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BirthRight BY RAINBOW HOSPITALS
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VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

ACTIVITY RECORD FOR BILLING

Name: ----------

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

Date of Admission : 12/6/26. Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 113 Ward : 1st Floor. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	@ 8:45pm	ER	113 (1st Floor)	
13/6/26	11Am	P113 1st Floor	PICU	
14/6/26	11.30 Am.	PICU	110	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Pappula Sindhuja	13/6/26	3090024	
2.	DR. Mohd Abdul Khalid	13/6/26	3090052	
3.	(CCS) Checked by Bindu	14/6/26 at 10 am		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/6/26	CBP, CRP, LFT	26020203	Sugathi Q.
	Covid Rat – Negative.	26020204	Sugathi Q.
	Cross checked by		13/6/26
13/6/26	VBG RBS- 147 mg/dl 10:30 AM	26020272	
13/6/26	SE, Creatine, urea,	26020271	
~~13/6/26~~ 13/6	VBG CXR.	26009517	
13/6/26	HIV (Card method)	26020218	
~~12/6/26~~	USG	~~P26-009533~~	
13/6/26	VBG (@ 7:15pm)	26020321	
14/6/26	AFB -I	26020353	
	Cross checked by Blood 14/6/26 at 10a		
14/6/26	Blood for Ketone (0.6)	26020366	
	Cross checked by Blood 14/6/26 at 10a		
~~14/6~~	~~2D-Echo.~~	~~26-009569~~	
15/6	AFB -II	26020415	
	Genexpert	26020428.	
16/6	AFB -III	26020518	
	Cross Checked by		16/6/26.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/6	Infusion pump	9pm.	~~14/6/26~~ ~~10am~~	3089720	[signature]
	Cross checked by [signature] 13/6/26				
13/6	Invasive monitor	11Am	14/6/26 10am	3089904	[signature]
	cross checked by [signature] 14/6/26 at 10am				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/6/26	IV placement	1	3089721	Dr. Shantha Kumaran
	Cross checked by [illegible] 13/6/26			
13/6/26	IV placement	1	3089909	Bunch.
13/6/26	nebulisation	(5)	3090025	KD
14/6/26	nebulization	(4)	3090138	[illegible]
	Cross checked by Bunch 14/6/26 at 10a			
15/6/26	Nebulisation	(5)	3090634	[illegible]
	Cross checked by [illegible] 16/6/26			
16/6	Nebs.	(2)	3090787	[illegible]
	Cross checked by [illegible] 16/6/26			

ANY OTHER INFORMATION

12/6/26 - Covid Rat - Negative.

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 16/6/26 @12pm.		

VIH-00205841 IP-00060329
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02-05-2024 2 Y 1 M 11 D (M)
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110

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
13/6/26	00.00	1:00Am - hypeneb	manasa	K. Nandini
	01.00	9Am - Hypeneb		
13/6/26	02.00	12pm - Levolin	Neha.	
	03.00	5PM - Hyperneb	(5)	3090025
	04.00	6PM - Levolin		
14/6/26	05.00	12Am - Levolin	(9)	
	06.00	1:Am - Hyperneb		(3090138)
	07.00	6:Am - Levolin		
	08.00	9:Am - Hyperneb		
	09.00	(000) Checked by Blood 14/6/26 at 10Cm		
	10.00	12P.m - Levolin.		
	11.00	5pm - Hyperneb	manisha	K. nandini
	12.00	6pm - Levolin	manisha	
15/6	13.00	1:00Am - levolin + hypeneb	Manasa	K. nandini
	14.00	2:30pm - levolin + Hyperneb	Sneha	
	15.00	(5) 3090634		
	16.00	11:30pm - levolin + Hyperneb	sreekanth	K. nandini
	17.00	8:00Am - levolin + Hyperneb	sreekanth	
	18.00	(2) 3090787.		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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-00060329 **Admit Date** : 12-Jun-2026 **Admit Time** : 06:44 PM **UHID** : VIH-00205841

Patient Details :

Patient Name	: Master GOWTHAM	**Age**	: 2 Y 1 M 10 D
Guardian	: Mrs NANDINI	**DOB**	: 02-05-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h.no. 11-2-24/2, sithaphalmandi, secundrabad Sitaphal Mandi Hyderabad Telangana INDIA 500061	**Phone No**	: 8309224736
		E-mail	: kompally.nandini@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	: Mrs NANDINI	**Relationship**	: S/O
Contact Address	: h.no. 11-2-24/2, sithaphalmandi, secundrabad Sitaphal Mandi Hyderabad Telangana INDIA 500061	**Phone No**	: 8309224736 / 9391645711

K Nandini

Signature

Doctor Details :

Doctor Name	: Dr. SURENDER RAO DUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: STAR HEALTH AND ALLIED INSURANCE CO LTD

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205841 IP-00060329 Master GOWTHAM 02-05-2024 2 Y 1 M 12 D (M) Dr. KODICHERLA VISHNU VARDHAN	12/6/26 @ 6:44 Pm	14/6/26 @ 11:35 Pm.
	Transfer Ordered by	**Reason for Transfer**
	Dr. vishnu vardhan.	Stable.

From Unit	To Unit	Information to Attendant
PICU	110	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
	* X-ray - ① * USG - ① * VBG - ②	Yes ☑ No ☐ If yes, what ? Old docs given to mother.

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	5cc - ③	3% Nebs neb - ④
2.	2cc - ⑥	Nasal drops - ①
3.	Inj: Ceftriaxone ①	PCM - syp - ①
4.	Neb: Levolin - ⑦ respules.	
5.	Syp: Cetamiros ①	

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

Dr. thanuja.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Supriya.	Dr. vishnu vardhan.

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 11:40pm 14/6/26

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

PATIENT TRANSFER FORM

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VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

	Date & Time of Admission	Date & Time of Transfer Order
	13/6/26 @ 6.44 pm	13/6/26 @ 10:50Am
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. prashanthi	excessive crying
From Unit	To Unit	Information to Attendant
Ist Floor	PICU	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
30	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Maneesha	Dr. prashanthi

Patient & Clinical Records Received by : Sr. Nelg. 13/6/26, 10:50 AM

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

PATIENT TRANSFER FORM

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Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

	Date & Time of Admission	Date & Time of Transfer Order
	12/6/26 @ 6:47 PM	12/6/26 @ 8:45 PM
	Transfer Ordered by	Reason for Transfer
	Dr. Ganesh	Admission.
From Unit	To Unit	Information to Attendant
ER	113	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
25	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over — OPD Rile given.

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
Swagatika	Dr. Ganesh.

Patient & Clinical Records Received by : Chandana

Date & Time of Patient Received : 12/6/26 @ 9:00 PM

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

Patient Name : Mast. GOWTHAM UHID : VIH-00205841 IPD : IP-00060329 Gender : Male Age : 2 Y 1 M 10 D

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/6/26 Time of arrival : 6:46 pm

Chief Complaints: c/o. Fever since 2 weeks RBS: —

Height : 85cm Weight : 9.93 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 Parents

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

Time of Initial assessment completed by ER Nurse : 6:50 pm

Patient Name : Mast. GOWTHAM UHID : VIH-00205841 IPD : IP-00060329 Gender : Male Age : 2 Y 1 M 10 D

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

Time	Nursing Notes
6:40pm	- patient Came to ER
6:44pm	- vitals checked & Recorded
6:46pm	- ER doctor seen the patient & Advised Admission
6:50pm	- Admission done
	- IV placement done, Sample Sented to lab.
8:45pm	- shifted to Room [113]

Samples collected by: Sr. shanthi Time: 7:50 n

Samples sent by : Sr. Swagatika Time: 9:55 n.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12/6/26 @ 7:30 pm	Sysp. Ibugesic	Oral	5ml	Dr. Ganesh	Vaishnavi.

Condition of patient at time of shift - out :	Details of Shift - out
HR: 133 b/m BP: Crying CFT: 2sec	Shift - out from ER to: 113
RR: 26 b/m SPO_2 : 99%	Time of Shift - out: @ 8:45 pm
GCS: 15/15 Temperature : 98.7°F	Handover given to: Sr. (Nurse's Name) by Architha
Pain Score: 0	
Repeat RBS (if applicable) —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Vaishnavi Signature of the Nurse : Vaishn

Date & Time : 12/6/26 @ 8:45pm

VIH-00205841
Master GOWTHAM
02-05-2024
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Nursing - General Admission Assessment Form For Pediatrics

Diagnosis: Acute febrile illness

Arrival Time: 9'00pm Mode of Arrival: By mother hold Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..No.. Body Weight: 9.93 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Yes	Nil	Yes admitted for LRTI

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: 9.93kg Length: ..... Head Circumference (< 2 years): nil

Temp.: 98.6°F HR: 145b/m RR: 26 b/m BP: 100/60 (70)

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 27) (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: ..... Nil ..... (Date/Time): ..... — .....

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

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

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: ..... manasa ..... Date: ..... 1/6/26 ..... Time: ..... 9:15pm ..... Signature

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
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EMERGENCY ROOM TRIAGE FORM

wt - 9.93 kg

Patient's Name : Mast. Gowtham Age : 2 Years **Gender:** ☑ Male ☐ Female

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

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101.1°F PR: 133b/m BP: Crying RR: 26b/m SpO$_2$: 99%

Chief Complaints: c/o. Fever since 2 weeks

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

K. Nandini
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 6:44pm

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 : Vaishnavi

Signature of Triage Nurse : Vaishnavi

Date & Time : 12/6/26 @ 6:44pm

VIH-00205841 IP-00060329
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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 12/6/26

Source of Admission: ☐ OPD ☑ Ward ☐ Other: 1st floor

Reason for Admission: c/o fever since 2 weeks.

Admission Diagnosis: AFI ↓ evaluation.

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

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

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify —

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

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	3 months - Pneumonia → 1 month - LRTI 1 year - LRTI	NILL	NILL

Family History: NILL

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

If yes please list, —

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

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

CURRENT MEDICATIONS

Taking Medications? ☐ Yes ☑ No

If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 10kg Length: Head Circumference (< 2 years):

Temp.: 98.6°F HR: 157 b/min RR: 40 b/min BP: 75/42 (52) mmHg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 22) (Document in the Braden Q Assessment Sheet)

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Behavioural Status on Admission :

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others specify .....

Name of Person Orientation was given to: Mrs. Nandini (mother)

Orientation not given Reason: .....

Nurse Name: Sr. Neha Nurse Signature : .....

Date & Time: 13/6/26 10:30AM

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☑ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Are dressing needs at home anticipated: ☑ Yes ☐ No

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

Discharge Medications: ☐ Yes ☑ No

Details: –

Final Diagnosis: AFI

Nurse Name: Sr. Neha Nurse Signature : .....

Date & Time: 13/6/26 10:30 AM

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PEDIATRIC IN-PATIENT MEDICAL RECORD

MH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Mother Relationship Father

Chief Presenting Complaints & Duration (Chronologically)

Fever on & off : 2 weeks
A/w Cold.

History of present illness :

Fever - moderate grade
insidious onset
on & off : 2 weeks
(atleast 1 spike / 1 day)
A/w Cold. & mild Cough

no other localising signs
like. 1. Rash - Exanthems? Autoimmune
2. Burning micturation - UTI?
3. GI Symptoms AGE?
4. Headache - meningitis / Encephalopathy
5. Abdomen pain - Surgical.
6. icterus (or) icteric
7. wt loss - TB / malignancy.
8. Snoring - doubtful.
(Adenoid hypertrophy.

NO

VIH-00205841 IP-00060329
Master GOWTHAM
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Pediatric Multiorgan History & Physical Examination

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

3 months - Pneumonia

7 month - LRTI

(4th admission) 1 year - LRTI

Birth & Neonatal History:

Term/ 3kg/ LSCS

- No Perinatal insuff.

- (No NICU encounter)

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information : class III

Developmental History :

(N) in all 4 domains.

Immunization History :

Up to date.

(P.T.O.)

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 10 kg (Centile _____)

On Examination :

Temperature : 101°F Pulse Rate : 112 B.P. 130/90 SPO2 _____

Resp.rate and type of breathing : 31/min.

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BL NVBS ⊖

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft NAD

Ausculation :

Spine : External Genitelia :

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

VIH-00205841 IP-00060329
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02-05-2024 2 Y 1 M 11 D (M)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power

Co-ordinator : N

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

AFI ↓ Evaluation.
F Recurrent LRTI History

(P.T.O.)

VIH-00205841 IP-00060328
Master GOWTHAM
02-05-2024 2 Y 1 M 10 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP/CRP/LFT

Noted by shanthi 12/6@8:09pm

Planned Management

S/B Dr. Surendra @ Opd.

- Admit in ward
- IV Ceftriaxone
- Inj: pantoprazole
- NF (2/3rd)
- Antipyretics (SOS)
- 3% Hypersol

Noted by shanthi 12/6@8:09pm

Signature of the Doctor: .....
Name of the Doctor: CH. GANESH
Date & Time: 12/6/2026 7:00pm

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

Dr. Vishnu Vardhan Reddy
Reg.No.APMC/

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 8:00AM	AFI? LRTI ↓ Evaluation	
	- Irritable (+)	
	- mild RD	
	- One fever spike	
	- Intake - ↓	
	CVS - $S_1 S_2$	
	CNS - NAD	
	RS - B/L AE (+)	
	PA - Soft	
		Plan
		- Ceftriaxone D1
		- fluvir D1 CS started.
		- 3% Hyper neb
		- IVF (2/3rd)
		- Levolin 0.63mg (QID)
		- Inform SOS
		[signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/24 10:30 AM	Dx: ~~AFI~~ ? LRTI.	
	O/E	
	Child was irritable : last night.	
	↓	> 6hrs.
	Intermittent.	
	pulse + feeble pulse (+nt).	
Dx: Problem.	P/A: soft - No tenderness.	
	Ears → No discharge.	
	eyes + B/L pupils reactive.	
	Genitalia → (N)	
	No torsion.	
		Plan
		- Shift to PICU i/v/o Extreme irritability.

VMH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o PICU fellow	
13/6/26	Case shifted from [illegible] at 10:40 PM on 13/6/26	
11:17 pm	In view of excessive irritability & cool peripheries (+) & pulses [illegible] at feet ↓	
	In PICU	
	Airway :- Clear & maintainable	
	Breathing :- B/AE (+) clear	
	SPO2 →	
	Circulation :- HR :- 167	
	peripheral pulses → just felt	
	CRT 3-4 sec	Rx
	Bp :-	1) NS bolus → 100 ml over 30 min / iv stat
	Disability :- Irritability	2) Cef DNS (2/3 rd) → 26 ml/hr ↓ 40 ml/hr
		3) Send VBG, SE, Sr blood urea, Sr creatinine, DO CXray
	GRBS :- 147 mg/dl	4) Neurology C/N.
	Exposure :- Cool peripheries (+)	5) Blood [illegible] 6 am

Noted by Neha 13/6/26 11:17 [signature]

VIH-00205841 IP-00060329
Master GOWTHAM
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26		
	c/d/w Dr Vishnu sir	
1:15pm	adv 1) USG abdomen 2) Repeat blood gas @ 7pm (i.e after 8 hrs) 3) Strict I/O charting 4) Trace outside reports 5) Continue full monitoring 6) Copy	Noted by Br. Thasso 13/6/26 @ 1:25PM
13/6/26	c/d/w Dr Sreedhar Reddy sir	
	Informed details 4 status	Dr. [illegible]
1:28pm	Adv - transfer to PICU team	
		Dr. [illegible]

VIH-00205841 IP-00060329
Master GOWTHAM 2 Y 1 M 11 D (M)
02-05-2024
Dr. KODICHERLA VISHNU VARDHAN

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 18:15	C/s/B Dr Vishnu	
	AFI with dehydration with Strip crg	
	Current Stg	
	- MRN	
	- CUE Negative	
workup	- malaria Rapid negative	
	- widal & Dengue Negative	
	- No fever spikes	
	- Irritability better	
	- Father had History of TB	
	Plan	
	- Continue IV fluids.	
	- USG Abdomen with pelvis	
	- 2D echo for coronaries.	
	- Allow soft diet	
	- VBG at 7PM & change fluids accordingly &	
	- genexpert & mantoux test	
	- HIV card test at 7pm	Noted by Br. Thara 13/6/26 @ 6:15 PM
Ashwini		

Dr. Vishnu Vardhan Reddy
Reg.No.APMC/FMR/79982

VIH-00205841 IP-00060329
Master GOWTHAM
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Dr. KODICHERLA VISHNU VARDHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/25 18:20	Counselling Done By Dr Vishnu	
	Child having shrill cry, we have started child on IV fluids as child had dehydration. If the child's cry is persistent then we might need to do lumbar puncture & CSF examine. We will also send TB workup. Father Had TB	
[signature]		

Dr. Vishnu Vardhan Reddy
APMC/FMR/7995

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
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(6)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 8AM	CS/B Resident API with dehydration with Shrill Cry Current status - On Room Air - No fever spikes - Irritability reduced - Maintains administered - gastric aspirate collected Plan - Send gastric Aspirate for AFB Stain & CBNAAT / Genexpert - Continue Same - Check maintains at 48 hrs - P/m for LP if Genexpert is positive Noted by Supriya - 14/6/26 @ 8AM.	

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

(P.T.O)

VIH-00205841 IP-00060329
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 9Am	C/s/B Dr Vishnu	
	Afl weeks dehydrat...	
	→ No fever spikes	
	→ No shrill cry	
	· No irritability	
	Plan	
	- shift to Room	
	- Allow orally	
	- 2D echo tomorrow	
	- genexpert T/M → at TB chest hospital	
	- Vitals 4 hrs hey monitoring	
	→ AFB gastric sample T/M at Rainbow	
	Noted by Supriya 14/6/26 @9pm.	Vishnu Dr. Vishnu Vardhan Reddy Reg.No.APMC/FMR/79982

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Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26		
	Summary note	
	Dx	FEVER illness with dehydration
		[To R/O TB workup]
9:50 pm	2 years only male child	was brought with
	C/O fever since 15 days	with h/o
	vomiting & loose motions	→ for 1 day
	H/O cough & cold	present with
	decrease oral intake	& excessive crying &
	irritability	
	child was admitted in	ward initially
	(ia) In view of excessive	irritability he was
	shift to ward	
	In PICU → he	was dehydrated with
	peripheral pulses → just felt	and CRT 3-4 sec
	hence NS bolus giving	→ blood gas S/O
	(NAGMA) metabolic acidosis	
	Neurol C/N	done → by Dr Sudhakar mam
	who advise	Neuroimaging if needed i.e
	if symptoms persists or	develops
	On family H/O - father	h/o of active TB not on treatment
	who expired	1 year back
	hence TB work up	was planned
	~~father~~ hence AFB sample	on 14/6/26 sent
	with plan to sent (1) AFB	2nd sample } on 15/6/26
		(2) Gene Xpert

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	AS clinically child is better & no further fever, child is being shifted to ward with following advice	
	9) plan for LP — if TB workup is positive to R/O TB meningitis	1) Cont DNS (...) → 20ml/h (half maintenance)
	10) mantoux test was done at 7:15pm on 13/6/24	2) Inj. ceftriaxone
	11) 2nd to ... late for collecting on 15/6/24	3) Inj. pantoprazole
	If next fever, plan to collect blood culture	4) Syp ondansetron
		5) Neb levosalbutamol 0.63 → 8hrly; Hypernebs → 8hrly
		6) Nasivion pdrops 0.05% → 8hrly
		7) Plan for send AFB sample → 15/6/24 at Rainbow; Gene xpert → 15/6/24 to TB chest hospital
		8) monitor q-4hrly
	Noted by Supriya 14/6/24 @9:50 AM	Dr ...

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

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
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(8)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 11:45 AM	S/B Resident.	
	AFI With dehydration. (to R/O TB workup)	
	O/E	Mantaux : 4pm (13/6/26). (left hand).
	Clad	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - NAD	
	CRT <3sec.	
		plan.
		1) IVF DNS - 20ml/hr.
		2) Inj ceftriaxone
		3) Inj pantoprazole
		4) Syp. Ondansetron
		5) Neb. Levolin 0.63mg - 6th hrly Hypertab - 8th hrly
	10) 2D Echo (for Coronaries) on 15/6/26	7) Nasivion drops 2°/2° - 8th hrly
	11) Next fever ↓ plan to collect B/C/S.	8) TO send ↓ AFB 2nd sample - 15/6/26 @ Rainbow GeneXpert - 15/6/26 - Erragadda
		9) Monitor Vitals 2nd hrly
		plan for Up - If TB (+ve) to R/O TB meningitis.

Noted by Dr (2pm 14/6/26)

VIH-00205841 IP-00060329
Master GOWTHAM 2 Y 1 M 12 D (M)
02-05-2024
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 5pm	S/B Resident	
	Dx - AFI c dehydration (to R/o TB workup)	
		No fever spikes
	O/E	
	Child alert	
	Euthermic	
	Vitals stable	
	CRT <3sec	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A soft	
		plan
		1) CST
		2) TO send AFB sample, Genexpert " } T/m
		3) 2D echo - T/m
		4) If fever (+) - Collect B/C/S
		5) Vitals 2nd hrly
	Dr. Vinod	
		Noted By manisha 14/6/26 @8pm

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

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 10:30AM	C/1 B Dr. vishnu...	
	O/E	
	Child Alert / Active. vitals stable	
	CVS: S1 S2 +	Adv.
	RS: B/L AE +	
		→ To send AFB sample T/m.
		← To send CBNAAT / General report today to Bajaj...
		– 2D echo to check for clearance today.
	(signature) VVV	
Noted by Sindu @2pm 13/6/26		

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 6:00pm	C/o PR Resident	
	Dx: AFI c Dehydration (r/o TB)	
	No fever spikes.	
2D Echo - Not done c/o Child not cooperating.	O/E	
	Child Alert	
	Vitals stable	
	CRT < 3 sec	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	
Dr. Prashant	P/A - soft	Plan
	CNS: NAD	- To send AFB sample t/m
		- Plan for 2D Echo t/m
		- Trace Genexpert report

Noted by sreekanth on 16/6/2026 @ 8:00pm

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 13 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Vishnu	
16/6/26 9:00AM		
	Adm: AFI c Dehydration (TDR/OTB)	
	O/E	
	No fever spikes.	
D/C meds		
	ZINCOVITY (1) month	Plan
	VIT-D3 drop to continue	- Trace Gene xpert report
	f/w after 1 week.	
	Counselling	- f/u after (5d)
	→ As child is [illegible] stable now.	
	we are discharging the child.	
	Intimated & counselled regarding the	Noted by [illegible]
	need for [illegible] workup. &	8:10 PM 16/6/26
	need for Bone marrow workup.	
	↳ If fever persists.	

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 13 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI

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

Surgery / Procedure: Nil

Post OP Day: –

BACKGROUND

Date / Shift	12/6 GR	12/6 Evening	13/6/26 M	14/6/26 M	14/6/26 E	14/6 N
Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
Diet:		N. diet	N. diet	N. 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	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:		98.6°F	98.6°F	98.6°F	98.6°F	98.1°F
Res:	26 b/m	26 b/m	27 b/m	27 b/m	26 b/m	27 b/m
SpO_2:	99%	100%	99%	98%	99%	99%
Pulse:	133 b/m	101 b/m	103 b/m	118 b/m	105 b/m	96 b/m
BP:	crying	90/58	100/72/60	98/61(73)	99/78(64)	96/64(74)
LOC:	Conscious	Conscious	conscious	Conscious	conscious	Conscious
Fall Risk Score:	"0"	11	11	11	11	11
Pain Score:	"0"	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:		N. diet	N. diet	S. diet	S. diet	S. diet
Critical Lab Test / Values:	Nil	Nil	Nill	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	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	Nil

Handed Over By Name :	Aschilla	Manisha	Manisha	Manisha	Manisha	Manasa
Signature / ID :	As/020612	MP905015	MP905015	MP905015	MP905015	RCH014593
Date:	12/6/26	13/6/26	13/6/26	14/6/26	14/6/26	15/6
Time:	@ 8:45pm	@8AM	@10:50AM	2pm	@8pm	@8AM
Taken Over By Name :	Pravee	Manisha	Neha	Manisha	Manasa	Pravee
Signature / ID :	RCH014593	MP905015	13/6/26 10:50 AM	MP905015	14/6/26 8PM	RCH014593
Date:	13/6/26	13/6/26		14/6/26	14/6	15/6/26
Time:	@8:45pm	@8AM		@2pm	@8pm	@8AM

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute febrile illness			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil			
	Surgery / Procedure: Nil			Post OP Day: Nil			
BACKGROUND	Date / Shift	15/6 M	15/6/26 Evening	15/6/26 N	16/6 M		
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil		
	Diet:	S.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	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6f	98.6°F	98.6°F	98.6f		
	Res:	27b/m	30b/mt	28b/m	22b/m		
	SpO_2:	98%	97%	99%	98%		
	Pulse:	110b/m	124b/mt	120b/m	115b/m		
	BP:		95/56(69)		107/[illegible]		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	11	11	11	11		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	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	S.diet		
	Critical Lab Test / Values:	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):	Dependent	dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil		
Handed Over By Name :		Rode	Subham	Sreekanth	Rode		
Signature / ID :		R60008	17444	60731	R60600		
Date:		15/6/26	15/6/26	16/6/26	16/6/26		
Time:		@2pm	@ 8PM	@ 8AM	2pm		
Taken Over By Name :		Subham	Sreekanth	Rode			
Signature / ID :		17444	60731	R60600			
Date:		15/6/26	15/6/26	16/6/26			
Time:		@ 2PM	@ 8PM	@ 8am			

Noted by Rode 16/6

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

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 12/6/26	Diagnosis: AFI	Surgery / Procedures: Nill	
	Allergies: Nill		Post OP Day: Nill	
	Date: 13/6/26			
	Area / Shift Time	PICU 8AM-2PM	PICU 2PM-8PM	PICU Night
	Diet:	Npo.	orally allowed	orally allowed
	Ventilation (RA, NP, NIV, VENTI)	room air.	RA	RA
INVASIVE LINES	1.	IV cannula	IV cannula	IV cannula
	2.	-	-	-
	3.	-	-	-
	4.	-	-	-
ASSESSMENT	Infusions / Transfusions	*DNS @ 40ml/hr.	DNS @ 40ML/HR	DNS 20ml/hr
	PU Prophylaxis	Nill	Nill	Nill
	DVT Prophylaxis	Nill	Nill	-
	Vitals BP	79/40 (54) mmHg	82/48 (59) mmHg	91/60 (71)
	Vitals PR	140 b/min	132 b/m	124 b/m
	Vitals RR	37 b/min	36 b/m	24 b/m
	Vitals SpO_2	97%.	99%.	97%.
	Vitals Temp	98.6°F	98.6°F	98.1°F
	Pain Score	0	0	0
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert
	Skin Integrity (Intact / Bedsore / Any other condition	Intact	intact	Intact
	Restraints If any Physical	Nill	Nill	Nill
	Restraints If any Chemical			
	Fall Risk (Vulnerable Y/N) if yes score	12	12	12
	(Ambulation, walking, moving with assistance, bed ridden)	bed ridden	bed ridden	Bed ridden
	ADL (Dependent / Non-Dependent)	dependent	dependent	dependent
	Critical Lab Test / Values (If any)	-	-	-

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS					
		Date: 13/6/26			
	Investigations Procedures	Area / Shift Time	PICU 8Am-2pm	PICU 2PM-8PM	PICU Night 8pm to 8AM
		Ordered / Planned	* Electrolyte. Urea, Creat, VBG, CBS.	* X-ray & USG abdomen	C.S.T.
		Due	* Xray Chest	Nill	Nill
		Reports Pending	* Nill	Nill	Nill
		Referrals (If any)	Nill	Nill	Nill
		Remarks (Special Interventions like, Drainage tube flushing etc.)	—	—	Nil
Handed Over By Name :			Neha.	Tharun	Renuka
Signature :				Tharun	Renuka
Date:			13/6/26	13/6/26	14/6/26
Time:			2pm	@ 8PM	8'. Am
Taken Over By Name :			Tharun	Renuka	
Signature :			Tharun	Renuka	
Date:			13/6/26	13/6/26	
Time:			2PM	8'. pm	

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 12/6/26	Diagnosis: AFI		Surgery / Procedures: –	
	Allergies: –			Post OP Day: –	
	Date:	14/6/26			
	Area / Shift Time	PICU 8Am-2pm			
	Diet:	orally allowed			
	Ventilation (RA, NP, NIV, VENTI)	RA			
INVASIVE LINES	1.	Iv-cannula			
	2.	–			
	3.	–			
	4.	–			
ASSESSMENT	Infusions / Transfusions	DNS 20ml/hr.			
	PU Prophylaxis	–			
	DVT Prophylaxis	–			
	Vitals – BP	92/73 (86) mmHg			
	Vitals – PR	102 b/m			
	Vitals – RR	28 b/m			
	Vitals – SpO_2	98-/.			
	Vitals – Temp	98-6°F			
	Pain Score	0			
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert			
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact			
	Restraints If any – Physical	Nill			
	Restraints If any – Chemical				
	Fall Risk (Vulnerable Y/N) if yes score	–			
	(Ambulation, walking, moving with assistance, bed ridden)	walking			
	ADL (Dependent / Non-Dependent)	Bed ridden			
	Critical Lab Test / Values (If any)	–			

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS					
		Date:	14/6/26		
	Investigations Procedures	Area / Shift Time	PICU / 8Am-2pm		
		Ordered / Planned	plan to shift room		
		Due	-		
		Reports Pending	-		
		Referrals (If any)	-		
	Remarks (Special Interventions like, Drainage tube flushing etc.)		-		
Handed Over By Name :			Supriya		
Signature :			Sup		
Date:			14/6/26		
Time:			@2pm		
Taken Over By Name :					
Signature :					
Date:					
Time:					

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

NURSING CARE RECORD

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Date: 12/6/26

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							
Afternoon							
Night	9pm	maintain fluid Balance	9:10 PM	Maintain IV fluid @ NS 26 ml/hr	Maintain dehydration	Pt i/p stable	R 12/6/26 9pm

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
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NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
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Date: 13/6/26

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	6pm	Ensure safety		side rail kept up	- prevent from fall risk	- patient is stable	manisha 13/6/26
Afternoon	2pm	→ Assessment → Maintain fluid balance	2pm	→ Assess the child condition → maintained fluid balance ONS	→ child is active → DNS @ 40ml/hr	→ Now child is stable	Thaarun 13/6/26 @ 2pm
Night		Assess the General Condition of the child Provides fluids		Assessed the General condition of the child To maintain fluid balance	child is stable To prevent the dehydration	child is Haemodynamically stable	Renu 14/6 8'oclock

VIH-00205841 IP-00060329
Master GOWTHAM 2 Y 1 M 12 D (M)
02-05-2024
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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	- Assessment - vitals - medications	2:30	- Assessed the general condition - medication admisted.	- vitals are normal - To reduce infection	- hemodynamically stable - patient is stable	supriya 2nd c/hb @2pm
Afternoon	3pm	- Maintain Fluid Balance - Ensure safety	6pm	- Administered IV fluid NS 20ml/hr - side rail kept up	- TO maintain Hydration - prevent from fall risk	- patient is stable	manisha 14/6/26 @2pm
Night	10 PM	→ monitor urine output	10:30 pm	→ monitoring checking diaper weight	→ To maintain urine output	→ patient is stable	manisha

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
Dr. KODICHERLA VISHNU VARDHAN

NURSING CARE RECORD

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Date: 15/6/26

Goals

- ☑ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify..... Nebulization
- ☑ 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	9:00	- Maintain aseptic technique	9:30	maintained aseptic technique	- prevent from Infection	- patient is stable	Indu 2pm 15/6
	1:00	- Ensure safety	1:30	- side rails kept up	- prevent from falls risk	- no fresh Complaints	
Afternoon	3pm	→ maintain good nutreational status	3pm	→ Provided by soft diet	→ oral intake is good	→ patient is stable	Subha 15/6 @8pm
Night	10pm	→ Maintain Good Nutritional Status		provided soft diet	→ oral intake is better	- patient is stable	

VIH-00205841
Master GOWTHAM IP-00060329
02-05-2024 2 Y 1 M 12 D (M)
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NURSING CARE RECORD

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Date: 16/6/25

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 Notes	Dr came for rounds			Patient is stable advice for discharge		
Afternoon					Noted by [illegible]		
Night					2/0[illegible] 16/6/25		

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 13 D (M)
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NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 12/6	DATE 12/6	DATE 12/6	DATE 13/6	DATE 13/6 11pm
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	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	
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	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		12	12	12	12	11

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 support	✗		✗	✗	✗	✗
Other Intervention(s) Specify	✗		✓	✓	✓	✓
Nurse's Name:	Bhuvaneshwari		Pav	[illegible]	Tharun	Renu
Signature:	[signature]		[signature]	[signature]	[signature]	[signature]
Date:	12/6/26		12/6/26	12/6	13/6	14/6
Time:	6:41pm		4:40pm	9am	5PM	8:Am

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

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 14/5	DATE 14/6	DATE 14/6	DATE 15/6	DATE 15/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	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					
	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		11	11	11	11	11

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 support		✗	X	×	✗	✓
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Sruthi	manisha	manisha	[illegible]	[illegible]
	Signature:		[illegible]	My	[illegible]	[illegible]	Sruthi
	Date:		14/6	14/6	14/6	15/6	15/6
	Time:		2pm	4pm	11pm	8pm	2pm

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master GOWTHAM**	**Age :**	**2 Y 1 M 10 D**
IP No:	**IP-00060329**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**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 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:.....) J k Nandini

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: J k Nandini.

Name: NANDINI
Relationship: Mother
Date: 12/06/26 Time: 06-44
Witness Name:
Witness Signature:

Patient Address:
h.no. 11-2-24/2, sithaphalmandi,
secundrabad Sitaphal Mandi
Hyderabad Telangana INDIA 500061

Ref. No.: F / HW/CONS.F/INPR / 01

15/06/2026

CONSULTATION FORM

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

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Doctor Name: Dr. Murtaza Kamal (Pedi. Cardiologist)

Date: .... Hour: ....

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 13 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Hospital: ....

Referred f... ment

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date: .... Time: .... By: ....

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

Signature: M.D.

Report of Findings and Recommendations :

Δ C/o Pus

H/o Koch's E/o.

Rx

- To be seen post sedation

Signature

Sup Pedicology

Sme P/o Gen

Signature

Consultant :

Name: .... Signature: .... Date & Time: ....

NOTE : If more space is required use another consultation sheet as continuation

Ref. No. : F / HW/CONS.F/INPR / 01

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
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CONSULTATION FORM

Doctor Name : Dr. Pappula Sindhura

Date : 13/6/26 Hour : 11 AM

Hospital : RCH

Type of Referral : ☐ Emergency (within one hr.) ☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : 13/6/26 Time : 11 AM By :

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

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

Signature: M.D.

Report of Findings and Recommendations :

c/o - fever x 1t day, mild-moderate grade, intermittent
1-2 spikes/day

No vomiting
No loose stools

Irritability with
excessive crying since 1 AM today

Development → (N) for age

Birth Hx → FT/2.3kg/ CSAB

No perinatal issues

Consultant :

Name : Dr. P. Sindhura Signature : Date & Time : 13/6/26

NOTE : If more space is required use another consultation sheet as continuation

O/E vitals → → cool peripheries

HC → ___

conscious, irritable

pupils →

EOM → Doll's eye +ve

Tone

good contiguity movements

DTR →

plantar →

ASU →

?

Plan

observe till evening

— If irritability increases

↓

for MRI brain

CSF analysis

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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

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Your Right to a Safe Delivery

Name: Gowtham Age: 2M Gender: Male ☑ Female ☐

UHID.No : NH-0020784 Date: 13/6/24

I Nandini S/o, D/o, W/o, K. Krishnamurthy hereby declare that our patient Master/Baby mst. Gowtham who is related to me as son is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 12/6/24

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

Instability

The doctors have clearly explained to me that my patient Master / Baby mst. Gowtham during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed \upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : mst. Gowtham in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: K. Nandini

Name: K. Nandini

Relationship with Patient: mother

Date & Time: 13/6/24 10:30 AM

Witness :

Signature:

Name:

Date & Time:

Doctor (who is taking the consent) :

Signature:

Name: Dr. Madhavi

Date & Time: 13/6/24 10:30 AM

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

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

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....

.....

.....

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్లీ ఇన్సర్ట్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్టరీ లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్సర్షన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా బిడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00205841
VI Master GOWTHAM
M 02-05-2024
02 Dr. KODICHERLA VISHNU VARDHAN
D
IP-00060329
2 Y 1 M 11 D
(M)

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 : 12/6/26 Time:	9 pm	11 pm	1 AM	4:15 AM
Doctor / Nurse / Family Concern?				

Temperature (°F)

98.1°F | 98.6°F | 98.6°F | 100.2°F [Syp. Crocin]

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	108	105	98	110
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	25	26	25	27
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2 (l/min) O_2 Saturations (%)	97	98	98	97
Conscious Level: Normal / Altered	N	N	N	N
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	MA	MA	MA	MA

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-002-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. SU Dr. KODICHERLA VISHNU VARDHAN

. No. : RCH/ FRM / CLINICAL / 125

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

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

Date : ..... Time:	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM
Doctor / Nurse / Family Concern?							

13/6/26

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

98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.4°F | 98.6°F

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)	100	112	110	108	121	120

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

Resp Rate (Number)	28	27	29	30	29	32
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	97	98	97	98	97	95
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	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	N	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
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?					PM	PM	AM	AM	AM	AM

14/6/26

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

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

	1	3	5	7	9	11	1	3	5	7
Heart Rate (Number)	109	114	100	96	105	100	112	110	108	

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

	1	3	5	7	9	11	1	3	5	7
Resp Rate (Number)	28	27	26	25	26	25	25	26	25	
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	
Receiving O_2 (l/min) O_2 Saturations (%)	97	98	97	99	98	98	97	98	97	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	
Observer's Initials	M	M	M	MG	MG	MG	MG	MG	MG	

ACTIONS

NB: Scores 3 should be recorded overleaf

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Patient Sticker

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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-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 9 | 11 | 1 | 3 | 5 | 7 | 9 | 11 | 1 | 3 | 5 | 7

Doc / Nurse / Family Concern? Ref | Ref | Ref | pm | pm | pm | pm | pm | Am | Am | Am | Am

15/6/26

Temperature (°F): 98.6F | 98.3F | 98.6F | 97.5F | 98.6F | 98.5F | 98.6F | 98.6F | 98.6F | 98.6F | 98.6F | 98.6F

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

Note: BP does not score in early warning scoring

95 (64) 55

Heart Rate (Number): 110 | 112 | 114 | 122 | 130 | 129 | 120 | 118 | 109 | 116 | 112 | 110

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

Resp Rate (Number): 27 | 27 | 26 | 22 | 30 | 29 | 28 | 26 | 27 | 25 | 26 | 25

Resp Distress	Mod/ Severe / None / Mild											
Receiving O_2 (l/min) O_2 Saturations (%)		98	97	96	97	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	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		Bnd	Bnd	Bnd	SK	SK	SK	SK	SK	S	S	S	S

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 13 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/6 Time:	9
Doctor / Nurse / Family Concern?	An
Temperature (°F) (104 – 94)	98.6 F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 – 50) Note: BP does not score in early warning scoring	
Heart Rate (Number)	112
Resp. Rate (bpm) (Over 1 Minute) * (70 – 10)	
Resp Rate (Number)	27
Resp Distress — Mod/ Severe / None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	98
Conscious Level — Normal	N
Conscious Level — Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	And

Noted by Dr. 9/06 ... 18/6

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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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

- 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)

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Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
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(1)

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FLUID CHART

Sheet No. : .....

12/6/26

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 :**						
12/6	08:00 pm											
	09:00 pm			DNS								
	10:00 pm		cerelac	26 ml								12/6/26
	11:00 pm			26 ml								at 1 AM
	12:00 am			26 ml								
	01:00 am			26 ml								
Total Intake :				114 ml		**Total Output :**						
13/6	02:00 am			26 ml								
	03:00 am			26 ml								
	04:00 am			26 ml								
	05:00 am			26 ml								13/6/26
	06:00 am			-4								at 7 AM
	07:00 am											
Total Intake : 104 ml						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

13/6

→ patient attender is not cooparate for BTO checking temperature at 7 AM

K. Nandini

Patient attender sign

15/6/2 Patient attender Refused Pediculosis S/P at 11:30 AM

K. Nandini

Patient Attender sign

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FLUID CHART

Sheet No. : .....

13/6/26

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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am										1	
	09:00 am		Stopped							✓		
	10:00 am										0	
	11:00 am											
	12:00 pm										1	
	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	

VIH-00205841 IP-00060329
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FLUID CHART

Sheet No. : 14/6/26

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							
14/6	08:00 am											
	09:00 am		Idly x water									
	10:00 am										0	Sridevi @ 2pm 14/6/26
	11:00 am											
	12:00 pm											
	01:00 pm			20ml						233ml		
Total Intake :		20ml				**Total Output :**						
14/6/26	02:00 pm		kichidi									
	03:00 pm		+ water									
	04:00 pm											
	05:00 pm									136ml	0	manisha 14/6/26 @8pm
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
14/6	08:00 pm		kichidi, water									
	09:00 pm											
	10:00 pm									210ml		
	11:00 pm											
	12:00 am									120ml		manasa 14/6 @7AM
	01:00 am		DBM									
Total Intake :						**Total Output :**					0	
15/6	02:00 am											
	03:00 am											
	04:00 am		DBM									
	05:00 am											
	06:00 am									150ml		
	07:00 am		DBM									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	849ml (3.5 cc/kg/hr) [illegible]

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FLUID CHART

Sheet No. : .....

15/6/26

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
15/6	08:00 am										1	
	09:00 am		Idly + water									
	10:00 am									200ml	0	Rohini
	11:00 am											
	12:00 pm											2pm 15/6/26
	01:00 pm									90ml	1	
Total Intake :						**Total Output :** 290ml						
15/6/26	02:00 pm										1	
	03:00 pm		Khichdi water									
	04:00 pm									250ml		
	05:00 pm										0	Subham 15/6/26 @8pm
	06:00 pm											
	07:00 pm										1	
Total Intake :						**Total Output :** 250ml						
15/6/26	08:00 pm									70ml	1	
	09:00 pm		Kichadi water									
	10:00 pm											
	11:00 pm											
	12:00 am		DBM									Subham 16/6/2026 @ 8am
	01:00 am											
Total Intake :						**Total Output :** 70ml						
	02:00 am										0	
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am		DBM									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	610ml

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

VIH-00205841 IP-00060329
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
16/6	08:00 am		Idly							210ml	1	
	09:00 am										0	
	10:00 am		↑ water									
	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	

VIH-00205841 IP-00060329
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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: .... 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	INJ CEFTRIAXONE	500mg	IV	12hrly		☐C ☑DC
2	INJ PANTOPRAZOLE	10mg	IV	24hrly		☐C ☐DC
3	SYP OSELTAMIVIR (1ml = 12mg)	2.5ml	PO	12hrly		☐C ☐DC
4	NEB LEVOSALBUTAMOL	1 Respule 0.63mg	PN	6hrly		☑C ☐DC
5	NEB 3% HYPERNEB	1 Respule	PN	8hrly		☐C ☐DC
6	NASIVION P drops	2 drops	PN	8hrly		☐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 Bhavana P

Date & Time : 14/6/26 9:15 am

Nurse Name & Signature: Supriya [signature]

Date & Time : 14/6/26 @ 10 Am

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

VIH-00205841 IP-00060329
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DRUG CHART

Date of Admission: 12/6/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

[redacted]URSES
- 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 : SYP. PARACETAMOL				Date / Time	13/6 4.15
Dose	Route	Frequency	Start Date		
3.5ml	PO	Q6H	12/6		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions: 5ml - 240mg 15mg/kg/dose >100°F					

13/6/26 @12 am

DRUG : SYP. IBUPROFEN				Date / Time	
Dose	Route	Frequency	Start Date		
5ml	PO	Q6H	12/6		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions: 5ml - 100mg 10mg/kg/dose >101°F					

13/6/26 @12 am

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

VERIFIED BY : Name .....

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

REGULAR PRESCRIPTIONS

Weight. 10 kg. Ward. 113

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date	Date/Time	12/6	13/6	14/6	15/6	16/6
500mg	IV	12th hrly	12/6	6 Am	/	[signature]	Renu Rinku	Gayu Sady	Gayu Sady
				6 PM	10Pm [signature]	Tharun Bindu	[signature]	Esw Eliy	

Name & Signature of the Doctor Starting the Drugs: Dr. Gan... (CL)

Additional Instructions: (IN 10ML) (After test dose) 50mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Dr. [signature] 30 / 13/6/26 @ 12 Am

DRUG : INJ PANTAPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time	13/6	14/6	15/6	16/6
10mg	IV	24th hrly	12/6	6 Am	[signature]	Renu Rinku	Gayu Sady	Gayu Sady

Name & Signature of the Doctor Starting the Drugs: Dr. Gan... (CL)

Additional Instructions: 1mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Dr. [signature] 30 / 13/6/26 @ 12 Am

DRUG : 3% HYPERNEB

Dose	Route	Frequency	Start Date	Date/Time	14/6
1 RESP (4 ML)	PN	8th hrly	12/6	1:Am	Renu Rinku
				9:AM	
				5:pm	

Name & Signature of the Doctor Starting the Drugs: Dr. Gan... (CL)

Additional Instructions: (1 RESP full)

See the nebs chart

Daily Doctor's Endorsement by a Sign

Dr. [signature] 30 / 13/6/26 @ 12 Am.

DRUG : SYP. OSELTAMIVIR

Dose	Route	Frequency	Start Date	Date/Time	13/6	14/6	15/6	"	"	"
						9Am	10Am			
2.5ml	PO	12th hrly	13/6	6 AM	X	Suresh Rinku	[signature]			
				6 PM	Tharun Bindu	[signature]	Esw Eliye			

Name & Signature of the Doctor Starting the Drugs: Dr. Gan... (CL)

Additional Instructions: 1ml = 12mg

Daily Doctor's Endorsement by a Sign

Dr. [signature] 13/6/26 @ 3Am

VIH-00205841 IP-00060329
Master GOWTHAM
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Dr. KODICHERLA VISHNU VARDHAN

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight ..10Kg.. Ward ..1st floor..

DRUG : NEB. LEVOSALBUTAMOL				Date / Time	13/6	14/6
Dose	Route	Frequency	Start Dt.	12 AM	X	Renu Rinku
0.63mg	PN	Q6H	13/6	6 AM	X	Renu Rinku
Name & Signature of the Doctor Starting the Drugs:				12 PM	NEB	Sib Binku
[signature]				6 PM	Thaman Bindu	
Additional Instructions: 1 Resp = 0.63 mg.						See Nurses chart
Daily Doctor's Endorsement by a Sign						

DRUG : NASIVION-P NASAL DROP				Date / Time	13/6	14/6	15/6	16/6
Dose	Route	Frequency	Start Dt.	12 AM	X	Renu Rinku	Gayu Body	
2-3 drops	PN	Q8H	13/6	8 AM	X	Renu Rinku	[signature]	
Name & Signature of the Doctor Starting the Drugs:				10 PM	Thaman Bindu	[signature]	Gayu body	
[signature]								
Additional Instructions: 2-3 drops Each nostril.								
Daily Doctor's Endorsement by a Sign								

Stopped 13/6/26 @ 8am — Renu / Dr. [signature]
Stopped 13/6/26 @ 8am — Renu / Dr. [signature]

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				

VIH-00205841 IP-00060329 Master GOWTHAM 02-05-2024 2 Y 1 M 13 D (M)

VERIFIED BY : Name

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 12 D (M)
Dr. KODICHERLA VISHNU VARDHAN

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 ....

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

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				

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

Weight. 10.1kg. Ward. 113

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/6-	7:30 pm	SYP-IBUPROFEN	5ml	PO		8 12/6 8pm
13/6/26		SYP. PEDICLORYL	5ml	P/O		(illegible)
13/6/26	11:30AM	IVF NS	100ml/hour	IV		Mitra Yashi 13/6/26
13/6	11:54 AM	Syp-Pediclorgl	5ml	PO		
16/6/26	9:50A-	SYP. PEDICLORYL	5ml	P/O		

Signature

VERIFIED BY : N

VIH-00205841 IP-00060329
Master GOWTHAM
02-05-2024 2 Y 1 M 11 D (M)
Dr. KODICHERLA VISHNU VARDHAN

I.V. FLUIDS CHART

Weight. 10kg. Ward. 113

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
12/6	7:00pm	IV DNS (2/3rd)	IV	26			13/6		
13/6/26	1pm	IV DNS (FULL MAINTENANCE)	IV	40			13/6		
13/6/26	9pm	IV fluid DNS (Half)	IV	20		Remy / Rinku	14/6		

Signature

VERIFIED BY : Name

Name	Master GOWTHAM	**UHID**	VIH-00205841
Father/Guardian	Mrs NANDINI	**Age/Gender**	2 Y 1 M 14 D/Male
Address	H.No. 11-2-24/2, Sithaphalmandi, secundrabad, Sitaphal Mandi, Hyderabad, Telangana, INDIA, 500061		
IP No	IP-00060329	**Admission Date**	12-06-2026
Ref Doctor	Self	**Discharge Date**	16-06-2026

DISCHARGE SUMMARY

Consultant: Dr. KODICHERLA VISHNU VARDHAN REDDY
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)
Fellow in PICU & CICU (RCPCH BCH UK)
CONSULTANT PEDIATRICIAN AND PEDIATRIC INTENSIVIST

Diagnosis: Acute Febrile Illness with Dehydration

History: Master GOWTHAM is a 2 Y 1 M 14 D boy presented with history of on and off moderate grade intermittent fever associated with mild cough since 2 weeks prior to admission. For the above complaints, he was treated at referral center, but in view of persistence of symptoms, he was referred to Rainbow Children's Hospital for further management.

Examination: He was febrile (101^{o}F), maintaining saturations at room air. Heart rate- 112/min, blood pressure - 100/60 mmHg and respiratory rate 30/min. Signs of some dehydration present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, he was conscious and oriented. Examination of other systems including spine was normal.

Weight on admission : 10 kgs.

Investigations: Enclosed.

Management: He was admitted in the ward and started on intravenous fluids and intravenous antibiotics. He was treated symptomatically with antipyretics and antacids.

His arterial blood gas showed pH 7.29, pCO2 37.8 mmHg, pO2 30 mmHg, HCO3 18.2 mmol/L, BE - 7.7 mmol/L. Complete blood picture showed hemoglobin 10.1 gm%, white blood cells count of 13,300 cells/cumm, platelet count of 4.39 lakhs/cumm and C-reactive protein was 6.0 mg/l. Serum electrolytes, creatinine and LFT were normal. Ultrasound abdomen was normal. Chest x-ray was done showed right perihilar infiltrates.

In view of irritability, child was shifted to PICU for close monitoring.

Course in Pediatric Intensive Care Unit:

CNS: Child did not have any neurological issues during Pediatric Intensive Care Unit stay. Child was seen by Dr. P. Sindhura, Consultant Pediatric Neurologist who advised for observation and if irritability persists advised for MRI brain and CSF analysis.

CVS: Child did not require any inotropic support during Pediatric Intensive Care Unit stay.

RS: Child did not require any oxygen support during Pediatric Intensive Care Unit stay.

In view of chest signs, child was nebulized with Levolin and Budecort. Child was empirically started on Syrup Oseltamivir. Nebulizations were titrated accordingly.

Father is a known case of active tuberculosis, not on treatment and expired one year back and tuberculosis workup was planned. Gastric aspirate for AFB sample (3 samples) was sent on 14.06.2026, 15.06.2026 & 16.06.2026 and Gene-xpert was sent on 15.06.2026 which was not detected. Mantoux test was done on 13.06.2026 at 7:15 pm which was negative. 2D echo was planned to check for coronaries the child was not cooperative so plan to do 2D echo on

follow up.

If turberculosis workup is positive, plan for lumbar puncture to rule out tuberculosis meningitis.

GIT: Per abdomen examination was normal. Child was started on IV fluids as oral intake poor, later IV fluids gradually tapered and stopped as oral intake improved.

As he remained hemodynamically stable, he was shifted back to ward for further management. His vitals were regularly monitored. His fever spikes and other symptoms gradually settled. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

Mother was counselled regarding the child's condition and needs for further workup including bone marrow workup if there is any recurrence of fever.

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

Advice:

1. Diet as advised.
2. Syrup Zincovit 2.5ml once daily for 1 month.
3. Vitamin-D3 drops (1ml=800IU) 0.5ml once daily till further advice.
4. Syrup Oseltamivir (1ml=12mg) 2.5ml, 12^{th} hourly till 18.06.2026 morning dose.
5. Trace gastric aspiration for AFB (3 samples) report.
6. Plan to do 2D echo on follow up.
7. Kindly consult Dr. K. Vishnu Vardhan Reddy, Consultant Pediatrician & Pediatric Intensivist after 7 days in OPD with prior appointment (This consultation will be charged).

Name	Master GOWTHAM	UHID	VIH-00205841

In case of Fever:
Syrup Paracetamol (5ml=240mg), 3.5ml (if needed) if fever more than 99.6*F (maximum 4-6 hourly).
Syrup Ibuprofen (5ml=100mg), 5ml (if needed) (after food) for fever more than 101*F (maximum 8 hourly).

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

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.

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Sweety
DEO : Kalyan / Younus

Registrar/Resident/C.M.O

Dr. KODICHERLA VISHNU VARDHAN REDDY
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)
Fellow in PICU & CICU (RCPCH BCH UK)
CONSULTANT PEDIATRICIAN AND PEDIATRIC INTENSIVIST
APMC/FMR/79982