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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

MAH-00309235 IPS-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 27 D (M)
Dr. FAISAL B NAHDI

UHID No. : _____ _Consultant: _____ Dept : _____

Date of Admission: _ __Date of Discharge :_____ Time:_____

Room / Bed No :_____Ward :_____ Suggested Billable bed type :_____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/07/26	12:35pm	ER	142	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr: poushyamam	03/07/26	-9686330	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
2/7/24	CBP, CRP, electrolytes, Creatinine, MP, LFT, Amylase, lipase, widal Blood cls, ₹	6169	Cheran
2/7/24	X-ray Abdomen USG Abdomen	32816	Cheran

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	Infusion Pump	3.30 pm	Stop	286421	[illegible]

D/C

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/7/26	IV placement	1	3878	Charan
2/7	NHA	1	3882	Charan

ANY OTHER INFORMATION

CXR-①

USG-①

Date : 5/7/26 Time : 10am Prepared By : Shailaja

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shailaja	G no-4		

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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 : IP5-00175872 **Admit Date** : 02-Jul-2026 **Admit Time** : 11:40 AM **UHID** : MAH-00309235

Patient Details :

Patient Name	: Master S RUDHVII	**Age**	: 11 Y 9 M 27 D
Guardian	: Mrs C.G. MEENAKSHI	**DOB**	: 05-09-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 502,HALLMARK RIDGE APARTMENTS,ALKARPUR TOWNSHIP Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9573602425/ 8179873210
		E-mail	: cg.meenakshi@gmail.com

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 142 **Ward Name** : 1F-GENERAL WARD II

Room No : GW 142 **Admission Type** : First Visit

Contact Details :

Name : Mrs C.G. MEENAKSHI **Relationship** : Mother

Contact Address : FLAT NO 502,HALLMARK RIDGE APARTMENTS,ALKARPUR TOWNSHIP Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : 9573602425 / 8179873210

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

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 29 D (M)
Dr. FAISAL B NAHDI

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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	1			
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	6			
8	Consultation sheet	1			
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	5			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
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 Thrombrop	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra	4			
	Total No. of Pages	35			

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

Signature and Date : Save 5/7/26

(P.T.O)

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Rudhvi

UHID ID:

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 27 D (M)
Dr. FAISAL B NAHDI

Department:

Consultant:

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 27 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fever on & off since 15 days.
Rash over the body
vomitings (4-5 episodes)/day since 10 days
Pain abdomen occasional.
Loose stools (3-4 times/day) since 4 days.

History of present illness :

- High grade fever since 15 days.
  - → More high @ midnight (max 105.2°F)
  - 2-3 spikes/day.
  -

Rash - Urticarial rash allover the body.
- Tx: Hydroxyzine, Avil tabs, relieved temporarily, but later recurred back again.

14/6/24 CBP → 11.3 / 10550 / 249. CRP = 22 ; ANC ⇒ (N).
4.58 / 66 / 26
35.5

- Vomitings → 4-5 episodes/day
  - watery, greenish/ yellowish colours (+)
  - food contents / water
  - poor food intake

Loose stools - 3-4 times/day
- → watery, loose
-

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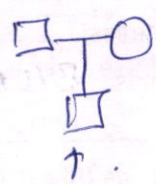
Master S RUDHVII
05-09-2014 11 Y 9 M 27 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

≃ 3.2kg / LSCS Acc / No H/o NICU stay.



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

Upper middle class

Developmental History :

(N) development

Immunization History :

Vaccination till date (IAP Schedule)

(P.T.O.)

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Master S RUDHVII
05-09-2014 11 Y 9 M 27 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 50.3kg (Centile _____)

On Examination :

Temperature : 97.7°F Pulse Rate : 84/min B.P. 122/72(82) SPO2 100% on RA

Resp.rate and type of breathing : RR = 25/min

Rash

Lymphadenopathy (N)

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

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

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

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.,)

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:

AFI & Acute Gastritis
Utricaria rashes.

(P.T.O.)

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 27 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
S-Elect
S-Creatinine
MP
LFT
S-Amylase
S. Lipase
Xray Abdomen
USG Abdomen
Blood C/S
CUE
Widel.

Noted by Dr. Ramya 2/7/26 @12p

Planned Management

Inj Ceftriaxone
Inj Pan
Econorm
Inj Ondem
IV fluids

Signature of the Doctor: Ramya
Name of the Doctor: Dr-RAMYA
Date & Time: 2/7/26; 11:40am

Signature of the Consultant:
Dr. Faisal B Nahdi
Reg. No: 0622EN
Name of the Consultant:
Date & Time: 2/7 (5:15pm

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05-09-2014 11 Y 9 M 27 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr. Faisal sir
2/7/26 5pm.		Plan:
	Cw/d c̄ Acute febrile illness	
	c̄ Ac gastritis	• Trace Widal test Blood C
	c̄ urticarial Rash	Atarax [illegible]
Cw/ (a [illegible]) 2/7		Dr Poushya (Paed gastro) to review
	Dr. Faisal B Nahdi Reg. No: 66228	
	Seen by Resident	Dr. Faisal B Nahdi Reg. No: 66228
3/7/26 8 AM	AFI c̄ acute gastritis	
	c̄ urticarial Rash.	Plan
	Afebrile since admission	1. continue CEFTRIAXONE
	No vomitings.	2. ~~[illegible]~~ to stop IV fluids
	1ep of loose stool yesterday night	3. Trace Widal & Blood C/S.
	14/6 → fever + rash.	
	18/6 → started deflacort ↓ rash subsided	4. monitor vitals & inform SOS.
	25/6 fever + control	5. Gastro R/V c̄ Dr Poushya
	↓ 28-29 - fever & rash.	T. BILASTINE
	O/E	PTO
	child alert, afebrile	Dr. [signature] DR. UJJWALA DESAI Registration No: 90550 9 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
3/7/26 3:40pm		plan.
	A: AFI c Acute Gastritis	1. continue medications as per chart
	no fever.	2. trace Blood C/S
	no other issue.	3. monitor vitals
	O/i - fair.	4. Inform SOS
	O/E: Child alert vitals stable	
	RS - BLAE (+)	
	CVS - S1S2 (N)	Madhuri
	P/A - soft	
		Dr Ujjwala S/R
		DR. UJJWALA DESAI Registration No: 90550

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05-09-2014
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9:30AM	SIB Resident	
	A: AFI c Acute gastritis	plan
		1) cont. medication as per chart
		2) Trace Blood c/s
	↑fever spike at 1:15AM - 100.4°F	3) monitor vitals
		4) c/o/f fever
	child alert vitals stable	5) Inform SOL.
(verbal) Blood c/s so far no growth.	O/E RS CVS PA — Normal	
	O/i - fair.	
		Madhuri
		DR. UJJWALA DESAI Registration No: 90550 9a.
Cid 4/7 (1pm)	Cude AFI	Plan
	c Acute gastritis	Cont same
		Dr. Faisal B Nahdi Reg. No: 66228

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

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 29 D (M)
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
4/7/26 3:30pm	A: AFI c Acute gastritis	Plan. ① Continue same ② c/f fever ③ monitor vitals ④ Inform SOS
	no fever/ Abd. pain	
	O/I - good	
	O/E. child alert vitals stable	Madhuri
	RS CVS P/A Normal.	

MAH-00309235 IP5-00175872
Master S RUDHVII (M)
05-09-2014 11 Y 9 M 29 D
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
5/3/26 8.30AM		Plan-
	A: AFI ē acute gastritis	① Cont. same
		② R/V Discharge today
	no fever / vomiting	on Ziprax 2days
	Abd. pain	Lanzol.
		Smuth
		Mucont
		Bilastine
	O/I - good	
	not passed stool yesterday	
	O/E: Child asleep	
	vitals stable	
		Madhavi
	RS / CVS / P/A — normal	
	Not passed	
	stool. yesterday	
		↑ Smuth 25 ml /day
		& Mucont 4 scoops.
	Discharge	
		Cefixime
		" Bilastine OD.
		till further advise
	Review	after 3 day
		DR. UJJWALA DESAI Registration No: 80550
		Dr Ujjwala

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

MAH-00309235 IP5-00175872
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Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 28 D (M)
Dr. FAISAL B NAHDI

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CROSS CONSULTATION FORM

Doctor Name : Dr. M N V Paushya Sai Date : 03/06/2026 Time : 11:31 AM

Diagnosis : AFI

Hospital : RCH Banjara

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:

constipation

Signature: Madhu

Findings and Recommendations :

Δ: AFI
ō background constipation

June 2026 → OPD
↓
taken muout, 1 month

now passing soft stool.
has occ. Abd. pain ⊕

ESR - ?.
CRP - Negative.
PLT = 2.2 lakh
Albumin - 4.4
USG Abdomen (N) -
Xray - Normal.

Passing pasty stools since 3 days
↓
Not on Mu.out since 3 days.
[used 4 scoops previously - passing pasty stools]

Plan:
Rx Mu.out powder.
4 spoons + 200 ml water to continue

Consultant :

Name : DR. Poorna Signature : Deepeen Date & Time : 1/1/2026 ...

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

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RESULT SHEET

Date	2/7/26					
Time						
Hb	11.4					
PCV	36.1					
RBC	4.62					
WBC	13740					
N/L	63.6/29.6					
Platelets	222000					
CRP	9.0					
ESR						
PCT						
RBS						
Na	138					
K	4.1					
Cl	103					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.5					
ALP	209					
SGPT	16					
SGOT	21					
T.Bill/Conj	0.4/0.1					
T.Protein	7.6					
S.Albumin	4.4					
S.Globulin	3.2					
A/G Ratio	1.3					
Uric Acid						
S.Amylase	47					
Sr.Lipase	61					
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	2/7					
Time						
CUE - Alb	Θ					
CUE - Sugar	Θ					
CUE - Ketones	Θ					
CUE - PUS Cells	2-3					
CUE - RBC Cells	0-					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
		mp- negative				
		urital negative				

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 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 : 2/7/26; 11:30 am

Nurse Name & Signature: Keerthana d.t

Date & Time : 2/7/26 @12pm

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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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

MAH-00309235
Master S RUDHVII
05-09-2014 11 Y 9 M 27 D (M)
Dr. FAISAL B NAHDI

REGULAR PRESCRIPTIONS

Weight. 50.3 kg Ward. ....

VERIFIED

DRUG : Inj CEFTRIAXONE				Date / Time	2/7	3/7	4/7	5/7
Dose	Route	Frequency	Start Date					
2gm	IV	BD	2/7/26					
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				6AM				
				2PM				
Additional Instructions:				6pm				
Daily Doctor's Endorsement by a Sign								

VERIFIED

DRUG : Inj PANTOPRAZOLE				Date / Time	2/7	3/7	4/7	5/7
Dose	Route	Frequency	Start Date					
40mg	IV	OD	2/7/26					
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				6AM				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

VERIFIED

DRUG : Inj ONDANSETRON				Date / Time	2/7	3/7	4/7	5/7
Dose	Route	Frequency	Start Date					
8mg	IV	TID	2/7/26					
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				6AM				
				2pm				
Additional Instructions:				10pm				
Daily Doctor's Endorsement by a Sign								

LOOU stop 5/7

VERIFIED

DRUG : ECONORM Sachet				Date / Time	2/7	3/7	4/7
Dose	Route	Frequency	Start Date				
1 sachet	PO	BD	2/7/26				
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				10AM	2PM		
Additional Instructions:				10pm			
Daily Doctor's Endorsement by a Sign							

LOO stop 5/7.

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 28 D (M)
Dr. FAISAL B NAHDI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight ....50.3kg.... Ward ....

DRUG : ATARAX lotion

Dose	Route	Frequency	Start Dt.
	LA	TID	3/7

Name & Signature of the Doctor Starting the Drugs: Sahitri

Additional Instructions: local application over rashes.

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7 — 6am ✗, 2pm ✓, 10p ✓

VERIFIED

DRUG : T. BILASTINE

Dose	Route	Frequency	Start Dt.
20mg	PO	OD	3/7

Name & Signature of the Doctor Starting the Drugs: Sahitri

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7, 4/7 — 6PM Sahana, Shanmugapriya, Chandru

VERIFIED

DRUG : MUDUT POWDER

Dose	Route	Frequency	Start Dt.
4 scoops	P/O	OD	3/7/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions: to mix in 240ml of water and give

Daily Doctor's Endorsement by a Sign

Date/Time: 3/7, 4/07 — 10pm Priya, Sowpan Shanthi

DRUG : SYRUP. SMUTH

Dose	Route	Frequency	Start Dt.
15ml	P/O	OD	4/7/26

Name & Signature of the Doctor Starting the Drugs: Madhuri

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 4/7/26 — ~~2pm~~ 2PM Sneha Chandru

VERIFIED

Signature .... VERIFIED BY

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 ....

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.	

Sign

VER BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 27 D (M)
Dr. FAISAL B NAHDI

I.V. FLUIDS CHART

Weight. 50.3 kg Ward. ....

		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
2/7/26	3:30 PM	DNS (~~[illegible]~~ full maintanence) ~~([illegible])~~	IV	~~58~~ 87.	[illegible]	[illegible]	3/7	[illegible]	[illegible]

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

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 10 M 0 D (M)
Dr. FAISAL B NAHDI

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

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

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

Date : 05/09/2014 Time:	2 am	6 am
Doctor / Nurse / Family Concern?		

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

98.2°F | 98.5°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

Heart Rate (Number)	112/m	112/m

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

Resp Rate (Number)	24/m	24/m
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	100%	99%
Conscious Level: Normal / Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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)

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 29 D (M)
Dr. FAISAL B NAHDI

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

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

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4.11.26 Time:

Doctor / Nurse / Family Concern? 10 Am · 2 pm 6pm 10 pm

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.5 F · 97.8 F · *98.0 F · *98.4 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

116/69 (84) · 100/68 (84) · 109/80 (84) · 110/69 (84) · 110/60

Heart Rate (Number) 100bpm · 110bpm · 111bpm · 110bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 29 · 28 · 28 · 28

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	99% · 100% · 99% · 100%
Conscious Level	Normal / Altered
GCS *	15/15 · 15/15 · 15/15 · 15
TOTAL SCORE Number of shaded boxes	1 · 1 · 0 · 1
Pain Score	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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MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 28 D (M)
Dr. FAISAL B NAHDI

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

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

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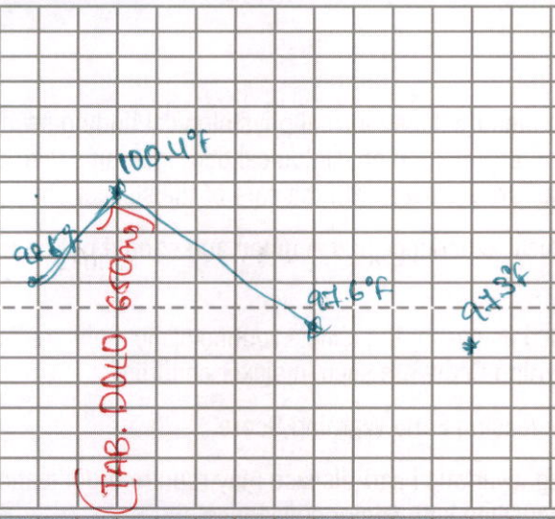
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/07/26 Time: 10pm · 1°15am 2am 6am

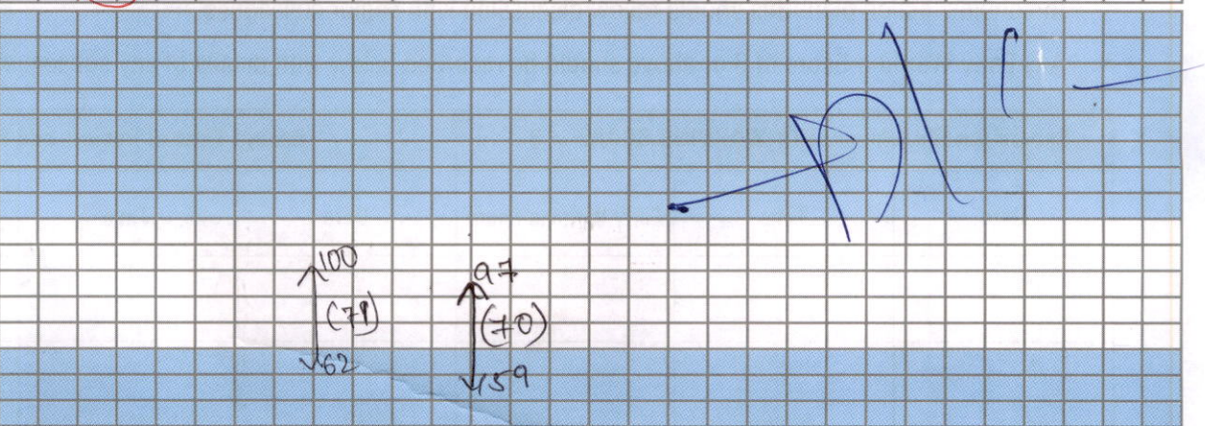
Doctor / Nurse / Family Concern?

Temperature (F)



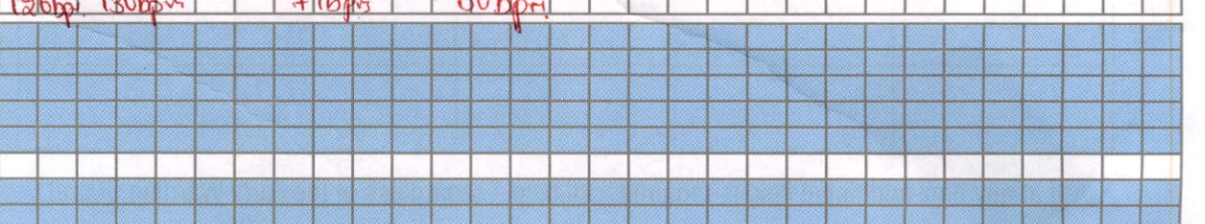
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	126bpm 130bpm	79bpm	80bpm

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



Resp Rate (Number)	26bpm 30bpm	28bpm	26bpm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	100% 100%	100%	100%
Conscious Level: Normal / Altered			
GCS *	15/15 15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1 1	1	1
Pain Score	0 0	0	0
Observer's Initials	J J	J	J

ACTIONS NB: Scores 3 should be recorded overleaf	
	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 29 D (M)
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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 : 03/07/26 Time: 6am 10am 1pm 6pm 6pm 10pm

Doctor / Nurse / Family Concern?

Temperature (F)

	6am	10am	1pm	6pm	6pm	10pm
	98.1°F	97.1°F	98.5°F	97.2°F	98.1°F	

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

Note: BP does not score in early warning scoring

	6am	10am	1pm	6pm	6pm	10pm
	110 (70) 65	98 (67) 58	95 67 58	111 (85) 73	104 (70) 56	
Heart Rate (Number)	130bpm	128bpm	125bpm	120bpm	80bpm	

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

	6am	10am	1pm	6pm	6pm	10pm
Resp Rate (Number)	20bpm	26bpm	28bpm	28bpm	25bpm	
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	99%	100%	100%	
Conscious Level (Normal / Altered)						
GCS *	15/15	15/15	15/15	15/15	15/15	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	
Pain Score	0	0	0	0	0	
Observer's Initials						

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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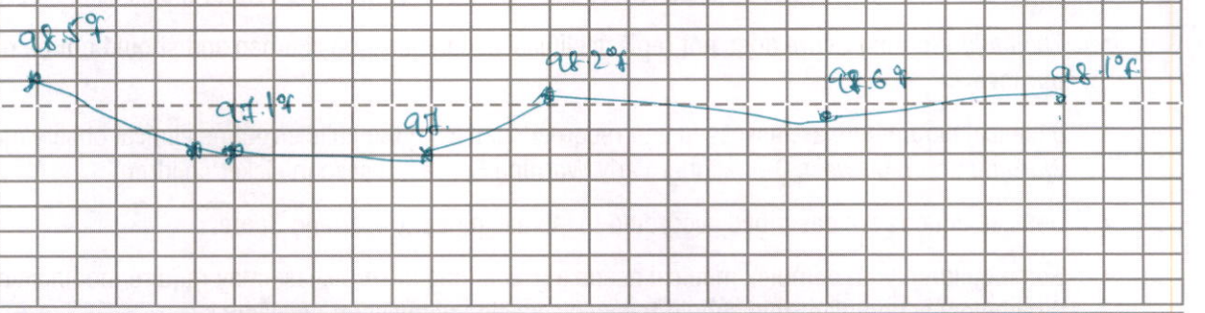
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/07/26 Time: 12pm 2am 4pm 6pm 8pm 10pm 2am

Doctor / Nurse / Family Concern?

Temperature (F)



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

Note: BP does not score in early warning scoring

111 (71) 58
120 (92) 77
108 (78) 65
110 (81) 72
113 (71) 65
110 (78) 60

Heart Rate (Number): 126bpm | 128bpm | 126bpm | 128bpm | 126bpm | 126bpm

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

Resp Rate (Number): 28bpm | 26bpm | 26bpm | 26bpm | 28bpm | 26bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%): 100% | 100% | 100% | 100% | 100% | 100%

Conscious Level: Normal | Altered

GCS *: 15/15 | 15/15 | 15/15 | 15/15 | 15/15 | 15/15

TOTAL SCORE
Number of shaded boxes: 1 | 1 | 1 | 1 | 1 | 1
Pain Score: 0 | 0 | 0 | 0 | 0 | 0
Observer's Initials

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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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)

MAH-00309235 IP5-00175872
Master S RUDHVII
05-09-2014 11 Y 9 M 27 D (M)
Dr. FAISAL S NAHDI

Patient Sti

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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.

		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 :**						
2/7	02:00 pm	↑	Rice	—							0	
	03:00 pm			—							0	
	04:00 pm	DNS		87 ml							0	Nikita
	05:00 pm	DNS		87 ml							0	
	06:00 pm			87 ml							0	
	07:00 pm	↓		87 ml							0	
Total Intake :						**Total Output :**						
2/07	08:00 pm										0	
	09:00 pm			87 ml							0	
	10:00 pm			87 ml							0	
	11:00 pm	DNS		87 ml							0	
	12:00 am			87 ml							0	
	01:00 am										0	
Total Intake :						**Total Output :**						
03/07	02:00 am			87 ml							0	
	03:00 am			87 ml							0	
	04:00 am			87 ml							0	
	05:00 am	DNS									0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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		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							
3/7	08:00 am											
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	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
3/7	02:00 pm											
	03:00 pm		RGU +H2O									
	04:00 pm	NO										
	05:00 pm	IVF										
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
03/07	08:00 pm		Rice									
	09:00 pm		H_2O									
	10:00 pm	NO										
	11:00 pm	IVF										
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
04/07	02:00 am											
	03:00 am											
	04:00 am	NO										
	05:00 am	IVF										
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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		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							
4/7	08:00 am										0	
	09:00 am										0	
	10:00 am	NO									0	
	11:00 am	IVF									0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						**Total Output :**						
4/7	02:00 pm										0	
	03:00 pm		Rice								0	
	04:00 pm	NO	H2O				NP				0	
	05:00 pm	IVF									0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
4/7	08:00 pm										0	
	09:00 pm										0	
	10:00 pm	NO			NA				NA		0	
	11:00 pm	IVF									0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						**Total Output :**						
5/7	02:00 am										0	
	03:00 am										0	
	04:00 am	NO			NA				NA		0	
	05:00 am	IVF									0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						**Total Output :**						

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

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Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
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	05:00 pm											
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Total Intake :						**Total Output :**						
	08:00 pm											
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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**	

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/7/26 Time: 1:30pm

Weight: 50.30kgs Centile: >75th

Height: 146.5cms Centile: >25th

Inference: Overweight child

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

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled, and outside foods

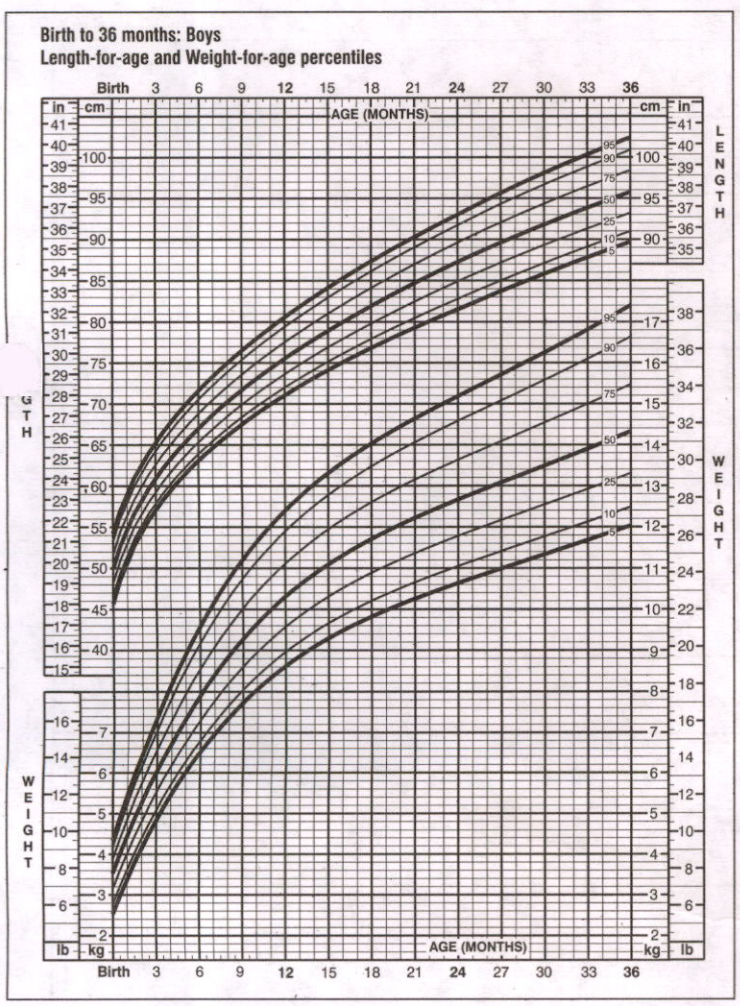
Food Allergies: Milk, potato, Bengal gram, chocholate, Peanuts, curd, Veg/Non-veg veg

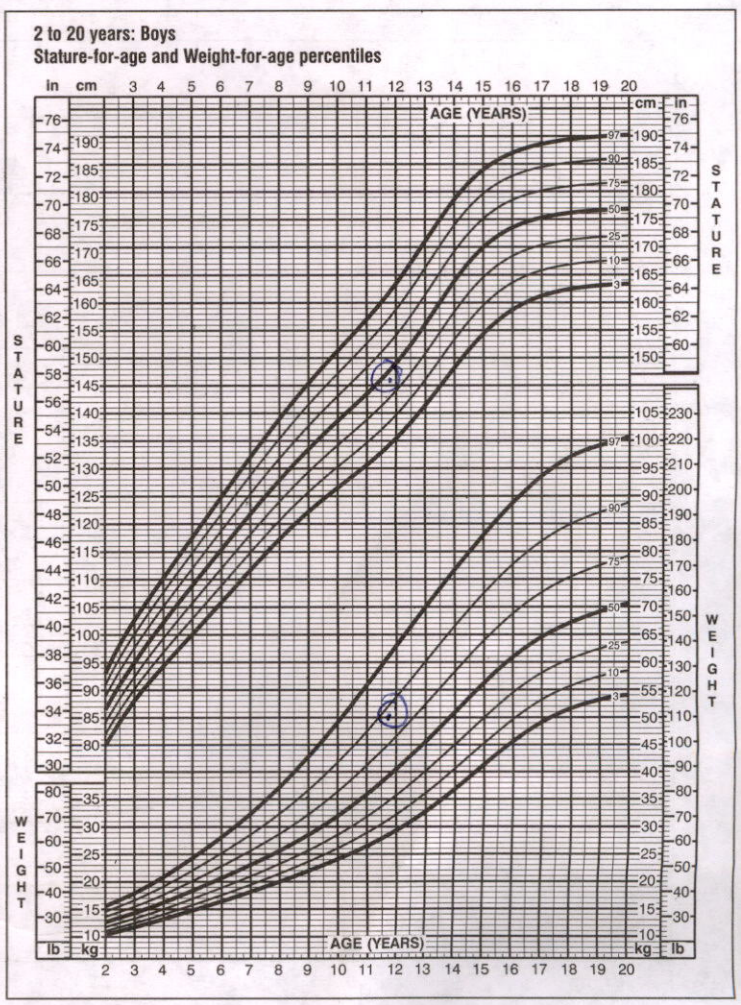
Diagnosis: AFI & Acute Gastritis & Utricarial rashes

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Mahin

GROWTH CHART (BOYS)





Dietician's Name Mamta Dietician's Signature Mamta

Daily Notes:

3/7/26 10:30AM Child is stable Oral Intake is Better
Continue ē Normal diet. — [signature]

4/7/26 10AM Child is stable Oral Intake is Normal
Continue ē Normal diet. — [signature]