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

ACTIVITY RECORD FOR BILLING

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

Name: --

UHID No ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 12/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 132 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	3:40pm	ER	132	shm.

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Geetha. Chavala	13/6/26	3089410	
2.	Cross cleared by	13/6/26		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
12/6	CBP/CRP, S/E/, ~~Creatinine~~	26020179	Shy
	Calcium, magnesium		
	RBS/ ~~97~~ mg/dL	26020180	Shy
	Cross Checked by [signature] 13/6/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/6	Infusion pump.	4pm.	13/6/26 4pm	3089618	[signature]
	Cross checked by [signature] 13/6/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/6/26	Implacement	(1)	3089619	[signature]
	Cross Checked by	[signature]	13/6/26	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth Esther		

INSURANCE COPY

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Name	Baby Of SWARNALATHA G	**UHID**	VIH-00187243
Father/Guardian	Mr SOLOMON RAJ	**Age/Gender**	1 Y 5 M 17 D/Female
Address	OLD ALWAL FB NAGAR, Alwal, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060325	**Admission Date**	12-06-2026
Ref Doctor	Self	**Discharge Date**	13-06-2026

DISCHARGE SUMMARY

Consultant: Dr. AKHEEL SYED RIZWAN
MBBS, DCH, MRCPCH (UK)
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY
TSMC-13579

Diagnosis: Simple febrile seizure

History: Baby of SWARNALATHA G is a 1 Y 5 M 17 D girl presented with the history of moderate grade fever, one episode per day non-bilious non-projectile vomiting since one day, cold, one episode of seizure in the form of uprolling of eyeballs, stiffening of limbs lasting for about 2-5 minutes, decreased oral intake prior to admission. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

Examination: She was febrile (101^{0}F), maintaining saturations at room air. HR- 140/min, BP- 90/60 mmHg and RR 30/min. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft without organomegaly. Bowel sounds were heard. Neurologically, she was conscious and alert. Examination of other systems including spine was normal.

Weight on admission : 9.7 kgs.

Name	Baby Of SWARNALATHA G	UHID	VIH-00187243

Investigations: Enclosed.

Management: She was admitted in the ward and started on intravenous fluids and intravenous antibiotics. She was started on prophylaxis with Tab. Clobazam. She was treated symptomatically with antipyretics.

Her complete blood picture showed hemoglobin 11.7 gm%, white blood cells count of 7,280 cells/cumm, platelet count of 2.90 lakhs/cumm and C-reactive protein was 9 mg/l. Serum electrolytes, calcium and magnesium were normal.

In view of seizure, child was seen by Dr. Geetha Chanda, Consultant Pediatric Neurologist, who advised Tablet Frisium prophylaxis and SOS midazolam nasal spray.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

Her vitals were regularly monitored. Her fever spikes and other symptoms gradually settled. She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg) 2.5ml, 12th hourly for 4 days (Refrigerate after reconstitution).
3. Tab. Clobazam (5mg) 1/2 tablet, 12th hourly till 15.06.2026 morning.
4. Kindly consult Dr. Akheel S. Rizwan, Senior Consultant Pediatrics and Neonatologist, on monday in OPD with prior appointment (This consultation will be charged).

Febrile Seizure Prophylaxis

1. Syrup Paracetamol (5ml=240mg), 3ml for fever >99.6*F (maximum 4-6 hourly).
2. Syrup Ibugesic (5ml=100mg), 9.5ml for fever >101*F (maximum 8 hourly).
3. Tepid sponging SOS if fever >102*F.
4. Tablet. Clobazam (5mg), 1/2 tablet twice daily for 3 days every time with fever.
5. Midazolam nasal spray (1.25mg/puff), 1 puff intranasal (into each nostril in sitting position) for future seizures more then 3 minutes.

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870, for increasing breathing difficulty, dullness or high fever.

Name	Baby Of SWARNALATHA G	UHID	VIH-00187243

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

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

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. B. Prashanthi
DEO : MD Younus Pasha

Dr. prashanth.
Registrar/Resident/C.M.O

for B

Dr. AKHEEL SYED RIZWAN
MBBS, DCH, MRCPCH (UK)
SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY
TSMC-13579

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-00060325 **Admit Date** : 12-Jun-2026 **Admit Time** : 01:59 PM **UHID** : VIH-00187243

Patient Details :

Patient Name	: Baby Of SWARNALATHA G	**Age**	: 1 Y 5 M 16 D
Guardian	: Mr SOLOMON RAJ	**DOB**	: 27-12-2024 05:06 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: OLD ALWAL FB NAGAR Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 9154113546/ 7799511010
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 103 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 103 **Admission Type** : First Visit

Contact Details :

Name : Mr SOLOMON RAJ **Relationship** : D/O

Contact Address : OLD ALWAL FB NAGAR Alwal Hyderabad Telangana INDIA 500010 **Phone No** : 9154113546 / 7799511010

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : B/O. SWARNALATHA G UHID : VIH-00187243 IPD : IP-00060325 Gender : Female Age : 1 Y 5 M 16 D

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

wt :- 9.7 kg
Ht :- 80 cm

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Swarnalatha Age : 1Y **Gender:** ☐ Male ☑ Female

Date : 12/12/26 Time of Arrival : 1:35 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: 101 F PR: 140 b/mt BP: crying RR: 20 b/M SpO$_2$: 100% Episode of febrile

Chief Complaints: c/o fever, vomitings since yesterday, seizure today

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ 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.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 1:39 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 : Swathi

Signature of Triage Nurse : .....

Date & Time : 12/12/26 @ 1:39 pm

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

Patient Name : B/O. SWARNALATHA G UHID : VIH-00187243 IPD : IP-00060325 Gender : Female Age : 1 Y 5

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/6/26 Time of arrival : 1:40pm

Chief Complaints: fever since yesterday, 1 episode of vomiting since today, fever gone RBS: 97mg/dl

Height : 80cm Weight : 9.7kg BMI : — Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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 : 1:44pm

Patient Name : B/O. SWARNALATHA G UHID : VIH-00187243 IPD : IP-00060325 Gender : Female Age : 1 Y 5 M 16 D

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

Time	Nursing Notes
1.35pm	* Pt came to ER from OPD c febrile seizure.
1.40pm	* Dr. Vishwaja had seen the Pt Midazolam Spray, Nicomol Suppository
1.45pm	* Dr. Akhil had seen the pt advised admission
1:55pm	* Pt got admitted, IV placement done * Blood sample sent to lab. Pt shifted to ward.

Samples collected by: Sr. Shantha Kumari Time: @ 2:30pm

Samples sent by : Sr. Swagatika. Time: @ 2:35pm.

Medication given in ER:

Date / Time 12/6	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1.32 pm	Midazolam Spray	P/N	2 spray (puffs) stat		
1.40 pm	Nicomol Suppo	P/R	150mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 126/mt BP: Crying CFT: <2 sec	Shift - out from ER to: 132
RR: 26/mt SPO_2 : 99%	Time of Shift - out: @ 3:40pm
GCS: 15/15 Temperature : 98.2°F	Handover given to: Sr. Srikanth (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement done.

Name of the Nurse : Vaishnavi Signature of the Nurse : Vaish

Date & Time : 12/6/24 @ 3:40pm

PATIENT TRANSFER FORM

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VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 3 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	12/6/26 @ 1:59pm	12/6/26 @ 3:40pm
Transfer Ordered by: DR. vishwaja		Reason for Transfer: for Admission
From Unit: ER	To Unit: 132	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (21)	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ? opfile given to.

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
shanthi	DR. vishwaja

Patient & Clinical Records Received by : sreekanth

Date & Time of Patient Received : 12/6/2026

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

Patient Name: _____ VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

UHID ID: _____

Department: _____

Consultant: _____

VIH-00187243 IP-00060325
Baby Of SWARNAI ATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ______

Information given by: ______________________ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever since yesterday (D2)
cold since morning
vomitings since yesterday
1 episode of seizure activity - today

History of present illness :

Child brought by parents with
c/o Fever since yesterday (D2 of illness)
↳ moderate grade
insidious onset
gradually progressive
Relieving on medication
c/o cold since today morning
c/o vomitings since yesterday
↳ 1 episode/ day
NP/NB/ non blood stained
content - food, water.
c/o ↓ oral intake
↓
Child brought to hospital for consultation
↓
developed 1 episode of seizure activity c̄
URDEB, stiffening of limbs
1 episode of vomiting
↓
lasted for 2-5 min
given midaz spray @ ER
↓
Settled after 5 min ⇒ child drowsy for 5-10 min.

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

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

Non significant

H/O Seizures in childhood in maternal uncle
H/O epilepsy in paternal grandfather

Birth & Neonatal History:

Term / 2kg / LSCS (cord around neck) / NO NICU stay

NCM.

Birth & Socio Economic History:

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

Developmental History :

Appropriate for age in all domains

Immunization History :

Received upto dose vaccinated

(P.T.O.)

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms): 80cm (Centile)_____)

Weight (kgs)) 9.7kg (Centile _____)

On Examination :

Temperature : 101°F Pulse Rate : 140/m B.P. crying SPO2 100%

Resp.rate and type of breathing : 30/min

Rash (-).

Lymphadenopathy

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

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

Air entry & breath sounds : B/LAE (+)

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: (N) Power 4/5 all limbs.

Co-ordinator :

Posture :

Involuntary Movements : NO

Reflexes : +

DTR +2 **Superficials:**

Plantars flexor

Sensory System : +

Bladder / Bowel : NO incontinence

Clinical Summary & Diagnostic:

Simple Febrile seizures (1st episode)

(P.T.O.)

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications.

Desired goals of the treatment : To treat current condition

D/w DrAkheel sir, Dr. Nikash sir

Planned Labs:

- CBP
- CRP, S/E
- S.Ca^{+2}, S.Mg^{+}

Noted by shruthi
12/6 @2:39pm

Planned Management

1) IVfluids
2) Inj ceftriaxone
3) ~~Syp Rotent~~
4) ~~Antipyretics~~ - SOS
5) Neuro opinion. - done

Noted by shruthi
12/6@2:39 pm

Signature of the Doctor: .....
Name of the Doctor: Dr. Vishwajit
Date & Time: 12/6/26 2:30pm.

Signature of the Consultant: .....
Name of the Consultant: Dr. Akheel sir.
Date & Time: 12/6/26 @ 2:30pm

VIH-00187243 IP-00060325
Baby Of SWARNAI ATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 4:00pm	C/s/B Resident	
	Ahis: Simple febrile seizures (1st episode).	
	No fever spikes.	
	O/E	
	Child Alert	
	vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	Plan
	P/A: soft	
Dr. Prathana.	CNS: NAD.	- Inj. Ceftriaxone. D1
		- IVF
		- T. Frizium 1/2 tab - 12 th ly
		- Monitor vitals
		- Syp (P.C.)
	noted by Sreekanth on 12/6/26 @ 5:00pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 10:00pm	C/B Resident	
	2 fever spikes @ 6:45pm, 1:50am. (100.5F) (102.5F).	
	O/E	
	Child Alert	
	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	
	P/A: soft	Plan
	CNS: NAD.	- Inj. ceftriaxone - D1
		- Continue clobazam.
Noted by Dr. Prabhakar.		
Noted by Dr. @2pm 13/6/26	→ Parents wanted to remove the cannula & wanted to shift the IV Antibiotics to oral..	
	we Advised to continue the cannula till the discharge process gets completed. (But they refused it.	

[signature] 13/6/26 @ 2:45pm

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Simple febrile Seizures (1st episode)			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	12/6/26 E	12/6/26 Evening	12/6/26 Night	13/6 M		
	Medical Condition (Any special condition to be noted):	–	–	–	Nil		
	Diet:	(S) diet	(S) diet	(S) diet	soft diet		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.6°F	98.6°F	98.6°F		
	Res:	26 b/m	26 b/mt	26 b/mt	25 b/m		
	SpO_2:	99%	100%	100%	99%		
	Pulse:	126 b/m	126 b/mt	126 b/mt	120 b/m		
	BP:	Crying	98/75(86)	97/65(88)	.		
	LOC:	Conscious	Conscious	Conscious	conscious		
	Fall Risk Score:	14	11	11	11		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	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	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	dependent		
Post Operative Procedure Special Orders:			Nil	Nil	Nil		
Handed Over By Name :		Vaishnavi	Sreekanth	Priya	Beulonika		
Signature / ID :		@020216	60737	P01469	B018727		
Date:		12/6/26	12/6/26	13/6/26	13/6/26		
Time:		@3:40pm	@ 8pm	@8am	@ 2pm		
Taken Over By Name :		Sreekanth	Priya	Beulonika			
Signature / ID :		60737	P01469	B018727			
Date:		12/6/26	12/6/26	13/6/26			
Time:		@ 3.40pm	at 8pm	@ 8am			

noted by Sister 2pm 13/6

Docu. No. : RCH /FRM / CLINICAL / 097

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

Rainbow® Children's Hospital
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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-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
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Date: 12/6/2026

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify......nill
- ☐ 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	5:00 pm	→ maintain Good nutritional status		– provided soft diet	– To maintain health status	patient is stable	Sreelekha 607519 12/6/26 8pm
Night	9 pm	→ maintain Fluid balance	9:10 pm	maintain IV fluid DNS 25 ml / hr	→ maintain hydration	Pt is stable	[signature] 017154 13/6/26 at 10 am

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 13/6/26

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		Discharge notes :- advice for		Came for round discharge	patient is stable.		
Afternoon					Noted by Dr		
Night					3.2pm 13/6/26		

VIH-00187243 IP-00060325
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 12/6	DATE 12/6	DATE 13/6	DATE	DATE
Age	Less than 3 years old	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					
	Female	1 ✓	1	1	1		
Diagnosis	Neurological Diagnosis	4 ✓	3	3	3		
	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 ✓	3	3	3		
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	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		
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		
	Total		15	15	13		

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 support	✓		✓	✗		
Other Intervention(s) Specify	✓		✓			
Nurse's Name:	Shoth		[illegible]	Brij		
Signature:	[signature]		[signature]	[signature]		
Date:	12/6		12/6/25	13/6		
Time:	2:25pm		[illegible]	12pm		

Docu. No. : RCH /FRM / CLINICAL / 005

VIH-00187243 IP-00060325
Baby Of SWARNAI ATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

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PAIN ASSESSMENT FORM

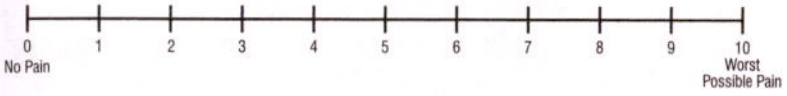
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/6	2:27pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	— —	[signature]
12/6	1/pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
13/6/26	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Bmiry
				☐ 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		
				☐ 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		
				☐ 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

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of SWARNALATHA G**	**Age :**	**1 Y 5 M 16 D**
IP No:	**IP-00060325**	**Sex:**	**Female**
Consultant:	**Dr. AKHEEL SYED RIZWAN**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 103**

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.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned ... consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ...surance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care 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:
1 We 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 ...arance. 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: SOLOMON RAJ
Relationship: father
Date: 12/06/26 Time: 01:59 Pm
Witness Name: Sunny
Witness Signature:

Patient Address:
OLD ALWAL FB NAGAR Alwal
Hyderabad Telangana INDIA 500010

Ref. No. : F / HW/CONS.F/INPR / 01

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CONSULTATION FORM

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

Doctor Name ....

Date : 12/6/26 .... r : ....

Hospital : VRCH

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.) ☐ Urgent (within 6 hrs.) ☑ Non Urgent (within 24 hrs.)

Date : 12/6/26 Time : 1:30pm By : ....

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

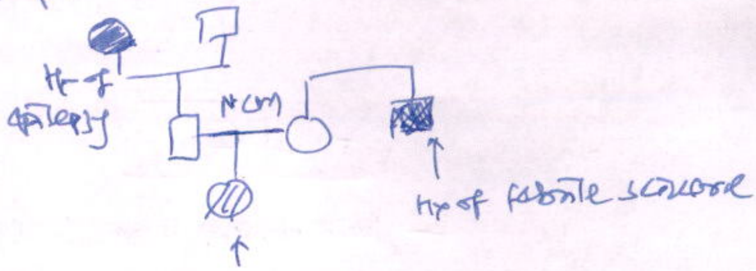
Signature: M.D.

Report of Findings and Recommendations :

C/o

fever x 1 day

seizures - UROEB with tonic posturing of both UL lasted for around 5 min



Development - (N) for age

Birth Hx - 2kg / LSCS / no NICU stay

Consultant :

Name : Dr. Neeftha Chanda Signature : .... Date & Time : 12/6/26

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

(O/E)

- HC – 45 cm
  no meningeal signs
  Conjunctiva - normal
  Auricle - B/L canal, normal
  ETM - full

Tone

power - good all movements

DTR – +2

Plantar - flexor

(Plan)

- CBP, CRP, serum electrolytes, S. calcium, S. Mg
- T. Frisium (5)
  ½ – 0 – ½ x 2 days
- CUE
- Midazolam nasal spray (1.25mg/spray)
  1 spray in one nostril in sitting position if seizures ≥ 3 minutes

VIH-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

A / CLINICAL / 125

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

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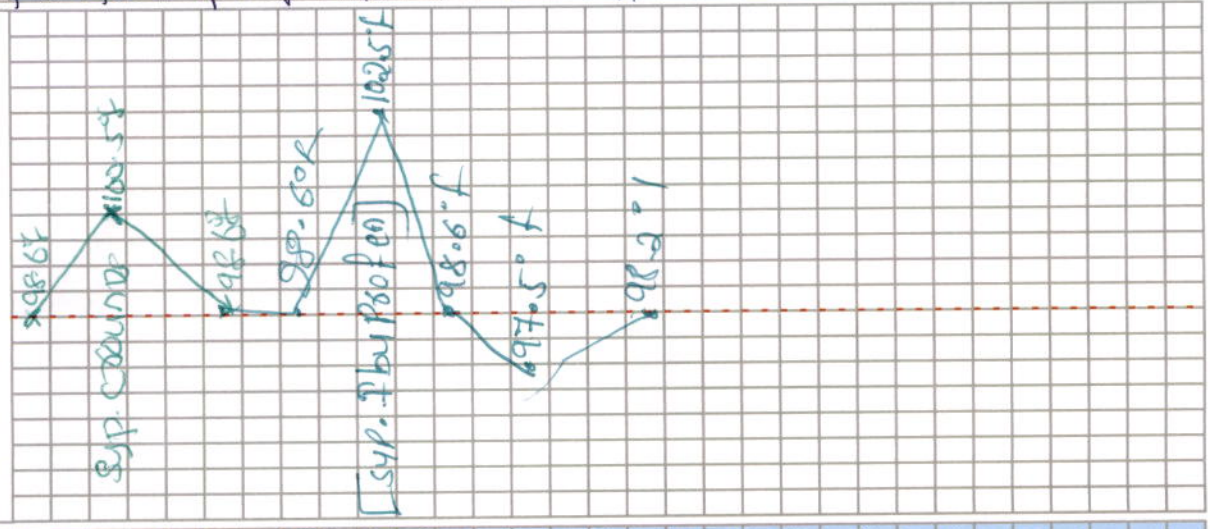
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/12/24 Time: 4 6:45 8 10 1:15 3 5 7

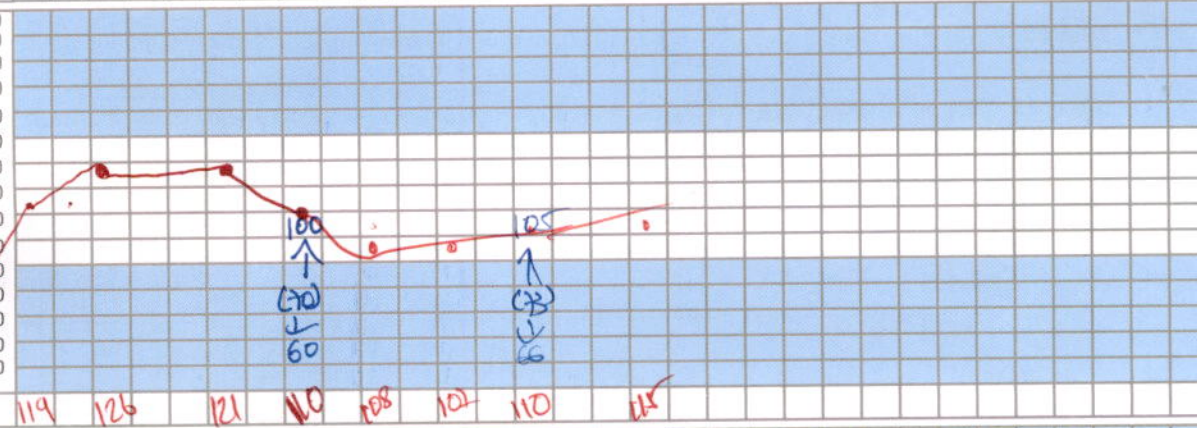
Doctor / Nurse / Family Concern? pm pm pm pm AM AM AM AM

Temperature (°F)



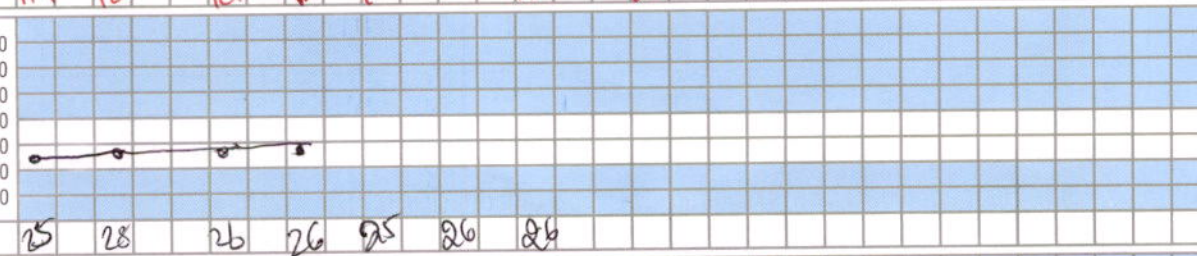
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	119	126	121	110	108	102	110	115

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



Resp Rate (Number)	25	28	26	26	25	26	26	
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	99	100	98	97	98	99
Conscious Level (Normal / Altered)	N	N	N		N	N	N	N
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials					MA	MA	MA	MA

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)

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/6/26 Time:	9	11	1
Doctor / Nurse / Family Concern?	am	am	pm
Temperature (°F)	97.5°F	98.5°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring			
Heart Rate (Number)	110	115	117
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	25	25	28
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	98
Conscious Level: Normal / Altered	N	N	N
GCS *	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	B	B	B

Noted by Dr. @2pm 12/6/26

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-00187243 IP-00060325
Baby Of SWARNALATHA G
27-12-2024 1 Y 5 M 16 D (F)
Dr. AKHEEL SYED RIZWAN

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FLUID CHART

Sheet No. : 1

12/6/26

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

		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 :**						
12/6	02:00 pm										1	Sreekanth 12/6/26 08pm
	03:00 pm											
	04:00 pm			25ml								
	05:00 pm			25ml						✓		
	06:00 pm			25ml								
	07:00 pm			25ml								
Total Intake : 100ml						**Total Output :**						
12/6	08:00 pm			25ml						✓		
	09:00 pm			25ml								
	10:00 pm			25ml								
	11:00 pm			25ml						✓		
	12:00 am			25ml								
	01:00 am			25ml								12/6/26 at 11:30pm
Total Intake : 120ml						**Total Output :**						
13/6	02:00 am			25ml						✓		
	03:00 am			25ml								
	04:00 am			25ml								
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake : 295						**Total Output :**						

Total 24 hrs. Intake	295ml	Total 24 hrs. Output	5 times

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FLUID CHART

Sheet No. : 13/6/26

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	DLVS	N.G							
13/6/26	08:00 am											
	09:00 am		Idly water							—		
	10:00 am			25ml								Benarika
	11:00 am										0	13/6
	12:00 pm			25ml								
	01:00 pm											@2pm
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Noted by Bindu @2pm 13/6/[illegible]

Total 24 hrs. Intake		Total 24 hrs. Output	

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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	

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DRUG CHART

Date of Admission: 12|6 Drug Allergies: ✓ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: SYP. PARACETAMOL				Date/Time	12/6 6:45 Brij
Dose	Route	Frequency	Start Date		
3ml	PO	as required	12/6		
Doctor's Signature	Valid Period	Pharm.			
[signature]	max 6th hrly	Dr Dolala			
Additional Instructions: 5ml = 240mg 15mg/kg/dose if temp > 100°F					

Dr Dolala

DRUG: SYP. IBUPROFEN				Date/Time	12/6 1:50am [signature]
Dose	Route	Frequency	Start Date		
9.5ml	PO	as required	12/6		
Doctor's Signature	Valid Period	Pharm.			
[signature]	max 8th hrly	Dr Dolala			
Additional Instructions: 5ml = 100mg 10mg/kg/dose if temp > 102°F					

Dr Dolala

DRUG: INJ. ONDANSETRON				Date/Time	
Dose	Route	Frequency	Start Date		
1.5mg	IV	as required	12/6		
Doctor's Signature	Valid Period	Pharm.			
[signature]	max 8th hrly	Dr Dolala			
Additional Instructions: if vomit (+) 0.2mg/kg/dose					

VERIFIED BY: Name / Signature Dr Dolala

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REGULAR PRESCRIPTIONS

Weight. 9.7kg Ward. 132

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
480mg	IV	12th hourly	13/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: after test dose

50mg/kg/dose

Date/Time: 12/6, 13/6 — 6 pm; 6 pm

Daily Doctor's Endorsement by a Sign

Dr Dolly

DRUG : TAB. FRISIUM (CLOBAZAM)

Dose	Route	Frequency	Start Date
½ tab	PO	12th hourly	12/6

Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja

Additional Instructions: x 2 days.

1 tab = 5mg

Date/Time: 12/6, 13/6 — 6 pm; 6 pm

Daily Doctor's Endorsement by a Sign

Dr Dolly

DRUG : ~~SYP. RELENT~~

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time:

Daily Doctor's Endorsement by a Sign

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Weight. 9.7kgs Ward. 132

	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
12/6	4:30 pm	INJ. CEFTRIAXONE (80mg/kg)	750mg	IV		Gayathri Deepthi
12/6	1:30pm	MIDAZOLAM SPRAY	2 puffs	PN		Vaishnavi Shanthi
12/6	1:40pm.	PARACETAMOL SUPPOSITORY	150mg	PR		Vaishnavi Shanthi

Dr. Akheel

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I.V. FLUIDS CHART

Weight. 9.7kg Ward. .....

		Composition of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/6	4PM	DNS (2/3 M)	IV	@5ml/hr					

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