KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

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

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Your Right to a Safe Delivery

SURGERY DETAILS

Fcroot Dowl

Date : 31/5/26

Patient Name: ..M/s. Zainab Khan.......... Date of Birth: 16/5/25 .... Age: 1y

Gender: ....female........ Ward : ......P.O.T.......... UHID No.: KUH-00212059

Date of Surgery: ....31/5/26........ ☐ OT -1 ☐ OT -2 ☑ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Debridement Nail bed repair

o/w ors base. 25k

Time in :......8am.......... Time Out :....8:45am..........

		NAME	AMOUNT
1.	Surgeon	: Dr Ravichander	
2.	Anaesthetist	: Dr. Adhithi	
3.	Assistant Surgeon	:	
4.	OT Technician	: Vijay	
5.	Circulating Nurse	: Sravani	
6.	Assistant Nurse	: Kalyan	

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others ....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: ......9636397.......... Order by: ......Sravani..........

Docu. No. : RCHBH/FRM/GENERAL/114

Patient Sticker

RCH-0021205? 1y
6313
Zainab

Suturing

CONSUMABLES OF OT

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Circulating staff : .... Technician : .... Date : .... Time : ....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 3.5, 4, 3	1+1+1	—	Major Pack Drape	1	1	Inj Vit.K		
LMA 1, 1½	1+1	—	Sutures			Cord Clamp		
ECG leads : A / (P) / N	5	3				Suction Catheter		
HME filter (A) / P / (N)	1	—				Feeding Tube		
Syringes : 10 cc	10	4				Vaccum Suction Set		
05 cc	10	4	Gloves			Surgical Gloves		
02 cc	10	[illegible]	6, 6½, (7), 7½	2+2	2+3	Gauze Pack		
01 cc	3	—	PF - 6, (6½), 7, 7½	2+2	2	Syringe 1ml / 2ml		
Cautery plate : A / (P) / N	1	0	Surgical blade 11, (15)	1+1	1	Surgical Blade # 20		
IV set	1	—	NG tube			Koochies (S)		
RL			Cautery pencil			NS 500 ml	1	1
NS : 10ml / (100ml) / 500ml / 1000ml	1	1	Koochies			Trayofix	1	0
minispike	1	1	Ointments			10cc, 5cc, 2cc	2+2	2+
vaccum set	1	—	Suction Catheter			Inj Lox c̄ Adrenalin	1	1
Fentanyl	1	1	Cap, Mask	5/5	5/5	26 g needle	1	1
Morphine			Gauze Pack	5+5	5	4 inch bandage	1	1
Ketamine			Mop Pack	1	1	[illegible]	1	1
Propofol	3	2	Steristrip					
Rocuronium	1	0	Underpad	1	1			
Glycopyrolate	1	—	Draw sheet	1	1	Nasal air way		
Myopyrolate + Neo	2	—	Abgel			00, 18, 20	1+1	—
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			Oral air way		
Bupivacaine 0.25%			Chest Drainage Catheter			00, 0	1+1	—
Bupivacaine 0.25%(Heavy)			Romodrain bag			ETCO2 + Nasal prongs		
Antibiotics			Bandage			(P)	1	1
IV PCM	1	—	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set	1	1			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
3 way 10 + 100 cm	1+1	—	Microshield	1	1			
glove all + Gauze	4+4	—	Cotton Balls	1	1			
Tranexa + Dexa	1+1	—	Latex Gloves	8/8	8/8			
O2 Mask (P)	1	—	Ramdione Scrub					
IV Cannula (22, 24)	1+1	—	Saral					

Surgeon 9636066 Anaesthesiologist Nurse [signature] OT Technician

Order No. : .... Ordered by : ....

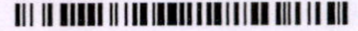
Doc. No. : RCH / FRM / GENERAL / 125

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 : IP5-00174556 **Admit Date** : 31-May-2026 **Admit Time** : 12:12 AM **UHID** : KUH-00212059

Patient Details :

Patient Name	: Baby ZAINAB KHAN	**Age**	: 1 Y 0 M 15 D
Guardian	: Mr NOUSHAD KHAN	**DOB**	: 16-05-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H/NO - 1-382, CHIRNJEEVI NAGAR , AMAN COLONY, MIYAPUR Hyderabad Telangana INDIA 500049	**Phone No**	: 9866029741
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 203 **Ward Name** : 2F-SECOND FLOOR

Room No : SPVT 203 **Admission Type** : First Visit

Contact Details :

Name	: Mr NOUSHAD KHAN	**Relationship**	: Father
Contact Address	: H/NO - 1-382, CHIRNJEEVI NAGAR , AMAN COLONY, MIYAPUR Hyderabad Telangana INDIA 500049	**Phone No**	: 9866029741

Noushad Khan
Signature

Doctor Details :

Doctor Name	: Dr. RAVI CHANDER RAO	**Specialisation**	: PLASTIC SURGERY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	: Dr. FAISAL B NAHDI		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: CARE HEALTH INSURANCE LIMITED

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ACTIVITY RECORD FOR BILLING

Name : ____

UHID No. : __________ IP No ... ____________ Dept : __________

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

Date of Admission: ________ ... charge : _________ Time: _________

Room / Bed No : __________ ... d Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/5/26	1:30Am	ER	203	[signature]
31/5/26	8Am	202	OT	[signature]
31/5/26	11Am	OT	202	Snabani

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. faisal B nahdi	1/6/26	9637745	Baswale
2				
3				
4				
5				
6				
7				
8				
9				
10				

DIC

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
31/5/26	x-ray	27415	[signature]
31/5	CBP	27416	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/5/[illegible]	Infusion Pump	31/5/26		9635810	[illegible]

D/C

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/5/26	IV placement	1	5629	[illegible]
31/5/26	PAC	1	9635811	[illegible]
31/5/26	NAA	1	9637846	[illegible]

ANY OTHER INFORMATION

....

....

....

....

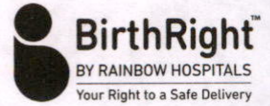
....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 16 D (F)
Dr. RAVI CHANDER RAO



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary				
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	1+1			
7	Nursing plan of care and handover sheets	3+1			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
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	1			
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)	1+1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
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				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	4			
	Billing	2			
	Total No. of Pages	36			

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

Signature and Date : D. Tejasri 1/06/2[illegible]

(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

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Zainab

UHID ID: __________

Department: __________

Consultant: __________

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

Pediatric Multiorgan History & Physical Examination

Name : Baby Zainab Age/Sex 1Y/F

Information given by: Mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

Accidental injury to nail bed & finger d/t entrapment in door to (Lt) Ring finger around 9:20 PM today.

History of present illness :

Came for Debridement + Nail bed repair + Suturing under GA.

L/E:- Deep cut (+) over (Lt) Ring finger & Nail bed

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

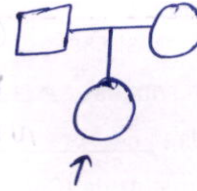
...ry & Physical Examination

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

–

Birth & Neonatal History:

2.8 kg | Term | NVD | No NICU admissions



Birth & Socio Economic History:

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

Developmental History :

Ⓝ as per age

Immunization History :

Immunized as per IAP.
BCG scar ⊕
Last vaccination 19/05/25

(P.T.O.)

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8.2Kg (Centile ________)

On Examination :

Temperature : 98.2°F Pulse Rate : 116 bpm B.P. 98/62(71) SPO2 98% at Room air

Resp.rate and type of breathing : 26/min

clear

Rash

Lymphadenopathy

Oedema : Ⓝ

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : Ⓝ

Air entry & breath sounds : BAE ⊕

Any addes sounds : NO

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

Cardiovascular System :

Inspection of procordium : Ⓝ

Heart Sounds : $S_1 S_2$ ⊕

Any murmur : NO

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

Per Abdomen :

Inspection Ⓝ

Palpation : soft, nontender

Ausculation : Bowel sounds ⊕

Spine : ________ External Genitelia : Ⓝ

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

KUH-00212059 IP5-00174556
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone:

Power

Co-ordinator :

Posture :

Involuntary Movements :

(N)

Reflexes :

DTR

Superficials:

(N)

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

(Lt) Ring finger Injury

Now for Debridement + Nailbed repair + suturing
U GA

(P.T.O.)

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection complications

Desired goals of the treatment : correction

Planned Labs:

[X-Ray

collect 1 plain, EDTA along c̄ cannulation

Planned Management

- PAC
- NPO to continue
- IV fluids full maintenance

N/B
Renuka
30/5/26

Signature of the Doctor: Bharath

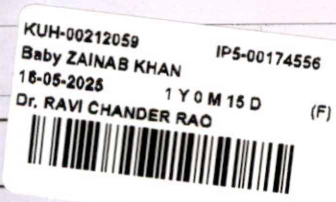
Name of the Doctor: Bharath Reddy

Date & Time: 30/05/2026; 11:55PM

Signature of the Consultant: [signature]

Name of the Consultant: Dr. Ravichander

Date & Time:


KUH-00212059
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OPERATION THEATER NOTES

Patient's Name : .... Age : .... Gender : ☐ Male ☐ Female

UHID No.: .... Weight : .... Height : ....

Surgeon : Dr Ravi chander	Asst. Surgeon :	
Anesthetist :	OT Nurse:	OT Technician:

Pre-Operative Diagnosis:

Surgical Procedure : Debridement & nail bed repair

Indications for Surgery : (L) MF Tip Injury

Date :	Start Time :	End Time :

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes: ↓ sedation

Debridement of the wound done.

Tip near total amputation intact on 3mm volar pedicle.

nail bed repaired. skin sutured. Dressing & splint placed.

Amount of Blood Loss: | Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

- NBM till further orders by anaesthetist

Continue treatment chart

- f/u - Tuesday

Name of the Surgeon: Dr. Ramchand

Signature of the Surgeon: [signature]

Date & Time: 31/5/21

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16-05-2025 1 Y 0 M 15 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 11 am.	Seen by Resident: Dr Sahithi.	
	(L) middle finger tip injury S/P Debridement + suturing + nail bed repair.	
	Child asleep, afebrile hemodynamically stable.	Plan - Continue medications as charted - Encourage oraley once awake. - monitor vitals & inform SOS
		Sahithi

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16-05-2025 1 Y 0 M 15 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 16 D (F)
Dr. RAVI CHANDER RAO

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CROSS CONSULTATION FORM

Doctor Name : DR. Faisal B Nahdi Date : 1/6/26 Time :

Diagnosis : Left middle finger tip Injury

Hospital :

Referred for : ☐ Opinion ☑ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

S/P- Debridement & Nail bed repair

Signature:

Findings and Recommendations :

Crushed left side Ring finger Injury

Debridement & Nail Bed Repair Done.

Child well
Afebrile
No fever
No vomiting.

Plan:
① Can be discharged
on oral antibiotics
& paracetamol

Consultant :

Name : [illegible] Signature : DR. FAISAL B NAHDI Registration No: 66228 Date & Time : 1/6/26

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

KUH-00212059 IP5-00174556
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RESULT SHEET

Date	31/5/26					
Time	2AM					
Hb	11.1					
PCV	35.7					
RBC	4.95					
WBC	8.28					
N/L	19.4/77.3					
Platelets	~~[illegible]~~ 327					
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.,) : ....

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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: ....303........

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: Bharath Reddy ; Bharath

Date & Time: 30/05/2026 ; 11:53 pm

Nurse Name & Signature: Renuka

Date & Time: 30/5/26 & 11:55 pm.

Docu. No. : RCHBH /FRM / GENERAL / 090

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DRUG CHART

Date of Admission: 21/5/26 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 / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

REGULAR PRESCRIPTIONS

Weight. 8.2kg Ward. ....

DRUG : Inj ESOMEPRAZOLE				Date / Time	30/5	1/6/2[illegible]
Dose	Route	Frequency	Start Date			
8mg	P/O	OD	31/5	6am	7am [illegible]	Kala Mani
Name & Signature of the Doctor Starting the Drugs: Ayushman						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Inj AMOXYCILLIN CLAVULANATE				Date / Time	30/5	1/6/25
Dose	Route	Frequency	Start Date			
250mg	IV	TID	31/5	6am	8:30 Am	Kala Sapni
Name & Signature of the Doctor Starting the Drugs: Sahithi				2pm	5:30 [illegible] Bawa Navina	
Additional Instructions: @ 30mg/kg/dose				10pm	[illegible] Kala Mani	
Daily Doctor's Endorsement by a Sign						

DRUG : Inj PARACETAMOL.				Date / Time	31/5	1/6/25
Dose	Route	Frequency	Start Date			
120mg	IV	TID	31/5	6am	X	Kala Mani
Name & Signature of the Doctor Starting the Drugs: Saahithi				2pm	1Pm Bawa Navina	
Additional Instructions: @ 15mg/kg/dose.				10pm	Kala Mani	
Daily Doctor's Endorsement by a Sign						

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a 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.	

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
3/8/26	8.30 AM	INJ AUGMENTIN 240mg	240mg	PO	Adil	[illegible]

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

Dr. RAVI CHANDER

IPS-00174556 KUH-0021059 Baby ZAINAB KHAN

I.V. FLUIDS CHART

Weight. 8.2kg 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
31/5	1.30am	IV fluid DNS	IV	34	[signature]	Kala / Manoj	31/5	[signature]	[signature]

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

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN (F)
16-05-2025 1 Y 0 M 15 D
Dr. RAVI CHANDER RAO

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter						
Date : .... Time:	2am	6am	10am	2pm	6pm
Doctor / Nurse / Family Concern?					
Temperature (°F)	98.6	97.2	98.6	97.2	96.8
Heart Rate (bpm) and Blood Pressure (mmHg) *	92/56 (65)	102/52 (68)	96/59 (65)		86/54 (65)
Heart Rate (Number)	132 B/m	128 B/m	106 B/m	122 B/m	118 B/m
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	24 B/m	26 B/m	27 B/m	24 B/m	30 B/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)	RA	RA	RA	RA	RA
O_2 Saturations (%)	100%	99%	100%	99%	100%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0		0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

Scale: Temperature 104–94; Heart Rate / BP 190–50; Resp. Rate 70–10.

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.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

No. : RCH/ FRM / CLINICAL / 125

30/5/26

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

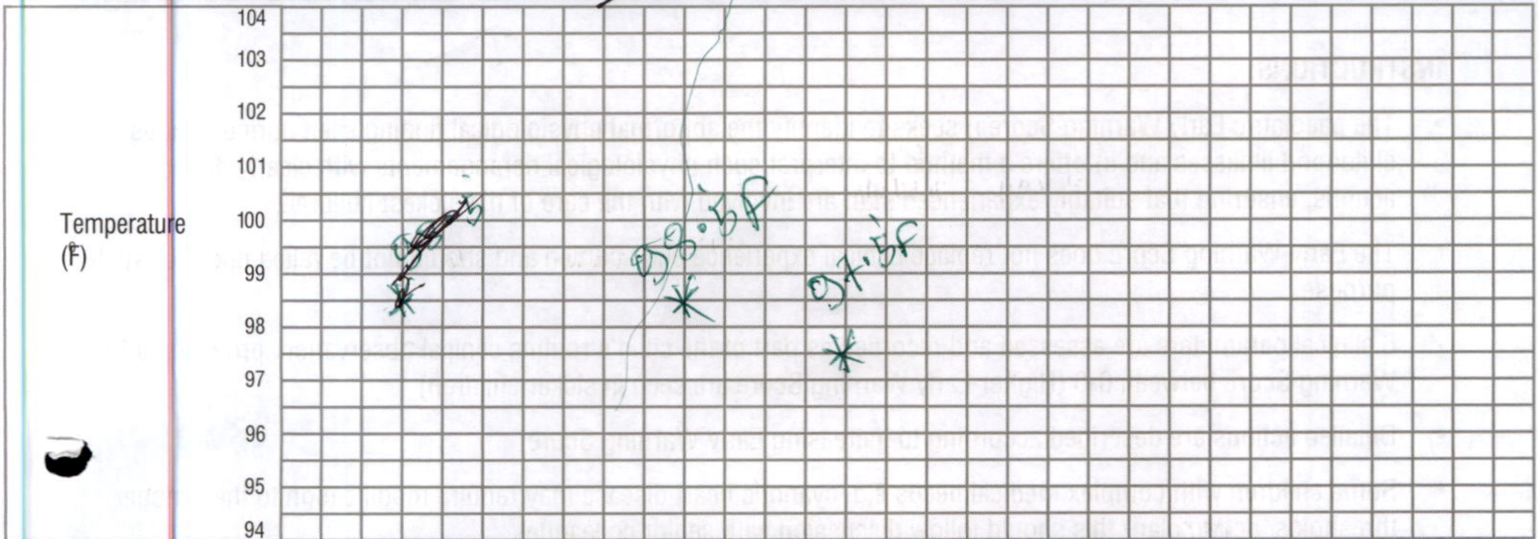
Pratiksha Rainbow Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

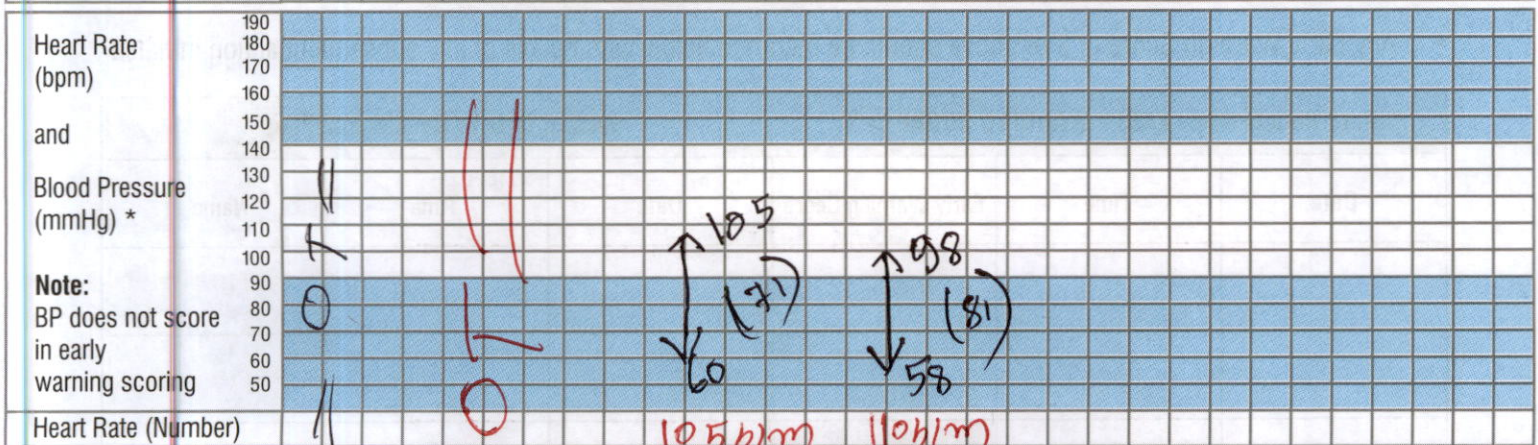
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time: 8am 1Pm 6Pm

Doctor / Nurse / Family Concern?



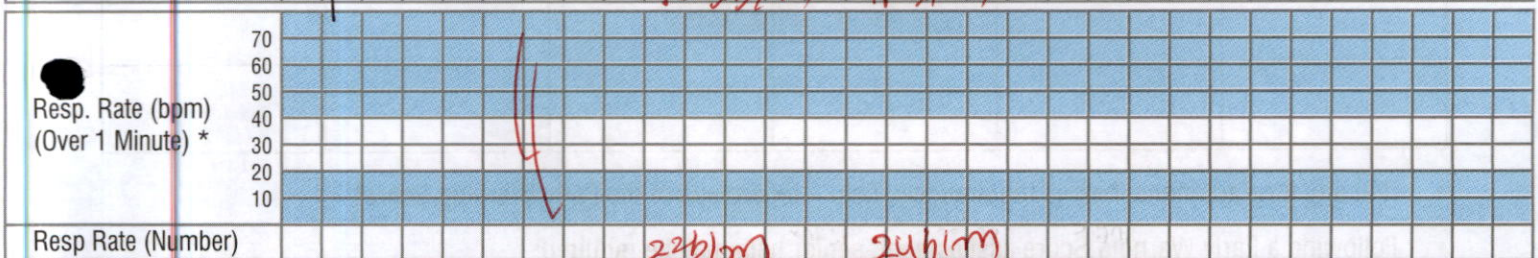
Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94



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

Heart Rate (Number): 105 b/m 110 b/m



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

Resp Rate (Number): 22 b/m 24 b/m

Resp Distress	Mod/ Severe
	None / Mild

Receiving O_2(l/min): R/A R/A

O_2Saturations (%): 100% 98%

Conscious Level	Normal
	Altered

GCS *: 15/15 15/15

TOTAL SCORE
Number of shaded boxes: 0 0

Pain Score: 0 0

Observer's Initials

ACTIONS	Score	Action
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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Patient Sticker

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BirthRight
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INSTRUCTIONS:

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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)

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

Patient Stic

FLUID CHART

Sheet No. : 31/5/26

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.

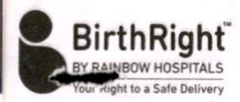
Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 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	Dns										
31/5	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am	↓		34ml							0	[illegible]
	03:00 am			34ml							0	[illegible]
31/5/26	04:00 am	DNS	NPO	34ml							0	[illegible]
	05:00 am			34 ml			Nil				0	[illegible]
	06:00 am	↑		34ml							0	[illegible]
	07:00 am			34ml							0	[illegible]
Total Intake :						**Total Output :**				M—		[illegible]

Total 24 hrs. Intake	Today 204

Total 24 hrs. Output	M— U-2

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
16-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

FLUID CHART



Sheet No. : 31/5/2

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
	08:00 am											
	09:00 am	↑	H2O	–	–	–	–	–	–	✓	0	[illegible]
	10:00 am										0	Sri
	11:00 am	NO									0	Sno
	12:00 pm	IVF								✓	0	Bani
	01:00 pm	↓					✓				0	MP
Total Intake :						**Total Output :** M-1 U-2						
	02:00 pm		milk	–							0	Bani
	03:00 pm	↑	water	–						✓	0	Bani
	04:00 pm			–						✓	0	Bani
	05:00 pm	NO		–			nil				0	Bani
	06:00 pm	IVF		–							0	Bani
	07:00 pm	↓		–							0	Bani
Total Intake :						**Total Output :** M-0 U-2						
31/5/26	08:00 pm	↓		–							0	Kalu
	09:00 pm		milk	–							0	Kalu
	10:00 pm			–						✓	0	Kalu
	11:00 pm	NO		–			✓				0	Kalu
	12:00 am	IVF		–							0	Kalu
	01:00 am	↑		–						✓	0	Kalu
Total Intake :						**Total Output :** M-0						
1/6/26	02:00 am	↓		–							0	Kalu
	03:00 am		milk	–						✓	0	Kalu
	04:00 am	NO		–			nil				0	Kalu
	05:00 am	IVF		–							0	Kalu
	06:00 am	↑		–						✓	0	Kalu
	07:00 am			–							0	Kalu
Total Intake :						**Total Output :** U-0						

Total 24 hrs. Intake		Total 24 hrs. Output	M2 U8

KUH-00212059 IP5-00174556
Baby ZAINAB KHAN
15-05-2025 1 Y 0 M 15 D (F)
Dr. RAVI CHANDER RAO

202

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Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 31/5/26 Time: 10am

Weight: 8.2kg Centile: 75th

Height: 55cm Centile: 75th

Inference: underweight Child

RDA: – Calories: 1200kcal/d Protein: 20gm/d

Diet Recommendations: soft Diet

Re-Assesment: Avoid spig, chilled & outside foods

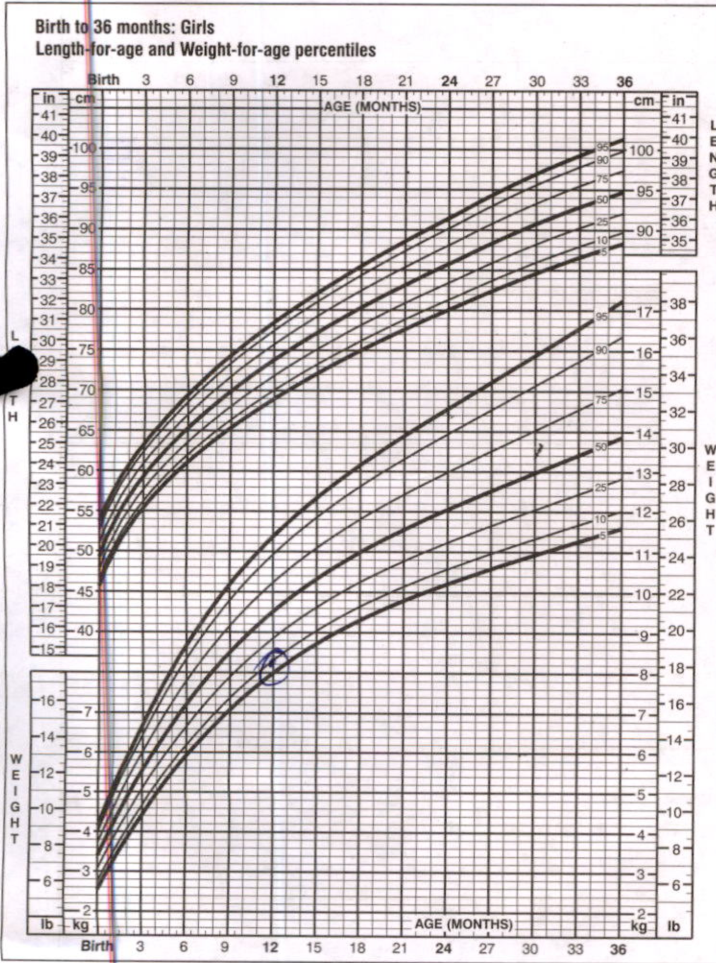
Food Allergies: NO Veg/Non-veg NON-veg

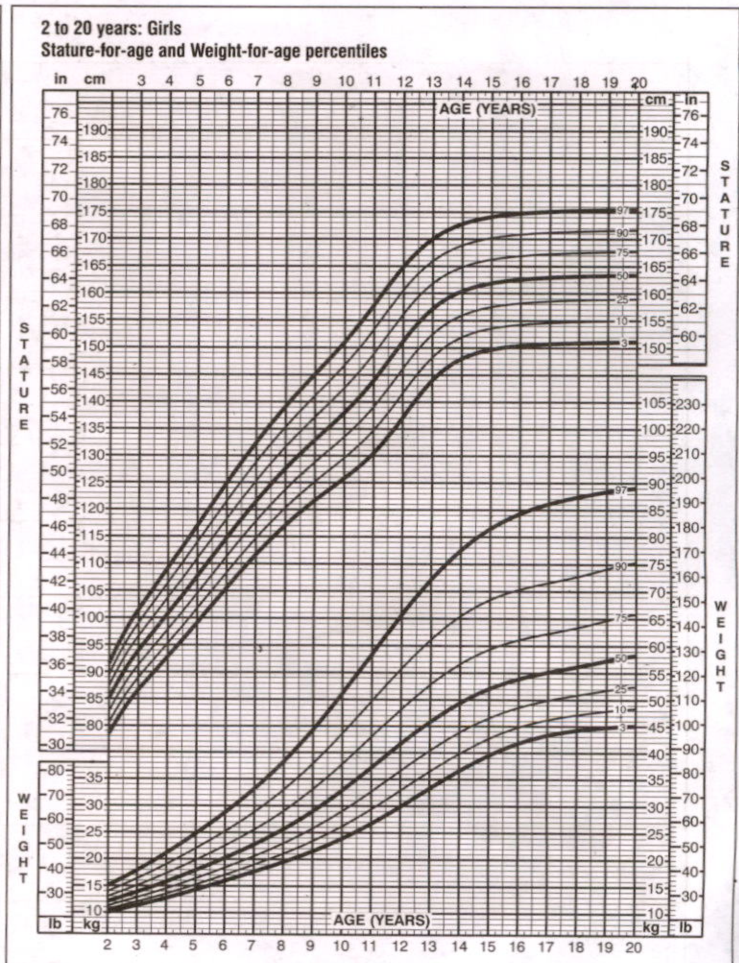
Diagnosis: Debridement + Nailed Repair Suturing

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: ✓

GROWTH CHART (GIRLS)





Dietician's Name Saima

Dietician's Signature Saih

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

(P.T.O.)

Daily Notes:

9/6/22 8am	Child is stable. Intake is fair. Continue ~~[illegible]~~ c̄ soft diet. Nibitha