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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

309 d-c

DISCHARGE SUMMARY

Name	Baby D. SUKIRTHI	**UHID**	HNH-00000010
Father/Guardian	Mr D. SATYAVEER	**Age/Gender**	16 Y 2 M 7 D/ Female
Address	18-5-865 LAL DARWAJA NEAR PANCHAMUKHI HANUMAN TEMPLE, Falaknuma, Hyderabad, Telangana, INDIA, 500053		
IP No	IP26-00006631	**Admission Date**	24-06-2026
Ref Doctor	Self.		
Discharge Date	26.06.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
URINARY TRACT INFECTION WITH CARPOPEDAL SPASM	
CONSTIPATION WITH BOWEL DYSFUNCTION	

History: Baby D. SUKIRTHI , 16 Y 2 M 7 D , old girl presented with the complain of constipation, fever since 1 week, pain abdomen since 4 days, bilateral loin pain since 1 day, hyper ventilation associated with bilateral upper limb and lower limb cramps since 30 minutes prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for

Name	Baby D. SUKIRTHI	UHID	HNH-00000010
IP No	IP26-00006631	Admission Date	24-06-2026

further management.

OPD Investigations: Hemogram showed Hemoglobin of 10.9 gm%, White Blood Cell count of 9950 cells/cumm, platelet count of 5.25 lakhs/cumm and C-Reactive Protein of 17 mg/l.
Complete urine examination shows 8-10 pus cells, 16-18 epithelial cells.

Examination: She was afebrile. Her heart rate was 130/min, Blood pressure - 100/60 mmHg and Respiratory Rate - 25 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, hyper ventilation associated with bilateral upper limb and lower limb carpopedal spasm present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft, tenderness over suprapubic region, bilateral iliac fossa tenderness present with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 37.6 kilo grams.

Investigations: Enclosed reports

VBG showed pH of 7.62, pCO2 of 19.3 mmHg, pO2 of 24 mmHg, HCO3 of 19.9 mmol/L and BE of -1.4 mmol/L.

Serum Calcium was 9.9 mg/dl. Vitamin D 25.6 ng/ml.

Ultrasound abdomen shows
* Internal echoes with mild urinary bladder wall thickening, suggestive of

Name	Baby D. SUKIRTHI	UHID	HNH-00000010
IP No	IP26-00006631	Admission Date	24-06-2026

cystitis.
* Fecal loading in ascending and sigmoid colon.

Management: She was admitted in the ward and started on Intra Venous fluids and INJ Buscopan stat dose was given. She was treated symptomatically with antacids.

In view of pain abdomen USG abdomen and pelvis was done which showed fecal loading in colon for which proctoclysis enema was given. oral laxatives were started.

In view of pain abdomen USG abdomen and pelvis was done which was suggestive of cystitis hence urine culture and sensitivity was sent report awaited, child was started on IV antibiotics

In view of hyperventilation with carpopedal spasm, serum vitamenD3 Levels were sent which showed insufficient hence started on vitamin D3 supplementation. serum calcium levels were sent which were normal.

In view of back pain, x-ray lumbosacral region was done which showed normal

She was regularly monitored for hyperventilation pain abdomen, fever spikes, hemodynamic status. Her symptoms gradually settled. Child maintaining saturations on room air.

She remained hemodynamically stable during the hospital stay. She improved with the above line of management and is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically

Name	Baby D. SUKIRTHI	UHID	HNH-00000010
IP No	IP26-00006631	Admission Date	24-06-2026

stable.

Medication during hospital stay:
Injection. Esmoprazole
Injection. Ceftriaxone
Injection. Ondansetron
Muout powder

Advice:
* Diet as advised.

Name	Baby D. SUKIRTHI	UHID	HNH-00000010
IP No	IP26-00006631	Admission Date	24-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	VITAMIN D3 CAPSULE (1CAPSULE - 60000IU)	1 capsule	9am (after food)	Give 1 capsule every 2 weeks for 4 weeks (9/7/26, 23/7/26, 6/8/26, 20/8/26)
2	Tab. cefixime (1 tablet= 200mg)	1 tablet	9am- 9pm (after food)	Till further advice
3	MUOUT POWDER	mix 2 Scoops in 120 ml of water	10pm (after food)	For 3 months
4	Volini Gel	for local application	For back pain	SOS
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan : To collect urine culture report on follow up.

Fever Management

* Tablet Paracetamol 500mg (Paracetamol - 1tab /500mg) 1 tablet after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Name	Baby D. SUKIRTHI	UHID	HNH-00000010
IP No	IP26-00006631	Admission Date	24-06-2026

Review consultation with Dr. PRITESH NAGAR on (27.06.2026) Saturday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours.**

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

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 a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

Name	Baby D. SUKIRTHI	**UHID**	HNH-00000010
IP No	IP26-00006631	**Admission Date**	24-06-2026

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

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

Patient Name	Baby D. SUKIRTHI	Patient Ph. No	9000968069
Age	16 Y 2 M 7 D	Requisition No	R2626-007507
Gender	Female	Collected on	24-06-2026 09:51 AM
IP / Bill No.	IP26-00006631	Received on	24-06-2026 11:00 AM
UHID No.	HNH-00000010	Reported on	24-06-2026 11:00 AM
Ref. Doctor	PRITESH NAGAR	Ward / Bed No	

ULTRASOUND ABDOMEN & PELVIS

LIVER : Normal in size(12.4 cm) and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well and appears normal. No evidence of calculi or wall thickening. Common bile duct appears normal.

SPLEEN : Normal in size (10.7 cm) and echotexture.

PANCREAS : Normal in size and echotexture in head and proximal body. Rest obscured due to bowel gas.

KIDNEYS : Right kidney : 9.7 x 3.7 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.
Left kidney : 9.3 x 4.1 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and shows internal echoes with mild wall thickening.
No ascites / Significant lymphadenopathy.

Uterus is anteverted and appears normal in size (6.2 x 2.8 x 4.1cm) and echotexture.
No focal lesion. Endoechocomplex measures 8.4 mm.

Right ovary measures : 2.8 x 1.5 cm Left ovary measures : 3.3 x 1.9 cm
Both ovaries are normal in size and echotexture. No focal lesion.

Fecal loading in ascending and sigmoid colon.

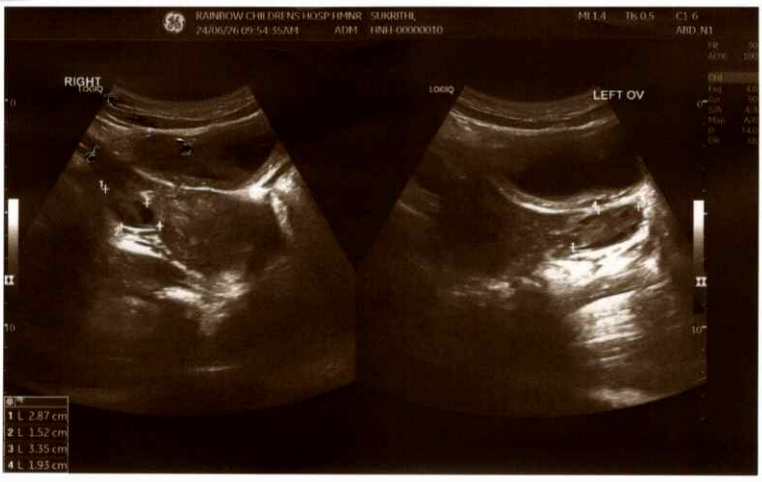
Impression

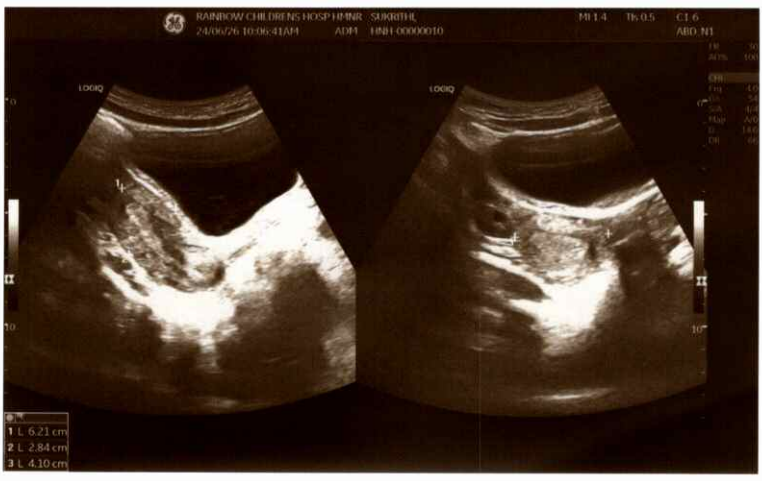
*** Internal echoes with mild urinary bladder wall thickening, suggestive of cystitis.**
*** Fecal loading in ascending and sigmoid colon.**
- For clinical correlation.

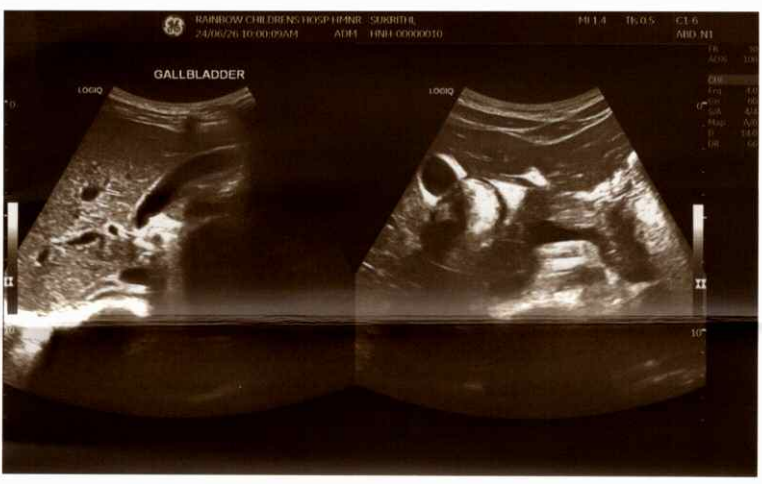
Dr. YELMAREDDY POOJA REDDY
MD, CONSULTANT RADIOLOGIST
Reg No: 74406

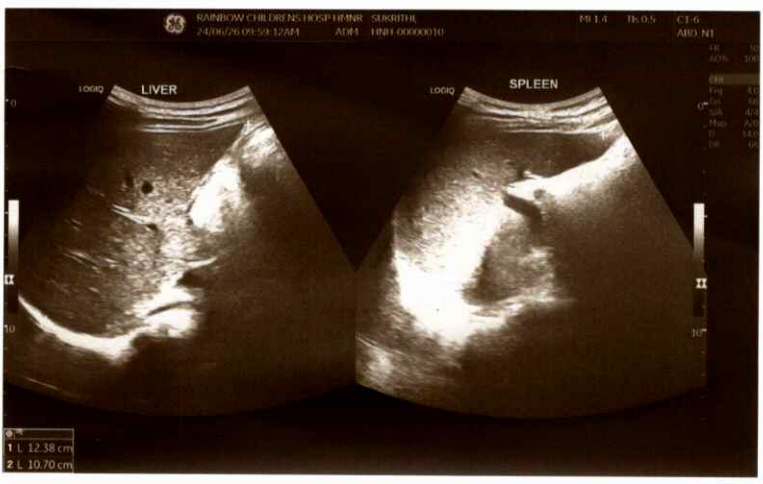
Note: Clinically Correlate, Kindly discuss if necessary.

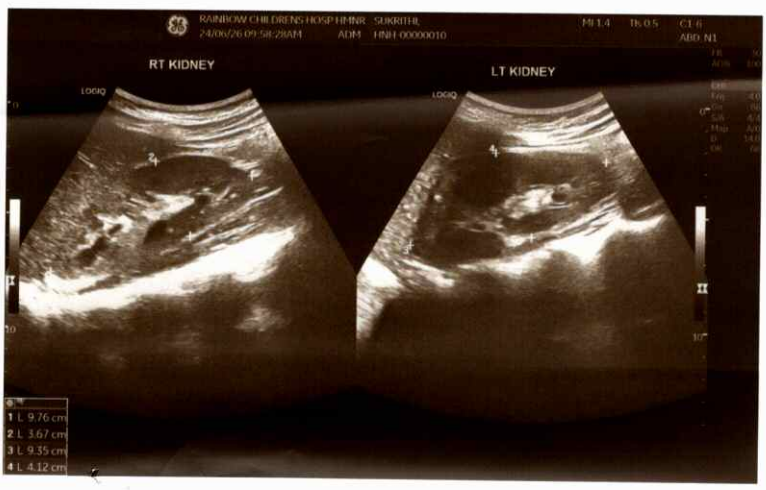
For Further Details Scan QR Code

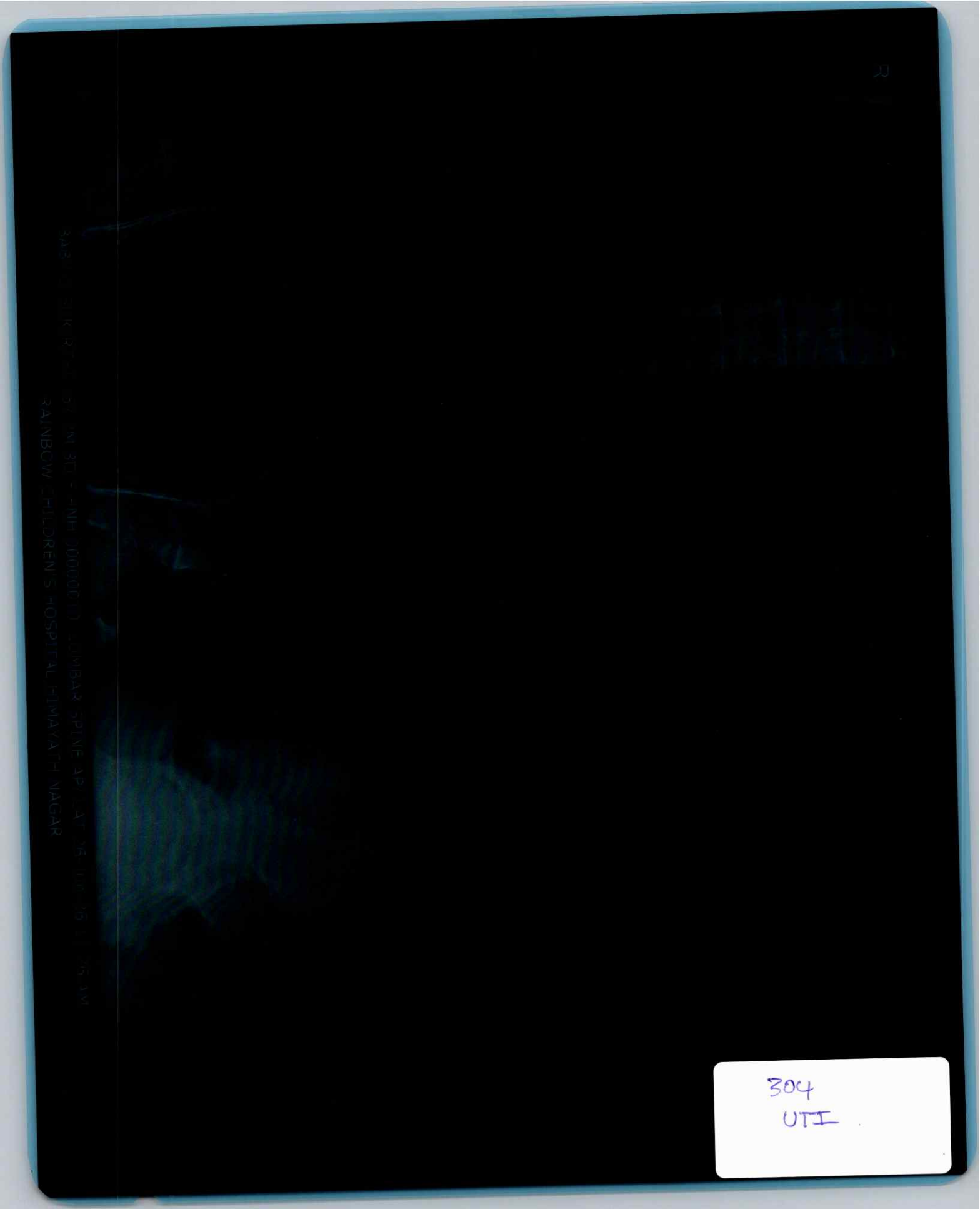

RAINBOW CHILDRENS HOSP HMNR SUKRITHL
24/06/26 09:54:35AM ADM HNH-00000010
MI 1.4 TIS 0.5 C1 6
ABD N1
RIGHT
LOGIQ
LEFT OV
LOGIQ
1 L 2.87 cm
2 L 1.52 cm
3 L 3.35 cm
4 L 1.93 cm


RAINBOW CHILDRENS HOSP HMNR SUKRITHL
24/06/26 10:06:41AM ADM HNH-00000010
MI 1.4 TIS 0.5 C1 6
ABD N1
LOGIQ
LOGIQ
1 L 6.21 cm
2 L 2.84 cm
3 L 4.10 cm

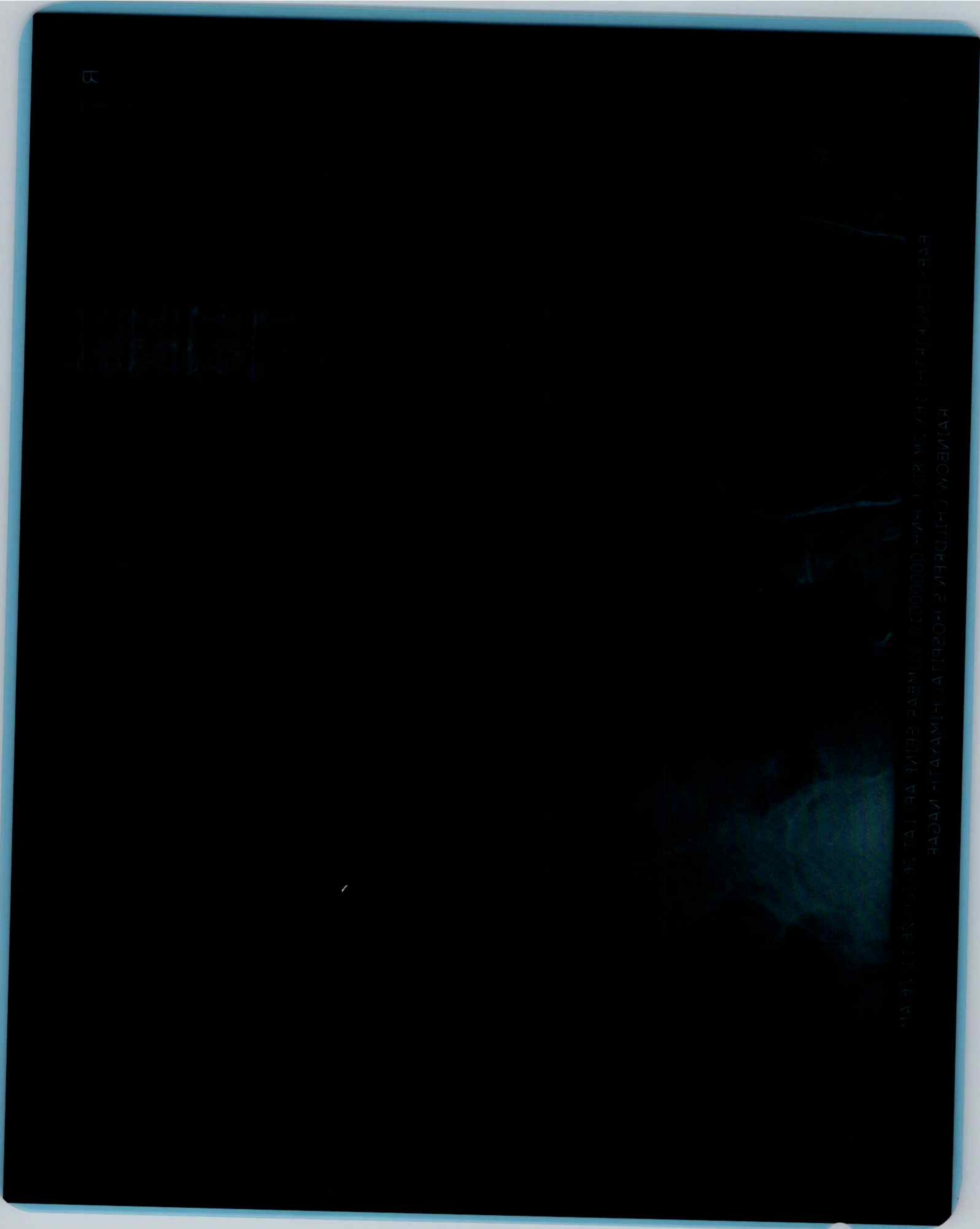

RAINBOW CHILDRENS HOSP HMNR SUKRITHL
24/06/26 10:00:09AM ADM HNH-00000010
MI 1.4 TIS 0.5 C1 6
ABD N1
GALLBLADDER
LOGIQ
LOGIQ

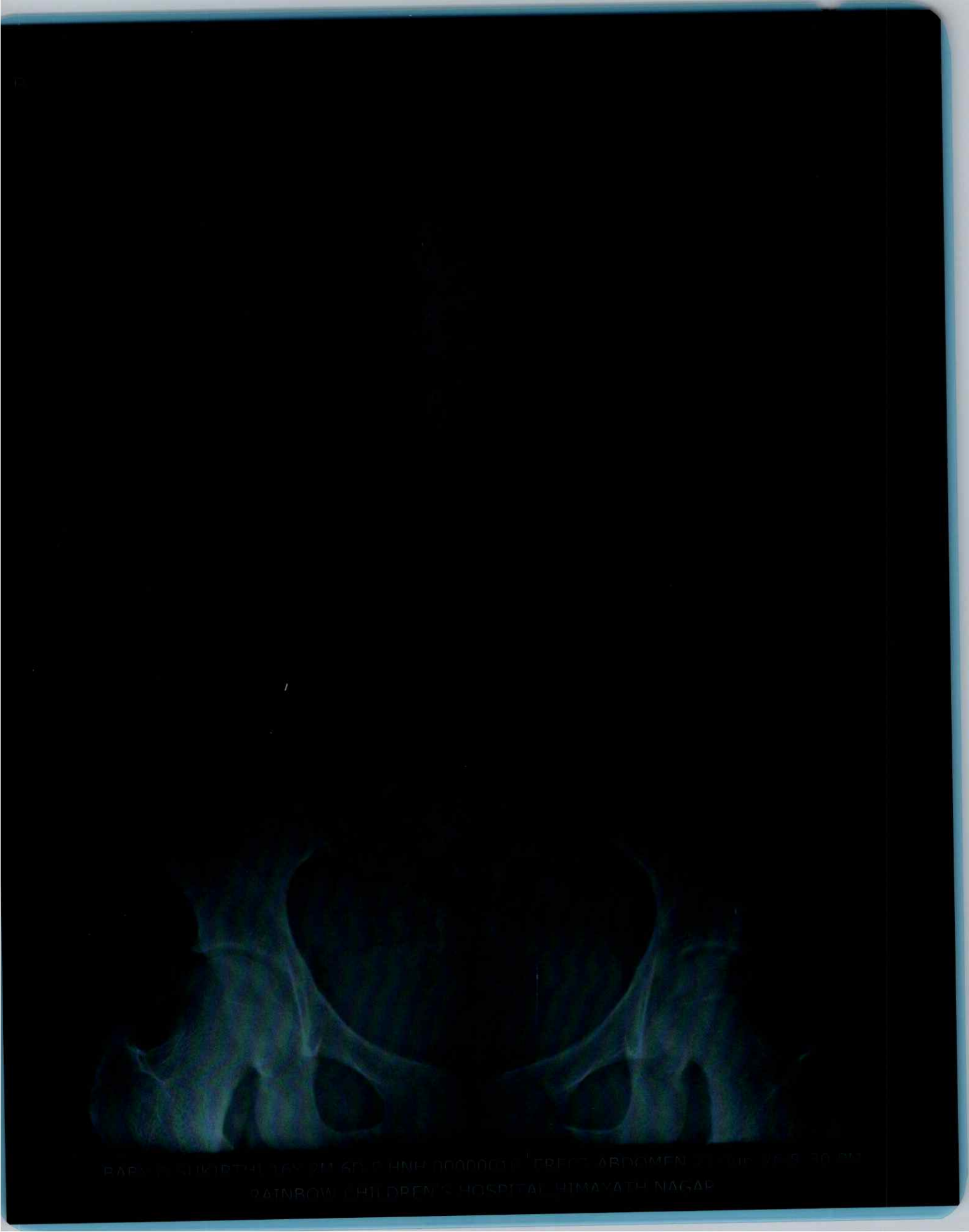

RAINBOW CHILDRENS HOSP HMNR SUKRITHL
24/06/26 09:59:12AM ADM HNH-00000010
MI 1.4 TIS 0.5 C1 6
ABD N1
LOGIQ
LIVER
LOGIQ
SPLEEN
1 L 12.38 cm
2 L 10.70 cm

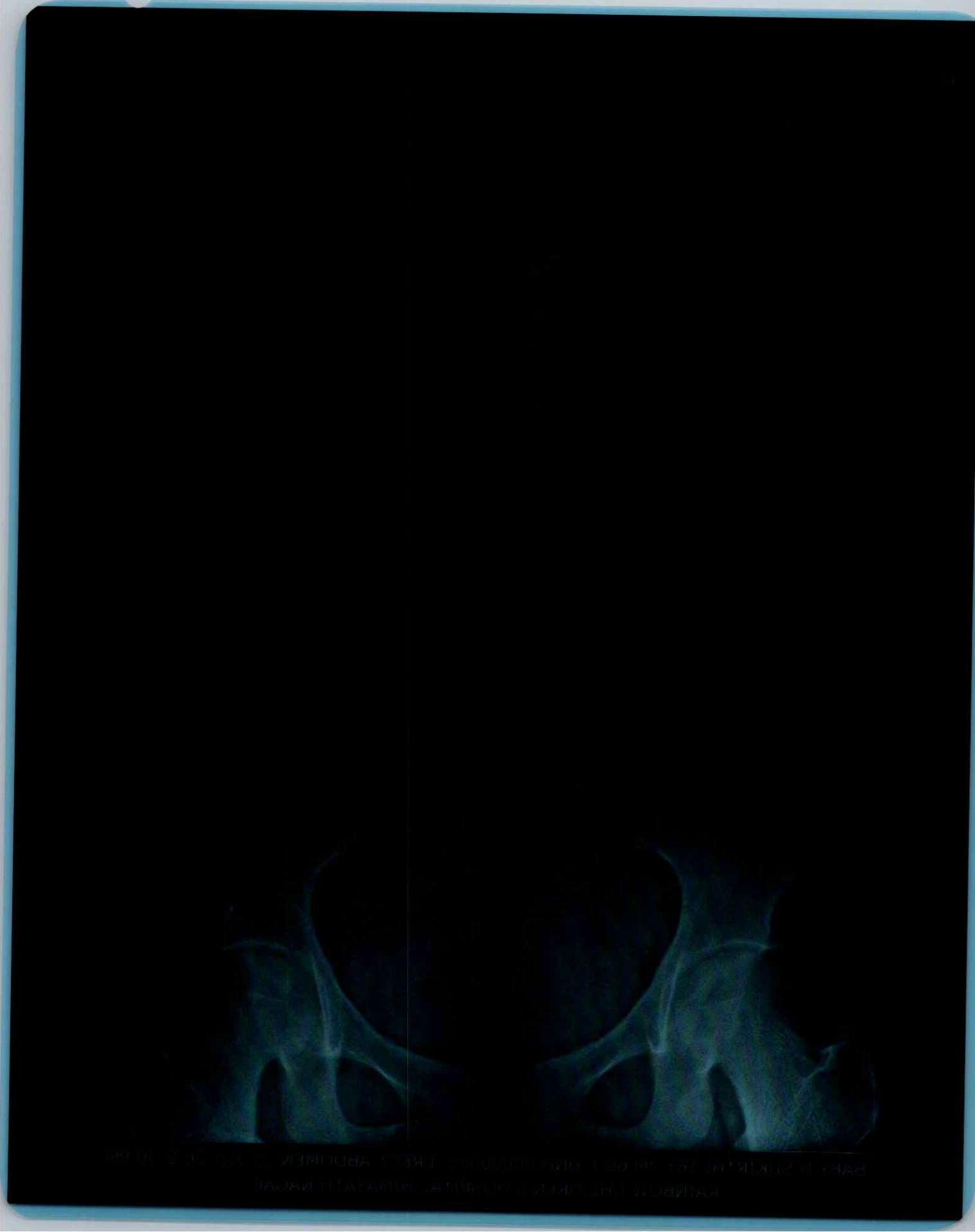

RAINBOW CHILDRENS HOSP HMNR SUKRITHL
24/06/26 09:58:28AM ADM HNH-00000010
MI 1.4 TIS 0.5 C1 6
ABD N1
RT KIDNEY
LOGIQ
LT KIDNEY
LOGIQ
1 L 9.76 cm
2 L 3.67 cm
3 L 9.35 cm
4 L 4.12 cm



304
UTI


RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR





Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006631 **Admit Date** : 24-Jun-2026 **Admit Time** : 01:29 AM **UHID** : HNH-00000010

Patient Details :

Patient Name	: Baby D. SUKIRTHI	**Age**	: 16 Y 2 M 7 D
Guardian	: Mr D. SATYAVEER	**DOB**	: 17-04-2010
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 18-5-865 LAL DARWAJA NEAR PANCHAMUKHI HANUMAN TEMPLE Falaknuma Hyderabad Telangana INDIA 500053	**Phone No**	: 9000966069/ 8886456778
		E-mail	: d.satyaveer@gamil.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr D. SATYAVEER **Relationship** : D/O

Contact Address : 18-5-865 LAL DARWAJA NEAR PANCHAMUKHI HANUMAN TEMPLE Falaknuma Hyderabad Telangana INDIA 500053 **Phone No** : 9000966069

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : GENERAL PEDIATRICS

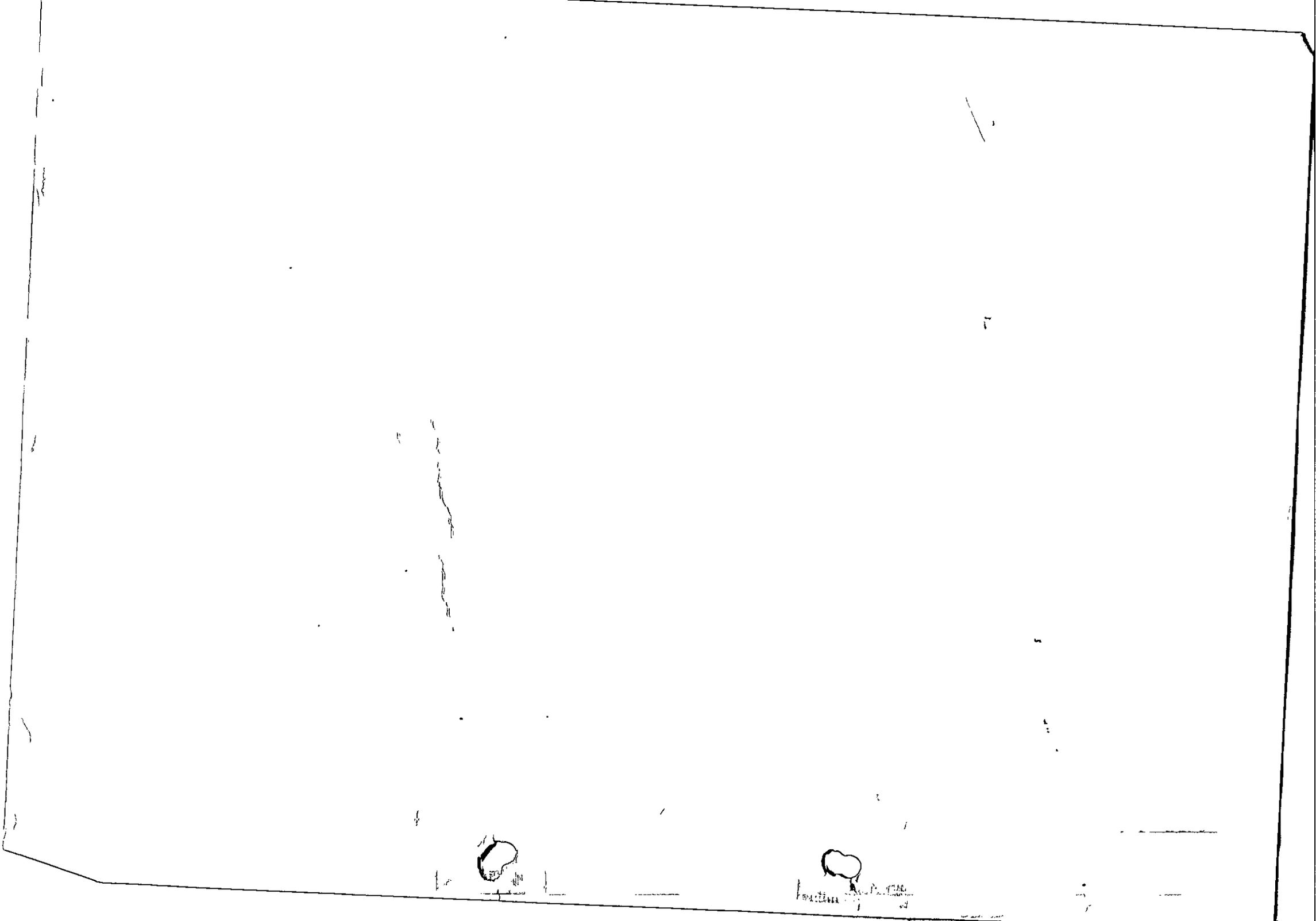
Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD.



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

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

ACTIVITY RECORD FOR BILLING

HNH-00000010 IP26-00006631
Name: ------- Baby D. SUKIRTHI ----------
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR
UHID No : --- ------- Consultant : ---------- Dept : ----------

Date of Adm. ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	1:40 AM	ER	ward	T/Madhuri

Cross Consultation Visit

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

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
24/6/26	Vit-D (25 Hydroxy) calcium	10203	
	VBG, RBS - 112 mg/dl	10202	
24/6/26	urine culture	10255	
24/6/26	USG Abdomen & pelvis.	7507	
	Cross checked done		
26/6/26	Xray lumbar spine lateral	7580	

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/6/26	Infusion Pump	2:30AM 24/6/26	25/6/26 @9AM.	7932	[signature]

Cross checked done by
[signature]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
24/6/26	Iv placement	1	7929	[illegible]
24/6/26 (10:51AM)	NHA	1	7967	[illegible]
		Corr check	done	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

Patient ID# :

Consultant :

Final Diagnosis : Urinary Tract Infection / Constipation
Hyperventilation Syndrome / Carpopedal Spasm

Pediatric Multiorgan History & Physical Examination

Name : SUKRUTHI - D Age/Sex 16y 2m

Informant Parents Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

c/o constipation - 1 week
Fever - 1 week
Pain abdomen - 4 days
b/l lain pain - 1 day
Hyper ventilation & cramps since 30 mins

History of present illness :

A 16 y old child presented with complaints of-

- constipation → 1 week, passing hard stools on & off a/w intermittent pain abdomen.

- Fever mod low-grade a/w chills & rigor, subsided on taking medication but recurs, no rash / no h/o travel

- Pain abdomen - suprapubic region a/w dysuria on & off non-colicky, a/w backpain & on analgesics.

- Hyperventilation a/w cramps of b/l upper limbs & lower limbs since 30 mins a/w irritability & fear.

- oral intake ↓, urine passed ✓, last stool - morning (Hard).

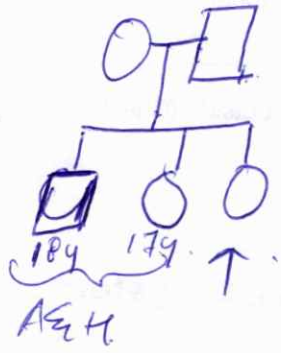
Eats low fibre diet.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

FTLSCS (prev LSCS) CIAB
Bwt - 2.6 kg, No NICU admission
NNJ+, ø was not given
1Yr, DBF ✓



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : Goes to 11th standard.
Good scholastic performance.

Immunization History : Last immunised - 10 yrs.
(up to date)

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 37.6 (Centile _____)

On Examination :

Temperature : 99.7F Pulse Rate: 130/min Description _____

B.P. 100/60 mm Hg SPO2 100 % at RA.

Resp. rate and type of breathing : 25/min, Hyperventilation + Carpopedal spasm.

Rash NO

Lymphadenopathy NO

Oedema : NO

Respiratory system :

Inspection (any s/o distress) : Hyperventilation +.

Air entry & breath sounds : NVBS +, B/L AE + No.

Any addes sounds :

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

Cardiovasclular System :

Inspection of procordium : (N) Chest Shape, Hyperventilation +

Heart Sounds : $S_1 S_2$ +

Any murmur : No murmur

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,)

Per Abdomen :

Inspection (N) Shape, No Scars/ Sinuses.

Palpation : Soft, B/L loin (R&L) iliac fossa tenderness +

Ausculation : BS + Suprapubic tenderness +

Spine: N External Genitelia : W

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15

Cranial Nerves : wnl

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture : wnl

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : wnl

Bladder / Bowel :

Clinical Summary & Diagnostic : Urinary Tract Infection / Constipation / Hyperventilation / carpopedal spasm -

Preventive aspects of the treatment :

Avoid Spasm.

Desired goals of the treatment :

- Treat UTI

Planned Labs :

Urine Culture (~~DUE~~)
USG Abdomen & Pelvis. (~~DUE~~)
VIT D.
Serum Calcium.
Keep Extra Sample.
GRBS- 112 mg/dl.

Noted By Brohim

Planned Management :

- 2/3 maintenance IVF
Start Ceftriaxone after Urine Culture.
Inj. CEFTRIAXONE
Inj. Esomeprazole
Syp. DUPHALAC.
Inj. ONDEM.
Hoctodyss Enema.

Noted By Brohim

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
(Including the name of City)
3. Contact number of the Referring Doctor : _____
(Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

)GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Dr. DILNAAZ.
24/6/26 -	C/B - Dr. Prashanthi / Dr. Nazneen -	
2AM		
	A - Urinary Tract INFECTION / CONSTIPATION.	
	- Hyperventilation / CARPOPEDAL SPASM.	
		GRBS 112 mg/dl
-	Pain abdomen ↓ after buscopan (better)	
		Plan
-	Taking orally less	
		- Trace Urine c/s
-	Pain during micturition +	- Vitamin D / Calcium.
		- Keep extra sample
	O/E	- Start Abs > Urine c/s
		- Cf Rx as per chart -
	HR - 110/min BP - 100/60 mm Hg	
	RR - 20/min CFT < 3 sec -	- USG Abd & pelvis Tomorrow
	PP well felt.	
	S/E	- monitor vitals (BP) urine output.
	P/A - Soft, Suprapubic + Tenderness	Preethi
	BS+.	
	Noted Bo Prabhin	NB Dr. [illegible]

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2026	C/S/B - Dr. Prashanti / Dr. Nazneen.	
8:10 Am	UTI / constipation Hyperventilation - ? carpopedal spasm.	
	currently no spasms no pain Abdomen vitals - stable did not pass stool yet no vomitings	Plan (1) ~~IV~~ Ceftriaxone (2) ~~IV~~ Lactulose (3) Trace urine c/s (4) USG Abdomen and pelvis today (5) Monitor vitals 4th hrly N/B Supriya @ 8:30 Am Dr. Nazneen

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26		
	c/o B - Dr. Pritesh	
9:30 Am.		
	A - UTI / Constipation	
	Hyperventilation ~~[illegible]~~ / carpopedal spasm	
	Stool - Not passed	
	Pain abdomen ↓	Plan
	No vomiting	
		- No Analgesics ⎤ STRICTLY
	O/E	- No Antispasmodics ⎦
		- & laxatives.
	vitals - stable	- Trace urine C/S
		- USG Abdomen & pelvis today
	S/E	- Monitor vitals.
		- 100 Proctoclysis enema. Stat
	P/A soft, non-~~i~~tender.	ML

Dr. Pritesh Nagar
Consultant Pa[illegible] [illegible]tensivist
Re[illegible] 47184

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

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/06/26 9PM	C/O/E Dr. Sukanth / Dr. Shyaam	
	Dx:- UTI / Constipation	
	Hyperventilation	with Carpopedal spasm
	passed small amount stool	
	pain abdomen + / No vomiting	
	No fresh convulsion	
	O/E:- GC-fair	
	vitals stable	
	Hydration - good	
		Adv
		- IV fluids (2/3 rd)
		- Inj. Ceftriaxone
		- Cont Laxative
		- Monitor vitals and
		Inform SOS
		Sukanth
		N/B - Supervise

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 5:10 pm	S/B Dr. Prakash	
	DUTI	Plan
	c̄ Carpopedal spasm	
	c̄ Constipation	IV fluids
	Afebrile	@ 30 ml
	CVS - S1 S2 (+)	Syp. COLAX Soln BD
	RS - B/L AE (+)	
		CF MUDUF 4 scoops
	P/A - soft	
	Conscious	CF CEFTRIAXONE
		PROCTOCLYSIS ENEMA
		} Repeat tomorrow
	Dr. Pritesh Nagar, Consultant ... Intensivist	
		NB/Supriya 5:24pm @ 24/6/26

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Anush/Dr Nair.	
25/6/26, 7:40AM	Δ: UTI	
	No fever.	
	passed stool (+): Semisolid small quantity	
	back pain (+).	Plan
	vital stable.	- Enhance orally
	S/E	- IV fluids (1/2 M)
	RS B/L AE (+)	- Inj CEFTRIAXONE
	NVBS (+)	- cl MUOT
	P/A soft not distended.	- Monitor vitals
		NB-Montushi @ 7:45AM
	[signature]	

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

(P.T.O)

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26. 9AM.	e/s/by Dr pritesh	
	? UTI	
	- Abdominal pain (+)	
	- Back ache (+).	
	Passed stool in mng (+).	- stop IV/fluids.
	Vitals Stable	- Enhance oral
	P/A - Soft, Non tender	- (T) cefixime
		- ct Antibiotics.
		N/B Supriya @9am

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47484

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	S/B. Dr Prabhath	
D:6 on	△ UTI	
	No fever spikes	
	Backpain +	Adv
	pain abdom ↓ Passed stool Morning	→ Encourage orally
	Oral intake - fair.	→ Trace. Chase d/s
	O/E. Vitals stable	→ CT. K/vount
	PA Soft.	Colax. (5mg/ml)
		→ CT Ceftriaxone.
		↓ B Supp @2pm

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

)GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26	S/B Dr. Pritesh	
7:30 PM	D UTI	PG
	(culture positive) verbal	
	Afebrile	✓ cf MUOUT 2 scoops
	c/o back pain	
		✓ cf COLAX
	CVS - S1,S2 ⊕	
	RS - B/L AE ⊕	✓ cf CEFTRIAXONE
	P/A - soft	✓ Trace Urine C/S
	Constipation	
		✓ Encourage orally
		✓ Cap Vitamin D (60,000 IU) to start now & once a week for 6 weeks
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	[signature]
		N/B - Sunanda

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

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 8 AM	S/B Dr. Sreeghana	Plan
	∆ UTI	
		Stop IV fluids
	CVS - S1, S2 +	T. CEFTRIAXONE
	RS - BLL - AE +	
		Trace Urine C/S
	P/A - Soft	
	Conscious	T. COLAX
		T. MUOUT powder
		Encourage orally
		1/5 SW
		N/B - Supraja 8:14Am @ 26/6/26

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

NH-00000010 IP26-00006631
aby D. SUKIRTHI
7-04-2010 16 Y 2 M 8 D (F)
r. PRITESH NAGAR

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/24 9:40AM	S/B Dr Pritesh	
		Plan
	Δ UTI c̄ Carpopedal spasm	
	c̄ constipation c̄ bowel dysfunction	CF VITAMIN D3
	CVS - S1S2 ⊕	60,000 IU Capsule
	RS - BLAE ⊕	x once a week
		for 5 weeks
	P/A soft	
	Conscious	– Trace Urine C/S
		– Plan discharge
		– CF MUOUT powder to continue
		– VOLINI gel for LA for back pain
		– T. PARACETAMOL 500mg SOS for pain
		– X-ray Lumbosacral Spine

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

VH-00000010 IP26-00006631
aby D. SUKIRTHI
7-04-2010 16 Y 2 M 8 D (F)
r. PRITESH NAGAR

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 24/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

37.6kg

SOS / PRN (As Required Medication)

DRUG : TAB. CROCIN 500mg				Date / Time
Dose: 1 tab	Route: PO	Frequency: SOS	Start Date: 23/6	
Doctor's Signature: Nau	Valid Period	Pharm. (a)		
Additional Instructions: Paracetamol - 500mg if Temp >100°F				

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 Dr. Dhakshayani

VERIFIED BY : Name .....

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight 37.6 kg. Ward. .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
2gm	IV	BD	24/6

Name & Signature of the Doctor Starting the Drugs: Nav (Dr Nameen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
23/6	
10AM	X
10PM	3AM

Change.

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	24/6

Name & Signature of the Doctor Starting the Drugs: Nav (Dr. Nameen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time			
24/6	25/6	26/6	
6AM	2:50AM		

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	TID	24/6

Name & Signature of the Doctor Starting the Drugs: Nav (Dr Nameen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time			
23/6	24/6	25/6	
6AM	X		
2pm	X		
10pm	1AM		

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.5gm	IV	BD	24/6

Name & Signature of the Doctor Starting the Drugs: Dr Prashanth

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
24/6	25/6	26/6
8AM	3AM	
8pm		

ANM-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 37.6 kg Ward .....

DRUG : MUCUT POWDER

Dose	Route	Frequency	Start Dt.
	PO	OD	24/6

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

Additional Instructions: 4 scoops in 240 ml water

Daily Doctor's Endorsement by a Sign

Date → / Time	24/6	25/6
	10:30AM	
	10AM	

CHANGED

DRUG : Syp. CO LAX

Dose	Route	Frequency	Start Dt.
5ml	oral	BD	24/6

Name & Signature of the Doctor Starting the Drugs: B. Sreejha

Additional Instructions: Sodium picosulfate (5ml/5mg)

Daily Doctor's Endorsement by a Sign

Date → / Time	24/6	25/6	26/6
	6PM	5:30 AM	

DRUG : MUCUT powder

Dose	Route	Frequency	Start Dt.
2 scoops	oral	OD	26/6

Name & Signature of the Doctor Starting the Drugs: B. Sreejha

Additional Instructions: in 120ml of water

Daily Doctor's Endorsement by a Sign

Date → / Time	26/6
	10AM

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani Signature

VERIFIED BY : Nam

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

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 ....

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG : ~~Mucaat~~ Powd		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
24/6	2:45 AM	Syp. DUPHALAC	15ml	PO	Nau	
24/6		PROCTOCLYSIS ENEMA	1unit	PR	Nau with gold	Patient not fasting
24/6	1AM	Inj. BUSCOPAN	20mg	IV		
24/6	10:30Am	PROCTOCLYSIS ENEMA	100ml	PR		
25/6	7AM	Proctoclysis Enema.	100ml	PR		
25/6	9PM	VITAMIN D3 60,000 IU	1 capsule 60,000 IU	one/		10:20 PM
25/6	9:40 PM	Inj. ONDANSETRON	4mg	IV		

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 37.6kg. Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/6	2:30 AM	PLASMALYTE (2/3rd maintence)	IV.	50 ml/hr			24/6		
24/6	6pm	"	IV	30ml/hr					
25/6/26	9am	"	S/W	Stop			25/6/26		
25/6/26	10PM	PLASMALYTE	IV	50 ml			25/6		

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

304

RESULT SHEET

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Op. Basis

Date	23/6/26					
Time						
Hb	10.9					
PCV	30.4					
RBC	3.90					
WBC	9.95					
N/L	72.9 / 16.4					
Platelets	525					
CRP	17.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	9.9					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

vit-D - 25.6

Op Basis

Date	23/6/26					
Time						
CUE-Alb	Nill					
CUE-Sugar	Nill					
CUE - Ketones	Negative					
CUE-PUS Cells	8-10					
CUE - RBC Cells	Nill					
CUE - Nitrite	Negative					
Epithelial Cells	16-18					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : Urine c/s :—

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

Patie

RM / CLINICAL / 127

TEENAGE (12 + years)
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 : 22/6/26

Time:	3:24 AM	3:50 AM	4:20 AM	6 AM
Doctor / Nurse / Family Concern?				
Temperature (°F) (104–94)	98.5		98.4°F	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	92/62	105/66		100/60
Heart Rate (Number)	95 b/m	99 b/m		91 b/m
Resp. Rate (bpm) (Over 1 Minute) (70–10)				
Resp Rate (Number)	20 b/m	20 b/m		23 b/m
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	99%		99%
Conscious Level — Normal				
Conscious Level — Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0		0
Pain Score	0	0		0
Observer's Initials	[illegible]	[illegible]		[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

- 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)

NH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

FRM / CLINICAL / 127

TEENAGE (12 + years)
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

WARNING SCORE: CHILDREN'S UNIT

Date : 24/6/26 Time:	10AM	2pm	5 PM	10PM	2 AM	6 AM
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.3°F	98.2°F	98.1°F	97.4°F	97.6°F	97.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	98 / 62	102 / 65	105 / 62 (76)	99 / 62	104 / 69	101 / 63
Heart Rate (Number)	92b/m	105b/m	103	98b/m	98b/m	92b/m
Resp. Rate (bpm) (Over 1 Minute)	*	*				
Resp Rate (Number)	22b/m	21b/m	22b/m	24b/m	22b/m	20b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	100%	100%	100%	100%
Conscious Level: Normal / Altered						
GCS *			15/15	15/15		
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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

- 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)

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

M / CLINICAL / 127

TEENAGE (12 + years)
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 : 25/6/26 Time:	10AM	2pm	6pm	10 pm	11:10 pm	2 AM	6 AM
Doctor / Nurse / Family Concern?							

Temperature (°F)

	98.4°F	98.9°F	98.5°F	98.9°F	99.4°F	96.5°F

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

Note: BP does not score in early warning scoring

	100/63	102/65	100/67	100/69 (80)	100/66 (79)	100/69 (71)
Heart Rate (Number)	94b/m	96b/m	98b/m	90b/m	96b/m	100b/m

Resp. Rate (bpm) (Over 1 Minute)

Resp Rate (Number)	20b/m	21b/m	23b/m	22b/m	22b/m	22.5b/m
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	99%	100%	99%	100%
Conscious Level (Normal / Altered)						
GCS *				15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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 ás 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)

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
24/6/26	02:00 am	orange Plasmalyte	—	50ml								
	03:00 am		—	50ml								
	04:00 am		—	50ml								
	05:00 am		—	50ml								
	06:00 am		—	50ml								
	07:00 am		—	50ml						200ml		
Total Intake :						**Total Output :**						

NA NA Made

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
24/6/26	08:00 am	1		50ml							0	
	09:00 am			50ml						200ml		8:30AM
	10:00 am	plasmalyte	Jelly + H20	50ml								
	11:00 am			50ml	NA		✓	NA		200ml		
	12:00 pm	1		50ml						100ml		
	01:00 pm			50ml								
Total Intake :						**Total Output :** U- 500ml M- ✓						
24/6/26	02:00 pm			50ml							0	
	03:00 pm		Chocolate				✓			✓	0	
	04:00 pm	Plasmalyte	H20	50ml							0	
	05:00 pm			50ml							0	
	06:00 pm			30ml						400ml	0	
	07:00 pm			30ml							0	
Total Intake :						**Total Output :** U- M						
24/6/26	08:00 pm			30 2ml						400ml	0	
	09:00 pm			30 2ml							0	
	10:00 pm	Plasmalyte	Rice	30 2ml							0	
	11:00 pm		Curd	30 2ml	NA			NA		200ml	0	
	12:00 am			30 2ml							0	
	01:00 am			30 2ml							0	
Total Intake :						**Total Output :**						
25/6/26	02:00 am			20 2ml							0	
	03:00 am			20 2ml							0	
	04:00 am	Plasmalyte		20 2ml							0	
	05:00 am			30 2ml	NA			NA			0	
	06:00 am			30 2ml							0	
	07:00 am			20 2ml			✓			✓	0	
Total Intake :						**Total Output :** U - 1 M - 1						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 15 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
25/6/26	08:00 am	plasmalyte		30ml	NA	NA		NA				
	09:00 am		Bbly + H_2O	~~30ml~~ Stop								
	10:00 am			30ml			✓			300ml	0	[signature]
	11:00 am											
	12:00 pm											
	01:00 pm	stop										
Total Intake :						Total Output :						
25/6/26	02:00 pm				NA	NA		NA		300ml		
	03:00 pm		Rice khichdi									
	04:00 pm	IVF					✓			✓	0	[signature]
	05:00 pm	stop					✓			✓		
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
25/6/26	08:00 pm	plasmalyte			NA	NA				✓	0	
	09:00 pm										0	
	10:00 pm		H_2O	50ml			✓				0	[signature]
	11:00 pm			~~50ml~~						✓	0	
	12:00 am			50ml						✓	0	
	01:00 am			50ml						✓	0	
Total Intake :						Total Output : U-					M-	
26/6/26	02:00 am	plasmalyte		50ml	NA	NA				✓	0	
	03:00 am			50ml							0	
	04:00 am			50ml							0	[signature]
	05:00 am			50ml							0	
	06:00 am			~~50ml~~						✓	0	
	07:00 am	Stop		Stop							0	
Total Intake :						Total Output : U-					M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/6.	08:00 am										0	
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						**Total Output :** 0					m-	
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 24/6	24/6	24/6	24/6
					Time : N1	M6	E2	N1
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	3	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	3	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	3	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	3	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	25	27	28
					Evaluator's Name				

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

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

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 24/6/26	25/6/26	25/6/26	26/6
					Time : M6	E2	N1	M6
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.	3	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	27	28	28	28
					Evaluator's Name				

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

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

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

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.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	3Am to 8Am	⇒ Assess the pt condition ⇒ check the vitals ⇒ Maintain I/o Chart ⇒ U/C done T/s		⇒ Assess the pt condition ⇒ check the vitals ⇒ maintain I/o ⇒ U/C done T/s	pt is stable	check the vitals	Nurse

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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

Date: 24/6/26

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 2pm	- Assess the pt Condition - Monitor vitals & I/O chart - drug as per chart - provided Comfortable position - give enema ~~to the~~ patient		- Assessed the pt Condition - Monitored vitals & I/O chart - drugged as per chart - provided Comfortable position - given enema to patient.	pt is stable	Rechecked vitals	
Afternoon	2PM to 5PM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart monitoring	2pm to 5pm	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart monitoring	→ Patient is stable → Strictly I/O → IVF contd.	→ Re-checked the vitals → I/O → Trace urine c/s	Supriya
Night	8PM 8AM	→ Assess the general condition of pt. → Monitor vitals → Maintain I/O chart → Re-assess vitals.	8PM 8AM	→ Assessed the general condition of pt. → Monitor vitals → Maintain I/O chart → Re-assess vitals	→ pt is stable. → Re-assess vitals	→ Re-checked vitals → Trace urine culture.	Mounika

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 25/6/26

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 2pm	→ Assess the pt Condition - Monitor vitals & I/O chart - drug as per chart → proved Comfortable positions		→ Assessed the pt Condition - Monitored vitals & I/O chart - duged as per chart → proveeded Comfortable position	→ pt is stable	Rechecked vitals	
Afternoon	2PM to 8PM	- Assess the patient condition - Monitor the v/s - Maintain the I/O - Drug as per chart	2PM to 8PM	- Assess the patient condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	
Night	8pm to 8AM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8pm to 8AM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → Trace urine c/s	→ Re-checked the vitals → I/O	Supriya

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/6/26

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..

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	-assess the pt (condition) - Check the vitals - maintain I/O chart - drug as per chart - Cannula removed	8am – 2pm	- assessed the pt (condition) - Check the vitals - maintain I/O chart - drug as per chart - also drug given.	- pt is stable.	- monitor vitals. - maintain I/O chart	Sangeetha
Afternoon							
Night							

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI (F)
17-04-2010 16 Y 2 M 8 D
Dr. PRITESH NAGAR

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

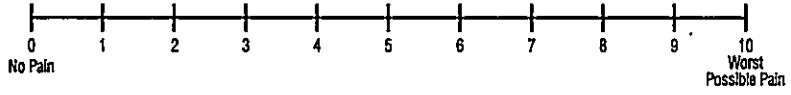
			Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/6/26	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
26/6/26	6AM	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
26/6/26	10Am			☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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:

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

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

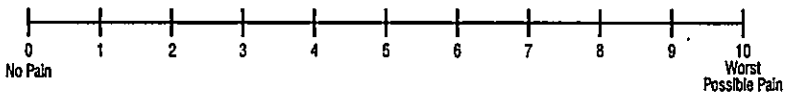
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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:
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

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

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: UTI & Constipation

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

	Area / Shift Time	24/6/26 N1	24/6/26 M1	24/6/26 E2	24/6/26 N1	25/6/26 M1	25/6/26 E2
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.3°	98.2°F	97.6°F	97.6°F	98.2°F	98.3°F
	Res:	20	20b/m	22b/m	20b/m	20b/m	22b/m
	SpO_2:	100	100-1.	99%	99%	99-1.	99%
	Pulse:	85	90	92b/m	96b/m	96b/m	92b/m
	BP:	105/66	98/62	101/64	101/65	100/63	105/66
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	-	0"	0'	0'	0"
Recommendations	Safety Needs:	—	yes	Yes	yes	yes	Yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	Nil	NA	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Madhu	Apriya	Supriya	Mouthushi	Apriya	Sunanda
Signature :							
Date:		24/6/26	24/6/26	24/6/26	25/6/26	25/6/26	25/6/26
Time:		8AM	2pm.	8pm	8AM	2pm	8PM
Taken Over By Name :		Apriya	Supriya	Mouthushi	Apriya	Sunanda	Supriya
Signature :							
Date:		24/6/26	24/6/26	24/6/26	25/6/26	25/6/26	25/6/26
Time:		8AM	2PM	8PM	8AM	2PM	8PM

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis: UTI						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
BACKGROUND	Area / Shift Time	25/6/26 N1					
	Medical Condition (Any special condition to be noted):	–					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F					
	Res:	24/m					
	SpO_2:	99%					
	Pulse:	102					
	BP:	101/66					
	Fall Risk Score:	–					
	Pain Score:	"0"					
Recommendations	Safety Needs:	Yes					
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	–					
	Special Diet:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	–					
Post Operative Procedure Special Orders:		–					
Handed Over By Name :		Supriya					
Signature :							
Date:		26/6/26					
Time:		8AM					
Taken Over By Name :							
Signature :							
Date:							
Time:							

Docu. No. : RCH/FRM / CLINICAL / 097

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00000010 IP26-00006631 Baby D. SUKIRTHI 17-04-2010 16 Y 2 M 7 D (F) Dr. PRITESH NAGAR	Date & Time of Admission 24/6/26 @	Date & Time of Transfer Order 24/6/26 @ 2:20 AM
Dr. Pritesh	Transfer Ordered by Dr. Prashanti	Reason for Transfer Admission
From Unit Ward	To Unit ER	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films VBG — ①	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Prabir	Dr Prashanti

Patient & Clinical Records Received by : Madhu 24/6/26.

Date & Time of Patient Received : @ 2:21 AM

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

The pt not willing for the enema

Dr. Satyaveer

24/6/26

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: ..GP..... Shifted to: ..Ward.....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..Dr. Prashanti.....

Date & Time : 27/6/26 @ 1'20 AM

Nurse Name & Signature: ..Prabin.....

Date & Time : 27/6/26 @ 1'20 AM

Docu. No. : RCH / FRM / GENERAL / 090

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

Wt - 37.6 kg

RBS - 112 mg/dl

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : D. Sukirthi Age : 16Y **Gender:** ☐ Male ☑ Female

Date : 24/6/26 Time of Arrival : 12:40pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99.9°F PR: 130 BP: 109/89 RR: ..... SpO_2: 99

Chief Complaints: c/o stomach pain since .....

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☐ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

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 : Apurba

Signature of Triage Nurse : .....

Date & Time : 24/6/26 @ 12:42 Pm

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

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/6/26 Time of arrival : 12'40 Pm

Chief Complaints: c/o stomach pain since

Height : ..... Weight : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

If patient is < 6 years	☐ Yes	☑ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** 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?) .....

Time of Initial assessment completed by ER Nurse : 12'42 Pm

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ IV placement done
	→ given medication

Samples collected by: / Time: /

Samples sent by : / Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1AM	Buscopan	IV	20 ml		
1AM	Ondem	IV	4 mg		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 108b/m BP: ..... CFT: 2sec	Shift - out from ER to: ward
RR: ..... SPO2 at FiO2: 100%/o	Time of Shift - out: 2:30 AM
GCS: 15/15 Temperature : 99.7°F	Handover given to: Madhu
Pain Score: 5c'	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Rabin Signature of the Nurse : .....

Date & Time : 24/6/26 @ 12:42 AM

HNH-00000010 IP26-00006631
Baby D. SUKIRTHI
17-04-2010 16 Y 2 M 7 D (F)
Dr. PRITESH NAGAR

304

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 24/6/26 Time: 11 Am

Weight: 37.6 kg Centile: <5th

Height: — Centile: —

Inference: underweight Child

RDA: — Calories: 1950 kcal/d Protein: 35 gms/d

Diet Recommendations: Soft High fiber foods

Re-Assesment: Avoid spicy, Chilled & outside foods

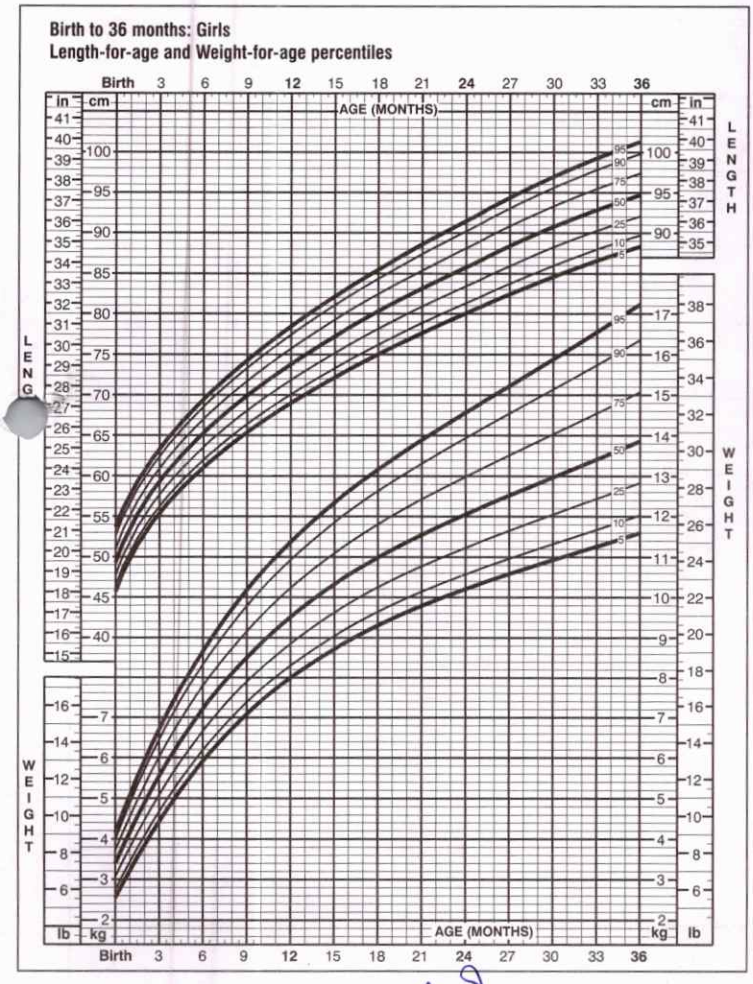
Food Allergies: NO Veg/Non-veg veg.

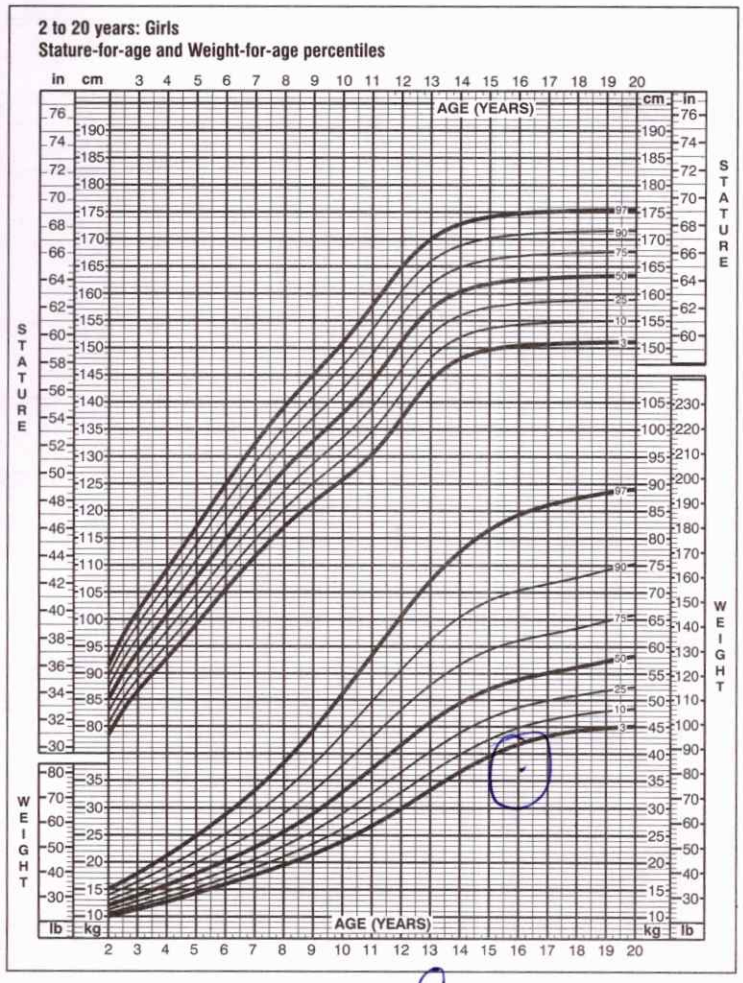
Diagnosis: UTI with constipation

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Dsatyaveer

GROWTH CHART (GIRLS)





Dietician's Name Sathwika

Dietician's Signature

Daily Notes: