307

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERIM SUMMARY

Name	Master RANA KOTLA	**UHID**	FDH-00043989
Father/Guardian	Mr RAMARAJU KOTLA	**Age/Gender**	7 Y 4 M 15 D/ Male
Address	ALKAPURI TOWNSHIP,, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020495	**Admission Date**	18-05-2026
Ref Doctor			
Discharge Date	25-05-2026		

Consultant:
Dr. Reena Mathew
MBBS, MD (Pediatrics) IDPCCM
Consultant Pediatrician & Intensivist
General Pediatrician
Reg.No: TSMC 08561

DIAGNOSIS

HENOCH SCHONLEIN PURPURA (GI-HSP)

History: Master RANA KOTLA, 7 Years, 4 Months, 15 Days, old boy presented with history of acute abdominal pain, colicky progressing over 6 days, relieving with analgesics intermittently, pain unrelated to meals. He also had history of acute constipation, 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.

Name	Master RANA KOTLA	**UHID**	[illegible]-00043989
IP No	IP25-00020495	**Admission Date**	18-05-2026

Examination: He was afebrile, maintaining saturations at room air (98%). His heart rate was 120/min, sinus rhythm, Blood pressure - 115/66 mmHg and Respiratory Rate - 26/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal present. Heart sounds were normal and there was no murmur. Abdomen was tender with guarding present, no organomegaly , No Palpable fecal mass present. Bowel sounds decreased. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light.

Weight on admission: 20.78 kilo grams.

Investigations: Enclosed reports.

Management: He was admitted in the ward as suspected gastroenteritis/appendicitis and was started on Intra Venous fluids and Intra Venous antibiotics (Inj.Ceftriaxone+Inj Metrogyl).

His symptoms continued and in view of severe abdomen pain and constipation USG abdomen was done which showed fecal loading with mesenteric lymphadenopathy ,no appendicitis or intussusception. He received PEGLEC and oral laxative besides enema however his symptoms persisted hence CECT abdomen was done which showed **multiple enlarged mesenteric lymph nodes/mild edematous thickening of proximal jejunal loops s/o jejunitis ,fecal loaded colon with mild ascites suggestive of inflammatory/infective pathology.**

His Initial hemogram showed Hemoglobin of 12.8 gm%, White Blood Cell count of 24.84 cells/cumm (**leucocytosis with neutrophilia)**, platelet count of 5.03 lakhs/cumm (**thrombocytosis)** and C-Reactive Protein of 16 mg/l. Serum electrolytes showed sodium of 133 mmol/L, potassium of 4.6 mmol/L & Chloride of 100 mmol/L. Serum Creatinine was 0.3 mg/dl. Blood Urea was 16

Name	Master RANA KOTLA	**UHID**	[illegible]00043989
IP No	IP25-00020495	**Admission Date**	18-05-2026

mg/dl. Liver function test showed total SBR of 0.6 mg/dl with indirect fraction of 0.4 mg/dl, SGOT - 25 U/L, SGPT - 12 U/L, ALP - 90 U/L, protein - 5.3 gm/dl, **albumin - 2.8 gm/dl (hypoalbunemia)**, globulin - 2.4 gm/dl, A/G ratio of 2.4. Blood culture was No growth after 24 hrs of incubation. Sr amylase and Lipase were normal. The above labs were suggestive of acute inflammation.

Pediatric Gastro enterologist Dr.Alisha Babbar, opinion was sought who suspected infective/inflammatory pathology and advised to rule out celiac disease or IBD and to send tTGA-IgA, Stool routine , Fecal Calprotectin . His fecal calprotectin was elevated > 800units/ml. His tTGA was negative, Total IgA was normal, CSE was normal.

His repeat labs on 22/5/26 showed progressive neutrophilic leucocytosis (26,000 tlc) with thrombocytosis (platelet count 5.8 lakhs) and biochemistry showed decreasing serum albumin (2.1mg%) . normal LFTs.

Pediatric Rheumatologist Dr. Chandrika Bhat consultation was sought who advised to consider this as Gut Phase of HSP or IgA vasculitis and advised to send **stool for OB which was positive,** to start on intravenous steroids (Inj. Methyl Prednisolone) after sending Total Ig A sample. His Total IgA was normal at 237mg/l.

He was started on low dose inj methylprednisolone on 22/5/26 and treated symptomatically with PEG and laxatives. He continued to have intermittent colicky abdominal pain episodes but with reduced frequency and intensity. Plan was to give inj methylprednisolone until stool OB turns negative. He did not have any vomiting. His appetite improved and was able to sustain periods of > 12 hrs without pain.

On 25.5.26, his repeat stool and lab tests were done which showed improvement in inflammatory markers. Serum albumin increased to 2.9mg%, TLC reduced to 19,000 cells andplatelet count decreased to 5.3 lakhs. Overall

his clinical condition, appetite along with bowel movements have improved however he continued to have intermittent abdominal colicky pain responding to NSAIDs. His urea and creatinine and CUE were normal done twice during hospitalisation.

Plan is to continue Inj methylprednisolone till stool OB comes negative following which tapering oral steroids need to be continued.

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

Advice:

* Inj Methylprednisolone 20 mg IV once daily (7am) for next 3 days till 28/5/26
* To do stool OB on 27th may and follow with Dr Chandrika Bhat with report
* Syp MU OUT 15ml twice daily for 1 week followed by
  10 ml twice daily for 1 month
* Syp Ato Z 8 ml once daily after breakfast for 2 weeks
* plenty of oral fluids
*diet as per advice

Abdominal pain management:

1. pain level >= 5/10: give syp crocin DS (5ml/240mg) 6 ml (max every 6 hrly)
2. if not subsiding after 1 hour or if intensity is increasing : give Syp Ibugesic (5ml/100mg) 8 ml (max every 8 hrs)
3. Tab Naproxen (250mg) only for pain >7/10 - dissolve 1/2 tablet in 10 ml water and give. Do not give more than once per day.

Fever Management

Name	Master RANA KOTLA	UHID	[illegible]00043989
IP No	IP25-00020495	Admission Date	18-05-2026

* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr Chandrika Bhat on 28/5/26 at Rainbow Banjara Hills rd no 2.

Review with Dr. REENA MATHEW, on 8/6/26 at Financial District in OPD with prior appointment **(Review consultation will be charged)**.

In case of emergency contact 8121039503 emergency pediatrician on duty.

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Master RANA KOTLA	**UHID**	[illegible]-00043989
IP No	IP25-00020495	**Admission Date**	18-05-2026

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

Registrar/Resident/C.M.O

Consultant:
Dr. Reena Mathew
MBBS, MD (Pediatrics) IDPCCM
Consultant Pediatrician & Intensivist
General Pediatrician
Reg.No: TSMC 08561

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 : IP25-00020495 **Admit Date** : 18-May-2026 **Admit Time** : 11:15 AM **UHID** : FDH-00043989

Patient Details :

Patient Name	: Master RANA KOTLA	**Age**	: 7 Y 4 M 14 D
Guardian	: Mr RAMARAJU KOTLA	**DOB**	: 04-01-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: ALKAPURI TOWNSHIP, Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 7032697777
		E-mail	:

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-307 **Ward Name** : 3F -PRIVATE ROOM

Room No : PVT-307 **Admission Type** : First Visit

Contact Details :

Name : Mr RAMARAJU KOTLA **Relationship** : Father

Contact Address : ALKAPURI TOWNSHIP, Manikonda Hyderabad Telangana INDIA 500089 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. REENA MATHEW **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

Name: ---------- FDH-00043989 IP25-00020495 ----------

Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D (M)
Dr. REENA MATHEW

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

Date of Admission : ---------- Time ge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	12:10pm	ER	303	Anjan.
18/5/26	1.15pm	303	304	Tunim

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr Alisha	19/5/2026	8438	
2.	Dr. Chandrabha	21/5/26	8093	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
18/5/26	CBP, CRP, Blood cls, urea, creatinine, Electrolytes, LFT, GRBS - 94 mg/dl	17558 17559	Praveen
18/5/26	USG Abd	6098	Miraj
18/5	CT-whole abdomen (Plain & Contrast)	6136	Miraj
19/5	stool culture	7737	NBare
20/5/26	fecal calprotein	7774	Nibedita
20/5	CSE	7781	
20/05/26	Mantoux test	7802	Tulip
21/05/26	Stool occult Blood	7988	
22/05/26	CBP, CRP, LFT, ESR, IGA - Tissue Transglutaminase	7998	
22/5	total IGA	18029	Parimala
22/05	Urea, Creatinine	8116	
22/05/26	CUE	8117	
25/05/26	CBP, CRP, LFT, Creatinine S/E, ESR	8318	
25/05/26	Stool occult Blood	8328	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/05	Syringe Pump	@1.17pm	20/05 @1.17pm	6656	Ch
18/5	Infusion pump	12.10pm 6pm	@21/05 @9AM	6830	NBari

Cross checked by Team 25-05 @11.20Am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/5/26.	IV placement Done	1	576574.	Aran
~~18/5~~	~~NIIA~~	~~1~~	~~6829~~	~~[illegible]~~
20/5/26	IV placement –	01	8382	[illegible]

Cross Checked by [illegible] 25/05 @ 11:25 AM

ANY OTHER INFORMATION

Date : 18/5/26 Time : 12:10 pm Prepared By : Aran

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aran	303		

FDH-00043989 IP25-00020[illegible]45
Master RANA KOTLA
04-01-2019 7 Y 4 M 15 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr Alisha Baldwa Date : 19/5/26 Time : .....

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

7yr/M
- Severe Pain Abd - 6 days / Similar history 2 weeks back. No fever/vomiting
- H/o constipation ⊕ — not passed stool for 6 days

INV
Hb = 12.8
Pct = 5.03L
TLC = 24840
N77 L15 9

USG Abd
Fecal loading.
Subcentimetric LNs

O/E
→ Abd soft No distension/ guarding
BS (+)

CECT Abd
Mesentric LNs (max 13mm).
Mild thickening of gyrinium (? infective/ inflammatory).
Colon & rectum - fecal loading
Minimal pelvic free fluid.

Consultant :

Name : Dr Alisha Signature : Alisha Baldwa Date & Time : 19/5/2026

Doc. No. : RCH / FRM / CLINICAL / 049

CRP = 16

TSB = 0.6

OT/PT 25/12

TP/alb = 5.3/(2.8)

Impression

Constipation

with

jejunitis [? infective / ? inflammatory)

[Hypoalbuminemia (+)
mild ascites (+)]

Family history of vitiligo (+).

To Rule out Celiac/giardiasis/abd TB & IBD.

Plan

- → tTGA-IgA.
- → Stool R/E (?ova/cyst).
- → HIV testing
- → Mantoux test
  ↓
- → [GL for AFB] later
- → Fecal Calprotectin.

→ Toilet training

&

Dietary modification as advised

[Kindly Attach to OPD on next Tuesday with reports] with fresh USG abd. (+) LFT.

→ continue Metrogyl (10mg/kg/dose - TDS → 5 days)

→ Disimpaction → 137g (+) 2L of water (in hospital)
(Peglec). ↓
25ml/kg/hour
(500ml/hour) → till clear effluent.
(at least 2L)

⇒ Intermittently by onset of vomiting happens.

Continue Nulcut Powder 2 scoops in 1 glass water BD.

Syrup Smuth 7.5ml HS + 5 days → Stop

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 17 D (M)
Dr. REENA MATHEW

TATION FORM

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

BirthRig
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 21/5/26 Hour : .....

Hospital : .....

.....

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

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

Date : ..... Time : ..... By : .....

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

Signature: M.D.

Report of Findings and Recommendations :

Consultation done over Phone call with Dr. Chandrika (Rheumatology)

Child was brought with complaints of abdomen pain since last 6 days associated with not passed stools, H/O similar complaints 2 weeks back (F)

Labs noted

Discussion : - To consider HSP vs IgA vasculitis
- W/f symptoms if persists to decide on steroids
- unlikely IBD

Plan

- Stool Occult blood to be done.
- To w/f review to RIO HSP.
- Serum IgA to r/o IgA vasculitis.
- if symptomatic to start 1mg/kg steroids.

FDH-00043989 IP25-00020[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Rana kotla Age : 7y 4m **Gender:** ☑ Male ☐ Female

Date : 18/5/26. Time of Arrival : 11:05 AM

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: 98.7 F PR: 117 bpm, BP: 119/94 (101) RR: 24 bpm SpO_2: 98%

Chief Complaints: c/o Pain in abdomen x 2 weeks, c/o constipation x 1 week

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 : 11:08 AM.

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 : PRAVEEN

Signature of Triage Nurse : .....

Date & Time : 18/5/26 & 11:08 Am.

FDH-00043989 IP25-00020[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 18/5/25 Time of arrival : 11:05AM

Chief Complaints: C/O- Abdomen pain x 1 weeks C/O, Constipation x 1 weeks RBS: .....

Height : ..... Weight : 20.7kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 3/10 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character Mild ☐ Location stomach ☐ Frequency ON and OF ☐ Duration 2 weeks

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 parent

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

Time of Initial assessment completed by ER Nurse : 11:08am.

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

Time	Nursing Notes	
11:05AM	Assessed patient condition vitals checked & Recorded. IV placement done. samples sent to lab.	(Syp. ~~Meftal~~ -P Inj given. at ~~5Am~~)

Samples collected by: sarender. Time: 11:20~~PM~~

Samples sent by : Time: 11:35~~AM~~

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 110 BP: 115/~~80~~ 75 CFT: <2sec	Shift - out from ER to: SDS
RR: 26bpm SPO_2 : 100%	Time of Shift - out: 12:10PM
GCS: 15 Temperature : 98°F	Handover given to: Jhansi
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse : Aseem Signature of the Nurse :

Date & Time : 15/12/2021 12:10pm

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

FDH-00043989 IP25-00020
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D (M)
Dr. REENA MATHEW

FDH-00043989 IP25-00020
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Abdomen Pain x 6 days

History of present illness :

Child was brought with complaint of abdomen pain since last 6 days which was severe, diffuse.

No vomiting
Not passed stool

USG – Mild ascites. (9/5/26)
Appendix not visualised.

FDH-00043989 IP25-00020[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

Pediatric Multiorgan History & Physical Examination

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

Cervical complaints 2 weeks back.

Birth & Neonatal History:

Uneventful

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age.

Immunization History :

Upto date

(P.T.O.)

FDH-00043989 IP25-00020[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_20 · Kg_(Centile _____)

On Examination :

Temperature : afebrile Pulse Rate :_90/min B.P._____ SPO2 _98% on RA

Resp.rate and type of breathing : _____

Rash_____

Lymphadenopathy_____

Oedema :_____ NB

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____ BLAE (+)

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds :_____

Any murmur :_____

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

Per Abdomen :

Inspection_____

Palpation :_soft , Palpable fecal mass (+)

Ausculation :_____

Spine :_____ External Genitelia : _____

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

FDH-00043989 IP25-000204 5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic:

Constipation

(P.T.O.)

FDH-00043989 IP25-00020[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

CBP, CRP, Blood CU, LFT, RFT

Noted by Aman

Planned Management

INJ. CEFTRIAXONE.
INJ. AMIKACIN - STAT
INJ. DICLOFENAC - STAT
INJ. ONDEM TID
INJ. PCM SOS
INJ. PANTOP
SYP. SMUTH 10ml BD
NEOIONIC ENEMA STAT,
MUOUL. Peg water - scoops in 100ml hourly for 5 hours

Signature of the Doctor: [signature]
Name of the Doctor: ....
Date & Time: ....

Signature of the Consultant: [signature]
Name of the Consultant: DR. REENA MATHEW
Date & Time: 18/5/26 12pm

FDH-00043989 IP25-00020…5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

(1)

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 6:30pm	C/S/B Dr Unnati	
	A/s :- constipation	
	To R/O appendicitis.	
	passed small quantity stools after enema.	
	had urinated 4 times till now	
	Abd pain subsided post Admission.	
	Tolerating orally well	
	Vitals :- HR :- 92/min	
	RR :- 20/min	
	SpO2 :- 97% @ RA	
	CFT < 2sec.	
	o/e :- Alert/Active/Afebrile.	
	Hydration fair.	
	S/E :- P/A :- soft, BS +	
		No distension/guarding/rigidity/tenderness
	CNS/CVS/RS → NAD	
		Plan
		To do USG Abd ~~check~~
		trace USG reports/Rx & inform Dr Reena.
Sign A		continue tt as charted
		w/f stool passing.
		To do CFCT abdomen after Sr. Creat report.
		Noted Anita 18/5 @ 4:30

FDH-00043989 IP25-000204 5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5	C/S/B Dr Reena / Dr Mohith	
8:30PM	CECT Abdomen done	
	iv Ketamine 10mg given	
	procedure done	
	↓	
	No complications	
	H. stable	
	↓	
	Shifted to ward.	
	Plan	
	(1) Proctolyte enema 60ml P/R (stat)	
	(2) Fiber rich diet	
	(3) cont. medication as charted	
	(4) Gastro opinion t/m {Dr. Alisha}	
	Noted by Nbere 28/5 @8:30pm	
		[signature]
		[signature]

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 15 D (M)
Dr. REENA MATHEW

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B D Reena	Plan
19/5/26		① Continue Inj
8:45am		Ceftriaxone +
		Metronidazole
	NS AG-ABS	
	Clear	② Dr Alisha
	PASG SMTBS	Babber consult
	Tied	today
		③ IVF reduce to
	Vitals stable	30ml/h
		④ Mobilise today
		NB Tuhin 19/5 @8.45AM — Tw D Reena

FDH-00043989 IP25-00020?45
Master RANA KOTLA
04-01-2019 7 Y 4 M 15 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/25	C/S/B Dr Unnati	
6pm.	C/D/w Dr Reena.	
	Review	
	D/S:- Constipation c̄ jejunitis.	
	passed stools twice today (@7:30 am, 3 pm)	
	intermittent Abd pain (+)	
	Tolerating orally well.	
	Vitals	
	HR:- 90/min	G/E:- Alert/Active/Afebrile
	RR:- 20/min	Hydration fair
	SpO₂:- 98% @ RA.	
	CRT < 2sec	S/E:- P/A:- soft, BS (+)
		tenderness in RIF/
	umbilical region (+)	
	No guarding / rigidity / distension.	
	CVS / CNS / P/A → NAD	
		Plan
		send fecal sample
		(f. calprotectin / stool R/E)
	(as advised by Dr Alisha)	Blood tests to be sent
		in next prick / f/u to be decided
		by Dr Reena.
	Noted by Sister 19/05/25 4pm	Continue Syp Smuth 10ml BD
[signature]		c̄ Nuout 2 scoops BD maint dose
		& rest as charted.

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

(P.T.O)

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 15 D (M)
Dr. REENA MATHEW

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 4pm	S/B Dr Reena	PLAN
		→ IVF @ 30ml/hr to continue
	AGE	→ CSE
	Enteritis	Fecal calprotectin
	to r/o Celiac Ds	Stool C/S.
	No AE : BA	
	clear	→ TAB NAPROXEN
	PA soft tender (N)	1/2 tab OD
	Ankle pain reducing	Tw/Dr Reena
	Child not walking	
	Antalgic gait	Noted by Sindhu 19/05/26 @ 6pm

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

FDH-00043989 IP25-00020/95
Master RANA KOTLA
04-01-2019 7 Y 4 M 15 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/25 10 Am	c/s by Dr. Prasuna / Dr. Reena	
	AGE (enteritis) to r/o Celiac disease	
	- Pain ↓sed.	
	- semisolid stools since 8hrs	
	Tolerating orally well	
	- No signs of dehydration	
	Vitals	
	stable.	
	S/E:	
	CVS ≥ S1, S2 (+)	
	RS ≥ B/L AE (+), NVBS (+)	
	P/A ≥ soft	
	CNS - NFND.	
		Advice
		- continue IV Antibiotics.
		- Trace stool reports.
		- Mobilise the child.
		- Rest treatment same as charted.
		- Encourage orally
		- Inj. PCM (SOS)
		- Repeat CBP, CRP, LFT, Total IgA (TTGA - IgA), HIV on next prick.
		- To do mantoux

FDH-00043989 IP25-00020/95
Master RANA KOTLA
04-01-2019 7 Y 4 M 16 D (M)
Dr. REENA MATHEW

(4)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Prasanna	
20/5/25		
4 PM	AGE to r/o celiac disease	
	Pain ↓ sed.	
	1 episode of stool	
	since mrng	
	- oral intake better	
	O/E:	
	Child is active, alert	
	vitals stable.	mantoux test
	S/E:	done.
	CVS: S1, S2 (+)	CSF: 2-3 Pus cells/HPF
	RS: B/L AE (+)	
	NVBS (+)	
	P/A - soft	
	CNS - NFND	Advice
		continue IV Antibiotics.
		- Mobilise the child
		- Repeat CBP, CRP, LFT,
		Total IgA, TTG-IgA,
		HIV on next prick
		- Rest of the medication
		as charted.
[signature]		Noted by
		[signature]
		20/5/25

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 17 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 9:20am	C/o/w Dr Reena	
	C/s/b Dr Unnati	
	Intermittent Abd pain overnight → tolerable (controlled c̄ medication)	
	Severe Abd pain (+) now → better in prone position	
	passed 1 episode stools (slightly watery)	
	Not yet had breakfast.	
vitals were haemodynamically stable	O/E :- irritable, consolable	
	Hydration fair.	
	S/E :- P/A :- soft, BS (+)	
	tenderness (+) over hypogastric / RIF region.	
	No rigidity / distension	
	CVS / CNS / RS → NAD	
		Plan
		Stop Ceftriaxone
		Add Inj Piptaz
		To give pain medication if pain score > 5
		Inform Dr Reena regarding pain when (+).
		Inj tramadol stat.
		↓
		Reassess
[signature]		Continue rest as charted.
		Dr Neeraj [signature]

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

(P.T.O)

Master RANA KOTLA
04-01-2019 7 Y 4 M 17 D (M)
Dr. REENA MATHEW

(5)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Reena	Plan
21/5/26 9am	IBD / Peritonitis (P)	(1) Disimpaction today 137g in 2L water ↓ 500ml/hr + NG tube
	c/o (1) intermittent Abdo pain	
	fecal calprotectin >800	
		(2) Stop naproxen & reduce Sumatr to 7.5ml BD
	CRF - (N)	
	PA soft NT BS ↑ed	(3) Change to Inj Piptaz
	Cramp like pain not eaten bfast not passed stools	(4) CBP, CFTs, CRP, ESR, tTGA-IgA.
		(5) Dr Chandrika Consultation < ?IBD ?Vasculitis
		(6) IVF @30ml/hr.
		(7) Small frequent meals.
		Tmt Dr Reena
		NB Tulasi 21/5 @9pm

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 17 D (M)
Dr. REENA MATHEW

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/2026 12:20pm	C/s/b Dr. Aishwarya	
	Δ IBD / Peritonitis.	
	Child had 2 episodes of vomiting after starting Peg wash.	
	Passed stools → semisolid - large quantity once	
	No other complaints	
	No abdomen pain	
	GC - stable	
	P/A - soft, Non tender	
		Plan
		Peg wash 500ml/hour
		↓ 30 mins stop
		↓ restart 500ml/hour.
		- To complete 2lt in 3½ hours.
		NB T/O HAD R/B @12.20 NB [signature]

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 17 D (M)
Dr. REENA MATHEW

(6)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 4:10 pm	CI/SIB Dr. Aishwarya / SIB D Reena	
	Δ ? IBD / Peritonitis / ? HSP.	
	Child had 3 episodes of vomiting during PEG wash. Child passed stools thrice - 2 times large quantity No c/o abdomen pain today since 10am.	
	O/E: HR - 90/min BP - 120/70 mmHg RR - 20/min	
	S/E: P/A: Soft, Non tender CVS: S1S2 (+). No murmurs RS: BL AE (+) CNS: WNL	
		Plan - To send CBP / LFT / CRP / ESR / tTGA - IgA / Stool occult blood / Gaw - To decide on IV steroids 1mg/kg tomorrow - Review consultation with Gastroenterology tomorrow - w/f vomiting / stools / abdomen pain - if abdomen pain (score >5) to inform SOS

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/26 12:40AM	C/S/B Dr. Owais	
	- Reassessed the child	
	- c/o pain abdomen intermittently ~~[illegible]~~ since 30 mins for 3-4 mins & subsiding on its own	Plan - PCM stat dose to be given
	- No c/o vomiting / fever - stool - passed	- w/f vomiting / further episode of pain abdomen
	o/e - Afebrile sleeping comfortably on bed. hemodynamically stable P/A - soft; tenderness around the umbilicus.	- Rest continue same - (S) labs at 6AM in the morning - Inform SOS
		NB Owais / ~~[illegible]~~ 22/05 @ 12.40 AM

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

(7)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	S/B Dr Reena	Plan
10am	C/o Jejunitis / Enteritis	
	2° to ? ? IBD / ? HSP	- R/V c reports
	alb ↓LFTs → 2.8 → 2.1 ↓	- To send total IgA
	SGOT/SGPT (N)	
	ESR ↑	→ Trace rest of the
	CRP 16 — 30 ↑	reports
	plts ↑	
	TLC ↑↑ed	- Start Inj
	Stool OB +ve	methylpred x 5 days
	Issues: (1) abdo pain	1mg/kg/dy now
	persistent	- Rest to continue
	(2) intermittent	- Monitor Pain scale
	loose stools	& oral intake
	(3) Decreased	→ IVF to reduce
	appetite	to 20ml/hr Dr Reena
	c/D/w Dr Chandrika	- Inj. METHYLPRED BD
	1) to give IV steroid x 5 days	x 2 days
	until	& then OD x 3 days
	2) Stool OB is negative	
	To repeat stool OB	NB Tubin 22/5
	on Monday	@ 10AM

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/8/26 4pm	C/s by Dr. Praveena	
	Jejunitis / enteritis ? t.o	? ABD, ? HSP.
	Abdominal pain and poor appetite. 2 episodes of loose stools.	
	O/E: PR - 80 bpm, RR - 20 cpm, SpO2 - 99%.	
	S/E: CVS - S1 S2 (+), No murmurs; RS - B/L AE (+), NVBS (+); P/A - soft; CNS - NFND	Advice: - IVF @ 20 ml/hr. - Trace reports & inform (+ total IgA, TTG-IgA) - Continue IV methyl prednisolone - Rest of medication as charted. - Monitor pain scale & oral intake.
	[signature]	

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

(P.T.O)

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

(8)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 6pm	S/B Dr Reena	Plan
		(1) Pain
	Pain : 1) intensity	if Pain >5/10 &
	2) duration	lasting for > 10min
	3) Subsides c med / not	then give in order
	4) relation to motion	ORDER of Preference ↓ (1) Inj PCM. SOS
		(2) Syp Ibrucasic
	ii) Colicky pain. ⊕ Severe	(3) Inj Diclofenac.
	every 6hly	(4) Inj Tramadol.
	no fever	
		★ Proctolysis Enema if not shortly 10cm
	O/E : Temp (N)	(2) Inj methylpred c 10am 10pm
	Vitals stable	
	PA soft, tender	(3) IV f DNS + 5% MVI
	guarding +	+ 5ml KCl. @ 30ml/hr
	RS (−)	
	Sluggish ⊕	(4) Trace tTGA &
	Passed stool c gas.	Total IgA
		reports
		(5) ORS / Coconut water orally
		(6) If HR >120
		BP < 95/50
		Start IV bolus & give
		IVF @ 40-50ml/hr
		(Inform me) Dr Reena

Noted by [signature]

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/5/26 10:20pm.	Q8PB Dr Unnati	
	Reassessed post tramadol @ 8:30pm. Pain lasted for 15 min then ↓ after starting on tramadol	
	oral intake improving	
	Guarding ↓	
	Sleeping comfortably → After waking up had coconut water/ORS	
	Bowel sounds (N)	
	@ 10pm → not yet passed stools	
	Vitals within (N) limits	
	Haemodynamically stable → No s/o hypovolemic shock.	
		Plan
		Give proctolysis Enema.
		Continue rest as charted.
		To send CUE
[signature]		Noted by Anjif on 2/05 @ 10:30 pm

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

(9)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	S/B Dr Reena	Plan
9a	GI - HSP	(1) To continue
	k/c/o IBD	methylprednisolone
		BD
	Pain - 1:00am 7/10	(2) Inj Piptaz / metro
	6am 5/10	(3) Mu-out & Smell
	not given medicine	to continue
	not passed stools	(4) Allow ~~high~~
	~24h despite	protein diet
	enema	(5) ORS / coconut water
		(6) IVF @ 2 Smell/into day
	P/A soft, non distended	(7) vitals 4hly
	tender (?)	
		NB
		Tuhin 23/5 @ 9pm
		D Reena
23/5/26 11:30am	C/W/B Dr. Aishwarya	
	Child C/O abdomen pain → Score (6-7)	
	Not passed stools since last 24hours	
	No vomiting	
	P/A: Soft, tenderness in periumbilical region.	
		Plan
		- Inj. PCM stat
		- Dulcolax suppository 10mg stat
		NB Tuhin 23/5 @ 11.30 am

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 20 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	CMB Dr. Aishwarya	
3:50pm		
	Δ Jejunitis	
	? HSP / ? IBD	
	Afternoon post dulcolex suppository - child passed large quantity of stools and pain subsided hence IV Paracetamol not given	
	Intermittent mild abdomen pain ⊕	
	No vomiting, oral intake improved	
	O/E: HR-90/min	
	BP-102/54	
	S/E: P/A: Soft, Non tender.	
	CVS: S1S2 ⊕, No Murmur	
	RS: B/L AE ⊕, NVBS	
	CNS: WNL	
		Plan
		- w/f abdomen pain and inform SOS - To leave at 5:30pm
		- Continue medication as charted
		- Vitals Q4H
		- continue IVF @ 25ml/hr
		- f/u tTG-IgA report
		(signature)

Noted by (signature)

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 20 D (M)
Dr. REENA MATHEW

(10)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Reena	Plan
23/5/26 6pm		
	Total IgA (N)	- Continue [illegible]
	ttGA - neg	[illegible]
	Stool OB +ve	
	Mantoux - neg	→ rest to continue
		+ IVF 25ml/h today
	GI - HSP	
		- check [illegible] only
	Pain frequency [illegible]	
	Oral intake better	Noted by [illegible] 23/5/26 @ 6pm — [illegible] Dr Reena

FDH-00043989 IP25-00020495
Master RANA KOTLA (M)
04-01-2019 7 Y 4 M 20 D
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/2026		
9AM	4/8/B Dr. Reena	
	Δ: Jejunitis	
	(HSP/?IBD)	
	Issue: Intermittent	pain abdomen
	Passed stools	twice (after suppository).
	- Oral intake: Good	
		Plan
	Vitals -	Allow food from home today
	HR: 90/min	
	temp: 98F -	Stop IV fluids
	RR: 24/min (total -	Inj Methylprednisolone
	SpO_2: 98%RA 5days)	BD.
	-	Syp. A to Z Inl P/O OD AF
	-	Pain orders
		1) Inj PCM SOS
		2) Supp. IBUGESIC
		3) Inj DICLOFENAC
		4) Inj TRAMADOL
	-	Dulcolax supp. SOS. P/R
	Noted by nurse 24/5 9A -	T/m Stool OB - tomorrow morning
	-	CBP, ESR, LFT
		S-Electrolytes
		CRP, S.Creatinine T/m 6Am
	Dr. Reena	

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 20 D (M)
Dr. REENA MATHEW

(11)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/o Dr. Reena/ Dr. Owais	
25/5/26. 10 AM.	GI - HSP (Henoch schonlein purpura).	Plan
	↓ pain abdomen orally - improved	- Plan discharge today.
	v/e - afebrile/alert hydration fair hemodynamically stable	- to d/s on Inj MPS for 3 days
		- TO do stool for OB on 27th & F/U c Dr. Chandrika c report.

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00043989 IP25-00020[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D (M)
Dr. REENA MATHEW

RESULT SHEET

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	18/5/26	22/05	28/5/26			
Time						
Hb	12.8	11.8				
PCV	40.0	36.7				
RBC	5.09	4.68				
WBC	24.84	26.85				
N/L	77.8/15.9	81.4/13.2				
Platelets	503 →	558				
CRP	16 →	30				
ESR		32				
PCT						
RBS						
Na	133					
K	4.6					
Cl	100					
Ca/Mg						
Phosphate						
Urea	16	11				
Creatinine	0.3	0.2				
ALP	90	79				
SGPT	12	19				
SGOT	25	19				
T.Bill/Conj	0.6 / 0.2	0.2 / <0.1				
T.Protein	5.3	4.1				
S.Albumin	2.8 →	2.1				
S.Globulin	2.4	2				
A/G Ratio	2.4	1				
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Date	Point 28/5/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones	Negative					
CUE-PUS Cells	2-3					
CUE - RBC Cells	0					
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
20/05/26						
Fecal. Calprotectin →		>800				
21/05/26						
Stool. Occult blood → Positive						
(TTGA → Negative) 28/5/26						
(IgA → 235 mg/dL) 20/5/26						

Culture and Sensitivities : B/C/S :— 24 hrs no growth.
B/C/S :— Rota virus Antigen :— Negative
Mantoux Test — Negative

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.,) :

FDH-00043989 IP25-000204[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: 303

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 : 18/1 .....

Nurse Name & Signature: Aman .....

Date & Time : 18/01/19 2:10pm .....

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 19 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 18/05/26 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 / 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: Inj PARACETAMOL				Date / Time														
Dose	Route	Frequency	Start Date		23/5	25/5												
300mg	IV	SOS	23/5/26		1:20	2:30												
Doctor's Signature	Valid Period	Pharm.			[signature]	[signature]												
[signature]					[signature]	[signature]												
Additional Instructions:					4:20													
					[signature]													

DRUG: Syr IBUGESIC				Date / Time														
Dose	Route	Frequency	Start Date		24/5	25/5												
8ml	PO	SOS	24/5		2 Pm	9:15 pm												
Doctor's Signature	Valid Period	Pharm.			[signature]	[signature]												
[signature]																		
Additional Instructions:																		

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

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

Patient Sticker

REGULAR PRESCRIPTIONS Weight. .... Ward. ....

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				

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				

Patient Sticker

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

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/5/26	11:45 am	DULCOLEX SUPPOSITORY	10mg	PR	[illegible]	[illegible] [illegible]
23/5/26	6:50 pm	INJ DICLOFENAC	15mg	IV	[illegible]	Kalbo [illegible]
23/5/26	10:20 pm ~~[illegible]~~	DULCOLEX SUPPOSITORY	10mg	PR	[illegible]	[illegible] [illegible]

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... 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

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

FDH-00043989 IP25-00020 5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 18/5/26 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 / 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	Dose	Route	Frequency	Start Date	Doctor's Signature	Valid Period	Pharm.	Additional Instructions	Date / Time / Sign
Inj Ondansetron	4mg	IV	SOS	19/5	[signature]		[signature]		21/5 3:15PM [signature]
Inj PCM	300mg	IV	SOS	21/5	[signature]		[signature]		21/5 5:30AM [signature]
Syp Crocin DS	6ml	PO	SOS	21/5.			[signature]		22/5 12:40 am [signature]; 11:20 PM [signature]; 22/5 6pm [signature]

FDH-00043989 IP25-00020… 5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D (M)
Dr. REENA MATHEW

REGULAR PRESCRIPTIONS

Weight. 20.8kg Ward. 3A

VERIFIED VERIFIED VERIFIED

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1g	IV	Q12H	18/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: (2Hrs Infusion)

Date / Time	18/5/26	19/5	20/5	21/5
9am	X	Kalyan Nibi	Kalyan Nibi	Kalyan Nibi
9pm	Anjil Tuhin	Sathi Rani	Anjil Tuhin	
		D1	D2	D3

Stop
[signature]
9:30am.
21/5/26

Daily Doctor's Endorsement by a Sign

DRUG : INJ. ONDEM

Dose	Route	Frequency	Start Date
3mg	IV	TID	18/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Date / Time	18/5	19/5
6 am	11:50 am	Kalyan Nibi
2pm	ER	
10pm	Kalyan	

Stop [signature]

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PANTOP

Dose	Route	Frequency	Start Date
20mg	IV	Q24H	18/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Date / Time	18/5	19/5	20/5	21/5	22/5	23/5
6 am	11:50 am ER	Kalyan Nibi	Kalyan Nibi	Kalyan Nibi	[signature]	Anjil

Stop [signature]

Daily Doctor's Endorsement by a Sign

DRUG : INJ. Paracetamol

Dose	Route	Frequency	Start Date
300mg	IV	Q6H	18/5/26

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Date / Time	18/5	19/5	20/5
3AM	X	Kalyan Nibi	Kalyan Nibi
9AM	X	Sathi Tuhin	Anjil Tuhin
8PM	3:10PM Sreeda Misg	4pm Minu Sini	
9PM	Kalyan Nibi	Kalyan Nibi	

STOP

Daily Doctor's Endorsement by a Sign

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: .... Weight 20.78 kg Ward 3A

DRUG: SYP. SMUTH				Date/Time	18/5	19/5	20/5	21/5
Dose	Route	Frequency	Start Dt.					
10ml	P/O	BD	18/5/25	10am				
Name & Signature of the Doctor Starting the Drugs:				9pm				
Additional Instructions:				10pm	Kalo Nibi	Kalo Nibi	Kalo Nibi	
Daily Doctor's Endorsement by a Sign								

Stop

DRUG: MU-OUT POWDER				Date/Time	18/5
Dose	Route	Frequency	Start Dt.		
1 scoop	P/O	Q1H	18/5/25		12:30 pm
Name & Signature of the Doctor Starting the Drugs:					1:30 pm
					2:30 pm
Additional Instructions: 1 scoop in 100ml water give hourly for 5 hours					3:30 pm
					4:30 pm
Daily Doctor's Endorsement by a Sign					

STOP

DRUG: Mu-out Powder				Date/Time	18/5	19/5	20/5	21/5	22/5
Dose	Route	Frequency	Start Dt.						
2 scoops	Po	BD	18/5	11Am	X			X	
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions: in 200ml water				11pm	Kalo	Kalo Nibi	Kalo Nibi	Anjit	Anjit
Daily Doctor's Endorsement by a Sign									

Change

DRUG: INJ METRONIDAZOLE				Date/Time	19/5	20/5	21/5	22/5	23/5	24/5	25/5
Dose	Route	Frequency	Start Dt.								
200mg	IV	8H	19/5	1Am	Kalo Nibi	Kalo Nibi	Kalo Nibi	Anjit	Anjit	Anjit	
Name & Signature of the Doctor Starting the Drugs:				9Am			Minal Tuhin		Minal Tuhin		
Additional Instructions: (10mg/kg/dose)				5pm				Kalo Nibi	Kalo	Kalo Nibi	
					D1	D2	D3	D4	D5	D6	
Daily Doctor's Endorsement by a Sign											

VERIFIED

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

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

(P.T.O)

FDH-00043989 IP25-00020/ 5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Sheet No: .... Weight: 20 Ward: ....

DRUG: TAB NAPROXEN				Date/Time	19/5	20/5
Dose	Route	Frequency	Start Dt.			
1/2 tab	PO	OD	19/5		9pm Kalpa / Nibi	Kalpa / Nibi
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions: After dinner; 1 tab = 250 mg						Stop
Daily Doctor's Endorsement by a Sign						

DRUG: Inj PIPERACILLIN TAZOBACTUM				Date/Time	21/5	22/5	23/5	24/5	25/5
Dose	Route	Frequency	Start Dt.						
2g	IV	8 hrly	21/5/25	3AM	X	[signatures]	4am [signatures]	[signatures]	[signatures]
Name & Signature of the Doctor Starting the Drugs: [signature]				11AM	10AM [signature]	12:30 [signature]	12pm [signature]	[signature]	
Additional Instructions: (3Hrs Infusion)				7PM	[signature] D1	8pm Kalpa D2	Kalpa D3	Kalpa / Nibi D4	
Daily Doctor's Endorsement by a Sign									

DRUG: Syp SMUTH				Date/Time	21/5	22/5	23/5	24/5	25/5
Dose	Route	Frequency	Start Dt.						
7.5ml	PO	BD	21/5	10 Am	Minal / Tuhin	[signature]	Minal / Tuhin	[signature]	
Name & Signature of the Doctor Starting the Drugs: [signature]									
Additional Instructions:				10 Pm	[signatures]	[signatures]	[signatures]	[signatures]	
Daily Doctor's Endorsement by a Sign									

DRUG: INJ METHYLPREDNISONE				Date/Time	22/5	23/5	24/5	25/5
Dose	Route	Frequency	Start Dt.					
20mg	IV	BD	22/5	10AM	X	Minal / Tuhin	[signature]	
Name & Signature of the Doctor Starting the Drugs: [signature]					11:30AM [signature]	[signatures]	[signatures]	
Additional Instructions: (over 1Hrs)				10PM	[signatures] D1	D2	D3	
Daily Doctor's Endorsement by a Sign								

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

VERIFIED VERIFIED

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 19 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 20kg Ward ....

DRUG : NASIVION PAEDIATRICS				Date/Time	23/5	24/5	25/5
Dose	Route	Frequency	Start Dt.				
1°	Both nostrils	BD	23/5/26	10 Am	Mira Tuhin	[signature]	
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				10 Pm	Jyothi Abhijit	Jyothi Abhijit	
Daily Doctor's Endorsement by a Sign							

DRUG : SYP. ALERID				Date/Time	23/5	24/5	25/5
Dose	Route	Frequency	Start Dt.				
2.5ml	P/O	BD	23/5/26	10 Am	Mira Tuhin	[signature]	
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				10 Pm	Jyothi Abhijit	Jyothi Abhijit	
Daily Doctor's Endorsement by a Sign							

DRUG : SYP. MUOUT				Date/Time	23/5		
Dose	Route	Frequency	Start Dt.				
30ml	P/O	BD	23/5/26	10 Am	Mira Tuhin		
Name & Signature of the Doctor Starting the Drugs: [signature]						STOP	
Additional Instructions: (25ml = 13.1gm)				10 Pm			
Daily Doctor's Endorsement by a Sign							

DRUG : Syp Mu-out				Date/Time	23/5	24/5	25/5
Dose	Route	Frequency	Start Dt.				
15ml	Po	BD	23/5	7Am	X	9AM Ravi	Sathi
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				7pm	Kalai	9pm Jyothi Abhijit	
Daily Doctor's Endorsement by a Sign							

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

(P.T.O.)

FDH-00043989 IP25-00020495
Master RANA KOTLA
14-01-2019 7 Y 4 M 20 D (M)
Dr REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : SYP- A TO Z				Date ▸ Time ▾	24/5
Dose	Route	Frequency	Start Dt.		
7ml	P/O	OD	24/5/16	12pm	10/5/[illegible]
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 ....

FDH-00043989 IP25-00020[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

Weight. 20.78kg Ward. 3rd/[illegible]

	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
18/5/26	1pm	INJ: DICLOFENAC	10mg	IV	[signature]	[signature]
18/5/26	18/5/26 @ 11:50 am	INJ. AMIKACIN	300mg	IV	[signature]	Arran, Anmeen
18/5/26	1pm	NEO TONIC ENEMA	~~[illegible]~~ 20ml.	P/R	[signature]	[signature]
18/5	8:30pm	PROCTOLYTIC ENEMA	60ml	P/R	Moh	Sukanta, Miraj
18/5	7:30pm	INJ. KETAMINE	10mg	IV	Moh	Miraj, Sukanta
~~21/5/26~~	~~9:30am~~	~~Inj TRAMADOL~~	~~20mg (1mg/kg)~~	~~IV~~	~~[signature]~~	
22/5/26	6:20pm	Inj TRAMADOL	20mg	IV	[signature]	Kalwa, Nibi
22/5/26	10:20pm	PROCTOCLYSIS ENEMA	60-70ml	P/R	[signature]	[signature]

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

I.V. FLUIDS CHART

Weight. 20.78kg Ward. 3A

		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
18/5	6PM	DNS	IV	60	[signature]	[signature] / [signature]	19/05	[signature]	[signature] / [signature]
19/5/25		IVF DNS c 5ml MVI	IV	30 ml/hr	[signature]	Sutha / [signature]		[signature]	[signature] / [signature]
22/5		IVF DNS c 5ml MVI + 5ml KCL	IV	50 ml/hr		[signature] / [signature]	22/5 @6pm	[signature]	[signature] / [signature]
22/5	6pm	IVF DNS c 5ml MVI + 5ml KCL	IV	30ml		[signature] / [signature]	28/5 @10am		[signature] / [signature]
28/5	10am.	IVF DNS + MVI + KCL 5ml 5ml		25ml		[signature] / [signature]	24/5 @9A		[signature] / [signature]

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

FDH-00043989 IP25-000204 - 5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D (M)
Dr. REENA MATHEW

(18/05/26)

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

(1)

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	18.30pm	3 pm	8 pm	11 pm
Doctor / Nurse / Family Concern?				

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

98.4°F → 97.5°F → 97.1°F → 98.2°F

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

Note: BP does not score in early warning scoring

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

104/69 → 100/58 → 102/54

Heart Rate (Number)	112 b/m	90 s-	102 s-	92

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

70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	22 b/m	23 s-	22 s-	23
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	RA	100 √-	99 √-	99 √-
Conscious Level (Normal / Altered)	C	C	C	C
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	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

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

BirthRight BY RAINBOW HOSPITALS
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)

FDH-00043989 IP25-000204 45
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D (M)
Dr. REENA MATHEW

19/5/26

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

(2)

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	2	6	10PM	2AM	6AM	10AM	2PM
Doctor / Nurse / Family Concern?	AM	AM					
Temperature (°F)	98.2°F	98°F	98.5°F	99.6°F	98.4°F	98.3°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	Not recorded		102 / 64		110 / 62	115 / 83	
Heart Rate (Number)	82	90	102/min	100/min	112/min	108/min	
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	24	23	22/min	22/min	22/min	22/min	
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	100%	100%	99%	100%	
Conscious Level: Normal / Altered	C	C	C	C	C	C	
GCS *	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	
Pain Score	0	0	0	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

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

BirthRight BY RAINBOW HOSPITALS
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)

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 15 D (M)
Dr. REENA MATHEW

20/03/26

(3)

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight — BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	12AM	4AM	7AM	10AM	1PM	4 PM	7 PM	11 PM
Doctor / Nurse / Family Concern?								
Temperature (^oF) (94–104)	98F	97.8F	98.6F	98.2F	97.6F	97.4F	97.4F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190) Note: BP does not score in early warning scoring		101/66	107/64	102/64	109/50	112/68	110/70	106/61
Heart Rate (Number)	99	98	92	104b/m	110b/m	99b/m	100b/m	83
Resp. Rate (bpm) (Over 1 Minute) * (10–70)								
Resp Rate (Number)	24	23	23	22b/m	22b/m	21	22	24
Resp Distress — Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N
Receiving O_2(l/min) / O_2Saturations (%)	100%	98%	100%	100%	100%	99%	99%	98%
Conscious Level — Normal / Altered	C	C	C	C	C	C	C	C
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE — Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0			0
Observer's Initials	A	A	A	A	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
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)

FDH-00043989 IP25-00020/ 95
Master RANA KOTLA
04-01-2019 7 Y 4 M 16 D (M)
Dr. REENA MATHEW

21/5/26

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

(4)

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

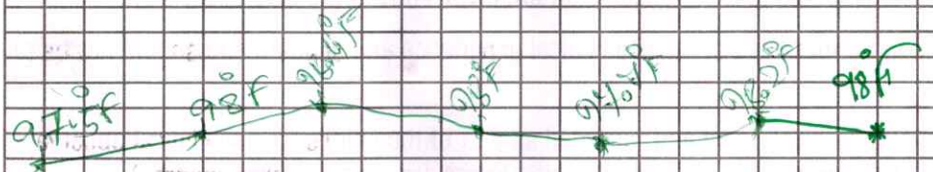
Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

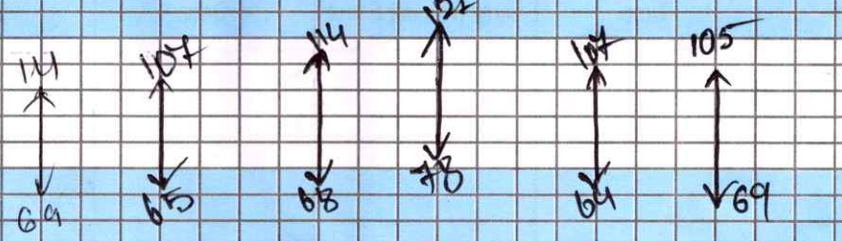
Date : ..... Time:	3	7	10AM	1PM	4PM	7PM	11PM
Doctor / Nurse / Family Concern?	AM	AM					

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 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring



Heart Rate (Number)	81	78	100/min	116/min	120/min	114/min	115/pm

Resp. Rate (bpm) (Over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 2 / 1

Resp Rate (Number)	24	23	26/min	22/min	25/min	20/min	24/pm
Resp Distress (Mod/ Severe | None / Mild)	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99+	99+	100%	98%	100%	99%	98%
Conscious Level (Normal | Altered)	C	C	C	C	C	C	N
GCS *	15	15	14	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	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

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

BirthRight™ BY RAINBOW HOSPITALS
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)

(5)

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

Doc. No. : RCHBH/ FRM / CLINICAL / 126
22/05/26

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:						
Doctor / Nurse / Family Concern?	3am	7am	10am	1pm	4pm	7pm
Temperature (°F)	98.2°F	98.4°F	98.6°F	98.5°F	98.4°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	95 / 60	98 / 67	103 / 65	114 / 67	101 / 64	100 / 59
Heart Rate (Number)	102 bpm	112 bpm	114 bpm	110 bpm	100	94
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	20 bpm	21 bpm	23 bpm	22 bpm	22	23
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	100%	98%	99%	100%
Conscious Level (Normal / Altered)	N	N	N	N	C	C
GCS *	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	AM	AM	A	A	R	R

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
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)

FDH-00043989 IP25-00020495
Master RANA KOTL
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

(B)

Doc. No. : RCHBH/ FRM / CLINICAL / 126
23/05/26

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:							
Doctor / Nurse / Family Concern?	3am	7am	10AM	1PM	5 Pm	7pm	11pm
Temperature (°F)	98°F	97.9°F	98.8°F	97.7°F	98°F	98.1°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	99 / 65	98 / 69	108 / 64	118 / 70	103 / 62	100 / 69	99 / 63
Heart Rate (Number)	100bpm	102bpm	114bpm	110bpm	100	101bpm	100bpm
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	21bpm	20bpm	22bpm	23bpm	24	28bpm	28bpm
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	100%	100%	99%	98%	99%
Conscious Level (Normal / Altered)	N	N	N	N	C	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials			a				

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
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)

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 20 D (M)
Dr. REENA MATHEW

(7)

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

24/05/26

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:							
Doctor / Nurse / Family Concern?	3am	7am	11 Am	2 Pm	5 Pm	8 Pm	11 pm
Temperature (°F)	97.6°F	98°F	97.5°F	97.4°F	98.3°F	98°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/68	99/65	101/62	100/69	99/68	103/69	
Note: BP does not score in early warning scoring							
Heart Rate (Number)	98bpm	100bpm	128bpm	122bpm	96	100bpm	106bpm
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)	21bpm	20bpm	22bpm	23bpm	23	21bpm	28bpm
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	98-1-	99-1-	98%	98%	98%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0			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

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

BirthRight BY RAINBOW HOSPITALS
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)

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 20 D (M)
Dr. REENA MATHEW

(8)

Doc. No. / RCHBH/FRM/CLINICAL/126
23/05/26

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:			
Doctor / Nurse / Family Concern?	3am	7am	
Temperature (°F)	98.5°F	97.3°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	100 / 58	102 / 69	
Heart Rate (Number)	100bpm	96bpm	
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	20bpm	21bpm	
Resp Distress: Mod/ Severe / None / Mild	N	N	
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	
Conscious Level: Normal / Altered	N	N	
GCS *	15	15	
TOTAL SCORE Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials			

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
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)

FDH-00043989 IP25-000204 S
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

(18/05/26)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (1)

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							
M	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	ND	H2O	Ammikacin	NO	ND			ND		0	A
	01:00 pm	IVF			NO	ND	✓		ND	-	0	A
Total Intake :						**Total Output :** M-1 U-1						
E	02:00 pm	NO		NO	NO	NO			NO		0	
	03:00 pm	IVF		IVF	NO	NO			NO		0	
	04:00 pm				NO	NO			NO		0	
	05:00 pm		NPO		NO	NO			NO		0	
	06:00 pm	DNS	NPO	60ml	NO	NO	✓		NO	✓	0	
	07:00 pm	DNS	NPO	60ml	NO	NO			NO		0	
Total Intake :						**Total Output :** M-1 U-1						
N	08:00 pm	DNS		60ml	NO	NO	✓		NO		0	NR
	09:00 pm	DNS		60ml	NO	NO			NO	✓	0	NR
	10:00 pm	DNS	rice + H2O	60ml	NO	NO			NO		0	NR
	11:00 pm	-			NO	NO	-		NO		0	NR
	12:00 am	DNS		60ml	NO	NO			NO		0	NR
	01:00 am	DNS		60ml	NO	NO			NO		0	NR
Total Intake :						**Total Output :**						
N	02:00 am	DNS		60ml	NO	NO	✓		NO	✓	0	NR
	03:00 am	DNS		60ml	NO	NO			NO		0	NR
	04:00 am	DNS		-	NO	NO			NO		0	NR
	05:00 am	DNS		60ml	NO	NO			NO		0	NR
	06:00 am	DNS		60ml	NO	NO			NO		0	NR
	07:00 am	DNS		60ml	NO	NO			NO	✓	0	NR
Total Intake :		600ml + 50ml				**Total Output :** M-2 U-3						

Total 24 hrs. Intake	650ml

Total 24 hrs. Output	M-5 U-4

FDH-00043989 IP25-000207 45
Master RANA KOTLA
04-01-2019 7 Y 4 M 15 D (M)
Dr. REENA MATHEW

19/05/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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							
M	08:00 am	DNS		60	NO	NO	(Loose)		NO	✓	0	
	09:00 am	DNS	H2O	Pcm	NO	NO			NO		0	
	10:00 am	DNS		metro nidazole	NO	NO			NO		0	
	11:00 am	DNS		metro nidazole	NO	NO			NO	✓	0	
	12:00 pm	DNS		30	NO	NO			NO		0	
	01:00 pm	MV		30	NO	NO			NO		0	
Total Intake : T-120+100ml						**Total Output :** M-1 U-2						
E	02:00 pm	DNS	Feeds H2O	30ml	NO	NO	Semisolid		NO	✓	0	
	03:00 pm	MVI		IVPCM	NO	NO			NO		0	
	04:00 pm	DNS		30ml	NO	NO			NO		0	
	05:00 pm	MVI		cumet	NO	NO			NO	✓	0	
	06:00 pm	DNS		30ml	NO	NO			NO		0	
	07:00 pm	MVI		30ml	NO	NO			NO		0	
Total Intake : 140ml+200ml=340ml						**Total Output :** M-2 U-4						
N	08:00 pm	DNS	Rice	-	NO	NO			NO		0	
	09:00 pm	+	+ H2O	-	NO	NO			NO		0	
	10:00 pm	MVI		30ml	NO	NO	✓		NO		0	
	11:00 pm	DNS		30ml	NO	NO			NO	✓	0	
	12:00 am	+		30ml	NO	NO			NO		0	
	01:00 am	MVI		30ml	NO	NO			NO		0	
Total Intake :						**Total Output :**						
N	02:00 am	DNS		30ml	NO	NO			NO		0	
	03:00 am	+		30ml	NO	NO			NO		0	
	04:00 am	MVI		30ml	NO	NO			NO		0	
	05:00 am	DNS		30ml	NO	NO			NO		0	
	06:00 am	+		30ml	NO	NO			NO	✓	0	
	07:00 am	MVI		30ml	NO	NO	✓		NO	✓	0	
Total Intake : 300+100ml						**Total Output :** M-1 U-2						

Total 24 hrs. Intake	400ml	Total 24 hrs. Output	M-4 U-6

FDH-00043989
Master RANA KOTLA IP25-00020495
04-01-2019 7 Y 4 M 15 D (M)
Dr. REENA MATHEW

20/05/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

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
M		DNS										
	08:00 am	+	Pice	30	NO	NO			NO		0	
	09:00 am	MVB	+	–	NO	NO			NO		0	
	10:00 am	DNS	H2O	80	NO	NO	✓		NO	✓	0	
	11:00 am	+		30	NO	NO			NO		0	
	12:00 pm	MVI		30	NO	NO			NO	✓	0	
	01:00 pm			–	NO	NO	✓		NO		0	
Total Intake : T-180+150ml						**Total Output :** M-2 U-1						
E	02:00 pm	–		–	NO	NO			NO		0	
	03:00 pm	–		–	NO	NO			NO	✓	0	
	04:00 pm	DNS		30	NO	NO			NO		0	
	05:00 pm	+		30	NO	NO			NO		0	
	06:00 pm	MVB		–	NO	NO			NO	✓	0	
	07:00 pm			–	NO	NO			NO		0	
Total Intake : 60ml+						**Total Output :** M-0 U-2						
N	08:00 pm	DNS	Pice	50ml	NO	NO			NO		0	NB
	09:00 pm	+	+	30ml	NO	NO			NO		0	NB
	10:00 pm	MVB	H2O	30ml	NO	NO			NO		0	NB
	11:00 pm	DNS		30ml	NO	NO			NO		0	NB
	12:00 am	+		30ml	NO	NO			NO	✓	0	NB
	01:00 am	MVI		30ml	NO	NO			NO		0	NB
Total Intake :						**Total Output :**						
N	02:00 am	DNS		30ml	NO	NO			NO		0	NB
	03:00 am	+		30ml	NO	NO			NO	✓	0	NB
	04:00 am	MVI		30ml	NO	NO			NO		0	NB
	05:00 am	DNS		30ml	NO	NO			NO		0	NB
	06:00 am	+		30ml	NO	NO			NO		0	NB
	07:00 am	MVI		–	NO	NO			NO		0	NB
Total Intake : 330ml+120ml						**Total Output :** M-0 U-2						

Total 24 hrs. Intake	780ml

Total 24 hrs. Output	M-2 U-6

FDH-00043989 IP25-00020/ 95
Master RANA KOTLA
04-01-2019 7 Y 4 M 16 D (M)
Dr. REENA MATHEW

21/05/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 01

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							
M	08:00 am	DNS+ MVI	45 ml by vomit	30	NO	NO			NO		0	
	09:00 am	MVI		30	NO	NO			NO		0	
	10:00 am	DNS+		—	NO	NO	✓	✓	NO	✓	0	
	11:00 am	MVI		30	NO	NO		✓	NO		0	
	12:00 pm	DNS+		30	NO	NO			NO		0	
	01:00 pm	MVI		—	NO	NO	✓		NO	✓	0	
Total Intake : T→120 + 700ml						Total Output : M→2 U→2, V→2						
E	02:00 pm	DNS	H2O	30	NO	NO	✓		NO	✓	0	
	03:00 pm	+		50	NO	NO			NO		0	
	04:00 pm	MVI	H2O	50	NO	NO			NO		0	
	05:00 pm	DNS		50	NO	NO			NO	✓	0	
	06:00 pm	+		50	NO	NO			NO		0	
	07:00 pm	MVI		50	NO	NO			NO		0	
Total Intake : T→280 + 350ml						Total Output : M→2 U→2, V→1						
N	08:00 pm	Pipzo.	Dimox + H2O	30ml	NO	NO			NO		0	
	09:00 pm	D		30ml	NO	NO			NO		0	
	10:00 pm	DNS+ MVI		50ml	NO	NO	Semi loose		NO	✓	0	
	11:00 pm	D		50ml	NO	NO			NO		0	
	12:00 am	D		50ml	NO	NO			NO		0	
	01:00 am	Metronidazole		20ml	NO	NO			NO		0	
Total Intake : 230ml + 150ml + 100ml						Total Output : M→1 U→1						
N	02:00 am	Metronida		20ml	NO	NO			NO		0	
	03:00 am	Pipzo		30ml	NO	NO			NO		0	
	04:0(	D		30ml	NO	NO			NO		0	
	05:0(am	D		30ml	NO	NO	Loose		NO	✓	0	
	06:00 am	NO IVF		NO IVF	NO	NO			NO		0	
	07:00 am				NO	NO			NO		0	
Total Intake : 110 ml + 100 ml						Total Output : M→1 U→1						

Total 24 hrs. Intake	2140ml

Total 24 hrs. Output	M→5 U→6 → V→3

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

22105

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 5

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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
M	08:00 am	DNS+	Bedfat + H2O	30	NO	NO	1003		NO	✓	0	[illegible]
	09:00 am	MNY		metro	NO	NO	loose		NO		0	[illegible]
	10:00 am	DNS+	+ H2O	—	NO	NO			NO	✓	0	[illegible]
	11:00 am	MNY		20	NO	NO			NO		0	[illegible]
	12:00 pm	DNS+		[illegible]	NO	NO			NO		0	[illegible]
	01:00 pm	MNY		metro	NO	NO			NO		0	[illegible]
Total Intake :		20 ml + 100 + 200 ml				Total Output :	M→2 U-2					
E	02:00 pm		Lunch + H2O	20 ml	NO	NO			NO	✓	0	N2
	03:00 pm	DNS		20 ml	NO	NO			NO		0	N2
	04:00 pm	+	+ coconut water	20 ml	NO	NO			NO		0	N2
	05:00 pm	MVI		20 ml	NO	NO			NO	✓	0	N2
	06:00 pm	DNS		—	NO	NO			NO		0	N2
	07:00 pm	MVI		—	NO	NO			NO		0	N2
Total Intake :		80 ml + 200 ml + 100 ml				Total Output :	M-0 U-2					
N	08:00 pm	Pip/Taz	Dal rice + Egg + H2O + coconut water	30 ml	NO	NO			NO		0	[illegible]
	09:00 pm	"		30 ml	NO	NO			NO		0	[illegible]
	10:00 pm	MPS		20 ml	NO	NO			NO	✓	0	[illegible]
	11:00 pm	DNS + MVI + KCL		30 ml	NO	NO			NO		0	[illegible]
	12:00 am	"		30 ml	NO	NO			NO		0	[illegible]
	01:00 am (20)	PCM		30 ml	NO	NO			NO		0	[illegible]
Total Intake :		170 ml + 200 ml + 100 ml				Total Output :	M→0 U→1					
N	02:00 am	Metronidazole		20 ml	NO	NO			NO		0	[illegible]
	03:00 am	"		20 ml	NO	NO			NO	✓	0	[illegible]
	04:00 am	Pip/Taz		30 ml	NO	NO			NO		0	[illegible]
	05:00 am	"		30 ml	NO	NO			NO		0	[illegible]
	06:00 am	"		30 ml	NO	NO			NO		0	[illegible]
	07:00 am	NDIVF		NDIVF	NO	NO			NO		0	[illegible]
Total Intake :		180 ml + 200 ml				Total Output :	M→0 U→1					

Total 24 hrs. Intake	1680 ml	Total 24 hrs. Output	M→2 U→6

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 18 D (M)
Dr. REENA MATHEW

23/05/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 5

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
23/5 M												
	08:00 am	NO	Upma + H2O	NO	NO	NO			NO	✓	0	
	09:00 am	IVF		IVF	NO	NO			NO		0	
	10:00 am	Inj M-Pred		20 ml	NO	NO			NO		0	
	11:00 am	Inj Metro 2.5		40 ml	NO	NO	loose		NO	✓	0	
	12:00 pm	Inj Pipta 2		75 ml	NO	NO	✓		NO		0	
	01:00 pm	"		"	NO	NO			NO		0	
Total Intake :		T-1 200 ml + 200 ml				Total Output : M-1 U-2						
E	02:00 pm	DNS	Juice + H2O	30 ml	NO	NO			NO		0	
	03:00 pm	+ MVI		30 ml	NO	NO			NO	✓	0	
	04:00 pm	—		Inj PCM	NO	NO			NO		0	
	05:00 pm	—		"	NO	NO			NO	✓	0	
	06:00 pm				NO	NO			NO		0	
	07:00 pm	Diclofen	Coconut water	20 ml	NO	NO			NO		6	
Total Intake :		80 ml + 200 ml + 100 ml				Total Output : M-0 U-(2)						
N	08:00 pm	Pipta 2	Dinner + H2O	Pipta 2 30 ml	NO	NO			NO		0	
	09:00 pm	"		30 ml	NO	NO			NO		0	
	10:00 pm	MPS		20 ml	NO	NO			NO		0	
	11:00 pm	DNS + MVI		25 ml	NO	NO	loose		NO	✓	0	
	12:00 am	NO IVF		NO IVF	NO	NO			NO		0	
	01:00 am	Metronidazole		20 ml	NO	NO			NO		0	
Total Intake :		125 ml + 280 ml + 200 ml				Total Output : M-(1) U-(1)						
N	02:00 am	Mefenid		20 ml	NO	NO			NO		0	
	03:00 am	Pipta 2		30 ml	NO	NO			NO		0	
	04:00 am	"		30 ml	NO	NO			NO		0	
	05:00 am	"		30 ml	NO	NO			NO		0	
	06:00 am	DNS + Mefenid		25 ml	NO	NO			NO		0	
	07:00 am	—		—	NO	NO			NO		0	
Total Intake :		185 ml + 150 ml + 150 ml				Total Output : M- U-						

Total 24 hrs. Intake	1190 ml

Total 24 hrs. Output	M-(2) U-(5)

FDH-00043389 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 20 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 06

24/5/26

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 Thrombophlebitis Score	Sign. Nurse
24/5 M	08:00 am	NO		NO	NO	NO	little	NO	NO		0	[signature]
	09:00 am	IV P	Home Food	IV P	NO	NO		NO	NO	✓	0	[signature]
	10:00 am	M-Pred	+	20ml	NO	NO		NO	NO		0	[signature]
	11:00 am	Metrol	H2O	40ml	NO	NO	✓	NO	NO		0	[signature]
	12:00 pm	Inj Pipta		100ml	NO	NO		NO	NO		0	[signature]
	01:00 pm				NO	NO		NO	NO		0	[signature]
Total Intake : 160ml + 200ml								**Total Output :** M-2 U-1				
24/5 E	02:00 pm		Lunch		NO	NO		NO	NO		0	NB
	03:00 pm	NO	+	NO	NO	NO	✓	NO	NO	✓	0	NB
	04:00 pm	IV	H2O	IV	NO	NO		NO	NO		0	NB
	05:00 pm	Fluids		Fluids	NO	NO		NO	NO		0	NB
	06:00 pm		+ Curd water		NO	NO		NO	NO		0	NB
	07:00 pm				NO	NO		NO	NO		0	NB
Total Intake : 250ml + 150ml + 100ml								**Total Output :** M-① U-①				
N	08:00 pm	NOIVF	Dal Rice	NOIVF	NO	NO			NO		0	[signature]
	09:00 pm	"		"	NO	NO			NO		0	[signature]
	10:00 pm	MPS	curd	20ml	NO	NO			NO	✓	0	[signature]
	11:00 pm	NOIVF	Bon… +	NOIVF	NO	NO			NO		0	[signature]
	12:00 am	"	H2O	"	NO	NO			NO		0	[signature]
	01:00 am	Metronl		20ml	NO	NO			NO		0	[signature]
Total Intake : 150ml + 200ml + 150ml								**Total Output :** M→0 U-①				
N	02:00 am	Metronidazol		20ml	NO	NO			NO		0	[signature]
	03:00 am	Piptaz		80ml	NO	NO			NO	✓	0	[signature]
	04:00 am	"		80ml	NO	NO			NO		0	[signature]
	05:00 am	"		80ml	NO	NO			NO		0	[signature]
	06:00 am	NOIVF		NOIVF	NO	NO			NO		0	[signature]
	07:00 am	NOIVF		NOIVF	NO	NO			NO		0	[signature]
Total Intake : 150ml + 150ml								**Total Output :** M→0 U-①				

Total 24 hrs. Intake	1660ml	Total 24 hrs. Output	M-⑧ U→④

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

FDH-00043989 IP25-00020495
Master RANA KOTLA
04-01-2019 7 Y 4 M 20 D (M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 07

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am						✓			✓		
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

FDH-00043989 IP25-000204 S
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D M)
Dr. REENA MATHEW

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 12.10pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction N/A

Body Weight: 20.4 Kg

Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
N/A	N/A	N/A

Family History: N/A

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: 20.4kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.5F HR: 112/m RR: 24/m BP: 104/65

Pain Score: 2 Specify Site: Abdomen (Follow Pain Assessment Sheet & Document)

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

Risk of Pressure Sore (Braden Q Score 20) (Document in the Braden Q Assessment Sheet)

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

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

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

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: ..... Tuhin ..... Date: ..... 18/05/26 ..... Time: @ 12.20pm ..... Signature

FDH-00043989 IP25-00020[illegible]5
Master RANA KOTLA
04-01-2019 7 Y 4 M 14 D (M)
Dr. REENA MATHEW

* DO NOT ADD IN BILLING *

303

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 18/5/26 Time: 1:30pm

Weight: 20.7 kg Centile: 12th

Height: Centile:

Inference: Within Normal

RDA: 1700 Calories: 1700cal Protein: 20g

Diet Recommendations: High fibre diet & adequate water

Re-Assesment: —

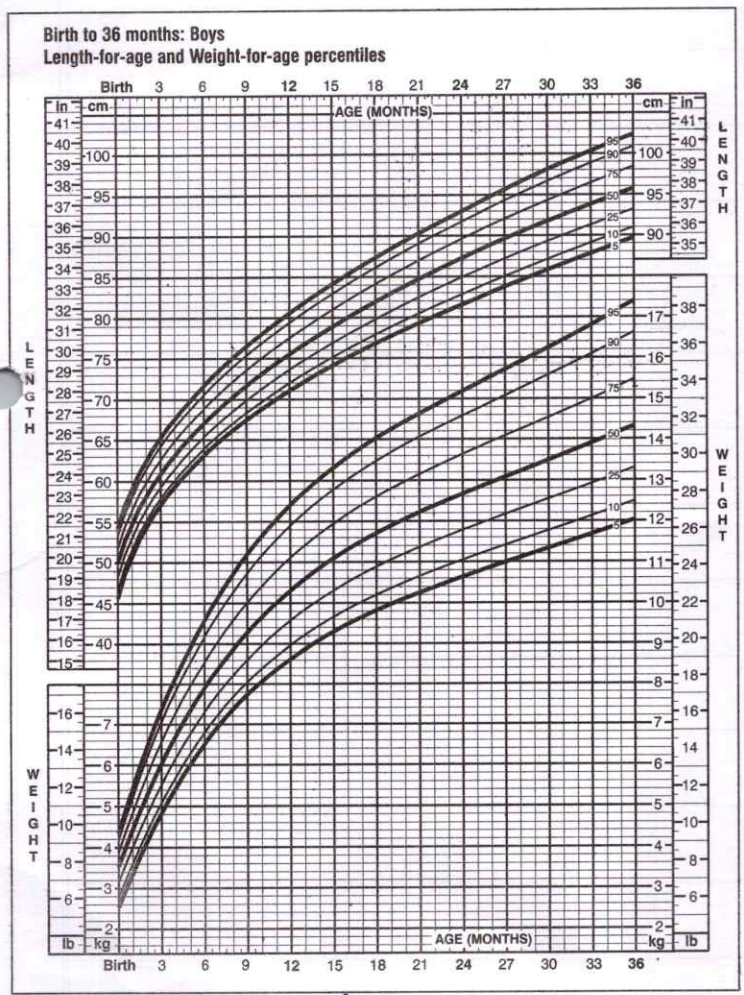
Food Allergies: — Veg/Non-veg Pure Veg

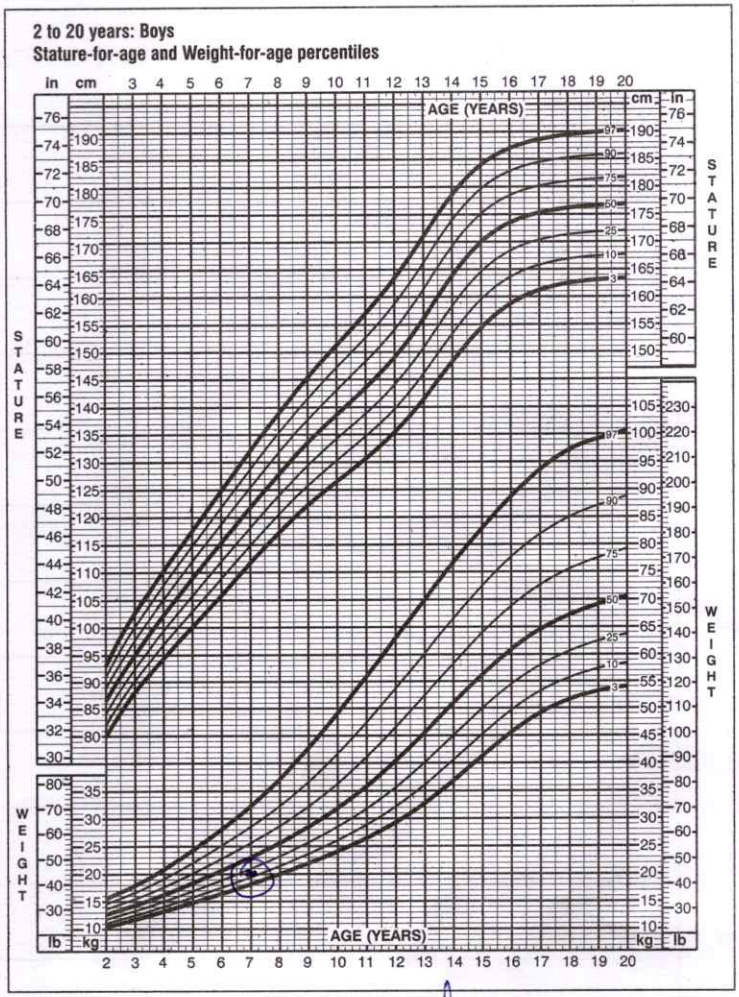
Diagnosis: Constipation

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Dhanu

Dietician's Signature

Docu. No. : RCH / FRM / CLINICAL / 160

(P.T.O.)

Daily Notes:

18/5/26 1:30pm – Normal diet ō and [illegible]

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00043989 IP25-00020495 Master RANA KOTLA 04-01-2019 7 Y 4 M 14 D (M) Dr. REENA MATHEW	18/5/26 11:15AM	18/5/26 12:10PM
	Transfer Ordered by DR. Aishwarya.	Reason for Transfer Admission
From Unit ER	To Unit 303	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Aryan	DR. Aishwarya.

Patient & Clinical Records Received by : [illegible]

Date & Time of Patient Received : 18/5 @12.10pm

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