ACTIVITY RECORD FOR BILLING

Name :

UHID No. : IP No : Consultant: Dept :

Date of Admission: Time : Date of Discharge : Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/6/26	6:30pm	ER	102	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Bhundavani	9/6/26	093215	[signature]
2				
3				
4				
5		D/C		
6				
7				
8				
9				
10				

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
08/06	RP, , VBG (POCT), CRP	57984	Israf
08/06	USG abdomen	28821	Israf
8/6	CUE, urine culture	9010250	[illegible]
9/6	CSE	063215	[illegible]
9/6	stool c/s	9731100	[illegible]
11/6	USG abdomen	029263	[illegible]
	D/C		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/6	infusion pump	6:45PM	8/6	9U088368	[illegible]

D/C

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
08/04	IV placement	1	48556	[signature]

9/6/20

ANY OTHER INFORMATION

USG - (2)

VBG - (2)

Date : 11/6/26 Time : 10AM Prepared By : Aruna

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aruna	SPVT.		

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8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174893 **Admit Date** : 08-Jun-2026 **Admit Time** : 05:20 PM **UHID** : HNH-00013666

Patient Details :

Patient Name	: Baby C .SHREENIKA (	**Age**	: 0 Y 3 M 28 D
Guardian	: Mr C SAI SHANKER	**DOB**	: 11-02-2026 12:11 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO-202 SANVI AVASA HOMES,ROAD NO-20,ALAKAPUR TOWNSHIP Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 8056092183/ 6304355127
		E-mail	: SHANKER3003@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 102 **Ward Name** : 1F-VIBGYOR
Room No : SPVT 102 **Admission Type** : First Visit

Contact Details :

Name	: Mr C SAI SHANKER	**Relationship**	: Father
Contact Address	: FLAT NO-202 SANVI AVASA HOMES,ROAD NO-20,ALAKAPUR TOWNSHIP Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 8056092183

Sneha
Signature

Doctor Details :

Doctor Name	: Dr. VENKATA LAKSHMI A	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: HEALTHINDIA INSURANCE TPA SERVICES PVT LTD

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

Patient Name: B/o Sneha.

UHID ID: ______

Department: ______

Consultant: ______

Docu. No. : RCHBH /FRM / GENERAL / 065 (P.T.O.)

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Name : ____________ Age/Sex ____________

Information given by: ____________ Relationship ____________

Chief Presenting Complaints & Duration (Chronologically)

C/o loose stools - ':' 4d.

History of present illness :

Premorbidly well baby,
c/o dysentery - 1 month ago
admitted for 3d, treated
↓ baby well

Now,
c/o watery loose stools (10-15 times/day).
no foul smelling
feeding adequately
activity good.
urine output - normal acc to mother.

Baby currently on Aptamil pepti
Recieved ROTA vaccine on 4/6/26

No c/o crying while passing urine

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

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

⊖

Birth & Neonatal History:

FT / Ⓝ perinatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Ⓐ Partial head holding

Immunization History :

As per age.

(P.T.O.)

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 6.5 kg (Centile ________)

On Examination :

Temperature : 98.5 Pulse Rate : 142/min B.P. 99/50 SPO2 100%

Resp.rate and type of breathing : 30/min

AF at level
perfusion good.

Rash
Lymphadenopathy Ⓞ
Oedema :
Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE ⊕

Any addes sounds : Ⓞ

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 ⊕

Any murmur : Ⓞ

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

Per Abdomen :

Inspection

Palpation : Soft,

Ausculation : BS ⊕

Spine : Ⓝ External Genitelia : Ⓝ

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

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System:

Nutriton :

Tone: NAD Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Intact

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute gastroenteritis

? UTI.

? Infection < bacterial / viral.

? milk protein intolerance.

(P.T.O.)

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Dehydration

Desired goals of the treatment : hemodynamic stability

Planned Labs:

RP,
VBG (in NICU as per Dr VL madam)
CUE, urine c/s [catheter sample].
CSE, Stool c/s
USG abdomen.
CRP
N/B
Temp
N/B
Temp
8/1/26

Planned Management

- IV fluids
- Nil orally except ORS
- enterogermina
- Zinc D drops.
- PROCTOGARD ointment

Signature of the Doctor: [signature]

Name of the Doctor: Savitri

Date & Time: 8/1/26 4:30pm

Signature of the Consultant: [signature]

Name of the Consultant: DR. VENKATALAKSHMI A Registration No: 50119

Date & Time: 8/1/26.

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 5:40PM	Seen by Resident: Dr Sahithi	
	Acute Gastroenteritis c̄ dehydration	
	~~tab~~ VBG - s/o metabolic acidosis	
		Plan.
	baby hemodynamically stable	1. NS bolus f/b 100% maintenance DNS.
	perfusion good	
	cry, tone, activity good	2. Trace labs
		3. Antibiotics based on CRP report
	NB Bhavani 8/6/26	4. Repeat VBG @9PM and inform
		Sahithi
8/6/26 10PM	Seen by Resident: Dr Sahithi	
	A/S/O - Acute gastroenteritis c̄ dehydration	
	labs reviewed.	
	VBG post bolus pH - 7.3.	Plan.
	acidosis improving	1. Continue medications as charted
	O/E	
	baby active, playful	2. APTAMIL-PEPTI feeds to be given along c̄ VBG
	hemodynamically stable	
	CRP - 10	
		Sahithi

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 8 AM	Seen by Resident: Dr Sahithi	
	Acute Gastroenteritis c̄ dehydration (corrected)	
	loose stools - 10-15 ep. since admn	Plan
	oral intake - fair	1. Continue medications as charted.
	urine output -	2. Trace CUE, send CSE and stool c/s.
	O/E	3. Continue regular feeding & IV fluids
	baby euthermic,	
	Perfusion good	
	cry, tone, activity good.	
	Chest clear	Sahithi
	abdomen soft	
	peripheries warm,	
	Hydration fair	
	Seen by Dr Venkatalakshmi.	
		Cyclical feeds c̄ Neocate feed.
		110 cc/kg → 60 cc/kg oral. 50 cc/kg IV
		~~oral 30~~
		- 22 cc/hr - 3 hr on 1 hr off
		- ~~13.5~~ 14 ml/hr IV fluids.

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 11:45am	NUTRITION REVIEW	Hb: 12.4, PLT - 7.5; WBC - 12
		REST (N); CSE - F0Ø
	BW: 3.24, TERM.	PLAN
	0-3/12 - NAN PRO-1	GOAL
	[1scoop / 25ml. DILUTION]	= PBW: 6.5kg
	60-90ml 2hrly	~120cal/kg
	VOLUME: 720-1080ml/d	6.5 x 120. 780ml/d
	= 29 - 43 scoop/day	CYCLIC GOAL = 43ml/hr
	= Pro = 5.4 to 8g/kg/d.	START - 25-30%.
	FEED INTAKE TIME - 2-5 min.	c 10ml/hr.
	↓	STEP UP 1ml/cycle
	DOL 88 - LOOSE STOOL, VOMITS BLOOD	CHECK (?) LOOSE STOOLS.
	↓	NEOCATE LCP.
	ZEROLAC - 60 - 90ml	
	1scoop (30ml DILU)	IF CSE ↑ FAT ⊕
	↓	CREON TO BE STARTED.
	LOOSE STOOL → APTAMIL Pepti	—
	1scoop / 30ml.	
	REFUSAL → LOOSE STOOLS	[signature] 9/6/26 12noon
	↓	
	PLAN ELEMENTAL FEEDS	
	NEOCATE LCP	
	~ 25 - 30% REQ.	
	1scoop / 30ml DILU.	
	INFERENCE: ↑↑ HUGE	
	VOLUME, ISOCALORIC STRENGTH	
	NAN PRO GIVEN - PROTEIN - 5-8g/kg/d	

HNH-00013666 IP5-00174893
Baby C.SHREENIKA (F)
11-02-2026 0 Y 3 M 28 D
Dr. VENKATA LAKSHMI A

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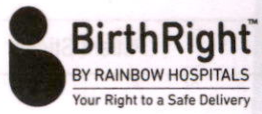
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6 3:30 pm	C/S/B Resident	
	Δ : acute diarrhoea.	
	? CMPA	
		Adv.
	- 5 loose stools since morning.	1.) full maintanence fluids
	- watery.	
	- no diaper rash.	2.) To decide on cyclical feeds after rounds.
	- no vomiting	
	O/E : - active	
	- CRT < 3S.	
	- pulse vol good	3.) To continue lactose free / cow milk protein free formula. (CAPTAMIL PEPTI)
	- chest clear.	
	- abdomen soft & BS (+)	
		4.) Monitor stool freq. w/f dehydration.
		~~Akshita~~
		5.) Send stool c/s
		Akhila

HNH-00013666 IP5-00174893
Baby C.SHREENIKA
11-02-2026 0 Y 3 M 30 D (F)
Dr. VENKATA LAKSHMI A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26. 9:15 am.	Seen by Resident.	
	A/s/s - Acute diarrhoea.	
	? UTI ? CMPA.	Plan.
	- 5 ep of loose stools yesterday, slightly better consistency.	1. Continue 100% maint. fluids
	- No stools since yesterday night	2. Continue APTAMIL PEPTI feeds.
	- urine output - (N), pale colour.	3. Trace stool c/s.
	- accepting APTAMIL PEPTI.	4. R/V IV fluids - 2/3rd.
		5. monitor stool frequency
	O/E baby active, playful cry, tone, activity good. hemodynamically stable. Perfusion good. Chest clear abdomen soft. BS (+).	w/f monitor vitals, w/f ↑HR, ↓BP, ↓ urine output.
		Sandhu
	urine c/s - 24 hrs NG.	DR. VENKATALAKSHMI A Registration No: 50115
	Seen by Dr. Venkatalakshmi PL.	• Stop IV fluids.
		• USG abdomen Tomorrow morning
		Mother -
		LACTAIR BD
		DOMSTAL TID

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 30 D (F)
Dr. VENKATA LAKSHMI A

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 6pm	Seen by Resident A/D - Acute gastroenteritis ? CMPA. loose stools improving accepting orally - APTAMIL. passing adequate urine. O/E baby asleep. hemodynamically stable. hydration good.	Plan 1. Continue medications as charted 2. Stop IV fluids. 3. USG abd T/m. 4. Monitor vitals & inform SOS. Sahithi
11/6/26 9am	C/S/B Resident A: ~~Acute gas~~ suspected CMPA → improving on Aptamil pepti → loose stools over 24hours - 2-3 (better) → accepting feed vol - 60ml 2hrly. O/E: no dehydration C/T/A good CRT < 2s. PV - good chest clear abd soft / ND / NT.	Adv: 1) Plan (D) today Akhila C/S/B Dr. VL Mam - Repeat USG abdomen today DR. VENKATALAKSHMI A Registration No: 50115

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 30 D (F)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	6/5/23	
		Discharge today
		3&D x 14 days
		Enterogermina x 5 days
		Aptamil peptifeeds
		Proctoguard-T Ointment
		SOS L/A

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 30 D (F)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

RESULT SHEET

Date	8/6/26					
Time						
Hb	12.4					
PCV	39.7					
RBC	4.86					
WBC	12.73					
N/L	25/66					
Platelets ↑	7.52L					
CRP	10					
ESR						
PCT						
RBS						
Na	141					
K	4.1					
Cl	112					
Ca/Mg	11.3					
Phosphate ↑	7.3					
Urea	24					
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj	0.2/0.1					
T.Protein	7.5					
S.Albumin	4.8					
S.Globulin	2.7					
A/G Ratio	1.7					
Uric Acid	6.7					
S.Amylase	33					
Sr.Lipase						
Blood Lactate						
S.Cholesterol	88					
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	9/6					
Time						
CUE - Alb	—					
CUE - Sugar	—					
CUE - Ketones	—					
CUE - PUS Cells	6-8					
CUE - RBC Cells	10-12					
CUE						
	9/6					
Stool Pus Cell	2-3					
OVA / Cyst	(−)					
Occult Blood RBC	1-2					
FAT	(+)(+)					
mucus	(+)					
RBC	1-2					

Culture and Sensitivities : Urine c/s - 24 hrs NG.

Stool c/s

Radiology :

USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

HNH-00013666 IP5-00174893
Baby C .SHREENIKA ((F)
11-02-2026 0 Y 3 M 28 D
Dr. VENKATA LAKSHMI A

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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)

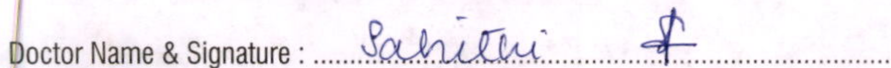
Shifting From: GK .... Shifted to: Ward.

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

** C- Continue, DC - Discontinue*

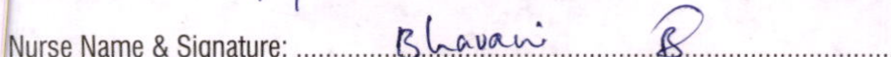
MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sahithi



Date & Time : 8/6/26. 4:30 pm

Nurse Name & Signature: Bhavani



Date & Time : 8/6/26 @ 5:40pm

B/o :S

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

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DRUG CHART

Date of Admission: 8/1/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG :				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:																		

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

VERIFIED BY : Name

HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

REGULAR PRESCRIPTIONS Weight. 6.5 kg Ward. ....

DRUG : ENTEROGERMINA				Date/Time	8/6	9/6	10/6	11/6
Dose	Route	Frequency	Start Date					
1 vial	PO	12 hrly	8/6					
Name & Signature of the Doctor Starting the Drugs: Dr. Sahithi				6AM	X	Priyanka	Priyanka	Pravi / Sisha
					7:30PM			
Additional Instructions:				6PM	Saravana / Saravana	Mty / Sum	Ashok / Shanti	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]		

DRUG : Z & D drops				Date/Time	8/6	9/6	10/6
Dose	Route	Frequency	Start Date				
0.5ml	PO	OD	8/6				
Name & Signature of the Doctor Starting the Drugs: Dr Sahithi				10PM	Priyanka	Priyanka	Pravi / Sathya
Additional Instructions: 1 ml = 20000 IU							
Daily Doctor's Endorsement by a Sign					[signature]		

DRUG : PROCTOGARD oint				Date/Time	8/6	9/6	10/6	11/6
Dose	Route	Frequency	Start Date					
	LA	TID	8/6	6AM	X	✓	✓	X
Name & Signature of the Doctor Starting the Drugs: Sahithi				2PM	X	✓	✓	
Additional Instructions: for local application over diaper rash				10PM	Priyan	✓	X	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]		

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

...SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

Weight. 6.5 kg. Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6/26	5:40 pm	NS Bolus	65 ml over 30 min	IV	[illegible]	Keerthi / Pireal

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

HNH-00013666 IPS-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

IPS-00174893 Baby C .SHREENIKA HNH-00013666

I.V. FLUIDS CHART

Weight. 6.5 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/6/26	6.50 pm	IV fluids (100% maint)	IV	~~30~~ 25 ml/hr	[signature]	[signature] [signature]	10/6	[signature]	[signature] [signature]

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

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 30 D (F)
Dr. VENKATA LAKSHMI A

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

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

Pratiksha 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

Parameter		
Date: 11/10 Time:	6 am	
Doctor/Nurse/Family Concern?		
Temperature (F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	96.8°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	99/61 (69)	
Heart Rate (Number)	139 bpm	
Resp. Rate (bpm) (Over 1 Minute) * (70–10)		
Resp Rate (Number)	30 b/m	
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	100 %	
Conscious Level — Normal		
Conscious Level — Altered		
GCS *	15/15	
TOTAL SCORE Number of shaded boxes	1	
Pain Score	0	
Observer's Initials	[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

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:

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- 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)

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 30 D (F)
Dr. VENKATA LAKSHMI A

: RCH / FRM / CLINICAL / 124

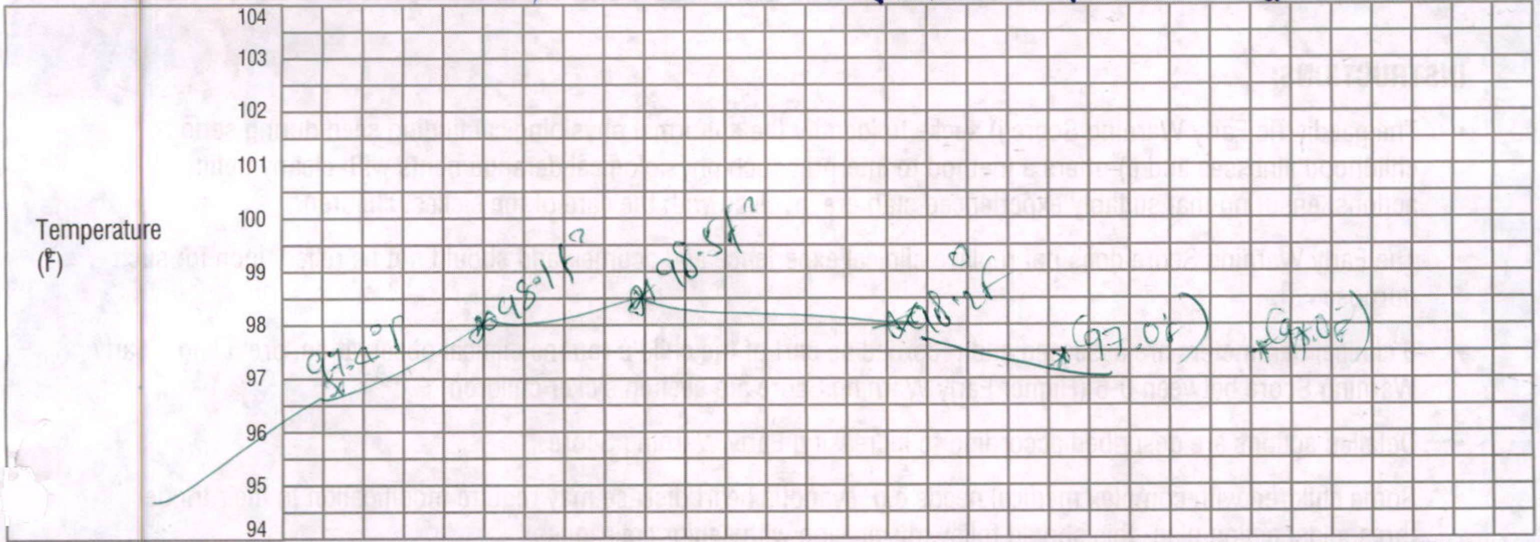
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Pratiksha 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: 6/6 Time:

Doctor/Nurse/Family Concern?	6am	10AM	1PM	6 PM	10 pm	2 am



	6am	10AM	1PM	6 PM	10 pm	2 am
Heart Rate (bpm) and Blood Pressure (mmHg) * — Note: BP does not score in early warning scoring	93/58 (69)	88/71 (77)	85/54 (52)	96/65	86/50 (48)	90/56 (47)
Heart Rate (Number)	116b/m	120b/m	118b/m	110bm	128bpm	128bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	26b/m	28b/m	28b/m	28bm	30b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2 Saturations (%)	100%	100%	100%	99%	99%	100%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials		0	0	0		

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
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Patient Sticker

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It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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 02/ 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)

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

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

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

Pratiksha 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: 9/06/26 Time:	6 am	10am	1pm	6pm	10pm	10/06/26 2am
Doctor/Nurse/Family Concern?						
Temperature (°F) (104–94)	98.4	97.8	98.3	97.5	97.9	98.0
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring	79/53 (56)	102/66 (41)	111/60 (42)	99/57 (66)	103/65 (70)	101/70
Heart Rate (Number)	110b/m	111b/m	126b/m	133b/m	130b/m	101b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)				0		
Resp Rate (Number)	28b/m	28b/m	28b/m	30b/m	26b/m	27b/m
Resp Distress — Mod/ Severe; None / Mild						
Receiving O_2(l/min) / O_2Saturations (%)	99%	100%	99%	100%	100%	99%
Conscious Level — Normal; Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	0	0	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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	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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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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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HNH-00013666 IP5-00174893
Baby C.SHREENIKA (F)
11-02-2026 0 Y 3 M 28 D
Dr. VENKATA LAKSHMI A

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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

Parameter		
Date: 08/06/26 Time:	10 pm	2 am
Doctor/Nurse/Family Concern?		
Temperature (F) (104–94)	98.1°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	110/70 (60)	100/60 (74)
Heart Rate (Number)	130b/m	120b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)		
Resp Rate (Number)	28b/m	29b/m
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	99%	100%
Conscious Level — Normal		
Conscious Level — Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
Pain Score	0	0
Observer's Initials	D	D

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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HNH-00013666 IP5-00174893
Baby C .SHREENIKA (
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

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.
3. 24 hrs. total to be entered in the kardex in RED.

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				CP							
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 :						
8/06/26	08:00 pm	DNS		25ml		NA		NA			0	
	09:00 pm			25ml			✓				0	Shanti
	10:00 pm			25ml						✓	0	
	11:00 pm			25ml							0	Shanti
	12:00 am			25ml			✓			✓	0	
	01:00 am			25ml							0	Shanti
Total Intake :						Total Output :						
8/06/26	02:00 am	DNS				NA		NA			0	
	03:00 am			25ml							0	Shanti
	04:00 am			20ml			✓			✓	0	
	05:00 am										0	Shanti
	06:00 am						✓			✓	0	
	07:00 am										0	Sh
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 28 D (F)
Dr. VENKATA LAKSHMI A

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. : ....

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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							
9/6											0	Chr
	08:00 am			25ml								
	09:00 am			25ml			✓			✓	0	Chr
	10:00 am	DNS		25ml							0	
	11:00 am			25ml						✓	0	Chr
	12:00 pm			25ml			✓				0	
	01:00 pm			25ml							0	Chr
Total Intake :								Total Output :				
9/6	02:00 pm			25ml							0	
	03:00 pm									✓	0	Swe
	04:00 pm	DNS	aptimil pepti								0	
	05:00 pm			20ml			✓			✓	0	Swe
	06:00 pm						✓			✓	0	
	07:00 pm										0	Swe
Total Intake :								Total Output :				
9/6	08:00 pm										0	
	09:00 pm			25ml							0	Ankit
	10:00 pm	DNS		25ml			✓			✓	0	
	11:00 am			–							0	
	12:00 am			–			✓				0	Ankit
	01:00 am									✓	0	
Total Intake :								Total Output :				
10/6	02:00 am			25ml							0	Ankit
	03:00 am			25ml			✓				0	
	04:00 am	DNS								✓	0	
	05:00 am										0	Ankit
	06:00 am										0	
	07:00 am									✓		
Total Intake :								Total Output :				

Total 24 hrs. Intake			Total 24 hrs. Output	

HNH-00013666 IP5-00174893
Baby C.SHREENIKA
11-02-2026 0 Y 3 M 30 D (F)
Dr. VENKATA LAKSHMI A

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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
10/6/26	08:00 am	NO IVF	NIL	25ml	NA		✓	NA		✓	0	sravanthi
	09:00 am			25ml							0	sravanthi
	10:00 am			–							0	sravanthi
	11:00 am		NIL	–						✓	0	
	12:00 pm			–							0	
	01:00 pm			–						✓	0	S
Total Intake :						Total Output :						
10/06/26	02:00 pm	NO IVF	NIL		NA		✓	NA			0	
	03:00 pm										0	[illegible]
	04:00 pm									✓	0	
	05:00 pm										0	
	06:00 pm		NIL								0	[illegible]
	07:00 pm									✓	0	
Total Intake :						Total Output :						
10/6	08:00 pm	NO IVF	milk				NP				0	Yashaig
	09:00 pm									50ml	0	
	10:00 pm										0	Yashaig
	11:00 pm										0	
	12:00 am									✓	0	Yashaig
	01:00 am										0	
Total Intake :						Total Output :						
11/06	02:00 am	NO IVF					NP				0	Yashaig
	03:00 am									✓	0	
	04:00 am										0	Yashaig
	05:00 am									✓	0	
	06:00 am										0	Yashaig
	07:00 am										0	
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00013666 IP5-00174893
Baby C .SHREENIKA
11-02-2026 0 Y 3 M 30 D (F)
Dr. VENKATA LAKSHMI A

FLUID CHART

Sheet No. : ....

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		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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	