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FC

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

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Master AZHAAN KHAN	**UHID**	HNH-00015506
Father/Guardian	Mr ASAD ULLAH KHAN	**Age/Gender**	1 Y 3 M 10 D/ Male
Address	16-2-59 akbar bagh, Malakpet, Hyderabad, Telangana, INDIA, 500036		
IP No	IP26-00006386	**Admission Date**	20-05-2026
Ref Doctor	DR. SYED ABU TALHA LUQMAAN		
Discharge Date	21.05.2026		

Consultant:
Dr. SYED ABU TALHA LUQMAAN
MBBS, MD

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	

History: Master AZHAAN KHAN, 1 Y 3 M 10 D , old boy presented with history of loose stools (multiple episodes/day) -associated with multiple episodes of

Name	Master AZHAAN KHAN	UHID	HNH-00015506
IP No	IP26-00006386	Admission Date	20-05-2026

non bilious, non projectile vomiting since 5 days, fever since 4 days, poor oral intake and refuse to eat prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: He was afebrile, hemodynamically stable and maintaining saturation at room air. Heart rate - 128/min and Respiratory Rate - 24/min. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious, alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 11.1 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.32, pCO2 of 30.2 mmHg, pO2 of 36 mmHg, HCO3 of 16.4 mmol/L and BE of -10.3 mmol/L.

Initial hemogram showed Hemoglobin of 8.8 gm%, White Blood Cell count of 5040 cells/cumm, platelet count of 3.67 lakhs/cumm and C-Reactive Protein of 6 mg/l. Complete urine examination shows 5-6 pus cells, 2-3 epithelial cells.

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 loose stools, he was administered probiotics and advised gastrodiet.

Name	Master AZHAAN KHAN	**UHID**	HNH-00015506
IP No	IP26-00006386	**Admission Date**	20-05-2026

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

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

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

Medication during hospital stay:
Injection. Esomeprazole
Injection. Ondansetron
Injection Ceftriaxone
Injection Amikacin
Pro-GG drops
Z & D drops
Redotil sachet

Advice:
* Diet as advised.
Lactose free formula and diet

Name	Master AZHAAN KHAN	UHID	HNH-00015506
IP No	IP26-00006386	Admission Date	20-05-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	3 ml	8am - 8pm (after food)	For 3 days.
2	Pro GG drops	1 ml	9am-9pm (after food)	For 3 days
3	REDOTIL SACHET	1 SACHET	9am-9pm (after food)	For 3 days
4	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 13 days
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

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

Review consultation with Dr. SYED ABU TALHA LUQMAAN on Saturday(23.05.2026) at his OPD.

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

Name	Master AZHAAN KHAN	**UHID**	HNH-00015506
IP No	IP26-00006386	**Admission Date**	20-05-2026

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

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

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SYED ABU TALHA LUQMAAN
MBBS, MD

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

2/4

RESULT SHEET

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Date	20/5/26						
Time							
Hb	8.8						
PCV	26.1						
RBC	4.37						
WBC	5.04						
N/L	29.6/59.1						
Platelets	367						
CRP	6.0						
ESR							
PCT							
RBS							
Na							
K							
Cl							
Ca/Mg							
Phosphate							
Urea							
Creatinine							
ALP							
SGPT							
SGOT							
T.Bill/Conj							
T.Protein							
S.Albumin							
S.Globulin							
A/G Ratio							
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein/Sugar							
Cells							
N/L							

P.T.O.

Date	20/5/26					
Time						
CUE-Alb						
CUE-Sugar	Nil					
CUE - Ketones	Trace					
CUE-PUS Cells	5-6					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell	5-6					
OVA/Cyst						
Occult Blood	Absent					

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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TIVITY RECORD FOR BILLING

Name: --- HNH-00015506 IP26-00006386 ----------
Master AZHAAN KHAN
UHID No : 10-02-2025 1 Y 3 M 10 D (M) ---------- Consultant : ---------- Dept : ----------
Dr. SYED ABU TALHA LUQMAAN
Date of A e : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/5/26	9AM	ER	Ward	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	[illegible]
20/5/26	CBP		
	CRP	8516	Vijay
	VBGT	8515	
20/5	Stool reducing [illegible]	8552	[signature]
20/5	CUE	8567	[signature]

Cross checked done by by Sujatha on 21/5/2026 [signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/5	Infusion pump	20/5/26 @ 9AM	21/5/26 @ 11AM	200963	

Cross checked done by Sneha by Sujatha on 21/5/2

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/5/26	IV Placemnt	1	200844	Vijaya
20/5/26	NHA	1	0891	[illegible]
	Cross checked by Sujatha			
		on 21/5/26 at 11am		

Cross checked done by [illegible]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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 : IP26-00006386 **Admit Date** : 20-May-2026 **Admit Time** : 08:13 AM **UHID** : HNH-00015506

Patient Details :

Patient Name	: Master AZHAAN KHAN	**Age**	: 1 Y 3 M 10 D
Guardian	: Mr ASAD ULLAH KHAN	**DOB**	: 10-02-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 16-2-59 akbar bagh Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 9160516041
		E-mail	: na@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 ASAD ULLAH KHAN	**Relationship**	: Father
Contact Address	: 16-2-59 akbar bagh Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 9160516041

Signature

Doctor Details :

Doctor Name	: Dr. SYED ABU TALHA LUQMAAN	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: DR. SYED ABU TALHA LUQMAAN	**Phone No**	: 9502768791
Co-Consultant	: Dr. SPANDANA PASUPULETI		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 30000.00
		Payor Name	: SELFPAY

Ref.No. F/IN/PR/10

Rainbow®
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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : AZHAAN KHAN

Patient ID# : HNH-00015506 IP26-00006386

Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : AZMAN Age/Sex 15m/F

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o Vomitings
c/o loose stool } :: 5 day
c/o Fever :: 4 day
c/o Poor oral intake & Refusal to eat :: 2 day

History of present illness :

Child brought with
c/o Vomiting :: 5 day
Multiple episode, Non bilious, non projectile

c/o Loose stool :: 5 day
Multiple episode (>10 / day), large volume
Non blood Stained

c/o Fever :: 4 day
Undocumented temp, 3-4 Times / day
Respond to oral PCM
c/o Poor Oral intake
c/o Refusal to eat } :: 2 day

H/O Similar complaint in other family member

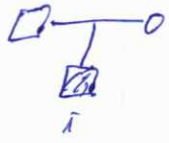
CSE on 17/5 -> 2-3 pus cells, Starch ⊖

Pediatric Multiorgan History & Physical Examinatior

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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

Birth & Neonatal History :



Birth & Socio Economic History :

About Father :
About Mother : Upper Middle Class
Any additional Information :

Developmental History :

(N)

Immunization History :

Upto date in UK

Anthropometry

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

Weight (kgs) 11.1 kg (Centile _____)

On Examination :

Temperature : 97-9° F Pulse Rate: 128/min Description _____

B.P. _____ SPO2 99% at _____

Resp. rate and type of breathing : 24/min

Signs of Dehydration ⊕
- Sunken eyes, dry lips & oral mucosa
- Delayed skin turgor

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE ⊕

Any addes sounds : Nil

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft

Ausculation : BS ⊕

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute Gastroenteritis & Dehydration

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

-Shock

Desired goals of the treatment :

H'D stability

Planned Labs :

VBG

CBP, CRP

CVE (DVE)

collect & keep blood c/s

Noted By Brabin

Planned Management :

IVF

→ Pre GG - Drops

→ Z & D drops

→ Inj ESOMEPRAZOLE

→ Inj ONDANSETRON

Noted By Brabin

Please fill up the following details

1. Name of the Referring Doctor : Dr. Syed Abu Talha
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. Syed Abu Talha / Dr. Spandana on whose name the patient is being referred

Doctor's Signature Name Dr Talha Luqmaan Date 20/5/25 Time _____

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Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 10:30am	U/B Dr. Tejaswi	
	Acute AGE c dehydration	
		? 2° to lactose intolerance
	- loose stools (+) (5 episodes)	
	L green color ; no blood	
	L foul smelling	
	L moderate quantity	
	- one episode of vomiting (+)	
	- no fever	
	- oral intake : fair	Plan
		1) send CUE
	O/E	2) ct. supportive care
	vitals : stable	3) stool Redotil
	S/E : P/A = soft.	4) send stool for reducing substances
		5) ct. IVF (fluid main)
		6) monitor vitals.
		Dr Tejaswi
		Dr. S. TEJASWI REDDY Registration No: 94068

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

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 3pm	Dr. Spandana. CMB Re-Marani	
	Acute GE c̄ dehydration	
	- 6 episodes of loose stools (+)	
	↳ - moderate quantity	
	- greenish color	
	- no blood.	
	- no vomitings.	
	- oral intake : Poor.	
	- no signs of dehydration	
	O/E	
	vitals : stable	Plan
	S/E - (N)	
		1) Send WE
		2) send for stool reducing substances
		3) ct. supportive care
		4) ct. IVF (full) ↓ taper to 1/2 main by evening
		5) monitor vitals.
		[signature]

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 10:40PM	S/B Dr. LUQMAN	
		Plan
	D AGE c dehydration	
		- c/c IV fluids
	C/o Loose stools	
		- c/c ZINC
	CVS - S1 S2 ⊕	Pro-Ch
	RS - BL AE ⊕	
		- Encourage orals
	P/A - soft	
	Conscious	- w/f dehydration
		- c/c CEFTRIAXONE AMIKACIN
		[signature]

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 9AM	S/B. Dr Prathath / Dr Sreeghar	
	△ AGE & Dehydration	
	Hb 8.8	
	Loose stools - ↓ed	Adv
	Vomitys - ↓ed.	
	fever - None.	CT. IV fluid
	Oral intake - ↑	CT Zinc
		Pro-Gr Gm.
	O/E Gc-fair	
	Hydration	CT Ceftriaxone
		Amikacin
	PA - Soft.	
		c/f dehydration.
		NB. Monitor @ 8AM

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	C/S/B - Dr. Tejaswi	
10 am	· Acute GE c̄ dehydration ·	
	1 Episode of loose stools · No fever spikes	Advise:
	O/e	1) Low - lac formula
	Vitals stable.	ii) Discharge today.
	S/e	iii) Ochiwe 2 x 2 weeks Pro C4 x 3d. Redotril
	CVS - S1S2	
	RS - B/L NVBS	
	P/A - S/E	iv) Oral Cefixime
		Dr. Tejaswi
		Dr. S. TEJASWI RE[illegible]Y Registration No: 940[illegible]

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 20/5/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

DRUG : Syp CROCIN-DS (240mg)				Date / Time
Dose	Route	Frequency	Start Date	
3.5ml	PO	SOS	20/5	
Doctor's Signature		Valid Period	Pharm.	
Parent			(a)	
Additional Instructions: If T > 100°F				

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 Dr. Dhakshayani

Signature .....

VERIFIED BY : Name .....

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

REGULAR PRESCRIPTIONS

Weight. ....11.4.6.... Ward. .....

DRUG : PRO-GG DROPS

Dose	Route	Frequency	Start Date
1ml	PO	BD	20/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/5	21/5
10AM		
10pm		

Verified by Dr. Dhakshayani

DRUG : Z and D drops

Dose	Route	Frequency	Start Date
1 ml	PO	OD	20/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/5
2pm	

Verified by Dr. Dhakshayani

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
10mg	IV	OD	20/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/5	21/5
6AM	12pm	

Verified by Dr. Dhakshayani

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Date
2mg	IV	TID	20/5

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/5	21/5
6AM		
2pm	12pm	
10pm		

Verified by Dr. Dhakshayani

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 11.24 kg Ward ....

				Date/Time		
DRUG : REDOTIL SACHET					20/5	21/5
Dose	Route	Frequency	Start Dt.			
1 SACHET	PO	TID	20/5			
Name & Signature of the Doctor Starting the Drugs:				6AM	X	[signature]
				2pm	[signature]	
Additional Instructions: (1 SACHET = 10mg).				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

				Date/Time		
DRUG : INJ CEFTRIAXONE					20/5	21/5
Dose	Route	Frequency	Start Dt.			
500mg	IV	BD	20/5	10am	10pm [signature]	[signature]
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

				Date/Time		
DRUG : INJ AMIKACIN					20/5	21/5
Dose	Route	Frequency	Start Dt.			
100mg	IV	BD	20/5	10am	10pm [signature]	[signature]
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

				Date/Time
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : | Date ➤ / Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : | Date ➤ / Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : | Date ➤ / Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : | Date ➤ / Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

I.V. FLUIDS CHART

Weight. ...11.14... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
20/5	8:30 am	PLASMALYTE 400 ml + 25% DEXTROSE - 100ml	IV	30 ml/h			20/5		
20/5	11 am	PLASMALYTE 400 ml + 25% DEXTROSE - 100ml	IV	40 ml/h					

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

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

Patie

I / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/5

Time:	12 : 45pm	6pm	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?					
Temperature (F) (94–104)	Not willing (vitals)	98.9°F	98.5°F	96.9	97.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (50–190)		91 / 63 (74)	88 / 62 (69)		80 / 48 (52)
Heart Rate (Number)		121 bpm	115		135 bpm
Resp. Rate (bpm) (Over 1 Minute) * (10–70)		28	*		*
Resp Rate (Number)		28 bpm	25 bpm		35 bpm
Resp Distress — Mod/ Severe					
Resp Distress — None / Mild					
Receiving O_2(l/min)					
O_2Saturations (%)		100%	100%		100%.
Conscious Level — Normal					
Conscious Level — Altered					
GCS *					
TOTAL SCORE Number of shaded boxes		0	0		0
Pain Score		0	0		0
Observer's Initials		[illegible]	[illegible]		[illegible]

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Sticker

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:		
Doctor / Nurse / Family Concern?		
Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	
	98	
	97	
	96	
	95	
	94	
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)		
Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	2	
	1	
Resp Rate (Number)		
Resp Distress: Mod/ Severe		
Resp Distress: None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level: Normal		
Conscious Level: Altered		
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score		
Observer's Initials		

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SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	
Doctor / Nurse / Family Concern?	
Temperature (°F)	104
	103
	102
	101
	100
	99
	98
	97
	96
	95
	94
Heart Rate (bpm) and Blood Pressure (mmHg) *	190
	180
	170
	160
	150
	140
	130
	120
	110
	100
Note: BP does not score in early warning scoring	90
	80
	70
	60
	50
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute) *	70
	60
	50
	40
	30
	20
	10
Resp Rate (Number)	
Resp Distress	Mod/ Severe
	None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	
Conscious Level	Normal
	Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
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SCHOOL AGE (5-12 years)
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:		
Doctor / Nurse / Family Concern?		
Temperature (℉)	104 103 102 101 100 99 98 97 96 95 94	
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190 180 170 160 150 140 130 120 110 100 90 80 70 60 50	
Heart Rate (Number)		
Resp. Rate (bpm) (Over 1 Minute) *	70 60 50 40 30 2 1	
Resp Rate (Number)		
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level: Normal / Altered		
GCS *		
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FLUID CHART

Sheet No. : ......(1)......

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
20/5	08:00 am	Plasmalyte + 5% Dextrose		30ml							0	
	09:00 am			30ml		NA		NA		✓	0	
	10:00 am		Milk	30ml	NA		0				0	A
	11:00 am			30ml							0	
	12:00 pm			40ml						✓	0	
	01:00 pm			40ml							0	
Total Intake : Taken								Total Output : M-0			U-1	
20/5/20	02:00 pm	Plasmalyte + 5% Dextrose		40ml								
	03:00 pm			40ml			✓			✓		
	04:00 pm		Milk + H_2O	40ml							0	A
	05:00 pm			40ml		NA	✓		NA	✓		
	06:00 pm			40ml								
	07:00 pm			40ml						✓		
Total Intake :								Total Output :		U-3	M-2	
20/5	08:00 pm	Plasmalyte + 5% Dextrose	H_2O + Sups	40ml								
	09:00 pm			40ml								
	10:00 pm			40ml						✓		
	11:00 pm			40ml		NA			NA		0	Ko
	12:00 am			40ml								
	01:00 am			40ml								
Total Intake :								Total Output :		U-1	M-	
	02:00 am	Plasmalyte + 5% Dextrose	Milk	40ml								
	03:00 am			40ml								
	04:00 am			40ml		NA			NA			Ko
	05:00 am			40ml						✓	0	
	06:00 am			40ml								
	07:00 am			40ml								
Total Intake :								Total Output :		U-1	M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

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

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV. Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
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	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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	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**	

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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: 20/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM | 2pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O · chart maintained	8 AM | 2pm	→ Assessed the pt condition → Administrating medication given as per doctor orders	→ Pt is stable	→ Re-checked vitals	A
Afternoon	2pm | 8pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart - Give medication as prescribed by doctor	2pm | 8pm	- Assessed the pt. Condition - Monitored vitals & records - Maintained I/o chart - Given medication as prescribed by doctor	Patient is Stable now	Re-checked vitals	B
Night	8PM | 8AM	Assess the pt condition monitor vitals Maintain I/o chart Given medication as Per doctor order	8PM | 8AM	Assessed the pt condition monitored vitals Maintained I/o Chart Given medication as Per doctor order	Patien is stable Now	→ Vitals is Normal	

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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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							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
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- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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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							

HNH-00015508 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

Rainbow® Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE & dehydration			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	20/5 M6	20/5/26 E2				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	—	—				
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—				
	Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3F	97.8°F				
	Res:	30b/m	32b/m				
	SpO_2:	98%	100 %				
	Pulse:	126b/m	128b/m				
	BP:	99/59	—				
	LOC:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	—	—				
	Skin Integrity	—	—				
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ ~~Yes~~ ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—				
	Others Specify:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—				
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	NA	NA				
Post Operative Procedure Special Orders:		NA	NA				
Handed Over By Name :		Anwarth	Priyanka				
Signature / ID :							
Date:		20/5/26	20/5/26				
Time:		2pm	8pm				
Taken Over By Name :							
Signature / ID :							
Date:		20/5					
Time:		2p					

Patient Sticker

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
C : SYED ABU TALHA LUQMAAN

Rainbow® Children's Hospital
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	20/5 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	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA							
			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

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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 : .....

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 20/5	20/5	20/5	
					Time : M6	E2	N.	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	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	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
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	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	
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	
				TOTAL SCORE	28	28	28	
				Evaluator's Name	[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

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

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

Patient ID

				Date :				
				Time :				
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.				
"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.				
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.				
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.				
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."				
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.				
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.				
				TOTAL SCORE				
				Evaluator's Name				

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

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

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
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				Date : / Time :				
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.				
"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.				
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.				
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.				
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."				
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.				
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.				
				TOTAL SCORE				
				Evaluator's Name				

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

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

Patient ID

BRADEN 'Q' SCALE

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				Date : / Time :				
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.				
"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.				
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.				
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HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☒ Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
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

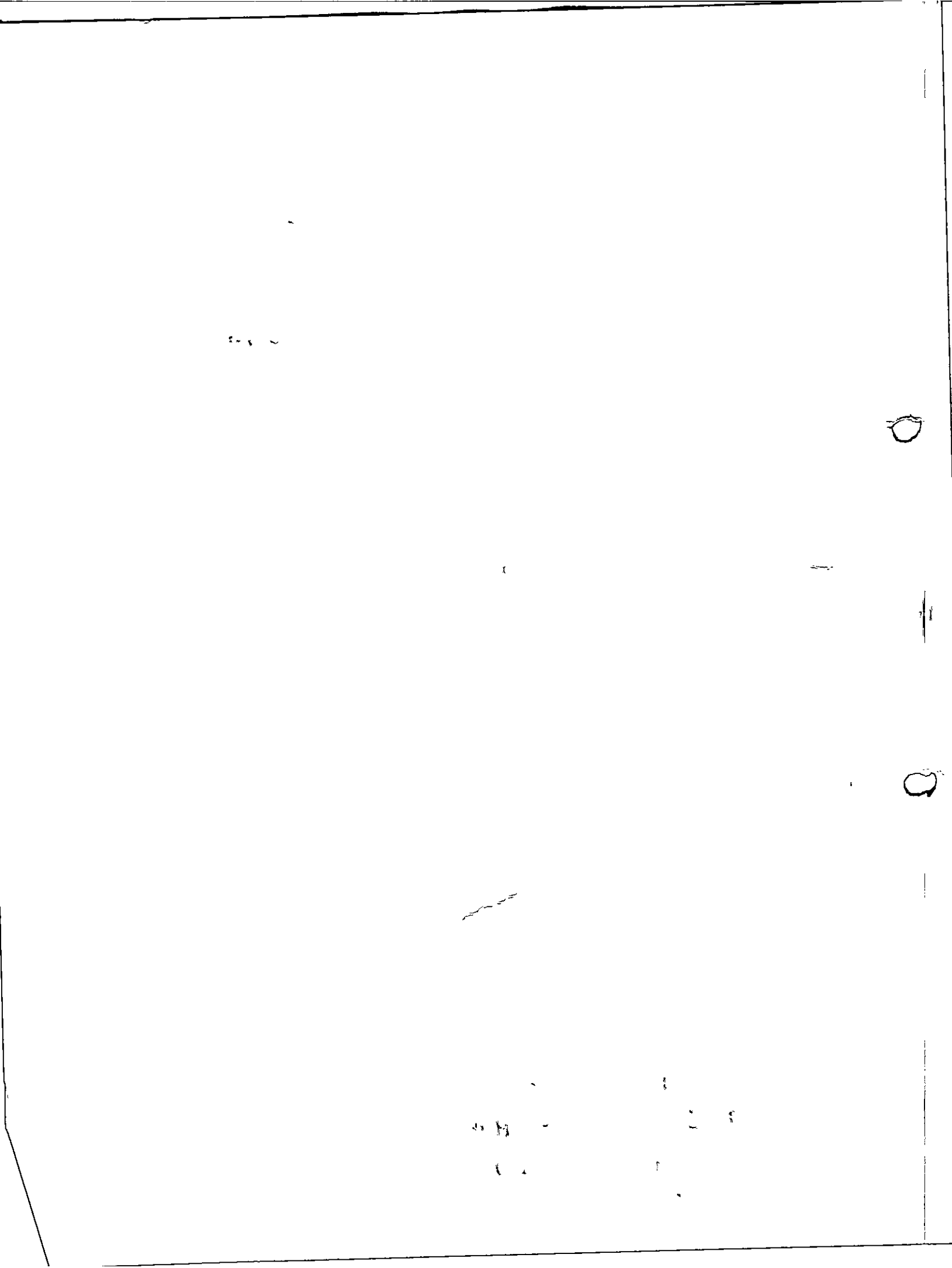
Doctor Name & Signature : Dr. Pranav

Date & Time : 20/5/26 @ 8:19 Am

Nurse Name & Signature: Jyoti

Date & Time : 20/5/26 @ 8:02 Am

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



HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
Dr. SYED ABU TALHA LUQMAAN

w/- 11.1 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Azaan Age : 15m **Gender:** ☑ Male ☐ Female

Date : 20/5/26 Time of Arrival : 7:10 Am

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: 97.9 PR: 129 BP: ..... RR: ..... SpO_2: 99%

Chief Complaints: C/o loose stools since 3 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:12 Am

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 : Anupam Signature of Triage Nurse : A.B

Date & Time : 20/05/26 @ 7:15 Am

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/5/26 Time of arrival : 7:15Am

Chief Complaints: c/o loose stoose since 3 days. RBS: .....

Height : ..... Weight : 11 Kg BMI : ..... 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
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

Time of Initial assessment completed by ER Nurse : 7:15 Am

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

Time	Nursing Notes
	Assessed the patient condition
	vital checked.

Samples collected by: M. Vijaya Time:

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: 125 b/m BP: ..... CFT: 2sec	Shift - out from ER to: 8:50 AM
RR: ..... SPO_2 : 98%	Time of Shift - out: 9:00 am
GCS: 15/15 Temperature : 98°F	Handover given to: .....
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Anupam Signature of the Nurse : A.R

Date & Time : 2015/12 @ 8.7:15 AM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015506 IP26-00006386 Master AZHAAN KHAN 10-02-2025 1 Y 3 M 10 D (M) Dr. SYED ABU TALHA LUQMAAN	20/5/26 @ 9:10 AM	20/5/26 @ 9:10 AM
	Transfer Ordered by Dr. Pranv	Reason for Transfer Admission
From Unit ER	To Unit Ward	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 25	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
Rabiz	Dr. Pranv

Patient & Clinical Records Received by : Anusha @ 20/5/26

Date & Time of Patient Received : 9:10 AM

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master AZHAAN KHAN**	**Age :**	**1 Y 3 M 10 D**
IP No:	**IP26-00006386**	**Sex:**	**Male**
Consultant:	**Dr. SYED ABU TALHA LUQMAAN**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the ca[illegible]f the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(R[illegible]vers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: MOTHER Muneeza Ateel.
Relationship: Mother
Date: 20/5/26 Time: 8:13 am
Witness Name:
Witness Signature: Yaseen

Patient Address:
16-2-59 akbar bagh Malakpet
Hyderabad Telangana INDIA 500036

HNH-00015506 IP26-00006386
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25 of being the guiding light Nurturing Smiles, Shining Bright

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaIn the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

Yaseen
(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**

HNH-00015506 IP26-00006386
Master AZHAAN KHAN
10-02-2025 1 Y 3 M 10 D (M)
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214

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/5/26 Time: 10:00am

Weight: 11.1 kg Centile: 50th

Height: – Centile: –

Inference: Well nourished child

RDA: – Calories: 1200 KCal/day Protein: 20 gms/day

Diet Recommendations: Gastro diet Can have :- ORS (WHO), Sago Water, Coconut Water, Rice

Re-Assesment: Avoid :- Ragi, Milk, Oats, Egg, Citrus, Sugar

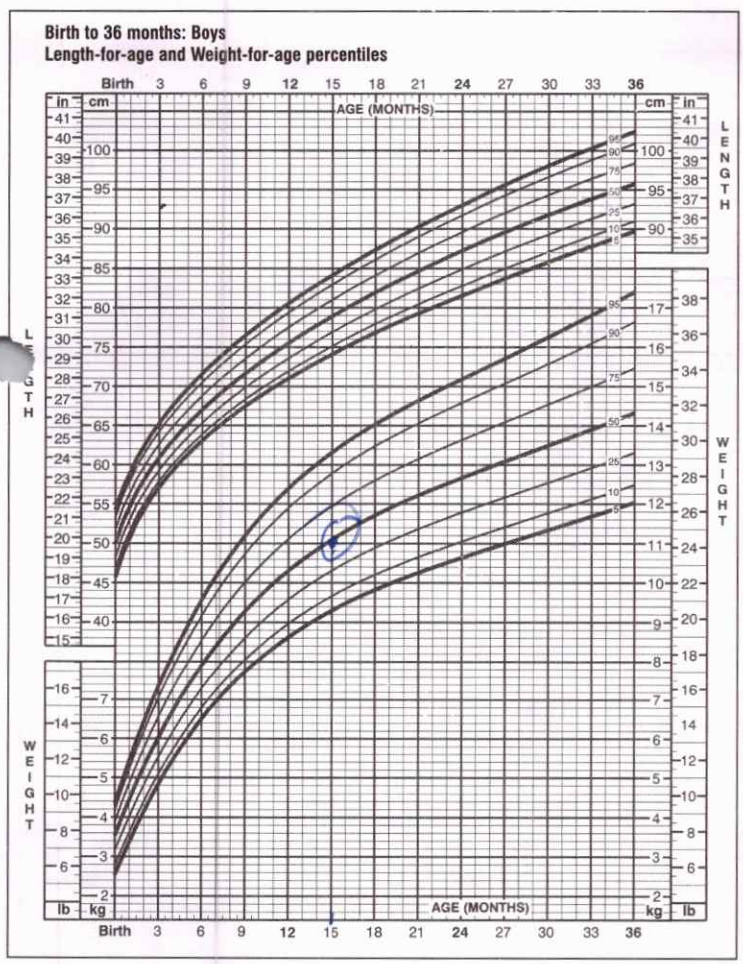
Food Allergies: Lactose intolerance Veg/Non-veg Non Veg

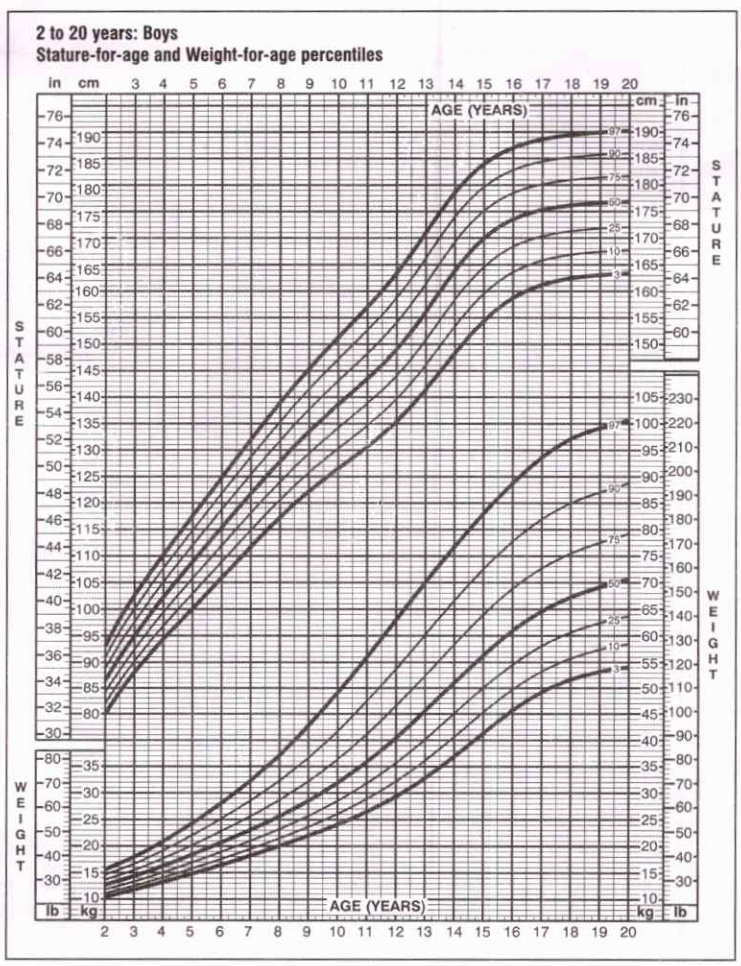
Diagnosis: Acute gastroenteritis c dehydration c 2° Lactose intolerance.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





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

Daily Notes: