Rainbow® Children's Hospital
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BirthRight™
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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : ______

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

UHID No. : ______ Consultant: ______ Dept : ______

Date of Adr ______ Date of Discharge : ______ Time: ______

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/5/26	10:05pm	ER	107	Keerthi

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/5	CBP, CRP, ESR,		[signature]
	Blood c/s, RP2,	55144	
	LFT		
	CXR	27411	[signature]
	~~USG~~ X-Ray Abdomen.	027413	[signature]
31/5	CUG, Urine culture	313027	[signature]
31/5	CSF, stool c/s	2605525	[signature]
1/6/20	USG abdomen	027488	[signature]
1/6/26	CBP, CRP	02[illegible]	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/4/5	infusion pump	10:30pm	[illegible]	9635722	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/5	IV placement	(1)	5358	[illegible]
31/5	NHA	(1)	9636325	[illegible]

Prasad .16/26

ANY OTHER INFORMATION

(1) USG. abdomen

(1) X-ray

Date : 02/06/26   Time : 10:00 am   Prepared By : Shanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shanthi	SPVT		

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 : IP5-00174551 **Admit Date** : 30-May-2026 **Admit Time** : 09:16 PM **UHID** : FDH-00045478

Patient Details :

Patient Name : Master RIYAN M
Guardian : Mr VASANTH MARINGANTI
Gender : Male
Occupation :
Address (H) : FLAT NO - 212 , AERAUM APARTMENTS , ROAD NO - 01 , ALKA PUR TOWNSHIP , Manikonda Hyderabad Telangana INDIA 500089

Age : 6 Y 0 M 11 D
DOB : 21-05-2020
Religion :
Martial Status : Single
Phone No : 9986981214/ 8867830282
E-mail : nomail@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 107 **Ward Name** : 1F-VIBGYOR
Room No : SPVT 107 **Admission Type** : First Visit

Contact Details :

Name : Mr VASANTH MARINGANTI
Contact Address : FLAT NO - 212 , AERAUM APARTMENTS , ROAD NO - 01 , ALKA PUR TOWNSHIP , Manikonda Hyderabad Telangana INDIA 500089

Relationship : Father
Phone No : 9986981214 / 8867830282

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI
Referral Doctor : SELF
Co-Consultant : Dr. FAISAL B NAHDI

Specialisation : GENERAL PEDIATRICS
Phone No :

Payment Details :

Payment Mode : DC/CC Card

Deposit Amount : 5000.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

GENERAL CONSENT FOR TREATMENT

Patient Name:	Master RIYAN M	Age :	6 Y 0 M 11 D
IP No:	IP5-00174551	Sex:	Male
Consultant:	Dr. UJJWALA DESAI	Ward/Bed No:	1F-VIBGYOR/SPVT 107

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.................)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Patient Address:
FLAT NO - 212 , AERAUM APARTMENTS , ROAD NO - 01 , ALKA PUR TOWNSHIP , Manikonda Hyderabad Telangana INDIA 500089

Name:

Relationship:

Date:

Time:

Wittness Name:

Wittness Signature:

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: As per Rota
Date: 30/5/26

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

Start Time of Assessment: ...... Weight: 18.8kg

Allergic History: ......

Chief Complaints:
Abd. pain since 1 month
fever since 3 days
Loose stools since 1 wk

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: ......

Medication History: ......

Relevant Investigations: 29/5 Hb-12.2, WBC-12060, Plt-4.07L, N/L 68/21.
Mal P. falc -ve, vivax, Widal -ve, Dengue -ve
CUE - 4-5 pus cells, ESR-12, CRP-77

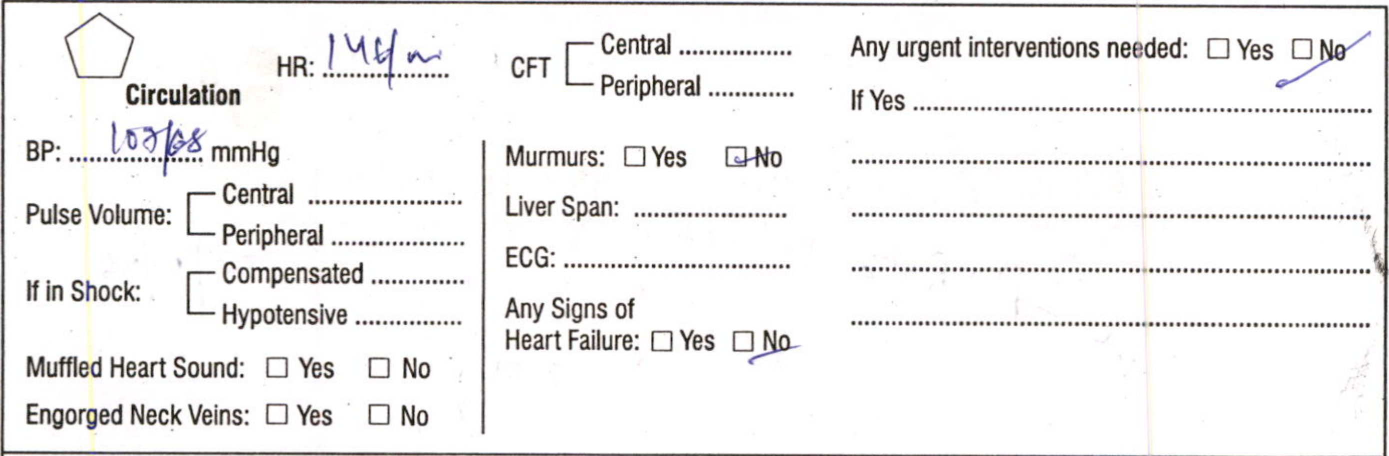
Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 22/min SpO₂ on FiO₂ 97% RA
Rhythm: Regular
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B/L AE (+)
Palpation Findings (If necessary) ......

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



Circulation

HR: 144/min

BP: 103/68 mmHg

Pulse Volume: Central .... Peripheral ....

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

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

CFT: Central .... Peripheral ....

Murmurs: ☐ Yes ☑ No

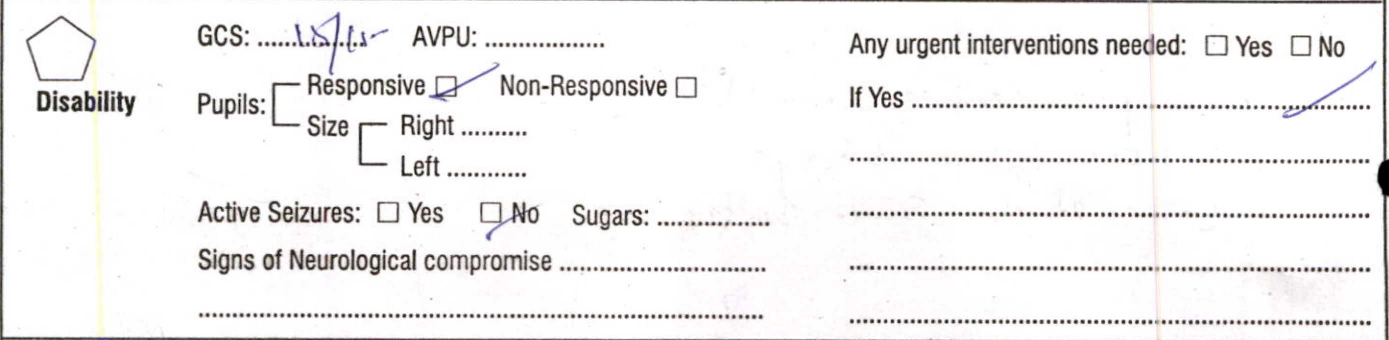
Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....



Disability

GCS: 15/15 AVPU: ....

Pupils: Responsive ☑ Non-Responsive ☐

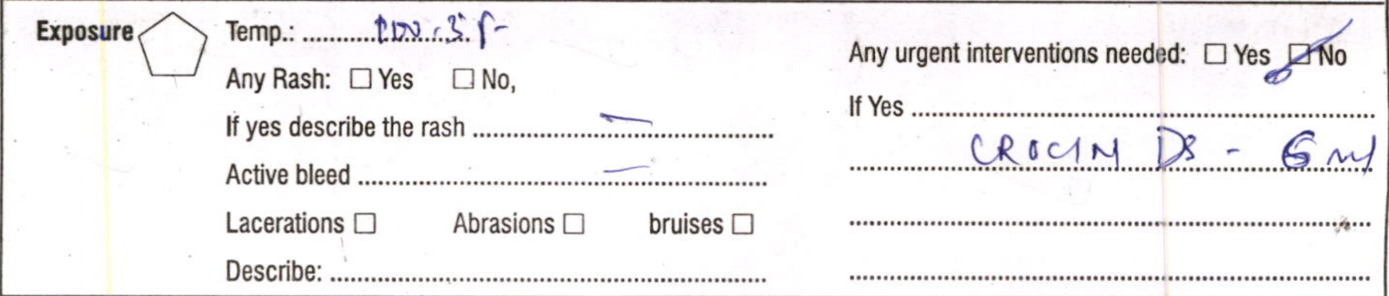
Size: Right .... Left ....

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....



Exposure

Temp.: 100.3 F

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .... —

Active bleed .... —

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☑ No

If Yes .... CROCIN DS - 6ml

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, ESR, RVE, Urine C/S, CSE, Stool C/S, Blood C/S, RP_2, LFT, 2EDTA 2 plain, plan to do ECHO, CXR - chest & Abdomen

Treatment Planned: Inj. Ceftriaxone, Inj. Esomeprazole, Econorm Sachet, IVF @ 1/2 maintenance

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

Final Diagnosis with possible Differential Diagnosis (If necessary): AFI ? PUO

Assessment done by

Name of the Doctor: [signature]

Signature: Ayushman Acharya.

Date & Time: 30/5/26, 9pm

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

Patient Name: ____________________

UHID ID: ____________________

Department: ____________________

Consultant: ____________________

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

Abd. pain since 1 month (on & off)

Fever since 3 days

Loose stools since 1 week

History of present illness :

Pt was apparently alright 1 month back

to start with he had
Abd pain which was sharp pain
around the umbilicus not radiating
to any other part of the body
Not a/w vomiting, no rashes, no
hematemesis
Not relieved by taking food.
a/w mild cough

He also had fever which was fluctuating,
intermittent in nature, low to mod. grade
highest - 102°F, Responding to antipyretics
Not a/w rash, mild myalgia,
no seizure, no dysuria

He also had loose stools since 1 week
which was watery in nature, not
blood tinged & no pain during defecation

29/5 Hb - 12.2, WBC - 12060, plt - 4.07L, N/L - 68/21,
P. fal] -ve, Dengue NS1 → -ve, Widal - -ve
P. vivax

CUE - 4-5 pus cell, ESR - 12, CRP - 77

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

Pediatric Multiorgan History & Physical Examination

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

Not significant

Birth & Neonatal History:

(N) perinatal ~~[illegible]~~ transition

Birth & Socio Economic History:

About Father :

About Mother : Not significant

Any additional Information :

Developmental History :

Achieved as per age.

Immunization History :

Achieved all vaccines as per age NIS

(P.T.O.)

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 18.8kg (Centile ________)

On Examination :

Temperature : 100.3°F Pulse Rate : 146/min B.P. 107/68 mh SPO2 97% RA

Resp.rate and type of breathing : 22/min, Regular

Rash Ⓔ

Lymphadenopathy Ⓔ

Oedema : Ⓞ

Allergies (if any): ________

Respiratory System :

Inspection (any s/o distress) : ________

Air entry & breath sounds : ________

Any addes sounds : B/L AE ⊕

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

Cardiovascular System :

Inspection of procordium : ________

Heart Sounds : $S_1 S_2$ ⊕ Nc

Any murmur : ________

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

Per Abdomen :

Inspection ________

Palpation : Soft, tender, No HSM

Ausculation : ________

Spine : ________ External Genitelia : ________

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

FDH-00045478
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System: (N)

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars flexor

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

AFI ; PUO

(P.T.O.)

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6Y0M9D (M)
Dr. ANNAPOORNA TADAVARTHY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis, dehydration

Desired goals of the treatment : Resolution

Planned Labs:

- CBP, CRP, ESR
- CUE, Urine C/S
- CSE, Stool C/S
- Blood C/S
- RP2, LFT.
- CXR ̅c chest & abd. 2 plain 2EDZA

Plan to do 2EHO

F/U
30/5/26
@ 9pm

Planned Management

- inj Ceftriaxone
- Inj Ezomeprazol
- tab EloNORM sachet

DR. UJJWALA DESAI
Registration No: 90550

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Ayushman
Date & Time: 30/5/26, 9 p.m.

Signature of the Consultant: [signature]
Name of the Consultant: Dr. Ujjwala
Date & Time: 30 31/5/26

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 11pm	C/S/B Resident Dr Ayushma	
	Δ - AFI c ? PVO	Plan
	◦ No fever	
	◦ Child alert	◦ Cont. IV antibiot IV fluid
	◦ Vitals stable	◦ Trace blood reports
	◦ Abd pain better	◦ w/f for ↑ abd pain, loose stools
		Ayushman
31/5/26 7am	C/S/B Resident Dr Ayushman	
	Δ - AFI c ? PVO	Plan
	◦ Afebrile	◦ Cont. IV Antibiotic IV fluid
	◦ oral intake - fair	
	◦ Abd pain - better than yesterday	◦ Trace culture reports
	◦ Loose stools -	◦ w/f for rash, ↑ pain and loose stool
	◦ ↳ No vomiting	
	Child is hemodynamically stable	Ayushman

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26	Febrile illness c̄	
	Enterocolitis	Send CSE & culture
		Dsa
	DR. UJJWALA DESAI Registration No: 90550	Prajna
		9cm
		31/5/26
		° Add Smith if stools (10ml)
		not passed in good quantity
31/5/26 4:30PM	Seen by Resident	
	ASIs - AFI.	
	rep of small volume	Plan
	semi solid-hard consistency	1. Add Smith 10ml
	stool passed.	2. continue other
		medications as charted
		Lalitha

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2026 8:30am	C/S/B Resident	
	AFI / Enterocolitis	
	- 1 fever spike at 5:30pm. ~ every 24 h.	Adv:
	- stools: consistency improved	1.) USG abdomen today ✓
	- abdominal pain (+) - periumbilical.	2.) Continue Ceftriaxone D_{2-3} ~~Econorm~~ Smuth.
	- burning sensation over tongue	3.) Temperature charting ✓
	O/E - alert - stable vitals - good pulse vol. - no dehydration - chest clear - abdomen soft - firm BS (+) / ↑ sed	4.) If cannula out, change cannula & send CBP / CRP. Akhila
		Stop IVF ✓ USG asap.
		DrCo Drujjwal 9 am 1/6/26

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

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	C/S/B Resident	
5:00pm		
	Child is afebrile	Plan
	no fever spikes > 1day.	
		① continue
	stool consistency – semisolid	IVF & IV antibiotics
	Oral intake – fair	② Temperature
	hemodynamically stable	charting
	O/E child is alert	SOS / fever spikes
	active	
	vitals : stable	③ ~~CRP / Hm~~ ~~ov~~
		CRP ~~/ next~~ ~~capsula~~ -
	(USG) abd → subtle wall thicking	Sohele
	of cecum & terminal ileum	
	c̄ wall vascularity	(Dr - Sohel)
	few reactive lower mesenteric L.N	

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 12 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 8:40 am	C/S/B Resident	
	Δ: AFI c̄ Enterocolitis (D5)	
	→ one fever spike 24h apart	
		Adv.
	→ loose stools – 8 episodes. 2–3 large, watery greenish	1.) (T) stool c/s.
CRP ↑sed		
Blood c/s 24h NG →		2.) (T) 48h Blood c/s.
	pain (+) on & off.	3.) Ceftriaxone D3–4. Eronorm.
	O/E: alert stable vitals no dehydration P/A: soft / BS (+) ↑sed chest clear.	4.) Stop Syp Smuth
		[signature]
		Add Azithromycin BD × 5
		Gastro diet
	Discharge on IV antibiotic	Ceftriaxone – 1.5 gm O.D.
		give at loan today × 2 days more
		F/b cefixime × 5 days
		Lanwl.
		syp smuth

DR. UJJWALA DESAI
Registration No: 98550

Review Friday CBP/CRP [illegible]
Dr Ujjwala

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 12 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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RESULT SHEET

Date	31/5/26	1/6/26				
Time	8 AM					
Hb	11.4	12.2				
PCV	34.6	38.2				
RBC	4.84	5.21				
WBC	12140	13,270				
N/L	69/21.5	72/21				
Platelets	4.60	4.65 L				
CRP	62	76				
ESR	95					
PCT						
RBS						
Na	136					
K	3.8					
Cl	107					
Ca/Mg						
Phosphate						
Urea	4					
Creatinine	0.4					
ALP	167					
SGPT	13					
SGOT	23					
T.Bill/Conj	0.2/0.1/0.1					
T.Protein	6.7					
S.Albumin	3.4					
S.Globulin	3.3					
A/G Ratio	1					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L Bicarbonate	16					

Date	31/5					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	2-3					
CUE - RBC Cells	0					
CUE						
	31/5					
Stool Pus Cell	2-3					
OVA / Cyst	NO'					
Occult Blood	No					

Culture and Sensitivities : 30/5 Blood c/s : - No growth 24 hrs
31/5 Urine c/s : - No growth 24 hrs
31/5 Stool c/s :

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ....ER.......... Shifted to: ....Ward..........

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ayushman. [signature]

Date & Time : 30/5/26, 9pm.

Nurse Name & Signature: Nr. Keerthi [signature]

Date & Time : 30/05/26 @ 9pm

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

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DRUG CHART

Date of Admission: 30/3/26 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 / 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 : CROCIN DS				Date▸ / Time▾
Dose	Route	Frequency	Start Date	
6ml	P/O	SOS	30/3	
Doctor's Signature		Valid Period	Pharm.	
[signature]		3/5		
Additional Instructions: If fever >100°F				

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:				

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

21-05-2020 5 Y 0 M 9 D (M)
Dr. ANNAPOORNA TADAVARTHY

REGULAR PRESCRIPTIONS

Weight 18.8kg Ward.

VERIFIED

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
950 mg	IV	BD	30/5

Name & Signature of the Doctor Starting the Drugs: Ayushmi

Additional Instructions:

Date: 30/5, 31/5, 1/5

10 AM; 10 PM

change to OD 2/6

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
20mg	IV	OD	30/5

Name & Signature of the Doctor Starting the Drugs: Ayushmi

Additional Instructions:

Date: 30/5, 31/5, 1/6, 2/6

6 AM

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : ECONORM Sachet

Dose	Route	Frequency	Start Date
1 sachet	P/O	BD	30/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date: 30/5, 31/5, 1/6

10 AM; 10 PM

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Syp SMUTH

Dose	Route	Frequency	Start Date
10ml	PO	HS	31/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date: 31/5, 1/6

10 PM — Refused

STOP

Daily Doctor's Endorsement by a Sign

IPS-00174551 FDH-00045478

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
30/5	9pm	Inj BUSCOPAN	10 mg	IV	[signature]	Renuka [signature]
2/6		Inj CEFTRIAXONE	2.5g	IV	[signature]	

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

Dr. ANNAPOORNA TADAVARTHY

Master RIYAN M
FDH-00045478
IPS-00174551

I.V. FLUIDS CHART

Weight. 18.8kg 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
30/3	10pm	IVF DNS	IV	30	[signature]	[signature] / [signature]	01/6	[signature]	[signature]

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

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 12 D (M)
Dr. UJJWALA DESAI

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

SCHOOL AGE (5-12 years)

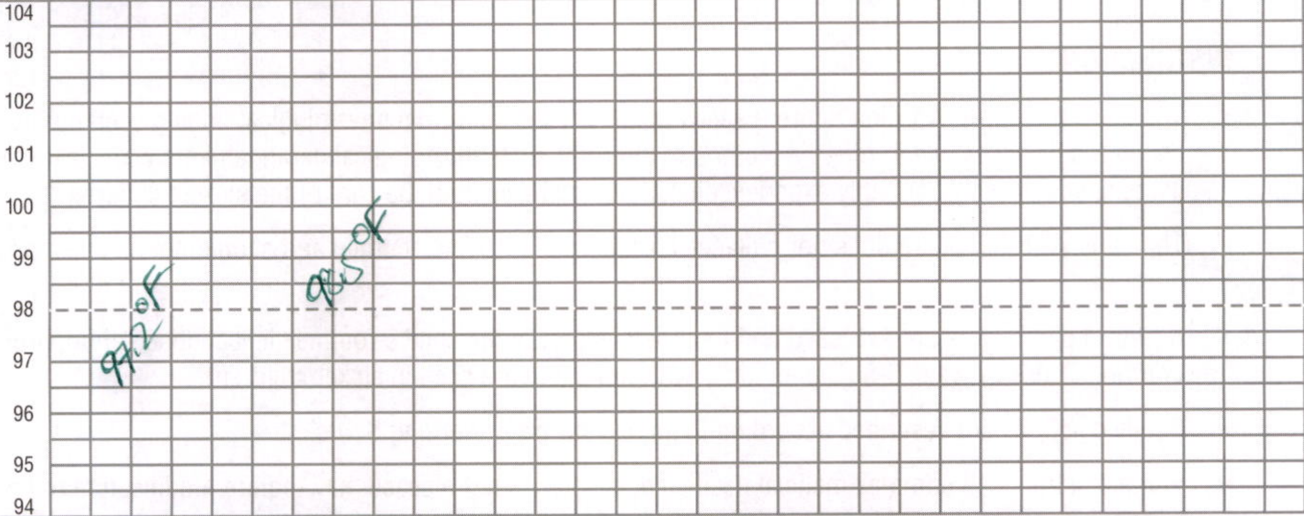
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

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

Doctor / Nurse / Family Concern? 2AM 6AM

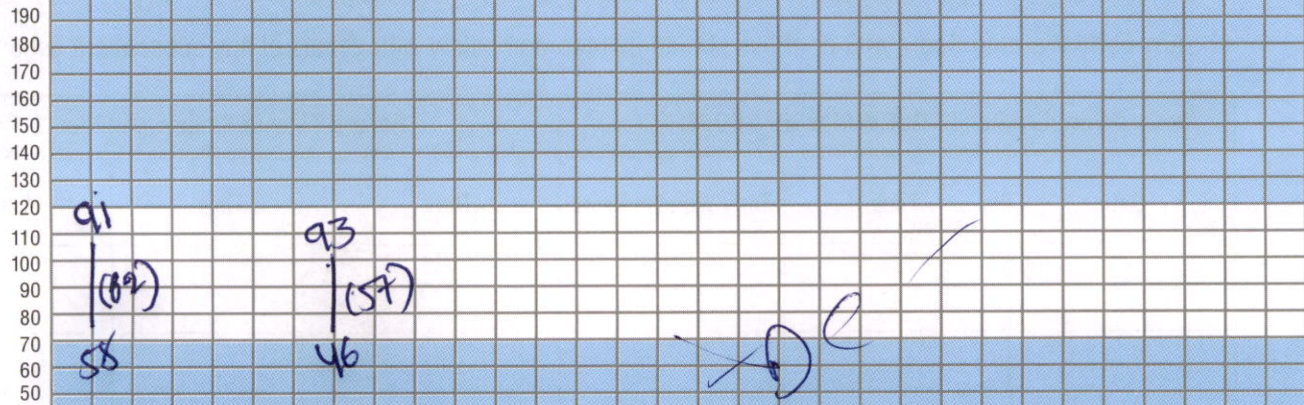
Temperature (F) 104 103 102 101 100 99 98 97 96 95 94



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

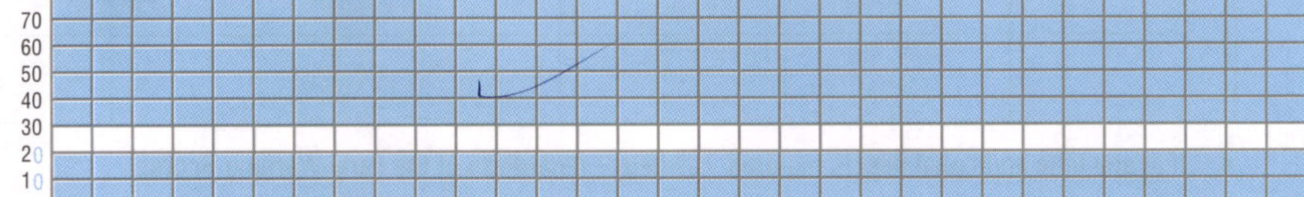
Note: BP does not score in early warning scoring

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



	2AM	6AM
Heart Rate (Number)	109b/m	109b/m

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



	2AM	6AM
Resp Rate (Number)	25b/m	24b/m
Resp Distress: Mod/ Severe		
Resp Distress: None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	98%	99%
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

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.
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- 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)

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

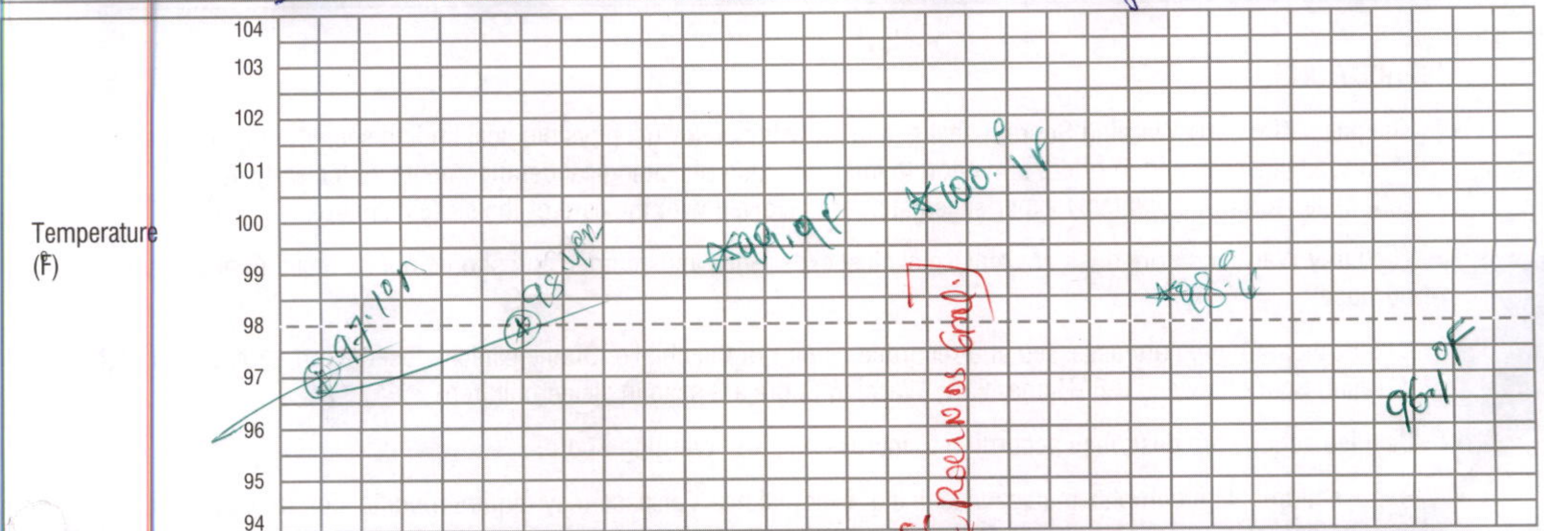
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6/26 Time: 10am 2pm 6 pm 6:30 pm 7 pm 10pm

Doctor / Nurse / Family Concern?

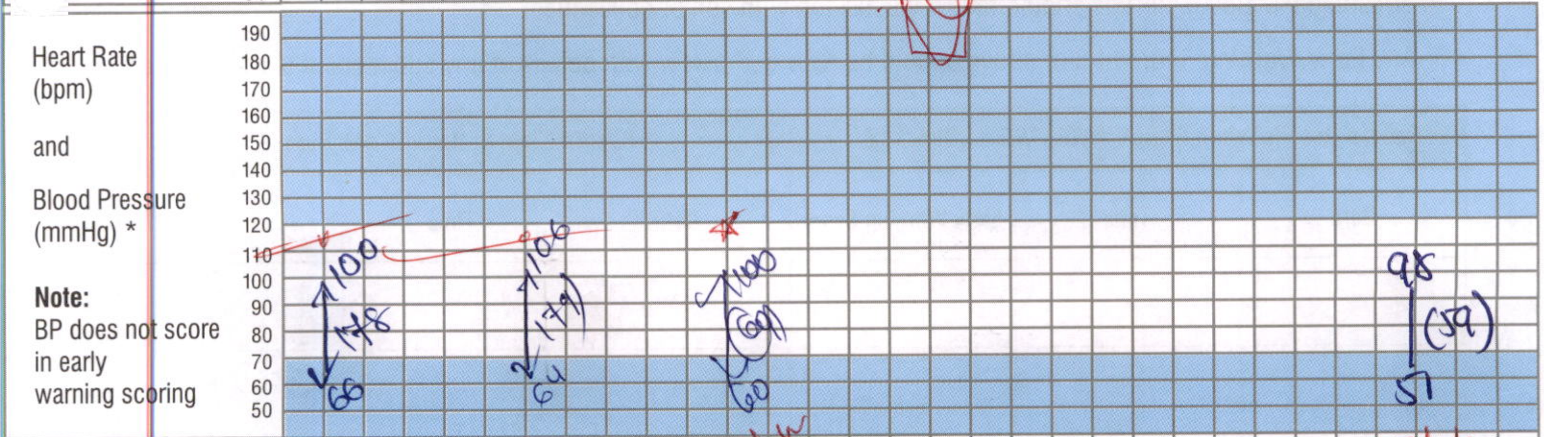
Temperature (F) 104 103 102 101 100 99 98 97 96 95 94



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

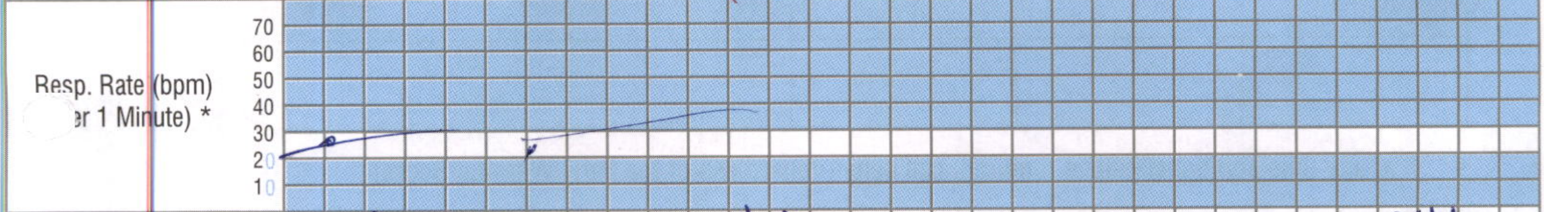
Note: BP does not score in early warning scoring

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



Heart Rate (Number): 112b/m 118b/m 120b/m 119b/m

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



Resp Rate (Number): 28b/m 28b/m 28b/m 26b/M

		10am	2pm	6pm	10pm
Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O_2(l/min)					
O_2Saturations (%)		100%	99%	99%	99%
Conscious Level	Normal	C	C	C	
	Altered				
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1		1
Pain Score		0	0		0
Observer's Initials		J	J		0

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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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)

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/5/26 ... Time:		1/6/26		
Doctor / Nurse / Family Concern?	10pm	2am	6am	
Temperature (F)	98.1 °F	98.8 °F	98.3 °F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	97/59 (62)	96/61 (65)	102/52 (57)	
Heart Rate (Number)	108 b/m	110 b/m	106 b/m	
Resp. Rate (bpm) (per 1 Minute) *				
Resp Rate (Number)	26 b/m	26 b/m	25 b/m	
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	98%	98%	98%	
Conscious Level — Normal				
Conscious Level — 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	

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / Blood Pressure scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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.
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* 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

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- 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!
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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.
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FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 9 D (M)
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Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

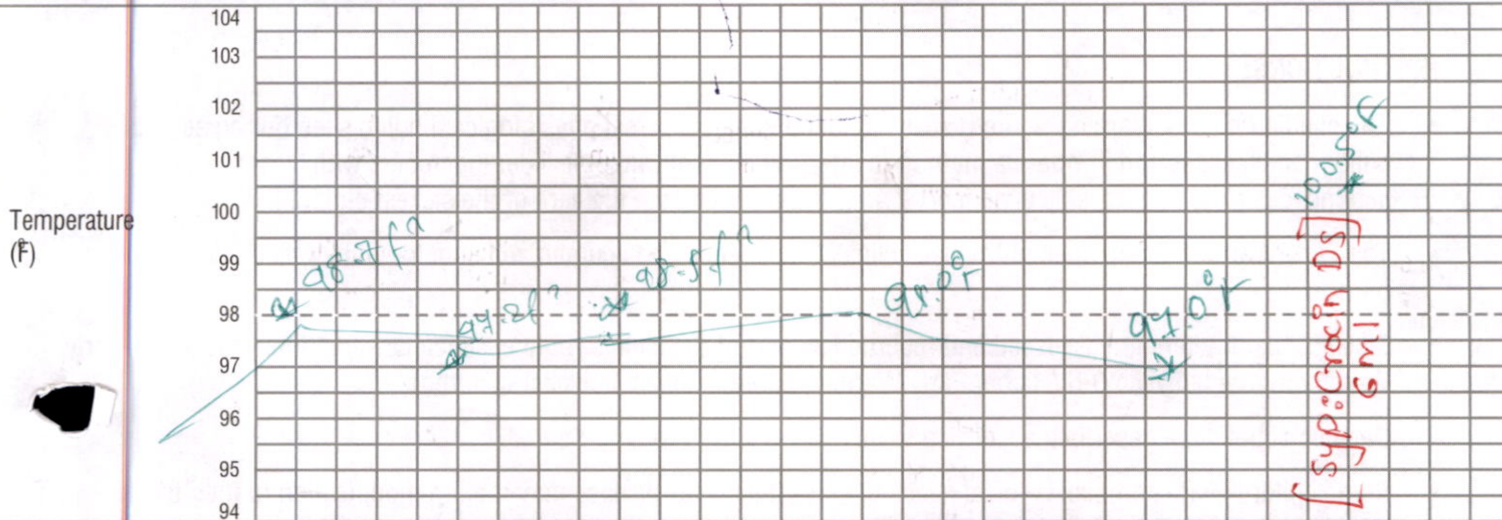
Rainbow® Children's Hospital
It takes a lot to treat the little.

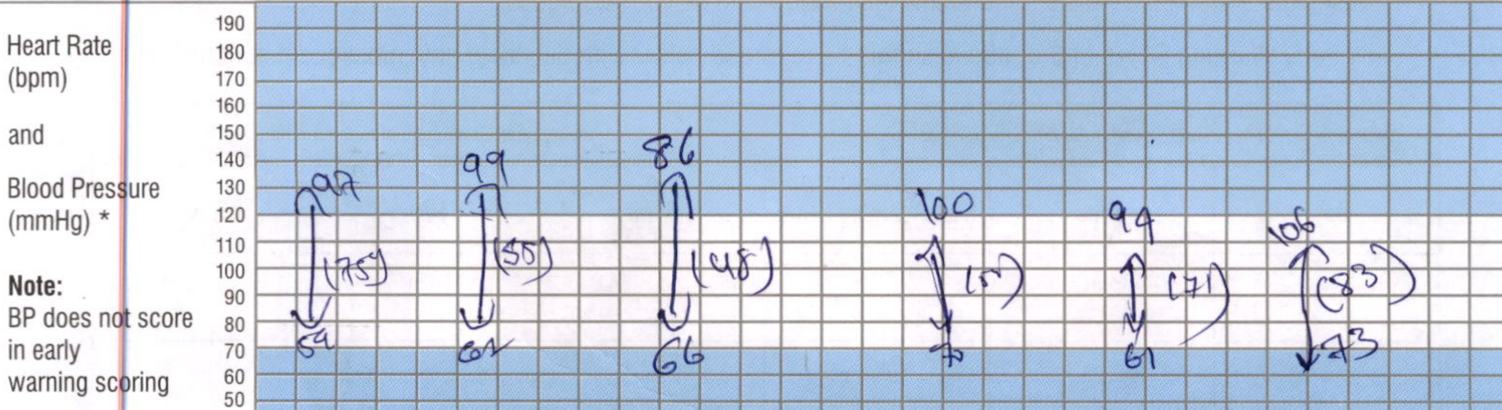
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date 31/5 .... Time: 10 PM | 2 AM | 6 AM | 10 am | 12 pm | 5:30 pm

Doctor / Nurse / Family Concern?





	10 PM	2 AM	6 AM	10 am	12 pm	5:30 pm
Heart Rate (Number)	105 b/m	101 b/m	101 b/m			130 b/m
Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10						
Resp Rate (Number)	28 b/m	28 b/m	28 b/m	27 b/m	26 b/m	29 b/m
Resp Distress – Mod/ Severe						
Resp Distress – None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%	99%	100%	99%	99%	100%
Conscious Level – Normal						
Conscious Level – Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	–	0	0	0	0
Observer's Initials						

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

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FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
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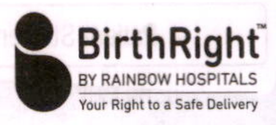

FLUID CHART

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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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	DNS		30ml		Nil	Nil	Nil		✓	0	
	12:00 am			30ml							0	Sowmya
	01:00 am			30ml						✓	0	
Total Intake :						**Total Output :**						
	02:00 am	DNS		30ml		Nil	Nil	Nil			0	
	03:00 am			30ml							0	Sowmya
	04:00 am			30ml						✓	0	
	05:00 am			30ml							0	Sowmya
	06:00 am			x							0	
	07:00 am			—						✓	0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake	

Total 24 hrs. Output	

FDH-00045478
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
31/5	08:00 am	DNS									0	Ankit
	09:00 am			30ml							0	
	10:00 am										0	
	11:00 am			30ml							0	
	12:00 pm			30ml							0	Ankit
	01:00 pm			30ml							0	Ankit
Total Intake :						Total Output :						
31/5	02:00 pm	DNS		30ml							0	Shirisha
	03:00 pm		Rice	–							0	
	04:00 pm		chappathi	–			NP				0	Shirisha
	05:00 pm			–							0	
	06:00 pm			30ml							0	Shirisha
	07:00 pm			30ml							0	
Total Intake :						Total Output :						
31/5/20	08:00 pm	DNS		–		NA	NA	NA			0	A
	09:00 pm			–							0	
	10:00 pm			–							0	
	11:00 pm			30ML							0	Aruna
	12:00 am			30ML							0	Aruna
	01:00 am			30ML							0	
Total Intake :						Total Output :						
1/6/20	02:00 am	DNS		30ML		NA	NA	NA			0	Aruna
	03:00 am			30ML							0	
	04:00 am			30ML							0	Aruna
	05:00 am			–							0	
	06:00 am			–							0	
	07:00 am			–							1	cannula removed
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Docu. No. : RCHBH/FRM/CLINICAL/092

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
1/6/26	08:00 am										0	
	09:00 am										0	
	10:00 am	DNS	[illegible]	[illegible]							0	[illegible]
	11:00 am	NO IVF		[illegible]							0	[illegible]
	12:00 pm			[illegible]							0	
	01:00 pm			[illegible]							0	
Total Intake :						**Total Output :**						
01/06/26	02:00 pm										0	
	03:00 pm										0	[illegible]
	04:00 pm	NO IVF			NA						0	
	05:00 pm							NA			0	
	06:00 pm										0	[illegible]
	07:00 pm										0	
Total Intake :						**Total Output :**						
1/6	08:00 pm										0	Aruna
	09:00 pm										0	
	10:00 pm	NO IVF			NA			NA			0	Aruna
	11:00 pm										0	
	12:00 am										0	Aruna
	01:00 am										0	
Total Intake :						**Total Output :**						
2/6	02:00 am										0	Aruna
	03:00 am	NO IVF									0	
	04:00 am				NA			NA			0	Aruna
	05:00 am										0	
	06:00 am										0	Aruna
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 12 D (M)
Dr. UJJWALA DESAI

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.
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	

Docu. No. : RCHBH/FRM/CLINICAL/092

FDH-00045478 IP5-00174551
Master RIYAN M
21-05-2020 6 Y 0 M 10 D (M)
Dr. ANNAPOORNA TADAVARTHY

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 31/5/26 Time: 9am

Weight: 18.8kgs Centile: >10th

Height: 119cms Centile: 75th

Inference: Underweight child

RDA: - Calories: 1450 kcal/d Protein: 25g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy chilled, outside foods

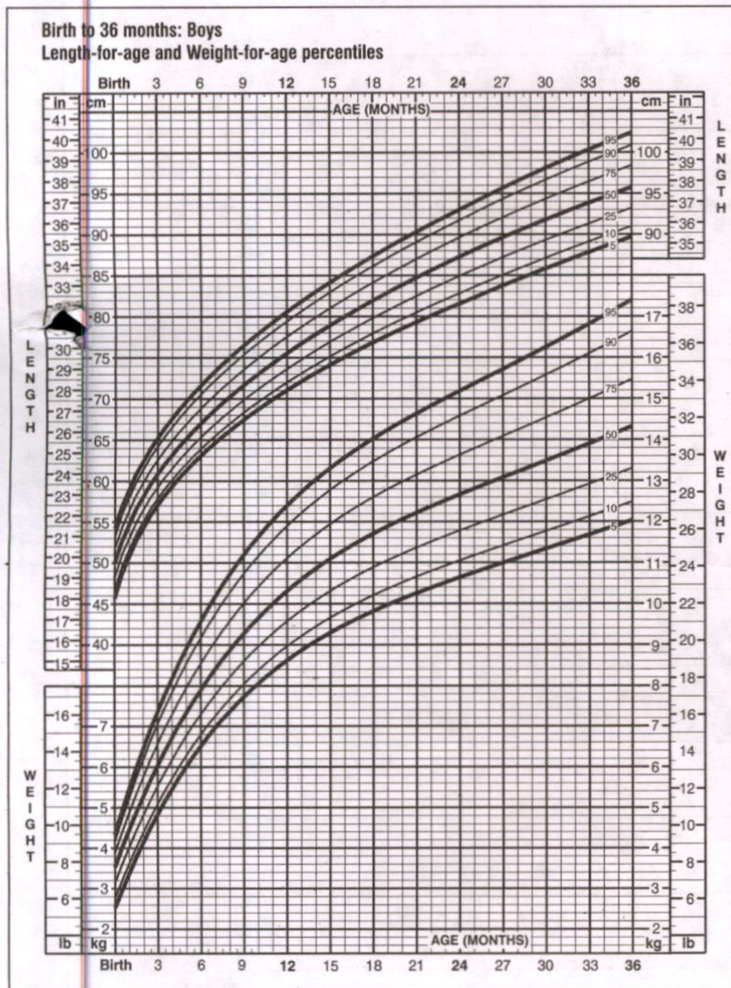
Food Allergies: No Veg/Non-veg veg

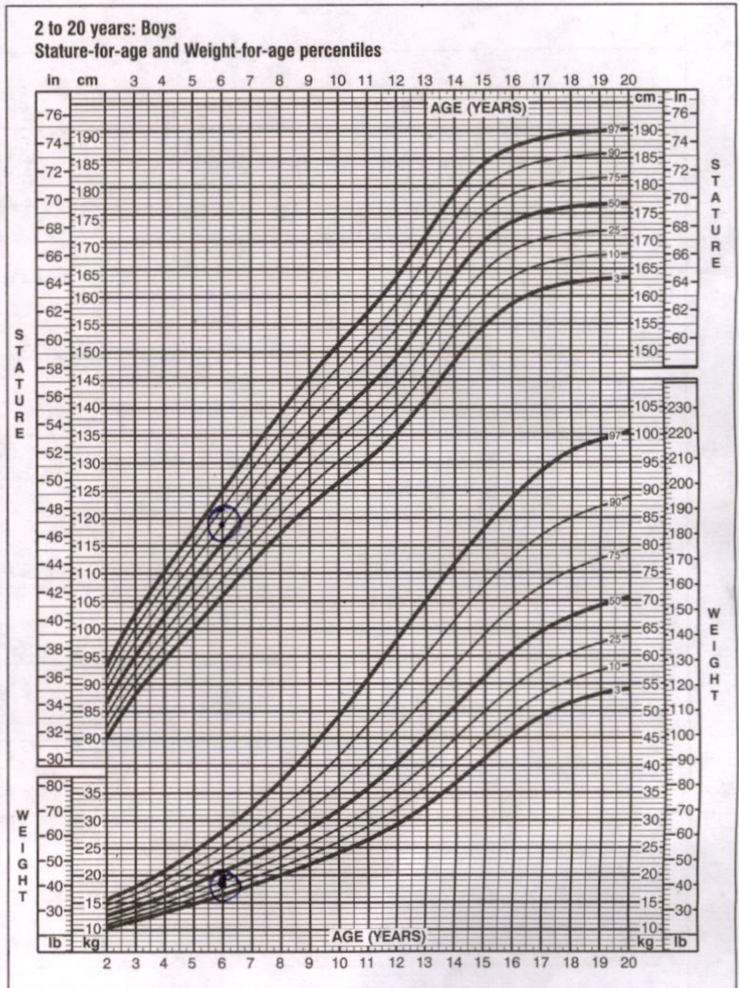
Diagnosis: AFI - 9 PUO

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: M. Srilakshmi

GROWTH CHART (BOYS)





Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

1/6/26 11AM Child is stable Oral Intake is opthmal
Continue c̄ Normal diet.
— [signature]