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DISCHARGE SUMMARY

Name	Master IHAAN THOBANI	**UHID**	HNH-00016381
Father/Guardian	Mr BAHADUR THOBANI	**Age/Gender**	7 Y 0 M 3 D/ Male
Address	ABIDS,HYDERABAD, Abids Road, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006756	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	08.09.2026		

Consultant:
Dr. NIZAR NURALLI LALANI
MBBS DCH
59622

Co consultant
Dr. ANIKET ANIL PARASHAR
MBBS- MD
CONSULTANT PEDIATRICIAN
TSMC/FMR/08568

DIAGNOSIS	ICD CODE
ACUTE VIRAL FEVER	
WITH SECONDARY BACTERIAL INFECTION	

Name	Master IHAAN THOBANI	UHID	HNH-00016381
IP No	IP26-00006756	Admission Date	06-07-2026

History: Master IHAAN THOBANI, 7 Y 0 M 3 D , old boy presented with history of fever high grade associated with 2-3 episodes vomitings since 1 day, dull activity and poor oral intake since 1 day, prior to admission. For the above complaints he was admitted at Rainbow management Children's Hospital - for further.

Examination: He was (103*F) febrile, maintaining saturations at room air. His heart rate was 125/min and Respiratory Rate - 34/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, throat - congested were present. 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: 20 kilo grams.

Investigations: Enclosed reports.

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

Initial hemogram showed Hemoglobin of 13.0gm%, White Blood Cell count of 16840 cells/cumm, platelet count of 2.73 lakhs/cumm and C-Reactive Protein of 30 mg/l. Complete urine examination was normal
Dengue NS1 was negative.
Blood culture and sensitivity shows no growth after 24 hours of incubation.

Name	Master IHAAN THOBANI	**UHID**	HNH-00016381
IP No	IP26-00006756	**Admission Date**	06-07-2026

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotics. He was treated symptomatically with antacids and antipyretics. In view of vomitings, he was administered IV antiemetics and advised gastrodiet.

He was regularly monitored for fever spikes, hemodynamic status, vital parameters. His fever spikes and other symptoms gradually settled. He was regularly monitored for vomitings frequency and hydration status. His loose stools and other symptoms settled gradually.

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

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

Medication during hospital stay:
Injection. Ondansetron
Injection. Esmoprazole
Injection. Ceftriaxone
Syp. Crocin

Advice:
* Diet as advised.

Name	Master IHAAN THOBANI	UHID	HNH-00016381
IP No	IP26-00006756	Admission Date	06-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	7.5 ml	8am - 8pm (after food)	For 5 days.
2	Syrup. Xyzal	5 ml	Bed time (after food)	For 5 days
3	Nexpro Junior	1 sachet	7am (before breakfast)	For 3 days
4	Syrup. Bevon	5 ml	10am (after food)	For 7 days

Plan: To collect final blood culture report on followup.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 6 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. NIZAR NURALLI LALANI on (11.07.2026) Saturday at his clinic.

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.

Name	Master IHAAN THOBANI	**UHID**	HNH-00016381
IP No	IP26-00006756	**Admission Date**	06-07-2026

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

RAINBOW'S MEDICARE LIMITED * HYDERABAD

Registrar/Resident/C.M.O

Dr. NIZAR NURALLI LALANI
MBBS DCH
59622

1NH-00016381 IP26-00006756
Master IHAAN THOBANI
)3-07-2019 7 Y 0 M 5 D (M)
Dr. NIZAR NURALLI LALANI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	6			
7	Nursing plan of care and handover sheets	6			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Excuse	6			
	Total No. of Pages	33			

Signature and Date : 8/7/2020

(P.T.O)

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 : IP26-00006756 **Admit Date** : 06-Jul-2026 **Admit Time** : 03:08 AM **UHID** : HNH-00016381

Patient Details :

Patient Name	: Master IHAAN THOBANI	**Age**	: 7 Y 0 M 3 D
Guardian	: Mr BAHADUR THOBANI	**DOB**	: 03-07-2019
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: ABIDS,HYDERABAD Abids Road Hyderabad Telangana INDIA 500001	**Phone No**	: 8523071840
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER02 **Ward Name** : GF -EMERGENCY

Room No : ER02 **Admission Type** : First Visit

Contact Details :

Name : Mr BAHADUR THOBANI **Relationship** : Father

Contact Address : ABIDS,HYDERABAD Abids Road Hyderabad Telangana INDIA 500001 **Phone No** : 8523071840

Signature

Doctor Details :

Doctor Name : Dr. NIZAR NURALLI LALANI **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Payment Mode : Cash **Deposit Amount** : 25000.00

Payor Name : SELFPAY

PATIENT TRANSFER FORM

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HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

Date & Time of Admission	Date & Time of Transfer Order
06/07/26 @ 3:18 Am	6/7/26 @ 4:20am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr, Nazneen	Admission

From Unit	To Unit	Information to Attendant
ER	ward	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
20		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
Prabin	Dr. Nazneen

Patient & Clinical Records Received by : Sunanda @ 4.20 am

Date & Time of Patient Received : 6/7/26

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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ACTIV HNH-00016381 IP26-00006756 **ING**
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

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

UHID No. ---------- 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
06/07/26	08:20 PM	ER	ward	

Cross Consultation Visit

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

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7/26	VBG	11045	
6/7/26	CBP, CRP, ~~Blood c/s~~	11044	
	RFT panel, Dengue NS1		
6/7/26	CUE	11053	
	Cross checked done by Sivanda		
6/7/26	Blood c/s	11.067	
	cross checked done by Supriya		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Infusion pump	4.30am	6/7/26 @ 5pm	11070	[illegible]

Cross checked by Sunanda

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV Placement	1	0163	
6/7/26	NHA	1	11201	
		Cross checked by Sunanda		

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

Patient Name :

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Ihaan Thobani Age/Sex 1yr / M.

Informant mother Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

Fever x 1 day (high grade)
Vomitings (2-3 episodes) x 1 day
Dull activity
poor oral intake } x 1 day

History of present illness :

A 1yr old boy c
c/o Fever x 1 day (high grade)
antd c chills ; no rash.

Vomitings (2-3 episodes)
non bilious, non projectile, not antd c
blood x 1 day

Dull activity
poor oral intake } x 1 day

Pediatric Multiorgan History & Physical Examination

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

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

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Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

Pediatric Multiorgan History & Physical Examinatio

Anthropometry

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

Weight (kgs) 20 kgs (Centile ________)

On Examination :

Temperature : (A) 102°F Pulse Rate: 125/min Description ________

B.P. ________ SPO2 98% at RA

Resp. rate and type of breathing : ________

Rash ________ Throat congested

Lymphadenopathy ________ dry oral mucosa;

Oedema : ________ dry lips;
sunken eyes

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 : S1S2 (N)

Any murmur : ________

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

Per Abdomen :

Inspection (N)

Palpation : soft

Musculation : BS (+)

Spine: (N) External Genitelia : ________

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

Central Nervous System :

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

Cranial Nerves :

(W)

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

(W)

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI c dehydration

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Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

Preventive aspects of the treatment :

Prevent complications

Desired goals of the treatment :

Hemodynamic stability

Planned Labs :

CBP, CRP, VBG,
Blood c/s - collect & keep
~~Dengue NS1~~ Dengue NS1
5 ions panel (Rep.pael)
Extra plain. x2
CUE
Noted by Jyothi

Planned Management :

1. IVF
2. Fever management
3. Inj ondansetron
4. Inj Esomeprazole
5. Monitor vitals
6. Antibiotics after CBP, CRP report

Noted by Jyothi

Alw
(Dr Nameer)

Please fill up the following details

1. Name of the Referring Doctor : Dr. Nizar Lalani
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. Aniket P on whose name the patient is being referred

Doctor's Signature Name _____ Date 6/7/26 Time _____

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No. [illegible]

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by. Dr Anushe	
6/7/26. 7.30 AM.		
	AFI c dehydration.	
	fever spike (+).	
	No further vomiting	Plan!
	vitals stable	(T) Dengue
		→ virus panel.
	S/E	CRP.
	(R/s) B/L AE (+)	→ ct IV fluids
	NVBS (+)	
	No adv sound	→ Enhance orally.
	(P/A)	— ct Mx as per chart
	Soft, Not distended.	
		NB Sunanda
	Af	

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Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/8/26 10AM	C/s/b Dr. Aniket.	
	AFI c̄ dehydration.	
	- fever spikes (+).	Oral intake - poor
	- Headache (+).	
	- Vomiting (+); containing food particles.	Plan
		- Start IV ceftriaxone
	O/E - vitals stable.	- Send blood c/s → Already taken.
	S/E - WNL.	- Trace resp. panel /
	CRP - 30	Dengue serology / CUE.
		- ↓IVF if oral intake improves.
	Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	Change to - Grocin QGH.
		Dr. Aniket

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

INH-00016381 IP26-00006756
Master IHAAN THOBANI
3-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	c/s/b Dr. Nizar	
10AM	AFI ē dehydration.	
	- fever spikes ⊕	
	- Headache ⊕	
		Plan
	O/E - vitals stable.	
	S/E - WNL.	✓ Send blood c/s.
		✓ Trace reports
	Urine output - Ⓝ.	panel / Dengue serology / WE.
		✓ Start IV ceftriaxone.
		NB- Moufasli @ 11AM
		[signature]

INH-00016381 IP26-00006756
Master IHAAN THOBANI
3-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 2pm	S/B Dr. Archana Δ: AFI c dehydration c/o headache (+) Euthermic fever spikes (+) - 100-3°F @ 7AM Oral acceptance ↓ urine output - maintained s/e vitally stable s/e WNL Dr. Archana	Advice (T) Adenorixus Dengue NS1 . Ct Ceftriaxone . Ct test same

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

INH-00016381 IP26-00006756
Master IHAAN THOBANI
3-07-2019 7 Y 0 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 5pm	U/B Dr. Aniket AFI c dehydration - fever spike - 103 at 7am today - headache (+) ↓ - oral intake: good. O/E - vitals: stable S/E - normal.	Plan 1) trace adenovirus. 2) dengue NS, Blood cls. 3) ct. ceftriaxone 4) Rest ct. as per Rx chart. 5) if eats dinner ↓ STOP IVF NIBCh Dr. Aniket

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No. 3568

INH-00016381 IP26-00006756
Master IHAAN THOBANI
13-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 7am -	C/S/B3 Dr. Naipunya / Dr. pranav	
	AFI & dehydration	
	Fever. Spike. - No. fever.	Plan
	Oral intake - fair.	✓ Trace Dengue NS1 Adenovirus Blood Cls
	R/S - B/L AE.	
	P/A - NAD	✓ Cont ceftriaxone
		✓ Monitor vitals.
		MB Sunanda ✓

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/25 11am	WIB Dr. Aniket	
	AFI c dehydration	
	- no fever spikes	
	- no fresh c/o	
	- oral intake : good	
	O/E	Plan
	vitals : stable	1) leave Blood c/s
	S/E - (N)	2) Inj. ceftriaxone
		3) next pink - CBP, CRP
		4) monitor vitals.
		5) change PCM to SOS.
		NB Seth @ 8pm
		Dr. D. Aniket
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568

INH-00016381 IP26-00006756
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/2/26	S/B Dr. Sneeghan	P/a
2:30 PM	Δ AFI ē dehydration	
	CVS-S1S2 ⊕	✓ IV CEFTRIAXONE
	M-BU-ACF ⊕	
		✓ Trace Blood C/S
	PIAJOL	
	Conscious.	✓ Next prick CBP, CRP
		✓ Encourage orally
		IB-Sup
		NB - Suyamye 3:20pm 07/2/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 5:30 pm.	C/S/B- Dr Aniket No fever O/E Vitals stable C/E WNL	Plan ✓ Ct Antibiotics ✓ Blood Trace c/s ✓ Next pick CBC, CRP Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568 Sign D. Aniket NB- Supraja 6pm @ 7/7/26

INH-00016381 IP26-00006756
Master IHAAN THOBANI
3-07-2019 7 Y 0 M 5 D (M)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26, 8 AM	S/B Dr. Archana / Dr. Nazneen	
	Δ: AFI c̄ dehydration	Advice
		• Ct Ceftriaxone
	fever spikes ⊖ None since 48 hrs	• TPR / I&O C
	oral acceptance - good	• Ct rest as per Rx chart
	Euthermic	• Ⓣ Blood C&S
		• Plan to discharge
	O/E vitally stable	
	S/E wnl	
	Dr. Archana. N/B priyanka	

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

INH-00016381 IP26-00006756
Master IHAAN THOBANI
3-07-2019 7 Y 0 M 5 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Cls/IB Dr. Aniket	
8/7 9:00AM.	AF2 c dehydration	
	NO fever	Plan
	Vitals - Stable.	- Syp. TAXIM X 5 days
	RIS - B/L AE	- (1) Blood Cls
	P/A - Soft, NT	- Discuss today
		- Nexpod Junior X 3 days
		- FLVIP. c Dr. Nizar

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No: 8565

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Master IHAAN THOBANI
13-07-2019 7 Y 0 M 5 D (M)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 10:30AM	S/B Dr. NIZAAR	
	Δ Viral fever Plan	
	c̄ Sec bacterial Infection	
	Afebrile	CEFIXIME (5mg/100mg) 7.5ml BD x 7 days (to fol.)
	Vitals stable	
	P/A soft	Syp. XYZAL 5ml bed time x 5d
	Accepting oral feeds	Syp. BEVON 5ml OD x 3 week
		Discharge
		[signature]
		NB: [signature] 10:34AM @ 8/7/26

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

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DRUG CHART

Date of Admission: 6/07/2026 Drug Allergies: Nil ☑ 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: Syp. CROCIN DS				Date / Time
Dose	Route	Frequency	Start Date	[illegible] / 7am
6ml	PO	SOS	6/7	
Doctor's Signature		Valid Period	Pharm.	
Nau			(signed)	
Additional Instructions: (5ml/240mg) If Temp >100°F				

DRUG: Syp. IBUGESIC				Date / Time
Dose	Route	Frequency	Start Date	
6ml	PO	SOS	6/7	
Doctor's Signature		Valid Period	Pharm.	
Nau			(signed)	
Additional Instructions: (5ml/100mg) If Temp >102°F.				

DRUG: Syp. ONDEM				Date / Time
Dose	Route	Frequency	Start Date	
2mg (5ml)	Po	SOS		
Doctor's Signature		Valid Period	Pharm.	
(signed)				
Additional Instructions: 2mg/5ml				

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

REGULAR PRESCRIPTIONS

Weight. 20kg Ward.

DRUG: Inj ONDANSETRON				Date / Time	6/7	7/7
Dose	Route	Frequency	Start Date		4.30	
4mg	IV	TID	6/7	6am		
Name & Signature of the Doctor Starting the Drugs: (Dr Nameen)				2pm		
Additional Instructions:				10pm		
Daily Doctor's Endorsement by a Sign						

Change

DRUG: Inj ESOMEPRAZOLE				Date / Time	6/7	7/7	8/7
Dose	Route	Frequency	Start Date				
20mg	IV	OD	6/7				
Name & Signature of the Doctor Starting the Drugs: (Dr Nameen)				6am	4.30		
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG: Syp. CROCIN DS				Date / Time	6/7	7/7
Dose	Route	Frequency	Start Date	12AM	x	
6ml	P/O	Q 6H	6/7.	6AM	x	
Name & Signature of the Doctor Starting the Drugs:				12PM		
Additional Instructions:				6PM		
Daily Doctor's Endorsement by a Sign						

STOP
SOS.

DRUG: Inj CEFTRIAXONE				Date / Time	6/7	7/7	8/7
Dose	Route	Frequency	Start Date				
1g	IV	BD	6/7/26	10AM	12PM		
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions: 100mg/kg/day.				10PM			
Daily Doctor's Endorsement by a Sign							

Verified by Dr. Dhakshayani

03-07-2019 7 Y 0 M 3 D (M)

Dr. NIZAR NURALLI LALANI

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 .....

VERIFIED BY : .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

I.V. FLUIDS CHART

Weight. 20kg 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
6/7		DNS (2nd maintance)	IV	40 ml/hr	Naw	✓ ✓	7/7	✓	✓ ✓

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

-00016381 IP26-00006756
ter IHAAN THOBANI
/7-2019 7 Y 0 M 3 D (M)
NIZAR NURALLI LALANI

2/6 3/06 2/12

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RESULT SHEET

Date	6/7/26					
Time						
Hb	13.0					
PCV	36.7					
RBC	4.80					
WBC	16.84					
N/L	85.4/6.6					
Platelets	273					
CRP	30					
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	6/7/26					
Time	7:20Am					
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	4-6					
CUE - RBC Cells	Nil					
CUE epithelial cells	3-4					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza A — B —	Negative					
Adeno	Negative					
RSV —	Negative					
SARS - V	— Negative					
Dengue NS 1	— Neg					

Culture and Sensitivities : Blood c/s :-

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

Patient St... ...ICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/7/26 Time:	4	7 am	8:30 am	10Am.	2pm	4 pm	10 pm	2 Am	6 am
Doctor / Nurse / Family Concern?									
Temperature (F) (scale 94–104)	99.4°F	100.3°F (Crocin given)	99.9°F	98.1°F	98.8°F	98.2°F	98.6°F	97.5°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring		98/57 (68)		97/60	99/61	96/70	94/66 (80)	94/69 (82)	109/70 (60)
Heart Rate (Number)		112b/m		110b/m	114b/m	111b/m	110b/m	112b/m	116b/m
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)									
Resp Rate (Number)		32b/m		32b/m	33b/m	30b/m	30b/m	28b/m	30b/m
Resp Distress: Mod/ Severe									
Resp Distress: None / Mild									
Receiving O_2(l/min)									
O_2Saturations (%)		99b/m		98%	99%	100%	100%	100%	100%
Conscious Level: Normal									
Conscious Level: Altered									
GCS *									
TOTAL SCORE Number of shaded boxes		0		0	0	0	0	0	0
Pain Score		0		0	0	0	0	0	0
Observer's Initials		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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)

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

Patien

/ CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 7/7/26 Time:	10 AM	2 PM	6 PM	10PM	2AM	6AM
Doctor / Nurse / Family Concern?						
Temperature (F) (104–94)	98.1F	97.6F	97.6°F	97.8F	98.3F	97.8F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)			99/63 (74)			
Heart Rate (Number)	124b/-	146b/-	101b/m	118b/m	120b/m	118b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	33b/-	40b/-	26b/m	28b/m	20b/m	22b/m
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	99%	99%	98%	99%	100%	99%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *			15/15	-		
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient St

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/26 Time: 9'30

Doctor / Nurse / Family Concern? AM

Temperature (F) — 97.3°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 100 (76) 66

Note: BP does not score in early warning scoring

Heart Rate (Number) 113b/m

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

Resp Rate (Number) 28b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	99%
Conscious Level	Normal / Altered
GCS *	15/15
TOTAL SCORE Number of shaded boxes	0
Pain Score	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.
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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)

HNH-00016381 IP26-00006756
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
6/7/26	02:00 am											
	03:00 am											
	04:00 am		Upma	40ml		MA						
	05:00 am	DNS		40ml				NA			0	
	06:00 am			40ml								
	07:00 am			40ml						✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
6/7/26	08:00 am	DNS		40ml								
	09:00 am	DNS		40ml								
	10:00 am	DNS		40ml							0	
	11:00 am	DNS	Jelly	40ml								
	12:00 pm	DNS	+/20	40ml								
	01:00 pm	DNS		40ml								
Total Intake : Taken						Total Output : U-3 M-1						
6/7/26	02:00 pm	DNS		40ml								
	03:00 pm	DNS		40ml						2		
	04:00 pm	DNS		40ml						2	0	
	05:00 pm			—								
	06:00 pm			—								
	07:00 pm			—								
Total Intake :						Total Output :						
6/7/26	08:00 pm											
	09:00 pm		Died									
	10:00 pm	0								✓	0	
	11:00 pm						0					
	12:00 am						1					
	01:00 am											
Total Intake : Taken						Total Output : U-2 m-0						
7/7/26	02:00 am											
	03:00 am											
	04:00 am	0										
	05:00 am						0				0	
	06:00 am						1					
	07:00 am											
Total Intake : Taken						Total Output : U-1 m-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
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 :**				
7/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
7/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :								**Total Output :**				
8/7/26	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-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 5 D (M)
Dr. NIZAR NURALLI LALANI

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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							
8/7/26	08:00 am										0	
	09:00 am										0	
	10:00 am	0			NA						0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						**Total Output :** U-					M-	
	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**	

INH-00016361 IP26-00006756
Master IHAAN THOBANI
13-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

NURSING CARE RECORD

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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 2pm	→Assess the pt condition. →monitor the vitals. →maintain I/o chart. →drugs give as per drug chart.	8AM 2pm.	→Assessed the pt condition. →Monitored the vitals. →maintained I/o chart. →drugs given as per chart.	→pt is stable Now.	→Reassessed the vitals.	Maheshwari
Afternoon	2pm to 8pm	⇒Assess the Pt condition ⇒ Monitored the vitals ⇒drugs given as pr. chart	2pm to 8pm	⇒Assess the Pt condition ⇒ monitored the vitals ⇒ drugs given as per chart	pt is a stable Now	Re-assessed the vitals	Made
Night	8pm 8AM	- Assess the Pt condition - Monitor vitals - Maintain I/o Chart - Medication Given as per drug chart	8pm 8AM	- Assessed the Pt condition - Monitored vitals - Maintain I/o chart - Medication Given as per drug chart	Pt is stable	Rechecked vitals	

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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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 general Condition of pt. → Monitor vitals. → Maintain I/o chart. → Administer medication	8AM 2pm	→ Assessed the general Condition of pt. → Maintain I/o chart. → Administer medication → Monitored vitals.	pt is stable	Re-assess vitals	
Afternoon	2PM to 8PM	+ To assess the pt. condition + To check the vitals & record + To administer the medication as per drug chart + I/O chart maintain	2pm to 8pm	+ To assessed the pt. condition + To checked the vitals & recorded + To administered the medication as per drug chart + I/O chart maintained	+ Patient is stable + Trace blood c/s	+ Re-checked the vitals & I/O + Next prick CBP, CRP	Supriya
Night	8pm 8am	- Assess the pt. condition - Monitor vitals & record - Maintain I/o chart - Give Medication as prescribed by doctor	8pm 8am	- Assessed the pt. condition - Monitored vitals & record - Maintained I/o chart - Given medication as prescribed by doctor	Patient is stable now	- Re-checked vitals	

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3-07-2019 7 Y 0 M 5 D (M)
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NURSING CARE RECORD

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Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2PM		8AM to 2PM		+ Patient is stable now	+ Re-checked the vitals & I/O	Supriya
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (6/7)			DAY-2 (7/7)			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	—	—	—	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	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	0	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	0	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	0	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	0	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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13-07-2019 7 Y 0 M 3 D (M)
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PAIN ASSESSMENT FORM

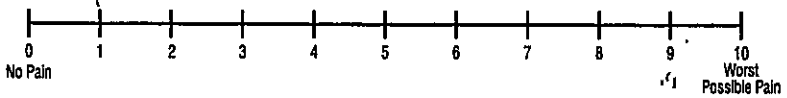
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ 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

Patient Sticker

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ 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		
				☐ 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		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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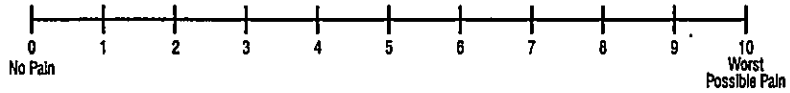
   d) Within 30 – 60 minutes after pain relief intervention.

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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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
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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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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	6/7/26 MG	6/7/26 E2	6/7/26 N1	7/7/26 MG	7/7/26 E2	7/7/26 N1
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
	Diet:	—	—	—	—	Soft	—
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:	98.1°f	98.3	98.6°F	98.6°f	98.1°F	97.8°f
	Res:	20b/m	20bp	20b/m	20b/m	24b/m	20b/m
	SpO_2:	100%	100%.	100%.	100%	100%.	99%.
	Pulse:	90	85	86b/m	86b/m	92b/m	96b/m
	BP:	100/69	100/70	110/61	100/70	103/70	101/62
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	'0'	—	"0"	'0'	"0"	—
	Skin Integrity	Good	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:	—	—	—	—	Soft	—
	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:		—	—	—	—	Next prick CBP, CRP	—
Handed Over By Name :		maheshwari	Madhu	Sunanda	Moofadh	Supriya	Priyanka
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		6/7/26	6/7/26	7/7/26	7/7	7/7/26	8/7/26
Time:		8pm.	8pm	8Am	2Pm	8pm	8Am
Taken Over By Name :		Madhu	Sunanda	Moofadh	Supriya	Priyanka	
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		6/7/26	6/7/26	7/7/26	7/7/26	7/7/26	
Time:		8pm	8pm	8AM.	2pm	8pm	

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
03-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... ER ..... Shifted to: ..... 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. Nazneen .....

Date & Time : 06/07/26 @ 3:15 Am .....

Nurse Name & Signature: Brabin .....

Date & Time : 6/7/26 @ 3:15 PM .....

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

HNH-00016381 IP26-00006756
Master IHAAN THOBANI
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Dr. NIZAR NURALLI LALANI

wt - 20kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : master. Ihaan thobane Age : 7y **Gender:** ☑ Male ☐ Female

Date : 6/7/26 Time of Arrival : 2:50am

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: 103.8°F PR: 125bpm BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: c/o: fever x 1day, hegrade

INITIAL PHYSIOLOGICAL CATEGORIZATION			INITIAL PHYSIOLOGICAL STATUS
Appearance		Work of Breathing	☑ Stable
☐ Normal		☑ Normal ☐ Increased	☐ Unstable :
☐ Sick Looking	Circulation / Colour	☐ Decreased ☐ Gasping / Apnea	☐ Not – Life - Threatening
	☑ Normal ☐ Abnormal ☐ Bleeding		☐ 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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : .....

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Bhargavi

Signature of Triage Nurse : .....

Date & Time : 6/7/26 @ 3:30am

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 3:32am

Chief Complaints: c/o - fever · since 1day hpgrade

Height : ..... Weight : 20kg 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 : .....

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

Time	Nursing Notes
3:30am	Assess the pt Condition monetore the vitals

Samples collected by: Jyothi

Time:

Samples sent by :

Time: 3:50 am

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: 125b/m BP: ..... CFT:	Shift - out from ER to: ward
RR: ..... SPO2 at FiO2: 98%	Time of Shift - out: 4:20am
GCS:..... Temperature : 103.8°F	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): .....

IV placement

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 6/7/26 @ 3:36 am.

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Master IHAAN THOBANI
3-07-2019 7 Y 0 M 3 D (M)
Dr. NIZAR NURALLI LALANI

2/6

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 6/7/26 Time: 10:20Am

Weight: 20kg Centile: 25th

Height: - Centile: -

Inference: underweight child

RDA: - Calories: 1500kcal/d Protein: 26 gms/d

Diet Recommendations: Normal Diet & more liquids

Re-Assesment: Avoid spicy, Chilled & outside foods

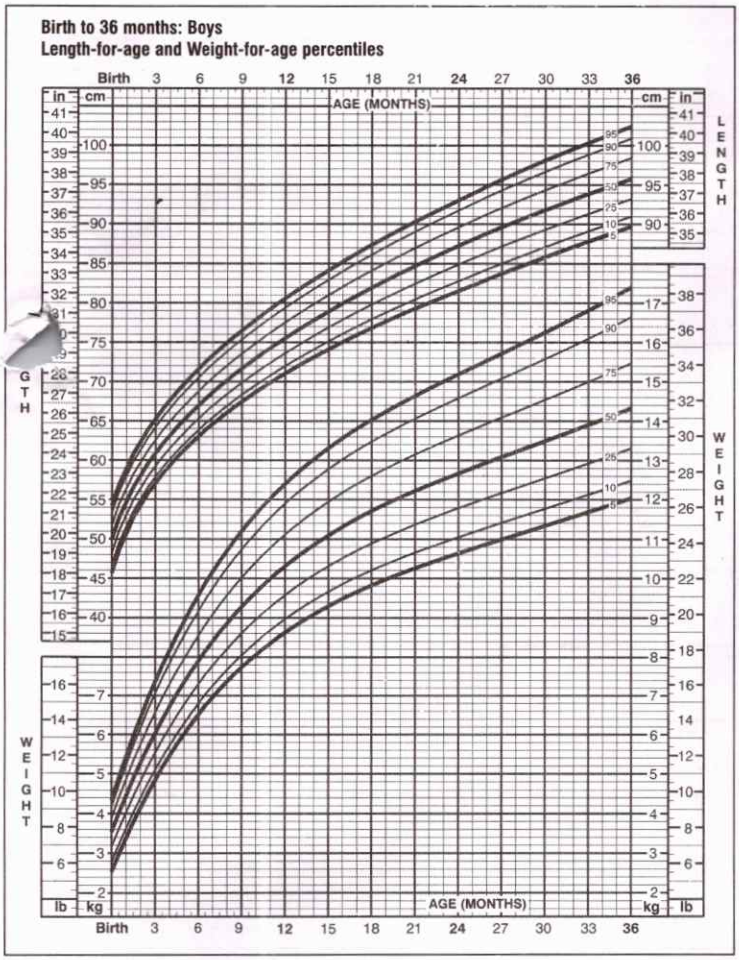
Food Allergies: Nil Veg/Non-veg Non Veg

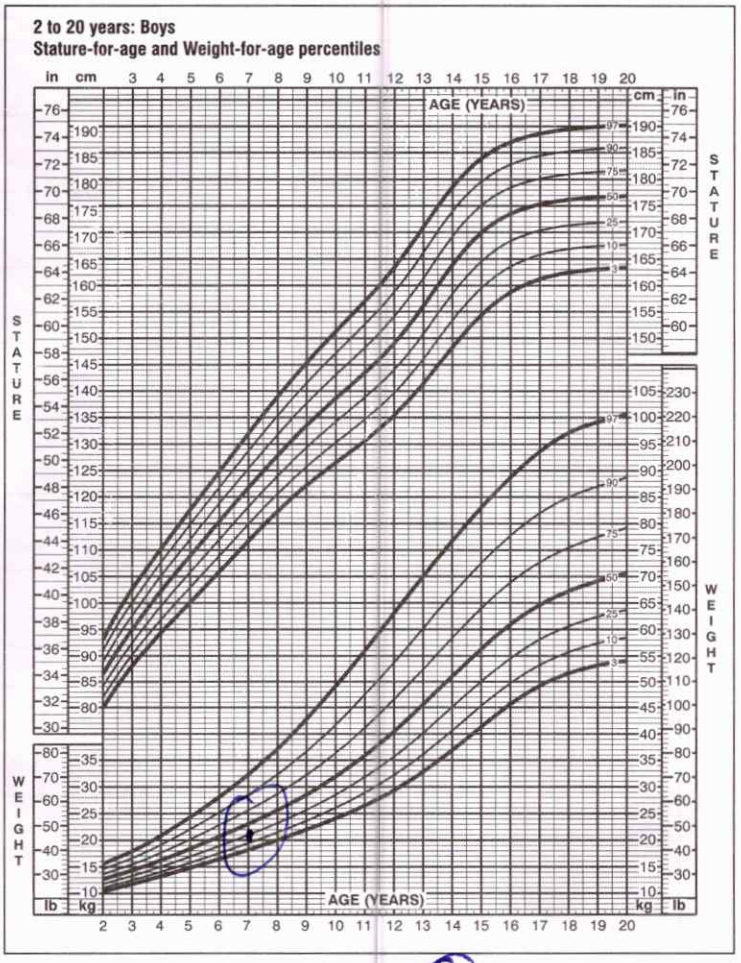
Diagnosis: AFI with dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Khushi

GROWTH CHART (BOYS)





Dietician's Name Sathwika.G Dietician's Signature

Daily Notes:

Rainbow Childrens Hospital-Himayatnagar
Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master IHAAN THOBANI**	**Age :**	**7 Y 0 M 3 D**
IP No:	**IP26-00006756**	**Sex:**	**Male**
Consultant:	**Dr. NIZAR NURALLI LALANI**	**Ward/Bed No:**	**GF -EMERGENCY/ER02**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Khushby Thobani

Relationship: Mother

Date: 6-7-2026 Time: 03.22 PM.

Patient Address:
ABIDS,HYDERABAD Abids Road
Hyderabad Telangana INDIA 500001

Witness Name:

Witness Signature:

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BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

Mother
Khushbu Thobani

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
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