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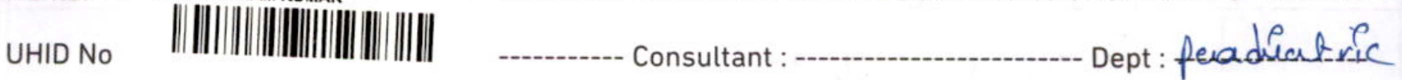
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

Name: ---



UHID No ----------- Consultant : ------------------------- Dept : peadiatric

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

Room / Bed No : ---133------ Ward : ---1st floor Suggested Billable bed type : -------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/6/26	12:8PM	ER	133→137	Shm.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/6	CBP, CRP, S/E, Creatinine LFT, Blood c/s	26020368	[signature]
	VBG, RBS-128mg/dL	26020369	[signature]
14/6	CUE	26020384.	[signature]
	CSE	26020391	
	Cross Checked by [signature] 15/6/26		
	FEK		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/6	Infusion pump	12pm	15/6 @6AM.	3090724	[illegible]
	Cross	Checked	by [illegible]	15/6/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
14/6/26	Ivplacement	1	3090225	[illegible]
	Cross checked by [illegible] 15/6/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 15/6/26 @11-30AM		

137

Name	Master SHAIK FAWAZ	UHID	VIH-00205857
Father/Guardian	Mr FAREED	Age/Gender	0 Y 2 M 24 D/Male
Address	NEW BHOIGUDA,ALANE OF ALTHAIF HOTEL, Bhoiguda, Hyderabad, Telangana, INDIA, 500003		
IP No	IP-00060341	Admission Date	14-06-2026
Ref Doctor	Self	Discharge Date	15-06-2026

DISCHARGE SUMMARY

Consultant: Dr. PREETHAM KUMAR
MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859

Diagnosis: Acute febrile illness

History: Master SHAIK FAWAZ is a 2 M 24 D boy presented with history of moderate grade on & off intermittent fever since 4 days, non bilious non projectile vomitings, loose stools since 2 days, dull activity prior to admission. For the above complaints, he was admitted at Rainbow Children's Hospital for further management.

Examination: He was afebrile, maintaining saturation at room air. HR-140/min, BP- 80/50 mmHg and RR 24/min. Signs of some dehydration were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. Examination of other systems including spine was normal.

Weight on Admission : 5.3 kgs

Investigations: Enclosed.

Management: He was admitted in ward and started on intravenous antibiotics and intravenous fluids. He was treated symptomatically with antacids. He was started on probiotics and was advised gastro diet.

His venous blood gas showed pH 7.39, pCO2 39.3 mmHg, pO2 32 mmHg, HCO3 23.6 mmol/L, BE -1.4 mmol/L. Complete blood picture showed hemoglobin 9.1 gm%, white blood cells count of 11,980 cells/cumm, platelet count of 4.84 lakhs/cumm and C-reactive protein was 10 mg/l. Serum electrolytes, creatinine and liver function test were Blood culture was sent - report awaited. Complete urine examination was normal. Complete stool examination showed 1-2 pus cells, mucus present, blood present.

His vitals were regularly monitored. His fever spikes and other symptoms gradually settled. Parents were counselled about course of illness and continuation of gastrodiet for few more days. He remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Advice:

1. Syrup Cefixime (5ml=50mg) 2.5ml, 12th hourly (after food) Refrigerate after reconstitution).
2. ProGG drops, 0.4ml, 12th hourly for ___ days.
3. Z & D drops (1ml=20mg), 1 ml once daily (after food) for 14 days.
4. Kindly consult Dr. Preetham Kumar, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Paracetamol drops (1ml=100mg), 0.8ml for fever >99.6*F (maximum 4-6 hourly).

Name	Master SHAIK FAWAZ	UHID	VIH-00205857

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

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

In Case of high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

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

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

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

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 24 D (M)
Dr. PREETHAM KUMAR

Patient Name: IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	01	–	–	
4	Patient Trasfer Forms	01	–	–	
5	In-patient Medical Record	01	–	–	
6	Doctors Progress Sheets	01	–	–	
7	Nurses Progress notes	01	–	–	
8	Consultation Sheets				
9	General Consent for Treatment				
	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	02	–	–	
	Intake and Output chart (fluid Chart)	02	–	–	
27	Drug Chart (Regular prescription)	02	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	OTHERS	11			
	Total No. of Pages	26			

manisha
Signature and Date : 15/6/26

Noted by manisha 15/6/26 @9:40am

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060341 **Admit Date** : 14-Jun-2026 **Admit Time** : 11:07 AM **UHID** : VIH-00205857

Patient Details :

Patient Name	: Master SHAIK FAWAZ	**Age**	: 0 Y 2 M 23 D
Guardian	: Mr FAREED	**DOB**	: 22-03-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NEW BHOIGUDA,ALANE OF ALTHAIF HOTEL Bhoiguda Hyderabad Telangana INDIA 500003	**Phone No**	: 9848476704/ 9121546704
		E-mail	: na@gmail.com

Admission Details :

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

Contact Details :

Name	: Mr FAREED	**Relationship**	: S/O
Contact Address	: NEW BHOIGUDA,ALANE OF ALTHAIF HOTEL Bhoiguda Hyderabad Telangana INDIA 500003	**Phone No**	: 9848476704

Signature

Doctor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: SELFPAY

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

wt – 5.3 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Shaik fawaz Age : 2 month Gender: ☑ Male ☐ Female

Date : 14/6/26 Time of Arrival : 10:46 AM

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: 99.1°F PR: 129 b/m BP: 107/60 (64) mmHg RR: 30 b/m SpO2: 97%

Chief Complaints: Vomitings x yesterday, fever x 4 days

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: [signature]

Triage Completion Time : 10:49 AM

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: ....

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

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

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

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

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

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

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

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Sr. hema

Signature of Triage Nurse : [signature]

Date & Time : 14/6/26 @ 10:49 AM

Patient Name : Mast. SHAIK FAWAZ UHID : VIH-00205857 IPD : IP-00060341 Gender : Male Age : 0 Y 2 M 23 D

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/6/26 Time of arrival : 10:50AM

Chief Complaints: fever x 4 days, Vomitings x Yesterday RBS: 128 mg/dl

Height : — Weight : 5.30 kg BMI : .... Head Circumference (<2 years) : —

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

If yes, identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☑ If patient is < 6 years tick below fall risk intervention directly

☐ If Patient is > 6 years Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating

☐ Assist Patient

☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem

☐ Walking Problem

☐ Developmental Delay

☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight

☐ Overweight

☐ Feeding Problem

☐ Special diet

☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 10:52AM

Patient Name : Mast. SHAIK FAWAZ UHID : VIH-00205857 IPD : IP-00060341 Gender : Male Age : 0 Y 2 M 23 D

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

Time	Nursing Notes
10:46AM	* Pt Came to ER
10:47AM	* vitals checked and Recorded
10:50AM	* ER Doctor seen the Pt & advised admission
11:07AM	* Admission Done
11:25AM	* Iv placement Done
11:35AM	* samples collected & sent to lab
	* RBS checked in ER - 128 mg/dL
12.10 Pm	* Patient shift to word

Samples collected by: Sr. Hema   Time: @ 11:25AM

Samples sent by : Sr. Shanthi   Time: @ 11:35AM

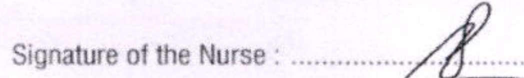
Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 129b/M BP: crying CFT: <3sec	Shift - out from ER to: 133
RR: 30b/M SPO_2: 99%	Time of Shift - out: 14/6/26 @ 12.10Pm
GCS: — Temperature : 98°F	Handover given to: (Nurse's Name) Sr. Endra
Pain Score: —	Bro Sanjay
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

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

Date & Time : 14/6/26 @ 12:10pm

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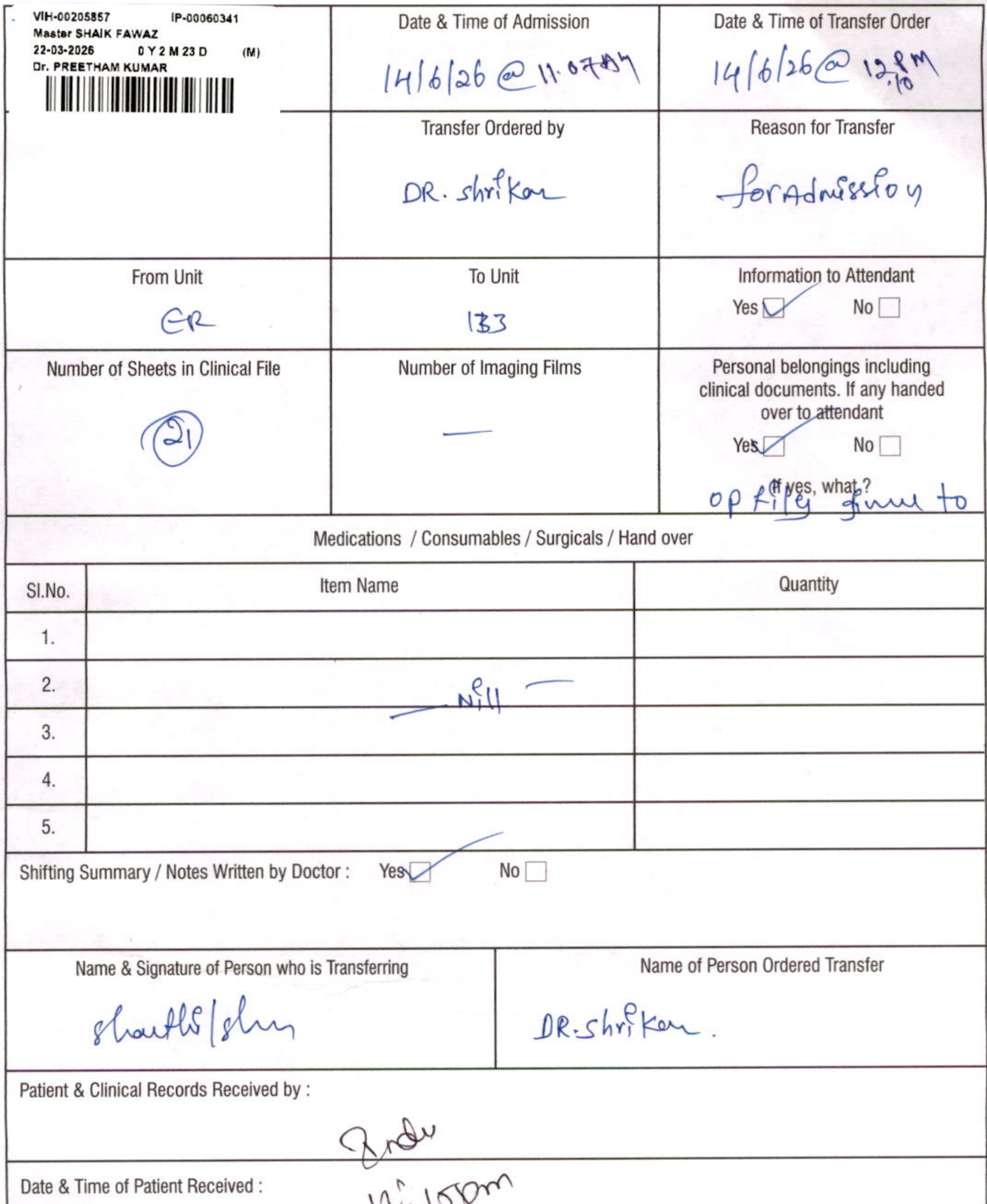
PATIENT TRANSFER FORM



VIH-00205857 IP-00060341 Master SHAIK FAWAZ 22-03-2026 0 Y 2 M 23 D (M) Dr. PREETHAM KUMAR	Date & Time of Admission 14/6/26 @ 11.07AM	Date & Time of Transfer Order 14/6/26 @ 12.10 PM
	Transfer Ordered by DR. shrikar	Reason for Transfer for Admission
From Unit ER	To Unit 133	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what? op file given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
shanthi/[signature]	DR. shrikar.

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 12.15pm

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

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

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

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D
Dr. PREETHAM KUMAR (M)

Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute gastroenteritis

Arrival Time: 12:10pm Mode of Arrival: lifting by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: nil

Body Weight: .... Kg

Height: .... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Family History: nil

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

If yes please list, ...

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

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

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

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

Temp.: 98.6f HR: 125b/m RR: 28b/m BP: –

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 14 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (Document in the Braden Q Assessment Sheet)

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

Character of Pain nil Location nil Frequency nil Duration nil

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to .. Mother ....

Nurse's Name: Indu .... Date: 14/6/26 .... Time: 12:25pm [signature] Signature

Rainbow®
Children's
Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

UHID ID:

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

Department:

Consultant:

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : ________________ Age/Sex ________

Information given by: ________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

c/o fever :: 4 Days. on & off
vomitings :: 2 days
Loose stools :: 2 Days.

History of present illness :

C/o fever :: 4 Days
- on & off
- undocumented
- Activity (N). → giving medication every 6th hrly

→ c/o vomitings
→ after feed
Small - med - volume.
→ NB, NP
no Blood
mostly mixed c̄ feeds.

→ C/o loose stools :: 2 Days
↓
- Now subsided
- no mucus, no Blood
- foul smelling (+)

-

→ ↓ activity / dull activity noted by parents
:: Morning.

Pediatric Multiorgan History & Physical Examination

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

→ no Admission prior.

Birth & Neonatal History:

Term / LSCS / 3.0kg / AGA / CIAB /
no NICU admission

Birth & Socio Economic History:

About Father :
About Mother : Class III
Any additional Information :

Developmental History :

→

Immunization History :

→ Last Vaccin +@ check.

(P.T.O.)

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 5.3 kg (Centile ________)

On Examination :

Temperature : 99.3°f Pulse Rate : 140/min B.P. Recheck again ↑ SPO2 90/RA

Resp.rate and type of breathing : 24 CPM / Regular Abd. thoracic

Rash -

Lymphadenopathy -

Oedema : -

Allergies (if any): -

mild loss of skin texture / wrinkled, moist tongue, CRT < 3 sec.

Respiratory System :

Inspection (any s/o distress) : No RD / ↑ WOB

Air entry & breath sounds : BAE ⊕ NVBS ⊕

Any addes sounds : -

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 ⊕

Any murmur : -

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

Per Abdomen :

Inspection no distension

Palpation : soft.

Ausculation :

Spine : (N) External Genitelia : (N)

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

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : ✓AVPU/GCS score : Alert AF @ level. Activity interacting

Cranial Nerves : intact

Motor System:

Nutriton : on DBF / no gross wasting

Tone: (N) Power 3/5 in all 4 limbs.

Co-ordinator : (N)

Posture :

Involuntary Movements : —

Reflexes :

DTR] 3+

Superficials:

Plantars

Sensory System :

Bladder / Bowel : ℞

Clinical Summary & Diagnostic:

- AGE

(P.T.O.)

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent Dehydration

Desired goals of the treatment : To Rx current conditions.

Planned Labs:
CBP, CRP, CUE, S/E, VBG,
B/C/S, S.Cr, USG, CSF

GRBS - 128 mg/dl

Noted by
Sr. hema
14/6/26
@11:31AM

Planned Management
- IV fluids
- Antibiotics after CBP, CRP.
- Prolyte drops
- Zincovit / ZAD DROPS
- Esomeprazole
- Ondansetron (SOS).
- Antipyretic (SOS)
- w/f signs of Dehydration
- Continue Exam
  Zonolac Feeds.

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Shrikar.
Date & Time: 14/6/26 10:20 AM.

Signature of the Consultant: [signature]
Name of the Consultant: [signature]
Date & Time: 14/6/26 3:20 PM

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

(1)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 5pm.	S/B Resident	
	Dsis – AGE	
	afebrile.	
	No loose stools.	
	Episodes of vomiting – small quantity of milk	
	NP/NB/non Blood stained	↓
	Child asleep	Syp. Ondem / Emeset
	C/T/A good	
	CRT <3sec	
	CVS - S1S2 (+)	
	RS - NVBS/AE (+)	
	P/A - soft	
		Plan
		1) CST
		2) To taper fluids - if intake/output adequate.
		3) On Nanpro feeds.
		4) Trace CUE report
		5) Send CSF sample
	Dr. Mushwaj	Noted by Dr. Sreekanth 14/6 6-7pm

VIH-00205857 IP-00060341
Master SHAIK FAWAZ (M)
22-03-2026 0 Y 2 M 23 D
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
18/6/26 5pm		
	ACUS: AGE	
	afebrile.	
	O/E	(vomiting ↓)
	Child asleep	(loose stools ↓).
	Euthermic	
	Vitals stable	
	CVS-S1S2 (+)	
	R/S-BAE (+)	
	P/A-soft	
		Plan
		1) Inj ceftriaxone
		2) Z&D drops
		3) probio drops
		4) on NANPRO FF
		5) Monitor vitals inform SOS
15/6/26		
		D/c today
		Noted by manisha 15/6/26 @9:40Am

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

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

(1)

D. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

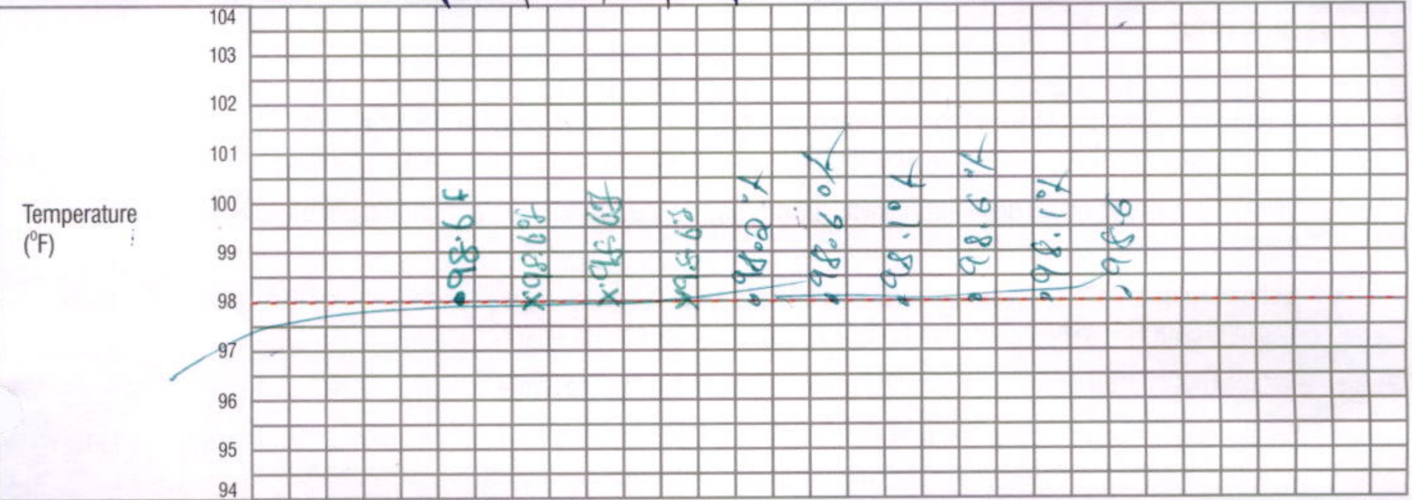
Children's Observation & Early Warning Scoring Chart

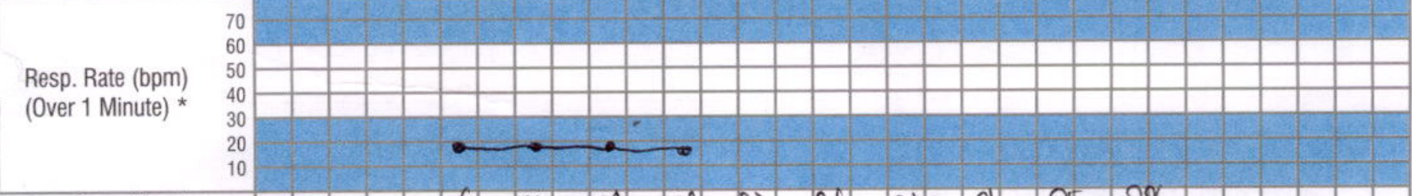
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/6

Time:	1 pm	3 pm	5 pm	7 pm	9 pm	11 pm	1 AM	3 AM	5 AM	7 AM
Doctor/Nurse/Family Concern?										
Temperature (°F)	98.6F	98.6F	98.6F	98.6F	98.2F	98.6F	98.1F	98.6F	98.1F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) *				62/58 (48)			96/55 (67)			
Heart Rate (Number)	135	126	124	121	123	124	120	117	115	120
Resp Rate (Number)	28	29	28	26	27	26	25	24	25	26
Resp Distress (Mod/ Severe; None / Mild)										
Receiving O_2 (l/min)										
O_2 Saturations (%)	98	100	99	98	98	98	97	98	97	96
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

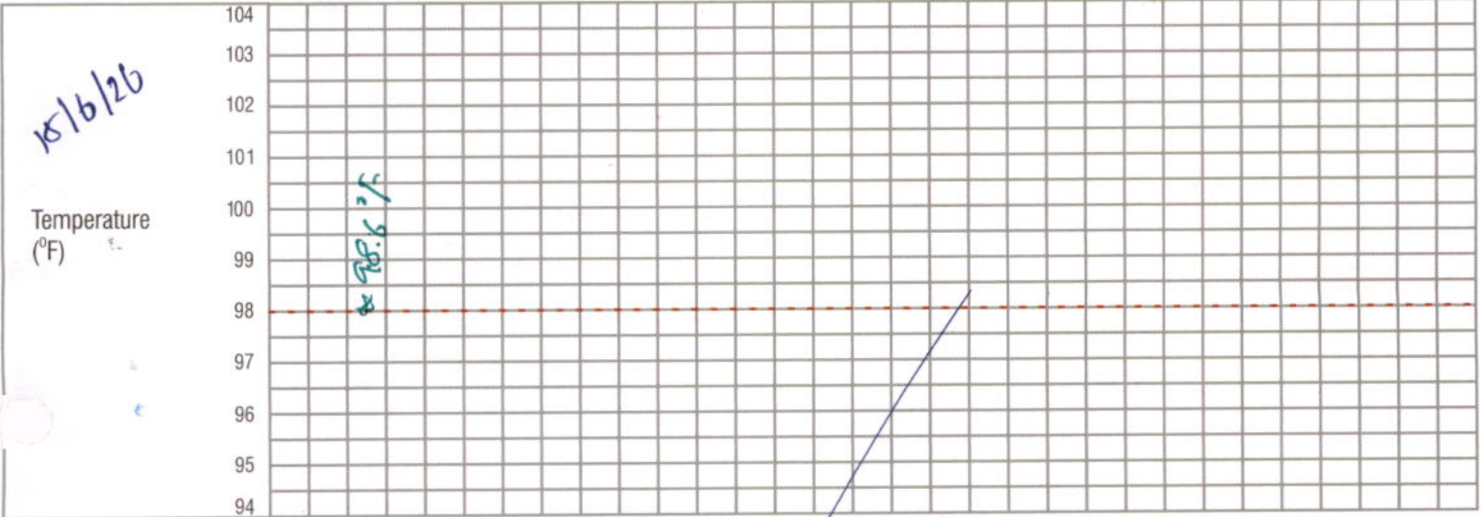
Doc. No. : RCH/ FRM / CLINICAL / 124

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Value
Date: .... Time:	9
Doctor/Nurse/Family Concern?	AN

15/6/26



Parameter	Value
Heart Rate (bpm) and Blood Pressure (mmHg) * (190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50)	
Note: BP does not score in early warning scoring	
Heart Rate (Number)	103
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)	
Resp Rate (Number)	27
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level — Normal	N
Conscious Level — Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	M

Noted by manisha 15/6/26 @9:40Am

ACTIONS	Score	
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

(1)

FLUID CHART

Sheet No. : (1)

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
14/6	08:00 am										|	Bindu @2pm 14/6/26
	09:00 am										0	
	10:00 am									✓	|	
	11:00 am		DBF	15ml								
	12:00 pm			15ml								
	01:00 pm											
Total Intake : 30ml						Total Output :						
	02:00 pm		FF	20ml				✓		✓	0	Sreelatha 07/14/6/26 @8pm
	03:00 pm			20ml								
	04:00 pm			20ml								
	05:00 pm			20ml								
	06:00 pm			20ml								
	07:00 pm											
Total Intake : 100ml						Total Output :						
14/6	08:00 pm			20ml						✓	|	Manasa 15/6
	09:00 pm			20ml								
	10:00 pm			20ml								
	11:00 pm			20ml						✓	0	
	12:00 am			20ml				✓				
	01:00 am											
Total Intake : 100ml						Total Output :						
15/6	02:00 am			20ml						✓	|	
	03:00 am			20ml								
	04:00 am			20ml								
	05:00 am			20ml								
	06:00 am			20ml								
	07:00 am											
Total Intake : 100ml						Total Output :						

Total 24 hrs. Intake	330ml

Total 24 hrs. Output	5 times

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FLUID CHART

Sheet No. : ....

18/6/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		Rdly									
	09:00 am		EBM									
	10:00 am										0	manisha 18/6/26
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Noted by manisha 18/6/26 @9:40Am

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00205857 IP-00060341
Master SHAIK FAWAZ (M)
22-03-2026 0 Y 2 M 23 D
Dr. PREETHAM KUMAR

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

Total 24 hrs. Intake	

Total 24 hrs. Output	

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

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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: CR Shifted to: 133

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		Nil —				☐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. Shrikar

Date & Time : 14/6/26 @ 11:15 AM

Nurse Name & Signature: Shanthi / [signature]

Date & Time : 14/6/26 @ 11:15 AM

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

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DRUG CHART

Date of Admission: 14/6/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

SOS / PRN (As Required Medication)

DRUG : INJ. ONDANSETRON				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
1mg	IV	8th hly	14/6	
Doctor's Signature		Valid Period	Pharm.	
Dr [signature]				
Additional Instructions: 0.1 - 0.2 mg/kg/dose				

DRUG : PARACETAMOL Drop				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
0.8ml	P/O	6th hly	14/6	
Doctor's Signature		Valid Period	Pharm.	
Dr [signature]				
Additional Instructions: 0-15mg/kg/dose (1ml = 100mg) T>100'F				

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

VERIFIED BY : Name .... Signature Jyothi 14/6/26

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 5.3 kg Ward. 133

DRUG: INJ. ESOMEPRAZOLE			
Dose	Route	Frequency	Start Date
5mg	IV	ONCE DAILY	14/6
Name & Signature of the Doctor Starting the Drugs: Dr. [illegible signature]			
Additional Instructions: 1mg/kg/dose			
Daily Doctor's Endorsement by a Sign			

Date/Time: 14/6 — 6 AM: 1:10 ESW; 15/6 — 6 AM: [illegible signature]

Side note: [illegible] 14/6/26

DRUG: ZVD DROPS			
Dose	Route	Frequency	Start Date
1ml	P/O	ONCE DAILY	14/6
Name & Signature of the Doctor Starting the Drugs: Dr. [illegible signature]			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

Date/Time: 14/6 — 2 PM: 1:15 ESW

Side note: [illegible] 14/6/26

DRUG: PRO-EG DROPS			
Dose	Route	Frequency	Start Date
0.4ml	P/O	12th hourly	14/6
Name & Signature of the Doctor Starting the Drugs: Dr. [illegible signature]			
Additional Instructions: PROBIOTIC			
Daily Doctor's Endorsement by a Sign			

Date/Time: 14/6 — 10 AM: 1:11 ESW; 10 PM: [illegible signature]

Side note: [illegible] 14/6/26

DRUG: INJ CEFTRIAXONE			
Dose	Route	Frequency	Start Date
250mg	IV	12th hourly	14/6
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja			
Additional Instructions: 50mg/kg/dose			
Daily Doctor's Endorsement by a Sign			

Date/Time: 14/6 — 6 AM: (crossed out); 6 PM: 2:20 ESW; 15/6 — 6 AM: [illegible signature]

Side note: [illegible] 14/6/26

VIH-00205857 IP-00060341
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

Weight. 5.3 kg Ward. 133

	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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/6	11:50AM	INJ- ONDANSETRON	1mg	IV	[signature]	Hema / Sanjay 14/6

VIH-00205857
Master SHAIK FAWAZ
22-03-2026 0 Y 2 M 23 D (M)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight 5.3 kg Ward 133

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
14/6	12:20pm	DNS (2/3 RD M)	IV	15 ml/hr	[signature]	Kalpa / [signature]	14/6	[signature]	[signature] / [signature]
14/6.	3:00 pm	DNS (full M)	IV	20ml/hr	[signature]	[signature] / [signature]	15/6	[signature]	
14/6		DNS (2/3 M)	IV	15ml/hr	[signature]				

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