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

MLC

ACTIVIT VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA **NG**

Name: ---

UHID No. ---------- Consultant : ---------- Dept : pediatrician

Date of Admission : 5/6/26 ---- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	2:15AM	ER	PICU	
5/6/26	4PM	PICU	138	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Mohd Abdul Khalid	05/6/2026	3087158	
2.	CROSS Checked by Rmd	05/6/26	at 12:59	
3.	Dr. Kiran (ortho)	5/6/26	30877326	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/6	VBG, RBS – 156 mg/dL	26019370	Shm.
	CBP, S/E, Creatinine		
	Urea, LFT, PT/APTT	26019369	Shm.
	Blood grouping, HIV test		
5/6/26	X-ray wrist Ap		
	Xray Skull Ap	26008995	Nehs.
	Xray Pelvis Ap		
	X'ray leg Ap		
5/6/26	VBG	26019371	Nehs.
5/6/26	RBS - 114 mg/dl	26019393	
5.6.26	SGOT · SGPT Electrolytes	26019392	
05/6/26	USG abdomen	009029	TB
	Cross checked by Blue 05/6/26		at 12:40p

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/6/26	invasive monitor	2:15Am	6/6/26 2.15PM	3087039	Neha.
	infusion pump (3% NS)		6/6/26 2.15PM		
5/6/26	infusion pump (NS)	2:15Am	05/6/26 7am	3087040	
	checked by Bindu		05/6/26 at	12:40P	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/6/26	IV placement done	1	3087041	
	checked by		05/6/26 at 12:40p	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth Sitoa		

CONSULTATION FORM

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Doctor Name : .....

Date : ..... Hour : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

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

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

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

Signature: M.D.

Report of Findings and Recommendations :

S/O- Rt. sec (contte)

C/O- RTA ↓ Evaluation

O/E- Pt walking c/ limp (R) leg.
mild Tenderness (+) proximal Tibial aspect.
NO any ROM restrictions B/L- U/L
B/L - LL.

P-T.O

Consultant :

Name : Dr. Kiran Signature : ..... Date & Time : .....

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

x-ray PBH
x-ray B/L-knee.
x-ray B/L-ankle
} - NAD.

CT Elbow : 5/6/2026
- WNL

SOS - CT (R) knee
and (R) Ankle
After (1) week
follow-up

→ NO any further orthopedic intervention needed.

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060233 **Admit Date** : 05-Jun-2026 **Admit Time** : 01:11 AM **UHID** : VIH-00205636

Patient Details :

MLC

Patient Name	: Master PAINDLA HANISH	**Age**	: 7 Y 10 M 6 D
Guardian	: Mr PAINDLA DEVENDER	**DOB**	: 30-07-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO 161 OFFICERS COLONY SAINATH PURAM A S Roa Nagar Hyderabad Telangana INDIA 500062	**Phone No**	: 9666971617
		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 PAINDLA DEVENDER **Relationship** : Father

Contact Address : PLOT NO 161 OFFICERS COLONY SAINATH PURAM A S Roa Nagar Hyderabad Telangana INDIA 500062 **Phone No** : 9666971617

Signature

Doctor Details :

Doctor Name : Dr. PAPPULA SINDHURA **Specialisation** : PEDIATRIC NEUROLOGY

Referral Doctor : MAY FLOWER HOSPITALS **Phone No** :

Co-Consultant : Dr. PREETHAM KUMAR

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

Patient Name : Mast. PAINDLA HANISH UHID : VIH-00205636 IPD : IP-00060233 Gender : Male Age : 7 Y 10 M 6 D

VIH-00198892 IP-00060220
Baby CH.KUNDANA SRI
18-05-2018 8 Y 0 M 17 D (F)
Dr. PREETHAM KUMAR

MLC

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EMERGENCY ROOM TRIAGE FORM

outside wt :- 24kg RBS:- 156mg/dl

Patient's Name : Master - Hanish Age : 7Y Gender: ☑ Male ☐ Female

Date : 5/6/26 Time of Arrival : 12:28Am

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: 97.8°F PR: 126/M BP: 98/58 RR: 20/M SpO_2: 100%

Chief Complaints: RTA

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.

P. Swaphna.
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 12:32 Am

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Swathi

Signature of Triage Nurse : .....

Date & Time : 5/6/26 @ 12:32Am

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

Patient Name : Mast. PAINDLA HANISH UHID : VIH-00205636 IPD : IP-00060233 Gender : Male Age : 7 Y 10 M 6 D

VIH-00198892 IP-00060220
Baby CH.KUNDANA SRI
18-05-2018 8 Y 0 M 17 D (F)
Dr. PREETHAM KUMAR

MLC

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 5/6/26 Time of arrival : 12°.33Am

Chief Complaints: RTA RBS: 156mg/dl

Height : — Weight : ~ 24kg BMI : — Head Circumference (<2 years) : —

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

If yes , identify : —

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: [Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

☐ Character Aching ☐ Location Cheek ☐ Frequency Intermed ☐ Duration today

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?) 2 C sister

Time of Initial assessment completed by ER Nurse : 12:37Am

Patient Name : Mast. PAINDLA HANISH UHID : VIH-00205636 IPD : IP-00060233 Gender : Male Age : 7 Y 10 M 6 D

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

Time	Nursing Notes
12:28AM	* patient come to ER
12:32AM	* vital checked & Recorded
12:36Am	* Doctor seen the patient & Advised PICU Admission
1:11AM	* Admission done
1:28AM	* IV placement done
1:30AM	* samples collected & sent to lab
	* pt shifted to PICU

Samples collected by: Samuel Time: 1:20AM

Samples sent by : Shanthakumari Time: 1:30AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1:10AM	3% NS	IV	80ml over 1hr		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 116b/m BP: 98/46(58) CFT: <3sec	Shift - out from ER to: PICU
RR: 22b/m SPO$_2$: 98%	Time of Shift - out: 5/6/26 @ 2:15AM
GCS: Temperature : 97.8°F	Handover given to: Sr. Jagarani (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	Bro - Sabi M

Tick as applicable: ☑ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement

Name of the Nurse : Sabi M Signature of the Nurse :

Date & Time : 5/6/26 @ 2:15AM

PATIENT TRANSFER FORM

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VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

	Date & Time of Admission	Date & Time of Transfer Order
	5/6/26 @ 1:11 AM	5/6/26 @ 2:15 AM
	Transfer Ordered by	Reason for Transfer
	Dr. Sameera	for 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	VBG — 1	Yes ☑ No ☐
		If yes, what ?

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
Swathi	Dr. Sameera

Patient & Clinical Records Received by : St Jagrani 5/6/26 at 2:15 Am

Date & Time of Patient Received :

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

UHID ID: _____

Department: _____

Consultant: _____

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Name : Mast. Hanish. Age/Sex 7y/M

Information given by: Mother. Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

c/o RTA f/b loss of consciousness.

History of present illness :

Mast Hanish is a 7y old male child presented with alleged H/o RTA, the child was hit by the scooty @ 8.30 PM on 4.6.26 at A.S. Rao Nagar f/b/w child had loss of consciousness for about 2 min then he became conscious & alert.

H/o nasal bleed (+)

no H/o seizures / vomitings / CSF leak.

For the above complaint he was treated at outside hospital & was referred to RCH for further management

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

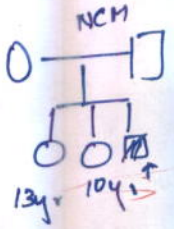
Pediatric Multiorgan History & Physical Examination

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

4.6.26, 9.30 PM
CT brain plain ⇒ Linear undisplaced # involving the
(L) parietal bone with extension into the squamous part of (L) temporal bone. described.
→ Few foci of extra axial pneumocephalus as above
→ (L) temporal scalp haematoma
→ No focal parenchymal injury, significant mass effect / midline shift.

Birth & Neonatal History:

FT/LSCS/ B.wt: 3 kg / BC/AB/
no neonatal issues.



Birth & Socio Economic History:

About Father : Class-II
About Mother :
Any additional Information :

Developmental History :

Appropriate for age.

Immunization History :

Immunized till date

(P.T.O.)

Master PAINDLA HANISH IP-00060233
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) ~ 24 kg (Centile _____)

On Examination :

Temperature : 96.8°F Pulse Rate : 112/min B.P. 94/48 (61) mmHg SPO2 100% RA

Resp.rate and type of breathing : 26/min

Rash } No
Lymphadenopathy }
Oedema :

Abrasions over (R) cheek & forehead ; abrasion over (L) lumbar region, (L) foot (R) upper chest

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : no murmur.

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

Per Abdomen :

Inspection

Palpation : soft, no organomegaly

Ausculation :

Spine : External Genitelia :

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

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : E 3 V 2 M 6

Cranial Nerves : pupils BERL

Spine & Notochord
no local scoliosis
no neurological deficit

Motor System:

Nutriton :

Tone: Power 3/5

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes : ++ | ++ / ++ | ++

DTR **Superficials:**

Plantars –

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Traumatic brain injury

(P.T.O.)

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

NBM
CBP / S. electrolytes / S.Cr / blood urea / LFT / PT/APTT / skeletal survey / except chest xray / USG abdomen / E-fast / blood group.

→ Repeat blood gas at 6:00 AM T/m

Planned Management

→ 3% NS : 80 ml/hr over 1 hr f/b maintenance
→ INJ. AUGMENTIN
→ T-BACT OINTMENT.
→ 1ml/kg/hr maintenance.
→ NBM
→ Anti Reflux measures

noted by shantha 5/6/26 @ 1:56 AM

Signature of the Doctor: Sameera
Name of the Doctor: Dr. Sameera
Date & Time: 5:6:26 ; 1:00 am

Signature of the Consultant: P Sindhura
Name of the Consultant: P Sindhura.
Date & Time:

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

MLC (1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5.6.26 1.00am	S/B Registrar Traumatic brain injury	
	Airway: Maintainable Breathing: Maintaining sat at @ Room air no resp. distress Circulation: no hypotension. Pulses well felt. perfusion good. Disability: Improving GCS. pupils BERL GCS: 14/15 Exposure: Multiple abrasions over the (R) side of cheek, (R) upper chest & (R) lower limb.	
	H.R: 90/min Sat: 98% RA. B.P: 103/55 (64) mmHg. O/E child awake CRT < 3sec. afebrile CVS - S1S2 (+) RS - BAE (+), clear P/A - soft CNS - conscious & alert.	Plan → e-fast today. → Stop 5% NS → Clear liquids - Skeletal Survey Report. -) monitor GCS
	Input: 252ml Output: 400ml -ve bal 148ml	

Noted by Sushma 15/6/26 @ 2 AM

VIH-00205636 IP-00060233
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		ANTIPZCR
		→ midline
		– Head of bed at 30°C
		– Temp below 38°C
		– Glucose control – 80-160mg/dl
		– Sr Na 145-155mmol/L
		– PaO_2 80-120mmHg
		– $PaCO_2$ → 35-40mmHg
		– Normotension: MAP → 50mmHg
		– Analgesia.
	NOVERS [illegible]	
		[signature] MYTHRANE

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

VIH-00205636 IP-00060233
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Neurology	
5/6/26	ASH - Mild TBI	Plan
	C/O	
	No further complaints	
		→ orthopedic referral
	No vomiting	
	No seizures	→ S.GOT, S.GPT, ~~S.[illegible]~~ S.Na+
	O/E	
	E4V5M6	
	Concious, oriented	→ Shift to ward
	pupils - B/L equal, reaching	
	EOM - full	
		→ USG abdomen (today)
	PFNC	
	power - good ALL movements	→ To look for Bowel & Bladder involvement
	DTR - +2	→ To look for seizures
	plantars - flexor	
		Noted by Sushma 5/6/26.

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 9:30 PM	Counselling Noted	
	→ History recorded	
	→ H/o injury there was ~~seizure~~ cry but not loss of consciousness	
	→ Present condition of child explained	
	→ CT-findings showing undisplaced # of skull bone (Lt parietal) leading to air at that region	
	→ Due to ~~swelling~~ #, there is swelling, tuber time to heal	
	→ Limping (+), needs ortho consultation	
	→ Inc are elevated inflammatory markers, ~~hemoglobin~~ and liver enzymes are elevated, needs USG Abdomen and repeat liver enzymes	
	~~Dr~~ P. Swapna.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 10:00 AM	C/S/B Dr Brechin Sir	
	D/- Road traffic accident	
		Plan
	on room Air	
	Awake & Alert	1) USG Abdomen
	Accepting orally	
	U/O adequate	2) Elbow Allow orally
	Hemodynamically stable	
	[signature]	Noted by 5/6/26 10 Am Sushma
5/6/26 SA Dr Breelle		
	F/U/w Dr Kiran (Orthopedician)	
5/6/26 12:00 PM	(Lt) elbow swelling (+)	
	ROM (+)	Plan
	? Olecranon #	1) CT (Left) ELBOW 3D
	[signature]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2026 12:40PM	Shifting notes	
	Dᴵˢ - ROAD TRAFFIC ACCIDENT	
	7 year 10 month presented with alleged hit by scooty while walking on road, sustained injuries over face and elbow.	
	No H/o LOC	
	H/o Nose Bleed (+)	
	Investigated at outside hospital for same, in view of drowsiness referred here. 3% NS given, Inj Ceftriaxone & Inj Mannitol	
	CT Brain showed linear undisplaced fracture involving (L) parietal bone with extension into the squamous part of the left temporal bone. Few foci of extradural pneumocephalus. Left temporal scalp hematoma	
	Skeletal survey done	
	USG Abdomen & pelvis → negative effusion → normal study	
Gait → Limping present		
	Hemodynamically stable	Plan
	* HR - 84/min	
	BP - 104/50	1) To shift to room
	N: Fluent speech	2) Strict input output chart
	CVS - S1S2 (+)	intake to guide
	P/A soft	3) Need to exclude
(+) (L) elbow swelling & ROM (-)		4) Orthopaedic (Dr. Kiran) informed

Informed by Nurse

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

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 5PM	C/s/By Dr. Sindhu	
	No fresh issues	
	E4V5M6	Plan
	Vitals - N	
	conscious, oriented	D/s tomorrow SOS after rounds
	mild antalgic gait	
	N tone	
	Sm	Noted by Deepika 6/6/26 @5pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Neurology	
	Dx - Mild TBI	Acm
6/6/26 4 AM	D/S today N- fresh complaints mild pain in Right knee	
	O/E Vitals - (RA) Conscious, oriented Pupils - B/L equal, reacting EOM - full (RA) Tone Antalgic gait Good AL movements DTR ++2 Plantars - flexor	Noted by Deepika 6/6/26 @ 10AM Dr

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

GENERAL CONSENT FOR TREATMENT

MLC

Patient Name:	**Master PAINDLA HANISH**	**Age :**	**7 Y 10 M 6 D**
IP No:	**IP-00060233**	**Sex:**	**Male**
Consultant:	**Dr. PAPPULA SINDHURA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Mr. P. Devadas
Relationship: Father
Date: 5/6/26 Time: 1:11 Am
Witness Name: Mukesh
Witness Signature:

Patient Address:
PLOT NO 161 OFFICERS COLONY
SAINATH PURAM A S Roa Nagar
Hyderabad Telangana INDIA 500062

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

RCHBH/ FRM / CLINICAL / 126

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

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

Date : ..... Time:	5 pm	7 pm	9 pm	11 pm	1 Am	3 Am	5 Am	7 Am
Doctor / Nurse / Family Concern?								

5/6/26

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	110	112	86	79	81	88	90	102

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

Resp Rate (Number)	26	27	26	24	26	22	25	24
Resp Distress (Mod/ Severe | None / Mild)	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98	99	98	99	98	99	100	98
Conscious Level (Normal | Altered)	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	M	M	D	S	S	S	S	S

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)

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

Date : ..... Time:	9 AM
Doctor / Nurse / Family Concern?	

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

98.2 °F

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

Note: BP does not score in early warning scoring

*

Heart Rate (Number)	110

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

Resp Rate (Number)	26
Resp Distress: Mod/ Severe / None / Mild	N
Receiving O_2 (l/min) O_2 Saturations (%)	99%
Conscious Level: Normal / Altered	N
GCS *	-
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	D

Noted by Dr. Pipika @ 10 AM 6/6/26

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.
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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-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
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Pat

MLC

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FLUID CHART

Sheet No. : 1

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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
5/6/26	02:00 pm											
	03:00 pm											
	04:00 pm			18ml							1	manisha 5/6/26 @8pm
	05:00 pm			18ml								
	06:00 pm			18ml						✓	0	
	07:00 pm			18ml								
Total Intake :		72ml				**Total Output :**				1time		
5/6/26	08:00 pm			18ml								
	09:00 pm			18ml						✓		
	10:00 pm			18ml								
	11:00 pm			18ml						✓		
	12:00 am			18ml								
	01:00 am			18ml								
Total Intake :		108ml				**Total Output :**				2times		
	02:00 am											
	03:00 am			18ml						✓		
	04:00 am			18ml								
	05:00 am			18ml								
	06:00 am			18ml								
	07:00 am			18ml						✓		
Total Intake :		90ml				**Total Output :**				2times		

Total 24 hrs. Intake	252ml	Total 24 hrs. Output	

sreetam & 6/6/26 @6AM

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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: PICU Shifted to: ROOM

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. AMOXICILLIN + CLAVULANIC ACID	700 mg	IV	12 HOURLY		☐C ☐DC
2	INJ. PANTOPRAZOLE	25 mg	IV	ONCE DAILY		☐C ☐DC
3	INJ. PARACETAMOL	360 mg	IV	8 HOURLY		☐C ☐DC
4	SYP. CALCIMAX-P	5 ml	PO	ONCE DAILY		☐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 Jayasree

Date & Time : 5/6/2026, 12:50 PM

Nurse Name & Signature: Sri. Sushma

Date & Time : 5/6/26 @ 12:50 PM

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DRUG CHART

Date of Admission: 5/6/26 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 *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 :				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-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

MLC

REGULAR PRESCRIPTIONS

Weight. ~24 Ward. Pico

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

DRUG : INJ. AMOXICILLIN + CLAVULANATE K+				Date ▸ / Time ▾	5/6	6/6
Dose	Route	Frequency	Start Date	6 AM	[illegible]	GW
100 mg	IV	8th hrly	5/6			
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera				2 pm	[illegible]	Stop
				10 pm	GW	
Additional Instructions: 30 mg/kg/dose						
Daily Doctor's Endorsement by a Sign						

Dr [illegible] S. [illegible] 5/6/26

DRUG : INJ. PANTOPRAZOLE				Date ▸ / Time ▾	5/6	6/6
Dose	Route	Frequency	Start Date			
25 mg	IV	ONCE DAILY	5/6			
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera				6 AM	[illegible]	GW / Stop
Additional Instructions: 1 mg/kg/dose.						
Daily Doctor's Endorsement by a Sign						

Dr [illegible] S. [illegible] 5/6/26

DRUG : INJ. PARACETAMOL				Date ▸ / Time ▾	5/6	6/6
Dose	Route	Frequency	Start Date	6 AM	[illegible]	GW
360 mg	IV	8th hrly	5/6			
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera				2 pm	[illegible]	Stop
				10 pm	[illegible]	
Additional Instructions: 15 mg/kg/dose.						
Daily Doctor's Endorsement by a Sign						

Dr [illegible] S. [illegible] 5/6/26

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Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	PICU	24 kg

REGULAR PRESCRIPTIONS

DRUG : Syp. CALCIMAX-P

Dose	Route	Frequency	Start Dt.
5ml	PO	once daily	5/6

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

Date / Time: 5/6 — 11 AM — Susy Bimi

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Dr Nitesh

DRUG : ~~VITAMIN D3~~

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Dt.
1 tab	PO	8 hourly	6/6

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

Additional Instructions: 1 tab = 375 mg.

Daily Doctor's Endorsement by a Sign.

DRUG : T. IBUPROFEN

Dose	Route	Frequency	Start Dt.
½ tab	PO	8 hourly	6/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
				24 Kg

REGULAR PRESCRIPTIONS

DRUG : T. LANZOL JUNIOR

Dose	Route	Frequency	Start Dt.
1 tab	PO	once daily	6/6

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

Additional Instructions: 1 tab = 15 mg

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

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Dr. PAPPULA SINDHURA

MLC

Weight. ...p.i.c.c..... Ward. ....2.4.[illegible]

	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
5.6.26	1:10 AM	3% NORMAL SALINE BOLUS	80 ml	IV OVER 1hr	[illegible]	[illegible] / Santhi
5/6/26	12 PM	Inj. VITAMIN "K"	3 mg	IV	[illegible]	Sushma / Bina
5/6/26	12 PM	VITAMIN D3	60000 IU	PO	[illegible]	Sushma / Bina

5/6/[illegible] [illegible]

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

VIH-00205636 IP-00060233
Master PAINDLA HANISH
30-07-2018 7 Y 10 M 6 D (M)
Dr. PAPPULA SINDHURA

I.V. FLUIDS CHART

Weight. ~24kg Ward. PICU

		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
5/6/26	1:15 AM	3% NORMAL SALINE 1ml/kg/hr	IV	24	Dr.	Nurse	5.6.26	Dr.	Nurse
5/6/26	1:15am	DNS	IV	18	Dr.	Nurse			

S. meerj/Comas 5/6/26

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