HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 26 D (F)
Dr. MANJIT KUMAR

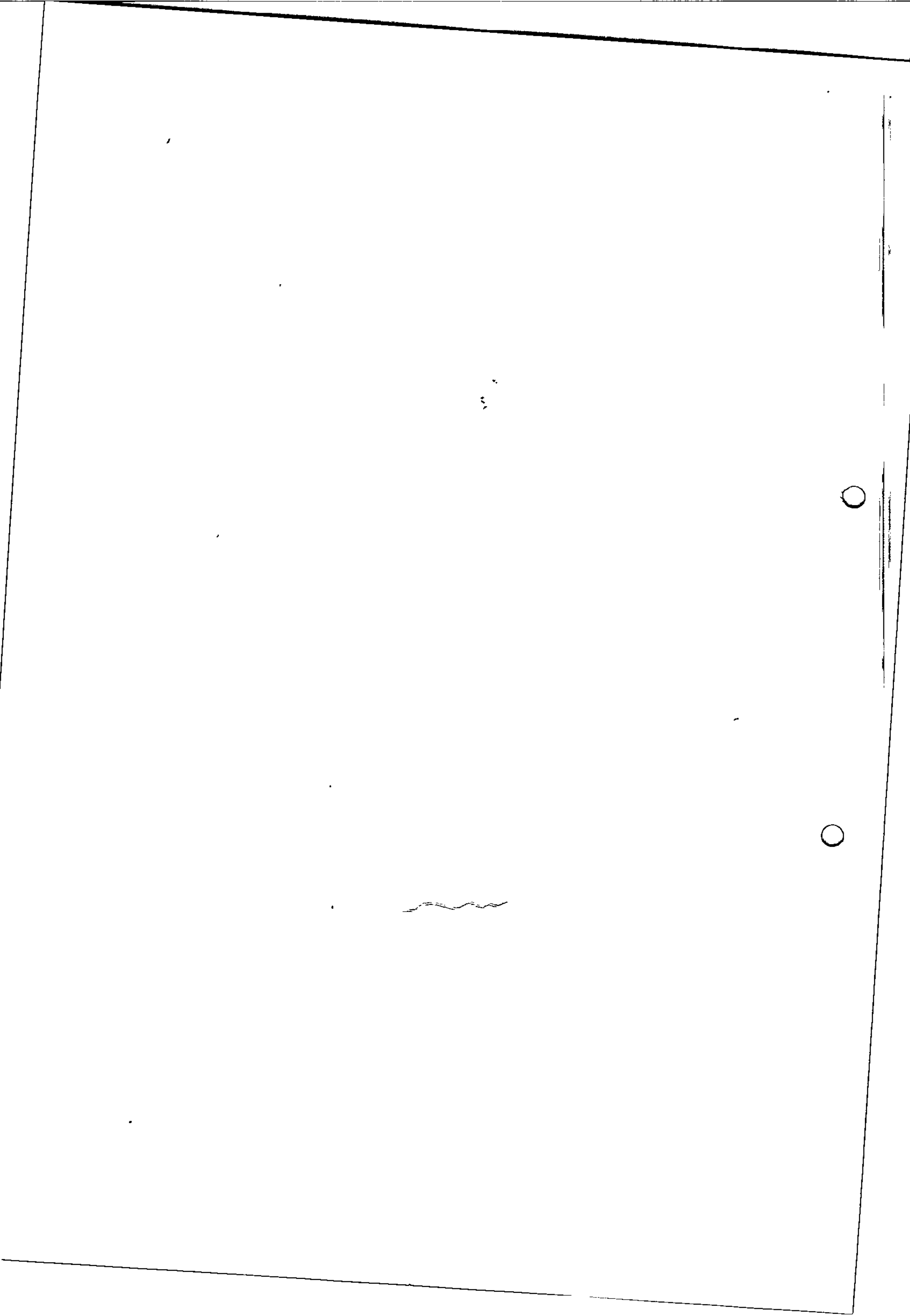
DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	6			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations	1			
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	33			

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

Signature and Date : 19/06/26 Jyotsna

(P.T.O)



DISCHARGE SUMMARY

Name	Baby SYEDA ABIHA FATIMA	UHID	HNH-00016012
Father/Guardian	Mr SYED MOOSA MOHD QUADRI	Age/Gender	2 Y 8 M 24 D/ Female
Address	21-4-201/A,HUSSAINALAM, Hussainialam, Hyderabad, Telangana, INDIA, 500064		
IP No	IP26-00006600	Admission Date	16-06-2026
Ref Doctor	Dr Manjit Kumar		
Discharge Date	19.06.2026		

Consultant:
Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126

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

DIAGNOSIS	ICD CODE
INFECTIVE COLITIS WITH DEHYDRATION	

Name	Baby SYEDA ABIHA FATIMA	UHID	HNH-00016012
IP No	IP26-00006600	Admission Date	16-06-2026

History: Baby SYEDA ABIHA FATIMA is a 2 Y 8 M 24 D , old girl presented with history of pain abdomen since 4 days and loose stools (multiple episodes/day) and poor oral intake since 1 day, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 100/min and RR - 24/min. On examination signs of dehydration were present such as dry lips, dry oral mucosa, decreased skin turgor and dull look were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 11 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.31, pCO2 of 26.7 mmHg, pO2 of 55 mmHg, HCO3 of 15.1 mmol/L and BE of -13.0 mmol/L.

Initial hemogram showed Hemoglobin of 8.9 gm%, White Blood Cell count of 11020 cells/cumm, platelet count of 3.18 lakhs/cumm and C-Reactive Protein of 5 mg/l. Serum electrolytes showed sodium of 135mmol/L, potassium of 4.3mmol/L & Chloride of 109 mmol/L. Serum Creatinine was 0.3 mg/dl. Blood Urea was 19 mg/dl. Liver function test showed total SBR of 0.2 mg/dl with indirect fraction of 0.1 mg/dl, SGOT - 46 U/L, SGPT - 22U/L, ALP - U/L, protein -8.2 gm/dl, albumin - 4.4 gm/dl, globulin - 3.9 gm/dl, A/G ratio of 1.1. Serum Amylase - 42 U/L, Sr. Lipase - 64 U/L. Complete urine examination shows 4-6

Name	Baby SYEDA ABIHA FATIMA	UHID	HNH-00016012
IP No	IP26-00006600	Admission Date	16-06-2026

pus cells, 8-10 epithelial cells, protein trace.

Management: She was admitted in the ward and started on intra venous fluids and Intravenous antibiotics. Outside USG Abdomen was showing dilated bowel loops on the right side and gaseous distension of bowel loops on the left side and was advised to rule out intestinal obstruction. X-ray erect abdomen was done which was showing multiple air-fluid levels(?Intestinal obstruction).Paediatric surgeon Dr.Muktha consult was sought who has advised to continue IV antibiotics in v/o infective colitis. USG abdomen was done in our hospital which showed edematous wall thickening of ascending colon s/o infective colitis and hence continued on iv antibiotics and iv fluids. In view of loose stools, she was administered advised gastrodiet.

She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms settled gradually.

Her oral intake improved gradually. She remained hemodynamically stable throughout the hospital stay and at present is accepting oral feeds and hence is being discharged with the following advice.

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

Medications given during hospital stay:
Injection. Metrogyl
Injection. Ceftriaxone

Advice:
* Diet as advised.

Name	Baby SYEDA ABIHA FATIMA	UHID	HNH-00016012
IP No	IP26-00006600	Admission Date	16-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Inj. CEFTRIAXONE 1gram	dilute in 30ml NS and give IV over 1 hour	8am	for 3 days till 22.06.26 morning
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5ml 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.

Review consultation with Dr. MANJIT KUMAR on Monday(22.06.26) at his OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

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

If any IV antibiotics - will be given in Emergency Room between 7am - 8am for morning dose, between 2pm-3pm for afternoon dose and

Name	Baby SYEDA ABIHA FATIMA	**UHID**	HNH-00016012
IP No	IP26-00006600	**Admission Date**	16-06-2026

between 8pm-9pm for evening dose (Outside medication shall not be allowed within the hospital as per the hospital protocol).

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

Parent/ Attender

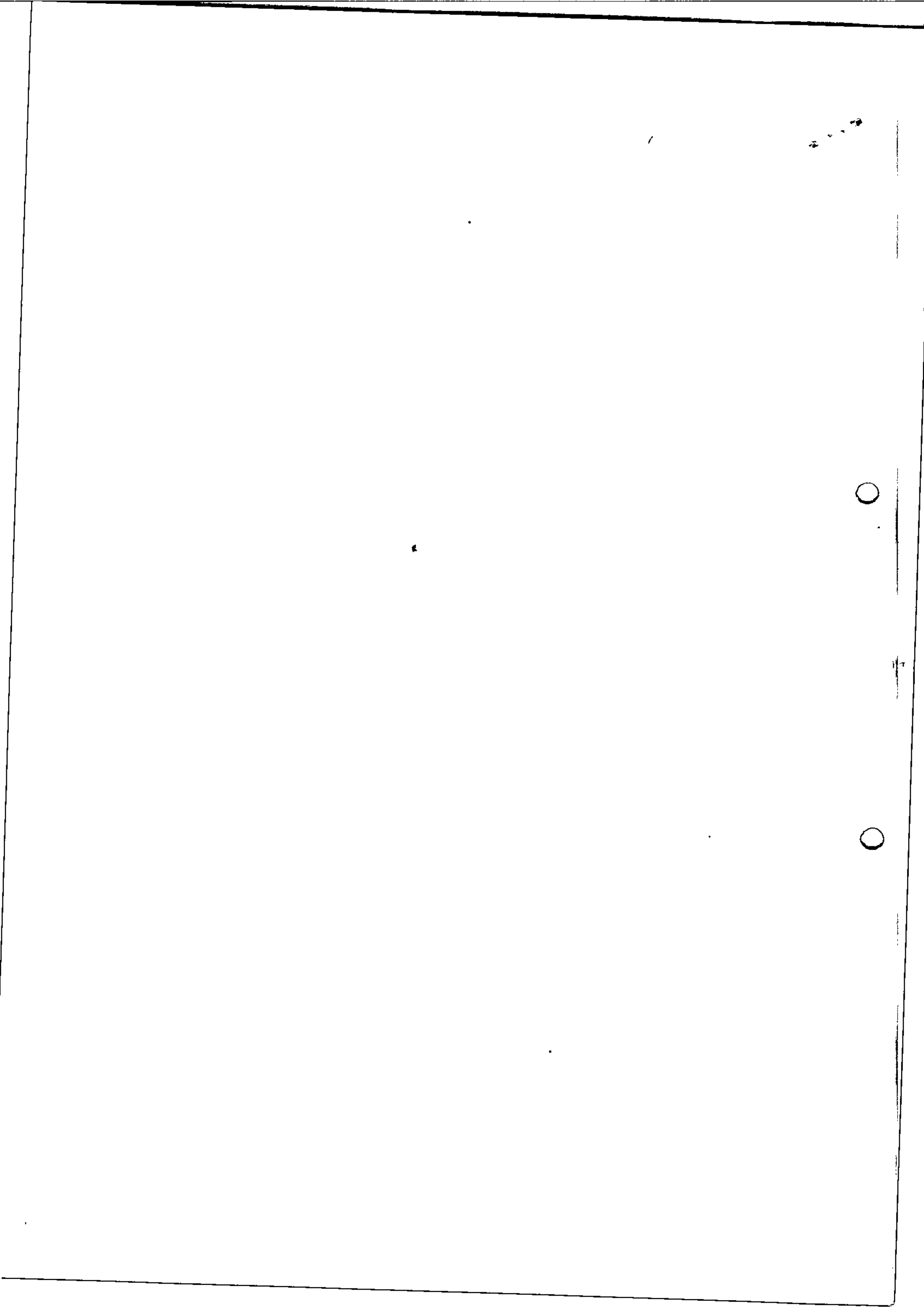
In case of emergency contact 9154865030 emergency pediatrician on duty.

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.**

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

Registrar/Resident/C.M.O

Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126



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 : IP26-00006600 **Admit Date** : 16-Jun-2026 **Admit Time** : 09:35 PM **UHID** : HNH-00016012

Patient Details :

Patient Name	: Baby SYEDA ABIHA FATIMA	**Age**	: 2 Y 8 M 23 D
Guardian	: Mr SYED MOOSA MOHD QUADRI	**DOB**	: 24-09-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 21-4-201/A,HUSSAINALAM Hussainialam Hyderabad Telangana INDIA 500064	**Phone No**	: 7013016316/ 6305967251
		E-mail	: NA@GMAIL.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 SYED MOOSA MOHD QUADRI	**Relationship**	: Father
Contact Address	: 21-4-201/A,HUSSAINALAM Hussainialam Hyderabad Telangana INDIA 500064	**Phone No**	: 7013016316

Sreefatima

Signature

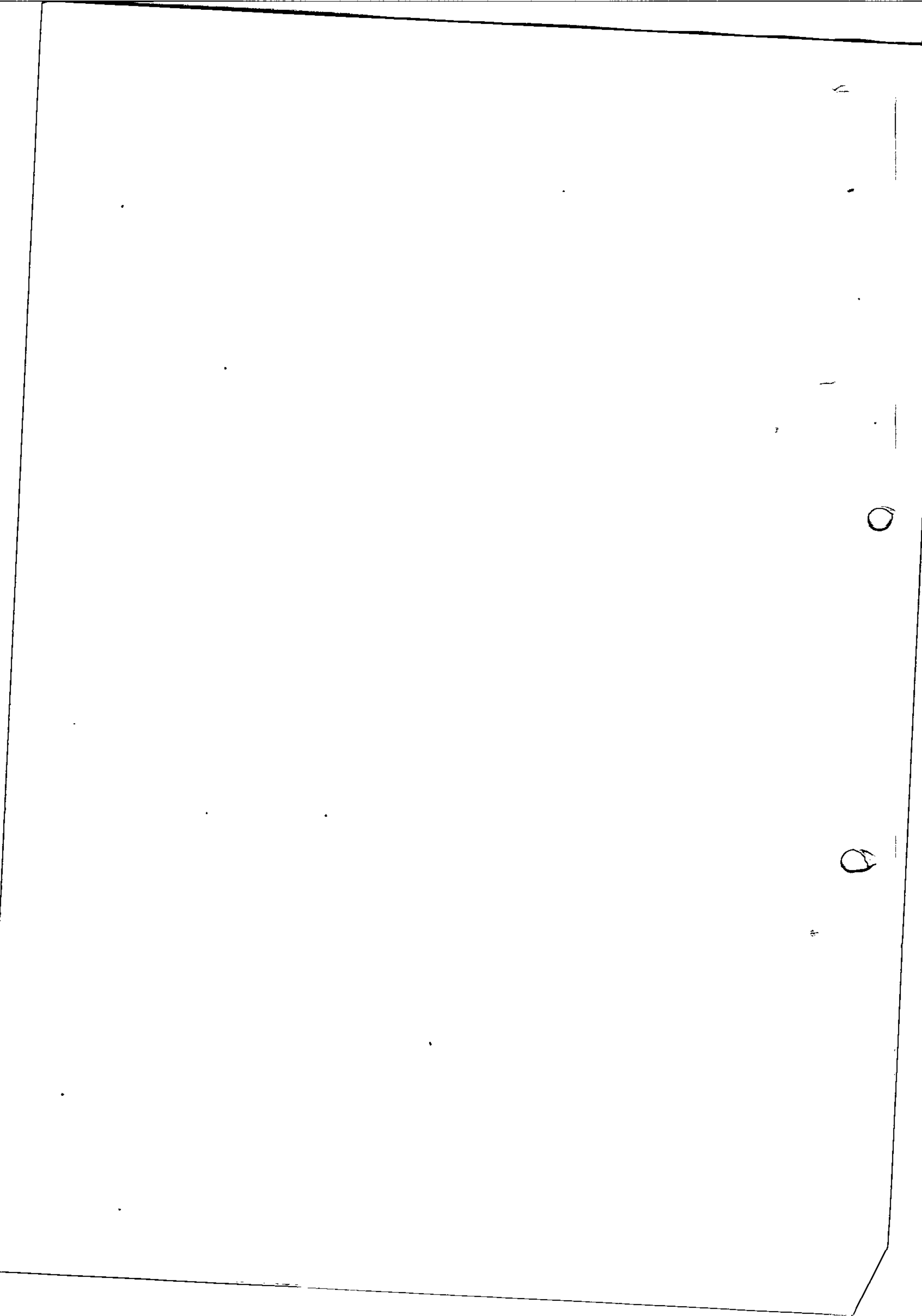
Doctor Details :

Doctor Name	: Dr. MANJIT KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr Manjit Kumar	**Phone No**	: 9866105609
Co-Consultant	: Dr. PRITESH NAGAR		

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : SELFPAY



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CROSS CONSULTATION FORM

Doctor Name : Dr. Pritesh Date : 17/6/26 Time :

Diagnosis : Acute GE c Dehydration

Hospital :

	Type of Referral :
Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care	☐ Emergency ☑ Urgent ☐ Non Urgent

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

? Subacute I.O

Signature:

Findings and Recommendations :

C/S/B - Dr. Mukta.

Δ - Acute G.E c dehydration / ? Acute Abdomen

loose stool
x vomiting
b fever

O/E P/A soft, ~~mild~~ ~~tenderness +~~
No distention
Nontender

AXR - few air fluid levels
but air ⊕ in pelvis ...

Δ :- Septic ileus secondary to AGE ~~AGE~~

- Continue conservative medical mgt
- No active surgical intervention

Consultant :

Name : Dr. Mukta Signature : Date & Time : 11.05 Am 17/6

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ACTIVITY RECORD FOR BILLING

Name: HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. PRITESH NAGAR

UHID N -------------- Consultant : ------------------------ Dept : --- pediatric

Date of Admission : ---------- Time : -------------- Date of Discharge : ----------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/06/26	10:31 PM	ER	ward	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. mukta.	17/6/26	7127	sandhya
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/6/26	VBG	9927	[illegible]
	X-Ray erect Abd.	7262	
	CBP, CRP, LFT, Amylase, Lipase, Urea, Creatine, Electrolytes	9926	
	Cross checked done by Amrutha 17/6/26 @ 6Am		
17/6/26.	USG Abdomen c̄ pelvis	7268	Sandhya
17/6/26	CUE	9933	Sandhya
	Cross checked done by Amrutha		

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/6/26	Infusion pump	16/6/26 @11:30pm	~~16~~ 19/6/26 @5:30pm.	7085	[signature]
			Cross checked done by Amrutha		

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/6/26	I'v placement	(1)	~~207080~~	[signature]
		Cross checked done by Amrutha		
17/6/26 9:30Am	NHA	(1)	~~7167~~	[signature]
18/6/26	IV placement	(1)	~~7333~~	[signature]
		Cross checked done by Amme 19/6/26 @ 10:45Am		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

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Baby SYEDA ABIHA FATIMA
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Patient Name : BABY SYEDA.

Patient ID# :

Consultant :

Final Diagnosis : AGE c̄ dehydration.

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Pediatric Multiorgan History & Physical Examination

Name : BABY SYEDA Abiha.

Informant: Mother. Reliability: Good.

Chief Presenting Complaints & Duration (Chronologically):

Pain abdomen x 4 days.
Loose stools x 1 day.
poor oral intake x 1 days.

History of present illness :

- Child came with c/o pain abdomen since 4 days, intermittent in nature, non colicky type associated with multiple e/o loose stools, yellowish, small quantity associated with mucus.
- No c/o vomiting, regurgitation of feeds.
- Also c/o poor oral intake since 1 day; only on liquids since yesterday evening.

H/o Blood in stools (20 days ago), later symptoms improved

Pediatric Multiorgan History & Physical Examination

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

Nil premorbid

Birth & Neonatal History :

Term / AGA / female

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally (N).

Immunization History :

As per NIS.

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Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 11 Kg. (Centile ____________)

On Examination :

Temperature : ____________ Pulse Rate: 100/min. Description ____________

B.P. ____________ SPO2 100% at RA.

Resp. rate and type of breathing : ____________

Pale mucosa

Rash ____________ Dry lips.

Lymphadenopathy ____________ Absent. Skin turgor > 2 sec.

Oedema : ____________

Respiratory system :

Inspection (any s/o distress) : BAE (+), NVBS (+).

Air entry & breath sounds : ____________

Any addes sounds : ____________

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

Cardiovasclular System :

Inspection of procordium : S1, S2 (+).

Heart Sounds : ____________

Any murmur : ____________

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

Per Abdomen :

Inspection SNA, NT, No HSM, BS (+).

Palpation : ____________

Ausculation : ____________

Spine: ____________ External Genitelia : ____________

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System : ✓

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR 2+ **Superficials :**

Plantars Flexor.

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

ACUTE GASTROENTERITIS c̄ DEHYDRATION.

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- CBP, VBG
- CRP
- LFT
- ~~RFT~~
- Amylase, lipase, CUE, [illegible]
- X-ray erect Abdomen
- USG A+P ([illegible] view).
- Keep 1 extra plain.
- Urea, Creatinine, S. electrolytes.

N/B Shirisha

Planned Management :

- NPO
- IVF
- IV Ceftriaxone.
- IV Metrogyl.
- Ped. Surgery opinion

N/B Shirisha

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 7:30 AM	c/s/b Dr. Varun / Dr. Nazneen	
	? Colitis / AGE	
	- Afebrile since admission.	
	- Pain abdomen not present.	
	- No of loose stools.	Plan
		- Can give soft diet.
		- Ct. IVF.
		- Ct. IV Ceftriaxone & metrogyl.
	O/E - vitals stable.	- ~~Feste~~ Send CUE,
	S/E - P/A - Soft.	- USG A+P today.
		- Ped. Sx opinion today
		- Monitor vitals.
		[signature] N. 'B' Amrutha @ 7:40AM

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6 9 AM	C/B/O Dr. Pritesh S.	
	Infection colitis	
	Acute Abdominal pain	Plan
	Acute S.E c̄ Dehydration	1) Inj Ceftriaxone
		2) Inj Metronidazol
	Abdominal pain - better	3) USG Abdomen today
	Loose stool - better	4) Send CUE
	No Vomiting	5) After USG Abdomen encourage oral liquid based on Surgeon opinion
	Child asleep	6) Surgeon opinion
	Vital Stable	
	R/S - B/L AE (+)	
	P/A - Soft	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	noted by Sr. Sandhya 17/6/26 9:20 am

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

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/6/26	S/B. Dr. Manjit Kumar.	
11:15 AM	D? Infective colitis	Plan
		- Cf CEFTRIAXONE
	Abdominal pain - better	METRONIDAZOLE
	No vomitings	- USG Abdomen today
	CVS - S1 S2 ⊕	- Trace CUE
	RS - B/L AE ⊕	
		- Allow orals - soft diet
	P/A - soft	
	conscious	- Monitor vitals
		- Cf IV fluids
		[signature]
		noted by sr. sandhya 17/6/26 @11:30 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	S/B Dr. Sreejhan	Plan
2:15 pm	Δ Infective colitis	
		- Inj CEFTRIAXONE
	Afebrile	METRONIDAZOLE
	Abdomen pain - better	
		- Encourage orally
	CVS - S1 S2 ⊕	
	RS - BLL - AEE ⊕	- IV fluids
		@ 28 ml/hr
	P/A - Soft	
	Conscious	- Trace
		D/B Surg.
		@ 2:15pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26		
9:50 pm	C/d/b - Dr. Pritesh.	
	A - Acute Gastroenteritis c̄ Dehydration.	
		USG - Abd: colitis +
-	Oral intake better	
-	loose stools: +	
-	Pain Abdomen better.	PLAN
-	Colitis +	
	O/E	✓ C/t CEFTRIAXONE
	Vitals stable	Stop METRONIDAZOLE
		✓ Encourage orally
	S/E	✓ monitor urine output & vitals.
	P/A - Soft, Non tender no distention.	✓ AVOID Screen TIME
		✓ Eat cooked food (Soft diet)
		✓ Avoid Raw food/Tetra pack.
		✓ Hand hygiene Explained.
		Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184 — N.B. Divya [signatures]

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 8 AM	S/B. Dr Prabhath / Dr Anusha	
	Δ AGE c̄ Dehydration	
	Oral intake - Moderate.	USG abd Infective Colitis
	Loose stools - 4 Episodes.	
	Pain abdomen - Intermittent (+).	
		Adv
	O/E GC - fair	
	Vitals stable	(1) CT Ceftriaxone
	PA: Soft, Not distended, Non tender.	(2) Encourage orally
	U/o adequate.	(3) Monitor U/O
	3 time yesterday.	Vitals
		(4) Avoid screen time
		(5) Soft diet.
	[signature]	N.B Amrutha c 8AM.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	S/B Dr. Pritesh	
		Plan
9:10AM	Δ Infective Colitis	
	C/o Loose Stools	– Cont IV Fluids @ 20ml/hr
	CVS – S1S2 (+)	– Cont CEFTRIAXONE
	RS – BL – AE (+)	
		– Encourage orally
	P/A – soft	
	Sleeping	– Monitor Urine output
		– IV Fluid – NS bolus
		load over 1 hour
		& Reassess after 1 hour
		F/b IV Fluid maintenance
		@ 20ml/hr

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

noted by Sr. Sandhya.
18/6/26
@ 9:30am

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA (F)
24-09-2023 2 Y 8 M 23 D
Dr. PRITESH NAGAR

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

BirthRight BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/06/26 2:30PM	c/o/b - Dr. Srikanth / Dr. Shreyas D: Infective colitis No Loose stools today Accepting orally / pain abdomen & passed urine O/E: GC - fair / Sleeping comfortably vitals - stable Hydration - good	Adv - IV fluids (20ml/hr) 1/2 M - Inj Ceftriaxone - Monitor vitals and Inform SOS - Monitor urine output Noted by Divya Srikanth 18/6/26 2:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 4:50 PM	S/B Dr. Pritesh	
	Δ Infective Colitis Plan	
	P/A - soft	Ctc CEFTRIAXONE
	Afebrile	Ctc IV Fluid, till T/m 6AM
	Vitals stable	
		Encourage orals
Planned to discharge D/W Dr Manjit T/M	CVS - S1S2 ⓝ	Noted by Divya 18/6/26 @ 4:50PM
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

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

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6 6pm	C/S/B Dr. Manjith	
	Infective Colitis	
	AGE ē Dehydration	
		Plan
	Now passing urine - 3 times	1) IVF to cont
	Loose stool better	2) IV Ceftriaxone to cont
		D/C on Ceftriaxone × 2 days
	Oral intake - improved	
		3) Encourage orally
	Vitals stable	soft Gastric diet
	Afebrile	4) Monitor Vitals
	R-S - B/L AE ⊕	If stable D/C - T/m
	P/A - Soft	F/up on Mon/Tuesday
		Noted by Divya
		18/6/26 @ 6pm
	(Dr. Manjith)	

1NH-00016012 IP26-00006600
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6	c/s/b Dr. Pranav / Dr. Prashanti	
7 Am		
	D - Infective Colitis	
	Acute Gastroenteritis c̄ Dehydration	
		Plan
	Loose stools ↓	1) IV Ceftriaxone
	Oral intake - fair	2) Gastro diet
	Vitals stable	3) Plan D/C after round
	Afebrile	
	R-S - B/L AE ⊕	4) Monitor Vitals
	P/A - Soft	
		Pranav
		N.B Amrutha @7AM.

INH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
14-09-2023 2 Y 8 M 23 D (F)
Dr. MANJIT KUMAR

...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9:35 AM	S/B Dr. Pritesh	
	D Infective colitis	
	Afebrile	Plan
	Vitals Stable	
		- CEFTRIAXONE
	P/A soft	x3 days till 22.06.26
	Intake better	
		- Flup c Dr. Manjith on 22/6/26
		- Discharge
		noted by Sr. Sandhya 19/6/26 9:35 am

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

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

HNH-00016012 IP26-00006600
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MEDICATION RECONCILIATION FORM

Drug Allergies: N.I.A ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: ward C210

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. nazneen

Date & Time : 16/06/26 @ 9:35PM

Nurse Name & Signature: shirisha

Date & Time : 16/06/26 @ 10:31PM

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

HNH-00016012 IP26-00006600
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DRUG CHART

Date of Admission: 16/06/26 Drug Allergies: N.A ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

17 kgs

SOS / PRN (As Required Medication)

DRUG : Syp. CROCIN DS				Date / Time
Dose	Route	Frequency	Start Date	
3.5ml	PO	SOS	16/06	
Doctor's Signature	Valid Period	Pharm.		
Naw		[signature]		
Additional Instructions: (5ml/240mg) If Temp >100°F.				

DRUG : Syp. IBUGESIC				Date / Time
Dose	Route	Frequency	Start Date	
5ml	PO	SOS	16/06	
Doctor's Signature	Valid Period	Pharm.		
Naw		[signature]		
Additional Instructions: (5ml/100mg) If Temp >102°F				

DRUG : ORS (PROLYTE)				Date / Time: 18/6/26
Dose	Route	Frequency	Start Date	
	PO	SOS	18/06	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions:				

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY : Name .... Signature

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. PRITESH NAGAR

Verified by Dr. Dhakshayani

REGULAR PRESCRIPTIONS

Weight. 11 kgs Ward. ....

DRUG : Inj CEFTRIAXONE				Date/Time	16/6	17/6	18/6/26
Dose	Route	Frequency	Start Date				
1gm	IV	OD	16/6	9:58 pm			
Name & Signature of the Doctor Starting the Drugs: (Dr Nameer)				8pm	[signature]	[signature]	[signature]
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[signature]		

Verified by Dr. Dhakshayani

DRUG : Inj. METROGYL.				Date/Time	16/6	17/6
Dose	Route	Frequency	Start Date			
150mg	IV	Q8H	16/6			
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	X	[signature]
				2PM	X	[signature]
Additional Instructions: Metronidazole.				10pm	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]	✓

Stop
[signature]

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

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

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. PRITESH NAGAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6/26	9:20 AM	IV NS bolus	100ml over 1hour	IV	[signature]	[signature] Sandhya

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

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 11 Kg ...... 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
16/6	11:30pm	100ml 25% DEXTROSE + 400ml PLASMALYTE (2/3rd maintenance)	IV	28 ml/hr	[signature]	[signature] [signature]	17/6	[signature]	[signature]
18/6	9:30 AM	PLASMALYTE (400ml) + 100ml 25% Dextrose	IV	20 ml/L	[signature]	[signature] [signature]	19/6	[signature]	

IP26-00006600
A FATIMA
2 Y 8 M 23 D (F)

RESULT SHEET

Date	16/6/26					
Time						
Hb	8.9					
PCV	27.4					
RBC	5.04					
WBC	11.02					
N/L	36.5/51.7					
Platelets	318					
CRP	5					
ESR						
PCT						
RBS						
Na	135					
K	4.3					
Cl	109					
Ca/Mg						
Phosphate						
Urea	19					
Creatinine	0.3					
ALP						
SGPT	22					
SGOT	46					
T.Bill/Conj	0.2/0.1					
T.Protein	8.2					
S.Albumin	4.4					
S.Globulin	3.9					
A/G Ratio	1.1					
Uric Acid						
S.Amylase	42					
Sr.Lipase	64					
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	17/6/26					
Time						
CUE - Alb	Trace					
CUE - Sugar	Nill					
CUE - Ketones	present +					
CUE - PUS Cells	4-6					
CUE - RBC Cells	Nill					
CUE - Nitrite	Negative.					
Epithelial Cells	8-10					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

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RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

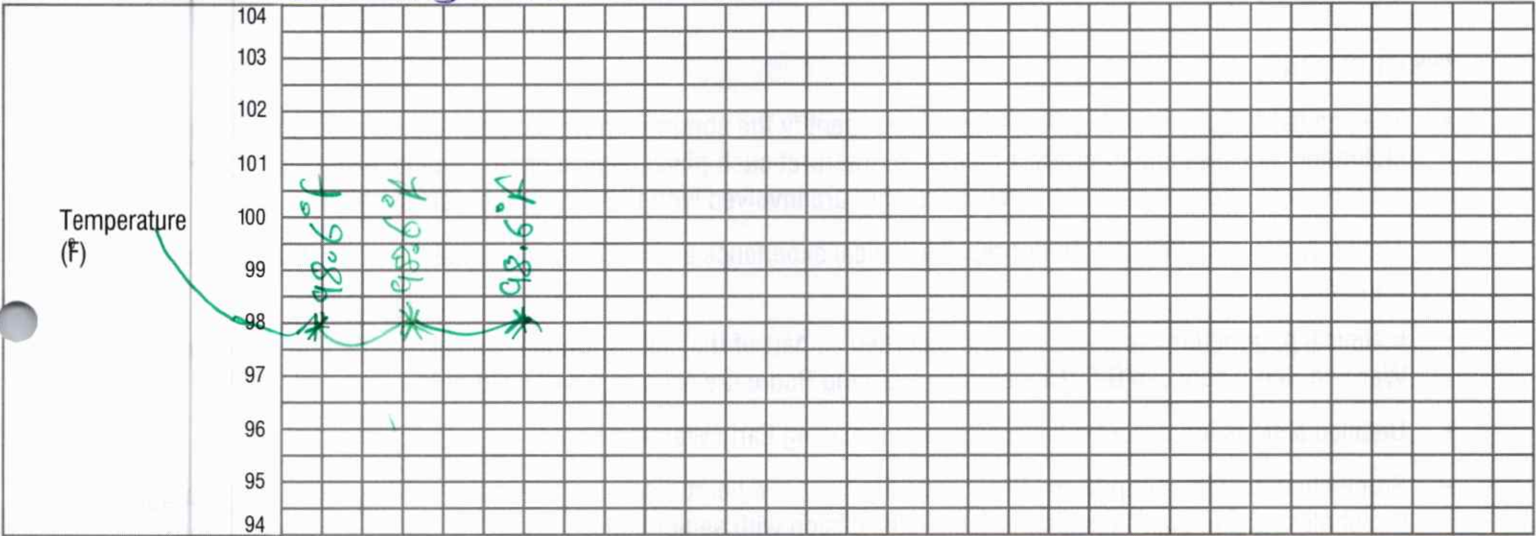
Children's Observation & Early Warning Scoring Chart

Pratiksha 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 : 16/6/26 Time:	10	2	6	10
Doctor / Nurse / Family Concern?	Ab	Ab	Ab	



	10	2	6
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50). Note: BP does not score in early warning scoring			
Heart Rate (Number)	112 b/m	124 b/m	116 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)			
Resp Rate (Number)	38 b/m	36 b/m	36 b/m
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%	99%	100%
Conscious Level — Normal			
Conscious Level — Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	B	B	B

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. MANJIT KUMAR

-I/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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 : 17/6/26 Time:	10Am	2pm	6 pm	10 pm	2 Am	6 Am
Doctor / Nurse / Family Concern?						
Temperature (°F) (scale 94–104)	96.6°F	98.3°F	97.6°F	98.6°F	98.6°F	98.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	*	BP 90/60	*	*	*	*
Heart Rate (Number)	112 b/m	116 b/m	107 b/m	126 b/m	128 b/m	120 b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	*	*	*	*	*	*
Resp Rate (Number)	25 b/m	20 b/m	20 b/m	24 b/m	30 b/m	24 b/m
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%	99%	99%	99%	100%	100%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	Continue normal observation by staff nurse
Score 2	Shift in charge nurse to be informed and continue hourly observations
Score 3	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	Shift in charge AND PICU fellow or PICU consultant to be informed.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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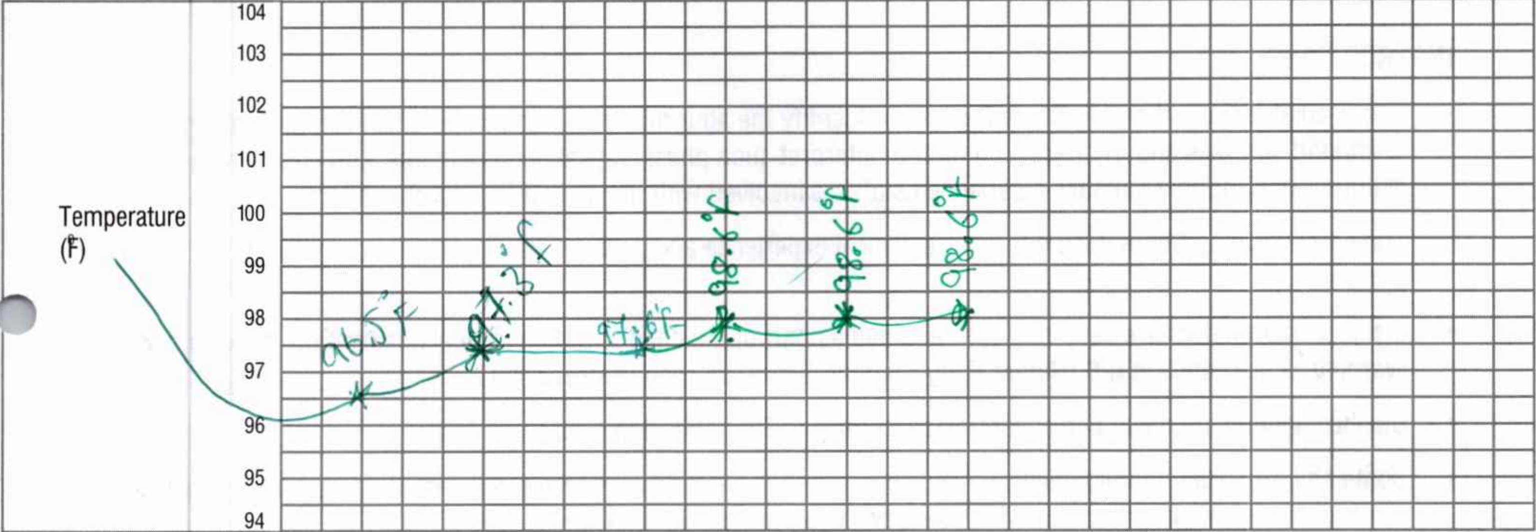
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha 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 : 18/6/26

Time	10Am	2pm	6 pm	10 pm	2 Am	6 Am
Doctor / Nurse / Family Concern?						
Temperature (F)	96.5°F	97.3°F	97.5°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	120	120	120	120	120	120
Heart Rate (Number)	123b/m	126b/m	125b/m	124bb	128bb	
Resp. Rate (bpm) (Over 1 Minute) *	30				30	
Resp Rate (Number)	28b/m	27b/m	20b/m	28bb	26bb	
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%	99%	98%	99%	99%	
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	



Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	Continue normal observation by staff nurse
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- 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-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. MANJIT KUMAR

Patient

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
16/6/26	08:00 pm	Plasmalyte + 25% Dextrose										
	09:00 pm											
	10:00 pm											
	11:00 pm				NA		0	NA		0	0	A
	12:00 am			28 ml								
	01:00 am			28 ml								
Total Intake : Taken						Total Output :				U-	M-	
17/6/26	02:00 am	Plasmalyte + 25% Dextrose		28 ml								
	03:00 am			28 ml								
	04:00 am			28 ml								
	05:00 am			28 ml	NA		0	NA		0	0	A
	06:00 am			28 ml								
	07:00 am			28 ml								
Total Intake : taken.						Total Output :				U- x	M- x	

Total 24 hrs. Intake		Total 24 hrs. Output	

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

IH-00009929 IP26-00006604
Master SHREYAN PUDI
-11-2021 4 Y 6 M 20 D (M)
ANIKET ANIL PARASHAR

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FLUID CHART

Sheet No. : ....

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
17/6/26	08:00 am	Plasmalyte & 5% Dextrose	WBM	28ml		NA		NA			0	AF
	09:00 am		WBM	28ml						✓		
	10:00 am		WBM	28ml								
	11:00 am			28ml								
	12:00 pm		Paddy H2O	28ml								
	01:00 pm			28ml						✓		
Total Intake :						Total Output :				U-2 M-1		
17/6/26	02:00 pm	Plasmalyte & 5% Dextrose		28ml		NA	0	NA			0	
	03:00 pm			28ml								
	04:00 pm			28ml								
	05:00 pm			28ml								
	06:00 pm			28ml						✓		
	07:00 pm			28ml								
Total Intake :						Total Output :				U-1 M-0		
17/6/26	08:00 pm		Kichdi H2O			NA	0	NA			0	
	09:00 pm											
	10:00 pm											
	11:00 pm									150ml		
	12:00 am											
	01:00 am											
Total Intake : Taken						Total Output :				U-150ml M-x		
18/6/26	02:00 am					NA	0	NA			0	
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake : Taken						Total Output :				U-x M-x		

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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FLUID CHART

Sheet No. : 3

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
18/6/26	08:00 am	plasmalyte + 25% Dextrose	Ebly H2O	20ml	NA			NA			0	[signature]
	09:00 am			20ml								
	10:00 am			20ml								
	11:00 am			20ml						✓		
	12:00 pm			20ml								
	01:00 pm			20ml								
Total Intake : Taken						**Total Output :** U-1 M-						
18/6/26	02:00 pm	plasmalyte 25% Dextrose	Rice H2O	20ml	NA		0	NA		140ml	0	[signature]
	03:00 pm			20ml								
	04:00 pm			20ml						200ml		
	05:00 pm			20ml								
	06:00 pm			20ml								
	07:00 pm			20ml								
Total Intake : Taken						**Total Output :** U — M —						
18/6/26	08:00 pm	plasmalyte 25% D	Richol H2O	20ml	NA		0	NA			0	[signature]
	09:00 pm			20ml								
	10:00 pm			20ml								
	11:00 pm			20ml								
	12:00 am			20ml						✓		
	01:00 am			20ml								
Total Intake : Taken						**Total Output :** U. 1 M-Y						
19/6/26	02:00 am	plasmalyte 25% D		20ml	NA		0	NA		0	0	[signature]
	03:00 am			20ml								
	04:00 am			20ml								
	05:00 am			20ml								
	06:00 am			20ml								
	07:00 am			20ml								
Total Intake : Taken						**Total Output :** U- M-X						

Y 2:30Pm

Y 4Pm

Total 24 hrs. Intake		Total 24 hrs. Output	

\H-00009929 IP26-00006604
aster SHREYAN PUDI
-11-2021 4 Y 6 M 20 D (M)
. ANIKET ANIL PARASHAR

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FLUID CHART

Sheet No. : ....

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

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 16/6/26

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				EP			
Afternoon							
Night	8pm – 8Am	- Assess the pt Condition - Monitor vitals - maintain I/O Chart - Medication Given as per drug Chart	8pm – 8Am	- Assessed the pt Condition - Monitored vitals - Maintained I/O Chart - Medication Given as per drug chart	Pt is stable	Rechecked vitals	[illegible]

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NURSING CARE RECORD

Date: 17/6/26

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 Baby condition → Administer medication as per doctor advice → check the vital ~~as per~~ → main I/O chart	8pm – 2pm	Assessed the Baby condition Administered medication as per doctor advice → checked the vital → maintained I/O chart	Baby is stable	Re checked vital	[signature]
Afternoon	8am – 2pm	→ Assess the ~~Ba~~ baby condition → ~~Mo~~ monitor vitals → maintain I/O chart → Administer medication as per drug chart → IV cannula present	8am – 2pm	→ Assessed the baby condition → monitored vitals & recorded → maintained I/O chart → IV cannula presented → IV fluid on flow	→ baby is stable	→ rechecked vitals	[signature]
Night	8pm – 8am	- Assess the pt condition - Monitor vitals - maintain I/O chart - medication given as per drug chart	8pm – 8am	- Assessed the pt condition - monitored vitals - maintain I/O chart - medication given as per drug chart	pt is stable	Rechecked vitals	[signature]

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Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. MAN[illegible] KUM[illegible]

NURSING CARE RECORD

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Date: 18/6/26

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 to 2Pm	→ Assess pt condition → Monitor the vitals → Maintain I/O chart → Administer medication as per drug chart → c/t IVF 20ml/h	8Am to 2Pm	→ Assessed pt condition → monitored vitals → Maintained I/O chart → Administered medication as per drug chart.	Patient is stable	Re-checked vitals	[signature]
Afternoon	2Pm to 8Pm	→ Assess the pt condition → monitor vitals → maintain I/O chart → Administer medication as per drug chart → IV cannula present → c/t IV fluids → pt on soft diet	2Pm to 8Pm	→ Assessed the pt condition → monitored vitals & recorded → maintained I/O chart → medication as per drug chart → IV cannula presented → c/t IV fluids → pt on soft diet	→ pt is stable	→ rechecked vitals	[signature]
Night	8pm to 8Am	- Assess the pt condition - monitor vitals - maintain I/O chart - medication given as per drug chart	8pm to 8Am	- Assessed the pt condition - Monitored vitals - maintained I/O chart - medication given as per drug chart	pt is stable	Rechecked vitals	[signature]

Patient Sticker

NURSING CARE RECORD

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							

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by SYEDA ABIHA FATIMA
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NURSING SHIFT HAND OVER FORM

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

Section	Item						
BACKGROUND	Date / Shift	16/6/26 N1	17/6/26 M6	17/6/26 E2	17/6/26 N1	18/6/26 M6	18/6/26 E2
	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
	Diet:	–	–	–	–	–	–
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6°F	98.4°F	97.4°F	98.6°F	98.7°F	98.6°F
	Res:	38 b/m	36 b/m	38 b/m	37 b/m	32 b/m	34 b/m
	SpO_2:	99%	100%	100%.	100%.	100%.	100%.
	Pulse:	112 b/m	110 b/m	117 b/m	118 b/m	115 b/m	128 b/m
	BP:	–	–	–	–	–	–
	LOC:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	"0"	"0"	"0"	"0"	–	–
	Skin Integrity	Good	Good	good	Good	Good	good
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	–	–	–	–	–	–
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	–			–	–	–
	Post Operative Procedure Special Orders:	–	–	–	–	–	–
	Handed Over By Name :	Amrutha	Sandhya	Divya	Amrutha	Anusha	Divya
	Signature / ID :	A	Sd	D	A	Af	D
	Date:	17/6/26	17/6/26	17/6/26	18/6/26	18/6/26	18/6/26
	Time:	8Am	2pm	8Pm	8Am	2Pm	8Pm
	Taken Over By Name :			Amrutha	Anusha	Divya	Amrutha
	Signature / ID :			A	Af	D	A
	Date:			17/6/26	18/6/26	18/6/26	18/6/26
	Time:			8pm	8AM	8Pm	8pm

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date / Shift	18/6/26 N1					
	Medical Condition (Any special condition to be noted):	-					
	Diet:	-					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	28b/m					
	SpO_2:	100%					
	Pulse:	122b/m					
	BP:	-					
	LOC:	-					
	Fall Risk Score:	-					
	Pain Score:	"0"					
	Skin Integrity	Good					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	-					
	Critical Lab Test / Values:	-					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	-					
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		Amrutha					
Signature / ID :		[illegible]					
Date:		19/6/26					
Time:		8Am					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

H-00016012 IP26-00006600
by SYEDA ABIHA FATIMA
09-2023 2 Y 8 M 23 D (F)
MANJIT KUMAR

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 16/6/26			DAY-2 17/6/26			DAY-3 18/6/26			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse				[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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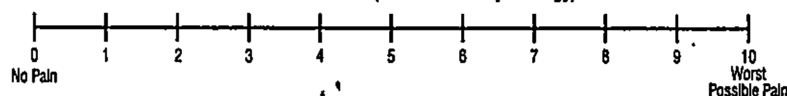
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
17/6/26	6Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
17/6/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
17/6/26	4Pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
17/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
18/6/26	6Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
18/6/26	2pm	0/10	NA	☑ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
18/6/26	4Pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
18/6/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
19/6/26	6Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]

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

PAIN ASSESSMENT TOOLS

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

NH-00016012 IP26-00006600
aby SYEDA ABIHA FATIMA
4-09-2023 2 Y 8 M 23 D (F)
r. MANJIT KUMAR

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

BRADEN 'Q' SCALE

				Date : / Time :	16/6/26 / N1	17/6/2x / M6	17/6/26 / E2	17/6/2 / 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	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name	[signature]	[signature]	[signature]	[signature]

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

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. MANJIT KUMAR

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 :	18/6/26	18/6/26	19/6/26	
				Time :	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	
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				Evaluator's Name	[signature]	[signature]	[signature]	

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IH-00009929 IP26-00006604
ster SHREYAN PUDI
-11-2021 4 Y 6 M 20 D (M)
ANIKET ANIL PARASHAR

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Your Right to a Safe Delivery

BRADEN 'Q' SCALE

				Date :				
				Time :				
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				TOTAL SCORE				
				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

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

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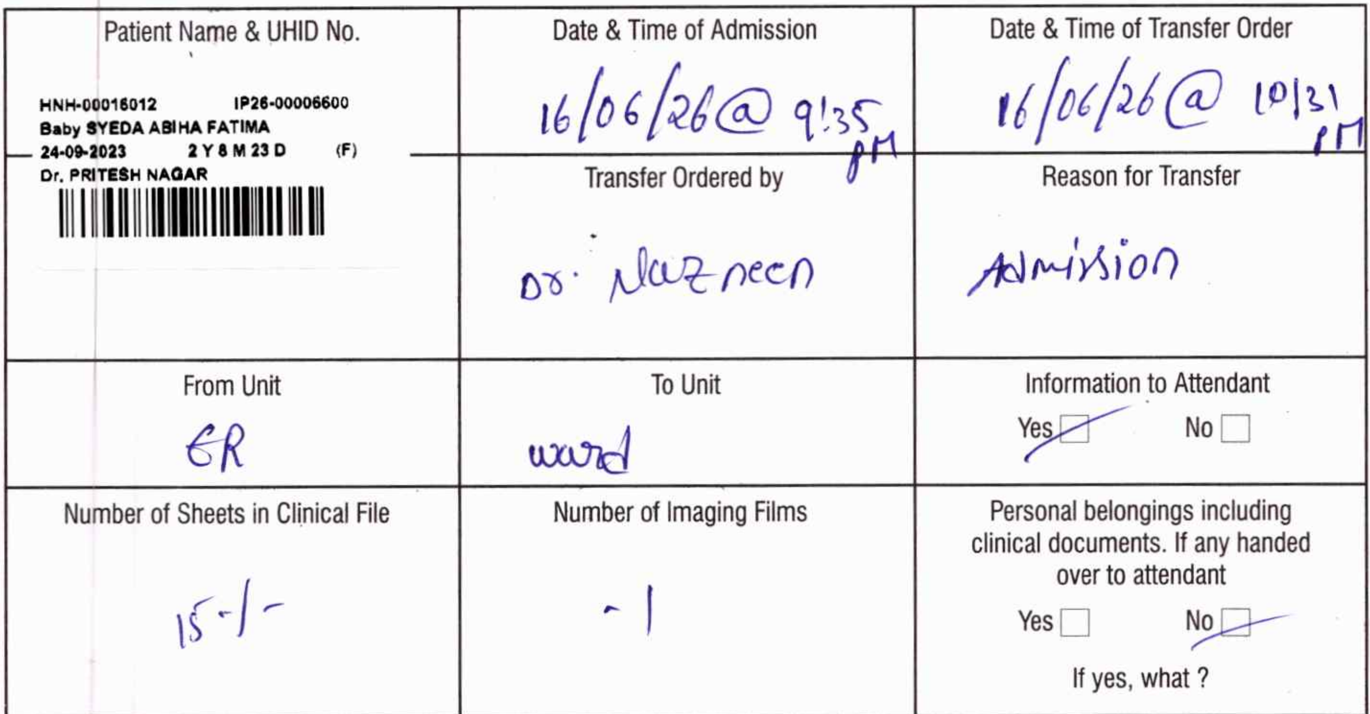
PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016012 IP26-00006600 Baby SYEDA ABIHA FATIMA 24-09-2023 2 Y 8 M 23 D (F) Dr. PRITESH NAGAR	16/06/26 @ 9:35 PM	16/06/26 @ 10:31 PM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Nazneen	Admision

From Unit	To Unit	Information to Attendant
ER	ward	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
15-/-	-1	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shirisha	Dr. nazneen

Patient & Clinical Records Received by : Amrutha

Date & Time of Patient Received : 16/6/26 @ 10pm.

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

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

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

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. PRITESH NAGAR

wt- 11.09 kgs

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Syeda Abiha Fatima Age : 2 years **Gender:** ☐ Male ☑ Female

Date : 16/06/26 Time of Arrival : 8:48 PM

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.6F PR: 119 b/M BP: .... RR: 38 b/M SpO_2: 99%

Chief Complaints: c/o stomach pain since 4days loose motion yesterday cold and cough since 4days

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:59 PM

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No

   If yes, State Location: ....

2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

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

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Shirisha

Signature of Triage Nurse : [signature]

Date & Time : 16/06/26 @ 8:49PM

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

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. PRITESH NAGAR

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Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/06/26 Time of arrival : 8:51 PM

Chief Complaints : c/o stomach pain since 4 days cold and cough since 4 days loose motion RBS: ....

Height : .... Weight : 11.09 kgs BMI : .... Head Circumference (<2 years) ....

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

If yes , identify ....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 1 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character Acute ☐ Location stomach pain ☐ Frequency .... ☐ Duration 4 days

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly
☐ If Patient is > 6 years
Assess the below parameters

	Yes	No
History of Falling: within past 3 months	☐	☑
Ambulatory Aids:		
• Wheelchair	☐	☑
• Uses furniture for support	☐	☑
Gait/Transferring:		
• Bedrest / immobile	☐	☑
• Weak	☐	☑
• Impaired	☐	☑
Mental Status: Forgets limitations	☐	☑

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 : @ 8:53 PM

Docu. No. : RCH /FRM / CLINICAL / 120

(P.T.O.)

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

Time	Nursing Notes
8:55pm	Assess the patient condition monitor the vital sing

Samples collected by: / Apurba

Samples sent by :

Time: /

Time: / 10:02 PM

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 126 b/m BP: .... CFT: NA	Shift - out from ER to: 2nd floor (210)
RR: 38 b/m SPO$_2$: 98%	Time of Shift - out: 10:31 PM
GCS: 15 Temperature : 98 F	Handover given to: .... (Nurse's Name)
Pain Score: 1	
Repeat RBS (if applicable): NA	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV placement done

Name of the Nurse : Shirisha

Signature of the Nurse : [signature]

Date & Time : 16/06/26 @ 8:57 PM

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby SYEDA ABIHA FATIMA**	**Age :**	**2 Y 8 M 23 D**
IP No:	**IP26-00006600**	**Sex:**	**Female**
Consultant:	**Dr. PRITESH NAGAR**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

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

Patient, be deemed advisable or necessary.

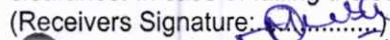
I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality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

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

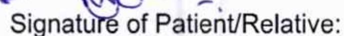
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

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

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



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



Signature of Patient/Relative:

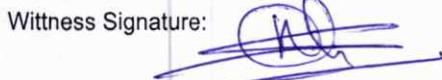
Name:

Relationship:

Date: 16/06/26 Time: 21.35 pm.

Wittness Name: Surendu Maver

Wittness Signature:



Patient Address:
21-4-201/A,HUSSAINALAM
Hussainialam Hyderabad Telangana
INDIA 500064

HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. MANJIT KUMAR

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

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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaIn the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

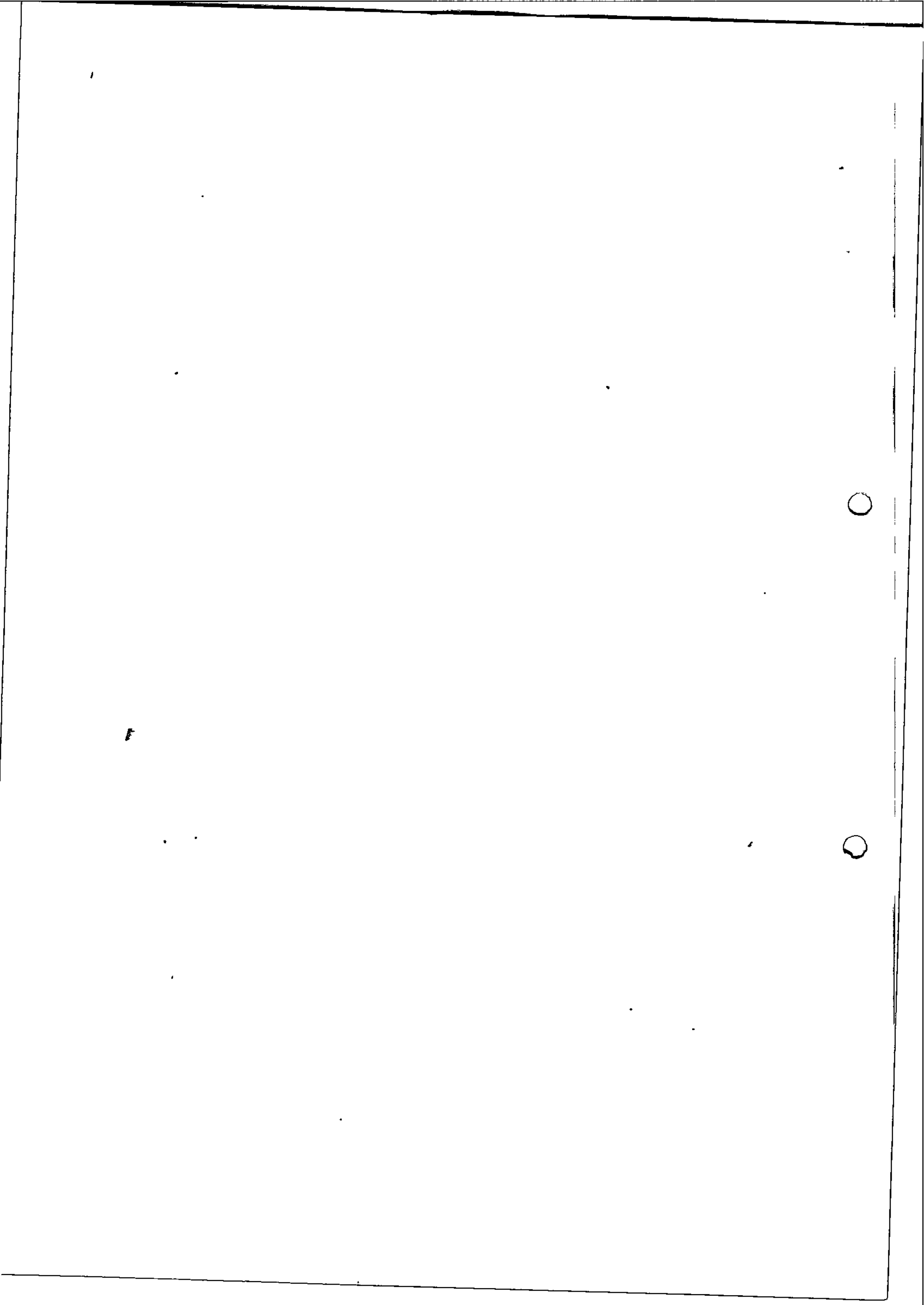
(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**



HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
24-09-2023 2 Y 8 M 23 D (F)
Dr. MANJIT KUMAR

UNDERTAKING FOR BALANCE DEPOSIT

To

The Management,

Rainbow Children's Hospital, Himayatnagar

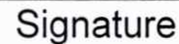
Hyderabad-500029

Sub:- **Undertaking Balance Deposit**

I Mr./Mrs./Ms. SYED MOOSA MOHD QUADRI (Father/ Mother/ Other__________________) of Master/ Baby/ Baby of/ Mrs. / Ms. SYEDA ABIHA FATIMA was bought to your hospital on Emergency basis on 16/06/26 at 21:30pm. Admitted in __________. Approximate charges deposit details were explained by the Front office/ Billing executive on duty.

I have to pay the amount of 25K as a caution deposit but for now I'm depositing 10K. The remaining amount __________ I'll deposit on ______________ at ________________.

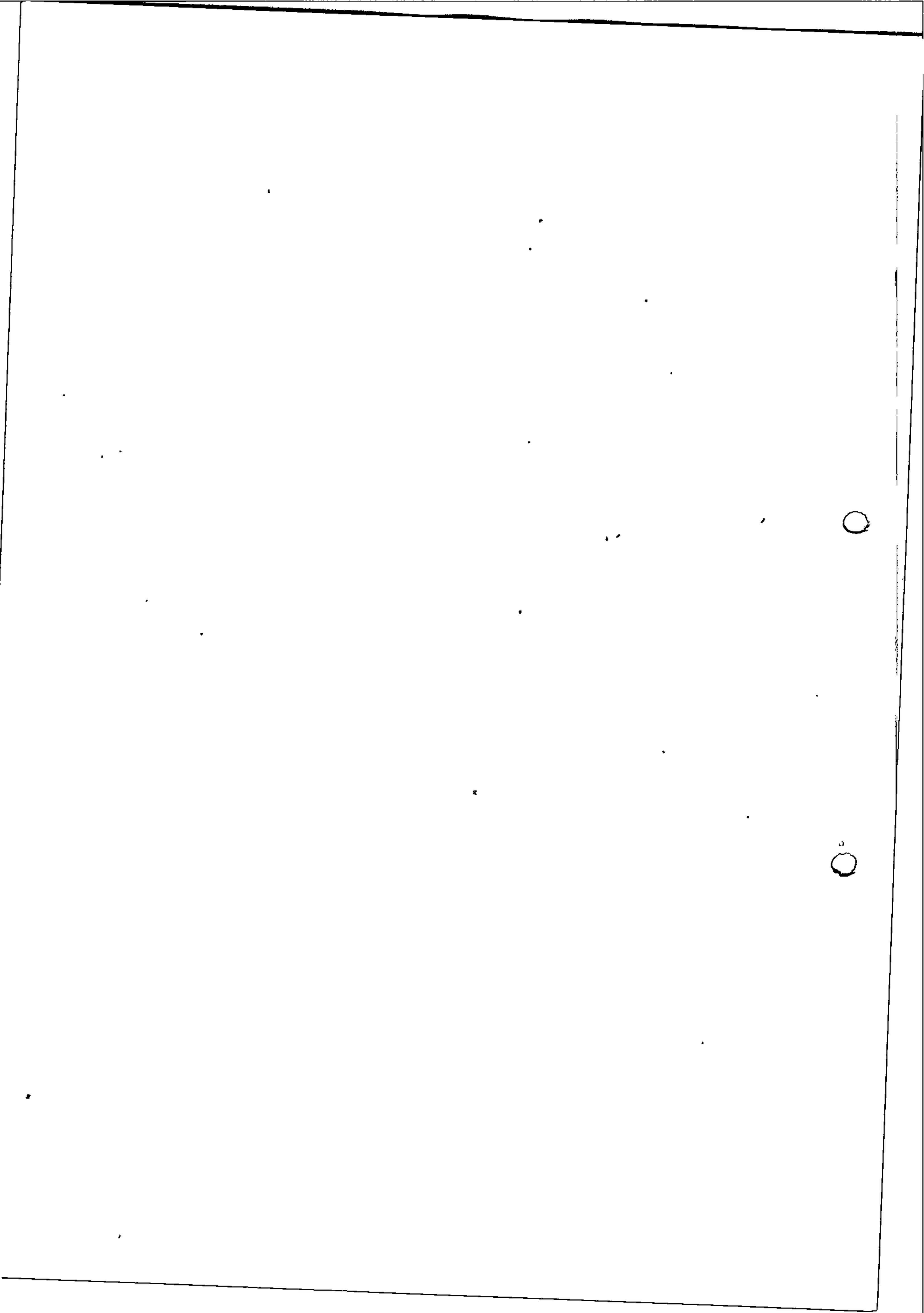
Thanking You



Signature

Name:-________________

Ph. No.:-________________



HNH-00016012 IP26-00006600
Baby SYEDA ABIHA FATIMA
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 17/6/26 Time: 9 Am

Weight: 11 kg Centile: 5th

Height: — Centile: —

Inference: underweight child

RDA: — Calories: 1250 kcal/d Protein: 21 gms/d

Diet Recommendations: NPO till further advise

Re-Assesment:

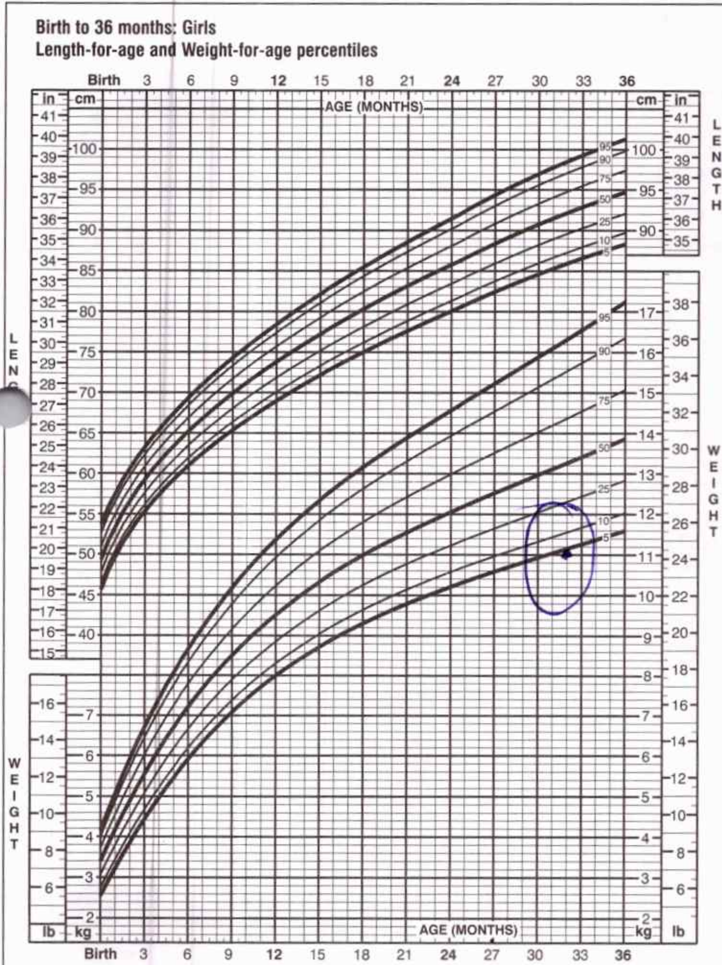
Food Allergies: No Veg/Non-veg: Non Veg.

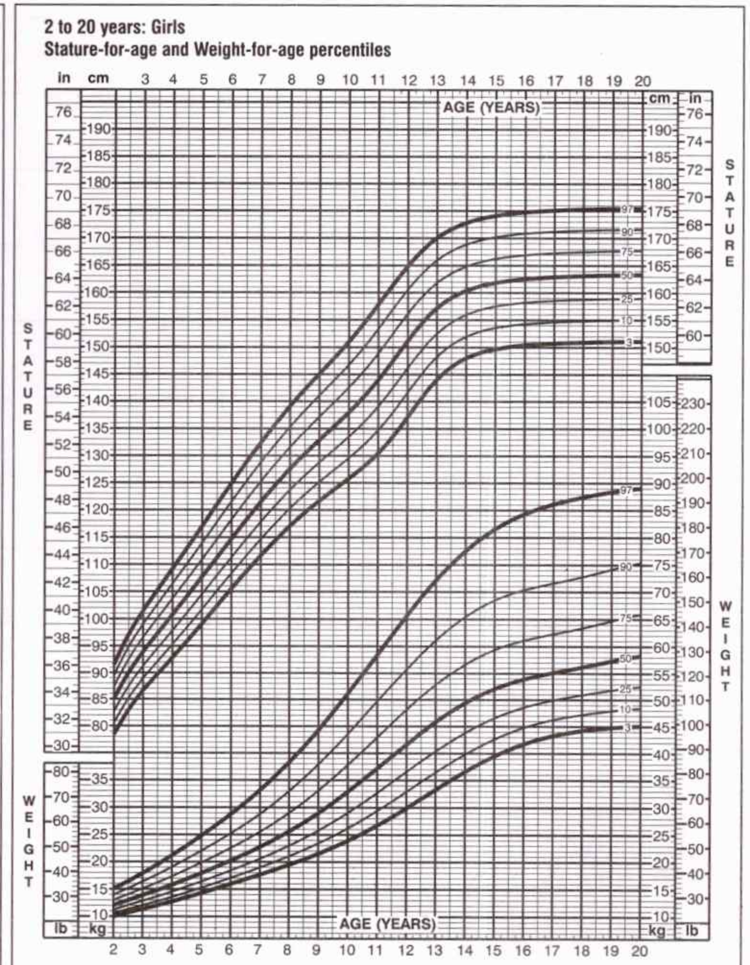
Diagnosis: Infection colitis c̄ Acute Abdomen pain c̄ AGE c̄ Dehydration

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (GIRLS)





Dietician's Name: Sathwika G

Dietician's Signature: [signature]

Daily Notes:

18/6/26 10:40 Am Child stable started oral intake with soft Diet as advised.

Sathwika G
Dietitian