ACTIVITY RECORD FOR BILLING

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

UHID No: ..... IP N ANC-00016120 IP28-00004565 ..... Dept: .....

Baby Of PRIYAL ROHRA
06-12-2025 0 Y 6 M 6 D (M)
Dr. NEERAJA PATCHA V R

Date of Admission: ..... scharge: ..... Time: .....

Room / Bed No: ..... W. ..... Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	5:00pm	ER	MO3 & MO4	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
12/6/26	Fevepanol - ① 3 OPD		
	Electrdyt -		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/6/20	Infusion pump	5pm	13/6/2020 10pm	5006-7	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/6/26	Ivplacement	1	150050	
13/6/26	Neb t O2	(2)	500078	
13/6/26	Neb t O2	(3)	50198	
13/6/26	Cross x key	1	4382	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 13/6/26 Time: 5Pm Prepared By: S/N Kayal

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

ANC-00016120 IP26-00004565
Baby Of PRIYAL ROHRA
06-12-2025 0 Y 6 M 6 D (M)
Dr. NEERAJA PATCHA V R

Rainbow Children's Hospital

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026		
6.15PM	c/s/B DR. Neeraja	Dr. Hamsa VS Patcha.
	FEVER UNDER	EVALUATION
	C/o FEVER	(100.2°F) at 2pm.
	C/o nasal	Block
	no other	Complaints
	oral intake	- improved
	U/o -	adequate ✓ vitals stable
	O/E Alert, active	afebrile
	Hydration	- Good ++++/++ CRT<3
	S/E RS - B	/L AE(+) no added sound
	CVS/ PA/ CNS (N)	
		Advice
	1) TO ADD	NASOCLEAR NASAL DROPS 1° TDS N/D
	2) TO ADD	NEB NS (4ml) with 6L O2 Q 8°
Urine R/E - (N) Bact - (+)	Rest	continue the same
	S.E. (Dr. Hamsa VS) 96066	[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 8:55 AM	S/B Dr. Aneesh	
	FEVER FOR EVALUATION	
	? VIRAL URTI.	
	- few episodes of sneezing	
	- Nose block (+) - noisy breathing	
	- No other fresh complaints	
	feeding well o/o - adequate	
	Baby alert	CRP - 19
	pallor well.	WBC - 18.45.
	CRT <3sec	
	S/E - RS - BAE (+)	
	CVS - NAD	
	P/A - soft	
	CNS - GS (+).	
		Aneesh 163765.

ANC-00018120 IP28-00004565
Baby Of PRIYAL ROHRA
06-12-2025 0 Y 6 M 7 D (M)
Dr. NEERAJA PATCHA V R

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

Date & Time	Progress Notes	Doctor's Order
13/6/26 9:45 am	W/R Dr. Neeraja Patcha - Viral URT - Admitted c ongoing fever / poor feeding - CRP - 19 - WBC - 18,000 (25/66) No temperatures since last night active today, some nasal block feeding good IV↓ BO↓ O/E: Baby Pink, active No resp distress Chest - R=L CVS - S1 S2 heard No murmur P/A - soft CNS - NAD Plan: (1) wean off IVF today (2) of (?) times - discharge Augmentin antibiotic to oral (3) Plan discharge tomorrow (4) R/v in clinic on Tuesday 10 am	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	12/6/2025					
Time	13.00					
Hb	12.4					
PCV	35					
RBC	4.67					
WBC	10.45					
N/L	25/66					
Platelets	267					
CRP	19					
ESR						
PCT						
RBS						
Na	135					
K	5					
Cl	103					
Ca/Mg						
Phosphate						
Urea	11					
Creatinine	0.20					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	12/6/2021					
Time						
CUE - Alb	nil					
CUE - Sugar	nil					
CUE - Ketones	Negative					
CUE - PUS Cells	1-3					
CUE - RBC Cells	-					
CUE - Epi	1-2					
Bacteria	(+)					
Cast / crystal	Absent					
Ketone bodies / Leucocyte / Mitral	Absent					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

12/6 X-Ray : - (N)

ECHO : .....

CT : .....

MRI .....

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

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Patient St

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DRUG CHART

Date of Admission: 12/6/25 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: P100 DROPS				Date Time 12/6
Dose: 1-2ml	Route: P/O	Frequency: SOS	Start Date: 12/6	3 PM P.R
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions: (100mg/1ml).				

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

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

Signature .....

VERIFIED BY : Name .....

ANC-00016120 IP28-00004565
Baby Of PRIYAL ROHRA
06-12-2026 0 Y 6 M 6 D (M)
Dr. NEERAJA PATCHA V R

REGULAR PRESCRIPTIONS

Weight. 7.58 kg Ward. ....

DRUG : INJ. AUGMENTIN

Dose	Route	Frequency	Start Date
200 mg	IV	BD	12/6

Name & Signature of the Doctor Starting the Drugs: 11947

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	12/6	13/6/26
		4 AM
	4 pm	4 pm
	D1	D2

DRUG : INJ. PAN

Dose	Route	Frequency	Start Date
10 mg	IV	OD	12/6

Name & Signature of the Doctor Starting the Drugs: 11947

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	12/6	13/6/26
		6 AM
	4 pm	

DRUG : CETRINE DROPS

Dose	Route	Frequency	Start Date
0.7 ml	P/O	BD	12/6

Name & Signature of the Doctor Starting the Drugs: 11942

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	12/6	13/6/26
	5 pm	9 AM
		9 pm

DRUG : MUCOLITE DROPS

Dose	Route	Frequency	Start Date
0.5 ml	P/O	BD	12/6

Name & Signature of the Doctor Starting the Drugs: 11942

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	12/6	13/6/26
	5 pm	6 AM
		6 pm

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REGULAR PRESCRIPTIONS

Weight 7.5kg Ward M03

Sheet No: .....

DRUG : NASOCLEAN NASAL DROP

Dose	Route	Frequency	Start Dt.
1°	N/D/N	QID	12/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. HAMSA Vs 96066

Additional Instructions: Before every feed

Daily Doctor's Endorsement by a Sign

Date/Time	12/6			13/6/26		
	6 PM		2 AM			
			10 AM			
			11 PM			

DRUG : NEB NS

Dose	Route	Frequency	Start Dt.
4ml	P/N	QS Hrly	12/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. HAMSA Vs 96066

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	12/6			13/6/26		
	9 PM		6 AM			
			2 PM			
			10 PM			

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

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

Patient Sticker

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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Date

Weight. ..... Ward. 75

VARIABLE DOSE	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.	

Sign .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

ANC-00016120 IP28-00004565
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06-12-2025 0 Y 6 M 6 D (M)
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I.V. FLUIDS CHART

Weight 7.58 kgs Ward. M03

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
12/6/26	3pm	IVF DNS	IV	30 ml/hr	[signature] 14441	[signature] 7076			
				↓ 15ml/hr	[signature] T63765	[signature] 607			

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

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Baby Of PRIYAL ROHRA 0 Y 6 M 6 D (M)
06-12-2025
Dr. NEERAJA PATCHA V R

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6/25 Time:	6PM	12AM	4AM
Doctor/Nurse/Family Concern?	✓	✓	✓

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

97.4°F 96.5°F 97.8°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)	130b/m	123b/m	130b/m

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

Resp Rate (Number)	32b/m	30b/m	32b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	(98)%	100%	100%
Conscious Level: Normal / Altered	✓	✓	✓
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0/10	0/10	0/10
Observer's Initials	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

ANC-00015120 IP28-00004565
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i. : RCH/ FRM / CLINICAL / 124

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

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

Date: 13/6/26 Time:	8Am	12Pm / 4Pm
Doctor/Nurse/Family Concern?	✓	✓
Temperature (°F)	97.9°F	99.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		
Note: BP does not score in early warning scoring		
Heart Rate (Number)	133 b/m	116 b/m
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	36 b/m	32 b/m
Resp Distress: Mod/ Severe / None / Mild	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%
Conscious Level: Normal / Altered	✓	✓
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0/10	0/10
Observer's Initials	[illegible]	[illegible]

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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FLUID CHART

Sheet No. : (1) 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			32ml							0	
	06:00 pm	DBF		32ml						✓	0	
	07:00 pm										0	
Total Intake :		DBF 64ml				**Total Output :**				U-1		
	08:00 pm			30ml							0	
	09:00 pm	DMF	✓	30ml							0	
	10:00 pm			30ml							0	
	11:00 pm			30ml							0	
	12:00 am	DMF	✓	30ml							0	
	01:00 am			30ml						✓	0	
Total Intake :		DMF 2 Hr 180ml				**Total Output :**				U-1		
	02:00 am			30ml								
	03:00 am			30ml								
	04:00 am	DMF	✓	30ml								
	05:00 am			30ml								
	06:00 am			30ml								
	07:00 am			DC						✓		
Total Intake :		DMF 1 Hr 150ml				**Total Output :**				U-1		

Total 24 hrs. Intake	DMF 4 Hr 1 IVF - 394ml

Total 24 hrs. Output	U-3 M-0

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FLUID CHART

Sheet No. : (2)

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.

13/6/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am			DC							0	
	09:00 am	DBF	✓	DC						✓	0	
	10:00 am			30ml							0	2(0)
	11:00 am	DBF	✓	30ml						✓	0	
	12:00 pm	DBF	✓	30ml							0	
	01:00 pm			DC							0	
Total Intake : DBF = 3 times FF 90ml						Total Output : U-2						
	02:00 pm	DBF	✓	15bd								
	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	