DISCHARGE SUMMARY

Name	Master NAMISH AGARWAL	**UHID**	BAH-00602820
Father/Guardian	Mr AKSHAY GOEL	**Age/Gender**	2 Y 4 M 20 D/ Male
Address	19-1-927/13 BAHADUR PURA MURLI NAGAR, Bahadurpura, Hyderabad, Telangana, INDIA, 500064		
IP No	IP26-00006433	**Admission Date**	26-05-2026
Ref Doctor	Self		
Discharge Date	30.05.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	K52.9

History: Master NAMISH AGARWAL, 2 Y 4 M 20 D , old boy presented with history of non bilious, non projectile vomiting since 3 days,, excessive cry since 2 days, loose stools since 1 day, decreased urine output since 1 day, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: He was afebrile, hemodynamically stable and maintaining saturation at room air. Heart rate - 112/min, Respiratory Rate - 24/min. On

Name	Master NAMISH AGARWAL	**UHID**	BAH-00602820
IP No	IP26-00006433	**Admission Date**	26-05-2026

examination Signs of dehydration were present in form of dry lips, dry oral mucosa, decreased skin turgor and sunken eyes. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft with no organomegaly. On neurological examination, he was conscious, alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 12.1 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.34, pCO2 of 34.1 mmHg, pO2 of 46 mmHg, HCO3 of 18.3 mmol/L and BE of -6.8 mmol/L.

Initial hemogram showed Hemoglobin of 12.5 gm%, White Blood Cell count of 11250 cells/cumm, platelet count of 3.62 lakhs/cumm and C-Reactive Protein of 17 mg/l. Complete urine examination shows 1-2 pus cells, 2-3 epithelial cells.

STOOL FOR ROTA VIRUS was negative.
Complete stool examination

Name	Master NAMISH AGARWAL	**UHID**	BAH-00602820
IP No	IP26-00006433	**Admission Date**	26-05-2026

COLOUR	YELLOWISH		
CONSISTENCY	SEMI FORMED		
pH	7.0	5 - 8.5	
MUCUS	PRESENT	ABSENT	
BLOOD	ABSENT		
UNDIGESTED FOOD	PRESENT++	ABSENT	
HELMINTHES	NIL	NIL	
PUS CELLS	2 - 3		
RED BLOOD CELLS (Stool)	1 - 2	NIL	HPF
STARCH GRANULES	PRESENT++	ABSENT	
YEAST CELLS	NIL	NIL	
FAT GLOBULES	PRESENT+	ABSENT	
PROTOZOA	NIL		

Repeat hemogram showed Hemoglobin of 12.1 gm%, White Blood Cell count of 12030 cells/cumm, platelet count of 3.35 lakhs/cumm and C-Reactive Protein of 6 mg/l.

Management : He was admitted in the ward and was started on Intra Venous

Name	Master NAMISH AGARWAL	**UHID**	BAH-00602820
IP No	IP26-00006433	**Admission Date**	26-05-2026

fluids. He was treated symptomatically with antacids and antipyretics. In view of loose stools, he was administered probiotics, Zinc and advised gastrodiet. Stool for rota virus was sent which was negative.

He was regularly monitored for loose stool frequency and hydration status. His loose stools and other symptoms settled gradually.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Medication during hospital stay:
Z & D -DS suspension
Pro-GG sachet
Injection. Ondensetron
B4 nappy cream
Redotil sachet
Injection. Esmoprazole

Advice:
* Diet as advised.

Name	Master NAMISH AGARWAL	**UHID**	BAH-00602820
IP No	IP26-00006433	**Admission Date**	26-05-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	PRO-GG Sachet	1 sachet	9am-9pm (after food)	For 3 days
2	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 10 days
3	WHO ORS	100ml	per each loose stool	AD LIB
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. PRITESH NAGAR on Tuesday(02.06.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the

Name	Master NAMISH AGARWAL	**UHID**	BAH-00602820
IP No	IP26-00006433	**Admission Date**	26-05-2026

proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours.**

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

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Name	Master NAMISH AGARWAL	**UHID**	BAH-00602820
IP No	IP26-00006433	**Admission Date**	26-05-2026

Rainbow Children's Medicare Ltd. Hyderabad
Himayathnagar 500029

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Children's Hospital

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006433 **Admit Date** : 26-May-2026 **Admit Time** : 08:18 PM **UHID** : BAH-00602820

Patient Details :

Patient Name	: Master NAMISH AGARWAL	**Age**	: 2 Y 4 M 19 D
Guardian	: Mr AKSHAY GOEL	**DOB**	: 07-01-2024
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 19-1-927/13 BAHADUR PURA MURLI NAGAR Bahadurpura Hyderabad Telangana INDIA 500064	**Phone No**	: 9030881788/ 9652464859
		E-mail	: kritika.agarwal010@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name	: Mr AKSHAY GOEL	**Relationship**	: Father
Contact Address	: 19-1-927/13 BAHADUR PURA MURLI NAGAR Bahadurpura Hyderabad Telangana INDIA 500064	**Phone No**	: 9652464859 / 9030881788

Kritika

Signature

Doctor Details :

Doctor Name	: Dr. PRITESH NAGAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	: Dr. ANIKET ANIL PARASHAR		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 5000.00
		Payor Name	: HDFC ERGO GENERAL INSURANCE CO LTD

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ACTI BAH-00602820 IP26-00006433 **LING**
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

Name ----------

UHID No : ---------- IP 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
26/5/26	8:50pm	ER	~~Ward~~ 2nd floor (274)	Mayank

Cross Consultation Visit

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

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/5/26	CBP, CRP	8884	
	VBG	8883	
	Cross checked by Mamta Shukla @12:30PM, 27/5/26		
27/5/26	CUE	8914	
28/5/26	CSF & stool for Rota virus	8917	
29/5/26	CBP, CRP, VBG	8975	

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/5/26	Infusion pump	9PM 26/5/26	27/5/26 @ 10am	2301	

Gpss clicked by Mayank @ 2:30 AM, 27/5/26

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
26/5/26	IV placement	(1)	202257	
	Cross checked by Mamta @ 12:30 Pm, 28/5/26			
26/5/26	NHA	(1)	2414	
29/5/26	IV- placement	(1)	2766	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o vomiting since 3days
C/o loose stools since 1 day,
C/o excessive Cry since 2days

History of present illness : C/o decreased urine output x 1day

Pt was apparently alright 3 days before, then had vomiting non-projectile non-bilious, containing food particles

C/o loose stools, watery since 1 dy

C/o excessive Cry, decreased passage of urine since 1 dy

C/o dull activity since 1 dy

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

Nothing significant.

Birth & Neonatal History :

T | AGA |

Birth & Socio Economic History :

About Father :

About Mother : —

Any additional Information :

Developmental History :

Developmentally normal

Immunization History :

Upto date till 18M.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 12.1 kg (Centile _____)

On Examination :

Temperature : 98°F. Pulse Rate: 112. Description _____

B.P. _____ SPO2 98%. at RA

Resp. rate and type of breathing : _____

Dry oral mucosa.
Dry lips
Sunken eyes
decreased urine output

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L AE (+)

Any addes sounds : B/L NVBS

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 heard.

Any murmur : No murmur

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : Soft, non tender.

Ausculation : No organomegaly

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____

Acute GE ~~C~~ dehydration.

_____

_____

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP
KBG.

Planned Management :

IVF- Plasmalyte. 95ml/hr.

Inj. ondensetron 1mg TID.

Z & D suspension 1ml.

I/o charting,
I/o charting

BP Monitoring Q 4H.

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on
   whose name the patient is being referred

Doctor's Signature Name _____ Date 27/5 Time 9AM

Dr. Pritesh Nagar
Consultant Pediatric Intensivist

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	c/B. Dr. Prabhath.	
8.20pm	△ AGE c dehydration c/o Vomitings x 3days c/o Loose stools x today. No Blood in stool No fevers o/e Vitals Stable PA soft.	Adv 1. Trace reports CBP, CRP 2. I/o charting 3. BP Monitoring QAH NBM after 10pm

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	S/B. Dr Prabhath	
1AM	△ AGE c̄ Dehydration	
	6 episodes of loose stools since admission	Adv
	CRP 17. Hydration - fair.	Rodotril sachet 1 sachet TID
	TLC 11,250 N 41%.	
		CT Rest.
		NB Mounish @1AM

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/24 8am.	S/o. Dr. Prabhath.	
	⚠ - AGE c dehydration	
	5 episodes of loose stools	Adv
	CRT 17. Child stable	
	TLC: 11,200 Oral intake - fair.	(1) OT IVF 2/3 Maintenance
	N 41.1 No Vomiting	
	L 46.1 O/E Gen. fair.	(2) Encourage orally
	Hydration - fair	
	Pt. soft.	(3) H/O Monitoring
	prof	N/B advised.

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o Dr. Pritesh	
28/05/26 9 AM	D: AGE with dehydration	
	Loose stools (5 episodes) overnight	
	no Vomiting	
	Oral feeds - moderate intake, pcu	
	O/E:- GC: fair	
	Vitals: stable	
	Hydration - ok	
		Adv
		- IV fluids
		- Racecadotril
		- Supportive care
		- Monitor vitals cond
		Inform on SOS
	Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184	
	N I D	[signature]

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26. 2:30pm	C/s/by. Dr Anusha.	
	AGE c̄ dehydration.	
	loosestools (+)	
	No vomitings	
	vital stable	
	Intake - moderate	- IV fluids.
		- cl- as per chart
	S/E	
	P/A soft	- Monitor o/o BP
	Not distended	
		- Ryorm sos.
	Af	N/B Divya
		2:30pm

(P.T.O)

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 20 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 5:30pm	c/o by Dr Aniketh AGE ī dehydration	
	vital stab	
	loosetools (+) : 10 Episode → watery loose stool, no blood/mucus →	Send stool routine & stool rota virus Send CUE
		→ ~~ct/ Antibiotic~~
		— Ehn only
		— ct other Mx as per clr
		— ct IV fluids
		→ (c/o) Monitoring
		Dr. D. Aniketh
	noted by Divya @ 5:30pm	

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 20 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10:15 PM	S/B Dr. Sneyha	Plan
	Child passed 6 episodes of loose stool	- IV Fluid. PLASMALYTE @ 40ml/hr
	pulse volume - ⊘	- Encourage oral
		- W/F dehydration
		- WHO-ORS - 50-75ml per each loose stool
28/5/26 11:40 AM	S/B Dr. Sneyha	
	ΔAKI ∈ dehydration	Plan
	2 episodes of loose stool last night	- CF IV Fluid @ 20ml/hr
		- ~~CF CEFTRIAXONE~~
	CVS - S1S2⊘	- CF PEDOTRIC
	RS - BL-AE⊘	
	P/A - Soft	- CF ONDANSETRON
	Conscious.	- Encourage oral
		- Trace BE sheet for Role Visit

(P.T.O)

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 20 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CN 15 - D. Aniket	
28/05/24 10 PM	AGE with dehydration	
	Loose stool (4 episodes)	
	No vomiting	Stool R/E - minimal
		CVS - normal
	O/E AC fair	
	Hemodynamically stable	
	Hydration - good	
	S/E: NAD	Adv.
		- IV fluids 20ml/kg
		- Supportive care
		- Frequent stool Rota
		- Monitor vitals and
		Informed
		Sumbh

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL (M)
07-01-2024 2 Y 4 M 20 D
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o/c Dr. Sinhatte / Dr. Varun	
28/05/26 2PM	AGE with dehydration	
	Loose stools (P) → 4-5 episodes today	
	No vomiting	
	O/E: GC fair	
	Hemodynamically stable	
	Hydration – good	
		Adv
		– IV fluids (½ M)
		– Supportive care
		– Trace stool Rota PCR.
		– Monitor vitals and
		– Inform SOS
		NB Sneha C2P
		Sinhatte

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 20 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/b Dr. Aniket.	
28/5/26 5:30PM	D - AGE c dehydration..	
	- 4-5 e/o loose stools.	
	- Afebrile.	- Plan
	- O/E - vitals.	- f/u stool rota PCR.
	S/E - WNL.	- ct. IVF 1/2 M.
		- Monitor vitals.
		NB Sneha @ 5:30pm
		[illegible] Dr. Aniket

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist.
Reg. No. 8568

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 21 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/1/26	C/F/13 - Dr. Rekha	
7am	Acute GE ∑ dehydration.	
	No fever spikes	
	Loose stools + No vomiting episodes.	Advised:
	Abdominal distension	(i) Make ½ maintainance from 2/3rd.
	4 bottles	
	O/E -	
	Vitals stable.	(ii) Monitor vitals.
	Abd soft	(iii) Continue Probiotics
	CVS NAD	(iv) Trace CBP, CRP.
	RS - NVBS.	
		NB - Mouthwash ∑ SAM

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 21 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9am	C/S/B - Dr Pritesh	
	Acute GE c dehydration	
	No fever spikes.	Advice!
	Loose stools better	(i) Plan to discharge today after reassessing by afternoon.
	Oral intake improved.	
	o/e -	
	vitals stable.	(ii) Stop IV fluids.
	(Re)	NBB [illegible]
	CVS [illegible] RS P/A [illegible]	
	Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184	

BAH-00502820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 21 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 2:30pm	S/B Dr. Sreejhon	
		P/ly
	DAGE c dehydration	
	loose stools ↓	– CF 2 AD
		Pro-GC
	CVS – S1S2 (+)	
	RS – B/L AEFB	– Encourage orals
	P/A Soft	– WHO ORS 100ml
	Conscious	for each loose stool
		KBV

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

(P.T.O)

BAH-00602820 IP25-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 23 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00802820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 23 D (M)
Dr. PRITESH NAGAR

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 23 D (M)
Dr. PRITESH NAGAR

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/by Dr Pritesh Sir	
29/5/26 4:30pm		
	No loose stools	
	oral Intake Good	
	Activity good	
	Smiley	
	No vomiting	
		Continue orally
	vitals stable	
	S/E	Inform SOS
	P/A soft	NB Sir 4:30pm
	Not distended	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	

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

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Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 23 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/b Dr. Varun / Dr. Sushanth	
30/5/26 7AM.	A - AGE - Afebrile. - No loose stools. - Ord intake Activity	Good.
	O/E - vitals stable.	Plan
	S/E - WNL.	- Encourage orally. - D/s today.
		N.B. maturity
		VE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/L/b. D- Pridail	
30/05/26 9AM	No [illegible] No fresh [illegible] [illegible] - good passing urine S/B - NAD	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	Adv discharge today

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

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DRUG CHART

Date of Admission: 26/5/26 Drug Allergies: NIL ☑ 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 : WHO-ORS.				Date ▸ Time
Dose	Route	Frequency	Start Date	
100 mL	PO	after each loose stool	26/5/26	
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

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Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 12.64 kg Ward. .....

DRUG : Z & D DROPS

Dose	Route	Frequency	Start Date
1 mL	Po	OD	26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Z & D-DS SUSPENSION

Dose	Route	Frequency	Start Date
1 mL	Po	OD	26/5/26

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

Additional Instructions:
(20mg/mL)

Daily Doctor's Endorsement by a Sign

Date / Time 26/5 27/5 28/5 29/5

10PM 9PM

DRUG : PRO GG SACHET

Dose	Route	Frequency	Start Date
1 sachet	Po	BD	26/5/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time 26/5 27/5 28/5 29/5

10PM X 9PM 10PM

DRUG : INJ ONDANSETRON

Dose	Route	Frequency	Start Date
2mg	IV	TID	26/5/26

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

Additional Instructions:
0.15mg/kg

Daily Doctor's Endorsement by a Sign

Date / Time 26/5 27/5 28/5 29/5

6AM X 2PM X 10PM

STD

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REGULAR PRESCRIPTIONS

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

DRUG : INJ ESMOPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	IV	OD	26/5/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	26/5	27/5	28/5	29/5
Time				
6AM	QBM			

STOP

DRUG : BACINAPPI CREAM

Dose	Route	Frequency	Start Dt.
	C/A	TID	26/05

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	26/5	27/5	28/5	29/5
Time				
6AM	X			
2PM	X			
10PM				

DRUG : REDOTIL SACHET

Dose	Route	Frequency	Start Dt.
1 Sachet	PO	TID	27/5/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	26/5	27/5	28/5	29/5
Time				
6AM	X			
2PM	X			
10PM				

STOP

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature

VERIFIED BY : Name

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

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

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				

07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

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

Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
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BAH-00602820 IP26-00006433
Master NAMISH AGARWAL

I.V. FLUIDS CHART

Weight. 12.6 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
26/5/26.	8 pm	IVF PLASMALYTE (2/3 Maintainence)	IV	25			27/5		
27/5/26	10 pm	PLASMALYTE	IV	40			28/5		
				20 ml/hr					

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

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214

RESULT SHEET

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Date	26/5/26	29/5/26				
Time						
Hb	12.5	12.1				
PCV	34.8	33.2				
RBC	4.41	4.21				
WBC	11.25	12.03				
N/L	41.7/46.6	25.7/64.7				
Platelets	362	335				
CRP	17	6.0				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
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	07/5/26					
Time						
CUE-Alb	Nil					
CUE-Sugar	Nil					
CUE - Ketones	Negative					
CUE-PUS Cells	1-2					
CUE - RBC Cells	Nil					
CUE :- epithelial cells	2-3					
Nitrite	Negative					
pH	7.0					
Stool Pus Cell	2-3					
OVA/Cyst						
Occult Blood (Blood)	Absent					
Red Blood cells (RBC)	1-2					
Fat Globules	Nil					
Mucus	present					
Undigested food	present ++					
starch Granules	present ++					
Stool for Rota virus	Negative					

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

RCH / FRM / CLINICAL / 124

INFANT (~~≤ 1 year~~ 1-5 year)

Children's Observation & Early Warning Scoring Chart

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RLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/6/24 Time:	10PM	2 AM	6 AM
Doctor/Nurse/Family Concern?			
Temperature (°F)	97.7	98.1	97.9
Heart Rate (bpm) and Blood Pressure (mmHg) *	98 / 66	96 / 61	95 / 61
Note: BP does not score in early warning scoring			
Heart Rate (Number)	113 b/m.	108 b/m	108 b/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	40 b/m	36 b/m	36 b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	99%
Conscious Level: Normal / Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	M	A	S

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 incharge and PICU /NICU fellow or PICU/NICU 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)

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INFANT (~~< 1 year~~ 1-5 year)

Children's Observation & Early Warning Scoring Chart

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ARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/5/26 Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						

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

98.6°F 98.8°F 97.9°F 98.1°F 97.4°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

95 (65) 53 | 93 (62) 52 | 123 61 | 107 (82) 71 | 98 68 | 100 (69) 57

Heart Rate (Number)	116/m	114/m	113/m	116/m	110/m	88/m

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number)	32/m	30/m	20/m	20/m	31/m	24/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	100%	100%	99%	99%	99%	99%
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	6	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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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-00602820 IP26-00006433
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Dr. PRITESH NAGAR

RCH / FRM / CLINICAL / 124

INFANT ~~(< 1 year)~~ 1-5 year

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/26 Time: 10 PM | 2 PM | 6 PM | 10 PM | 2 AM | 6 AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.9°F | 98.9°F | 97.8°F | 97.8°F | 97.4°F | 97.1°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

qd (78) 64	101 (79) 65	100 (78) 68	PP (71) 62	96 64	99 65

Heart Rate (Number): 112/bm | 114/bm | 106/m | 100/m | 104/m | 106/m

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

70 60 50 40 30 20 10

Resp Rate (Number): 20/bm | 20/bm | 24/bm | [illegible] | 30/m | 30/m

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	100%	[illegible]	100%	94%	100%	100%
Conscious Level	Normal / Altered				
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	2
Pain Score	0	0	0	0	0	2
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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BAH-00602820 IP26-00006433
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Dr. PRITESH NAGAR

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

INFANT (~~≤1 year~~ 1-5 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10am	2pm	6pm	2AM	6AM	
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.4	98.4	97.7	98.1	97.6	
Heart Rate (bpm) and Blood Pressure (mmHg) *	119/82	119/82	99 / 75	92 / 51	101 / 71	
Heart Rate (Number)	90bpm	90bpm	84bpm	120bpm	125bpm	
Resp. Rate (bpm) (Over 1 Minute) *	24	24	40bpm	40bpm	40bpm	
Resp Rate (Number)						
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	room air 99%	99%	99%	99%	99%	
Conscious Level: Normal / Altered						
GCS *	15/15	15/15				
TOTAL SCORE Number of shaded boxes	1	1	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials						

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

*: 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)

AH-00002820 IP20-00005833
Master NAMISH AGARWAL
17-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : 1

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

		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 :**						
26/5/26	08:00 pm			[illegible]								
	09:00 pm	Neomalyte 2/3 maint		25ml								
	10:00 pm		ORS	25ml			✓					
	11:00 pm		milk.	25ml						✓		
	12:00 am			25ml			✓					
	01:00 am			25ml			✓					
Total Intake :						**Total Output :** U-					M-	
27/5/26	02:00 am			25ml			✓					
	03:00 am	Neomalyte 2/3 maintenance		25ml						✓		
	04:00 am			25ml			✓					
	05:00 am			25ml						✓		
	06:00 am			25ml								
	07:00 am			25ml						✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

AM-00602820 IP28-00006833
laster NAMISH AGARWAL
7-01-2024 2 Y 4 M 19 D (M)
r. PRITESH NAGAR

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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.

		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							
27/5/26	08:00 am			25ml			✓			✓		
	09:00 am		Idli + H2O	25ml								
	10:00 am	Plasmodyte		25ml			✓			✓	0	
	11:00 am			25ml		NA		NA				
	12:00 pm			25ml								
	01:00 pm			20ml								
Total Intake :						**Total Output :**				U-2	M-2	
27/5/26	02:00 pm			25ml			✓			✓	0	
	03:00 pm		Rice	25ml							0	
	04:00 pm	Plasmalyte 1/2	+ H2O	25ml							0	
	05:00 pm			25ml			✓			✓	0	
	06:00 pm			25ml		NA		NA			0	
	07:00 pm			25ml			✓			✓	0	
Total Intake :		taken				**Total Output :**				U-3	M-3	
27/5/26	08:00 pm			25ml			✓					
	09:00 pm	Plasmalyte	Khichdi + H2O	25ml								
	10:00 pm			25ml			✓			✓	0	
	11:00 pm			25ml		NA	✓	NA				
	12:00 am			25ml								
	01:00 am			25ml			✓			✓		
Total Intake :						**Total Output :**				U-	M-	
28/5/26	02:00 am			25ml			✓					
	03:00 am	Plasmalyte		25ml								
	04:00 am			25ml								
	05:00 am			25ml		NA	✓	NA		✓	0	
	06:00 am			25ml								
	07:00 am			25ml			✓					
Total Intake :						**Total Output :**				U-	M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 20 D (M)
Dr. PRITESH NAGAR

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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							
28/5/26	08:00 am	Plasmalyte	Ibuprofen Syp	20 ml			✓			✓	0	
	09:00 am			20 ml			✓					
	10:00 am			20 ml			✓	NA		✓		
	11:00 am				NA							
	12:00 pm						✓			✓		
	01:00 pm											
Total Intake :							**Total Output :** U-3				M-7	
29/5	02:00 pm	Plasmalyte		20 ml			✓			✓	0	
	03:00 pm			20 ml			✓			✓		
	04:00 pm		Benadryl	20 ml			✓	NA		✓		
	05:00 pm			20 ml		NP	✓			✓		
	06:00 pm			20 ml			✓			✓		
	07:00 pm			20 ml			✓			✓		
Total Intake :							**Total Output :** U-4				M-4	
29/5	08:00 pm	Plasmalyte		20 ml			✓					
	09:00 pm			20 ml								
	10:00 pm			20 ml						✓		
	11:00 pm		Ashvidi	20 ml		NA		Nil			0	
	12:00 am			20 ml						✓		
	01:00 am		Milk	20 ml						✓		
Total Intake :							**Total Output :**					
29/5	02:00 am	Plasmalyte		20 ml								
	03:00 am			20 ml								
	04:00 am			20 ml								
	05:00 am		Milk	20 ml		NA		NA		✓	0	
	06:00 am			20 ml								
	07:00 am			20 ml								
Total Intake :							**Total Output :**					

Total 24 hrs. Intake		Total 24 hrs. Output	

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Dr. PRITESH NAGAR

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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											
	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 NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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Date: 26/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8Pm 8Am	→ Assess the pt condition. → Monitor the vitals → maintain I/O chart. → drugs given as per drug chart.	8Pm 8Am	→ Assessed the pt condition. → Monitored the vitals. → Maintained I/O chart. → drugs given as per drug chart.	→ pt is stable now	→ Re assessed the vitals	

master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 27/5/26

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	Re-Assessment	Nurse Name & Signature
Morning	8AM 2pm	- Assess the pt. condition - Monitor Vitals & record - Maintain I/o chart - Continue IV fluids - Give medication as prescribed by doctor.	8AM 2pm	- Assessed the pt. condition - Monitored vitals & records - Maintained I/o chart - Give medication as prescribed by doctor	patient is Stable now	Re-checked vitals	
Afternoon	2PM to 8PM	Assess the pt Condition. Monitor vitals record. maintain I/o charts. Provide the comfortable position. medication give as Per as doctor orde.	2PM to 8PM	Assessed the pt condition. monitored vitals record maintained I/o charts Provided the Comfortable Position. Medication given as prescribed doctor's order	→ Pt is stable → vitals norm.	→ monitor vitals. → maintain I/o Chart.	Sneh
Night	8PM 8AM	→ Assess the General Condition of pt. → Monitor vitals. → Maintain I/o chart. → Administer medication → Give Comfortable Position	8PM 8AM	→ Assessed the General Condition of pt. → Monitor vitals. → Maintain I/o chart. → Administer medicator. → provided Comfortable position.	→ pt is Stable → Vitals Norm	→ Re-assess vitals. → Maintain I/o chart	MD

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NURSING CARE RECORD

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Date: 28/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2 pm	- Assess the Pt condition - Monitor vitals - Maintain I/O Chart - Medication given as Per doctor order	8AM 2 pm	- Assessed the Pt condition - Monitored vitals - Maintained I/O Chart - Medication given as per doctor order	Pt is Stable	Re-Assessment vitals	
Afternoon	2pm 8pm	Assess the Pt condition. Monitor vitals sympt. Maintain I/O chart. Provide the comfortable position. Medication give acc. as doctor order.	2pm 8pm	Assessed the Pt condition Monitored vitals sympt. Maintained I/O chart Provided the comfortable position. Medication given as per as doctor order.	→ pt is stable → vitals normal.	→ Monitor vitals. → Maintain I/O chart	
Night	8pm 8am	→ Assess the pt condition → monitor the vitals. → maintain I/O chart. → drugs give as per drug chart.	8pm 8am	→ Assessed the pt condition. → Monitored the vitals. → maintained I/O chart. → drugs given as per drug chart.	→ pt is stable NC	→ Reassessed the vitals	

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NURSING CARE RECORD

Date: 29/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	Assess the baby Monitor vitals admission of child Maintain I/O chart	8am – 2pm	Assessed the baby Monitored vitals admission of child Maintained I/O chart	admitted	Reassess PRN	[illegible]
Afternoon	2Pm to 8pm	Assess the Pt condition. Monitor vitals & record. Maintain I/O chart. Provide the comfortable position. Medication given as per as doctor order.	2Pm to 8pm	Assessed the Pt condition. Monitored vitals & record. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	→ pt is stable. → vitals normal.	→ monitoring. → maintain I/O chart.	[illegible]
Night	8pm – 8Am	→ Assess the pt condition → monitor the vitals → drugs give as per drugs chart.	8pm – 8Am	→ Assessed the pt condition → monitored the vitals → drugs given as per drugs chart	→ pt stable NOU	→ Reassessed the vitals	[illegible]

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AG c dehydration.				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	28/5 N1	29/5 8AM	29/5 E	29/5 N		
	Medical Condition (Any special condition to be noted):	-	AHB	AHB	GGE		
	Diet:	-	-	-	-		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	-	-	-			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F	98.8F	98.2°F	98.6°F		
	Res:	30b/m	20/	24b/m	20b/m		
	SpO_2:	100%	99%	99%	99%		
	Pulse:	113	102	102	101		
	BP:	-	-	-	-		
	LOC:	-	-	-	-		
	Fall Risk Score:	-	-	-	-		
	Pain Score:	10	-	-	-		
	Skin Integrity	Good	-	Good	Good		
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-	-	-		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	-	-	-	-		
	Critical Lab Test / Values:	-	-	-	-		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	-	-	-	-		
Post Operative Procedure Special Orders:		-	-	-	-		
Handed Over By Name :		Mahi	[illegible]	Sneha	Mahi		
Signature / ID :		[signature]	[signature]	[signature] (10/6031)	[signature]		
Date:		29/5/24	29/5	29/5	30/5		
Time:		8PM	2PM	8PM	8AM		
Taken Over By Name :		[signature]	Sneha	Mahi			
Signature / ID :		[signature]	(10/6031)	[signature]			
Date:		29/5	29/5	29/5			
Time:		8PM	2PM	8PM			

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07-01-2024 2 Y 4 M 19 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGE dehydration.

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	26/5 N	27/5 M	27/5 E	27/5 N	28/5 M	28/5 E
BACKGROUND	Medical Condition (Any special condition to be noted):	~~AGE~~	–	–	–	–	–
	Diet:	–	–	–	–	–	–
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
	Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
	Vital Signs: Temp:	98.4°F	97.8°F	98.2°F	98.1°F	98.6°F	98.2°F
	Res:	28bm	30bm	28bm	28bm	28bm	28bm
	SpO_2:	100%	100%	99%	99%	100%	99%
	Pulse:	112bm	120bm	112bm	124bm	114bm	116bm
	BP:	–	–	–	–	–	–
	LOC:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	0	–	–	–	0	0
	Skin Integrity	Good	Good	Good	Good	Good	Good
Recommendations	Safety Needs:	☐ ~~Yes~~ ☐ No	☐ ~~Yes~~ ☐ No	☐ Yes ☐ No	☐ ~~Yes~~ ☐ No	☐ ~~Yes~~ ☐ No	☐ Yes ☐ ~~No~~
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
	Special Diet:	–	–	–	–	–	–
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
	ADL (Dependent / Non Dependent):	–	–	–	–	–	–
Post Operative Procedure Special Orders:		–	–	–	–	–	–
Handed Over By Name :		Mahi	Priyanka	Sneha	Mamtha	Mamitha	Sneha
Signature / ID :				460/6031			460/6031
Date:		27/5/26	27/5/26	27/5	27/5	28/5/26	28/5
Time:		8AM	2pm	8pm	8AM	2pm	8pm
Taken Over By Name :		Priyanka	Sneha	Mamtha	Mamitha	Sneha	mahi
Signature / ID :			460/6031			460/6031	
Date:		27/5/26	27/5/26	27/5	28/5/26	28/5	28/5/26
Time:		8AM	2pm	8pm	8AM	2pm	8pm

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

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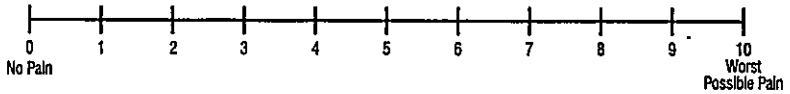
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/5	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/5	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/5	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
27/5	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
28/5/26	10AM	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
28/5/26	2PM	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
28/5	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/5	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/5	2PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
29/5	8PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	26/5 DAY-1			27/5/26 DAY-2			28/5/26 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0		0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA		NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA		NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA		NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA		NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA		NA	NA	NA	
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Docu. No. : RCH /FRM / CLINICAL / 137

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BRADEN 'Q' SCALE

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					Date : 28/5	29/5		
					Time : E	N		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3		
				TOTAL SCORE	19	26		
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

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					Date : 26/5/26	27/5/26	28/5/26	28/5/26
					Time : N1	M6	E2	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4	4	4
				TOTAL SCORE	25	28	27	28
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Wt - 12.64 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master Namish Agarwal Age : 2Y **Gender:** ☑ Male ☐ Female

Date : 26/5/26 Time of Arrival : 8 PM

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.1 F PR: 112 bpm BP: ..... RR: ..... SpO_2: 100%

Chief Complaints: L/O vomiting since 3 days x loose stool 1 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Jyoti

Signature of Triage Nurse : .....

Date & Time : 26/5/26 @ 8:02 pm

Docu. No. : RCH /FRM / CLINICAL / 085

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/5/26 Time of arrival : 8:04Pm

Chief Complaints: C/O vomiting since 4 days & loose Stool 1 days RBS: .....

Height : ..... Weight : 12.6kg BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☐ ~~No~~ ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☐ ~~No~~ If Yes, Pain Score: ...2..... Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ...N/A... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☐ ~~No~~

Ambulatory Aids:

- Wheelchair ☐ Yes ☐ No
- Uses furniture for support ☐ Yes ☐ ~~No~~

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☐ ~~No~~
- Weak ☐ Yes ☐ ~~No~~
- Impaired ☐ Yes ☐ ~~No~~

Mental Status: Forgets limitations ☐ Yes ☐ ~~No~~

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☐ ~~No Abnormalities Detected~~

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ ~~No Abnormalities Detected~~

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ ~~No~~ Significant Findings

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

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

Social History: Lives With ...Family.....

Siblings in household ☐ Yes ☐ ~~No~~ (if yes How Many?) ...N/A.....

Time of Initial assessment completed by ER Nurse : ...8:06p.....

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
8:17pm	- Assess the pt condition
	- moniter vitals
	- IV Placement Done
	- Simple collet

Samples collected by: Apurba Time: 8pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 112b/m BP: CFT:	Shift - out from ER to: 2nd floor (224)
RR: SPO_2 : 100%	Time of Shift - out: 8:50pm
GCS: Temperature : 98°F	Handover given to: (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement Done

Name of the Nurse : Jyoti Signature of the Nurse :

Date & Time : 26/5/26 8:10p

PATIENT TRANSFER FORM

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

	Date & Time of Admission	Date & Time of Transfer Order
	26/5/26 @8:18pm	26/5/26 @ 8:50pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Naipuniya	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	~~Ward~~ 2nd floor (214)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
25/-		Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Jyothi	Dr. Naipuniya

Patient & Clinical Records Received by : Mautushi.

Date & Time of Patient Received : @8:55pm, 26/5/26

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

BAH-00602820 IP26-00006433
Master NAMISH AGARWAL
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nill ..... ☒ 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~~ 2nd floor (214)

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 : ..... Dr. Naipuniyer .....

Date & Time : ..... 26/5/26 @ 8pm .....

Nurse Name & Signature: ..... [illegible] .....

Date & Time : ..... 26/5/26 @ 8:02 P .....

Master NAMISH AGARWAL
07-01-2024 2 Y 4 M 19 D (M)
Dr. PRITESH NAGAR

214

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 27/5/24 Time: 10:00 am

Weight: 12.1 kg Centile: < 25th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 1250 Kcal/day Protein: 21 gms/day

Diet Recommendations: Gastrodiet Can have:- ORS (WHO), Sago Water, Coconut Water, b

Re-Assesment: Avoid :- Ragi, Oats, Wheat, Milk, Egg, Citrus, Sugary based f

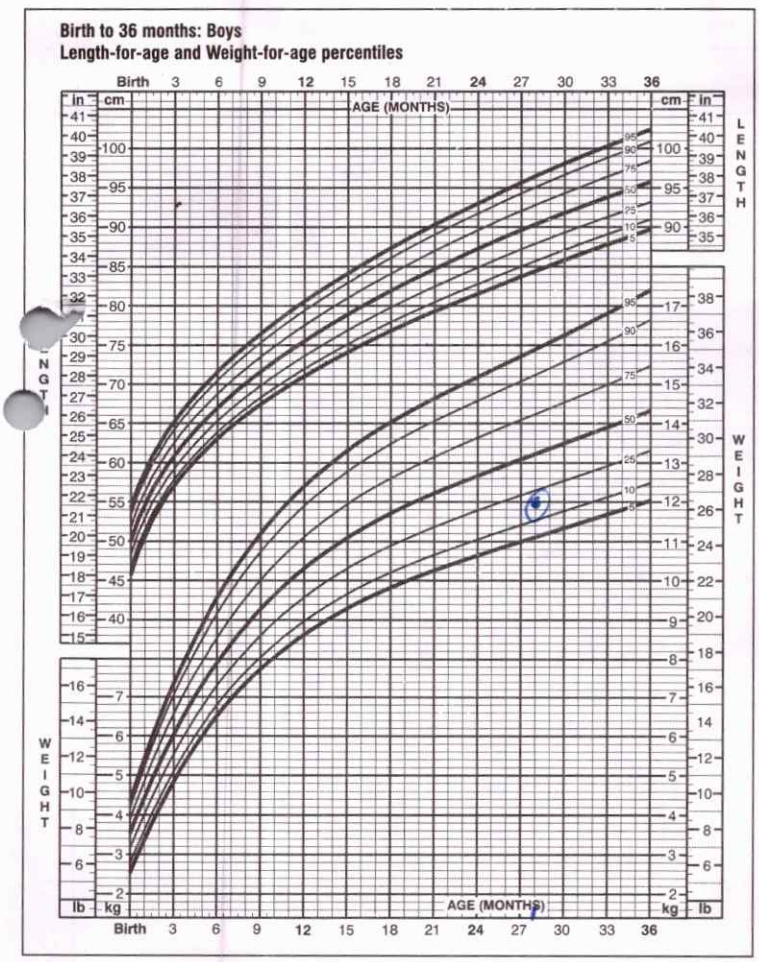
Food Allergies: NO Veg/Non-veg Veg

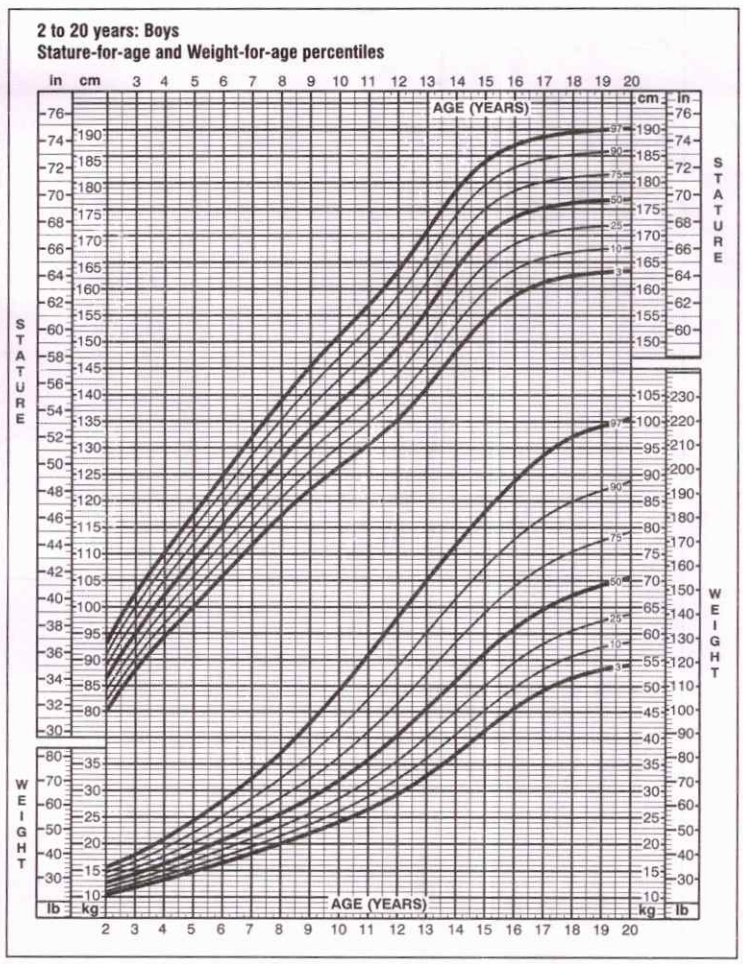
Diagnosis: AGE C dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Kritika.

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

Daily Notes: