DISCHARGE SUMMARY

Rainbow® Children's Hospital
Because we treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Master RANVER SINGH	**UHID**	FDH-00036553
Father/Guardian	Mr AKHIL	**Age/Gender**	1 Y 2 M 24 D/ Male
Address	Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020642	**Admission Date**	26-05-2026
Ref Doctor			
Discharge Date	27-05-2026		

Consultant:
Dr. Y. Arvind
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg.No. 84564.

DIAGNOSIS

ACUTE GASTRITIS

History: Master RANVER SINGH, 1 Year, 2 Months, 24 Days, old boy presented with history of 5 episodes of non bilious, non projectile vomiting, poor oral intake, dull activity prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Financial District for further management.

Examination: He was afebrile, maintaining saturation at room air (98%). Heart rate - 112/min, blood pressure - 84/52mmHg and Respiratory Rate - 22/min.No signs of dehydration were present. On auscultation of chest, air

entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft, non tender with no organomegaly. On neurological examination, he was conscious, alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 10.5 kilo grams.

Investigations: Enclosed reports.

Management : He was admitted in the ward and was started on Intra Venous fluids. He was treated symptomatically with antacids and antiemetics.

VBG showed pH of 7.32, pCO2 of 42.2 mmHg, pO2 of 47 mmHg, HCO3 of 20.7 mmol/L and BE of -4.3mmol/L.

Initial hemogram showed Hemoglobin of 13.3 gm%, White Blood Cell count of 11.49 cells/cumm, platelet count of 6.72 lakhs/cumm. Serum electrolytes showed sodium of 137 mmol/L, potassium of 4.79 mmol/L & Chloride of 106 mmol/L. Serum Creatinine was 0.31 mg/dl. Blood Urea was 40 mg/dl. Liver function test showed total SBR of 0.31 mg/dl with indirect fraction of 0.30 mg/dl, SGOT - 37 U/L, SGPT - 25 U/L, ALP - 286 U/L, protein - 6.4 gm/dl, albumin - 3.8 gm/dl, globulin - 2.6 gm/dl, A/G ratio of 1.46.

He was regularly monitored for vomiting and hydration status. His vomiting and other symptoms settled gradually. Oral intake improved.

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

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

Name	Master RANVER SINGH	**UHID**	HDH-00036553
IP No	IP25-00020642	**Admission Date**	26-05-2026

Advice:

* Tablet. Lanzol DT (Lansoprazole - 15mg) dilute 1 tablet in 5ml of water and give 3.5 ml once daily 30 minutes before breakfast for 3 days.
*Syrup zinconia 2.5ml once daily for 14 days.
*Enterogermina 1 vial once daily for 3 days.
*Syrup Ondem (2mg/5ml) 5ml 1 hour before food SOS if vomiting.
*Gastro diet

Review consultation with Dr. Y ARVIND, on 29/5/2026 Friday at Financial District in OPD with prior appointment **(Review consultation will be charged)**.

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

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.

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

Name	Master RANVER SINGH	**UHID**	FDH-00036553
IP No	IP25-00020642	**Admission Date**	26-05-2026

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. Y. Arvind
MBBS, MD Pediatrics, FEPM
Consultant Pediatrician & Pediatric Emergencies
Reg.No. 84564.

(RETURN 72 HOURS)

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020642 **Admit Date** : 26-May-2026 **Admit Time** : 01:49 PM **UHID** : FDH-00036553

Patient Details :

Patient Name	: Master RANVER SINGH	**Age**	: 1 Y 2 M 24 D
Guardian	: Mr AKHIL	**DOB**	: 02-03-2025 06:30 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 8317503983
		E-mail	:

Admission Details :

Bed Type : TWIN SHARING **Bed No** : TS-302B **Ward Name** : 3F -TWIN SHARING

Room No : TS-302B **Admission Type** : First Visit

Contact Details :

Name	: Mr AKHIL	**Relationship**	: Father
Contact Address	: Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: / 8317503983

Signature

Doctor Details :

Doctor Name	: Dr. Y ARVIND	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

FDH-00036553 IP25-00020642
Master RANVER SINGH
02-03-2025 1 Y 2 M 24 D (M)
Dr. Y ARVIND

(RETURN 72 HOURS)

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mr. Ranven. Age : 1y. **Gender:** ☑ Male ☐ Female

Date : 26/5/26 Time of Arrival : 01:40 p.m.

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98°F PR: 120 b/m BP: 90/60 (71) RR: 28 b/m SpO_2: 99%

GBS: 105 mg/dl

Chief Complaints: c/o- vomitting 5 episodes @ 9.30 a.m.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 10.

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☑ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Ankush.

Signature of Triage Nurse : A. Roy.

Date & Time : 26/5/26 01:42 p.m.

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/5/25 Time of arrival : 01.40 p.m.

Chief Complaints: c/o vomitting 5 episodes @ 9.30 A.M. RBS: [illegible]

Height : ..... Weight : 10.5 kgs. BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

Time of Initial assessment completed by ER Nurse : ..... 1.45 p.m. .....

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

Time	Nursing Notes
1.40P.M	Assess the Baby condition. vitals checked and Recorded. Informed to the Doctor.
1.42P.M	Doctor Assess the Baby.

ONOP base
Inj. Ondem 2mg (IM) Adm give at 11.07 AM

Samples collected by:
Samples sent by : Yaseen

Time:
Time: 2.10 P.M.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11.07 A.M	Inj. Ondem.	IM.	1 mg.		A. Roy
		Nil			

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: Unable to Measure BP: 95/62 (92) CFT: 4 Secs RR: 24 b/m SPO$_2$: 99% GCS: 11/15 Temperature : 98°F Pain Score: 0/10 Repeat RBS (if applicable): Not Applicable	Shift - out from ER to: 3rd (B) Time of Shift - out: 3 p.m Handover given to: (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Antony Signature of the Nurse : A. Roy

Date & Time : 26/5/26 @ 3.00 P.M.

(RETURN 72 HOURS)

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ACTIVITY RECORD FOR BILLING

Name: ---------- FDH-00036553 IP25-00020642 Master RANVER SINGH 02-03-2025 1 Y 2 M 24 D (M) Dr. Y ARVIND ----------

UHID No : ---------- IP No : ---------- Dept : ----------

Date of Admission : ---------- Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26.	3:00 P.M.	ER.	302 (B)	A. Roy.

302B to Billing

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	CBP, Urea, creat,		
26/5/26.	Electrolytes, LFT.		
	VBG, GRBS = 105. Mg/dl.	18478.	A-Roj.
2/5	CBP	18535	

cross checked done
27/05/26
9 A.M

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/05/26	Injusion Pump	3pm	27/05/26 9Am	0326	Ganga

cross checked done
27/05/26
9Am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/5/26.	IV placement.	①	80284.	A. Roy.

cross checked done 27/05/26

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ankush.	302(B)		

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

(RETURN 72 HOURS)

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Dr. Y ARVIND

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Vomiting - 5 episodes

History of present illness :

Vomiting × 5 episodes
H/O consumption of Ragi → child is allergic to Ragi
No loose stools/ No fevers
Passing urine
IM Emeset given → No vomiting for 2 hours
&
Again had 5 episodes of vomiting

Pediatric Multiorgan History & Physical Examination

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

Similar complaints once every 2-3 months

Birth & Neonatal History :

Uneventful

Birth & Socio Economic History :

About Father : Unev

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Upto date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 10.5kg (Centile _____)

On Examination :

Temperature : afebrile Pulse Rate: 112/min Description _____

B.P. 84/52 mmHg SPO2 98% on RA. at _____

Resp. rate and type of breathing : 22/min

Rash No signs of dehydration.

Lymphadenopathy (N)

Oedema :

Respiratory system :

Inspection (any s/o distress) :

Air entry & breath sounds : BL AE (+).

Any addes sounds : NVBS.

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

Cardiovasclular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : No Murmur.

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,)

Per Abdomen :

Inspection

Palpation : Soft, Non tender.

Ausculation : No Organomegaly

Spine: External Genitelia :

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute Gastritis without dehydration.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Sepsis

Dehydration.

Desired goals of the treatment :

Resolution of symptoms.

Planned Labs :

VBG, LRBS, CBP, RFT, Serum Electrolytes, LFT.

Noted by YASeen
26-5-26
2:30 PM

Planned Management :

IVF fluids NS.

Inj. Emset

Inj. Pantoprazole.

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team (D.Y. Anvesh) on
   whose name the patient is being referred 27/5/26 @ 8:50 AM

Doctor's Signature Name _____ Date _____ Time _____

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Master RANVER SINGH
02-03-2025 1 Y 2 M 24 D (M)
Dr. Y ARVIND

(RETURN 72 HOURS)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Owais.	
26/5/26 4:30pm	Δ Acute gastritis	Plan
	c/o vomiting 5 episodes today	- (+) labs ↓ Inform SOS
	No further e/o vomiting since admission	- continue symptomatic management
	o/e - afebrile / alert hydration - fair	- encomag rals
	hemodynamically stable.	- Inform SOS
	[illegible]	Noted by [illegible] 26/05/26 5pm
11pm	c/o/b Dr. Kalyan	
	- No vomiting after adm - Had food - u/o - (+) - No [illegible]	R 1) CRP in same sample 2) Cont same medications
	H.O. - [illegible] Afreen	NB [illegible] 26/5 [illegible]

FDH-00036553 IP25-00020642
Master RANVER SINGH
02-03-2025 1 Y 2 M 25 D (M)
Dr. Y ARVIND

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/25 9:30am	C/S/B Dr. Y. Arvind	
	Acute Gastro Enteritis	
	No Vomiting ↑	1 Spell of loose stool
	O/E	
	No Sign of Dehydration	Adv
		(1) D/C Syp
		T. LANZOL
		Syp ZINCONIA
		Probiotic Enterogermina
		(2) ORS and Diet
		(3) Follow Up 29/5/25
		[signature]

FDH-00036553 IP25-00020642
Master RANVER SINGH
02-03-2025 1 Y 2 M 24 D (M,
Dr. Y ARVIND

RESULT SHEET

Rainbow® Children's Hospital
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Date	26/05/26	21/05				
Time		(OHAS)				
Hb	13.3					
PCV	41.2					
RBC	5.29					
WBC	11.49					
N/L	69121					
Platelets	172					
CRP		<0.40				
ESR						
PCT						
RBS						
Na	137					
K	4.79					
Cl	106					
Ca/Mg						
Phosphate						
Urea	40					
Creatinine	0.31					
ALP	286					
SGPT	25					
SGOT	37					
T.Bill/Conj	0.31/0.30 0.01					
T.Protein	6.4					
S.Albumin	3.8					
S.Globulin	2.6					
A/G Ratio	1.46					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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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: B02 – B

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 : 26-5-26 @ 2:30 PM

Nurse Name & Signature: YASEEN

Date & Time : 26-5-26 @ 2:30 PM

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

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DRUG CHART

Date of Admission: 26/12/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

FDH-00036553 IP25-00020642
Master RANVER SINGH
02-03-2025 1 Y 2 M 24 D (M)
Dr. Y ARVIND

REGULAR PRESCRIPTIONS

Weight. 10.5 kgs. Ward. 3A

DRUG : INJ. EMESET.				Date ▸ / Time ▾	26/5	27/5
Dose	Route	Frequency	Start Date	5Am	X	Misra/Tuhin
2mg	IV	Q6H	26/5/26		X	
Name & Signature of the Doctor Starting the Drugs: [signature]				11Am		
				5pm	Kalo/[signature]	
Additional Instructions:				11pm	Misra/Tuhin	
Daily Doctor's Endorsement by a Sign						

DRUG : INJ. PANTOP				Date ▸ / Time ▾	26/5/26	27/5
Dose	Route	Frequency	Start Date			
10mg	IV	Q24H	26/5/26	[illegible]	20.40Pm	Misra/Tuhin
Name & Signature of the Doctor Starting the Drugs: [signature]				6Am	ER	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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

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

Master RANVEER SINGH
02-03-2025 1 Y 2 M 24 D (M)
Dr. Y ARVIND

Weight. ...10.5 kgs Ward. ...3A...

VARIABLE DOSE	Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

FDH-00036553 IP25-00020642
Master RANVER SINGH
02-03-2025 1 Y 2 M 24 D (M)
Dr. Y ARVIND

FDH-00036553 IP25-00020642

I.V. FLUIDS CHART

Weight. 10.5 kg. Ward. 3A

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
26/5/26	2.30 P.M.	DNS	IV	40ml	[signature]	A. Roy [signature]			

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

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Master RANVER SINGH
02-03-2025 1 Y 2 M 25 D (M)
Dr. Y ARVIND

26/05/26

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

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

1

Date : 26.05.26.. Time:			
Doctor / Nurse / Family Concern?	4 PM	7 PM	10 PM
Temperature (F)	97.3 F	98.2 F	98.5 F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring		120/70 mmHg	
Heart Rate (Number)	114/min	122/min	119/min
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	29/min	22/min	22/min
Resp Distress: Mod/ Severe / None / Mild	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	RA 98%	RA 100%	RA 100%
Conscious Level: Normal / Altered	C	C	C
GCS *	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:

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

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

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

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

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

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Dr. Y ARVIND

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/08/26 Time:

Doctor / Nurse / Family Concern?

Temperature (F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild	N	N	N
Receiving O_2(l/min) O_2Saturations (%)		98%	100%	100%
Conscious Level	Normal / Altered	C	C	C
GCS *		15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials		A	A	A

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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Master RANVER SINGH
02-03-2025 1 Y 2 M 24 D (M)
Dr. Y ARVIND

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FLUID CHART

Sheet No. : 1

26/05/26

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

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
26/05	08:00 am										0	
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
26/05	02:00 pm											
	03:00 pm	DNS		40ml	No	No			No		0	
	04:00 pm	DNS	Ethichlor	40ml	No	No			No	✓	0	
	05:00 pm	DNS		—	No	No			No		0	
	06:00 pm	DNS		40ml	No	No			No	✓	0	
	07:00 pm	DNS		40ml	No	No			No		0	
Total Intake :		160ml				**Total Output :**			M-0 I-2			
N	08:00 pm	DNS	Dolo + Azo	—	No	No			No		0	
	09:00 pm	DNS		—	No	No			No		0	
	10:00 pm	DNS		40	No	No			No	✓	0	
	11:00 pm	DNS		40	No	No			No		0	
	12:00 am	DNS		40	No	No			No		0	
	01:00 am	DNS		40	No	No			No	✓	0	
Total Intake :		T+Y 100+200ml				**Total Output :**			U-2			
N	02:00 am	DNS		40	No	No			No		0	
	03:00 am	DNS		40	No	No			No		0	
	04:00 am	DNS		40	No	No			No		0	
	05:00 am	DNS		40	No	No			No	✓	0	
	06:00 am	DNS		40	No	No			No		0	
	07:00 am	DNS		—	No	No			No		0	
Total Intake :		T+Y 200ml				**Total Output :**			U-L			

Admission.

Enemy.

Total 24 hrs. Intake	T+Y 700ml	Total 24 hrs. Output	U+D

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02-03-2025 1 Y 2 M 25 D (M)
Dr. Y ARVIND

27/05/26

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FLUID CHART

Sheet No. : (3)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/05	08:00 am	DNS		40ml	No	No			No		0	
	09:00 am	DNS		40ml	No	No			No		0	
	10:00 am	DNS			No	No			No		0	
	11:00 am				No	No			No		0	
	12:00 pm				No	No			No		0	
	01:00 pm				No	No			No		0	
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	

FDH-00036553 IP25-00020642
Master RANVER SINGH
02-03-2025 1 Y 2 M 24 D (M)
Dr. Y ARVIND

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 3pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Not known

Body Weight: 10.4 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Not significant	Not significant	Not significant

Family History: No major illness in family history.

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

If yes please list, N.A

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

Temp.: 98°F HR: 102/m RR: 22 BP: —

Pain Score: 0/10 Specify Site: N.A (Follow Pain Assessment Sheet & Document)

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

Risk of Pressure Sore (Braden Q Score —) (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 N.A Location N.A Frequency N.A Duration N.A

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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 ..... parents .....

Nurse's Name: ..... Fauzia Jabbar. ..... Date: 26/05/26 ..... Time: 3:20pm ..... Fauzia. Signature

(RETURN 72 HOURS)

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00036553 IP25-00020642 Master RANVER SINGH 02-03-2025 1 Y 2 M 24 D (M) Dr. Y ARVIND	26/5/26 @ 1.49 P.M	26/5/26 @ 3:00 P.M
	Transfer Ordered by: Dr. Ishwrya.	Reason for Transfer: Admission
From Unit: ER.	To Unit: 302 (B)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 16.	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ? OP File given.

Medications / Consumables / Surgicals / Hand over — Approved

Sl.No.	Item Name	Quantity
1.	DNS	(1)
2.	Intrafix	(1)
3.		
4.		
5.		

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

Dr. Aishwrya.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ankush.	Dr. Aishwrya.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 26/05/26 @ 3pm

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

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