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

ACTIVITY RECORD FOR BILLING

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

Nam ----------

UHIC ---------- Consultant : ---------- Dept : ---ER---

Date of Admission : --27/6/26-- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---137--- Ward : ---1st floor--- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	1:40pm	ER	137	Nurse

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
27/6	Blood cls CBP, CRP }	26021704	
	SG, CR, }		
27/6	CXR	26021728	
	CSE	26021730	
	Cross clinked by 28/6/26		
	CRP	26021832	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/9	Infusion pump	2pm	28/6/26 2pm	3095268	Gg
	Cross Checked		by [signature] 28/6/26		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/	W Placement	1	3095269	
	Cross checked by [illegible] 28/6/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Name	Baby V.DHIYA DAS	**UHID**	VIH-00206312
Father/Guardian	Mr V.MOHAN DAS	**Age/Gender**	6 Y 6 M 13 D/Female
Address	HNO-45-100/9 B-23 NMDC COLONY EAST ANANDBAG, Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060500	**Admission Date**	27-06-2026
Ref Doctor	Dr RAMESH REDDY K	**Discharge Date**	29-06-2026

DISCHARGE SUMMARY

Consultant: Dr. VEMULAPALLI HARSHA
MBBS, MD Pediatrics
Fellowship in Neonatology (IAP)
Consultant Pediatrician & Neonatologist
TSMC/FMR/04230

Diagnosis: Acute gastroenteritis with some dehydration

History: Baby V. DHIYA DAS is a 6 Y 6 M 13 D old girl brought with complaints of moderate grade intermittent fever, multiple episodes of nonbilious nonprojectile vomitings, 3 episodes of loose stools, decreased oral intake, decreased urine output since 3 days prior to admission. For the above complaints, she was treated on OPD basis, but in view of persistence of symptoms, she was admitted at Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 110/min, blood pressure was 110/70 mmHg and RR 22/min. Signs of some dehydration present. 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.

Name	Baby V.DHIYA DAS	UHID	VIH-00206312

Weight on admission : 16.5 kgs.

Investigations: Enclosed.

Management: She was admitted in ward and started on intravenous antibiotics and intravenous fluids. She was treated symptomatically with antiemetics and antacids.

In view of high CRP, IV antibiotics were continued. Blood culture was sterile after 24 hours of incubation. CUE showed 4-6 pus cells, albumin (+), Granular cast present. Complete stool examination was normal.

Her vitals were regularly monitored. Her fever spikes and other symptoms gradually reduced. Repeat CRP was 37 mg/L. 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. Syrup Cefixime (5ml=100mg) 4ml, 12^{th} hourly (after food) for 3 days (Refrigerate after reconstitution).
3. ProGG sachet, 1 sachet, 12^{th} hourly for 3 days.
4. Syrup Zincovit, 5ml once daily for 3 weeks.
5. Kindly consult Dr. Vemulapalli Harsha, Consultant Pediatrician & Neonatologist, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:
Syrup. Paracetamol (5ml=240mg), 5ml for fever >99.6*F (maximum 4-6 hourly).

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.

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	Baby V.DHIYA DAS	UHID	VIH-00206312

Name :

Signature :

Relationship with patient :

This summary has been explained by :

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

Registrar/Resident/C.M.O

Dr. VEMULAPALLI HARSHA
MBBS, MD Pediatrics
Fellowship in Neonatology (IAP)
Consultant Pediatrician & Neonatologist
TSMC/FMR/04230

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

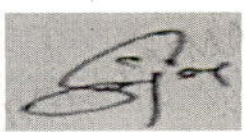
PatientName	: Baby V.DHIYA DAS	**Inpatient No.**	: IP-00060500
Age/Gender	: 6 Y 6 M 11 D/ Female	**Admit Date**	: 27-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 13:02
HEMOGLOBIN (Colorimetry)	13.2	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.89	10^12/L		4 - 5.2
PCV/HCT (Calculated)	35.8	VOL%		35 - 45
MCV (Calculated)	**73.3**	**fL**	L	77 - 95
MCH (Calculated)	27.0	pg/cells		25 - 33
MCHC (Calculated)	**36.9**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.7	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	217	10^9/L		150 - 450
MPV (Calculated)	8.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	5.21	10^9/L		5 - 14.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**75**	**%**	H	32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	**20**	**%**	L	28 - 48
MONOCYTES (Microscopy, Leishman stain)	4	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC 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 :27-06-2026 13:02
CRP (Immunoturbidimetry)	**184**	**mg/L**	H	<10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 13:02
CREATININE (Enzymatic)	0.2	mg/dl	0.04 - 0.6

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040-42462200, Ext 2000,2001,2002,

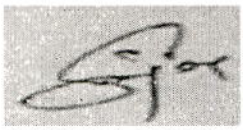
PatientName	: Baby V.DHIYA DAS	**Inpatient No.**	: IP-00060500
Age/Gender	: 6 Y 6 M 11 D/ Female	**Admit Date**	: 27-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval

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 :27-06-2026 13:02
SODIUM (Direct ISE)	139	mmol/L		134 - 143
POTASSIUM (Direct ISE)	4.7	mmol/L		3.7 - 5
CHLORIDE (Direct ISE)	**97**	**mmol/L**	L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 14:57
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	SLIGHTLY TURBID			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.030			1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	PRESENT +			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	**4 - 6**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**3 - 5**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2
CASTS	Granular Casts Present +			ABSENT

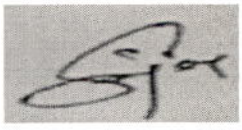
Dr. SRUJANA SHYAMALA, MD, DNB

PatientName	: Baby V.DHIYA DAS	**Inpatient No.**	: IP-00060500
Age/Gender	: 6 Y 6 M 11 D/ Female	**Admit Date**	: 27-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE STOOL EXAMINATION (Specimen : STOOL)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :27-06-2026 16:40
PHYSICAL			
COLOUR (Visual Examination)	BROWNISH YELLOW		
CONSISTENCY (Gross Examination)	**SEMI LIQUID**		
pH (Double pH indicator)	6.0		5 - 8.5
MUCUS (Gross Examination)	PRESENT		ABSENT
BLOOD (Gross Examination)	ABSENT		ABSENT
UNDIGESTED FOOD (Gross Examination/Microscopy)	ABSENT		ABSENT
HELMINTHES (Gross Examination/Microscopy)	NIL		NIL
MICROSCOPY			
PUS CELLS	8 - 10	HPF	0 - 5
RED BLOOD CELLS (Stool)	NIL	HPF	NIL
STARCH GRANULES	ABSENT		ABSENT
YEAST CELLS	NIL		NIL
FAT GLOBULES	ABSENT		ABSENT
PROTOZOA	NIL		NIL



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 ENTERED Order Date :29-06-2026 08:40
CRP (Immunoturbidimetry)	37	mg/L	<10

Laboratory Report

Baby V.DHIYA DAS	9704223567
6 Y 6 M 13 D	VI26021704
Female	27-06-2026 01:11 PM
IP-00060500	27-06-2026 01:21 PM
VIH-00206312	
Dr. VEMULAPALLI HARSHA	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report .....

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206312 IP-00060500
Patient Name : Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 13 D (F)
Dr. VEMULAPALLI HARSHA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	2	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	2	—	—	
6	Doctors Progress Sheets	3	—	—	
7	Nurses Progress notes	3	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
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	3	—	—	
26	Intake and Output chart (fluid Chart)	3	—	—	
27	Drug Chart (Regular prescription)	4	—	—	
28	Daily Investigation sheet		—	—	
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Thrombophlebitis	2	—	—	
	pain Assessment	2	—	—	
	Humpty Dumpty	2	—	—	
	Medication chart	1	—	—	
	others	5	—	—	
			—	—	
	Total No. of Pages	40pages			

verified @ 9:15 Am 29/6/26

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-00060500 **Admit Date** : 27-Jun-2026 **Admit Time** : 12:47 PM **UHID** : VIH-00206312

Patient Details :

Patient Name	: Baby V.DHIYA DAS	**Age**	: 6 Y 6 M 11 D
Guardian	: Mr V.MOHAN DAS	**DOB**	: 16-12-2019
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-45-100/9 B-23 NMDC COLONY EAST ANANDBAG Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9704223567
		E-mail	: mohandasvankudoth@gmail.com

Admission Details :

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

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

Contact Details :

Name	: Mr V.MOHAN DAS	**Relationship**	: Father
Contact Address	: HNO-45-100/9 B-23 NMDC COLONY EAST ANANDBAG Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9704223567 / 8179099023

V. Mohandas
Signature

Doctor Details :

Doctor Name	: Dr. VEMULAPALLI HARSHA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr RAMESH REDDY K	**Phone No**	: 9948999661
Co-Consultant	:		

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : LIBERTY GENERAL INSURANCE LTD

Patient Name : Baby. V.DHIYA DAS UHID : VIH-00206312 IPD : IP-00060500 Gender : Female Age : 6 Y 6 M 11 D

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Dhiya Das Age : 6 yrs **Gender:** ☐ Male ☑ Female

Date : 27/6/26 Time of Arrival : 12:20 pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97.4°F PR: 140b/m BP: 106/70 (81) RR: 28b/m SpO$_2$: 100%

Chief Complaints: C/o fever, vomiting, loose motion since 2 day
C/o vomiting today 2 episodes

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.

V. Mahender
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 12.24 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 : Laxman

Signature of Triage Nurse : LB

Date & Time : 27/6/26 @ 12:24 PM

Patient Name : Baby. V.DHIYA DAS UHID : VIH-00206312 IPD : IP-00060500 Gender : Female Age : 6 Y 6 M 11 D

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/6/26 Time of arrival : 12:25 Pm

Chief Complaints: C/o Fever, Loose motion, Vomiting since 2days RBS: —

Height : 118 cm Weight : 16.5 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 : 12:36 Pm

Patient Name : Baby. V.DHIYA DAS UHID : VIH-00206312 IPD : IP-00060500 Gender : Female Age : 6 Y 6 M 11 D

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

Time	Nursing Notes
12:20 Pm =>	patient come to the ER.
12:24 Pm =>	vitals checked and Recorded.
12:30 Pm =>	Dr Ganesh has been seen to the pt.
12:35 Pm =>	Dr Advice Admission.
1 Pm =>	IV placement done and blood samples collected and send to the lab.
	=> patient shifted to the ward.

Samples collected by: } Sr [illegible]
Samples sent by :

Time: } 1 Pm
Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 123 b/m BP: 106/62 (89) CFT: <3 sec	Shift - out from ER to: 137
RR: 27 b/m SPO$_2$: 100%	Time of Shift - out: 27/6/26 @ 1:40pm
GCS: 15/15 Temperature : 98.4°F	Handover given to: (Nurse's Name) Sr Anitha
Pain Score: < 01	by Sr Nagamani
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Nagamani
Signature of the Nurse : Nagamani
Date & Time : 27/6/26 @ 1:40pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206312 IP-00060500 Baby V.DHIYA DAS 16-12-2019 6 Y 6 M 11 D (F) Dr. VEMULAPALLI HARSHA	27/6/26 @	27/6/26 @ 1:40pm
	Transfer Ordered by Dr. Ganesh	Reason for Transfer Admission
From Unit ER	To Unit 137	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Nagmani	Dr. Ganesh

Patient & Clinical Records Received by : Sr. Arshia

Date & Time of Patient Received : 27/6/26 @ 1:40pm

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-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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al Admission Assessment Form For Pediatrics

Diagnosis: AGE Evaluation

Arrival Time: ..... Mode of Arrival: ..... Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 16.5 Kg

..... Height: 118 cm

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

.....

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

If yes please list, ...

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

.....

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

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

Observations: Weight: 16.5kg Length: 118 cm Head Circumference (< 2 years): .....

Temp.: 98.6F HR: 110 b/m RR: 22 b/m BP: 102 [61 (72) mmhg

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

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

Risk of Pressure Sore (Braden Q Score 23) (Document in the Braden Q Assessment Sheet)

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With .... parents ....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to .... parents ....

Nurse's Name: .... Anitha .... Date: ...24/6/26... Time: ..@ 2.10pm Signature Aney

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Mother. Relationship Fair

Chief Presenting Complaints & Duration (Chronologically)

- Fever :. 25th June 11pm.
- vomitings & loose motions :. 25th June night

History of present illness :

Asymptomatic before 25th June.
H/O of chocolates ingestions. afternoon (25th)

Symptoms started :. 25th June 11:00pm
- Fever :. low-med grade (100-101°F)
- vomitings > 10, NBS, NBP
- loose motions - 3ep, Semisolid
- ↓ intake :. 25th June
- urine - low, concentrated. Output (900g) lost in 36 hrs

Used Cefixime, treated on oral basis i/v/o poor response admitted.

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

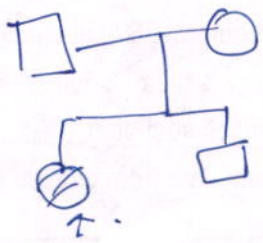
Pediatric Multiorgan History & Physical Examination

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

1st admission.

Birth & Neonatal History:

No Perinatal insult.



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

(N) in all 4 domains.

Immunization History :

upto date.

(P.T.O.)

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 16.5 kg (Centile _____)

On Examination :

Temperature : 98 °F Pulse Rate : 112 B.P. 110/70 SPO2 98/.

Resp.rate and type of breathing :

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L NVBS

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft (NAD)

Ausculation :

Spine : External Genitelia :

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

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : Intact

Motor System:

Nutriton :

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

Co-ordinator :

Posture : (N)

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars +2

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

AGE (DL) ↓ Evaluation.

(P.T.O.)

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- ~~BICIS~~ ✓
- ~~LBP, CRP~~ ✓
- ~~Sr. electrolytes~~ ✓
- ~~Sr. Creatine~~ ✓
- ~~CUE~~
- ~~Extra plain~~ (1)
- If loose stools collect for (CSE, stool c/s)
  ↓
  collect & hold. & ask consultant before sending.

Planned Management D/W Dr. Harsha

- Inj ceftriaxone after CRP*
- Inj ondansetron
- Inj. pantoprazole.
- IVF (DNS) full
- Antipyretic SOS
- wt & dehydration
- vitals with BP monitoring 6th hrly
- Inform SOS.

asked by Sr. nagini 27/6/26

Signature of the Doctor: ..... Signature of the Consultant: .....

Name of the Doctor: C.H. GANESH Name of the Consultant: .....

Date & Time: 27/6/2026 Date & Time: .....

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 4pm	S/B Resident.	
	Ann - AGE (D2)	
	No fever spikes	
	No vomiting	
	1 episode of small quantity stool - mucous + greasy	
	O/E	
	Child active	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A - NT	
	CRP - 18	Plan
		1) Trace B/C/s
		2) Trace C/U
		3) Send C/S
		4) Add ceftriaxone BD
		5) ORS / coconut water / Ganji after loose stools
[signature]		

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

(P.T.O)

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 8pm	S/B Resident. A/c/s – AGE (D3) No fever spikes No vomitings No loose stools O/E Child alert Euthermic Vitals stable CVS-S1S2 (+) R/S - BAE (+) P/A - soft	Plan 1) Trace B/c/s 2) Inj ceftriaxone BD 3) Continue ORS / coconut water/ragi after each loose stool
Dr. Mallikharjuna		
28/6/26 1pm	S/B Dr. Harsha ✓ Acute GE loose stools ↓ no fevers	plan - cont. IV fluid, IV Abx - oral soft diet + liquids allowed
Noted by Anitha @ 28/6 1pm		

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

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 12 D (F)
Dr. VEMULAPALLI HARSHA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8:00 AM	S/B Resident/ Dr. Harsha:	
	D - AGE	
	No Fever.	
	O/E Baby alert, Euthermic, Well-Feeble.	
	CVS - S1S2 (+).	
	RS - BAE (+).	
	P/A - Soft.	CRP - 37
	Adv:	
	⇒ CRP → Now & Afternoon.	
	If < 100 ⇒ Plan d/c with	
	⇒ Pro GG Sachet x (5) days.	Syp-Cefixime x Total (5) days.
	⇒ Syp. Zinconb 5ml OD. x (21) days (3 weeks)	
	⇒	

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	D/W Dr. Harsha s/r	
29/6/26 10:45pm		
	CRP - 37	
	Adv	
	Plan d/c Today.	
[signature]		

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

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGE ↓ evaluation

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: –

Post OP Day: –

BACKGROUND	Date / Shift	27/6/26 M	27/6 A	27/6 N	28/6 M	28/6 E	28/6 N
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	G.diet	G. diet	G. diet	G. diet	G. diet	G. diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	97.8F	98.1F	98.6°F	98.6F	98.7°F	98.4F
	Res:	22b/m	24 b/m	22b/m	22 b/m	24 b/m	22b/m
	SpO_2:	99%.	98%.	98%.	99%.	98%.	99%.
	Pulse:	120 b/m	112 b/m	104 b/m	108 b/m	100 b/m	104 b/m
	BP:	106 (74/84)	94/61 (69)	88/54 (62)	96/62 (72)	100/72 (62)	94/60 (71)
	LOC:	Coming	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	12	12	12	12	12	12
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Nil	Nil	G. diet	G. diet	G. diet	G. diet
	Critical Lab Test / Values:	Nil	Nil	Nil	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	Dependent	dependent
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Nagrani	Anitha	Vaishnavi	Anitha	Manisha	Vaishnavi
Signature / ID :		@020204	Anf	@020216	Anf 9050140	9050145	@020216
Date:		27/6/26	29/6/26	28/6/26	28/6/26	28/6/26	29/6/26
Time:		@1:40pm	@3pm	@8AM	@2pm	@ 8pm	@8AM
Taken Over By Name :		Anitha	Vaishnavi	Anitha	Manisha	Vaishnavi	Anitha
Signature / ID :		Anf	@020216	Anf 9050140	9050145	@020216	Anf 9050140
Date:		29/6/26	27/6/26	28/6/26	28/6/26	28/6/26	29/6/26
Time:		@1.50pm	@5pm	@8Am	@2pm	@8pm	@8Am

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE ↓ evaluation	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

Section	Item	Shift 1	Shift 2	Shift 3	Shift 4	Shift 5	Shift 6
BACKGROUND	Date / Shift	29/6/26 M					
	Medical Condition (Any special condition to be noted):	Nil					
	Diet:	(G) diet					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F					
	Res:	22b/m					
	SpO_2:	99%					
	Pulse:	10[illegible]b/m					
	BP:	101/67(79)					
	LOC:	Conscious					
	Fall Risk Score:	'12'					
	Pain Score:	'0'					
	Skin Integrity	Intact					
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:	(G) 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):	dependent					
	Post Operative Procedure Special Orders:	–					
	Handed Over By Name :	Anitha					
	Signature / ID :	9050140					
	Date:	29/6/26					
	Time:	@2pm					
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

File sended to Billing on 29/6/26 @ 11AM by Anitha

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

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

NURSING CARE RECORD

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Date: 27/6/24

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							
Afternoon	3pm 5pm	→ Maintain fluid Balance → Ensure safety		→ maintained IV fluid Balance ONS 52 mlls → side rails kept up	→ To maintain Hydration → To prevent falls risk	→ patient is Stable	Anitha & 27/6 @3pm
Night	11pm	Maintain fluid Balance - Ensure Safety	11:10	- Maintained input / output chart - provided side rails	- To prevent dehydration - To prevent falls	- patient is stable	Vaishnavi 28/6/24 @8AM

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
18-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 28/6/21

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10Am	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provided by Gastro diet	→ patient is Stable	Anitha 28/6 @1pm
Afternoon	3pm	Ensure safety.		→ side rails kept up.	→ To prevent from fall risk	patient is stable.	mamtha 28/6 @ 8pm
Night	11pm	Maintain fluid Balance - Ensure Safety	11.10	- Maintained input / output chart - provided side rails	- To prevent dehydration - To prevent falls	- patient is stable	Vaishnavi 29/6/21 @8AM

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 8 Y 6 M 12 D (F)
Dr. VEMULAPALLI HARSHA

NURSING CARE RECORD

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

Date: 29/6/26

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	8Am 11pm	Ensure Safety Maintain Good nutritional status	10 Am 2pm	To provide side rails. To give oral fluids to the patient	To provide Safety To prevent dehydration	Re-Assessment was done. Baby is stable	Deepika 29/6/26 @2pm
Afternoon				Discharge Notes Doctor came for round Patient is Safe Doctor said to be discharge		Noted by Deepika 29/6/26 @ 10:45AM	
Night							

Patient Sticker

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: .....

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							
Afternoon							
Night							

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CHECKLIST FOR THROMBOPHLEBITIS

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

/ QC / THROM / 07

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	27/6/26		28/6 I.P. No.			29/6/26		REMARKS
				M	E	N	M	E	N	M	
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	0	0	0	0	0	0	0	0	
2	**One of the following signs is evident :** * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis **/ Observe cannula**	1	-	-	-	-	-	-	-	
3	**Two of the following signs are evident :** Pain at IV site Redness	Early stage of phlebitis / **Resite Cannula**	2	-	-	-	-	-	-	-	
4	**All of the following Signs are evident :** Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannual Consider Treatment	3	-	-	-	-	-	-	-	
5	**All of the following Signs are evident and Extensive :** Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site **Cannula Consider Treatment**	4	-	-	-	-	-	-	-	
6	**All of the following Signs are evident and Extensive :** Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced Stage of thrombophlebitis / **Initiate treatment Re site Cannula**	5	-	-	-	-	-	-	-	

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

Signature of Shift In Charge :

Signature : ..... Name Gayathri

Signature of Ward In Charge :

Signature : ..... Name R.Lizabeth

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 12 D (F)
Dr. VEMULAPALLI HARSHA

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

VEMULAPALLI HARSH...

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/6/26	1pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Nagi
27/6	7pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Aney
28/6	3AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Vaishali
28/6	11AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Aney
28/6	3PM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[illegible]
28/6	11pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Vaishnavi
29/6	7AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	Anitha
				☐ 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		

Reassessment Frequency:

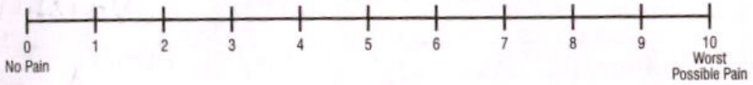
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

Doc.No: RCH /FRM / CLINICAL / 152

(P.T.O)

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 drawn 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 or 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

VIH-00206312
aby V.DHIYA DAS IP-00060500
12-2019 6 Y 6 M 11 D
VEMULAPALLI HARSHA (F)

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BRADEN 'Q' SCALE

			Date : Time :	27/6/26 7pm	27/6 7pm	28/6 3Am	28/6 11Am
1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
1. Bedfast : Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
	2. Very limited: Responds to only painful stimuli, cannot ... discomfort except by ...ness; OR, has ... the	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or ...xtremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
		...quiring	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
		...minimum ...ve, skin ...e extent against ...s, or other ...ative good position ... of the time but ...down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
		...s or TPN, which ... calories and minerals ...over half of most meals. ... servings of protein ...oducts) each day. ...will refuse a meal, ...ly take a supplement if	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	
		...xygen saturation may ...globin may be ...llary refill may be ...pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
			TOTAL SCORE	27	27	27	
			Evaluator's Name	G	[illegible]	Varsha	

...s overlay

mattress

...ss overlay

Risk Score	Category	Action
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently
Less than 9	Severe Risk	• Use same protocol as for "High k" Patients • Add a pressure redistribution surfa severe pain or with additional ri

(Please Note: ... to altered mobility, consid...

High density foam mattres...
Gel pads for high-risk ar...
Alternating pressure ...tress overlay

High density ...oam mattres...
Gel pads ...r high-risk...
Altern... ...ng press...

...igh den...
Gel ...

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/6	DATE 29/6	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	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			
	Total		10	10			

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 cap		✓	✓			
	Other Intervention(s) Specify		✓	✓			
	Nurse's Name:		Vaishu	Anitha			
	Signature:		Vaishu	Anitha			
	Date:		29/6	29/6			
	Time:		12AM	8AM			

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 V.DHIYA DAS**	**Age :**	**6 Y 6 M 11 D**
IP No:	**IP-00060500**	**Sex:**	**Female**
Consultant:	**Dr. VEMULAPALLI HARSHA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for rance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the 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 clearance. In case of failing the submission, I will pay 200/- Rs.
eivers Signature: V. Mohan Das

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: V. Mohan Das

Name: MOHAN DAS
Relationship: father
Date: 27/06/26 Time: 12.47 P.M
Witness Name:
Witness Signature:

Patient Address:
HNO-45-100/9 B-23 NMDC COLONY
EAST ANANDBAG Malkajgiri
Hyderabad Telangana INDIA 500047

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
18-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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

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

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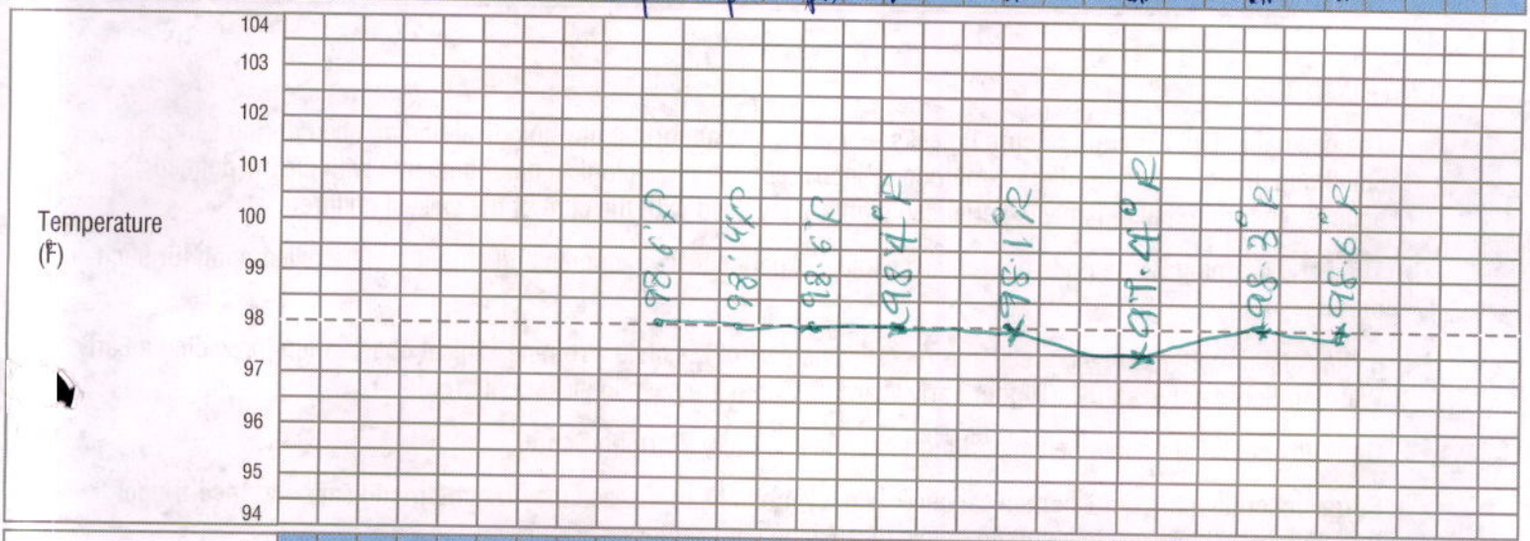
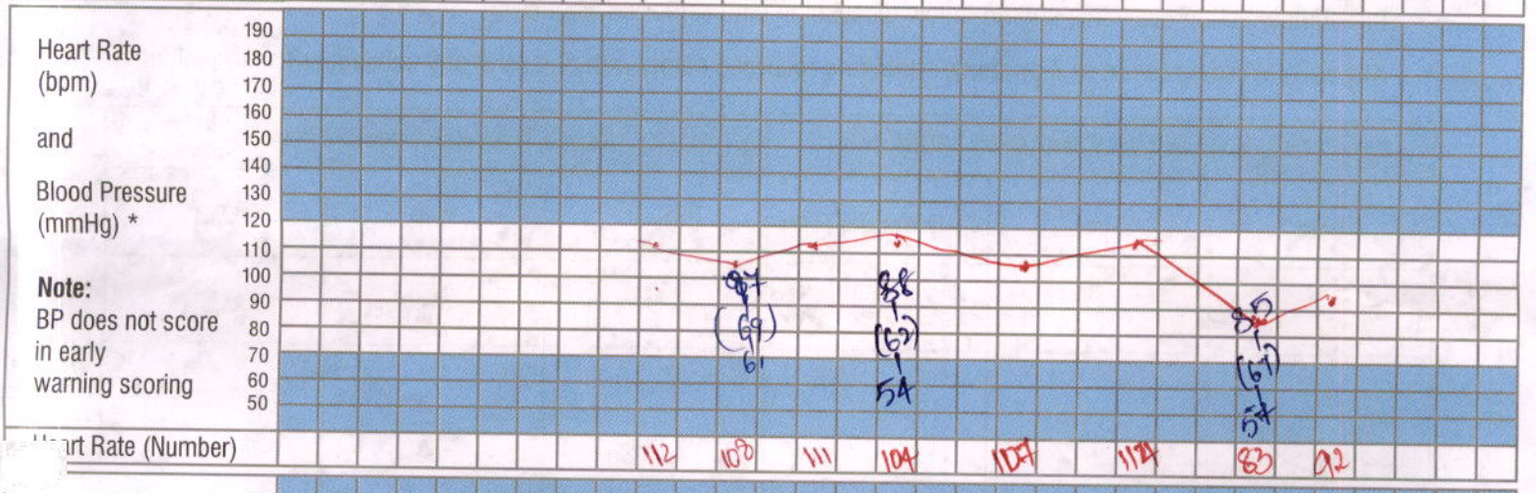
EARLY WARNING SCORE: CHILDREN'S UNIT

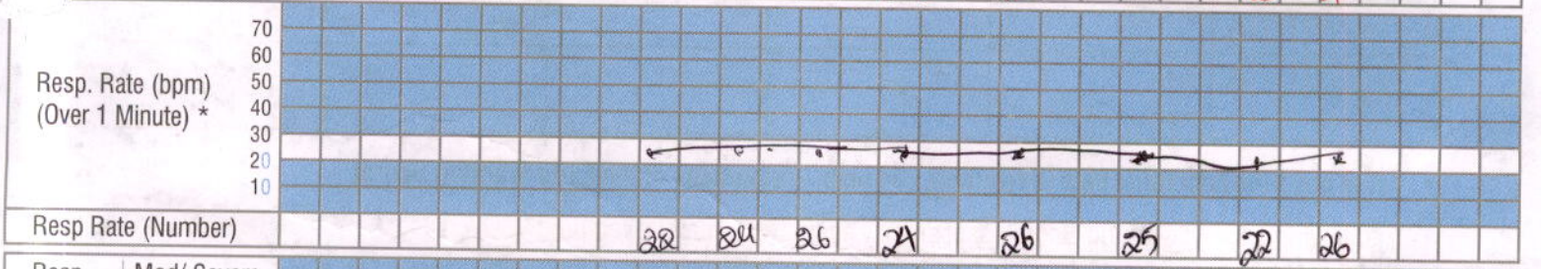
Date : 27/6 Time:

	2:30	5	7	9	12	3	6	8
Doctor / Nurse / Family Concern?	pm	pm	pm	PM	AM	AM	AM	AM





Heart Rate (Number)	112	108	111	104	107	114	83	92



Resp Rate (Number)	22	24	26	24	26	25	22	26
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98	99	100	98	99	98	99	98
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	A	A	A	V	V	V	V	V

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-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9	11	1	3	5	7	9	12	3	6	8
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM	AM	AM

28/6

Temperature (°F)

98.6°F 98.5°F 98.8°F 99.8°F 98.8°F 99.8°F 99.4°F 99.0°F 99.1°F 98.4°F 101.4°F

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

Note: BP does not score in early warning scoring

102/78 (62) 99/(71)/60 99/(95)/63

Heart Rate (Number)	108	112	110	109	110	102	100	95	80	83	92
Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)	22	24	26	27	26	24	24	21	28	22	25
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2(l/min)											
O_2Saturations (%)	98	99	99	99	99	99	99	99	98	99	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	A	A	A	M	M	M	V	V	V	V	V

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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- 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-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 12 D (F)
Dr. VEMULAPALLI HARSHA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/26... Time:	9
Doctor / Nurse / Family Concern?	AM

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

99.3°F
97.9°F

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

Note: BP does not score in early warning scoring

190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

*

Heart Rate (Number): 81

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

70, 60, 50, 40, 30, 20, 10

*

Noted by Danika 29/6/26 @ 10:45AM

Resp Rate (Number): 22

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

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

Pratiksha Rainbow Children's Hospital
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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.

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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)

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Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
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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 :**						
24/6	02:00 pm			52 ml								
	03:00 pm		Rice water	52 ml						✓		
	04:00 pm			52 ml			✓					
	05:00 pm			52 ml						✓		Shalini 24/6 @4pm
	06:00 pm		Snacks	52 ml								
	07:00 pm			52 ml								
Total Intake : 312 ml						**Total Output :**						
27/6	08:00 pm										1	
	09:00 pm		Rice water	52ml								
	10:00 pm	D		52ml						✓		
	11:00 pm			52ml							0	Vaishnavi 28/6/26 @2Am
	12:00 am	N		52ml								
	01:00 am	S		52ml						✓	1	
Total Intake :						**Total Output :**						
28/6	02:00 am			52ml							1	
	03:00 am			52ml								Vaishnavi (28/6/26
	04:00 am										0	
	05:00 am											
	06:00 am											
	07:00 am									✓	1	
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							
28/6	08:00 am											
	09:00 am		Idly water									
	10:00 am									✓		Anitha 28/6 @ 4pm
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
28/6	02:00 pm											
	03:00 pm											
	04:00 pm		Rice + water							✓	0	Manisha 28/6 @ 4pm
	05:00 pm											
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :**						
28/6	08:00 pm		Rice Water									
	09:00 pm	D		52ml								
	10:00 pm			52ml								
	11:00 pm	N		52ml						✓	0	Vaishnavi 28/6/26 @ 2AM
	12:00 am			52ml								
	01:00 am	S		52ml								
Total Intake :						**Total Output :**						
29/6	02:00 am			52ml								
	03:00 am			52ml								
	04:00 am										0	Vaishnavi 29/6/26 @ 8AM
	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. : 3

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							
29/6/26	08:00 am		Daily									
	09:00 am											
	10:00 am		↓				✓			✓		Anitha 29/6/26 @2pm
	11:00 am											
	12:00 pm		H2O									
	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	

Patient Sticker

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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**	

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ...ER..... Shifted to: ...1st floor.....

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

Date & Time : 27/6/26 @ 12:50pm

Nurse Name & Signature: Sr. Nagmani

Date & Time : 27/6/26 @ 12:50pm

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REGULAR PRESCRIPTIONS

Sheet No: ....

Weight 16.5kg Ward ....

DRUG : INJ. CEFTRIAXONE				Date / Time	27/6	28/6	29/6
Dose	Route	Frequency	Start Dt.	6 am	/	ESW	ESW
800mg	IV	12th hourly	27/6				
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				6 pm	Gaya	Gaya	
Additional Instructions: after test dose; 25- 50mg/kg/dose							
Daily Doctor's Endorsement by a Sign							

Checked 27/6/26

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

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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DRUG CHART

Date of Admission: 27/6/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SYP. PARACETAMOL				Date / Time
Dose	Route	Frequency	Start Date	
5ml	PO	Q6H	27/6	
Doctor's Signature		Valid Period	Pharmacist	
Additional Instructions: 5ml - 240mg 15 mg/kg/dose.				

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:				

Signature .....

VERIFIED BY : Name .....

Baby V.DHIYA DAS (F)
16-12-2019 6 Y 6 M 11 D
Dr. VEMULAPALLI HARSHA

I.V. FLUIDS CHART

Weight. 16.5kg Ward. 3rd floor

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
27/6.	2pm	IV DNS (full)	IV	52	[signature]	Mana / Swetha			

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

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VIH-00206312 IP-00060500
Baby V.DHIYA DAS
16-12-2019 6 Y 6 M 11 D (F)
Dr. VEMULAPALLI HARSHA

REGULAR PRESCRIPTIONS

Weight. 16.5 kg. Ward. .....

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
3 mg.	IV	Q8H	27/6

Name & Signature of the Doctor Starting the Drugs:

Dr. Lakshmi

Additional Instructions:

0.2 mg/kg/dose

Date / Time	27/6	28/6	29/6
6 am		Esw	Esw
2 pm	Gag Ele		
10	Esw	Esw	
pm			

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PANTAPRAZOL

Dose	Route	Frequency	Start Date
16 mg	IV	24th hrly	27/6

Name & Signature of the Doctor Starting the Drugs:

Dr. Lakshmi

Additional Instructions:

1 mg/kg/dose

Date / Time	27/6	28/6	29/6
6 am	Gag Ele	Esw	Esw

Daily Doctor's Endorsement by a Sign

DRUG : INJ. MONTAZ

Dose	Route	Frequency	Start Date
900mg	IV	12th hourly	27/6

Name & Signature of the Doctor Starting the Drugs:

Dr. Vichwaja

Additional Instructions:

after test dose. (CEFTRIAXONE + TAZOBACTAM) 50mg/kg/dose

Daily Doctor's Endorsement by a Sign

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
900mg	IV	12th hourly	27/6

Name & Signature of the Doctor Starting the Drugs:

Dr. Vichwaja

Additional Instructions: after test dose 50mg/kg/dose

Daily Doctor's Endorsement by a Sign