HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 10 M 1 D (F)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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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	7			
7	Nursing plan of care and handover sheets	8			
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	1			
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	1			
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	4			
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			
	Extras	6			
	Total No. of Pages	35			

Signature and Date: 16/7/2026

206

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DISCHARGE SUMMARY

Name	Baby HANA PARVEZ BAIG	**UHID**	HNH-00016559
Father/Guardian	Mr MIRZA PARVEZ BAIG	**Age/Gender**	0 Y 10 M 0 D/ Female
Address	5-4-85/f/10/3, tayyab nagar, Mahabubnagar, Mahabubnagar, Telangana, INDIA, 509001		
IP No	IP26-00006839	**Admission Date**	13-07-2026
Ref Doctor	Self.		
Discharge Date	16.07.2026		

Dr. PRITESH NAGAR **MBBS, MD** CONSULTANT PEDIATRICIAN & PEDIATRIC INTENSIVIST Reg No. 47184	**Dr. ANIKET ANIL PARASHAR** MBBS- MD CONSULTANT PEDIATRICIAN TSMC/FMR/08568

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS	
PARACETAMOL OVERDOSE	

Name	Baby HANA PARVEZ BAIG	**UHID**	HNH-00016559
IP No	IP26-00006839	**Admission Date**	13-07-2026

History: Baby HANA PARVEZ BAIG, 0 Y 10 M 0 D old girl presented with history of cold since 3-4 days, fever since 2 days and 1 episode of vomiting at home following consumption of paracetamol (overdose- 120 mg/kg) yesterday at 9pm, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital for further management.

Examination: She was febrile, maintaining saturations / SpO2 of 98% at room air. Heart rate was 180/min and Respiratory Rate - 43/min. Peripheries were warm, pulses well felt. On examination signs of dehydration, irritable present. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

On neurological examination, child was conscious and irritable. Pupils were bilaterally equal and reacting to light. There were no focal neurological deficits, no meningeal signs and no signs of raised intracranial pressure.

Weight on admission: 7.62 kgs.

Investigations: Enclosed reports.

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

Date	**On 13.07.2026**
TEST	**Result**
CBP:	

Name	Baby HANA PARVEZ BAIG	**UHID**	HNH-00016559
IP No	IP26-00006839	**Admission Date**	13-07-2026

Hemoglobin	11.4g/dl
While blood cell	21520 cell/cmm
Platelets	5.12 lakh/cmm
CRP	38 mg/L
LFT: SBR	0.7 mg/dl
DIRECT FRACTION	0.4 mg/dl
SGOT	39 U/L
SGPT	20 U/L
ALP	224 U/L
PROTEIN	7.9 g/dl
ALBUMIN	4.7 g/dl
GLOBULIN	3.2 g/dl
A/G ratio	1.4
Complete urine examination	Normal

Name	Baby HANA PARVEZ BAIG	UHID	HNH-00016559
IP No	IP26-00006839	Admission Date	13-07-2026

VBG showed pH - 7.32, pCO2- 38.3 mmhg, pO2 - 62 mmhg, HCO3 - 19.6 mmol/l, BE: -6.3 mmol/l.

Chest X ray was normal.

Management: She was admitted in PICU in view of paracetamol overdose and was started on IV fluids and IV antibiotics. In view of chest signs, she was frequently nebulised with Levolin.
NAC infusion was started immediately and Liver functions test was sent.

She was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. Gradually her oxygen support was tapered & stopped. As she remained stable with no abnormal neurological or hemodynamic signs/symptoms, accepting orally well, she was shifted to ward for further management.

During ward stay she was regularly monitored for her hemodynamic status and vital parameters, which were within normal limits. Patient is being discharged with the following advice.

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

Medication during hospital stay:
Nasivion mini nasal drops
nasoclear nasal drops
Injection. Amoxicillin + clavulanic acid
Nebulisation levolin
Injection. Amoxiclav
Syrup. Amoxyclav

Name	Baby HANA PARVEZ BAIG	**UHID**	HNH-00016559
IP No	IP26-00006839	**Admission Date**	13-07-2026

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. AZEE (AZITHROMYCIN-5ml/100mg)	4 ml	8am (after food)	For 7 days
2	Nasoclear nasal drops, 1 drop in each nostril for 3 days			
3	Nasoclear mini nasal drops, 1 drop in each nostril for 3 days			

Plan: To collect LFT, culture report on followup

Fever Management
*Crocin Drops (Paracetamol - 1ml/100mg) 1 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. PRITESH NAGAR **on Saturday(18.07.2026)** 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.

Name	Baby HANA PARVEZ BAIG	**UHID**	HNH-00016559
IP No	IP26-00006839	**Admission Date**	13-07-2026

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breatlessness, refusal to feed occurs or any abnormal movements.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

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

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006839 **Admit Date** : 13-Jul-2026 **Admit Time** : 08:06 PM **UHID** : HNH-00016559

Patient Details :

Patient Name	: Baby HANA PARVEZ BAIG	**Age**	: 0 Y 9 M 29 D
Guardian	: Mr MIRZA PARVEZ BAIG	**DOB**	: 14-09-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 5-4-85/f/10/3, tayyab nagar Mahabubnagar Mahabubnagar Telangana INDIA 509001	**Phone No**	: 9100776228
		E-mail	: zohakhan572@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER04 **Ward Name** : GF -EMERGENCY

Room No : ER04 **Admission Type** : First Visit

Contact Details :

Name : Mr MIRZA PARVEZ BAIG **Relationship** : Father

Contact Address : 5-4-85/f/10/3, tayyab nagar Mahabubnagar Mahabubnagar Telangana INDIA 509001 **Phone No** : 9100776228

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : CARE HEALTH INSURANCE LIMITED

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ACTIVITY RECORD FOR BILLING

Name: --- HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
UHID No : 14-09-2025 0 Y 9 M 29 D (F)
Dr. PRITESH NAGAR

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

Date of A e : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26.	9 pm	ER	PICU	
14/7/26.	8pm.	PICU	2nd Floor 208	&

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
13/7/26	CBP; CRP	11668	
	VBG, URBS (89) mg	11667	
	(Respiratory Panel)	11668	
	LFT "	11668	
13/7/26	CUE	11670	
	Cross Checked by Ramya 14/7/26 at 6:40 pm.		
15/7	X-ray chest	8533	
16/7	LFT	11841	
	cross checked done by Supriya		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7	Invasive monitor		14/7/26 at 8pm	13586	
	Infusion pump	9pm	14/7/26 at 7:20pm		[signature]
	Crass Clecked by Romya 14/7/26 at 7pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/7/26	IV placement	(1)	13511	Ashish
14/7/26	NHA	(1)	13684	Ravi
	Cross Checked by Ramya 14/7/26 at 7pm.			

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 : Baby HANA PARVEZ

Patient ID# : HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 9 M 29 D (F)
Dr. PRITESH NAGAR

Consultant : Dr. Pritesh

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : HAWA PARVEZ Age/Sex Female, 9m

Informant Mother. Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

C/O - Fever x 2 days
- Cold x 3-4 days.
- Vomiting 1 episode yesterday.
- A/H/O PARACETAMOL OVERDOSE - from yesterday 9pm. at home.

History of present illness :

A 9m old Girl presented with complaints of Fever - high grade
- intermittent
- no L/O travel, w/o outside food.
- no Family H/O

cold a/w running nose, nose block noisy breathing x 3-4 days.

Vomiting 1 episode content - food/milk after giving syrup - small quantity

Took PARACETAMOL DROPS (100 mg/ml) 3ml twice last night
FEPANIL 250mg 1.5ml 2 doses.

↓

120 mg/kg (Toxic dose).

Oral intake fair

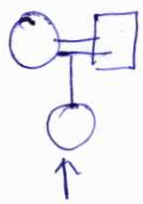
Urine output - Good.

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

33 weeks | LSCS | ? TTNB → H/O x 4 days
(leak PV) | NNJ+ NICU admission
↓
ow PTx (On Ventilator)



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

wave Bye Bye up/down

Immunization History :

last vaccine at 8 months. at Saudi Arabia
↓
Document ?

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 7.62 (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate: 180/min Description _____

B.P. _____ SPO2 98% on RA at _____

Resp. rate and type of breathing : 43/min

Rash no Signs of dehydration +

Lymphadenopathy no irritable

Oedema : no

Respiratory system :

Inspection (any s/o distress) : (N) shape, Stridor occassionally +

Air entry & breath sounds : NVBS+, B/L AE+

Any addes sounds : Stridor +, conducted sounds +

Relevant data from outside (Chest X-Ray, ABG, etc.,) no.

Cardiovasclular System :

Inspection of procordium : (N) shape

Heart Sounds : S1 S2 +

Any murmur : no

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

Per Abdomen :

Inspection ~~soft~~ (N) shape

Palpation : Soft, Non-tender, no hepatosplenomegaly

Ausculation : BS+

Spine: N External Genitelia : N

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 13/15

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture : WNL

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

WNL.

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI c dehydration
? VIRAL PYREXIA
PARACETAMOL POISONING

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC, CRP, LFT, Respiratory panel, CUE, VBG, GRBS-89(mg/dL)

NB Oyen

Planned Management :

NO PARACETAMOL !!

SOS IBUGESIC only

NAC

~~IV fluids~~/DBF

NB Ofe

Please fill up the following details

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

Doctor's Signature Name ______ Date ______ Time ______

Dr. Pritesh Nager
Consultant ...ician & Intensivist
Reg. No. 47184

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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	C/S/B- Dr. Prashanti / Dr Pranav.	
12:50 Am	D- AFIC dehydration PARACETAMOL OVERDOSE (120 mg/kg)	
		WBC- 22 N- 56.9%
	Fever- NO	
	Passing urine	Plan
	Activity- intermittent irritability	- Trace CRP LFT Respiratory panel
	O/E	
		- Continue NAC as per chart
	HR- 201	
	RR- 37/min	
	SpO2- 100% on RA	- Decide about Abs> CRP
	CFT< 3 sec	Pruthi
	S/E distention+	
	P/A- Soft, nontender, no hsm	Noted by Smitha
	CNS- WNL	
	CVS- S1S2+, No murmurs-	
	RS -	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 6 Am	C/S/B Dr- Pranav / Dr Prashanth	
	D - AFI c̄ dehydration	
	Paracetamol overdose	
	1 Episode Vomiting	
		Plan
	Fever - 102°F	
	Urine } Passed	
	Stool	-> cont NAC
		-> Add Neb c̄ Levolin
	O/E	
		-> Add Inj Amoxyclav
	HR - 132/min	
	RR - 34/min	-> cont. Nasal drops
	SpO2 - 96%	
		-> Monitor Vitals
	S/E : Noisy breathing - Stridor	-> Trace Respiratory Panel
	Mild SCR ⊕	
	R.S - B/L AE ⊕	Pranav
	occ Wheeze ⊕	
	Conducted Sounds ⊕	N/B Sunitha

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 9am	c/s/o Dr. Pritesh Sir	
	Acute Febrile Illness c Dehydration	
	Fever (+) ~ 102°F @ 2A	
	Snoring (+)	Plan
		1) Send S Vim Panel
	S Friday	
		2) CT - NAC -
	Vital	3) Inj Amoxyclav
	HR - 152/min	
	SpO_2 - 96%	4) Nasal drops
	RR - 46/min	
		5) Repeat LFT after 48h
	R.S - B/L AE (+)	
	conducted Sound	6) Do not give Paracetamol
	PA - Soft.	
		7) Monitor Vitals
		After NAC - Shift out
		N/B sugama

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am 13/07/26	Counselled	
	Blood - Infection WBC ↑↑ CRP ↑↑	
	↓	
	anti Start ✓	
	Adenovirus → Swab test → T/M	
	Sounds → laryngomalacia	
	→ chest ok	
	O_2 sat ok	✓
	NAC → evening complete → Room shift	
	↓	
	2 Reaction Risk ✓	
	MW	
	Dr. Pritesh Nagar Consultant Neonatologist Reg. No. 47104	Umama Ayub

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/I/B Dr. Naipunya / Dr. Archana	
14/7 9:00pm		
	AFI c̄ dehydration	
	Paracetamol overdose	
	On room Air.	Plan
	Vitals - stable	- Trace Resp. panel
	R/S - B/L AE(+)	- Cont NAC. infusion
	~~P/A~~ B/L NVBS	- Cont Amoxiclav
	P/A - soft. NT	
		- Repeat LFT after 48hrs
		- Do not give paracetamol
		- Monitor vitals
		(signature)
		Noted by Ramya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/25	c/A/B Dr. Pritesh	
3:50pm	AFI c dehydration	
	PCM overdose	
	– fever spike – 101	
	in the morning	Plan
		1) do Sugar cont
	– noisy breathing (+)	after NAC
		2) it. amoxiclav
	– oral intake : good	neb c levolin
	O/E	3) Send Resp panel
		4) LFT after 48h.
	vitals : HR :	5) do not give PCM
	RR : 42cpm	6) Rest it. as per
	SpO2 : 96%	Rx chart
		7) monitor vitals

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/2/26 5:15 pm	SB Dr. Ambet CO	
	Patient is vitally stable. Shift to ward after infusion ends. To continue monitoring for any danger signs.	To continue NBC infusion. To continue monitoring. To repeat LFT before discharge
	Dr. D. Ambet	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 8PM	S/B Dr. Pritesh	
	Δ Paracetamol poisoning	
		Plan
	Fever spikes (+)	
		Ct AMOXICLAV
	CVS – S1 S2 (+)(+)	
	RS – BL AE (+)	If fever spikes persist
	P/A – soft	chest X-ray
	Conscious	LTM
		NB Sms

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 6:40 AM	S/B Dr. Sreya	
	D Paracetamol poisoning	
	low grade fever spikes (+)	Plan
	CVS - S1S2 (+)	- Syp IBUGESIC 5ml
	RS - B/L AE (+)	
	P/A - soft	- Encourage orals
		- C AMOXYCLAV.
		- Chest X-ray - no
		NB Sneha @ 6:40 Am
15/7/2026 9:30 am	S/B Dr. Pritesh	
	Paracetamol overdose	
	low grade fever spikes	Plan
	hemodynamically stable	(1) Encourage orally
	CVS - S1S2 (N)	(2) ct Amoxyclav
	RS - clear.	(3) Monitor vitals
	oral intake good	(4) w/f further high grade fever.
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	N/B

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/9/26 - 2pm.	S/B Dr. Archana/ Dr. Sushanth.	
	Last spike - 100.6°F @6 Am today	Advice : TPR 2hrly
	Euthermic	· Ct oral Amoxyclav.
	Accepting well orally	· Ct rest as per Dr chart.
	U] passed. S]	
	ole vitally stable	
	ole wnl.	

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

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Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/9 5:00pm	C/S/13 Dr. Pritesh APR c dehydration PCM overdose	
		Plan
	No fever	
	Vitals - Stable	- Check IV Cannula ↓ if Canula out oral Amoxiclav
	RS - BL AE (P) BL NVBS	
	P/A - Soft, NT	- Monitor vitals - Encourage orally
		p.B. Amputu @5pm

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

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 10 M 1 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Anuche	
16/7/26 8 30 AM		
	AFI c̄ dehydrat (PCM orada)	
	No vomiti	
	No fever	
	Child Active.	Plan.
	hydration - good	- Ct Amoxyclav
	vital stable.	
		- Enhance orally
	S/E	
	Rls BLAE (+)	- Monitor vitals.
	NVB (+)	
	P/A soft	
	Not distend	
	Af.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26. 9 40 AM.	c/i/by Dr pritesh	
	AFI c̄ dehydration	
	(Plmoverdays)	
	No fever	
	Child active	- (T) culture
		- ct Amoxyclav (total 10 days)
	vital stable	- Enhance orally
	s/e NAD.	- discharge today
		- LFT to send Now (Before d/s)
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184 [signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp. IBUGESIC				Date ▸ / Time ▾	14/7	15/7
Dose: 2ml	Route: PO	Frequency: BD	Start Date: 7/6		2AM (signature)	6:35 (signature)
Doctor's Signature: (signature)	Valid Period		Pharm.: (signature)		10AM (signature)	
Additional Instructions: (100mg/5ml)					6:30PM (signature)	

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

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

Verified by Dr. Dhakshayani

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
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Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 7.6 kg. Ward. .....

Verified by Dr. Dhakshayani

DRUG : NASIVION mini N/D Baby

Dose	Route	Frequency	Start Date
1	both Nostrils	BD	14/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanth

Additional Instructions:

Date	13/7	14/7		16/7
Time				
10AM	✓			
10PM	24hrs			

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : Nasoclear N/D

Dose	Route	Frequency	Start Date
1	Both nostril	QID	14/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanth

Additional Instructions:

Date	13/7	14/7	15/7	16/7
Time				
6AM	✓			
12PM	✓			
6PM	✓			
12AM				

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : Inj AMOXICILLIN + CLAVULANIC

Dose	Route	Frequency	Start Date
250mg	IV	TID	14/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 100mg/kg/day

Date	14/7	15/7
Time		
6AM		
2PM		
10PM		

Change to 300mg

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

DRUG : NEB ± LEVOLIN

Dose	Route	Frequency	Start Date
0.3ml/kg	NEB	6th hrly	14/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Date/Time

See the chest x-ray
Stop
14/7/26
Dr. Pranav

Daily Doctor's Endorsement by a Sign

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight 7.6 kg Ward ....

				Date/Time		
DRUG : INJ. AMOXICLAV					15/7	16/7
Dose	Route	Frequency	Start Dt.			
300mg	IV	TID	15/7	6am	✓	
Name & Signature of the Doctor Starting the Drugs: [signature]				2pm	[signature]	
Additional Instructions:				10pm		
Daily Doctor's Endorsement by a Sign					[signature]	

				Date/Time		
DRUG : Syp AMOXYCLAV					15/7	16/7
Dose	Route	Frequency	Start Dt.			
4ml	PO	BD	15/7	10am	✓	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]				9:59pm		
Additional Instructions: 200 mg/5ml				10pm	[signature]	
Daily Doctor's Endorsement by a Sign						

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : Date▸ Time▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date▸ Time▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date▸ Time▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date▸ Time▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HNH-00016559 IP26-00006839
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14-09-2025 0 Y 9 M 29 D (F)
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Weight. 7.6 kg Ward. .....

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

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

Signature .....

VERIFIED BY : Na

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13/7/26	11 pm	Neb ~ LEVOSALBU - TAMOL	0.3 mg stat. Nebulisation	Neb.	Sat	Sunitha Sisters

HNH-00016559 IP26-00006839
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I.V. FLUIDS CHART

Weight. 7.6 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
13/7/26	10.30 pm	Inj. NAC 1.4g + 100ml of 5% DNS ↓	IV	25 ml/kg over 4hrs	[signature]	[signature] [signature]	14/7	[signature]	[signature] [signature]
14/7/26	3AM	Inj. NAC 750mg + 250 ml 5% DNS	IV	over next 16 hrs	[signature]	[signature] [signature]	14/7	[signature]	[signature] [signature]

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

HNH-00016559 IP26-00006839
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208-

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RESULT SHEET

Date	13/7/26					
Time	9°.2Pm					
Hb	11.4					
PCV	33.2					
RBC	4.63					
WBC	21.52					
N/L	56.9/36.5					
Platelets	512					
CRP	38					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP	224					
SGPT	20					
SGOT	39					
T.Bill/Conj	0.7T0.3 0.4					
T.Protein	7.9					
S.Albumin	4.7					
S.Globulin	3.1					
A/G Ratio	3.1					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones	Present					
CUE - PUS Cells	4-6					
CUE - RBC Cells	NIL					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Flu - (N)						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016559 IP26-00006839
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RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/7/26

Time:	10 pm	2 Am	6 Am	4:39 Am
Doctor/Nurse/Family Concern?				
Temperature (°F) (scale 94–104)	97.08°F	98.3°F	100.6°F (Syp. IBUGESIC)	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	*	*		*
Heart Rate (Number)	135bm	130bm		133bm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	*	*		*
Resp Rate (Number)	40bm	40bm		40bm
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	100%	99%		100%
Conscious Level: Normal				
Conscious Level: Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0		0
Pain Score	0	0		0
Observer's Initials	[illegible]	[illegible]		[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU 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-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
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/ CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/7/25 Time: 10 am | 2 pm | 6 pm | 10 pm | 2 am | 6 am

Doctor/Nurse/Family Concern?

Temperature (°F): 98.6°F | 98.1°F | 97.3°F | 97.1°F | 97.4°F | 98.3°F

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

Note: BP does not score in early warning scoring

	10 am	2 pm	6 pm	10 pm	2 am	6 am
Heart Rate (Number)	124 bpm	124 bpm	140 bpm	132 bpm	136 bpm	139 bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	32 bpm	36 bpm	32 bpm	32 bpm	34 bpm	35 bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	98%	99%	99%	99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	–	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials						

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

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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 :**				
14/7	08:00 pm										0	
	09:00 pm										0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am										0	
Total Intake :								**Total Output :**				
15/7	02:00 am	1									0	
	03:00 am		Milk							✓	0	
	04:00 am										0	
	05:00 am		Milk							✓	0	
	06:00 am										0	
	07:00 am		Milk								0	
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

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

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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							
15/7	08:00 am		Milk									
	09:00 am						✓			✓		
	10:00 am								NA		0	
	11:00 am	0	Milk	NA								10
	12:00 pm									✓		
	01:00 pm											
Total Intake : Taken								**Total Output :**		U- 2,	M-1	
15/7	02:00 pm		Milk									
	03:00 pm						✓			✓		
	04:00 pm	0	Milk						NA		0	
	05:00 pm				NA							8
	06:00 pm											
	07:00 pm											
Total Intake : Taken								**Total Output :**		M-1	U-1	
15/7/26	08:00 pm											
	09:00 pm		Milk				✓			✓		
	10:00 pm	0									0	
	11:00 pm								NA			11
	12:00 am		Milk		NA							
	01:00 am											
Total Intake : Taken								**Total Output :**		U-	M-	
16/7/26	02:00 am									✓		
	03:00 am		Milk									
	04:00 am	0									0	
	05:00 am								NA			11
	06:00 am		Milk		NA					✓		
	07:00 am											
Total Intake :								**Total Output :**		U-	M	

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 10 M 0 D (F)
Dr. PRITESH NAGAR

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 14/7/26

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				Pl LV			
Afternoon							
Night	8pm ho 8Am	Assess the Pt condition. Monitor vitals w/ever maintain I/O chart Provide the comfortable position. medication give as per as doctor order	8pm ho 8Am	Assessed the Pt condi. Monitored I/O chart. 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.	Sn cy

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NURSING CARE RECORD

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Date: 15/12/26

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 vitals - maintain I/O Chart - Medicine Given as per drug Chart	8am 2pm	- Assessed the pt condition - monitored vitals - maintain I/O Chart - Medicine Given as per drug Chart	pt is stable	Re checked vitals	
Afternoon	2pm 8pm	- Assess the pt. condition - Monitor vitals & records - Maintain I/o chart - Give medication as prescribed by doctor	2pm 8pm	- Assessed the pt. condition - Monitored Vitals & records - Maintained I/o chart - Given medication as prescribed by doctor	patient is Stable now	Re-checked vitals	
Night	8pm 8am	→ Assess the patient general Condition → monitor vitals → Administer medications as Per doctor's orders	8pm 8am	→ Assessed the patient general Condition → monitored vitals → Administered medications as Per doctor's orders	Patient is stable	Rechecked vitals	

HNH-00016559 IP26-00006839
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14-09-2025 0 Y 9 M 29 D (F)
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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: AFI & dehydration. Paracitamol over dose

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

	Area / Shift Time	13/7 N1	14/7/26 M5	14/7 N1	15/7/26 M6	15/7 E2	
BACKGROUND	Medical Condition (Any special condition to be noted):	paracetamol poisoining	paracetamol poisoning	—	—	—	
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.5°F	99.9°F	98.2°F	98.6°F	97.8°F	
	Res:	40b/m	40b/m	42b/m	40b/m	40b/m	
	SpO_2:	99%	98%b/m	98%	99%	100%	
	Pulse:	112b/m	129b/m	128b/m	126b/m	120b/m	
	BP:	—	—	—	—	—	
	Fall Risk Score:	—	—	—	—	—	
	Pain Score:	—	—	—	—	—	
Recommendations	Safety Needs:	—	—	—	—	—	
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	—	—	—	
Post Operative Procedure Special Orders:		NA	NA	—	—	—	
Handed Over By Name :		Sunitha	Ramya	Sruthi	Mona	Priyanka	
Signature :							
Date:		13/7/26	14/7/26	14/7/26	15/7/26	15/7/26	
Time:		8AM	8pm	8pm	2pm	8pm	
Taken Over By Name :		Ramya	Sruthi	Mona	Priyanka		
Signature :							
Date:		14/7/26	14/7	15/7/26	15/7/26		
Time:		8 pm	8pm	8am	8pm		

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 9 M 29 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 13/7	DATE 14/7	DATE 15/7	DATE	DATE
Age	Less than 3 years old	4	✓	✓	✓		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	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	✓	✓	✓		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	✓	✓	✓		
	More than 48 hours/ None	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	✓	✓	✓		
	Total		9	9	9		

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		✓	—	—		
	Other Intervention(s) Specify		✓	—	—		
	Nurse's Name:		Sunitha	Ranjana	Priyanka		
	Signature:		[signature]	[signature]	[signature]		
	Date:		14/7	14/7	15/7		
	Time:		8AM	8pm	5pm		

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

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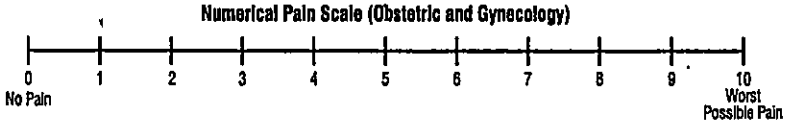
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/7	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
13/7	5AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
14/7/26	11AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
14/7/26	5pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
14/7	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/7	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/7	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
15/7	2pm	0	NA	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	NA	
15/7	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		

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 drawn 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

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 9 M 29 D (F)
Dr. PRITESH NAGAR

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 13/7			DAY-2 14/9			DAY-3 15/9			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 : .....

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

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 10 M 0 D (F)
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BRADEN 'Q' SCALE

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					Date : 14/1	15/1	15/1	
					Time : SD	MG	ES	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	23	28	28	
				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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016559 IP26-00006839 Baby HANA PARVEZ BAIG 14-09-2025 0 Y 9 M 29 D (F) Dr. PRITESH NAGAR	13/7/26 @ 8.06 PM	13/7/26 @ 9 PM
	Transfer Ordered by Dr. Prasanth	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films NIL	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
Siss Iyer	Dr. Prasanth

Patient & Clinical Records Received by : Sister

Date & Time of Patient Received : 13/7/26 at 9.30 pm

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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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Hana Parvez Baig Age : 9m Gender: ☐ Male ☑ Female

Date : 13/7/26 Time of Arrival : 7:40pm.

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6F PR: 1........ BP: .... RR: .... SpO_2: 94%

Chief Complaints: c/o Fever since x2 ds, Not feeding, vomiting 3 times.

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 7:42pm

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 : Atom Signature of Triage Nurse : [signature]

Date & Time : 13/7/26 @ 7:44pm.

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

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 9 M 29 D (F)
Dr. PRITESH NAGAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : 7246 pm

Chief Complaints: C/O fever since x2 days x vomiting 3 times RBS: .....

Height : ..... Weight : 76 kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character N/A ☐ 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?) N/A

Time of Initial assessment completed by ER Nurse : 7:49 pm

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

Time	Nursing Notes
	- Assess the pt condition
	- monitor vitals
	- IV placement done
	- Sample collected

Samples collected by: Arun — Time: 9pm

Samples sent by : Arun — Time: 9pm

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: 130 b/m BP: .... CFT:	Shift - out from ER to: 9 floor PICU
RR: .... SPO_2 : 100%	Time of Shift - out: 9pm
GCS: 15/15 Temperature : 98°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 done

Name of the Nurse : Syeni

Signature of the Nurse : [signature]

Date & Time : 13/7/26 @ 8pm

HNH-00016559 IP26-00006839
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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: PICU

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. Prasantha

Date & Time : 13/7/26 @ 8 PM

Nurse Name & Signature: Jyoti / OT

Date & Time : 13/7/26 @ 8 PM

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016559 IP26-00006839 Baby HANA PARVEZ BAIG 14-09-2025 0 Y 9 M 29 D (F) Dr. PRITESH NAGAR	13/7/26 at 8:06 pm.	14/7/26 at 8pm.
	Transfer Ordered by Dr. pritesh.	Reason for Transfer Stable.
From Unit PICU.	To Unit	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 30	Number of Imaging Films VBG-1	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
Dawya 14/7/26 at 8pm.	Dr. pritesh.

Patient & Clinical Records Received by : Sneha 14/7/26 @ 8:30pm

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

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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Name: ..... HNH-00016559 IP26-00006839 Baby HANA PARVEZ BAIG 14-09-2025 0 Y 9 M 29 D (F) Dr. PRITESH NAGAR ..... Age: 9m Gender: Male ☐ Female ☑

UHID.No : .... Date: 13/7/26

I ..... S/o, D/o, W/o, ... hereby declare that our patient Master/Baby ..... who is related to me as .....

is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

..... Paracetamol overdose - risk of liver injury .....

.....

.....

The doctors have clearly explained to me that my patient Master / Baby ..... during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : .... in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: .....

Name: .....

Relationship with Patient: .....

Date & Time: .....

Witness :

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking the consent) :

Signature: .....

Name: Dr. Praveen .....

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

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 14/7/26 Time: 11 Am

Weight: 7.6 Centile: 40th

Height: 69.50 Cms Centile: –

Inference: underweight Child

RDA: – Calories: 98 kcal/kg/d Protein: 1.6 gms kg/d

Diet Recommendations: DBF feeding.

Re-Assesment: Stage ② weaning foods & HCE advised

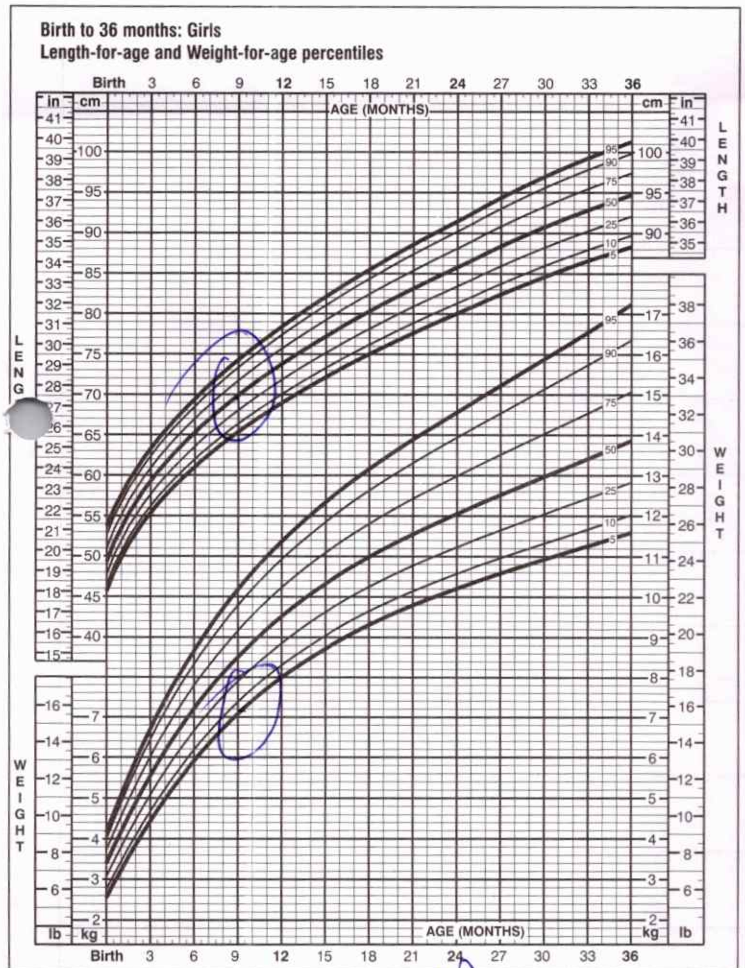
Food Allergies: NO Veg/Non-veg: Non Veg

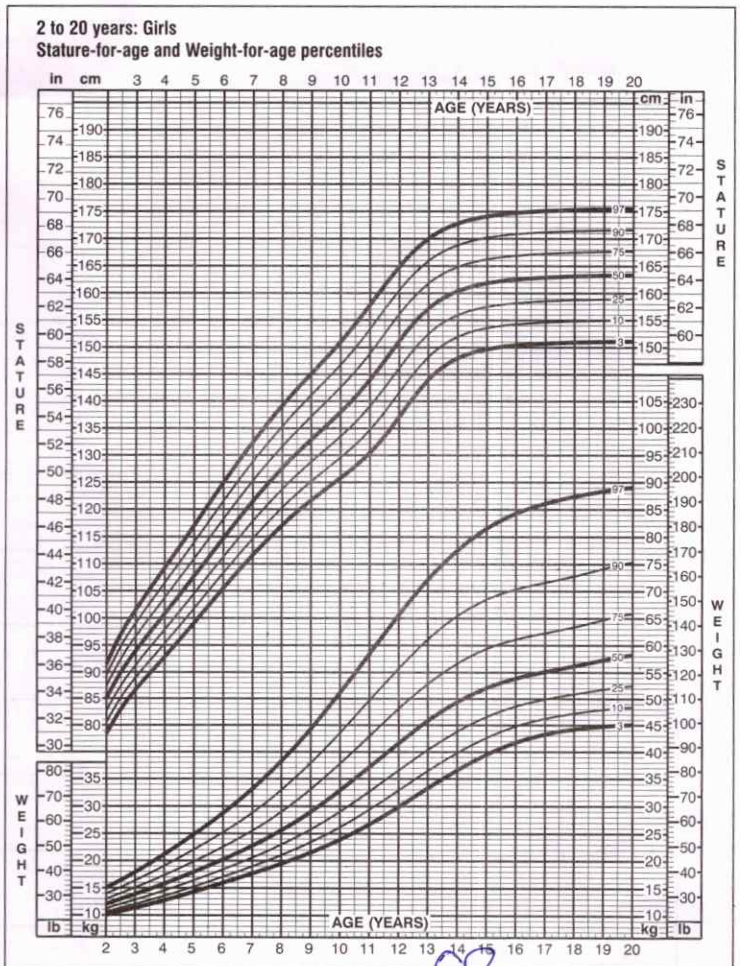
Diagnosis: AFI c̄ Dehydration (paracetamol overdose)

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [illegible]

GROWTH CHART (GIRLS)





Dietician's Name: Sathwika G Dietician's Signature: [illegible]

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:	**Baby HANA PARVEZ BAIG**	**Age :**	**0 Y 9 M 29 D**
IP No:	**IP26-00006839**	**Sex:**	**Female**
Consultant:	**Dr. PRITESH NAGAR**	**Ward/Bed No:**	**GF -EMERGENCY/ER04**

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: Mirza Parvez baig

Relationship: Father

Date: 13/7/2026 Time: 20:28

Witness Name:

Witness Signature:

Patient Address:

5-4-85/f/10/3, tayyab nagar
Mahabubnagar Mahabubnagar
Telangana INDIA 509001

HNH-00016559 IP26-00006839
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25 years

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 tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

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

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

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

MODE OF PAYMENT & REFUNDS

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

---------- ----------

Name & signature of Patient/Attendant (Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 9 M 29 D (F)
Dr. PRITESH NAGAR

DECLARATION BY PATIENT OR PATIENT ATTENDANT (TPA / INSURANCE / AROGYA BHADRATA / CORPORATE)

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Date: .....

I have attended the financial counseling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate /Arogya Bhadrata Scheme.

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e. before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: HANA Parvez baig ..... Date & Time of Admission: 13-07-26 & 8:06 PM

Name of the Parent / Guardian: Mirza Parvez baig ... Mobile Number: 9100476228

Parent Aadhaar Card Number: .....

Signature & Relation

Docu. No. : RCHBH /FRM / GENERAL / 476

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
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25 of being the guiding light, Nurturing Smiles, Shining Bright

UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

To

The Management,

Rainbow Children's Hospital, Himayat Nagar,

Hyderabad - 500029.

Sub:- **Undertaking of Insurance Patient for Advance Payment.**

I Mr./Mrs./Ms. Mirza parvez Baig (Father/ Mother/ Other _____) of Master/ Baby/ Baby of/ Mrs. / Ms. Hana parvez baig was bought to your hospital on Emergency basis on 13-09-26 at 8:28 PM approximate charges deposit details were explained by the front office executive on duty.

As I have cashless insurance so I have to pay 10 K as a caution deposit at the time of admission. If there will be any difference amount after getting the approval I'll pay that amount at the time discharge.we explaind about care health insurance approvel process incase of any rejecution they will moved to cash mode self pay

Thanking You

Signature

Name:- Mirza Parvej baig

Ph. No.:- 9100476228

HNH-00016559 IP26-00006839
Baby HANA PARVEZ BAIG
14-09-2025 0 Y 9 M 29 D (F)
Dr. PRITESH NAGAR

To,

Date: 13/07/2026

Medical Director/Medical Superintendent

Hospital Name: RAINBOW CHILDRENS MEDICARE LIMITED

Address: 3-6-234, HIMAYATNAGAR,

City:HYDERABAD

Pincode: 500029

Subject:

Dear Provider,

With reference to above mentioned subject line, hospital is in agreement to amend the existing MOU dated..... with Care Health Insurance and further agrees to service Care Health retail/individual card holders only for surgical procedures and urgent medical emergencies only.

Hospital hereby certifies that they will not admit any Care Health retail/individual card holders for Medical Management cases and shall assume entire liability of same, if done at their hospital.

Hospital Sign/stamp.....

Authorized Signatory Name & Designation.....

CARE CONTACT PERSON & MAIL ID'S

1. **MR ROHIT SINGH** M: +91 7842492985, EMAIL ID: Panjasha.singh@careinsurance.com
2. **MR RISHAV** **M: +91 8465078479, EMAIL ID: rishav.singh@careinsurance.com**