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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

UHID No. : _____ ultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/7/26	9:00 AM	ER	119	Anmol
4/7/26	11:30 am	119	PICU	

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
4/7	Kidney Biopsy	26066994	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/2	[illegible] Monitor		9.10 pm.	96[illegible]6	[signature]
4/2	Infusion Pump	11am		960223	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/7/26	IV placement	(1)	6985	Charan
4/7	Kidney Biopsy		9603301	
4/7	Ultrasound Guided		013877	
4/7	NHA	(1)	9687866	(R2)

+1/7/26

ANY OTHER INFORMATION

Date : 5/6/26 Time : @ 9.35am Prepared By : Meelin

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Meelin	GW-I		

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 : IP5-00175957 **Admit Date** : 04-Jul-2026 **Admit Time** : 08:28 AM **UHID** : BAH-00572806

Patient Details :

Patient Name	: Baby ZAISHA BEGUM	**Age**	: 3 Y 9 M 22 D
Guardian	: MR. SHAIK RAHMATH	**DOB**	: 12-09-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO; 10-11, RAILWAY STATION ROAD Hyderabad Airport 1 Hyderabad Telangana INDIA 501218	**Phone No**	: 9985395588/ 9010169120
		E-mail	: na123@rainbowhospitals.in

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 119 **Ward Name** : 1F-GENERAL WARD I

Room No : GW 119 **Admission Type** : First Visit

Contact Details :

Name : MR. SHAIK RAHMATH **Relationship** : Father

Contact Address : H NO; 10-11, RAILWAY STATION ROAD Hyderabad Airport 1 Hyderabad Telangana INDIA 501218 **Phone No** : / 9985395588

Signature

Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD **Specialisation** : PEDIATRIC NEPHROLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SRUTHI BALLA

Payment Details :

Deposit Amount : 0.00

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

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 23 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Zaisha
BAH-OC...

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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	2			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
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	2			
30	Intake and Out take chart (fluid chart)	1			
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 Tenormap	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	33			

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

Signature and Date : Sona 3/7/26

(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

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Patient Name: _____ _____

UHID ID: _____ _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : Zaisha Begum Age/Sex 3 Y 9 M / Female

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

K/C/O SDNS. - for Renal Biopsy

History of present illness :

No H/O Cold, Cough, fever

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

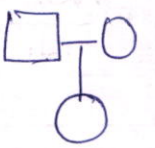
Pediatric Multiorgan History & Physical Examination

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

K/C/O SDNS.

Birth & Neonatal History:

T.G | AGA | CIAB)



Birth & Socio Economic History:

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

Developmental History :

(N)

Immunization History :

Till date as per NIS.

(P.T.O.)

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12.85kg (Centile _____)

On Examination :

Temperature : 97.5 Pulse Rate : 88/m B.P. 102/56 SPO2 98% ↓R.A

Resp.rate and type of breathing : 24/m

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : B/L VBS+

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2+

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : non tender ; BS+

Ausculation : (N)

Spine : (N) External Genitelia : N/E

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

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power 5/5

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars ↓

Sensory System :

WNL

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

K/C/O SDNS for Renal Biopsy.

(P.T.O.)

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Complications

Desired goals of the treatment : Biopsy

Planned Labs:

NIL

Planned Management

- ½ maintenance DNS
- Inj. Ceftriaxone

Signature of the Doctor: .....
Name of the Doctor: M. Rahul Kumar
Date & Time: 4/7/22.

Signature of the Consultant: .....
Name of the Consultant: DR. V.V.R SATYA PRASAD
Registration No: 43599
Date & Time: DR. V.V.R SATYA PRASAD
Registration No: 43599

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26, 2:10pm	Renal biopsy note	DR. SRUTHI BALLA.
	Under Aseptic Precautions parts painted & drapped, (2) Sided K/P renal biopsy done and sample sent for LM + IF. No immediate post procedual Complications noted.	
	HR - 106/min RR - 24/m SPo2 - 100% c RA BP - 112/76 mm Hg	Adv 1) NPO till child is fully conscious 2) After that stop IVF & allow orally 3) Strict bed rest till T/M 10Am 4) watch for Gross Hematuria, Tachycardia 5) Vitals 3Hrly. 6) Shift to ward after 30 min

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

(P.T.O)

BAH-00572806 IP5-00175957
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/2022 1:30pm	S/B Dr. Smitha.	
	S/p Renal biopsy	DL
	No new issues	- Continue Medications as per drug chart
	Urine Not Passed Yet	
	Biopsy site clean	- I/o charting
	Hemodynically Stable	- Bed Rest Till T/M 10Pm
		- Watch for Hematuria
		- Vitals 3Hrly
		Smitha

BAH-00572806 IP5-00175957
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 11AM	S/B Dr. Satyaprasad	
	Δ: SDNS for Renal Biopsy	plan: ① shift to PICU for Renal Biopsy at 11AM
	child afbrl/alert vitals stable	② medication to continue ③ monitor vitals ④ Inform SOS
		Omnacortil Cantop iv Lasix Calcimax
		DR. V V R SATYA PRASAD Registration No: 43599
4/7/26 4pm	S/B Resident	plan.
	Δ: SDNS S/P Renal Biopsy	① continue medication as per drug chart
	no fever no vomitings no hematuria	② strict I/O charting ③ monitor vitals 3rd hrly ④ Daily wt. check ⑤ Bed Rest
	O/E: Child alert vitals stable Passed urine taking orally	⑥ Allow orally ⑦ Inform SOS
	CVS RS P/A | Normal	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

Patient

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

Pat

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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: PICU

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 : for Dr. Ramya

Date & Time : 4/7/26 ; 8:30 am.

Nurse Name & Signature: Keerthi KL

Date & Time : 04/7/26 @ 8:30Am

BAH-00572806 IP5-00175957
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12-09-2022 3 Y 9 M 22 D (F)
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DRUG CHART

Date of Admission: 04/07/26 Drug Allergies; ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 : Inj.				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:																	

Sign ..... VERIFIED BY : Name .....

Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

REGULAR PRESCRIPTIONS

Weight. 12.8 Ward. ....

DRUG : Inj. CEFTRIAXONE				Date / Time: 4/7
Dose	Route	Frequency	Start Date	
600mg	I.V	BD	4/7	10am Dhy [signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				10pm Prani Sravathi
Daily Doctor's Endorsement by a Sign				

DRUG : Inj ESOMEPRAZOLE				Date / Time: 4/7	5/7
Dose	Route	Frequency	Start Date		
12mg	I.V	O.D	4/7		
Name & Signature of the Doctor Starting the Drugs: [signature]				6am	10pm Dhy Prani Sravathi
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : SYRUP. OMNACORTIL FORTE				Date / Time: 4/7
Dose	Route	Frequency	Start Date	
4ml	P/O	BD	4/7/26	3.50pm Sravathi
Name & Signature of the Doctor Starting the Drugs: Madhuri				10AM
Additional Instructions:				10pm 1AM Prani Sravathi
Daily Doctor's Endorsement by a Sign				

DRUG : SYRUP. CALCIMAX PLUS				Date / Time: 4/7
Dose	Route	Frequency	Start Date	
5ml	P/O	OD	4/7/26	
Name & Signature of the Doctor Starting the Drugs: Madhuri				6pm Sudha Ravina
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight ...12.8kg Ward ....

DRUG : INJ. LASIX

Dose	Route	Frequency	Start Dt.
12mg	IV	BD	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 — 10AM, 3/4pm [illegible] Pavina; 10PM, 11PM Pravin Sravasta?

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

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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 ....

DR.V.V.R.SATYA PRASAD

IPS-00175957

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.	

VERIFIED BY : Name / Signature

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/7/26	5PM	INJ. ONDANSETRON	2mg	IV	[signature]	Sushma / Ravina
4/7/26	9:30pm	Inj Paracetamol	190mg	IV	Sohel	Praneela / Sravanthi 9:49

I.V. FLUIDS CHART

Weight. .... 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
4/7/24	11am	~~DNS~~ . DNS (1/2 maintaine)	IV	25	[illegible]	[illegible] / [illegible]	4/7/26	[illegible]	[illegible] / [illegible]

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

BAH-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

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.

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/07/26 Time:	2am	6am
Doctor / Nurse / Family Concern?		
Temperature (F) (scale 104–94)	97.5F	98.5F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50)	98/62, 71	112/70, 115, 83, movement
Heart Rate (Number)	125bpm	127bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)		
Resp Rate (Number)	26bpm	28bpm
Resp Distress — Mod/ Severe		
Resp Distress — None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	100%	100%
Conscious Level — Normal		
Conscious Level — Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
Pain Score	0	0
Observer's Initials	0	0

Today's Weight:- 12.1kg

Note: BP does not score in early warning scoring

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:

- 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-00572806 IP5-00175957
Baby ZAISHA BEGUM
12-09-2022 3 Y 9 M 22 D (F)
Dr. DR.V.V.R.SATYA PRASAD

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/7/26 Time: 10pm

Doctor / Nurse / Family Concern? 2pm 6pm

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.1°F
96.2F 96.1F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
199 (78) 62
197 (75) 64
115 (63) 70

Note: BP does not score in early warning scoring

Heart Rate (Number) 102b/m 114b/m 127bpm

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

Resp Rate (Number) 26b/m 28b/m 26bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 99% 100% 100%

Conscious Level: Normal | Altered

GCS * 15/15 15/15 15/15

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

ACTIONS
NB: Scores 3 should be recorded overleaf

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FLUID CHART

Sheet No. : (1)

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
4/07	02:00 pm									143ml	0	RN
	03:00 pm										0	
	04:00 pm	NO IVF					NP			200ml	0	
	05:00 pm										0	RN
	06:00 pm									200ml	0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
04/07	08:00 pm		rice								0	
	09:00 pm		H_2O							200ml	0	Sravs
	10:00 pm	NO IVF									0	
	11:00 pm										0	Sravs
	12:00 am										0	
	01:00 am									100ml	0	Sravs
Total Intake :						**Total Output :**						
05/07	02:00 am		milk								0	
	03:00 am										0	Sravs
	04:00 am	NO IVF									0	
	05:00 am		milk								0	Sravs
	06:00 am									200ml	0	
	07:00 am		milk							~~200ml~~	0	Sravs
Total Intake :						**Total Output :** 1043ml						

Total 24 hrs. Intake		Total 24 hrs. Output	4.7cc/kg.

Patient Sticker

FLUID CHART

Rainbow® Children's Hospital
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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							
	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											
	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 - GIRLS

Date: 4/7/26 Time: 9Am

Weight: 12.91kgs Centile: 15th

Height: 96cms Centile: 25th

Inference: underweight child

RDA: Calories: 1300kcal/d Protein: 22g/d

Diet Recommendations: child is on NPO

Re-Assesment:

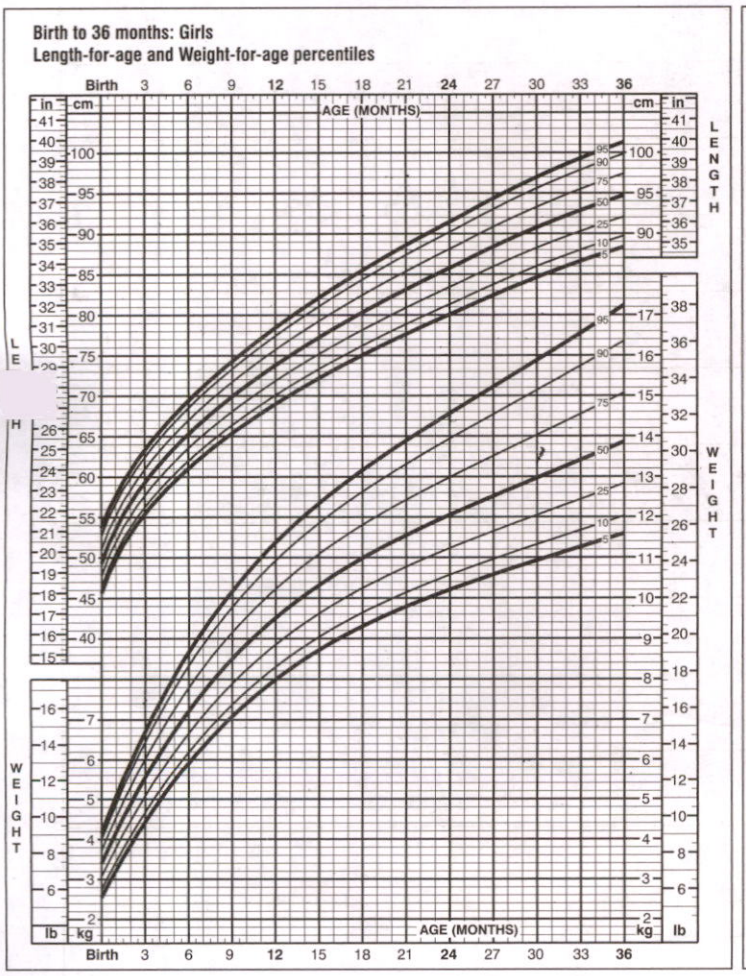
Food Allergies: NO Veg/Non-veg non veg

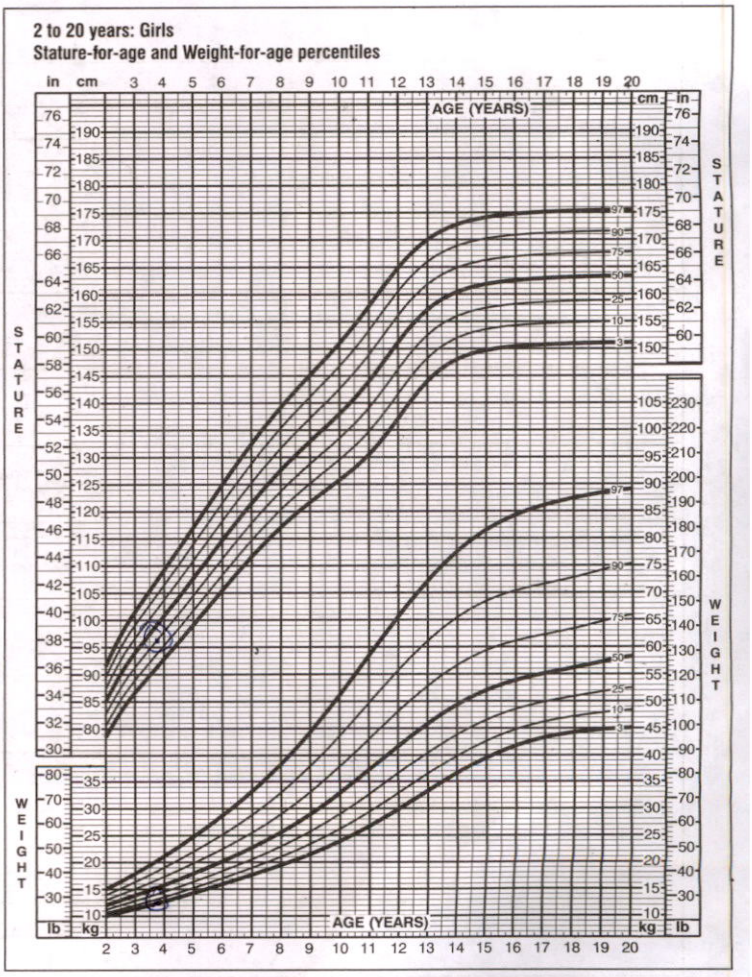
Diagnosis: K/C/O SDNS for Renal Biopsy.

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Farzana

GROWTH CHART (GIRLS)





Dietician's Name Moulca Dietician's Signature Moulca

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

(P.T.O.)

Daily Notes:

5/7/26
8am Child is stable. Intake is fair
Continue t soft low salt diet