DISCHARGE SUMMARY

Name	Master DHURUWIN JAIN	**UHID**	BAH-00590428
Father/Guardian	Mr VINOD JAIN	**Age/Gender**	4 Y 6 M 20 D/ Male
Address	Hno,5-1-527,, Afzal Gunj, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006437	**Admission Date**	27-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

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

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	

History: Master DHURUWIN JAIN, 4 Y 6 M 20 D , old boy presented with history of fever since 6 days, cough and cold since 3 days, loose stools, poor oral intake since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Examination: He was febrile(102.4*F). His heart rate was 142/min and Respiratory Rate - 30 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination signs of some dehydration were

Name	Master DHURUWIN JAIN	UHID	BAH-00590428
IP No	IP26-00006437	Admission Date	27-05-2026

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

Weight on admission: 13.2 kilo grams.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus PCR was not detected.

Initial hemogram showed Hemoglobin of 11.9 gm%, White Blood Cell count of 14290 cells/cumm, platelet count of 3.53 lakhs/cumm and C-Reactive Protein of 70 mg/l. Complete urine examination shows 6-8 pus cells, 3-5 epithelial cells. . Blood culture and sensitivity shows no growth after 24 hours of incubation .

Repeat hemogram showed Hemoglobin of 11.3 gm%, White Blood Cell count of 8930 cells/cumm, platelet count of 3.99 lakhs/cumm and C-Reactive Protein of 70 mg/l.

Chest X-ray was normal.

Ultrasound abdomen shows No significant abnormality detected.

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

Name	Master DHURUWIN JAIN	UHID	BAH-00590428
IP No	IP26-00006437	Admission Date	27-05-2026

antacids and antipyretics.

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice .Repeat CBP,CRP was done which showed improving trend but final blood culture report is awaited and hence child is being discharged on IV antibiotics.

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

Medication during hospital stay:
Injection. Esmoprazole
Injection. Ceftriaxone
Pro GG sachet
Syrup. Zinconia
Syrup. Xyzal

Advice:
* Diet as advised.

Name	Master DHURUWIN JAIN	**UHID**	BAH-00590428
IP No	IP26-00006437	**Admission Date**	27-05-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Inj.CEFTRIAXONE 1.3 gm (dilute in 50ml NS and give over 1 hour)	IV	8AM	to continue till monday
2	Syrup. ZINC(5ml/20mg)	5 ml	orally 10am (after food)	For 12 days
3	Syrup. XYZAL (Cetrizine 5ML/2.5mg,)	2.5 ml	10pm (bedtime)	For 2 days.
4	NEBULISATION with 3%NS	1 respule	8th hourly	For 3 days
5	NEBULISATION with Budecort (0.5mg)	1respule	12th hourly	For 3 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: Plan to change to oral cefpodoxime if IV canula is out and to continue for 7-10 days.
*** To collect final blood culture report on follow-up.**

Fever Management

Name	Master DHURUWIN JAIN	UHID	BAH-00590428
IP No	IP26-00006437	Admission Date	27-05-2026

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

* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on Monday(01.06.26) 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.
* Food can decrease the absorption of **antihistamines.** Antihistamines can be taken on an empty stomach /before food to increase their effectiveness.

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

If any IV antibiotics - will be given in Emergency Room between 7am - 8am for morning dose, between 2pm-3pm for afternoon dose and between 8pm-9pm for evening dose (Outside medication shall not be allowed within the hospital as per the hospital protocol).

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.

Name	Master DHURUWIN JAIN	**UHID**	BAH-00590428
IP No	IP26-00006437	**Admission Date**	27-05-2026

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow Clinic **Madhapur** / **Kukatpally** / **Vikrampuri** / **LB Nagar** / dial just one toll free number **18002122.**
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
06-11-2021 4 Y 6 M 20 D (M)
Dr. SINDHURA MUNUKUNTLA

* Levolin - 8th HR.
* Budecort - 12th HR

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
29/5/26	00.00	Levolin + Budecort (1) 2769		
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00	Levolin (1) 2790		
	09.00			
	10.00			
	11.00			
	12.00	Budecort		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

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 : IP26-00006437 **Admit Date** : 27-May-2026 **Admit Time** : 05:38 PM **UHID** : BAH-00590428

Patient Details :

Patient Name	: Master DHURUWIN JAIN	**Age**	: 4 Y 6 M 19 D
Guardian	: Mr VINOD JAIN	**DOB**	: 08-11-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: Hno,5-1-527, Afzal Gunj Hyderabad Telangana INDIA 500012	**Phone No**	: 9000521077
		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 VINOD JAIN **Relationship** : Father

Contact Address : Hno,5-1-527, Afzal Gunj Hyderabad Telangana INDIA 500012 **Phone No** : 9000521077

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : CARE HEALTH INSURANCE LIMITED

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00590428 IP26-00006437 Master DHURUWIN JAIN 08-11-2021 4 Y 6 M 19 D (M) Dr. SINDHURA MUNUKUNTLA	27/5/26 @ 5:28pm	27/5/26 @ 6:30pm
	Transfer Ordered by Dr. Alekya	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
Sis Jyoti	Dr. Alekya

Patient & Clinical Records Received by : Supriya 27/5/26 @ 6:30pm.

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

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ACTIVITY RECORD FOR BILLING

BAH-005904428 IP26-00006437
Master DHURUVIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	6:30	EK	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.	Sign
27/5/26	CBP, CRP, Blood C/S; Respiratory panel	8913	[signature]
	CXR	6425	
27/5/26	CUE	8920	[signature]
28/5/26	ultrasound abdomen & pelvis	6427	[signature]
	Cross checked by Meenakshi @ 11PM.		
29/5/26	CBP, CRP	8981	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/5/26	Infusion pump	6:30pm	9PM 28/5/26	~~[illegible]~~ 2462	[signature]
	cross checked by Moutushi @ 11pm.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/5/26	IV placement	(1)	2024	
28/5/26	NHA	(1)	2868	
	Cross checked by Mayfush @ 1pm			
29/5/26	IV placement	(1)	2791	

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

Patient Name : BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Master. Dhruvin Jain Age/Sex 4y 6m

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o fever since 6 days
c/o cough ; c/d. x 3 days
c/o loose stools x 1 day

History of present illness: c/o poor oral intake x 1 day

Fever since 6 days ; high grade ; continuous type of fever ; associated with chills
Maximum temperature upto 105°F

c/o vomitings since 3-4 days ; 2-4 episodes a day. c/o pain abdomen on & off since 1 week

c/o cough since 5 days ; increased in intensity since 2 days ; ~~daytime~~ wet cough
Intermittent c/o hurried breathing.

c/o loose stools since 1 day 3-4 episodes watery in nature

c/o poor oral intake since 1 day.

c/o decreased ~~activity~~ activity x 1 day.

Pediatric Multiorgan History & Physical Examination

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

Not Significant

Birth & Neonatal History :

Normal

Birth & Socio Economic History :

About Father :

About Mother : Normal

Any additional Information :

Developmental History :

Normal

Immunization History :

Immunized till date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 13.2kg (Centile _____)

On Examination :

Temperature : 102.4°F Pulse Rate: 142 Description _____

B.P. _____ SPO2 95% at _____

Resp. rate and type of breathing : _____

M - 30cpm

Rash _____

Lymphadenopathy _____ Signs of dehydration ⊕.

Oedema : _____ Dennie Morgan line ⊕.

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ NAD

Any addes sounds : _____

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 : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Normal.

Motor System :

Nutrition :

Tone : Power

Co-ordinator : Normal.

Posture :

Involuntary Movements :

Reflexes :

DTR Normal.

Superficials :

Plantars

Sensory System :

Normal.

Bladder / Bowel :

Clinical Summary & Diagnostic :

URTI ? dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC
CRP
B/c (hold)
CXR
CUE (due)
Respiratory Panel.
Extra Plain (1)

Planned Management :

1) IV Fluids. 2/3rd
ii) Anti pyretics.
iii) Antibiotics.
5) Inj ceftriaxone
6) Inj ondem
7) Inj H2O2

Please fill up the following details

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

Dr. Sudhana Munukuntla
Consultant Pediatrician
Reg. No: 66370

Doctor's Signature Name Dr. Sudhana. M Date 26/6/26 Time 6 PM

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 6 PM	C/S/B — Dr Sindhura Case of LRTI ? dehydration Febrile ++ Signs of dehydration ++ Dull look + CFT < 2 sec Warm peripheries. Vitals stable NAD CVS - S1 S2 RS - BL NVBS P/A - soft	Advise:- (i) Inj Ceftriaxone (ii) IV fluids. (iii) Antipyretics. (iv) USG abdomen & Pelvis N/B Supriya @ 6:30pm

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66370

(P.T.O)

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	S/B Dr. Sreeghan	
		Plan
7:20 AM	Δ AFI Dehydration	
	Fever spikes (+)	– Ct CEFTRIAXONE
	CVS – S1S2 (+)	– Ct IV fluids
	RS – B/L – AE (+)	
		– Trace reports Resp. panel
	P/A – soft	
	Conscious	– Encourage orally
		T/B S/o NB Mounika @ 8 AM
	USG ABDOMEN	
28/5/26		
8 AM	– Liver (N) in size (10cm) & echotexture.	
	GB, PV, CBD – (N)	
	Spleen 6.8cm – (N)	
	Both kidneys (N) RK: 6.9x2.8cm LK · 7.2x3.3cm	
	No HN/HU.	
	No ascites, No pleural effusion	
	Small bowel loops – (N) in Calibre & peristalsis	
	Few subcentimetric mesenteric lymphnodes noted	
	max. short axis dimension 5mm	
	Imp No significant abnormality	
	Dr. [signature]	

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

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 10AM	C/I/S - Dr. Sindhura	
	D: AFI with dehydration	
	Fever (+) - low grade	
	Noisy breathing (+)	
	O/E: Ac fair	
	vitals stable	
	Hydration - good	
	S/E: RS:- BLAE (+) clear	
		Adv
		- IV fluids
		- Inj Ceftriaxone
		- Trace Respiratory panel
		& Adenovirus
		- Monitor vitals & inform SOS
		Suchandh
		Noted by Swetha 28/5/26 @ 2pm
		DHRUWIN - M

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 60970

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

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/S - Dr. [illegible] / D. [illegible]	
28/05/26 2PM	Δ: AFI with dehydration	
	fever ⊕ - 10AM (100.7°F)	
	Noisy breathing ⊕	
		Flu panel - negative
	O/E: GC - fair	
	Hemodynamically stable	
	Hydration - good	
		Adv
		- IV fluids
		- Inj Ceftriaxone
		- Trace ~~[illegible]~~ Adeno PCR
		- Monitor vitals and
		Inform SOS
		N/B Supriya Srikanth

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

(P.T.O)

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	C/B - Dr Sindhura	Advice:
6pm	AFI c̄ dehydration	(i) Taper IV fluids.
	Fever last spike -10am	(ii) Trace Adenovirus
	Noisy breathing	(iii) Monitor vitals
	O/e	(iv) Continue Ceftriaxone
	Vitals stable.	(v) Trace Blood culture
	Rle CVS RS P/A } WNL	
		N/B Supriya @ 6:10pm
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
06-11-2021 4 Y 6 M 20 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	C/W/R - Dr Alekya	
7am		
	Case of AFI c̄ dehydration	
	No fever spikes	Advise:
	Improved oral intake	(1) Continue Ceftriaxone
	O/E- Vitals stable	(2) Trace CBC CRP
	(See) CVS RS Y NAD P/A	(3) Trace B/C
	NB [illegible]	

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

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 20 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26. 11:15 AM	c/s/by Dr. Sindhura	
	AFI c̄ dehydration.	
	- No fever spikes.	
	vital stable.	Advice
	Oral Intake Improved.	- Enhance orals
	S/E NAD.	- (T) CRP. Final B/c/s.
	CRP - 58 (70)	- 1
	Blood C/S - 48 hrs ↓ Report Awaited.	- Hfu SOS.
		- Discharge
		- IV CEFTRIAXONE x 3 days ↓ IV canula is out ↓ convert to oral cefpodoxime ; total 7-10 days
	Neb c̄ 3% NS x 8th x 3 days c̄ Budecort 12th x 1 day	
		- R/V on Monday

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

208

RESULT SHEET

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Date	27/5/26	29/5/26				
Time						
Hb	11.9	11.3				
PCV	33.2	31.9				
RBC	4.30	4.15				
WBC	14.29	8.93				
N/L	78.2/16.1	44.5/43.6				
Platelets	353	399				
CRP	70	58.				
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	27/5/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones	present					
CUE-PUS Cells	6-8					
CUE - RBC Cells	Nil					
CUE						
Leucocyte—	Negative					
protein—	Nil					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Flu	Negative (oral)					
Adenovirus	→ Negative					

Culture and Sensitivities : Blood C/S → 24 hours no growth—

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
06-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

RM / CLINICAL / 125

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

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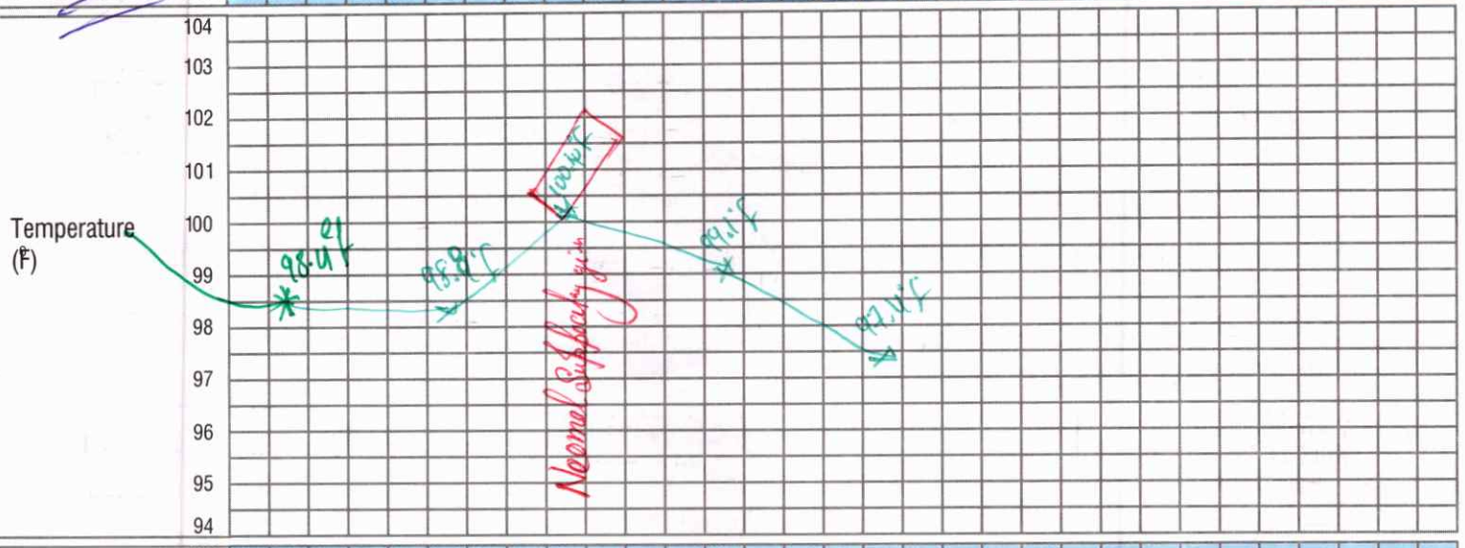
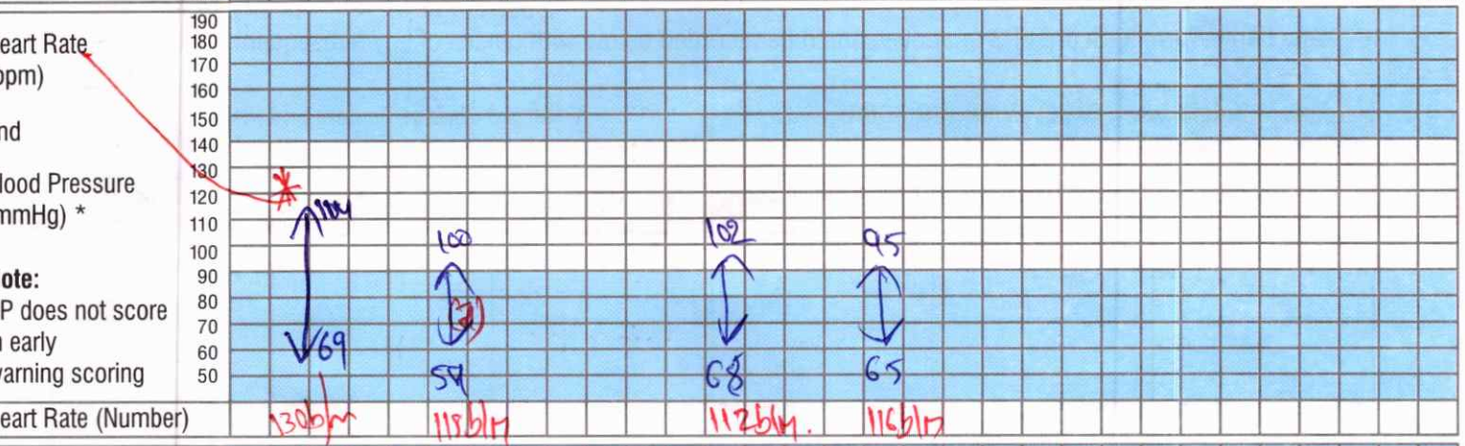
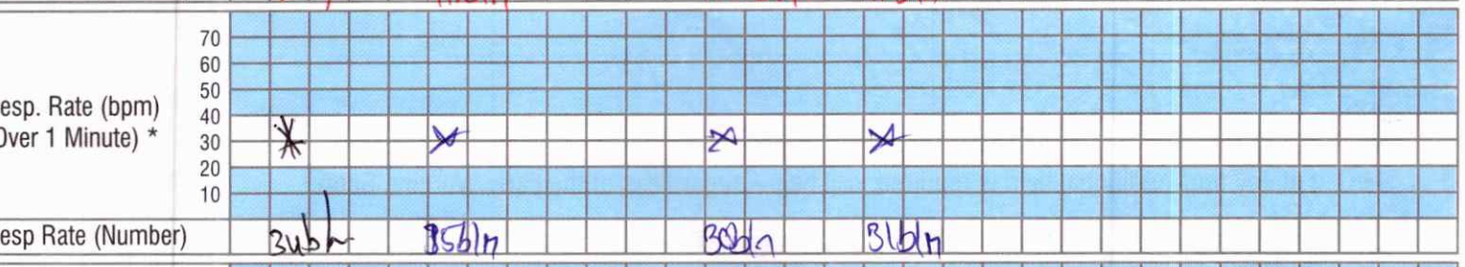
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/11/26 Time:	6:30pm	10pm	12:30Am	2Am	6Am
Doctor / Nurse / Family Concern?					





Heart Rate (Number)	130bpm	118bpm	112bpm	116bpm



Resp Rate (Number)	34bpm	35bpm	30bpm	31bpm
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	99%	99%
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

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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)

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

Patient

/ CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ....2/3/5...... Time:

Parameter							
Time	10 AM	11 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?							
Temperature (F)	100.7 F (Given Paracetamol)	99.0 F	98.6 F	97.5 F	97.4 F	97.4 F	98.4 F
Blood Pressure (mmHg) *	99/64 (73)	99/65 (78)	105/65 (76)	101/68	99/65	95/59	
Heart Rate (Number)	116 bpm	119 bpm	99 bpm	98 b/m	118 b/m	100 b/m	
Resp Rate (Number)	30 bpm	30 bpm	30 bpm	30 b/m	30 b/m	30 b/m	
Resp Distress (Mod/ Severe; None / Mild)							
Receiving O_2(l/min)							
O_2Saturations (%)	100%	100%	99%	100%	100%	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	[initials]	[initials]	[initials]	[initials]	[initials]	[initials]	

Scale printed on chart — Temperature: 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, 90, 80, 70, 60, 50. Note: BP does not score in early warning scoring. Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10.

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.
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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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											
27/5	05:00 pm											
	06:00 pm	plasmalyte		30ml	NA			NA			0	
	07:00 pm			30ml							0	
Total Intake :						**Total Output :**						
	08:00 pm			30ml								
	09:00 pm			30ml								
	10:00 pm	plasma-		30ml								
	11:00 pm	lyte		30ml								
27/5	12:00 am			30ml								
	01:00 am			30ml								
Total Intake :						**Total Output :**						
	02:00 am			30ml								
	03:00 am			30ml								
	04:00 am	plasma-		30ml								
	05:00 am	lyte		30ml								
28/5	06:00 am			30ml								
	07:00 am			30ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/5											0	
	08:00 am		Ad lib	30ml						✓	0	
	09:00 am			30ml							0	
	10:00 am	Plasma Lyte	+	30ml						✓	0	
	11:00 am		H2O	30ml							0	
	12:00 pm			30ml	NA			NA		✓	0	
	01:00 pm			30ml							0	
Total Intake :						**Total Output :** U-3 M-						
28/5	02:00 pm	Plasma Lyte		30ml			0					
	03:00 pm		H_2O	30ml								
	04:00 pm		+	30ml	NA			NA		✓	0	
	05:00 pm			30ml								
	06:00 pm		R.L	30ml								
	07:00 pm			30ml						✓		
Total Intake :						**Total Output :** U-2 M-0						
28/5/26	08:00 pm	0		Cannula out								
	09:00 pm											
	10:00 pm				NA			NA		✓	0	
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** U- M-						
29/5/26	02:00 am	Plasma Lyte										
	03:00 am											
	04:00 am			0	NA			NA		✓	0	
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AS:S AFI c Dehydration			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	27/5/26 E2	27/5 N1	28/5 M6	28/5 E2	28/5 N1	29/5 M6
	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:	98.2°F	98.1°F	98.5°F	98.1°F	98.4°F	98.6°F
	Res:	28 b/m	28 b/m	28 b/m	29 b/m	28 b/m	30 b/m
	SpO_2:	99%	99%	99%	99%	99%	99%
	Pulse:	102	101 b/m	105 b/m	104 b/m	100 b/m	101 b/m
	BP:	101/62	101/60	102/60	102/62	102/65	100/60
	LOC:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	–	–	–	–	–	–
	Skin Integrity	–	Good	Good	Good	Good	Good
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☒ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	–	–	–	–	–	–
	Critical Lab Test / Values:	–	–	–	–	–	–
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	–	–	–	–	–	–
Post Operative Procedure Special Orders:		–	–	–	–	–	–
Handed Over By Name :		Sneha	mahi	Swetha	Apriya	Mounika	Suman
Signature / ID :		[signature] 10/6031	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		27/5	28/5/26	28/5/26	28/5/26	29/5/26	29/5/26
Time:		8pm	8AM	2pm	8pm	8AM	2PM
Taken Over By Name :		mahi	Swetha	Apriya	Mounika	[illegible]	
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		27/5/26	28/5/26	28/5/26	28/5/26	29/5	
Time:		8pm	8AM	2pm	8PM	8AM	

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

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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...URSING 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:							

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Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
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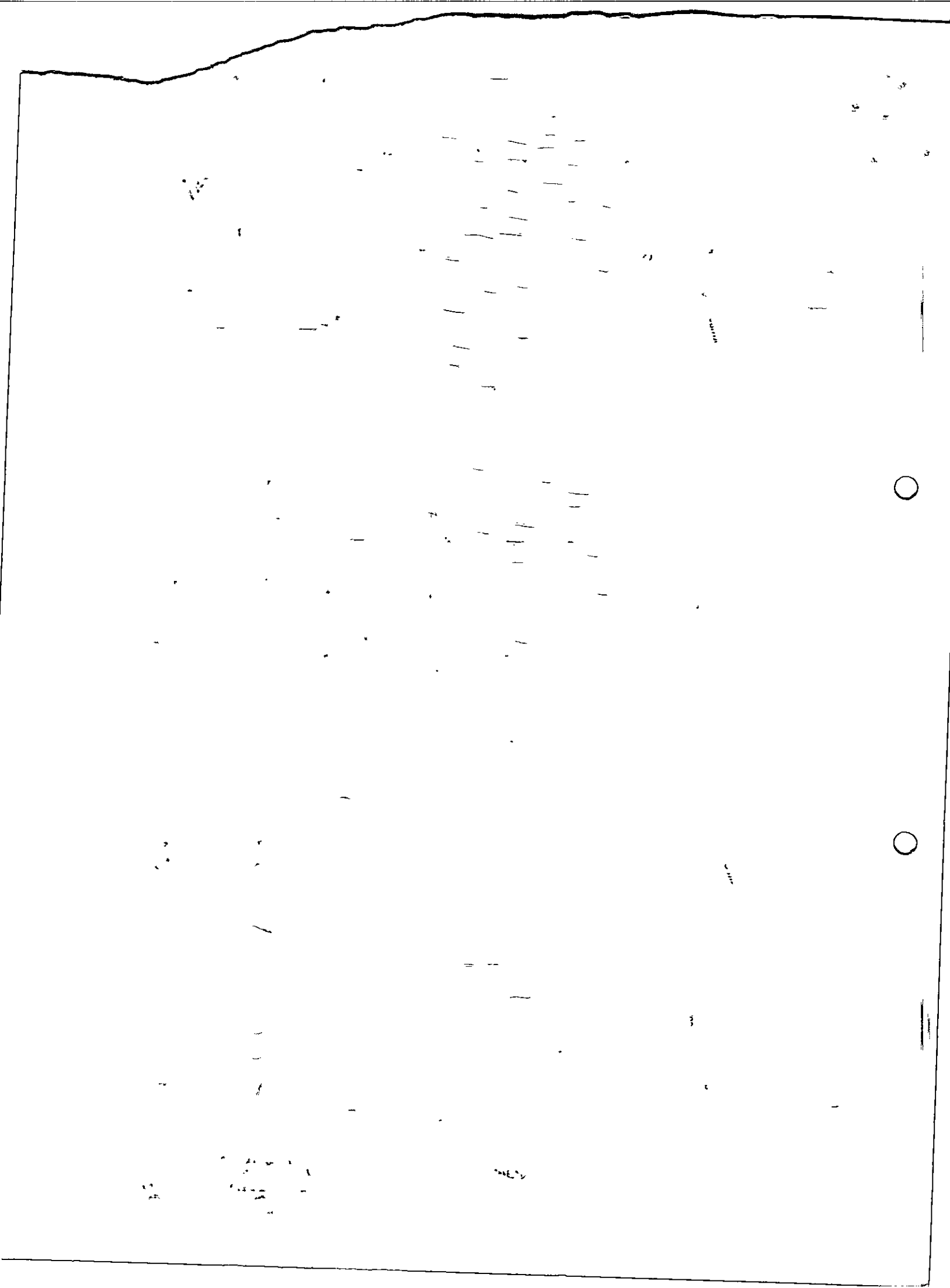
THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			27/5	28/5	28/5	29/5	
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
	Total		10	10	10	10	

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓
	Wheel chair support		X	X	X	X
	Other Intervention(s) Specify		X	X	X	X
	Nurse's Name:		[illegible]	[illegible]	[illegible]	[illegible]
	Signature:		[illegible]	[illegible]	[illegible]	[illegible]
	Date:		27/5	28/5	28/5	29/5
	Time:		8pm	8AM	3pm	8AM

Docu. No. : RCH /FRM / CLINICAL / 005



BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
06-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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: 27/5/26

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							
Afternoon	2Pm to 8Pm	Assess the pt condition monitor vitals sys record. Maintain I/o chart. Provide the Comfortable Position. Medication give as per as doctor order.	2Pm to 8Pm	Assessed the pt condition monitored vitals sys record Maintained I/o Chart. Provided the comfortable Position. Medication given as per as doctor order	→ pt is stable → vitals normal.	→ monitor vitals. → Maintain I/o chart	Sneh
Night	8Pm 8Am	→ Assess the pt condition. → Monitor the vitals → maintain I/o chart. → drugs give as per drug chart.	8Pm 8Am	→ Assessed the pt condition. → monitored the vitals. → Maintained I/o chart. → drugs given as per drug chart.	→ pt is stable now	→ Reassessed the vitals	

Patient

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

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: 28/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess the pt condition → Monitor vitals & record → Maintain I/O chart → Administer medication as per drug chart → Provide comfortable position	8am to 2pm	→ Asseted the pt condition → monitor vitals & recorded → maintained I/O chart → Administered medication as per drug chart → provided comfortable position	→ pt is stable	→ Rechecked vitals	
Afternoon	2pm 8pm	- Amen the pt Condition - Monitor vitals & I/O Chart - drug as per chart → provide Comfortable position		- Amered the pt Condition - Monitored vitals & I/O Chart - drged as per chart - provided Comfortable position	pt is stable	Rechecked vitals	
Night	8pm / 8AM	→ Assess the general Condition of pt. → Monetor vitals → Maintain I/O chart → Administer medication.	8PM / 8AM	→ Assessed the genral Condition of pt. → Monitored vitals → Maeintaind I/O chart → Administered mediation	pt is stable	Re-assess vitals	

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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					Date : 27/5	27/5	28/5	28/5
					Time : 5PM	M	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	4	4	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	3	4	4
				TOTAL SCORE	27	27	28	23
				Evaluator's Name				

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

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

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BRADEN 'Q' SCALE

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					Date : 28/5/26	29/5/26		
					Time : N	M6		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
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				TOTAL SCORE	28	28		
				Evaluator's Name	[signature]	BZ		

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

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

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

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	27/5 DAY-1			28/5 DAY-2			29/5/26 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA	NA	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA	NA	NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA	NA	NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA	NA	NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA	NA	NA	NA			
		Signature of the Nurse											

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

Signature of Shift In Charge :
Signature : ..... Name : .....

Signature of Ward In Charge :
Signature : ..... Name : .....

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06-11-2021 4 Y 6 M 19 D (M)
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PAIN ASSESSMENT FORM

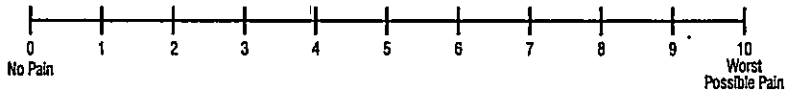
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
27/5	8 Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5	10 Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5	3pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
28/5	10PM	0	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
29/5/26	8Am	0	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: I/V P. PARACETAMOL				Date/Time
Dose	Route	Frequency	Start Date	
4.5 ml	PO	SOS	22/5	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: (240 g/5 ml)				

DRUG: INJ. ONDEM				Date/Time
Dose	Route	Frequency	Start Date	
3 mg	IV	SOS	22/5	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions:				

DRUG: NEOMOL suppository				Date/Time	
Dose	Route	Frequency	Start Date	27/5 12:30 AM [signature]	10am [signature]
1 suppos	PR	SOS/6 hr	27/5		
Doctor's Signature	Valid Period	Pharm.			
[signature]					
Additional Instructions: → 170 g - Paracetamol					

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

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REGULAR PRESCRIPTIONS

Weight. 13.2 kg Ward. ....

DRUG : INJ. CEFTRIAXONE				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
650 MG	IV	BD	20/5/26	6Am	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]							HOLD
					7pm	[signature]	
Additional Instructions:				10Pm	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign							

DRUG : INJ ESOMEPRAZOLE				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
13 MG	IV	OD	27/5				
Name & Signature of the Doctor Starting the Drugs: [signature]				6Am	6pm [signature]	[signature]	[signature]
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : [illegible] PROCIL SACHET				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
1 SACHET	PO	BD	27/5	6Am	X	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				6Pm	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign							

DRUG : SYP ZINCONIA				Date/Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
5 ml	PO	OD	27/5				
Name & Signature of the Doctor Starting the Drugs: [signature]				10Am	[signature]	[signature]	[signature]
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Syp-Xyz AL

Dose	Route	Frequency	Start Dt.
2.5ml	oral	bedtime	27/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

levocetirizine (5ml/2.5ml)

Daily Doctor's Endorsement by a Sign

Date / Time: 27/5/2021

DRUG : Neb levalbuterol

Dose	Route	Frequency	Start Dt.
0.31mg	Neb.	Q8H	28/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

See the Chart

Daily Doctor's Endorsement by a Sign

DRUG : Neb budesonide

Dose	Route	Frequency	Start Dt.
0.5mg	Neb.	Q12H	28/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

See the Chart

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

VERIFIED BY : Name Signature

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... 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																		

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

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

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

Signature .....

Name .....

VERIFIED by

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 13.2 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
27/5/26	6pm	IVF PLASMALYTE (2/3rds maintenance)	IV	30ml per hr	[signature]	[signature] [signature]	28/5/26		[signature] [signature]
28/5/26.	6pm	(1/2 maintenance)		↓ 20ml/hr.	[signature]	[signature] [signature]			

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

BAH-00590428 IP26-00006437
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208

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 10 AM

Weight: 13.2 kg Centile: <5th

Height: - Centile: -

Inference: underweight child

RDA: - Calories: 1350 kcal/d Protein: 23 gms/d

Diet Recommendations: Soft Diet & more liquids

Re-Assesment: Avoid Spicy, chilled & outside foods

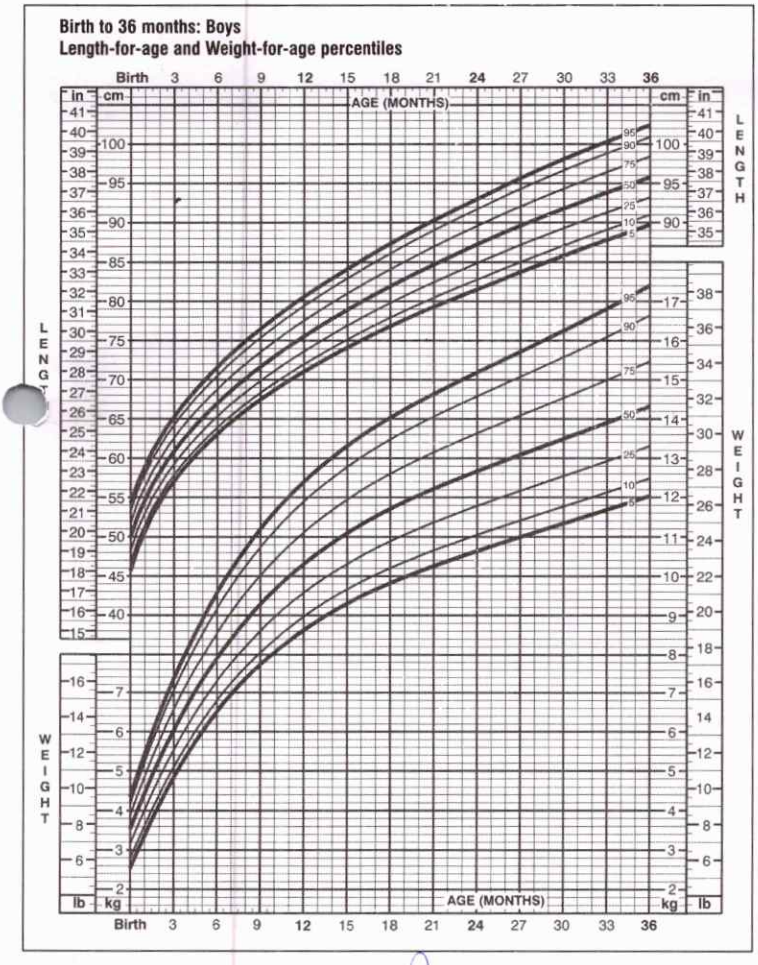
Food Allergies: NO Veg/Non-veg veg

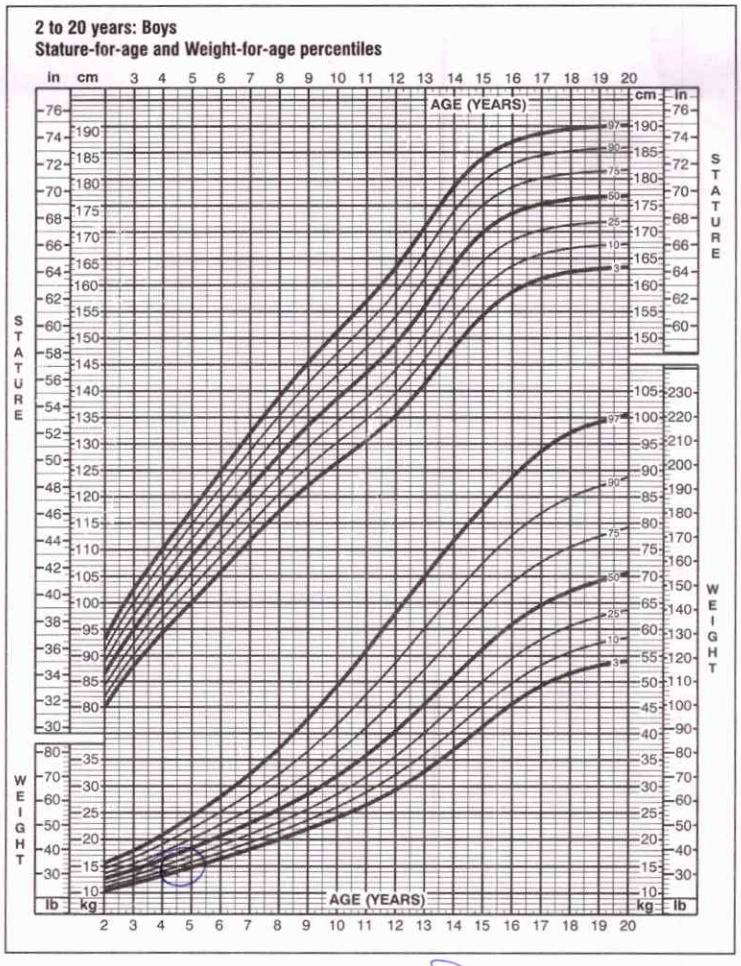
Diagnosis: (N/V) AFI & Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Sathwika

Dietician's Signature

Daily Notes:

BAH-00590428 IP26-00006437
Master DHURUWIN JAIN
08-11-2021 4 Y 6 M 19 D (M)
Dr. SINDHURA MUNUKUNTLA

wt - 13.20 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master Dhuruwin Age : 4 year **Gender:** ☑ Male ☐ Female

Date : 27/5/26 Time of Arrival : 5:13 PM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 100.4F PR: ..... BP: ..... RR: ..... SpO_2: .....

Chief Complaints: c/o Fever since 6 days with cold and cough

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 5:20 PM

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 : Rabi'a

Signature of Triage Nurse : .....

Date & Time : 27/5/26 @ 5:20 PM

BAH-00590428 IP26-00006437
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06-11-2021 4 Y 6 M 19 D (M)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 27/5/26 Time of arrival : 5:15 PM

Chief Complaints: c/o RBS: .....

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

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 10' 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 : 5:20 PM

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals

Samples collected by: 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: ..... BP: ..... CFT:	Shift - out from ER to: .....
RR: ..... SPO_2:	Time of Shift - out: .....
GCS:..... Temperature :	Handover given to: ..... (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Robin Signature of the Nurse : .....

Date & Time : 27/5/26 @ 5:20 PM

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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. Alekya

Date & Time : 27/5/26 @ 5:30PM

Nurse Name & Signature: Jyoti /

Date & Time : 27/5/26 5:32P

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