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

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

ACTIVITY RECORD FOR BILLING

Name: -- VIH-00176098 IP-00060415 Baby ANAYA PATEL 26-09-2021 4 Y 8 M 24 D (F) Dr. PREETHAM KUMAR

UHID No ---------- Consultant : ---------------------- Dept : Peadiatric

Date of Admission : ~~17-10-~~------ Time : -------------- Date of Discharge : ----------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26	10:15pm	ER	103	Shn

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Saathi Balla	20/6	3098573	[signature]
2.	Cross checked	by Coalpany	20/6	@ 3:00
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/6	CBP, CRP, S/E, Creatinine, Blood c/s	26020935	Shm.
	X-Ray Erect abdomen	R26-009862	Shm
	Covid Rat → Negative	26020936	
20/6	urea, Bicarbonate	26021000	
22/6	CBP, CRP.	26021120.	Gqp
	USG Abd	R26-009929	Gqp
	views checked by	Gqp 22/6	@ 11Am.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/6	Infusion pump	10:30pm	20/6 10pm	3098819	[signature]
	car checked	[signature]	[signature]	22/6 @	11Am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/6/26	IV placement	(1)	3092820	Shiva

ANY OTHER INFORMATION

Covid Rat – Nagitive.

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Gayathri 22/6 @11Am		

VIJAYA DIAGNOSTIC CENTRE®

3-6-16 & 17, Street No. 19, Opp. Lane to Tanishq, Chandra Nagar, Himayatnagar, Hyderabad - 500029

TEST REPORT

Name	: **Baby ANAYA PATEL**		Registered on : 18-Jun-2026 20:57
Age/Gender	: **4 Years 8 Months / Female**	BirthDate : 26-Sep-2021	Collected on : 19-Jun-2026 13:02
Registration ID	: **260880012820**		Released on : 21-Jun-2026 16:35
Ref. By	: Dr USHA RANI T		Printed on : 21-Jun-2026 16:51
Sample Type	: Urine		Regn Centre : **Yapral - 88**

CULTURE AND SENSITIVITY (AUTOMATED) - URINE

TEST NAME	RESULT
Wet Mount	: Uncentrifuged urine shows 12-15 pus cells/HPF.
Organism Isolated	: **Escherichia coli**
Colony Count	: **>1,00,000 CFU/ml**

Method : Conventional aerobic culture, Identification by MALDI-TOF/Colorimetry and Sensitivity testing by Automated MIC

Interpretation / Limitations :

Colony count > 10^5 CFU/mL	: SIGNIFICANT bacteriuria.
Colony count 10^3 - 10^5 CFU/mL	: PROBABLY SIGNIFICANT bacteriuria.
Colony count < 10^3 CFU/mL	: INSIGNIFICANT bacteriuria.

- In cases of sterile pyuria (samples showing no growth with pus cells) rule out history of prior antibiotic therapy, urethritis, prostatitis, renal calculi, renal tuberculosis, catheterisation etc.
- Pyuria also can be associated with other clinical diseases and therefore is not specific for UTIs.
- Asymptomatic bacteriuria (bacteria in urine without symptoms) is common in pregnancy/elderly patients.

MC-2657

DR.MADHAVI LATHA
MD MICROBIOLOGY
Registration No: 50683

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

VIJAYA

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3-6-16 & 17, Street No. 19, Opp. Lane to Tanishq, Chandra Nagar, Himayatnagar, Hyderabad - 500029

TEST REPORT

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Sample Type	: Urine		Regn Centre : **Yapral - 88**

CULTURE AND SENSITIVITY-AUTOMATED

Organism : ***Escherichia coli***

Antibiotics	Interpretation	MIC Value (µg/ml)	Reference MIC(µg/ml)		
			S	I	R
Amoxycillin/Clavulanic acid	Sensitive	8	**<=8/4**	**16/8**	**>=32/16**
Piperacillin/Tazobactam	Sensitive	<=4	**<=8/4**	**16/4**	**>=32/4**
Cefixime	Resistant	>=4	**<=1**	**2**	**>=4**
Ceftriaxone	Resistant	>=64	**<=1**	**2**	**>=4**
Cefoperazone/Sulbactam*	Sensitive	<=8	**<=16**	**32**	**>=64**
Cefepime	Intermediate	4	**<=2**	**4 - 8**	**>=16**
Ertapenem	Sensitive	<=0.12	**<=0.5**	**1**	**>=2**
Meropenem	Sensitive	<=0.25	**<=1**	**2**	**>=4**
Amikacin	Sensitive	4	**<=4**	**8**	**>=16**
Ciprofloxacin	Intermediate	0.5	**<=0.25**	**0.5**	**>=1**
Norfloxacin	Sensitive	2	**<=4**	**8**	**>=16**
Fosfomycin Oral	Sensitive	<=4	**<=64**	**128**	**>=256**
Nitrofurantoin	Sensitive	32	**<=32**	**64**	**>=128**
Trimethoprim/Sulfamethoxazole	Sensitive	<=20	**<=2/38**		**>=4/76**

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

TEST REPORT

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CULTURE AND SENSITIVITY-AUTOMATED

Interpretation / Limitations :

- The MIC is the lowest concentration of drug that inhibits the growth of a given strain of bacteria.
- The MIC value should be interpreted based on the range tested. The MIC value for one antibiotic cannot be compared with the MIC value of another antibiotic.
- AST for Colistin has to be confirmed with Broth Micro Dilution method as per CLSI M100 guidelines.
- Sensitive (S): Organism is inhibited by usually achievable concentration of antibiotic with standard dosage
- Intermediate (I): Organism is inhibited by higher than normal dosage of antibiotics.
- Resistant (R): Isolates are NOT inhibited by achievable concentrations of drug with normal dosage schedule.

*No CLSI Reference available.

MC-2657

DR.MADHAVI LATHA
MD MICROBIOLOGY
Registration No: 50683

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

VIJAYA DIAGNOSTIC CENTRE®

Plot No.2A, Street No. 1, Kakateeya Nagar, Habsiguda, Hyderabad, Telangana 500007

TEST REPORT

Name	: **Baby ANAYA PATEL**		Registered on : 18-Jun-2026 20:57
Age/Gender	: **4 Years 8 Months / Female**	BirthDate : 26-Sep-2021	Collected on : 19-Jun-2026 12:19
Registration ID	: **260880012820**		Released on : 19-Jun-2026 17:15
Ref. By	: Dr USHA RANI T		Printed on : 21-Jun-2026 16:51
Sample Type	: Urine		Regn Centre : **Yapral - 88**

CUE (COMPLETE URINE EXAMINATION)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Physical Examination			
Colour *Method: Light Scattering Measurement*	: Light-Amber		Pale Yellow
Appearance *Method: Light Scattering Measurement*	: Slightly Hazy		Clear
Specific Gravity *Method: Refractrometry*	: 1.025		1.003 - 1.030
Chemical Examination			
Reaction/pH *Method: pH Indicator*	: Acidic (5.0)		4.6 - 8
Protein *Method: Protein error*	: Trace		Neg-Trace
Glucose *Method: GOD-POD*	: Negative		Negative
Urobilinogen *Method: Diazonium*	: Normal		Normal
Bilirubin *Method: Diazonium*	: Negative		Negative
Ketones *Method: Legals*	: Negative		Negative
Nitrites *Method: Modified Griess Reaction*	: Negative		Negative
Microscopic Examination			
Pus Cells	: 25-30	cells / HPF	0 - 5
RBC	: 2-3	cells / HPF	0 - 2
Epithelial Cells	: 0-1	cells / HPF	0 - 8
Casts	: Absent		Absent
Crystals	: Absent		Absent
Remarks	: Bacteria Present		
Method	: Wave length reflectance method, Refractive index, Flow Digital Imaging technology using APR and Microscopy.		

---------- End of Report ----------

MC-8078

DR. SWETHA M
MD PATHOLOGY
Registration No: APMC/FMR/87992

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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

VIH-00176098 IP-00060415

Patient Name : Baby ANAYA PATEL 26-09-2021 4 Y 8 M 26 D (F) Dr. PREETHAM KUMAR

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	
2	Discharge Summary				
3	Nursing Initial assessment form	1	–	–	
4	Patient Trasfer Forms	1	–	–	
5	In-patient Medical Record	3	–	–	
6	Doctors Progress Sheets	3	–	–	
7	Nurses Progress notes	3	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	1	–	–	
	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
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	4	–	–	
	Intake and Output chart (fluid Chart)	2	–	–	
27	Drug Chart (Regular prescription)	3	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	–	–	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Emergency Triage Form	1	–	–	
	Humpty Dumpty	2	–	–	
	Thrombophlebitis	1	–	–	
	Pain Assessment	1	–	–	
	Braden Q Scale	1	–	–	
	Medication Reconciliation	1	–	–	
	Others	9	–	–	
	Total No. of Pages	41			

Vaishnavi 22/6/26

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060415 **Admit Date** : 19-Jun-2026 **Admit Time** : 09:20 PM **UHID** : VIH-00176098

Patient Details :

Patient Name	: Baby ANAYA PATEL	**Age**	: 4 Y 8 M 24 D
Guardian	: Mr RAHUL PATEL	**DOB**	: 26-09-2021
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 202 NOIRTH STAR LEELA PADMARAO NAGAR Secunderabad R S Hyderabad Telangana INDIA 500025	**Phone No**	: 9390799409
		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 RAHUL PATEL	**Relationship**	: D/O
Contact Address	: 202 NOIRTH STAR LEELA PADMARAO NAGAR Secunderabad R S Hyderabad Telangana INDIA 500025	**Phone No**	: 9390799409 / 9652044844

Signature

Doctor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr USHA RANI T	**Phone No**	: 9848484913
Co-Consultant	:		

Payment Details :

Deposit Amount : 0.00

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

Patient Name : Baby. ANAYA PATEL UHID : VIH-00176098 IPD : IP-00060415 Gender : Female Age : 4 Y 8 M 24 D

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

wt:- 17.5 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Anaya Age : 4Y Gender: ☐ Male ☑ Female

Date : 19/6/26 Time of Arrival : 8:45pm

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: 99.6°F PR: 136b/M BP: crying RR: 24b/M SpO2: 100%

Chief Complaints: fever since x2 days vomiting x2 episodes stomach pain yesterday morning

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:49pm

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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 19/6/26 @ 8:49pm

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

Patient Name : Baby. ANAYA PATEL UHID : VIH-00176098 IPD : IP-00060415 Gender : Female Age : 4 Y 8 M 24 D

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/6/26 Time of arrival : 8:50pm

Chief Complaints: fever since x 1 day, vomiting x 2 episodes morning stomach pain yesterday RBS: —

Height : — Weight : 17.5 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: 1 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character Aching ☐ Location stomach pain ☐ Frequency Intermed ☐ Duration Yesterday morning

RISK FOB FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 (sister)

Time of Initial assessment completed by ER Nurse : 8:54pm

Patient Name : Baby ANAYA PATEL UHID : VIH-00176098 IPD : IP-00060415 Gender : Female Age : 4 Y 8 M 24 D

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

Time	Nursing Notes
8:45pm	✱ patient Came to ER
8:49pm	✱ vital checked & Recorded
8:53pm	✱ Doctor seen the patient Adviced Admission
8:57pm	✱ Admission process done
9:10pm	✱ IV placement done
9:45PM	✱ Blood sampler Collected set to Lab
9:49PM	✱ Covid Rat :- negative ✱ x-ray abdomine
10:00pm	✱ patient shifted 103

Samples collected by : } Shantha kumari — Time: @ 9:40 pm

Samples sent by : — Time: @ 9:42 pm

Medication given in ER:

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

N.A

Condition of patient at time of shift - out :			**Details of Shift - out**
HR: 136/M	BP: Crying	CFT: >3sec	Shift - out from ER to: 103
RR: 20b/M	SPO_2 : 100-/.		Time of Shift - out: 19/6/26 @ 10:15
GCS: 15/15	Temperature : 98.2°F		Handover given to: Sr. Kalpana PM (Nurse's Name)
Pain Score: "0"			
Repeat RBS (if applicable): —			

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sivarana — Signature of the Nurse :

Date & Time : 19/6/26 @ 10:15pm

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00176098 IP-00060415 Baby ANAYA PATEL 26-09-2021 4 Y 8 M 24 D (F) Dr. PREETHAM KUMAR	19/6/26 @ 9:20 PM	19/6/26 @ 10:15 PM
	Transfer Ordered by Dr. Shrikar	Reason for Transfer for admission
From Unit ER	To Unit 103	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 files given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shanthi/Sign	Dr. Shrikar.

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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Children's
Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever : 2 days
c/o Abd. pain : 1 day.

History of present illness :

c/o fever : 2 days
mod- high grade
every 6-8th hr.
Intermittent febrile urine
no associated features

c/o Abd pain - 1 hypogastric region
outside CUE - 15-25 pus
Routine mesh
used ABx.

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

(N) toomiki

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

- Appropriate

Immunization History :

- upto date

(P.T.O.)

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17.5kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate :_____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : 22 cpm/Asymptomatic

Rash -

Lymphadenopathy -

Oedema : -

Allergies (if any): -

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1C4

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft

Ausculation :

Spine : External Genitelia :

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

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : intact

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

UTI

(P.T.O.)

VIH-00176098 IP-00060415
Baby ANAYA PATEL 4 Y 8 M 24 D (F)
26-09-2021
Dr. PREETHAM KUMAR

...iatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

(CUE, U/C/S -> sent outside)

Planned Labs:

CBP, CRP, S/E, S.Cr,
B/C/S ;
[CUE, U/C/S] ~~catheterize~~
USG Abdomen +
X Ray chest Abdomen

Planned Management

- Inj. Ceftriaxone ...
- IV fluids
- Antipyretics (SOS)

Noted by Shanthi
19/6 @ 9:28pm

Signature of the Doctor: [signature]

Name of the Doctor: Dr Srikar

Date & Time: 19/6/26. 9pm

Signature of the Consultant: [signature]

Name of the Consultant: [signature]

Date & Time: 20/6/26 3pm

Ref Dr - Usha Rani

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/21 9am	S/B Resident	
	2 fever spikes since admission.	
	O/E child alert	
	febrile	
	vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		Plan
		1) Trace U/C/S - (outside)
	upgrade N Abx.	2) Inj piptaz
INJ	PIPTAZ.	3) Inj Amikacin
	AMIKACIN.	4) syp smuth
		5) mycort powder
	USG Abd & pelvis TODAY.	
Dr. [signature] 25/6/21 10AM	Dr. [signature]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 2:30pm	Dr. Shruthi mam - videoconsultation	
	# Counselled parents.	
		Adv (outside)
		1) Trace u/c/s - inform report to mam
		2) plan for MCUG on f/up after report
Dr. Vishwaja.	S/B Resident	
	A/c: UTI → afebrile 7 hours.	
	o/e Child asleep	
	Euthermic	
	vitals stable	
	CVS - S1S2 (+)	
20/6/26 3pm	R/S - BAE (+)	
	P/A - soft	
		Plan
		1) Trace u/c/s
		2) CST
		3) monitor vitals inform SOS
[signature]		Noted by Anitha @4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21.6.26 8:00 am	S/B Registrar	
	Urinary Tract Infection	
	Last fever spike at 7.00 PM yesterday (100.8°F)	
	O/E child asleep	
	CRT < 3sec.	
	afebrile	
	CVS - S1 S2 (+)	
	RS - BAE (+), clear	Plan
	P/A - soft	→ Trace urine c/s
		→ PGr enema if not passed stool
		→ Vitals 4th hrly.
	(signature) (Dr. Sameera)	CBP, CRP } 1/mw.
	Dr. Sunitha 21/6/26 8AM	
		Noted by Benorika 21/6 @ 2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
21/6/26 4 pm.		
	s/m - UTI	
	afebrile 20hrs.	
	O/E	Urine - (N)
	child alert	stool - 3 episodes
	Euthermic	Mmy
	Vitals stable	core water
	CVS - S1S2 (+)	
	R/s - BAE (+)	
	P/A soft	
		Plan
	1)	CBP, CRP t/m
	2)	Trace u/c/s.
	3)	vitals 4th hrly
	4)	CST
Dr. Vishwas	5)	To stop syp - smooth - plan
	8pm U/c/s Report (outside)	
	→ ECOLI +ve	
	>10⁵ CFU.	
	Sensitive to piptaz	
	Amikacin.	noted by
		Subham
		21/6/26
		@7pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026. 8:00 AM		UTI (Ecoli +ve)
	- No fevers 24hrs	
	- No H/o Excessive burning/loin pain while passing urine.	
		Sensorium - N -
		intake - low to solids
		CVS, S1S2 N - U.O.P -
		CNS, RS, PA N
		plan
		12th hourly
CRP - 7.4	IV d/c : TODAY.	- Inj Piptaz D2
	* kanatures.	- Inj Amikacin D2
	Dr. Lunmuna. 22/6/26. 10AM.	- vitals 6th hrs
		- Inform SOS
		[signature]
		Noted by manisha 22/6/26 @8Am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: UTI				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure: —				Post OP Day: —			
BACKGROUND	Date / Shift	19/6/26 Night	19/6 Night	20/6 M	20/6 E	20/6 N	21/6 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	Soft diet	S.diet	Soft diet	S. diet	S.diet	Soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	99 °F	98.6°F	98.6°F	98.4F	98.5°F	98.6°F
	Res:	26 b/m	24 b/m	25 b/m	24 b/m	25 b/m	26 b/m
	SpO_2:	100%	100%	99%	99%	99%	99%
	Pulse:	130 b/m	85 b/m	102 b/m	103 b/m	110 b/m	105 b/m
	BP:	Crying	99/63(75)		98/64(73)	100/77(64)	94/55(66)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	10	10	10	10	10	10
	Pain Score:	1	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Soft diet	S.diet	S.diet	S.diet	S.diet	S.diet
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Non Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Suvarna	Subham	Bensnika	Anitha	Manisha	Bensnika
Signature / ID :		[signature]	77444	B018727	[signature]	M90501	B018727
Date:		19/6/26	20/6/26	20/6/26	20/6	21/6/26	21/6/26
Time:		@ 10:15 PM	@ 8AM	@ 2pm	@ 8pm	@ 8AM	@ 2pm
Taken Over By Name :		Subham	Bensnika	Anitha	Manisha	Bensnika	Subham
Signature / ID :		77444	B018727	[signature]	M90501	B018727	77444
Date:		19/6/26	20/6/26	20/6	20/6/26	21/6/26	21/6
Time:		@ 10:15 PM	@ 8am	@ 2pm	@ 8pm	@ 8am	@ 2pm

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: UTI				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —		
	Surgery / Procedure: Nil				Post OP Day: Nil		
BACKGROUND	Date / Shift	21/6 Evening	21/6 N	22/6 M			
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil			
	Diet:	S-diet	S-diet	S-diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4°F	98.5°F	98.6°F			
	Res:	30 b/mt	32 b/m	30 b/m			
	SpO_2:	100%	100%	99%			
	Pulse:	114 b/mt	105 b/m	106 b/m			
	BP:	99/61(70)	100/47	100/62			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	10	10	10			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S-diet	S-diet	S. diet			
	Critical Lab Test / Values:	Nil	Nil	Nil			
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent	dependent			
Post Operative Procedure Special Orders:		Nil	Nil	Nil			
Handed Over By Name :		Subham	Manisha	Berornika			
Signature / ID :		17444	M905045	B018927			
Date:		21/6/26	22/6/26	22/6			
Time:		@8pm	@8am	@10am			
Taken Over By Name :		Manisha	Berornika				
Signature / ID :		M905045	B018927				
Date:		21/6/26	22/6/26				
Time:		@8pm	@8am				

Noted by Berornika 22/6 @10am

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

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NURSING CARE RECORD

Date: 19/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	11Pm	→ maintain fluid balance	11Pm	→ Administered IV fluid DNS 35ml/hr	→ maintain Hydration	→ Patient i's stable	Subha 20/6 @8AM

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NURSING CARE RECORD

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Date: 20/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		→ Maintain fluid Balance. → Ensure Safety		→ Administered IV fluid DNS 35 ml/hr → Side Rails kept up	→ To Maintain Hydrations → Prevent from fall Risk	Patient is Stable	Beronika
Afternoon	3pm 5pm	→ maintain Good Nutritional Status → Ensure Safety		→ To oral intake is Good → side rails kept up	→ provided by S.diet → prevent from fall risk	→ patient is Stable	Anitha 20/6
Night	11:00 7:00	- maintain aseptic technique. - Ensure safety	11:30 7:30	maintained aseptic technique side rails kept up	- prevent from Infection - prevent falls risk	- patient is stable - no fresh complaints	Today @8AM 21/6/26

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NURSING CARE RECORD

Date: 21/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11am 1pm	→ maintain good Nutritional status → Ensure Safety		→ To oral Intake is good → Side Rails kept up	→ Provided soft diet → Prevent from Fall Risk	Patient is Stable	Beenuika 21/6/26 @ 2pm
Afternoon	3pm 4pm	→ maintain Personal hygiene → Ensure safety	3pm 4pm	→ Provided hand hygiene & hand washing → side rails kept up	→ To Prevent infection → Prevent from fall risk	→ Patient is stable	Subha 21/6 @ 8pm
Night	11:00 7:30	maintain aseptic technique provide Comfortable position	11:30 7:30	maintained aseptic technique provide Comfortable position	-prevent from Infection -To reduce discomfort	-patient is stable -no fresh complaints	manasa @8pm 22/6/26

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NURSING CARE RECORD

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Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge Note Doctor came for round and advice for discharge.			
Afternoon					Noted by Bavanika 22/6 @10am		
Night							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 20/6	DATE 20/6	DATE 20/6	DATE 20	DATE 21/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	✓3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	✓1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	✓1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	✓1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	✓2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	✓1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	✓1	1	1	1	1	1
	Total	10	10	10	10	10	10

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

Bed in low position	✓	✓	✓	✓	✓	✓
Call device within reach	✓	x	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓	✓
Adequate lighting	✓	✓	✓	✓	✓	✓
Wheel chair support	✓	x	x	X	X	b
Other Intervention(s) Specify	✓	✓	✓	✓	✓	✓
Nurse's Name:	Shanthi	Subha	Banila	Anitha	[illegible]	Briji
Signature:	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:	19/6	20/6	20/6	20/6	20	21/6
Time:	9:00pm	5am	2pm	8pm	11pm	2pm

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 21/6	DATE 21/6	DATE 22/6	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3		
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		10	10	10		

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

	Bed in low position		✓	✓	✓	
	Call device within reach		✗	✗	✓	
	Wheels Locked		✓	✓	✓	
	Room free of clutter		✓	✓	✓	
	Adequate lighting		✓	✓	✓	
	Wheel chair cap		✗	✗	✗	
	Other Intervention(s) Specify		✓	✓	✓	
	Nurse's Name:		Subha	Mon	Binu	
	Signature:					
	Date:		21/6	21/6	22/6	
	Time:		7pm	11pm	10 am	

Docu. No. : RCH /FRM / CLINICAL / 005

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CHECKLIST FOR THROMBOPHLEBITIS

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

Signature of Ward In Charge :

Signature : [signature] Name : Elizabeth

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

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 25 D (F)
Dr. PREETHAM KUMAR

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	28/6 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0									
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-									
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-									
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-									
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-									
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-									
			Signature of the Nurse	Baiy									

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 : Sadiya

Signature of Ward In Charge :

Signature : eli Name : Elizabeth

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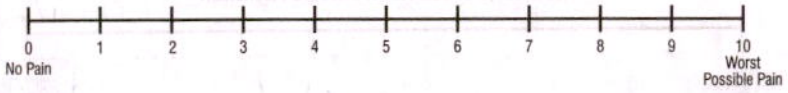
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/6	—	—	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	Shy
20/6	2am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subha
20/6	12am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Benaika
20/6	8pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Anuf
20/6	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	mane
21/6	7am	0		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	mane
21/6	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bmiy
21/6	6pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	subz
21/6	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	mane
22/6	7am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	mane

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6	10am	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Brij
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

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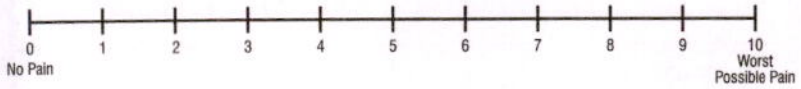

Wong - Baker (Pediatrics) Above 7 Years

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BRADEN 'Q' SCALE

					Date : / Time :	19/6	20/6 2pm	20/6 10pm	21/6 2pm
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	3	3	3
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	27	27	27
					Evaluator's Name	[illegible]	Brijij	[illegible]	Brijij

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

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

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

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 19/6 Time: 11PM	Date: 20/6 Time: 11PM	Date: 21/6 Time: 4pm	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	0			
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0			
	Total Score		0	0	0			
	Signature of the Nurse		Subha	Bindu	Phan			

Intervention: Nil

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby ANAYA PATEL**	**Age :**	**4 Y 8 M 24 D**
IP No:	**IP-00060415**	**Sex:**	**Female**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for 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:.....) 2.

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: RAHUL PATEL
Relationship: fathers
Date: 19/06/26 Time: 09.20 P.M
Witness Name:
Witness Signature:

Patient Address:
202 NOIRTH STAR LEELA PADMARAO NAGAR Secunderabad R S Hyderabad Telangana INDIA 500025

VIH-00176098 IP-00060415
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Patient Stic

LV 125

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

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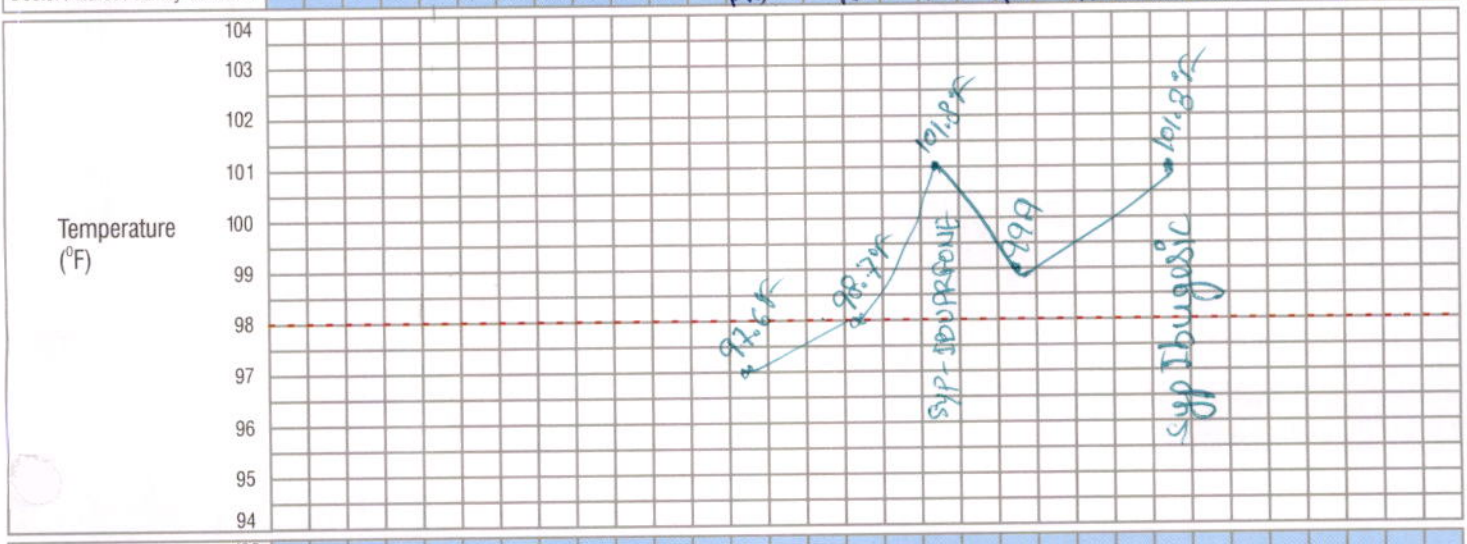
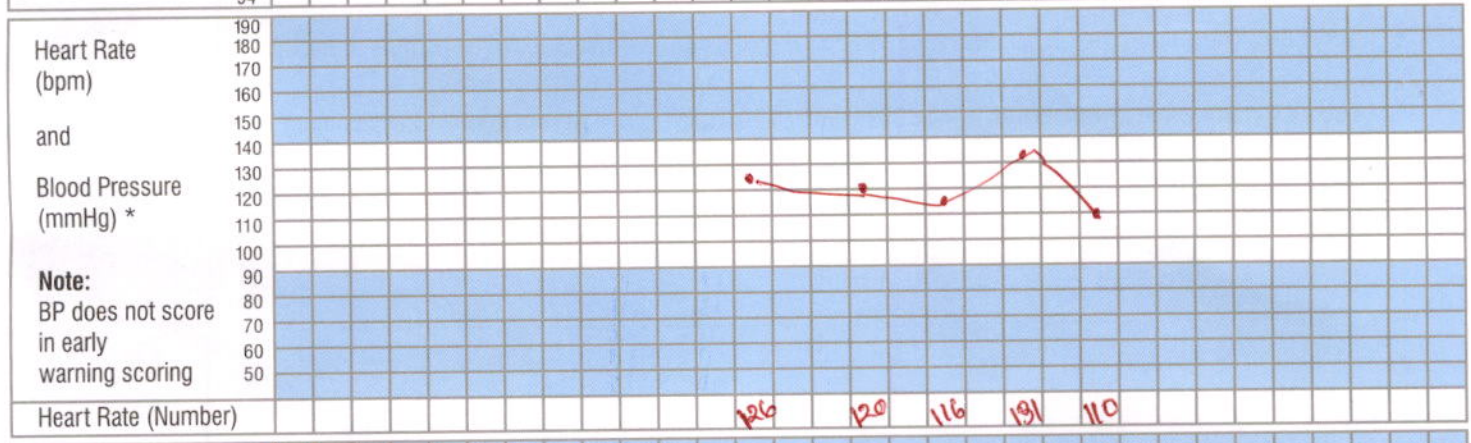
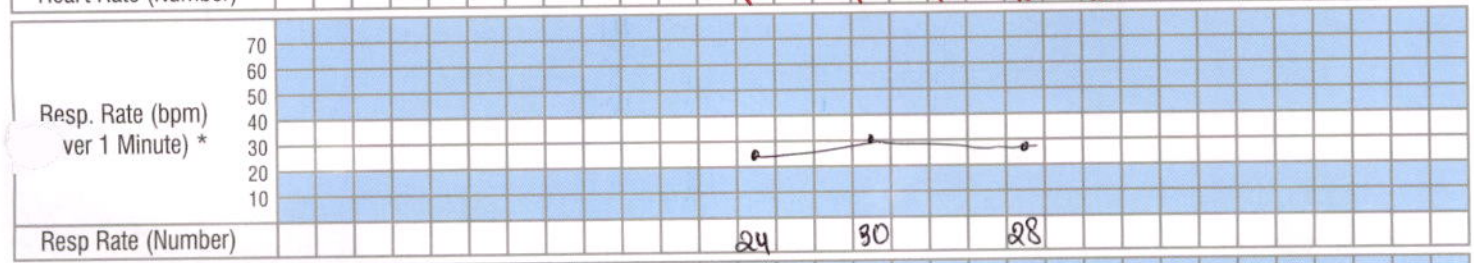
EARLY WARNING SCORE: CHILDREN'S UNIT

Date 19/6/26 Time:	11:10	1	2:10	3:30	5	8
Doctor / Nurse / Family Concern?	PM	AM	AM	AM	AM	AM





Heart Rate (Number)	126	120	116	191	110	



Resp Rate (Number)	24	30		28		
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	99	97	96	99	WD	99
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	1	0	0	1
Pain Score	0	0	0	0	0	0
Observer's Initials	SK	SK	SK	SK	SK	

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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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 25 D (F)
Dr. PREETHAM KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 125

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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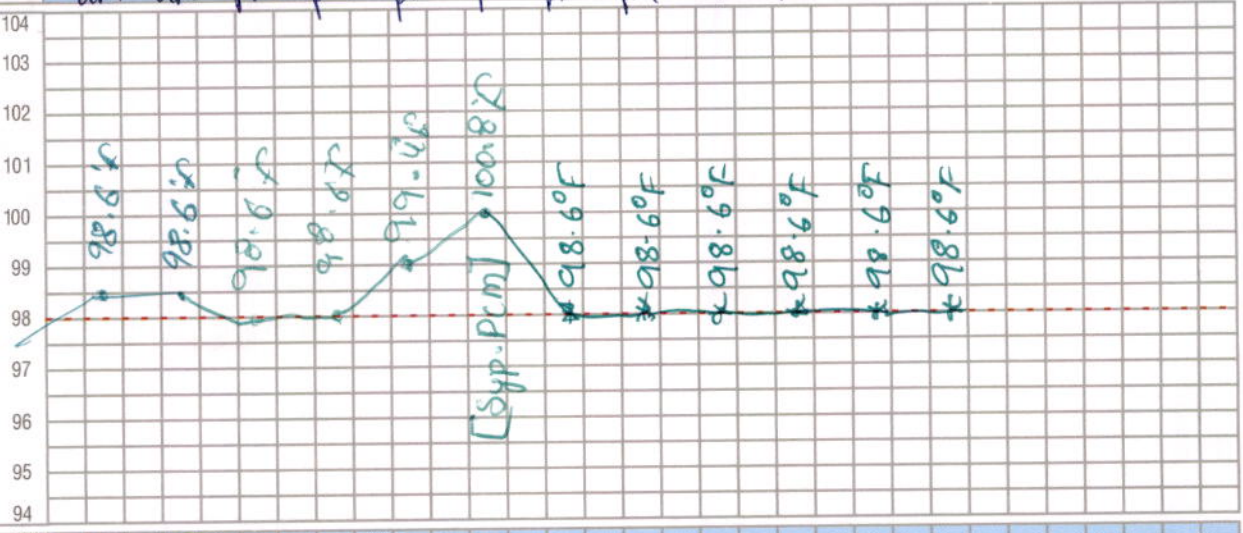
EARLY WARNING SCORE: CHILDREN'S UNIT

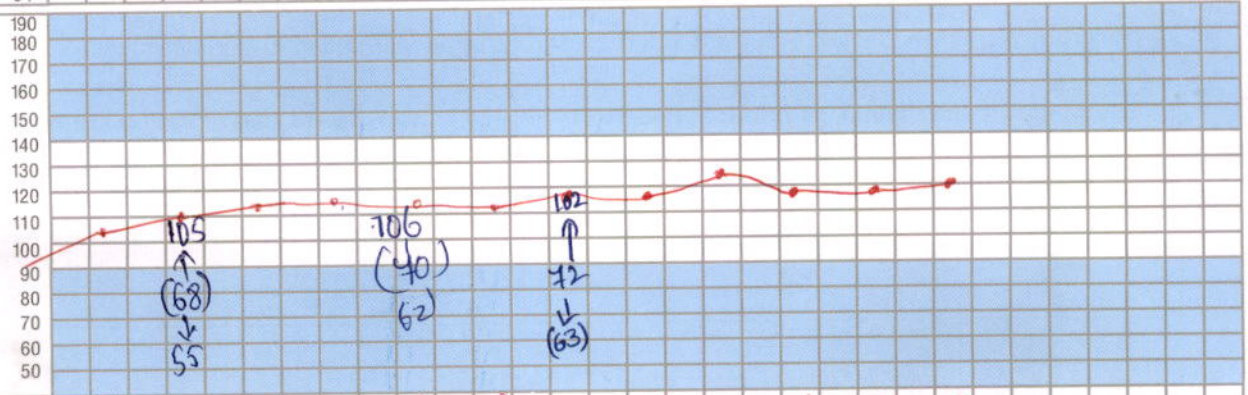
Date : 20/6/26. Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	pm	pm	pm	am	am	am	am

Temperature (°F)



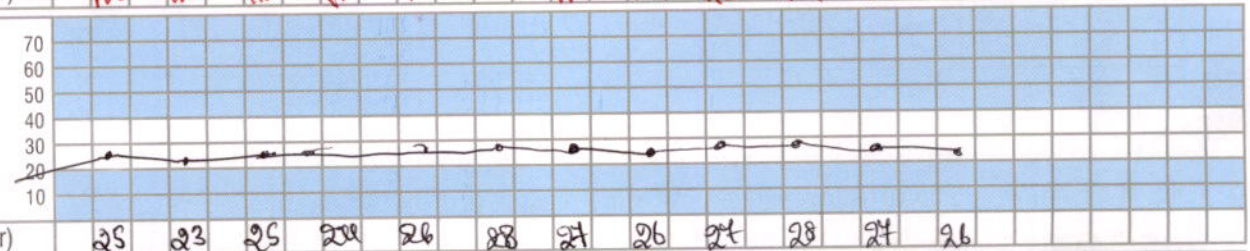
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	105	110	112	114	112	110	114	109	112	104	108	110

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



Resp Rate (Number)	25	23	25	209	26	28	27	26	27	28	27	26

Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	99	98	99	98	99	98	99	98	99	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	1	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	A	A	A	M	M	M	M	M	M

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

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- 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!
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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.
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VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 25 D (F)
Dr. PREETHAM KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/6/26. Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	pm	pm	pm	am	am	am	am
Temperature (F)	98.6°F	98.6°F	98.6°F	98.8°F	98.4°F	98.1°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		94 (66) 55			98 (68) 58		100 78 (62)					105 76 (60)
Heart Rate (Number)	110	105	108	114	100	101	112	110	102	105	109	112
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	22	25	25	28	31	30	29	32	30	25	27	28
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	99	100	99	98	98	99	99	98	99	100	99	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	SK	SK	SK	M	M	M	M	M	M

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

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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.
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VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 25 D (F)
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PRESCHOOL (1-5 years)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9
Doctor / Nurse / Family Concern?	AM

Temperature (F) — 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

22/6

98.6 99.5

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

Note: BP does not score in early warning scoring

190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

100 (72) 63

Heart Rate (Number)	103

Resp. Rate (bpm) (Over 1 Minute) * — 70, 60, 50, 40, 30, 20, 10

Resp Rate (Number)	28
Resp Distress (Mod/ Severe / None / Mild)	
Receiving O_2(l/min)	
O_2Saturations (%)	99%
Conscious Level (Normal / Altered)	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	B

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

19/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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		water									
	01:00 am											
Total Intake :						**Total Output :**						
20/6	02:00 am											
	03:00 am											
	04:00 am		35 ml									
	05:00 am		35 ml									
	06:00 am		35 ml									
	07:00 am											
Total Intake :	105 ml					**Total Output :**						

Subham 20/6 @ 8AM

Total 24 hrs. Intake	105 ml	Total 24 hrs. Output	2 times

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FLUID CHART

Sheet No. : 2

20/6/26

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	IVS	N.G							
	08:00 am			35 ml								
	09:00 am		Jolly water	35 ml						✓		
	10:00 am			35 ml								
	11:00 am			35 ml						✓	0	Beuvika 20/6 @1pm
	12:00 pm			35 ml								
	01:00 pm			35 ml								
Total Intake :						Total Output :						
20/6	02:00 pm			35 ml								
	03:00 pm		Rice water	35 ml						✓		
	04:00 pm			35 ml								Anitha 20/6
	05:00 pm			35 ml								
	06:00 pm											
	07:00 pm											
Total Intake : 140 ml						Total Output :						
20/6	08:00 pm											
	09:00 pm		Rice									
	10:00 pm		+							✓	0	
	11:00 pm		water									
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
21/6	02:00 am											
	03:00 am		Water									
	04:00 am									✓	0	
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :						Total Output :						

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

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26-09-2021 4 Y 8 M 25 D (F)
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FLUID CHART

Sheet No. : 2

21/6/26

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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/6/26	08:00 am											
	09:00 am		Idly water							✓		
	10:00 am										0	Beerunika 21/6 @1pm
	11:00 am											
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
21/6	02:00 pm											
	03:00 pm		Rice water								1	
	04:00 pm											Sushma 21/6 @8pm
	05:00 pm									✓	0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
21/6	08:00 pm											
	09:00 pm		Rice								1	
	10:00 pm		water							✓	0	
	11:00 pm											Manesha 8pm 21/6/26
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
22/6	02:00 am											
	03:00 am		water								1	
	04:00 am									✓	0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

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FLUID CHART

Sheet No. : ω 22/6/26

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
	08:00 am									—		
	09:00 am		Idly									Bruijy
	10:00 am		water									22/6
	11:00 am											@ 10am
	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
Bruijy
22/6
@11am

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
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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: ER Shifted to: .....

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 : 19/6/26 @ 9:06 pm .....

Nurse Name & Signature: Shanthi/Shan .....

Date & Time : 19/6/26 @ 9:06 pm .....

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : INJ - AMIKACIN

Dose	Route	Frequency	Start Dt.
130mg	IV	12th hly	20/6

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

Additional Instructions: 7.5mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	20/6	21/6	22/6
10 AM	ESW	[signature]	[signature]
6 pm	[signature]	[signature]	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 19/6/26 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.

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

DRUG: SYP PARACETAMOL				Date / Time	20/6 7PM
Dose	Route	Frequency	Start Date		[illegible]
5ml	P/O	Q6-8H	19/6		
Doctor's Signature	Valid Period	Pharm.			
Dr [signature]		[signature]			
Additional Instructions: 10-15mg/kg/dose T>100°F					

DRUG: SYP. IBUPROFEN				Date / Time	20/6 2:10 [illegible]
Dose	Route	Frequency	Start Date		
8ml	P/O	Q6-8H	19/6		8am [illegible]
Doctor's Signature	Valid Period	Pharm.			
Dr [signature]		[signature]			
Additional Instructions: 5ml = 100mg; 8-10mg/kg/dose T>102°F					

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

Checked 19/6/26 at 9:30
Checked 19/6/26 at 9:30

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

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. 17.5 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
19/6	11:30 pm	DNS (2/3 RD M)	I/V	35 ml/hr	P	Kalpana Sukanya			19/6/V at 9:20

Signature .....

VERIFIED BY : Name .....

Patient Sticker

Weight. 17.5 kgs Ward. ....

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.	

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 [redacted] : Name .... Signature ....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6	8Am	INJ - BUSCOPAN	8mg	IV	[signature]	[signature]

As per doctor [signature] 20/6/12 at 6c

VIH-00176098 IP-00060415
Baby ANAYA PATEL
26-09-2021 4 Y 8 M 24 D (F)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 17.5 Kgs Ward. ....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date	Date/Time	19/6	20/6
800mg	I/V	12th hrly	19/6	6 Am	/	[signature]
				6 Pm	11Pm Priya Kalpna	

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

Additional Instructions: 30-50mg/kg/dose (After test dose)

Upgraded to pip/taz

Daily Doctor's Endorsement by a Sign

DRUG : Syp. SMUTH

Dose	Route	Frequency	Start Date	Date/Time	19/6	20/6	20/6
5ml	P/o	12th hrly	19/6	10 Am	/	[signature]	X
				10 Pm	11Pm Priya Kalpna	[signature]	[signature]

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : MUVIT POWDER

Dose	Route	Frequency	Start Date	Date/Time	19/6	20/6	21/6
1 scoop	P/o	ONCE DAILY	19/6	10 Pm	Priya Kalpna	[signature]	[signature]

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

Additional Instructions: 1 scoop in 150ml of WATER AT BED TIME

Daily Doctor's Endorsement by a Sign

DRUG : INJ PIPERACILLIN (TAZOBACT)

Dose	Route	Frequency	Start Date	Date/Time	20/6	21/6	22/6
1.7g	I/V	8th hrly	20/6	6 Am	/	[signature]	[signature]
				2 pm	12pm [signature]	[signature]	
				10 pm	[signature]	[signature]	

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

Additional Instructions: 100mg/kg/dose (After test dose)

Daily Doctor's Endorsement by a Sign

Stmd 19/6/26 at 9:30pm

As per doctor order Stmd 19/6/26 at 10pm

As per doctor order Stmd 19/6/26 at 10pm