MLC

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VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

ACTIVITY RECORD FOR BILLING

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

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

Date of Admission : 23/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/6/26	2:50pm	ER	PICU	Nee
24/6/26	1:40pm	PICU	130	~~DM~~

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
23/6	CBP. electrolyte.		
	UREA, CREAT. LFT	26021257	Nee
	Free T_3, Free T_4		
	TSH.		
	RBS - 108 mg/dl.	26021256	Nee
	HIV.	26021258	Nee
	Cross checked by	Neha 24/6/26	10:30 Am
24/6/26	TSH, Free T_3,	26021453	Cs
	Free T_4.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/6/26	Invasive monitor		~~24/6/26~~ 11:30 am		
	Infusion pump	3PM	23/6/26 10pm	3093652	[signature]
	Cross Checked	by	Neha	24/6/26	
				10:30 Am.	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
23/6	IV Plscement	1	3093638	Nee
	cross checked	by Neha	24/6/26	10:30 Am

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth D/1100		

DEFICIENCY (… - CASE SHEET

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 28 D (M)
Dr. AKHEEL SYED RIZWAN

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Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	09			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	04			
7	Nurses Progress notes				
8	Consultation Sheets				
9	General Consent for Treatment	01			
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	02			
26	Intake and Output chart (fluid Chart)	02			
	Drug Chart (Regular prescription)	02			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Hempty dums	02			
	Bedside e	01			
	Pain Ass	01			
	Ble	03			
	Bills	04			
	Total No. of Pages	33			

Noted by [illegible] 0/2pm

[signature]

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

Check List for ICU Shift Outs

CASH / TPA

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 28 D (M)
Dr. AKHEEL SYED RIZWAN

MSO
1300

Special remarks: Non respiratory & Continue monitoring

S.No	Parameters	Responsibility	Signature
1	Due clearence from **IP Billing & Financial Counselling** for the accomodation to be shifted	BILLING STAFF	
2	**Room Ready to Occupy - Checking done for A/C , Lighting , Plumbing, Cleaning & Bedsheets**	FLOOR COORDINATOR / MOD	
3	**Shift summary is prepared** or not Whether any Pharmacy Consumables are to be Replaced /Returns / Indent required **Pharmacy Clearence**	NURSING STAFF	

mero

f900

B/ND

12nl

&

12M

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-00060454 **Admit Date** : 23-Jun-2026 **Admit Time** : 01:48 PM **UHID** : VIH-00206182

Patient Details :

Patient Name	: Master CHERUKU AARAV	**Age**	: 2 Y 0 M 27 D
Guardian	: Mr CHERUKU SHANTHAN KUMAR	**DOB**	: 27-05-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: KAR ARCADE,WARSIGUDA,SECUNDERBAD Chilkalguda Hyderabad Telangana INDIA 500061	**Phone No**	: 9494400764
		E-mail	: NA@GMAI.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 CHERUKU SHANTHAN KUMAR **Relationship** : Father

Contact Address : KAR ARCADE,WARSIGUDA,SECUNDERBAD Chilkalguda Hyderabad Telangana INDIA 500061 **Phone No** : 9494400764

Signature

Doctor Details :

Doctor Name : Dr. AKHEEL SYED RIZWAN **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206182 IP-00060454 Master CHERUKU AARAV 27-05-2024 2 Y 0 M 28 D (M) Dr. AKHEEL SYED RIZWAN	23/6/26 at 1:48pm	24/6/26 at 10:30Am
	Transfer Ordered by Dr. Vishnu vardhan	Reason for Transfer Stable
From Unit PICU	To Unit First floor	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 40 pages	Number of Imaging Films Nill	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr Devika	Dr. Vishnu vardhan

Patient & Clinical Records Received by :

Date & Time of Patient Received : 1:45pm 24/6/26

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

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

Patient Name : Mast. CHERUKU AARAV UHID : VIH-00206182 IPD : IP-00060454 Gender : Male Age : 2 Y 0 M 2

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

RBS - 108 mg/dL

MLC

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cot : 10.2 kgs

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Aarav Age : 2 Yrs **Gender:** ☑ Male ☐ Female

Date : 23/06/26 Time of Arrival : 1.09 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: 97.8°F PR: 112 b/m BP: Crying RR: 24 b/m SpO$_2$: 100%

Chief Complaints: c/o Thyronorm tab ingestion 75mg [illegible] 10 – 15 Tabs

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

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

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

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

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 1.6 pm

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 : Rajalaxmi

Signature of Triage Nurse : .....

Date & Time : 23/06/26 @ 1.6 Am

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

VIH-00206182 IP-00060454
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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 23/6/26

Source of Admission: ☐ OPD ☐ Ward ☑ Other: ER

Reason for Admission: Accidental intake of thyroid tablet

Admission Diagnosis: Accidental ingestion of thyronorm tablet

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

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

Do you require an interpreter? ☐ Yes ☑ No

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

If yes, identify

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

	Past Medical History	Past Surgical History	Last Hospital Admission
SIGNIFICANT HISTORY	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 MEDICATIONS

Taking Medications? ☐ Yes ☑ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations: Weight: 10.2 kg Length: Head Circumference (< 2 years):

Temp.: 98.6°F HR: 127 b/m RR: 25 b/m BP: 101/86 (62) b/m

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 13 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 21) (Document in the Braden Q Assessment Sheet)

VIH-00206182 IP-000604
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

Behavioural Status on Admission :

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ..... Parents .....

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

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

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

Name of Person Orientation was given to: ..... Father .....

Orientation not given Reason: .....

Nurse Name: ..... Nurse ..... Nurse Signature : .....

Date & Time: ..... 27/6/26 @ 3:10 PM .....

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

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

Discharge Medications: ☐ Yes ☑ No

Details: .....

Final Diagnosis: ..... Accidental Ingestion of Thyroid tablets .....

Nurse Name: ..... Nurse ..... Nurse Signature : .....

Date & Time: ..... 27/6/26 @ 3:10 PM .....

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 28 D (M)
Dr. AKHEEL SYED RIZWAN

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Accidentale ingestion of thyronorm tablet

Arrival Time: 1.40 p.m. Mode of Arrival: Stretcher Admitting From: ☐ ER ☐ OPD ☐ Direct PICU

Allergy / Adverse Reaction .....

Body Weight: 10.2 kg Kg

Height: 127 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

Observations: Weight: 10.2kg Length: 127 cm Head Circumference (< 2 years): .....

Temp.: 98.6 F HR: 112 b/m RR: 24 b/m BP: 102/62 mmhg

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 24) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: — 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 ..... parents .....

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

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 ..... parents .....

Nurse's Name: ..... Anitha ..... Date: ..... 21/6/26 ..... Time: ..... 2.10 pm ..... Signature

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Patient Name : Mast. CHERUKU AARAV UHID : VIH-00206182 IPD : IP-00060454 Gender : Male Age : 2 Y 0 M 27 D

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 23/6/26 Time of arrival : @ 1.7 PM

Chief Complaints: accidentary ingestion - Thyroxine (75 mg) RBS: 108 mg/dl

Height : - Weight : 10.2 kg BMI : Head Circumference (<2 years)

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

If yes , identify

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 2 (Sister)

Time of Initial assessment completed by ER Nurse : @ 1.10 PM

Patient Name : Mast. CHERUKU AARAV UHID : VIH-00206182 IPD : IP-00060454 Gender : Male Age : 2 Y 0 M 27 D

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

Time	Nursing Notes
1.04 pm	Pt came to ER. **MLC**
1.06 pm	Pt vitals checked and Records Done.
1.10 pm	Dr. Prashanti Seen the Pt Advice Admission.
	Pt admission Process Done.
2.10 pm	Pt IV Placement Done and Sample Sent to Lab.
2 pm 15	Pt NG tube Done.

Samples collected by: Time: 2-10 pm

Samples sent by : S sis. Rajalaxmi Time: 2-15 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1.45 pm	T. charcoal	P/O	10gm	Prasad	SA

Condition of patient at time of shift - out :

HR: 130 b/m BP: ..... CFT: <2sec

RR: 26 b/m SPO_2 : 97%

GCS: 15/15 Temperature : 97.3 F

Pain Score: 0

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: PICU

Time of Shift - out: @ 2:50pm

Handover given to: Br. Sreekanth (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulation Done.

Name of the Nurse : Samuel Signature of the Nurse : Sam

Date & Time : 23/6/26 @ 2:50pm

PATIENT TRANSFER FORM

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Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	23/6/26 @ 1:48pm	23/6/26 @ 2:50pm
	Transfer Ordered by	Reason for Transfer
	Dr. Sweety	Admission
From Unit	To Unit	Information to Attendant
ER	PSW	Yes ☒ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	—	Yes ☒ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nagisue	Dr. Sweety

Patient & Clinical Records Received by : Sreekanth

Date & Time of Patient Received : 23/6/26 @ 3:00pm

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

MLC

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

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Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Accidental Ingestion of Thyronorm tablets (75mcg).

History of present illness :

Child was brought to ER c c/o Accidental Ingestion of 15 tablets of Thyronorm (75mcg) tablets @ 1:00pm on 23/06/26 @ his residence.

Informed CMC Poison cell.:

Toxic dose: 100 mcg/kg . Child took ≥ 10-15 tablet of 75mcg.
Dose: 1.125mg. (Dose is toxic dose) for patient.

Peak after at 2-4hrs
Half life & clearance upto 6-7day

Symptoms: To look for Tachycardia. Warm & sweating extremely Sweating. Tremors,

If needed SOS → β Blocker.

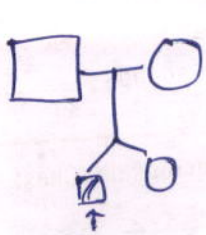
Pediatric Multiorgan History & Physical Examination

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

Not significant.

Birth & Neonatal History:

Term baby | Bwt: 2.25 kg | LSCS (Twin 1)
CIAB, NO NICU Admission.



Birth & Socio Economic History:

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

Developmental History :

Developed aswed as per Age - In all 4 domains.

Immunization History :

Immunized as per Age.
Last vaccine @ 18 Months.

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

MLC

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 10·2 kgs · (Centile _____)

On Examination :

Temperature : 97·8°F Pulse Rate : 112 b/m B.P. crying SPO2 100%.

Resp.rate and type of breathing : 24 B/m.

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

Auscultation : (N)

Spine :

External Genitelia : (N)

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

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Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

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

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR +nt **Superficials:** +nt

Plantars flexors

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

Accidental Ingestion of 15 tablets of thyronorm (75 mcg).

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: TO prevent further complications.

Desired goals of the treatment : TO keep child under observation & to look for any complications.

D/w CMC poison

Planned Labs:

CBP, S/E, S.urea, S.creatinine.

LFT, TSH, FT3, FT4

GRBS - 108

Planned Management

- Gastric lavage
  Activated charcoal - 10gms.
- NBM.

Noted by [illegible] 23/6

Dr. Preetham Kumar Reddy
Reg. No: 39859

Signature of the Doctor: [signature]

Name of the Doctor: Dr. prashanthi

Date & Time: 23/6/26 1:30pm.

Signature of the Consultant: [signature]

Name of the Consultant: Dr. [signature]

Date & Time: 23/6/26 3pm

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/20	Call to Dr Pratap Kumar	
	Accidental Thyroxine 14 tabs	
3:20 pm	M 1) NPO till 6 hours	
	PR 110 S – 98 RR – 24	Dr [illegible]
	Counselled by Dr Pratap Kumar	
9:20 pm	thyroid will cause high heart rate & high BP we need to see effects like sweating high heart rate & high BP if symptomatic we need to treat the child Usually 1st 48 hours we need to see some times upto 1 week we need to see the symptoms & we need to do thyroid test repeat to see for trend	
		Dr [illegible]

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

(P.T.O)

②

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/1/26	C/s/B DR Pro fellow	
7PM	Accidental ingestion of thyronorm tablet (75μg) (≅15 tab)	
		Total dose 1.125mg
	No issues	
	Airway :- Clear & maintaine	
	Breathing :- B/L AE ⊕	[Elevated]
	S_pO_2 99-97	- F T4 → 4.81 ng/dl (0.96 - 1.77 ng/dl)
	RR :- 24	
	Circulation :- S1 S2 ⊕	- TSH → 5.5 μIU/ml
	CRT < 3 sec	
	PR 99	
	BP 95/53(67)	
	Disability :- alert, cry, active	
	Exposure :- eczema - ⊕ popular rashes	
	Fluids :- Nil	
	GUT :- orally accepted	
	Watch	
	tachycardia	
	sweating, seizures.	
		Sig. Dr. [illegible]
	Plan :- To shift to ward	
	:- Plan to repeat TSH, F4 & F3 levels on	
	- Trace F3	

Noted by S. Renuka 24/1/26 7am

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(B)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2026	C/S/B Dr Vishnu Δ: Accidental Ingestn of Thyronorm.	
	Adv: (1) Endocrinology consultation (2) Shift to ICU room. (3) observe for sign/sym of Thyrotoxicosis	Noted by S. Deepika 24/6/26 11 AM
	Dr. Vishnu Vardhan Reddy Reg.No.APMC/FMR/79982	
24/6/2026 10:00AM	Counselling By Dr. Vishnu Importance of Toilet cleaning Being Cautious around the medicines was Explained to Prevent future events. As child is Haemodynamically Stable, half life was discussed, plan to shift to ICU room was discussed. watch for Altered behaviour, & heart rate what to look for explained.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/2026 11:20am	Shifting Notes Child had accidentally ingested 15 tablets of 75 mcg of thyroxine. He was stable /no symptoms at the time of presentation. Child case capsule was discussed with CMC vellore Poisoning centre who advised to observe for tachy Arrythymia, Altered Sensorium, flushing and advised admission. Child didn't develop any signs/ symptoms of hyperthyrodism. Hence we decided to shift him to ward.	Plan - Taper IVF →Continue oral feeds -wlf Tachycardia, Sweating, loose motions - Repeat TSH, FT3 FT4. after 48hrs of ingestion Noted by Sr. Deepika 22/6/26 at 11:20AM

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4

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26	C/D/W Dr Leenatha Maam	
11.15 AM	- History informed. - Blood reports informed	
	Adv. (1) Monitor for symptoms (2) Repeat TSH, FT_4, FT_3 → Tomorrow. (48 hrs after yesterday)	
		29/6/26

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/25	S/B Dr Akheel sir	
	Parents were counselled regarding complications of Thyroxine toxicity and need for monitoring.	
	O/E	
	Child asleep	
	Euthermic	
	HR – 80–100/min	
	SpO_2 – 98%.	
		plan
		1) Repeat TSH, FT3, FT4 T/m (after 48hrs of injection)
Dr. Rishank		
Dr Hasnitha 25/6/26 9 AM		Noted by Amitha 24/6 @7pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	S/B Mr. [illegible] mam	
	Accidental ingestion of Thyroxine 75mcg	
	O/E	
	child alert	
	No acute symptoms.	
	[illegible] (N)	
	No distress	
	CVS-S1S2 (+)	
	R/S - BAE (+)	
	P/A soft	
		Plan
		1) Trace TFT reports ↓ Plan d/c after reports.
Dr. [illegible]		Noted by [illegible] 25/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Accidental ingesion of thromin tablet			Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:			
	Surgery / Procedure: –			Post OP Day:			
BACKGROUND	Date / Shift	24/6/26 E	24/6/26 N	24/M			
	Medical Condition (Any special condition to be noted):	–	–	Nil			
	Diet:	S. diet	(S) diet	S. diet			
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6°F	98.6F			
	Res:	30 b/m	24 b/m	26 b/m			
	SpO_2:	99%	99%	98%			
	Pulse:	120 b/m	118 b/m	126 b/m			
	BP:	86/52 (64)	81/42(50)	93/55			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	11	11	11			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S. diet	(S) diet	S. diet			
	Critical Lab Test / Values:	Nil	Nil	Nil			
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent			
Post Operative Procedure Special Orders:		Nil	Nil	Nil			
Handed Over By Name :		Anitha	Vaishnavi	Sirisha			
Signature / ID :		905014	W020216	10666			
Date:		24/6/26	25/6/26	25/6			
Time:		@8pm	@8AM	1pm			
Taken Over By Name :		Vaishnavi	Sirisha				
Signature / ID :		W020216	10666				
Date:		24/6/26	25/6/26				
Time:		@8pm	@8AM				

Noted by [illegible]

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 28 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00206182 IP-00060454
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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 23/6/26	Diagnosis: Accidental ingestion of thyroxine tablets	Surgery / Procedures: —	
	Allergies: ✓		Post OP Day: —	
	Date:		23/6/26	
	Area / Shift Time		PICU E	PICU Night
	Diet:		NBM	soft diet
	Ventilation (RA, NP, NIV, VENTI)		RA	R/A.
INVASIVE LINES	1.			iv cannula (1)
	2.			-
	3.			-
	4.			-
ASSESSMENT	Infusions / Transfusions			DNS @ 1/hr
	PU Prophylaxis		—	—
	DVT Prophylaxis		—	—
	Vitals — BP		106/63 (76)	112/68 (83)
	Vitals — PR		107b/m	93 b/m
	Vitals — RR		31b/m	24 b/m
	Vitals — SpO_2		98%	95 %
	Vitals — Temp		98.1°F	98.6°F
	Pain Score		0	—
	LOC (Alert, Conscious, Confusion, Unconscious)		Conscious	Conscious
	Skin Integrity (Intact / Bedsore / Any other condition)		Intact	Intact
	Restraints If any — Physical		—	—
	Restraints If any — Chemical		—	—
	Fall Risk (Vulnerable Y/N) if yes score		13	14
	(Ambulation, walking, moving with assistance, bed ridden)		Ambulation	walking
	ADL (Dependent / Non-Dependent)		dependent	Dependent
	Critical Lab Test / Values (If any)		—	—

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

RECOMMENDATIONS					
		Date:			23/6/26
	Investigations Procedures	Area / Shift Time		PICU / E	PICU / Night
		Ordered / Planned		—	CBC
		Due		—	Nil
		Reports Pending		—	Nil
		Referrals (If any)		—	Nil
	Remarks (Special Interventions like, Drainage tube flushing etc.)			—	Nil
Handed Over By Name :				Sreekanth	Renuka
Signature :				Sreekanth	
Date:				23/6/2026	24/6/26
Time:				8pm	8 AM
Taken Over By Name :				Dr. Renuka	Devika
Signature :					
Date:				23/6/26	24/6/26
Time:				8pm	@8AM

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27-05-2024 2 Y 0 M 28 D (M)
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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 23/6/26	Diagnosis: accidental ingestion of thyroid tablets	Surgery / Procedures:	
	Allergies: Nill		Post OP Day:	
	Date: 24/6/26			
	Area / Shift Time	PICC 8am-2pm		
	Diet:	Soft diet		
	Ventilation (RA, NP, NIV, VENTI)	R A		
INVASIVE LINES	1.	IV Cannula		
	2.	–		
	3.	–		
	4.	–		
ASSESSMENT	Infusions / Transfusions	Nil		
	PU Prophylaxis	Nill		
	DVT Prophylaxis	Nill		
	Vitals – BP	98/55 (66)		
	Vitals – PR	123 b/m		
	Vitals – RR	28 b/m		
	Vitals – SpO_2	100 %		
	Vitals – Temp	98.6 F		
	Pain Score	0		
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert		
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact		
	Restraints If any – Physical	Nill		
	Restraints If any – Chemical			
	Fall Risk (Vulnerable Y/N) if yes score	N		
	(Ambulation, walking, moving with assistance, bed ridden)	Walking		
	ADL (Dependent / Non-Dependent)	Dependent		
	Critical Lab Test / Values (If any)	–		

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

RECOMMENDATIONS					
		Date: 24/6/26			
	Investigations Procedures	Area / Shift Time	PICU 8am-2pm		
		Ordered / Planned	plan to shifted to room		
		Due	nill		
		Reports Pending	nill		
		Referrals (If any)	nill		
	Remarks (Special Interventions like, Drainage tube flushing etc.)		nill		
Handed Over By Name :			Sr. Devika		
Signature :					
Date:			24/6		
Time:			2pm		
Taken Over By Name :					
Signature :					
Date:					
Time:					

VIH-00206182 IP-00060454
Master CHERUKU AARAV (M)
27-05-2024 2 Y 0 M 27 D
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PRISM SCORE FORM

Variable	Age Restriction	Score Appointed	Score
Systolic Blood Pressure (mmHg)	**Neonate** 40-55, <40; **Infant** 44-65, <45; **Child** 55-75, <55; **Adolescent** 65-85, <65	3 7	0
Temperature	All ages <33°C OR > 40 °C	3	
Mental Status	All ages stupor or coma (GCS<8)	5	
Heart Rate	**Neonate** 215-225, <225; **Infant** 215-225, <225; **Child** 185-205, <205; **Adolescent** 145-155, <155	3 4	
Pupillary reflexes	All ages = One Pupil fixed, pupil > 3mm All ages = Both fixed, pupil > 3mm	7 11	0
Acidosis (pH) or total CO_2(mmol/L)	All ages = pH 7.0 - 7.28 or total $CO_2$5 - 16.9 All ages = pH < 7.0 or total CO_2< 5	2 6	
pH	All ages = 7.48 - 7.55 All ages > 7.55	2 3	
PCO_2(mmHg)	All ages = 50.0 - 0 All ages > 75.0	1 3	
Total CO_2 (mmol/L)	All ages > 34.0	4	
Arterial Pao_2(mmHg)	All ages = 42.0 - 49.9 All ages = 42.0	3 6	
Glucose	All ages > 200mg/dl	2	
Potassium	All ages > 6.9mmol/L	3	
Creatinine (mg/dl)	**Neonate** >0.84mg/dl; **Infant** >0.9mg/dl; **Child** >0.9mg/dl; **Adolescent** >1.3mg/dl	3	
Urea (mg/dl)	**Neonate** 725.9; **All other ages** 32.5	3	
White blood cells	All ages < 3000 cella/mm³	4	
Prothrombin time (PT) Or Partial thromboplastin time (PTT)	**Neonate** PT > 22.0 sec or PTT > 85.0 sec; **All other ages** PT > 22.0 sec or PTT > 57.0 sec	3	0
Platelets (cells/mm³)	All ages = 100,000 to 200,000 All ages = 50,000 to 99,999 <50,000	2 4 5	
	Total PRISM III - 24 hours.		

Name of the Doctor: d. Gani

Signature of the Doctor: CH. GANESH

Date & Time: 24/6/2026

Docu. No. : RCH /FRM / CLINICAL / 135

VIH-00206182 IP-00060454
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THE HUMPTY DUMPTY SCALE

12 Am

PARAMETER	CRITERIA	SCORE	DATE 23/6	DATE 23/6/24	DATE 24/6	DATE 24/6	DATE 25/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2		2	2
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		13	13	11	11	11

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

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		X	X	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		X	X	X	X	X
	Other Intervention(s) Specify		X	X	✓	✓	✓
	Nurse's Name:		Sonu	Sreekala	Renuka	Anitta	Vaishnavi
	Signature:		Sonu	Sree	Renuka	Anitta	Vaishnavi
	Date:		23/6	23/6/24	24/6	24/6	25/6
	Time:		2pm	4pm	8 AM	7pm	3AM

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 28 D (M)
Dr. AKHEEL SYED RIZWAN

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 25/	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2				
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2				
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	.				
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
	Total		11				

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

	Bed in low position		✓				
	Call device within reach		✓				
	Wheels Locked		✓				
	Room free of clutter		✓				
	Adequate lighting		✓				
	Wheel chair [illegible]		✓				
	Other Intervention(s) Specify		✓				
	Nurse's Name:		Rods				
	Signature:		✓				
	Date:		25/				
	Time:		10✓				

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BRADEN 'Q' SCALE

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					Date :	23/6	23/6/26	23/6	24/6
					Time :	2PM	4pm	11 pm	10AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		1	1	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
				TOTAL SCORE		27	27	28	28
				Evaluator's Name		Lam	Sree	Raj	So

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

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

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

VIH-00206182 IP-00060454
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PAIN ASSESSMENT FORM

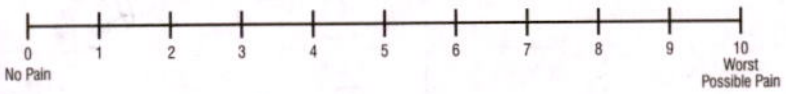
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/6	2pm	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– / –	Lam
23/6/26	4pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– / –	[illegible]
24/6	2AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– / –	[illegible]
24/6	10AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– / –	[illegible]
25/6	12AM	0	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	– / –	Vaishali
26/6	6AM	6	[illegible]	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
26	10A	2	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

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CHECKLIST FOR THROMBOPHLEBITIS

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

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

VIH-00206182 IP-00060454
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WELL'S CRITERIA FOR ASSESSING DVT

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

S.No	Assessment Criteria	Score	Date: 23/6 Time: 11pm	Date: 24/6 Time: 11pm	Date: Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	0	0				
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	-	-				
	Total Score		0	0				
	Signature of the Nurse		[signature]	[signature]				

Intervention: _____

_____

_____

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

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

VIH-00206182 IP-00060454
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NURSING CARE RECORD

Date: 23/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	3 pm	→ Maintain fluid balance		→ Administered 30ml/hr Inf D/W3	To Maintain hydration	→ Patient is stable	[signature]
Night	10 pm 12 AM	Assess the General condition of the child provide w fluids		Assessed the General condition of the child To maintain fluid balance	child is stable To Prevent The dehydration	child is Heamodynamically stable	Reauly 23/6 8 Am

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
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NURSING CARE RECORD

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Date: 24/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Assessment vitals monitoring		Assessed child general condition -vitals monitoring	child condition is stable.	child is hemodnamically stable	24/6/26 2pm
Afternoon	3pm 4pm	→ check the vitals → maintain Good Nutritional status		→ checked the vitals → To oral intake is Good	→ vitals are Normal → provided soft diet	→ patient is Stable → No fresh Complentes	Anitha 24/6 @8pm
Night	11 pm	Maintain Fluid Balance -Ensure Safety	11.10	-Maintained input/oulput chart -provided side rails	- To prevent dehydration - To prevent falls	Re-Assessment is done, patient is stable	Vaishnavi 24/6/26 @8pm

VIH-00206182 IP-00060454
Master CHERUKU AARAV (M)
27-05-2024 2 Y 0 M 28 D
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

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Date: 28/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	Discharge Note :- Dr came for rnd patient is stable advice for discharge						
Afternoon					noted by Andy 01:12pm		
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

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WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master CHERUKU AARAV**	**Age :**	**2 Y 0 M 27 D**
IP No:	**IP-00060454**	**Sex:**	**Male**
Consultant:	**Dr. AKHEEL SYED RIZWAN**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

derstand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the are of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

Ve do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature:.....

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: C Shoba Kumar

Relationship: Father

Date: 23-06-2026 Time:

Witness Name:

Witness Signature:

Patient Address:

KAR ARCADE,WARSIGUDA,
SECUNDERBAD Chilkalguda
Hyderabad Telangana INDIA 500061

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: Aaban Age: 2Y Gender: Male ☑ Female ☐

UHID.No : 206182 Date: 23/6/26

I Shanthan Kumar S/o, D/o, W/o, Chenukala Ligam hereby

declare that our patient Master/Baby Aaban who is related to me as Son

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 23/6/26

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

A/H/o Thyroid Tablet Injection.

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

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

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

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

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

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

Patient Attendant :

Signature: Shanthan

Name: Chenukala Shanthan Kumar

Relationship with Patient: Father

Date & Time: 23/6/26 @ 2:30pm

Witness :

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking the consent) :

Signature: .....

Name: Dr Sweety

Date & Time: 23/6/2026, at 2.30PM

పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో అడ్మిషన్ కొరకు సమ్మతి

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

యు.హ్.ఐ.డి .....

నేను ..... s/o. d/o. w/o . .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్బో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్

తేదీ ..... నాడు పూర్తి సమ్మతితో చేర్చితిని.

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

.....

.....

.....

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

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Ref. No. : F / HW / CON / HIV / 08

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CONSENT FORM FOR HIV

Patient Name : Aarav .... Age : 2Y

Gender : M☒ F☐ - IP No : 60454 .... Marital Status : —

Ward / Bed No. : PICU .... IP/OP No. : 60454 .... Date : 23/6

I have to say that I have been counseled about the test and the reason for undergoing the test has been clearly explained to me. I have also been explained about the implications of the test result-positive, negative or indeterminate All the details pertaining to HIV, its transmission, testing procedure Its limitations and interpretation of the results have been explained to me in language that I can understand.

I, hereby give my willful consent for the HIV test to be conducted on me in order to ascertain my HIV sero status. The status of my HIV test will be confidential

Patient Attendant :

Signature : [signature]

Name : Chenka Shrathan Kumar

Relationship with Patient: father

Date & Time : 23/6/26 @ 2:30PM

Parent (when patient is minor) :

Signature : ....

Name : ....

Relation : ....

Date & Time : ....

OR (Next to kin in case of unconscious patient) :

Signature : .... Name : ....

Relation : .... Date & Time : ....

I, certify that the Consent form for the HIV test has been signed in my presence and patient has been given pre-test counseling and post-test counseling is ensured by me and my team.

Doctor :

Signature : [signature]

Name : Dr. Sweety

Date & Time : 23/6/26 2:30 PM

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హెచ్.ఐ.వీ పరీక్ష అంగీకార పత్రం

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

వివాహస్థితి ..... వార్డు / బెడ్ నెంబర్.....

హెచ్.ఐ.వి టెస్ట్ గురించి నాకు అవగాహన కల్పించటమైనదనియు మరియు పరీక్ష చేయించుకోవలసిన కారణము నాకు స్పష్టముగా వివరించటమైనది అప నేను చెప్పుచున్నాను. ఈ టెస్ట్ ఫలితం యొక్క పర్యవసానాలకు పాజిటివ్, నెగిటివ్ లేక నిర్ధారణ విధానము, దాని పరిమితులు మరియు ఫలితాల వివరణకు నాకు అర్థమయ్యే భాషలో వివరించారు.

నా హెచ్.ఐ.వి. రోగిస్థితి అంచనా వేయటానికి నాపై జరుపబడే టెస్టుకు నేను ఇష్టపూర్వకంగా తెలుపుతున్నాను. నా హెచ్.ఐ.వి. పరీక్ష ఫలితం రహస్యంగా వుంచాలి.

రోగి	సాక్షి
సంతకము:	సంతకము: .....
పేరు:	పేరు: .....
బంధము:	బంధము: .....
తేదీ మరియు సంతకము:	తేదీ మరియు సమయము: .....
(రోగి అపస్మారక స్థితిలో వున్నచో అతని దగ్గరి రక్త బంధువు)	
పేరు:.....	సంతకము: .....
సంబంధము :	తేదీ మరియు సంతకము: .....

హెచ్.ఐ.వి. టెస్ట్ అంగీకార పత్రంపై నా సమక్షంలో సంతకం చేయబడిన దనియు, టెస్టుకు ముందు ఇవ్వవలసిన సలహా ఇవ్వబడిన దనియు మరియు టెస్ట్ తర్వాత ఇవ్వవలసిన అవగాహన ఖచ్చితంగా ఇవ్వగలమని నేను నా బృందం ధృవీకరిస్తున్నాము.

డాక్టర్ .....

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 28 D (M)
Dr. AKHEEL SYED RIZWAN

RCH/ FRM / CLINICAL / 125

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	3 pm	5 pm	7 pm	9 pm	11 pm	1 am	3 am	5 am	7 am
Doctor / Nurse / Family Concern?									
Temperature (F)	98.6°F	98.6°F	98.6°F	98.6°F	98.1°F	97.6°F	98.6°F	98.2°F	97.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	86/(61)/54				81/(50)/42				83/(56)/43
Heart Rate (Number)	120	118	119	121	118	116	118	112	121	122	119	120	114	110
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	29	30	30	28	30	30	27	29	30	29	30	29	28
Resp Distress (Mod/ Severe / None / Mild)	N		N						
Receiving O_2(l/min) O_2Saturations (%)	98	98	99	100	98	100	98	99	98	98	99	98	100
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0		0	0	0	0	0	0	0	0	0	0	0
Pain Score	0		0		0	0	0	0	0	0	0	0	0
Observer's Initials	A		A		A	A	✓	✓	✓	✓	✓	✓	✓

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206182 IP-00060454
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H/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

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RLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:

Doctor / Nurse / Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2 (l/min)

O_2 Saturations (%)

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS NB: Scores 3 should be recorded overleaf	
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	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.
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Dr. AKHEEL SYED RIZWAN

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
24/6	02:00 pm											
	03:00 pm		Rice + kichidy							✓		
	04:00 pm											
	05:00 pm											
	06:00 pm		Snacks							✓		
	07:00 pm										0	Smitha 24/6 @8pm
Total Intake :						**Total Output :**						
24/6	08:00 pm											
	09:00 pm		Rice +									
	10:00 pm		H_2O							✓		
	11:00 pm										0	Vaishnavi 24/6 @2AM
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
25/6	02:00 am									✓		
	03:00 am	~~D~~										
	04:00 am									✓		
	05:00 am	~~X~~									0	Vaishnavi 25/6 @8AM
	06:00 am	S										
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 28 D (M)
Dr. AKHEEL SYED RIZWAN

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FLUID CHART

Sheet No. : .....

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	03:00 pm											
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	08:00 pm											
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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	

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

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

MLC

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER ..... Shifted to: PICU .....

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

Date & Time : 23/6/26 @ 2:30pm .....

Nurse Name & Signature: Nagisuo/Nurse .....

Date & Time : 23/6/26 @ 2:30pm .....

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 28 D (M)
Dr. AKHEEL SYED RIZWAN

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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: ..PICU.. Shifted to: ..first floor..

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. PANTAPRAZOLE	10mg	IV	24th hrly		☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ 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 : CH. GANESH & d. Ganesh

Date & Time : 24/6/2026.

Nurse Name & Signature: Deepika RN

Date & Time : 24/6/26 at 10:30 Am

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

VIH-00206182 IP-00060454
Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

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DRUG CHART

Date of Admission: 23/6/26 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 :				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 Signature

VIH-00206182 IP-00060454

Master CHERUKU AARAV

27-05-2024 2 Y 0 M 27 D (M)

Dr. AKHEEL SYED RIZWAN

VIH-00206182 IP-00060454

MLC

I.V. FLUIDS CHART

Weight. 10.2 kg Ward. PICU

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
23/6/26	3:00pm	DNS	IV	30			23/6/26		
23/6/26	8pm	DNS	IV	20			24/6/26 23:00pm		

Signature .....

VERIFIED BY : Name .....

27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

Weight. 10.2kg Ward. PICU

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
23/1/26	3.30PM	INJ ONDENSETRON	1-5mg	IV	Z	N.S 5ml CHNL 23/1/26

Master CHERUKU AARAV
27-05-2024 2 Y 0 M 27 D (M)
Dr. AKHEEL SYED RIZWAN

MLC

REGULAR PRESCRIPTIONS

Weight. 10.2 Kg Ward. PPW

23/6/26 Chitte

DRUG : INJ PANTOPRAZOLE				Date ▸ / Time ▾	23/6	24/6	25/6
Dose	Route	Frequency	Start Date				
10mg	IV	ONCE DAILY	23/6/26.				
Name & Signature of the Doctor Starting the Drugs: Dr [illegible]				6 AM	3Pm [illegible]	Renu Rinku	[illegible]
Additional Instructions: (1mg / kg / dose)							
Daily Doctor's Endorsement by a Sign							

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				

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				

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				

No. :

MEDICO LEGAL RECORD

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

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Your Right to a Safe Delivery

RCHSC/FRM/General/008

3-7-222, 3-7-223,
Survey No : 51 to 54,
Karkhana Main Rd, Kakaguda,
Secunderabad - 500009

To
The Station House Officer
P.S. Chilkalguda
Dist. City
Ref : Our ... 2206252
... 6.35 pm
... Dated 23/6/26
... 3637
... ADRAV
... SHANTHAN KUMAR
Male / Female
... DR. WASTGUDA,
Res. ... KALGUDA, HYDERABAD.

Date 23/06/26

Time 1:50pm.

M.L.C. No. 1181

UHID / I.P No. VJH-00206182 | 00060454.

Accompanied by P.C. / Attendant

Name : Mr./Mrs. G. Divya

Relation : Mother

Phone No. 9573864739

Signature : Divya

2)

Signature / LTI of Patient

...e case as stated by the patient / attendant :

... was brought to ER with
... Accidental Ingestion of Thyronorm tablets (75mcg) - 15 tablets.
... 23/06/26 at 12:00pm at his residence.

...mination of the patient on arrival at Emergency Conscious ✓ Unconscious Semi-Conscious Brought Dead

...b/mt B.P.: Crying /mm Hg Resp. Rate 24B/mt Temp : 97.8°F Of

... Lungs : B/LAE ⊕ Abdomen : P/A: soft Pupils : reactive.

S1S2 ⊕

DESCRIPTION OF INJURIES

Description of wounds	Dimensions
⊖.	

Dying Declaration Required : Yes / No

Regn No. TSMC/FMR/33758

Name & Sign. of Doctor : Dr. prashanth.

Treatment Given :
Gastric lavage ...
Activated charc...
- NBM.

Investigation Advised :
CBP, S.creat, S/E, S.urea.
T3, T4, LFT, TSH.

MLC Received by :

Signature :

Name :

Designation :

1. Admitted in ______ Ward / ICU ✓
2. Left Against Medical Advice
3. Patient Condition at the Time of Transfer Stable.

Name & Sign. of Doctor : Dr. prashanth.

Regn No. TSMC/FMR/3375...

RAINBOW CHILDREN'S MEDICARE LIMITED * SECUNDERABAD *

Brief History of t

child

cl

e

General Exa

Pulse : 11

Heart :

S No

RCHSC/FRM/General/008

3-7-222, 3-7-223,
Survey No : 51 to 54,
Karkhana Main Rd, Kakaguda,
Secunderabad - 500009

No. :

MEDICO LEGAL RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

To
The Station House Officer,
P.S. CHIKALGUDA (PS) 8712661252
Dist. / City SEC-BAD, AT - 6.35 pm
Ref : Our Telephone Intimation Dated 23/6/26
Received by : MR. UDAY HC-3637
Patient Name : CHERUKU ARAV BHASKER
S/o. W/o. D/o CHERUKU SHANTHAN KUMAR.
Age: 2y Sex: Male / Female
Address: KAR ARCADE, KAKAGUDA, SECUNDERABAD, CHIKALGUDA, HYDERABAD.
Identification Marks
1)

Date 23/06/26
Time 1:50pm.
M.L.C. No. 1181
UHID / I.P No. VJH-00206182 / 00060454.

Accompanied by P.C. / Attendant
Name : Mr./Mrs. G. Divya
Relation : Mother
Phone No. 9573864739
Signature : Divya

2)

Brief History of the case as stated by the patient / attendant :

Signature / LTI of Patient

child was brought to ER with c/o Accidental Ingestion of Thymoserin tablets (75mg) - 15 tablets. on 23/06/26 at 12:00pm at his residence.

General Examination of the patient on arrival at Emergency Conscious Unconscious Semi-Conscious Brought Dead

Pulse : 112 b/m /mt B.P.: Crying /mm Hg Resp. Rate 28 B/m /mt Temp : 97.8°F Of

Heart : S1S2 (+) Lungs : BL/AE (+) Abdomen : F/A: Soft Pupils : reactive.

DESCRIPTION OF INJURIES

S No.	Description of wounds	Dimensions
	(-).	

Dying Declaration Required : Yes / No

Name & Sign. of Doctor : Dr. prashanth

Regn No. TSMC/FMR/33758

MLC Received by :

Signature :

Name :

Designation :

Investigation Advised :
CBP, S.creat, S/E, S.urea.
T3, T4, LFT, TSH.

Treatment Given :
Gastric lavage
Activated charcoal.
- NBM.

1. Admitted in _____ Ward / ICU
2. Left Against Medical Advice
3. Patient Condition at the Time of Transfer Stable.

RAINBOW CHILDREN'S MEDICARE LIMITED SECUNDERABAD

Name & Sign. of Doctor : Dr. prashanth.

Regn No. TSMC/FMR/33758