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 : IP5-00176666 **Admit Date** : 20-Jul-2026 **Admit Time** : 05:07 PM **UHID** : BAH-00599587

Patient Details :

Patient Name	: Master ANANT RAWAT	**Age**	: 2 Y 0 M 4 D
Guardian	: Mr RATNESH RAWAT	**DOB**	: 16-07-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: F NO G 5 GROUND FLOOR SHIVA SAI NILAYAM D NO 6-2-918/3 OPPOSITE S B I BANK Khairatabad Hyderabad Telangana INDIA 500004	**Phone No**	: 9866399990/ 9820012647
		E-mail	: RAJKUMARRRAWAT@REDIFFMAIL.CO

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 315 **Ward Name** : 3F-ZONE A

Room No : DLX 315 **Admission Type** : First Visit

Contact Details :

Name : Mr RATNESH RAWAT **Relationship** : Father

Contact Address : F NO G 5 GROUND FLOOR SHIVA SAI NILAYAM D NO 6-2-918/3 OPPOSITE S B I BANK Khairatabad Hyderabad Telangana INDIA 500004 **Phone No** : 9866399990 / 9820012647

Signature

Doctor Details :

Doctor Name : Dr. ANUPAMA Y **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 75000.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :___ BAH-00599587 IP5-00176666
Master ANANT RAWAT
16-07-2024 2 Y 0 M 4 D (M)
Dr. ANUPAMA Y

UHID No. : _ _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/16	6:25pm	ER	31	K

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/07	CRP, CP, RP2, 5 Viral pnl	72882	Isml
	CXR	36266	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	Infusion pump	7pm		9713116	Jessie

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/08	iv placement	1	12994	Insp

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

(P.T.O.)

BAH-00599587 IP5-00176666
Master ANANT RAWAT
2 Y 0 M 4 D (M)

BAH-00599587 IP5-00176666
Master ANANT RAWAT
16-07-2024 2 Y 0 M 4 D (M)
Dr. ANUPAMA Y

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complications

Desired goals of the treatment : Resol^n of symptoms.

Planned Labs:

- CBP
- CRP.
- Nasopharyngeal Asp - 5 viral Panel
- CXR
- RP2
- W/B Temp.

Planned Management

1. IVF - DNS @ 15ml/hr.
2. IV Augmentin
3. Duolin LD 8hrly
   Budecort 8hrly
4. Levolin 12hrly
5. Hydrocortisone IV QID
6. Lanzoprazole.

Signature of the Doctor: Madhu
Name of the Doctor: Madhu
Date & Time: 20/7/2026

Signature of the Consultant: [signature]
Name of the Consultant: D. Anupama
Date & Time: 20/7/26

DR. ANUPAMA Y
Registration No.

BAH-00599587 IP5-00176666
Master ANANT RAWAT
16-07-2024 2 Y 0 M 5 D (M)
Dr. ANUPAMA Y

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...NCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	4			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
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	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
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	1			
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Total No. of Pages	27			

Signature and Date :

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00599587 IP5-00176666
Master ANANT RAWAT
16-07-2024 2 Y 0 M 4 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/11/2026 5:30 pm	S/B Dr. Anupama 1: WALRI on low flow oxygen wheeze(+) Child alert	plan.. (1) IV Augmentin nebulisation - Duolin 2D 8th/ly Levolin 12th/ly Budecort 8th/ly Lanzol low flow oxygen (2) Send CBP/CRP RP2 CXRay NPx swab for viral panel. DR. ANUPAMA Y Registration No: 50853 N/B Jessie

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Master ANANT RAWAT
16-07-2024 2 Y 0 M 4 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	d/s/b Dr. Anupama	
21/07/2026 10:30 Am		
	Δ Under 5 wheeze	
	Acute exacerbation	
	BP- 88/77 mmHg	Plan:
	RR- Tachypnea ⊕ Settled than	1) Add Azithromycin
	SpO_2 - 99% T 2L/min O_2 prune	2) Monitor vitals
	Chest - B/L wheeze ⊕	3) Trace 5 viral panel
	Occasional crepts ⊕	4) Methylprednisolone
		1mg/kg/dose BD
		if 5 viral panel Negative
	DR. ANUPAMA Y Registration No: 50853	[signature] 21/7/26
	d/s/b PICU fellow	
21/07/2026 5:00pm	Δ Under 5 wheeze	Plan:
	Acute exacerbation	1) Continue amoxicillin &
	O/E	Syp. Azithromycin
	CVS - S_1S_2 ⊕	2) Trace Adeno viral Report
	R/S - B/L AE ⊕	(will come by 8pm)
	Occasional wheeze	3) Inform
	on 1L/min SpO_2	- Tachypnea
		- Tachycardia
		- < SpO_2 94% with
		Oxygen
		[signature] Dr. Pratyusha

BAH-00599587 IP5-00176666
Master ANANT RAWAT
Patient 16-07-2024 2 Y 0 M 5 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 6AM		
		9S/B PICU fellow
		plan:
	D: Under 5 wheeze Acute Exacerbation.	- Taper oxygen - monitor vitals - Reduce nebulisation
	- No fever spikes - Cough reduces	
	O/E: HR - 130/min RR - 34/min SpO2 - 98% (with O2) 97% (without O2)	
	Resp: B/L AE ⊕, NVBS, B/L crepitations ⊕, occ. wheeze. no retractions	
	CVS - S1S2 ⊕, P/A - soft	
	On - Amoxiclav Azithro ~~Hydrocort~~ MPS	[signature]

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Master ANANT RAWAT
16-07-2024 2 Y 0 M 5 D (M)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 10 Am	C/S/B Dr. Anupama Y	
	D: Under 5 wheeze Acute exacerbation	Plan:
		- Stop O_2
	- Child is better.	- If Better discharge by evening. (5pm)
	Mildly [illegible]	- SMUTH syp
	(Cough +)	- Duolin stop
		- Levolin [illegible]
	IV Amox - A/S	- STOP IV fluids
	IV MPS - 1 day	[signature] D.
	Syp. Azith	
	Neb - Lev TID	
	BUD TID 100mcg BD	N/B Jessie
	Sat [illegible]	

DR. ANUPAMA Y.
Registration No. 50853

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Master ANANT RAWAT
16-07-2024 2 Y 0 M 5 D (M)
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RESULT SHEET

Date	20/7/26					
Time	6.05 pm					
Hb	10.9					
PCV	35.5					
RBC	5.25					
WBC	8.31					
N/L	29.6/52.1					
Platelets	378					
CRP	14.0					
ESR						
PCT						
RBS						
Na	136					
K	4.3					
Cl	104					
Ca/Mg						
Phosphate						
Urea	21					
Creatinine	0.3					
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						
~~A~~/L Bicarbonate	16					

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

Culture and Sensitivities : 5 viral panel :- -ve (Adenovirus -ve)

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

Patient St

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16-07-2024 2 Y 0 M 4 D (M)
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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: ..... Shifted to: .....

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 : Madhu

Date & Time : 20/7/26

Nurse Name & Signature: .....

Date & Time : 20/7/26 @6pm

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Master ANANT RAWAT
16-07-2024 2 Y 0 M 4 D (M)
Dr. ANUPAMA Y

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 12.5kgs Ward ....

DRUG: NEB c DUOLIN LD	Date/Time: 20/7, 21/7, 22/7
Dose: 1resp; Route: NEB; Frequency: Q8Hrly; Start Dt.: 20/7/26	
Name & Signature of the Doctor Starting the Drugs: Madhu	6AM, 2pm, 10pm; STOP 22/7 10AM Dr. Vijay
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	
DRUG: INJ. HYDROCORTISONE	Date/Time: 20/7/26, 21/7
Dose: 25mg; Route: I/V; Frequency: TID; Start Dt.: 20/7/26	
Name & Signature of the Doctor Starting the Drugs: Madhu	2PM, 10PM; STOP 21/07/2026
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	
DRUG: SYP. AZITHROMYCIN	Date/Time: 21/7
Dose: 3ml; Route: PO; Frequency: OD; Start Dt.: 21/07	
Name & Signature of the Doctor Starting the Drugs: Dr Karthik	6PM
Additional Instructions: (200mg/5ml)	
Daily Doctor's Endorsement by a Sign	
DRUG: INJ. METHYLPREDNISOLONE	Date/Time: 21/7, 22/7
Dose: 12mg; Route: IV; Frequency: BD; Start Dt.: 21/07	10AM
Name & Signature of the Doctor Starting the Drugs: Dr. Karthik	10PM
Additional Instructions:	
Daily Doctor's Endorsement by a Sign	

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

BAH-00599587 IP5-00176666
Master ANANT RAWAT
16-07-2024 2 Y 0 M 4 D (M)
Dr. ANUPAMA Y

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

DRUG : Neb. ~~[illegible]~~				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 : NEB. LEVOLIN				Date / Time: 22/7
Dose: 0.63mg	Route: neb.	Frequency: TID	Start Dt.: 22/7	6Am
Name & Signature of the Doctor Starting the Drugs: Dr. Vijay				2pm [signature] Jessie
Additional Instructions:				10pm
Daily Doctor's Endorsement by a Sign				

DRUG : Syp. SMUTH				Date / Time
Dose: 10ml	Route: oral	Frequency: HS	Start Dt.: 22/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Vijay				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

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

BAH-00599587
Master ANANT RAWAT (M)
16-07-2024 2 Y 0 M 4 D
Dr. ANUPAMA Y

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DRUG CHART

ate of Admission: 20/7/26 Drug Allergies: — ☐ Not known any Drug Allergies

THE SAFETY OF THE PATIENT

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

TOR - 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

Master ANANT RAWAT
16-07-2024 2Y0M4D (M)
Dr. ANUPAMA Y

REGULAR PRESCRIPTIONS

Weight. 12.5kgs Ward. ....

DRUG : INJ. AMOXYCILLIN CLAVULANATE				Date/Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date				
380mg	IV	TID	20/7/26	7AM	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Madhu				3PM	X	[signature]	
Additional Instructions:				10PM	7.30 pm [signature]	[signature]	[signature]
Daily Doctor's Endorsement by a Sign							

DRUG : INJ. OMEPRAZOLE				Date/Time	20/7	21/7	22/7
Dose	Route	Frequency	Start Date	20/7 3PM	3PM		
12mg	IV	OD	20/7/26		ER		
Name & Signature of the Doctor Starting the Drugs: Madhu				6AM	[signature]	[signature]	[signature]
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : NEB c̄ BUDECORT				Date/Time	20/7	20/7	21/7	22/7
Dose	Route	Frequency	Start Date					
1resp	NEB	Q8Hrly	20/7/26	6AM	[signature]	[signature]		[signature]
Name & Signature of the Doctor Starting the Drugs: Madhu				2PM	X	[signature]		
Additional Instructions:				10PM			[signature]	
Daily Doctor's Endorsement by a Sign								

DRUG : NEB c̄ LEVOLIN				Date/Time	
Dose	Route	Frequency	Start Date		
0.63mg	NEB	Q12Hrly	20/7/26	10AM	Change
Name & Signature of the Doctor Starting the Drugs: Madhu					
Additional Instructions:				6PM	7pm [signature]
Daily Doctor's Endorsement by a Sign					STOP

Dr. ANUPAMA Y

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

16-07-2024 2Y0M4D
Dr. ANUPAMA Y

Master ANANT RAWAT
BAH-00589587
IPS-00176666

I.V. FLUIDS CHART

Weight. 12.5Kg 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
20/7/26	6:50 pm	DNS	I/v	15ml/hr	[signature]	Jessie / Jessie	[signature] 22/7		Jessie / Jessie

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

BAH-00599587 IP5-00176666
Master ANANT RAWAT
16-07-2024 2 Y 0 M 5 D
Dr. ANUPAMA Y (M)

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
20/7/26	00.00	Neb c̄ levolin ~~7pm~~		
20/7/26	01.00	Neb c̄ budecort 10pm	9713804	sneha
	02.00	Neb c̄ duolin 11pm		
21/7/26	03.00	Neb c̄ budecort 6Am		
	04.00	Neb c̄ Duolin. 4Am	9713806	sneha
	05.00	Neb c̄ levolin 10-Am		
	06.00	Neb c̄ budecort 2Pm		Durga
	07.00	Neb c̄ duolin 3Pm		
	08.00	Neb c̄ levolin 6Pm		
21/7/26	09.00	Neb c̄ budecort - 10pm	9715799	Sangeetha
	10.00	Neb c̄ dueline - 10pm.		Sangeetha
	11.00	Neb - budecort 10Am	9715799	Sangeetha.
22/7	12.00	Neb c̄ dueline - 6Am		Sangeetha
	13.00	Neb c̄ Levolin - 2pm	9716184	Jessie
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

BAH-00599587 IP5-00176666
Master ANANT RAWAT (M)
16-07-2024 2 Y 0 M 4 D
Dr. ANUPAMA Y

Patient

20/7

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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	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										0	
	05:00 pm			[illegible]							0	
	06:00 pm	DNS					Nil			Nil	0	Jessie
	07:00 pm			15ml							0	Jessie
Total Intake :		15 ml				Total Output :	U- 0 M-0					
	08:00 pm										0	Sangee
	09:00 pm		H_2O	15ml						✓	0	Sangee
	10:00 pm										0	Sangee
	11:00 pm	DNS	H_2O	15ml			Nil			✓	0	Sangee
	12:00 am										0	Sangee
	01:00 am		H_2O	15ml							0	Sangee
Total Intake :						Total Output :	U-2 M-0					
	02:00 am										0	Sangee
	03:00 am		H_2O	15ml						✓	0	Sangee
	04:00 am	DNS					Nil			✓	0	Sangee
	05:00 am		H_2O	15ml							0	Sangee
	06:00 am										0	Sangee
	07:00 am		H_2O	15ml.							0	Sangee
Total Intake :						Total Output :	U-2 M-0					

Total 24 hrs. Intake	Total - 120 ml	Total 24 hrs. Output	U- 4 - M0

BAH-00599587 IP5-00176666
Master ANANT RAWAT
16-07-2024 2 Y 0 M 5 D (M)
Dr. ANUPAMA Y

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (2) 21/7/26

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.
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							
											0	Durga
	08:00 am			15ml							0	Durga
	09:00 am			15ml						✓	0	Durga
	10:00 am	DNS		15ml							0	Durga
	11:00 am			15ml							0	Durga
	12:00 pm			15ml						✓	0	Durga
	01:00 pm			15ml							0	Durga
Total Intake :						**Total Output :** U - 2 m - 0						
	02:00 pm									✓	0	Durga
	03:00 pm										0	Durga
	04:00 pm	DNS		15ml							0	Durga
	05:00 pm			15ml							0	Durga
	06:00 pm			15ml						✓	0	Durga
	07:00 pm										0	Durga
Total Intake :						**Total Output :** U - 2 m - 0						
21/7	08:00 pm			15ml							0	Sangee
	09:00 pm		H2O								0	Sangee
	10:00 pm	DNS		15ml						✓	0	Sangee
	11:00 pm		H2O				✓			✓	0	Sangee
	12:00 am			15ml							0	Sangee
	01:00 am		H2O								0	Sangee
Total Intake :						**Total Output :** U - 2 m - 1						
22/7	02:00 am			15ml							0	Sangee
	03:00 am		H2O								0	Sangee
	04:00 am	DNS		15ml			NP			✓	0	Sangee
	05:00 am		H2O								0	Sangee
	06:00 am			15ml						✓	0	Sangee
	07:00 am		H2O								0	Sangee
Total Intake :						**Total Output :** U - 2 m - 0						

Total 24 hrs. Intake	240 ml	Total 24 hrs. Output	U - 8 m - 1

240 / 200 / 17

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22/7/25

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FLUID CHART

Sheet No. : 3

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	1					|			✓	0	Jessie
	09:00 am	D/S	H2O	15ml			|			✓	0	Jessie
	10:00 am									✓	0	Jessie
	11:00 am	1	H2O	15ml			NA				0	Jessie
	12:00 pm						|			✓	0	Jessie
	01:00 pm		H2O	15 ml			|				0	
Total Intake :			30 ml			**Total Output :** U – 3					m – 0	
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
tal 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	

Patient Sticker

FLUID CHART

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

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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Master ANANT RAWAT
16-07-2024 2 Y 0 M 5 D (M)
Dr. ANUPAMA Y

315

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/7/24 Time: 9:30am

Weight: 12.5kgs Centile: <5th

Height: 80cm Centile: <5th

Inference: underweight child

RDA: — Calories: 1250 Kcal/D Protein: 21 gm/D

Diet Recommendations: soft High protein diet

Re-Assesment: avoid spicy, Chilled & outside foods

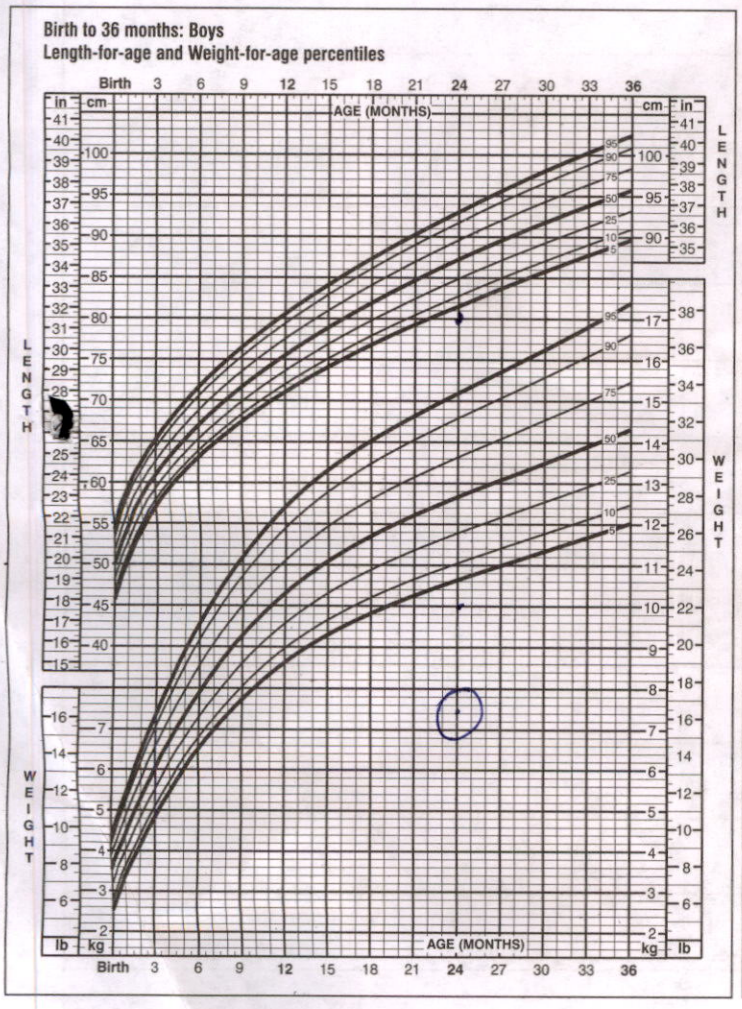
Food Allergies: NO Veg/Non-veg veg

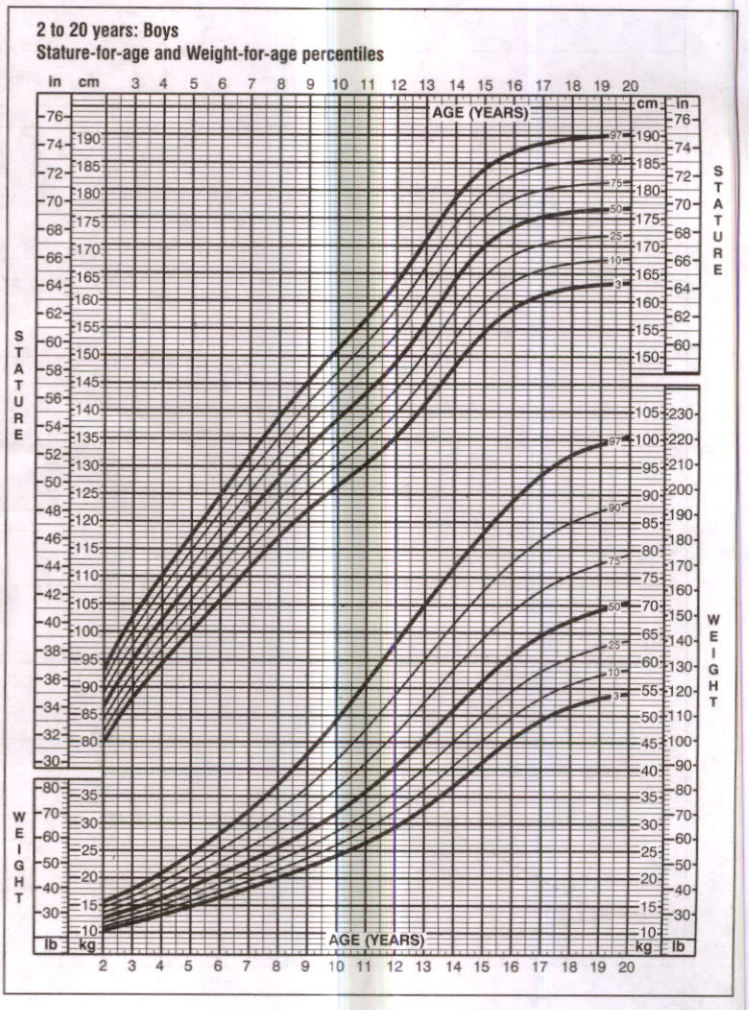
Diagnosis: WALRI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Ritu.

GROWTH CHART (BOYS)





Dietician's Name Saima Dietician's Signature Saima

Daily Notes:

22/7/26	child is stable, oral intake is optimal
11:15 am	continue soft High protein diet Saima