319 IFC

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

Name	Baby MEHWISH FATIMA	**UHID**	BAH-00629192
Father/Guardian	Mr MOHAMMED AASIM	**Age/Gender**	3 Y 0 M 0 D/Female
Address	19-2-194/26 CHANDALULA BARADAR, Bahadurpura, Hyderabad, Telangana, INDIA, 500064		
IP No	IP5-00160004	**Admission Date**	20-07-2025
Ref Doctor	SELF	**Discharge Date**	23-07-2025

DISCHARGE SUMMARY

Consultants :

Dr. ANNAPOORNA TADAVARTHY MBBS, DCH (UK), MRCPCH (UK) CONSULTANT PEDIATRICIAN Reg No. 53054	**DR. FAISAL B. NAHDI** MD (Paed) DCH PGDHHM CONSULTANT PEDIATRICIAN Reg No. 66228
DR. UJJWALA DESAI DCH DNB (Paeds), MRCPCH (UK) CONSULTANT PEDIATRICIAN Reg No. 90550	

DIAGNOSIS	ICD CODE
LOWER RESPIRATORY TRACT INFECTION	J22

History: Baby MEHWISH FATIMA, 3 Y 0 M 0 D, old girl presented with the history of cough, ear pains since 7 days and moderate grade intermittent fever since 5 days prior to admission. For the above complaints she was investigated and treated at nearby hospital. In view of persistence of symptoms, she was admitted at Rainbow Children's Hospital - Banjara Hills for further management.

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Name	Baby MEHWISH FATIMA	**UHID**	BAH-00629192
IP No	IP5-00160004	**Admission Date**	20-07-2025

Outside investigations: Done on 19.07.2025: Complete blood picture showed Hemoglobin -12gm%, White Blood Cells - 17200cell/cmm, Platelets - 2.2lakh/cmm, C-Reactive Protein - 355mg/L.

Examination: She was febrile(101.5*F), maintaining saturations at room air and was hemodynamically stable. Her heart rate was 140/min, Blood pressure-105/61mmHg and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal with right side crepitations. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 12 kilo grams.

Investigations: Enclosed reports.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics. In view of chest signs, she was frequently nebulized with Levolin and Budecort.

GeneXpert FluA+FluB+RSV were sent, which was negative.

Initial C-Reactive Protein of 350mg/l. Liver function test was normal. Complete urine examination showed 1+ protein, 3+ ketone bodies, trace leucocytes, 4-6 pus cells, 4-5 RBCs, 1+ granular casts present. Blood culture was sterile. Mycoplasma IgM was negative.

Chest X-ray showed patchy infiltrates.

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Name	Baby MEHWISH FATIMA	UHID	BAH-00629192
IP No	IP5-00160004	Admission Date	20-07-2025

She was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. Her fever spikes and other symptoms gradually settled.

Last C-Reactive Protein was 145mg/L (22.07.2025).

She remained hemodynamically stable during the hospital stay. She improved with the above line of management and is being discharged with the following advice.

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

Medications given during hospital stay:
Injection. Ceftriaxone Intravenous
Injection. Pantoprazole Intravenous
Nebulisation with Levolin
Nebulisation with Budecort.
Syrup. Duphalac
Syrup. Ambrodlil plus.

Advice:
* Diet as advised.

No	MEDICATION	DOSE	TIMINGS	DURATION
1	Injection. Ceftriaxone	1.2mg IV	Once daily	On 24.07.2025
2	Syrup. AMBRODIL PLUS	4ml	Twice daily (Before food)	For 3 days
3	Syrup. DUPHALAC	5ml	Once daily (Before food)	For 10 days
4	Tablet. LANZOL DT (Lansoprazole - 15mg)	1 tablet	7am (before breakfast)	For 2 days
5	Nebulization with LEVOLIN (0.63mg)	1 respule	12^{th} hourly	For 2 days
6	Nebulization with BUDECORT (0.5mg)	1 respule	12^{th} hourly	For 2 days

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Name	Baby MEHWISH FATIMA	**UHID**	BAH-00629192
IP No	IP5-00160004	**Admission Date**	20-07-2025

Plan: To CBP & CRP on 24.07.2025.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 4ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Syrup. Meftal P (Mefenamic acid - 5ml/100mg) 6ml after food as and whenever required, if temperature > 101 *F & not responding to Crocin (maximum 3 times a day at 8th hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. ANNAPOORNA TADAVARTHY on Thursday evening (24.07.2025) at Banjara Hills in OPD with prior appointment **(Review consultation will be charged) with reports**.

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.
* **Analgesics** without food/empty stomach can cause gastrointestinal irritation, frequent use of these drugs lowers the absorption of folate and Vit-C. **Analgesics** can be taken with food & recommended diet to be followed.
* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

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Name	Baby MEHWISH FATIMA	**UHID**	BAH-00629192
IP No	IP5-00160004	**Admission Date**	20-07-2025

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 a language that I can understand and I acknowledge.

Muskaan
Parent/ Attender

In case of emergency contact **040-44665555/040-23551555/+91-9100925516** emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow **Attapur Clinic/ Himayath nagar/ Kukatpally/ Vikrampuri/ LB Nagar / Financial District** dial just one toll free number **18002122.**
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. ANNAPOORNA TADAVARTHY
MBBS, DCH (UK), MRCPCH (UK)
CONSULTANT PEDIATRICIAN
Reg No. 53054

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Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No.2, Banjara Hills, Telangana, Hyderabad, INDIA-Banjara Hills, Hyderabad, Telangana, India ,500034.
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Rainbow® Children's Hospital
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PatientName	: Baby MEHWISH FATIMA	**Inpatient No.**	: IP5-00160004
Age/Gender	: 3 Y 0 M 0 D/ Female	**Admit Date**	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	**Discharge Date**	:

COMPLETE BLOOD PICTURE (Specimen : BLOOD) — TEST RESULT STATUS : REPORT AUTHORISED
Order Date :20-07-2025 00:41

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**10.8**	**g/dL**	L	11.5 - 15.5
RBC COUNT (DC detection method)	4.46	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	34.2	VOL%		34 - 40
MCV (Calculated)	76.7	fL		75 - 87
MCH (Calculated)	24.2	pg/cells		24 - 30
MCHC (Calculated)	**31.6**	**g/dL**	L	32 - 36
RDW-CV (Calculated)	13.7	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	323	10^9/L		150 - 450
MPV (Calculated)	9.2	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**19.65**	**10^9/L**	H	5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**82**	**%**	H	23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	**14**	**%**	L	35 - 65
MONOCYTES (Microscopy, Leishman stain)	**3**	**%**	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - LEUKOCYTOSIS WITH NEUTROPHILIA+ PLATELETS - ADEQUATE**			

INTERPRETATION

A Complete blood picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections.
This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed.
All the abnormal results are to be correlated clinically.

DISCLAIMER

Test results released pertain to the specimen submitted. All test results are dependent on the quality of the sample received by the laboratory. Test Result may show interlaboratory variations. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the referring physician.

Hafsa.

Dr. HAFSA AHMED MBBS,DCP

CONSULTANT CLINICAL PATHOLOGY

Rainbow Children's Hospital - Banjara Hills

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PatientName	: Baby MEHWISH FATIMA	**Inpatient No.**	: IP5-00160004
Age/Gender	: 3 Y 0 M 0 D/ Female	**Admit Date**	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED
				Order Date :20-07-2025 00:41
CRP (Immunoturbidimetry)	**350.0**	**mg/L**	H	<10

Dr. RASHIDA MAHREEN MBBS,MD

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Age/Gender	: 3 Y 0 M 0 D/ Female	Admit Date	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-07-2025 01:10
TOTAL BILIRUBIN (Azobilirubin)	0.4	mg/dl		<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl		<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl		<1.1
SGOT (AST) (Kinetic with P5P)	23	U/L		15 - 50
SGPT (ALT) (Kinetic with P5P)	10	U/L		10 - 25
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	208	U/L		134 - 346
PROTEIN (Biuret method)	6.5	g/dL		5.9 - 7.8
ALBUMIN (Bromocresol Green)	3.7	g/dL		3.5 - 5.2
GLOBULIN (Calculated)	2.8	g/dL		1.6 - 3.5
A/G RATIO (Calculated)	**1.3**		L	1.4 - 3.4

Dr. RASHIDA MAHREEN MBBS,MD

Investigation	Result	Unit		Biological Reference Interval
CREATININE (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-07-2025 11:13
CREATININE (Enzymatic)	**0.2**	**mg/dl**	L	0.5 - 0.8

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Age/Gender	: 3 Y 0 M 0 D/ Female	**Admit Date**	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
UREA (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-07-2025 11:13
UREA (Kinetic, Urease)	16	mg/dl	9 - 30

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MC-5613

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PatientName	: Baby MEHWISH FATIMA	Inpatient No.	: IP5-00160004
Age/Gender	: 3 Y 0 M 0 D/ Female	Admit Date	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	Discharge Date	:

COMPLETE URINE EXAMINATION (Specimen : URINE)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :20-07-2025 12:30

Investigation	Result	Unit		Biological Reference Interval
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	SLIGHTLY TURBID			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015			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)	PRESENT +++			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
UROBILINOGEN (Diazo reaction)	0.3	mg/dl		0.2 - 8
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	HEMOLYZED TRACE PRESENT			ABSENT
LEUCOCYTES (Esterase reaction)	TRACE			NEGATIVE
MICROSCOPY				
PUS CELLS	**4 - 6**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**2 - 3**	**HPF**	L	0 - 5
RBCS.	**4 - 5**	**HPF**	L	0 - 2
CRYSTALS	ABSENT			ABSENT
CASTS	Granular Casts Present +			ABSENT

INTERPRETATION
The Complete Urinalysis provides a number of measurements which look for abnormalities in the urine.
Abnormal results from this test can be indicative of a number of conditions including urinary tract infection, kidney disease or elevated levels of substances which the body is trying to remove through the urine.
A urinalysis test can help identify potential health problems even when a person is asymptomatic.
All the abnormal results are to be correlated clinically.

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Hafsa.

Dr. HAFSA AHMED MBBS,DCP
CONSULTANT CLINICAL PATHOLOGY

Investigation	Result	Unit	Biological Reference Interval

COMPLETE BLOOD PICTURE (Specimen : BLOOD)

TEST RESULT STATUS : REPORT AUTHORISED
Order Date :22-07-2025 05:25

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PatientName	: Baby MEHWISH FATIMA	**Inpatient No.**	: IP5-00160004
Age/Gender	: 3 Y 0 M 2 D/ Female	**Admit Date**	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
HEMOGLOBIN (Colorimetry)	**11.2**	**g/dL**	L	11.5 - 15.5
RBC COUNT (DC detection method)	4.63	10^12/L		3.9 - 5.3
PCV/HCT (Calculated)	36.7	VOL%		34 - 40
MCV (Calculated)	79.3	fL		75 - 87
MCH (Calculated)	24.2	pg/cells		24 - 30
MCHC (Calculated)	**30.5**	**g/dL**	L	32 - 36
RDW-CV (Calculated)	14.3	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	392	10^9/L		150 - 450
MPV (Calculated)	9.0	fL		6.5 - 10
WBC COUNT (DC Detection Method)	8.38	10^9/L		5.5 - 15.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	45	%		23 - 45
LYMPHOCYTES (Microscopy, Leishman stain)	46	%		35 - 65
MONOCYTES (Microscopy, Leishman stain)	5	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	4	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTES AND MICROCYTES SEEN RBC'S SHOW HYPOCHROMIA WBC - MORPHOLOGY NORMAL PLATELET - ADEQUATE**			

INTERPRETATION

A Complete blood picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections.
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Hafsa.

Dr. HAFSA AHMED MBBS,DCP

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Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED
				Order Date :22-07-2025 05:25
CRP (Immunoturbidimetry)	**145.0**	**mg/L**	H	<10

Dr. RASHIDA MAHREEN MBBS,MD

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ELECTROLYTES (Specimen : SERUM) — **TEST RESULT STATUS : REPORT AUTHORISED**
Order Date :22-07-2025 05:25

Investigation	Result	Unit	Biological Reference Interval
SODIUM (Direct ISE)	140	mmol/L	134 - 143
POTASSIUM (Direct ISE)	4.8	mmol/L	3.7 - 5
CHLORIDE (Direct ISE)	109	mmol/L	102 - 112

Dr. RASHIDA MAHREEN MBBS,MD

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PatientName	: Baby MEHWISH FATIMA	**Inpatient No.**	: IP5-00160004
Age/Gender	: 3 Y 0 M 1 D/ Female	**Admit Date**	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	**Discharge Date**	:

MYCO PLASMA - IGM (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED
Order Date : 20-07-2025 00:41:08

REPORT : NON REACTIVE

METHODOLOGY: ELISA

Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

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

Rainbow Children's Hospital - Banjara Hills
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PatientName	: Baby MEHWISH FATIMA	**Inpatient No.**	: IP5-00160004
Age/Gender	: 3 Y 0 M 0 D/ Female	**Admit Date**	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	**Discharge Date**	:

Genexpert FluA + FluB + RSV (Specimen :SWAB)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED
Order Date : 20-07-2025 00:41:08

Influenza A	NEGATIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Comments:
The Genexpert findings do not suggest an infection with Influenza A Influenza B or Respiratory syncytial virus.
Advised : Mycoplasma IgM.

Principle:
Multiplex Real-Time PCR assay for qualitative detection of Influenza A, Influenza B, and Respiratory Syncytial Virus (RSV) viral RNA by amplifying and detecting unique sequences in the genes that encode the proteins: influenza A matrix (M), influenza A basic polymerase (PB2), influenza A acidic protein (PA), influenza B matrix (M), influenza B non-structural protein (NS), and the RSV A and RSV B nucleocapsid.

Note :
1.Test done using Xpert® Xpress Flu/RSV cartridge on Cepheid® GeneXpert System
2.Specimen processed at Molecular Genetics Laboratory, Rainbow Children's Medicare Limited, Road No.2, Banjara Hills, Hyderabad.

Dr. VIJENDRA KAWLE MD DNB
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

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

Rainbow Children's Hospital - Banjara Hills

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Age/Gender	: 3 Y 0 M 1 D/ Female	Admit Date	: 20-07-2025
Ward/Bed	: 3F-ZONE C/ CRDL-DELUX324-1	Discharge Date	:

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT

TEST RESULT STATUS : REPORT ENTERED
Order Date : 20-07-2025 00:41:08

Culture : -

Second Report - No growth after 48 hrs of incubation

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

STAR Health Insurance
Personal & Caring
The Health Insurance Specialist

Detailed Working Sheet for Expenses not covered as per policy Terms and Conditions

S.No	Description	Claimed Amount	Expenses not covered as per policy Terms and Conditions against Hospital Bill	Proportionate deductions	Remarks
1	Room Rent(Inclusive of GST) & Nursing charges	18000			
2	Room Rent(Inclusive of GST) & Nursing charges	3000	3000		
3	Room Rent(Inclusive of GST) & Nursing charges	5000			
4	Professional Fees (Surgeon, Anastheist, Consultation charges etc)	29350			Refer Note #1
5	Investigation & Diagnostics	26740	11940		Refer Note #2
6	Medicines and Consumables	11721	1806		
7	c) Other Package	1430			Refer Note #3
8	Others	13780	13780		Refer Note #4
9	Taxes and Other Cess	1050			
	Total	**110071**	**30526**		

Note	Remarks
#1	'
#2	GEN XPERT FLU, MYCOPLASM-IGM

STAR Health Insurance
Personal & Caring
The Health Insurance Specialist

Detailed Working Sheet for Expenses not covered as per policy Terms and Conditions

S.No	Description	Claimed Amount	Expenses not covered as per policy Terms and Conditions against Hospital Bill	Proportionate deductions	Remarks
1	Room Rent(Inclusive of GST) & Nursing charges	18000			
2	Room Rent(Inclusive of GST) & Nursing charges	3000	3000		
3	Room Rent(Inclusive of GST) & Nursing charges	5000			
4	Professional Fees (Surgeon, Anastheist, Consultation charges etc)	29350			Refer Note #1
5	Investigation & Diagnostics	26740	11940		Refer Note #2
6	Medicines and Consumables	11721	1806		
7	c) Other Package	1430			Refer Note #3
8	Others	13780	13780		Refer Note #4
9	Taxes and Other Cess	1050			
	Total	**110071**	**30526**		

Note	Remarks
#1	'
#2	GEN XPERT FLU, MYCOPLASM-IGM

Note	Remarks
#3	Nebulization
#4	Registration, diet, pump, records, insurance processing , and other charges

We are at your service 24/7, including Sundays and Holidays. For assistance, please call:
044 6900 6900 / 1800 425 2255 / 1800 102 4477 (or) WhatsApp +91 95976 52225

If hospital insurance services are not available on Sundays/Holidays, the discharge request may be sent a day in advance.

Note	Remarks
#3	Nebulization
#4	Registration, diet, pump, records, insurance processing , and other charges

We are at your service 24/7, including Sundays and Holidays. For assistance, please call:
044 6900 6900 / 1800 425 2255 / 1800 102 4477 (or) WhatsApp +91 95976 52225

If hospital insurance services are not available on Sundays/Holidays, the discharge request may be sent a day in advance.

STAR Personal & Caring Health Insurance
The Health Insurance Specialist

Cashless - Final Approval

Date : 23-Jul-25
Time : 04:15 PM

Dear Sir/Madam,

Greetings from STAR Health Insurance!

We are writing with regard to your claim request for the below-mentioned insured patient, for the treatment of LRTI:

Claim Intimation Number	:	CIR/2026/131127/0601065
Name of the Insured	:	MEHWISH FATHIMA
Age / Gender	:	3 years / Female
Product Name	:	Star Comprehensive Insurance Policy
Policy Number	:	5661112005038433
Policy Period	:	07-Feb-25 to 06-Feb-26
Date of Admission	:	20-Jul-25
Date of Discharge	:	23-Jul-25
Name of the Hospital and Location	:	Rainbow children Healthcare Pvt Ltd. - HYDERABAD - 500034

We acknowledge receipt of the final bill amount - Rs.118071/- for cashless treatment availed for the insured patient. Based on your latest request and the documents submitted, we have approved Rs. 76418/- on 23-Jul-25.

Dear Team
Revised bill enclosed, kindly
Billed as per
review & approve.

Please find below a summary with details:

Initial (Pre-Authorisation) Approved	Rs. 30000
Final Hospital Bill	Rs. 118071
Admissible Hospital Bill	Rs. 82817
Bill items not covered as per Policy Conditions (Refer Working Sheet)	Rs. 35254
Amount Payable by STAR Health to Hospital (Refer Section F for details)	Rs. 76418
Amount to be Paid by Insured to Hospital (Refer Section D for details)	

Star Health and Allied Insurance Co.Ltd.
Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai - 600014
Customer Care Number - 044 6900 6900 | Corporate Customers - 044 43664666 | Chat - +91 9597652225
IRDAI Registration No: 129 | CIN: L66010TN2005PLC056649 | Ph: 044-28288800 | Email: info@starhealth.in
Website: www.starhealth.in | Toll Free Number: 1800-425-2255/1800-102-4477

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00160004 **Admit Date** : 20-Jul-2025 **Admit Time** : 12:16 AM **UHID** : BAH-00629192

Patient Details :

Patient Name	: Baby MEHWISH FATIMA	**Age**	: 2 Y 11 M 30 D
Guardian	: Mr MOHAMMED AASIM,	**DOB**	: 20-07-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 19-2-194/26 CHANDALULA BARADAR Bahadurpura Hyderabad Telangana INDIA 500064	**Phone No**	: 9640148778/ 9440944661
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-DELUX324-1 **Ward Name** : 3F-ZONE C

Room No : CRDL-DELUX324-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMED AASIM **Relationship** : Father

Contact Address : 19-2-194/26 CHANDALULA BARADAR Bahadurpura Hyderabad Telangana INDIA 500064 **Phone No** : 9640148778 / 9440944661

Signature

Doctor Details :

Doctor Name : Dr. Annapoorna Tadavarthy **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

Printed Date / Time : 20/07/2025 00:18 Printed By : 017494 Page 1 of 2

Rainbow Children's Hospital
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ACTIVITY RECORD FOR BILLING

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

Name : _____

UHID No. : _____ IP No : _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7	1AM	ER	324	
20/7	10PM	324	319	

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/7	CBP, CRP, Blood cult, Pheripheral	25067005	
	Mycoplasma + IgM		
	X-ray chest	34222	
20/7	LFT	25067006	
21/7	UE	25067143	
22/7	CBP, CRP, SE	25067238	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	Infusion pump	12AM		9111727	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7	IV Placement	1	9111469	
20/7	NHA	1	9112841	

Baby 21/4/25

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

Docu. No. : RCHBH /FRM / GENERAL / 065 (P.T.O.)

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fever x 5days
Cough x 8days.
Rhinl x 8days

History of present illness : Ear pain x 8days

- Fever x high grade x 5days
(10-3-104°F)
daily fever

Patient on Azi back for
- Cough + Rhinl x 8days
Asso of ear pain

19/7/25
CRP= 355
Hb=12
TC 17200
N79 L10
pH 7.2

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

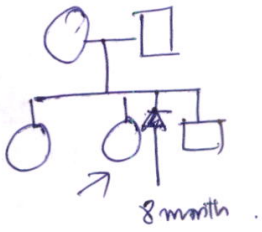
Pediatric Multiorgan History & Physical Examination

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

Nil Significant

Birth & Neonatal History:

T/Bwt= 2.7/ No NICU Stay.



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information : UNC F

Developmental History :

UNC

Immunization History :

Pulse

(P.T.O.)

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_____(Centile _____)

On Examination :

Temperature : 101.6°F Pulse Rate : 140 B.P. 105/61 SPO2 99.

Resp.rate and type of breathing : 30/m

Rash

Lymphadenopathy

Oedema : WNL

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BL AEBE, (R) Scatted crepts

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : S1S2 ml

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

Per Abdomen :

Inspection

Palpation : P/A soft BS(+)

Ausculation :

Spine : External Genitelia :

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness / AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Pneumonia.
LRTI

(P.T.O.)

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment : HD Stability

Planned Labs:	**Planned Management**
CBP, CRP, LFT.	
Blood C&S	IV Ceftriaxone
Chest xray	Pantop
Plapanel.	Ondem.
Mycoplasma IgM	Levolin
	Neb Budecort.

NB [illegible]
20/7/25 12:50AM

Signature of the Doctor: ....
Name of the Doctor: ....
Date & Time: 20/7/25

Signature of the Consultant: ....
Name of the Consultant: ....
Date & Time: 20/7/25 10

Dr. Annapoorna Reg No: 63054

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D (F)
Dr. Annapoorna Tadavarthy

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CIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	2			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	6			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	2			
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing Dtls	2+3			
	Total No. of Pages	40			

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

Signature and Date : 23/8/22

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE : 24/7

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/25 8:30Am.	CS/B Resident Dx/ LRI Fever spikes (+) Used oral intake No breathing difficulty CVS - S1 S2 nl RS - B/L AE+ P/A - Soft.	Plan Continue same medication To take blood culture Tab Pan 2 ; Mycoplasma IgM watch for difficulty in breathing → Fever spikes continue Nebs Dr. T. Pavani
20/07/25 10pm	P/S/B Dr. Anupa. LRI. ? (R) bal Pneumonia If Mycoplasma IgM +ve Add Inj. Levoflox.	• Send CUE • Electrolytes, urea, creatinine on same sample. • IV fluids 70%. • Cotin IV ceftriaxone. Noted by Dr. Dr. Tadavarthy Annapoorna Reg. No: 53064

BAH-00629192
Baby MEHWISH FATIMA IP5-00160004
20-07-2022 3 Y 0 M 0 D
Dr. Annapoorna Tadavarthy (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/25 8.30AM	E/S/B Resident C/o cough	plan
	c/o Not passing stools ∵ 3 days	→ Continue same medication
	c/o pain Abdomen	→ Dulcolax suppository stat P/R
	No fever spikes	→ watch for fever spikes
	CVS - S1S2 +	→ watch for difficulty in breathing
	RS - B/L AE +	monitor vitals 4hrly
	P/A - soft	→ Inform (SOS)
	CNS - NO FND	
	B/C → 24hrs No growth.	T Pavani
9:30A	P/S/B Dr Ampe.	
	LR1	P). CBP, CRP, Electrolytes next pick on 22/7/25 AM.
	Chest - B/L air entry B/L conducted sound.	→ STOP BUDECORT NEB
	P/A soft.	→ Syp Duphalac ... 5ml HS
		Dr. Tadavarthy Annapoorna Reg. No: 53054
		I/c 3 S/eme

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/09/25 3:30pm	URB Resident	
	A: LRTI.	Plan:
	no fever	1.) cont. medicn as per chart.
	not passed stools	2.) monitor vitals
	c/o cough - productive	3.) CBP, CRP, S/E → c next prick / on 22/09/25 - 6AM (TM)
	c/o - fever	
Blood C/S → no growth 24 hrs		4.) Inform Sos
Mycoplasma IgM ⊖ve	O/E: Child is active	
Stu panel ⊖ve	vitals stable	
	RR - 34/min	P.B Shireen
	RS - B/L AE ⊕, clear	
	P/A - Soft.	Medicine
6:34pm	LRI.	
		P) As che.

Dr. Tadavarthy Annapoorna
Reg. No: 53054

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
Dr. Annapoorna Tadavarthy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/25	C/S/B Resident	
9AM	Dx:- LRI	Plan
	~~No fever spikes~~	
	Used oral intake	→ Continue same Medication
	Passed stools	→ watch for fever Spikes
	Cough (+)	
	CVS-S1S2	→ Encourage orally
	RS- B/L AE (+)	
	PIA soft	monitor vitals 4thly
	CR NO FWD	
	Temp (N)	Inform (SOS)
	→ CRP Used - 1.45	
	→ WBC 8.9366 Used.	N.B Navdeep T Ravi
		• D/c today
10AM	LRI.	
		• IV Abx 2 days
		• Oral Abx - 5 days.
		• F/U - Thu pm.
		• Evening
		Dr. Tadavarthy Annapoorna Reg. No: 53054
		A1
		CBP CRP Next Prick
		Levdin 0.6 BY T.I.D
		• Duphalac 5ml OD.

N.B Navdeep

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
Dr. Annapoorna Tadavarthy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/25	CISB Resident	Plan
4:30pm	AJs LRI	Continue Same medications
	improved oral intake	watch for Fever Spikes,
	Cough ↓	
	CVS - S1S2	Encourage Orally
	RS - B/L AE ↑	
	P/A - Soft	Monitor vitals 4hrly
	CNS - NO FND	
	Temp ↓ (N)	Inform (SO)
		T. Pavani
		N.B. Shirke

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
Dr. Annapoorna Tadavarthy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/22 9AM	CSIB Resident	
	D: URTI	Plan:
	no fevers.	1) cont. medication as per drug chart
	cough - better	2) cont. nebulisation
	not passed stools yesterday	3) monitor vitals
	UIC.	4) w/f fever spikes
	Child asleep.	5) R/v labs.
	Vital stable	
	RS- BIL AE+ Clear	
	CVS - S1S2 (N).	Madhu
10AM	LRI.	
	Chest - improved air entry.	P) Continue Antibiotics
		Dr. Tadavarthy Annapoorna Reg. No: 53054

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D (F)
Dr. Annapoorna Tadavarthy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		DIC today
		1) Inj. Ceftriaxone 1.2g. OD T/M
		2.) T. Lanzoc × 2 Days
		3.) Neb ē Levolin BD × 2 Day
		4.) Neb ē Budesoft BD × 2 days
		5.) Symp Ambrodil × 3 Days
		6.) Symp Duphalac 5ml × 10 days.
		RIV T/M evening ē LFT CRP.
		Madhuri

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

(P.T.O)

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D (F)
Dr. Annapoorna Tadavarthy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D (F)
Dr. Annapoorna Tadavarthy

Patien

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

(P.T.O)

Patient Sticker

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

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RESULT SHEET

Date	Outside 19/07/25	20/7/25	20/7/25	22/7/25			
Time		1:10AM	11:13AM	8:30AM			
Hb	12	10.8		11.2			
PCV	37-1	34.2.		36.7			
RBC	5.0	4.46		4.63			
WBC	17200	19650		8.38			
N/L	78/10	81/14		43.7/46.1			
Platelets	2,73,000	3.23.		392			
CRP	355	350.		145.			
ESR							
PCT							
RBS							
Na				140			
K				4.8			
Cl				109			
Ca/Mg							
Phosphate							
Urea			16.				
Creatinine			0.2				
ALP		208					
SGPT		10.					
SGOT		23					
T.Bill/Conj		0.45 0.2 0.2					
T.Protein		6.5					
S.Albumin		3.7					
S.Globulin		2.8					
A/G Ratio		2.8.					
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L							

Docu. No. : RCHBH /FRM / CLINICAL / 0138 (P.T.O)

Date	20/7/25					
Time	12:30pm					
CUE - Alb	+					
CUE - Sugar	NIL					
CUE - Ketones	+++					
CUE - PUS Cells	4-6					
CUE - RBC Cells	4-5					
CUE Nitrite	-ve					
Casts →	Granular casts					
Leucocytes →	Trace					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : The Panel → Inf A, B → -ve
RSV → -ve
Mycoplasma IgM → Negative (Verbal).
20/7/25 Blood Cs → no growth 48hrs

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

Rainbow® Children's Hospital
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

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

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 : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : 19/7/22 11:50pm

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

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

DRUG CHART

Date of Admission: 20/7 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 : Syp CROCIN DS

Dose	Route	Frequency	Start Date
4ml	ORAL	SOS	19/7

Doctor's Signature | Valid Period: 7 DOF. | Pharm.

Additional Instructions:

Date/Time: 6:50 20/7 Qt

DRUG : Syp. METHACP

Dose	Route	Frequency	Start Date
6ml	PO	(SOS)	20/7

Doctor's Signature | Valid Period: 7 DOF | Pharm.

Additional Instructions: (5/100)

Date/Time: 2/7 4PM Latum

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Signature

VERIFIED BY : Name

Docu. No. : RCHBH /FRM / CLINICAL / 118 Page: 1/4 (P.T.O)

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

REGULAR PRESCRIPTIONS

Weight. 12 kg Ward. .....

DRUG : IV CEFTRIAXONE

Dose	Route	Frequency	Start Date
600mg	IV	BD	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7 21/7 22/7 23/7

6AM 6PM 2PM 10PM

DRUG : INJ PANTAPRAZOLE

Dose	Route	Frequency	Start Date
10mg	IV	OD	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7 21/7 22/7 23/7

6AM 2PM 10PM

DRUG : NEB ± LEVOLIN

Dose	Route	Frequency	Start Date
0.6ml	NEB	TID	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7

6AM (1) 2PM 10PM 10PM

See the chart

DRUG : NEB ± BUDECORT

Dose	Route	Frequency	Start Date
1mg	NEB	BD	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 21/7

6AM (1) 10PM

See the chart

STOP 21/07/22 T. Pavani

Page: 2/4

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
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Sheet No. .....

REGULAR PRESCRIPTIONS

Weight ...12kg... Ward .....

DRUG : Syp DUPHALAC

Dose	Route	Frequency	Start Dt.
5ml	ORAL	BD	21/07/25

Name & Signature of the Doctor Starting the Drugs: T. Pavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 21/7 22/7

change 22/07/25

DRUG : Syp AMBRODYL P

Dose	Route	Frequency	Start Dt.
4ml	oral	BD	22/07/25

Name & Signature of the Doctor Starting the Drugs: T. Pavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 22/7

DRUG : Syp DUPHALAC

Dose	Route	Frequency	Start Dt.
5ml	oral	OD	22/07/25

Name & Signature of the Doctor Starting the Drugs: T. Pavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

/ CLINICAL / 108 (P.T.O.)

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 ....

Docu. No. : RCHBH /FRM / CLINICAL / 108

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

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.
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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

I.V. FLUIDS CHART

Weight. 12 kg. 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
19/7/25	12 AM	IUDNS.	IV	42 ml/kg			21/7		
20/7/25	10 AM	IV FDNS	IV	32 ml/hr					

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D
Dr. Annapoorna Tadavarthy (F)

20/7/25

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BULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
20/7/25	00.00	Neb ē levolin	Latha	entered.
	01.00	Neb ē Budecort		
	02.00	Neb ē levolin	Latha	
	03.00	Neb ē budecort 10 Am	Puja	
	04.00	Neb ē levolin 2Pm	Puja	
	05.00			
20/7/ 21/7	06.00	Neb ē levolin - 10pm, 6am	Soubhashini	(3) 9112848
	07.00	Neb ē Budecort - 10pm		(1)
21/7/25	08.00	Neb ē Budecort - 11:30 Am	Seema	9113477
21/7/25	09.00	Neb ē levolin - 2pm	M.Shireen	
	10.00	Neb c levolin 10pm		
	11.00	Neb c Budecort 12:30 Am	Soubhani	9114476
	12.00	Neb c levolin 6Am		
22/7	13.00	Neb levolin 2pm	Neha	9115081
	14.00	Neb levelin 10pm (2)	Southa	9115957
	15.00	Neb levelin 6Am		
	16.00	(15)		
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Doc. No. : RCHBH/ FRM / CLINICAL / 170

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

20/7

Ic. No. : RCHBH/ 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 : ..... Time:	6:50	10pm	2AM	6AM	5pm
Doctor / Nurse / Family Concern?	PM				
Temperature (°F)	99.9°F	98.4°F	98.4°F	98.4°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	109 (89) 79	104 (76) 64	96 (87) 69	109 (65) 75	
Note: BP does not score in early warning scoring					
Heart Rate (Number)	127bpm	110bpm	100bpm	111bpm	
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	36bpm	26bpm	23bpm	21bpm	
Resp Distress: Mod/ Severe / None / Mild	N				
Receiving O_2 (l/min) O_2 Saturations (%)	95.1%	97%	99%	98%	
Conscious Level: Normal / Altered	N				
GCS *	15/15	15/15	14	14	
TOTAL SCORE Number of shaded boxes	1	0	0	0	
Pain Score	0	0	0	0	
Observer's Initials	N				

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

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

Patient Sticker

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

20/7/28

No. : RCHBH/ FRM / CLINICAL / 125

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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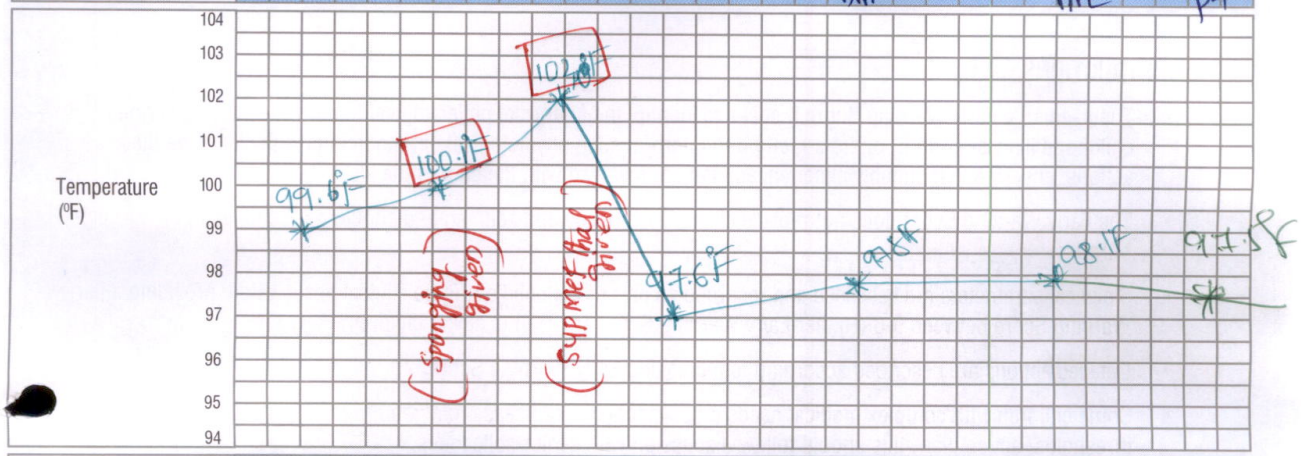
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	1:30AM	3AM	4:30AM	6AM	10 AM	1 PM	4 PM
Doctor / Nurse / Family Concern?							



Heart Rate (bpm) and Blood Pressure (mmHg) *	99 / 66	103 / 73	96 (PM) / 60
Note: BP does not score in early warning scoring			
Heart Rate (Number)	117 b/m	120 b/m	114 b/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	28 b/m	26 b/m	24 b/m
Resp Distress: Mod/ Severe / None / Mild	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	99%
Conscious Level: Normal / Altered	N	N	N
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

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:

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

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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)

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

. No. : RCHBH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 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:		11:00 am	5pm	10 pm	3 am	6 am
Doctor / Nurse / Family Concern?						
Temperature (°F)	104–94	21/7/25 97.8°F	97.0°F	97.3°F	97.1°F	97°F
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190–50	110 / 82 / 70	100 / (74) / 64	108 / (97) / 80	120 / (88) / 76
Heart Rate (Number)		106bpm	136bpm	108b/m	108b/m
Resp. Rate (bpm) (Over 1 Minute) *	70–10				
Resp Rate (Number)		28bpm	29bpm	30b/m	30b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)		97%	98%	99%	99%
Conscious Level: Normal / Altered					
GCS *		14	14	14	14
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	1	0	0
Observer's Initials					

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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.
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Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

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

PRESCHOOL (1-5 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:	9am	11am	3pm	7pm	10pm	8am	10am
Doctor / Nurse / Family Concern?							
Temperature (°F)	22/A/25 *98.3F	*99.2F	*97.0	97.0	98.2F	97.3F	96.9F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring			114/65	105/63	101/81 (86)	104/56 (70)	
Heart Rate (Number)	130bpm	114bpm	122bpm	125bpm	116bpm	85bpm	
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	29bpm	30bpm	30bpm	29bpm	29bpm	28bpm	
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	97%	98%	99%	99%	
Conscious Level: Normal / Altered							
GCS *	15T	15		14	14	14	
TOTAL SCORE Number of shaded boxes	1	0	0	0	0	0	
Pain Score			0	0	0	0	
Observer's Initials	I	M	S	S	S	M	

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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!
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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)
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BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D (F)
Dr. Annapoorna Tadavarthy

CHBH/ 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 : ..... Time:	10Am
Doctor / Nurse / Family Concern?	
Temperature (°F)	23/Aug; 98.6 *
Heart Rate (bpm) and Blood Pressure (mmHg) *	90 * 54
Note: BP does not score in early warning scoring	
Heart Rate (Number)	125bpm
Resp. Rate (bpm) (Over 1 Minute) *	
Resp Rate (Number)	30bm
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2(l/min) O_2Saturations (%)	100%
Conscious Level: Normal / Altered	
GCS *	
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	S/

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)
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Patient Sticker

Doc. No. : RCHBH/ 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 : ..... Time:																																	
Doctor / Nurse / Family Concern?																																	
Temperature (°F)	104																																
	103																																
	102																																
	101																																
	100																																
	99																																
	98																																
	97																																
	96																																
	95																																
	94																																
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																																
	180																																
	170																																
	160																																
	150																																
	140																																
	130																																
	120																																
	110																																
Note: BP does not score in early warning scoring	100																																
	90																																
	80																																
	70																																
	60																																
	50																																
Heart Rate (Number)																																	
Resp. Rate (bpm) (Over 1 Minute) *	70																																
	60																																
	50																																
	40																																
	30																																
	20																																
	10																																
Resp Rate (Number)																																	
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Receiving O_2(l/min)																																	
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Pain Score																																	
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Patient Sticker

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BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

FLUID CHART

20/7

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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	DNS		42ml								
Total Intake :						Total Output :						
	02:00 am			42ml								
	03:00 am	D	water	42ml								
	04:00 am			42ml								
	05:00 am	N		42ml			NP			✓		
	06:00 am		water	42ml								
	07:00 am	S		42ml								
Total Intake :						Total Output : M – 0 U – 1						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M – 0 U – 1

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

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FLUID CHART

Sheet No. : 20/7

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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
20/7	08:00 am	D	water	42ml			1			✓	1	
	09:00 am	N	water	42ml			NP				0	
	10:00 am	S		42ml						✓	1	
	11:00 am			42ml			1					
	12:00 pm			42ml								
	01:00 pm			42ml								
Total Intake :						Total Output : M – 0 U – 2						
	02:00 pm		water	42ml			1				1	
	03:00 pm	D		42ml						1		
	04:00 pm	N	water	42ml			NP			NP	0	
	05:00 pm	S		42ml								
	06:00 pm			42ml			1			1	1	
	07:00 pm			42ml								
Total Intake :						Total Output : M – 0 U – 0						
20/7	08:00 pm			42ml			1				0	
	09:00 pm	D	water	42ml						✓	0	
	10:00 pm	N		42ml			NP				0	
	11:00 pm	S		42ml							0	
	12:00 am			42ml			1			✓	0	
	01:00 am			42ml							0	
Total Intake :						Total Output : M – U –						
21/7	02:00 am			42ml			1				0	
	03:00 am			42ml						1	0	
	04:00 am	DNS		42ml								
	05:00 am			42ml			NP			NP	0	
	06:00 am			42ml			1			1	0	
	07:00 am			42ml							0	
Total Intake :						Total Output :						

Total 24 hrs. Intake	IVF – 1,008ml	Total 24 hrs. Output	M-0 U 4

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

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		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							
21/7/22	08:00 am										0	
	09:00 am		H2O								0	
	10:00 am	D		32ml							0	Seema
	11:00 am	N	H2O	32ml			NP				0	
	12:00 pm			32ml								
	01:00 pm	S	H2O	32ml								
Total Intake :						Total Output : M- 0 U- 3						
	02:00 pm			32ml							0	
	03:00 pm		H2O	32ml							0	
	04:00 pm	D		32ml			NP				0	
	05:00 pm	N		32ml							0	
	06:00 pm	S	H2O.	32ml							0	
	07:00 pm			32ml							0	
Total Intake :						Total Output : M- 0 U- 2						
	08:00 pm			32ml							0	
	09:00 pm			32ml							0	
	10:00 pm	D		32ml							0	
	11:00 pm	N		32ml			NP				0	
	12:00 am	S		32ml							0	
	01:00 am			32ml							0	
Total Intake :						Total Output : M- U-						
	02:00 am			32ml							0	
	03:00 am			32ml							0	
	04:00 am	D		32ml							0	
	05:00 am	N		32ml								
	06:00 am	S		~~32~~								
	07:00 am			—								
Total Intake :						Total Output : M- U-						

Total 24 hrs. Intake	DVF – 608ml	Total 24 hrs. Output	M-1 U-9

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

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FLUID CHART

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		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							
22/7/22	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	

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

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			Mouth	I.V	N.G							
	08:00 am		H_2O	32ml								
	09:00 am			32ml								
	10:00 am	DNS		32ml								
	11:00 am		H_2O	32ml								
	12:00 pm			32ml								
	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											
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	08:00 pm											
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	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**	

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

Patient Sticker

FLUID CHART

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
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	11:00 am											
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	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**	

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Shift: ☐ Morning ☐ [illegible]on ☑ Night

Date: 20/7/22

Assessment: Fever

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
1AM	* Assess the condition	1:10AM	* Assess the condition	Baby is stable
4AM	* Monita vitals	4:10AM	* monitored vitals	
5AM	* Maintain I/o chart	5:10AM	* Maintained I/o chart	
6AM	* administere medication by MN as per chart	6:10AM	* administered medicatio -n as per chart	
7AM	* Ensure safety	7:10AM	* Enswed safety	

Re-Assessment: Re-assessment done

Special Notes:

Nurse Signature: Lalita Nurse Name: Lalita Date & Time: 20/7/22 @ 8AM

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
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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

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 20/7/25 @ 8Am

Assessment: fever

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
8Am	→ Assess the general condition of the pt.	8:10Am	→ Assessed the general condition of the pt.	patient looking like before.
10Am	→ Plan for checking cannula site.	10:10Am	→ checked cannula site.	
12Pm	→ plan for maintaing fluid balance.	12:10Pm	→ maintained fluid balance.	
1Pm	→ plan for checking temperature now.	1:10Pm	→ checked temperature now.	
	→ Plan for checking urine output.		→ checked urine output.	
	→ plan for checking vitals.		→ checked vitals and recorded.	

Re-Assessment: Re-assessment done

Special Notes: NIL

Nurse Signature: Pujya Nurse Name: Pujya Date & Time: 20/7/25 @ 2Pm

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20-07-2022 3 Y 0 M 0 D (F)
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NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
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Shift: ☐ Morning ☑ Afternoon ☐ Night Date: 20/7/25

Assessment: Baby is with hypoethermia

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
2pm	Assess the Condition of baby.	2:10pm	Assessed the Condition of baby.	Baby is stable.
3pm	monitor vitals and record.	3:10pm	monitored vitals and recorded.	
4pm	Administer medications as per chart.	4:10pm	Administered medications as per charted.	
5pm	w/f hypoethermia.	5:10pm	w/f hypothermia.	
6pm	Trace mycoplasma report.	6:10pm	Trace mycoplasma report.	
7pm	Ensure hydration.		Ensured hydation.	
	Ensure Safety.			

Re-Assessment: Done.

Special Notes: Trace mycoplasma report.

Nurse Signature: Swetha Nurse Name: Swetha Date & Time: 20/7/25 @ 8pm

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BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 20/7

Assessment: Baby is with hypothermia, cough

Goals
- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Believe 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
8PM	* Assess the general condition of Baby.	8:10PM	* Assessed the baby condition.	Baby is stable now
10PM	* monitor vital signs	10:10PM	* vitals checked	
12AM	* maintain s/o chest	12:10AM	* s/o chest maintained	
2AM	* administer the medications	2:10AM	* Administered the medications.	
4AM		4:10AM		
6AM	* w/f fever spikes	6:10AM	* w/f fever spikes	
8AM	* plan to trade mycoplasma * ensure safety	8 AM	* ensured safety.	

Re-Assessment: Re assessment done

Special Notes: Inform all reports (w/f fever spikes)

Nurse Signature: Nurse Name: Ramya Date & Time: 21/7 @ 8AM

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Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 21/7/25

Assessment: patient having respiratory infection

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
8am	* Assess the baby condition	8:30 Am	* Assessed the baby condition baby is stable.	* baby is stable.
10 Am	* plan to moniter vitels	10:30 Am	* moniter vitels stable.	
11 Am	* plan to maintain I/O chart.	11:30 Am	* maintain I/O chart	
12pm	* plan to soft diet	12:40 pm	* patient taken soft diet	
12:30 pm	* plan to c.t. IVF DNS	12:40 pm	* c.t. IVF DNS 32 ml going on.	
1pm	* plan to c.t. nebulization	1:10 pm	* Given nebulization as per doctors orders.	
1:30 pm	* plan to stop budecont	1:40 pm	* Neb budecont stopped taking	
2pm	* plan to medication	2pm	* Given medication as per doctors orders.	

Re-Assessment: After 1 hours baby is stable.

Special Notes: CBP, CRP, SL on 22/7/25 & c.t. nebulization

Nurse Signature: Les Nurse Name: Leena Date & Time: 21/7/25 @ 2pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☑ Afternoon ☐ Night Date: 21/7/25

Assessment: Baby having Respiratory Breathing problem.

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
2pm	→ Assess the patient condition	2:10 pm	→ Assessed the general condition	pt was stable
3pm	→ monitor vitals signs	3:10pm	→ monitored vitals stable	
4pm	→ monitor I/O chart maintain	4:10pm	→ monitored I/O chart maintained	
5pm	→ Encourage Soft diet and liquids	5:00 pm	→ Encouraged soft diet and liquids.	
6:00 pm	→ Encourage Ambulatory	6:00 pm	→ well ambulatory	
7:00pm	→ IVF 32ml per hr DNS	7:30 pm	→ IVF continued Per 2.2 ml per hr DNS	
8pm	→ Ensure safety.	8pm	→ Encouraged Baths	

Re-Assessment: IV fluids continues.

Special Notes: CRP, CRP, SLE on 22/7/25 6AM tlm

Nurse Signature: Nurse Name: M. Shireen Date & Time: 21/7/25 8pm

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Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 21/7/25

Assessment: Risk for hyperthermia related to disease condition

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
8pm →	Assers to the baby condetion	8pm →	Assessed to the baby condetion	
9pm →	maentaen i/o chart.	9.30 pm →	maintaend i/o chart.	
11pm →	monitor vitals	11pm →	monitored vitals.	
12am →	plan for continue IVF	12.30 am →	continue IV fluids	patient well
2am →	plan for ct IV antibiotic	6am →	Administred IV antibiotic	
6am →	plan for soft diet	7am →	Encourage to take food	
8am →	plan to send CBP, LRP, SE	8am →	Nebulization given as order Labs sended.	

Re-Assessment: Reassessment after 2 hrs pt well

Special Notes: Peace report.

Nurse Signature: Nurse Name: Sowdhamini Date & Time: 22/7/25 @ 8am

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BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
3 Y 0 M 1 D (F)
20-07-2022
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☑ Afternoon ☐ Night Date: 22/7/25

Assessment: Baby daily activity

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
9:10Am	→ Assess the patient general condition	8:10 Am	→ Assessed the patient general condition	pt is baby
10Am	→ plan for monitor the vital and record	10 Am	→ monitored the vital and record	
11Am	→ plan for provide ivfluid	11 Am	→ provided ivfluid	
12pm	→ plan for provide ensured satty	12pm	→ provided ensured satty	
1pm	→ plan for provide nebulisation as pr doctor order	1pm	→ provided nebulisation to the baby	
2pm	→ plan for provide antibiotic	2pm	→ plan for provided antibiotic.	

Re-Assessment: Re-assessment every 2nd hourz

Special Notes: continues ivf fluid and nebulisations plan plc today But parent dont want go home they want stay back for 2 day for antibiotics

Nurse Signature: Nenlini Nurse Name: Nenlini Date & Time: 22/7/25 2pm

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: 22/7/25

Assessment: Baby Suffering with Lower Respiratory tract Infection

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
2pm	→ Assess General condition of the Baby	2:10pm	→ Assessed General condition of the child	Child is stable now
3pm	→ Monitor vitals	3:30pm	→ Monitored vitals	
4pm	→ Maintain I/o chart	4:30pm	→ Maintained I/o Chart	
5pm	→ Watch for fever spikes	5:30pm	→ Checked fever spikes	
6pm	→ Encourage orally	6:30pm	→ Encouraged orally	
7pm	→ continue Antibiotic till further Doctor orders	7:30pm	→ continued Antibiotic till further Doctor orders	
7:30pm	→ Ensure safety.	8pm	→ Provided Ensure safety	

Re-Assessment: Re-Assessment Done

Special Notes: W/F fever spikes & Monitor vitals 4th hourly

Nurse Signature: Shirisha Nurse Name: Shirisha Date & Time: 22/7/25 @ 8pm

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Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: 22/7/25

Assessment: Risk for HAI related to hospitalized

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
8pm →	Assess to the patient condition	8pm →	Assessed to the patient condition	
9pm →	Maintain i/o chart.	9.30 →	Maintained i/o chart.	
10pm →	Monitor vitals	Am →	Monitored vitals	
12am →	plan to continue IVF	11.30 Am →	Continue IVF	
2am →	plan to give IV antibiotic as per doctor orders.	1Am →	Administred IV antibiotic as per orders.	
5am →	plan to give orally.	3Am		
6am →	medication	4Am →	Encourage to take orally	
8am		8Am →	Medication given as orders.	

Re-Assessment: Reassessment after 2 hrs pt well

Special Notes: ① ct IVF ② nebulization @ next pack CBP + CRP

Nurse Signature: Nurse Name: Sowbhagini Date & Time: 22/7/25 8am

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D (F)
Dr. Annapoorna Tadavarthy

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

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

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: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

Docu. No: RCHBH /FRM / CLINICAL / 148

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

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA (F)
20-07-2022 3 Y 0 M 0 D
Dr. Annapoorna Tadavarthy

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

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Annapoorna Department: Peads Date of Admission: 20/7

SITUATION

Diagnosis: Pneumonia

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

		ER 1am	3RD FLOOR 1AM	3rd floor 6am	3rd floor 2pm	3rd floor 8pm-8am	3rd floor 8pm
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	100°F	99.6°F	98.0°F	97.58	98.18°	97.2°F
	Res:	26/m	28/m	26/m	24/m	26/m	23/m
	SpO_2:	98%	99%	99%	98%	99%	97%
	Pulse:	105/m	107/m	114/m	112/m	114/m	106/m
	BP:	102/70	103/72	96/60	98/60	98/70	110/70
	Fall Risk Score:	12	12	12	12	12	12
	Pain Score:	0	0/10	0/10	0/10	0/10	0/10
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	NA	NA	NA	NA	NA	NA
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	CBP, CRP, S.E FM
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		Jan	Lalita	Riya	Sweetha	Ranya	Seema
Signature :			Lalita				
Date:		20/7	20/7	20/7	20/7	21/7	21/7
Time:		1am	8pm	2pm	8pm	8am	2pm
Taken Over By Name :		Lalita	Riya	Sweetha	Ranya	Jaikhand Seema	Shireen
Signature :		Lalita					
Date:		20/7	20/7	20/7	20/7	21/7	21/7
Time:		8am	8am	2pm	8pm	8am	2pm

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 1 D (F)
Dr. Annapoorna Tadavarthy

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: A.T Department: 3rd Floor Date of Admission: 20/7/22

SITUATION

Diagnosis: Pneumonia

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

	Area / Shift Time	3rd Floor 8pm-8am	3rd floor 8am-2pm	3rd Floor 2pm-8pm	3rd Floor 8pm-8am	3rd floor 8am-2pm	3rd Floor 8am-2pm
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98-1F	97°f	98-3F	97.0	96.4°f	97.6
	Res:	21bpm	30	24bm	29	28	30
	SpO_2:	99%	99	98%	98	97	100
	Pulse:	116bpm	100	105h	125	55	125
	BP:	94/64	120/2d80	100/80	105/63	104/56(80)	91/54
	Fall Risk Score:	NA	NA	NA	NA	NA	
	Pain Score:	NA	0/10	0\0	0	0/10	0
Recommendations	Safety Needs:	NA	Yes	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	NA	NA	NA
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA Monitoring	Antibiotics	NA	NA	NA	Discharge
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		M. Sher	Roushani	Nandini	Shirisha	Roushani	Shirisha
Signature :							
Date:		21/7/22	22/7	22/7/22	22/7	23/7	23/7
Time:		8pm	8AM	2pm	8pm.	8AM	12:30pm
Taken Over By Name :		Roushani	Nandini	Shirisha	Roushani	Shirisha	
Signature :							
Date:		22/7	22/7/22	22/7	22/7	23/7	
Time:		8PM	8AM	2pm	8PM	8AM	

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 20/7	DATE 20/7	DATE 20/7	DATE 21/7	DATE 22/7
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	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	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	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	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2			1		
	Other Medications / None	1	1	1	1	1	1
	Total		12	12	12	12	12

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

	Bed in low position		Yes	Yes	Yes	Yes	Yes
	Call device within reach		Yes	Yes	Yes	Yes	Yes
	Wheels Locked		Yes	Yes	Yes	Yes	Yes
	Room free of clutter		Yes	Yes	Yes	Yes	Yes
	Adequate lighting		Yes	Yes	Yes	Yes	Yes
	Wheel chair support		NO	NO	NO	NO	NO
	Other Intervention(s) Specify		NO	NO	NO	NO	NO
	Nurse's Name:						
	Signature:						
	Date:		20/7	20/7	20/7	21/7	22/7
	Time:		1AM	8AM	8PM	8AM	8PM

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D (F)
Dr. Annapoorna Tadavarthy

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE 23/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			6am				
Age	Less than 3 years old	4	4				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	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				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
	Total		11				

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

	Bed in low position		yes			
	Call device within reach		Yes			
	Wheels Locked		Yes			
	Room free of clutter		Yes			
	Adequate lighting		Yes			
	Wheel chair support		m			
	Other Intervention(s) Specify		m			
	Nurse's Name:		Sruthi			
	Signature:					
	Date:		23/7			
	Time:		6am			

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

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

BRADEN 'Q' SCALE

Rainbow® Children's Hospital — It takes a lot to treat the little.
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					Date : 20/7	20/7	20/7	20/7
					Time : 10am	2pm	6pm	2pm
Mobility	**mmobile:** even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	28	28
					Evaluator's Name			

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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BRADEN 'Q' SCALE

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					Date : 20/7	22/7	23/7	
					Time : 2pm/night	6AM	6AM	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
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				TOTAL SCORE			
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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	6PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7	10PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	1PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	6PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

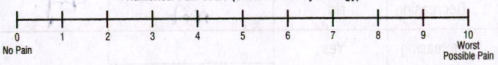
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCHBH /FRM / CLINICAL / 152

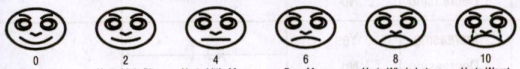
(P.T.O)

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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PAIN ASSESSMENT FORM

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21/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	NA
22/7	11pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Saudha
22/7	5AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Saudha
22/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Nlex
22/7	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Shiva
22/7	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Saudha
23/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Saudha
23/7	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	Saudha
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

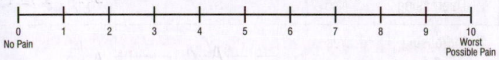
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCHBH /FRM / CLINICAL / 152

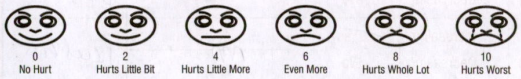
(P.T.O)

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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
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BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 2 D
Dr. Annapoorna Tadavarthy (F)

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
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PAIN ASSESSMENT TOOLS

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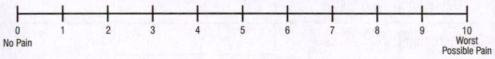

Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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PAIN ASSESSMENT FORM

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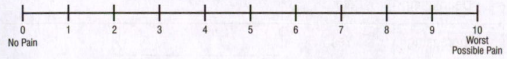
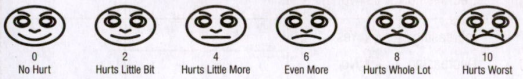


Wong - Baker (Pediatrics) Above 7 Years



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20-07-2022 3 Y 0 M 0 D (F)
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CHECKLIST FOR THROMBOPHLEBITIS

20/7/22 21/7/22

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0		0	0	0	1	0		cannula Mint swollen and pain
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							1			cannula removed placed left hand
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			N/A							
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	N/A									
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								Nandini			

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 : Anamika

Signature of Ward In Charge :
Signature : ..... Name : Supriti

Docu. No. : RCHBH /FRM / CLINICAL / 137

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MULTI-DISCIPLINARY PLAN OF CARE FORM

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Diagnosis: LRTI

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
20/7	☐ Medical ☑ Nursing ☐ Others:	☐ Initial ☑ Modified ☐ Per-Op ☐ Post Op	a Ensure safety	a provide side rails	a provided Bedside	[signature]	☑ Medical ☐ Others:
20/7/25 8 A	☐ Medical ☐ Nursing ☑ Others: Dietitian	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	URTI c pneumonia	Suit high protein diet	RDA E - 1300Kcal/d P - 22gm/d	[signature]	☐ Medical ☐ Nursing ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Docu. No. : RCHBH /FRM / CLINICAL / 040

Patient Sticker

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
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Docu. No. : RCHBH /FRM / CLINICAL / 040

BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

102.6°F - 6:30pm.
P250 - Syp.

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mehwish fatima. Age : 2Y Gender: ☐ Male ☑ Female

Date : 19/7/22 Time of Arrival : 11:15 pm Triage Completion Time : 11:16pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify): ☐ Not known any drug Allergies

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Ambulance

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

Initial Vital Signs: Temp: 101.5 F PR: 140 bpm BP: 105/61 (70) RR: 30 bpm SpO: 99 Rt.

Chief Complaints: c/o - fever x 5 days, cold and cough x one week.

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

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 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 : Fol nurse

Signature of Triage Nurse :

Date & Time : 19/7/22 @ 11:17pm.

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/7 Time of arrival : 11:17pm.

Chief Complaints: c/o - fever, cold and cough x 5 days

Height : nil Weight : 12.5 kg Head Circumference (<2 years) NA

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

If yes , identify nil

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character nil ☐ Location nil ☐ Frequency nil ☐ Duration nil

RISK FOR FALL:

If patient is < 6 years ☑ Yes ☐ No
If **'Yes'** tick below fall risk intervention directly
If Patient is > 6 years
If **'Yes'** 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: nil (Date/Time): nil

Social History: Lives With family

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1 Brother & 1 sister

Time of Initial assessment completed by ER Nurse : 11:21pm

Docu. No. : RCHBH/FRM/CLINICAL/120 (P.T.O.)

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

Time	Nursing Notes
11:17pm	✓ Asso ssed by Dr. Sumaya. ✓ monitored vitals ✓ IV place and dye ✓ sample sended to lab. ✓ ~~St~~ chest X-ray done. Reports due ✓ Shifted to ward.

Samples collected by: DR. Samba Time: 12:30Am

Samples sent by : DR. Arun. Time: 12:35Am

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:30Pm	Syp. Cocin DS	PO	4ml	DR. Sumaya	

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140bpm BP: 101/61mmHg CRT: <2sec	Shift - out from ER to: 3D4
RR: 30bpm SPO2 at Fi02 100%	Time of Shift - out: 12:50Am
GCS: 15/15 Temperature : 100°f	Handover given to: (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): NA	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV place and

Name of the Nurse : Jasmine Signature of the Nurse :

Date & Time : 20/7/25 @ 12:50Am

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Baby MEHWISH FATIMA
20-07-2022 3 Y 0 M 0 D (F)
Dr. Annapoorna Tadavarthy

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1 AM Mode of Arrival: NA Admitting From: ☐ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction NA

Body Weight: 12.5 Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	NA	NA

Family History: NA

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: 12.5 kg Length: — Head Circumference (< 2 years): —

Temp.: 99.6°F HR: 107 RR: 26 BP: 107/70

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

Character of Pain 0 Location 0 Frequency 0 Duration 0

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

Docu. No. : RCHBH/FRM/CLINICAL / 145 (P.T.O)

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?) .....

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

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

Nurse's Name: ..... Laiba ..... Date: 20/7/22 Time: 7 AM Signature

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DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 21/7/22

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

   ☐ Needs Assistance In:

			Remarks
☐ Medication	☐ Yes	☐ No	Explained to mother
☐ Bathing	☐ Yes	☐ No	
☐ Eating	☐ Yes	☐ No	
☐ Walking	☐ Yes	☐ No	
☐ Dressing	☐ Yes	☐ No	
☐ Toileting	☐ Yes	☐ No	

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: About personal hygiene
   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

Nurse Signature: latta
Nurse Name: latta
Date and Time: 20/7/22 1am

Docu. No. : RCHBH /FRM / CLINICAL / 191

PATIENT TRANSFER FORM

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BAH-00629192 IP5-00160004
Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

Date & Time of Admission	Date & Time of Transfer Order
20/7/2022 12:16AM	20/7/2022 1AM
Transfer Ordered by	**Reason for Transfer**
DR: Sumaya	Admission
From Unit	**To Unit**
FR	324
Number of Sheets in Clinical File	**Number of Imaging Films**
19	Nil - due x-ray film
	Information to Attendant Yes ☑ No ☐
	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.	op file	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
	Dr. Sumaya

Patient & Clinical Records Received by : Aisha

Date & Time of Patient Received : 20/7/22 1AM

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

Docu. No. : RCHBH /FRM / CLINICAL / 102

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Dr. Annapoorna Tadavarthy

324-A

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20-7-25 Time: 8A

Weight: 12kg Centile: < 3rd

Height: ..... Centile: .....

Inference: under weight child

RDA: ..... Calories: 1300 kcal/d Protein: 22gm/d

Diet Recommendations: Syt high protein diet

Re-Assesment: Avoid Spicy, chilled & outside foods

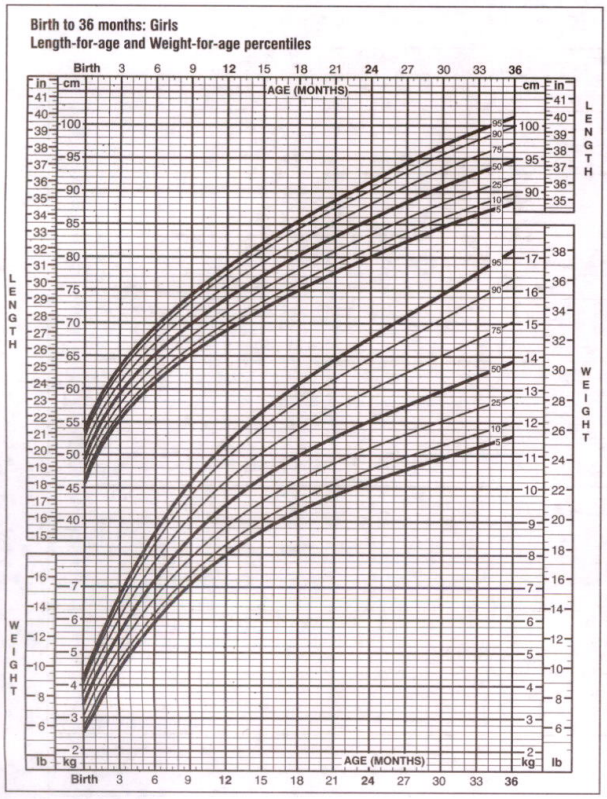
Food Allergies: No Veg/Non-veg Non-veg

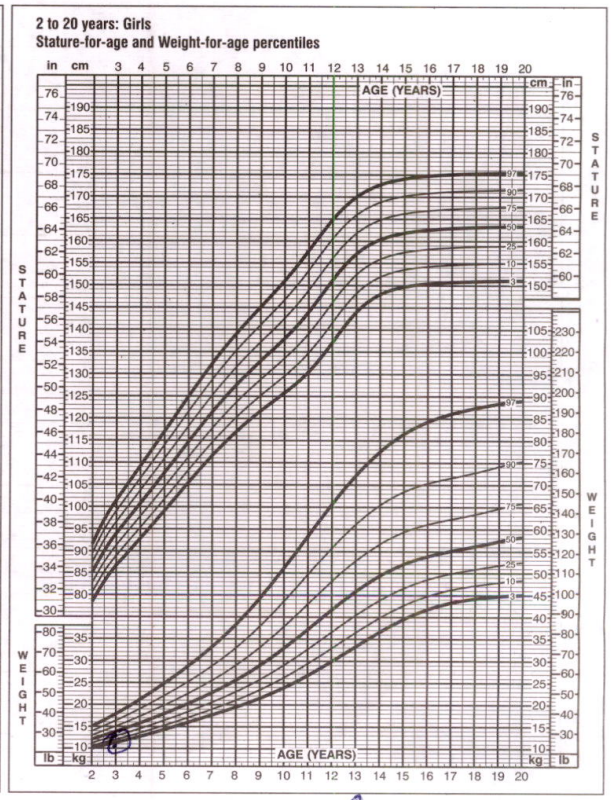
Diagnosis: Pneumonia & LRTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Muskaan

GROWTH CHART (GIRLS)





Dietician's Name Saima Dietician's Signature

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes:

21/7 Child is stable. Intake is sub-optimal
Continue with Syt dict

22/7 Child is stable intake is improving
& Continue with Syt dict

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8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby MEHWISH FATIMA**	**Age :**	**2 Y 11 M 30 D**
IP No:	**IP5-00160004**	**Sex:**	**Female**
Consultant:	**Dr. Annapoorna Tadavarthy**	**Ward/Bed No:**	**3F-ZONE C/CRDL-DELUX324-1**

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.

atient, 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 insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:
Relationship:
Date: 20/7/25 Time: 02:16 AM
Witness Name: Nagaraju
Witness Signature:

Patient Address:
19-2-194/26 CHANDALULA BARADAR
Bahadurpura Hyderabad Telangana
INDIA 500064

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Printed Date / Time : 20/07/2025 00:18 Printed By : 017494 Page 2 of 2

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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM. Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason th'en hospital tariff will he applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery/scans performed in Emergency hours (8pm-7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.900 for every TPA route cases.
- All charges vary as per Room category, e›:cept Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP or IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYEMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

Rainbow Children's Medicare Private Limited

kegitt°.red Office: Road No. 2, Banjara Hills, Near Hotel Part Hyatt, Hyderabad - 500 034, T: +9140 2233 4455.

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line ... 034

Branches : BANJARAHILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAP... | KUKATPALLY - T: 4246 2300

L B NAGAR - T: 71111333 | MARATHAHALLI, BENGALURU - T: +9180 711... - T: +9180 2551 2345

CIN : U85110 TG1998 PTC029914 email : info@rainbow... www.rainbowhospitals.in

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Baby MEHWISH FATIMA
20-07-2022 2 Y 11 M 30 D (F)
Dr. Annapoorna Tadavarthy

DISCHARGE DATE: 23/7/22 DISCHARGE TRACKING LIST				
UHID :	IP No:	FLOOR: 3/7	CASH/CREDIT:	
ACTIVITY	TIME	NAME & SIGNATURE	REMARKS	
DISCHARGE ANNOUNCEMENT	17:30			
	IN TIME	OUT TIME		
Arrangement of file by nursing	17:35	11:46		
Summary prepared by DEO	11:46			
Finalisation of summary by registrar				
Transfer of file from ward to pharmacy				
Pharmacy clearance		12:48		
Medical discharge time				
File received by billing				
Bill processing				
Audit clearance				
Billing clearance				
Physical clearance				

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Name	Mrs SYEDA RABIA QUADRI	**UHID**	BAH-00416024
IP No	IP5-00160015	**Admission Date**	20-07-2025

Care of the episiotomy (refer to chapter 2 Page no.5-6 in the postpartum book).

We urge all of you to read the postpartum book thoroughly. It contains useful advice and will clear most of your doubts.

Review with Lactation Consultation after one week on 28.07.2025 with prior appointment.

Review with Dr. BHARGAVI REDDY K after 2 weeks on 04.08.2025 at postnatal clinic with prior appointment **(Review consultation will be charged).**

Review with Dr. TUHINA SHARMA (PERINATAL PHYSIOTHERAPIST) after 6 weeks of delivery.

The content of the patient discharge summary, medication, food & drug

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