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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Name :_____

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
20/1/26	12:50pm	QR	109	

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	CBP, CRP	72738	
21/7	RP2	62141	
22/7	RP2	7521526	
23/7	RP2	26073769	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	Infusion pump	2pm		963784	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/07/26	Iv placement	1	12399	Ismail
20/7/26	NHA	(1)	972678	Sf

ANY OTHER INFORMATION

OMN nebulisation machine

Date : 23/7/26 Time : 1pm Prepared By : Soumya

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Soumya	morning		

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 : IP5-00176640 **Admit Date** : 20-Jul-2026 **Admit Time** : 12:17 PM **UHID** : FDH-00030625

Patient Details :

Patient Name	: Master SHRIYAAN KATRAGADDA	**Age**	: 1 Y 2 M 11 D
Guardian	: Mr MARKANDEYULU KATRAGADDA	**DOB**	: 09-05-2025 07:50 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 6 , MIG 57, SABIHA ENCLAVE , FLAT NO 101, TANASHA NAGAR , BHAGYA LAXMI COLONY Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9676315414/ 9010523679
		E-mail	: parimilakshmaji@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 109 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 109 **Admission Type** : First Visit

Contact Details :

Name : Mr MARKANDEYULU KATRAGADDA **Relationship** : Father

Contact Address : H NO 6 , MIG 57, SABIHA ENCLAVE , FLAT NO 101, TANASHA NAGAR , BHAGYA LAXMI COLONY Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : 9676315414

K. Markandeyulu
Signature

Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD **Specialisation** : PEDIATRIC NEPHROLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. SRUTHI BALLA

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Shriyaan Katragadda

UHID ID:

Department:

Consultant:

FDH-00030825 IP5-00176540
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Name : Shriyan Katragadda Age/Sex 1Y2M11D

Information given by: Lavanya Relationship mother

Chief Presenting Complaints & Duration (Chronologically)

K/C/O. CKD

Came for Admission in view of increased

History of present illness :

K/C/O CKD came for admission in V/O

Serum urea - 150 mg/dl

Serum Bicarbonate - 17 mmol/L

Came for IV hydration &.

No H/O fever, Cough, Cold

No H/O any dysuria, Constipation.

PDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

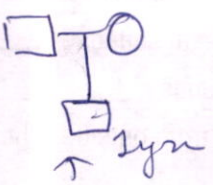
Pediatric Multiorgan History & Physical Examination

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

not significant

Birth & Neonatal History:

S|T|LSCS|.
Sx for Neurogenic bladder
Vesicostomy done at 3 Days age



Birth & Socio Economic History:

About Father :
About Mother : upper middle class
Any additional Information :

Developmental History :

appropriate for age

Immunization History :

Completed as per schedule

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms): 73cms (Centile)_____)

Weight (kgs)) 8.66kg (Centile _____)

On Examination :

Temperature : 97.5°F Pulse Rate : (76) B.P. 105/66 SPO2 100% RA

Resp.rate and type of breathing : 22/min

Rash

Lymphadenopathy } NAD

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : } BAE+ NVR

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : } S1S2+

Any murmur :

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

Per Abdomen :

Inspection

Palpation : } Soft nontender

Ausculation :

Spine : External Genitelia :

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

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Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System : WNL

Bladder / Bowel : regular.

Clinical Summary & Diagnostic:

K/C/O CKD (↓ Bicarbonate ↑ urea/cr)

(P.T.O.)

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Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection control

Desired goals of the treatment : haemodynamic stable
hydration

Planned Labs:

CBP
CRP
N/B
Tsmp
20/07/26

Planned Management

IV hydration. DNS +10ml Bicarb 30ml
IV ceftriaxone
IV - Esomeprazole
K-BIND
CAP - ROCALTOR
SYP - URITOP
SYP - NODOSIS

Signature of the Doctor: Dr. Ramya
Name of the Doctor: Dr. Ramyasamy
Date & Time: 20/7/26 12:45pm

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

FDH-00030525 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 14 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	2			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	6			
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 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				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
		25			
	Total No. of Pages	35			

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

Signature and Date 23/8/25

(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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/3/26 2pm	S/B Dr. Sudha	
		Adv.
	–	Continue IVF
	–	Medications as per drug chart
	–	I/O charting
	–	BP charting 3 Hrly.
	–	watch for RD.
	–	Allow orally as tolerated
20/3/26 3:40 PM	Seen by Resident. Δsis - Recurrent UTI c/q neurogenic bladder.	B/L VUR s/p vesicostomy.
	NO fever Oral intake fair hemodynamically stable. BP - 105/66 mmHg chest clear abdomen soft hydration fair	Plan 1. Continue medications as charted. 2. BP charting Input output monitoring Daily wt check
		RP2 Sahithi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9:30AM	Seen by Resident ASin - B/L grade II VUR S/P Vesicostomy.	c neurogenic bladder
	Afebrile U/O - 340 ml @ 18 hrs. ~ 2.2 cc/kg/hr	Plan 1. Continue medications as charted.
	Afebrile Urine output adequate No vomitings Oral intake fair O/E - child active, afebrile hemodynamically stable Chest clear, abd. Soft. Labs reviewed.	2. give LEVOLIN nebulisation 3 back to back. 3. monitor vitals urine output monitoring S. Sahithi.
	Seen by Dr. Satya Prasad	1. Levolin Nebs 3 Hrly. 2. Nodosis 20 mg TID. 3. RP2 - T/m - free flow sample.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2025 1:30pm	S/B Dr. Ruller	
	Case Reviewed Child active Alert. V/O - good.	Adv - Continue same medications - Vitals 4 Hrly. - 4/M (RPz) 6AM free flow sample.
21/7/25. 5:30 PM	Seen by Resident- Asis- B/L VUR grade IV passing adequate urine Afebrile 1 ep. of vomiting 4 ep of semi solid loose stools. Hemodynamically stable Chest clear abd soft.	Plan 1. Continue medications. as charted 2. RPz T/m @ 6AM 3. monitor vitals & inform SOS 4. ~~BP~~ Ondansetron & probiotic Sahithi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26. 10AM.	Seen by Dr Sreethi Balla / Resident	
	ΔSis - B/K VUR	Plan
		1. RP2 T/m free flow.
	child alert	2. Continue medications
	No more vomitings.	as charted.
	Oral intake poor.	3. Monitor vitals
	Hemodynamically stable.	v/o monitoring
		Sahithi
22/7/2026 2:15pm	S/B Dr. Sudha	
	Child well	Adv
		- RP2 T/M free flow
		- Rest to continue same

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

(P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/25 4:30PM	Seen by Resident ASis - BIL VUR ? hyperkalemia.	
	No fevers No further vomitings loose stools improved Oral intake less. Hemodynamically stable Chest clear, abd soft hydration fair.	Plan 1. Continue medications as charted 2. ~~RP2~~ RP2 T/m free flow sample. 3. Monitor vitals 4 hrly inform SOS Sahithi

FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Resident	
23/7/26 9AM	A: BIL VUR Grade V c Neurogenic bladder	plan. ① back to back levolin ② medicational per chart ③ cont. IVfluids ④ strict H/O chasting ⑤ monitor vitals
	issue: hyperkalemia	
	no fever/ vomitings Oli - fair.	
	O/E - CNS alert vitals stable RS - BIL AE ⊕ CVS - S1S2 ⊕ PIA - soft	
	wt - 8.4kg U/O - 702ml (43.4ml/kg/hr)	
23/7/26 9.20AM	DIW Dr. Satyaprasad	Plan.
	S. ICt - 6.1	① back to back levolin now ② hrly levolin nebs ③ IC-bird PIR stat now ④ S. Electrolytes after 4 hours

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

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09-05-2025 1 Y 2 M 13 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 11AM	S/B Dr-Satyaprasad	
		plan: ① S-Electrolytes now after nebs (freeflow sample ② plan D/c today after reports. Ortop R/v after 5days c̄ RP2.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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OP

RESULT SHEET

Date	14/7	20/7.	21/7.	22/7.	23/7/26		
Time			6 AM.				
Hb	12	12					
PCV	36	36.8					
RBC	4.9	4.9					
WBC	17.6k	21.3k					
N/L	26/62	34/53					
Platelets	3.1L	2.73L.					
CRP		5					
ESR							
PCT							
RBS							
Na	136	133	137	138	136		
K	5.7	4.8	5.2 ↑	5.3 ↑	6.1 ↑		
Cl	105	103	109	108.	108		
Ca/Mg	10.3	~~10~~					
Phosphate							
Urea	114	150 ↑	110 ↓	79 ↓	72		
Creatinine	1	0.9	0.9	1 ↑	1.1		
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	HCO3 21	17 ↓	17	19	19		

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient Stick[er]
FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

Master ... addg

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER   Shifted to: 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
	SYP · NODOSIS	15ml	oral	TID	20/7/26	☑ C ☐ DC
2	K · BIND	1/2 sachet dilute in 60ml (home) or	oral	TID 8am 2pm 8pm	20/7/26	☑ C ☐ DC
3	CAP · ROCALTORL	0.25mg	oral	OD 2pm	19/7/26	☑ C ☐ DC
4	SYP · URITOP	3.5ml	oral	OD 8pm	19/7/26	☑ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya sammeta

Date & Time : 20/7/26 12:15pm.

Nurse Name & Signature: pooja , Pooja

Date & Time : 20/7/26 @ 12:20 pm

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

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DRUG CHART

Date of Admission: 20/7/26 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 :				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 ..... Signa

Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

REGULAR PRESCRIPTIONS

Weight. 8.66kg. Ward. ....

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
450mg	IV	12hrly	20/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date/Time: 20/7, 21/7, 22/7, 23/7 — 10am, 10pm

Daily Doctor's Endorsement by a Sign

DRUG : INJ. ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
9mg	IV	OD	20/7/26

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

Additional Instructions:

Date/Time: 20/7, 21/7, 22/7, 23/7 — 8pm, 6am

Daily Doctor's Endorsement by a Sign

DRUG : SYP. NODOSIS

Dose	Route	Frequency	Start Date
15ml	oral	8hrly	20/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:

Date/Time: 20/7, 21/7 — 6am, 2pm, 10pm

1 dose Savithri 21/7/26.

Daily Doctor's Endorsement by a Sign

DRUG : CAP. CALCITRIOL

Dose	Route	Frequency	Start Date
0.25mcg	oral	24hrly	20/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time:

Daily Doctor's Endorsement by a Sign

FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
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Katragadda

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : CAP. CALCITRIOL

Dose	Route	Frequency	Start Dt.
0.25mg	oral	24hrly	20/7/26

Date/Time: 20/7, 21/7, 22/7, 23/7

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

2pm

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : SYP. SODIUM BiCarbonate oral suspension

Dose	Route	Frequency	Start Dt.
15ml	oral	TID	20/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

STOP Saluthi 20/7/26

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : SYP. NITROFURANTOIN

Dose	Route	Frequency	Start Dt.
3.5ml	oral	OD	20/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

STOP Saluthi 20/7/26

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : K-BIND SACHETS

Dose	Route	Frequency	Start Dt.
½ SACHET	oral	8hrly	20/7/26

Date/Time: 20/7, 21/7, 22/7, 23/7

6am, 2pm, 10pm

Name & Signature of the Doctor Starting the Drugs: Dr Ramya

Additional Instructions:
½ Sachet dilute in 60ml milk, Keep it for 10 min then give 40ml

Daily Doctor's Endorsement by a Sign

VERIFIED

VERIFIED BY: Name .... Signature

FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 14 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : LEVOLIN Neb.

Dose	Route	Frequency	Start Dt.
0.63mg	Neb	3H.	21/7

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Stop Changing freq. 23/7/25

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7	22/7	23/7
12 Am			
3 Am			
6 Am			
9 Am			
12 Pm			
3 Pm			
6 Pm			
9 Pm			

DRUG : Syp NODOSIS

Dose	Route	Frequency	Start Dt.
20ml	PO	TID	21/7

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7	22/7	23/7
6am	Same	Priyanka	Priyanka
2pm			
10pm	Priyanka	Priyanka	Priyanka

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
1.2 mg	IV	TID	21/7

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7	22/7	23/7
6am	X	Priyanka	Priyanka
2pm			
10pm	6pm Priyanka	Priyanka	Priyanka

DRUG : ECONORM Sachet

Dose	Route	Frequency	Start Dt.
1 sachet	PO	BD	21/7

Name & Signature of the Doctor Starting the Drugs: Sahithi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7	22/7	23/7
6am	X	Priyanka	Priyanka
6pm	10pm		

VERIFIED VERIFIED VERIFIED VERIFIED

Patient Sticker

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Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : LEVOLIN NEB

Dose	Route	Frequency	Start Dt.
0.63mg	NEB	4HLY	23/1/26

Name & Signature of the Doctor Starting the Drugs:
Madhuri

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

[redacted]me & Signature of the Doctor [redacted]tarting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

Patient Sticker

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BirthRight™
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Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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.	

Signature .....

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7/26	9:AM	LEVOLIN 0.63mg x 3 Back to back	0.63mg	Neb		~~Anung~~ Mithu
23/7/26	9AM	LEVOLIN 0.63mg -(3)	0.63mg back to back	NEB		Nikita Soma
23/7/26	9:45AM	K-BIND	8g	PIR		Soma Mithu

Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

I.V. FLUIDS CHART

Weight. 8-6 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/7/26	2PM	DNS + Sod Bicarb	IV	30	[illegible]	[illegible]	23/7	[illegible]	[illegible]

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

FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/7 .... 23/7/26

Today wt 8.5kgs

[redacted]

[redacted]

Time:	6AM	10AM	1pm	6PM	10PM	2AM	6AM
Doctor / Nurse / Family Concern?							
Temperature (F) (104–94)	98.7°F	97°F		97.3°F	98.1°F	98°F	98.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50). Note: BP does not score in early warning scoring	115/70 (79) (crying)	100/60 (71)	(crying)	111/79 (89)	96/75 (82)	98/69 (72)	100/70 (83)
Heart Rate (Number)	116 b/m	108 b/m		120 b/m	138 b/m	116 b/m	119
Resp. Rate (bpm) (Over 1 Minute) * (70–10)							
Resp Rate (Number)	28 b/m	28 b/m		26 b/m	26 b/m	26 b/m	23 b/m
Resp Distress — Mod/ Severe							
Resp Distress — None / Mild							
Receiving O_2(l/min)							
O_2Saturations (%)	100%	100%		98%,	98%	99%	98%
Conscious Level — Normal							
Conscious Level — Altered							
GCS *	15/15	15/15		15/15	15/15	14/15	14/15
TOTAL SCORE Number of shaded boxes	1	1		1	1	1	1
Pain Score	0	0				0	0
Observer's Initials							

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- 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)

FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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 : 21/7 ... Time:

Today weight 8.4 kg

Parameter					
Time	10AM	1PM	6PM	10PM	22/7 2am
Temperature (F) (94–104)	97.1°F	96.5°F	97.8°F	98.3°F	97.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190)	110/78 (68)	105/65 (60)	102/68 (80)	crying	100/80 (62)
Heart Rate (Number)	114 b/m	109 b/m	105 b/m		126 b/m
Resp. Rate (bpm) (Over 1 Minute) * (10–70)					
Resp Rate (Number)	26 b/m	26 b/m	25 b/m		26 b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min)					
O_2 Saturations (%)	99%	99%	100%		99%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15		15/15
TOTAL SCORE — Number of shaded boxes	1	0	1		1
Pain Score	0	0	0		0
Observer's Initials	[illegible]	[illegible]	[illegible]		

Doctor / Nurse / Family Concern?

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

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

Patient Sticker

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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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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.
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09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/07/25 Time:

	6pm	10pm	2Am	6Am
Doctor / Nurse / Family Concern?				
Temperature (F) (104–94)	98.2°F	96.8°F	97°F	97°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) — Note: BP does not score in early warning scoring	100/46 (61)	118/96 (99)	90/62 (87)	95/70 (77)
Heart Rate (Number)	109bpm	129bpm	98bpm	114bpm
Resp. Rate (bpm) (Over 1 Minute) * (70–10)				
Resp Rate (Number)	28bpm	27bpm	26bpm	27bpm
Resp Distress: Mod/ Severe; None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	100%	100%	100%
Conscious Level: Normal; Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	0 (initials)	(initials)	(initials)	(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.
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
20/7	02:00 pm			-							0	
	03:00 pm			Medicine			E			Emesis	0	Sucl
	04:00 pm	DNS + 10ml Bicarb	Cerelac rice	30ml						not measure	0	
	05:00 pm			30ml							0	Sucl
	06:00 pm			30ml							0	
	07:00 pm			30 ml						238	0	Sucl
Total Intake :						**Total Output :**						
20/7	08:00 pm			30ml							0	
	09:00 pm			30ml							0	
	10:00 pm	DNS + 10ml Bicarb	Cerelac	-							0	Medic
	11:00 pm			30ml						Emesis	0	
	12:00 am			30ml							0	Medic
	01:00 am			30ml							0	
Total Intake :						**Total Output :**						
21/7	02:00 am			30ml							0	
	03:00 am			30ml							0	Medic
	04:00 am	DNS + 10ml Bicarb	Nacle	30ml			NO				0	
	05:00 am			30ml							0	
	06:00 am										0	Medic
	07:00 am									100ml	0	
Total Intake :						**Total Output :**				347 ml		

Total 24 hrs. Intake		Total 24 hrs. Output	

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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. : ....

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							
2/7	08:00 am	DNS+ HCO3		—		NA		NA				
	09:00 am			—			✓			motion	0	Aruna
	10:00 am			—							0	
	11:00 am			30mL							0	Aruna
	12:00 pm			30mL			✓				0	
	01:00 pm			30mL							0	Aruna
Total Intake :						**Total Output :**					0	cannula changed
2/7	02:00 pm	DNS+ HCO3 10ml		—							0	[illegible]
	03:00 pm			30ml			✓	✓		motion	0	
	04:00 pm			30ml							0	
	05:00 pm			30ml							0	[illegible]
	06:00 pm			—			✓			motion	0	
	07:00 pm			30ml							0	
Total Intake :						**Total Output :**						
2/7	08:00 pm	DNS+ HCO3 10ml		[illegible]							0	
	09:00 pm			[illegible]							0	[illegible]
	10:00 pm			[illegible]			✓	[illegible]		motion	0	
	11:00 pm			[illegible]							0	smooth
	12:00 am			30ml							0	
	01:00 am			30ml							0	smooth
Total Intake :						**Total Output :**						
3/7	02:00 am	DNS+ HCO3 10ml		30ml							0	
	03:00 am			30ml							0	smooth
	04:00 am			30ml							0	
	05:00 am			30ml							0	smooth
	06:00 am			—			[illegible]			100ml	0	
	07:00 am			—							0	smooth
Total Intake :						**Total Output :**				100ml		

Total 24 hrs. Intake	

Total 24 hrs. Output	

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Dr. DR.V.V.R.SATYA PRASAD

FLUID CHART

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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		tdly	30ml			—			Emotion	0	
	09:00 am	DNS+ 10ml HCO3		30ml							0	Sushma
	10:00 am			30ml							0	
22/8	11:00 am			—							0	
	12:00 pm			—			✓			240ml	0	Sushma
	01:00 pm			30ml							0	
Total Intake :				120		**Total Output :**						
	02:00 pm		tdly	30ml			—			Emotion	0	Pinisha
	03:00 pm	DNS/		30ml							0	
23/8	04:00 pm	10ml		30ml							0	
	05:00 pm	HCO3		—			✓			Emotion	0	Sushma
	06:00 pm			—							0	
	07:00 pm			30ml			✓			Emotion	0	
Total Intake :				120		**Total Output :**						
	08:00 pm		PN	30ml							0	
	09:00 pm	DNS + 10ml		30ml						230ml	0	Sushma
22/8	10:00 pm										0	
	11:00 pm	HCO3		30 ml			NP				0	
	12:00 am			30 ml							0	Sushma
	01:00 am			30 ml							0	
Total Intake :				150		**Total Output :**						
	02:00 am			30ml							0	
	03:00 am	DNS+		30ml							0	Sushma
22/8	04:00 am	10ml		30ml							0	
	05:00 am	HCO3		30ml			NP				0	
	06:00 am			—						230ml	0	Sushma
	07:00 am			—							0	
Total Intake :				120		**Total Output :**				702		

Total 24 hrs. Intake	∋ 510 ml	Total 24 hrs. Output	3.48cc/kg

FDH-00030625 IP5-00176640
Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 12 D (M)
Dr. DR.V.V.R.SATYA PRASAD

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FLUID CHART

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.

		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									200ml		
	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 SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
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NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 20/07/26

Assessment: pt having pain activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
1:00pm	* Assess The pt General Condition	2pm	* Assessed the pt General Condition	pt is stable
2:30pm	* check the pt all vitals	3pm	* checked the pt all vitals	
3:30pm	* maintain I&O chart	4pm	* maintained I&O chart	
5pm	* provide comfortable position	6pm	* provided comfortable position	
7pm	* administer all medication given as per doctor order	8pm	* administered all medication given as per	

Re-Assessment:

Special Notes: Nil

Nurse Signature: S

Nurse Name: Swarna

Date & Time: 20/07/26 8pm

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Master SHRIYAAN KATRAGADDA
09-05-2025 1 Y 2 M 11 D (M)
Dr. DR.V.V.R.SATYA PRASAD

NURSING CARE RECORD

Rainbow® Children's Hospital
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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 21/7/26

Assessment: Baby having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the general condition of the baby.	8.30pm	Assessed the general condition of the baby.	Implemented all the procedure.
10pm	Administer medication as per doctor order.	10.30pm	Administered medication as per doctor order.	
12Am	Monitor vital signs.	12.30pm	Monitored vital signs	
2Am	Continue w fluids	2.30Am	continued w fluids	
4Am	Monitor urine output	4.30Am	Monitored urine output	
6Am	Provide comfortable position.	6.30Am	Provided comfort position	
7Am	Send RP2	7.30Am	Sended RP2	

Re-Assessment: .....

Special Notes: Sended RP2

Nurse Signature: Meslin Nurse Name: Meslin Date & Time: 21/7/26 @ 8am

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/2/26 Time: 1PM

Weight: 8.66 kgs Centile: <5th

Height: 73 cms Centile: 5th

Inference: underweight child

RDA: — Calories: 1200 kcal/d Protein: 20 g/d

Diet Recommendations: soft low salt diet

Re-Assesment: Avoid spicy, chilled & outside foods.

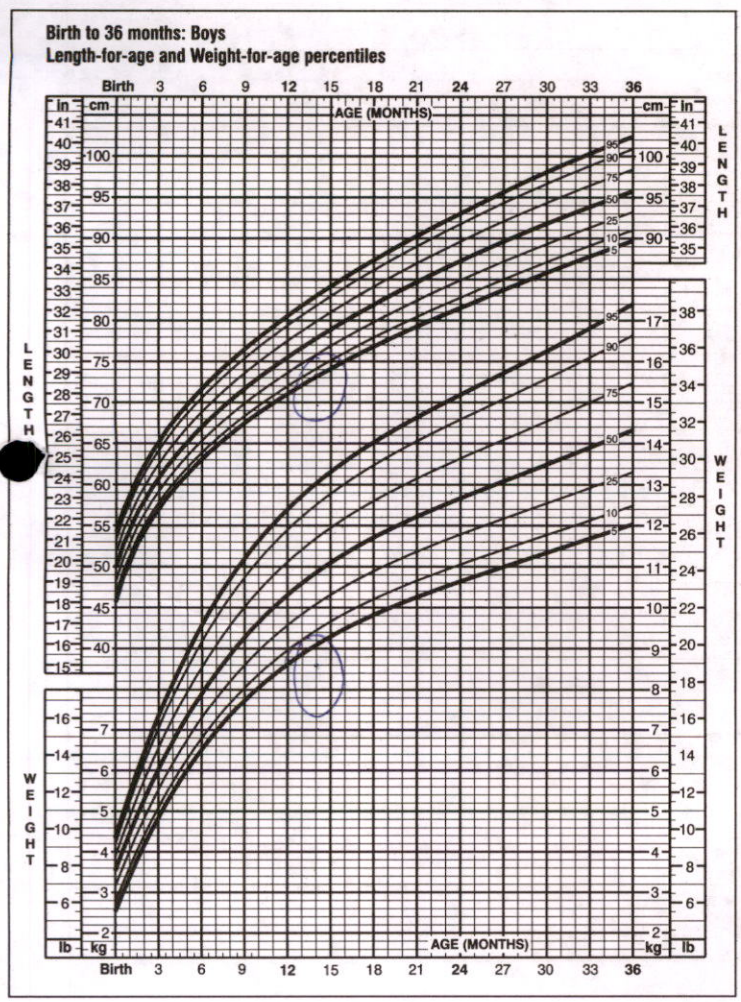
Food Allergies: NO Veg/Non-veg Non-veg

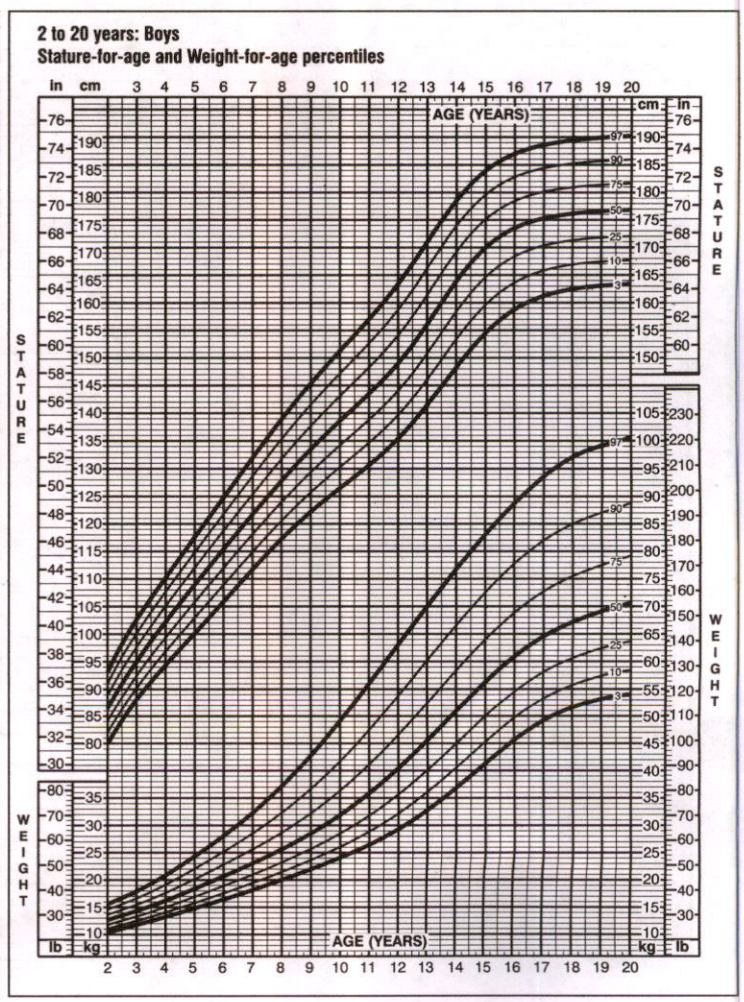
Diagnosis: KIC/O CKD (↓ Bicarbonate ↑ Urea)

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: K. Lay

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Docu. No. : RCHBH / FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

27/7/26 8am	child is stable. oral intake is fair continue c̄ soft low salt diet - Nitesh
28/7/26 8am	Child is stable intake is fair continue c̄ soft low salt diet Nitesh