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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

303 OP C

DISCHARGE SUMMARY

Name	Baby Of BUTARAJU SRAVANTHI	**UHID**	HNH-00004636
Father/Guardian	Mr B VAMSHAVARDHAN	**Age/Gender**	1 Y 8 M 19 D/ Female
Address	FLAT NO 401, INDIRA RESIDENCY, NEAR RAMALAYAM TEMPLE, Ram Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006746	**Admission Date**	05-07-2026
Ref Doctor	Self.		
Discharge Date	07.07.2026		

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

DIAGNOSIS	ICD CODE
ACUTE DYSENTRY WITH COLITIS WITH URINARY TRACT INFECTION	

History: Baby Of BUTARAJU SRAVANTHI is a 1 Y 8 M 19 D , old girl presented with history of high grade fever, loose stools (multiple episodes/day), poor oral intake, dull activity since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby Of BUTARAJU SRAVANTHI	UHID	HNH-00004636
IP No	IP26-00006746	Admission Date	05-07-2026

Examination: She was febrile (102.5*F). Her heart rate was 130/min and RR -38 /min. Signs of some dehydration were present. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, dull looking, dry oral mucosa, dry skin, sunken eyes were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 10.7 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.34, pCO2 of 33.1 mmHg, pO2 of 45 mmHg, HCO3 of 18.4 mmol/L and BE of -7.6 mmol/L.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative.

Initial hemogram showed Haemoglobin of 10.3 gm%, White Blood Cell count of 19160 cells/cumm, platelet count of 5.71 lakhs/cumm and C-Reactive Protein of 25 mg/l. Complete urine examination was 4-6 pus cells,3-5 epithelial cells. Blood culture and sensitivity shows no growth after 24 hours of incubation.

Stool routine

Name	Baby Of BUTARAJU SRAVANTHI	**UHID**	HNH-00004636
IP No	IP26-00006746	**Admission Date**	05-07-2026

COLOUR	YELLOWISH		
CONSISTENCY	SEMI FORMED		
REACTION	8.0	5 - 8.5	
MUCUS	PRESENT	ABSENT	
BLOOD	ABSENT		
PROTOZOA	NIL	NIL	
HELMINTHES	NIL	NIL	
PUS CELLS	LOADED		
RED BLOOD CELLS (Stool)	4 - 5	NIL	HPF
FAT GLOBULES	PRESENT+++	ABSENT	
STARCH GRANULES	PRESENT+	ABSENT	
UNDIGESTED FOOD	PRESENT+	ABSENT	
YEAST CELLS	NIL		

Urine culture and sensitivity shows

Gross examination : Pale yellow in colour, clear.

Gram stained smear - Shows no polymorphs or organisms.

Colony count: - 10^4cfu/ml

Culture : - Klebsiella pneumoniae isolated.

Susceptible to –

Amoxycillin-Clavulanic acid, Cephalexin, Cefotaxime, Ceftriaxone,

Name	Baby Of BUTARAJU SRAVANTHI	UHID	HNH-00004636
IP No .	IP26-00006746	Admission Date	05-07-2026

Cefpodoxime, Cefixime, Gentamicin, Amikacin and Tobramycin.
Resistant to –
Ampicillin, Ampicillin-sulbactam, Cefuroxime, Sulfamethoxazole-Trimethoprim, Piperacillin and Trimethoprim.

Ultrasound abdomen shows
* Mild submucosal wall thickening of transverse and descending colon with no obvious increased adjacent mesenteric echogenicity, suggestive of mild colitis - likely infective etiology.
* Multiple small lymph-nodes along the mesentery in the RIF and periumbilical region - in keeping with mesenteric adenopathy.

Management: She was admitted in the ward and started on intra venous fluids and Intra venous antibiotics. She was treated symptomatically with antiemetics, antacids and antipyretics. In view of loose stools, she was administered probiotics and advised gastrodiet.

She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms settled gradually.

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Medications given during hospital stay:
Injection. Esomeprazole
Injection. Ceftriaxone

Name	Baby Of BUTARAJU SRAVANTHI	UHID	HNH-00004636
IP No	IP26-00006746	Admission Date	05-07-2026

Pro-GG drops
Syrup. Zinconia

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Inj. Ceftriaxone	1gram IV over 1 hour	once daily	For 3 days.
2	PRO GG drops	15 drops	8am - 8pm (after food)	For 2 days
3	Nexpro Junior sachet (1 sachet = 10mg)	1 sachet (mix 1 sachet in 10ml water)	8am (before food)	for 3 days
4	Syrup. Zinconia	5 ml	once daily	For 12 days.
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: Follow up with Blood c/s and stool c/s report .
MCUG to be done on follow up

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).

Name	Baby Of BUTARAJU SRAVANTHI	**UHID**	HNH-00004636
IP No	IP26-00006746	**Admission Date**	05-07-2026

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on (11.07.2026) Saturday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:
* Antibiotics along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.
* Do not take **Iron supplements** and antacids or calcium supplements at the same time. It is best to space doses of these 2 products 1 to 2 hours apart each medicine or dietary supplement. **Iron supplements** can be taken 1hr before food or 2 hours after food & recommended diet to be followed.

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 /**

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby Of BUTARAJU SRAVANTHI	**UHID**	HNH-00004636
IP No	IP26-00006746	**Admission Date**	05-07-2026

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**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

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 : IP26-00006746 **Admit Date** : 05-Jul-2026 **Admit Time** : 12:31 PM **UHID** : HNH-00004636

Patient Details :

Patient Name	: Baby Of BUTARAJU SRAVANTHI	**Age**	: 1 Y 8 M 18 D
Guardian	: Mr B VAMSHAVARDHAN	**DOB**	: 17-10-2024 12:27 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 401, INDIRA RESIDENCY, NEAR RAMALAYAM TEMPLE Ram Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 8688099113/ 9030803370
		E-mail	: SRANY101010@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 B VAMSHAVARDHAN **Relationship** : Father

Contact Address : FLAT NO 401, INDIRA RESIDENCY, NEAR RAMALAYAM TEMPLE Ram Nagar Hyderabad Telangana INDIA 500020 **Phone No** : 8688099113

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

Name ----------

UHID ---------- Consultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	@1130pm	ER	314	A.2

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/7/26	CBP, CRP, Blood C/S	11018	
	CUE, Urine C/S		
	Respiratory panel		
	VBG	11019	
	Cross checked done by sneha		
5/7/26	Stool Routine (CSE)	11033	
	Stool culture, sensitivity		
6/7/26	USG Abdomen	8056	
	Cross checked by R		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7	Infusion pump	3 Pm	7/7/26 @3pm	10937	[signature]
			Cross	checked	done by Sneha

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/7/26	Iv placement	1	10877	
5/7/26	NHA	1	10945	

Cross checked done by Sm

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : B/o Buttaraju Sravanthi Age/Sex 1y8m/F

Informant mother Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

Fever x last night (high grade)
loose stools (multiple) since morning
Poor oral intake
Dull activity x morning

History of present illness :

A 1y 8month old girl c
c/o Fever, high grade, c chills
no rash x last night (1 day)
associated c
loose stools (multiple episodes) since
today morning
watery, foul smelling, large quantity
not associated with blood
and c
poor oral intake
and dull activity

Pediatric Multiorgan History & Physical Examination

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

Not Significant

Birth & Neonatal History :

no neonatal complications

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

as per age

Immunization History :

as per schedule.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 10.7kg (Centile _____)

On Examination :

Temperature : 102.5°F Pulse Rate: _____ Description _____

B.P. _____ SPO2 98% at RA.

Resp. rate and type of breathing : 38/min

Rash _____ Sick looking, dull.

Lymphadenopathy _____ dry oral mucosa,

Oedema : _____ dry skin,

sunken eyes

Signs of dehydration (+)

Respiratory system :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : NVBS (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : $S_1 S_2$ (N)

Any murmur : _____

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine: (N) External Genitelia : _____

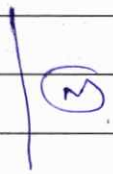
Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

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 febrile illness ? dehydration

? UTI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

prevent complications

Desired goals of the treatment :

Hemodynamic Stability

Planned Labs :

VBG, CBP, CRP,
Extraplain for Sr. creatine
Blood c/s
CUE
urine c/s
5-vens panel (Resp. panel)
N/B Ampen.

Planned Management :

1. IV F
2. Inj ceftriaxone OD
3. Bronch.
4. Encourage liquids orally
5. Fever management
6. Monitor intals Ch.H.

N/B Ampen

Dr Nameen

Please fill up the following details

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

Doctor's Signature Name Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970 Date 5/9/22 Time 9 AM

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI (F)
17-10-2024 1 Y 8 M 18 D
Dr. SINDHURA MUNUKUNTLA

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
5/7/26	c/s/by Dr	Sindhu M
8:20pm		
	AFI ē dehydration.	
	NM O? UTI.	AGE ē dehydration
	dull look (+)	
	– high grade fever (+).	
	– loose stools (+)	
	(RS) BLAE (+)	– (T) Rep panel
	NVBS (+)	
		– ct IV CEFTRIAXO-
	(CVS) S1 S2 (+)	
		– ct oth supp mx
	(P/A) soft	
	Not distended	– Monitor vitals.
	dehydration sign (+)	– send stool Routine & s/c/s
		– Tm USG Abd plan
	Nt by Sandhya SN	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66870
		Dr. Sindhura M.

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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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
6/2/26. 8 15 AM.	c/s/hy. Ds Asuch AFL c dehydration. c AGE R/o UTI	
	- 3 loose stools dull (+) . dehydn (+) vital stable. Lower @ admission. S/E NAD.	Plan → flog Nkg (verbal) cov + - (T) Adno. - (T) stool routine - USG Abdomen today. - ct CEFTRIAXONE - Monitor vitals.
	Af.	
		Nithya Sneha.

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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
6/7/26 10 AM	S/B Dr. Sindhura AGE c dehydration (R/O Dysentery) —	
	Blood in stools (+) on Room Air oral acceptance - Vomitings (+) Signs of dehydration (+)	Adv. (S) USG abdomen → now (T) Adenovirus Stool routine Stool C&S Blood C&S Urine C&S Ct Antibiotics Hand hygiene explained
		noted by Sr. Sandhya 6/7/26 10.2

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No 66970

Sindhura
MUNUKUNTLA

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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
6/X/26	S/B Dr. Sreyha / Dr. Prashanth.	
~~2:30 pm~~	Δ Acute dysentery ± dehydration	
3:30 pm	(? Dysentery)	USG - Abd.
		mild colitis / 8.2 mm S. Lad.
	Blood in stools -	
	Fever Spikes	Plan
	Pain abdomen.	
	O/E	
		ct. Ceftriaxone (D2)
		ct. Acute GE supp care
	Vitals Stable	Trace
		Urine c/s
	Signs of dehydration	Stool c/s
		Hand hygiene to be done
	S/E	monitor vitals
	P/A - Soft	

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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
	S/B Dr. Sindhura	
6/7/25 4pm	Δ Acute dysentery ̄c dehydration, Plan	
	C/o Loose stools	- c/f CEFTRIAXONE
	· CVS - S1S2 ⊕	
	PT - BIL - AE ⊕	- Trace Urine C/S
		~~Blood~~ Stool C/S
	P/A Soft	
	Conscious	
		- Encourage orally

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

DNHOAA. M.

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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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
7/7 8Am	C/B/B Dr Pranav / Dr. Nanjunya	
	Acute Dysentery c Dehydration - Cefix ? Enteric	
	Fever spikes @ Loose stool - last evening Abd pain - Betty Oral intk - fair.	Plan 1) Inj Ceftriaxone Pan GG & Zincovit 2) Trans { Urine c/s Blood c/s Stool c/s
	V/S/ Stable Afebrile R.S - B/L/ PEO P/A - soft.	3) ~~IVFG Akdan~~ Monitor V/S
		R.B Amount C & Am Pran

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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
7/7/26 10 am	U/B dr. Sindhura Acute dysentery c colitis c ? UTI	
	- fever spikes (+) - loose stools : (+) (today morning) - abdominal pain ↓ oral intake : good	
	O/E vitals : stable S/E : P/A : soft bowel sounds	IVF 1) Inj. ceftriaxone 2) Urine R/M c/s Blood c/s Stool c/s 3) Inj. PCM as per Rx chart 4) monitor vitals 5) IVF - STOP.
		noted by Srs sandhya 7/7/26 10 am

Dr. Sindhura Munukuntla
Consultant Pediatrician
Regd No: 66970

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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
7/7/26 2:30PM	C/s/b Dr. Varun	
	Δ - Acute dysentery c colitis c UTI	
	fever spikes (+)	
	Abd. pain ↓	Plan
	C/E - vitals stable.	① D/s now.
	P/E - WNL.	
		[signature]

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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: ..... ☐ 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: 301

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	Crocin DS	3ml	PO	SOS		☑ 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 Nameen Bau nlau

Date & Time : 08/07/2026 @ 12:36 pm

Nurse Name & Signature: Amram

Date & Time : 8/7/26 @ 12:30 pm

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

B/O.

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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: 05/7/2026 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.

(10.7kg)

SOS / PRN (As Required Medication)

DRUG : Syp. CROCIN DS

Dose	Route	Frequency	Start Date
3.5ml	PO	SOS	5/7

Doctor's Signature: Nam | Valid Period: | Pharm.: (a)

Additional Instructions: 5ml/240mg if Temp >100°F.

Date/Time: 5/7 3:44 Sm

DRUG : Syp. IBUGESIC

Dose	Route	Frequency	Start Date
3ml	PO	SOS	5/7

Doctor's Signature: Nam | Valid Period: | Pharm.: (a)

Additional Instructions: (5ml/100mg) if Temp >102°F.

DRUG : Probyte ORS

Dose	Route	Frequency	Start Date
	PO	actlit	5/7

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Verified by Dr. Dhakshayani

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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 10.7kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
1gm	IV	OD	5/7

Name & Signature of the Doctor Starting the Drugs: (Dr. Nameen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	5/7	6/7	7/7
	2PM	3PM	

Verified by Dr. Dhakshayani

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
10 mg	IV	OD	5/7

Name & Signature of the Doctor Starting the Drugs: (Dr. Nameen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	5/7	6/7	7/7
	6AM	2PM	

Verified by Dr. Dhakshayani

DRUG : PROG DROPS.

Dose	Route	Frequency	Start Date
15 drops	PO	BD	5/7

Name & Signature of the Doctor Starting the Drugs: (Dr. Nameen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	5/7	6/7	7/7
	6AM		
		3PM	
	6PM		

Verified by Dr. Dhakshayani

DRUG : Zinconia SYP

Dose	Route	Frequency	Start Date
5ml	PO	OD	5/7

Name & Signature of the Doctor Starting the Drugs: (20mg/5ml)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	5/7	6/7
	10pm	

HNH-00004836 IP25-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 10.7 kg ... Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
~~5/7~~		~~DNS~~ (~~2/3rd maintenance~~)	~~IV~~	~~28 ml/h~~	~~Nan~~				
5/7	3pm	PLASMALYTE 400ml + 25% DEXTROSE 100ml (2/3rd maintenance)	IV	28 ml/hr	Nan	[signature]	5/7	[signature]	[signature]
5/7	8pm	ivfluids (full M)	iv	40ml/h	[signature]	[signature]	6/7	[signature]	[signature]
6/7	11pm	IVF :- 2/3rd (M)	IV	30 ml/h	[signature]	[signature]	7/7	[signature]	[signature]

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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

RESULT SHEET

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	5/7/26					
Time						
Hb	10.3					
PCV	30.4					
RBC	4.46					
WBC	19.16					
N/L	80.5 / 14.6					
Platelets	571					
CRP	25					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Date	5/7/26					
Time						
CUE-Alb						
CUE-Sugar	Nil					
CUE - Ketones	Present +++					
CUE-PUS Cells	4-6					
CUE - RBC Cells	Nil					
CUE						
Stool Pus Cell	Loaded					
OVA/Cyst						
Occult Blood						
Red blood cells	4-5					
pus cells	1					
Reaction =	8.0.					
Respiratory panel - Negative						

Culture and Sensitivities : 5/7/26 Urine C/S-7

Blood C/S 7

Radiology: USG : .....

X-Ray: .....

ECHO: .....

CT: .....

MRI .....

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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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 : 17 Time: 3:44 pm 5 pm 6 pm 8pm 10pm 2Am 6Am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

Crocin given

100.6°F 99.0°F 99.1°F 97.9°F 98.4°F 97.3°F 98.4°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

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

97/47 98/59

Heart Rate (Number) 129bpm 128bpm 130bpm 131bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 30bpm 30bpm 30bpm 30bpm

Resp Distress | Mod/ Severe / None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 100% 100% 98% 100%

Conscious Level | Normal / Altered

GCS *

TOTAL SCORE
Number of shaded boxes 0 0 0 0

Pain Score 0 0 0 0

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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)

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

RM / 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 : 6/1/26 Time: 10 am | 2pm | 6pm | 10pm | 11pm | 2 Am | 3Am | 4Am | 6Am

Doctor / Nurse / Family Concern?

Temperature (F)

98.1°F | 98.6°F | 101.5°F Ibugesic | 100°F | 98.2°F | 98.2°F | 101.3°F Crocin Syrup | 97.3°F | 101.2°F Sponging | 100.2°F | 98.2°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 125b/m | 127b/m | 128b/m | 130b/m | 129b/m | 131b/m

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

Resp Rate (Number): 35b/m | 37b/m | 36b/m | 38b/m | 35b/m | 38b/m

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min)					
O_2Saturations (%)	100%	100%	100%	100%	98%	100%
Conscious Level	Normal / Altered				
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 20 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient St ...NICAL / 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.

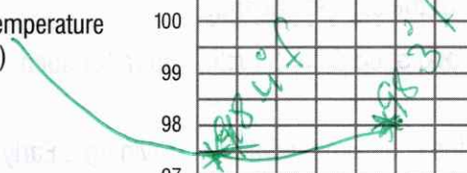
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/7/26 Time: 10am 2pm

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) 125b/m 130b/m

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

Resp Rate (Number) 20b/m 20b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min) O_2 Saturations (%)	99% 99%
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	0 0
Pain Score	0 0
Observer's Initials	

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

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

Patient Sticker

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)

Pa

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am				EP							
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
5/7	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						**Total Output :** U - nil -						
5/7	08:00 pm	Plasmalyte Post D 1 start		40ml			✓				0	
	09:00 pm			40ml						✓	0	
	10:00 pm		milk + ORS	40ml	NA		NA				0	
	11:00 pm			40ml							0	
	12:00 am			40ml			✓			✓	0	
	01:00 am			40ml							0	
Total Intake : Taken						**Total Output :** M - 2 U -						
6/7	02:00 am			40ml							0	
	03:00 am	Plasmalyte Post D 1	H2O + milk	40ml			✓			✓	0	
	04:00 am			40ml							0	
	05:00 am			40ml	NA		NA				0	
	06:00 am			40ml			✓				0	
	07:00 am			40ml							0	
Total Intake : Taken						**Total Output :** M - 1 U - 3						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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							
6/7/26	08:00 am			40ml								
	09:00 am			40ml								
	10:00 am	DNS		40ml								
	11:00 am			40ml								
	12:00 pm			40ml								
	01:00 pm			40ml								
Total Intake :						**Total Output :**						
6/7/26	02:00 pm			40ml								
	03:00 pm		ORS	40ml								
	04:00 pm	DNS	milk	40ml								
	05:00 pm		1/2	40ml								
	06:00 pm			40ml								
	07:00 pm			40ml								
Total Intake :						**Total Output :**						
6/7	08:00 pm			40ml								
	09:00 pm			40ml								
	10:00 pm	plasmalyte	Rice	40ml						180ml		
	11:00 pm		+	30ml								
	12:00 am		milk	30ml						160ml		
	01:00 am			30ml								
Total Intake : Taken						**Total Output :** m-0 U-						
7/7	02:00 am			30ml								
	03:00 am		1/2	30ml								
	04:00 am			30ml								
	05:00 am	plasmalyte	+	30ml								
	06:00 am		Idly	30ml								
	07:00 am			30ml								
Total Intake : Taken.						**Total Output :** m-0 U-						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 20 D (F)
Dr. SINDHURA MUNUKUNTLA

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							
7/7/26	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**	

Patient Sticker

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							
	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**	

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				ER			
Afternoon	2Pm to 8Pm	Assess the pt condition. monitor vitals 4th maintain IV fluids. Provide the comfortable position. medication give as per as doctor order.	2Pm to 8Pm	Assessed the pt condition. monitored vitals 4th. maintained IV fluids. Provided the comfortable position. medication given as per as doctor order.	→ pt is stable → vitals normal.	→ monitor vitals. → maintain IV fluids.	Sm
Night	8pm to 8Am	→ Assess the pt condition → monitoring vitals checked and recorded and recorded → I/O charts maintain	8pm to 8Am	→ Assessed the pt condition → Administrating medication given as per doctor order's	→ pt is stable	→ Re-Assess the vitals	A

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient

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: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess the patient general condition → Monitor vitals. → Administer medications as Per doctor's orders.	8am	→ Assessed the patient general condition → monitored vitals → Administered medications as Per doctor's orders.	Patient is stable	Rechecked vitals	
Afternoon	8pm 8pm	– Assm the pt Condition – Monitor vitals & I/o chart → drug as per chart → provided Comfort to pt.		→ Assmed the pt Condition. – monitored vitals closely → drugs as per chart → provided Comfort to pt.	pt is stable	Rechecked vitals	
Night	8pm 8Am	→ Assess the pt condition → monitoring vitals checked and recorded → I/o chart maintained	8pm 8Am	→ Assessed the pt condition → Administrating medication given as per doctor orders	→ pt is stable	→ Re-checked vitals	

Patient Sticker

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: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	→ Assess the patient general condition → monitor vitals → Administer medication as Per doctors orders.	8am 2PM	→ Assessed the patient general condition → monitored vitals → Administered medication as Per doctors	Patient is stable	Rechecked vitals	
Afternoon							
Night							

Patient Sticker

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							

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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: AGE C dehydration.

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

BACKGROUND / ASSESSMENT / Recommendations	Area / Shift Time	5/7 E1	5/7 N1	6/7 M	6/7 G2	6/7 N1	7/7/26 Morning
BACKGROUND	Medical Condition (Any special condition to be noted):	AGE dehydration	AGE	AGE	AGE	AGE	AGE
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	98.4°F	98.1°F	98.2°F	98.2°F	98.2°F
	Res:	28b/m	28b/m	28b/m	28b/m	28b/m	28b/m
	SpO_2:	99%	100%	100%	100%	98%	99%
	Pulse:	99/62	99/61	96/49	99/60	99/60	100/70
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	—	—	Yes	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:	—	NA	—	—	NA	NA
Post Operative Procedure Special Orders:		—	NA	—	—	NA	NA
Handed Over By Name :		Sneha	Amrutha	Sandhya	Divya	Amrutha	Sandhya
Signature :							
Date:		5/7	6/7	6/7/26	6/7	7/7	7/7/26
Time:		8pm	8Am	2pm	2pm	8Am	2pm
Taken Over By Name :		Amrutha	Sandhya	Divya	Amrutha	Sandhya	
Signature :							
Date:		5/7	6/7/26	6/7/26	6/7	7/7/26	
Time:		8pm	8Am	2pm	2pm	8am	

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:							

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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

	1. Completely immobile:	2. Very limited:	3. Slightly limited:	4. No limitations:	Date : 5/7	5/7	6/7	6/7
					Time : 2pm	2pm	8a	6a
Mobility	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	Makes frequent through slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	3
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	3
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	3
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	3
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	3	3
				TOTAL SCORE	27	27	26	26
				Evaluator's Name	Sry	R	M	R

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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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 :	6/7			
				Time :	N1			
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			
"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			
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			
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			
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			
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			
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			
				TOTAL SCORE	23			
				Evaluator's Name	[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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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		0	0	0	0	NA	NA			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA			
		Signature of the Nurse			Sny								

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 : Srchu Name : Srchu

Signature of Ward In Charge :
Signature : Balarani Name : Balarani

Patient Sticker

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 : .....

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00004636 IP26-00006746 Baby Of BUTARAJU SRAVANTHI 17-10-2024 1 Y 8 M 18 D (F) Dr. SINDHURA MUNUKUNTLA	5/7/26 @ 1:30 PM	5/7/26 @ 2:00pm
	Transfer Ordered by Dr. Rohini.	Reason for Transfer Admission
From Unit ER	To Unit 301	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films VBGC	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
Anupam	Dr. Rohini.

Patient & Clinical Records Received by : Sr. Sandhya 5/7/26 @2:15

Date & Time of Patient Received :

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

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

314

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 - GIRLS

Date: 5/7/26 Time: 3pm

Weight: 10.7kg Centile: >10th

Height: 87cms Centile: 90th.

Inference: underweight child

RDA: - Calories: 1200kcal/d Protein: 24gms/d

Diet Recommendations: soft Diet & more liquids

Re-Assesment: Avoid Spicy, Chilled & outside foods

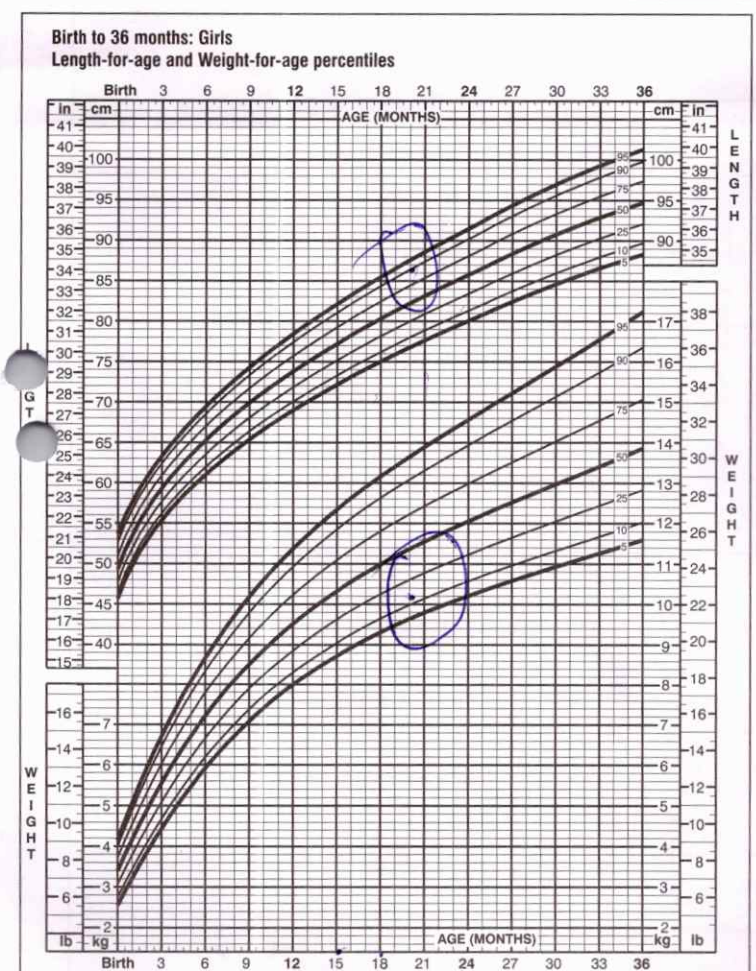
Food Allergies: egg Veg/Non-veg NON-VEG.

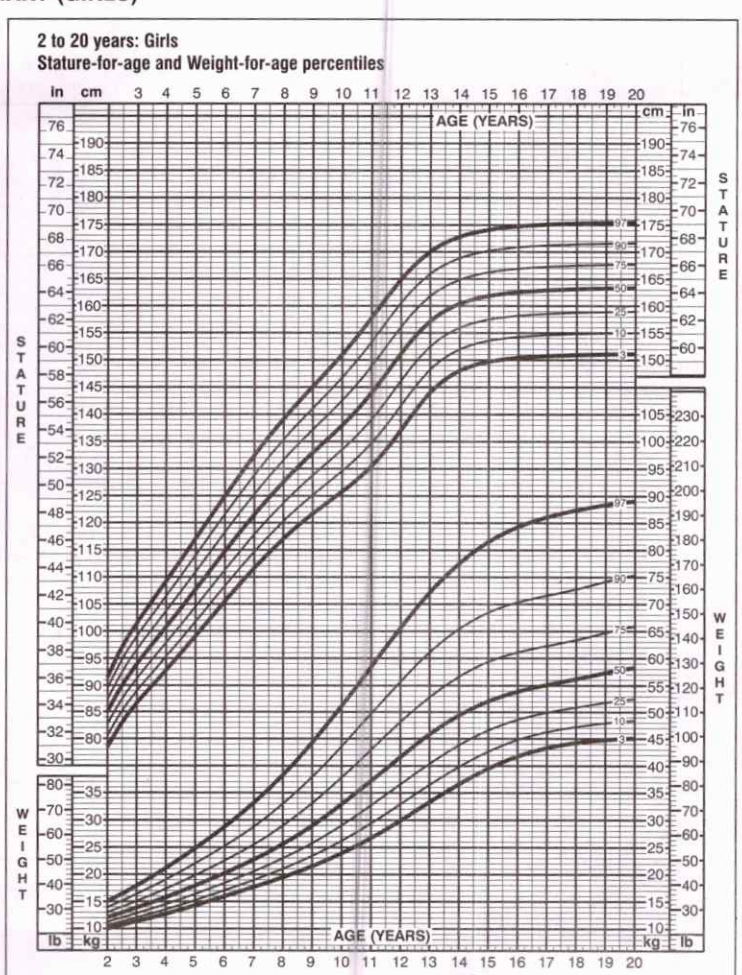
Diagnosis: AFI & Dehydration ? UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sushi Jandhyala

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes:

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 8 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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 : B/O Butaraju Age : 1Y 8m **Gender:** ☐ Male ☐ Female

Date : 5/7/24 Time of Arrival : 12:15pm

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: 99.3 PR: 130 BP: RR: 38 SpO2: 100%

Chief Complaints: C/O fever x yesterday, loose stools since morning

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

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

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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 : 12:18pm

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 : Apurba

Signature of Triage Nurse : .....

Date & Time : 5/7/24 @ 12:18pm

HNH-00004636 IP26-00006746
Baby Of BUTARAJU SRAVANTHI
17-10-2024 1 Y 6 M 18 D (F)
Dr. SINDHURA MUNUKUNTLA

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 : 5/7/24 Time of arrival : 12:45

Chief Complaints: c/o fever since yesterday loose stools since morning

Height : ..... Weight : 10.7kg Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

If patient is < 6 years	☐ Yes	☑ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** Assess the below parameters		
History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

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

Time of Initial assessment completed by ER Nurse : 12:20pm

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

Time	Nursing Notes
	Assessed the patient condition
	vital checked.

Samples collected by: / Time:

Samples sent by : Apurba. / Time: 11:30PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:30pm	Ibugesic	oral	3.5 ml		A.D

Condition of patient at time of shift - out :	Details of Shift - out
HR: 130 BP: CFT:	Shift - out from ER to: 3I4
RR: 32 SPO2 at FiO2: 98%	Time of Shift - out: 1:50pm
GCS: 15/15 Temperature : 99	Handover given to: (Nurse's Name)
Pain Score: 2	
Repeat RBS (if applicable): N6	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Ampem Signature of the Nurse : A.D

Date & Time : 25/7/26 @ 11:20pm.