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 : ____________________

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

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 29 D (F)
Dr. NITASHA BAGGA

Date of Admission: ________ Date of Discharge : 28/5/26 Time: 9AM

Room / Bed No : __________ Ward : __________ Suggested Billable bed type : ______________

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5/26	6:10pm	ER	112	[signature]

Cross Consultation Visit

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

D/C

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/5/26	VBG (1), Sr. creatinine,	53322	[illegible]
	Blood c/s		
26/5	CSF, stool C&S	26053384	Chandana

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6	Infusion Pump	6.15pm	Stop	9627199	Chandana
	D/C				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/5/26	IV Placement	1	26257	[illegible]
[illegible]	NHA	1	627225	[illegible]

ANY OTHER INFORMATION

VBG — 1

Date : 28/5/26 Time : 9am Prepared By : [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]	[illegible]		

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 10 M 1 D (F)
Dr. NITASHA BAGGA

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1.			
4	Patient Transfer form	1			
5	In-patient Medical record	1.			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	4			
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				
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	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1-e 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	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	7			
	Total No. of Pages	40			

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

Signature and Date : 28/5/26

(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 : IP5-00174307 **Admit Date** : 25-May-2026 **Admit Time** : 04:46 PM **UHID** : BAH-00629817

Patient Details :

Patient Name	: Baby Of AYESHA AFREEN	**Age**	: 0 Y 9 M 29 D
Guardian	: Mr SYED NOUMAN PEER	**DOB**	: 26-07-2025 07:36 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO 202 & 203, BLOCK B, VENKATARAMANA APARTMENTS Lakdi Ka Pul Hyderabad Telangana INDIA 500004	**Phone No**	: 9642271037/ 8374955280
		E-mail	: ayesha.aafreeen97@gmail.com

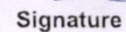
Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 112 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 112 **Admission Type** : First Visit

Contact Details :

Name	: Mr SYED NOUMAN PEER	**Relationship**	: Father
Contact Address	: FLAT NO 202 & 203, BLOCK B, VENKATARAMANA APARTMENTS Lakdi Ka Pul Hyderabad Telangana INDIA 500004	**Phone No**	: 9642271037



Signature

Doctor Details :

Doctor Name	: Dr. NITASHA BAGGA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 29 D (F)
Dr. NITASHA BAGGA

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Nitasha Bagga Date : 25/5/26

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

Start Time of Assessment: .... Weight: 9.55kg

Allergic History: ....

Chief Complaints:

C/o - fever x 3 days
Highgrade, continuous
~~Intermittent~~ Highest documented 104°
- Loose stools since 3days
8-10 episodes/day
- Poor oral intake since yesterday
Dull activity since yesterday

Pediatric Assessment Triangle

A Appearance - TICLS ....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

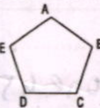
Significant Past History: -

Medication History: ....

Relevant Investigations: 25/5 CBP : 10.6 > 8650 (63/27) < 29,1000

CRP → 45.8 mg/L ; Na⁺ 137 | K⁺ 4.9 | Cl 106

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Breathing

Rate: 31/min SpO₂ on FiO₂ 99% RA

Rhythm: Regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE (+)

Palpation Findings (If necessary)....................

Any urgent interventions needed: ☐ Yes ☑ No

If Yes ....

Circulation

HR: 141/min

CFT — Central / Peripheral: <3 sec

BP: 94/55 (68) mmHg

Pulse Volume: Central / Peripheral: Good

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

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Murmurs: ☐ Yes ☑ No

Liver Span: ....

ECG: ....

Any Signs of Heart Failure: ☐ Yes ☑ No

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Signs of dehydration (+)

Disability

GCS: 15/15 AVPU: ....

Pupils: Responsive ☑ Non-Responsive ☐

Size — Right .... Left ....

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

Signs of Neurological compromise ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Exposure

Temp.: 98.1°F

Any Rash: ☐ Yes ☑ No,

If yes describe the rash ....

Active bleed ....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: ....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Signs of dehydration (+)

Labs Planned:	**Treatment Planned:**
CBC, CRP, S. Electrolytes done on OPD	1) Inj. Ceftriaxone 450 mg IV BD
VBG	2) Inj. Esomeprazole 10mg IV OD
S. Creatinine,	3) Ivf. NS @ 100ml IV bolus over 30 min
CSE, stool c/s	4) Ivf. DNS @ 30ml/hr
Blood c/s	5) Darolac sachet ½ sachet BD
	6) Fever management

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

Final Diagnosis with possible Differential Diagnosis (If necessary): Acute GE c̄ dehydration

Assessment done by

Name of the Doctor: Sai

Signature: [signature]

Date & Time: 25/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN (F)
26-07-2025 0 Y 10 M 1 D
Dr. NITASHA BAGGA

Patient Name: B/O Ayesha Afreen.

UHID ID:

Department:

Consultant: Dr. Nitasha Bagga

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Information given by: ______ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

Fever x 3 days
~~Loose~~ stools x 3 days.

History of present illness :

C/o Fever x 3 days
continuous, high grade max documented 104°F
ass c̄ chills 1 day
~~also~~ followed by
↓
loose stools x 3 day
8-10 episodes/day.
foul smelling, watery

↓↓ oral intake ? 1 day.
with dull activity

no vomiting, no rash, no cold.

no H/o travel, or exposure to any person c̄ fever, GE, cough cold,

no H/o medication use for same

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

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

No similar or any significant past history

Birth & Neonatal History:

Normal ~~perinatal~~ Perinatal and Antenatal growth

Birth & Socio Economic History:

About Father : upper middle

About Mother :

Any additional Information :

Developmental History :

Attained appropriate for age

Immunization History :

Immunized as per schedule till date @ RCH

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9.55kg (Centile ________)

On Examination :

Temperature : 99.6F Pulse Rate : 140/min B.P. ________ SPO2 99% @ RA

Resp.rate and type of breathing : 24/min, regular.

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : BAE(+), airway clear

Any addes sounds : Nil

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

Cardiovascular System :

Inspection of procordium : Normal

Heart Sounds : $S_1 S_2$ (+)

Any murmur : Nil

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

Per Abdomen :

Inspection Normal

Palpation : Soft, non Tender

Ausculation : Bowel sounds (+)

Spine : (N) External Genitelia : (N)

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

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : Adequate

Tone: Normal Power 4/5

Co-ordinator : well

Posture : good

Involuntary Movements : Nil

Reflexes :

DTR +++ **Superficials:** +++

Plantars Elicited

Sensory System :

Intact

Bladder / Bowel : loose stool
↓ U/O ×1 day

Clinical Summary & Diagnostic:

Acute gastroenteritis with dehydration

(P.T.O.)

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis, dehydration, shock

Desired goals of the treatment : Resolution

Planned Labs:

CBP
CRP } OPD
Electrolytes

VBG
Sr. creatinine
CSE
Bld C/S
Stool C/S

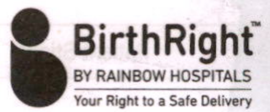
Planned Management

1. Inj CEFTRIAXONE 450mg IV BD
2. Inj PANTOPRAZOLE 10mg IV OD
3. IV NS @ 100ml bolous 30mins
4. IVF DNS @ 30ml/hr
5. DAROLAC SACHTE 1 Sachet BD.
6. CROCIN (SOS)

Signature of the Doctor: Sohel
Name of the Doctor: Dr. Sohel
Date & Time: 7:00 pm 25/5/26

Signature of the Consultant: DR. NITASHA BAGGA Registration No: 66260
Name of the Consultant:
Date & Time: 26/5/26 8pm

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5 8:30pm	C/S/B Resident	
	D: AGE with dehydration	
	afebrile since admission	Plan Gastro diet
	child is doing well	① continue medications
	taking adequate milk	as charted
	not taking solid	
		② Monitor vitals
	6 4 episodes of loose	4hrly/SOS.
	stool ̄c admission	
		③ ISOMIL feed.
	1 fever spike - 101°F	Soheh.
	no chills	Trace (Dr. Soheh)
	vitals : stable	CSE
	DR. NITASHA BAGGA Registration No: 66260	
	[signature]	NB Chandana 25/5 @9pm

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN (F)
26-07-2025 0 Y 9 M 30 D
Dr. NITASHA BAGGA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26		
	c/s/b Resident	
	Ongoing loose stools	Trace blood c/s & stool c/s
	Fever spikes ongoing → 2 fever spikes (+)	
	Oral feed → reduced	Sohil
	No new complaints	
	O/E	DR. NITASHA BAGGA Registration No: 66261
	child alert, active	
	CVS - S1S2 (+)	
	RS - BAE (+)	
	P/A - soft	
	ENT - clear	

BAH-00629817 IP5-00174307
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26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B - Resident	
	AGE - c̄ dehydration	
		Plan
	→ 3 episodes of loose stools Ongoing fever spikes 1 spike @ 2pm - 100.5°F	→ Cont IV fluids IV ceftriaxone
		Trace Blood c/s stool c/s
	- Oral intake - fair peripheries - warm Pulse volume - good hemodynamically stable	- C/O/R - dehydration - Monitor vitals - Inform SOS
		Noted by Priyanka [illegible] 26/5/26
~~27/~~ 27/5/26 5:30 am	Seen by Resident : Dr Sahithi	
	A/c/o - AGE c̄ dehydration.	Adv.
	c/o pain while passing stools. crying excessively ~~while~~ diaper rash ⊕ but healing. abdomen soft, non tender.	1. Parents counselled about pain. 2. PARACETAMOL DROPS to be given 3. As per parental request inspite of counselling, 4 ml of MEFTAL to be given. Sahithi

Noted by [illegible]

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26-07-2025 0 Y 9 M 30 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5 8:00am	c/s Resident	
	D: Acute gastritis	
	c̄ dehydration	
	child is afebrile	Plan
	— no Fever spikes at ~~night~~ night ~~101.6 to 100~~	
	— 2-3 episodes loose stools	
	— no vomiting	① Inj CEFTRIAXONE
	nausea ⊕	
	not taking oral feeds.	② INJ ESMOPRAZOLE
	hemodynamically stable	
	O/E	③ DROPS Z&D
	child is alert, active	
	CVS - S1 S2 ⊕	④ PROCTOGAURD - T OINT
	RS - BAE ⊕	
	P/A - soft, non tender	⑤ ECONORM SACHET
	CNT - clear	
	~~Stool~~	Sohele
	Urine output - good	Trace
	B.P - 103/69	Blood / Stool C/S (Dr. Sohele)
	RR - 26 bpm	

BAH-00629817 IP5-00174307
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26-07-2025 0 Y 10 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5 4pm.	O/S/B Resident	
	Δ - Acute Gastritis c Dehydration	
	o 1 ep. loose stool (+)	
	o No fever	
	o No vomiting	Plan
	o Oral intake - Fair	
	Child is sleeping	• Cont IV medication
	Hemodynamically stable	• Cont PROTOGARD-T Ointment
		o Economy Stunt to cont
		Ayushman
		Noted by [illegible]

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 10 M 1 D (F)
Dr. NITASHA BAGGA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26, 9am		
	C/S/B - Resident	
	Acute Gastroenteritis	
	c̄ dehydration	Plan
	→ NO fever spike since last 36 hrs	→ Co R/V - discharge
	loose stools - last 24 hrs - 8 eps	- Trace - Blood c/s
	oral intake - fair	↓
	hydration - fair	discharge medication
	hemodynamically - stable	to be decided
	Chest - Clear.	
	CVS - S_1S_2	
	P/A - soft	
	Blood c/s - growth (+) (ve)	
	Stool c/s - so far no (ve) growth	
	- On Inj ceftriaxone D_{3-4}	
	'f' Typhoid	Pavan

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RESULT SHEET

Date	25/5					
Time						
Hb	10.6					
PCV	31.5					
RBC	4.05					
WBC	8.65					
N/L	63/27					
Platelets	2.91l					
CRP	45					
ESR						
PCT						
RBS						
Na	137					
K	4.9					
Cl	106					
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	26/5					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells	10-15					
CUE - RBC Cells	4-6					
CUE mucus	present					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood c/s
Stool c/s

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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DRUG CHART

Date of Admission: 25/5/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Drop. CROCIN				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	28/05 12:0AM [illegible]
1.5ml	P/O	SOS	25/5	
Doctor's Signature		Valid Period	Pharm.	
Sai			[illegible]	
Additional Instructions: 1ml = 100mg If temp > 100°F, maximum 4 times a day				

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 ....

26-07-2025
Dr. NITASHA BAGGA

REGULAR PRESCRIPTIONS

Weight. 9.55kg Ward. [illegible]

DRUG : Inj. CEFTRIAXONE				Date/Time	25/5	26/5	27/5	28/5
Dose	Route	Frequency	Start Date					
450mg	IV	Q12H	25/5	6AM	X	Anu / Apm	Sona	Sona
Name & Signature of the Doctor Starting the Drugs: Sai								
Additional Instructions: (50 mg/kg/dose)				6PM	6.40pm			
Daily Doctor's Endorsement by a Sign								

DRUG : Inj. ESOMEPRAZOLE				Date/Time	25/5	26/5	27/5	28/5
Dose	Route	Frequency	Start Date					
10mg	IV	Q24H	25/5					
Name & Signature of the Doctor Starting the Drugs: Sai				6PM	6.40pm	Anu	Sona / Apm	Sona / Sirish
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

DRUG : DROP. ZBD D				Date/Time	25/5	26/5	27/5
Dose	Route	Frequency	Start Date				
1ml	P/O	Q24H	25/5				
Name & Signature of the Doctor Starting the Drugs: Sai				10PM	Anu / Apm	Sona / Sravanthi	Sona / Kaviya
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : DAROLAC SACHET				Date/Time
Dose	Route	Frequency	Start Date	
1/2 Sachet	P/O	Q12H	25/5	
Name & Signature of the Doctor Starting the Drugs: Sai				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
20-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

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Your Right to a Safe Delivery

Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 9.55 kg Ward SPVT

DRUG: PROCTAGART OINT				Date/Time	26/5	27/5
Dose	Route	Frequency	Start Dt.			
1/A	1/A (Local)	BD	28/5	10AM	Sourav Priyanka	Sourav Mithu
Name & Signature of the Doctor Starting the Drugs: Ayushman						
Additional Instructions:				10pm	Sona Sravani	Sona Ramiz
Daily Doctor's Endorsement by a Sign						

DRUG: ECONORM Sachet				Date/Time	26/5	27/5
Dose	Route	Frequency	Start Dt.			
	P/O	BD	28/5	10AM	Sourav Priyanka	Sourav Mithu
Name & Signature of the Doctor Starting the Drugs: Ayushman						
Additional Instructions: 1 cachet				10pm	Sona Sravani	Sona Ramiz
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
VERIFIED BY : Name

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 10 M 1 D
Dr. NITASHA BAGGA (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 ....

IP5-00174307 BAH-00629817

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

Patient Sticker

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
25/5/21	5:25pm	Ivf. NS	100ml over 1 hour	IV	Sai	[illegible] / [illegible]
27/5	5:30 Am.	Syp MEFTAL	4ml	PO	[illegible]	Ankita / [illegible]

Signature .... VERIFIED BY : N...

I.V. FLUIDS CHART

Weight. 9" 55kg 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
25/5	6:10 pm	IVF DNS	IV	30ml/hr	Sai	[signature] / [signature]	[signature]	26/5	[signature] / [signature]

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

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 10 M 1 D (F)
Dr. NITASHA BAGGA

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

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: 28/5 Time:	
Doctor/Nurse/Family Concern?	6am
Temperature (F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	97.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50) Note: BP does not score in early warning scoring	97 / 67 (73)
Heart Rate (Number)	100b/m
Resp. Rate (bpm) (Over 1 Minute) * (70, 60, 50, 40, 30, 20, 10)	
Resp Rate (Number)	26b/m
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	98%
Conscious Level — Normal	
Conscious Level — Altered	
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	

D/C

ACTIONS	
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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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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-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 10 M 1 D (F)
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INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/9 Time:	10am	2pm	6pm	10pm	2pm
Doctor/Nurse/Family Concern?					
Temperature (°F) (scale 94–104)	97.1°F	97.4°F	97.1°F	95.5°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	baby crying	108/78 (88)	109/68 (78)	crying	Refused
Heart Rate (Number)	132b/m	130b/m	132b/m		
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)					
Resp Rate (Number)	~~132b/m~~ 30b/m	31b/m	32b/m		
Resp Distress: Mod/Severe / None/Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	100%	100%	100%		
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15		
TOTAL SCORE Number of shaded boxes	1	1	1		
Pain Score	0	0	0		
Observer's Initials	[illegible]	[illegible]	[illegible]		

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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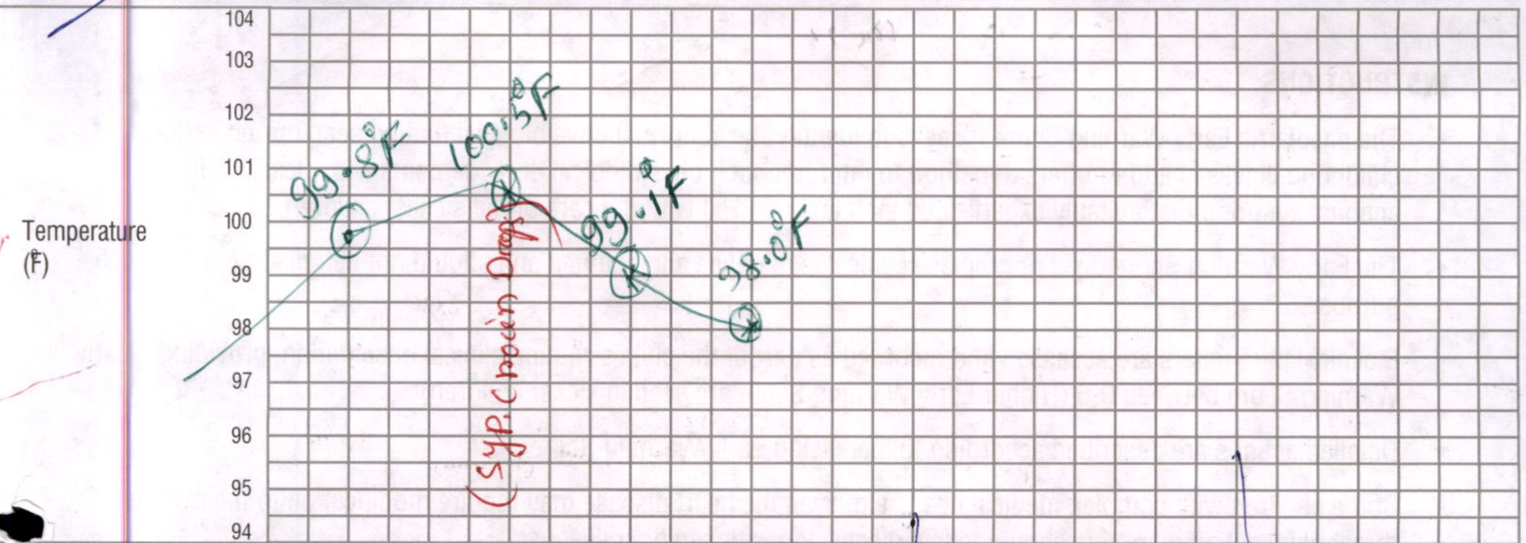
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/5 Time: 10:30 AM | 1:50 pm | 3pm | 7pm | 10pm | 27/05/26 2am | 6am

Doctor/Nurse/Family Concern?

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



Parameter	10:30 AM	1:50 pm	7pm	10pm	6am
Heart Rate (bpm) and Blood Pressure (mmHg) *	99/56 (71)	107/59 (73)	103/69 (76)	Refused	Refused
Heart Rate (Number)	136 b/m	137 b/m	126 b/m		
Resp. Rate (bpm) (over 1 Minute) *					
Resp Rate (Number)	26 b/m	27 b/m	26 b/m		
Resp Distress: Mod/ Severe; None / Mild					
Receiving O_2(l/min)					
O_2 Saturations (%)	100%	100%	99%		
Conscious Level: Normal; Altered					
GCS *	15/15	15/15	15/15		
TOTAL SCORE Number of shaded boxes	1	1	1		
Pain Score	2	2	2		
Observer's Initials					

Note: BP does not score in early warning scoring

Heart Rate/BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

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

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Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
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: RCHBH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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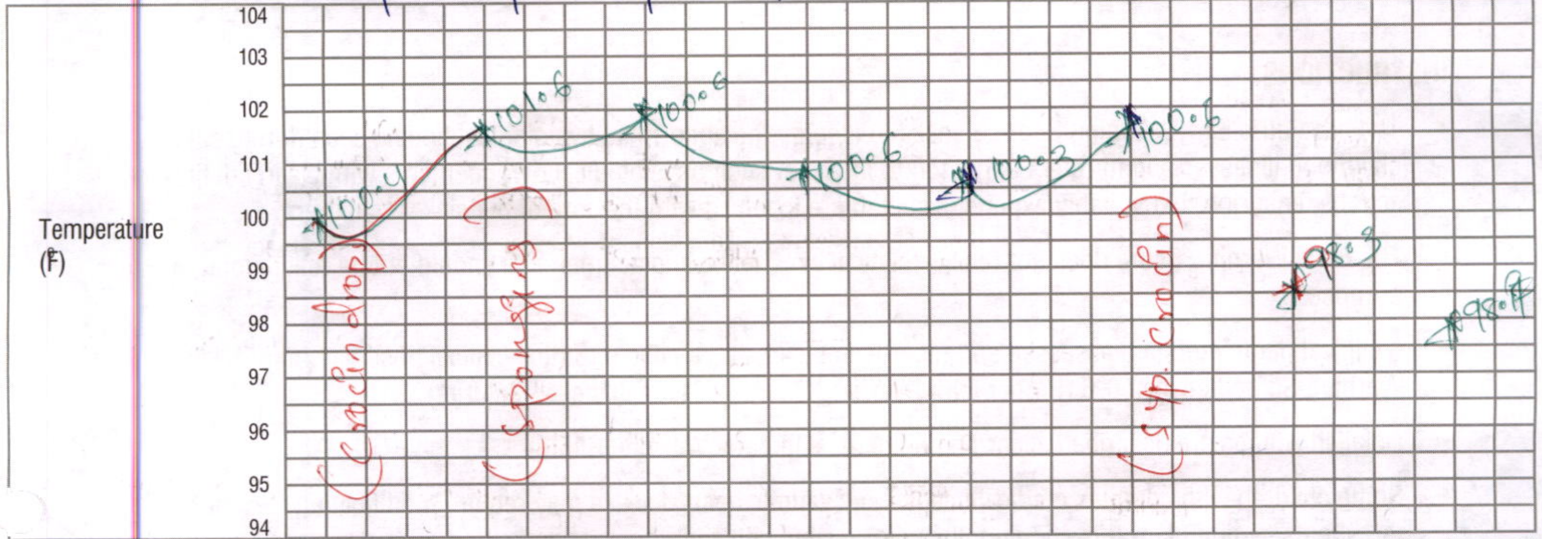
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/5 .... Time:

Doctor/Nurse/Family Concern?	8:50pm	10pm	11pm	12am	1am	3am	5am	6am

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



	8:50pm	10pm	11pm	12am	1am	3am	5am	6am
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)		102/60 (74)						96/51 (68)
Heart Rate (Number)		131 b/m						129 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)								
Resp Rate (Number)		28 b/m						28 b/m
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min)								
O_2 Saturations (%)		100%						99%
Conscious Level: Normal / Altered								
GCS *		13/15						15/15
TOTAL SCORE Number of shaded boxes		1						0
Pain Score		0						0
Observer's Initials		[illegible]						[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
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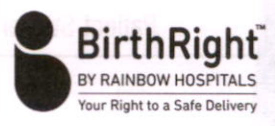
BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 29 D (F)
Dr. NITASHA BAGGA



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				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			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					NA		NA				
25/5	06:00 pm	DNS	Milk	30ml			✓			✓	0	[signature]
	07:00 pm			—							0	
Total Intake :						Total Output :						
25/5	08:00 pm	|		30ml							0	[signature]
	09:00 pm			30ml							0	
	10:00 pm	DNS		30ml			✓			✓	0	[signature]
	11:00 pm	|		30ml							0	
	12:00 am			—							0	[signature]
	01:00 am			—			✓			✓	0	
Total Intake :						Total Output :						
26/5	02:00 am	|		30ml							0	
	03:00 am			30ml			✓				0	[signature]
	04:00 am	DNS		30ml						✓	0	
	05:00 am	|		30ml							0	[signature]
	06:00 am			30ml							0	
	07:00 am			30ml			✓				0	[signature]
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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Baby Of AYESHA AFREEN
26-07-2025 0 Y 9 M 30 D (F)
Dr. NITASHA BAGGA

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

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
26/5	08:00 am	↑		30 ml		/			/		0	Priyanka
	09:00 am			30 ml			✓			✓	0	
	10:00 am	DNS		~~30 ml~~							0	Priyanka
	11:00 am			30 ml			✓				0	
	12:00 pm			30 ml			✓			✓	0	Priyanka
	01:00 pm	↓		30 ml							0	
Total Intake :						Total Output :						
26/5	02:00 pm	↑		30 ml		/			/		0	Priyanka
	03:00 pm			30 ml			|			✓	0	
	04:00 pm	DNS		30 ml							0	Priyanka
	05:00 pm			—							0	
	06:00 pm			30 ml						✓	0	Priyanka
	07:00 pm	↓		30 ml							0	
Total Intake :						Total Output :						
26/05	08:00 pm			30 ml		/			/		0	
	09:00 pm			30 ml						✓	0	Sravy
	10:00 pm	DNS		30 ml			✓				0	
	11:00 pm			30 ml							0	Sravy
	12:00 am			30 ml						✓	0	
	01:00 am										0	Sravy
Total Intake :						Total Output :						
27/05	02:00 am			30 ml		/			/		0	
	03:00 am			—			✓			✓	0	Sravy
	04:00 am	DNS		—							0	
	05:00 am									✓	0	Sravy
	06:00 am										—	swelling cannula changed
	07:00 am		Milk	30 ml						✓	01	Sravy
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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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	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
27/5	08:00 am	DNS	milk	30ml	—	—	✓	—	—	✓	0	mh
	09:00 am			30ml	—	—		—	—		0	mh
	10:00 am			30ml	—	—	✓	—	—		0	mh
	11:00 am		milk	30ml	—	—		—	—	✓	0	mh
	12:00 pm			30ml	—	—	✓	—	—		0	mh
	01:00 pm			30ml	—	—		—	—	✓	0	mh
Total Intake :						**Total Output :**						
28/5	02:00 pm	DNS	milk	30ml						✓	0	mh
	03:00 pm			30ml			✓				0	mh
	04:00 pm			30ml							0	mh
	05:00 pm		milk	30ml			✓			✓	0	mh
	06:00 pm			30ml							0	mh
	07:00 pm										0	
Total Intake :						**Total Output :**						
27/5	08:00 pm	DNS	milk	30ml		NA			NA		0	Rashna
	09:00 pm			30ml			✓			✓	0	
	10:00 pm			30ml							0	Rashna
	11:00 pm		milk	—							0	
	12:00 am			—			✓			✓	0	Rashna
	01:00 am			30ml							0	
Total Intake :						**Total Output :**						
28/5	02:00 am	DNS	milk	30ml		NA			NA		0	Rashna
	03:00 am			30ml						✓	0	
	04:00 am			30ml			✓				0	Rashna
	05:00 am			30ml							0	
	06:00 am		milk							✓	0	Rashna
	07:00 am										0 1	
Total Intake :						m-8		**Total Output :**	V-9			

Total 24 hrs. Intake			Total 24 hrs. Output	

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

BAH-00629817 IP5-00174307
Baby Of AYESHA AFREEN
26-07-2025 0 Y 10 M 1 D (F)
Dr. NITASHA BAGGA

FLUID CHART

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							
	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 :						

D/C

Total 24 hrs. Intake	

Total 24 hrs. Output	

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

BAH-00629817 IP5-00174307
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 26/5/26 Time: 9Am

Weight: 9.55kg Centile: >75th

Height: 68 cm Centile: 25th

Inference: Overweight child

RDA: — Calories: 98 kcal/d Protein: 1.8g/d

Diet Recommendations: child is on Isomil (1:60ml) dilution.

Re-Assesment: Stage II weaning foods HEE advised.

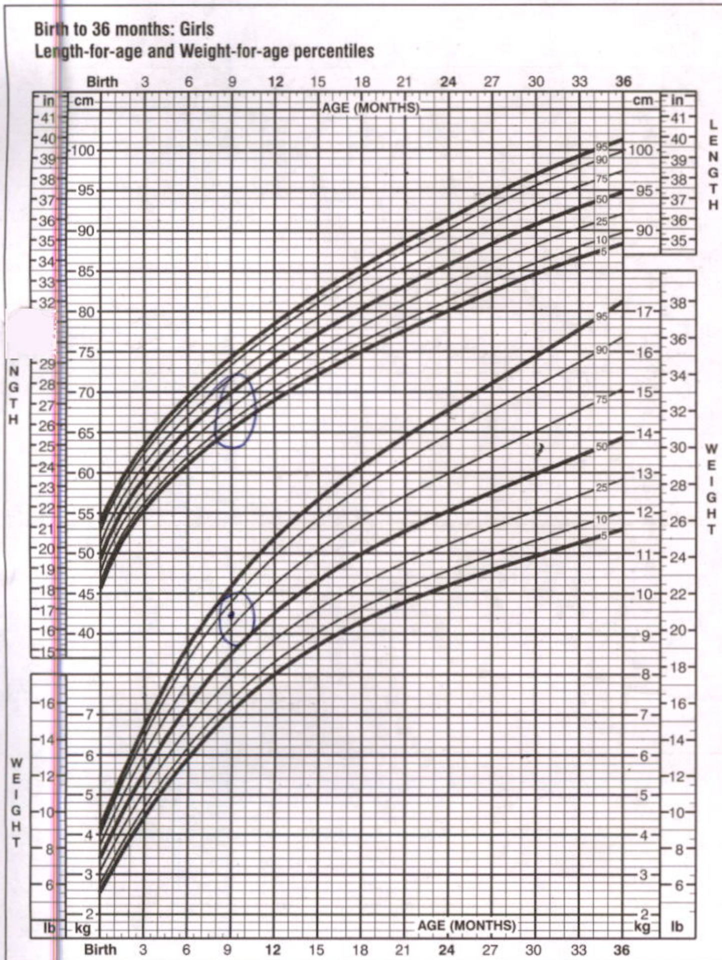
Food Allergies: NO Veg/Non-veg veg

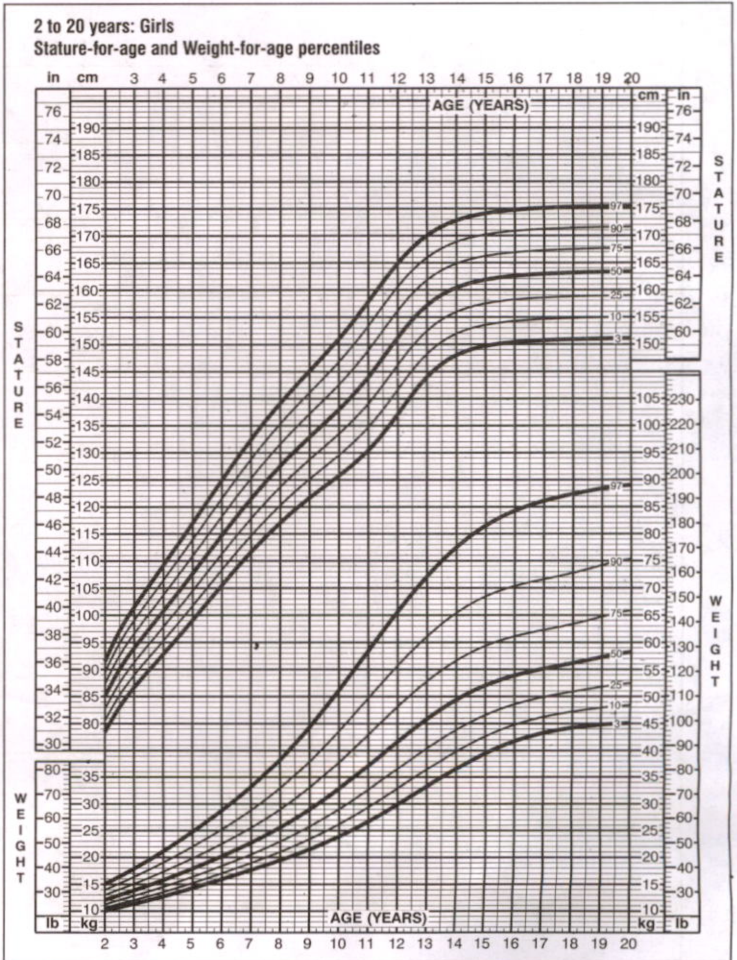
Diagnosis: Acute GE c̄ dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (GIRLS)





Dietician's Name Nikitha Dietician's Signature Nikitha.

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

(P.T.O.)

Daily Notes:

27/5/16 12PM child is stable. Encourage [illegible]. Oral intake is poor. Encourage orally semi solids/liquids —Niveitha

Patient Sticker

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MEDICATION RECONCILIATION FORM

Drug Allergies: NO Allergies ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Drop. CROCIN 1ml = 100mg	1.5ml	P/O	SOS		☑ C ☐ DC
2	Z&D drop	1ml	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 : Sai

Date & Time : 25/5/26 & 5:10 Am

Nurse Name & Signature: Remik.

Date & Time : 25/5/26 & 5:20 Am