Dr. Vijayanand. J
BAH-00661668
Baby Annadha pranav Kulkarni
Patient Sticker
RPS-00176593

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : R. Vijayanand (P.T.O)
21/07/2026

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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ACTIVITY RECORD FOR BILLING

Name :_____

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

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Date of Admission: _____ Discharge : _____ Time: _____

Room / Bed No : _____ sted Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/09/25	1:15 Am	ER	Ward (239)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
19/7/26	CBP, CRP, Sr. creat, Bicarbonate, Blood c/s	72295	[signature]
19/7/26	Sr. Electrolytes	72296	[signature]
19/7	CSE	26072298	[signature]
19/7	CUE	26072396.	Rosna
19/7	stool culture	2607249201	Rosna.
20/7	ultra sound abdom	036086	[signature]

[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7	Inf Pump	2am	3pm	9710569	Nil

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/7/26	IV Placement	1	10520	
19/7/26	NHA	(1)	9711431	BCW

ANY OTHER INFORMATION

CSE (1)

VSE (1)

Date : 21/07/26 Time : 9:10am Prepared By

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	—	—	—

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176593 **Admit Date** : 19-Jul-2026 **Admit Time** : 12:34 AM **UHID** : BAH-00661668

Patient Details :

Patient Name	: Baby ANNADHA PRANAV KULKARNI	**Age**	: 1 Y 0 M 10 D
Guardian	: Mr PRANAV KULKARNI	**DOB**	: 09-07-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 1-216/252, KARTIKEYA NAGAR Nacharam Hyderabad Telangana INDIA 500076	**Phone No**	: 9773158567/ 9819779181
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 239 **Ward Name** : 2F-SECOND FLOOR

Room No : PVT 239 **Admission Type** : First Visit

Contact Details :

Name : Mr PRANAV KULKARNI **Relationship** : Father

Contact Address : 1-216/252, KARTIKEYA NAGAR Nacharam Hyderabad Telangana INDIA 500076 **Phone No** : 9773158567 / 9819779181

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Printed Date / Time : 19/07/2026 00:37

Printed By : 018621

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Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Patient Name: Annadha

UHID ID:

Department:

Consultant:

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Pe . . Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Loose stools since 5days
Fever for 1day 4days ago.
vomiting (1 episode/day since 4-5days.
Poor oral intake
Less Urine output } since 2days.

History of present illness :

Child is apparently well 5days ago. Child was having above mentioned complaints.

Loose stools (5-6 episodes/day since 5days
- watery, yellowish, foul smelling, large quantity.
- less quantity of stool since 1day.

Fever - max 101F noted
→ for 1day, rest no fever

Vomitings - 1 episode/day since 4-5day.
- food content, non projectile, non bilious.

Poor oral intake
less U/O } since 2days.

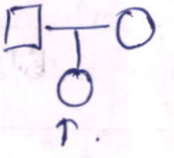
BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

...rgan History & Physical Examination

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

Birth & Neonatal History:

3.62kg / LSCS NVD fetal distress (N) transition, NO HIE NICU stay.



Birth & Socio Economic History:

About Father : Upper middle class.
About Mother :
Any additional Information :

Developmental History :

(N) development

Immunization History :

Vaccination as per US schedule

(P.T.O.)

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8.53kg (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 128/min B.P. NR SPO2 98% on RA

Resp.rate and type of breathing : BA RR - 28/min

Rash

Lymphadenopathy

Oedema : nil.

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE (P)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (P)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft, NT.

Ausculation :

Spine : External Genitelia :

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

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____ (N)

_____

_____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____ (N)

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System : (N)

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

AGE & some dehydration.

_____

_____

_____

(P.T.O.)

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: ____________________

Desired goals of the treatment : ____________________

Planned Labs:

CBP, CRP, S.Electrolytes, Creatinine, Bicarb. Blood culture

CSE, Stool C/s.
CUE.

Planned Management

- Admit in ward
- IV fluids → NS bolus f/by maintenance
- Inj Ceftriaxone (After reports) - SOS.
- Inj. Esomeprazole
- Inj Ondem (SOS)
- Economs sachet
- Z & D drops.
- Gastrodiet (Isomyl feeds - SOS)

NIB
[illegible]
19/7/26

DR. VIJAYANAND JAMALPURI
Registration No: 40526

Signature of the Doctor: Ramy
Name of the Doctor: Dr. RAMYA
Date & Time: 19/7/26, 12:40 am

Signature of the Consultant: [signature]
Name of the Consultant: ......
Date & Time: 19/7/26, 9 AM

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7 9am	C/S/B Resident Δ: AGE c some dehydration loose stools - 3-4/24h. no vomiting not accepting orally U/O - ↓ (3 times') afebrile O/E: asleep. no acidotic breathing CRT < 3s. pulse vol good abdomen - ↑ BS. soft chest - NVBS (+)	Adv: 1.) Continue full maintenance IVF. 2.) Send stool c/s & CUE 3.) ~~Ceftriaxone~~ Continue current medications 4.) Gastrodiet only. Advised DR. VIJAYANAND JAMALPURI Registration No: 40526

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI (F)
09-07-2025 1 Y 0 M 10 D
Dr. VIJAYANAND JAMALPURI

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 9pm	C/S/B Resident (Dr. N. Prathiksha)	
	Δ: ?AGE c̄ Some Dehydration. ?UTI.	Plan
	CUE - Pus cells 6-8 (bag urine)	- Send urine c/s - catheter/ midstream clean catch sample
	O/E - Active	
	No fever spikes.	- vitals monitoring
		N. Prathiksha

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 8.30pm	S/B Dr. Vijayanand A: AGE i some dehydration no fever last 24 hours → 1 vomiting loose stool - 1 episode O/P - improving urine - ✓ O/E: c/c/B alert vitals stable hydration - fair	Plan: (1) continue IV fluids medication as per chart (2) fluids ½ maintenance (3) Send CUE → clean catch (4) trace Blood c/s, stool c/s (5) USG Abdomen now (6) Encourage orally NB Roona. DR. VIJAYANAND JAMALPURI Registration No: 40526
20/7/26 3pm	Seen by ~~C/S/B~~ / Resident - afebrile. - passed one stool since morning - oral intake better - u/o - adequate. O/E: alert vitals stable ~~ch~~ CRT < 3s. no dehydration good pulse vol.	Adv: 1.) Stop IVF 2.) Send clean catch CUE 3.) Encourage orally. 4.) Trace stool for rota virus in c/s Akhila Dr Akhila
(A) USG		

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 3 pm	Seen by Dr. Vijayanand	
	Δ: AGE c some dehydration	Adv:
	– 1 stool since 6 pm	1.) Stop IVF
	– good urine output	Encourage orally
		R/v IVF at night
	O/E: activity - good	
	CRT < 3s	2.) Gastrodiet
	pulse vol - good	
	chest clear.	3.) Monitor vitals
		Akhile
		DR. VIJAYANAND JAMALPURI Registration No: 40526
21/7 5:35 am	C/S/B Resident	
	c/o child fell from bed ~ 2ft height	Adv:
	no symptoms	1.) Observe for any warning signs: vomiting / dull activity / scalp swelling / seizures
	active	
	O/E: vitals stable	2.) Inform SOS.
	pupils B/L NSNR.	
	no scalp swelling/ external injury	Akhile
	moving all limbs equally	

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/25 8 AM	1yr/F	plan
	Bowels – 3 times No Blood	(1) Monitor vitals
	No vomiting ORS intake Urine ✓ Better	(2). Watch for any vomiting
		(3). R/V ORS intake
	GE – Sleeping – woke up Chest ✓ ORS intake Exam	(4). R/V Discharge later.
	Hydration – fair	
	☆ Fall from bed Unwitnessed No injury	DR. VIJAYANAND JAMALPURI Registration No: 40526
	☆ But Now Alert moving hands.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/ne	Clin Resident	
3pm.	A/s - AGE c some dehydration	
	1 episode of stool - semisolid	
	- Accepting orally - well.	Plan
	- Passing urine.	- C/t medications
	- AF ⊝ level	
	- CRT - < 2sec	- Encourage orally
	Skin pinch goes back quickly	
	Pulse good volume	- R/4 discharge
	S/A - soft	- monitor vitals
	RS - BAE(+) clear	
		Dr Ramakrishna
21/7	Clin Dr [illegible]	
4pm		
	Activity - Normal	
	Oral liquids taking	Plan
	No fever	- Discharge
		- to Thursday.
		[signature]

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

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RESULT SHEET

Date	19/7/26					
Time	1am					
Hb	11.4.					
PCV	33.9.					
RBC	4.13.					
WBC	9.94.					
N/L	28.2/65.7.					
Platelets	372.					
CRP	5.					
ESR						
PCT						
RBS						
Na	136.					
K	4.9.					
Cl	107.					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.3.					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
~~N/L~~ Bicarbonate	= 15.					

Date	19/7					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Neg					
CUE - PUS Cells	6-8 cells					
CUE - RBC Cells	1-2					
CUE						
	19/07					
Stool Pus Cell	2-3					
OVA / Cyst	0					
Occult Blood	0					
RBC	1-2					

Culture and Sensitivities : Blood c/s - NG for 48hrs.

20/7 Stool c/s - NG

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

Pati

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: Ward.

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. RAMYA

Date & Time : 19/7/26 ; 12:40 pm

Signature: Renuka Rama

19/7/26 @ 12:50 pm

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2026 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

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DRUG CHART

Date of Admission: 19/7/26. 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 :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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

-07-2026 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

REGULAR PRESCRIPTIONS

Weight. 8.5kg Ward. ....

DRUG : Inj CEFTRIAXONE			
Dose	Route	Frequency	Start Date
425mg	IV	BD	19/7/26
Name & Signature of the Doctor Starting the Drugs: Dr Ramya			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

Date/Time: Hold — Dr. Ramya

DRUG : Inj ESOMEPRAZOLE			
Dose	Route	Frequency	Start Date
10mg	IV	OD	19/7/26
Name & Signature of the Doctor Starting the Drugs: Dr Ramya			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

Date/Time	19/7	20/7	21/7
	6am	12'40 Lavanya	Nilu Harika / Swathi Dipa

DRUG : Inj PROGG drops			
Dose	Route	Frequency	Start Date
0.5ml	PO	BD	19/7/26
Name & Signature of the Doctor Starting the Drugs: Dr Ramya			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

DRUG : Z&D drops			
Dose	Route	Frequency	Start Date
1ml	PO	OD	19/7/26
Name & Signature of the Doctor Starting the Drugs: Dr Ramya			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

Date/Time	19/7	20/7	21/7
	10AM	9am. Mouni Harika	Ramya Naini Bandi Rose

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Dt.
1 ampule	PO	BD	19/7/26

Date ▸ / Time ▾	19/7	20/7	21/7
	6 Doctor	2pm / 8:30 Am	8:30 Am
		Nitin	Nasing Rosme / Basmat Rosme
	6pm Baui	Nasing Rosme	
Daily Doctor's Endorsement by a Sign	A	A	R

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

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 ....

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

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

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

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

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

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

IP5-00176593 BAH-00861668

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/7/26	12:40Am	Inj Esomeprazole	10mg	IV	[signature]	Renuka 12:45Am John
19/7/26	12:40Am	Inj Ondem	2mg.	IV	[signature]	Renuka 12:55 Am John.

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

Dr. VIJAYANAND

I.V. FLUIDS CHART

Weight. 8.5kg..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/7/26	1:15AM	DNS (full maintanence)	IV	40			19/7		ROOPA Nasima.
19/7	9AM	DNS. full maintanence	IV	32		Nasima HARIPRIYA	20/7		Nasima ROOPA
20/7/26	10AM	DNS	IV	16ml/hr		Nasima ROOPA.			

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

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

21/7

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

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

Pratiksha 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: ~~10AM~~ ~~2PM~~

Doctor / Nurse / Family Concern?

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

98.1°F

Attended willingly.

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

106 / 66 / 58

Body shaking.

Heart Rate (Number) 129 B/m

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

Resp Rate (Number) 24 B/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	RA
O_2Saturations (%)	99%
Conscious Level	Normal / Altered
GCS *	15/15
TOTAL SCORE Number of shaded boxes	2
Pain Score	2
Observer's Initials	

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

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

Patient Sticker

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It takes a lot to treat the little.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

20/7/26

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9AM	2pm	6pm	10pm	2AM	6AM
Doctor / Nurse / Family Concern?						

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

*96.7F *98.3F *98.1F 98.5F 98.4F 98.2F

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

109 (79) 63 | 106 (75) 69 | 100 (61) 57 | 99 (71) 62 | 99 (70) 62 | 100 (62) 69

Heart Rate (Number)	120Bpm	109Bpm	104Bpm	101Bpm	114Bpm	113Bpm

R Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

Resp Rate (Number)	26Bpm	24Bpm	29Bpm	26	24Bpm	26
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)	RA	RA	RA	RA	2lpm	RA
O_2Saturations (%)	99%	100%	99%	98%	98%	99%
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	2	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

19/7/26.

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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:	2AM	6AM	10AM	2pm	6pm	10pm	2AM	6AM
Doctor / Nurse / Family Concern?								
Temperature (°F) (94–104)	98.2°F	97.2°F	98.2°F	98.3°F	97.6°F	98.2°F	97.7°F	Baby sleeping Attender No cuddling
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190) Note: BP does not score in early warning scoring	96/60 (75)	102/65 (85)	106/63 (81)	88/58 (78)	106/61 (74)	100/65 (75)	98/60 (70)	
Heart Rate (Number)	123b/m	126b/m	124B/m	120B/m	112B/m	123b/m	126b/m	
[illegible] Rate (bpm) ([illegible] Minute) * (10–70)								
Resp Rate (Number)	26b/m	23b/m	26B/m	24B/m	26B/m	23b/m	26b/m	
Resp Distress — Mod/ Severe / None / Mild								
Receiving O_2(l/min) / O_2Saturations (%)	100%	99%	RA 99%	RA 100%	RA	RA 100%	RA 99%	
Conscious Level — Normal / Altered								
GCS *	15/15	15/15	15/15	15/15	15/15	15/15		
TOTAL SCORE — Number of shaded boxes	0	0	0	0	0	0	0	
Pain Score				0		0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	Continue normal observation by staff nurse
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BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

18/7/26.

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. 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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am					ER						
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm					ER						
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm					ER						
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
19/7	02:00 am	I		40ml							0	
	03:00 am			40ml							0	
	04:00 am	DNS	water	40ml			NB			~	0	
	05:00 am			40ml							0	
	06:00 am	I	milk	40ml							0	
	07:00 am			40ml.						~	0	
Total Intake :				240ml.		**Total Output :**				0-2 ml-0		

Total 24 hrs. Intake	1 - 240ml.	Total 24 hrs. Output	0-2 ml-0

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

19/2/26.

FLUID CHART

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

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/2	08:00 am	↑	-	40ml							0	Rosy
	09:00 am			40ml							0	Ro-
	10:00 am	DNS		32ml			NP			✓	0	Rosy
	11:00 am	|		32ml							0	Rosy
	12:00 pm	|		40ml							0	Rosy
	01:00 pm	|		40ml						✓	0	Rosy
Total Intake :				184ml		Total Output : M-0 V-2						
19/2	02:00 pm	↑		40ml							0	Rosy
	03:00 pm	DNS		32ml						✓	0	Rosy
	04:00 pm	|		32ml							0	Rosy
	05:00 pm	|		-						-	0	Rosy
	06:00 pm	|		32ml							0	Rosy
	07:00 pm	↓		32ml			✓			-	0	Rosy
Total Intake :				168ml		Total Output : M-1 V-3						
19/2	08:00 pm	|		-							0	mou
	09:00 pm	|	milk	32ml							0	mou
	10:00 pm	DNS		32ml						✓	0	mouth
	11:00 pm	|		32ml			NP				0	mouth
	12:00 am	|	water	32ml							0	mouth
	01:00 am	|		32ml						✓	0	mouth
Total Intake :				160ml		Total Output : V-2 ml						
20/2	02:00 am	|		32ml							0	mouth
	03:00 am	|		32ml							0	mouth
	04:00 am	DNS		32ml							0	mouth
	05:00 am	|		-			NP			✓	0	mouth
	06:00 am	|		32ml							0	mouth
	07:00 am	↓		32ml							0	mouth
Total Intake :				160ml		Total Output : V-1 ml-0						

Total 24 hrs. Intake	I-672ml	Total 24 hrs. Output	V-3 M-1

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
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20/7/26

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/7/26.	08:00 am	↑		32ml						✓	0	Rosy
	09:00 am			32ml							0	Rosy
	10:00 am	DNS	Sage water 30ml	16ml			NVP				0	Rosy
	11:00 am			—						✓	0	Rosy
	12:00 pm			16ml							0	Rosy
	01:00 pm	↓		16ml							0	Rosy
Total Intake :			70ml	112ml						**Total Output :** M-0	U-2	
	02:00 pm	↑		16ml			✓				0	Rosy
	03:00 pm	DNS	Coconut water 100ml	16ml						✓	0	Rosy
	04:00 pm	↓		—							0	Rosy
	05:00 pm	NS/RA		—						✓	0	Rosy
	06:00 pm			—			✓			✓	0	ROSY
	07:00 pm	↓		—			✓				0	Rosy
Total Intake :			100ml	32ml						**Total Output :** N-1	U-3	
21/7	08:00 pm	↑	Water	—							0	Swati
	09:00 pm		Juice	—						✓	0	Swati
	10:00 pm	DNS		—			✓			✓	0	Swati
	11:00 pm	↓ 22.		—							0	Swati
	12:00 am			—							0	Swati
	01:00 am			—							0	Swati
Total Intake :										**Total Output :**	M-1 U-2	
22/7	02:00 am	↑	Baby water	—							0	Swati
	03:00 am			—						✓	0	Swati
	04:00 am	DNS		—			P				0	Swati
	05:00 am			—						✓	0	Swati
	06:00 am			—							0	Swati
	07:00 am	↓		—						✓	0	Swati
Total Intake :										**Total Output :**	M-0 U-3	

Total 24 hrs. Intake	Total 24 hrs. Output
170 + 144 = 314	M-4 U-10

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

21/7/26

FLUID CHART

Rainbow® Children's Hospital
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3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	↑		—							0	Ro
	09:00 am	NO	Sabudana kheer 80ml	—						✓	0	Rosny
	10:00 am	IVF		—							0	Rosny
	11:00 am			—							0	Rosny
	12:00 pm	↓	Coconut water 100ml	—						—	0	Rosny
	01:00 pm										0	Rosny
Total Intake :			180ml			**Total Output :** M- U-2						
	02:00 pm	↑		—							0	Rosny
	03:00 pm			—							0	Rosny
	04:00 pm	NO		—							0	Rosny
	05:00 pm	IVF		—							0	Rosny
	06:00 pm	↓		—							0	Rosny
	07:00 pm			—							0	Rosny
Total Intake :						**Total Output :** M- U-						
	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	

BAH-00661668 IP5-00176593
Baby ANNADHA PRANAV KULKARNI
09-07-2025 1 Y 0 M 10 D (F)
Dr. VIJAYANAND JAMALPURI

239

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 - GIRLS

Date: 19/7/26 Time: 8am

Weight: 8.53kgs Centile: >10th

Height: 71 cms Centile: >10th

Inference: underweight child

RDA: - Calories: 1200 Kcal/d Protein: 20g/d

Diet Recommendations: Gastro diet (Avoid wheat, milk, ragi, eggs, nuts, oats, citrus fruit juices, sugar) can have rice based foods, ORS, sago water

Re-Assesment:

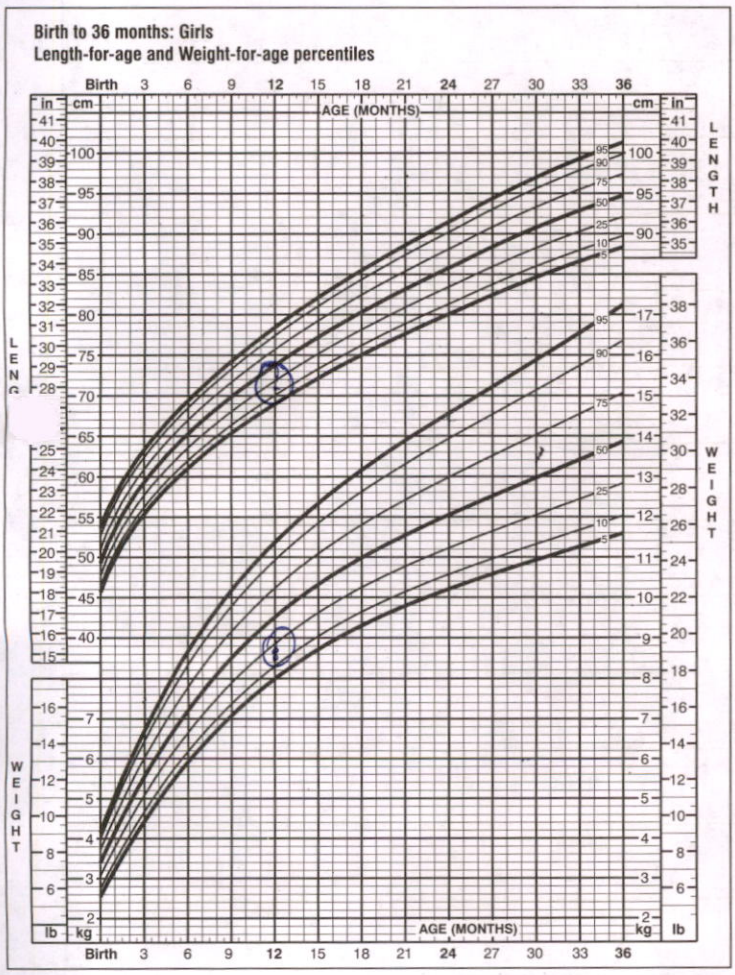
Food Allergies: No Veg/Non-veg Veg

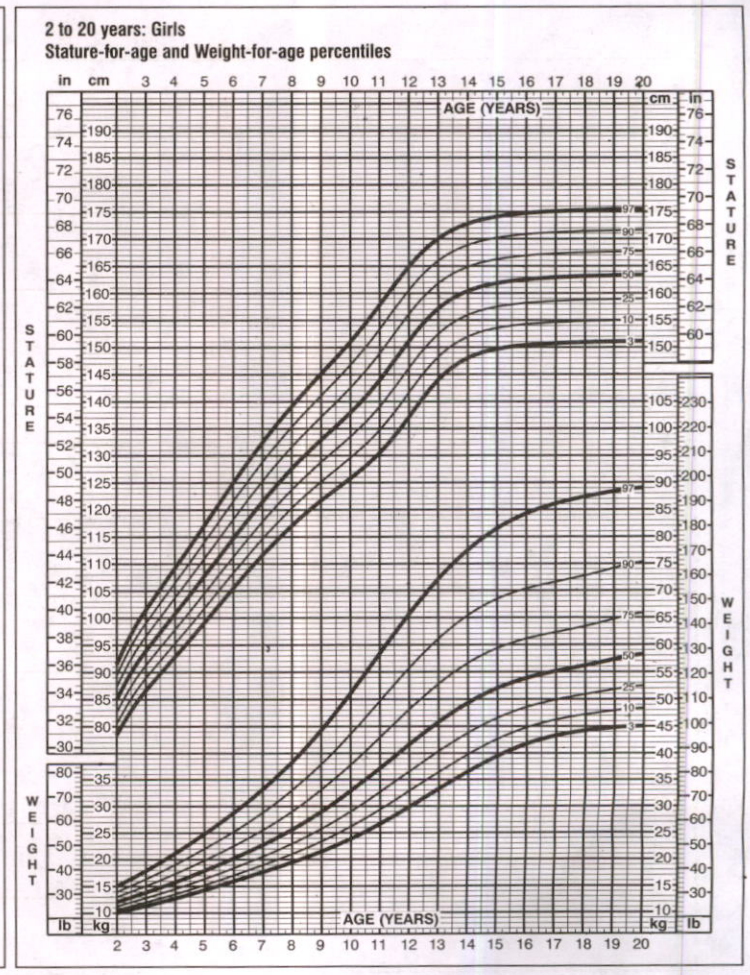
Diagnosis: AGE c some dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Nikitha

Dietician's Signature

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

(P.T.O.)

Daily Notes:

20/7/26 8am	Child is stable. Intake is poor.
	Continue c̄ Gastro diet Nikitha
21/7/26 9am	Child is stable. Intake is fair
	continue c̄ Gastro diet Nikitha