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VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : Pediatrics.

Date of Admission : 16/6/26. Time : 2:38 pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 113 Ward : 1st Floor. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/26	3.55 Pm	ER	113 (1st Floor)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/6/26	CBP. CRP. electrolytes	26020559.	
	VBG. RBS 61 mg/dl.	26020560	
16/6	RBS - 5:30pm - 78 mg/dl.	26020606	
	CUE	26020585	
	Cross checked by	Sadhya 17/6	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/6	Infusion pump	4 pm	17/6/26 1[illegible] AM	3090885	[signature]
	Cross checked	by	Sadya	17/6	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/6/26	IV placement	1	3090886	Dr. Rajyalaxmi
	Cross checked by Sadiya 17/6			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth		

Name	Baby PUPPALA VRITHIKA	**UHID**	VIH-00200860
Father/Guardian	Mr RAJA SAI KIRANN	**Age/Gender**	1 Y 7 M 27 D/Female
Address	hyderabad, Bahadurpura, Hyderabad, Telangana, INDIA, 500064		
IP No	IP-00060361	**Admission Date**	16-06-2026
Ref Doctor	SELF	**Discharge Date**	17-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Diagnosis: Acute gastroenteritis with some dehydration

History: Baby PUPPALA VRITHIKA is a 1 Y 7 M 27 D old girl brought with complaints of 3-4 episodes of non-bilious non-projectile vomitings since 2 days, 8-10 episodes of loose stools since 1 day prior to admission. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 150/min, blood pressure was 90/60 mmHg and RR 26/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. She was conscious and oriented. There was no focal neurological deficits or meningeal signs. Examination of other systems including spine was normal.

Weight on admission : 9 kgs.

Name	Baby PUPPALA VRITHIKA	UHID	VIH-00200860

Investigations: Enclosed.

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

Her VBG showed pH 7.26, pCO2 34 mmHg, pO2 39 mmHg, HCO3 15.3 mmol/L, BE -11.7 mmol/L. Hemogram showed Hb 9.7 gm%, WBC count of 7,490 cells/cumm, platelets of 2.51 lakhs/cumm and CRP 10 mg/L. Serum electrolytes were normal. CUE was normal.

Her vitals were regularly monitored. Her symptoms gradually reduced. Parents were counselled about course of illness and continuation of gastrodiet for few more days. She remained hemodynamically stable throughout the hospital stay without any complication. She is being discharged with the following advice.

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

Advice:

1. Gastrodiet as advised.
2. Oral Enterogermina mini bottle, 1 mini bottle twice daily (after food) for 3 days.
3. Z & D drops (1ml=20mg) 1ml once daily for 14 days.
4. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:

Syrup. Paracetamol (5ml=240mg), 2.5ml for fever >99.6*F (maximum 4-6 hourly).

Name	Baby PUPPALA VRITHIKA	UHID	VTH-00200860

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

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

In Case of high fever, vomitings and decreased activity or decreased urine output, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.
The discharge advice and details on how to obtain emergency care has been explained to me in the language that i understand.

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 : P. PAPA SAI KIRAN.

Signature :

Relationship with patient : FATHER

This summary has been explained by :

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

Registrar/Resident/C.M.O

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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PatientName	: Baby PUPPALA VRITHIKA	Inpatient No.	: IP-00060361
Age/Gender	: 1 Y 7 M 26 D/ Female	Admit Date	: 16-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 14:55
HEMOGLOBIN (Colorimetry)	9.7	g/dL	L	10.5 - 13.5
RBC COUNT (DC detection method)	4.12	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	27.4	VOL%	L	33 - 49
MCV (Calculated)	66.6	fL	L	70 - 86
MCH (Calculated)	23.6	pg/cells		23 - 31
MCHC (Calculated)	35.4	g/dL		30 - 36
RDW-CV (Calculated)	12.8	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	251	10^9/L		150 - 450
MPV (Calculated)	7.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	7.49	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	52	%	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	42	%	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	05	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC MICROCYTES(++) WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 14:55
CRP (Immunoturbidimetry)	10	mg/L	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 14:55

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby PUPPALA VRITHIKA	Inpatient No.	: IP-00060361
Age/Gender	: 1 Y 7 M 26 D/ Female	Admit Date	: 16-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
SODIUM (Direct ISE)	140	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.7	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	106	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :16-06-2026 14:55
RANDOM BLOOD GLUCOSE (GOD/POD)	**61**	**mg/dl**	L	70 - 140

Investigation	Result	Unit		Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :16-06-2026 19:33
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	CLEAR			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.005			1.005 - 1.030
SEDIMENT (Gross Examination)	NIL			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	NIL			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	POSITIVE +			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**1 - 2**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**2 - 3**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

Rainbow Children's Hospital - Secunderabad

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PatientName	: Baby PUPPALA VRITHIKA	Inpatient No.	: IP-00060381
Age/Gender	: 1 Y 7 M 27 D/ Female	Admit Date	: 16-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :17-06-2026 06:56
RANDOM BLOOD GLUCOSE (GOD/POD)	78	mg/dl	70 - 140

...EFICIENCY CHECK LIST OF ... CASE SHEET

Rainbow Children's Hospital — BirthRight by Rainbow Hospitals

VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 27 D (F)
Dr. SURENDER RAO DUSA

Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	02			
3	Nursing Initial assessment form	03			
4	Patient Trasfer Forms	01			
5	In-patient Medical Record	03			
6	Doctors Progress Sheets	01			
7	Nurses Progress notes	02			
8	Consultation Sheets				
9	General Consent for Treatment	01			
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	02			
26	Intake and Output chart (fluid Chart)	02			
27	Drug Chart (Regular prescription)	02			
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart	00			
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLC form (in case of MLC)				
34	Patient Education Form				
	others	06			
	Billing	04			
	Total No. of Pages	33			

Noted by Indu @ 1PM 12/6/25

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060361 **Admit Date** : 16-Jun-2026 **Admit Time** : 02:38 PM **UHID** : VIH-00200860

Patient Details :

Patient Name	: Baby PUPPALA VRITHIKA	**Age**	: 1 Y 7 M 26 D
Guardian	: Mr RAJA SAI KIRANN	**DOB**	: 21-10-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: hyderabad Bahadurpura Hyderabad Telangana INDIA 500064	**Phone No**	: 7993758944/
		E-mail	: NA@GAMILCOM

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 RAJA SAI KIRANN **Relationship** : S/O

Contact Address : hyderabad Bahadurpura Hyderabad Telangana INDIA 500064 **Phone No** : 7993758944 / 8712758173

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : HDFC ERGO GENERAL INSURANCE CO LTD

VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

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Wt: 9 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Vrithika Age : 1y 8M Gender: ☐ Male ☒ Female

Date : 16/6/26 Time of Arrival : 1:58 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: 97.2°F PR: 150 b/m BP: Crying RR: 26 b/m SpO2: 99%

Chief Complaints: c/o loose Stools (7-8 episodes) x2 days, vomiting 8x Yesterday, ↓ Sed. intake of food

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☒ Normal ☐ Sick Looking

Circulation / Colour: ☒ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2:03 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 : Architha

Signature of Triage Nurse : As

Date & Time : 16/6/26 @ 2:03pm

Patient Name : Baby. PUPPALA VRITHIKA UHID : VIH-00200860 IPD : IP-00060361 Gender : Female Age : 1 Y 7 M 26 D

VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/6/26 Time of arrival : 2:05 PM

Chief Complaints: C/O loose stools, Decreased intake of food RBS: 61 mg/dl

Height : — Weight : 9 Kg BMI : — Head Circumference (<2 years) —

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

If yes , identify .....

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

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 2:09 PM

Patient Name : Baby. PUPPALA VRITHIKA UHID : VIH-00200860 IPD : IP-00060361 Gender : Female Age : 1 Y 7 M 26 D

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

Time	Nursing Notes
@1:58pm	Patient come to ER.
2:01pm.	Vitals checked & recorded.
2:15pm.	Dr. Sweety Seen the patient.
2:38pm	Advice for admission. Admission done.
3:08pm.	IV placement done, Sample collected & Send to Lab.
3.55pm	Patient Shifted to ward (113).

Samples collected by: } Sr. Rajyalaxmi. Time: } @ 3:08pm.

Samples sent by : Time: @ 3:12pm.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	Nill				

Condition of patient at time of shift - out :	Details of Shift - out
HR: 142 b/m BP: crying CFT: <2sec	Shift - out from ER to: 113
RR: 24 b/m SPO$_2$: 99%	Time of Shift - out: 16/6/26 @
GCS: 15 Temperature : 97 °F	Handover given to: Sr. Anitha
Pain Score: 0	(Nurse's Name) Bnl. Sd/-
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sanjay Signature of the Nurse : Sanjay

Date & Time : 16/6/26 @

PATIENT TRANSFER FORM

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Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

	Date & Time of Admission	Date & Time of Transfer Order
	16/6/26 @ 2:38 pm	16/6/26 @ 3.55 PM
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Shivam.	Admission
From Unit	To Unit	Information to Attendant
ER	113	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
21	VBG – 1	Yes ☑ No ☐
		If yes, what ? op file given to Attendant

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Swayathika / Sign	Dr. Shivam.

Patient & Clinical Records Received by : Anitha

Date & Time of Patient Received : 4 PM

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

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

VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 4:55pm Mode of Arrival: by mother lifting Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 9kg Kg

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

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Family History: .....
NIL.

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

If yes please list, ...

Was the child's birth normal? ☐ Yes ☑ No If No, please describe problems: .....
-PT/2secs/cIAB/2.6kg

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

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

Observations: Weight: 9kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.4°F HR: 140bl/min RR: 28bl/min BP: 92/68(71)

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

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

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

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

Character of Pain NIL Location NIL Frequency NIL Duration NIL

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

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

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

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, Father .....

Nurse's Name: ..... Aritha ..... Date: ..... 16/6/26 ..... Time: ..... at 4:10 pm ..... Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

Patient Name: _____ _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Loose stool – 2 days
Vomiting – 1 day

History of present illness :

Child had 3-4 vomiting episodes NOT BILIOUS
non projectile
↓
watery loose stool 8-11 times a day

Child was given oral ondem
& enterogermina

VIH-00200860 IP-00060361
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Pediatric Multiorgan History & Physical Examination

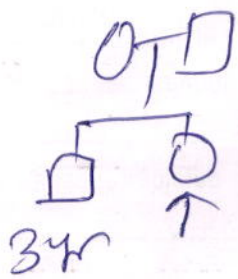
Past History : (Including details of any previous investigation or treatment)

Not significant

Birth & Neonatal History:

FT/LSCS/CIAB/2.6 kg

NICU H/O Mech Advice



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for Age

Immunization History :

Vaccines due for Age

(P.T.O.)

VIH-00200860 IP-00060361
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9 kg (Centile _____)

On Examination :

Temperature : 97.2°F Pulse Rate : 150/m B.P. _____ SPO2 99%

Resp.rate and type of breathing : 26/min

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : N

Air entry & breath sounds : BL AE N

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : N

Heart Sounds : S1 S2 N

Any murmur : –

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

Per Abdomen :

Inspection N

Palpation : N

Ausculation : N

Spine : External Genitelia :

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

VIH-00200860 IP-00060361
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars N

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

ACEB with SMA delyaed

(P.T.O.)

VIH-00200860 IP-00060361
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP ✓
CRP ✓
SE ✓
VBG ✓
Complete Stool exam ✓
(T/o Rotavirus)

Plan: To monitor Repeat GRBS.

Planned Management

C/D/W Dr Surender Dusa Sir.

1. INJ CEFTRIAXONE
2. IV Fluid
3. Enterogermina.

Noted By, Sr. Pallavi, on 16/06/26 @ 2:55 PM

Signature of the Doctor: ....
Name of the Doctor: Dr Shivam
Date & Time: 16/6/26 15:00

Signature of the Consultant: ....
Name of the Consultant: ....
Date & Time: ....

VIH-00200860 IP-00060361
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21-10-2024 1 Y 7 M 26 D (F)
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 / 5.00PM	S/o Regurgitation	
	AGE with some dehydration	
	- vomiting	
	On going loose stool.	
	no fever	
	o/e child irritable	
	CRT < 3sec -	
	afebrile	Plan
	H/L - NAD	-> CVT
	P/A - soft	-> CSE
		-> Vitals 4th hrly
		-> Cont IVF @.
		IV antibiotics.
	Samer (Dr. Samer)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 8:30AM	S/B Resident	
	Ask - AGE c̄ some dehydration.	
	No fever spikes	
	No vomitings	
	No loose stools	
	Oral intake - good	
	Urine - (N)	
	stools - (N).	
	O/E Child alert	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A soft	
		Plan
		1) Inj ceftriaxone
		2) Enterogermina
		3) Monitor vitals inform SOS
Noted by Pradey @ 12PM 17/6/26	D/S today evening Rx Enterogermina	Dr. Surender Rao 17/6/26 11AM

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

IP-00060361
Baby PUPPALA VRITHIKA
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FRM / CLINICAL / 125

(1)

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	4 pm	6 pm	8 pm	10 PM	12 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?								
Temperature (°F)	98.4°F	98.4°F	98.5°F	97.5°F	98.0°F	97.5°F	98.4°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		92/60 SK		95/(73)/61				
Heart Rate (Number)	120	118	116	120	124	130	124	108
Resp. Rate (bpm) (over 1 Minute) *								
Resp Rate (Number)	36	32	30	32	29	35		31
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98	99	98	100	96	99
Conscious Level (Normal / Altered)	N	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	SK	SK	SK	SK	SK	SK	SK	SK

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

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

Patient Sticker

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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-00200860 IP-00060361
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Dr. SURENDER RAO DUSA

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 : 17/6/26 Time: 9 11

Doctor / Nurse / Family Concern? AM AM

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 98.6°F, 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

Heart Rate (Number): 120 115

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

Resp Rate (Number): 28 27

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

Noted by Byrdu @ 12pm 17/6/26

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
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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-00200860 IP-00060361
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21-10-2024 1 Y 7 M 26 D (F)
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(1)

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FLUID CHART

Sheet No. : (1)

16/6/26

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

		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 :**						
16/6	02:00 pm											
	03:00 pm											
	04:00 pm		Kichidy water	38 ml								Shalini 16/6
	05:00 pm			38 ml						✓		
	06:00 pm			38 ml								
	07:00 pm			38 ml								
Total Intake :	152 ml					**Total Output :**						
16/6	08:00 pm		Khichdi water	38 ml								Subhasri 16/6/26
	09:00 pm			38 ml								
	10:00 pm			38 ml								
	11:00 pm			38 ml								
	12:00 am			38 ml								
	01:00 am			38 ml						✓		
Total Intake :	228 ml					**Total Output :**						
17/6	02:00 am			38 ml								Subhasri 17/6 @7AM
	03:00 am			38 ml								
	04:00 am			38 ml								
	05:00 am			38 ml								
	06:00 am									✓		
	07:00 am											
Total Intake :	152 ml					**Total Output :**						

Total 24 hrs. Intake	≈532 ml	Total 24 hrs. Output	3 times

VIH-00200860 IP-00060361
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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.

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 :**						
	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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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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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: ..... Shifted to: .....

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shivam

Date & Time : 16/6/26 @ 2:54pm.

Nurse Name & Signature: Swaganga

Date & Time : 16/6/26 @ 2:54pm.

VIH-00200860 IP-00060361
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DRUG CHART

Date of Admission: 16/6/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY . Name . Signature

Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 9kg Ward. 1st Floor

Stop 16/6/2024

DRUG: INJ. CEFTRIAXONE				Date/Time	16/6	17/6
Dose	Route	Frequency	Start Date			
450mg	IV	12 hourly	16/6/2024	6 AM	/	Bhagya Sadiya
Name & Signature of the Doctor Starting the Drugs: Dr Sweety, [signature]						
Additional Instructions: @ 50mg/kg/dose.				6 pm	4:45 ESW Kalup	
Daily Doctor's Endorsement by a Sign						

after Discharge Stop 16/6/24

DRUG: ENTEROGERMINA TUBE BOTTLE				Date/Time	16/6	17/6
Dose	Route	Frequency	Start Date			
1 TUBE	Peroral	12 hourly	16/6/2024	6 AM	/	Bhagya Sadiya
Name & Signature of the Doctor Starting the Drugs: Dr Sweet, [signature]						
Additional Instructions:				6 pm	4:50 ESW [signature]	
Daily Doctor's Endorsement by a Sign						

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

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

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Dr. SURENDER RAO DUSA

Weight. ..... Ward. .....

	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
16/6/24	3PM	NS BOLUS (AFTER VBG)	90ml OVER 1 HOUR (@10ml/kg)	IV		Sayyadee Sanjay

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

VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 9kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
16/6	4:10 PM	IVF DNS (100% MAINTAINENCE)	IV	38			17/6		
17/6		IVF DNS	IV	25					

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

VIH-00200860 IP-00060361
Baby PUPPALA VRITHIKA
21-10-2024 1 Y 7 M 26 D (F)
Dr. SURENDER RAO DUSA

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	16.6.26					
Time	4.30 PM					
Hb	9.7					
PCV	27.4					
RBC	4.12					
WBC	7490					
N/L	52.6/42.2					
Platelets	2.51					
CRP	10					
ESR						
PCT						
RBS						
Na	140					
K	4.7					
Cl	106					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	16/6.					
Time						
CUE - Alb	nil					
CUE - Sugar	nil					
CUE - Ketones	+					
CUE - PUS Cells	1-2					
CUE - RBC Cells	2-3					
CUE Epithelial cells	negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....