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 : IP5-00173674 **Admit Date** : 11-May-2026 **Admit Time** : 09:51 AM **UHID** : BAH-00639987

Patient Details :

Patient Name	: Baby KURA DHANVIKA	**Age**	: 0 Y 11 M 12 D
Guardian	: Mr SAI KIRAN	**DOB**	: 29-05-2025 09:47 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-12-2-823/B/6 AND 6/1/101 MAHATHI RESIDENCY Mehdipatnam Hyderabad Telangana INDIA 500028	**Phone No**	: 9866678960/ 8928086546
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 109 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 109 **Admission Type** : First Visit

Contact Details :

Name : Mr SAI KIRAN **Relationship** : Father

Contact Address : H.NO-12-2-823/B/6 AND 6/1/101 MAHATHI RESIDENCY Mehdipatnam Hyderabad Telangana INDIA 500028 **Phone No** : 9866678960 / 8928086546

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. ANNAPOORNA TADAVARTHY

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

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BirthRight BY RAINBOW HOSPITALS
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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
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
11/5/26	10:35 AM	ER	109	B
11/5/26	9:35pm	109	338	Nikita

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
11/05	CBP, CRP, Blood ds, s/B, Cocat, 5 wires panel.	786	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/1/5	Infusion pump	11am		250806	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/05	IV placement	(1)	2464	
11/5	NHA	(1)	2/11/21	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. faisal b nahdi Date : 11/5/26

Type of Admission: ☑ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: .....

Start Time of Assessment: ..... Weight: 7.82 kg

Allergic History: .....

Chief Complaints:
c/o: fever x 3 days
high grade, continous,
no chills, highest temp 104°
- vomitings x 3 episodes
non projectile, non bilious

Pediatric Assessment Triangle

A Appearance - TICLS .....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

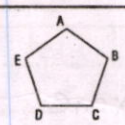
Any urgent interventions needed: ☐ Yes ☐ No
If Yes .....

Significant Past History: H/o family gathering 4 days ago

Medication History: .....

Relevant Investigations: .....

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing

Rate: 32/min SpO_2 on FiO_2 99% @ RA

Rhythm: Regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: .....

Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: 136/min

CFT — Central / Peripheral: <3 sec

BP: 86/49 (57) mmHg

Pulse Volume: Central / Peripheral: Good

If in Shock: Compensated .... Hypotensive ....

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☐ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☐ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Disability

GCS: .... AVPU: ....

Pupils: Responsive ☑ Non-Responsive ☐

Size — Right .... Left ....

Active Seizures: ☐ Yes ☑ No Sugars: ....

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Exposure

Temp.: 99.4°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: ....

Labs Planned:

- CBP, CRP, S.Creatinine, S.Electrolytes
- S.viral panel
- Blood c/s

(sent) Khoaid 11/5/25

Treatment Planned:

1) Inj. Ceftriaxone 400mg IV BD
2) Inj. Esomeprazole 8mg IV OD
3) Inj. Ondansetron 1.5mg IV BD
4) Syp. Relent 2.5ml P/O BD
5) Syp. Fluvir 2.5ml P/O BD
6) IVF: DNS @ 25ml/hr

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): AFI c̄ Acute gastritis? with dehydration

Assessment done by

Name of the Doctor: Sai

Signature: [signature]

Date & Time: 11/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

Department: _____

Consultant: _____

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever ×3days
vomiting ×1 day.

History of present illness :

c/o Fever ×3days
Progressive, high grade (>102°F)
associated with cough on & off
NO rash, NO chills.

a/w cough, non productive

c/o Vomiting ×1day
5-6 episodes on 10/5/26 evening-

taking oral feeds is moderate quantity
NO loose stools.

Medications

① On Syp Oseltamivir. - c Influenza A(+)
② Syp Relent
③ Syp Azithromycin

Family
Brother Dx
addimitted at RCH
8/5/26 to 10/5/26.
- other family members are complaint

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

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

NO Similar history.
or other significant past history

Birth & Neonatal History:

Normal Perinatal & Antenatal transition

Birth & Socio Economic History:

About Father : Middle.
About Mother :
Any additional Information :

Developmental History :

Attained as per age appropriately

Immunization History :

Immunized till date as per NIS @ Ren

(P.T.O.)

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 7.82kg (Centile _____)

On Examination :

Temperature : 99.4°F Pulse Rate : 57 B.P. 86/49 SPO2 100% @RA

Resp.rate and type of breathing : 30/min

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any): –

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : BAE (+), airway clear

Any addes sounds : Nil

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

Cardiovascular System :

Inspection of procordium : Normal

Heart Sounds : $S_1 S_2$ (+)

Any murmur : –

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

Per Abdomen :

Inspection soft, ~~NO tenderness~~

Palpation : Soft, no tenderness

Ausculation : Bowel sounds heard

Spine : (N) External Genitelia : (N)

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

Patient Stick

Pedia ...istory & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : Adequate

Tone: Good Power 4/5

Co-ordinator : Well coordinated

Posture : Normal

Involuntary Movements : Nil

Reflexes :

DTR +/+ **Superficials:** +/+

Plantars Elicited

Sensory System :

Intact

Bladder / Bowel : Regular / adequate V/O

S/O → loose stools

Clinical Summary & Diagnostic:

AFI ? Acute gastritis + Some dehydration

(P.T.O.)

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis, dehydration

Desired goals of the treatment : Resolution

Planned Labs:

- CBP
- CRP
- Sr. Creatinine
- Sr. electrolytes
- S Viral Panel
- Blood cs

Planned Management

- Inj CEFTRIAXONE 400mg
- Inj Esmoprazole 8mg.
- Inj ONDENSETRON 1.5mg
- Syp. RECENT
- SYP OSELTAMIVIR
- IVF DNS @ 25ml/hr

DR. FAISAL B NAHDI
Registration No: 86228

Signature of the Doctor: Sohela
Name of the Doctor: Dr. Sohela
Date & Time: 11/5/26

Signature of the Consultant:
Name of the Consultant: Dr KN
Date & Time: 11/5- (12noon)

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 13 D (F)
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 +Plan	1+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	4			
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				
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				
39	Bed side check list Other	10			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note Billing	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
		33			
	Total No. of Pages				

Signature and Date: 13/5/26

(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

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
~~11/5~~	~~Fever x3d~~	
	Vomiting	(Adv)
11/5	Cough [illegible]	Contn same
Chnd	Afebrile:)	Treatment plan
11/5 (12:30pm)	None	[signature]
	DR. FAISAL B NAHDI Registration No. 66228	
11/5 4:00pm	C/S/B Resident	
	D: AFI +	
	Ac. gastritis ē some dehydration.	
	+ Influenza A (+)	Rx: gastro diet
	Child is afebrile	
	cough (+), non productive	(1) continue medication as charted
	C/O loose stools : 3:00pm	
	3 episodes in 1 hr	(2) OSELTAMIVIR (D_2)
	watery, foul smelling	(3) Added Pro GG sachet
	Vomiting ↓↓.	(1) TID
	O/E : Vitals Stable	(4) Continue IVF @ 100% maintainance [illegible]

Noted by Divya 6077

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

(P.T.O)

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA (F)
29-05-2025 0 Y 11 M 12 D
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8:30 am	C/S/B Resident	
	A: AFI c̄ acute gastritis c̄ dehydration at presentation (D4)	
	Influenza A +	Adv
	→ c/o: fever spikes 3 since admission	1.) Continue Ceftriaxone D_2 Oseltamivir D_4
	→ c/o loose stools since yesterday. 2 watery stools in morning	2.) Stop IV Ondem
		3.) Continue full maintanance IVF
	→ no vomiting. U/O - fair	4.) W/f dehydration
	O/E: child asleep no dehydration CRT < 2s. ppwf / warm. Chest: BAE ⊕ / clear abdomen soft	5.) Gastrodiet Afebrile
[signature] 12/05 1900	Child c AFI (Iy A+ve) Cry stall	Calm sleep [signature]

DR. FAISAL B NAHDI Registration No: 66[illegible]

DR. FAISAL B NAHDI Registration No: 66

Noted by S/S. kalyani at 06 pm 8am

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

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 8.30am	C/S/B Resident	
	Δ: AFI ī acute gastritis @ ī dehydration at presentation.	
	Influenza A (+ve)	Adv:
	afebrile for 24 hrs.	1) D today
	loose stools - better	
	orally accepting.	Zinnax × 3d.
		Fluvir
		Relent × 3d.
		Enterogermina × 2d
		Lanzol × 3d.
	O/E: -alert	F/U saturday.
	- vitals stable	
	- chest ~~clear~~.	
	- conducted sounds	
	- abdomen soft	
	- no dehydration	
Dnd 13/5 8.45am.		

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 13 D (F)
Dr. FAISAL B NAHDI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
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RESULT SHEET

Date	11/5					
Time						
Hb	11.4					
PCV	37.3					
RBC	5.18					
WBC	10,000					
N/L	64/27					
Platelets	3.7L					
CRP	6					
ESR						
PCT						
RBS						
Na	139					
K	4.3					
Cl	108					
Ca/Mg						
Phosphate						
Urea						
Creatinine	04					
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 : 5 viral Panel — Flu A ⊕

Flu B, COV-2, RSV → ⊖

Adeno — negative

Blood c/s — sterile

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
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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: GF Shifted to: 109

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. Sai

Date & Time : 11/5/26 @ 11:20 AM

Nurse Name & Signature: Bhavani

Date & Time : 11/5/26 @ 11:20 pm

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

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DRUG CHART

Date of Admission: 11/5/26 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 : Syp. CROCIN-DS

Dose	Route	Frequency	Start Date
2.5ml	PO	SOS	11/5

Doctor's Signature: Sai | Valid Period: | Pharm.: Jyothsna

Additional Instructions: 5ml = 240mg
If Temp > 100°F, maximum 4 times a day

Date/Time: 12/5 7AM Daily

DRUG : Syp. MEFTAL-P

Dose	Route	Frequency	Start Date
4ml	PO	SOS	11/5

Doctor's Signature: Sai | Valid Period: | Pharm.: Jyothsna

Additional Instructions: 5ml = 100mg
If Temp > 102°F, maximum 3 times a day

Date/Time: 11/5 12:10pm. Daily

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Date/Time:

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

Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

REGULAR PRESCRIPTIONS

Weight. 7.82 kg Ward. ....

VERIFIED

DRUG : Inj. CEFTRIAXONE				Date ▸ 11/5, 12/5 / Time ▾
Dose	Route	Frequency	Start Date	10am, 10pm
400mg	IV	Q12H	11/5	
Name & Signature of the Doctor Starting the Drugs: Sai				
Additional Instructions: 100mg/kg/day				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : Inj. ESOMEPRAZOLE				Date ▸ 11/5, 12/5, 13/5 / Time ▾
Dose	Route	Frequency	Start Date	6am
8mg	IV	Q24H	11/5	
Name & Signature of the Doctor Starting the Drugs: Sai				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : Inj. ONDENSETRON				Date ▸ 11/5 / Time ▾
Dose	Route	Frequency	Start Date	10am, 10pm
1.5mg	IV	Q12H	11/5	
Name & Signature of the Doctor Starting the Drugs: Sai				STOP
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : Syp. FLUVIR				Date ▸ 11/5, 12/5 / Time ▾
Dose	Route	Frequency	Start Date	10AM, 10pm
2.5ml	P/O	Q12H	11/5	
Name & Signature of the Doctor Starting the Drugs: Sai				
Additional Instructions: 5ml = 60mg OSELTAMVIR.				
Daily Doctor's Endorsement by a Sign				

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

Signature .....

VERIFIED BY : Name .....

Dr. FAISAL B NAHDI (F)

IPS-00173674 BAH-00639987

I.V. FLUIDS CHART

Weight. 7.82 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
11/7	11AM	Inf. DNS	IV	25ml/hr	Sai	[signature] [signature]			

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

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 7.82kg Ward ....

DRUG : SYP. RELENT				Date / Time: 11/5, 12/5, 13/5
Dose	Route	Frequency	Start Dt.	
2.5ml	Po	Q12H	11/5	6AM: X; [signatures]
Name & Signature of the Doctor Starting the Drugs: Sai				
Additional Instructions:				6pm: [signatures]; 4:30 pm
Daily Doctor's Endorsement by a Sign				[signatures]
DRUG : ENTEROGERMINA.				Date / Time
Dose	Route	Frequency	Start Dt.	
1 amp				
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : PROGG Sachet				Date / Time: 11/5, 12/5, 13/5
Dose	Route	Frequency	Start Dt.	
1sachet	P/O	TID	11/5	6AM: X; [signatures]
Name & Signature of the Doctor Starting the Drugs: Sohel				2pm: [signatures]; 4:30 pm
Additional Instructions:				10pm: [signatures]; 10:30
Daily Doctor's Endorsement by a Sign				[signatures]
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
VERIFIED BY: Name .... Signature ....

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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 ....

BAH-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

: RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)
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: 11/5/26 Time:

Parameter							
Doctor/Nurse/Family Concern? (time)	12:10pm	1pm	6pm	7:30pm	10pm	3am	7am
Temperature (°F) (104–94)	102.4°F (Syp Metfyl)	98.0°F	98.5°F	101°F (Syp Metfyl)	99°F	97.8°F	101.5°F (Syp Crocin)
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)		96/56 (65)	101/62 (73)			90/65 (81)	94/61 (73)
Heart Rate (Number)		129 b/m	130 b/m			120 b/m	122 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)							
Resp Rate (Number)		28 b/m	28 b/m			29 b/m	29 b/m
Resp Distress: Mod/ Severe							
Resp Distress: None / Mild							
Receiving O_2 (l/min)							
O_2 Saturations (%)		99%	100%			100%	100%
Conscious Level: Normal							
Conscious Level: Altered							
GCS *		15/15	15/15			15/15	15/15
TOTAL SCORE Number of shaded boxes		1	0			0	0
Pain Score		0	0			0	0
Observer's Initials		[illegible]	[illegible]			[illegible]	[illegible]

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 incharge and PICU /NICU fellow or PICU/NICU 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-00639987 IP5-00173674
Baby KURA DHANVIKA
29-05-2025 0 Y 11 M 12 D (F)
Dr. FAISAL B NAHDI

Doc. No. : RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: ..12/5.. Time: 8am | 12pm | 6pm | 10pm | 2AM | 6AM

Doctor/Nurse/Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94

98.4°F | 98.2°F | 97.7°F | 98.2°F | 97.7°F | 97.2°F

Heart Rate (bpm) and Blood Pressure (mmHg) * : 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

81 (60) 50 | 84 (87) 60 | 98 (84) 65 | 96 (53) 76

Heart Rate (Number): 116/m | 115/m | 110/m | 122/m

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

Resp Rate (Number): 28/m | 28/m | 28/m | 28/m

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: 0 | 0 | 0 | 0

Pain Score: 0 | 0 | 0 | 0

Observer's Initials: [illegible] | [illegible] | [illegible] | [illegible]

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 incharge and PICU /NICU fellow or PICU/NICU 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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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)

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Baby KURA DHANVIKA
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FLUID CHART

Sheet No. : .....

11/5/26

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
11/5	11:00 am			25ml							0	Divya
	12:00 pm	DNS	milk	25ml							0	
	01:00 pm										0	Divya.
Total Intake :						**Total Output :**						
	02:00 pm			25ml							0	Sai
	03:00 pm		milk	25ml							0	
11/5	04:00 pm	DNS		25ml							0	
	05:00 pm		milk	25ml							0	Sai
	06:00 pm										0	
	07:00 pm			25ml							0	
Total Intake :						**Total Output :**						
	08:00 pm			25ml							0	
	09:00 pm			25ml							0	
	10:00 pm			—							0	
	11:00 pm	DNS	Milk	25ml							0	Divya
	12:00 am			25ml							0	
	01:00 am			Tab							0	
Total Intake :						**Total Output :** m-4 v-2						
	02:00 am			25ml							0	
	03:00 am			25ml							0	
	04:00 am			25ml			watery stools				0	
	05:00 am	DNS		25ml							0	
	06:00 am			25ml							0	Divya
	07:00 am			—							0	
Total Intake :						**Total Output :** m-3 v-2						

Total 24 hrs. Intake	375 ml

Total 24 hrs. Output	m-11 v-7

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FLUID CHART

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Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/5	08:00 am			–			✓				0	
	09:00 am			–			✓			✓	0	
	10:00 am			–			✓				0	
	11:00 am	DNS		–			✓				0	Jaly
	12:00 pm			25ml			✓				0	Jani
	01:00 pm			25ml						✓	0	
Total Intake :							M-25	**Total Output :**		U-23		
12/5	02:00 pm			25ml							0	
	03:00 pm			25ml						✓	0	
	04:00 pm	DNS	milk	25ml			✓				0	Ramadevi
	05:00 pm			25ml						✓	0	
	06:00 pm			–						✓	0	
	07:00 pm			–							0	
Total Intake :							M-1	**Total Output :**		U-3		
12/5	08:00 pm			25ml							0	
	09:00 pm		milk	25ml							0	
	10:00 pm			25ml							0	
	11:00 pm	DNS		25ml			✓			✓	0	Divya
	12:00 am		milk	–							0	
	01:00 am			–							0	
Total Intake :								**Total Output :**		M-1 U-1		
13/5	02:00 am		milk	–							0	
	03:00 am			–						✓	0	
	04:00 am			–							0	
	05:00 am	DNS		–			NP				0	Divya
	06:00 am		milk	milk						✓	0	
	07:00 am		milk	~~milk~~							0	
Total Intake :								**Total Output :**		M-0 U-2		

Total 24 hrs. Intake	250 ml	Total 24 hrs. Output	M-7 U-9

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 11/5/26 Time: 11AM

Weight: 7.82 kg Centile: >5th

Height: 68 cm Centile: 5th

Inference: Underweight child

RDA: - Calories: 98Kcal/kg/d Protein: 1.5g/kg/d

Diet Recommendations: DBM Feeds

Re-Assesment: Stage III Weaning Foods HEE advised

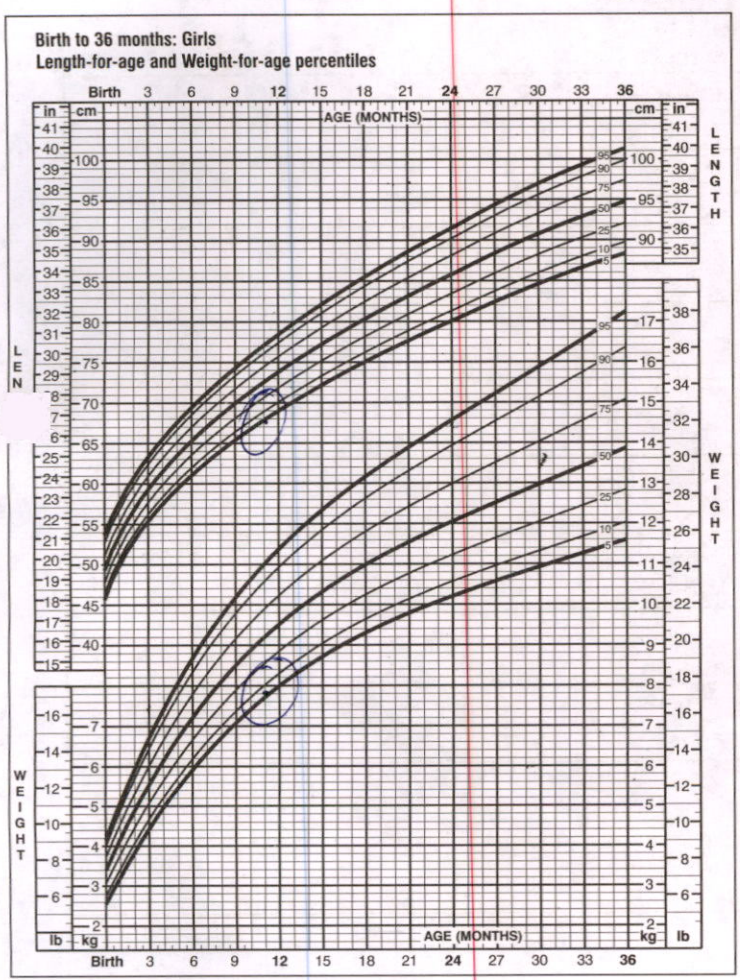
Food Allergies: No Veg/Non-veg Veg

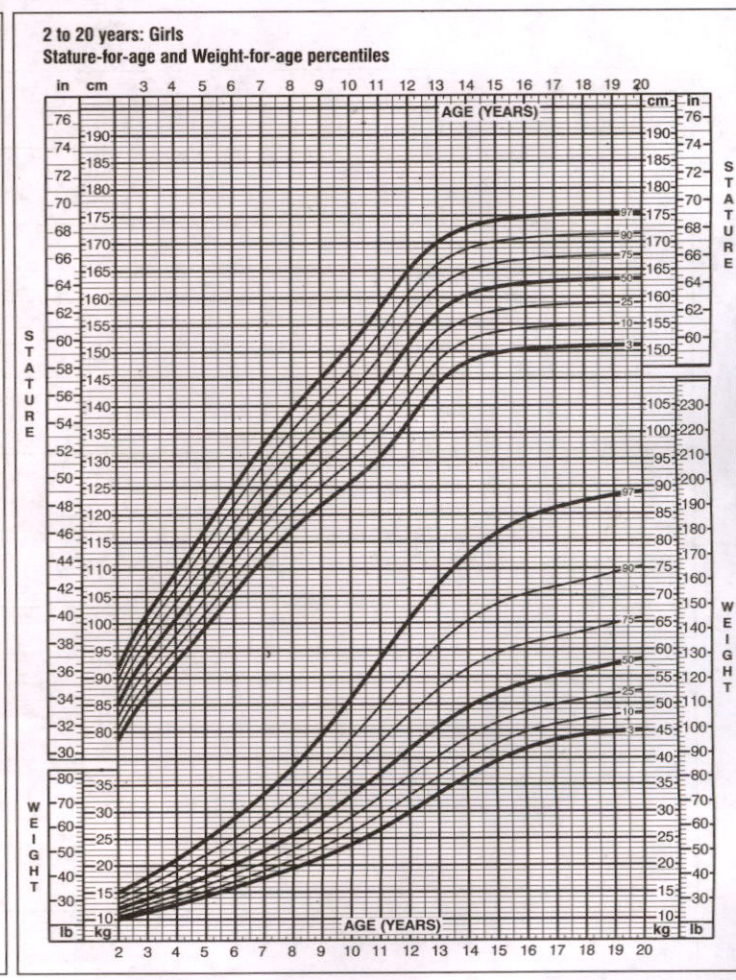
Diagnosis: AFI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Mounica Dietician's Signature Mounica

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

(P.T.O.)

Daily Notes:

12/5/26 Child is stable, oral intake is fair
9 am Start the Gastro Rice based diet Saima
as advised with
Similac Isomil [1:60ml dilution].