BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 19 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	5			
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	1			
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
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	32			

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

Signature and Date : 25/11/2022

(P.T.O)

DISCHARGE SUMMARY

Name	Master YUVAAN SHETTY BHANDARI	**UHID**	BAH-00538314
Father/Guardian	Mr VINIT BHANDARI	**Age/Gender**	3 Y 7 M 18 D/ Male
Address	S/O MR.VINIT BHANDARI, HNO:22-6-760, Hussaini Alam, Hyderabad, Telangana, INDIA, 500002		
IP No	IP26-00006833	**Admission Date**	13-07-2026
Ref Doctor	self		
Discharge Date	14.07.2026		

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

DIAGNOSIS	ICD CODE
ACCIDENTAL CONSUMPTION OF MERCURY TABLETS	

History: Master YUVAAN SHETTY BHANDARI, 3 Y 7 M 18 D , old boy presented with history of accidental consumption of mercury tablets (~ 1-2) at ~ 11 pm 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. His heart rate was 110/min and Respiratory Rate - 27/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. 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: 16.8 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 11.6 gm%, White Blood Cell count of 6740 cells/cumm, platelet count of 1.76 lakhs/cumm.
Liver function test showed total SBR of 1.0 mg/dl with indirect fraction of 0.8

Name	Master YUVAAN SHETTY BHANDARI	UHID	BAH-00538314
IP No	IP26-00006833	Admission Date	13-07-2026

mg/dl, SGOT - 38 U/L, SGPT - 16 U/L, ALP -150 U/L, protein - 6.7 gm/dl, albumin - 4.0 gm/dl, globulin - 2.7 gm/dl, A/G ratio of 1.4. CPK was 109 U/L.
RFT - normal

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

He was regularly monitored for fever spikes, hemodynamic status.
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:
Injection. Ondansetron
Injection. Esmoprazole

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tablet. LANZOL DT (Lansoprazole - 15mg)	1 tablet (mix 1 tab in 10 ml of water and give 10ml)	7am (before breakfast)	For 2 days
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 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 Thursday , 16/07/26 at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:

Name	Master YUVAAN SHETTY BHANDARI	**UHID**	BAH-00538314
IP No	IP26-00006833	**Admission Date**	13-07-2026

* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.

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

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006833 **Admit Date** : 13-Jul-2026 **Admit Time** : 12:09 PM **UHID** : BAH-00538314

Patient Details :

Patient Name	: Master YUVAAN SHETTY BHANDARI	**Age**	: 3 Y 7 M 18 D
Guardian	: Mr VINIT BHANDARI	**DOB**	: 25-11-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: S/O MR.VINIT BHANDARI, HNO:22-6-760 Hussaini Alam Hyderabad Telangana INDIA 500002	**Phone No**	: 9160008072/ 7829186089
		E-mail	: VINIT207@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 VINIT BHANDARI **Relationship** : Father

Contact Address : S/O MR.VINIT BHANDARI, HNO:22-6-760 Hussaini Alam Hyderabad Telangana INDIA 500002 **Phone No** : 9160008072

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 40000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVIT G

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

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

Date of Admission : 13/7/26 Time : 12:09pm. Date of Discharge : ---------- Time: ----------

Room / Bed No : 310 Ward : 3rd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	12:09pm	ER	3rd floor / 310	

Cross Consultation Visit

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

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/7/26	CBP, Urea, Creatinine	11657	
	LFT, CPK		
		Cross checked done 14/7/26 @ 10:30 AM	

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7/26	Infusion pump	13/7/26 @ 12:50pm	14/7/26 @ 10:00AM	3344	

Cross checked
Done by
Swetha 14/7/26 @ 10:30AM

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure		Order No.	Signature
13/7/26	IV placement	(1)	3340	
13/7/26	NHA	(1)	13462	
		Cross checked done		

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

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

Patient Name : YU

Patient ID# :

Consultant :

Final Diagnosis : ACCIDENTAL CONSUMPTION OF PARACETAMOL TABLETS.

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

Pediatric Multiorg ation

Name : YUVAAN SHETTY Age/Sex 3yr 7m 1 wk / M

Informant MOTHER. Reliability

Chief Presenting Complaints & Duration (Chronologically):

Accidental consumption of paracetamol tablets.

History of present illness :

- Child came with complaints of accidental consumption of dose with paracetamol tablets (~1-2) at ~11 pm.
- Child is clinically active.
- No c/o vomiting, throat irritation, pain abdomen, loose stools.
- No c/o altered sensorium, drowsiness.

Case discussed with.

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

Birth & Neonatal History :

Term/AGA/Male.

DTO

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally N.

Immunization History :

As per NIS.

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

Anthropometry

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

Weight (kgs) 16.8 kgs. (Centile _____)

On Examination :

Temperature :_____ Pulse Rate: _____Description _____

B.P. _____SPO2 100% at RA

Resp. rate and type of breathing : _____

Rash_____

Lymphadenopathy _____ Absent.

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : BAE (+), NUBS (+).

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : S1, S2 (+), No murmurs.

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection SNA, NT, BS (+).

Palpation : _____

Ausculation : _____

Spine:_____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power 5/5.

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic :

ACCIDENTAL CONSUMPTION OF ZANDU KANAD TABLETS.

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC
CRP
~~Blood Kang~~
RFT @ SPM
LFT
CUE
~~CPK~~

Notes by

Planned Management :

- IV Fluids @ maintenance
- Inj. ESOMEPRAZOLE 1 mg IV OD
- Inj. ONDANSETRON 2 mg IV TID

Notes by

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 _____ Time _____

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/11/26 12:30 PM	Case discussed with CMC VELLORE TOXICOLOGY CENTRE.	
	Plan:-	
	- Admit & observe in ward.	
	- No need of Gastric lavage as tendency to cause hemorrhagic gastro enteritis.	poisonhas
	- Keep NPO, IV fluids. Maintain	
	- Send CBC, ~~LFT~~, LFT, ~~RFT~~, CPK @ 5pm.	Urea/creat
	- Monitor vitals.	

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

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/22 3PM	c/s/b Dr. Varun	
	Δ- Accidental consumption of mercury tablets.	
	-Child is active, playful.	
	- Asymptomatic.	Plan
	-NPO.	- Ct. NPO till 5pm.
	S/E: vitals stable	- Give Liquids (clear), after 5pm.
	S/E - WNL	- Send CBC, ~~RFT~~, LFT, ~~RFT~~, CPK, CUE at 5pm.
		-Monitor vitals.

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o/b Dr. Pritesh	
13/7/26 4PM	Δ- Accidental consumption of many tablets.	
	- Active & playful.	
	- NO fresh c/o.	
	O/E- vitals stable.	Plan - Start clear liquids now.
	S/E- WNL.	- Send inv. @ 5pm - Monitor vitals. - Send CBC, Urea/creat/LFT, CPK @ 5pm.
		NB- Mouthful @10PM

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 8:30 AM	C/S/B Dr. Pranav / Dr. Prashanthi	
	Δ :- Accidental Ingestion of Mercury tablet	
	- No Vomiting - No fresh itch	Plan
		1) Inj Esomeprazole 2) Inj Ondem 3) Monitor Vitals
	Child alert Vitals stable Afebrile R.S - B/L AE ⊕ P/A soft	AB Madhuli 8.40AM
		Pran

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

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/22 10am	c/o Dr. Pritesh	
	persistent ingestion of mercury tablets	
	- no fever	
	- no vomitings	
	- no cough	
	- oral intake : good	Plan
	O/E	1) discharge today.
	vitals : stable.	2) ↓ PPE x 2 days.
	SE - (N).	
	PS ; BDE (+)	

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 13/7/26 Drug Allergies: .... ☐ ~~Not known any Drug Allergies~~

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 16.8 kg Ward. .....

DRUG : Inj. EMOPRAZOL

Dose	Route	Frequency	Start Date
15 mg	IV	OD	13/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																
13/7	12:45 pm	14/7														
6 AM																

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Date
2 mg	IV	TID	13/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time																
13/7		14/7														
6 AM	X															
2 PM	12:45 PM															
10 PM																

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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		Dosa		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 YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight 16.8 kgs. 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
13/x	17 pm	~~D5~~ PLASMALYTE 400 ml	IV	40 ml					
		+ 100 ml 25% Dextrose		↓ 20 ml/hr					

Signature .....

VERIFIED BY : Name .....

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... 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: ..... 3rd floor / 310 .....

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. Varun .....

Date & Time : ..... 13/7/26 @ .....

Nurse Name & Signature: ..... Atame / [signature] .....

Date & Time : ..... 13/7/26 @ 12:45 Pm .....

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

310

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	13/7/26					
Time						
Hb	11.6					
PCV	32.6					
RBC	4.39					
WBC	6.74					
N/L	43.5/52.3					
Platelets	176					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	20					
Creatinine	0.4					
ALP						
SGPT	16					
SGOT	38					
T.Bill/Conj	1.0/0.2					
T.Protein	6.7					
S.Albumin	4.0					
S.Globulin	2.7					
A/G Ratio	1.4					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

CPK - 109

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

UAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/7/26 Time: 1:00pm 6pm 10pm 2 AM 6 AM

Doctor / Nurse / Family Concern?

Temperature (F)

	1:00pm	6pm	10pm	2 AM	6 AM
Temperature (F)	98.3F	97.6F	97.8F	96.4F	96.4F

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

Note: BP does not score in early warning scoring

	1:00pm	6pm	10pm	2 AM	6 AM
Heart Rate (Number)	115b/m	100b/m	104b/m	100b/m	112b/m

	1:00pm	6pm	10pm	2 AM	6 AM
Resp. Rate (bpm) (Over 1 Minute) *					
Resp Rate (Number)	27b/m	25b/m	32b/m	34b/m	32b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	100%	100%	100%	100%	
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	BW				

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

1. 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							
13/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	Plasmalyte + 5% Dextrose	NPO	40ml	NA			NA			0	
	12:00 pm			20ml							0	
	01:00 pm									✓	0	
Total Intake : NPO						**Total Output :** U - 1 M - 0						
13/7/26	02:00 pm			40ml							4	
	03:00 pm	Plasmalyte + 5% Dextrose		40ml								
	04:00 pm		SOUP 1 H2O	40ml						✓	0	AH
	05:00 pm			40ml	NA		NA					
	06:00 pm			40ml						✓	F	
	07:00 pm			40ml								
Total Intake :						**Total Output :** U - 2 M - 0						
13/7/26	08:00 pm			40ml								
	09:00 pm			40ml								
	10:00 pm	Plasmalyte + 5% Dextrose		20ml								
	11:00 pm			20ml				NA			0	
	12:00 am			20ml								
	01:00 am			20ml	NA					✓		
Total Intake :						**Total Output :** U - M -						
14/7/26	02:00 am			20ml								
	03:00 am	Plasmalyte + 5% Dextrose		20ml								
	04:00 am			20ml					NA		0	
	05:00 am			20ml	NA					✓		
	06:00 am			20ml								
	07:00 am			20ml								
Total Intake :						**Total Output :** U - M -						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

BAH-00536314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

Sheet No. : .....

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

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	

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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: 13/11/22

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	12:30 to 2pm	⇒ check the pt condition ⇒ monitor vitals & record ⇒ maintain I/o chart ⇒ Administer medication as per drug chart		⇒ checked the pt condition ⇒ monitored vitals & recorded ⇒ Administered medication as per drug chart	⇒ Pt is stable	⇒ Rechecked vitals	
Afternoon	2pm to 8pm	→ Assess the pt condition → monitor the vitals → Maintain I/o chart → Administer medication as per drug chart	2pm to 8pm	→ Assessed pt condition → monitored vitals → maintained I/o chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	
Night	8pm / 8AM	→ Assess the general condition of pt. → Monitor vitals. → Maintain I/o chart. → Administer medication	8pm / 8AM	→ Assessed the general condition of pt. → Monitored vitals → Maintained I/o chart. → Administered medication.	Pt is stable.	Re-assess vitals.	

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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: .....

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							
Afternoon							
Night							

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: Accidental Consumpt.

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

BACKGROUND	Area / Shift Time	13/7 H1	13/7 E2	13/7/26 N1			
	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:	98.2°F	98.3°F	98.4°F			
	Res:	27b/m	23b/m	24b/m.			
	SpO_2:	100%	100%	100%			
	Pulse:	127b/m	125b/m	124b/-			
	BP:	–	100/60	100/60			
	Fall Risk Score:	–	–	–			
	Pain Score:	–	–	–			
Recommendations	Safety Needs:	Yes	Yes	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 :		Swathi	Anusha	Mouthushi			
Signature :							
Date:		13/7/26	13/7/26	14/7/26			
Time:		2pm	8pm	8AM			
Taken Over By Name :		Anusha	Mouthushi				
Signature :							
Date:		13/7/26	13/7/26				
Time:		2pm	8pm.				

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	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:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	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 :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

13/11/26

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	0								
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0								
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	0								
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	0								
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	0								
			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 : Sugunya

Signature of Ward In Charge :

Signature : ..... Name : Balaveu

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

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 16 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
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										
			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 : .....

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 13/7	13/7		
					Time : Mb	E2		
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.	4	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		
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.	4	4		
				TOTAL SCORE	20	28		
				Evaluator's Name	S	AD		

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

Patient Sticker

3Y 7M

310

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 13/7/26 Time: 4:44 pm

Weight: 16.8kg Centile: .....

Height: — Centile: —

Inference: .....

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

Diet Recommendations: child is on NPO till further advice

Re-Assesment: .....

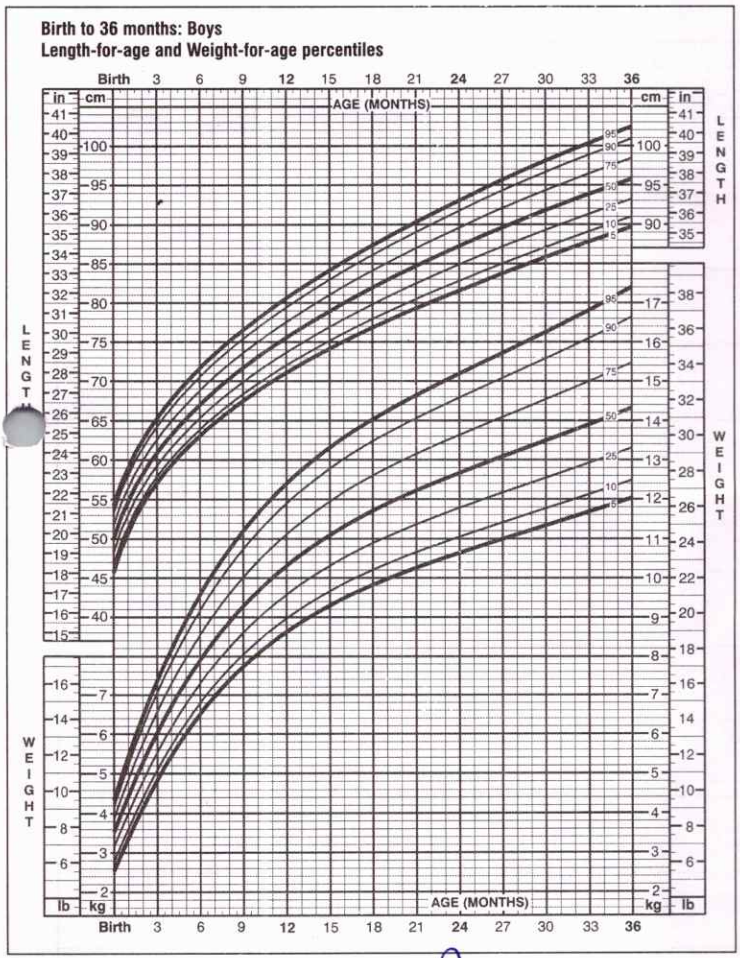
Food Allergies: NO Veg/Non-veg NON-veg

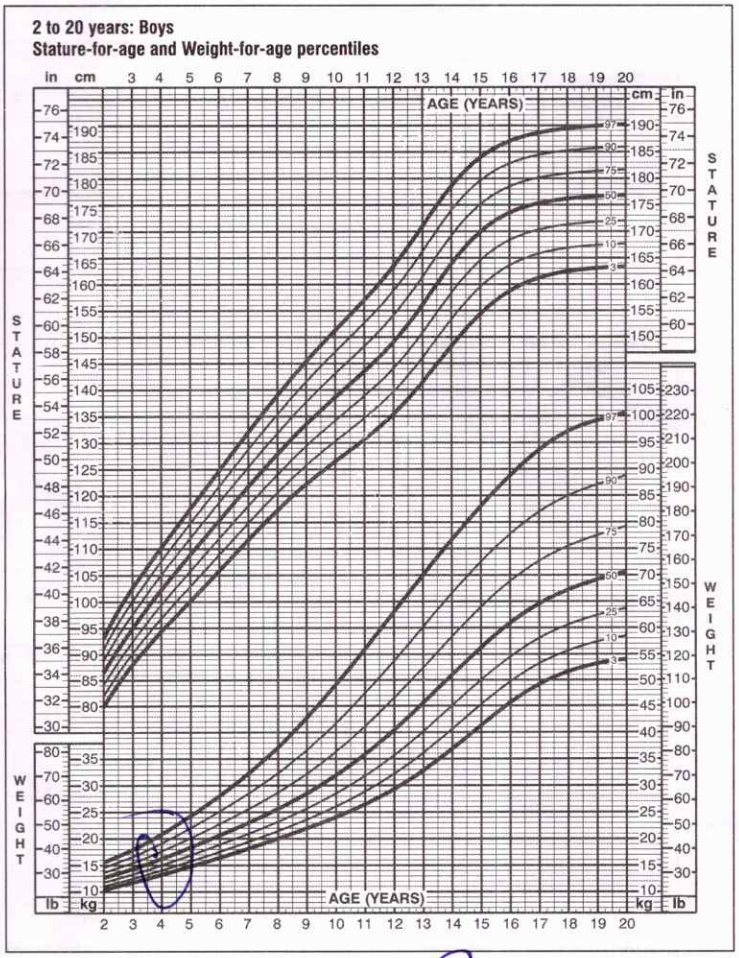
Diagnosis: Accidental consumption of zandu

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: .....

GROWTH CHART (BOYS)





Dietician's Name Sathwika. G

Dietician's Signature

Daily Notes:

13/7/26
4:44pm

Can start with clear liquids (ORS(WHO), coconutwater, water)

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

wt – 16.92kg

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Yuvaan. Age : 3yr Gender: ☑ Male ☐ Female

Date : 13/7/26 Time of Arrival : 11pm

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: 98.3°F PR: 110b/m BP: ..... RR: 22b/m SpO_2: 98%

Chief Complaints: C/O ACCIDENTAL consumption of 2 AND ½ PARACETAMOL TABLETS

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 : Atanu

Signature of Triage Nurse : .....

Date & Time : 13/07/26 @ 12:02pm

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/07/22 Time of arrival : 11:04 PM

Chief Complaints: C/O Accidental consumption Zarsn with knife Tablets. RBS: N/A

Height : — Weight : 16.048 BMI : — Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/ Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

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

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: N/A (Date/Time): N/A

Social History: Lives With Family.

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

Time of Initial assessment completed by ER Nurse : 11:04Hrs /

BAH-00538314 IP26-00006833
Master YUVAAN SHETTY BHANDARI
25-11-2022 3 Y 7 M 18 D (M)
Dr. PRITESH NAGAR

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

Time	Nursing Notes
11:06pm	Assessed the patient condition. monitor vitals Done

Samples collected by: Sugandha / 13/07/26 Time:

Samples sent by : Time: / 12:35pm.

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: 115 b/m BP: CFT:	Shift - out from ER to: ICU Room / 310
RR: 27 b/m SPO_2 : 98%	Time of Shift - out: 12:45pm.
GCS: 15/15 Temperature : 98.3°F	Handover given to: Surekha (Nurse's Name)
Pain Score: 01	
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Atam Signature of the Nurse :

Date & Time : 13/07/26 @ 12:45pm