HNH-[redacted] IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 28 D (M)
Dr. SINDHURA MUNUKUNTLA

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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	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	7			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
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				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
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				
	Billing	1			
	Extras	6			
	Total No. of Pages	33			

10/7/26

Signature and Date :

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

(P.T.O)

9/7/26

(1) Daily weight

Date	Weight
9/7/26	6.340 kg
10/7/26	6.380 kg

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 : IP26-00006762 **Admit Date** : 06-Jul-2026 **Admit Time** : 05:17 PM **UHID** : HNH-00014888

Patient Details :

Patient Name	: Baby Of PALLAVI KOTHURU	**Age**	: 0 Y 2 M 25 D
Guardian	: Mr AMRENDRA REDDY	**DOB**	: 11-04-2026 01:40 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4-111, sri ram nagar Ankireddypalli Hyderabad Telangana INDIA 501510	**Phone No**	: 9381160541/ 8367799699
		E-mail	: pallavikothuru1@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 AMRENDRA REDDY **Relationship** : Father

Contact Address : 4-111, sri ram nagar Ankireddypalli Hyderabad Telangana INDIA 501510 **Phone No** : 9381160541 / 8367799699

K. pallavi

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

Name: ----------

UHID No: ---------- Consultant : ---------- Dept : pediatric

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 214 Ward : 2nd floor. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	6:15pm	ER.	2nd floor 214 (107)	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Alisha Babbar	8/7/26	11837	[signature]
2.	DR. Sruthi Balla	9/7/26	~~11826~~ 11826 Cross Checked done by Sneha	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00014888 IP26-00006762
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INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7/26	CBP CRP Blood cly urine cly USG abdomine today	11105 11106	Instructions.
	Cross checked by Sunanda		
7/7	Ultrasound of Kub	8117	
8/7	DVSG	8161	
7/7	Ultrasound Abd Screening	8196	
8/7	CBP	11267	
8/7	CRP, Creatinine	11273	
	Cross checked by Sunanda		
9/7/26	USG ~~Abdomen~~ screening.	8221	
9/7	Spot urine, Uric acid, Creatinine, urine calcium	11343	
	Cross checked by Sunanda		
10/7	CUE	11387	

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV placement.	1	11259	twinkys
		Cross checked by Sunanda		
8/7/26	IV Placement	(1)	11913	
		Cross checked by Sunanda		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00014888 IP26-00005762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Name : Bio Pallavi Kothuru 12 months 25 days/Male

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examinatio

Name : _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o 1/ Fever since 2 days
2/ Excessive cry since yesterday
3/ Decreased oral feed since yesterday
4/ Decreased urine output since yesterday

History of present illness :

Baby was apparently asymptomatic 2 days back after which he had fever which was moderate grade - high grade, intermittent not responding to oral paracetamol

Baby has excessive cry since yesterday, intermittent not subsiding with oral medications

Baby has decreased oral intake & decreased urine output since yesterday

CVE - done on 01 D
hair shows 8-10 pus cells.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Term/AGA/ 3.380 / CIAB

OTD

2 months

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

(N)

Immunization History :

NIS - Up-to-date

Pediatric Multiorgan History & Physical Examinat

Anthropometry

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

Weight (kgs)____6.3 kg____(Centile _____)

On Examination :

Temperature :_____ Pulse Rate: _____Description _____

B.P. _____SPO2____95% _____ at __RA_____

Resp. rate and type of breathing : _____

excessive cry (+)

Rash_____ dry oral mucosa _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ BLC- AEF (+) _____

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium :_____

Heart Sounds : _____ S1 S2 (+) _____

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation :_____ Pl+, shows _____

Ausculation :_____

Spine:_____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : Irritable

Cranial Nerves : (N)

Motor System :

Nutrition : (N)

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR (N) **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Δ AKI ? Dehydration
? UTI

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

IV Antibiotics

Desired goals of the treatment :

Fever subsidence

Planned Labs :

CBP
CRP
Urine C/S - collected sample
Blood C/S
USG KUB

Notes by Dr

Planned Management :

- Inj. AMIKACIN 100mg IV OD
- Inj. ONDANSETRON 1mg IV TID
- Inj. EMOPRAZOLE 5mg IV OD
- Drop. CROCIN 0.9x 6th hr
- Cold fomentation on (RT) thigh.

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 Dr. Sindhura-M on whose name the patient is being referred

Doctor's Signature Name _____ Date 6/4/26 Time 5pm

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66170

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/4/26 5pm	S/B Dr. Sindhura Δ ? UTI	Plan
	c/o excessive cry	- Inj. AMIKACIN 100mg IV OD
	CVS S1 S2 ✓ RS - BAE ✓	- Drop. CROCIN 0.9ml 6th hr
	PA soft CIA good	- Inj. ONDANSETRON 1mg IV TID
		- Inj. ESMOPRAZOLE 5mg IV OD
		- Cold Fomentation
		- Trace Urine C/S Blood C/S
		- USG KUB - now

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CIS/B Dr. Naipunya / Dr. Poornav	
7/7 7:00 AM	? UTI	
		Plan
	fever -	✓ Cont Inj. Amikacin.
	Oral intake -	✓ Cont IVF
	R/S - B/L AE (+)	✓ Cont ondesetron esmoprazole
	P/A - soft, NT	✓ Trace U/Cs B/Cs
		✓ USG KUB today
		NB Sunanda @ 7-30 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 10AM	S/B Dr. Sindhura	
	Δ ? UTI	Plan
		- C/t AMIKACIN
	CVS - S1S2 ⊕	- USG KUB today
	RS - BL - AE ⊕	[redacted]
		- C/t ONDANSETRON / ESMOPRAZOLE
	P/A - soft	
	C. TAgool	- Trace Urine C/S, Blood C/S
		NB Sneha e 10Am
		Dr. ... / ANUHONA-B
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2:20 pm	S/B Dr. Sneha Δ ? UTI	P/G
		- C/F AMIKACIN
	CVS - S1S2 ⊕ P/A - BW - AE ⊕	- Trace Urine C/S
		- Monitor vitals
	P/A - Soft CT Agood	
		UB - Surg
7/7/26 2:30 pm	MB Dr. Manni ? UTI	
	- no new spikes	
		Plan
	- vitals: stable S/E - (N)	1) IV. amikacin 2) trace Blood c/s urine c/s
		3) Rest IV. as per Rx chart
		4) monitor vitals.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26	S/B Dr. Sindhura	
		Plan
6PM	Δ ? UTI	
		– Ct AMIKACIN
	CNS – S1, S2 ⊕	
	M – BIL – ALF ⊕	– Trace Urine C/S
		Blood C/S
	P/A Soft	
	CTA Good	
		– Monitor vitals
		– R
	S	
		Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66970
		[signature] Anupama M
8/7/26	S/B Dr. Archana	
	Δ : ? UTI	
	fever spikes ⊖	Advice
	Excessive cry ⊕ @ night	· Ct Amikacin
		· Ct Ondem & Esmoprazole
	O/E vitally stable	· Ct PCM 6th hourly SOS
		· TPR / IOC
	S/E wnl	· Ⓣ Blood C&S
		urine C&S
		[signature] Dr Archana

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 -	S/B Dr. Sindhura	
10 AM		
	? UTI (AFI c dehydration)	
	On Room Air	
	c/o excessive crying	Adv -
	No fever spikes	• Ct Amikacin
		• Ct rest same
	o/e	• (T) Blood culture -
	vitally stable	• Start Ceftriaxone
	s/e	• Dr. Alisha (Gastro)
	WNL	opinion -
		• Neurosonogram today -
	u/cls - 24hrs No growth	
		NB Sneha c 10Am

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No. 66970

[signature] ONACOMA

HNH-00014888 IP26-00006762
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11-04-2025 0 Y 2 M 26 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Cls/13 Dr. Naipunya.	
8/7 2:00pm.	Culture +ve UTI (Enterobacter)	
	NO Fever. excessive Cry (+)	Plan
	Vitals - stable	- Cont Inj. ceftriaxone & Inj. Amikacin
	RS - BL AE (+)	- Trace Blood Cls
	PA - soft, NT	- Send CBP, CRP, Sr. Creatinine now
	UCls - Growth +ve (Enterobacter)	- Nephrologist opinion.
		- USG Abdomen tomorrow.
		Reef.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 5pm	M/B Dr. Sindhura	
	UTI - culture (+)ve : enterococcus.	
	- NSY - (N)	
	- no fever	
	- excessive cry ↓.	Plan
	O/E	1) ct. ceftriaxone amikacin
	vitals : stable	2) send CBP CRP S.creat] now
	S/E : P/A : soft	3) nephrologist opinion
		4) USG abdomen screening T/M.
		5) trace blood c/s
		6) monitor vitals.
		7) if excessive cry (+) ↓ SOS review
		NB Sri[illegible] c S/R
		[signature] ANUHA-M

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

1NH-00014888 IP26-00006762
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11-04-2026 0 Y 2 M 27 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/07/26 7Am	C/o/b - Dr. Subash / Dr. Vamy	
	Culture positive UTI (Enterococcus)	
	Afebrile	
	No fresh concern	
	O/E vitals stable	
	Hydration good	
	S/E :- NAD	Adv
		✓ Inj Ceftriaxone
		Amikacin
		✓ Nephrologist opinion } today
		✓ USG Abdomen screening } [illegible]
		✓ Trace Blood C/S
		✓ Monitor vitals and
		Inform NC
		Subash
		NB Sunanda @ 7am

INH-00014888 IP26-00006762
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	C/s/B- Dr. Sindhura	
9AM	Δ - Culture Positive	UTI
	Afebrile	Plan
	Pain abdomen	1) Ct - Inj Ceftriaxone / Amikacin] D2
	O/E	
	vitals stable	2) Nephrologist opinion
		3) USG Abdomen Screening. today.
	S/E	4) COE + Im morning.
	Contd	5) Trace Blood / Urine c/s
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	6) Daily weight monitoring

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

INH-00014888 IP26-00006762
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 11:40 AM.	case discussed	with Dr. Sruthi (Paed Nephrology)
	History, Investigat] Informed.	
		- observe for urine stream
		- Do spot urine Ca, Creatinine & Uric acid] To R/o hypercalciuria
		- Inform reports
		- ct other Management.
		N/B Mundlee.
		- Tm - change to cefixin before discharge.
		- Wait for MCUG (Conjunct UTI Episode → Do MCUG)

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/2/26	S/B Dr-Sindhura	
9:45 PM		Plan
	Δ UTI	
		✓ C/f CEFTRIAXONE give amikacin. T/M before discharge
	- excessive cry ↓.	
	CVS - S1S2 ⊕	✓ Trace Urine Calcium
	P/ - B/L - A/E ⊕	Creatine
		Uric acid
	P/A - Soft	reports
	CTA feed	
		✓ Monitor vitals
		✓ plan discharge T/M.
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	[signature] SINDHURA M
		NB Sunanda @ 9.45 pm

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

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Date & Time	Progress Notes	Doctor's Order
10/7/26 7am	c/b Dr. [illegible] Dr. Shrigam	
	UTI	
	- excessive cry ↓	
	- no fever c/o	
	O/E	
	vitals: stable	Plan
	S/E: P/A: soft	1) Ct. ceftriaxone] give
	RS: BAE ⊕	amikacin] dose
	clear	before discharge
		2) discharge today
		3) monitor vitals
		4) rest ct. on the Rx chart.
	[signature]	
		AB Sunanda

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/4/26 11 Am	S/B Dr. Sindhura	
	UTI	Adv - 10mg 1kg 1 day • Oral Cefixime x 7d - Domstal 8th hourly • Nexpro (or) Lanzol JR x 7d • Procto cis (total 21d)
	• No excessive cry Accepting well orally	
	U/ passed	• Discuss urinary c$^{\ominus}$ with Dr. Shanthi
	Initially stable	
	S/E wnl	• Discharge • Review on Monday
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	M. Sindhura Munukuntla

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CROSS CONSULTATION FORM

Doctor Name : Dr. Sindhura. Date : 8/7/26 Time : .....

Diagnosis : AFB Edehydration (? UTI)

Hospital : RCH.

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

c/o fever x 3days.
c/o excessive cry x 3dy.

CUE: 8-10 pus cells.
Ulcs: No growth.
Dsis: ? UTI
USG KUB: Normal
USG: Normal

Exclusively breast feed.
No vomiting/loose stools

Plan

- Continue Symptomatic treatment
- USG Abdomen & Pelvis today
- Trace Blood Cls.
- Continue IV Antibiot

Consultant :

Name : Dr. Alisha. Signature : ..... Date & Time : 8/7.

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: Nill ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: Drop. CROCIN				Date/Time		
Dose	Route	Frequency	Start Date	7/7	7/7	8/7
0.9 ml	oral	6h/SOS	6/7			
Doctor's Signature	Valid Period	Pharm.				
[signature]		(initials)				
Additional Instructions:						

DRUG: Syp. ondem				Date/Time
Dose	Route	Frequency	Start Date	
5ml	PO	SOS.	8/7.	
Doctor's Signature	Valid Period	Pharm.		
[signature]		(initials)		
Additional Instructions: 5ml = 2mg.				

DRUG:				Date/Time
Dose	Route	Frequency	Start Date	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
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REGULAR PRESCRIPTIONS Weight. 6.3kg Ward. .....

DRUG: Inj. AMIKACIN

Dose	Route	Frequency	Start Date
100mg	IV	OD	6/2

Name & Signature of the Doctor Starting the Drugs: B-Sneyha

Additional Instructions:

STOP

Daily Doctor's Endorsement by a Sign

Date/Time 6/2 x 2

DRUG: Inj. ONDANSETRON

Dose	Route	Frequency	Start Date
1mg	IV	TID	6/2

Name & Signature of the Doctor Starting the Drugs: B.Sneyha

Additional Instructions:

STOP

Daily Doctor's Endorsement by a Sign

Date/Time 6/2 x 6/2

DRUG: Inj. ESMOPRAZOLE

Dose	Route	Frequency	Start Date
5mg	IV	OD	6/2

Name & Signature of the Doctor Starting the Drugs: B.Sneyha

Additional Instructions:

STOP

Daily Doctor's Endorsement by a Sign

Date/Time 6/2 x 6/2

DRUG: Drop. CHLOCIN

Dose	Route	Frequency	Start Date
0.9ml	one	6th hly	6/2

Name & Signature of the Doctor Starting the Drugs: B.Sneyha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 6/2 x 6/2

Verified by Dr. Dhakshayani

HNH-00014868 IP26-00006762
Baby Of PALLAVI KOTHURU
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Dr. SINDHURA MUNUKUNTLA

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 6.3/09 Ward .....

DRUG : PROTECTUS dsg

Dose	Route	Frequency	Start Dt.
5°	Oral	OD	7/7

Name & Signature of the Doctor Starting the Drugs:

B-Sanjana

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 7/7 8/7

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
500 mg	IV	OD	8/7

Name & Signature of the Doctor Starting the Drugs:

Dr. Prashanti

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 8/7/26

12 pm Stable

STOP

DRUG : DOMSTAL Suspension

Dose	Route	Frequency	Start Dt.
0.5ml	PO	TID.	8/7

Name & Signature of the Doctor Starting the Drugs:

Dr

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG : TAXIM-O Drops

Dose	Route	Frequency	Start Dt.
1ml	PO	BD	8/7

Name & Signature of the Doctor Starting the Drugs:

Dr

Additional Instructions:

(1ml | 25mg)

Daily Doctor's Endorsement by a Sign

Date/Time

REGULAR PRESCRIPTIONS

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

DRUG : Inj. ESMOPRAZOLE

Dose	Route	Frequency	Start Dt.
6mg	IV	OD	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7
	6AM V		

DRUG : Inj. Ceftrixone.

Dose	Route	Frequency	Start Dt.
650mg	IV	OD	8/7

Name & Signature of the Doctor Starting the Drugs: over 2 hours

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7
	6pm		11AM

DRUG : Inj. AMIKACIN.

Dose	Route	Frequency	Start Dt.
100mg	IV	OD	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7
	6pm		9AM

DRUG : Inj. ONDENSETRON

Dose	Route	Frequency	Start Dt.
1mg	IV	TID	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7
	6AM X		
	2PM 6PM		
	10PM		

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 26 D (M)
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Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : .....

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Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

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

osition of I.V. Fluid (... ...ention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ 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: ..... 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 RECORED / VERIFIED BY

Doctor Name & Signature : Dr Sreeghan.

Date & Time : 6/4/26 @ 8pm.

Nurse Name & Signature: [signature]

Date & Time : 6/4/26 8:10pm.

Docu. No. : RCH / FRM / GENE/90

NH-00014888 IP26-00006762
aby Of PALLAVI KOTHURU
-04-2026 0 Y 2 M 25 D (M)
r. SINDHURA MUNUKUNTLA

(214) – 107
211

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RESULT SHEET

Date	6/7/26	8/7/26				
Time	5:31pm	6pm				
Hb	9.9	10.2				
PCV	27.6	28.5				
RBC	3.38	3.51				
WBC	16.01	16.96				
N/L	20.2/71.9	12.2/82.5				
Platelets	453	519				
CRP	24.0	5				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine		0.3				
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	10/7/26					
Time						
CUE - Alb						
CUE - Sugar	NIL					
CUE - Ketones	Negative					
CUE - PUS Cells	4-5					
CUE - RBC Cells	NIL					
CUE - Epithelial	2-3					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Spot Urine Uric Acid	— 12.1					
Spot Urine Creatinine	— 8.8					
Spot Urine Calcium	— 1.0					

Culture and Sensitivities : Blood c/s :— 48 th hrs. no growth

Urine c/s :— ~~24 hrs No growth~~

~~stool c/s~~

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

NH-00014688 IP26-00006762
aby Of PALLAVI KOTHURU
1-04-2026 0 Y 2 M 25 D (M)
r. SINDHURA MUNUKUNTLA

Patient Sti

...ICAL / 124

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

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

Date: ..... Time:	6/4 6:30 pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?				
Temperature (°F)	98.3°F	97.6°F	97.5°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Heart Rate (Number)	130/bm	120 b/m	122 b/m	120/bm
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	32/bm	30 b/m	30 b/m	32 B/bm
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	99%	99%
Conscious Level: Normal / Altered		✓	✓	
GCS *		14/14	14/14	14/14
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

Note: BP does not score in early warning scoring

ACTIONS	
NB: Scores 3 should be ...ded 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

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)

NH-00014668 IP26-00006762
aby Of PALLAVI KOTHURU
1-04-2026 0 Y 2 M 25 D (M)
Patient Stick r. SINDHURA MUNUKUNTLA

AL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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NING SCORE: CHILDREN'S UNIT

Date: 7/1 Time:

	10 Am	2 pm	6pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 104–94)	97.9°F	98.1°F	98.3°F	98.5°F	98.5°F	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 190–50)						
Heart Rate (Number)	131b/m	140b/m	135b/m	132b/m	132b/m	135b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 70–10)						
Resp Rate (Number)	38b/m	38b/m	37b/m	33b/m	32b/m	32b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	98%	99%	100%	99%	99%	99%
Conscious Level: Normal / Altered						
GCS *	14/15	14/15	15/15			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	4	4	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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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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)

HNH-00014688 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 26 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

24

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

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

Date: 8/1 Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.2°F	97.8°F	97.3°F	98.3°F	97.5°F	99.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Heart Rate (Number)	140/m	138/m	146/m	142/m	146/m	
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	40/m	40/m	36/m	32/m	38/m	
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	99%	100%	99%	
Conscious Level: Normal / Altered						
GCS *	14/15	14/15	15/15	15/15	15/15	-
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials						

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 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:

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

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10 am	4 pm	10 pm	2 am	6 am	
Doctor/Nurse/Family Concern?						

Temperature (°F): 98.6°F, 98.6°F, 98.4°F, 97.5°F, 97.0°F, 98.0°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	160/m	150/m	140/m	142/m	134/m	142/m
Resp Rate (Number)	42/m	42/m	40/m	42/m	48/m	38/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	98%	99%	99%	100%	99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	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

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)

INH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
1-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : (1)

6/7/26.

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

		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 :**						
6/7/26	02:00 pm			NO							1	
	03:00 pm											
	04:00 pm										0	
	05:00 pm		Milk	IVF	NA			NA				
	06:00 pm											
	07:00 pm		Milk								1	
Total Intake :						**Total Output :**						
6/7/26	08:00 pm		Milk									
	09:00 pm											
	10:00 pm										1	
	11:00 pm		milk		NA			NA				
	12:00 am										0	
	01:00 am										1	
Total Intake :		Taken				**Total Output :**				U – 2 M – 2		
7/7/26	02:00 am		milk									
	03:00 am											
	04:00 am				NA		0				1	
	05:00 am							NA				
	06:00 am		milk				1				0	
	07:00 am										1	
Total Intake :		Taken				**Total Output :**				U – 2 M –		

Total 24 hrs. Intake		Total 24 hrs. Output	

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
7/4	08:00 am										0	
	09:00 am		DBF				✓			✓	0	
	10:00 am										0	
	11:00 am		DBF								0	
	12:00 pm										0	
	01:00 pm		DBF								0	
Total Intake :						**Total Output :**						
7/4	02:00 pm											
	03:00 pm		DBF			✓	✓			✓		
	04:00 pm											
	05:00 pm		DBF	✓	NA		✓	✓	NA	✓	0	
	06:00 pm											
	07:00 pm		DBF.							✓		
Total Intake :						**Total Output :**						
7/4	08:00 pm											
	09:00 pm		DBF			✓	✓		✓	✓		
	10:00 pm										0	
	11:00 pm		DBF	✓	NA							
	12:00 am							✓	NA			
	01:00 am		DBF									
Total Intake :						**Total Output :**						
8/4	02:00 am											
	03:00 am		DBF			✓			✓	✓		
	04:00 am										0	
	05:00 am		DBF	✓	NA			✓	NA	✓		
	06:00 am											
	07:00 am		DBF									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
Patient 11-04-2026 0 Y 2 M 26 D (M)
Dr. SINDHURA MUNUKUNTLA

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BirthRight
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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.

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							
8/7/26	08:00 am										0	
	09:00 am		DBF								0	
	10:00 am						✓				0	
	11:00 am		DBF								0	[signature]
	12:00 pm										0	
	01:00 pm		DBF								0	
Total Intake :						Total Output : U-					M-	
8/7/26	02:00 pm										0	
	03:00 pm		DBF								0	
	04:00 pm									✓	0	
	05:00 pm		DBF								0	[signature]
	06:00 pm				NA			NA		✓	0	
	07:00 pm		DBF								0	
Total Intake : TCleen						Total Output : U - 2					M - 8	
8/7/26	08:00 pm											
	09:00 pm		DBF							✓		
	10:00 pm	0									0	
	11:00 pm		DBF		NA		✓	NA				[signature]
	12:00 am											
	01:00 am		DBF									
Total Intake :						Total Output :						
9/7/26	02:00 am											
	03:00 am		DBF							✓		
	04:00 am	0									0	[signature]
	05:00 am		DBF		NA			NA				
	06:00 am									✓		
	07:00 am		DBF									
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

INH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
1-04-2026 0 Y 2 M 27 D (M)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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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							
9/7	08:00 am						✓			✓	0	
	09:00 am		DBF	NO								
	10:00 am							NA		✓		
	11:00 am		DBF	I.V	NA						1	
	12:00 pm									✓		
	01:00 pm		DBF									
Total Intake :						**Total Output :**						
9/7	02:00 pm	1									0	
	03:00 pm	1	DBF				✓			✓	0	
	04:00 pm	1						DA			0	
	05:00 pm	1	DBF		DA		✓			✓	0	SN
	06:00 pm	1								✓	0	
	07:00 pm	1	DBF								0	
Total Intake :						**Total Output :**						
9/7	08:00 pm	1									1	
	09:00 pm		DBF							✓		
	10:00 pm	0						NA			0	
	11:00 pm	1	DBF	NA								
	12:00 am	1									1	
	01:00 pm	1	DBF									
Total Intake :						**Total Output :**						
10/7	02:00 am	1									1	
	03:00 am											
	04:00 am	0			NA						0	SN
	05:00 am	1						NA				
	06:00 am	1									1	
	07:00 am	1										
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

INH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU (M)
1-04-2026 0 Y 2 M 25 D
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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Date: 6/?/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							
Afternoon	2pm 8	Assess the baby Monitor the vit administer Medicine Maintain the [illegible]	2pm 8pm	Assessed the baby Monitored v/s administered Medi Maintaing the [illegible]	administer Medicin	learn the pt is active	[signature]
Night	8pm to 8Am	→ Assess the baby General Condition → Monitoring vitals Checked and Recorded.	8pm to 8Am	→ Assess the baby General Condition → provided Comfortable position	→ medication given.	vitals Normal	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

Patient Sticker

1NH-00014888
Baby Of PALLAVI KOTHURU IP26-00006762
1-04-2026 0 Y 2 M 25 D
Dr. SINDHURA MUNUKUNTLA (M)

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 7/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ [illegible]
- ☐ Prevent Infec[illegible]
- ☐ 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 to 2pm	Assess the pt condition. Monitor vitals 4 hrly. Maintain I/O charting. Provide the comfortable position. Medication given as per as doctor order	8Am to 2pm	Assessed the pt condition. Monitored vitals 4 hrly. Maintained I/O charting. Provided the comfortable position. Medication given as per as doctor order	Pt is stable. Vitals now [illegible]	Monitor vitals. Maintain I/O chart.	Sny [illegible]
Afternoon	2pm 8pm	Assess the baby. Monitor v/s. Administer feeding. Maintain I/O ch	2pm 8pm	Assess the baby. Monitored v/s. Administered feeding. Maintained I/O ch	Assess [illegible]	Reassess [illegible]	[illegible]
Night	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	[illegible]

HNH-00014868 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 26 D (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING CARE RECORD

Date: 8/7/26

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 to 2PM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain	8AM to 2PM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Patient is stable → Gastro opinion to be done	→ Re-checked the vitals → I/O → NSG done	Supriya
Afternoon		DAY					
Night	8pm to 8am	- Assess the pt Condition - Monitor the v/s - maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt Condition - Monitor the v/s - maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 27 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient Sti

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 9/7/26

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 the v/s. administer medications. Maintain I/O chart	8am 2pm	Assessed the baby. Monitored v/s. administered medications. Maintained I/O chart	administered medications	Reassessed the baby the v/s	[signature]
Afternoon	2Pm to 8Pm	Assess the pt condition. Monitor vitals, maintain I/O chart. Provide the comfortable position. Medication given per as doctor order.	2Pm to 8Pm	Assessed the pt condition. Monitored vitals. Maintained I/O chart. Provided the comfort position. Medication given as per doctor order.	→ pt is stable. → vitals normal	→ Monitor vitals. → maintain I/O chart.	[signature]
Night	8pm to 8am	– Assess the pt condition – monitor the v/s – Maintain the I/O – Drug as per chart	8pm to 8am	– Assess the pt – monitor the v/s – Main the I/O – Drug as per chart	– Now baby is stable	– Rechecked the v/s	[signature]

1NH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
1-04-2026 0 Y 2 M 26 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient S

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Sindhuri Department: ward Date of Admission: 6/7/26

SITUATION

Diagnosis: UTI

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

BACKGROUND	Area / Shift Time	6/7 8pm	6/7/26 N1	N1	7/7	N1	8/7/26 M5
	Medical Condition (Any special condition to be noted):	UTI	UTI	—	UTI	—	UTI
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.6°F	98.2°F	98.4°F	98.2°F	98.3°F
	Res:	30b/m	30b/m	32b/m	24	24b/m	30b/m
	SpO_2:	100%	100%	99%	100	99%	99%
	Pulse:	120	101 b/m	124b/m	126	124b/m	126b/m
	BP:	—	—	—	—	—	
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	0"
Recommendations	Safety Needs:	—	—	—	—	—	Yes
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	NA	—	—	—	—
Post Operative Procedure Special Orders:		—	NA	—	—	—	—
Handed Over By Name :		Sindhuri	Sunanda	Sindhuri	Sindhuri	Sunanda	Sneha
Signature :							
Date:		6/7	7/6/26	7/6/26	7/7	8/7	8/7/26
Time:		8pm	8AM	2pm	8pm	8am	8pm
Taken Over By Name :		Sunanda	Sunanda	Sindhuri	Sunanda	Sneha	Sunanda
Signature :							
Date:		6/7/26	7/6/26	7/7	7/7	8/7/26	8/7/26
Time:		8pm	8pm	2pm	8pm	8AM	8pm

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis: UTI				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	8/7 M1	9/7 S10	9/7 E2	9/7 M1		
	Medical Condition (Any special condition to be noted):	—	—	—	—		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3F	98.4F	98.2F	98.3F		
	Res:	25b/m	22b/m	25b/m	26b/m		
	SpO_2:	99%	100%	99%	99%		
	Pulse:	124b/m	120b/m	128b/m	122b/m		
	BP:	—	—	—	—		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	—	—	—	—		
Recommendations	Safety Needs:	Yes	—	—	—		
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—		
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—		
Post Operative Procedure Special Orders:		—	—	—	—		
Handed Over By Name :		Sunanda	[illegible]	Sunanda	Sunanda		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		9/7/26	9/7	9/7	10/7		
Time:		8pm	2pm	8pm	8pm		
Taken Over By Name :		[illegible]	Sunanda	Sunanda			
Signature :		[signature]	[signature]	[signature]			
Date:		9/7	9/7	9/7			
Time:		8pm	2pm	8pm			

4888 IP26-00006762
PALLAVI KOTHURU
:8 0 Y 2 M 25 D (M)
HURA MUNUKUNTLA

Rainbow® Children's Hospital
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 6/7			DAY-2 7/7			DAY-3 8/7/26			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	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		0	0	0	0	0	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	NA	NA	0	0	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		0	NA	NA	0	0	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		0	NA	NA	0	0	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		0	NA	NA	0	0	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

Patient Sticker

INH-00014858 IP26-00006762
Baby Of PALLAVI KOTHURU
1-04-2026 0 Y 2 M 28 D (M)
Dr. SINDHURA MUNUKUNTLA

IECKLIST FOR THROMBOPHLEBITIS

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S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			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								
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	0	NA								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	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	0	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	0	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	0	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 : Balaraj

Signature : ..... Name : Balaraj

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

NH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
1-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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				Date :	6/2	6/2		
				Time :	8p	10pm	2pm	
Mobility	**mobile:** 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.	2	2	2	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.	1	2	2	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.	1	2	2	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.	2	3	3	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."	3	3	3	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	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.	4	4	4	4
				TOTAL SCORE	17	20	20	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

wt 6.05 kgs

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Pallavi Kothuru Age : 2 months **Gender:** ☑ Male ☐ Female

Date : 6/7/26 Time of Arrival : 5pm

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: 98f PR: 136b BP: ..... RR: 38b SpO_2: 99%,

Chief Complaints: c/o. fever since 2days excessive crying since yesterday

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 : 5:10pm

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 : Kavitha

Signature of Triage Nurse : .....

Date & Time : 6/7/26 @ 5:10pm

HNH-00014888 IP26-00006762
Baby Of PALLAVI KOTHURU
11-04-2026 0 Y 2 M 25 D (M)
Dr. SINDHURA MUNUKUNTLA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 2:00

Chief Complaints: c/o fever since 2days, excessive crying since yesterday

Height : ..... Weight : 6.3 kgs Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

If patient is < 6 years ☐ Yes ☐ No
If **'Yes'** tick below fall risk intervention directly
If Patient is > 6 years
If **'Yes'** 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?) .....

Time of Initial assessment completed by ER Nurse : @5:07pm

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

Time	Nursing Notes
5:15pm	⇒ Assessed the general Condition.
	⇒ Vitals checked and recorded.
	⇒ IV Cannula done
	⇒ Samples collected.

Samples collected by: / Vijaya @ 6/07/26 Time: / 5:50 Pm

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: 136 bpm BP: ..... CFT: < 2 sec	Shift - out from ER to: 2nd floor ICU
RR: 36 bpm SPO2 at FiO2: 99%	Time of Shift - out: 6:15 Pm
GCS: 15 Temperature : 98°F	Handover given to: Preethi
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable): NA	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Vijaya Signature of the Nurse :

Date & Time : 6/7/26 @ 5:20pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00014888 IP26-00006762 Baby Of PALLAVI KOTHURU 11-04-2026 0 Y 2 M 25 D (M) Dr. SINDHURA MUNUKUNTLA	6/4/26 @ 5:17 pm	6/4/26 @ 6:15 pm
	Transfer Ordered by Dr. Sreeghan.	Reason for Transfer Admission.
From Unit ER	To Unit 214 (211) (PICU)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant 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
Sujaya	Dr. Sreeghan.

Patient & Clinical Records Received by : Mamtha

Date & Time of Patient Received : 6/4/26 @ 6:35 pm

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

211

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DISCHARGE SUMMARY

Name	Baby Of PALLAVI KOTHURU	**UHID**	HNH-00014888
Father/Guardian	Mr AMRENDRA REDDY	**Age/Gender**	0 Y 2 M 25 D/ Male
Address	4-111, sri ram nagar, Ankireddypalli, Hyderabad, Telangana, INDIA, 501510		
IP No	IP26-00006762	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	10.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
URINARY TRACT INFECTION with HYPERURICOSURIA	

History: Baby Of PALLAVI KOTHURU, 0 Y 2 M 25 D , old boy presented with history of fever since 2 days, excessive cry, decreased oral intake and urine output since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital -for further management.

Examination: He was afebrile, maintaining saturations at room air and was hemodynamically stable. His heart rate was 136/min and Respiratory Rate - 38 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well

Name	Baby Of PALLAVI KOTHURU	UHID	HNH-00014888
IP No	IP26-00006762	Admission Date	06-07-2026

felt. On examination excessive cry, dry oral mucosa were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 6.3 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 9.9 gm%, White Blood Cell count of 16010 cells/cumm, platelet count of 4.53 lakhs/cumm and C-Reactive Protein of 24.0 mg/l. Blood culture was sterile. Serum Creatinine was 0.3 mg/dl. Complete urine examination done at admission showed 8-10pus cells. Repeat CUE at discharge shows 4-5 pus cells, 2-3 epithelial cells.

Spot Urine for uric acid was 12.1
Spot Creatinine was 8.8 mg/dl.
Spot Calcium was 1.0

Urine culture and sensitivity shows
Gross examination : Pale yellow in colour, clear.
Gram stained smear - Shows no polymorphs or organisms.
Colony count: - 10^3cfu/ml
Culture : - **Enterobacter species.**
Susceptible to -
Cephalexin, Cefotaxime, Ceftriaxone, Cefpodoxime, Cefixime, Tazobactam-Piperacillin, Sulfamethoxazole-Trimethoprim and Trimethoprim.
Resistant to -

Name	Baby Of PALLAVI KOTHURU	UHID	HNH-00014888
IP No	IP26-00006762	Admission Date	06-07-2026

Ampicillin, Amoxycillin-Clavulanic acid, Ampicillin-sulbactam, Cefuroxime, Cefoxitin, Ticarcillin-Clavulanic Acid and Piperacillin.

Repeat hemogram showed Hemoglobin of 10.2 gm%, White Blood Cell count of 16960 cells/cumm, platelet count of 5.19 lakhs/cumm and C-Reactive Protein of 5 mg/l.

Ultrasound kub shows No significant abnormality detected.
Neurosonogram findings suggestive of Normal study.

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics.

In view of ? urinary tract infection Dr. Alisha Babbar (Gastroenterology) consultation was done who advised for continue symptomatic treatment, usg abdomen and trace blood culture and continue IV antibiotics.

In view of culture positive UTI(Enterobacter species) with excessive cry , Nephrologist opinion was also taken. Dr. Shruti adviced for USG-KUB screening along with spot urine calcium, spot urine creatine and spot urine uric acid levels, reports of which were suggestive of hyperuricosuria.

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.
He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

Name	Baby Of PALLAVI KOTHURU	UHID	HNH-00014888
IP No	IP26-00006762	Admission Date	06-07-2026

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

Medication during hospital stay:
Injection. Amoxyclav
Injection. Ondansetron
Injection. Esmoprazole
Injection. Ceftriaxone
Injection. Amikacin
Crocin drops
Protectis drops

Advice:
* Diet as advised.

Name	Baby Of PALLAVI KOTHURU	**UHID**	HNH-00014888
IP No	IP26-00006762	**Admission Date**	06-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	1.5 ml	8am - 8pm (after food)	For 4 days.
2.	Tablet. LANZOL DT (Lansoprazole - 15mg)	half tablet in 5ml water	7am (before breakfast)	For 7 days
3.	DOMSTAL suspension	0.5ml	thrice daily	for 7days
4.	Syrup. CITRALKA	3ml mixed in 10ml milk	twice daily	for 6 weeks
5.	PROTECTIS drops	5 drops	once daily	for 21days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To review with Dr. Shruti with the following reports
1) RP2
2)Serum Calcium
3)Serum Uric acid
4)Serum Phosphorus
5)Serum Magnesium

Fever Management
* Crocin drops (Paracetamol - 1ml/100mg) 0.9 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. SINDHURA MUNUKUNTLA on Monday(13.07.2026)

Name	Baby Of PALLAVI KOTHURU	UHID	HNH-00014888
IP No	IP26-00006762	Admission Date	06-07-2026

at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Regular followup with Dr. Sruthi Balla (NEPHROLOGY) on Wednesday(15.07.2026) at banjara hills in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

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 **Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

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Name	Baby Of PALLAVI KOTHURU	**UHID**	HNH-00014888
IP No	IP26-00006762	**Admission Date**	06-07-2026

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

CHILDREN'S MEDICARE LIMITED

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970