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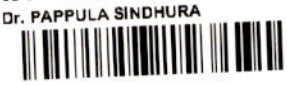
ACTIVITY RECORD FOR BILLING

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

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

UHID No  ---------- Consultant : ---------- Dept : Paediatrics

Date of Admission : 23/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 138 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/2026	2:40AM	ER	1st floor	Shy

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Akhila.	1	309878	Gpr
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
23/6/26	CBP, CRP, electrolytes,		
	calcium, magnesium	26021237	KO
	CPK, Homocysteine		
	Vitamin B12	26021241	
24/6/26	GRBS 112mg/dl	~~26021238~~	KO
25/6.	~~Procalcitonin~~ - Prolactin	26021264	Gpc
	was checked by	Gpc 24/6	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/6	Infusion pump.	3 AM	24/6 9AM.	3098471	[illegible]
	cross checked	by	Gr	24/6	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
23/6/26	I/V placement	①	8093404	[signature]
	orders checked	by	[signature]	24/6

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Gayathri		

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

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Doctor Name : Poorna (PT)

Date : 24/6/26 Hour : 11 Am

Hospital : RCH, VRP

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:

Physiotherapy. Signature: M.D.

Report of Findings and Recommendations :

S/B physiotherapist

c/o: paroxysmal dystonia ↓ evaluation

→ Tone: Mild hypotonia
→ Gait- broad base of support ↑ (L) foot inversion.
– involuntary movts (+)

Rx :-
– Strengthening exs of both UL & LL
– Pelvic bridging
– Abdominal strengthening
→ Trunkal strengthening exs
– Squeath
– Single leg weight bearing exs

Consultant :

Name : Dr. poorna pt Signature : Date & Time : 11:30am

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

Name	Baby ANAIZA FATHIMA	**UHID**	VIH-00206165
Father/Guardian	Mr MOHAMMED HAFEES	**Age/Gender**	1 Y 9 M 22 D/Female
Address	HNO-1-11/1/A JAGADEVPUR, Jagadevpur, Medak, Telangana, INDIA, 502281		
IP No	IP-00060449	**Admission Date**	23-06-2026
Ref Doctor	DR. A SURESH REDDY	**Discharge Date**	24-06-2026

DISCHARGE SUMMARY

Consultants:

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

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

Dr. RAMESH KONANKI,
MD Pediatrics (AIIMS),
DM Pediatric Neurology (AIIMS),
CONSULTANT PEDIATRIC NEUROLOGIST, APMC-49226

Diagnosis: Paroxysmal event ? seizure disorder under evaluation

History: Baby ANAIZA FATHIMA, 1 Y 9 M 22 D, girl presented with history of abnormal movements involving face, limbs associated with staring look with incoherent behavior, asymmetrical movements, both small & large joints involved. For the above complaints, she was referred to Rainbow Children's Hospital for further management.

Birth History: Born to consanguineous couple, 3rd in birth order, FT/LSCS/Birth weight - 2.5 Kgs/Cried immediately after birth / No perinatal complications.

Developmental History: Appropriate for age.

Examination: She was afebrile, maintaining saturations at room air. HR-90/min, BP- 90/60 mmHg and RR - 22/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard.

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

Weight on admission : 9.4 kgs.
Head circumference : 45 cms.

Investigations: Enclosed.

Management: She was admitted in the ward and started on IV fluids and neuropathic pain modulators.

Her complete blood picture showed Hb 10.5 gm%, WBC count of 7,720 cells/cumm, platelet count of 3.18 lakhs/cumm and C-reactive protein was 9 mg/l. Serum electrolytes, calcium and magnesium were normal. CPK 308 U/L, Vitamin-B12 428.8 pg/ml, PCT was 28.3 ng/ml, homocysteine 10.9 umol/L.

MRI brain plain done on 23.06.2026 showed no significant neuroparenchymal abnormality.

She was regularly monitored for hemodynamic status, vital parameters & neurological status. Her symptoms gradually reduced. She remained

hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Neurological condition at the time of discharge:
She is conscious.
EOM full.
Pupils are bilaterally equal and reacting to light.
Tone normal.
Power normal.
DTR-+2

Advice:

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

Tablet GABAPENTIN (100mg)	1/2 tablet, 12th hourly till further advice
IQ NORM DHA DROPS	1ml once daily till further advice
Tablet SYNDOPA PLUS (100mg)	mix 1 tablet in 10ml of water and give 0.8ml, 12th hourly till further advice

MIDAZOLAM NASAL SPRAY (1.25/spray) 1 spray in one nostril if abnormal movements are persistent for more than 5 minutes.

Name	Baby ANAIZA FATHIMA	UHID	VIH-00206165

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

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

In Case of Emergency Contact 040-42462200, Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.
The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : Sara Signature : Sara

Relationship with patient : Mother

This summary has been explained by :

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

Registrar/Resident/C.M.O

Consultants:

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

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

Dr. RAMESH KONANKI,
MD Pediatrics (AIIMS),
DM Pediatric Neurology (AIIMS),
CONSULTANT PEDIATRIC
NEUROLOGIST, APMC-49226

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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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PatientName	: Baby ANAIZA FATHIMA	**Inpatient No.**	: IP-00060449
Age/Gender	: 1 Y 9 M 21 D/ Female	**Admit Date**	: 23-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
CALCIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:55
CALCIUM (Arsenazo dye)	10.3	mg/dl	8.7 - 10.8

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:55
HEMOGLOBIN (Colorimetry)	10.5	g/dL		10.5 - 13.5
RBC COUNT (DC detection method)	4.90	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**30.3**	**VOL%**	L	33 - 49
MCV (Calculated)	**61.8**	**fL**	L	70 - 86
MCH (Calculated)	**21.4**	**pg/cells**	L	23 - 31
MCHC (Calculated)	34.6	g/dL		30 - 36
RDW-CV (Calculated)	**21.5**	%	H	11.5 - 16
PLATELET COUNT (DC Detection Method)	318	10^9/L		150 - 450
MPV (Calculated)	7.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	7.72	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	32	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	50	%		45 - 76
MONOCYTES (Microscopy, Leishman stain)	08	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	**10**	%	H	1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC,MICROCYTES(+)** **WBC : TC NORMAL WITH RELATIVE EOSINOPHILIA** **PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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040-42462200, Ext 2000,2001,2002,

MC-7373

PatientName	: Baby ANAIZA FATHIMA	Inpatient No.	: IP-00060449
Age/Gender	: 1 Y 9 M 21 D/ Female	Admit Date	: 23-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
CPK (CREATINE PHOSPHOKINASE) (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:55
CPK (CREATINE KINASE) (Rosalki, Other modified-Vitros)	308	U/L	H	2 - 134

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Rainbow Children's Hospital - Secunderabad

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PatientName	: Baby ANAIZA FATHIMA	**Inpatient No.**	: IP-00060449
Age/Gender	: 1 Y 9 M 21 D/ Female	**Admit Date**	: 23-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:55
CRP (Immunoturbidimetry)	9.0	mg/L	<10

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 :23-06-2026 01:55
SODIUM (Direct ISE)	**145**	**mmol/L** H	134 - 143
POTASSIUM (Direct ISE)	4.1	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	107	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
MAGNESIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:55
MAGNESIUM (Formazon dye)	1.9	mg/dl	1.6 - 2.6

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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040-42462200, Ext 2000,2001,2002,

MC-7373

PatientName	: Baby ANAIZA FATHIMA	Inpatient No.	: IP-00060449
Age/Gender	: 1 Y 9 M 21 D/ Female	Admit Date	: 23-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
VITAMIN B12 (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 01:55
VITAMIN B12 (CLIA)	428.8	pg/mL		313 - 1410

Dr. RASHIDA MAHREEN, MBBS,MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

Investigation	Result	Unit		Biological Reference Interval
PROLACTIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 09:35
PROLACTIN (Eclia)	**28.34**	**ng/ml**	H	1.6 - 13.2

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

tenet®
DIAGNOSTICS
It's Good to Know

MC-2977

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **BABY.ANAIZA FATHIMA VIH-00206165**	TID/SID	: UMR4753208/ 32105922
Age / Gender	: 1Y(s) / Female	Registered on	: 23-Jun-2026 / 12:02 PM
Ref.By	: DR PAPPULA SINDHURA	Collected on	: 23-Jun-2026 / 12:53 PM
Req.No	: 26NRLH0232599	Reported on	: 23-Jun-2026 / 17:51 PM
Sample Type	: Serum	Client Name	: RAINBOW CHILDREN HOSPITAL -SECUNDERABAD

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY II

Homocysteine

Investigation	Observed Value	Biological Reference Interval
Homocysteine. Method:Enzymatic	10.9	Folate supplemented <8.0 umol/L Nonsupplemented <10.0 umol/L **Note:** Biological Reference Ranges are changed due to change in method of testing.

Interpretation: Homocysteine test may be ordered when a health practitioner suspects that a person may have a vitamin B12 and or folate deficiency. In cases of suspected malnutrition or vitamin B12 or folate deficiency, homocysteine levels may be elevated.Homocysteine testing may be ordered as part of assessing a persons risk of cardiovascular disease, depending on the individuals age and other risk factors. It may also be ordered following a heart attack or stroke to help guide treatment.This test is may be ordered when newborn screening detects an elevated level of methionine or if an infant or child has signs and symptoms of homocystinuria.

* Sample processed at National Reference Laboratory,Tenet Diagnostics,54, Kineta Towers, Journalist Colony, Banjara Hills

--- End Of Report ---

Dr.Abdur Rehman Asif
Consultant Biochemist
Reg.No - APMC/FMR/78102

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060449 **Admit Date** : 23-Jun-2026 **Admit Time** : 01:42 AM **UHID** : VIH-00206165

Patient Details :

Patient Name	: Baby ANAIZA FATHIMA	**Age**	: 1 Y 9 M 21 D
Guardian	: Mr MOHAMMED HAFEES	**DOB**	: 02-09-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-1-11/1/A JAGADEVPUR Jagadevpur Medak Telangana INDIA 502281	**Phone No**	: 9010963685
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED HAFEES **Relationship** : Father

Contact Address : HNO-1-11/1/A JAGADEVPUR Jagadevpur Medak Telangana INDIA 502281 **Phone No** : 9010963685 / 9640569883

Signature

Doctor Details :

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

Referral Doctor : DR. A SURESH REDDY **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : TATA AIG General Insurance Co Ltd

Patient Name : Baby. ANAIZA FATHIMA UHID : VIH-00206165 IPD : IP-00060449 Gender : Female Age : 1 Y 9 M 21 D

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

P

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wt - 9.4 kg
RBS - 112mg/dL

EMERGENCY ROOM TRIAGE FORM

Patient's Name : MD. Anaiza Age : 1yr Gender: ☑ Male ☐ Female

Date : 23/6/26 Time of Arrival : 12:52Am

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°F PR 84b/m BP 85/52(64) mmHg RR: 26b/m SpO2: 100%

Chief Complaints: staring look

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing: ☑ Normal ☐ Decreased ☐ Increased ☐ 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.

MD-MATCH
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 12:55Am

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 : Sr. Leena

Signature of Triage Nurse : .....

Date & Time : 23/6/26 @ 12:55Am

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

Patient Name : Baby. ANAIZA FATHIMA UHID : VIH-00206165 IPD : IP-00060449 Gender : Female Age : 1 Y 9 M 21 D

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/6/26 Time of arrival : 12:56Am

Chief Complaints: Staring spell x today RBS: 112 mg/dL

Height : — Weight : 9.4 kg 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

Time of Initial assessment completed by ER Nurse : 12:58Am

Patient Name : Baby. ANAIZA FATHIMA UHID : VIH-00206165 IPD : IP-00060449 Gender : Female Age : 1 Y 9 M 21 D

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

Time	Nursing Notes
12:52AM	* Pt Came to ER
12:53AM	* vitals checked and Recorded
12:56AM	* ER DOCTOR & PICU DOCTOR seen the Pt & advised admission
1:42AM	* Admission Done
1:50AM	* IV placement Done
2AM	* samples collected & sent to lab * Pt Shifted to ward

Samples collected by: Sr. Shanthi Time: 1:50AM

Samples sent by : Time: 2AM

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 92b/m BP: Crying CFT: <3sec	Shift - out from ER to: 138
RR: 26b/m SPO$_2$: 99%	Time of Shift - out: 23/6/26 @
GCS: 4,5,6 Temperature : 97°F	Handover given to: Sr. Manisha (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable) —	Bro-Sabin

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Cannulation, NG TUBE placement

Name of the Nurse : Br. Sabin Signature of the Nurse

Date & Time : 23/6/26 @ 2:40A

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206165 IP-00060449 Baby ANAIZA FATHIMA 02-09-2024 1 Y 9 M 21 D (F) Dr. PAPPULA SINDHURA	23/6/26 at 1:42Am	23/6/26 at 2:40Am
	Transfer Ordered by Dr. Shekar	Reason for Transfer admission
From Unit ER	To Unit 1st floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? opfile given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
shanthi/shy	Dr. Shrikar

Patient & Clinical Records Received by : manisha

Date & Time of Patient Received : 23/6/26 @ 2:40Am

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

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: febrile seizures

Arrival Time: 2:40am Mode of Arrival: lifting by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 9.4 Kg

Height: 112 cm

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

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

Family History: Nil

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

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☐ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 9.4kg Length: 112cm Head Circumference (< 2 years): .....

Temp.: 98.3F HR: 116bpm RR: 27bpm BP: 98/61(70)mmHg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

Character of Pain 0 Location 0 Frequency 0 Duration 0

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): .....

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

Siblings in household ☑ Yes ☐ No (if yes How Many?) ...01.....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☑ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ...Mother.....

Nurse's Name: ...Indu..... Date: ...23/6/26... Time: ...2:55pm... Indu Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

UHID ID:

Department:

Consultant:

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Name : _____

Information given by: _____ Age/Sex _____

Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

→ Yo ABNORMAL MOVEMENTS : EVENING
→ a/w Incoherent Behaviour.

History of present illness :

Yo ABNORMAL MOVEMENTS : EVENING.
→ Slow velocity
involving face ; Limbs (predominantly UL)
→ a/w staring looks, ↓ incoherent Behaviour.
→ Asymmetrical movements
→ Both small, large joints involved
not a/w ↓ dystonia
Returned to Baseline Activity after movement Subsided.

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Pediatric Multiorgan History & Physical Examination

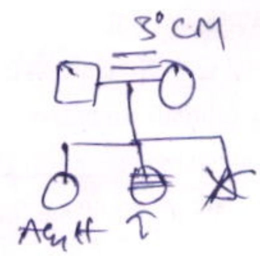
Past History : (Including details of any previous investigation or treatment)

~~? month of age~~ → ~~? Seizure like event~~
↳ ~~return to RMP~~ - ~~not on any medication~~

→ Difficulty in walking about 3 months ago.

Birth & Neonatal History:

Term / LSCS / CIAZ / Oligo / 2.5kg / AGA / no NICU admission.



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

→ Gross Motor - (N) | Speech & lang (N).
Fine Motor - (N) | Social (N)

Immunization History :

upto date.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry : HC-42cm

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

Weight (kgs)) 9.4kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate : 80/min B.P. _____ SPO2 98/RA

Resp.rate and type of breathing : 20cpm/Regn

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): –

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+) / NVBS (+)

Any addes sounds : –

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1C (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft.

Ausculation :

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System : Conscious / incohent

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : NAD

Motor System:

Nutriton : no wasting

Tone: (N) Power 3/5

Co-ordinator :

Posture :

Involuntary Movements : no Involuntary movements at present

Reflexes :

DTR | Not co-operative **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

- ? Dystonic Evaluation.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

D/w c Dr Sindhura mam

Planned Labs:

GRBS - 112 mg/dl
CBP
CRP
S/E
Ca^{+2}/mg^{+2}
S. B12
Homocysteine X
CPK
1 sample for WES (Toilet & HDD) X

Planned Management

1) IVF
2) MRI plan T/M
3) TAB. GABAPENTIN
4) INJ. MIDAZOLAM / SOS
5) NG tube insertion
7) NPO

Noted by Shanthi 23/6/26 @ 2:12 AM

Signature of the Doctor: [signature]
Name of the Doctor: Dr Chrikar
Date & Time: 23/6/26

Signature of the Consultant:
Name of the Consultant:
Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/25 8:30 am	S/B ~~Resident~~	Neurology
	[illegible]	
	ASD → Acute paroxysmal event	(Plan)
	↑ seizures ↓ Tx	MRI brain today
	H/o	
	persistent dyskinetic movements	— Total S. Homocysteine
	L Exag in sleep	L S. B12
	(O/E) vitals (N) HC – 45cm	
		— S. Prolactin
	Conscious, oriented	
	pupils – B/L equal, reaction	
	mild horizontal nystagmus+	
	mild axial hypotonia	
	no focal deficit	
	DTR – +2	
	Dyskinetic movements +ve.	

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
	S/B NEUROPORT	
23/6/26		
	ASD →	Plan
	C/O	- Trace
	no febrile events	1. Hydroxyzine
	Vitals - (N)	
	EOM - Full	
	Hypotonia +	
	Motor - good AR movement	
	dysrhythmic movement	
	Noted by Sndry @ 8pm 23/6/25	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PB Neurology	
24/6/26		
8:30 AM	A/D → paroxysmal event ? seizure disorder ↓ evaluation	
		Plan
	C/O No further worsening able to walk without support involuntary movements better	
		Tone ↓. Hormone ...
	O/E vitals - (N)	- Physiotherapy
	conscious, oriented	- speech therapy
	gait - broad based, but not falling down mild hypotonia No focal deficits DTR - +2 plantar - flexor	- Tab Syndopa ... (100mg) 1 tab in 10 cc ...
		0.8ml BD

Noted by Bindu @ 10Am 24/6/26

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. ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Movement disorder ?/ Evaluation			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: nil			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	23/6 N	23/6 N	23/6/26 Morning	23/6 E	23/6/26 N	24/6 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	NPO	NPO	NPO	S.diet	S.diet	S.diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.6°F	97.6°F	98.3F	98.6°F	98.6F
	Res:	30b/m	30b/m	29b/m	27b/m	28b/m	27b/m
	SpO_2:	98%	99%	100%	98%	99%	98%
	Pulse:	110b/m	102b/m	112b	115b/m	103b/m	108b/m
	BP:	98/60	100/77	102/63(76)	98/61(70)	100/78	98/64(?)
	LOC:	conscious	conscious	Conscious	Conscious	conscious	Conscious
	Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	NPO	NPO	NPO	S.diet	S.diet	S.diet
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	Dependent	dependent	dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Sabin	manisha	Subham	Indu	manisha	Subham
Signature / ID :		[signature]	90501145	17444	8606608	90501145	17444
Date:		23/6	23/6/26	23/6/26	23/6/26	24/6/26	24/6/26
Time:		@ 2:40am	@ 8am	@ 2pm	@ 8pm	@ 8Am	@ 2pm
Taken Over By Name :		manisha	Subham	Indu	manisha	Subham	
Signature / ID :		90501145	17444	8606608	90501145	17444	
Date:		23/6/26	23/6/26	23/6/26	23/6/26	24/6/26	
Time:		@ 2:40am	@ 8am	@ 2pm	@ 8pm	@ 8 Am	

Noted by Indu
9:00 AM
24/6

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Baby Anaisa-fatima Age: 1yr. Sex: female UHID.No :

Date: 23/06/26 Time: 11.25 am. Proposed Operation: MRI Brain plain.

Diagnosis: Dystonia ? evaluation

B.P / CRT: H.R: 98/m Weight: 9.4kg. ASA Physical Status: ☑1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS : MRI Brain significant.

RESP : Diabetes : (-).

CNS :

Renal :

Hepatic / GE : Physical Activity: Active.

Others : LSCS-FT / Wt-2.5kg/CTAR / no NICU admission no developmental delay / Immunized till date.

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: 2F Mentohyoid Distance: (N) Neck: (N) Teeth: Suture.

Lungs : BAE (+), clear

Heart: RR (+)

CNS: Active.

Pregnant: ☐ Yes ☐ No ☐ NA | Venous Access Site: (+) Spine Exam for regional : (N).

Anaesthetic Plan: ☑ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan *Explained to the Patient:* ☑ Yes ☐ No parents

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis : Salt gtd - 2mm.
2. NIL ORAL → Water / ORS 2 Hours / Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: Name: DR. M. VINEETHA

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Dr. PAPPULA SINDHURA

t Sticker

ANAESTHESIA CHART

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…essment:

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: Adequate	
Physical Status:	☑ Patient Identified	☑ Consent Present	☑ Chart Reviewed

H.R: 92/min	B.P / CRT:	SpO_2: 100%	R.R: 18/min	Last Feed: 2AM

Pre-OP Diagnosis: Dystonia evaluation Operation: MRI-Brain (plain) Date: 23/02/26

Surgeon: .... Anaesthesiologist: Dr. M. Vineetha Technician: Mr. Rakesh

TIME	11:25 (45) 12:00
N_2O /AIR /O_2 LPM	
HALO /ISO /SEVO	
Drugs:	
MIDAZOLAM	0.5mg
PROPOFOL	20mg+10mg+10mg
GLYCOPYRROLATE	90mcg.
FiO_2 / SaO_2	100 100
$ETCO_2$	
ECG	
Temperature	
Urine Output	
Fluids	
Blood	

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate
Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values: ABG / GRBS / Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: ....
☐ Art Site: ....
☐ EKG Lead
☐ Temp Site
☐ FiO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: supine
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☑ Other

Times:
Anaes Start: 11:30 AM
OP Start: ....
OP End: 11:40 AM
Leave OR: ....

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional c̄ drugs.

Line (Size & Location)
☐ CVP: ....
☐ ART: ....
☑ IV: (R) DL, 24G.
☐ IV: ....
☐ IV: ....

Induction
☑ IV ☐ Inhal
☑ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# .... at .... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: ....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# .... Attempts: ....
Difficulty Why? ....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: ....
☐ Spinal ☐ Epidural ☐ Caudal
Others: ....
Position: ....
Site: ....
Needle Size: .... Depth: ....
Parasthesia ☐ Yes ☐ No
Catheter at skin .... cm
Drug Name & Conc: ....
Bolus: ....
Infusion: ....
Block Level: ....
Comments: ....
Transportation to (Room 104)
☑ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA
Name of the Doctor: Dr. M. VINEETHA.
Signature of the Doctor: [signature]

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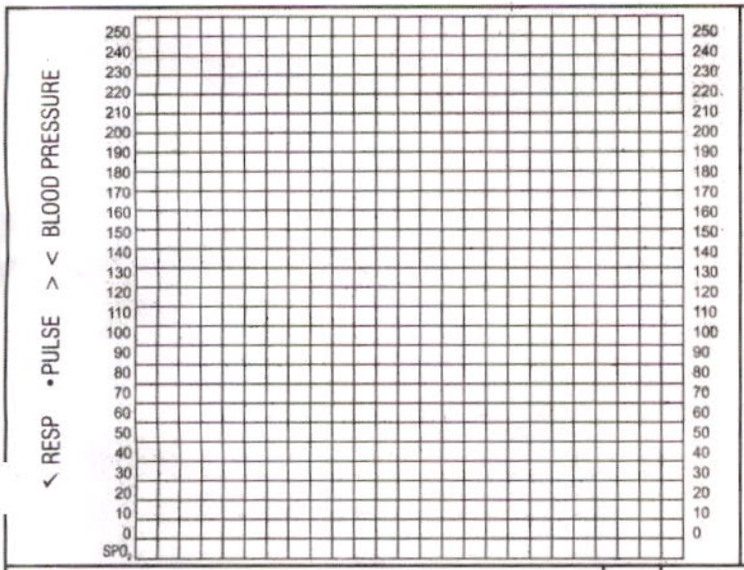
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space : ..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
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Dr. PAPPULA SINDHURA

Patient

NICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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ARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	3	5	7
	AM	AM	AM
Doctor / Nurse / Family Concern?			
Temperature (°F) 23/6/26	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	100	90	100 / 64
Heart Rate (Number)	100	99	102
Resp. Rate (bpm) (Over 1 Minute) *	30	34	32
Resp Rate (Number)			
Resp Distress: Mod/ Severe / None / Mild	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98
Conscious Level: Normal / Altered	N	N	N
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	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)

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 23/6 Time:

	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	AM	AM	AM	PM	PM	PM	AM	AM	AM	AM
Temperature (F)	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *	114	103	104	112	115	113	109	107	110	112	105	114 (94)
Resp. Rate (bpm) (Per 1 Minute) *	22		24	26	26	27	26	27	25	28	27	26
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min)												
O_2Saturations (%)	99	96	100	98	97	98	99	98	99	98	100	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	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	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	SK	SK	SK	Bindu	Bindu	Bindu	M	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
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	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

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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-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

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

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PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

24/6/26

Date : ....

Doctor / Nurse / Family Concern? .... Time: 9 Am

Parameter	Scale	9 Am
Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) *	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50	110/61
Note: BP does not score in early warning scoring		
Heart Rate (Number)		118
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10	
Resp Rate (Number)		27
Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		98
		N
Conscious Level	Normal	
	Altered	
GCS *		15
TOTAL SCORE (Total of shaded boxes)		0
		0
		Indu

Noted by Indu @10A 26/6/2.

Score 1 : Continue normal observatise
Score 2 : Shift in-charge nurse to be continue hourly observations
Score 3 : Shift in-charge AND ER registrar to see and half hourly to hourly Observation to continue.
: Shift in-charge AND treating (8 PM) or On call night duty consultant to see
: Shift in-charge AND PICU consultant to be informed.
... lit./min., then (resp score, the Nurse MUST inform the PICU team.

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Patient Sticker

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I	**IDENTITY:** I am (name), a nurse on ward (X). I ng about (hild X)
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B	**BACK GROUND :** Child (X) was admitted on (vith (e.g. respiratory infection). They have had (X procedure/ investigation). Child (X)'s condi nged in the last (XX mins). Their last set of were *(XXX)*. The child's normal condition i rt/ drowsy/ confused, pain free)
A	***ASSESSMENT :*** *I think the problem is (XX ...(e.g. given Ox/ anal esia, stopped not sure what the problem is but child (X ing. OR I don't know what's wro*
R	***RECOMMENDATION :*** *I need you to ... c vation) child in the next (XX mins) A do in the meantime ? (e.g. stop the flu*

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Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

FLUID CHART

Sheet No. : .....

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

Date	Time	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 :						
	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 :						
23/6	02:00 am			25ml							✓	1
	03:00 am			25ml								
	04:00 am			25ml								0
	05:00 am			25ml								
	06:00 am			25ml								
	07:00 am			25ml							✓	1
Total Intake : 150ml						Total ut :						

Manisha 23/6/26 @8AM

Total 24 hrs. Intake	150ml

Total 24 hrs.	2 time

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Sheet No. : (2)

FLUID CHART

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.

23/6/26

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	Output: IV Site Thrombo-phlebitis Score	Sign. Nurse
23/6	08:00 am			25ml							1	
	09:00 am		NPO	25ml						✓		
	10:00 am			25ml								
	11:00 am		NPO	25ml								
	12:00 pm			25 ml						✓		
	01:00 pm		water	25ml								
Total Intake :						**Total Output :**						
23/6	02:00 pm											
	03:00 pm											
	04:00 pm	Rice + water								✓	1	Sudha 23/6/26 @ 1pm
	05:00 pm										0	
	06:00 pm											Sudha 08 pm 23/6/26
	07:00 pm									✓	1	
Total Intake :						**Total Output :**						
23/6/26	08:00 pm											
	09:00 pm	Rice + water										
	10:00 pm											
	11:00 pm									✓	1	
	12:00 am										0	Anaisha
	01:00 am											
Total Intake :						**Total Output :**						
24/6	02:00 am	water										
	03:00 am											
	04:00 am											
	05:00 am									✓	1	
	06:00 am										0	Anaisha 24/6/26
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Output	3 times

VICAL / 092

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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										0	Rodi
	10:00 am											10A
24hr	11:00 am											
	12:00 pm											24hr
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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FLUID CHART

Shee ...

1. All n
2. Add t tely. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	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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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ....

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REGULAR PRESCRIPTIONS

Weight. 9.4 kg Ward. 138

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. GABAPENTIN

Dose	Route	Frequency	Start Date
½ Tab	PO	(12) hrly	23/6

Name & Signature of the Doctor Starting the Drugs:

Dr Nitesh

Additional Instructions:

1 tab = 100mg

Daily Doctor's Endorsement by a Sign

Date / Time: 23/6 24/6

6 am / EOW

6 PM

DRUG : IQ NORMDAPA drops

Dose	Route	Frequency	Start Date
1 ml	PO	once daily	23/6

Name & Signature of the Doctor Starting the Drugs:

Dr Nitesh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 23/6

6 PM

DRUG : Tab SYNDOPA PLUS

Dose	Route	Frequency	Start Date
0.8ml	PO	(12) hrly	24/6

Name & Signature of the Doctor Starting the Drugs:

Dr Nitesh

Additional Instructions:

1 tab dissolve in 10CC DW

Daily Doctor's Endorsement by a Sign

Date / Time

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02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

Weight. 9.4 Kgs Ward. 138

D... :	Date ➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
23/06/24	2:30AM	TAB. GABAPENTIN 100mg	1 TAB	PO/RT	[signature]	Sri Sabin
23/6/24	2:30PM	Tab SYNDOPA PLUS (Dissolve in 10ml DW)	0.8ml	PO	[signature]	Pooja Sodiya

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

VIH-00206165 IP-00060449
Baby ANAIZA FATHIMA
02-09-2024 1 Y 9 M 21 D (F)
Dr. PAPPULA SINDHURA

I.V. FLUIDS CHART

Weight. 9.4 kg Ward. 138.

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
23/6/26	3 PM	2% DNS	IV	25	JP		23/6		

Signature .....

VERIFIED BY : Name .....