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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby SUHRUTHI KEYURA KASUKURTHI	UHID	VIH-00205843
Father/Guardian	Mr NAGARAJU	Age/Gender	0 Y 7 M 21 D/Female
Address	1-8-494/10, vikar nagar, begumpet, Begumpet, Hyderabad, Telangana, INDIA, 500016		
IP No	IP-00060343	Admission Date	14-06-2026
Ref Doctor	Self	Discharge Date	22-06-2026

DISCHARGE SUMMARY

Consultant: Dr. AKHEEL S. RIZWAN
MBBS, DCH, MRCPCH (UK)
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY
TSMC-13579

Diagnosis: Atypical Kawasaki Disease (? Secondary HLH)

History: Baby SUHRUTHI KEYURA KASUKURTHI is a 7 M 21 D girl presented with the history of moderate to high grade intermittent fever since 10 days prior to admission. For the above complaints, she was investigated and treated elsewhere, but in view of persistent symptoms, she was admitted at Rainbow Children's Hospital for further management.

Outside Investigations: On 14.06.2026 - white blood cells count of 21,000 cells/cumm. CRP 65 mg/L. CUE was normal.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 120/min, blood pressure - 80/50 mmHg and respiratory rate - 30/min. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, she was conscious and oriented. Other systemic examination was normal.

Weight on admission : 7.3 kgs.

Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous antibiotics and intravenous fluids. She was treated symptomatically with antipyretics.

Her complete blood picture showed hemoglobin 8.5 gm%, white blood cells count of 21,560 cells/cumm, platelet count of 4.95 lakhs/cumm and C-reactive protein was 136 mg/l. Serum electrolytes and creatinine were normal. PCT was 0.5765 ng/ml. Liver function tests showed SGPT 25 U/L, SGOT 63 U/L, ALP 151 U/L, total serum bilirubin was 0.3 mg/dl with direct fraction 0.1 mg/dl and indirect fraction 0.2 mg/dl, serum albumin was 3.8 g/dl, total protein was 7.2 g/dl, S.globulin was 3.4 g/dl. Coagulation profile showed PT 15 sec, INR 1.0, APTT 34 sec. Blood culture was sterile after 48 hours of incubation. Chest x-ray was normal. Ultrasound abdomen showed mild hepatosplenomegaly.

Dr. Sruthi Balla, Consultant Pediatric Nephrologist, opinion was sought who advised to do Dengue NS1, coagulation profile, C3, C4, serum IgA, ANA, LDH, ferritin, LFT, 2D echo, ultrasound abdomen, weil felix. C3 190 mg/dl, C4 18.9 mg/dl. ANA with titer, weil felix and Dengue NS1 were negative. Serum ferritin 2670 ng/ml, LDH 858 U/L.

In view of suspecting Kawasaki disease, 2D echo was done on 16.06.2026 which showed mildly dilated proximal coronaries. IVIg infusion was given under close monitoring in PICU. No adverse reactions were normal. Tablet Aspirin was added. Repeat hemogram done on 17.06.2026 showed hemoglobin 7.5 gm%, white blood cells count of 18,390 cells/cumm, platelet count of 2.48 lakhs/cumm and C-reactive protein was 179 mg/l.

Repeat 2D echo done on 19.06.2026 showed LMCA=2mm Z Score 1.2, LAD=1.9mm Z S core 2.1, RCA =1.6mm ZScore0.71, good BV function, left arch, no CoA. In view of further fever spikes, another dose of IVIg infusion was given.

Her vitals were regularly monitored. Repeat hemogram done on 21.06.2026 showed hemoglobin 7.0 gm%, white blood cells count of 40,680 cells/cumm, platelet count of 3.41 lakhs/cumm and C-reactive protein was 137 mg/l. Dr. Sandhya Vaddadi, Consultant Pediatric Hemato-oncologist & Pediatrician, opinion was sought who advised to continue steroids and repeat CBP, CRP, LFT & ferritin after one week. In case of further high grade fever, consider Dexamethasone and send WES for PID / HLH. Repeat 2D echo done on 22.06.2026 showed LMCA=1.8mm Z Score:+0.64, RCA=2.0mm Z Score:+1.90, good BV function, left arch, no CoA. Her fever spikes and other symptoms gradually reduced. As hemodynamically stable, she is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically stable. Parents were counselled regarding whole exome sequencing for PID / HLH.

Advice:

1. Diet as advised.
2. No vaccination for 3 months.
3. Tablet Aspirin (75mg) 1/2 tablet once daily (after food) till further advice.
4. Nexpro sachet (10mg) mix 1 sachet in 15ml of water once daily (empty stomach) for 3 weeks.
5. Syrup Omnacortil (5ml=5mg) 7ml, 12th hourly (after feed) from 23.06.2026 to 27.06.2026

   followed by 5ml 12th hourly from 28.06.2026 to 02.07.2026.

   followed by 2.5ml 12th hourly from 03.07.2026 to 07.07.2026.
   followed by 2.5ml once daily from 08.07.2026 to 12.07.2026 and stop.

6. Syrup Calcimax-P, 2.5ml once daily for 1 month.
7. Zincovit drops, 0.5ml once daily for 1 month.
8. Vitamin-D3 drops (1ml=800IU) 0.5ml once daily till 1 year of age.
9. Plan to do whole exome sequencing on follow up.
10. To do CBP, CRP, LFT, ferritin after 7 days.
11. Kindly consult Dr. Akheel S. Rizwan, Senior Consultant Pediatrics & Neonatologist, after 7 days in OPD with CBP, CRP, LFT, ferritin reports with prior appointment (This consultation will be charged).
12. Kindly consult Dr. Nageswar Rao Koneti, Consultant Pediatric Cardiologist, after 7 days in OPD at Rainbow Heart Institute, Banjara Hills with prior appointment (This consultation will be charged).

In case of Fever:
Paracetamol drops (1ml=100mg), 1ml for fever more than 99.6*F (maximum 4-6 hourly).

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

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

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

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

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

Name : Signature :

Relationship with patient :

This summary has been explained by:

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

Registrar/Resident/C.M.O

Dr. AKHEEL S. RIZWAN
MBBS, DCH, MRCPCH (UK)
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY
TSMC-13579

Rainbow Children's Hospital - Secunderabad
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PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	Inpatient No.	: IP-00060343
Age/Gender	: 0 Y 7 M 13 D/ Female	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 12:54
HEMOGLOBIN (Colorimetry)	**8.5**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	3.73	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**24.4**	**VOL%**	L	33 - 49
MCV (Calculated)	**65.4**	**fL**	L	70 - 86
MCH (Calculated)	**22.8**	**pg/cells**	L	23 - 31
MCHC (Calculated)	34.9	g/dL		30 - 36
RDW-CV (Calculated)	13.4	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	**495**	**10^9/L**	H	150 - 450
MPV (Calculated)	7.3	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**21.56**	**10^9/L**	H	6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**59**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**35**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC,MICROCYTES(++)** **WBC : LEUCOCYTOSIS WITH NEUTROPHILS SHOWING TOXIC GRANULES** **PLATELETS :INCREASED**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 12:54
CRP (Immunoturbidimetry)	**136**	**mg/L**	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
CREATININE (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :14-06-2026 12:54

PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	Inpatient No.	: IP-00060343
Age/Gender	: 0 Y 7 M 13 D/ Female	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.3	mg/dl	0.03 - 0.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED		Order Date :14-06-2026 12:54
SODIUM (Direct ISE)	140	mmol/L		134 - 144
POTASSIUM (Direct ISE)	5.2	mmol/L		3.5 - 6.1
CHLORIDE (Direct ISE)	104	mmol/L		98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

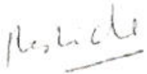
Investigation	Result	Unit		Biological Reference Interval
FERRITIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED		Order Date :15-06-2026 15:34
FERRITIN (CLIA)	**2670**	**ng/ml**	H	12 - 327

INTERPRETATION

Ferritin is a protein that stores iron in the body.
Low levels may indicate iron deficiency anemia or chronic blood loss.
High levels can be seen in inflammation, liver disease or iron overload disorders such as hemochromatosis.
All the abnormal results are to be correlated clinically.

DISCLAIMER

Test results released pertain to the specimen submitted. All test results are dependent on the quality of the sample received by the laboratory. Test Result may show interlaboratory variations. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the referring physician.



Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	Inpatient No.	: IP-00060343
Age/Gender	: 0 Y 7 M 14 D/ Female	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 15:34		
LDH (L to P-IFCC Ref. PROC.,Calibrated)	858	U/L	H	170 - 580

Dr. RASHIDA MAHREEN, MBBS,MD

CONSULTANT BIOCHEMIST, Reg No : HMC13081

DISCHARGE SUMMARY

Rainbow Children's Hospital - Secunderabad
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040-42462200, Ext 2000,2001,2002,

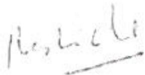
PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	Inpatient No.	: IP-00060343
Age/Gender	: 0 Y 7 M 14 D/ Female	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 15:34
TOTAL BILIRUBIN (Azobilirubin)	0.3	mg/dl		<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl		<1.1
SGOT (AST) (Kinetic with P5P)	63	U/L		20 - 63
SGPT (ALT) (Kinetic with P5P)	25	U/L		12 - 45
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	151	U/L		120 - 470
PROTEIN (Biuret method)	**7.2**	**g/dL**	H	5.9 - 7
ALBUMIN (Bromocresol Green)	3.8	g/dL		1.9 - 4.7
GLOBULIN (Calculated)	3.4	g/dL		1.6 - 3.5
A/G RATIO (Calculated)	**1.1**		L	1.4 - 3.4

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
PROCALCITONIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 15:34
PROCALCITONIN	**0.576**	**ng/ml**	H	<0.5



Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Investigation	Result	Unit	Biological Reference Interval
PT/APTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 15:34
PT (Optical Clot Detection)	15.0	Seconds	
PT Calculated Biological Reference Interval	12.5 - 14.5 secs		
INR	1.0		
APTT (Optical Clot Detection)	34.0	Seconds	
APTT Calculated Biological Reference Interval	28.5 - 35.1 secs		

Dr. SRUJANA SHYAMALA, MD, DNB

PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	**Inpatient No.**	: IP-00060343
Age/Gender	: 0 Y 7 M 14 D/ Female	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval

Consultant Pathologist, Reg No : 39356

HIMAYATHNAGAR Emergency 040 - 48873000 · BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516 · HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300 · KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100 · SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200 · KONDAPUR Emergency 040 - 4246 2400 · L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333 · NANAKRAMGUDA Emergency 040-69313233
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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	**Inpatient No.**	: IP-00060343
Age/Gender	: 0 Y 7 M 15 D/ Female	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
C3 QUANTITATION (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 17:42
C3 QUANTITATION (Rate Nephlometry)	**190**	**mg/dl**	H	90 - 180

Dr. RANGANATHAN N. IYER, MD FRCPATH DNB DPB

CONSULTANT MICROBIOLOGIST, Reg No : 64038

Investigation	Result	Unit	Biological Reference Interval
C4 QUANTITATION (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 17:42
C4 QUANTITATION (Rate Nephlometry)	18.9	mg/dl	10 - 40

Dr. RANGANATHAN N. IYER, MD FRCPATH DNB DPB

CONSULTANT MICROBIOLOGIST, Reg No : 64038

PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	Inpatient No.	: IP-00060343
Age/Gender	: 0 Y 7 M 17 D/ Female	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :17-06-2026 22:10
HEMOGLOBIN (Colorimetry)	**7.5**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	**3.14**	**10^12/L**	L	3.7 - 5.6
PCV/HCT (Calculated)	**20.3**	**VOL%**	L	33 - 49
MCV (Calculated)	**64.5**	**fL**	L	70 - 86
MCH (Calculated)	23.8	pg/cells		23 - 31
MCHC (Calculated)	**36.8**	**g/dL**	H	30 - 36
RDW-CV (Calculated)	13.7	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	248	10^9/L		150 - 450
MPV (Calculated)	8.0	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**18.39**	**10^9/L**	H	6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**52**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**41**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	**03**	**%**	L	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	04	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : ANISOCYTOSIS WITH NORMOCYTIC / HYPOCHROMIC MICROCYTES(++), TARGET CELL (++) rbc aggutination(+) WBC : LEUCOCYTOSIS WITH FEW REACTIVE LYMPHOCYTES PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :17-06-2026 22:10
CRP (Immunoturbidimetry)	**179**	**mg/L**	H	<10

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 :21-06-2026 06:25

PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	**Inpatient No.**	: IP-00060343
Age/Gender	: 0 Y 7 M 20 D/ Female	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**7.0**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	**3.02**	**10^12/L**	L	3.7 - 5.6
PCV/HCT (Calculated)	**19.2**	**VOL%**	L	33 - 49
MCV (Calculated)	**63.6**	**fL**	L	70 - 86
MCH (Calculated)	23.3	pg/cells		23 - 31
MCHC (Calculated)	**36.5**	**g/dL**	H	30 - 36
RDW-CV (Calculated)	14.3	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	341	10^9/L		150 - 450
MPV (Calculated)	8.0	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**40.68**	**10^9/L**	H	6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**80**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**18**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	**01**	**%**	L	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : ANISOCYTOSIS WITH MICROCYTIC / HYPOCHROMIC RBC AGGUTINATION(++) WBC : MARKED NEUTROPHILIC , LEUCOCYTOSIS WITH TOXIC GRANULES , SHIFT TO LEFT PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED		Order Date :21-06-2026 06:25
CRP (Immunoturbidimetry)	**137**	**mg/L**	H	<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 :21-06-2026 06:25
SODIUM (Direct ISE)	141	mmol/L		134 - 144

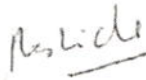
PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	**Inpatient No.**	: IP-00060343
Age/Gender	: 0 Y 7 M 20 D/ Female	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
POTASSIUM (Direct ISE)	5.8	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	103	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
FERRITIN (Specimen : SERUM)		**TEST RESULT STATUS : REPORT AUTHORISED** Order Date :21-06-2026 12:29		
FERRITIN (CLIA)	**2790**	**ng/ml**	H	12 - 327



Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

DISCHARGE SUMMARY

PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	**Inpatient No.**	: IP-00060343
Age/Gender	: 0 Y 7 M 20 D/ Female	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 12:29		
LDH (L to P-IFCC Ref. PROC.,Calibrated)	**844**	**U/L**	H	170 - 580

Rashida

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Rainbow Children's Hospital - Secunderabad
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Age/Gender	: 0 Y 7 M 20 D/ Female	**Admit Date**	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
PLASMA FIBRINOGEN (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 12:29
PLASMA FIBRINOGEN	165.28	mg/dl	157 - 360

Dr. HAFSA AHMED, MBBS,DCP

CONSULTANT CLINICAL PATHOLOGY, Reg No : 36473

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MC-7373

Rainbow Children's Hospital - Secunderabad

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

PatientName	: Baby SUHRUTHI KEYURA KASUKURTHI	Inpatient No.	: IP-00060343
Age/Gender	: 0 Y 7 M 20 D/ Female	Admit Date	: 14-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
TRIGLYCERIDES (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 12:29		
TRIGLYCERIDES (Enzymatic with end point)	**473**	**mg/dl**	H	<75

Rashidi

Dr. RASHIDA MAHREEN, MBBS,MD

Reg No : HMC13081

Laboratory Report

Baby SUHRUTHI KEYURA KASUKURTHI	9440065626
0 Y 7 M 15 D	VI26020375
Female	14-06-2026 01:16 PM
IP-00060343	14-06-2026 01:51 PM
VIH-00205843	22-06-2026 08:37 AM
Dr. AKHEEL SYED RIZWAN	N 0 GF-EMERGENCY / ER 102

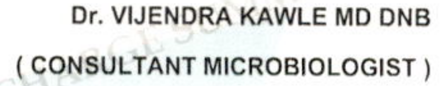
BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

Culture : -

Final Report - No growth after a Week of incubation.



Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)

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

MC-7373

Rainbow Children's Hospital

Laboratory Report

Patient Name	Baby SUHRUTHI KEYURA KASUKURTHI	Patient Ph. No	9440065626
Age	0 Y 7 M 15 D	Requisition No	VI26020472
Gender	Female	Collected on	15-06-2026 04:19 PM
IP / Bill No.	IP-00060343	Received on	15-06-2026 04:45 PM
UHID No.	VIH-00205843	Reported on	16-06-2026 08:15 AM
Ref Doctor	Dr. AKHEEL SYED RIZWAN	Ward/Bed No	

DENGUE NS1 (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

REPORT : NOT DETECTED (3.6 PANBIO UNITS)

NEGATIVE: < 9 PANBIO UNITS
EQUIVOCAL : 9 - 11 PANBIO UNITS
POSITIVE: > 11 PANBIO UNITS

METHODOLOGY: ELISA

ADVISED : DENGUE IgM.

Dr. VIJENDRA KAWLE MD DNS
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

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

MC-7373

Laboratory Report

Patient Name	Baby SUHRUTHI KEYURA KASUKURTHI	Patient Ph. No	9440065626
Age	0 Y 7 M 15 D	Requisition No	VI26020472
Gender	Female	Collected on	15-06-2026 04:19 PM
IP / Bill No.	IP-00060343	Received on	15-06-2026 04:45 PM
UHID No.	VIH-00205843	Reported on	16-06-2026 08:31 AM
Ref Doctor	Dr. AKHEEL SYED RIZWAN	Ward/Bed No	

WEIL FELIX (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

PROTEUS OX2 - AGGLUTINATION NOT SEEN

PROTEUS OX19- AGGLUTINATION NOT SEEN

PROTEUS OXK - AGGLUTINATION NOT SEEN

RESULT : NEGATIVE.

METHODOLOGY: TUBE AGGLUTINATION

Dr. VIJENDRA KAWLE MD DNS
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

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

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MC-7373

Rainbow Children's Hospital

Laboratory Report

Patient Name	Baby SUHRUTHI KEYURA KASUKURTHI	**Patient Ph. No**	9440065626
Age	0 Y 7 M 17 D	**Requisition No**	VI26020481
Gender	Female	**Collected on**	15-06-2026 06:45 PM
IP / Bill No.	IP-00060343	**Received on**	15-06-2026 07:15 PM
UHID No.	VIH-00205843	**Reported on**	18-06-2026 12:00 PM
Ref Doctor	Dr. AKHEEL SYED RIZWAN	**Ward/Bed No**	

ANA WITH TITERS (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

1 : 40 Result : Non Reactive.

1 : 80 Result : Non Reactive.

1 : 160 Result : Non Reactive.

Methodology : IFA.

Dr. VIJENDRA KAWLE MD DNS
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

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

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Baby SUHRUTHI KEYURA KASUKURTHI	9440065626
0 Y 7 M 13 D	R26-009552
Female	14-06-2026 12:53 PM
IP-00060343	17-06-2026 04:52 PM
VIH-00205843	
AKHEEL SYED RIZWAN	

DRAFT

X RAY - CHEST PA

Cardiothoracic ratio within normal limits.

Ventricular configuration and aortic arch normal.

Lungs are clear.

Hilar regions appear normal.

Mild hepatosplenomegaly.

Domes of diaphragm are normal.

CP angles are clear.

Bones and soft tissues normal.

No subdiaphramatic pathology.

Print Date/Time : 17-06-2026 04:52 PM   Printed By : YOUNUS PASHA MOHAMMAD

HIMAYATHNAGAR Emergency 040 - 48873000
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KONDAPUR Emergency 040 - 4246 2400
L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333
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Baby SUHRUTHI KEYURA KASUKURTHI | 9440065626

0 Y 7 M 14 D | R26-009606

Female | 15-06-2026 07:02 PM

IP-00060343 | 16-06-2026 04:23 PM

VIH-00205843

AKHEEL SYED RIZWAN

DRAFT

ULTRASOUND ABDOMEN

LIVER : Mild enlarged in size 9.2 cm and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended minimally and appears normal. No evidence of calculi.

SPLEEN : Mild enlarged in size 7.7 cm and echotexture.

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

KIDNEYS :

Right kidney : 54x25 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : 62x29 mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Empty.
No ascites. No evidence bowel wall thickening /edema.
Few nonspecific small volume mesenteric lymphnodes.

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Baby SUHRUTHI KEYURA KASUKURTHI	9440065626
0 Y 7 M 14 D	R26-009606
Female	15-06-2026 07:02 PM
IP-00060343	16-06-2026 04:23 PM
VIH-00205843	
AKHEEL SYED RIZWAN	

Impression

Mild hepatosplenomegaly.

Suggested clinical correlation.

Baby SUHRUTHI KEYURA KASUKURTHI

0 Y 7 M 18 D | R26-009818

Female | 19-06-2026 10:33 AM

IP-00060343 | 19-06-2026 11:48 AM

VIH-00205843 | 19-06-2026 11:49 AM

AKHEEL SYED RIZWAN

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	Situs Solitus Levocardia
Systemic Veins	To RA
Pulmonary Veins	To LA
Atrio ventricular connection	Concordance
Ventricular arterial connection	Concordance
Great artery relationship	NRGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	Intact
Mitral Valve	Normal
Tricuspid Valve	Normal
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact
Aorta and aortic arch	Left Arch / No COA
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	LMCA=2mm Z Score 1.2 LAD=1.9mm Z S core 2.1 RCA =1.6mm ZScore 0.71
PDA	Normal
Pericardium	Nil
Others	Nil

MEASUREMENTS:

HIMAYATHNAGAR Emergency 040 - 48873000 | BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516 | HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300 | KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100 | SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200 | KONDAPUR Emergency 040 - 4246 2400 | L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333 | NANAKRAMGUDA Emergency 040-69313233
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PARAMETER	ABSOLUTE cm)	Z score	PARAMETER	ABSOLUTE cm)	Z score
AO	0.6		Tricuspid Annulus		
LA	0.9		Mitral Annulus		
IVSd	0.6		Aortic Annulus		
LVIDd	1.8		PA Annulus		
LVPWd	0.6		RPA		
IVSs	0.5		LPA		
LVIDS	0.9		MPA		
LVPWs	0.8		AO Isthmus		
EF	69%		LV Mass		
FS	35%		Others		

9440065626

Baby SUHRUTHI KEYURA KASUKURTHI

0 Y 7 M 18 D

Female

IP-00060343

VIH-00205843

AKHEEL SYED RIZWAN

R26-009818

19-06-2026 10:33 AM

19-06-2026 11:48 AM

19-06-2026 11:49 AM

Impression

SITUS , SOLITUS .LEVOCARDIA
LMCA=2mm Z Score 1.2
LAD=1.9mm Z S core 2.1
RCA =1.6mm ZScore0.71
GOOD BICEBTRICULAR FUNCTION
LEFT ARCH , NO COA

Dr. MURTAZA KAMAL
MBBS, MD, DNB, DrNB
Reg No: TSMC/FMR/26664

DISCHARGE SUMMARY

HIMAYATHNAGAR Emergency 040 - 48873000 | BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516 | HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300 | KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100 | SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200 | KONDAPUR Emergency 040 - 4246 2400 | L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333 | NANAKRAMGUDA Emergency 040-69313233
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Baby SUHRUTHI KEYURA KASUKURTHI

0 Y 7 M 21 D | R26-009968

Female | 22-06-2026 11:57 AM

IP-00060343 | 22-06-2026 12:14 PM

VIH-00205843 | 22-06-2026 12:14 PM

AKHEEL SYED RIZWAN

PEDIATRIC ECHOCARDIOGRAM REPORT

Situs & Cardiac Looping	Situs Solitus Levocardia
Systemic Veins	To RA
Pulmonary Veins	To LA
Atrio ventricular connection	Concordance
Ventricular arterial connection	Concordance
Great artery relationship	NRGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	Intact
Mitral Valve	Normal
Tricuspid Valve	Normal
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact
Aorta and aortic arch	Left Arch / No COA
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	LMCA=1.8mm Z Score:+0.64 RCA=2.0mm Z Score:+1.90
PDA	Normal
Pericardium	Nil
Others	Nil

MEASUREMENTS:

HIMAYATHNAGAR Emergency 040 - 48873000 BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516 HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300 KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100 SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200 KONDAPUR Emergency 040 - 4246 2400 L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333 NANAKRAMGUDA Emergency 040-69313233
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Baby SUHRUTHI KEYURA KASUKURTHI | 9440065626
0 Y 7 M 21 D | R26-009968
Female | 22-06-2026 11:57 AM
IP-00060343 | 22-06-2026 12:14 PM
VIH-00205843 | 22-06-2026 12:14 PM
AKHEEL SYED RIZWAN

PARAMETER	ABSOLUTE cm)	Z score	PARAMETER	ABSOLUTE cm)	Z score
AO	1.0		Tricuspid Annulus		
LA	1.4		Mitral Annulus		
IVSd	0.8		Aortic Annulus		
LVIDd	2.3		PA Annulus		
LVPWd	0.7		RPA		
IVSs	0.8		LPA		
LVIDS	1.4		MPA		
LVPWs	0.8		AO Isthmus		
EF	70%		LV Mass		
FS	36%		Others		

Impression

SITUS , SOLITUS, LEVOCARDIA
LMCA=1.8mm Z Score:+0.64
RCA=2.0mm Z Score:+1.90
GOOD BIVENTRICULAR FUNCTION
LEFT ARCH , NO COA

Dr. MURTAZA KAMAL
MBBS, MD, DNB, DrNB
Reg No: TSMC/FMR/26664

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ACTIVITY RECO… .ING

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

Name:

UHID N… Consultant : Dept : peadiatric

Date of Admission : 14/6/26 Time : Date of Discharge : Time:

Room / Bed No : 134 Ward : 1st floor Suggested Billable bed type :

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/6/26	1.45PM	ER	134	[signature]
16/6/26	3:00pm	1st floor	PICU	Brijy
17/6/26	10am	PICU	134	[signature]
20/6/26	1:50Am	P134 msw	PICU	Tharun
20/6/26	5 PM	PICU	1st floor - 134	ABB

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Shruthi Balla	15/6/26	309062	[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/6/26	CBP, CRP, S/E, Creatinine	26020375	[signature]
	Blood C/S		
	chest X-Ray	R26-009557	[signature]
19/6	C3, C4, ANA c titres	26020481	[signature]
	Dengue NS1, LDH, ferritin		
	Procalcitonin, LFT, PT/APTT	26020482	[signature]
	weil felix, IgA		
	measles IgM	26020751	[signature]
19/6	CBP, CRP	26020699	[signature]
19/6	USG Abd	26009606	[signature]
	2D echo	26009621	[signature]
	2D echo	26009818	[signature]
	Cross checked by Kalpana 20/6 @ 1AM		
21/6.	plasma fibrinogen, ferritin		
	Iron, brucella serology,	26021075	[signature]
	LDH, Triglycerides, CRP,		
	CRP, electrolytes		
	2D echo	26-009968	[signature]
	Cross checked by Gp 21/6 @ 6pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/6/26	card monitor	3pm	17/6/26 3pm	309066	[signature]
	infsion pump IVF4		17/6/26 3pm		
20/6/26	cardiac monitor	2Am	20/6 4.30	(3092393)	[signature]
	Infusion pump		4.30 20/6		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/6/26	Iv placement	1	3090865	[illegible]
16/6/26	IVIG		[illegible]	
17/6	Iv placement		3091453	[illegible]
	Goss checked by [illegible] 20/6 @ [illegible]			
20/6/26	IVIG Transfusion	1	3092394	[illegible]
21/6	Iv placement	1	3092811	[illegible]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Gayathri		

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060343 **Admit Date** : 14-Jun-2026 **Admit Time** : 12:28 PM **UHID** : VIH-00205843

Patient Details :

Patient Name	: Baby SUHRUTHI KAYURA KASUKURTHI	**Age**	: 0 Y 7 M 13 D
Guardian	: Mr NAGARAJU	**DOB**	: 01-11-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-8-494/10, vikar nagar, begumpet Begumpet Hyderabad Telangana INDIA 500016	**Phone No**	: 9440065626/ 8655670206
		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 NAGARAJU	**Relationship**	: D/O
Contact Address	: 1-8-494/10, vikar nagar, begumpet Begumpet Hyderabad Telangana INDIA 500016	**Phone No**	: 9440065626

Signature

Doctor Details :

Doctor Name	: Dr. AKHEEL SYED RIZWAN	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: HEALTH INSURANCE TPA OF INDIA LTD

Patient Name : Baby. SUHRUTHI KAYURA KASUKURTHI UHID : VIH-00205843 IPD : IP-00060343 Gender : Female Age : 0 Y 7 M 13 D

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

wt - 7.1kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Suhruthi Keyura Age : 7m Gender: ☐ Male ☑ Female

Date : 14/6/26 Time of Arrival : 12:12 pm

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: 120b/m BP: Crying RR: 30b/m SpO_2: 99%

Chief Complaints: fever x 10 days, Redness over the body x 10 days

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 12:15 pm

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. Prema

Date & Time : 14/6/26 @ 12:15pm

Signature of Triage Nurse

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

...ient Name : Baby. SUHRUTHI KEYURA KASUKURTHI UHID : VIH-00205843 IPD : IP-00060343 Gender
. Female Age : 0 Y 7 M 13

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/6/26 Time of arrival : 12:16 PM

Chief Complaints: fever & Rednes over the body × 10 days RBS: —

Height : — Weight : 7.1 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 : 12:18 PM

Docu. No. : RCH /FRM / CLINICAL / 120 (P.T.O.)

Patient Name : Baby. SUHRUTHI KEYURA KASUKURTHI UHID : VIH-00205843 IPD : IP-00060343 Gender : Female Age : 0 Y 7 M 13

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

Time	Nursing Notes
12:12PM	* pt Came to ER
12:13PM	* vitals checked & Recorded
12:15PM	* ER Doctor seen the pt & advised admission
12:20PM	* Admission Done
12:45PM	* IV Placement Done
1PM	* samples collected & sent to lab
1.45PM	* pt shifted to ward

Samples collected by: } Sr. Shanthi Time: 1.00 PM

Samples sent by : } Time: 1.05 PM

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: 112b/m BP: Crying CFT: <3sec	Shift - out from ER to: 134
RR: 29b/m SPO$_2$: 99%	Time of Shift - out: 14/6/26 @ 1.45 PM
GCS: 4, 5, 6 Temperature : 98°F	Handover given to: Sr. Indu
Pain Score:	(Nurse's Name) Bro. Sanjay
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Cannulation

Name of the Nurse : Bro. Sanjay Signature of the Nurse : [signature]

Date & Time : 14/6/26 @ 1.45 PM

PATIENT TRANSFER FORM

VIH-00205843 IP-00060343 Baby SUHRUTHI KEYURA 01-11-2025 0 Y 7 M 13 D (F) Dr. AKHEEL SYED RIZWAN	Date & Time of Admission 14/6/26 @ 12.28PM	Date & Time of Transfer Order 14/6/26 @ 1.45 Pm
Treating Consultant Name	Transfer Ordered by DR. shrikan	Reason for Transfer for Admission
From Unit ER	To Unit 134	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films CXR - 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? op file 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 [signature]	DR. shrikan.

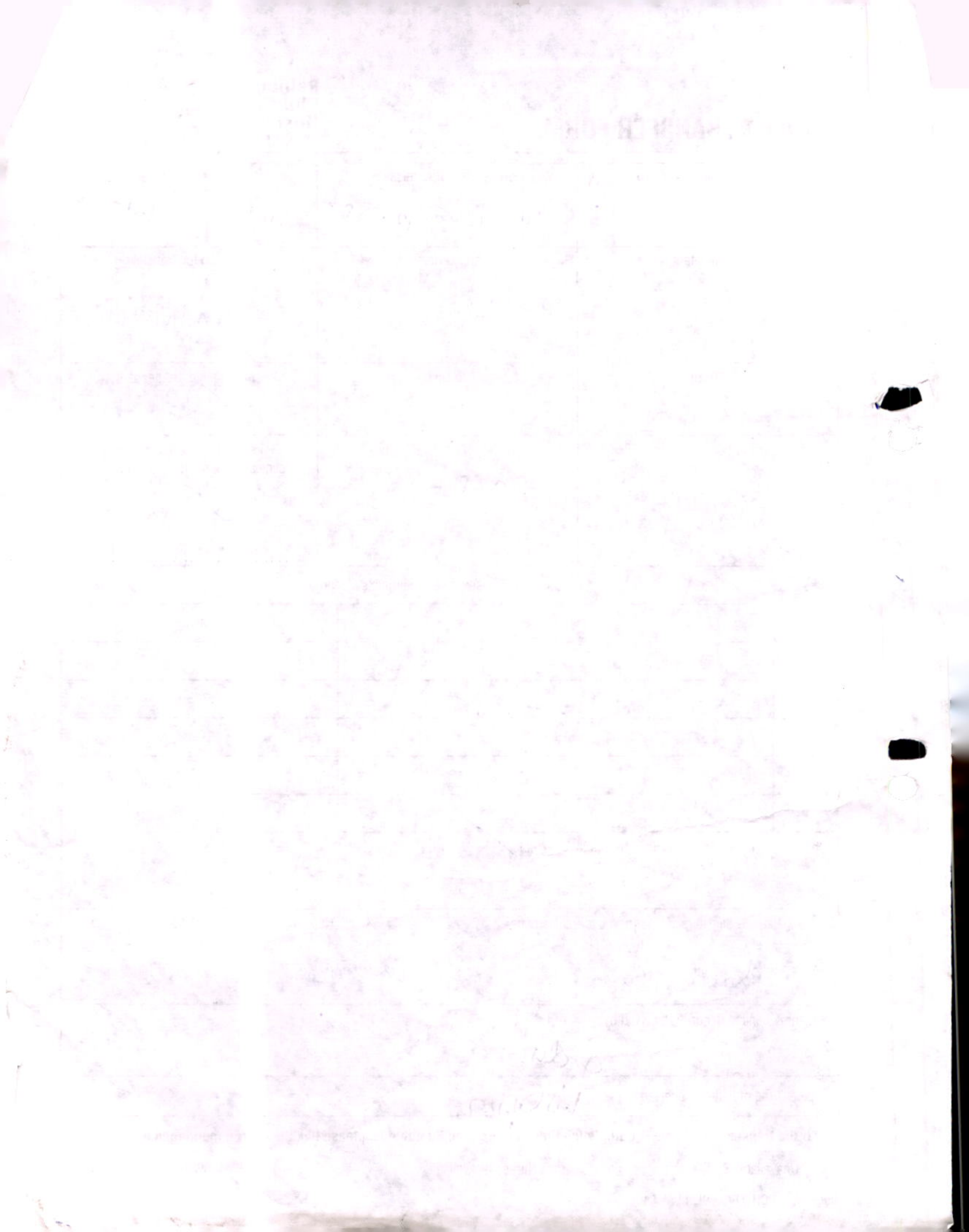
Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 1:00pm

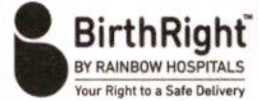
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

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

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



VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN



Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI

Arrival Time: 1:20pm Mode of Arrival: lifting by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil

Body Weight: .... Kg

Height: .... cm

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

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

Family History: ....

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: .... Length: .... Head Circumference (< 2 years): ....

Temp.: 98.6 F HR: 120 b/m RR: 28 b/m BP: Routine

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 28) (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 Nil Location Nil Frequency Nil Duration Nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ...Family...

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

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

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No

Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No

Hand hygiene Explained: ☑ Yes ☐ No ☑ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ...parents...

Nurse's Name: ...Indu........................ Date: ...14/6/25......... Time: ...2:00pm... [signature] Signature

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

Patient Name: ______

UHID ID: ______

Department: ______

Consultant: ______

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ________

Information given by: ______________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

C/o fever > 10 days on & off

History of present illness :

C/o fever > 10 days
on & off
- mod-high grade
- Intrafebrile period active
- initially presented c̄ erythematous rash
  urticaria
- no other significant symptom.

- admitted in outside hospital for 5 days
  recieved multiple ABx (iv).

- Reports on 14/6

  WBC 21K
  CRP- 65
  CUE (N).

VIH-00205843 IP-00060343
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Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History:

(A) transition / LSCS / NO NICU stays

NCM
O-D
(2)

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate

Immunization History :

→ upto date.

(P.T.O.)

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 7.3kg (Centile ______)

On Examination :

Temperature : ______ Pulse Rate :______ B.P. ______ SPO2 ______

Resp.rate and type of breathing :
24 cpm | Regular

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE ⊕ [illegible] ⊕

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 ⊕

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 :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : intact

Motor System:

Nutriton :

Tone: Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes :

DTR (N) **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

- AGI [illegible] evaluation

(P.T.O.)

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP, S/E, Scr, B/C/S, Chest X Ray

Planned Management

- IV Ceftriaxone
- IV fluids

Noted by Shruthi
12/6 @ 12:53pm

Signature of the Doctor: [signature]
Name of the Doctor: Dr Shruthi
Date & Time: 12/6/26 12:55 pm

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

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
14/6/26 5pm	1 feverspike @ 3:40 pm @ 100°F	
	O/E	Mild cold (+)
	Child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - RAE (+)	
	P/A - soft	
		Plan
		1) IV ceftriaxone
		2) IV fluids.
		3) Trace B/c/s
		4) monitor vitals inform us.
	Dr. Vishnavija.	
	w/el by	
	sreekanth	
	on 14/6/26 @ 6:00pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 10:00 Am	C/S/B Resident	
	Dis: AFI + evaluation.	
	4 fevers spikes @ 3:340pm, 6pm, 10pm, 4:00Am. (100-102)°f.	
	rash - (+)	
O/I - Better	only on the limbs - erythematous rash.	
4/O - Adequate	O/E	
	Child Alert & Active	
	Vitals stable	
	CH: (-) (-) (+)	
	M: BLAE (+)	Plan
Dr. prashanth.	P/A: Soft	- Trace B/ cls
	(N): NAD.	- Inj ceftriaxone [illegible]
		- monitor vitals
		- Ipm (SOS)
		- Shruthi mam consultation,
		- fluid maintenance.
		- USG Abdomen
		- Send PT/APTT

Noted by Manisha 15/6/26 @8pm

- LDH, Ferritin, PCT, [illegible] -2D Echo

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 6:00pm	C/S/B Resident	
	Dx: AFI + Exudation ? Kawasaki disease.	
	1 fever spike @ 2pm (102°F)	
	rash better.	
O/I - Better	O/E	
U/O - Adequate.	Child Alert	
	Vitals stable	
	CVS: S1S2 (+)	
USG Abd	RS: B/L AE (+)	
f/s	P/A: soft	Plan
Mild hepatosplenomegaly.	CNS: NAD.	
		- Trace B/C
		- Trace the reports.
	Measles IgM,	
	LDH, ferritin, PCT, LFT,	- Plan for 2D Echo Tmrw.
	C3, C4, S. IgA,	
	AHA,	- Inj Ceftriaxone - D1
	Dengue NS1, PT/APTT	
		- Monitor vitals
		- Inform SOS.
	Noted by Sreekanth 11/6/26 @ 6:00 AM	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 8.00 AM	S/B Registrar	
	Acute febrile illness with rash ?/O Kawasaki	
	On going fever spikes, rash better	
	O/E child awake	
	CRT < 3sec.	
	afebrile	Plan
	H/L - NAD	→ 2D-Echo today
	P/A - soft	→ Vitals 4th hrly
		→ Trace report
	[signature] (Dr. Sameera)	
		Noted by Beronika 16/6/26 @ 3pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/2026 5.30PM.	Harada scoring	Kobayashi scoring
	WBC > 12,000 → 1	≤ 4 days of disease : 0
	Plt count < 3.5 lakh → 0	ALT ≥ 100 U/L : 0
	CRP > 3 mg/dl → 1	plt < 3 lakh : 0
	HCT < 35% → 1.	CRP ≥ 10 mg/d : 1
	Albumin < 3.5 g/dl → 0	Age ≤ 12 m : 2
	Age ≤ 12 m → 1.	Na < 133 : 0
	sex : Male → 0	≥ 80% Neutrophil : 0
	Total score : 4	Score 3
	Score ≥ 4 → CAA chances.	→ Risk of IVIG resistance low
		(≥ 5 score → IVIG resistance).
16/6/2026 6.00PM	C/S/B Dr Akheel Sir	[signature] 16/6/2026
	Adv: ① Continue medical mx - IVIG, & Aspirin.	
	② Monitor for fever.	

VIH-00205843 IP-00060343
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/2026 6.00PM	Counselling by Dr Akhel Sir.	
	The current condition explained. The child having Kawasaki. There might be chances of sudden cardiac arrest even. IVIG have been started & child will be in PICU for IVIG infusion. We will shift to ward after IVIG and continue treatment. If there is involvement of heart / affair of heart, child might need even Heart transplant.	
	Fahee [signature]	Mohan Lavanya.
		[signature] A. Rizwan. 1500
		[signature] 16/6/2026

VIH-00205843 IP-00060343
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/b Resident	
17/6/2026 9:10 Am	Incomplete Kawasaki	
	- Rashe ↓	
	- No fevers ∴ 18 hrs	
	- irritable.	
	- oral intake good.	
	U.O (+)	
	CVS - S1S2	
	CNS NAD	
	RS / PA NAD	
		Plan
		- Shift to room
		- Trace pending reports.
		- vitals 6th hrly.
		- T. ASPIRIN continue
		- Inform SOS
Noted by Jagnani 17/6/26 at 9.10 Am		[signature]

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

(P.T.O)

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/2026	Shifting Notes	
	This is a case of incomplete Kawasaki diagnosed after 2D-Echo showing enlarged coronaries, resistant fevers despite on antibiotics. Child was shifted to PICU for IVIG, transfusion was given which was uneventful.	
	Noted by Jagnavi 17/6/26 at 9.30 pm	Plan (reports) - Trace - Measles, IGA - tTG (trans report), ANA. - Continue T. Aspirin - Review c̄ Cardiologist & 2D Echo on 20/6/2026 (After 3 days) - if fever spikes persistent consider (infliximab) after D/w cardiologist.

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 16 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 10:00AM	C/s/b Dr. vishnu	
	Plan	
	- shift to room	
	- w/f fever spikes	if there consider D/w cardiol ugent. (about) other immuno modulator (infliximab)
	- vitals 6th hly	
	- T/m CBP CRP	
Noted by Jogani 17/6/26 at 10:00		[signature] JM
17/6/2026	Counselling note	
	→ Parents were told that it is a kind of autoimmune condition, so IVIG infusion has been infused to improve the fevers problems and to prevent the enlargement of coronaries (or) going into aneurysm (↑ death risk). if fever spikes are persistent plan consider infliximab was discussed, once fever spikes settled discharge will be planned from ward with medicines.	
	→ serial 2D-Echo importance was discussed to monitor the size of coronaries	
Nagendra 17/6/26 10.00AM		

VIH-00205843 IP-00060343
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01-11-2025 0 Y 7 M 16 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
17/6/26 10:30AM	D/c – Incomplete Kawasaki	
	– No feverspikes since midnight	
	Child asleep	
	Euthermic	
	Rash (+)	
	vitals stable	
	CVS – S1S2 (+)	
	R/S – BAE (+)	
	P/A soft	
		Plan
	1)	Inj Ceftriaxone D3
	2)	Tab. Aspirin (?mg) 6th hrly
	3)	monitor vital signs
	4)	CBP, CRP } T/m
	5)	watch for feverspikes ↓ if (+) – D/w cardiologist ↓ ? to start Infliximab.
		[signature]
Noted by manasha @ 2pm 17/6/26		

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

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/R Resident	
17/6/26 4pm	D/S/S – Incomplete Kawasaki	
	No fever spikes	
	Child clear	O/E – (N).
	Euthermic	
	Rash (+)	
	Vitals stable	
	CVS S1S2 (+)	
	R/S - BAE (+)	
	P/A - NT	
		Plan
		1) Trace - Measles, PgA transglutaminase, ANA c titres
		2) Inj Ceftriaxone D3
		3) Tab. Aspirin 6th hrly
		4) CBP CRP T/M
		5) Review c Cardiologist x 2 Decho on 20/6/26.
		– If fever persists – consider (infliximab) after D/W cardiologist
	[signature]	

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 10am	S/B Resident	
	A/s: Incomplete Kawasaki	
	O/E child asleep	
	Extremities	C/O dull activity since yesterday
	Oral intake - good	
	Stools / Urine - (N)	
	Vitals stable	
		Plan
	Measles IgM : Equivocal (9.84)	1) Inj ceftriaxone OD
	IgA tissue transglutaminase → <0.2 (negative)	2) Tab Aspirin (75mg) 6th hourly
	ANA titres - report awaited	3) Review cardiologist for 2D echo on 19/6/26
	C3 - 190	
	C4 - 18.9	4) If fever persisting consider infliximab after D/W cardiologist
	Dengue NS1 negative	
	Ferritin ↑	
	LDH ↑	
	Dr. [signature]	

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

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 17 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Ulhnu sir	
18/6/26		
	Incomplete Kawasaki	
	O/E No fever spikes.	
	Child active	
	afebrile	
	orally accepting feeds well	
	urine } stools } (N)	
	No fever spikes.	
	Issue	Plan
	↑ CRP	1) Cardiac c/n T/m - Banjara Repeat 2decho
	But No fever	2) w/f fever spikes - if recurrent spikes - plan for 2nd line of immunomodulator.
	Accepting feeds.	
		4) Add Atarack lotion
		5) Calosoft lotion.
		6) Stop iv fluids.
		7) Add Oxopro sachet
Noted by Order @ 1pm 18/6/26		[signature]

Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 17 D (F)
Dr. AKHEEL SYED RIZWAN

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
18/6/26 5pm.		
	Incomplete Kawasaki	
	No fever spikes	
	O/E child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - NAE (+)	
	P/A - soft	
		Plan
		1) Cardiac f/u - Banjara hills
		2) Repeat 2D echo
		3) w/f fever spikes & recurrent spike - plan for 2nd line of immunomodulator
		4) CST
		5) Inform SOS.
	Noted by [illegible] 18/6 @6pm	

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Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 17 D (F)
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[PRO]GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19.6.26 10.00am	S/B Registrar Incomplete Kawasaki 1 fever spike at 9.30 PM (101.2'F) Rash over lower limb (+) O/E child awake CRT < 3 sec afebrile H/L - NAD P/A - soft Sameera (Dr. Sameera)	Plan → Cardiology consultation today → Cont. other medications → Vitals 4th hourly
		Noted by Manasa 19/6 @ 1.30pm
19.6.26 3.00PM	S/B Dr. Akheel Atypical Kawasaki no fever O/E child better CRT < 3sec. CVS - S1 S2 (+) RS - BAE (+), clear P/A - soft Inj. Ceftriaxone : D5 Sameera (Dr. Sameera)	Plan → CBP CRP T/m → Vitals 4th hourly → Cont. Aspirin & Ceftriaxone → Plan to give 2nd dose of IVIG T/m if fever persist.

Noted by Snehalatha @ 3:09pm on 19/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/D/w Dr Vishnu Sr	
19/6/2026 11.00pm	As the child having high spike of fever, and i/v/o suspected IVIG resistance, planned for IVIG and Inj Methylpred.	
	Adv: (1) Shift to PICU for IVIG.	
	(2) Monitor vitals & fever spike	
		[signature] 19/6/2026.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026 7.30AM	Δ: Incomplete Kawasaki	
	[Fever c rash evaluation]	
	Airway: open, maintainable	
	Breathing: R/R: Tachypnoea present: [40 – 48/min],	during sleep: 30–36/min
	SpO2: 98% ↓ room air.	
	B/L AE present	
	Circulation: CRT < 3sec.	USG: mild HS (+).
	Pulse volume: Normal	
	BP: WNL	
	Disability: Irritability present	
	Exposure: - Rashes present	
	- Fever spike: 2 spike	in last 24hours, → IVIG + Methylpred
	Feed: on Bottle feed	
	Plan: ① Continue Methylpred	④ ? ESR,
	② Continue IVIG: 10gm over	12 hours
	③ Consultation with Cardiologist	
		Noted by Dr. Tharun 20/6/26 @ 7.30AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/1/2026 8.45AM	C/S/B Dr Vishnu Sir.	
	- Incomplete Kawasaki c̄ 1 IVIG. resistance.	
	[2nd dose of IVIG, Methylpred dose started]	
	Adv. (1) Steroid. → Planned over 2wk.	
	(2) Total IVIG: 15gm (12-16hr)	
	mid & end infusion lasix (2mg) every 4hourly.	
	(3) Cardiology [To inform about current status & IVIG + steroid]	
	(4) Continue vital chart	
	(5) Collected printed Blood c/s report	
	Noted by [illegible] 20/1/26 @ 8.45AM	[signature] VM

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/06/2026 12:30PM	c/D/w Dr. Murthaza (Ped. Cardiologist)	
	Plan	
	1) To give Methylprednisolone 2mg/kg @	
	2) To continue IVIG 2gm/kg today	
	3) To o/f fever spikes	
20/6/2026	c/s/b Dr. Akheel SR	
	D – Incomplete Kawasaki	
	On room air	Plan
	ongoing 2nd dose of IVIG	1) CBP, CRP T/M 6AM S/P
	On inj. Methyl prednisolone	2) c/s start Temperature monitoring
	Last fever spike ↓ Yesterday night 10:30PM	3) Repeat 2D Echo on Monday
	RS-NAD, clear	4) If CBP → Hb < 7 g/dl & Plan for Blood transfusion
	WT-5,3,2 (+)	
A. Rizwan		5) Stop Antibiotic T/M

Noted by Bandishwar 20/6/26 at 4pm

VIH-00205843 IP-00060343
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Dr. AKHEEL SYED RIZWAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2026 4:30 PM	Shifting note	
	7M old, F/ch, Suhruthi, pre diagnosed of Atypical Kawasaki case shifted to PICU for IVIG transfusion.	
	I/v/o persistent fever spikes, started on Methyl prednisolone.	
	IVIG completed @ 4:30 PM.	
	Post IVIG	Plan
	HR - 140/min	
	SpO2 100% @RA	1) To shift to ward
	O/O → 6 ml/kg/hr (+65 ml)	2) CBC, CRP, LFT T/m
		3) Temp. HR, SpO2 monitoring. To inform if HR > 140/min
	RS - B/L AE clear	
	CVS S1S2 (+)	4) 2D Echo / cardio consultation on monday
		5) PRBC transfusion if Hb < 7 g/dl
		6) Stop ceftriaxone T/m
	[signature]	

Noted by Br. [illegible] 20/6/26 at 5pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
20/6/26 6pm	Dx - Incomplete Kawasaki c̄ ? IVIG Resistence. afebrile > 12hrs.	
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CVS S1S2 (+)	
	R/S - NVBS (+)	
	P/A - soft	
		Plan
		1) CBP / CRP / S/E T/m
		2) Temp, HR, SpO2 monitoring. To inform if HR > 140/min
		3) 2D echo / cardiac consultation on monday
		4) PRBC transfusion if Hb < 7g/dl
		5) Stop ceftriaxone T/m
		6) Inj ceftriaxone
		7) Tab Aspirin
		8) Calosoft lotion
		9) Inj methylpred
	Dr [illegible]	

Noted by Sis [illegible] 8pm 20/6/26

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
21/6/26	C/D with Dr Akheel SN	
		A/O
(7)	no fever	(1) Dr Sadhana [illegible] C/W
	reports informed	(2) Rest continue same
		(3) Apt 2D Echo tomorrow
	LOBE PD → ? steroid [illegible]	on 22/6/26
	CRP — ↓ trend	
		[illegible]
		noted by [illegible] 21/6 [illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/D/w	Dr. Sandhya mam (Hematooncology)
21/6/26 11:30 AM	Informed History and reports.	
		Adv
	1)	To send to R/O HLH
		S. ferritin
		S. LDH
		Triglycerides
		fibrinogen
		S. Iron
	2)	Sample for Brucella → IgM, IgG
[signature]	3)	Review c̄ Reports.
		video c/n T/m.
		Noted by Manasa 21/6 @1PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 8pm	S/B Resident	
	Incomplete Kawasaki ? IVIG Resistance	
	afebrile > 24 hrs.	
	O/E	
	child alert	
	Euthermic	
	vitals stable	
	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A soft	
		Plan
	1)	CST
	2)	Dr. Sandhya mam f/u T/m
	3)	Repeat 2D echo T/m (22/6/26)
	4)	Trace reports. - inform Dr. Sandhya mam
Dr. [illegible]	5)	Temp, HR, SpO2 monitoring to inform if HR > 140/min
		Noted by [illegible] @ 8pm 21/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	C/I/B Dr. [illegible]	
	O/E A/c Atypical Kawasaki ? 2° HLH	
	Baby active	
	Euthermal	
	Vitals stable	
	Oral intake better	
	activity - good	
	No fever spikes.	
		Plan
		1) Discharge Today
		2) On oral steroids - 3 weeks ↓ tapering dose
		3) 2D echo Today with cardiac consultation
	f/up after 5 days c CBP, CRP, LFT, ferritin ↓ f/up Dr. Akheel Sir cardiologist	4) plan NIES.
		5) Change Aspirin to anti-inflammatory dose 5mg/kg/dose OD.
		6) from t/m - oral steroids: Omnacortil 7mg BD × 5d ↓ 5mg BD × 5d ↓ 2.5mg BD × 5d ↓ 2.5mg OD × 5d ↓ stop
	→ Hold - live vaccines - for 3 months	

7) Oral antacid - Neopriazol - 3 wks
8) Calcimax P - 1 month
9) [illegible] drops - 1 month
10) [illegible] - 6 months

Noted by [illegible]

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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Baby SUHRUTHI KEYURA (F)
01-11-2025 0 Y 7 M 19 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

H-00205843 IP-00060343
Baby SUHRUTHI KEYURA
1-11-2025 0 Y 7 M 13 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION							
Diagnosis:	AFI ↓ Evaluation			Any Infection: ☐ Yes ☐ No ☑ Not Known — If Yes Specify: —			
Surgery / Procedure:	—			Post OP Day:			

Section	Item	14/6/26 (34(M))	14/6 M	14/6/26 E	14/6 N	15/6/26 M	15/6/26 E
BACKGROUND	Medical Condition (Any special condition to be noted):	Nill	nil	Nill	Nil	Nil	Nil
	Diet:	Soft diet	S diet	S diet	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:	97.F	98.6F	98.9F	98.0°F	98.6°F	98.6°F
	Res:	30b/m	28b/m	27b/m	26b/m	27b/m	28b/m
	SpO2:	98%	98%	99%	98%	99%	100%
	Pulse:	120b/m	118b/m	121b/m	120b/m	120b/m	122b/m
	BP:	crying	—	—	96/54(60)	100/71	—
	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	Nill	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Soft diet	S.diet	S-diet	S.diet	S.diet	S-diet
	Critical Lab Test / Values:	—	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	Nill	Nil	Nil	Nil
Handed Over By Name :		Sary	Sindu	Sreekanth	Manasa	Manisha	Manisha
Signature / ID :		021371	R05860	607312	9019591	M 9050145	M 9050145
Date:		14/6/26	14/6/26	14/6/26	15/6	15/6/26	15/6/26
Time:		@1PM	@2pm	@8 PM	@8AM	@2pm	@8pm
Taken Over By Name :		Sindu	Sreekanth	Manasa	Manisha	Manisha	Sreekanth
Signature / ID :		R05860	607312	9019591	M 9050145	M 9050145	607312
Date:		14/6/26	14/6/26	14/6	15/6/26	15/6/26	15/6/26
Time:		@2PM	@ 2PM	@8PM	@8AM	@2pm	@8pm

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 14 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI ↓ Evaluation

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: ....

Surgery / Procedure: Nil

Post OP Day: Nil

Section	Item	15/6/26 N	16/6/26 M	16/6/26 E	16/6 N	17/6 M	[illegible] M
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nill	Nill	Nil	Nil
	Diet:	DBM+FF	DBM+FF	DBM+FF	DBF	DBF	DBF
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:	98.6°F	98.6F	98.6°F	99.6°F	98.6°F	98.6°F
	Res:	26b/m	26b/m	26b/m	39b/m	20b/m	23b/m
	SpO_2:	99%	99%	98%	98%	98%	98
	Pulse:	121b/m	120b/m	110b/m	161b/m	120b/m	118b/m
	BP:	crying	—	—	—	—	—
	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	Nill	Nill	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Nil	Nil	Nill	Nill	Nil	Nil
	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):	Dependent	Dependent	Dependent	dependent	dependent	Dependent
	Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	Nil
	Handed Over By Name :	Sreekanth	Manisha	Jagrani	Nandishwar	[illegible]	Indu
	Signature / ID :	68917	12905045	012867	NBS	[illegible]	866666
	Date:	16/6/26	16/6/26	16/6/26	17/6/26	17/6/	17/6/26
	Time:	@8AM	@2pm	8pm	8AM	10.30A	@9A
	Taken Over By Name :	Manisha	Jag	Nandishwar	[illegible]	Indu	Sreekanth
	Signature / ID :	12905045	012867	NBS	[illegible]	866668	[illegible]
	Date:	16/6/26	16/6/26	16/6/26	17/6/26	17/6/26	17/6
	Time:	@8am	3pm	8pm	8A	@9am	@2pm

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis: AFI ↓ Emulsion	Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:	
Surgery / Procedure: Nil	Post OP Day: Nil	

Section	Date / Shift	17/6/26 E	17/6/26 Night	18/6/25 M	18/6 E	18/6/26 Night	19/6 M
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	NIL	Nil	Nil	NIL	Nil
	Diet:	DBF	DBF	DBM	DBM+FF	DBF	DBF
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:	98.6°F	97.8°F	98.3°F	98.6°F	97.7°F	98.4°F
	Res:	26 b/m	22 b/m	27 b/m	26 b/m	30 b/m	28 b/m
	SpO_2:	99%	100%	98%	99%	99%	98%
	Pulse:	120 b/m	116 b/m	118 b/m	110 b/m	142 b/m	146 b/m
	BP:	crying	92/63(76)	98/60(70)	100/60(70)	85/69(75)	92/68(74)
	LOC:	conscious	Conscious	conscious	conscious	Conscious	Conscious
	Fall Risk Score:	11	11	11	14	14	14
	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:	Nil	DBF	DBM	DBM+FF	DBF	DBF
	Critical Lab Test / Values:		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 :	Sreekanth	Subhan	Bhavani	manasa	Subhan	Manasa
	Signature / ID :	[signature]	[signature] 17444	40192	40194	[signature] 17444	[signature]
	Date:	17/6/26	18/6/26	18/6/26	18/6	19/6/26	19/6
	Time:	8 Pm	@ 8 AM	2pm	8pm	@ 8am	@2pm
	Taken Over By Name :	Subhan	Manasa	Manasa	Subhan	Manasa	Sreekanth
	Signature / ID :	[signature] 17444	40194	40194	[signature] 17444	[signature]	60747
	Date:	17/6	18/6	18/6	18/6/26	19/6	19/6/26
	Time:	@ 8pm	@8AM	@2pm	@ 8pm	@8am	@2pm

Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 17 D (F)
Dr. AKHEEL SYED RIZWAN

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI ↓ evaluation			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure: Nill			Post OP Day:			
BACKGROUND	Date / Shift	19/6/26 E	19/6 N	19/6/26 N	20/6/26 Morning	20/6/26 E	20/6/26
	Medical Condition (Any special condition to be noted):	Nill	Nill	Nill	Nill	Nill	Nil
	Diet:	DBM/S.diet	DBM/S.diet	DBM/S.Diet	DBM/S.diet	DBM soft 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:	98.7°f	98.6f	97.0F	98.6°F	96.5°F	98°F
	Res:	26b/m	24b/m	47b/mi	49 b/m	43 b/m	28b/m
	SpO₂:	100%	100%	98%	100%	98%	98%
	Pulse:	119b/m	116b/m	157b/mi	139 b/m	102 b/m	115b/m
	BP:	100/71(81)	98/48(58)	93/60(71)	97/56(69)	98/63(74)	91/60(70)
	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:	Nill	Nill	Nill	Nill	Nill	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Nill	Nill	Nill	Nill	Nill	Nil
	Critical Lab Test / Values:	–	–	–	–	–	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:		Nill	Nil	Nill	Nill	Nill	Nil
Handed Over By Name :		Sreekanth	Subhan	Tharun	Nandiswar	Nandiswar	[illegible]
Signature / ID :		607317	8/017444	020105	[illegible]	[illegible]	[illegible]
Date:		19/6/26	20/6/26	20/6/26	20/6/26	20/6/26	20/6/26
Time:		@8pm	2Am	8Am	@2pm	@8pm	@8pm
Taken Over By Name :		Subhan	Tharun	Nandiswar	Nandiswar	[illegible]	Manitha
Signature / ID :		8/017444	020105	[illegible]	[illegible]	[illegible]	[illegible]
Date:		19/6/26	20/6/26	20/6/26	20/6/26	20/6/26	20/6/26
Time:		@8pm	2Am	@8Am	@2pm	@8pm	@8pm

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

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NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis: Incomplete kawasaki	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil
	Surgery / Procedure:	Post OP Day: —

Section	Item						
BACKGROUND	Date / Shift	20/6/26 N	21/6 M	21/6 E	21/6 N	22/6 M	
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
	Diet:	s.diet	weaning diet	weaning diet	weaning diet	weaning 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	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F	98.6°F	98.4°F	98.6°F	
	Res:	27b/m	28b/m	27b/m	26b/m	24b/m	
	SpO_2:	99%	97%	98%	99%	98%	
	Pulse:	110b/m	117b/m	120b/m	120b/m	124b/m	
	BP:	105/77	100/60(70)	98/61(73)	110/78	102/64mmhg	
	LOC:	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	11	11	11	11	11	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	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	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	Nil	weaning diet	weaning diet	weaning diet	weaning diet	
	Critical Lab Test / Values:	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	
	Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	

Handed Over By Name :	manisha	manasa	Bindu	manisha		noted by shift 22/6 @12AM
Signature / ID :	1190500115	4019597	[illegible]	1190500115		
Date:	21/6/26	21/6	21/6/26	22/6/26		
Time:	@8AM	2pm	8pm	@8AM		
Taken Over By Name :	manasa	Bindu	manisha	Anitha		
Signature / ID :	4019597	[illegible]	1190500115	1190501140		
Date:	21/6/26	21/6/26	21/6/26	22/6		
Time:	@8AM	@2pm	@8pm	@8am		

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING SHIFT HAND OVER FORM

SITUATION		
	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

	Date / Shift						
BACKGROUND	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:							

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Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 14/6/26	DATE 14/6	DATE 15/6	DATE 15/6	DATE 15/6
Age	Less than 3 years old	④	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	①	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	①	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2		2	2	2	2
	Oriented to own ability	①	1				
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	②	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	①	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	①	1	1	1	1	1
	Total	11	11	12	12	12	12

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✗	✗	✗
Wheels Locked	✓	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓	✓
Adequate lighting	✗	✗	✓	✓	✓	✓
Wheel chair support	✗	✗	✗	✗	✗	✗
Other Intervention(s) Specify	✓	✗	✓	✓	✓	✓
Nurse's Name:	Sandy	Preethi	Mamata	manisha	Manisha	Preethi
Signature:	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:	14/6/26	14/6/26	14/6	15/6	15/6	15/6/26
Time:	6 pm	3pm	11pm	11AM	3pm	9pm

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/6	DATE 16/6	DATE 16/6	DATE 17/6	DATE 17/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		12	12	12	12	12

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	—	—	—	✓
	Call device within reach		✓	X	X	X	X
	Wheels Locked		✓	—	—	—	✓
	Room free of clutter		✓	—	—	—	✓
	Adequate lighting		✓	—	—	—	✓
	Wheel chair support		✓	X	X	X	X
	Other Intervention(s) Specify		✓	—	—	—	✓
	Nurse's Name:		Manisha	[illegible]	Nandini shweta	[illegible]	[illegible]
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		16/6	16/6	16/6	17/6	17/6
	Time:		8pm	2PM	2AM	8AM	5pm

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 16 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 18/6	DATE 18th	DATE 18/6	DATE 18/6	DATE 19/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	10	10	10	10

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✗	✗	✗	✗	✗
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair [illegible]		✗	✗	✗	✗	✗
Other Intervention(s) Specify		✓	✓	✓	✓	✓
Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]	Anitha
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		18/6	18th	18/6	19/6	19/6
Time:		1 AM	9 AM	[illegible]	12 AM	11 AM

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 18 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 19/6/26	DATE 20/6	DATE 20/6	DATE 20/6	DATE 20/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	10	10	10	10

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✗	✗	✗	✗	✗
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		✗	✗	✗	✗	✗
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Sreelatha	Gubbar	Nandi Swar	Nandi Swar	[illegible]
	Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
	Date:		19/6/26	20/6	20/6	20/6	20/6
	Time:		[illegible]	2AM	10AM	6pm	4pm

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 21/6	DATE 21/6	DATE 21/6	DATE 22/6	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
	Total		13	13	13	13	

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	
	Call device within reach		✗	✗	✗	✗	
	Wheels Locked		✓	✓	✓	✓	
	Room free of clutter		✓	✓	✓	✓	
	Adequate lighting		✓	✓	✓	✓	
	Wheel chair support		✗	✗	✗	✗	
	Other Intervention(s) Specify		✓	✓	✓	✓	
Nurse's Name:			Manas	Endu	[illegible]	Anitha	
Signature:			[signature]	[signature]	[signature]	[signature]	
Date:			21/6	21/6	21/6	22/6	
Time:			6 AM	4pm	11pm	1pm	

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Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/6/26	1Pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Sanjay
14/6/26	4pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	[signature]
14/6	11pM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
15/6/26	11Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manisha
15/6/26	3 pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manisha
15/6/26	10pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	[signature]
16/6/26	1pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Manisha
16/6/26	7pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	nil	[signature]
16/6	12Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	[signature]
17/6	8Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	[signature]

Re-assessment Frequency:

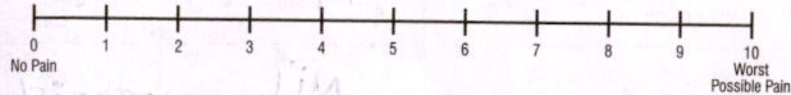
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Wong - Baker (Pediatrics) Above 7 Years

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/6	4pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	[signature]
17/6	10pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
18/6	9am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Indu
18/6	1pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Indu
18/6	4pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
18/6	11pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
19/6	5Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
19/6	1pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Aneef
19/6/26	5pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	[signature]
20/6/26	2Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	–	Sibham

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
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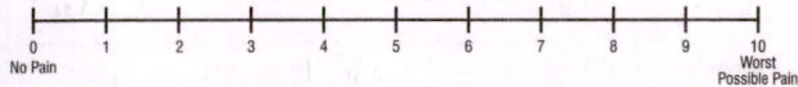
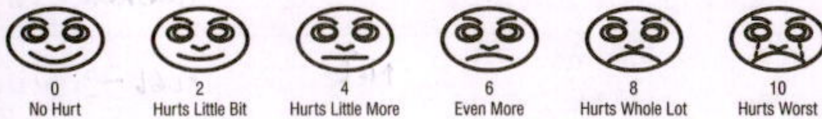
PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/6	10Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	NB8
20/6	6pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– –	NB8
20/6	11pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	nandh
21/6	10AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
21/6	4pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Pride
21/6	11pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	maneey
22/6	7Am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	manees
22/6	1pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Anitha
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:
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2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
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PAIN ASSESSMENT TOOLS

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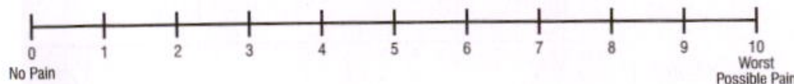

Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
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VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			15/6 DAY-2			16/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	–	–	–	–	–	–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–	–	–	–	–	–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	–	–	–	–	–	–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	–	–	–	–	–	–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	–	–	–	–	–	–	
		Signature of the Nurse		Sk	Sree	Caf	ML	ML	Sree	ML	[signature]	[signature]	

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Hema Name : Hema

Signature of Ward In Charge :

Signature : [signature] Name : Elizabeth

Doc. No. : RCHBH/ FRM / CLINICAL /137

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 14 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	17/6 DAY-1			18/6 DAY-2			19/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	–	–	–	–	–	–	–	–	–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–	–	–	–	–	–	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	–	–	–	–	–	–	–	–	–	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	–	–	–	–	–	–	–	–	–	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	–	–	–	–	–	–	–	–	–	
			Signature of the Nurse	[signature]	[signature]	Sub	[signature]	[signature]	Sub	Aneel	[signature]	[signature]	

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : [signature] Name : Priyanka

Signature of Ward In Charge :

Signature : [signature] Name : Elizabeth

Doc. No. : RCHBH/ FRM / CLINICAL /137

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	20/6 DAY-1			21/6 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-				
			Signature of the Nurse	NBS	NBS	M	[illegible]	[illegible]	[illegible]				

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : .... Name : ....

Signature of Ward In Charge :

Signature : .... Name : ....

Doc. No. : RCHBH/ FRM / CLINICAL /137

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

BRADEN 'Q' SCALE

Rainbow Children's Hospital — It takes a lot to treat the little.
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				Date :	14/6/26	14/6/26	15/6	15/6
				Time :	1pm	4pm	9AM	3pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be < 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	Su	[illegible]	ml	ml

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 15 D (F)
Dr. AKHEEL SYED RIZWAN

BRADEN 'Q' SCALE

				Date : / Time :	16/6 12am	17/6 8am	17/6 5pm	17/6 11pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	01
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	03
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	24
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

BRADEN 'Q' SCALE

					Date :	19/6	20/6	20/6	20/6
					Time :	8PM	4AM	12pm	8pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	28	28	28	28
					Evaluator's Name	[illegible]	[illegible]	NBS	NBS

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 20 D (F)
Dr. AKHEEL SYED RIZWAN

BRADEN 'Q' SCALE

				Date : Time :	2/6 4pm	2/6 16pm		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
				TOTAL SCORE	28	28		
				Evaluator's Name	[illegible]	[illegible]		

Severe Risk : less than 9 \| High Risk : 10-12 \| Moderate Risk : 13-14 \| Mild Risk : 15-18 \| Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 14/6/25

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	1:00	maintain fluid Balance.	1:30	maintained fluid Balance	- maintain Hydration	- patient is stable	[signature] 02pm 14/6/25
Afternoon	5pm	- Maintain fluid balance		→ Administered IVF DNS 20ml/hr.	- To Maintain hydration	- patient is stable	[signature] 14/6/2025 @ 5pm
Night	10:00 pm	→ hyperthermia	10:30 pm	→ patient having hyper pyrexia (101.5) syp. pyrexia crocin given	→ To reduce pyrexia	→ patient is stable	[signature]

CH /FRM / CLINICAL / 148

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 15/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9AM	- maintain fluid Balance	11Am	- Administered IV Fluid DNS 15ml/hr	- To maintain Hydration	- patient is stable	manisha 15/6/26 @2pm
Afternoon	3pm	- maintain fluid Balance - Ensure safety	5pm	- Administered IV Fluid DNS 15ml/hr - side rail kept up	- To maintain Hydration - prevent from fall risk	- Baby is stable	manisha 15/6/26 @8pm
Night	10pm	- Maintain Good nutritional status		provided DBM.	- oral intake is better	- Patient is stable	sreelatha 16/6/2026 @ 8Am

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 16/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	Ensure safety		side rail kept up	prevent from fall risk	Baby is stable	manisha 16/6/26 @2pm
Afternoon	3pm	=> Assessment => I/o chart => vital's		=> Assess of the child condition => I/o chart 6th hourly => monitor vital's are	=> IVIG given over 12th	Baby is Stable	Jeegnavi 16/6/26
Night		- Assessment Vitals monitor IVIG		- Assessed child condition - vitals monitored & recorded IVIG trasfusion given	Child condition is stable	child is hemodynamically stable	[illegible] 17/6/26 8Am

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA (F)
01-11-2025 0 Y 7 M 16 D
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

Date: 17/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		=> Assessment		=> Assessed the child condition	Oral intake is good	Child is stable	[signature] 17/6/26 at 10:30am
Afternoon	8pm	→ Check vitals signs		→ checked vitals signs	→ vitals are Normal	→ patient is stable	[signature] 17/6 @8pm
	5pm	→ Ensure Safety		→ To side rails kept up	→ To prevent falls risk		
Night	9pm	→ maintain good nutritional status	9pm	→ Provided by weaning diet	→ oral intake is good	Patient is stable	Subha 18/6 @8Am
	10pm	→ Ensure safety		→ Side rails kept up	→ Prevent from fall risk		

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

Date: 18/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00	maintain aseptic technique	9:30	maintained aseptic technique	- maintain aseptic-technique	- patient is stable	Indu
	1:00	- ensure safety	1:30	side rails kept up	- prevent from falls risk	- no fresh complaints	e2pm 18/6/26
Afternoon	4 pm	→ monitor vital signs	4:30 pm	→ monitored vital signs	→ vital signs are stable	→ patient is stable	[illegible] manasa
Night	9Pm	→ maintain good nutritional status	9Pm	→ Provided weaning soft diet	→ maintain Hydration	→ Patient is stable	subha 19/6 @ 8Am

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 17 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11 AM	→ maintain good nutritional status	11:30 AM	→ Advice to take more oral intake	→ oral intake was good	→ patient is stable	Manasa
Afternoon	5pm	→ maintain good nutritional status		provided the soft diet.	→ oral intake is good	→ patient is stable	Sreelatha on 19/6/26 @ 8pm
Night	8pm	→ Assessment → vital signs	8pm	→ Assessed the child condition → vitals are checked & recorded	→ child is active → vitals are normal	→ now child is stable	Subhan 20/6 @ 8AM

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

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NURSING CARE RECORD

Date: 20/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	- Assesse the general condition - Monitor vitals & Recorded - provide comfortable position	2pm	- Assessed the general condition - Monitored vitals & Recorded - provided comfortable position.	- vitals are normal.	- hemodynamically stable	Nandiswar 20/6/26 @ 2pm
Afternoon	2pm	- Assessment - vitals - Medications	8pm	- Assessed the general condition - Monitored vitals & Recorded	- vitals are normal	- hemodynamically stabled	Nandiswar 20/6/26 @ 8pm
Night	11pm	- Ensure safety		side rail kept up	- prevent from fall risk	- patient is stable	manish 21/6/26 @ 8am

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

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Date: 21/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 Am	Ensure safety	10:30 Am	→ side rails kept up	→ prevent from fall risk	→ patient is stable	manasa
Afternoon	3:00	maintain aseptic technique	3:30	maintained aseptic technique	prevent from infection	patient is stable	Radha 8pm 21/6/2
	7:00	provide comfortable position	7:30	provided comfortable position	to reduce discomfort	no fresh complaint	
Night	11:00	monitor vital signs	11:30	monitored vital signs	vital signs are normal	patient is stable	maneesha 8am 22/6/2
	7:00	ensure safety	7:30	side rails kept up	prevent from falls risk	no fresh complaint	

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 21 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11Am	Discharge Note :-		Doctor	Come for rounds & advice Discharge	Noted by Amitha 22/6 @11Am	
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

Date: ....

Goals

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

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

Docu. No: RCH /FRM / CLINICAL / 148

CONSENT FOR ~~BLOOD~~ IVIG TRANSFUSION

Name: SUHRUTHI KEYURA Age: 7m Gender: Male ☐ Female ☑

UHID.No : 00205843 Date: 16.6.26

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

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

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

....

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

Patient (Or Patient Relative / Guardian):

Signature: [signature]

Name: NAGARAJU

Date & Time 16th June 2026 02:00 PM

Doctor (Who is talking the consent)

Signature: [signature]

Name: Dr. Sameera

Date & Time 16.6.26 ; 2:00 PM

Witness

Signature: Lavanya

Name: Lavanya

Date & Time 16th June 2026 02:00 pm

Doc. No. : RCH / FRM / CLINICAL / 014

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: .... వయస్సు: .... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : .... తేదీ: ....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు........................

నేను .... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్ధం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు ....

....

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

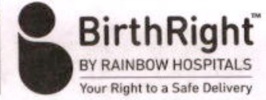
సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం ....
పేరు	పేరు ....
తేదీ మరియు సమయము	తేదీ మరియు సమయము ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT



Name: Suhruthi Keyura Age: 7m Gender: Male ☐ Female ☑

UHID.No : 00205843 Date: 16·6·26

I NAGARAJU KASUKURTHI S/o, ~~D/o~~, W/o, RAMESH BABU hereby declare that our patient ~~Master~~/Baby Suhruthi who is related to me as daughter is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 16·6·26

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

Immunoglobulin infusion

The doctors have clearly explained to me that my patient ~~Master~~/ Baby Suhruthi during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed \upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child ~~Master~~/Baby : Suhruthi daughter in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: Nagaraju

Name: NAGARAJU

Relationship with Patient: FATHER

Date & Time: 16th June 2026, 2:00 pm

Witness :

Signature: Lavanya

Name: Lavanya

Date & Time: 16th June 2026, 2:00 pm

Doctor (who is taking the consent) :

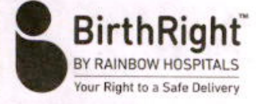
Signature: Sameera

Name: Dr. Sameera

Date & Time: 16·6·26, 2:00 PM

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

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి



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

యు.హెచ్.ఐ.డి ....

నేను .... s/o. d/o. w/o . ...

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

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

....

....

....

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

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

సాక్షి

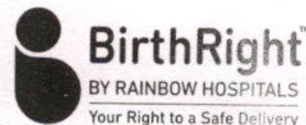
సంతకము ....

పేరు ....

తేదీ మరియు సమయము ....

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

Rainbow Children's Medicare Ltd.
3-7-222 & 3-7-223, Sy. No. 51 & 54, Opp. New Karkhana Police Station
Karkhana Main Road, Kakaguda, Secunderabad - 500009.
Tel :+91-40-4246 2200, 2789 5050, 2789 6060.
GST: 36AABCR4014M1ZE **email:** vrchbilling@rainbowhospitals.in
CIN: L85110TG1998PLC029914 www.rainbowhospitals.in



Date: 16.06.2026

To,
In-charge Outpatient Department,
Rainbow Children's Hospital,
Banjarahills.

Dear Madam,

Sub: Extend Credit Facility to the TPA Pt for Following 2D ECHO

You are requested to kindly extend the credit facility for. Baby SUHRUTHI KEYURA KASUKURTHI .

0 YEARS 07 MONTHS 15 DAYS FEMALE patient has 2D ECHO . The patient is admitted at our hospital UHID – VIH-00205843 with vide IP-00060343 . Kindly extend the credit facility to the patient and we shall settle the amount at the earliest.

Thanks and Regards

Shashikanth Goud

Manager-Billing

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

CONSULTATION FORM

Doctor Name : Dr. SRUTHI

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

Hospital ....

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 14 D (F)
Dr. AKHEEL SYED RIZWAN

Referred ... ement

☐ Transi...

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

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

Date : 15/6/26 Time : 3pm By : ....

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

Signature: M.D.

Report of Findings and Recommendations :

AFI c̄ rash.

Non Macular – ? Vasculitis
→ Purpuric/echymotic rash.
→ Mild Hepatomegaly (+).

CUE – No Protein
No RBC.

Viral Exanthem
? Infectious Vasculitis
? Incomplete Kawasaki

Adv
- Dengue NS1, PT/INR APTT
- C3, C4
- S. IgA
- ANA.
- LDH, Ferritin
- LFT
- 2D ECHO
- USG abdomen.
- Weilfelix

Consultant :

Name : DR. SRUTHI Signature : Sruthi Date & Time : 15/06/2026.

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

CIN: L85110TG1998PLC029914 www.rainbowhospitals.in

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Name: Suhruthi Kerra Age: 7M Gender: Male ☐ Female ☑

UHID.No : 00805843 Date: 19/6/26

I Nagaraju Kasukurthi S/o, ~~B/o, W/o,~~ Ramesh Babu hereby declare that our patient Master/~~Baby~~ Suhruthi who is related to me as daughter is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 19/6/26

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

Immunoglobulin infusion

The doctors have clearly explained to me that my patient ~~Master~~ / Baby Suhruthi during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed \upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Suhruthi daughter in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: [signature]

Name: NAGARAJU . K

Relationship with Patient: FATHER

Date & Time: 19/06/2026 11:37 PM

Witness :

Signature:

Name:

Date & Time:

Doctor (who is taking the consent) :

Signature: [signature]

Name: Dr Sweety

Date & Time: 19/6/2026 11.35 PM

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

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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

యు.హ్.ఐ.డి ....

నేను .... s/o. d/o. w/o . ...

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

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

....

....

....

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

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

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

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

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

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకము ....
పేరు	పేరు ....
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)	తేదీ మరియు సమయము ....
సంతకము	
పేరు	

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

CONSENT FOR ~~BLOOD~~ IVIG TRANSFUSION

Name: SUHRUTHI KEYURA Age: 7M Gender: Male ☐ Female ☑

UHID.No : 00205843 Date: 19/6/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☑ Others Immunoglobulin.

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

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

....

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

Patient (Or Patient Relative / Guardian):	**Doctor (Who is talking the consent)**
Signature: [signature]	Signature: [signature]
Name: NAGARAJU. K	Name: Dr Sweety
Date & Time 19/06/2026 : 11:35pm	Date & Time 19/6/2026 , 11.35 PM

Witness

Signature: ....

Name: ....

Date & Time ....

Doc. No. : RCH / FRM / CLINICAL / 014

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: .... వయస్సు: .... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : .... తేదీ: ....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా	☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు	☐ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్	☐ ఒకే ధాత ప్లేటిలెట్స్	☐ Whole Blood
☐ మొత్తం రక్తం	☐ ఎర్ర రక్త కణం	☐ ఇతరులు..........................

నేను .... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు ....

....

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

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

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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

CONSULTATION FORM

Rainbow® Children's Hospital | BirthRight™ Hospitals

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 15 D (F)
Dr. AKHEEL SYED RIZWAN

Doctor Name : Ummaheja

Date : 16/6/26 Hour : 9Am

H... : Dr. CH

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-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 14 D (F)
Dr. AKHEEL SYED RIZWAN

Signature: M.D.

Report of Findings and Recommendations :

Fever - 10 days
Rashes (+)
Irritable.

O/E
S.S (+).
No audible murmur.

Hb = 8.5 g/dL ↓
Plt = 4.95 L/mm3 ↑
WBC = 22 K ↑
CRP = 136 mg/L ↑

Consultant :

Name : Dr. Ummaheja Signature : .... Date & Time : 16/6/26. 9 a

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

ECHO

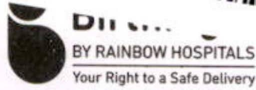
- SS / Levocardia.
- Tiny PFO ē L→R shunt
- Mildly dilated proximal coronaries
  - LMCA - 2.4mm (+2.7)
  - LAD - 2mm (+2.67)
  - RCA - 1.6mm (+1.01).
- GBVF
- No PE / Clot / vegetation.

CA/c Dr. Aveel for

Rx:

1. Counselled.
2. Inj IVIG - 2g/kg over 12 hrs
   post test dose.
3. Tab. Aspirin 30mg/kg/Day
   ↳ in 4 divided dosage.
4. To be reviewed after 3 days / hos

[signature]



BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

CONSULTATION FORM

Doctor Name : Dr. Murtaza Kamal (Peds. Cardiologist)

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

Hospital : 19/06/2026

Type of Referral : ☐ Emergency (within one hr.) ☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Date : 19/6/26 Time : 10:30 AM By : ....

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

Signature: M.D.

Report of Findings and Recommendations :

- Δ c/o incomplete KD.
  - Had mild coronary dilation
  - Received IVIG / Aspirin

Had 1 episode of fever yesterday u/w.
activity improved.

O/E:
S - S① - MO

P/C - 4.95 → 2.48 (N)
CRP - 136 → 179.
TLC - 21.5 → 18.39.

Consultant :

Name : .... Signature : .... Date & Time : 19/6/26 @ 10:30 AM

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

CIN: L85110TG1998PLC029914

Rx:

1. Counselled parents
2. To observe today for fever
   ↳ if afebrile → can be planned for D/S tomorrow.
3. Tab. Aspirin - 30mg/kg/Day
   ↳ in 4 divided doses
4. F/u c̄ me on Monday at [illegible]

Diagnosis

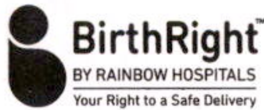
Echo

Sttfn Ⓝ Heme.

coronaries
- LMCA - 2mm ( )
- LAD - 1.9mm ( )
- RCA - 1.6mm ( )

[signature]

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 21 D (F)
Dr. AKHEEL SYED RIZWAN



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Your Right to a Safe Delivery

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

CONSULTATION FORM

Doctor Name : Dr Sandhya V

Date : 22/6/26 Hour : ....

Hospital : ....

Type of Referral : ☐ Emergency (within one hr.) ☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

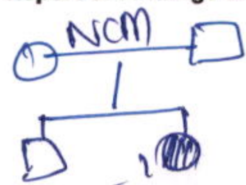
Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

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

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

Signature: M.D.

Report of Findings and Recommendations :



2DECHO : proximal dilated
C16/6 coronaries.
↓
rpt 19/6
improved

fever c 25 days
mod – high grade
c macular/urticarial rashes
? Kawasaki disease

IVIG 14/6 2g/kg.
146 21/6

m-Aspirin | methyl pred

rpt ferritin @ 21/6 → 2790
fibrinogen 165
TG 473 Δ atypical Kawasaki
LDH 844
2 ① 2° HLH

CBP		
Hb	8.5 →	7
WBC	21,560 →	40,680
N	59% →	75!
Plt	4.95 →	3.41

Widal -ve
Blood c/s
urine c/s (N)
3/ C4
ANA -ve
CRP @ 15/6 -ve
LFT (N). ferritin 2670
LDH 858

fever (P)
→ c/t methyl pred → change to oral ommacortil after 1 day if well
→ c/t aspirin as per cardio team
→ rpt CBP, LFT, ferritin } 5 days

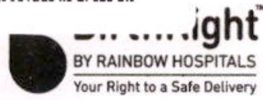
Consultant :

Name : Dr Sandhya V Signature : Date & Time : 22/6

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

in case of further high grade
fever → consider Dexamethasone
& send CSF for
PID/HLH

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 21 D (F)
Dr. AKHEEL SYED RIZWAN



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

CONSULTATION FORM

Doctor Name : Dr. Navinath Kamal (Pedi. Cardiology)

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

Hospital : 22/06/2024

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:

Signature: M.D.

Report of Findings and Recommendations :

A c/o KD c coronary involvement (Atypical).

↳ Received IVIG

↓

Refractory → 2nd dose of IVIG.

- Steroids.
- Aspirin - 80mg/kg/Day.

Afebrile now.

O/E

- [illegible] irritable.
- Bruising, 100 kg
- [illegible], NAD.

Consultant :

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

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

ECHO

Stiffin @ Heuell

walls – 1.8mm
LAD – 1.4mm.
RCA – 2mm

Rx!

1. Fit for D/S from cardiac side.
2. Tab. Aspirin (Ecosprin) – 1/2 TAB
75mg
35mg. P/O OD
post meals
3. Tapering of steroids.
1 week | 6hrs
4. Rx after

[signature]

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby SUHRUTHI KAYURA KASUKURTHI**	**Age :**	**0 Y 7 M 13 D**
IP No:	**IP-00060343**	**Sex:**	**Female**
Consultant:	**Dr. AKHEEL SYED RIZWAN**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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.
2 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. Nagaraju
Relationship: Father
Date: 14/6/26
Time: 12:20 pm
Wittness Name: Mukesh
Wittness Signature:

Patient Address:
1-8-494/10, vikar nagar, begumpet
Begumpet Hyderabad Telangana
INDIA 500016

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

:. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/6/26..... Time:

Time	1 pm	3:40 pm	5 pm	6 pm	7 pm	10:30 pm	12 am	2 am	4:30 am	7 am
Doctor/Nurse/Family Concern?										
Temperature (°F)	98.6°F	100.0°F	99.9°F	100.7°F	99.1°F	101.5°F	98.1°F	98.6°F	102.1°F	98.8°F
Medication noted		SYP Crocin DS		SYP Ibugesic		SYP. Crocin			SYP - Ibugesic	
Heart Rate (bpm) and Blood Pressure (mmHg) *						100/60 (70)			99/55 (68)	
Heart Rate (Number)	112	121	116	120	124	120	113	115	121	125
Resp Rate (Number)	24	26	24	26	28	27	26	26	27	26
Resp Distress (Mod/Severe; None/Mild)	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) / O_2 Saturations (%)	98	98	99	98	99	15	15	15	15	15
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	1	0	1		0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS	Score	Action
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 incharge and PICU /NICU fellow or PICU/NICU 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-00205843 IP-00060343
Baby SUHRUTHI KEYURA (F)
01-11-2025 0 Y 7 M 14 D
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

15/6/26

Date: 15/6/26 Time:	9 AM	11 AM	1 PM	2 PM	3 PM	5 PM	7 PM	9:30 PM	11 PM	1 AM	3 AM	5:30 AM	6:30 AM
Temperature (°F)	98.6°F	98.6°F	98.6°F	102.0°F	98.6°F	98.6°F	98.6°F	100.2°F	100.4°F	98.6°F	98.6°F	101.9°F	99.6°F
Medication				Syp. Ibuprofen				Syp. PCM	Syp. Ibugesic			Syp. Ibugesic	
Heart Rate (Number)	120	122	119	120	124	121	115	121	116	119	122	126	118
Resp Rate (Number)	30	34	32	30	35	30	35	36	32	29	30	29	30
Resp Distress (Mod/Severe / None/Mild)	N	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min)													
O_2 Saturations (%)	98	99	99	98	100	99	98	100	99	98	99	98	99
Conscious Level (Normal / Altered)	N	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	15
TOTAL SCORE Number of shaded boxes	0	0	0	1	0	0	0	1	1	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	M	M	M	S	S	S	S	S	S

Temperature (°F) scale: 94–104. Heart Rate (bpm) and Blood Pressure (mmHg) * scale: 50–190. Resp. Rate (bpm) (Over 1 Minute) * scale: 10–70.

Note: BP does not score in early warning scoring

ACTIONS	
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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

* 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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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 02/ 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-00205843 IP-00060343
Baby SUHRUTHI KEYURA (F)
01-11-2025 0 Y 7 M 15 D
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

16/6/26

Date: .... Time:	9 am	11 am	12:20 pm	1 pm	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8

Doctor/Nurse/Family Concern?

Temperature (°F) (scale 94–104): 98.6°F, 98.6°F, 100.4°F (SYP (paracetmol)), 98.6°F, [illegible further readings; SYP-PCM given; Sponging given]

Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)

Note: BP does not score in early warning scoring

BP (handwritten): 140/60, 100/55, 86/49, 100/60, 102/55, 96/64, 104/72, 106/62, 96/72, 80/64, 89/50; (71), (71), (61), (80), (75), 76, 84, 74, 82, 73, 59

Heart Rate (Number): 120, 124, 122, 128, 149, 130, 160, 190, 180, 157, 192, 201, 196, 187, 177, 189, 170, 169, 174, 153, 164, 152

Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)

Resp Rate (Number): 32, 30, 34, 30, 30, 30, 47, 40, 63, 28, 30, 26, 26, 33, 34, 37, 32, 29, 24, 33, 31, 28

Resp Distress	Mod/ Severe	
	None / Mild	N, N, N, N

Receiving O_2 (l/min)

O_2 Saturations (%): 98, 97, 98, 99, 99, 96, 96, 97, 96, 96, 99, 99, 96, 97, 95, 96, 93, 96, 94, 97, 95

Conscious Level	Normal	N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N
	Altered	

GCS *: 15, 15, 15, 15, 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, 0, 0, 0, 0

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

Observer's Initials: M, M, M, M, M, M, M, M, M, M, 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
	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 incharge and PICU /NICU fellow or PICU/NICU 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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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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-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 15 D (F)
Dr. AKHEEL SYED RIZWAN

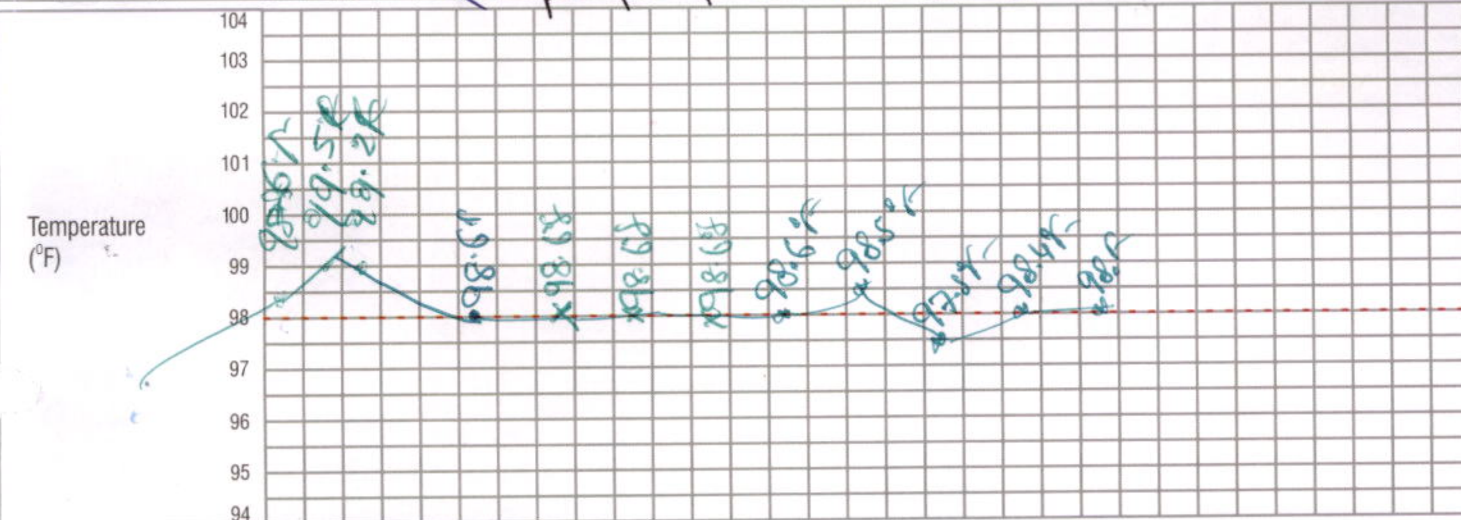
Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

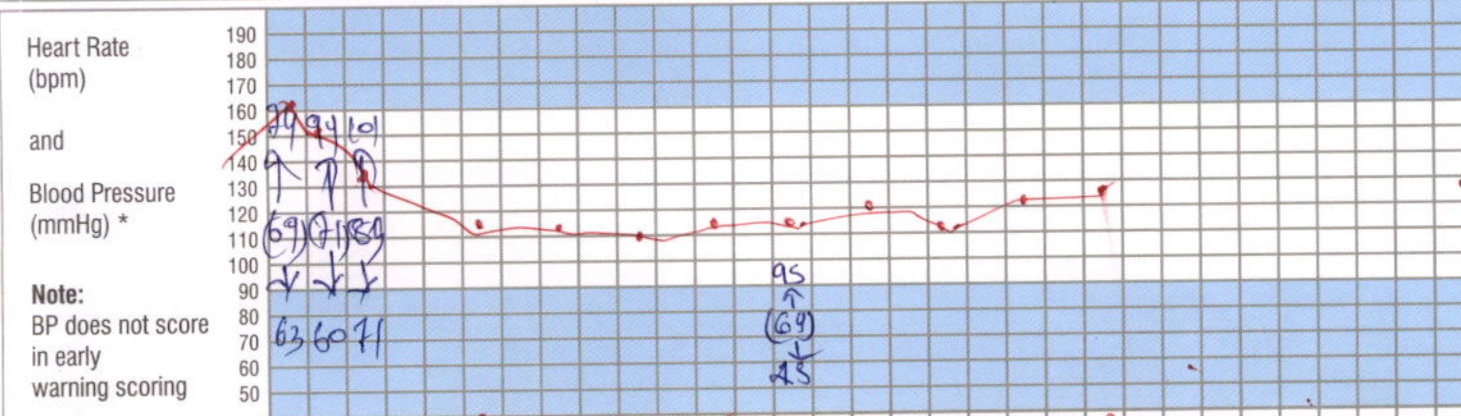
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/6/26

Time:	8	9	10	[illegible] Am	3 pm	5 pm	7 pm	10 pm	12 Am	3 Am	5 Am	7 Am
Doctor/Nurse/Family Concern?												



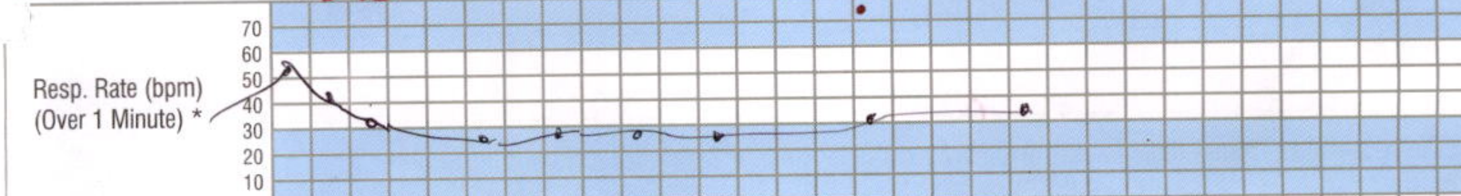
Temperature (°F)	98.[illegible]	99.5	99.2	98.6	98.6	98.6	98.6	98.6°F	98.5°F	97.8	98.4	98.6



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

Note: BP does not score in early warning scoring

	8	9	10	[illegible] Am	3 pm	5 pm	7 pm	10 pm	12 Am	3 Am	5 Am	7 Am
Blood Pressure	99/63 (69)	94/60 (71)	101/71 (81)					95/45 (69)				
Heart Rate (Number)	153	150	145	118	112	110	115	116	120	113	121	123



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

	8	9	10	[illegible] Am	3 pm	5 pm	7 pm	10 pm	12 Am	3 Am	5 Am	7 Am
Resp Rate (Number)	51	45	30	27	26	28	26		30		36	
Resp Distress: Mod/ Severe												
Resp Distress: None / Mild												
Receiving O_2 (l/min)												
O_2 Saturations (%)	99	96	99	98	99	100	99	97	99	98	96	98
Conscious Level: Normal			N	N	N	N	N	N	N	N	N	N
Conscious Level: Altered												
GCS *	[illegible]	[illegible]	[illegible]	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
Observer's Initials	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	SK	SK	SK	SK	SK

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU 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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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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-00205843 IP-00060343
Baby SUHRUTHI KEYURA (F)
01-11-2025 0 Y 7 M 16 D
Dr. AKHEEL SYED RIZWAN

No. : RCH/ FRM / CLINICAL / 124

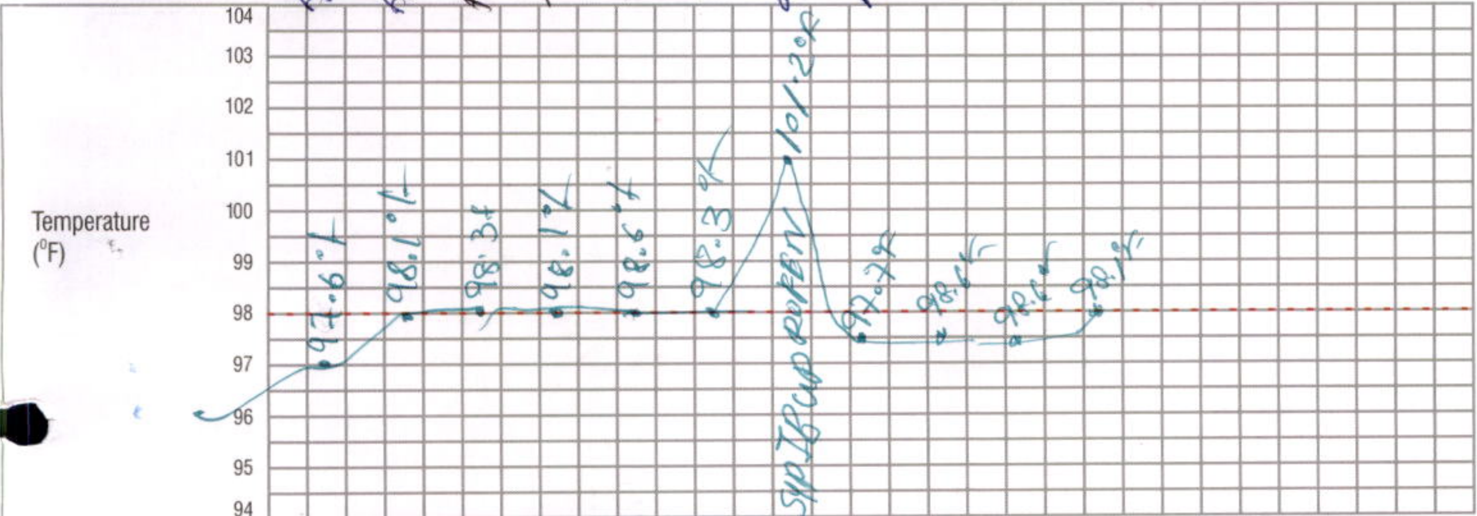
INFANT (<1 year)

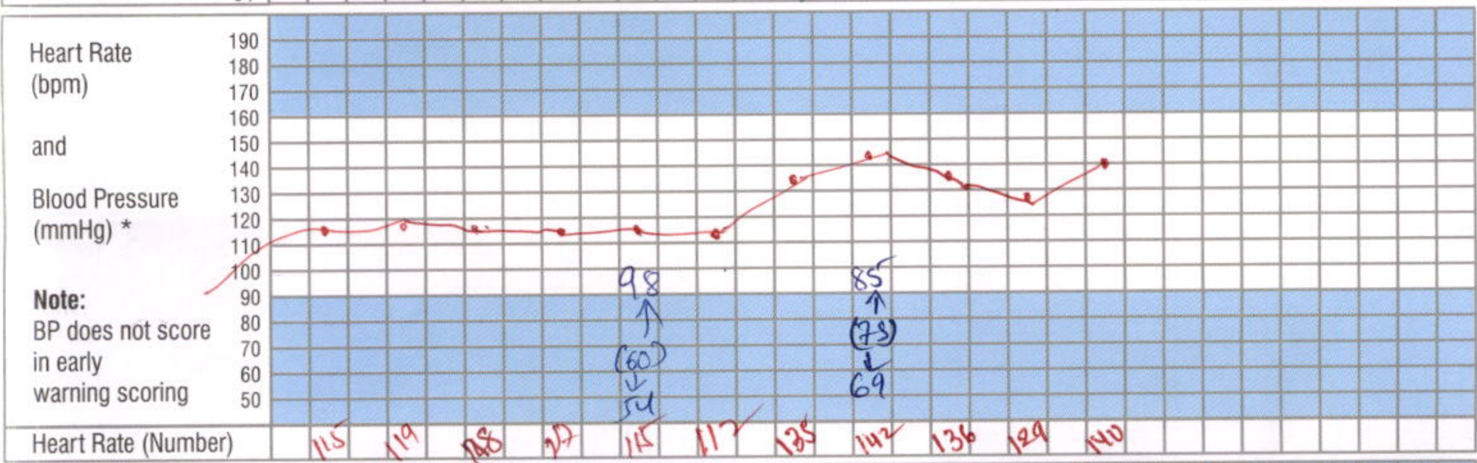
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

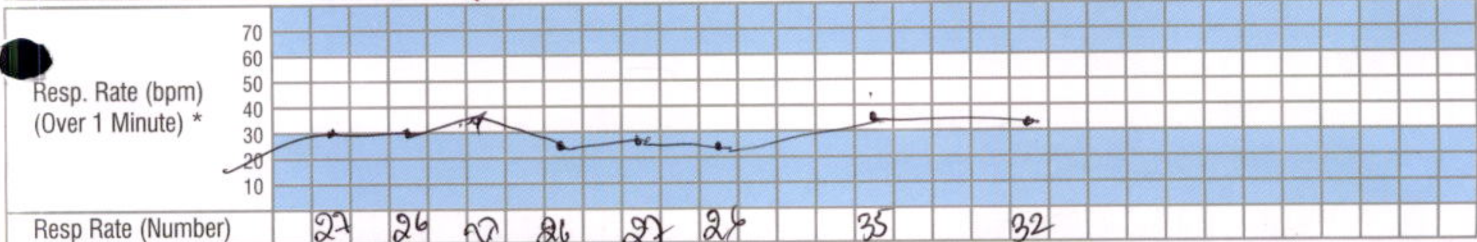
Date: 18/6/26

Time:	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9:30 PM	11:45 PM	2 AM	5 AM	7 AM
Doctor/Nurse/Family Concern?											





	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9:30 PM	11:45 PM	2 AM	5 AM	7 AM
Heart Rate (Number)	115	119	118	117	115	112	135	142	136	129	140



	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9:30 PM	11:45 PM	2 AM	5 AM	7 AM
Resp Rate (Number)	27	26	27?	26	27	26		35		32	
Resp Distress – Mod/ Severe											
Resp Distress – None / Mild											
Receiving O_2 (l/min)											
O_2 Saturations (%)	97	98	98	97	98	97	99	100	98	96	97
Conscious Level – Normal	N	N	N	N	N	N	N	N	N	N	N
Conscious Level – Altered											
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	1	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	SK	SK	SK	SK	SK

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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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-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 17 D (F)
Dr. AKHEEL SYED RIZWAN

No.: RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

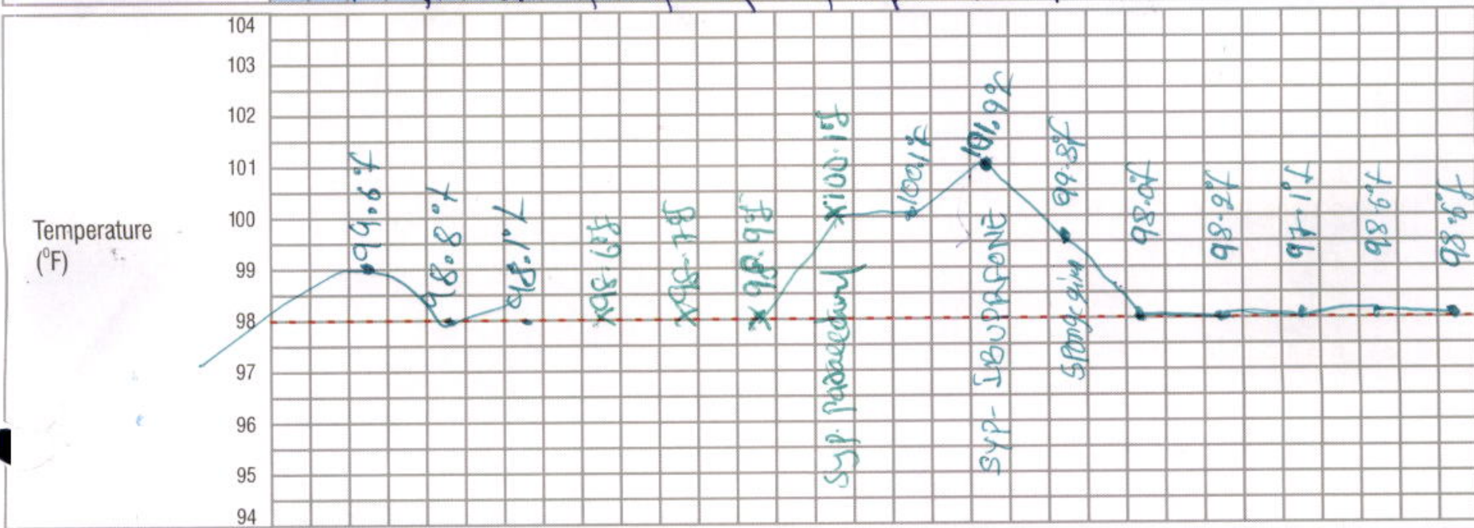
Children's Observation & Early Warning Scoring Chart

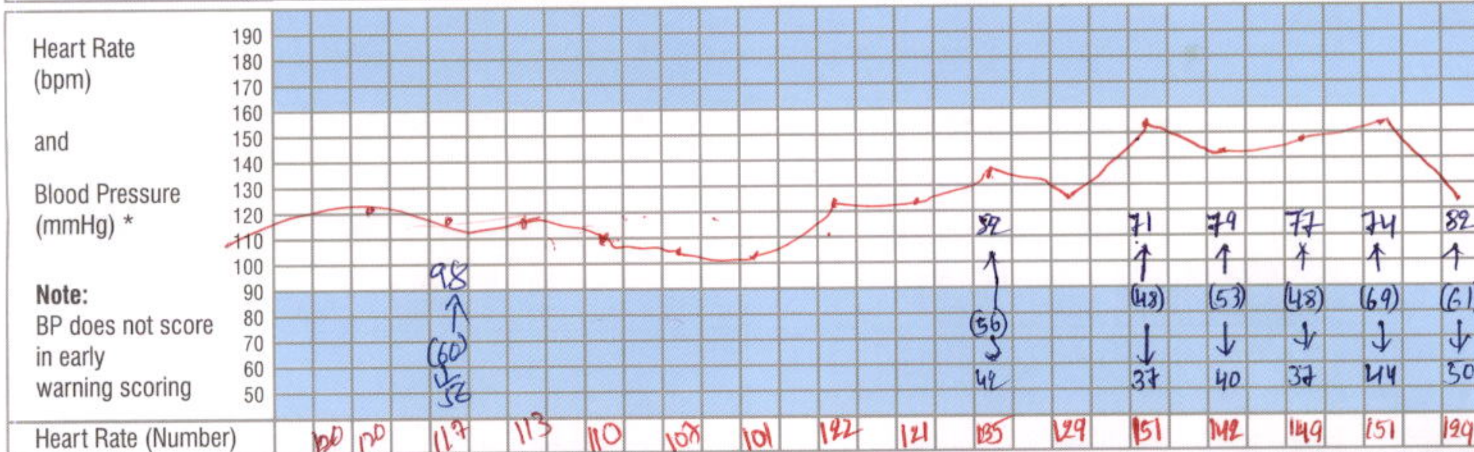
Rainbow® Children's Hospital — It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

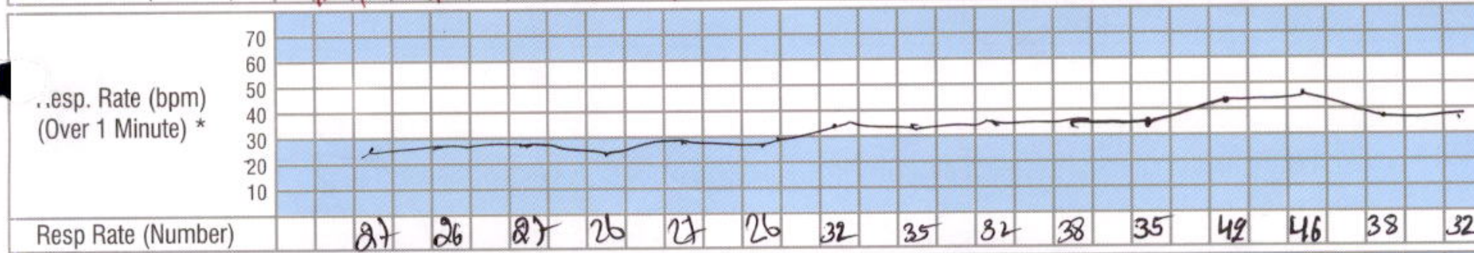
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/6/26 … 20/6/26





Time		10 AM	11 AM	1 PM	3 pm	5 pm	7 pm	8 pm	9:30 pm	10:50 pm	11:50 pm	2 AM	3 AM	4 AM	5 AM	6 AM
Heart Rate (Number)	120	120	117	113	110	108	101	122	121	135	129	151	142	149	151	129



Date: 19/6/26 Time:	10 AM	11 AM	1 PM	3 pm	5 pm	7 pm	8 pm	9:30 pm	10:50 pm	11:50 pm	2 AM	3 AM	4 AM	5 AM	6 AM
Doctor/Nurse/Family Concern?															
Resp Rate (Number)	27	26	27	26	27	26	32	35	32	38	35	42	46	38	32
Resp Distress — Mod/ Severe															
Resp Distress — None / Mild															
Receiving O_2 (l/min)															
O_2 Saturations (%)	97	98	97	98	99	98	94%	98%	94%	98%	98%	96%	98%	97%	96%
Conscious Level — Normal	N	N	N	N	N	P	N	N	N	N	N	N	N	N	N
Conscious Level — Altered															
GCS *	15	15	15	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	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	No	Me	Me	S	S	SY	S	S	S	S	T	T	T	T	T

ACTIONS	Score	
	Score 1	Continue normal observation by staff nurse
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NB: Scores 3 should be recorded overleaf	Score 3	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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BirthRi[ght]
BY RAINBOW HOSPI[TALS]
Your Right to a Safe Deli[very]

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

F. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/6/22 Time:	7	8	9	10 12 2 3 4 3	4	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	AM	AM					pm	pm	pm	AM	AM	AM	AM
Temperature (°F) (104–94)	98.6F	98.6F				98.6F	98.3F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	90 ↑ 58 ↓ 46	82 ↑ (56) ↓ 42											
Heart Rate (Number)	142	126				118	120	130	122	130	132	134	132
Resp. Rate (bpm) (Over 1 Minute) * (70–10)													
Resp Rate (Number)	42	38				30	35	32	34	35	36		
Resp Distress — Mod/ Severe													
Resp Distress — None / Mild													
Receiving O_2 (l/min)													
O_2 Saturations (%)	100	99%	99			98	98						
Conscious Level — Normal	N	N				N	N						
Conscious Level — Altered													
GCS *	15	15				15	15						
TOTAL SCORE Number of shaded boxes	0	0				0	0						
Pain Score	0	0				0	0						
Observer's Initials	T	T				[illegible]	[illegible]						

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU 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-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

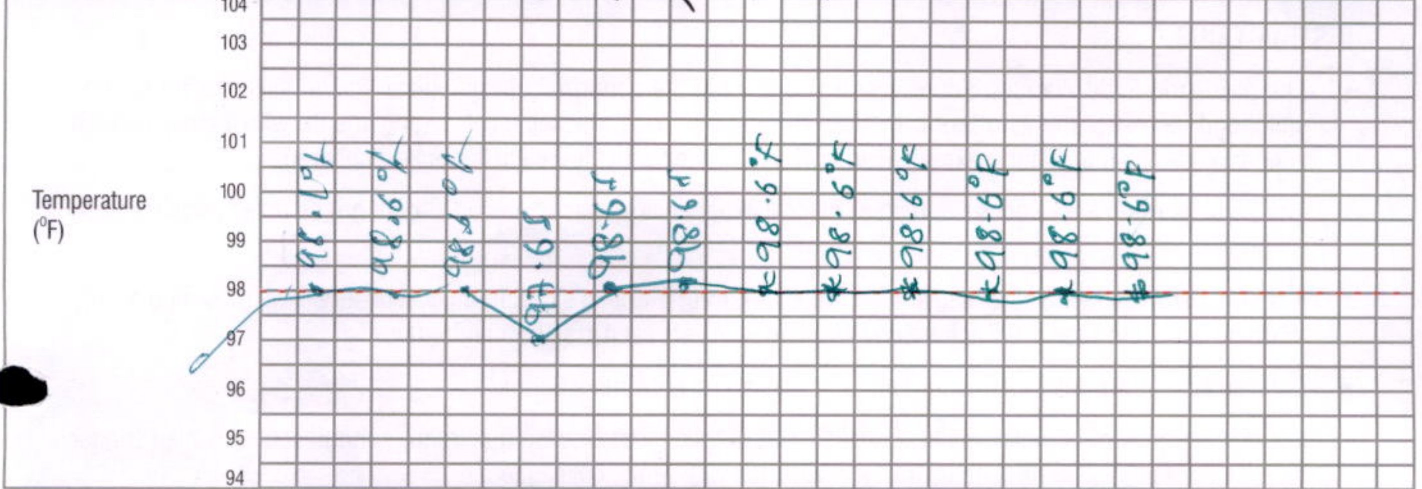
/ CLINICAL / 124

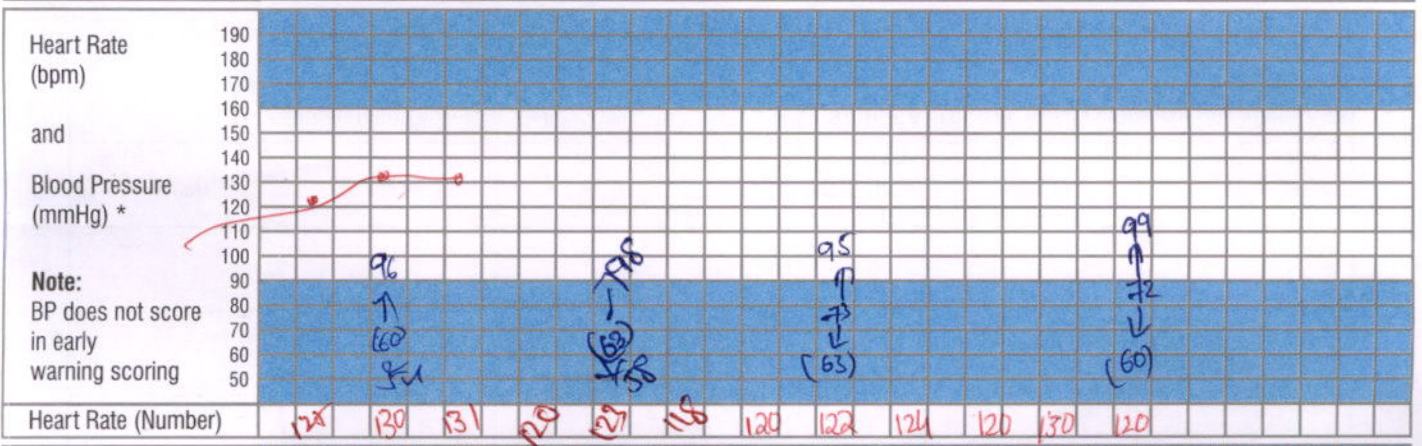
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/6 Time:	9 Am	11 Am	1 pm	3 pm	5 pm	7 pm	9 pm	11 pm	1 Am	3 Am	5 Am	7 Am
Doctor/Nurse/Family Concern?												
Temperature (°F)	98.1°F	98.6°F	98.0°F	97.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		96/54 (60)			98/58 (68)		95/63 (73)					99/60 (72)
Heart Rate (Number)	124	130	131	120	127	118	120	122	124	120	130	120
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	28	29	30	28	30	28	30	32	29	28	32	30
Resp Distress: Mod/ Severe												
Resp Distress: None / Mild												
Receiving O_2 (l/min)												
O_2 Saturations (%)	97	98	99	98	99	98	98	99	98	97	98	99
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	M	N	N
Conscious Level: Altered												
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	M	M	M	[illegible]	[illegible]	[illegible]	M	M	M	M	M	M

Note: BP does not score in early warning scoring





ACTIONS	
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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

* 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:

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

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

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 20 D (F)
Dr. AKHEEL SYED RIZWAN

No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter		
Date: .... Time:	9 AM	11 AM
Doctor/Nurse/Family Concern?		
Temperature (°F) (104–94)	98.6F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	85/62 (69)	
Heart Rate (Number)	110	118
Resp. Rate (bpm) (Over 1 Minute) * (70–10)		
Resp Rate (Number)	34	36
Resp Distress: Mod/ Severe; None / Mild	N	N
Receiving O_2 (l/min)		
O_2 Saturations (%)	98	98
Conscious Level: Normal; Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	A	A

Note: BP does not score in early warning scoring

Noted by Anitha 9/2/26 @11 AM

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA (F)
01-11-2025 0 Y 7 M 13 D
Dr. AKHEEL SYED RIZWAN

(1)

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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
14/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am										0	Sindhu
	12:00 pm		PBF									@2pm
	01:00 pm			20ml								14/6/26
Total Intake : 20ml						Total Output :						
	02:00 pm		DBF	20ml								
	03:00 pm			20ml						✓		Sreekanth
	04:00 pm			20ml							0	14/6/26
	05:00 pm		DBF	20ml								@ 8pm
	06:00 pm			20ml						✓		
	07:00 pm											
Total Intake : 100ml						Total Output :						
	08:00 pm											
	09:00 pm		DBM	20ml			✓					
	10:00 pm			20ml								
	11:00 pm			20ml						✓		Manasa
	12:00 am			20ml								15/6
	01:00 am									✓		@7am
Total Intake : 80ml						Total Output :					0	
	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	200ml	Total 24 hrs. Output	5 times

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

15/6/26

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

Date	Time	Nature of Fluid	Intake – Route: Mouth	Intake – Route: I.V	Intake – Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
15/6/26	08:00 am		DBM									Manisha 15/6/26 @2pm
	09:00 am									✓		
	10:00 am		DBM								0	
	11:00 am											
	12:00 pm		DBM	15ml						✓		
	01:00 pm			15ml								
Total Intake : 30ml						**Total Output :** 2 times						
15/6/26	02:00 pm			15ml								
	03:00 pm			15ml						✓		
	04:00 pm			15ml							0	
	05:00 pm											
	06:00 pm									✓		
	07:00 pm											
Total Intake : 45ml						**Total Output :** 2 times						
	08:00 pm		DBM	15ml								Sreekanth 16/6/26 @8Am
	09:00 pm			15ml						✓		
	10:00 pm		DBM	15ml								
	11:00 pm			15ml								
	12:00 am			15ml						✓		
	01:00 am			15ml								
Total Intake : 60ml						**Total Output :** 2 times					0	
	02:00 am			15	[illegible]							
	03:00 am				[illegible]					✓		
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake : 15						**Total Output :** 1 time						

Total 24 hrs. Intake	135 ml

Total 24 hrs. Output	7 times

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA (F)
01-11-2025 0 Y 7 M 13 D
Dr. AKHEEL SYED RIZWAN

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

FLUID CHART

Sheet No. : 3

16/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/6/26	08:00 am		DBM									Manisha 16/6/26 @2pm
	09:00 am									✓		
	10:00 am		DBM								0	
	11:00 am											
	12:00 pm		DBM							✓		
	01:00 pm											
Total Intake :						Total Output :						
16/6/26	02:00 pm			IVIG							0	16/6/26 @8pm
	03:00 pm		DBM	0.5ml						100ml	0	
	04:00 pm		Lactogen PRO 140ml	16ml							0	
	05:00 pm			16ml							0	
	06:00 pm									100ml	0	
	07:00 pm										0	
Total Intake :						Total Output :						
	08:00 pm		Kichidi paste	25ml						100ml	0	ABS
	09:00 pm			25ml							0	
	10:00 pm		formula milk 140 ml	25ml						200ml	0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am			25ml							0	
Total Intake :						Total Output :						
	02:00 am			25ml							0	ABS
	03:00 am			25ml							0	
	04:00 am			25ml							0	
	05:00 am			25ml						100ml	0	
	06:00 am		formula milk 140ml	25ml							0	
	07:00 am			25ml							0	
Total Intake : 580.5ml						Total Output : 500ml						

Total 24 hrs. Intake	3.4 cc/kg/day	Total 24 hrs. Output	2.9 cc/kg/24 hours

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 4

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
16/6	08:00 am									✓	0	
	09:00 am		DBF	25ml Stop							0	
	10:00 am		x								0	17/6/26 @10pm
	11:00 am		DBF									
	12:00 pm									✓		
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm		ORS								0	Sreelakshmi 17/6/26 @ 8pm
	04:00 pm											
	05:00 pm									✓		
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
17/6	08:00 pm											
	09:00 pm		DBF									
	10:00 pm		Khichdi									
	11:00 pm									✓	0	Subha 17/6
	12:00 am		DBF									
	01:00 am											
Total Intake :						Total Output :						
18/6	02:00 am											
	03:00 am		DBF									
	04:00 am											Subha 18/6 @8am
	05:00 am		DBF							✓	0	
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	5 times

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 15 D (F)
Dr. AKHEEL SYED RIZWAN

FLUID CHART

Sheet No. : 5

18/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
18/6	08:00 am									✓		
	09:00 am		DBF							✓		
	10:00 am		×							✓	0	
	11:00 am									✓		
	12:00 pm		DBF							✓		
	01:00 pm											
Total Intake :						Total Output :						
18/6	02:00 pm											
	03:00 pm		FF(60ml)									
	04:00 pm									✓		
	05:00 pm		FF(90ml)								0	
	06:00 pm											
	07:00 pm		DBF							✓		
Total Intake :						Total Output :						
18/6	08:00 pm											
	09:00 pm		DBF									
	10:00 pm										0	
	11:00 pm		DBF							✓		
	12:00 am											
	01:00 am		DBF									
Total Intake :						Total Output :						
19/6	02:00 am											
	03:00 am		DBF							✓		
	04:00 am										0	
	05:00 am		DBF									
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

Nurse signatures: Bindu 02PM 18/6; Manasa 18/6 07PM; Subha 19/6 @8AM

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

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

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

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FLUID CHART

Sheet No. : ....(6)....

19/6/26

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

Date	Time	Nature of Fluid	Intake Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
19/6	08:00 am									✓		Manasa 19/6 @8pm
	09:00 am		FF (1cam)									
	10:00 am											
	11:00 am		FF								0	
	12:00 pm									✓		
	01:00 pm		FF									
Total Intake :						**Total Output :**						
	02:00 pm									✓		Sreedevi Sr 19/6/2026 @8pm
	03:00 pm		ff									
	04:00 pm										0	
	05:00 pm											
	06:00 pm		ff							✓		
	07:00 pm											
Total Intake :						**Total Output :**						
18/6	08:00 pm											Subr 20/6 @1Am
	09:00 pm											
	10:00 pm		FF									
	11:00 pm									✓	0	
	12:00 am		DBF									
	01:00 am									✓		
Total Intake :	IVIC → IVZC					**Total Output :**						
20/6/26	02:00 am			16ML							0	Thanu 20/6/26 @8AM
	03:00 am			16ML							0	
	04:00 am			16ML							0	
	05:00 am			16ML							0	
	06:00 am		Formula feed	16ML	Inj. Ceftriaxone 10ML					120ML	0	
	07:00 am		100ML	16ML							0	
Total Intake : 196 ML → 112 cc/kg/day over 6 hours						**Total Output :** 120ML → 2.8 cc/kg/ over 6 hours						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : (7)

20/6/22

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.

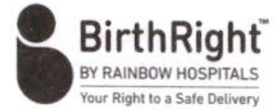
Date	Time	Intake: Nature of Fluid	Intake: Route Mouth	Intake: Route I.V (IVZG)	Intake: Route N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
20/6/22	08:00 am	IVZG		16ML							0	
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm											
Total Intake :						Total Output :						
20/6	02:00 pm											Sridevi 20/6/22
	03:00 pm		DBF									
	04:00 pm		×								0	
	05:00 pm		DBF									
	06:00 pm									✓		
	07:00 pm											
Total Intake :						Total Output :						
20/6	08:00 pm											Maheshwari 21/6
	09:00 pm		DBF									
	10:00 pm									✓		
	11:00 pm											
	12:00 am		FF									
	01:00 am											
Total Intake :						Total Output :					0	
21/6	02:00 am											
	03:00 am		FF							✓		
	04:00 am											
	05:00 am											
	06:00 am		FF									
	07:00 am									✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	3 times

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

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 19 D (F)
Dr. AKHEEL SYED RIZWAN



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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/6	08:00 am									✓		
	09:00 am		upma									Manasa 21/6 8pm
	10:00 am											
	11:00 am		FL								0	
	12:00 pm											
	01:00 pm		FF									
Total Intake :						Total Output :						
21/6	02:00 pm											
	03:00 pm		FF							✓		Brinda
	04:00 pm		x									
	05:00 pm										0	8pm
	06:00 pm		FF							✓		21/6/26
	07:00 pm											
Total Intake :						Total Output :				2 times		
21/6	08:00 pm											
	09:00 pm		FF									
	10:00 pm		x							✓	0	Maneesha
	11:00 pm											
	12:00 am		FF									8pm
	01:00 am									✓		21/6/26
Total Intake :						Total Output :						
22/6	02:00 am		FF									
	03:00 am		f									
	04:00 am		FF							✓	0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	3 times

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 20 D (F)
Dr. AKHEEL SYED RIZWAN

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 22/6

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
22/6	08:00 am									✓		
	09:00 am		1pm a									
	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 :						

Noted by Anitha 22/6 @ 4A

Total 24 hrs. Intake	

Total 24 hrs. Output	

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

(1)

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: ....ER.... Shifted to: ....134....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5		Nill				☐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. Shrikan....

Date & Time : ....14/6/26 @ 1:11pm....

Nurse Name & Signature: ....[signature]....

Date & Time : ....14/6/26 @ 1:11pm....

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 17 D (F)
Dr. AKHEEL SYED RIZWAN

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : CALOSOFT LOTION				Date / Time	18/6	19/6	20/6	21/6	22/6
Dose	Route	Frequency	Start Dt.	6 AM		[signature]	[signature]	[signature]	[signature]
	4A	12th hourly	18/6						
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				6 pm	[signature]	[signature]	[signature]	[signature]	
Additional Instructions: local application.									
Daily Doctor's Endorsement by a Sign									

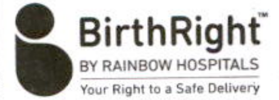
DRUG : INJ METHYLPREDNISOLONE				Date / Time	19/26	20/6	21/6
Dose	Route	Frequency	Start Dt.	10 AM		[signature]	[signature]
7mg	IV	12HOURLY	19/6/2026				
Name & Signature of the Doctor Starting the Drugs: Dr Sweety				10 pm	11:55 pm [signature]	[signature]	[signature]
Additional Instructions: @1mg/kg/dose. in 10 ml NS, over 30 min							
Daily Doctor's Endorsement by a Sign							

A/S per doctor order
Bundu 19/6/26 at ... pm
Dr [signature]

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

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

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



REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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 ▼

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 ▼

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

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

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DRUG CHART

Date of Admission: 14/6 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.

(5ml = 240mg) **SOS / PRN (As Required Medication)**

DRUG: SYP. PARACETAMOL				Date / Time	14/6 3:50pm	15/6 9pm	16/6 6pm
Dose	Route	Frequency	Start Date		[signature]	[signature]	[signature]
2ml	P/O	6thly	14/6				
Doctor's Signature		Valid Period	Pharm.				
[signature]			[signature]				
Additional Instructions: T>100F 10-15mg/kg/dose							

DRUG: SYP. IBUPROFEN				Date / Time	14/6 6:00pm	15/6 4:30pm, 5pm	16/6 7pm	17/6	19/6	9/6
Dose	Route	Frequency	Start Date		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
3.5ml	P/O	6thly	14/6							
Doctor's Signature		Valid Period	Pharm.							
[signature]			[signature]							
Additional Instructions: T>102F 5ml = 100mg 10mg/kg/dose										

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

VERIFIED BY: Name ... Signature ... [handwritten: 14/6/26]

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

I.V. FLUIDS CHART

Weight. 7 kg Ward. 134

		[Com]position 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
14/6/20	1:50pm	DNS (2/3 RD M)	IV	20 ml/hr	[signature]	[signature] / [signature]	15/6/2	[signature]	[signature] / [signature]
15/6/20	a.i 8pm	DNS (1/2 m)	IV	15	[signature]	[signature] / [signature]	18/6	[signature]	[signature] / [signature]

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

Weight. ...[illegible]... Ward. ...[illegible]...

VIH-00205843 IP-00060343
Baby SUHRUTHI KEYURA
01-11-2025 0 Y 7 M 13 D (F)
Dr. AKHEEL SYED RIZWAN

	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
14/6/26	2:30 pm	INJ - CEFTRIAXONE	80mg/kg (560mg)	IV	[illegible]	Eswaria
16·6·26	3:00 PM	INJ. PHENIRAMINE MALEATE	3·5mg	IV	[illegible]	Jagruti / Rinkal
		~~[illegible]~~				
16·6·26	3.00PM	INJ. IMMUNOGLOBULIN	15 gm	IV OVER 12hr	[illegible]	Jagruti / Rinkal
			0.5ml/hr ↓	IV OVER 15min	[illegible]	Jagruti / Rinkal
			2 ml/hr ↓	IV OVER 15mi	[illegible]	Jagruti / Rinkal
			4 ml/hr ↓	IV OVER 15min	[illegible]	Jagruti / Rinkal
			8 ml/hr ↓	IV OVER 15mi	[illegible]	Jagruti / Rinkal
			16 ml/hr. ↓	IV OVER 15mi	[illegible]	Jagruti / Rinkal

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

Dr. AKHEEL SYED RIZWAN (F)

REGULAR PRESCRIPTIONS

Weight. 7 Kg Ward. 134

DRUG: INJ. CEFTRIAXONE				Date/Time	15/6	16/6	17/6	18/6	19/6	20/6	21/6
Dose	Route	Frequency	Start Date								
350mg	IV	12thly	15/6	6 am							
Name & Signature of the Doctor Starting the Drugs:											
Additional Instructions: 50mg/kg/dose (in 10ML Dilution over 1 hour)				6 pm							STOP
Daily Doctor's Endorsement by a Sign											

DRUG: TAB. ASPIRIN (75mg)				Date/Time	16/6	17/6	18/6	19/6	20/6	21/6	22/6
Dose	Route	Frequency	Start Date								
3.5ml	PO	6th hrly	16/6	3AM	X						
Name & Signature of the Doctor Starting the Drugs: Dr. Sameera				9AM	X						
Additional Instructions: Dilute 1 tab in 5ml DW & give 30 mg/kg/day.				3pm							
				9Pm							
Daily Doctor's Endorsement by a Sign											

DRUG: NEPHROSACHET				Date/Time	18/6	19/6	20/6	21/6	22/6
Dose	Route	Frequency	Start Date						
1 sachet	PO	Once daily	18/6						
Name & Signature of the Doctor Starting the Drugs:				6 AM					
Additional Instructions: Mix 1 sachet in 10ml water give 10ml									
Daily Doctor's Endorsement by a Sign									

DRUG: ATARAX ANTI ITCH LOTION				Date/Time	18/6	19/6	20/6
Dose	Route	Frequency	Start Date				
	LA	12th hourly	18/6	6 AM			
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions: local application @ region of rash				6 PM			STOP
Daily Doctor's Endorsement by a Sign							