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 :_____

UHID No. : _____

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

sultant: _____ Dept : _____

Date of Admission: ____

e of Discharge : _____ Time: _____

Room / Bed No : _____

uggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/6/26	11:05am	ER	101	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
01/06	CBP, CRP, Bloods, LFT	55558	Samrhey
	Creatinine, S/E, Ferritin,		
	USG Abdomen	27497	
02/06	CUE	270538	
	DC		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/6	Inf pump	4.30Am	Stop	9024x	
		o/e			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
01/06	IV placement	(1)	37408	Sanyog
04/6	NHA	(1)	37424	R

ANY OTHER INFORMATION

1 USG (1)

Date : 10/06/26 Time 3/6/026 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 : IP5-00174592 **Admit Date** : 01-Jun-2026 **Admit Time** : 10:19 AM **UHID** : BAH-00556650

Patient Details :

Patient Name	: Baby Of SAILAJA	**Age**	: 2 Y 11 M 13 D
Guardian	: Mr POOJALA HARI KRISHNA	**DOB**	: 19-06-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: NATARAJA RESIDENCY, PADMARAO NAGAR, A BLOCK, 502, MUSHEERABAD Secunderabad R S Hyderabad Telangana INDIA 500025	**Phone No**	: 9542362728
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 101 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 101 **Admission Type** : First Visit

Contact Details :

Name : Mr POOJALA HARI KRISHNA **Relationship** : Father

Contact Address : NATARAJA RESIDENCY, PADMARAO NAGAR, A BLOCK, 502, MUSHEERABAD Secunderabad R S Hyderabad Telangana INDIA 500025 **Phone No** : / 9542362728

Signature

Doctor Details :

Doctor Name : Dr. FAISAL B NAHDI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. UJJWALA DESAI

Payment Details :

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

Payor Name : SELFPAY

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Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Name : Age/Sex

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever :- 3 days

History of present illness :

c/o Fever : 3 days
High grade, Not associated with chills & rigors
on and off, responding with paracetamol

took OPD treatment

30/5/26. Adenovirus – Positive (5 viral panel)

on cap Ribavirin. from 2 days.

H/o constipation
H/o pain abdomen
H/o Decreased oral intake.
No H/o vomiting.

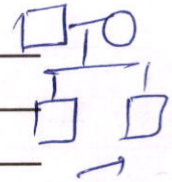
BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History:



Yes / No NICU admission

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for age.

Immunization History :

Immunized till date (Pt vaccines)

(P.T.O.)

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms): 94 (Centile)_____)

Weight (kgs)) 12.05 (Centile _____)

On Examination :

Temperature : 101°F Pulse Rate : 142/min B.P. 92/59(67) SPO2 97% CRT 4

Resp.rate and type of breathing : 26/min.

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2⊕

Any murmur :

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

Per Abdomen :

Inspection

Palpation :

Ausculation :

Spine : External Genitelia : Soft

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

BAH-00556650 IP5-0017
Baby Of SAILAJA
19-05-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

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 :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute URTI / Acute Gastritis / Abdominal pain abdomen positive

(P.T.O.)

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP
CRP
Electrolytes.
S. Creatinine
LFT
S. Ferritin.
Blood Cx.
USG abdomen.

NB Bhavan 1/6/26

Planned Management

IV fluids
IV ceftriaxone
IV Pantoday
Cap. Ribavirin
Syp. Relent - continue
Neotonic Enemastul -

Signature of the Doctor: .....
Name of the Doctor: Dr. Prathima
Date & Time: 01/06/2026, 10:30 AM

Signature of the Consultant: .....
DR. FAISAL B NAHDI
Registration No: 64730
Name of the Consultant: .....
Date & Time: 1/6, 4:30 pm

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6	C/O resident	
12PM	OP: Adenoviral illness	
	No fresh complaints	
	O/E	Plan
	CVS-S1S2(+)	-continue Inj ceftriaxone, cap Ribavirin
	RS-BAE (+), clear	-Trace, Sr. ferritin, Blood cfs.
	PA (N)	- monitor vitals
	USG abdomen - (N)	
		Plan
1/6	C/S/B	Resident (Dr. Nandan)
4PM	O: Adeno viral illness	Plan
		- Continue INJ. CEFTRIAXONE (D1) CAP. RIBAVARIN
	Acetazolamide...	
	Some s/o dehydration	- Trace Blood cfs.
		- Continue medications as Unstated
4.30pm	DR. FAISAL B NAHDI Registration No: 66228	- Monitor vitals
		Dr. Nandan

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 14 D (M)
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CI	
02/06/2026		
8 AM		
	Adenoviral illness	
	Fever spikes +	Send UE
		LOW Drijjwan
	passed motion after enema yesterday	
		Add duphalac if doesn't pass stool by evening
02/06	Anuric AFI	
	Advised IVFs	
		Neotomic enema stat.
	DR. FAISAL B NAHDI Registration No: 66228 Cont wnl	Add Syp DUPHALAC.
	Afebrile.	
(12 Noon)		

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

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26. 3:30PM	Seen by Resident: Dr. Sahithi	
	AFI = acute Gastritis Adrenovirial illness. last fever - 7AM 100°F oral intake fair passed 1 stool - semisolid to hard, ± straining.	Plan 1. Continue medications as charted 2. R/V spot urine protein Creatinine ratio. 3. Trace final blood c/s report.
	O/E child alert. afebrile hemodynamically stable. chest clear abdomen soft (R) eye conjunctivitis (+)	4. Monitor vitals & W/f further fever spikes Sahithi
	CUE - protein (+). 4-5 pus cells Blood c/s - So far NG.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:15 am	C/S/B Resident	
	Δ: Adenoviral illness	
→	Fever – 2 spikes in 24 hrs – 12h apart 7am – 101°F 5 pm – 102°F	Adv: 1) Ceftriaxone D3 Ribavirin D5
→	cough ↓ sed	2) R/v (D)
	O/E: alert stable vitals Chest: BAE (P) conducted sound (+) abdomen – soft. (R) eye – congestion	Akhila
	Discharge	Ribavirin till tomorrow morn ceftriaxone 1gm iv at 10 am fb cefixim x 3da Review – Friday 3/6/26. Dr Ujjwala 9 am 3/6/26
	Dysphagia Relent plan	DR. UJJWALA DESAI Registration No: 90550

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19-06-2023 2 Y 11 M 13 D (M)
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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: CR Shifted to: 10.1

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	[redacted]	Relent plus SYP	3 ml	PO	BD	31/5/26 ☑C ☐DC
2		SYP. CROCINDS (5ml/240mg)	3ml	PO	SOS	01/06/26 9:20 Am ☐C ☐DC
3		Cap. RIBAVIRIN	2·2ml	PO	BD	01/06/26 ☑C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7	[redacted]					☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : N. Prathiksha. N. 122

Date & Time : 01/06/26 11 Am

Nurse Name & Signature: Bhavani

Date & Time : 1/6/26 @ 11 Am

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RESULT SHEET

Date	1/6					
Time						
Hb	13					
PCV	40					
RBC	5.31					
WBC	12,370					
N/L	40/56					
Platelets	287,000					
CRP	21					
ESR						
PCT						
RBS						
Na	137					
K	3.9					
Cl	103					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.5					
ALP	114					
SGPT	16					
SGOT	44					
T.Bil/Conj	0.2/0.1					
T.Protein	6.6					
S.Albumin	3.9					
S.Globulin	2.8					
A/G Ratio	2.8					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L Ferritin	89.7					

Date	2/6/26					
Time						
CUE - Alb	+					
CUE - Sugar	⊖					
CUE - Ketones	⊖					
CUE - PUS Cells	4-5					
CUE - RBC Cells	1-2.					
CUE	2-3					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : CAP. RIBAVARIN

Dose	Route	Frequency	Start Dt.
2.5ml	PO	BD	30/05

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions: Dilute 1 capsule in 5ml & give 2.5ml. 1 capsule = 200mg

Daily Doctor's Endorsement by a Sign

Date / Time	1/6	2/6
	Some growth Inan	
10pm	Divya	Divya

DRUG : Syp DUPHALAC.

Dose	Route	Frequency	Start Dt.
5ml	PO	12 hrly	2/6.

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: LACTULOSE 3.5mg/5ml

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	
10am	X	
10pm 6PM	Priyanka	

DRUG : MOXIFLOXACIN 0.5%

Dose	Route	Frequency	Start Dt.
	eye drop	8 hrly	2/6.

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: 1 drop in ~~each~~ (R) eye

Daily Doctor's Endorsement by a Sign

Date / Time	2/6	3/6
6AM	X	X
2pm	X	
10pm 8PM	Priyanka	!
	X	X

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

Signature .....

VERIFIED BY : Na

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 14 D (M)
Dr. FAISAL B NAHDI

Rainbow® Children's Hospital
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BirthRight™
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

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

BAH-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

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DRUG CHART

Date of Admission: .... 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.

12kg

SOS / PRN (As Required Medication)

DRUG : Syp. CROCIN DS

Dose	Route	Frequency	Start Date
3 ml	PO	SOS	01/6/26.

Doctor's Signature	Valid Period	Pharm.
N. Santosh		

[redacted]itional Instructions: (5ml/240mg) If Temp ≥99.8°F

Date / Time													
2/6 6:50 Aruna AM													

DRUG : Syp. IBUGESIC

Dose	Route	Frequency	Start Date
5ml	PO	SOS	01/6/26

Doctor's Signature	Valid Period	Pharm.
N. Santosh.		

Additional Instructions: (5ml/100mg) If Temp ≥102°F

Date / Time													
1/6 6:40P7 Saranya	2/6/26 1:30Am Aruna		2/6/26 @5Pm										

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date / Time													

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

BAH-00556650 IP3-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
Dr. FAISAL B NAHDI

REGULAR PRESCRIPTIONS Weight. 12kg Ward. .....

VERIFIED

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
600mg	IV	Q12H	1/6/26

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

Additional Instructions: 50mg/kg/dose

Date / Time	1/6	2/6
	12:30 pm Soma shanthi	
	10am Soma mithai	
	10pm Aruna Das	Divya
Daily Doctor's Endorsement by a Sign	9	9

change to OP/STAT.

VERIFIED

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
12mg	IV	Q24H	1/6/26

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

Additional Instructions: 1mg/kg/dose

Date / Time	1/6	2/6	3/6
	12:30 pm		
	6am Soma mithai		
	Das	Aruna Das	Divya
Daily Doctor's Endorsement by a Sign	9	9	A

VERIFIED

DRUG : CAPSULE RIBAVARIN

Dose	Route	Frequency	Start Date
2.2ml	PO	Q12H	1/6/26

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

Additional Instructions: 1 Cap = 200mg + 5ml DW give 7.5mg/kg/dose - BD

Date / Time	1/6
	10am Soma shanthi
	10pm
Daily Doctor's Endorsement by a Sign	

change dose @ 1/06/2026 4 PM Mallik (Dr. Nandan)

2.2ml of the preparation.

VERIFIED

DRUG : Syp. RELENT PLUS

Dose	Route	Frequency	Start Date
3ml	PO	Q12H	1/6/26

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

Additional Instructions:

Date / Time	1/6	2/6
	1pm	
	10am Soma mithai	Soma shanthi
	10pm Aruna Das	Divya
Daily Doctor's Endorsement by a Sign	9	9

Weight. 12kg 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
1/6/26	2pm	NEOTONIC ENEMA	1 unit ~~Stat~~	PR	[signature]	Mithu Som
2/6/26	12pm	NEOTONIC ENEMA	1 unit	PR	[signature]	HOLD
3/6	10am	Inj CEFTRIAXONE	1g	IV	[signature]	

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

I.V. FLUIDS CHART

Weight. 12kg 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
1/6/26	11:30am	DNS	IV	40.					

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

BAH-00556650 IPS-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 14 D (M)
Dr. FAISAL B NAHDI

o. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

Date : 3/6/23 Time:

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

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

Note:
BP does not score in early warning scoring

99
(68)
155

Heart Rate (Number) 93 bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 28/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	99%
Conscious Level	Normal / Altered
GCS *	15/15
TOTAL SCORE Number of shaded boxes	1
Pain Score	0
Observer's Initials	C

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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Patient Sticker

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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

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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-00556650 IP5-00174592
Baby Of SAILAJA
19-06-2023 2 Y 11 M 14 D (M)
Dr. FAISAL B NAHDI

. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6/25 Time:	10 am	1 pm	5 pm	10 pm	2 am
Doctor / Nurse / Family Concern?					
Temperature (F) (104 – 94)	98.3F	97.6F	102.4F (Syp. Ibugesic)	96.0F	98.0F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 – 50)	100/60 (69)	99/52 (69)	93/69 (72)	99/62 (68)	
Heart Rate (Number)	106bm	109bm	118	109	
Resp. Rate (bpm) (Over 1 Minute) * (70 – 10)					
Resp Rate (Number)	28bm	28bm	28	28	
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	99%	99%	99%	99%	
Conscious Level: Normal / Altered	99%	99%			
GCS *	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	1	1	1	1	
Pain Score	0	0	0	8	
Observer's Initials					

Note: BP does not score in early warning scoring

[redacted]

[redacted]

ACTIONS		
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Patient Sticker

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Baby Of SAILAJA
19-06-2023 2 Y 11 M 14 D (M)
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PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ...2/6/26..... Time:

	1:30AM	4AM	5:30AM	6:30AM	7:30AM
Doctor / Nurse / Family Concern?					
Temperature (F)	102.9°F SYP. IBUPROFEN	99.6°F	98.1°F	100.1°F SYP. CROCIN	100.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	108/(69)		104/(64)		
Note: BP does not score in early warning scoring	59		53		
Heart Rate (Number)	128 b/m		109 b/m		
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	24 b/m		23 b/m		
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	98-1.		99-1.		
Conscious Level: Normal / Altered					
GCS *	15/15		15/15		
TOTAL SCORE Number of shaded boxes	1		1		
Pain Score	0		0		
Observer's Initials	D		D		

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Baby Of SAILAJA
19-06-2023 2 Y 11 M 13 D (M)
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Doc. No. : RCHBH/ FRM / CLINICAL / 126

1-5

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:	12pm	6pm	6:40pm	10pm
Doctor / Nurse / Family Concern?				
Temperature (F)	98.1°F	101.5°F	102.5°F (Syp Ibuprofen)	97.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	110/66 (179)	120/92 (105)	110/58 (69)
Heart Rate (Number)	120b/m	128b/m	103b/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	28b/m	28b/m	27b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	99%	100%	98%
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1
Pain Score	0	0	0
Observer's Initials			

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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							
1/6	08:00 am				RP							
	09:00 am											
	10:00 am										0	
	11:00 am			40ml							0	Jmrk
	12:00 pm	DNS		40ml							0	
	01:00 pm			40ml								
Total Intake :						Total Output :						
2/6	02:00 pm			40ml							0	
	03:00 pm			40ml							0	Sowathi
	04:00 pm	DNS		40ml							0	
	05:00 pm			40ml	NA						0	Sowathi
	06:00 pm										0	
	07:00 pm										0	Sowathi
Total Intake :						Total Output :						
1/6	08:00 pm			40ml							0	Aruna
	09:00 pm			40ml							0	
	10:00 pm			40ml	NA						0	Aruna
	11:00 pm	DNS		40ml			NA	NA			0	
	12:00 am			40ml							0	Aruna
	01:00 am			40ml							0	
Total Intake :						Total Output :						
2/6	02:00 am			—							0	Aruna
	03:00 am			—							0	
	04:00 am	DNS		—	NA		NA	NA			0	Aruna
	05:00 am			—							0	
	06:00 am			—							0	Aruna
	07:00 am			—							0	changed cannula.
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

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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							
02/06/26	08:00 am			HOMF							0	
	09:00 am										0	Shri
	10:00 am	DNS		HOMF		NA	NB	NA		✓	0	
	11:00 am			HOMF							0	Shri
	12:00 pm			HOMF						✓	0	
	01:00 pm			—							0	Shri
Total Intake :						**Total Output :**						
2/6/26	02:00 pm										0	
	03:00 pm			HOMF						✓	0	
	04:00 pm			HOMF				200			0	
	05:00 pm	DNS		HOMF		NA					0	
	06:00 pm			—						✓	0	
	07:00 pm			—							0	
Total Intake :						**Total Output :**						
2/6/26	08:00 pm			HOMF							0	
	09:00 pm			HOMF							0	
	10:00 pm	DNS		HOMF						—	0	Drug
	11:00 pm			—							0	
	12:00 am			—							0	
	01:00 am			—						—	0	Drug
Total Intake :						**Total Output :**						
3/6/26	02:00 am			HOMF							0	
	03:00 am			HOMF							0	
	04:00 am	DNS		HOMF							0	Drug
	05:00 am			HOMF						—	0	
	06:00 am			HOMF							0	Drug
	07:00 am			HOMF							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 1/6/26 Time: 11 AM

Weight: 12.05kgs Centile: 10th

Height: 94 cms Centile: 50th

Inference: underweight child

RDA: — Calories: 1250 kcals/d Protein: 21g/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, chilled and outside foods

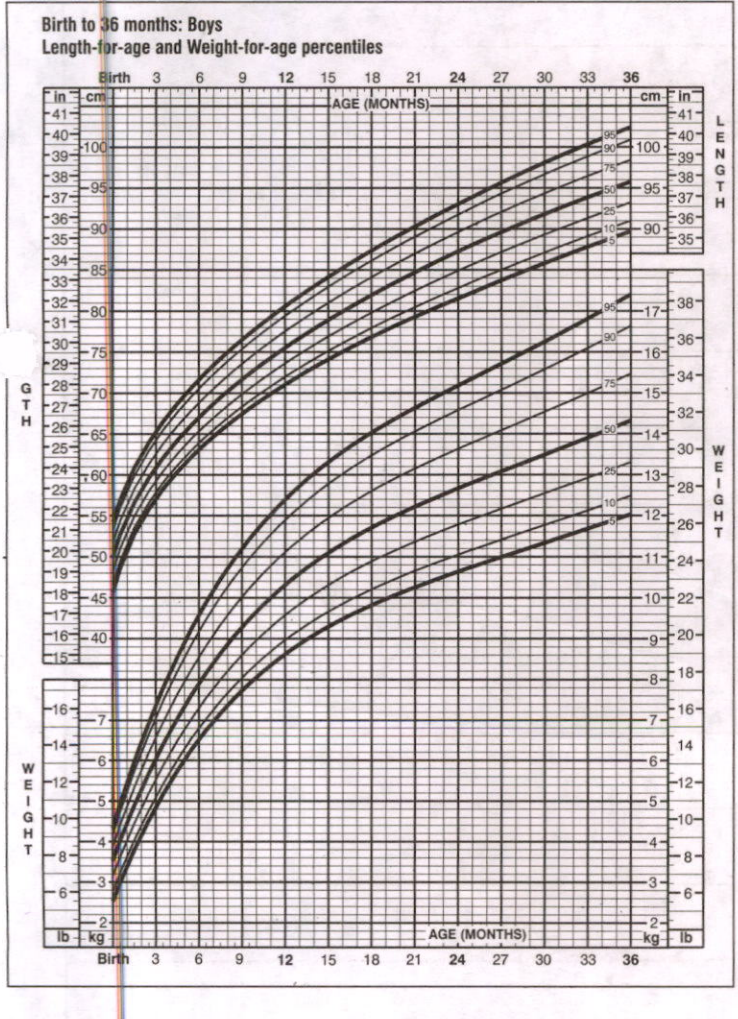
Food Allergies: NO Veg/Non-veg Non-veg

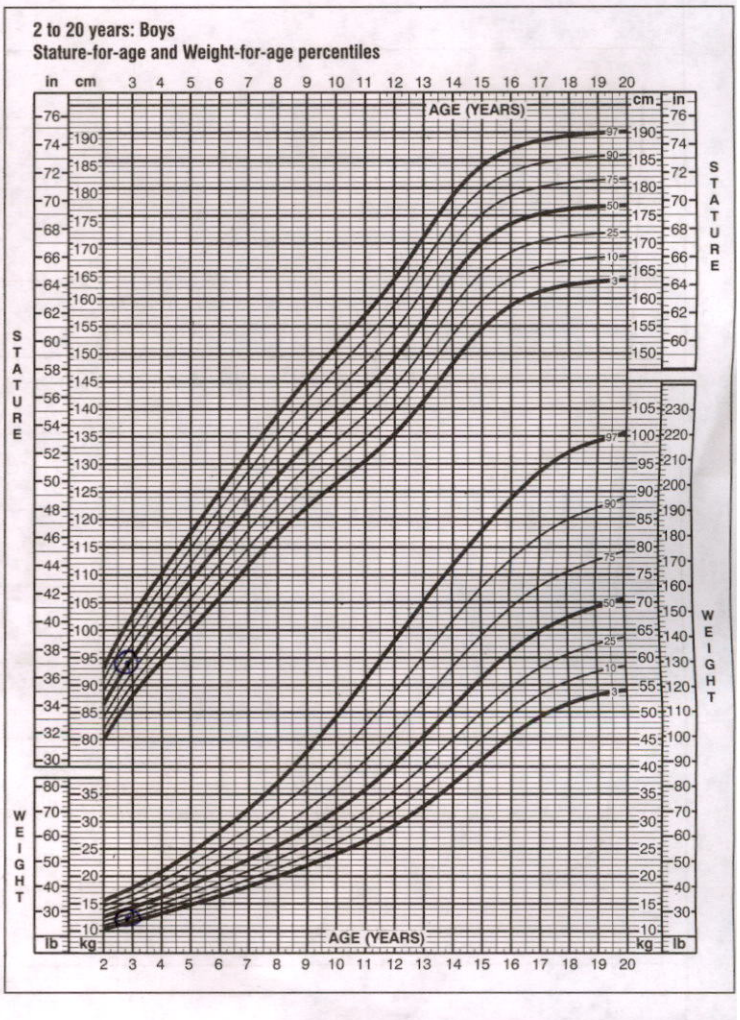
Diagnosis: Acute URTI / A. Gastritis / Adenoviral positive Pain. Abdomen.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: P. Sailaja

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes:

2/6/26
10:30am child is stable. oral intake is Fair.
continue ~~C~~ soft diet - Monica.