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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

27 D.C

DISCHARGE SUMMARY

Name	Baby GANDHAM RAVI MOUNASRI	**UHID**	HNH-00016382
Father/Guardian	Mr GANDHAM LAXMINARAYANA RAVI KANTH	**Age/Gender**	16 Y 8 M 22 D/ Female
Address	3-6-839/1 STREET NO:-15DUTTA NAGAR COLONY ,HIMAYATHNAGAR, Himayatnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006754	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	08.07.2026		

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

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	
RIGHT PARA-CARDIAC PNEUMONIA	

History: Baby GANDHAM RAVI MOUNASRI , 16 Y 8 M 22 D , old girl presented with the history of fever, throat pain since 2 days, poor oral intake and 2 episodes of loose stools since 1 day prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby GANDHAM RAVI MOUNASRI	UHID	HNH-00016382
IP No	IP26-00006754	Admission Date	06-07-2026

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 135/min, Blood pressure - 123/84 (96) mmHg and Respiratory Rate -29 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination dull look, dry oral mucosa, sunken eyes and throat congestion 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, she 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: 71 kilo grams.

Investigations: Enclosed reports

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

Complete urine examination was : pus cells - 8-10, epithelial cells - 25-30.
Urine culture and sensitivity shows: No growth after 24 hrs of incubation
Adenovirus PCR was not detected. Mycoplasma IGM was non reactive

Initial hemogram showed Hemoglobin of 12.4 gm%, White Blood Cell count of 1440 cells/cumm, platelet count of 2.89lakhs/cumm and C-Reactive Protein of 16.0 mg/l. Blood culture was 48 sterile.

Chest X-ray shows:
There are increased perihilar and peribronchial markings bilaterally, predominantly on the right, in keeping with lower respiratory tract inflammatory changes.

Name	Baby GANDHAM RAVI MOUNASRI	**UHID**	HNH-00016382
IP No	IP26-00006754	**Admission Date**	06-07-2026

NASOPHARYNX x-ray shows:
Subtle prominence of adenoid with no obvious narrowing of nasopharyngeal air way.
Prevertebral soft tissues normal.
Cervical spine normal.
- For clinical correlation.

Ultrasound abdomen shows:
* Right simple renal cortical cyst.
* Mild tenderness in the right lower quadrant. Appendix could not be visualised due to bowel gas / thick abdominal wall. However no secondary signs of inflammation (like increased mesenteric echogenicity / collection) in the right lower quadrant at present.
- For clinical correlation.

Management: She was admitted in the ward and started on Intra Venous fluids and Intra Venous antibiotics. She was treated symptomatically with antacids and antipyretics. In view of chest signs, she was nebulised with Levolin.Mycplasma IgM was sent which was negative.

She was regularly monitored for fever spikes, hemodynamic status. Her fever spikes and other symptoms gradually settled. Child maintaining saturations on room air. Paeditric surgeon Dr.Swapna consult was sought who advised citralka syrup and anti-spasmodics.

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

Name	Baby GANDHAM RAVI MOUNASRI	UHID	HNH-00016382
IP No	IP26-00006754	Admission Date	06-07-2026

advice.

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

Medication during hospital stay:
Injection. Ceftriaxone
Betadine
Syrup. Reswas Jr
Nebulisation. Levolin
Syp. Citralka

Advice:
* Diet as advised.

Name	Baby GANDHAM RAVI MOUNASRI	**UHID**	HNH-00016382
IP No	IP26-00006754	**Admission Date**	06-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Tab. PECEF (CEFPODOXIME - 100mg)	1 tablet	8am - 8pm (after food)	For 4 days.
2	Tablet. Pantop (Pantoprazole-40 mg)	1 tablet	7am (before breakfast)	For 4 days
3	Syrup. Reswas .Jr	5 ml	6am-2pm-10pm	For 3 days.
4	NEBULISATION with Levolin (0.63mg)	1 respule	6th hourly	For 3 days
5	Syp.Citralka(disodium hydrogen citrate 5ml/1.53gm)	10ml	dilute in half glass water and give orally	at bedtime
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Tablet. Paracetamol - (1ml/500mg) 1 Tablet after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

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

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

Name	Baby GANDHAM RAVI MOUNASRI	**UHID**	HNH-00016382
IP No	IP26-00006754	**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.

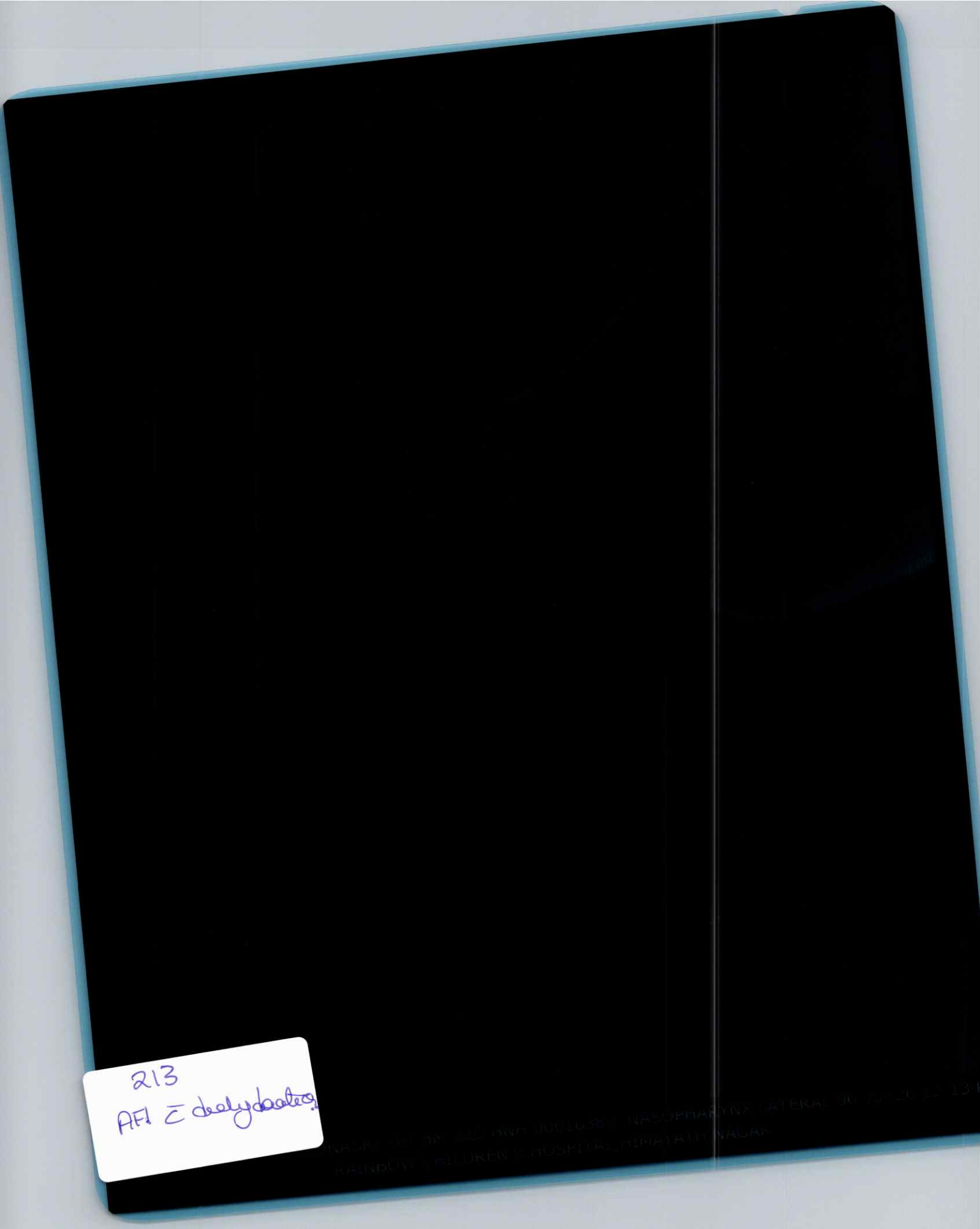
Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **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**

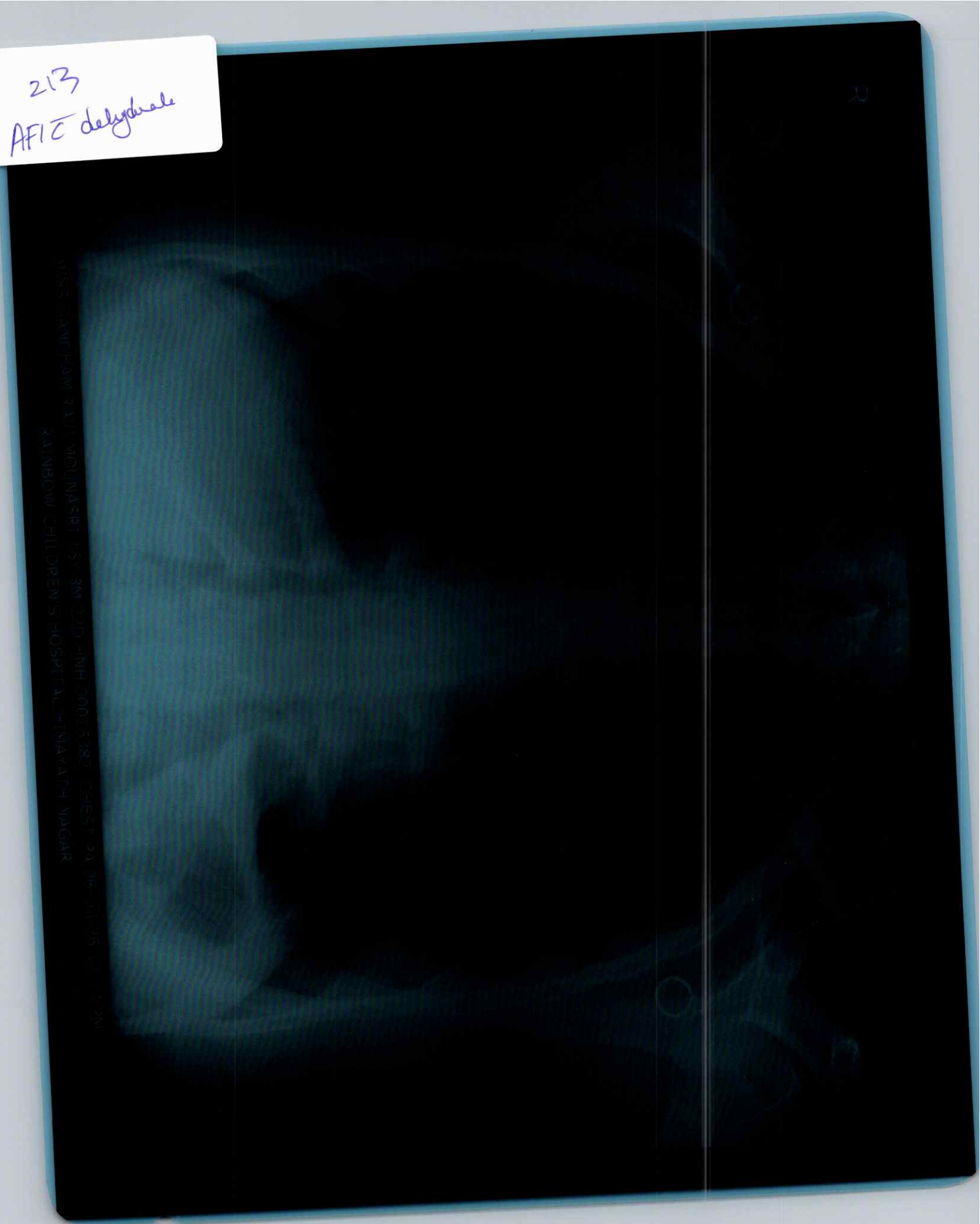
Registrar/Resident/C.M.O

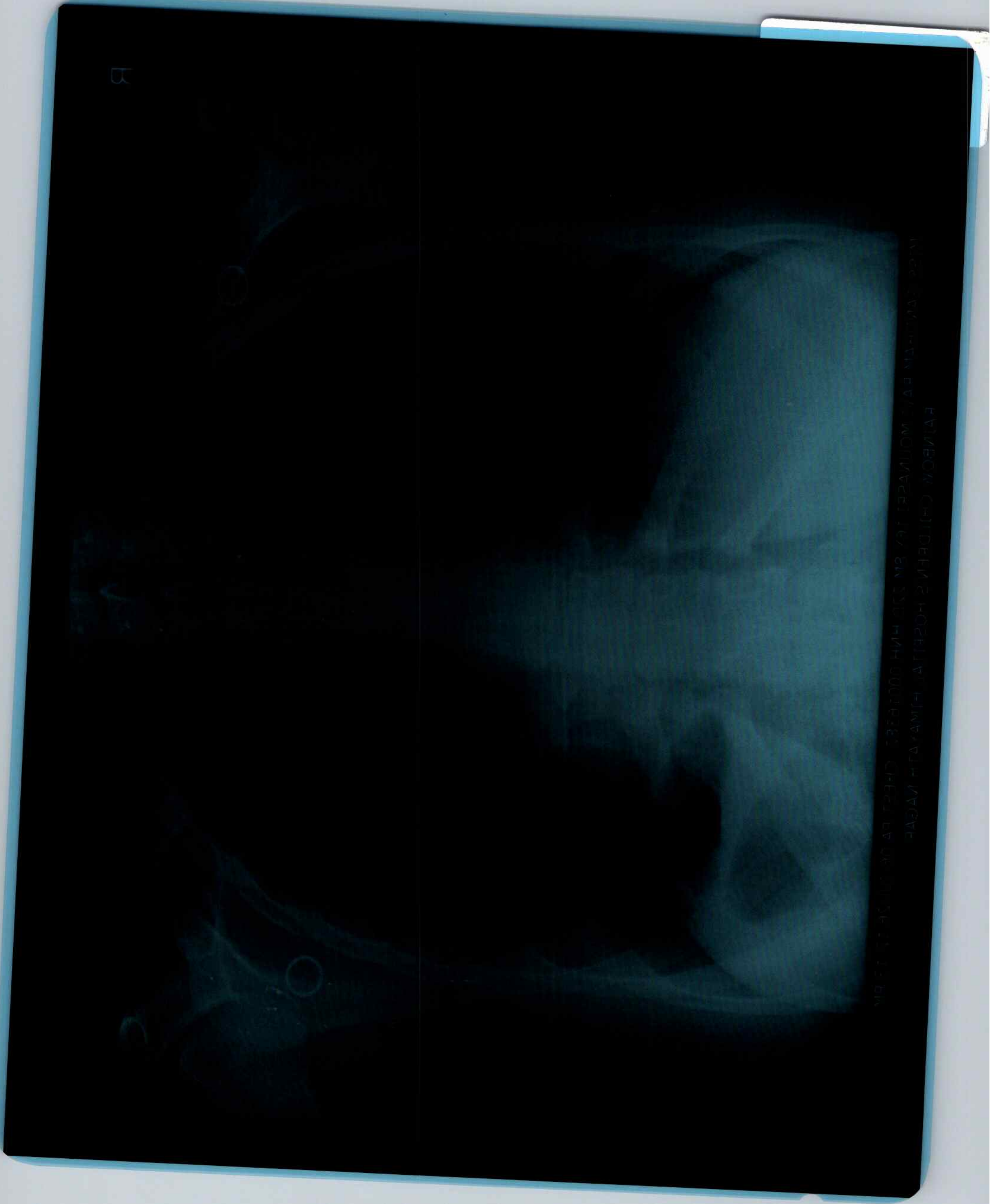
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970


213
AF: E dealydaated

ISS GANDHAM RAVI MO

213
AFIC dehydrate





1NH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name: Dr. Sindhu. Date: .... Time: ....

Diagnosis: ?UTI

Hospital: RCH - HMNR.

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: [signature]

Findings and Recommendations :

c/s/by Dr. Swapna

- History Noted

Burning micturition (+)

- O/E
  suprapubic tenderness (+)
  P/A - soft.
  NO RIF Tenderness.

Plan

- Syp CITRALKA 10ml in 30ml of water @ bed time.
- T. DROTIN / PO / SOS.
- Review SOS.
- CST.

Consultant :

Name: Dr Swapna. Signature: [signature] Date & Time: ....

Doc. No. : RCH / FRM / CLINICAL / 049

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

Levolin 6th July

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
6/7/26	13.00	Levolin	[illegible]	G.R. [illegible]
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00	Levolin	[illegible] 11/12/09	
	20.00			
	21.00	Levolin	G.R. [illegible]	
	22.00			
	23.00			

1 / 1185

1NH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

Levolin — 6th hourly

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00	Levolin		
	02.00			
7/7/26.	03.00	Levolin. (1)		G.R.
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00	Levolin (1)		
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00	Levolin (2)		G.R.
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00	Levolin (3)		G.R.
	23.00			

1NH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

Levolin 6th hourly

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
7/7/26	00.00			
	01.00			
	02.00			
	03.00			
	04.00	Levolin (4) 11682		G.R.A
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00	Levolin	11/7/9	G.R.A
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, 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 : IP26-00006754 **Admit Date** : 06-Jul-2026 **Admit Time** : 01:09 AM **UHID** : HNH-00016382

Patient Details :

Patient Name	: Baby GANDHAM RAVI MOUNASRI	**Age**	: 16 Y 8 M 22 D
Guardian	: Mr GANDHAM LAXMINARAYANA RAVI KANTH	**DOB**	: 14-10-2009
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
ress (H)	: 3-6-839/1 STREET NO:-15DUTTA NAGAR COLONY ,HIMAYATHNAGAR Himayatnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 6300622529/ 9390244868
		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 GANDHAM LAXMINARAYANA RAVI **Relationship** : Father

Contact Address : 3-6-839/1 STREET NO:-15DUTTA NAGAR COLONY ,HIMAYATHNAGAR Himayatnagar Hyderabad Telangana INDIA 500029 **Phone No** : 6300622529

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : ICICI ICICI LOMBARD GENERAL INSURANCE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVI

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

IG

Name: --

UHID No : ---------- IP 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
6/7/26	2 AM	ER	ward	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. SWAPNA	7/7/26	1554.	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7/26	CBP, CBR	1042	
	Respiratory panel	1042	
	Blood c/s		
	CUE		
6/7/26	U/C	1106	
	X-ray chest PA view	8070	&
	X-ray nasopharynx		
	USG Abdomen	8073	&
6/7	Mycoplasma Igm	4123	

Cross checked by Sunanda

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/26	Infusion pump	2.30am	7/7/26 @ 7pm	11053	[signature]
			Cross	Checked Sunanda	by

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV placement	(1)	11048	
6/7/26	NHA	(1)	11117	
		Cross checked done by Sunanda		
7/7/26	IV placement	(1)	4394	

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 : HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 15 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Ravi Mounasri

Age/Sex 16yrs/F

Informant mother

Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

Fever x 2days
Throat pain x 2days
Poor oral intake x 1 day

History of present illness : 2 episodes of loose stools

A 16yrs old girl c
fever x 2days
high grade; chills;
no rash
antd c throat pain x 2days
and
poor oral intake x 1 day.

2 episodes of altered stools since morning

treated on OPD basis.
in view of persistent symptoms,
admitted for further
management

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.

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 71 kgs (Centile _____)

On Examination :

Temperature : 99° F Pulse Rate: 135/min Description _____

B.P. 123/84 mHg (96) SPO2 99% at RA

Resp. rate and type of breathing : 29/min

Dull looking.
Throat congested
dry mucosa
dry & sunken eyes

Rash _____

Lymphadenopathy _____

Oedema : _____

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

Ausculation : 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 :

(N)

Motor System :

Nutrition :

Tone : Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

AFI c dehydration

? Partially treated Enteric Fever.

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Prevent Complications

Desired goals of the treatment :

Hemodynamic Stability

Planned Labs :

CBP, CRP,
Blood cls (2 samples)
Resp. panel (5-nens)
1. extra plain
CUE

Planned Management :

1. IV Fluids
2. Inj Ceftriaxone
3. Fever management
4. Monitor vitals 2nd

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 : Dr. Sindhura M
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date 6/7/10 Time _____

Dr. Sindhura Munukuntla
Pediatrician
Reg. No. 66979

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26. 7:20 AM.	c/s/by Dr Anusha	
	AFI ē dehydration	
	? Acute pharyngitis	
	? UTI.	
		throat congest (+)
	pain abd. (+) burning micturition] intermittently in history	
		Plan
	S/E	
	B/L AE (+) RS	① Rup panel
	NVRA (+)	CRP - (16).
		✓ ct iv fluids.
		✓ ct Inj CEFTRIAXONE
		Monitor vital.
		✓ U/c/s ~~to dravish~~ send Rounds Now.
	Af	✓ USG Abdomen.
		MB Sunanda

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

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Sindhura	
6/7/26	AFI c̄ dehydration	
	? UTI	
	Euthermic	Advice
	pain per abdomen	X ray chest - PA view } now
	(suprapubic region) +	(S) X ray nasopharynx }
	Sneezing (+)	· Neb c̄ Levolin Q6 hourly
		(0.63 mg)
	o/e vitally stable	· (S) USG abdomen
		· Ct IVF @ 1/2 mtx.
	s/e RS - AEBE,	· Ct rest same
	B/L conducting sounds +	NB - Moofush @ 11AM.
6/7/26 2pm	S/B Dr. Archana	
	AFI c̄ dehydration.	
	? UTI.	
		Advice
	X ray NP s/o Adenoid hypertrophy	· Ct Nebs
	pain abdomen (-)	· Ct IVF @ 1/2 mtx.
	sore throat (+)	· Ct rest Same
	o/e vitally stable	
	s/e WNL	

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

1NH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/1/26 4pm	S/B Dr. Sindhura	
	fever spikes (+)	Adv -
	poor oral acceptance	• Peds Sx (Dr. Swapna) opinion
	o/e	
	Rt. iliac region tenderness (+)	
	vitally stable	• Ct rest same
		• Add mycoplasma IgM
	s/e wnl	• (T) Adenovirus
		urine C&S
	N. Bhavani	Dr. Sindhura - M

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7.00am	C/S/I/3. Dr. Naipunya / Dr. pranav.	
	AFB c dehydration ? UTI.	
	fever —.	P/com
	Oral intake —.	✓ Pead Sx opinion.
	R/S - B/L AE(T).	✓ Cont ceftrixone.
	P/A - Soft, NT	✓ Cont Neb c levolin 8th
		✓ (T) U/C/S.
		✓ Moniter vitals
		✓ (T) Mycoplasma IgM.
		NB Sunanda @ 7.30am

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/25 10 am	UMB Dr. Sindhura	
	? UTI	
	- fever spike - 100°F @ 10 pm	
	- cough ↓	
	- Pain abdomen ↓	
		Plan
	- O/E	1) Inj. Ceftriaxone
	vitals : stable	2) P. surgeon opinion today
	S/E -	
	RS : RDE (+)	3) Send blood c/s
	P/A : soft	urine c/s.
	mild tenderness (+)	mycoplasma IgM
	in suprapubic	4) Rest Inj. as per
	region	Rx chart.

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

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/16 2:30pm	S/B Dr. Sreejha Δ ? UTI	Plg
		- IV CEFTRIAXONE
	Temp spikes (+)	
		- Paed. surgeon opinion today
	CVS - S1, S2 (+) RS - BLE - AEB (+)	
		- Trace Mycoplasma IgM Blood C/S Urine C/S → 24h no growth
	P/A - Soft Conscious.	
		- Encourage orally
		P 15 Sept
7/7/16 6pm	S/B Dr. Sindhura	
	Δ AFI ? dehydration	Plan
	CVS - S1, S2 (+) RS - BLE - AEB (+)	- IV CEFTRIAXONE
		- Trace Mycoplasma IgM
	P/A - Soft Conscious	- Stop IV fluids
	Blood C/S) No growth Urine C/S)	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970

1NH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26. 8AM	S/B Dr. Archana/ Dr. Nazneen	
	Δ: AFI ? dehydration	
	fever spikes (-) last spike 32 hrs ago oral acceptance - good pain abdomen ↓ .	Advice . · Ct ceftriaxone · Ct rest ace to Bx chart · TPR BOC . · (T) Blood c&s .
	O/E vitally stable .	
	S/E P/A - soft, nontender .	Sd .

UHID: 4NH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 24 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	C/8/B - Dr Sindhura	
8AM	D - AFI c dehydration R Paracardiac Pneumonia	
	fever spikes ⊖	
	oral acceptance - Good	
	O/E	Plan
	Vitals stable	- Ct Ceftriaxone
		- 3% NS neb / Levolin
	S/E	- Ct Sopp mgy
	CNL	- From T/m Oral → Cefpodoxime
		- R/w on Sat - OPD
		NB Sneha C 8am

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

2B

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	6/7/26					
Time						
Hb	12.4					
PCV	4.35					
RBC	35.6					
WBC	14.40					
N/L	69.7/21.6					
Platelets	289					
CRP	16					
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						
CUE - Alb						
CUE - Sugar	NIL					
CUE - Ketones	Negative					
CUE - PUS Cells	8-10					
CUE - RBC Cells	NIL					
CUE - Epithelial	25-30					
Nitrite	Ove					
Leukocytes	++					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza A	— Negative					
B						
RSV	— Negative					
SARS	— Negative					
Adenovirus	— Negative					
Mycoplasma	IgM :—		Negative			

Culture and Sensitivities : Blood c/s :—] 24h no growth
Urine c/s :—]

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

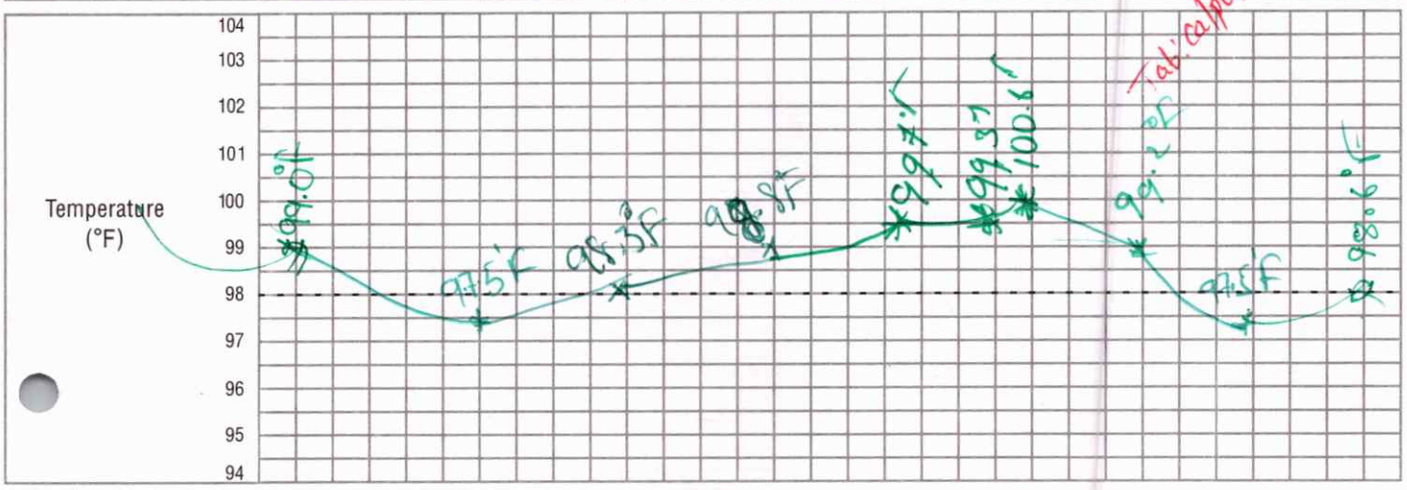
F / HW/ EWS / 04

.....

O. : .....

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/26 Time:	12 Am	7 am	10 am	2pm	4pm	6pm	10pm	2 am	6 am
Doctor / Nurse / Family Concern?									



Heart Rate (bpm) and Blood Pressure (mmHg) * **NOTE :** BP does not score in early warning scoring	111/67	106/68 (90)	100/65 (72)	98/62 (70)	113/72	112/75	110/67
Heart Rate (number)	92b/m	100b/m	112b/m	99b/m	100b/m	114b/m	112b/m
Resp Rate (bpm) (over 1 minute)							
Resp Rate (number)	22b/m	24b/m	23b/m	25b/m	25b/m	20b/m	20b/m
Resp. Mod/Severe Distress None/Mild							
Receiving O2 (L/min) O2 saturations (%)	100%	99%	100%	99%	99%	98%	99%
Conscious Normal Level Decreased						✓	
GCS *							
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Observer's initials							

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

F / HW / EWS / 04

....

). : ....

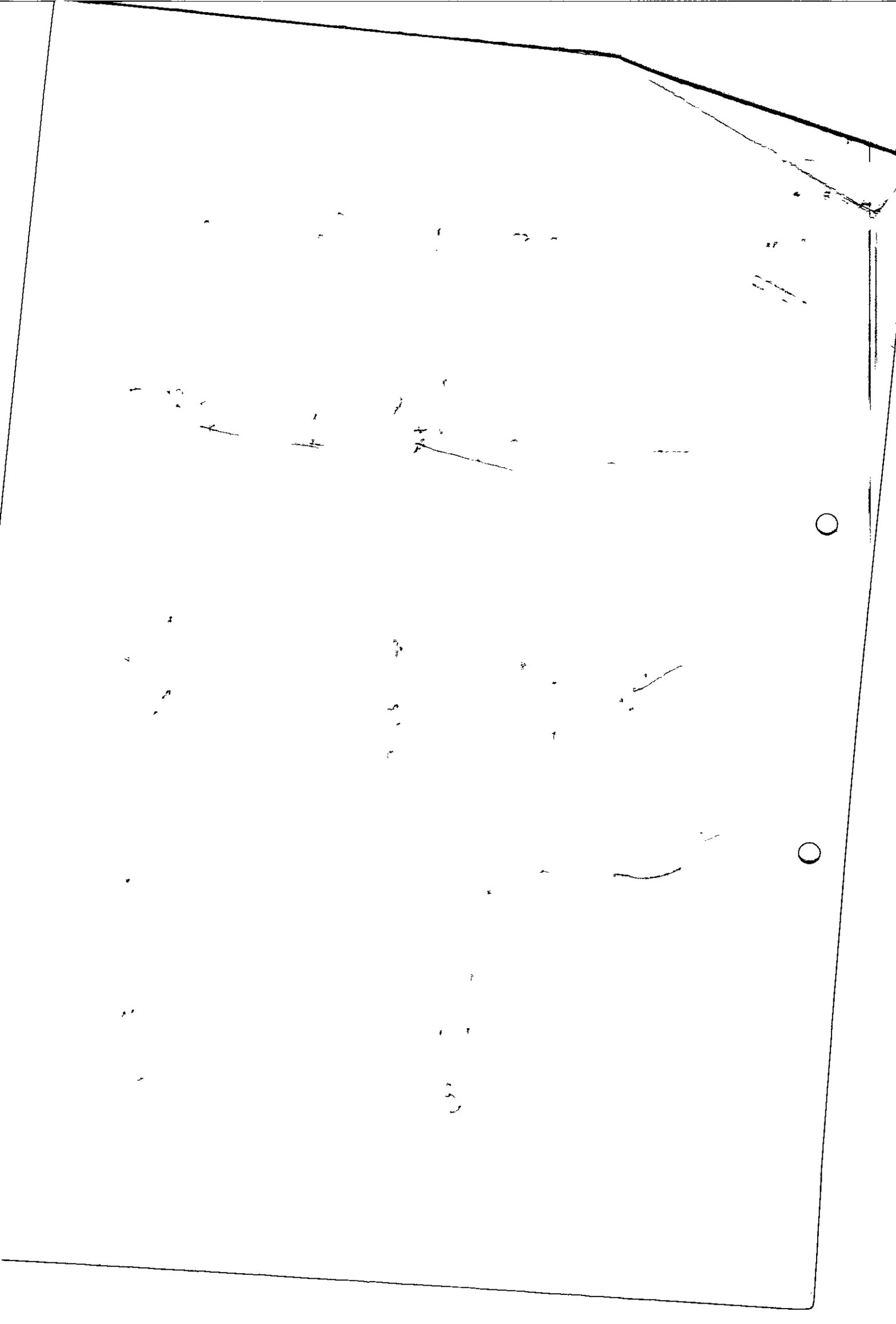
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/7/26 Time:	10 Am	2 pm	6pm	10 PM	2 Am	6 am
Doctor / Nurse / Family Concern?						
Temperature (°F) (104–94)	98.1°F	98.5°F	97.3°F	98.7°F	97.5°F	98.7°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	114/69 (91)	102/62	110/65	109/80		111/60 (82)
Heart Rate (number)	100b/m	99%	[illegible]	99b/m		
Resp Rate (bpm) (over 1 minute) (70–10)						
Resp Rate (number)	20b/m	20b/m	20b/m	20b/m		22b/m
Resp. Mod/Severe Distress None/Mild						
Receiving O2 (L/min) O2 saturations (%)	97%	98%	99%	99%		99%
Conscious Normal Level Decreased						
GCS *	14/15	15/15	15/15			15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0		0
Observer's initials	[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
	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.



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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

1NM-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient N .....
Date of B .....

'S / 04

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7 Time: 9:30

Doctor / Nurse / Family Concern? AM

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) * : 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

NOTE : BP does not score in early warning scoring

Heart Rate (number): 91 bpm

Resp Rate (bpm) (over 1 minute): 70, 60, 50, 40, 30, 20, 10

Resp Rate (number): 20 bpm

Resp. Mod/Severe Distress None/Mild

Receiving O2 (L/min) O2 saturations (%): 98%

Conscious Normal Level Decreased

GCS * : 14/15

TOTAL SCORE Number of shaded boxes: 0

Observer's initials: g

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.

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	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 :**						
6/7/24	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	DNS										
	06:00 am	↓										
	07:00 am											
Total Intake :						**Total Output :**						

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

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

INH-00016362 IP26-00006754
baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/7/26	08:00 am			50ml								
	09:00 am			50 ml								
	10:00 am	DNS	Idly +	50 ml								
	11:00 am			50 ml								
	12:00 pm		tbl	50 ml								
	01:00 pm			50ml								
Total Intake : Taken						**Total Output :** U-2					M-1	
	02:00 pm			50ml								
	03:00 pm		Rice + tbl	50ml								
	04:00 pm			50 ml								
	05:00 pm	DNS		50ml								
	06:00 pm			50ml								
	07:00 pm											
Total Intake :						**Total Output :** U - M						
	08:00 pm		Rice	50ml								
	09:00 pm	DNS	+ H2O	50ml								
	10:00 pm			50ml								
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** U-2 M-0						
	02:00 am		H2O									
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am		H2O									
	07:00 am											
Total Intake :						**Total Output :** U-1 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
4/7/26	08:00 am											
	09:00 am	0	Idly									
	10:00 am		+		NA						0	
	11:00 am		TB					NA				
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
7/7/26	02:00 pm											
	03:00 pm											
	04:00 pm		Rice				M				0	
	05:00 pm		thru		mm			mm				
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
7/7/26	08:00 pm											
	09:00 pm		idly									
	10:00 pm	0	vada				0				0	
	11:00 pm				NA			NA				
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** U – M –						
8/7/26	02:00 am											
	03:00 am											
	04:00 am	0	Rice								0	
	05:00 am				NA			NA				
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :** U – M –						

Total 24 hrs. Intake		Total 24 hrs. Output	

1NH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/4	08:00 am						✓			✓	0	
	09:00 am		200								0	
	10:00 am										0	
	11:00 am		+								0	
	12:00 pm		100								0	
	01:00 pm										0	
Total Intake :						**Total Output :** U - UM						
	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-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	2Am | 8Am	- Assess the patient Condition - Monitor the v/s - Maintain the I/O - Drug as per chart	2am to 8am	- Assess the pt Condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- How baby is stable	- Rechecked the v/s	S

Patient Sticker

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 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 to 2PM	→ Assess Pt condition → monitor the vitals → maintain I/O chart → Administer medication as per drug chart → ct. Nebulization	8AM to 2PM	→ Assessed Pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	
Afternoon	2pm 8pm	Assess the baby Monitor the VS administer medicine Maintain I/O Chart	2pm 8pm	Assessed the baby Monitored the VS administered Medicine Maintain I/O Chart	Administered Medicine	Reassessed the baby	
Night	8pm do 8Am	→ Assess the baby General Condition → Monitoring vitals Charted and recorded.	8pm do 8Am	→ Assess the patient Condition. → provided Comfortable position	Patient is stable	Normal vitals Charted and recorded	

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight by Rainbow Hospitals — Your Right to a Safe Delivery

Date: 7/07/26

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 – 2Pm	->Assess the Patient General Condition ->checke the vital ->Maintain I/O chart ->Administer medication as Per doctor order.	8am – 2Pm	->Assessed the Patient General condition ->checked the Vitals ->Maintain I/O Chart ->Administer medication as Per doctor order.	->Re-checked vitals	Pt is Stable	[signature] Saisri
Afternoon	2pm – 8pm	Assess the baby Monitor the V/s administer medication	2pm – 8pm	Assessed the baby Monitor V/s administer medication	administer medication	Reassessed the V/s	[signature]
Night	8pm to 8am	- Assess the pt condition - Monitor the V/s - Maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt condition - Monitor the V/s - Maintain the I/O - Drug as per chart	- Now patient is stable	- Rechecked the V/s	[signature]

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 6 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

Pati

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 5/7			DAY-2 6/7			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	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	0	NA	NA	0	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	0	NA	NA	0	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	0	NA	NA	0	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	0	NA	NA	0	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	0	NA	NA	0	NA	
		Signature of the Nurse				SN				M		S	

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

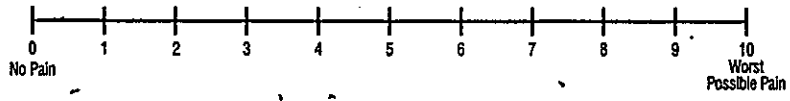
PAIN ASSESSMENT FORM

Date	Time	Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
6/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	9PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7	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		
				☐ 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

INH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Patient Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	5/7 M1	6/7 M6	6/7 8P	6/7/26 M1	7/7/26 M6	7/7 8P
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	—	—	—	—	—	—

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.3°F	98.3°F	98.0°F	98.6°F	98.6°F	98.1°F
Res:	22b/m	23b/m	22b/m	20b/m	20b/m	22b/m
SpO_2:	99%	100%	99%	98%	99%	100
Pulse:	99b/m	98b/m	7?b/m	101b/m	102b/m	112b/m
BP:	102/67	100/62	109/62	100/65	110/65	—
LOC:	—	—	—	—	—	—
Fall Risk Score:	40%	—	—	—	—	—
Pain Score:	40%	—	—	—	—	—
Skin Integrity	Good	—	—	—	—	—

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
Physiotherapy:	✓	—	—	—	—	—
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
Special Diet:	—	—	—	—	—	—
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	—	—	—	Dependent	Dependent	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—

Handed Over By Name :	Sunanda	Anusha	[illegible]	Sunanda	[illegible]	[illegible]
Signature / ID :						
Date:	6/7/26	6/7/26	6/7	7/7/26	7/7/26	7/7
Time:	6am	2PM	8pm	8AM	2PM	8P
Taken Over By Name :	Anusha	[illegible]	Sunanda	[illegible]	[illegible]	Sunanda
Signature / ID :						
Date:	6/7/26	6/7	6/7/26	7/7/26	7/7	7/7/26
Time:	8AM	2pm	8pm	8AM	2P	8P

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AF 2 ° dehydration					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure: —					Post OP Day:	
BACKGROUND	Date / Shift	8/7 N1					
	Medical Condition (Any special condition to be noted):	—					
	Diet:	—					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F					
	Res:	24b/m					
	SpO_2:	99%					
	Pulse:	124b/m					
	BP:	102/67					
	LOC:	—					
	Fall Risk Score:	40					
	Pain Score:	0					
	Skin Integrity	Good					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—					
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Suyanda					
Signature / ID :							
Date:		8/7/26					
Time:		8am					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: NPIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

cot-T1legs

SOS / PRN (As Required Medication)

DRUG : TAB PARACETMOL				Date / Time
Dose: 650mg	Route: PO	Frequency: SOS .	Start Date: 6/7/26	.
Doctor's Signature: AP	Valid Period:	Pharm.		
Additional Instructions:				

DRUG : Tab CALPOL				Date / Time: 6/7
Dose: 500mg	Route: PO	Frequency: SOS	Start Date: 6/7	10pm SM
Doctor's Signature: Pharm	Valid Period:	Pharm.		
Additional Instructions: If T>100°F				

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

VERIFIED BY : Name

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 71kgs Ward. ....

DRUG: I/V CEFTRIAXONE			
Dose	Route	Frequency	Start Date
2g	iv	BD	6/7/26
Name & Signature of the Doctor Starting the Drugs:			
Additional Instructions: 2g in 50cc NS over 1 hour.			
Daily Doctor's Endorsement by a Sign			

Date: 6/7, 7/7, 8/7 — Time: 6am, 6pm

DRUG: BETADINE			
Dose	Route	Frequency	Start Date
10ml Gargling		BD	6/7/26
Name & Signature of the Doctor Starting the Drugs:			
Additional Instructions: 10ml + 10ml water			
Daily Doctor's Endorsement by a Sign			

Date: 6/7, 7/7, 8/7 — Time: 6am, 6pm

DRUG: Syp. RELWAS JR			
Dose	Route	Frequency	Start Date
5ml	oral	QBH	6/7
Name & Signature of the Doctor Starting the Drugs:			
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

Date: 6/7, 7/7, 8/7 — Time: 6am, 2pm, 10pm

DRUG: Neb: LEVOLIN			
Dose	Route	Frequency	Start Date
1 respule	Neb	6th hourly	6/7/26
Name & Signature of the Doctor Starting the Drugs:			
Additional Instructions: (0.63 mg)			
Daily Doctor's Endorsement by a Sign			

See the chart

Verified by Dr. Dhakshayani

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 23 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : SYP CITRALKA

Dose	Route	Frequency	Start Dt.
10ml.	PO.	H/S	7/3/16

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: 10ml in 30ml wate

Daily Doctor's Endorsement by a Sign

Date/Time: 7/3 — 10PM

DRUG : T. DROTIN.

Dose	Route	Frequency	Start Dt.
40mg	PO.	BD	7/3/16

Name & Signature of the Doctor Starting the Drugs: Af.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Stop.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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				

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

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

Weight. 71kg 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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 11kg Ward. .....

Date	Time	...n 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
6/7/26.	1: AM.	IV fluids DNS (1/2).	IV	50ml/h					
7/7/26	10am	IVF - DNS.	↓ 25ml/hr						

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

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... 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. Anusha .....

Date & Time : ..... 6/7/26 @ 1:30 am .....

Nurse Name & Signature: ..... B.h argani .....

Date & Time : ..... 6/7/26 @ 1:35 am .....

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	6/7/26 @ 1:9Am	6/7/26 @ 2 Am
Transfer Ordered by: Dr. Anusha		Reason for Transfer: Admission
From Unit: ER	To Unit: ward	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 2+1	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

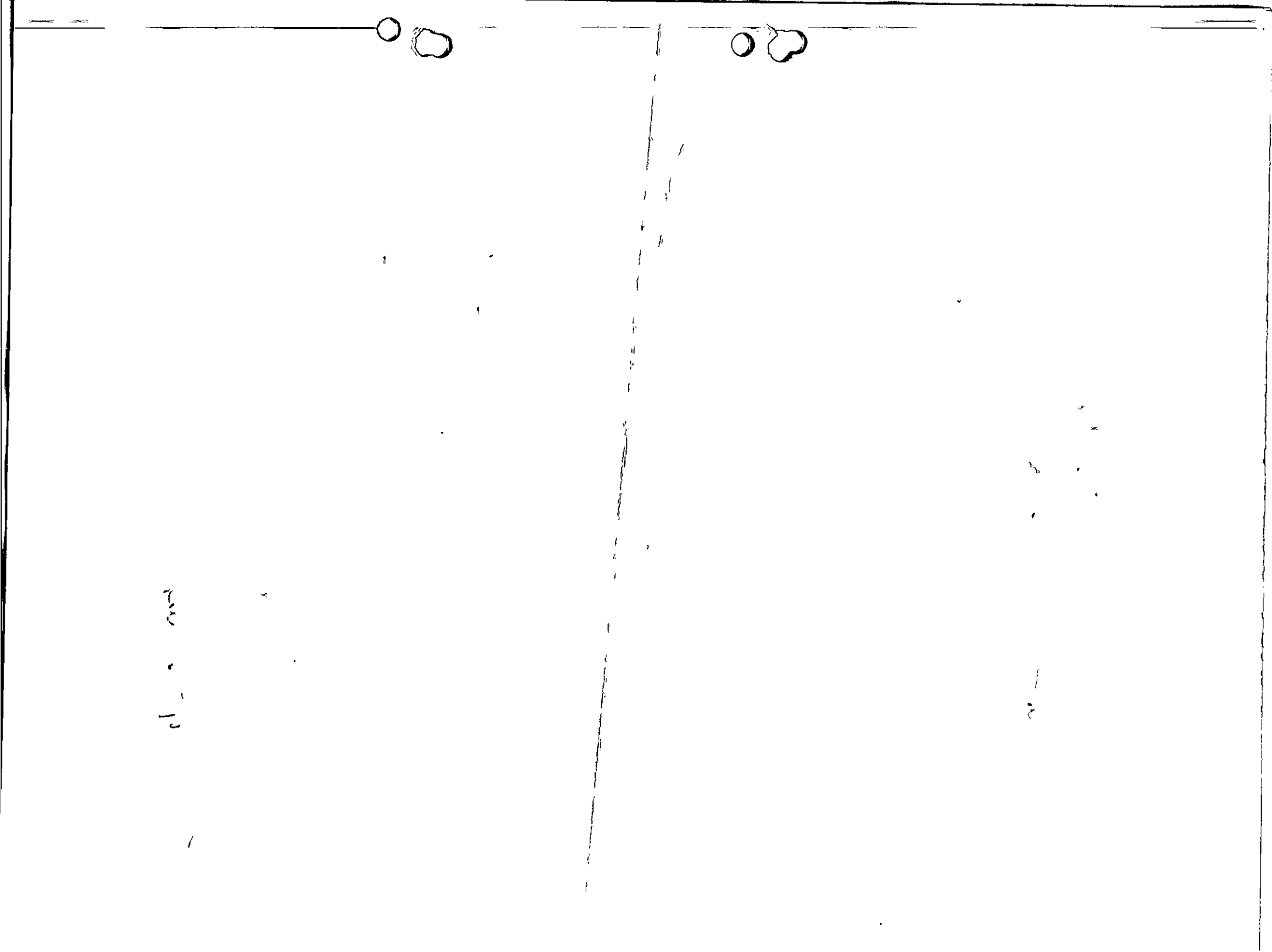
Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhargavi	Dr. Anusha.

Patient & Clinical Records Received by : Sunanda @ 2am

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



HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

wt- 71kg

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : G. Rimonasri Age : 16yr **Gender:** ☐ Male ☑ Female

Date : 6/7/26 Time of Arrival : 12:11 Am

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99°F PR: 135 b/m BP: 123/84/96mmHg RR: ..... SpO_2: 99%

Chief Complaints: cold, fever, since 3 days, throat pain

INITIAL PHYSIOLOGICAL CATEGORIZATION			**INITIAL PHYSIOLOGICAL STATUS**
Appearance ☐ Normal ☑ Sick Looking	Circulation / Colour ☑ Normal ☐ Abnormal ☐ Bleeding	Work of Breathing ☑ Normal ☐ Increased ☐ Decreased ☐ 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.

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 : B

Date & Time : 6/7/26 @ 12:13 Am

HNH-00016382 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
14-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 12:15AM

Chief Complaints: c/o. fever since 3days

Height : ..... Weight : 71kg 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
12:16 AM	- Assess the pt condition - monitore the vitals - IV Placemut Done - Smple colleted

Samples collected by: / Time:

Samples sent by : Jyn' Time: 1:50 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: 105 b/m BP: 123/80 CFT:	Shift - out from ER to: 2nd floor
RR: 20 b/m SPO2 at FiO2: 100/-	Time of Shift - out: 2 AM
GCS: 15/15 Temperature : 98.2 F	Handover given to: Sm
Pain Score: -	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV Placemut Done

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

Date & Time : 6/7/26 @ 12:18 Am

INH-00016362 IP26-00006754
Baby GANDHAM RAVI MOUNASRI
4-10-2009 16 Y 8 M 22 D (F)
Dr. SINDHURA MUNUKUNTLA

217

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 6/7/26 Time: 10:30Am

Weight: 71 kg Centile: 90th

Height: — Centile: —

Inference: overweight child

RDA: — Calories: 1800 kcal/d Protein: 32 gms/d

Diet Recommendations: Normal Diet & more liquids

Re-Assesment: Avoid spicy, chilled & outside foods

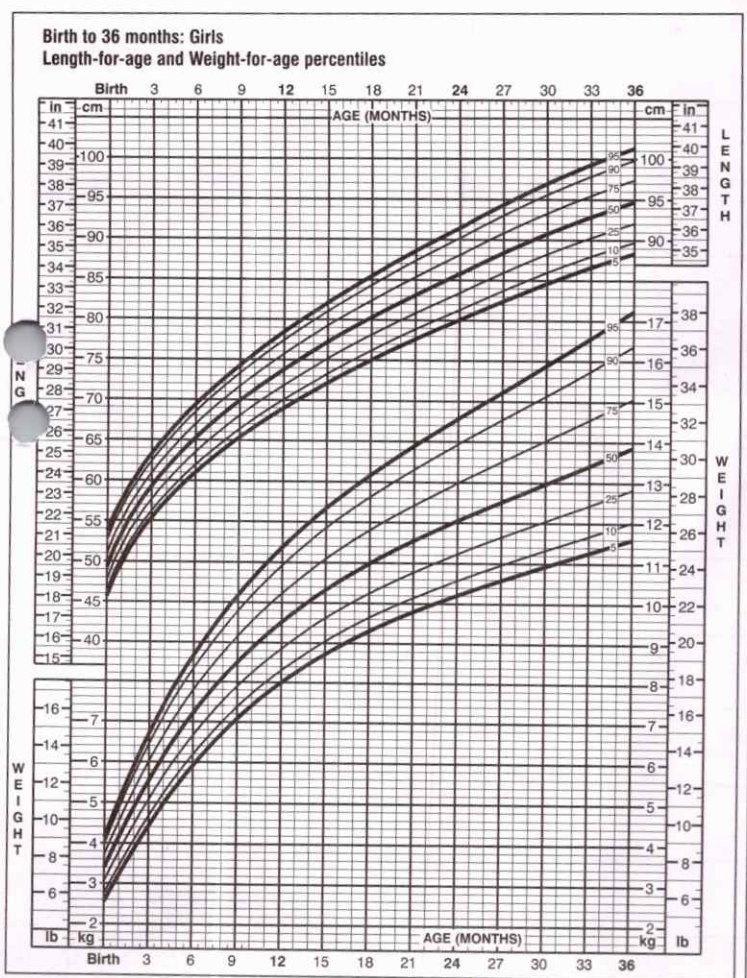
Food Allergies: Cabbage Veg/Non-veg NON-VEG

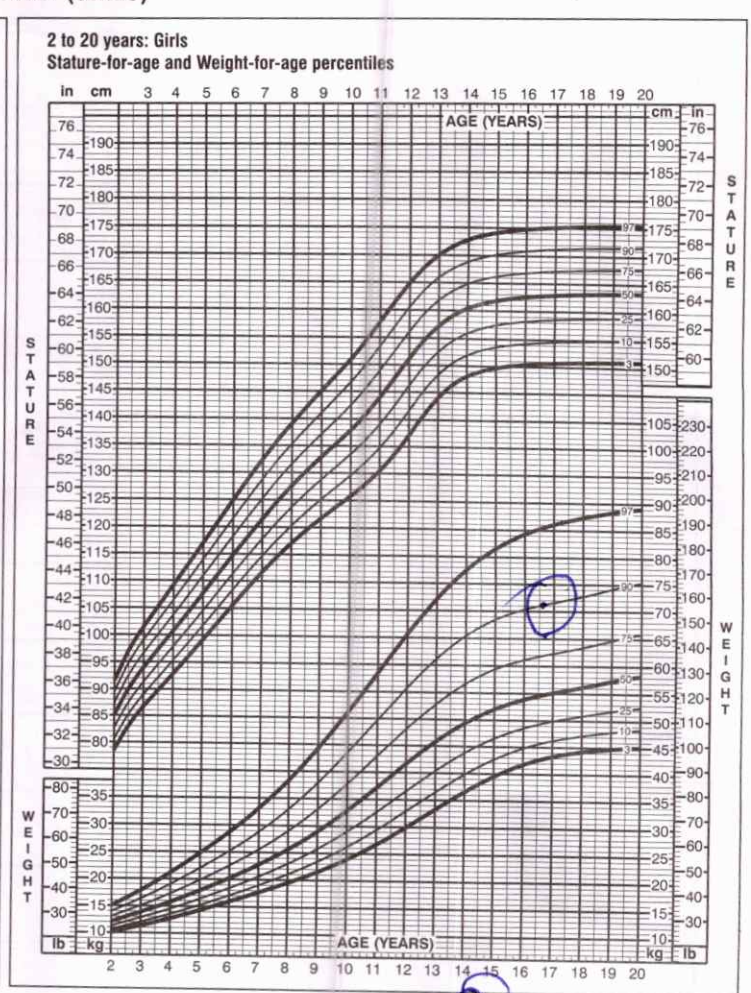
Diagnosis: AFI & Dehydration

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika. G Dietician's Signature

(P.T.O.)

Daily Notes: