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

BAH-00661159 IP5-00176179
Master M JAYANTH
Name : 07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

UHID No. :

Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	4pm	ER	143	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7/26	IV placement	1	5530	Usman
10/7	HHA	1	98803	[illegible]

D/C

ANY OTHER INFORMATION

X-ray – 1

Date : 11/7/26 Time : 10.am Prepared By : Meeli.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Meelis	GW II		

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 : IP5-00176179 **Admit Date** : 10-Jul-2026 **Admit Time** : 03:06 AM **UHID** : BAH-00661159

Patient Details :

Patient Name	: Master M JAYANTH	**Age**	: 3 Y 10 M 3 D
Guardian	: Mr M KRISHNA	**DOB**	: 07-09-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #3-54 tella ralla palli thanda PULGARCHERLA WANAPARTHY Telangana INDIA 509120	**Phone No**	: 8639764901/ 7702790172
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 143 **Ward Name** : 1F-GENERAL WARD II

Room No : GW 143 **Admission Type** : First Visit

Contact Details :

Name : Mr M KRISHNA **Relationship** : Father

Contact Address : #3-54 tella ralla palli thanda PULGARCHERLA WANAPARTHY Telangana INDIA 509120 **Phone No** : 8639764901 / 7702790172

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR. ASHOK PRAVEEN G **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Name : Jayanth Age/Sex 3y, 10m / M

Information given by: Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

vomitting x 3 days
Fever x 2 days

History of present illness :

C/O ~~fever~~ vomitting x 3 days
↓
- Non bilious, Non Projectile
- 5 episodes till now.
- Non blood tinged

C/O fever x 2 days,
Low - moderate grade
responding to antipyretics.

- H/O Dull activity (+)
- H/O ↓ed oral intake (+)
- H/O school going (+)

↓
Was admitted at Sriratna Hospital
Wanaparthy → Rxed c̄ IV fluids & IV antibiotics
(not mentioned which antibiotics)
Sr. Na - 130.5, K - 4.5 Hb - 11.4, TLC - 5,400 (76% N)
CRP - 8.2 Plt - 2,59,000
USG Abd → Internal echoes in urinary bladder
NO H/O Outside food / water consumption.
NO H/O similar illness in family / traveling

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

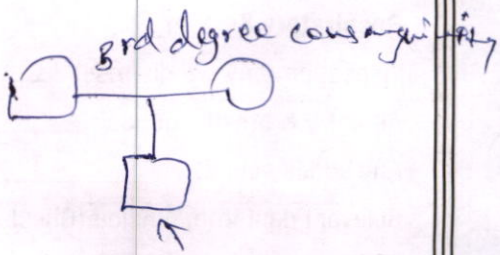
Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

FT/NVD/CIAB/3 kg Bwt
No H/O NICU admission
H/O NNJ (+)



Birth & Socio Economic History:

About Father : Lower middle class
About Mother :
Any additional Information :

Developmental History :

Achieved as per age in all 4 domains

Immunization History :

Completely immunized as per NIS

(P.T.O.)

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12Kg (Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 102 b/m Good PV B.P. 112/70 mmHg SPO2 100% @ RA

Resp.rate and type of breathing : _____

Rash _____ - CRT < 3 sec

Lymphadenopathy (-) - Periphery warm

Oedema : _____ - Skin Pinch < 2 sec

Allergies (if any): NKDA -

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BILAEE, Clear

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft, Slightly distended, No organomegaly

Ausculation : _____

Spine : _____ External Genitelia : _____

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

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

- No neck rigidity
- No Signs of meningeal irritation

Motor System:

Nutriton : WNL

Tone: WNL Power WNL

Co-ordinator : WNL

Posture : WNL

Involuntary Movements : WNL

Reflexes : WNL

DTR WNL **Superficials:** WNL

Plantars WNL

Sensory System : WNL

Bladder / Bowel : WNL

Clinical Summary & Diagnostic:

AFI ? Gastritis
(? viral hepatitis, ? UTI

(P.T.O.)

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis
Shock.

Desired goals of the treatment : Hemodynamic Stability

Planned Labs:

- CBP
- CRP
- RP-2
- LFT
- Blood C/S
- CUE
- ~~Extra Pain~~
- USG abdomen
- GRBS - 73 mg/dl

Planned Management

- IVF. DNS
- Inj. ceftriaxone
- Inj. Esomeprazole
- Inj. ondansetron

Signature of the Doctor: .....
Name of the Doctor: Dr. Nanda.
Date & Time: 10/07/2026, 3 AM

DR. UJJWALA DESAI
Registration No: 90550

Signature of the Consultant: .....
Name of the Consultant: Dr Ujjwala
Date & Time: 10/7/26

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
10/7/26 8:30Am	A: AFI ē Acute gastritis	Plan: ① cont. ceftriaxone ② trace CUE ③ c/o/f fever ④ monitor vitals.
	fever - low grade x 2 days; vomitings 4-5 episodes on Sunday. admitted 2 days.	
	O/E: Child well looking, vitals stable	
	A- good; R- BLAE (+); CVS- S1S2 (+); P/A- soft	Madhavi
	Febrile illness ē gastritis. On ceftriaxone. No loose stools. vomiting ↓ (subsided).	X- Ray Erect Abdomen
		Doc Drg... 9am

DR. UJJWALA DESAI Registration No: 90550

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7	CU/B Resident	
4:30pm	D/: AFI c Acute gastritis	
	Accepting orally well	
	Activity improved.	Plan
	Not passed stool since 5 days	- Neolonic enema stat
	No fever/vomiting	- Inj ceftriaxone D1
	O/E	- ct iv fluids
	- Active, alert	- monitor vitals
	- P/A - soft, non tender	w/f vomiting, fever, ↓ oral
	Bowel sounds (+)	intake, dull activity
	Xray erect abdomen - fecal load	
		[signature]
		Add Muout powder 2 scoop OD
		[signature]
		Dr. [illegible] 7 pm
		DR. UJJWALA DESAI Registration No: 90550

BAH-00651159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7. 8:30 AM	Seen by Resident.	
	Δ sis - AFI c acute gastritis	
	No fever, vomitings.	Plan
	passed ~~med hard~~ soft-hard	1. Continue medication -
	consistency stool yesterday.	CEFTRIAXONE D2
	c/f evening	2. Monitor vitals c/f
	Activity better	inform sos.
	oral intake better.	3. Trace blood c/s.
	O/E	
	Child alert, afebrile	
	vitals stable	Sahithi
	Chest clear, abd soft.	
	hydration good	
	Dischar	Smuth - 15 dg
		~~Mnough~~ Mucof
		x 2 month
		Stop antibioti
		after todays dose
	Regular follow up	
	c̄ Local pediatr.	
		Dr Ujjwa
		DR. UJJWALA DESAI Registration No: 90550

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	10/9/22					
Time						
Hb	9.9					
PCV	30.2					
RBC	3.97					
WBC	5320					
N/L	49.2/41					
Platelets	3.14 lakh					
CRP	10					
ESR						
PCT						
RBS						
Na	132					
K	3.7					
Cl	107					
Ca/Mg						
Phosphate						
Urea	15					
Creatinine	0.4					
ALP	128					
SGPT	17					
SGOT	31					
T.Bill/Conj	0.3 / 0.1					
T.Protein	5.4					
S.Albumin	3.2					
S.Globulin	2.2					
A/G Ratio	1.4					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L Bjcash	14					

Date	10/7					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	++					
CUE - PUS Cells	1-2					
CUE - RBC Cells	0					
CUE						
Cast & Crystals	Absent					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00681159
Master M JAYANTH IP5-00176179
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: E.R ..... 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 : Nalini, Dr. Nanda

Date & Time : 10/07/2026, 3:15 AM

Nurse Name & Signature: Annals

Date & Time : 10/7/26 3'22my

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 12 kg Ward .....

DRUG : MV-OUT Powder

Dose	Route	Frequency	Start Dt.
2.5	PO &	OD	10/7

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions: 2.5 scoops in 120ml water

Daily Doctor's Endorsement by a Sign

Date / Time: 10/7 10 pm

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 .....

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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 ▾

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 10/07/2026 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 : Syp. CROCIN-DS				Date / Time
Dose	Route	Frequency	Start Date	
3.5ml	PO	SOS	10/07/26	
Doctor's Signature	Valid Period	Pharm.		
Dr. Nanda				
Additional Instructions: if temp > 100 °F minimum 6 hrs gap between 2 doses				

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

07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

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

VERIFIED

DRUG : INJ. CEFTRIAXONE				Date/Time	10/7	11/7
Dose	Route	Frequency	Start Date			
600mg	IV	BD	10/07/26		4pm	
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.				6AM	[signature]	[signature]
Additional Instructions:				6pm	[signature]	
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG : INJ. ESOMEPRAZOLE				Date/Time	10/7	11/7
Dose	Route	Frequency	Start Date			
12mg	IV	OD	10/07/26		4pm	
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan				6AM	[signature]	[signature]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG : INJ. ONDANSETRON				Date/Time	10/7	11/7
Dose	Route	Frequency	Start Date			
2mg	IV	TID	10/07/26		4pm	
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.				6AM	[signature]	[signature]
				2pm	Pravi Divya	
Additional Instructions:				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG : SYRUP SMUTH				Date/Time	10/7	
Dose	Route	Frequency	Start Date			
7.5ml	P/O	OD	10/7/22		12pm	
Name & Signature of the Doctor Starting the Drugs: Madhav				10	Pravi Divya	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

07-09-2022 3 Y 10 M 3 D
Dr. UJJWALA DESAI

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
10/7	7pm	NEOTONIC ENEMA	1 0	PR	Prof	Dr/ Nikitha

07-05-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

IPS-00176179 BAH-00661159

I.V. FLUIDS CHART

Weight. 12 kg ...... 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
10/07/26	3 AM	IVF - DNS (Full maintainance)	IV	45ml/hr	[signature]	[signature] [signature]	11/7	[signature]	[signature]

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

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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 : 11/07 Time:	2 am	6 am
Doctor / Nurse / Family Concern?		
Temperature (F)	*(97.0F)	*(97.0F)
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	98 / 60 (71)	100 / 69 (77)
Heart Rate (Number)	110bpm	113bpm
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	26/min	26/min
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2(l/min) O_2Saturations (%)	100%	100%
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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

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

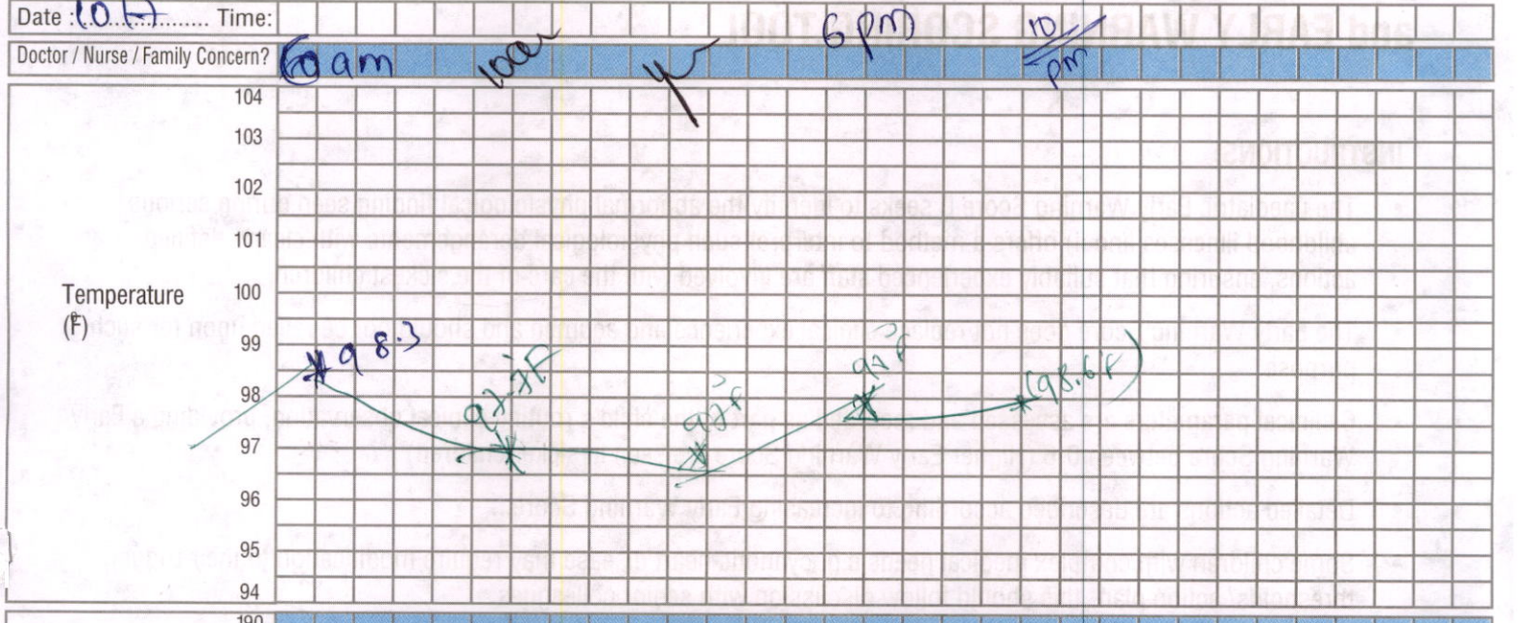
Pratiksha™ Rainbow Children's Hospital
It takes a lot to treat the little.

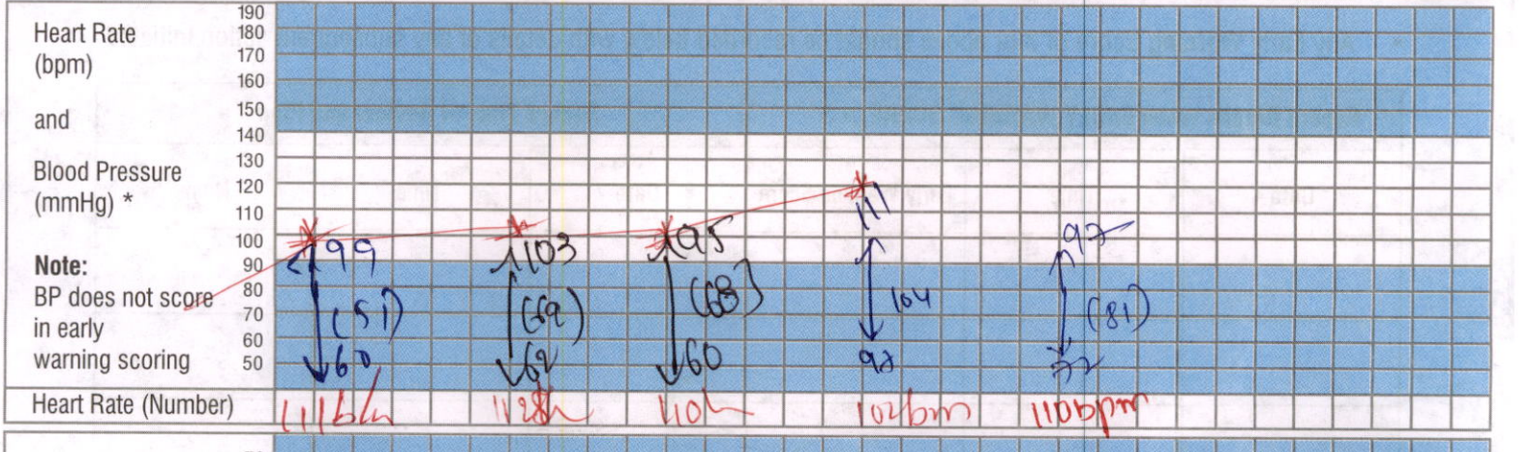
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 10/7 Time:

Doctor / Nurse / Family Concern?





Heart Rate (Number)	116bpm	112bpm	110bpm	102bpm	110bpm

Resp Rate (Number)	26bpm	28bpm	28bpm	22bpm	26bpm
Resp Distress (Mod/ Severe / None / Mild)					
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	98%	100%
Conscious Level (Normal / Altered)					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	1	1	1	1
Pain Score	0	0	0	0	0
Observer's Initials					

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Patie

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am			45ml								
	05:00 am			45ml								
	06:00 am			45ml								
	07:00 am			45ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
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							
10/7	08:00 am			45ml							0	
	09:00 am			45ml							0	
	10:00 am	DNS		45ml			NB				0	
	11:00 am			45ml							0	Divya
	12:00 pm			45ml							0	
	01:00 pm			~~45ml~~							0	
Total Intake :						**Total Output :**						
10/07	02:00 pm			45ml							0	
	03:00 pm			45ml							0	Nirmitha
	04:00 pm	DNS		45ml			NB				0	
	05:00 pm			45ml							0	Nirmitha
	06:00 pm			—								
	07:00 pm			—							0	Nirmitha
Total Intake :						**Total Output :**						
10/7	08:00 pm			45ml							0	Jyoti
	09:00 pm		RPG +100	45ml							0	
	10:00 pm	DNS		—							0	Jyothi
	11:00 pm			—			NB				0	
	12:00 am			45ml							0	Jyothi
	01:00 am			45ml							0	
Total Intake :						**Total Output :**						
11/7	02:00 am			45ml							0	Jyothi
	03:00 am			45ml							0	
	04:00 am	DNS		45ml			NB				0	Jyothi
	05:00 am			45ml							0	
	06:00 am			—							0	Jyothi
	07:00 am			—							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 10/7/26

Assessment: pt having dull activity

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☑ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
4AM	→ Assess the pt General Condition	4:10 am	→ Assessed the pt General Condition	
	→ Check the Vital Sigs		→ Checked the Vital Sigs	
6AM	→ plan for administration medication	6:10AM	→ Providing medication as per doctor Order	pt is stable
8AM	→ plan for I/o Chart	8:10am	→ maintaing I/o Chart	
	→ plan for Ensure Safety		→ providing Ensuring Safety	

Re-Assessment: Re-Assessment Every 4th hrly

Special Notes: -

Nurse Signature: [signature] Nurse Name: Chandana Date & Time: 10/7/26 2 8am

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 10/7/26

Assessment: Dull - Active

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☑ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the general condition of the patient.	8am	* assessed the general condition of the patient.	Before all the procedures the patient can be Stable.
10am	* maintain personal hygiene	10am	* maintained personal hygiene.	
11am	* maintain IV fluid.	11am	* maintained IV fluid	
12p	* monitor vitals.	12p	* monitored vitals.	
4p	* Encourage orally.	4p	* encouraged orally	

Re-Assessment: Monitor Temperature.

Special Notes:

Nurse Signature: Nurse Name: Divya [018165] Date & Time: 10/7/26 4pm

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 6/7/26

Assessment: Baby having dull activity

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Relieve Pain & Discomfort
- ☑ Maintain Fluid Balance
- ☑ Improve Activity Tolerance
- ☑ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☑ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☑ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the baby general condition and monitor the vitals and record.	2:10pm.	→ Assessed the baby general condition and monitored the vitals and recorded.	By doing all above procedure baby condition improving well.
3pm	→ Doctor advice the continue same medication as per chart.	3:10pm.	→ Doctor advised the continue same medication as per chart	
4pm	→ Trace CUE reports.	4:10pm.	→ Tracing CUE reports	
5pm	→ Advice to do x-Ray erect abdomen.	5:10p.m.	→ Advised x-Ray Erect abdomen	
6pm	→ Continue DNS @ 45ml/hr.	6:10pm	→ Continued DNS @ 45ml/hr.	
7pm	→ Provide Comfortable position.	7:10pm	→ Provided Comfortable position.	
8pm	→ Ensure the safety needs.	8:10pm	→ Ensured the safety needs	

Re-Assessment: Re assessment done

Special Notes: NIL

Nurse Signature: Nikitha Nurse Name: Nikitha ID. 60[redacted]7L Date & Time: 10/07/26 8pm

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 10/7/26

Assessment: Baby having pyrexia

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☑ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☐ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☑ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	-↓Assess the baby General condition	8pm	-↓Assessed the baby General condition	By doing the all procedures's -the baby condition is improved slowly.
10pm	-↓provide comfort position	10pm		
12am	-↓monitor the vitals of Recorded it	12am	-↓provided comfort position	
2am		2am	-↓monitored the vitals of Recorded it	
4am	-↓administig the all durgs as per doctor order's	4am		
6am		6am	-↓administered the all durgs as per doctor order's	
8am	-↓Ensure the safety.	8am	-↓Ensured the safety siderails.	

Re-Assessment: Done by Re-checking body temperature

Special Notes:

Nurse Signature: [signature] Nurse Name: Shailaja (605562) Date & Time: 11/7/26 (8am)

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Patient

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. ujjwala Department: pediatric Date of Admission: 10/07/26

SITUATION	Diagnosis: AFI				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	ER 3:30	ICU 8a-2p	1st floor 2pm-8pm	1st floor 8-10 8 pm am		
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	98.3F	98.1°F	98.0°F		
	Res:	24bpm	28	26bpm	26bpm		
	SpO_2:	100%	99%	100%	99%		
	Pulse:	125bpm	110	106bpm	112bpm		
	BP:	99/70	98/62	98/63	100/70		
	Fall Risk Score:	11	4	4	4		
	Pain Score:	0/10	0/10	0/10	0/10		
Recommendations	Safety Needs:	✓	Yes	Yes	Yes		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	NA		
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA		
Post Operative Procedure Special Orders:		NA	NA	NA	NA		
Handed Over By Name :		Keerthi	Divya	Nikitha	Shailaja		
Signature :							
Date:		10/7/26	10/7	10/07/26	10/7		
Time:		3:30	8pm	@ 8pm	(8 am)		
Taken Over By Name :		Divya	Nikitha	Shailaja	Keerthi		
Signature :							
Date:		10/7	10/7	10/7	11/7		
Time:		8am	2pm	@8pm	@8am		

Docu. No. : RCHBH /FRM / CLINICAL / 097

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Patier

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 10/7	DATE 11/7	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	TOTAL		11	11			

Intervention : -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	yes			
	Call device within reach		✓	yes			
	Wheels Locked		✓	yes			
	Room free of clutter		✓	yes			
	Adequate Lighting		✓	yes			
	Wheel Chair Support		✓	No			
	Other Intervention(s) Specify		–	No			
	Nurse's Name :		[illegible]	[illegible]			
	Signature :		[illegible]	[illegible]			
	Date :		10/7	11/7			
	Time :		9Am	6am			

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

					Date : 07/22	11/7		
					Time : 2Pm	6am		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		
				TOTAL SCORE	28	28		
				Evaluator's Name	Resit.	[illegible]		

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
10/7/26	2Am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
10/7	2p	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
10/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
11/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

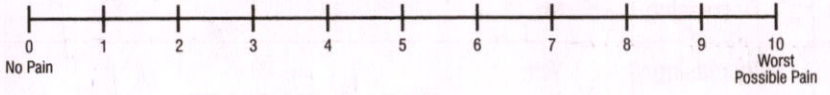
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

Docu.No: RCHBH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

10/7 4/7

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-						
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Anirban

Signature of Ward In Charge :

Signature : ..... Name : Veeraja

Docu. No. : RCHBH /FRM / CLINICAL / 137

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
10/7/26	2pm	2	Treatment & Care Plan	F	1	1	1	0	—	
10/7/26	1:50 pm	9	soft diet	F	1	0	1	1	—	

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00661159 IPS-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

MULTI-DISCIPLINARY PLAN OF CARE FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
10/7/26 2Am	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	vomiting ✗ yesterday	H. Stability	I. fluids	Nandu	☐ Nursing ☑ Others:
10/7/26 2Am	☑ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	vomitings ✗ yesterday	H. stability.	I. fluids & Antibiotic	Neeth.	☑ Medical ☐ Others:
10/7/26 7:30 Am	☐ Medical ☐ Nursing ☑ Others: Dietician	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	AFI ↓ Constipation	Soft diet	~~RDA~~ E:- 1300kcal/d P:- 22g/d	Mounika	☐ Medical ☐ Nursing ☑ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☑ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: .....

2. Destination Post Discharge: ☑ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☑ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In: Remarks

☐ Medication	☑ Yes	☐ No	.....
☐ Bathing	☐ Yes	☑ No	Explain to mother
☐ Eating	☐ Yes	☑ No	.....
☐ Walking	☐ Yes	☑ No	.....
☐ Dressing	☐ Yes	☑ No	.....
☐ Toileting	☐ Yes	☑ No	.....

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: Hand Hygiene
   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☑ Family Member ☐ Others: .....

Nurse Signature: .....

Nurse Name: Divya

Date and Time: 10/7/26 @ 3:22 pm

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00661159 IP5-00176179 Master M JAYANTH 07-09-2022 3 Y 10 M 3 D (M) Dr. UJJWALA DESAI	10/7/26 at 3:06Am	10/7/26 @ 3:30Am
	Transfer Ordered by Dr. Nandhan	Reason for Transfer Admission.
From Unit ER	To Unit 143	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ NA If yes, what ? OP file given

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS + Infusion	1
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Nr. Keerthi	Dr. Nandhan.

Patient & Clinical Records Received by : Chandan

Date & Time of Patient Received : 10/7 4AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

Docu. No. : RCHBH /FRM / CLINICAL / 102

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

143

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: 10/7/26 Time: 7:30Am

Weight: 12Kgs Centile: <5th

Height: 92cms Centile: <5th

Inference: underweight child

RDA: — Calories: 1300Kcals/d Protein: 22g/d

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy, chilled and outside foods

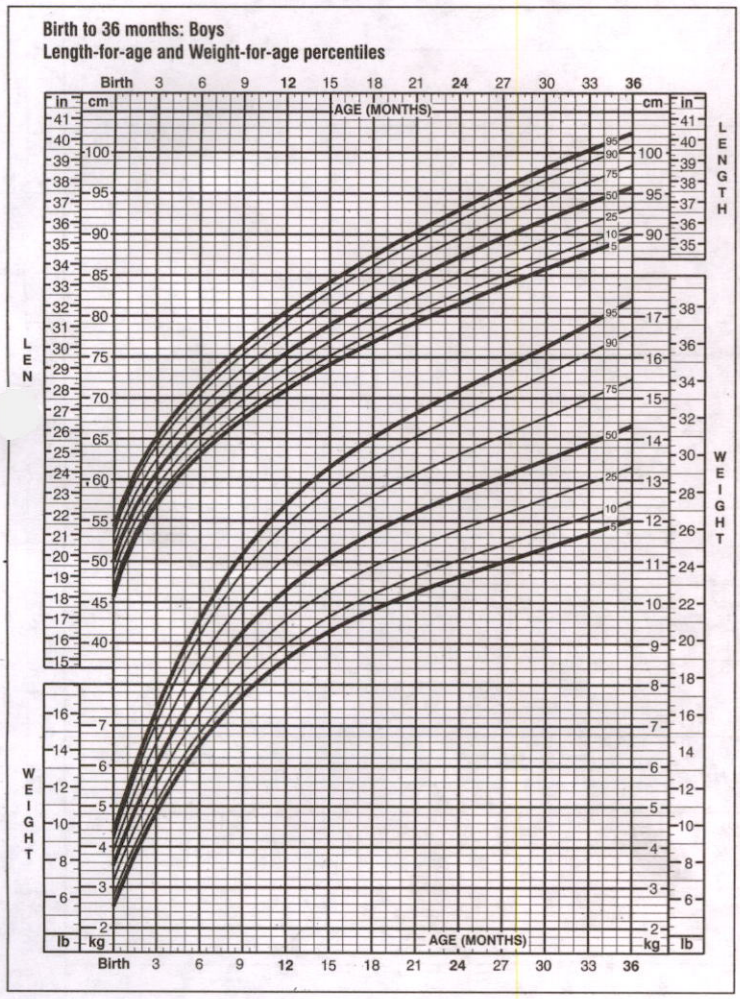
Food Allergies: NO Veg/Non-veg non-veg

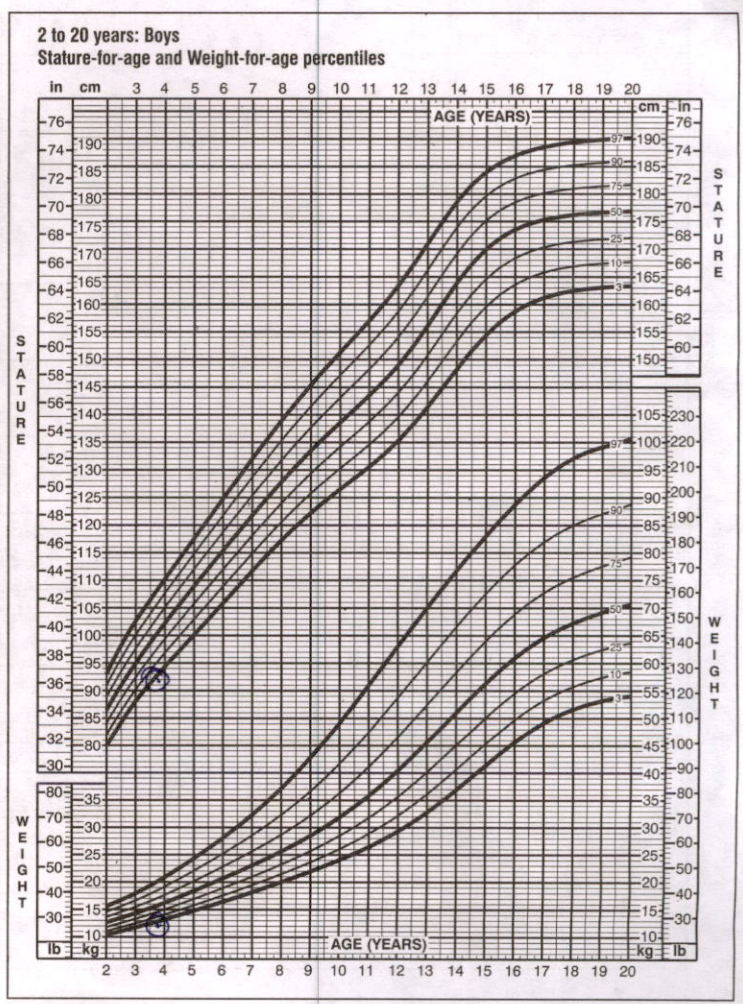
Diagnosis: AFI ? Gastritis (? viral hepatitis ? UTI)

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: K. Jyothi

GROWTH CHART (BOYS)





Dietician's Name Monika Dietician's Signature Monika

Daily Notes:

11/4/26 Child is stable. Entake is better
10 am continue c soft diet [signature]

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

BAH-00661159 IP5-00176179
Master M JAYANTH
07-09-2022 3 Y 10 M 3 D (M)
Dr. UJJWALA DESAI

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	4AM	ER	143	

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
10/7/26	CBP, CRP, RP2	8812	
	LFT, Blood els.		
	RBS – 73mg/dl.		
10/7	CUE	06321	
10/7	x-ray Abdomen Erect	034315	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/2	Infusion pump	10a		28123u	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/7/26	IV placement	[illegible]	5530	[illegible]
10/7	HHG	1	28202	[illegible]
	D/C			

ANY OTHER INFORMATION

X-ray - 1

Date : 11/7/26 Time : 10.am Prepared By : [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]	GW II		