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

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

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

ACTIVITY RECORD FOR BILLING

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

UHID No : --------------- IP No : ------------------ Consultant : ----------------------- Dept : LR2

Date of Admission : 15/6 Time : 9:33pm Date of Discharge : --------------- Time: ----------

Room / Bed No : 104 Ward : St Pawr Suggested Billable bed type : ------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6	11:10pm	ER	104	[signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
15/6/26	CBP, CRP, electrolyte	26020504	
	creatini Blood c/s	26020504	
	Covid antigen Rapid Test		
	VBG	26020503	
	Cross checked by	Sadya 17/6	
17/6/26	CBP, CRP	26020619	Eswaria
	CUE	26020623	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/6	Infusion pump	12:45pm	17/6/26 6AM	3090705	Sadiya
	Cross checked	by	Sadiya	17/6	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
15/6	IV placement	1	3090704	[illegible]
	IV placement	1	3090936	[illegible]
	Cross checked	by	[illegible]	15/6

ANY OTHER INFORMATION

[illegible] Covid Rat — Negative

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DISCHARGE SUMMARY

INSURANCE COPY

Name	Baby ESARI DHRIVI	UHID	VIH-00205939
Father/Guardian	Mr RAKESH	Age/Gender	3 Y 8 M 19 D/Female
Address	JAIN BALAJI,NILAYAM,SAFILGUDA,MALKAJGIRI,SECUNERBAD, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060358	Admission Date	15-06-2026
Ref Doctor	Dr VARA PRASAD CHSR	Discharge Date	17-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Diagnosis: Acute gastroenteritis with some dehydration

History: Baby ESARI DHRIVI is a 3 Y 8 M 19 D old girl brought with complaints of 5-6 episodes of nonbilious nonprojectile vomitings since 2 days, 3-4 episodes of loose stools 1 day back subsided, moderate grade intermittent fever, dull activity, decreased oral intake, decreased urine output prior to admission. For the above complaints, she was investigated and treated at referral center, but in view of persistence of symptoms, she was referred to Rainbow Children's Hospital for further management.

Outside Investigations: CUE done on 15.06.2026 showed 1-2 pus cells, albumin trace, ketones (4+).

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 110/min, blood pressure was 100/60 mmHg and RR 27/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, non tender without organomegaly. She was conscious and oriented. There was no focal neurological deficits or meningeal signs. Examination of other systems including spine was normal.

Weight on admission : 13.7 kgs.

Investigations: Enclosed.

Management: She was rehydrated with NS bolus and admitted in ward. She was started on intravenous antibiotics and intravenous fluids. She was advised gastro diet and administered probiotics. She was treated symptomatically with antiemetics and antacids.

Her VBG showed pH 7.35, pCO2 28.8 mmHg, pO2 54 mmHg, HCO3 15.8 mmol/L, BE -9.8 mmol/L. Hemogram showed Hb 10.6 gm%, WBC count of 5,140 cells/cumm, platelets of 2.20 lakhs/cumm and CRP 63 mg/L. Serum electrolytes and creatinine were normal. Blood culture was sterile after 24 hours of incubation.

Her vitals were regularly monitored. Her fever spikes and other symptoms gradually reduced. Repeat hemogram done on 17.06.2026 showed Hb 10.0 gm%, WBC count of 5,330 cells/cumm, platelets of 2.30 lakhs/cumm and CRP 31 mg/L. CUE was normal. Parents were counselled about course of illness and continuation of gastrodiet for few more days. She remained hemodynamically stable throughout the hospital stay without any complication. She is being discharged with the following advice.

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

Advice:

1. Gastrodiet as advised.
2. Syrup. Ziprax (5ml=100mg) 3ml, 12th hourly (after food) for 3 days (Refrigerate after reconstitution).

3. Oral Enterogermina mini bottle, 1 mini bottle, 12th hourly (after food) for 3 days.
4. Syrup Zinconia (5ml=20mg) 5ml once daily for 12 days.
5. Follow up with Dr. Ch S R Varaprasad, Consultant Pediatrician Garu.

In case of Fever:
Syrup. Paracetamol (5ml=240mg), 4ml for fever >99.6*F (maximum 4-6 hourly).
Syrup. Ibugesic (5ml=100mg), 6ml for fever >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 high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

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

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

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

Name : Divya Sree Battula

Signature : Divya Sree

Relationship with patient : Mother

This summary has been explained by :

Summary prepared by: Dr. Vishwaja
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

INSURANCE COPY

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.
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby ESARI DHRIVI	**Inpatient No.**	: IP-00060358
Age/Gender	: 3 Y 8 M 17 D/ Female	**Admit Date**	: 15-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)		TEST RESULT STATUS : REPORT ENTERED Order Date :15-06-2026 22:19		
COVID ANTIGEN RAPID TEST	negative			

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 22:19		
HEMOGLOBIN (Colorimetry)	**10.6**	**g/dL**	L	11.5 - 15.5
RBC COUNT (DC detection method)	4.63	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	**30.3**	**VOL%**	L	34 - 40
MCV (Calculated)	**65.5**	**fL**	L	75 - 87
MCH (Calculated)	**22.8**	**pg/cells**	L	24 - 30
MCHC (Calculated)	34.9	g/dL		32 - 36
RDW-CV (Calculated)	14.3	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	220	10^9/L		150 - 450
MPV (Calculated)	7.2	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**5.14**	**10^9/L**	L	5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**75**	%	H	23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	**21**	%	L	35 - 65
MONOCYTES (Microscopy, Leishman stain)	**3**	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC MICROCYTES(+) WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE			

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 22:19		
CRP (Immunoturbidimetry)	**63.0**	**mg/L**	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Investigation | Result | Unit | Biological Reference Interval

PatientName	: Baby ESARI DHRIVI	Inpatient No.	: IP-00060358
Age/Gender	: 3 Y 8 M 17 D/ Female	Admit Date	: 15-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date : 15-06-2026 22:19
CREATININE (Enzymatic)	0.4	mg/dl	0.04 - 0.6

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date : 15-06-2026 22:19
SODIUM (Direct ISE)	135	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.8	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	100	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date : 17-06-2026 09:24
RBC COUNT (DC detection method)	4.40	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	28.8	VOL%		34 - 40
MCV (Calculated)	65.3	fL		75 - 87
MCH (Calculated)	22.8	pg/cells		24 - 30
MCHC (Calculated)	34.9	g/dL		32 - 36
RDW-CV (Calculated)	14.4	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	230	10^9/L		150 - 450
MPV (Calculated)	7.6	fL		6.5 - 10
WBC COUNT (DC Detection Method)	5.33	10^9/L		5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	34.1	%		23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	52.3	%		35 - 65
MONOCYTES (Microscopy, Leishman stain)	**11.8**	%	H	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	0.9	%		1 - 6
HEMOGLOBIN (Colorimetry)	10.0	g/dL		11.5 - 15.5

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
040-42462200, Ext 2000,2001,2002,

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PatientName	: Baby ESARI DHRIVI	Inpatient No.	: IP-00060358
Age/Gender	: 3 Y 8 M 19 D/ Female	Admit Date	: 15-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval

Investigation	Result	Unit	Biological Reference Interval

C REACTIVE PROTEIN (Specimen : SERUM) — TEST RESULT STATUS : REPORT ENTERED
Order Date :17-06-2026 09:24

Investigation	Result	Unit	Biological Reference Interval
CRP (Immunoturbidimetry)	31	mg/L	<10

COMPLETE URINE EXAMINATION (Specimen : URINE) — TEST RESULT STATUS : REPORT AUTHORISED
Order Date :17-06-2026 11:13

Investigation	Result	Unit		Biological Reference Interval
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	CLEAR			
pH (Double pH indicator)	6.5			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015			1.005 - 1.030
SEDIMENT (Gross Examination)	NIL			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	NIL			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	PRESENT+			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	3 - 4	HPF	L	0 - 5
EPITHELIAL CELLS	2 - 4	HPF	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB
Consultant Pathologist, Reg No : 39356

Laboratory Report

Baby ESARI DHRIVI

8688537165

3 Y 8 M 19 D

VI26020504

Female

15-06-2026 10:22 PM

IP-00060358

15-06-2026 10:30 PM

VIH-00205939

Dr. SIVA NARAYANA REDDY VENNAPUSA

N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report .....

[illegible] report. The final report will be released after 24 hours

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 19 D (F)
Dr. SIVA NARAYANA REDDY

Patient Na

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	3	—	—	
3	Nursing Initial assessment form	2	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	3	—	—	
6	Doctors Progress Sheets	2	—	—	
7	Nurses Progress notes	8	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	—	—	
26	Intake and Output chart (fluid Chart)	3	—	—	
	Drug Chart (Regular prescription)	3	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	—	—	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Humpty - dumpty	2	—	—	
	Thrombophlebitis	1	—	—	
	pain Assessment	1	—	—	
	Braden Score	1	—	—	
	others	7	—	—	
	Total No. of Pages	38			

Noted by [illegible] @12:30pm [illegible]

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060358 **Admit Date** : 15-Jun-2026 **Admit Time** : 09:33 PM **UHID** : VIH-00205939

Patient Details :

Patient Name	: Baby ESARI DHRIVI	**Age**	: 3 Y 8 M 17 D
Guardian	: Mr RAKESH	**DOB**	: 29-09-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: JAIN BALAJI,NILAYAM,SAFILGUDA,MALKAJGIRI, SECUNERBAD Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 8688537165/ 6304400431
		E-mail	: NA@GMAIL.COM

Admission Details :

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

Contact Details :

Name	: Mr RAKESH	**Relationship**	: Father
Contact Address	: JAIN BALAJI,NILAYAM,SAFILGUDA,MALKAJGIRI,SECUNERBAD Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 8688537165

Signature

Doctor Details :

Doctor Name	: Dr. SIVA NARAYANA REDDY VENNAPUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr VARA PRASAD CHSR	**Phone No**	: 9391004989
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 0.00
Payment Mode	: Cash	**Payor Name**	: FLIPHEALTH INDIA PRIVATE LIMITED

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 11.15pm Mode of Arrival: Walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction NKDA

Body Weight: 13.7 Kg

Height: – cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, ...

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

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

Current Medication: ☐ None ☑ Yes, If Yes, fill reconciliation form Inj. ceftriaxone.

Observations: Weight: 13.7 Length: .... Head Circumference (< 2 years): ....

Temp.: 98.6°f HR: 124b/mt RR: 28b/mt BP: 104/64(71)mmHg

Pain Score: 0 Specify Site: – (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 – Location – Frequency – Duration –

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

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: .... Sadiya .... Date: .... 15/6/26 .... Time: 11:30pm .... Signature

Patient Name : Baby E Dhrivi UHID : 2345645 IPD : 3456776 Gender : Female Age : 3yrs

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

EMERGENCY ROOM TRIAGE FORM

Wt : 13.7 kgs
Ht : 105 cms

Patient's Name : Dhrivi Age : 3y Gender: ☐ Male ☑ Female

Date : 15/6/26 Time of Arrival : 8:25 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: 98.1F PR: 115b/min BP: 96/62(73) RR: 27b/min SpO₂: 100%

Chief Complaints: c/o Fever x 2 days, Loose motion, vomiting x 2 days, c/o ↓ Oral intake x 2 days

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian [signature]

Triage Completion Time : 8:29pm

Communicable Disease Triage Screening

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

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

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

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

   If yes, State Location: ......

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

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

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Swathi

Date & Time : 15/6/26 @ 8:29pm

Signature of Triage Nurse : [signature]

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

Patient Name : Baby E Dhrivi UHID : 2345645 IPD : 3456776 Gender : Female Age : 3yrs

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/6/26 Time of arrival : 8:30pm ↓ oral intake ×2days

Chief Complaints: fever, vomiting, loose motions ×2days RBS:

Height : 105cm Weight : 13.7kg 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

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

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 8:34pm

Patient Name : Baby. E Dhrivi UHID : 2345645 IPD : 3456776 Gender : Female Age : 3yrs

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

Time	Nursing Notes
8:25pm	⇒ Patient come to the L-2
8:30pm	⇒ vitals checked and Recorded.
8:34pm	⇒ Doctor seen the patient Adviced Admission
	✲ Admission process done
10:13pm	✲ Iv placement done
10:20pm	✲ Blood sampler collecte set to lab
	✲ covid Rat :- Negative
11:10pm	✲ patient shifted to ward

Samples collected by: Sr. Kiran Time: @ 10:13pm

Samples sent by : Sr. chithra Time: @ 10:20pm.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
10:30pm	NS Bolus	IV	150ml	[signature]	[signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 112b/m BP: 100/62(69) T: <3sec	Shift - out from ER to: 10A
RR: 25b/m SPO$_2$: 98%	Time of Shift - out: 15/6/26 @ 11:10pm
GCS: 15/15 Temperature : 97.4°F	Handover given to: (Nurse's Name) Sr. Sadiya by Sr. Revathy
Pain Score: 0	
Repeat RBS (if applicable): —	

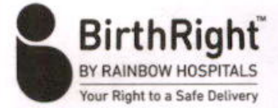
Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sr. Revathy Signature of the Nurse : [signature]

Date & Time : 15/6/26 @ 11:10pm

PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205939 IP-00060358 Baby ESARI DHRIVI 29-09-2022 3 Y 8 M 17 D (F) Dr. SIVA NARAYANA REDDY	15/6/26 @ 9:33 pm	15/6/26 @ 11:10 pm
	Transfer Ordered by Dr. Prashanti	**Reason for Transfer** Admission
From Unit ER	**To Unit** 104.	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 21	**Number of Imaging Films** VBG ①	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☑ No ☐ If yes, what ? Outside prescription given to B. Divyashree

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	NS 500ml	①
2.	NS 100ml + Intrafix	① + ①
3.	Inj. ceftriaxone (1gm)	①.
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nagisuselna	Dr. Prashanthi

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 15/6 @ 11:15 pm

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

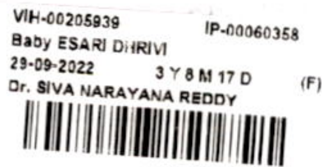
☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

Rainbow® Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD


VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

Patient Name: ______________________

UHID ID: ______________________

Department: ______________________

Consultant: ______________________

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : Dhrivi Age/Sex 3Y/F

Information given by: mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

C/o vomitings :: 2days
C/o loose stools 1day back - subsided now.
C/o fever :: 1day.

History of present illness :

Child was apparently asymptomatic 2days then had
C/o vomitings :: 2 days
ongoing
5-6 Episodes
NB/NP/ Nonblood stained.

Travel History (-)
C/o loose stools :: 2days.
3-4 Episodes.
H/o outside food consumption (+).
Non blood stained
↓
subsided Now,
C/o fever :: 1day.
3-4 spikes /day
Mod grade intermittent fever.
subsiding on medication - recurring again.
Not passed stool :: 1day.

C/o Decreased activity, decreased oral intake, decreased urine output.
Pulse (N) volume
Dry lips & mouth (+) - CRT<3sec.

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

...ory & Physical Examination

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

Not significant.

15/6/26

CUE:
protein - Trace.
ketones 4+
pus cells 1-2
epi cells 1-2.

Birth & Neonatal History:

Term baby | Bwt: 3 kgs | NVD
CIAB, No NICU Admission.

Birth & Socio Economic History:

About Father :
About Mother : } class III.
Any additional Information :

Developmental History :

Development achieved as per Age in all 4 domains.

Immunization History :

Immunized as per Age.

(P.T.O.)

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13.2kgs (Centile ______)

On Examination :

Temperature : ______ Pulse Rate :______ B.P. ______ SPO2 ______

Resp.rate and type of breathing : ______

Rash
Lymphadenopathy
Oedema :
Allergies (if any):
} (-).

Respiratory System :

Inspection (any s/o distress) : (-)

Air entry & breath sounds : B/L AE (+)

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-)

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

Per Abdomen :

Inspection (N)

Palpation : P/A soft

Ausculation : (N)

Spine : (N) External Genitelia : (N)

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

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/15

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: Power (R) (L) 4/5 4/5

Co-ordinator : (N)

Posture :

Involuntary Movements : (-).

Reflexes :

DTR +2 in all limbs **Superficials:** +nt

Plantars flexor

Sensory System :

(N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

AGE some dehydration.

(P.T.O.)

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further dehydration.

Desired goals of the treatment : To treat the lymphoma.

Planned Labs:

CBP, CRP, S/E, S.creatinine.
B/cls.
VBG.
extraplain (1).

CUE
done Outside

Planned Management

- NS Bolus
- IVF - full (m)
- Inj. Ceftriaxone - IV - 12 hrly
- Enterogermina sachets - P/o.
- Syp. Zinconia - P/o.
- Inj. Omeprazole

Noted by Sr Kiran 15/6/26 @ 11:40 pm

Signature of the Doctor: ....
Name of the Doctor: Dr. prashanth.
Date & Time: ....

Signature of the Consultant: ....
Name of the Consultant: Dr. [illegible]
Date & Time: 16/6/26 208

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/25 7:50 Am	C/B Resident	
	Δ Sis: AGE c̄ some dehydration.	
	No fever spikes :- Admission.	
O/I → (A).		
4/O → Adequate.	O/E	
	Child Alert	
	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	
	P/A: Soft	
	CNS: NAD.	Plan
		- Trace B/cs report.
Dr. prashanthi		- Inj. Ceftriaxone - D1.
		- Enterogermina suspension f/or 12 hours
	G	- Continue IVF.
		↓
	Dr Nuleg	taper it O/I - Better.
	16/6/25	- monitor vitals
	10 Am	- Inform (SOS).
Noted by Sindu 02pm 16/6/25		

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

VIH-00205939 IP-00060358
Baby ESARI DHRIVI 3 Y 8 M 18 D (F)
29-09-2022
Dr. SIVA NARAYANA REDDY

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	s/b Dr. Siva	
16.6.26 4.00 PM		
	AGE with some dehydration.	
	no fever	
	O/E child asleep	
	CRT < 3sec.	Plan
	afebrile	→ Cont IV antibiotic
	H/L - NAD	→ Vitals 4th hrly
	P/A - soft	
	Sam. (Dr. Sameera)	
		Noted by Anitha 16/6 @4PM

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

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 18 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17-6-26 8:00am	S/B Registrar	
	AGE with some dehydration	
	no fever	
	no loose stool	
	O/E child better	
	CRT < 3sec	
	afebrile	Plan
	CVS - S1S2 (+)	→ CBP, CRP now
	RS - BAE (+), clear	→ Vitals 4th hrly
	P/A - soft	- Send CUE
		- Plan d/s after reports.
	Sameera (Dr. Sameera)	
		Noted by [signature] @ 12:30pm 17/6/26

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Stic

(1)

L / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

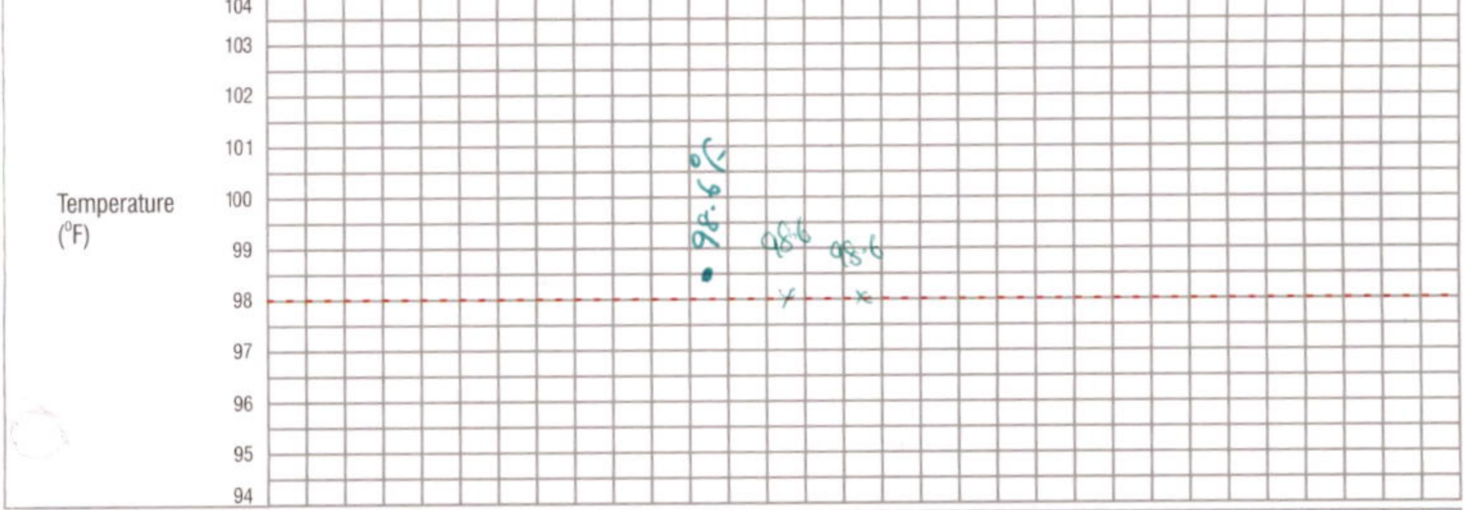
Rainbow® Children's Hospital
It takes a lot to treat the little.

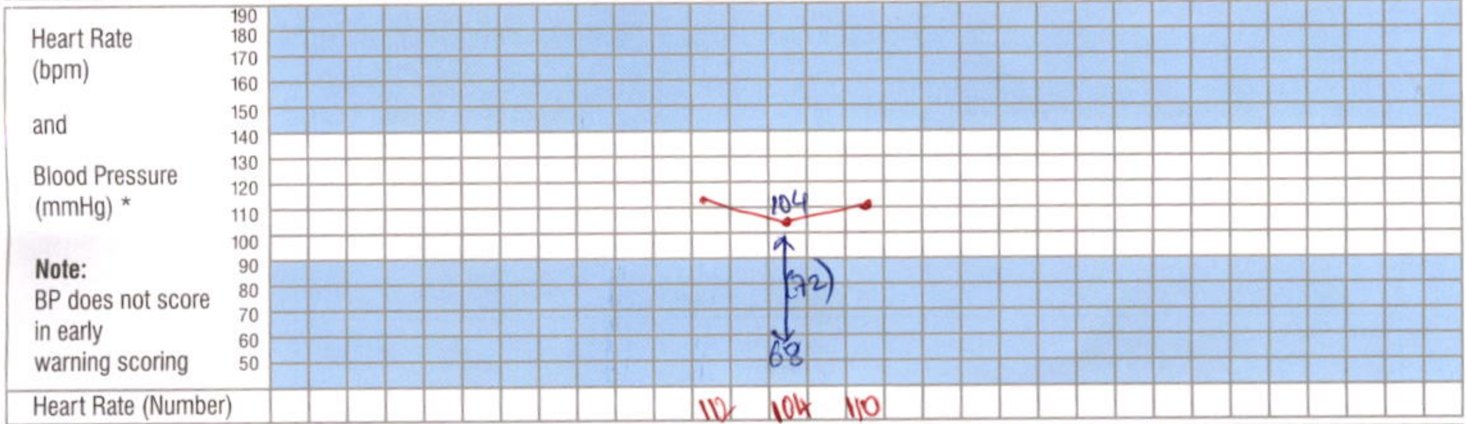
BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

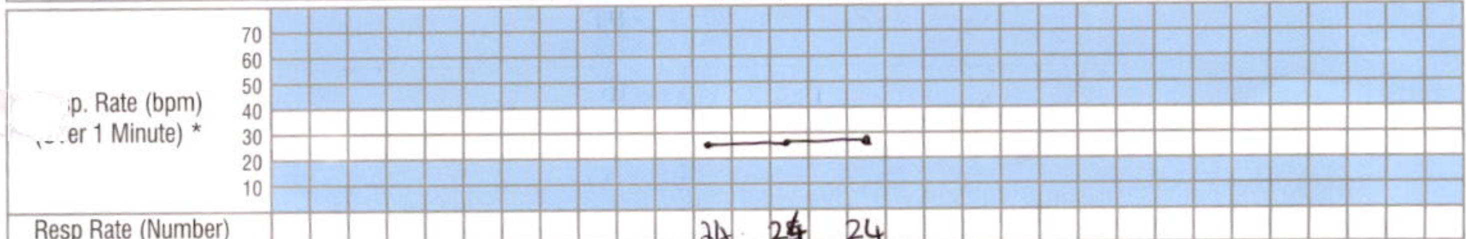
Date : 15/6/26 Time: 12 Am, 24 Am, 8 Am

Doctor / Nurse / Family Concern?





	12 Am	24 Am	8 Am
Heart Rate (Number)	112	104	110



	12 Am	24 Am	8 Am
Resp Rate (Number)	24	24	24
Resp Distress: Mod/ Severe			
Resp Distress: None / Mild	N	N	N
Receiving O_2 (l/min)			
O_2 Saturations (%)	100	99	99
Conscious Level: Normal	N	N	N
Conscious Level: Altered			
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	[illegible]	[illegible]	SK

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- 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-00205939 IP-00060358
Baby ESARI DHRIVI (F)
29-09-2022 3 Y 8 M 18 D
Dr. SIVA NARAYANA REDDY

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

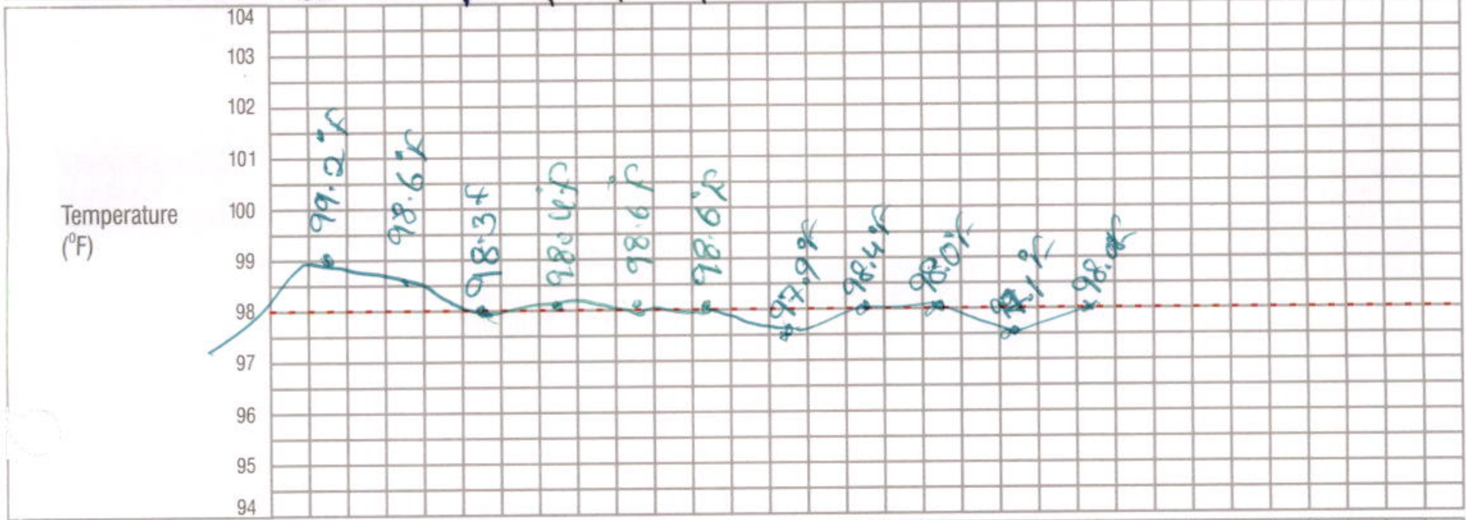
Rainbow® Children's Hospital — It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

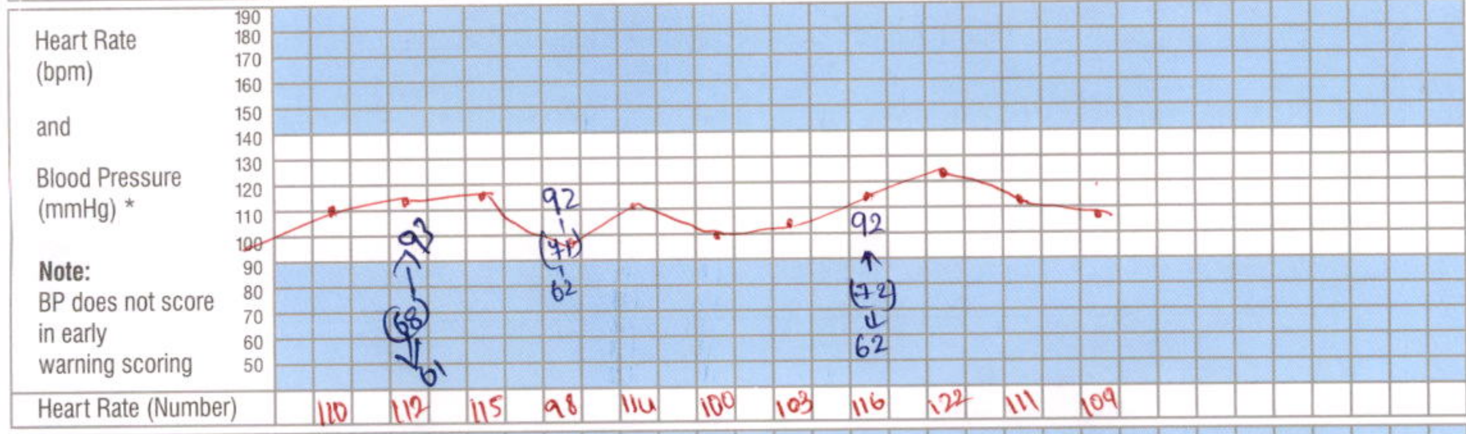
Date : 16/6/26 Time:	9	11	1	3	5	7	09	11	2	5	7
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	pm	pm	pm	am	am	am

Temperature (°F)



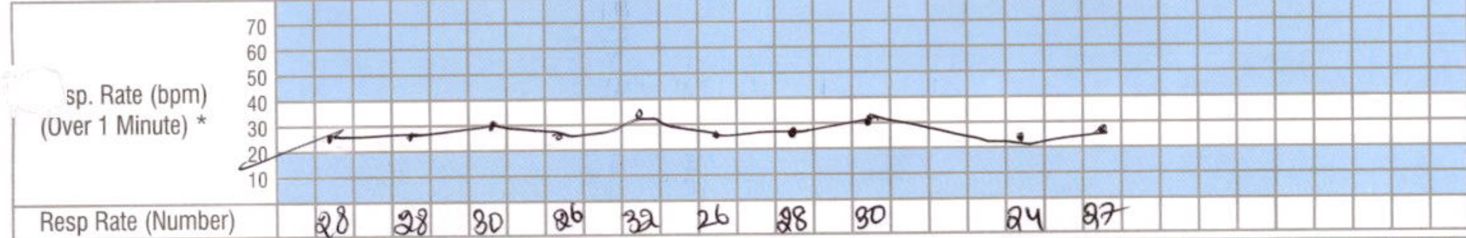
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	110	112	115	98	114	100	103	116	122	111	109

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



Resp Rate (Number)	28	28	30	26	32	26	28	30		24	27
Resp Distress — Mod/ Severe											
Resp Distress — None / Mild											
Receiving O_2 (l/min)											
O_2 Saturations (%)	99	100	98	99	100	99	97	96	99	100	100
Conscious Level — Normal	N	N	N	N	N	N	N	N	N	N	N
Conscious Level — Altered											
GCS *	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
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	d	d	d	SK	SK	SK	SK	SK

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- 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-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 18 D (F)
Dr. SIVA NARAYANA REDDY

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

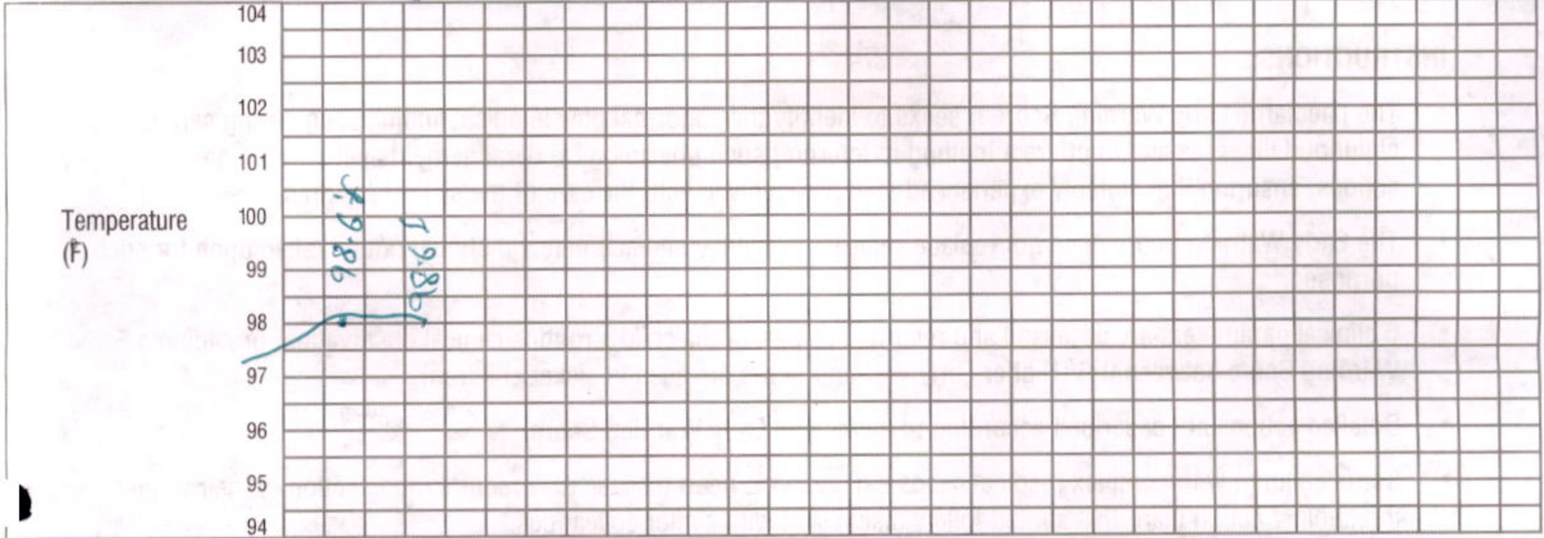
PRESCHOOL (1-5 years)

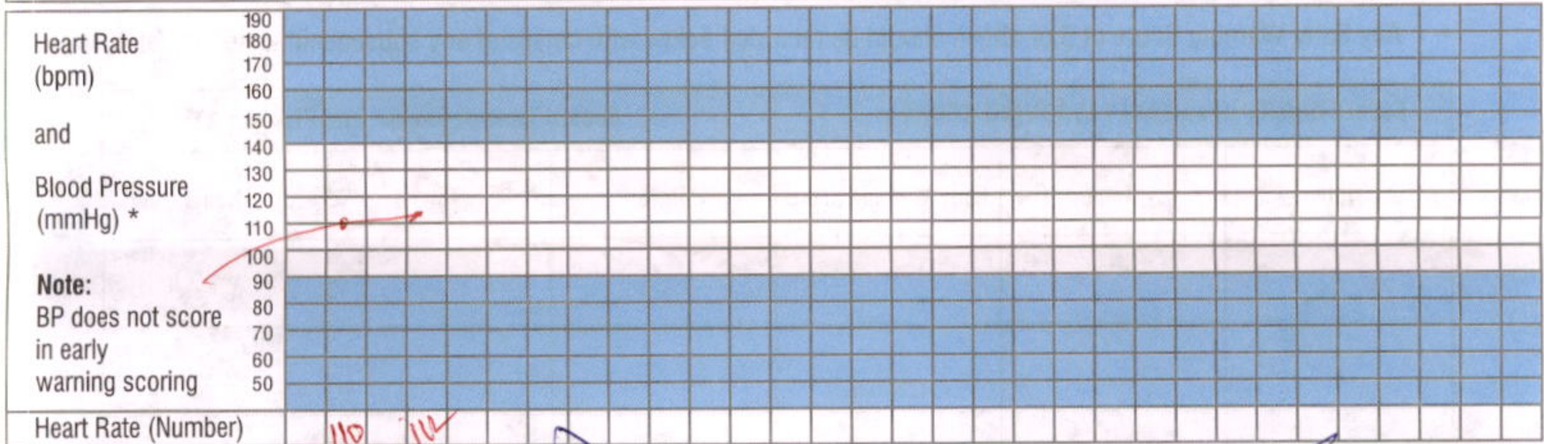
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

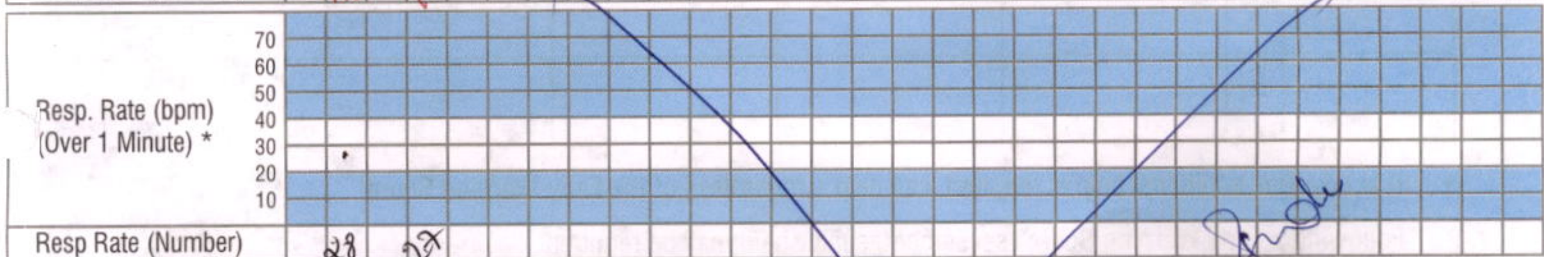
Date : 17/6/26 Time: 9 | 4

Doctor / Nurse / Family Concern? am | pm





Heart Rate (Number)	110	112



Resp Rate (Number)		28	27
Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min)			
O_2Saturations (%)		99	98
Conscious Level	Normal	N	N
	Altered		
GCS *		15	15
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		B	[illegible]

Noted by [illegible] 12:30pm 17/6

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- 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-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1 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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm			DNS								
15/6	11:00 pm			45ml								
	12:00 am	water		45ml				✓				
	01:00 am			45ml						✓	0	
Total Intake :						Total Output :						
	02:00 am			45ml								Sadyi 16/6 @ 8 Am
	03:00 am			45ml								
16/6	04:00 am			45ml						✓		
	05:00 am			45ml								
	06:00 am			45ml								
	07:00 am			45ml								
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 18 D (F)
Dr. SIVA NARAYANA REDDY

FLUID CHART

Sheet No. : 2

16/6/26

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/6	08:00 am			45ml								
	09:00 am		Idly	45ml						✓		
	10:00 am		water	45ml							0	
	11:00 am			45ml								Beronika 16/6 @1pm
	12:00 pm			45ml						✓		
	01:00 pm											
Total Intake : 125ml						**Total Output :**						
16/6	02:00 pm											
	03:00 pm		Rice	45ml						✓		
	04:00 pm		water	45 ml								
	05:00 pm			45 ml							0	[illegible] 16/6 @7pm
	06:00 pm			45 ml						✓		
	07:00 pm			45 ml								
Total Intake : 225 ml						**Total Output :**						
16/6	08:00 pm		Khichdi	45ml								
	09:00 pm			45ml								
	10:00 pm		water	45ml							0	
	11:00 pm			45ml								Subha 16/6
	12:00 am			45ml						✓		
	01:00 am			45ml								
Total Intake : 270 ml						**Total Output :**						
17/6/26	02:00 am			45ml								
	03:00 am			45ml								
	04:00 am			45ml							0	Subha 17/6/26 @7AM
	05:00 am			45ml								
	06:00 am			45ml						✓		
	07:00 am											
Total Intake : 225 ml						**Total Output :**						

Total 24 hrs. Intake	845 ml	Total 24 hrs. Output	6 times

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

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

Pa

(8)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (3) 17/6/26

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

		Intake				Output					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
17/6/26	08:00 am									✓		Indu @12:30p 17/6/26
	09:00 am		Idly eaten									
	10:00 am										0	
	11:00 am									✓		
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Noted by Indu @12:30pm 17/6/26

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00205939 IP-00060358
Baby ESARI DHRIVI
29-09-2022 3 Y 8 M 17 D (F)
Dr. SIVA NARAYANA REDDY

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 104

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4		nil				☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prashanti

Date & Time : 15/6/26 @ 9:20pm

Nurse Name & Signature: Mogi Sue Ma

Date & Time : 15/6/26 @ 9:20pm

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