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 : IP5-00176770 **Admit Date** : 22-Jul-2026 **Admit Time** : 02:48 PM **UHID** : BAH-00633608

Patient Details :

Patient Name	: Master NIVAAN DAMMU	**Age**	: 3 Y 8 M 26 D
Guardian	: Mr NITIN DAMMU	**DOB**	: 26-10-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 10-2-289/37AND 37A , FLAT NO - 301, MAPHAR COMFORTEK APARTMENTS , Masab Tank Hyderabad Telangana INDIA 500028	**Phone No**	: 7675019777/ 8348659711
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 107 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 107 **Admission Type** : First Visit

Contact Details :

Name : Mr NITIN DAMMU **Relationship** : Father

Contact Address : H NO - 10-2-289/37AND 37A , FLAT NO - 301, MAPHAR COMFORTEK APARTMENTS , Masab Tank Hyderabad Telangana INDIA 500028 **Phone No** : 7675019777 / 8348659711

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. ANUPAMA Y

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 3000.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. ANUPAMA Y

UHID No. : _____ nsultant: _____ Dept : _____

Date of Admission: ____. te of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/07/22	3:30 pm	ER.	107	

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
22/7	CBP, CRP, (NBG), Dengue serology, HS2, GRBS, RP2, Blood c/s, CUE, urine c/s	Done on OP Basis. 73609	Sarmghel
~~22/7~~	~~X-ray chest~~	~~036662~~	[illegible]
22/7	Widal, MP. optimal	242UhL	[illegible]
	Flupque	26073659030	Sushq
22/7	ultrasound abdomen	036704	mervinti

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/7	Inf pump	4pm		9716746	NB

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7	IV Placement	(1)	716576	Samsher
22/7	NHA	(1)	9242396	(M)

ANY OTHER INFORMATION

Parents are not willing 5 viral panel sample

Dr. Nitesh Priya

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Nivaan

UHID ID:

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Department:

Consultant:

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Pediatric Multiorgan History & Physical Examination

Name : Nivaan Age/Sex 3y6m/m

Information given by: Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o- fever since 4day
cold since 4day
eruption of teeth 4-5 episode

History of present illness :

child was asymptomatic 4days back
high grade continuous for 3days
~~not~~ associated with chills. decreased with oral Medication
H/o of Nasal discharge, since 4day
watery in consistence
not a mucoid discharge

H/o not passing stools since 3days
no H/o abdominal pain
no H/o vomiting
H/o passing flatus.
H/o clenching of teeth in episodes after awaken from sleep naik
no H/o loss of consciousness
no H/o Incontinence of urine.
no H/o. secretions from mouth
no H/o abnormal movements

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

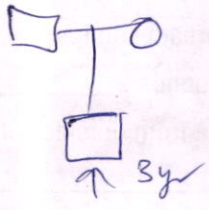
Pediatric Multiorgan History & Physical Examination

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

not significant

Birth & Neonatal History:

FT LSCS | B-wt - 2.97 kg
NO NICU admission



Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

upper class status

Developmental History :

appropriate for age

Immunization History :

Vaccinated upto 2y of age

(P.T.O.)

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17 kg (Centile _____)

On Examination :

Temperature : 100.7°F Pulse Rate : 146 bpm B.P. _____ SPO2 100% on RA

Resp.rate and type of breathing :

Rash

Lymphadenopathy — BAFeu WRAT

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 heard BAER

Any murmur :

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

Per Abdomen :

Inspection

Palpation : soft non tender

Ausculation :

Spine : External Genitelia :

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

BAH-00833608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Conscious AVPU

Cranial Nerves : WNL

Motor System:

Nutriton : WNL

Tone: WNL Power WNL

Co-ordinator : WNL

Posture : WNL

Involuntary Movements : WNL

Reflexes :

DTR **Superficials:** WNL

Plantars WNL

Sensory System : WNL

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection control

Desired goals of the treatment : Haemodynamic Stability

Planned Labs:

VBG
CBP
CRP
Dengue NS1, IgM, IgG
RBS
Blood C/S
RP-2
CUE
Crit w/s

Planned Management

- IVF 60 c.c. maintenance DNS
- Inj. Pantoprazole
- Antipyretics
- ~~To decide on antibiotics based on repeat screen~~
- Neurology consultation - SOS
- Inj. Ceftriaxone. NB counsel.

Signature of the Doctor: Dr. Ramya
Name of the Doctor: Dr. Ramya Sammeta
Date & Time: 27/7/26

Signature of the Consultant:
Name of the Consultant:
Date & Time:

DR. KAPIL BHAGWATRAO SACHANE
Registration No: 2002/03/1356

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY 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	2			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet	1			
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	2			
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
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	1			
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	1			
	Total No. of Pages	24			

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

Signature and Date : 27/10/22

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
28-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr Abhishek Date : 23/07/26 Time : 11:00 Am.

Diagnosis : Upper Resp. Tract Infection

Hospital : RCH Banjara Hills

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:

for paroxysmal activity

Signature:

Findings and Recommendations :

23/07/26 10 AM.

3yr 8 month male born NVD.

(N) birth H/o. H/o fever & cold × 6 days

Yesterday noon ⇒ crying & clenching of teeth & eyes closed (2-3 mins) 4 times.

1 Paroxysm.

fever Spikes (+) NO Altered Sensorium

Sleep - good.

O/E:- HC:

Right forearm → 1 CALM.

Normal tone & DTR.

Gait - (N)

Consultant :

Name : Dr. Abhishek. R. Jain Signature : Dr. Abhishek. R. Jain Date & Time :

Normal Neurodevelopment

Paroxysmal event - non epileptic

Plan

1) Continue your line of Rx

2) Video recording if further event

RTC SOS

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CLINICAL HISTORY FORM FOR RESPIRATORY VIRAL TESTING

Name of the Patient: Master. Nivaan Dammu UHID no BAH-00633607 Date: 22/7/26

Provisional Clinical Diagnosis: fever 3day - cold & v4 days

Symptoms:

Fever	☑ Yes	☐ No	Headache	☐ Yes	☑ No
Cough	☐ Yes	☑ No	Myalgia / Body Pains	☐ Yes	☑ No
Sore Throat	☐ Yes	☑ No	Loss of Smell/ Taste	☐ Yes	☑ No
Nasal Congestion / Runny Nose	☐ Yes	☑ No	Nausea / Vomiting / Diarrhea	☐ Yes	☑ No
Difficulty in Breathing / SOB	☐ Yes	☑ No	Others:		

Clinical Signs:

Tachypnea	☐ Yes	☑ No	Sub/Inter-Costal Retractions	☐ Yes	☑ No
Enlarged Tonsils	☐ Yes	☑ No	Enlarged Adenoids	☐ Yes	☑ No
Conjunctivitis	☐ Yes	☑ No	Lymphadenopathy	☐ Yes	☑ No

Chest Auscultation Findings: ☑ Normal ☐ Wheeze ☐ Rhonchi ☐ Crepitations
☐ Bronchial Breathing ☐ Reduced/ Absent Sounds ☐ Conducted Sounds

Vital Signs*: SpO_2 99% Temp. 98.1°F Heart Rate 112pm. Respiratory Rate 28/m Blood Pressure 102/62

Exposure History: ☐ Similar illness in Family/ Neighbours ☐ Exposure to Poultry/ Animals ☐ Recent Travel

Immunization Status: ☐ Influenza Vaccine ☐ COVID Vaccine ☐ Pneumococcal Vaccine

Details of Treatment: Inj ceftriaxone.

a. Hospitalization Required: ☐ Yes ☑ No

b. Antivirals / Antibiotics: ~~Inj ceftriaxone~~

c. Corticosteroids: .....

d. Oxygen Support: ☐ Yes ☑ No | If Yes ☐ Low Flow ☐ High Flow ☐ NIV ☐ Invasive Ventilation

Chest X-Ray Findings: NO

Specimen Collected: ☐ Oropharyngeal Swab ☑ Nasopharyngeal Swab ☐ Sputum ☐ ET ☐ BAL
☐ Others .....

Doctor Name: Jaykala Signature: JK Date: 22/7/26 Time: 5.30pm

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/2020 8:00 PM	C/S/B PICU fellow	
	H/o fever x 4 days	
	(High grade 103-104)	plan
	- H/o cold (+)	(1) CUE
	No cough	Urine c/s
		Blood c/s
	Had one episode of	Dengue NS, IgM } To base
	paroxysmal event	
	? seizure today @ 12:00 PM	
	Last fever spike at 2:00 AM	(2) w/f fever spike
	in the Night	(3) Allow orally
	O/E child is Alert/Active	(4) Send Flu panel
	Hemodynamically stable	Widal
	CVS - S1S2 (+) no m	MP - Ag bmp
	CNS - Active, No sl movements	
	P/A - soft	
	Chest - Clear	
	No added sounds	
		Noted by [signature]

(P.T.O)

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/22 5pm	c/s/B Dr. kapil.	Chest pael. not sent
	c/o Fever, cold ⊕. no cough	MP optimus
	1 episode of paroxymal event	~~Xray chest~~ BP sys/
	o/E: Child alert	Atd 7zee
	1 fever spike @ 2am	Trace labs - CUE Urine c/s, Blood c/s
	Resp ⊘ PIA CVS	Dengue NS_1 / IgM - USG Abdomen T/m
	Vitals-stable	
	Had u/c Hydronephrosis ≈ 6mm	Noted by me

DR. KAPIL BHAGWATRAO SACHANE
Registration No: 2002/08/1268

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	d/c/B 11CU fellow (Dr. Jyoti)	
	Dx - URI C ? S_2 activity	
		Plan
	current issues - fever spikes	- collect WIDAL, MP, 5 serial panel,
	1 spike - 100.8°F at 2 Am.	Blood C/S, urine C/S.
	OR	
	On Room Air	- W/f fever spikes.
	Comfortable	- ~~Plan to~~ USG Abdomen today.
	Resp - B/L AE (+) clear clear.	- Encourage orally.
	P/A - Soft NT non distended BSNH.	- Plan to taper I/V fluids.
	CNS / CVS / NAD.	
		Both
	d/c/B Dr Sandeep sir	
	23/07/26 11:45 Am	
	Dx - URI C ? paroxysmal event.	Plan
		1) To trace Blood C/S, urine C/S.
	current issue - 1 fever spikes.	2) W/f fever spikes.
	(100.8°F at 2 Am)	3) To trace USG Abdomen Report
	oral intake - fair	4) Stop I/V fluids.
		Both

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER ..... Shifted to: ward (1st)

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 : Ramya, Dr. Ramya

Date & Time : 22/7/26, 3PM

Nurse Name & Signature: Mamid

Date & Time : 22/7/26 @3pm

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	22/7/26					
Time	100pm					
Hb (12.1)	12.4					
PCV	38.0					
RBC	5.04					
WBC	13540					
N/L	72/24					
Platelets	2.79 Lakh					
CRP	39.0					
ESR						
PCT						
RBS						
Na	136					
K	4.1					
Cl	105					
Ca/Mg						
Phosphate						
Urea	16					
Creatinine	0.2					
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	18					

HCO3

Date	22/07/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	(+)					
CUE - PUS Cells	2-3					
CUE - RBC Cells	8-10					
CUE Nitrite	Neg.					
leucocyte	Neg.					
vegital/cast	Neg					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ..... Dengue NS1 Serology / Negative .....

.....

..... W.I.D AL - Negative .....

MP - Neg

..... USG - Abdomen - WNL .....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00833608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 22/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

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

SOS / PRN (As Required Medication)

DRUG : Syp. PARACETAMOL				Date / Time
Dose: 5.5ml	Route: PO	Frequency: SOS	Start Date: 22/7/26	
Doctor's Signature: Dr. Nandan	Valid Period:	Pharm.:		
Additional Instructions: 240mg/5ml if temp >100°F, minimum 6 hrs gap between 2 doses				

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:				

Signature .....

VERIFIED BY : Name .....

BAH-00633608 IP5-00179
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

REGULAR PRESCRIPTIONS

Weight. 12.6kg Ward. .....

VERIFIED

DRUG : INJ. ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
20mg	IV	OD	22/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	22/7	23/7
	6am 3:50 pm	Soman Bureau

VERIFIED

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
850mg	IV	BD	22/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	22/7	23/7
	6am X	Bureau
	6pm 3:50 pm	Soman mitha

VERIFIED

DRUG : Syrup AZITHROMYCIN

Dose	Route	Frequency	Start Date
4ml.	PO	OD	22/7

Name & Signature of the Doctor Starting the Drugs: Jayashri

Additional Instructions: (5ml/200mg)

Daily Doctor's Endorsement by a Sign

Date ▸ Time	22/7
	6pm Soma mitha

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

I.V. FLUIDS CHART

Weight. 12kg Ward. .....

Date	Time	Description 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
22/7/26	3.30 PM	IVF-DNS	IV	34 ml/hr	[sign]	[sign] [sign]	[sign]	[sign]	[sign] [sign]
22/7	4.00 pm	IVF-DNS	IV	20	[sign]	[sign] [sign]	23/7/26		

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

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

Date : 22/7 Time: 4 PM | 10:40 pm | 1:30 am | 2:00 am | 3:30 am | 6 am

Doctor / Nurse / Family Concern?

Temperature (F)

97.1°F | 98°F | 99.5°F | 102°F | Syp. Crocin given

Baby is sleeping | Parents informed | Informed

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

Note: BP does not score in early warning scoring

96 (+12) 65 | 95 (+1) 61

Heart Rate (Number): 122 b/m | 126 b/m

Resp. Rate (bpm) (Over 1 Minute) *

Resp Rate (Number): ~~122 b/m~~ 28 b/m | 26 b/m

Resp Distress	Mod/ Severe / None / Mild		
Receiving O_2 (l/min) O_2 Saturations (%)		100%	99%
Conscious Level	Normal / Altered		
GCS *		15	15
TOTAL SCORE Number of shaded boxes		1	0
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

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)

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

23/7/26

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

Date : ..... Time:	9am	12pm	
Doctor / Nurse / Family Concern?			
Temperature (F)	97.6°	97.5°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Note: BP does not score in early warning scoring			
Heart Rate (Number)	128bpm	105bpm	
Resp. Rate (bpm) over 1 Minute) *			
Resp Rate (Number)	32bpm	36bpm	
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	99% l.	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	Sneha	Sneha	

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)

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

Date : ..... Time:																																
Doctor / Nurse / Family Concern?																																
Temperature (F)	104																															
	103																															
	102																															
	101																															
	100																															
	99																															
	98																															
	97																															
	96																															
	95																															
	94																															
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190																															
	180																															
	170																															
	160																															
	150																															
	140																															
	130																															
	120																															
	110																															
	100																															
	90																															
	80																															
	70																															
	60																															
	50																															
Heart Rate (Number)																																
Resp. Rate (bpm) Over 1 Minute) *	70																															
	60																															
	50																															
	40																															
	30																															
	20																															
	10																															
Resp Rate (Number)																																
Resp Distress: Mod/ Severe																																
Resp Distress: None / Mild																																
Receiving O_2(l/min)																																
O_2Saturations (%)																																
Conscious Level: Normal																																
Conscious Level: Altered																																
GCS *																																
TOTAL SCORE Number of shaded boxes																																
Pain Score																																
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

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)

BAH-00533608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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.

		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 :**					
22/7/26	02:00 pm										0	
	03:00 pm										0	
	04:00 pm	1		~~3+1=4~~							0	MA
	05:00 pm	DNS		~~3+1=4~~							0	MA
	06:00 pm	1		~~3+1=4~~							0	MA
	07:00 pm			3am								MA
Total Intake :							**Total Output :** V-1, U-1 M-0					
	08:00 pm		tho								0	Swapna
	09:00 pm										0	Swapna
	10:00 pm		tho				NP				0	Swapna
	11:00 pm										0	Swapna
	12:00 am										0	Swapna
	01:00 am		tho								0	Swapna
Total Intake :							**Total Output :** U – 1 M – 0					
	02:00 am										0	Swapna
	03:00 am		tho								0	Swapna
	04:00 am						NP				0	Swapna
	05:00 am		tho								0	Swapna
	06:00 am										0	Swapna
	07:00 am		tho								0	Swap
Total Intake :							**Total Output :** U – 1 M – 0					

Total 24 hrs. Intake		Total 24 hrs. Output	U – 3 M – 0

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

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 ..... 23/07/26

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							
	08:00 am											
	09:00 am		H_2O									
	10:00 am											
	11:00 am		H_2O									
	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	

BAH-00633608 IP5-00176770
Master NIVAAN DAMMU
26-10-2022 3 Y 8 M 26 D (M)
Dr. KAPIL BHAGWATRAO SACHANE

107 → 315

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 22/7/26 Time: 4pm

Weight: 17kgs Centile: 75th

Height: 103 cms Centile: 75th

Inference: well child

RDA: — Calories: 1300 kcal/d Protein: 22 g/d

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy, chilled & outside foods

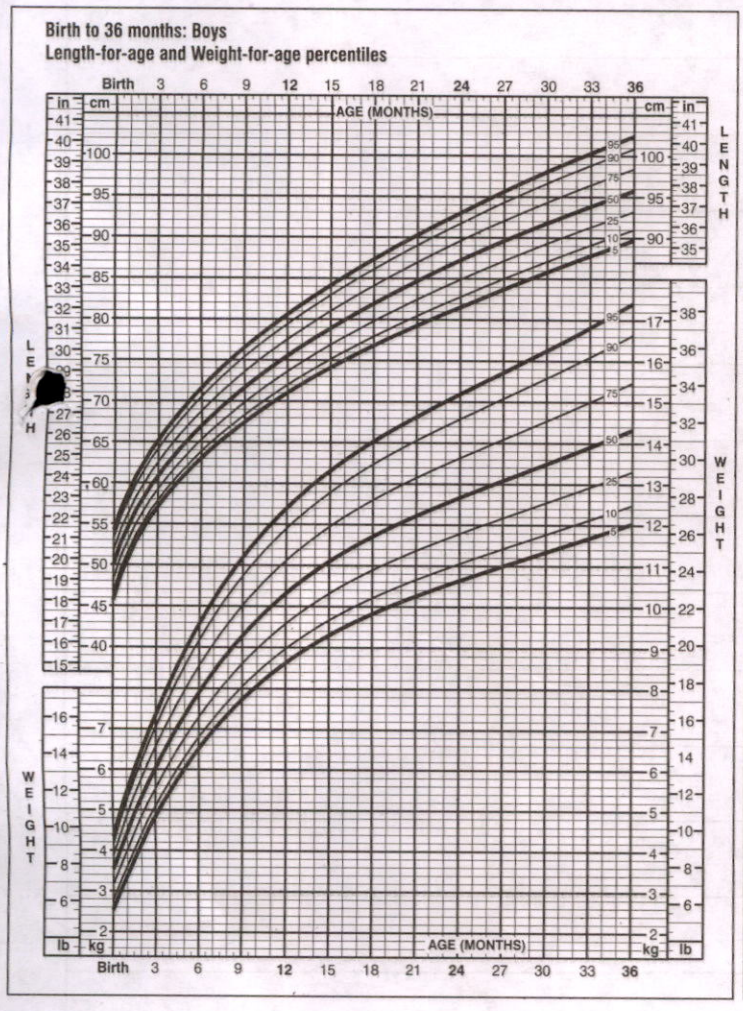
Food Allergies: NO Veg/Non-veg Non-veg

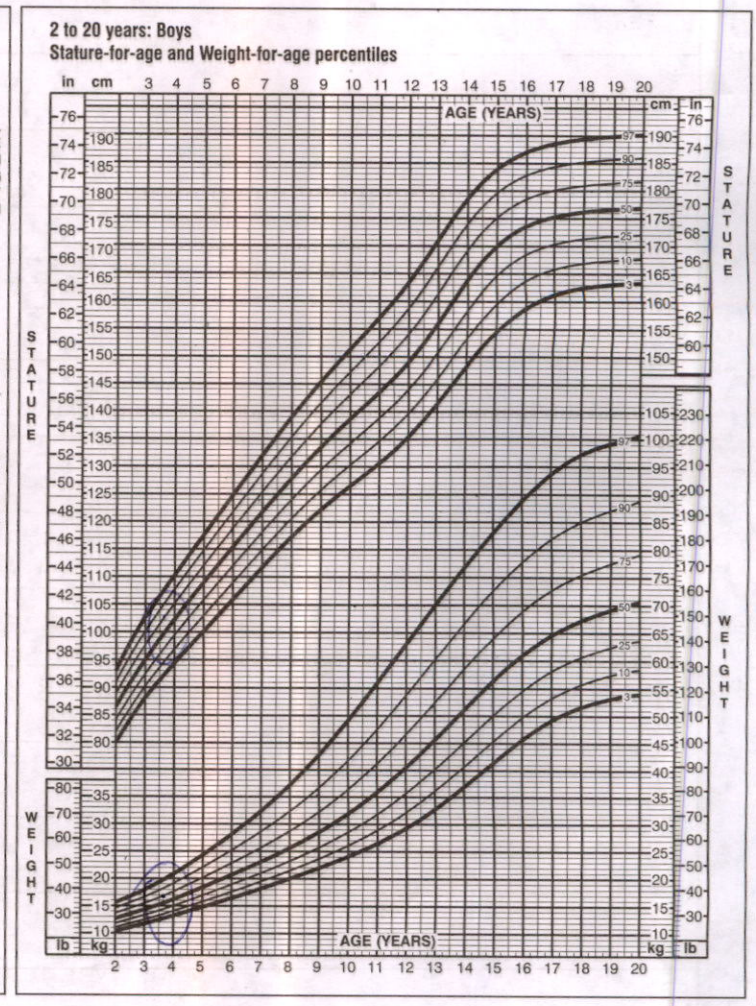
Diagnosis: AFI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: A.S.

GROWTH CHART (BOYS)





Dietician's Name Nititha Dietician's Signature Nititha

Daily Notes:

23/7/26 Child is stable, intake is fair
10am tonsilite soft diet Saima