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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

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

UHID N ---------- Consultant : ---------- Dept : L-12

Date of Admission : 5/6/26 Time : 1:36pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	@ 3pm	ER	PICU	Swathy
6/6/26	12:30 pm	PICU	1st Floor - 130	Nashi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhura	5/6/26	3087214	
2.	Dr. Abdul Khaleed.	5/6/26	3087279	Rinkal.
3.	(Cross checked by Yaqeen 6/6/26 at 12:30 pm			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/6/26	CBP, CRP, Electrolytes		
	creatinine Urea	26019414	
	Calcium magnesium		
	HIV test (card method)	26019417	laiton
	VBG ① RBS - 86 mg/dl	26019415	
	Blood for Ketone - 3.4 mg/dl	26019416	
	Chest X-ray	26009041	
5/6/26	RBS - 107 mg/dl 5pm	26019438	
5/6/26	RBS - 131 mg/dl 9pm	26019439	
5/6/26	USG Abdomen	26009052	Rinka
5/6/26	RBS - 130 mg/dl	26019455	Neha
6/6/26	RBS 3.Am - 119 mg/dl	26019456	Neha
6/6/26	VBG ②	26019457	Neha.
6/6/26	Urine For Ketone Bodies	26019471	
	(Report checked by Yaiwanth 6/6/26 at 12PM		
	VBG	26019452	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/6/26	monitor	3pm	6/6/26 at 12PM	3087216	
	infusion pump		6/6/26 at 8Am		
	Cross checked by	Yamuna	on 6/6/26	at 12pm	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/6/26	IV placement	(1)	3087215	Swathy
	(no) checked by Yaswanth 6/6/26 at 12PM			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Sabya 07/06 @9:30 Am		

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
5/6/26	00.00	RBS - 107 mg/dL 5pm	[illegible]	(26019438)
5/6/26	01.00	RBS - 131 mg/dl 9pm	[illegible]	(26019439)
	02.00	RBS - 130 mg/d 9pm	[illegible]	26019455
6/6/26	03.00	RBS - 119 mg/dl/3 Am	[illegible]	26019456
	04.00	(Rbs checked by Yahwanth 6/6/26 at 12pm.		
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060239 **Admit Date** : 05-Jun-2026 **Admit Time** : 01:36 PM **UHID** : VIH-00073651

Patient Details :

Patient Name	: Master KARTHIKEYA	**Age**	: 10 Y 10 M 4 D
Guardian	: Mr K.VENU GOPAL	**DOB**	: 01-08-2015
Gender	: Male	**Religion**	: Hindu
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO:1-5-432/A,SURYA NAGAR,OLD ALWAL, SEC-BAD Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010	**Phone No**	: 9293558901
		E-mail	: venukurapati04@gmail.com

Admission Details :

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

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr K.VENU GOPAL **Relationship** : Father

Contact Address : H.NO:1-5-432/A,SURYA NAGAR,OLD ALWAL,SEC-BAD Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010 **Phone No** : 9293558901 / 9701234025

Signature

Doctor Details :

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

Referral Doctor : Dr Dileep **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00073651 IP-00060239 Master KARTHIKEYA 01-08-2015 10 Y 10 M 4 D (M) Dr. AKHEEL SYED RIZWAN	5/6/26 @ 1:36 Pm	6/6/26 @ 12:30pm
	Transfer Ordered by	**Reason for Transfer**
	Dr- Vishnu Vardhan	Stable
From Unit	**To Unit**	**Information to Attendant**
PICU	(130) 1st floore.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
53	chest X-Ray - (1) VBG - (1) ABG - (1)	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Syringe - 2cc	(1)
2.	syr - 5cc	(1)
3.	ORS	(3)
4.	body wash	(1)
5.	& mouth wash	(1)

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Moheswari 6/6/26 @ 12:15 Pm	

Patient & Clinical Records Received by : Sindu

Date & Time of Patient Received : 2:30pm

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

	Date & Time of Admission	Date & Time of Transfer Order
	5/6/26 @ 1:36pm	5/6/26 @ 3pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Vishwaja.	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	PICU	Yes ✓ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(2)	Chest X-ray (F) – (1) VBG – (1)	Yes ✓ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over outside file given to attender

Sl.No.	Item Name	Quantity
1.	NRM mask + Neb mask	1+1
2.	Inotrafix + DNS + 5% D	2+1+1
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Revathy	Dr. Vishwaja

Patient & Clinical Records Received by : Sr. Devika

Date & Time of Patient Received : 5/6/26 3pm.

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. KARTHIKEYA UHID : VIH-00073651 IPD : IP-00060239 Gender : Male Age : 10 Y 10 M 4 D

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 5/6/26 Time of arrival : @ 12.26 PM

Chief Complaints: Difficulty Breathing since Today RBS: 86 mg/dl @ 8:30 pm - 74 mg/dl

Height : — Weight : 27kg 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?) —

Time of Initial assessment completed by ER Nurse : @ 12-38 PM

Patient Name : Mast. KARTHIKEYA UHID : VIH-00073651 IPD : IP-00060239 Gender : Male Age : 10 Y 10 M 4 D

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

Time	Nursing Notes
12.20 pm	Pt came TO ER.
12.22 pm	Pt vitals check and Records DONE.
12.25 pm	Dr. Vishwaja seen the pt Advice Admission.
1:35 pm	Pt Admission Process DONE.
	Pt RBS DONE :- 86 mg/dl. - 77 mg/dl
1:36 pm	Pt IV Placement DONE and Sample Sent to Lab.
	Blood Ketones checked in ER 3.4 mg/dl
3pm	→ Patient shifted to the PICU

Samples collected by: Sr. Kiran — Time: 1:45 pm

Samples sent by: Sr. Kiran — Time: 1:45 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12:25 pm	Neb. Levolin	pN	0.63mg		
12:35 pm	Neb. Levolin	pN	1.25mg		
1:10 pm	DNS	IV	50ml/Hr		
1:25 pm	NS Bolus	IV	270ml		
1:30 pm	Inj. PCM	IV	400mg		
1:55 pm	INJ. MgSO4	IV	1gm		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 139 b/m BP: 100/72 CFT <3 sec	Shift - out from ER to: PICU
RR: 40 b/m SPO_2 : 92 %	Time of Shift - out: 5/6/26 @ 2:00 pm
GCS: 15/15 Temperature : 97.0 °F	Handover given to: Sr. Mahalakshmi (Nurse's Name)
Pain Score: CO/	by Sr Rawathi
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement

Name of the Nurse : Sr. Rawathi Signature of the Nurse : Sr. Rawathi

Date & Time : 5/6/26 @ 2.45 pm

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

Wt - 27 kg
RBS - 86 mg/dl

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

Blood Ketones :- 3.4 mg/dl

EMERGENCY TRIAGE FORM

Patient's Name : Mst. Karthikeya Age : 12Y Gender : ☑ Male ☐ Female

Date : 5/6/26 Time of Arrival : @ 12.20 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: 97.3°F PR: 120 b/m BP: 97/75 (84) RR: 36 b/m SpO2: 98%

Chief Complaints: Difficulty in Breathing since today, Intermittent blurry vision, throat pain

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance	Circulation / Colour	Work of Breathing	☐ Stable
☑ Normal	▲	☐ Normal ☑ Increased	☑ Unstable :
☐ Sick Looking	☑ Normal ☐ Abnormal ☐ Bleeding	☐ Decreased ☐ Gasping / Apnea	☑ 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.

KVB
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 12.25 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 : Bro. Sanjay

Signature of Triage Nurse : Sanjay

Date & Time : 5/6/26 @ 12.25 Pm

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 5/6/26

Source of Admission: ☐ OPD ☐ Ward ☑ Other: PICU.

Reason for Admission: difficulty in breathing & blurred vission throat pain

Admission Diagnosis: Anxiety Attack

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 .....

SIGNIFICANT HISTORY

Past Medical History	Past Surgical History	Last Hospital Admission
8 months Blood infection fever 5 year age fever		local hospital Ankura.

Family History: —

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: 27kgs Length: — Head Circumference (< 2 years): —

Temp.: 98.6°F HR: 86 RR: 17/m BP: 104/65(79)

Pain Score: 10 Specify Site: — (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 20 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 16) (Document in the Braden Q Assessment Sheet)

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 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 —

Siblings in household ☑ Yes ☐ No (if yes How Many?) elder 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: Pushpalatha (mother)

Orientation not given Reason:

Nurse Name: Devika Nurse Signature :

Date & Time: 5/6/16 at 4pm

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: Anxiety attack

Nurse Name: Devika Nurse Signature :

Date & Time: 5/6/16 at 4pm

VIH-00073651 IP-00060239
Master K.KARTHIKEYA
01-08-2015 10 Y 10 M 5 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 12:35pm Mode of Arrival: wheel chair Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: ..... Kg

..... nil ..... Height: ..... cm

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Family History: .....

..... nil .....

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

If yes please list, ...

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

.....

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

Current Medication: ☐ None ☐ Yes, If Yes, fill reconciliation form

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

Temp.: 98.6f HR: 112 b/m RR: 22 b/m BP: 101/60 cm

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☑ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to .....Mother.....

Nurse's Name: .....Sindy..... Date: 6/6/26 Time: 12:30pm Signature

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

Patient Name: _____ _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

VIH-00073651 IP-00060239
Master K.KARTHIKEYA
01-08-2015 10 Y 10 M 5 D (M)
Dr. AKHEEL SYED RIZWAN

Name : ______

Information given by: ______ Age/Sex ______

Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o difficulty in breathing since morning

History of present illness :

c/o difficulty in breathing & tremors since morning
↓
Had spasm over upper limbs & lower limbs
Took to local Hospital → (GRBS → 48 mg/dl)
→ carpopedal spasm (+)
↓
gave 10% D bolus
Inj. Ca++ gluconate / Post GRBS 187 mg/dL

H/o loose stools & vomitings (2) days back
received medications over the counter
which subsided
poor oral intake since then
(Metronidazole, Ondansetron)
Not passed urine since yesterday night

VIH-00073651 IP-00060239
Master K.KARTHIKEYA
01-08-2015 10 Y 10 M 5 D (M)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

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

H/o febrile seizures at age of 6 months & 1 year of age

Birth & Neonatal History:

-

Birth & Socio Economic History:

About Father : -

About Mother :

Any additional Information :

Developmental History :

N

Immunization History :

upto date

(P.T.O.)

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 27 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate : 110/min B.P. 97/54(80) SPO2 99% @ RA

Resp.rate and type of breathing : 24/min

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): –

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds : RA+, clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : S1S2 P

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

Per Abdomen :

Inspection

Palpation :

Ausculation : ~~BS~~ soft, BS+

Spine : External Genitelia :

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

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan [illegible] & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: (N) Power (N)

Co-ordinator :

Posture : (N)

Involuntary Movements : Tremors (+)

Reflexes : Brisk

DTR ↑ **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel : passed urine

Clinical Summary & Diagnostic:

Acute paralysmal event ? seizure
? Anxiety induced hyperventilation

(P.T.O.)

VIH-00073651 IP-00060238
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

...iatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Haemodynamic stability

Planned Labs:

VBG
CBP
chest x-ray
S/E
S.Ca / S.Mg (1st sample)
VIT D3 levels
CRP
CUMS

Planned Management

1) IVF DNS 66 ml/hr
2) INJ. PANTOPRAZOLE 25mg IV OD
3) CPM-C (NKD) SOS

Noted by Sr Revathy 5/6/26 @ 3pm

Signature of the Doctor: [signature]

Name of the Doctor: Dr Jayasree

Date & Time: 5/06/2026

Signature of the Consultant: [signature] Dr. Akheel Rizwan Reg. No: TSMC/FMR/13579

Name of the Consultant: Dr Akheel

Date & Time: 5/6/26 19:00

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 10:00	Cls/B Dr Akheel	
	Δ1 Starvation Ketosis with Paroxysmal event	
	Current Status	
	- on Room Air - Dietary help (soft diet) - NIV fluid	
	Plan	
	- USG Abdomen - Continue Same - VBG T/N - GRBS 4th hrly	SM A. Rizwan 1900 Dr. Akheel Rizwan Reg. No: TSMC/FMR/13579

Noted By Devika 5/6/26 at 2pm

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/06/26 8AM	CWB Resident Δ Starvation Ketosis with Paroxysmal event Current status → On Room Air → On IV fluid DNS → Tolerating oral feed well → GRBS monitoring → ABG, lactate decreased Plan → Stop IV fluids → D2 inj ceftriaxone → continue same → Blood ketones to be checked	Noted by Sr. Manyam 6/6/26 at 8AM
08h:00m		

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2016 10:30 AM	c/s/o Dr. Vishnu Sir D1 - Starvation ketosis & with Acute pancreatitis on room Air Haemodynamically stable, Afebrile, orally c/o abdpain	Npo 1) IVF send urine ketones 2) NO shift to ward 3) CMBS & HDU

Noted by Dr. Mahesh 6/6/16 at 10:30am

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

VIH-00073651 IP-00060239
Master K.KARTHIKEYA
01-08-2015 10 Y 10 M 5 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2026 10:20AM-	Δ - Starvation leading to hypoglycemia, Ketosis & Symptomatic tremors Shifting Notes	
	This is a case had H/O of loose stools, vomitings 2 days back, as a result child had ↓ intake & urine output, leading to hypoglycemia, Ketone production. hypoglycemia leads to Sympathetic nervous system activation causing tremors, dizziness and spasms Alw fast breathing outside with D½ IO Bolus hence, Shifting foword	10 yr male child who child was managed with D10% DNS full maintenance, gradually tapered and started on oral. His VBG, ABG before Shifting were normal.
		Plan- - Repeat GRBS, before 8th hrly - Continue Diet - Allow orally - w/f tremors/ dizziness again

Noted by Sr. Mahesh at 6/6/26 at 10:20AM

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 3:30pm	C/S/B Resident	
	AGI: Starvation leading to hypoglycemia, ketosis & symptomatic tremor.	
O/I ↓ Intake.	O/E	
	Child Alert & Active.	
U/O → Adequate.	Vitals stable	
	CVS: S1S2⊕	
	RS: B/L AE ⊕	
	P/A: Soft	Plan
	CNS: NAD	– Plan for d/c T/m
Dr. prathus.		– Continue rest.
		– Allow orally.
		– Inj. Ceftriaxone OD –
		– Inj. Pantoprazole OD –
		– w/f tremors, dizziness –
		Noted by Manisha 6/6/26 @8pm

VIH-00073651 IP-00060239
Master K.KARTHIKEYA
01-08-2015 10 Y 10 M 5 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

CONSULTATION FORM

BirthRight BY RAINBOW HOSPITALS Your Right to ...

Madhukar Rainbow Children's Hospital

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

Doctor Name : Dr. Sindhura

Date : 5/6/26 Hour : 3pm

Hospital : .....

.....

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

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

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Date : 5/6/26 Time : 3pm By Dr. Sindhura

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

Signature: M.D.

Report of Findings and Recommendations :

c/o Difficulty in Breathing since morning

a/w - Spasms ⊕ of UL & LL

H/o Vomitings } 2 days back - Subsided
100 stools }

Child active, asymptomatic - Yesterday

Whole body tremors since morning

Went to nearby hospital - RBS - 44 - D10% given
& Inj-Ca gluconate given

H/o salbutamol nebulization in morning

H/o febrile seizures @ 6 & 7 months of age

Developmental - Appropriate for age

Consultant :

Name : Dr P. Sindhura Signature : Date & Time : 5/6/26

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

Q.E

Vitals - (N)

Consciousness oriented

Pupils - B/L equal reacting

Eyes - full

Motor - bulk

Power - good antigravity strength

generalized coarse tremors present

DTR - +3

Plantar Flexor

Plan

- S. electrolytes
- S. calcium
- S. Mg
-

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

(1)

No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

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

6/6/26

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

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	110	105	109	112	101	99	101	107	110	102

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

Resp Rate (Number)	26	27	26	27	26	25	23	24	23	24
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98	99	98	99	98	99	98	99	100	98
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N
GCS *	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
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	M	S	S	S	S	S	S

CTIONS

Scores 3 should be ded 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.

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00073651 IP-00060239
Master K.KARTHIKEYA
01-08-2015 10 Y 10 M 5 D (M)
Dr. AKHEEL SYED RIZWAN

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9
Doctor / Nurse / Family Concern?	pm

7/6/26

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

98.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

100/70 (63)

Heart Rate (Number): 110

Noted By manisha 7/6/26 @9am

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

Resp Rate (Number): 27

Resp Distress: Mod/ Severe / None / Mild	N
Receiving O_2 (l/min) / O_2 Saturations (%)	99
Conscious Level: Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	MS

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00073651 IP-00060239
Master K.KARTHIKEYA
01-08-2015 10 Y 10 M 5 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
6/6/26	02:00 pm		Rice + water									
	03:00 pm									✓		
	04:00 pm											
	05:00 pm										0	
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :** 2 Hrs						
	08:00 pm											
	09:00 pm		Rice + water							✓		
	10:00 pm											
	11:00 pm									✓		
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** 2 Hrs						
	02:00 am		Water									
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :** 1 Hrs						

manisha 6/6/26 @8pm

Sreebath 7/6/26 @8AM

Total 24 hrs. Intake		Total 24 hrs. Output	5 Hrs.

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

1. 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 :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

VIH-00073651 IP-00060238
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

1

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. : .....

7/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		Idly							✓		
	09:00 am		water									
	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**	

manisha 7/6/26 @

Noted by manisha 7/6/26 @ 6am

VIH-00073651 IP-00060239
Master K.KARTHIKEYA
01-08-2015 10 Y 10 M 5 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: PICU Shifted to: 1st Floore

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	1. INJ CEFTRIAXONE	1.3g	IV	12th hrly		☐C ☐DC
2	2 INJ. PANTAPRAZOLE	30mg	IV	24th hrly		☐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

Date & Time : 6/6/2026 @ 11 AM

Nurse Name & Signature: Maheswari

Date & Time : 6/6/26 @ 11 AM

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 5.1.6.1.26 .... 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 / 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-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

REGULAR PRESCRIPTIONS

Weight. 27 kg Ward. PICU

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.3gm	IV	12th HOURLY	5/6/2026

Name & Signature of the Doctor Starting the Drugs:
Dr Sweety, [signature]

Additional Instructions:
@ 50mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	5/6	6/6	7/6
6 pm	X	10 am	EDW
6 pm	Deepika Rintal	[signature]	

Dr [signature]

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
30mg	IV	ONCE DAILY	5/6/2026

Name & Signature of the Doctor Starting the Drugs:
Dr Sweety, [signature]

Additional Instructions:
@ 1mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	5/6	6/6	7/6
6 pm	4pm Deepika Rintal	10 am	EDW

Dr [signature]

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VIH-00073651 IP-00060239
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

Weight. 27kg Ward. PICU

	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.	

Signature

VERIFIED BY

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/6	1:25 Pm	Inf NS	270 ml	IV		Jyothi Rani
5/6			over 30 min			
5/6	1:30pm	INJ. PARACETAMOL	400 mg	IV		Jyothi Revathi
5/6	1:55 Pm	INJ. mg SO4	1 gm	IV		Jyothi Revathi
5/6			over 30 min			
5/6	12:20pm	NEB. LEVOSALBUTAMOL	0.63mg	PN		Jyothi Revathi
5/6	12:40pm	NEB. LEVOSALBUTAMOL	1.25mg	PN		Jyothi Revathi

5/6 Jyothi Rani

VIH-00073651 IP-00060238
Master KARTHIKEYA
01-08-2015 10 Y 10 M 4 D (M)
Dr. AKHEEL SYED RIZWAN

I.V. FLUIDS CHART

Weight. 27kg 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
2/6/26	3pm.	RVF DNS (Full)	RV	66		Revathy / Jyothi	5/6		Partha / Rinkal
5/6/26	3:20 PM	RVF 10% DNS (Full)	RV	66		Neha / Rinkal	5/6.		Partha / Rinkal
5/6/26	3:30 PM	IVF (80%) 10% DNS	IV	55		Neha / Rinkal	5/6		Neha / Neha
5/6	9PM	IV Fluid 5% DNS	IV	50		Neha / Neha	6/6		Neha / Yashi

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