VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

ACTIVITY RECORD FOR BILLING

Name: --

UHID No : --------------- IP No : ------------------ Consultant : ------------------------ Dept : ---------------

Date of Admission : ---2/7/6--- Time : ------------- Date of Discharge : ---------------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/7/6	@ 9:45PM	ER	PICU	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	monitor	10pm	29/6/26 12 pm	305309	[illegible]
	infusion pump		29/6/26 9pm ✓		
	Syringe pump inside		29/6/26 7am. ✓		
	Cross checked by Br- Pamula	29/6/26 at 12pm			

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6	IV placement done on OP basis			nee
27/6	IV plant	(1)	3095314	✓ [signature]
28/6	IV plant	(1)	3095524	✓ [signature]
	Cross checked by Br. [signature] 29/6/26 at 11 [signature]			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

Patient Name: ______

UHID ID: ______

Department: ______

Consultant: ______

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

Name : Yadith Sretana. Age/Sex 8yr/F

Information given by: father. Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o 4 episodes of seizure activity
↓
with staring episodes - lasting <1 min

History of present illness :

Child brought by parents with complaints of
4 episodes of seizure activity ↓

each lasting <1 minute
c̄ staring look, no motor activity (Rt deviation of eyes)
H/o passing urine - during 2 episodes of seizure activity
No postictal drowsiness.

H/o similar episode on 23 June.

No H/o missed dose.

~~K/c/o~~ ~~[illegible]~~ ~~epilepsy~~ K/c/o seizure disorder
tried levipil, encorate, gardenal, perampa, clobazam.
↓
Currently on. Tab. perampanel
tab Gardenal
Syp encorate
Tab clobazam

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

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

H/O (Seizures) epilepsy ~~since months ago~~

Recent hospitalisation - March 2026
August 2025

Birth & Neonatal History:

Term / 1.8kg / LSCS / admitted in NICU for LBW

8yr 6yr

Birth & Socio Economic History:

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

Developmental History :

Appropriate for age

Immunization History :

Received vaccination upto date.

(P.T.O.)

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12 Kg (Centile ______)

On Examination :

Temperature : 97.4 Pulse Rate : 126/min B.P. 104/70 SPO2 98%

Resp.rate and type of breathing : 24/min

Rash ○

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : B/L AE ⊕

Air entry & breath sounds : Ⓝ

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : Ⓝ

Heart Sounds : S1S2 ⊕

Any murmur : no

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

Per Abdomen :

Inspection Ⓝ

Palpation : soft

Ausculation : BS ⊕

Spine : Ⓝ External Genitelia :

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

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System:

Nutriton :
Tone: Power 4/5 all limbs
Co-ordinator : ⊘
Posture :
Involuntary Movements : ⊘

Reflexes : +

DTR

Superficials:

Plantars flexor

Sensory System :

Bladder / Bowel : No incontinence

Clinical Summary & Diagnostic:

~~[illegible] epilepsy~~
Breakthrough seizures in
k/c/o seizure disorder

(P.T.O.)

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Planned Management

1) Continue antiepileptic meds
2) Tab. clobazam 5mg stat
Tab perampanel ½ tab (4mg) tonight
3) To give midaz 0.2-0.4mg stat
if further seizures persist

Noted by [illegible] 27/6/26 @ 9:30PM

Signature of the Doctor: [signature]
Name of the Doctor: Dr. [illegible]
Date & Time: 27/6/26

Signature of the Consultant: [signature]
Name of the Consultant:
Date & Time:

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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Patient Name : VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓		
2	Discharge Summary	-			
3	Nursing Initial assessment form	2	✓		
4	Patient Trasfer Forms	1	✓		
5	In-patient Medical Record	3	✓		
6	Doctors Progress Sheets	3	✓		
7	Nurses Progress notes	-			
8	Consultation Sheets	-			
9	General Consent for Treatment	1	✓		
	Conset for Surgery	-			
11	Consent for Blood Transfusion	-			
12	Consent forChemotherapy	-			
13	Consent for High Risk	-			
14	Consent for Restraint	-			
15	DAMA Consent	-			
16	Consent for Special Procedure	-			
17	Consent for Radiological Investigations	-			
18	Consent for HIV Test	1	✓		
19	Anaesthesia consent form	-			
20	Anaesthesia notes(Pre Anaesthesia & Post)	-			
21	Pre Operative checklist	-			
22	Surgical safety Checklist	-			
23	Operation Theatre notes	-			
24	Nurses Clinical Presentation	-			
25	TPR & BP chart	-			
	Intake and Output chart (fluid Chart)	-			
27	Drug Chart (Regular prescription)	3	✓		
28	Daily Investigation sheet	-			
29	Investigation Values (Result Sheet)	-			
30	Nebulization Chart	-			
31	Diabetic chart	-			
32	Nutritional Review chart	1	✓		
33	MLC form (in case of MLC)	-			
34	Patient Education Form	-			
	others	18	✓		
	Total No. of Pages	33			

Signature and Date : Nikhitha 29/6/26 @11AM

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060502 **Admit Date** : 27-Jun-2026 **Admit Time** : 08:37 PM **UHID** : VIH-00202753

Patient Details :

Patient Name	: Baby YADITH SRETANA.V	**Age**	: 8 Y 2 M 15 D
Guardian	: Mr KIRAN KUMAR .V	**DOB**	: 12-04-2018
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h.no:10-3-162/115,sec-bad,near railnilayam Kakaguda Hyderabad Telangana INDIA 500026	**Phone No**	: 9949091289
		E-mail	: na@gmail.com

Admission Details :

Bed Type	: SHARED WARD	**Bed No**	: ER 101	**Ward Name**	: N 0 GF-EMERGENCY
Room No	: ER 101	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr KIRAN KUMAR .V	**Relationship**	: Father
Contact Address	: h.no:10-3-162/115,sec-bad,near railnilayam Kakaguda Hyderabad Telangana INDIA 500026	**Phone No**	: 9949091289

Signature

Doctor Details :

Doctor Name	: Dr. GEETHA CHANDA	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 27/6/26

Source of Admission: ☐ OPD ☐ Ward ☑ Other: ....

Reason for Admission: epilepsy

Admission Diagnosis: PCDH 19 Epilepsy

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: ....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify ....

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify ....

Source of Information : ☐ Family ☐ Patient ☐ Others, Specify ....

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	VRCH.	Nil	VRCH
	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 MEDICATIONS	Taking Medications? ☑ Yes ☐ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☑ Yes ☐ No		

Observations: Weight: 17 kgs Length: .... Head Circumference (< 2 years): ....

Temp.: 98.6F HR: 107 RR: 36 b/m BP: 98/51 (64)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 0 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 0) (Document in the Braden Q Assessment Sheet)

Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

Behavioural Status on Admission:

☐ Sleeping ☑ Crying ☐ Calm ☐ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ
☑ Bedside safety explained
☑ PICU Routine: Doctor's rounds/Medication time
☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify

Name of Person Orientation was given to: Father/mother

Orientation not given Reason: Illness

Nurse Name: Ramila Nurse Signature: [signature]

Date & Time: 2?/6/26 / 11pm

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☑ No

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

Any other needs anticipated: ☐ Yes ☑ No If Yes Specify

Discharge Medications: ☐ Yes ☑ No

Details:

Final Diagnosis: PUDH - 19 Epilepsy

Nurse Name: Ramila Nurse Signature: [signature]

Date & Time: [illegible]

Patient Name : Baby. YADITH SRETANA.V UHID : VIH-00202753 IPD : IP-00060502 Gender : Female Age : 8

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/6/26 Time of arrival : 07.06pm

Chief Complaints: seizure since today (5 episodes) RBS: 79 mg/dl

Height : 116 CM Weight : 17.68 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

	Yes	No
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?) ....

Time of Initial assessment completed by ER Nurse : 07.10pm

Patient Name : Baby. YADITH SRETANA.V UHID : VIH-00202753 IPD : IP-00060502 Gender : Female Age : 8 Y 2 M 15 D

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

Time	Nursing Notes
7.00pm	* Pt came to ER.
7.03pm	* Pt vitals checked and records done.
7.05pm	* Dr. Vishwaja seen the pt & advised admission
8:37pm	* Admission process Done
8:30pm	* IV placement Done & RBS = 79 mg/dl
	* Collected the Samples & Send to lab
	* patient Shifted to ward

Samples collected by: } Sr. Rajyalaxmi..
Samples sent by : }

Time: } 7:40PM
Time: }

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7:40pm	Inj. Phenobarbitone	IV	350mg	[signature]	[signature]
9:17pm	Tab. Clobazam	oral	5mg	[signature]	[signature]
9:20pm	Tab. perampanel	oral	½ Tab (1 Tab = 2mg)	[signature]	[signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 124 b/m BP: 100/70 (82) CFT: <2sec	Shift - out from ER to: PICU
RR: 24 b/m SPO$_2$: 98 %	Time of Shift - out: @ 9:45 PM
GCS: 15/15 Temperature : 97.3°F	Handover given to: Sr. (Nurse's Name) by Archith
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Archith Signature of the Nurse : [signature]

Date & Time : 27/6/26 @ 9:45PM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00202753 IP-00060502 Baby YADITH SRETANA.V 12-04-2018 8 Y 2 M 15 D (F) Dr. GEETHA CHANDA	27/6/26 @ 8:37 PM	27/6/26 @ 9:45 PM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Vishwaja	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	PICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21		Yes ☑ No ☐ If yes, what ? OP file given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Moginsue/Nee	Dr. Vishwaja

Patient & Clinical Records Received by : Sr. Renuka

Date & Time of Patient Received : 27/6/26 9:45pm

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

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

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B	
	Neurology	
28/6/26		
	A/H – breakthrough seizures	Plan
	in k/c/o seizure	
	disorder	
		Plan to taper midazolam
	C/O	from evening
	no further seizures	
	after 11 AM yesterday	
		– Give sips of water orally
	O/E vitals – (N)	
		If no coughing
	conscious, active	
	PERRLA – equal, reacting	give liquid consistency
	EOM – full	diet
	(N) tone	
	power – 5/5	Noted by
	DTR – +2	Sri[illegible] 28/6/26 at 10 Am
	plantar – flexor	

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Neurology	
28/6/26 7pm		Plan
	No further seizures	– Decrease midazolam by 1 mcg/kg/min every 4 hour
		7 PM – 3 μg/kg/m
		11 PM – 2 μg/kg/m
		4 AM – 1 μg/kg/m
		8 AM – stop
		Noted by Sr. Nikhitha 28/6/26 @ 8pm.

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/06/26		
10 PM	c/s/b PRW fellow	
	↑ breast morph	
	Acting no fever / seizures	
	Plan	
	1) No tyr midazolam & stop	
	2) w/t seizure activity	
	Dy [illegible]	

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 16 D (F)
Dr. GEETHA CHANDA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/2026 8:00 AM	C/S/B PICU fellow	
	D - Breakthrough seizures	
	On LA	
	Maintaining saturation	Adv
	No drowsy	1) midazolam stopped
	Accepting orally	
	If no further seizures	2) [illegible] → stop
	HR - 110/[illegible]	3) Allow orally
	Vitals - stable	
	M [illegible]	4) [illegible] plan to
	CRT - 5,1,(1)	shift to ward
	[signature]	
	Noted by Nikhitha @ 11 AM	

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 16 D (F)
Dr. GEETHA CHANDA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/06/2026 9:00 AM	C/S/B Dr Geetha Mam	
	D- Breakthrough seizure	
	on RA	
	maintaining saturation	
	sleeping now	
	accepting orally	
	no further seizures	
		→ Tab. Perampa 1/2 HS.
		→ Gardenal 1 tab BD
		→ Others same
		→ Discharge by evening.
		→ low GI diet
	noted by Nikhitha 24/6/26 @ 11am	

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 16 D (F)
Dr. GEETHA CHANDA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby YADITH SRETANA.V**	**Age :**	**8 Y 2 M 15 D**
IP No:	**IP-00060502**	**Sex:**	**Female**
Consultant:	**Dr. GEETHA CHANDA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

I 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 urance 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 arance. In case of failing the submission, I will pay 200/- Rs.
ceivers 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: Kiran Kumar

Relationship: Father

Date: 27/6/2026 Time: 8:37 pm

Wittness Name:

Wittness Signature:

Patient Address:
h.no:10-3-162/115,sec-bad,near railnilayam Kakaguda Hyderabad Telangana INDIA 500026

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

CONSENT FORM FOR HIV

Patient Name : Baby. Sretana. V Age : 8 yrs

Gender : M ☐ F ☑ - IP No : 60502 Marital Status : ....

Ward / Bed No. : PICU IP/OP No. : .... Date : 27/6/26

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

Patient Attendant :

Signature : [signature]

Name : Lavanya

Relationship with Patient: Mother

Date & Time : ....

Parent (when patient is minor) :

Signature : [signature]

Name : Kiran Kumar. V

Relation : Father

Date & Time : ....

OR (Next to kin in case of unconscious patient) :

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

Relation : .... Date & Time : ....

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling is ensured by me and my team.

Doctor :

Signature : [signature]

Name : Dr Jayasree

Date & Time : 27/6/26 9Pm

హెచ్.ఐ.వీ పరీక్ష అంగీకార పత్రం

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

వివాహస్థితి .... వార్డు / బెడ్ నెంబర్...

హెచ్.ఐ.వి టెస్ట్ గురించి నాకు అవగాహన కల్పించటమైనదనియు మరియు పరీక్ష చేయించుకోవలసిన కారణము నాకు స్పష్టముగా వివరించటమైనది అప నేను చెప్పుచున్నాను. ఈ టెస్ట్ ఫలితం యొక్క పర్యవసానాలకు పాజిటివ్, నెగిటివ్ లేక నిర్ధారణ విధానము, దాని పరిమితులు మరియు ఫలితాల వివరణకు నాకు అర్థమయ్యే భాషలో వివరించారు.

నా హెచ్.ఐ.వి. రోగిస్థితి అంచనా వేయటానికి నాపై జరుపబడే టెస్టుకు నేను ఇష్టపూర్వకంగా తెలుపుతున్నాను. నా హెచ్.ఐ.వి. పరీక్ష ఫలితం రహస్యంగా వుంచాలి.

రోగి

సంతకము: ....

పేరు: ....

బంధము: ....

తేదీ మరియు సంతకము: ....

సాక్షి

సంతకము: ....

పేరు: ....

బంధము: ....

తేదీ మరియు సమయము: ....

(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)

పేరు: .... సంతకము: ....

సంబంధము : .... తేదీ మరియు సంతకము: ....

హెచ్.ఐ.వి. టెస్ట్ అంగీకార పత్రంపై నా సమక్షంలో సంతకం చేయబడిన దనియు, టెస్టుకు ముందు ఇవ్వవలసిన సలహా ఇవ్వబడిన దనియు మరియు టెస్ట్ తర్వాత ఇవ్వవలసిన అవగాహన ఖచ్చితంగా ఇవ్వగలమని నేను నా బృందం ధృవీకరిస్తున్నాము.

డాక్టర్ ....

సంతకము ....

పేరు ....

తేదీ మరియు సమయము ....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

Name: Baby. Sretanan .... Age: 8 yrs ...... Gender: Male ☐ Female ☑

UHID.No : 202753 .... Date: 27/6/26 ....

I Kiran Kumar .... S/o, D/o, W/o, Vittal .... hereby

declare that our patient Master/Baby Yadith Sretane .... who is related to me as ....

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on ....

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

....

....

....

The doctors have clearly explained to me that my patient Master / Baby .... 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 : .... 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: Kiran Kumar - V

Relationship with Patient: Father

Date & Time: 27/6/26 @ 9:00 PM

Witness :

Signature: [signature]

Name: Swapna

Date & Time: 27/6/26 @ 9:00 PM

Doctor (who is taking the consent) :

Signature: [signature]

Name: Dr. Jayasree

Date & Time: 27/6/26 9pm

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

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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

యు.హ్.ఐ.డి ....

నేను .... s/o. d/o. w/o . ...

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

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 ప్రక్రియలకు 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 Hospital

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

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

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
	60502	2	PICU	17.09

REGULAR PRESCRIPTIONS

DRUG: INJ PANTOPRAZOLE			
Dose	Route	Frequency	Start Dt.
18mg	IV	ONCE DAILY	27/6/26
Name & Signature of the Doctor starting the Drugs:	Dr Swetha		
Additional Instructions:	@ 1mg/kg/dose		
Daily Doctor's Endorsement by a Sign.			

DRUG: INJ PANTOPRAZOLE			
Dose	Route	Frequency	Start Dt.
17mg	IV	ONCE DAILY	27/6/2
Name & Signature of the Doctor starting the Drugs:			
Additional Instructions:	@ 1mg/kg/dose		
Daily Doctor's Endorsement by a Sign.			

Date/Time: 28/6, 29/6 — 6 AM

DRUG: T. GARDENAL			
Dose	Route	Frequency	Start Dt.
	PO	(2) daily	28/6
Name & Signature of the Doctor starting the Drugs:			
Additional Instructions:	1 1/2 tab 30mg		
Daily Doctor's Endorsement by a Sign.			

Date/Time: 28/6 — 9 AM, 9 PM

DRUG: T. GARDENAL			
Dose	Route	Frequency	Start Dt.
1 TAB	PO	12 HOURLY	28/6
Name & Signature of the Doctor starting the Drugs:	Dr Jayashree		
Additional Instructions:	1 TAB = 30 mg		
Daily Doctor's Endorsement by a Sign.			

Date/Time: 29/6 — 9 AM, 9 PM

As per drug dose ... 28/6/26

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 16 D (F)
Dr. GEETHA CHANDA

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

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

REGULAR PRESCRIPTIONS

DRUG : TAB. PERAMPANEL

Dose	Route	Frequency	Start Dt.
½ TAB	PO	ONCE DAILY	29/6

Date ➤ / Time: 9PM

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

Additional Instructions: 1 TAB = 2mg At Night

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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

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

REGULAR PRESCRIPTIONS

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

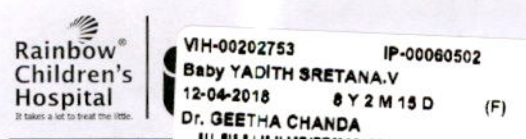
DRUG :				Date ➤ Time ▼														
Dose	Route	Frequency	Start Dt.															
Name & Signature of the Doctor starting the Drugs:																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign.																		

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

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

CIN : U85110 TG1998 PTC029914

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



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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤ / Time ▼

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

DRUG CHART

Date of Admission: 27/6/26........... Drug Allergies: ......—...................... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

I.V. FLUIDS CHART

Weight. 17kg. Ward. ....

		position of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/6/22	9:30 pm	DNS (2/3rd)	IV	38	[signature]	[signature] / Livea	28/6	[signature]	Nikhi / Bindu
28/6	7:40pm	DNS	IV	30	[signature]	Nikhi / Bindu	29/6	[signature]	Nikhi / Bindu

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

VIH-00202753 IP-00060502
Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/6.	7:40PM	INJ PHENOBARBITONE	20mg/kg	IV	[signature]	NM / Aschitha
27/6.	9:17PM	T. CLOBAZAM	5mg	P/O	[signature]	NJ / Aschitha
27/6.	9:20PM	T. PERAMPANEL	½ TAB (1TAB = 2mg)	P/O	[signature]	NJ / Aschitha
27/6	11 pm	Inj PANTOPRAZOLE	17mg	IV	[signature]	Rinkal / Renuka
27/6	11 pm	INJ ONDENCETRON	3mg	IV	[signature]	Rinkal / Renuka

8 27/6 9pm

8 27/6 11pm

VERIFIED By Name .... Signature ....

Baby YADITH SRETANA.V
12-04-2018 8 Y 2 M 15 D (F)
Dr. GEETHA CHANDA

REGULAR PRESCRIPTIONS

Weight. 17 kg. Ward. ....

DRUG: TAB PERAMPANEL				Date/Time	28/6
Dose: 1/4 TAB	Route: P/O	Frequency: ONCE DAILY	Start Date: 28/6	9 pm	[signatures]
Name & Signature of the Doctor Starting the Drugs: Dr [signature]					
Additional Instructions: 1TAB = 2mg. (AT NIGHT)					
Daily Doctor's Endorsement by a Sign					

Margin note: c Shanmu 27/6/26 @ 9pm up

DRUG: T. CLOBAZAM				Date/Time	28/6
Dose: 1 TAB	Route: P/O	Frequency: ONCE DAILY	Start Date: 28/6	9 pm	[signatures]
Name & Signature of the Doctor Starting the Drugs: Dr. Shrikar					
Additional Instructions: 1 TAB = 10mg.					
Daily Doctor's Endorsement by a Sign					

Margin note: c Shanmu 27/6/26 @ 9pm up

DRUG: SYP. ENCORATE				Date/Time	27/6	28/6	29/6
Dose: 5ml – 7.5ml	Route: P/O	Frequency: 12th hly	Start Date: 27/6	9 AM	X	Devika, Bindu	Nikki, Sujatha
Name & Signature of the Doctor Starting the Drugs: Dr [signature]							
				9 pm	Renu, Rinku	Rinki, [signature]	
Additional Instructions: 5ml – morning 7.5ml – Night.							
Daily Doctor's Endorsement by a Sign							

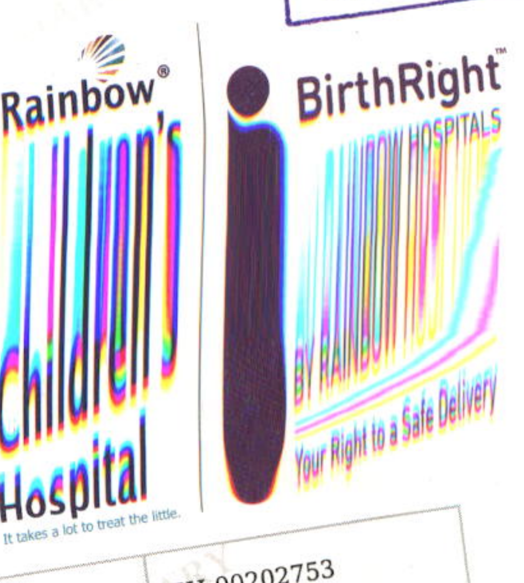
Margin note: c Shanmu 27/6/26 @ 9pm up

DRUG: T. GARDENAL				Date/Time	27/6	28/6
Dose: 1TAB	Route: P/O	Frequency: 12th hly	Start Date: 27/6	9 AM	X	Devika, Bindu
Name & Signature of the Doctor Starting the Drugs: Dr [signature]						
				9 pm	Given in ER	
Additional Instructions: 1TAB = 30mg (PHENOBARBITONE).						
Daily Doctor's Endorsement by a Sign						

Stop

Margin note: c Shanmu 27/6/26 @ 9pm up

INSURANCE COPY



Name	Baby YADITH SRETANA.V	UHID	VIH-00202753
Father/Guardian	Mr KIRAN KUMAR .V	Age/Gender	8 Y 2 M 17 D/Female
Address	h.no:10-3-162/115,sec-bad,near railnilayam, Kakaguda, Hyderabad, Telangana, INDIA, 500026	Admission Date	27-06-2026
IP No	IP-00060502	Discharge Date	29-06-2026
Ref Doctor	SELF		

DISCHARGE SUMMARY

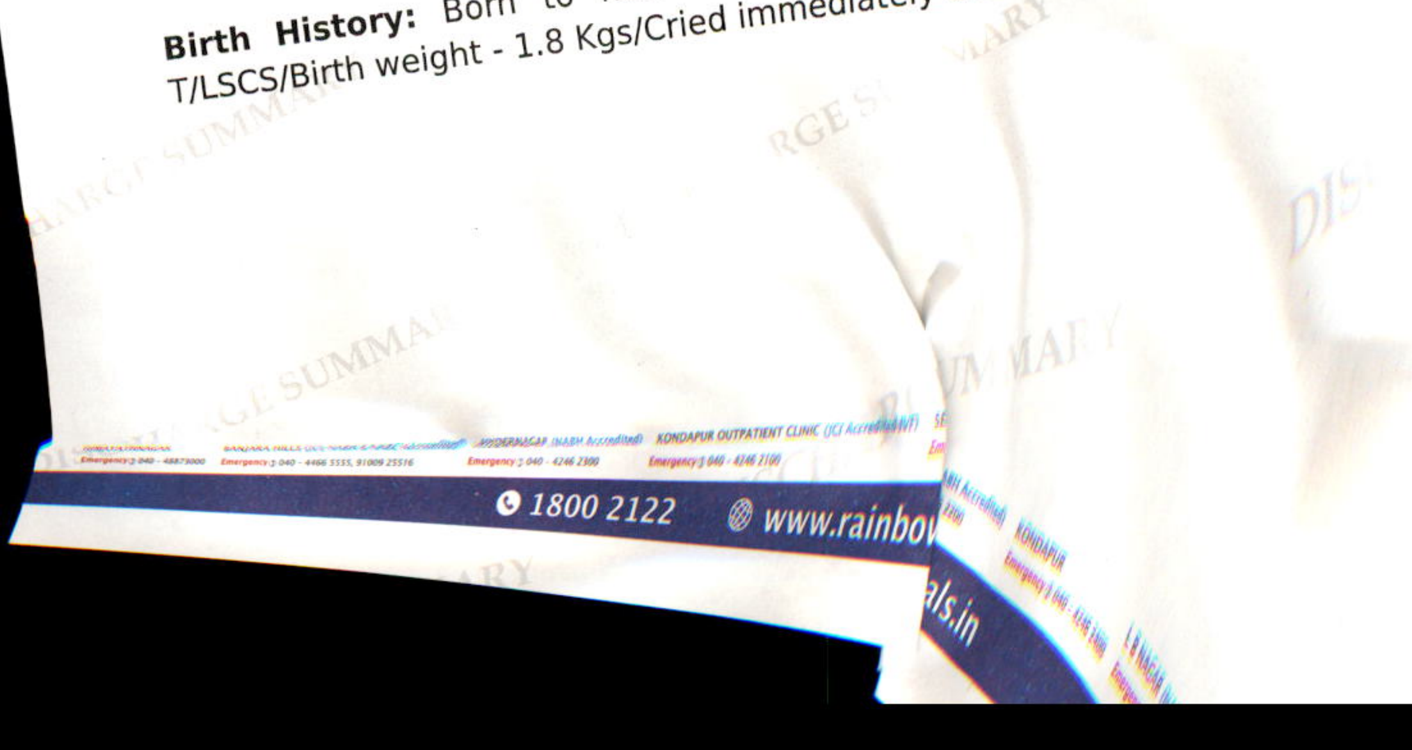
Consultants:

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

Diagnosis: Break-through seizures

History: Baby YADITH SRETANA V, 8 Y 2 M 17 D, girl presented with history of 4 episodes of seizure activity in the form of staring look with right eye deviation each lasting for about less than one minute prior to admission. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

Birth History: Born to non consanguineous couple, 1st in birth order, T/LSCS/Birth weight - 1.8 Kgs/Cried immediately after birth.



Name	Baby YADITH SRETANA.V	UHID	VIH-00202753

Developmental History: Appropriate for age.

Examination: She was afebrile, maintaining saturations at room air. HR- 120/min, BP- 100/70 mmHg and RR - 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard.

Neurological examination: Child was conscious. Pupils were bilaterally equal and reacting to light. EOM Full. DTR elicitable. Tone normal. Power - 5/5. Plantars flexor. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure. No meningeal signs.

Weight on admission : 17 kgs.

Investigations: Enclosed.

Management: She was admitted in the PICU and started on IV fluids. In view of seizures, she was loaded with Inj. Phenobarbitone. After admission, she had another episode of seizure for which she was started on Midazolam infusion. She was seizure free for 24 hours so Midazolam infusion tapered and stopped.

She was regularly monitored for hemodynamic status, vital parameters & neurological status. Her symptoms gradually settled & had no further seizure episodes during hospital stay. She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Name	Baby YADITH SRETANA.V	**UHID**	VIH-00202753
Father/Guardian	Mr KIRAN KUMAR .V	**Age/Gender**	8 Y 2 M 17 D/Female
Address	h.no:10-3-162/115,sec-bad,near railnilayam, Kakaguda, Hyderabad, Telangana, INDIA, 500026		
IP No	IP-00060502	**Admission Date**	27-06-2026
Ref Doctor	SELF	**Discharge Date**	29-06-2026

DISCHARGE SUMMARY

Consultants:

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

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Developmental History: Appropriate for age.

Examination: She was afebrile, maintaining saturations at room air. HR- 120/min, BP- 100/70 mmHg and RR - 24/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard.

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She was regularly monitored for hemodynamic status, vital parameters & neurological status. Her symptoms gradually settled & had no further seizure episodes during hospital stay. She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Neurological condition at the time of discharge:

She is conscious, awake.
EOM full.
Pupils are bilaterally equal and reacting to light.
Tone normal.
Power 5/5.
DTR 2+
Plantar flexor.

Advice:

1. Diet as advised (Low glycemic index diet).
2. Kindly consult Dr. Geetha Chanda, Consultant Pediatric Neurologist, after 2 weeks in OPD with prior appointment (This consultation will be charged).

Tablet CLOBAZAM (10mg)	1 tablet, once daily till further advice
Syrup Encorate	5ml in morning & 7.5ml at night till further advice
Tablet Gardenal (30mg)	1 tablet, 12th hourly till further advice
Tablet Parempanel (2mg)	1/2 tablet once daily till further advice

** Midacip nasal spray (Midazolam = 1.25mg/puff), 1 puff intranasal (into each nostril in sitting position) if seizure for more than 3 minutes.

Backup plan: If further seizures occur -

1. Tablet Clobazam (5mg) 1 tablet stat.

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

Name	Baby YADITH SRETANA.V	UHID	VIH-00202753

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

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

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

Name : Kiran Kumar. V Signature :

Relationship with patient : Father

This summary has been explained by : Dr. Pamela

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

Registrar/Resident/C.M.O

Consultants:

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