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 : IP5-00174583 **Admit Date** : 01-Jun-2026 **Admit Time** : 01:21 AM **UHID** : BAH-00592840

Patient Details :

Patient Name : Master SHAIK MOHAMMED AAHIL
Guardian : Mr SHAIK MOHAMMED ASIF
Gender : Male
Occupation :
Address (H) : H NO. 8-1-351/B, NUHA APPARTMENTS, RAHUL COLONY Tolichowki Hyderabad Telangana INDIA 500008

Age : 11 Y 6 M 14 D
DOB : 18-11-2014
Religion :
Martial Status : Single
Phone No : 8247647805/ 9618880060
E-mail : asif11996asif@gmail.com

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 120 **Ward Name** : 1F-GENERAL WARD I
Room No : GW 120 **Admission Type** : First Visit

Contact Details :

Name : Mr SHAIK MOHAMMED ASIF
Contact Address : H NO. 8-1-351/B, NUHA APPARTMENTS, RAHUL COLONY Tolichowki Hyderabad Telangana INDIA 500008

Relationship : Father
Phone No : 9618880060 / 8247647805

Signature

Doctor Details :

Doctor Name : Dr. MAINAK DEB
Referral Doctor : self
Co-Consultant :

Specialisation : PEDIATRIC SURGERY
Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : SELFPAY

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

Patient Name: ____________________

UHID ID: ____________________

Department: ____________________

Consultant: ____________________

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D
Dr. MAINAK DEB (M)

Pediatric Multiorgan History & Physical Examination

Name : Shaik Mohd Aahil Age/Sex 9½/M

Information given by: Mother Relationship good

Chief Presenting Complaints & Duration (Chronologically)

c/o abdominal pain x 2days.
c/o vomiting
c/o loose stools

History of present illness :

- premorbidly well.
- c/o - abdominal pain since 2 days.
  over right side of abdomen &
  - presently over mid abdomen

c/o - 3 episodes of vomiting
(non bilious.)

c/o - loose stools - 3 episodes.
(yellowish, semi formed).

no fever / dysuria.

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

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

h/o appendicitis in 2024 - 9 mm appendix (pelvic type) managed conservatively at RCH-B. no further such episodes.

Birth & Neonatal History:

(N) perinatal transition

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

(N)

Developmental History :

appropriate ~~for ag~~

Immunization History :

immunised

(P.T.O.)

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D
Dr. MAINAK DEB (M)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 33.7 kg (Centile ________)

On Examination :

Temperature : 98.3°F Pulse Rate : 108/min B.P. 110/62 SPO2 98% RA

Resp.rate and type of breathing : 20/min

Rash (−)

Lymphadenopathy (−)

Oedema : (−)

Allergies (if any): ________

Respiratory System :

Inspection (any s/o distress) : ________

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : ________

Heart Sounds : (N)

Any murmur : no murmur

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

Per Abdomen :

Inspection Non distended

Palpation : no guarding / rigidity, firm, tenderness (+) in RIF on deep palp.

Ausculation : BS ↑sed

Spine : (N) External Genitelia : (N)

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

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : ______________________

Motor System:

Nutriton : ______________________

Tone: ______________ Power ______________

Co-ordinator : ______________________

Posture : ______________________

Involuntary Movements : ______________________

(Cranial Nerves through Sensory System bracketed: Ⓝ)

Reflexes :

DTR **Superficials:**

Plantars ______________________

Sensory System :

____

Bladder / Bowel : Ⓝ / Ⓝ

Clinical Summary & Diagnostic:

Acute abdomen.
suspected appendicitis / pancreatitis

(P.T.O.)

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: perforation / peritonitis

Desired goals of the treatment : resolution

Planned Labs:

- CBP
- CRP.
- USG abd t/m.
- creatinine.

Noted by
[illegible]
01/6
(2026)

Planned Management

1) NPO
2.) IVF DNS.
3.) Inj Ondansetron
4.) Inj Pantoprazole
5.) Inj Ceftriaxone
6.) Pain management
 - Tramadol
 - Paracetamol } TID.

DR. MAINAK DEB
Registration No: TSMC/FMR/02413

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Akhila
Date & Time: 23/5/26

Signature of the Consultant: [signature]
Name of the Consultant: Dr Naseef
Date & Time: 1/6/26 @ 10am

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 8:55a	C/s/B Dr Nikhita	
	C/o pain in (R) side of abdomen a/w multiple episodes of vomiting ×2day	
	Currently - pain reduced & vomitings subsided	
	O/E - Child active.. Afebrile Vitals stable	Adv ① NBM ② Continue medication ③ Repeat USG Abd & pelvis
		Dr Nikhita 1/6/26 9:00a
1/6/26	C/s/B Dr Nikhita	
	No c/o pain abdomen, vomiting ⊖	d/t By APPU
	O/E - Child active Vitals stable	Adv ① Soft diet as tolerated
	P/A - soft, non tender	Dr Nikhita

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

D/C

BAH-00592840 IPS-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

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RESULT SHEET

Date	11 6					
Time						
Hb	11·2					
PCV	35·9					
RBC	5·87					
WBC	10150					
N/L	58.9/33·6					
Platelets	4·01					
CRP	5					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0·5					
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						

D/C

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

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

MEDICATION RECONCILIATION FORM

Drug Allergies: CEFTRIAXONE ☐ 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 : Akhila Dr. Akhila

Date & Time : 1/6/2026

Nurse Name & Signature: Kethan

Date & Time : 1/6/26 @ 2A

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18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

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VERIFIED

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 33kg Ward ....

DRUG : Inj PARACETAMOL	Date ▸ 1/6 Time ▾
Dose: 400mg Route: IV Frequency: TID Start Dt.: 1/8	6AM Sudha Chandy
Name & Signature of the Doctor Starting the Drugs: Akhil	2PM Sona Mini
Additional Instructions:	10PM
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 ....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

(P.T.O)

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

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DRUG CHART

Date of Admission: 1/5/26 Drug Allergies; CEFTRIAXONE ☐ 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

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

VERIFIED

REGULAR PRESCRIPTIONS

Weight. 33 kg Ward. ....

DRUG : Inj AUGMENTIN				Date / Time	1/6
Dose	Route	Frequency	Start Date	6 AM	3 AM Sushma Chandu
900mg	IV	TID	1/5		
Name & Signature of the Doctor Starting the Drugs: [signature]				2 PM	Sona Nikhil
Additional Instructions: give after test dose only				10 PM	
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : Inj PANTOPRAZOLE				Date / Time	1/6
Dose	Route	Frequency	Start Date		
30mg	IV	OD	1/6		
Name & Signature of the Doctor Starting the Drugs: [signature]				6 AM	3 AM Sushma Chandu
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : Inj ONDANSETRON				Date / Time	1/6	1/6
Dose	Route	Frequency	Start Date	6 AM	[struck out]	8 am Sushma Swarna
4mg	IV	TID	1/6			
Name & Signature of the Doctor Starting the Drugs: [signature]				2 pm	X	Sona Nikhil
Additional Instructions:				10 PM	12 am ER	
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG : Inj TRAMADOL				Date / Time	1/6
Dose	Route	Frequency	Start Date	2 AM	1 AM ER
40mg	IV	TID	1/6		
Name & Signature of the Doctor Starting the Drugs: [signature]				10 AM	Sona Apeer
Additional Instructions:				6 PM	Anu Ankita
Daily Doctor's Endorsement by a Sign					

BAH-00592840
Master SHAIK MOHAMMED AAHIL (M)
18-11-2014 11 Y 6 M 14 D
Dr. MAINAK DEB

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/6		Inj DICLOFENAC	0.5ml = 35mg	IV	[signature]	hold

DC

VERIFIED BY : Name .... Signature

Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

I.V. FLUIDS CHART

Weight. 33kg 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
1/6	2:30am	IVF DNS	IV	72	[signature]	[signature] [signature]	1/6/20	[signature]	
1/6/20	4:40pm	IVF -DNS	iv	35ml/h	[signature]	[signature] [signature]			
		D/C							

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

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6 Time:				
Doctor / Nurse / Family Concern?	3 Am	6am	10am	1PM
104				
103				

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ACTIVITY RECORD FOR BILLING

Name : ______

UHID No. : ______ IP No : ______ Dept : ______

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

Date of Admission: ______ Ti... ...arge : ______ Time: ______

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
01/06/26	2: 10Am	ER	120	[signature]

Cross Consultation Visit

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

D/C

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

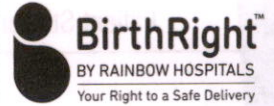
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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)

Nikita	1st floor		

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

Patient Sticker



FLUID CHART

Sheet No. : ....

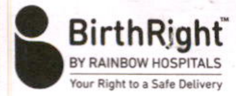
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
	02:00 am										0	Chand
	03:00 am			72ml							0	
	04:00 am			72ml			NP			—	0	Chand
	05:00 am	DNS		72ml							0	
	06:00 am			72ml							0	Chand
	07:00 am									—	0	
Total Intake :								**Total Output :**				

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

BAH-00592840 IP5-00174583
Master SHAIK MOHAMMED AAHIL
18-11-2014 11 Y 6 M 14 D (M)
Dr. MAINAK DEB

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

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		72ly	72ml							0	APPU
	09:00 am			72ml						✓	0	
1/6	10:00 am			72ml		NA	NP	NA			0	APPU
	11:00 am	DNS		72ml							0	
	12:00 pm			–							0	APPU
	01:00 pm			–							0	
Total Intake :						Total Output :						
	02:00 pm			70ml							0	
	03:00 pm			70ml							0	
1/6	04:00 pm	DNS		–							0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

120

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: 1/6/26 Time: 9Am

Weight: 33kgs Centile: >10th

Height: 141cms Centile: >10th

Inference: underweight child

RDA: – Calories: 1700kcals/d Protein: 30g/d

Diet Recommendations: Normal lowfat diet

Re-Assesment: Avoid spicy, chilled and outside foods

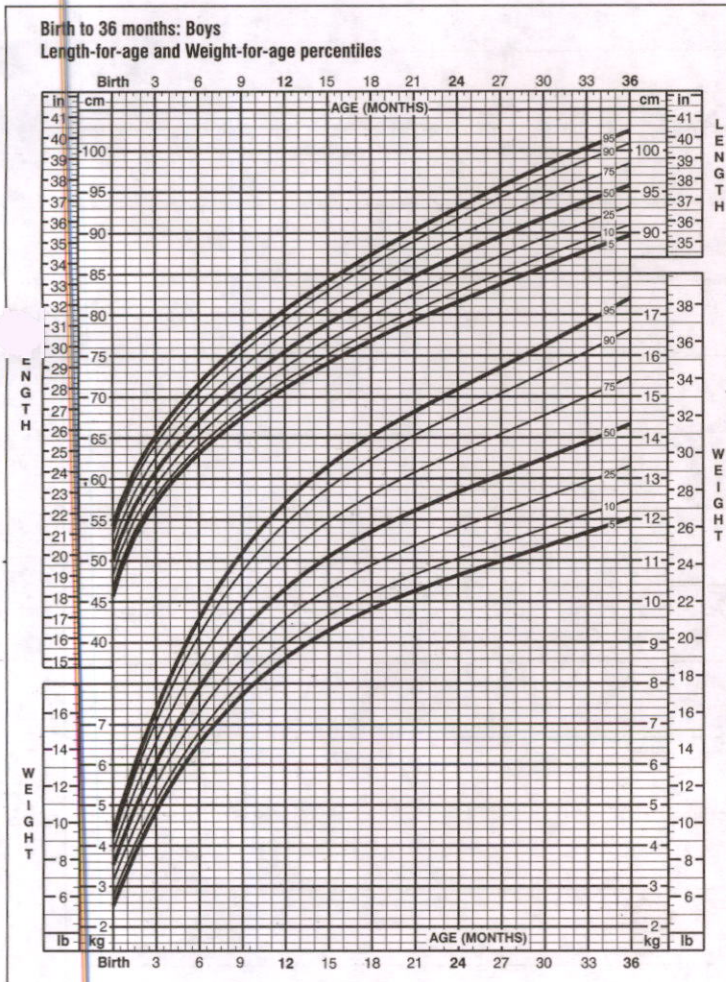
Food Allergies: No Veg/Non-veg: Non-veg

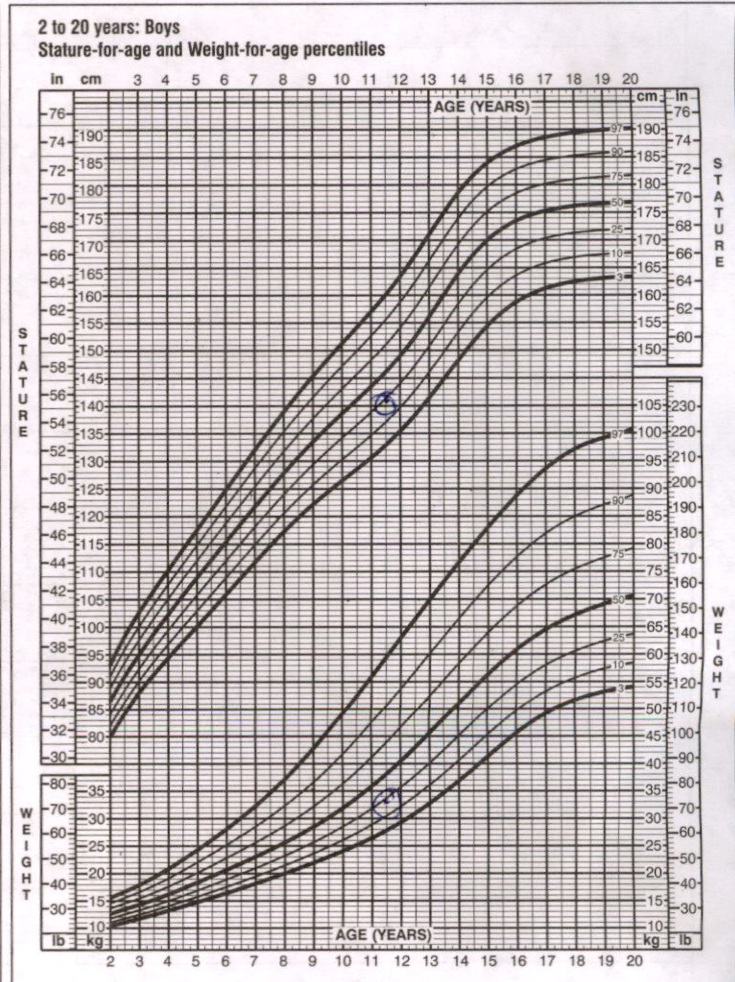
Diagnosis: Acute Abdomen - suspected Appendicitis / pancreatitis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (BOYS)





Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes: