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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : ___ BAH-00626402 IP5-00175987 Baby SPURTHI KOPPURAVURI 08-01-2015 11 Y 5 M 27 D (F) Dr. SIRISHA RANI ____Consultant: _____ Dept : _____

Date of Admissic ____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	1 pm	ER	122	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. leena priyambada.	6/7		
2	DR. NITYA.N	6/7		
3				
4	Kindly Enter.			
5	Dr Couldn't find.			
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
5/7	Rbn - 95 mg/dl	67275	[illegible]
5/7	CBP creat SE	26067292	[illegible]
5/7	CUE, Urine C/S	26067316	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7	Infusion Pump	2PM	6/7 3pm	9689019	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Don't Charge for NHA. — Mounika

Date : 6/7

Time : 12pm

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Riya	Evng ONCO		

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Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 28 D (F)
Dr. SIRISHA RANI

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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	3			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2+1			
8	Consultation sheet	2			
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+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	7			
	Total No. of Pages	32			

Signature and Date :
6/7/26

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

(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

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 : IP5-00175987 **Admit Date** : 05-Jul-2026 **Admit Time** : 12:20 PM **UHID** : BAH-00626402

Patient Details :

Patient Name	: Baby SPURTHI KOPPURAVURI	**Age**	: 11 Y 5 M 27 D
Guardian	: Mrs K SUSMITHA	**DOB**	: 08-01-2015
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: F NO 509,PEARL BLOCK,MY HOME JEWEL MIYAPUR Hyderabad Telangana INDIA 500049	**Phone No**	: 7075974942/ 9494539246
		E-mail	: koppuravuri.sreekanth@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 122 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : PVT 122 **Admission Type** : First Visit

Contact Details :

Name : Mrs K SUSMITHA **Relationship** : MOTHER

Contact Address : F NO 509,PEARL BLOCK,MY HOME JEWEL MIYAPUR Hyderabad Telangana INDIA 500049 **Phone No** : 7075974942 / 9494539246

K. Sreekanth

Signature

Doctor Details :

Doctor Name : Dr. SIRISHA RANI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. SANDHYA VADDADI

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.28

Payor Name : NIVA BUPA HEALTH INSURANCE COMPANY LTD

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to ONCOLOGY

- ☐ For Chemotherapy-Day Care or IP Admission as per the Type of Chemotherapy
- ☐ Febrile Neutropenias (ANC <500 cells / mm3)
- ☐ Netropenic Enterocolitis
- ☐ Mucositis Induced Significant Diarrohea or Pain
- ☐ Neurological Complications (like Seizures, Bleeding, Thrombosis) that can arise while on Chemotherapy Treatment or at the Time of Presentation and also for other Systemic Problems like Pancreatitis during Chemotherapy
- ☐ Management of Oncological Emergencies
- ☐ Bleeding Problems (where it is indicated)
- ☐ Evaluation and Management of Severe Anemias
- ☐ Day Care Admissions for PRBC Transfusions
- ☐ Evaluation and Management of Sick Children who come with Hematological Problems like Severe Anemia like Autoimmune Hemolytic Anemia/ Bleeding/ Others
- ☐ Primary Immunodeficiency Disorders with Infections that Warrants Hospitalisation
- ☐ Management and Evaluation of Hemophagocytic LymphoHisticytosis
- ☐ Any Systemic Disorders with Significant Hematological issues like JRA / SLE with Secondary HLH

Signature of the Doctor: A

Name of the Doctor: DR-Sravani

Date & Time: 5/7/26 4pm

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Baby SPURTHI KOPPURAVURI
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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☑ Others: home

Tick (✓) any of the following criteria requiring discharge / transfer from ONCOLOGY

☐ Completion of chemotherapy, with no debilitating side effects.

☐ Resolution of febrile episode, with no fever>24hrs and Absolute Neutrophil count (ANC)> 500cells/mm3.

☐ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: .....

Name of the Doctor : DR-Sravan

Date & Time: 6/7 evng

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PEDIATRIC IN-PATIENT MEDICAL RECORD

(1)

Patient Name: Spurthi

UHID ID:

Department:

Consultant:

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Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o vomitings since 10 days.
nausea. (+)

History of present illness :

M/o pintal Region non-germinomatous GCT with Panhypopituitarism
c/o vomitings since 10days
4-5 episodes/day
also with food particles
now bloody, now bilious

c/o nausea

no fever/cold/cough
oral intake - poor
stools - passing once in 3 days.
hard stools.

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Baby SPURTHI KOPPURAVURI
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Dr. SIRISHA RANI

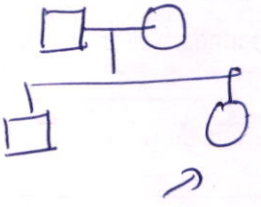
Pediatric Multiorgan History & Physical Examination

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

nil

Birth & Neonatal History:

Term / NVD / B.Wgth - 3.2 kgs / Normal transition



Birth & Socio Economic History:

About Father : middle
About Mother :
Any additional Information :

Developmental History :

appropriate for age

Immunization History :

vaccinated upto date

(P.T.O.)

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2016 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__47.9kg__(Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 140/min B.P. 109/58(66) SPO2 100% @ Room air

Resp.rate and type of breathing : 24/min

Rash_____

Lymphadenopathy__ NAD

Oedema :_____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : bilateral air entry (+)

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S_1S_2 Normal

Any murmur : _____

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

Per Abdomen :

Inspection_____

Palpation : soft, NT

Ausculation :_____

Spine :_____External Genitelia : _____

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

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Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton :

Tone: WNL Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

pineal region non germinatous GCT
now with acute gastritis
(chemotherapy induced)

(P.T.O.)

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: - Severe dehydration
- Shock.

Desired goals of the treatment :
Hemodynamic stability

Planned Labs:	**Planned Management**
CBP	- IVF. DNS
Sr. Creat	- Inj. Dexamethasone
Sr. Electrolytes	- Inj. Pantoprazole
GRBS → 95 mg/dl	- Inj. Ondem
CUE	- Inj. Fosaprepitant
Urine c/s.	- w/g dehydration/ Anemia/ shock
N.B Surgha 5/7 hrs	- Inj. Ceftriaxone
	- Tab. Thyroxine
	- Tab. Domperidone
	N.B Surgha 5/7 hrs

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Nandan
Date & Time: 05/07/2026, 12.15AM

Signature of the Consultant: [signature] Rani
Name of the Consultant: Dr. Sirisha
Date & Time: 5/7/26 12:15am

Dr. Anurag Reddy

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Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/16 12:30pm	CNS- Non germinomatous GCT. for COG protocol ongoing Radiotherapy	
	c/i - Vomiting - multiple episodes. ? Radiation induced.	
	Vomiting - multiple episodes No fever Stools - not passed.	
	O/E child dull looking RS-BILAT (+) clear PA Soft BS (+)	Plan 1. send CBP electrolytes creatine CUE Urine o/s. 2. Inj Dexa 4mg IV OD Inj Fosaprepitant 150mg IV OD 3. Trace reports 4. I/o charting strict V.O.P monitoring 5. Start Inj ceftriaxone ~~2gm~~ 1gm IV BD. MB Moumita 5/7/16 3PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 8:30AM	Morning rounds	
	CNS - Non germinomatous GCT / on COG protocol ongoing Radiotherapy.	
	Now with ?Radiation induced	Gastritis - Adv
		1) Ceftriaxone
	further vomiting ⊖	Rest D2
	Afebrile, Alert	2) S/O charting
	Vitals (N)	3) monitor vitals
	S/E → [illegible]	4) Re & Psychology consult
	CVS	
	RS } (N)	
	P/A	
		Anantha[illegible]
		I/O Ceena Panjambade [illegible]
	Dr. [illegible] 4899 @ 9:45AM	
	Dr. Anurag Reddy	N/B Div 11826 6/7 @ 9:00

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

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Baby SPURTHI KOPPURAVURI
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Dr. SIRISHA RANI

SPURTHI

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CROSS CONSULTATION FORM

Doctor Name : teena, ~~Spurthi Koppuravuri~~ Date : 6/7 Time : IP

Diagnosis : CLT

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:

Signature:

Findings and Recommendations :

Persistent vomiting.

Plan

(1) IV Hisone : 10 mg TID x 2 days.
↓
5 mg TID.
Can shift to oral if vomiting stops.

(2) THYROXINE - ~~75~~ 62.5 mcg. x 5 days.
↓
~~62.5~~ 50 mcg to continue

(3) Saline ligrids.

(4) T. MIHIRM - 1 — (1/2) — 1 1/2
(100) optional
skip if there is no polyuria.

Consultant :

Name : Deepa Signature : ..... Date & Time : 6/7/25. 1 pm.

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CROSS CONSULTATION FORM

Doctor Name: Dr. NITHYA N. Date: 6/7/26 Time: 10.30 AM

Diagnosis: Phobic Anxiety / Panic attacks

Hospital: RCH

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:

Signature:

Findings and Recommendations :

C/o feeling anxious since yesterday.
& "uncomfortable feeling".
Bo. Denies overthinking / worry - unable
to articulate.

Sleep - disturbed.
Reluctance for Radiotherapy ↑.

O/E - Anxious cognitions
could not be elicited

Consultant :

Name: Dr. NITHYA N Signature: N. Nithya Date & Time: 6/7/26

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

℞

wt - 49 kgs

1) T. LONAZEP MD
0.25mg
– 1 – (SOS)
before procedure

2) T. NEXITO 5mg
x — x — 1 for
2 weeks
(to start if
anxiety is persisting/
unable to manage
~~cont~~ with
(SOS) medication)

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(1)

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RESULT SHEET

Date	5/7/26					
Time	2PM					
Hb	11.2					
PCV	34					
RBC	3.98					
WBC	8.14					
N/L	86/3.3					
Platelets	252					
CRP						
ESR						
PCT						
RBS	95					
Na	134					
K	3.9					
Cl	100					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.5					
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	5/6					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

5/6 :- Urine C/S :-

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

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

				Date / Time		
DRUG : Inj CEFTRIAXONE				5/7	6/7	
Dose 2gm	Route IV	Frequency BD	Start Dt. 5/7.	6AM	Sriram Anu	
Name & Signature of the Doctor Starting the Drugs: Sravani				6PM	2PM Dhara	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG : Tab THYROXINE				5/7		
Dose 1tab	Route PO	Frequency OD	Start Dt. 5/7			
Name & Signature of the Doctor Starting the Drugs: Sravani				8AM		
Additional Instructions: (1tab = 50mg)						
Daily Doctor's Endorsement by a Sign						
DRUG :						
Dose	Route	Frequency	Start Dt.			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG :						
Dose	Route	Frequency	Start Dt.			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D
Dr. SIRISHA RANI (F)

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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 ....

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DRUG CHART

Date of Admission: 5/7/16 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 :				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 ..... Signature .....

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 6 M 27 D (F)
Dr. SIRISHA RANI

REGULAR PRESCRIPTIONS Weight. 49 Kg. Ward. .....

DRUG : INJ. DEXAMETHASONE

Dose	Route	Frequency	Start Date
4mg	IV	OD	05/07/26

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/7														
	2PM Dr														

DRUG : INJ. PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	05/07/26

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/7	6/7													
	Soram Anu	Soram Anu													

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
8mg	IV	TID	05/07/26

Name & Signature of the Doctor Starting the Drugs: Dr. Nandan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/7	6/7													
6AM	Soram Anu														
2PM	Divya Anu Soram														
10PM															

DRUG : Tab DOMPERIDONE

Dose	Route	Frequency	Start Date
1 tab	PO	BD	5/7/26

Name & Signature of the Doctor Starting the Drugs: Sirisha

Additional Instructions: (1 tab = 10mg)

Daily Doctor's Endorsement by a Sign

Date/Time	5/7														
8AM															
8PM	Anu														

Dr. SIRISHA RANI

Weight. 47.90kg 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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/7/26	4PM	Inj FOSAPREPITANT	150mg	IV	✓	Moumita Pooja
~~5/7/26~~	~~8~~	~~Inj HYDROCORTISONE~~	~~100mg~~	~~IV~~	✓	
5/7/26	3:30PM	Inj NEUROBION	FORTE 2ml	IV	✓	Moumita Pooja

BAH-00626402 IP5-0017598?

Baby SPURTHI KOPPURAVURI

08-01-2016 11 Y 5 M 27 D (F)

Dr. SIRISHA RANI

I.V. FLUIDS CHART

Weight. 47.90 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
6/7.	3PM	DNS + 5ml MVI + 5ml KCl.	IV.	100 ml/hr	A	Mounika / Pooja	6/7	A	100

Signature .....

VERIFIED BY : Name .....

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 6 M 27 D (F)
Dr. SIRISHA RANI

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MEDICATION RECONCILIATION FORM

Drug Allergies: No. ☑ 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: Onco

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	TAB. DOMPERIDONE	1tab	P/O	BD		☑ C ☐ DC
2	Tab. THYROXINE	1tab	P/O	OD		☑ 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 : Madhuri

Date & Time : 5/7/20

Nurse Name & Signature: NUR - Sreesmita

Date & Time : 5/7/20 @ 12:45 pm

BAH-00526402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

(1)

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PAIN ASSESSMENT FORM

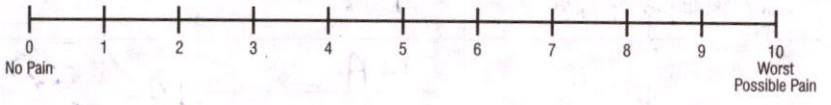
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	12:30 pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil Nil	[signature]
5/7/26	8:30 PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
6/7	5Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
6/7	1PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

(2)

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/20 Time: 9AM 4PM

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F 98.6°F

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

100 (68) 60 98 79 64

Heart Rate (Number) 70 b/m 100 b/m

Resp. Rate (bpm) (Over 1 Minute)

70 60 50 40 30 20 10

Resp Rate (Number) 21 b/m 26 b/m

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2 (l/min)			
O_2 Saturations (%)		100%	100%
Conscious Level	Normal	C	C
	Altered		
GCS *		15/15	15/15
TOTAL SCORE Number of shaded boxes			
Pain Score		0	0
Observer's Initials			

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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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-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

(1)

Docu.No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/7/26 Time: 4PM | 7PM | 10pm | 3AM | 6AM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

*98.6°F *97.9°F *98.5°F *98°F *98.5°F

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

101 (69) 59 | 95 (68) 60 | 108 80 72 | 99 (81) 66 | 100 (78) 60

Heart Rate (Number)	85 b/m	108 b/m	103 b/m	101 b/m	106 b/m

Resp. Rate (bpm) (Over 1 Minute)

70 60 50 40 30 20 10

Resp Rate (Number)	21 b/m	21 b/m	21 b/m	20 b/m	21 b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	100 %	100 %	99 %	100 %	99 %
Conscious Level: Normal / Altered	C	C	C	C	C
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	0	0
Observer's Initials					

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

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FLUID CHART

Sheet No. : 1

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

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											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
5/7/26	02:00 pm	fruits		50ml								
	03:00 pm	H20	50ml	50ml								
	04:00 pm	ORS	50ml	100ml			~					
	05:00 pm			100ml								
	06:00 pm			100ml						350ml		
	07:00 pm			100ml								
Total Intake :		600ml				**Total Output :**				350ml + (2)m		
	08:00 pm	H20	75ml	100ml								
	09:00 pm			100ml						200ml		pooja.
	10:00 pm			100ml								
	11:00 pm			100ml								
	12:00 am			100ml						100ml		
	01:00 am			100ml								
Total Intake :		675ml				**Total Output :**				300ml		
	02:00 am			100ml								
	03:00 am			100ml						200ml		
	04:00 am			100ml								pooja
	05:00 am			100ml								
	06:00 am			100ml						150ml		
	07:00 am			100ml								
Total Intake :		600ml				**Total Output :**				350ml.		

Total 24 hrs. Intake	1875 ÷ 39.1cc/kg/hr.	Total 24 hrs. Output	1000 ÷ 0.86cc/kg/hr.

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 28 D (F)
Dr. SIRISHA RANI

FLUID CHART

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Sheet No. : (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.

		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							
6/7/26	08:00 am	Idli	1 Piece	100ml								
	09:00 am			100ml						250ml		
	10:00 am			100ml								
	11:00 am	H2o	250ml	100ml								
	12:00 pm			100ml								0
	01:00 pm			100ml						250ml		
Total Intake :			800ml			Total Output :				450ml		
	02:00 pm			100ml								
	03:00 pm			100ml								
	04:00 pm			100ml								
	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	

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 1:40pm Mode of Arrival: By wheel Chair Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction NA

Body Weight: 49 Kg

Height: ..... cm

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
NA	NA	NA

Family History: No Significant History finded

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☐ None ☑ Yes, If Yes, fill reconciliation form

Observations: Weight: 49 kg Length: - Head Circumference (< 2 years): -

Temp.: 98.5°F HR: 101 b/m RR: 28/m BP: 100/60 (71)

Pain Score: 0 Specify Site: NA (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

Character of Pain - Location - Frequency - Duration -

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Cultural & Spiritual Needs: ☐ Yes ☐ No if Yes specify ..... Inform consultant for positive criteria

Social History: Lives With ..... Parents .....

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☐ Yes ☐ No

Information given to ..... Mother .....

Nurse Signature: .....

Nurse Name: ..... Moumita .....

Date: ..... 5/7/26 .....

Time: ..... 1:45 PM .....

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI (F)
08-01-2015 11 Y 5 M 27 D
Dr. SIRISHA RANI

Rainbow® Children's Hospital
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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 6/7/26

Assessment: Patient Having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	-TO Assess the baby condition	8:30AM	Assessed the baby condition	Patient feel betten
11AM	TO Monitor Vitals and Record	9:30AM	Monitored vitals and Recorded	
12PM	TO Maintain fluid balanee	12:30PM	Maintained fluid balaneed	
2PM	TO Ensure Safety	2:30PM	Provided supportive cane	
4PM	TO maintain Personal Hygiene	4:30P	Maintained Personal Hygiene	
	Administer medication as Per doctor's orden		medication given as Per drug chant	

Re-Assessment: Re-assessment done

Special Notes: —

Nurse Signature: M Nurse Name: Moumita Date & Time: 6/7/26 2Pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

(2)

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 5/7/26

Assessment: patient is having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	*Assess the general condition	8:30pm	*Assessed the general condition	patient is comfortable
10pm	*Monitor and note vitals	10:30pm	*Monitored and noted vitals	
12Am	*Provide Comfortable position.	12:30pm	*Provided comfortable position	
2Am	*provide supportive care.	2:30pm	*Provided supportive care.	
4Am	*Ensure Safety.	4:30Am	*Provided siderails & pillows.	
6Am	*Administer medications as per order.	6:30Am	*Administered medications as per order.	
7Am	*Monitor output	7:30Am	*Monitoring output by diaper weight	

Re-Assessment: patient is Comfortable.

Special Notes:

Nurse Signature: Arun m Nurse Name: Arun m Date & Time: 6/7/26 @ 8Am

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Baby SPURTHI KOPPURAVURI
08-01-2015 11 Y 5 M 27 D (F)
Dr. SIRISHA RANI

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 5/7/26

Assessment: Patient Having vomiting and weakness

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

Time	Plan of Care	Time	Implementation	Evaluation
2PM	TO maintain fluid balanee	2:30PM	Assessed the baby condition	Patient is stable
3PM	TO Assess the baby condition	3:30PM	maintained fluid balaneed	
4PM	TO Moniton vitals and Reeond	4:30PM	monitoned vitals and Recon-ded	
5PM	TO Give Dexa today	5:30PM	Provided suppontive cane	
6PM	Administen medicine as Pen doetor's onden	6:30PM	medication given as Pen doetors onden	
7PM	Maintain Pensonal Hygiene	7:30PM	maintained I/o chanting	

Re-Assessment: Re-assessment done

Special Notes:

Nurse Signature: M Nurse Name: Moumita Date & Time: 5/7/26 8PM

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00626402 IP5-00175987
Baby SPURTHI KOPPURAVURI (F)
08-01-2015 11 Y 5 M 27 D
Dr. SIRISHA RANI

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Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sirsha rani Department: ER Date of Admission: 5/7/26

SITUATION

Diagnosis: Vomiting > 10 days

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	ER 1Pm	ONCO 2PM-8PM	ONCO 8Pm-8Am	ONCO 8AM-8PM		
Medical Condition (Any special condition to be noted):	Nil	NA	N·A	NA		

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98°F	98.5°F	98°F	98.4°F		
Res:	24 b/m	25 b/m	24 b/m	25 b/m		
SpO_2:	100%	100%	100%	100%		
Pulse:	140 b/m	95 b/m	98 b/m	105		
BP:	104/58	100/55	103/68(a)	100/68		
Fall Risk Score:	9	9	9	9		
Pain Score:	0	0	0	0		

Recommendations

Safety Needs:	Yes	Yes	Side rails	Side rails		
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	Nil	NA	N·A	NA		
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	Nil	NA	N·A	NA		
Post Operative Procedure Special Orders:	Nil	NA	N·A	NA		
Handed Over By Name :	Sagar	Moumita	Azam	Moumita		
Signature :			Azam			
Date:	5/7/26	5/7/26	6/7/26	6/7		
Time:	1Pm	8PM	8Am	8PM		
Taken Over By Name :	Moumita	Manually	Moumita	DK		
Signature :						
Date:	5/7	5/7	6/7			
Time:	1Pm	8pm	8AM			

Patient Sticker

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

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Baby SPURTHI KOPPURAVURI
Spu 08-01-2015 11 Y 5 M 28 D (F)
Dr. SIRISHA RANI

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Rainbow® Children's Hospital
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 6/7/26 Time: 10 Am

Weight: 47.9 kgs Centile: > 75th

Height: 152 cms Centile: > 75th

Inference: overweight child

RDA: — Calories: 1700 kcals/d Protein: 30 g/d

Diet Recommendations: Normal High protein diet

Re-Assesment: Avoid spicy, chilled and outside foods

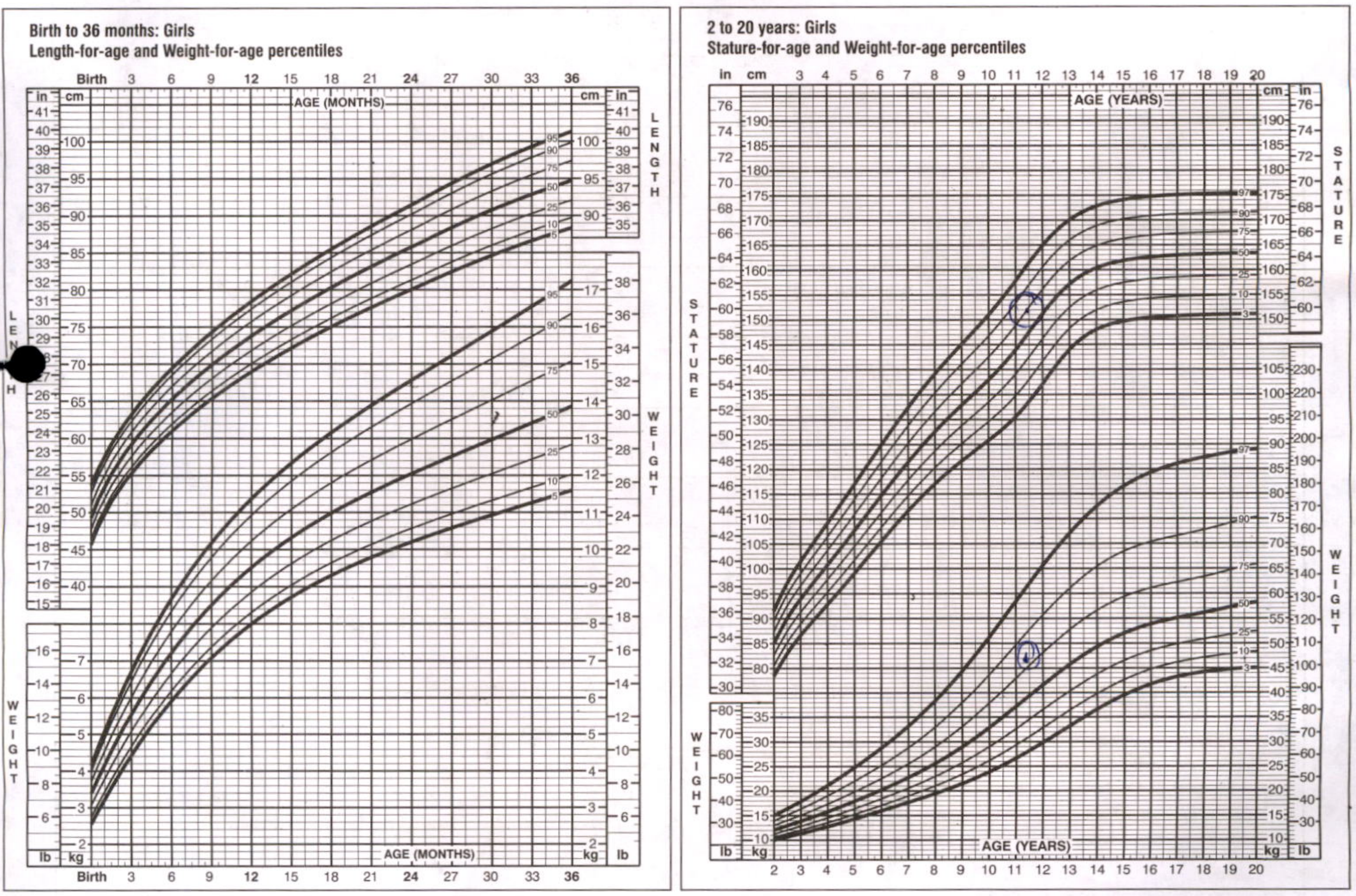
Food Allergies: Veg/Non-veg

Diagnosis: CNS non glomerulous GCT / CVG · A-Gastritis. (chemo included)

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Parent's Don't need dietician. Don't charge for NHA.

GROWTH CHART (GIRLS)



Dietician's Name: Moumita

Dietician's Signature: Moumita

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

(P.T.O.)

Daily Notes: