crying SPO2 100%.

Resp.rate and type of breathing : 80/min

Rash Erythematous Rash (+) RBS - 99mg/dl

Lymphadenopathy

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

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

Air entry & breath sounds : BILAT (P)

Any addes sounds : No.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power 4/5 all limbs

Co-ordinator :

Posture :

Involuntary Movements : ND

Reflexes : +

DTR +2 **Superficials:** +

Plantars flexor

Sensory System : +

Bladder / Bowel : ↑ Bowel Movements.

Clinical Summary & Diagnostic:

Acute gastroenteritis & dehydration

(P.T.O.)

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications.

Desired goals of the treatment : To treat current condition

D/w Dr. preetham kumar sir

Planned Labs:	**Planned Management**
CBP	1) IV fluids
CRP	2) Inj ceftriaxone
S/E	3) Inj Esomeprazole
S.creat	4) Econorm sachet
B/c/s	5) Syp. Zinconia
	6) monitor vitals, inform SOS
	7) proctoguard oint

Noted by
[illegible] 11/6

Signature of the Doctor: [signature]

Name of the Doctor: Dr. Vishwaja

Date & Time: 11/6/26

Signature of the Consultant: [signature]

Name of the Consultant: Dr. [illegible]

Date & Time: 12/6/26 10am

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8:00pm	D/W c̄ Dr. Preetham Sir	
	→ reports updated	
	→ no further fever spikes.	
	→ plan	
	- ~~upgra~~ add Amikacin	
	if fevers ⊕ (high grade/ continuous) plan to upgrade to piperacillin	
	- trace s/cls.	
Dr Shrileer 125535		
	noted c̄ orders on 11/6/25 @ 8:00pm	

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26. 8:40am	S/B Resident	
	Δ: AGE — e/o Enterocolitis	
	Issues: - Ongoing fever spikes	11:30pm - 102°F, 6:10 - 101°F
	- High Inflammatory markers.	
	- Loose stools better.	
	O/E	
	Baby conscious	
	CAT < 3 sec	
	CVS - S1S2 ⊕	
	RS BAE ⊕	
	P/A soft	
	CNS no FND.	
	Plan.	
	- IV fluids	
	- IV Amikacin	
	- IV Ceftriaxone	
	- (SOS) upgrade to Piptaz ✓	
	- Alf USG Abdomen ✓	
	- CUE, [illegible]	— CBP, CRP - I/m
Dr Thriker 125536.		Sandhya mam c/o I/m.
	[signature] 12/6/26 2DR	Noted By manisha 12/6/26 @2pm

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

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 30 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Resident	
12/6/26 4:00 pm	Diag: Acute Gastroenteritis c̄ dehydration.	
	1 fever spike @ 2:15pm (100.2°F).	
	1 episode of loose stool: mrng.	
USG Abd (N).	No vomiting.	
	c/o cold and	
	c nasal blockade.	
		Plan
Dr prathus.	O/E	
	child Alert	- CBP, CRP - Tmrw
	Vitals stable	
	CVS: S1 S2 (+)	- Dr. sandhya mam
	RS: B/L AE (+)	Consultation - Tmrw.
	P/A: soft	
	CNS: NAD.	- IV Ceftriaxone
	Noted by Sreekanth 12/6 @ 7pm	- IV Amikacin.
		- Trav B/ds.

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 2 M 0 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	AGE & dehydration	
13/6/2026		
	-7-8 ep of loose stools	
8:10am	2:15 pm - fever spike. (100	
	Orally - still low	
	Urine - o/c	
	- No vomitings	
	CVS - S1S2	
	CNS - NAD	
	RS - B/L AE⊕	
	PA - Soft	
		Plan
13/6/26 1st Review		- Ceftriaxone D2 (dose)
		- Amikacin D2 (dose)
		- Zinconia (D2)
		- vitas 6th hrly
		- Inform SOS.
Poked by Dr. CS 2pm 13/6/26		

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 30 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Resident	
13/6/20 5.00pm	A/s: AGE c dehydration.	
	No fresh spikes > 24hrs.	
	2-3 episodes of loose stools, mild	
O/I - Better.		
U/O - Adequate	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1S2 (+)	
B/C - No growth after 24hrs.	RS: B/L AE (+)	
	P/A: Soft	plan
	CNS: NAD	
		- Plan for discharge.
		- Inj. ceftriaxone
		- Inj. Amikacin
		- Maintenance
		- Inform all.
	Noted by [illegible] on 13/6/2025 @ 6:00pm	

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV (M)
1 Y 2 M 0 D
13-04-2025
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/O Resident.	
14/6/25 8:30am	Adj ĉ dehydration	
	No fever spikes	afebrile > 24hrs
	Loose stools (↓)	
	U/O adequate	
	Oral intake better	
	O/E	
	Child alert	
	Euthermic	
	vitals stable	
	CVS - S1S2 (+)	
	R/S BAE (+)	
	P/A soft	
		Plan
	1)	Dr. Sandhya mam c/w
14/6/25	C/S/B Dr. Vithnuvir 2)	Inj ceftriaxone D3
12:00pm	3)	Inj Amikacin D3
	Child stable 4)	Econorm sachet
	O/I - Better 5)	Syp Zinconac
	U/O - Adequate 6)	Nasivion Mini nasal drops
		[illegible signature]
	[illegible signature]	
	- PPI x 1 week.	- Plan for d/c.
	syp. Zinconia x 2 week	Advise for HPLC test.
	start iron supplement	r/w ī Dr. Sandhya mam.
	after 1 week	- Oral cefixime. x 5d. , enterogermina x 10 d.

Noted by Sister — CCOO 14/6/25

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 30 D (M)
Dr. PREETHAM KUMAR

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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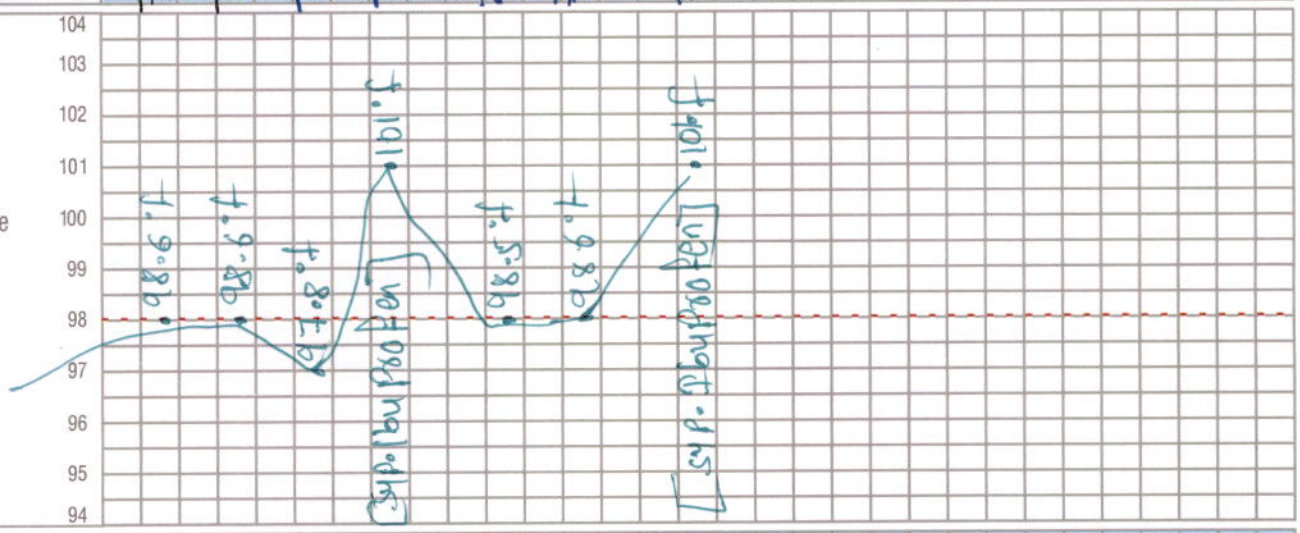
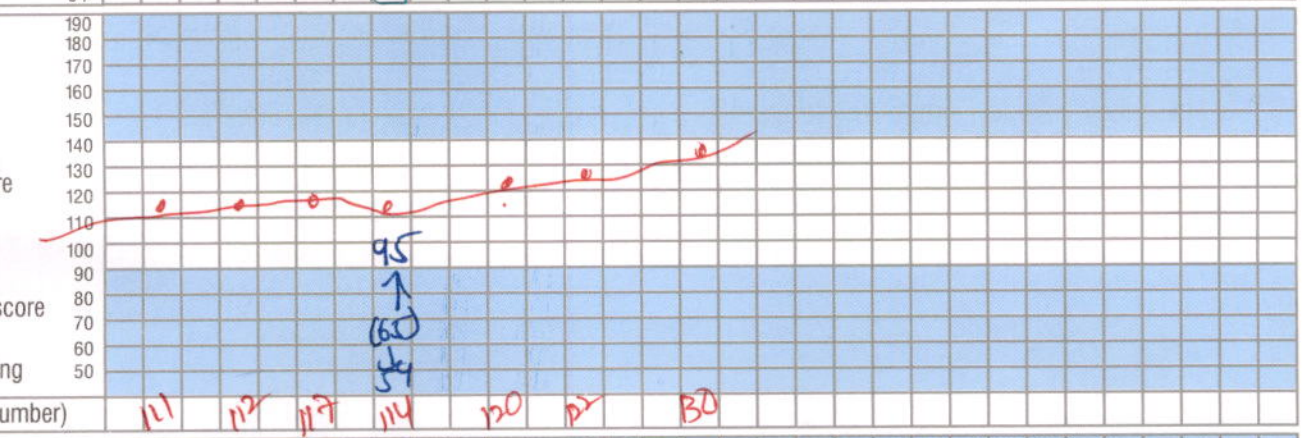
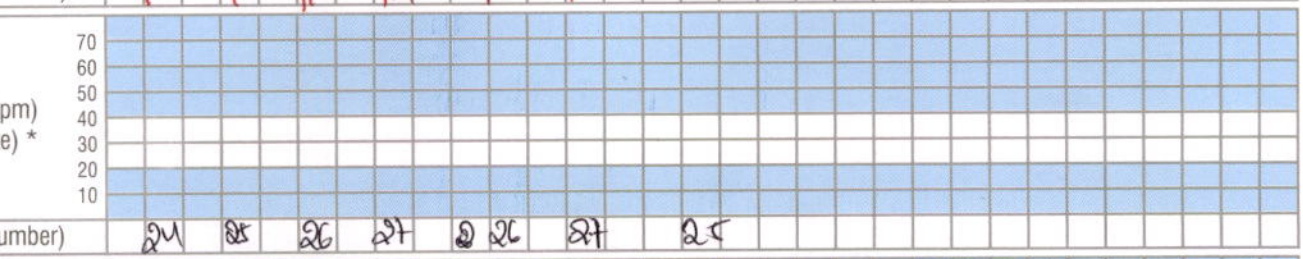
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6 Time:	5	7	9:30	11:25	2	4	6:30
Doctor / Nurse / Family Concern?	PM	PM	PM	PM	AM	AM	AM





Heart Rate (Number)	111	112	117	114	120	122	130



Resp Rate (Number)	24	28	26	27	26	27	25
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	98	98	97	98	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

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

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

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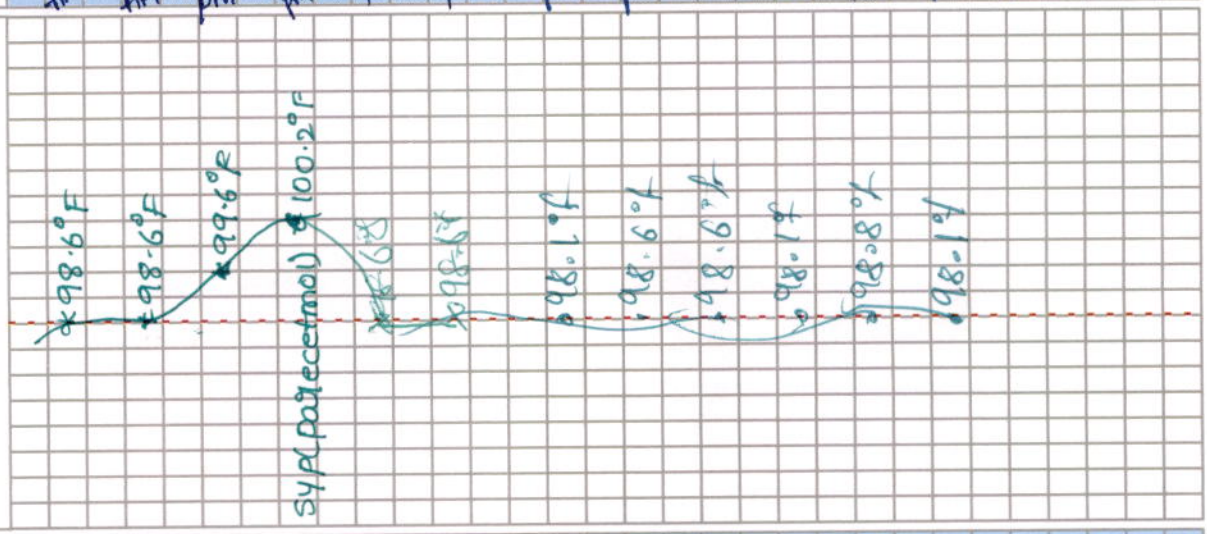
EARLY WARNING SCORE: CHILDREN'S UNIT

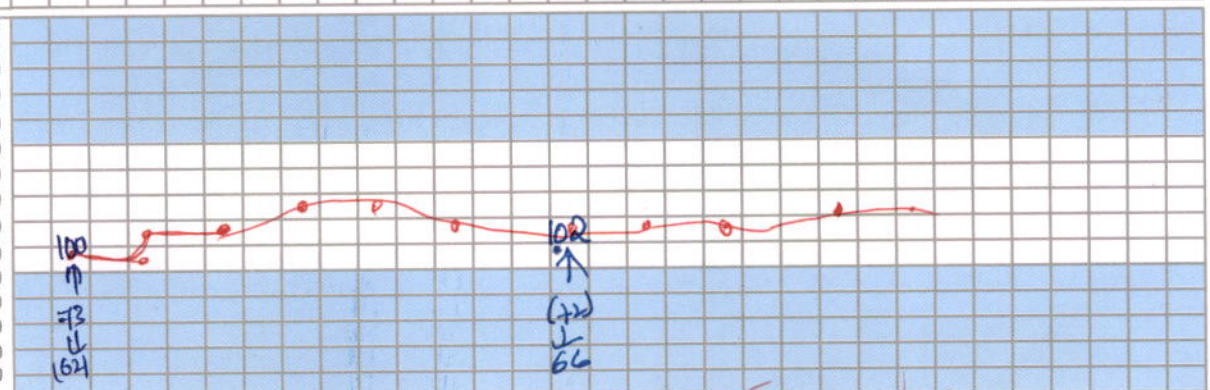
Date : 12/6/25 Time:	9	11	1	2.45	4	6	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	pm	pm	PM	PM	pm	pm	AM	AM	AM	AM

Temperature (°F)



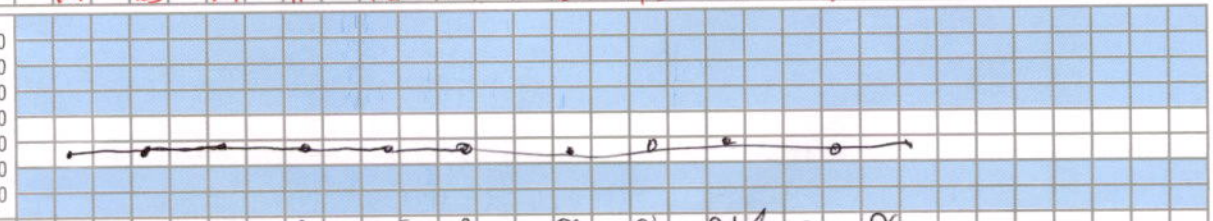
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	107	103	109	115	112	105	99	103	105	110	112

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



Resp Rate (Number)	23	24	26	24	18	16	20	21	24	20	20
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N					
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98	99	98	99	98	97	98	98	97
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	1	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	S	S	S	M	M	M	M	M

ACTIONS

NB: Scores 3 should be recorded overleaf

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 30 D (M)
Dr. PREETHAM KUMAR

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/04/26 Time: 9 10 1 2 6 8 10 1 3 5 7

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

Temperature (°F): 98.6 98.6 98.6 97.8 98.2 98.8 98.3 98.1 98.6 98.1 97.6

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 115 118 115 109 112 129 120 117 115 121 123

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

Resp Rate (Number): 28 28 27 35 26 25 26 26 27 26 27

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2 (l/min)
O_2 Saturations (%): 98 97 98 96 99 96 97 97 98 97 98

Conscious Level: Normal | Altered

GCS *: 15 15 15 15 15 15 15 15 15 15 15

TOTAL SCORE Number of shaded boxes: 0 0 0 0 0 0 0 0 0 0 0

Pain Score: 0 0 0 0 0 0 0 0 0 0 0

Observer's Initials: Brdt Brdt Brdt SK SK SK MM MM MM MM MM

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Entry
Date : 14/6/26 Time:	9 Am
Doctor / Nurse / Family Concern?	
Temperature (°F) (scale 94–104)	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	
Note: BP does not score in early warning scoring	
Heart Rate (Number)	118
Resp. Rate (bpm) (over 1 Minute) * (scale 10–70)	
Resp Rate (Number)	27
Resp Distress: Mod/ Severe	
Resp Distress: None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	98
Conscious Level: Normal	✓
Conscious Level: Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[illegible]

Noted by Dr. [illegible] @ 10Am 14/6/26

ACTIONS
NB: Scores 3 should be recorded 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
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Date	Time	Early Warning Score	Date	Time	Name

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

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(1)

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FLUID CHART

Sheet No. : (1)

11/6/26

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: 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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
11/6	02:00 pm											
	03:00 pm											Sreelatha 11/6/26 @ 8pm
	04:00 pm											
	05:00 pm			20ml						✓	0	
	06:00 pm			20ml								
	07:00 pm			20ml								
Total Intake : 60ml						Total Output :						
11/6	08:00 pm		Khichdi	20ml								
	09:00 pm		water	20ml								
	10:00 pm		DBM	20ml								
	11:00 pm			20ml						✓	0	Subha 11/6
	12:00 am			20ml								
	01:00 am		DBM	20ml								
Total Intake : 120						Total Output :						
12/6	02:00 am			20ml								
	03:00 am			20ml						✓		
	04:00 am			20ml								Subhan
	05:00 am			20ml							0	12/6
	06:00 am			20ml								@ 7AM
	07:00 am									✓		
Total Intake : 100ml						Total Output :						

Total 24 hrs. Intake	280ml	Total 24 hrs. Output	4 times

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

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FLUID CHART

Sheet No. : 2

12/6/26

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

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
12/6/26	08:00 am		DBM								1	manisha 12/6/26 @ 2pm
	09:00 am			20ml						✓	1	
	10:00 am		DBM	20ml							0	
	11:00 am			20ml							1	
	12:00 pm		DBM	20ml							1	
	01:00 pm			20ml						✓	1	
Total Intake :		100ml				**Total Output :**						
	02:00 pm			20ml						✓	1	sreelakshmi 12/6/26 @ 8pm
	03:00 pm		DBM								1	
	04:00 pm			20ml							0	
	05:00 pm		expired	20ml							1	
	06:00 pm			20ml						✓	1	
	07:00 pm			20ml							1	
Total Intake :		100ml				**Total Output :**						
	08:00 pm											
	09:00 pm		DBM	20ml								
	10:00 pm			20ml								
	11:00 pm		IDly	20ml						✓		
	12:00 am			20ml								
	01:00 am											
Total Intake :		80ml				**Total Output :**					0	
	02:00 am			20ml								
	03:00 am		DBM	20ml						✓		
	04:00 am											
	05:00 am											
	06:00 am		DBM									
	07:00 am											
Total Intake :		40ml				**Total Output :**						

Total 24 hrs. Intake	420ml	Total 24 hrs. Output	6 times

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

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FLUID CHART

Sheet No. : 3 13/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/6	08:00 am									✓		
	09:00 am		Folly									[illegible]
	10:00 am		x								0	
	11:00 am		water									@2pm
	12:00 pm									✓		13/6/26
	01:00 pm											
Total Intake :						Total Output :						
13/6/26	02:00 pm		Rice +									
	03:00 pm		water							✓		Sukhan
	04:00 pm										0	@ 8pm
	05:00 pm											13/6/2026
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output : 24 times						
13/6	08:00 pm		Kichidi									
	09:00 pm		+									
	10:00 pm		water							✓	0	
	11:00 pm											
	12:00 am											Manasa
	01:00 am			20ml						✓		14/6
Total Intake : 20ml						Total Output :					0	
14/6	02:00 am			20ml								
	03:00 am			20ml						✓		
	04:00 am			20ml								
	05:00 am			20ml								
	06:00 am											
	07:00 am									✓		
Total Intake : 80ml						Total Output :						

Total 24 hrs. Intake	100ml	Total 24 hrs. Output	8 times

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FLUID CHART

Sheet No. : 4

14/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
14/6/26	08:00 am									✓	0	
	09:00 am		Fdg + water									
	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 :**						

Voided by Pt @10A 14/6/26

Total 24 hrs. Intake		Total 24 hrs. Output	

AH-00624983 IP-00060317
aster NAMPALLY MAHADEV
3-04-2025 1 Y 2 M 0 D (M)
:. PREETHAM KUMAR

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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**	

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: BR Shifted to: 131

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. Vishwanjali /

Date & Time : 11/6/26 @ 3:10pm

Nurse Name & Signature: Swagatika /

Date & Time : 11/6/26 @ 3:10pm

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DRUG CHART

Date of Admission: 11/6/26 Drug Allergies: ✓ ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SYP. PARACETAMOL

Dose	Route	Frequency	Start Date
2.5ml	PO	as required	11/6

Doctor's Signature	Valid Period	Pharm.
✓	max 6th hrly	Dr Pharm

Additional Instructions: 5ml = 240mg
15mg/kg/dose if temp > 100F

Date / Time

DRUG : SYP. IBUGESIC (IBUPROFEN)

Dose	Route	Frequency	Start Date
3.5ml	PO.	as required	11/6

Doctor's Signature	Valid Period	Pharm.
✓	max 8th hrly	Dr Pharm

Additional Instructions: 5ml = 100mg
10mg/kg/dose if temp > 102F

Date / Time 11/6/26 11:25am 12/6

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date / Time

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

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Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 7.8 Kg Ward. ....

Nagi Sree 11/6 Dr [signature]

DRUG : PROCTOGUARD ointment

Dose	Route	Frequency	Start Date
	4A	12th hourly	11/6

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

Additional Instructions: (Dlaperran) Anal area

Daily Doctor's Endorsement by a Sign

Date/Time	11/6	12/6	13/6	14/6
6 am	/	[signature]	[signature]	[signature]
6 pm	[signature]	[signature]	[signature]	

Nagi Sree 11/6 Dr [signature]

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
350mg	IV	12th hourly	11/6

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

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

Daily Doctor's Endorsement by a Sign

Date/Time	11/6	12/6	13/6	14/6
6 am	/	[signature]	[signature]	[signature]
6 pm	[signature]	[signature]	[signature]	

Nagi Sree 11/6 Dr [signature]

DRUG : INJ. ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
7mg	IV	Once daily	11/6

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

Additional Instructions: 1mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	11/6	12/6	13/6	14/6
6 am	[signature]	[signature]	[signature]	[signature]

Nagi Sree 11/6 Dr [signature]

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Date
1/2 sachet	PO	12th hourly	11/6

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

Additional Instructions: 1/2 Sachet in 10ml water

Daily Doctor's Endorsement by a Sign

Date/Time	11/6	12/6	13/6	14/6
6 am	/	[signature]	[signature]	[signature]
6 pm	[signature]	[signature]	[signature]	

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

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

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

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

Signature .....

VERIFIED BY / Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 7.8 Kg Ward. .....

Maggi issue 11/6

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
11/6	4:30 pm	DNS (2/3M)	I.V	20ml/hr			14/4/26		

Signature .....

VERIFIED BY : Name .....

Rainbow Children's Hospital

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

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

Patient I	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	131	7.8

REGULAR PRESCRIPTIONS

DRUG : SYP. ZINCONIA

Dose	Route	Frequency	Start Dt.
2.5ml	PO	Once daily	11/6

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

Additional Instructions: 5ml = 20mg

Date/Time: 11/6, 12/6, 13/6 — 6 pm

Daily Doctor's Endorsement by a Sign.

DRUG : INJ - AMIKACIN

Dose	Route	Frequency	Start Dt.
60mg	IV	12th hrly	11/6

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

Additional Instructions: 7.5mg/kg/dose

Date/Time: 11/6, 12/6, 13/6, 14/6 — 6 am, 6 pm

Daily Doctor's Endorsement by a Sign.

DRUG : NASIVION MINI

Dose	Route	Frequency	Start Dt.
2 Drops	P/N	8 hrly	12/6/26

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

Additional Instructions: 2 Drop in each nostril.

Date/Time: 12/6, 13/6, 14/6 — 6 am, 2 pm, 10 pm

Daily Doctor's Endorsement by a Sign.

DRUG : HYPERNEB Neb. (RESPULE)

Dose	Route	Frequency	Start Dt.
3%	P/N	8 hrly	12/6/26

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

Additional Instructions:

see Neb chart

Daily Doctor's Endorsement by a Sign.

Margin notes: Dr [illegible] 11/6; Dr [illegible] 11/06/26; C Sharmi 12/6/26 @ 9pm; C Sharmi 12/6/26 @ 9pm

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 2 M 0 D (M)
Dr. PREETHAM KUMAR

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

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

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

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

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

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

BAH-00524983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 29 D (M)
Dr. PREETHAM KUMAR

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	11/6	13/6				
Time	4:19 PM.	(SAM)				
Hb	7.8	7.4				
PCV	24.0	23.				
RBC	4.41	4.21				
WBC	23.35	10.56				
N/L	58.6/32.9	33/60.				
Platelets	3.25	3.82				
CRP	109.	36.				
ESR						
PCT						
RBS						
Na	140					
K	4.5					
Cl	104					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	12/6					
Time	10 AM					
CUE - Alb (Protein)	Nil					
CUE - Sugar	Nil					
CUE - Ketones	negative					
CUE - PUS Cells	2-3					
CUE - RBC Cells	Nil					
CUE epithelial	1-2					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood c/s -

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

BAH-00624983 IP-00060317
Master NAMPALLY MAHADEV
13-04-2025 1 Y 1 M 30 D (M)
Dr. PREETHAM KUMAR

12/06/2026
AFTERNOON
FIRSTFLOOR
DR. PREETHAM KUMAR

ULTRA SOUND ABDOMEN REQUEST FORM

PATIENT NAME : MASTER NAMPALLY Mahadev. **UHID:** BAH-00624983 **DATE:**

LIVER : Normal in size 7cm 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 5.6cm and echotexture.

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

KIDNEYS : Right kidney : 57x20 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 63x22 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.
Mild interbowel free fluid is noted

IMPRESSIONL:No obvious sonological abnormality in abdomen.

Rest unremarkable

Suggested clinical correlation.

~~DR MOHD ABDUL KHALID MD, DNB.~~

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

DR VAISHNAVI REDDY B (MD)

(Consultant Radiologist)