219 Fc

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Master ZUIKIFL HASNAIN	**UHID**	BAH-00543890
Father/Guardian	Mr ABDULLA ZULQRNAIN	**Age/Gender**	3 Y 11 M 21 D/ Male
Address	TOLICHOWKI, Tolichowki, Hyderabad, Telangana, INDIA, 110005		
IP No	IP26-00006884	**Admission Date**	19-07-2026
Ref Doctor	DR. SYED ABU TALHA LUQMAAN		
Discharge Date	21.07.2026		

Referral Doctor
DR. SYED ABU TALHA LUQMAAN

Consultant:
Dr. MUKTA SUBHASH WAGHMARE
MBBS, DNB (Gen Surg), MCH (Pead Surg), FMAS
CONSULTANT PEDIATRIC SURGEON
08964

DIAGNOSIS	ICD CODE
ABDOMEN PAIN	
MESENTERIC LYMPHADENOPATHY	

History: Master ZUIKIFL HASNAIN, 3 Y 11 M 21 D , old boy presented with history of pain abdomen since 2 days, 1 episode of vomiting, decreased oral intake since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Name	Master ZUIKIFL HASNAIN	**UHID**	BAH-00543890
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Examination: He was afebrile. His heart rate was 113/min, Blood pressure - 106/79mmHg and Respiratory Rate - 36/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with tenderness in the right hypochondrium and lumbar region with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 16.5 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 11.8 gm%, White Blood Cell count of 7120 cells/cumm, platelet count of 2.69 lakhs/cumm and C-Reactive Protein of 5.0 mg/l.

Ultrasound abdomen shows:
* Multiple small lymph-nodes along the mesentery in the RIF and periumbilical region with mildly increased hilar vascularity, in keeping with mesenteric adenopathy.
* Fecal loading in ascending colon and recto sigmoid.
* Visualised appendix appears normal with no obvious signs of inflammation at present.
- For clinical correlation.

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

Name	Master ZUIKIFL HASNAIN	UHID	BAH-00543890
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antacids and analgesics.

He was regularly monitored for pain abdomen and vomitings and hydration status. Child had severe pain abdomen in the night and hence IV anti-spasmodic were given. USG Abdomen was done which was s/o enlarged multiple mesenteric lymph nodes and fecal loading of colon. His pain and other symptoms subsided eventually.
He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Injection. Pantop
Injection. Ceftriaxone
Syrup. Cyclopalm
Injection. Buscopan

Advice:
* Diet as advised.

Name	Master ZUIKIFL HASNAIN	**UHID**	BAH-00543890
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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	4 ml	8am - 8pm (after food)	For 5 days.
2	MUOUT Powder (8.5gm/scoops)	2 scoops in 120ml of water	10pm(at bedtime)	to continue
3	Tablet. LANZOL DT (Lansoprazole - 15mg)	1 tablet	7am (before breakfast)	For 5 days
4	Syrup. ONDEM (Ondansetron – 5ml/2mg)	7.5 ml	SOS(30 minutes before food)	MAXIUM 3 TIMES A DAY
5	PROCTOGUARD Ointment	for local application	thrice daily	for 5 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 5 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. MUKTA SUBHASH WAGHMARE on Monday (27.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Regular followup with DR. SYED ABU TALHA LUQMAAN, Primary Pediatrician.

Name	Master ZUIKIFL HASNAIN	**UHID**	BAH-00543890
IP No	IP26-00006884	**Admission Date**	19-07-2026

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.
* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.
* **Antiemetics** can be taken before food.
* **Laxatives** may deplete/decrease absorption of fat soluble vitamins A,D,E & K. Laxatives can be taken One hour before food or 2 to 4 hours after food & recommended diet to be followed.

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

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

Parent/ Attender

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

Name	[illegible]	UHID	BAH-00543890
IP No	IP26-00006884	Admission Date	19-07-2026

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. MUKTA SUBHASH WAGHMARE
MBBS, DNB (Gen Surg), MCH (Pead Surg), FMAS
08964

H-00543890 IP26-00006884
ster ZUIKIFL HASNAIN
07-2022 3 Y 11 M 22 D (M)
MUKTA SUBHASH WAGHMARE

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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	4 2			
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
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				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
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	27			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 21/07/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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 : IP26-00006884 **Admit Date** : 19-Jul-2026 **Admit Time** : 06:37 PM **UHID** : BAH-00543890

Patient Details :

Patient Name	: Master ZUIKIFL HASNAIN	**Age**	: 3 Y 11 M 21 D
Guardian	: Mr ABDULLA ZULQRNAIN	**DOB**	: 29-07-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: TOLICHOWKI Tolichowki Hyderabad Telangana INDIA 110005	**Phone No**	: 7675037062/ 8801278279
		E-mail	: NA@RAINBOW.IN

Admission Details :

Type : TWIN SHARING **Bed No** : SPVT-219 **Ward Name** : 2F -SEMI PRIVATE

Room No : SPVT-219 **Admission Type** : First Visit

Contact Details :

Name	: Mr.ABDULLA ZULQRNAIN	**Relationship**	: S/O
Contact Address	: TOLICHOWKI Tolichowki Hyderabad Telangana.INDIA 110005	**Phone No**	: 7675037062

Signature

Doctor Details :

Doctor Name	: Dr. MUKTA SUBHASH WAGHMARE	**Specialisation**	: PEDIATRIC SURGERY
Referral Doctor	: DR. SYED ABU TALHA LUQMAAN	**Phone No**	: 9502768791
Co-Consultant	:		

Payment Details :

Deposit Amount : 35000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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.
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Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: TOLICHOWKI Tolichowki Hyderabad Telangana INDIA 110005	**Phone No**	: 7675037062/ 8801278279
		E-mail	: NA@RAINBOW.IN

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr ABDULLA ZULQRNAIN **Relationship** : S/O

Contact Address : TOLICHOWKI Tolichowki Hyderabad Telangana INDIA 110005 **Phone No** : 7675037062

Signature

Doctor Details :

Doctor Name : Dr. MUKTA SUBHASH WAGHMARE **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 35000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

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

UHID No : -------- BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

Date of Admissio -------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/07/26	8:00pm	ER	ward (219)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Tanya Waghmare.	20/7/26.		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/7/26	CBP, ~~CRP~~	12089	A.P
	CRP,		
		cross check done by sr-sandhya	
20/7/26	USG Abdomen	8794	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7/26	Infusion Pump	9:40 pm.	21/7/26 @ 8AM	15227	Sandhya.

Cross check done.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/7/26	Iv Placement	1	215191	A.P.
20/7/26 (1pm)	NHA	(1)	5488	A

cross check done by sr. sandhya.

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : ACUTE APPENDICITIS.

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Pediatric Multiorgan ... on

Name : ZUKIFL Age/Sex 3yr 11m

Informant Mother Reliability Mother

Chief Presenting Complaints & Duration (Chronologically):

pain abdomen x 2 days.
1 e/o vomiting x today afternoon.

History of present illness :

- Child came with c/o pain abdomen since 2 days, intense, in the lower right quadrant and lower abdomen and back associated with 1 episode of vomiting today afternoon.

- No H/o fever, bloody stools, loose stools.

- History of decreased oral intake since 1 day.

Pediatric Multiorgan History & Physical Examination

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

—IVIL—

Birth & Neonatal History :

Term / AGA / Male

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally (N).

Immunization History :

As per NIS.

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Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

History & Physical Examination

Anthropometry

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

Weight (kgs) 16.5 Kgs (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2 100% at RA

Resp. rate and type of breathing : _____

Rash —

Lymphadenopathy } Absent.

Oedema :

Respiratory system :

Inspection (any s/o distress) : BAE(+), NVBS(+).

Air entry & breath sounds :

Any addes sounds :

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

Cardiovasclular System :

Inspection of procordium : S1, S2(+).

Heart Sounds : No murmurs.

Any murmur :

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

Per Abdomen :

Inspection : SNT, Tenderness over (R) lower quadrant, hypochondrium, BS(+).

Palpation :

Ausculation :

Spine: External Genitelia :

Relevant data from outside (CT, USG etc.,) — No guarding/rigidity/rebound tenderness.

Pediatric Multiorgan History & Physical Examinatic

Central Nervous System :

Level of Consciousness : AVPU/GCS Score :

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power 5/5.

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel : N.

Clinical Summary & Diagnostic :

ACUTE APPENDICITIS.

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC
CRP
2 extra pkm.

NB shifting

Planned Management :

- IVF 2/3rd M.
- clear liquids only.
- NO soya diet.
- Inj. CEFTRIAXONE BD
- Syp. cyclopam SOS.

NB shifting

Please fill up the following details

1. Name of the Referring Doctor : Dr. Mukta
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

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/22 9 AM	C/S/O Dr. Laxman / Dr. Sudarshan	
	Δ- ~~Acute~~ appendicitis.	
	- Pain abdomen - ↓	
	- Oral intake -	
		Plan
	- O/E - vitals stable.	- Ct. Ceftriaxone/Cefo/o pain.
		- Repeat USG today.
	O/E - ~~WNL~~	
	P/A - SNT,	- Ped. Sx opinion by Dr. Mukta.

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

(P.T.O)

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/c. Dr. Luqmaan	
20/07/26	D: ? Subacute Appendicitis	
12:30 AM	c/o pain abdomen	
	O/E. Afebrile	
	Hemodynamically stable	
	Hydration - ok	
	S/E. PA. soft +	Adv
	mild tenderness	- Inj Ceftriaxone
	periumbilical	- IV fluids / NPO
		- Inj pantop
		- Inj Buscopan
		- Monitor vitals and
		Inform
	- Repeat USG whole abd	
	T/M	Dr. Luqmaan
		noted by sr. Sandhya
		20/7/26
		12:30 am

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	c/s/B - Dr. mukta.	
10:20 AM	Δ - Subacute appendicitis	
	c/o Pain abdomen	
		Plan
	O/E	1) USG Abdomen today ↓ if ok ↓ conservative management
	GC fair	
	Haemodynamically Stable	
	S/E	
	P/A - Soft, mild tenderness + at RIF Periumbilical	2) if recurrent → Surgical mgt
		3) [illegible] ceftriaxone
		4) [illegible]
		6) Pan / Buscopan
		7) monitor Vitals.
Dr. Mukta Subhash Waghmare Reg. No. 08904		

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Master ZUIKIFL HASNAIN
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 12:10pm	~~d/s/b~~ case discussed with Ds Lugman Subacute Appendicitis.	
	c/o abd ?	
	Appendix - (n).	- No need Surgy.
	vital stable.	- ct conwalt Mx for 48 Hour x Antibiot
	Pain abdomen (+) RIF tender (+).	- ct CEFTRIAXONE
		- Dulcolax Supp 5mg P/R (SOS).
		- ~~4~~ onewentyul - d/s aft 48 Hoh of antibiot & R/v in OPD Clinic.
	AJ 11/26.	
		N/B brought @ 12:10pr

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 2:30pm	C/S/B Dr. Pravin	
	Sub Acute Appendicitis /	Acute Abdominal pain
	Abdominal pain	
		Plan
	Child alert	1) Inj Ceftriaxone
	Vitals stable	2) Inj Buscopan
		3) Inj Pan
	O/E - Afebrile	4) Montek VIL
	R.S - B/L AE ⊕	5) IVF - 5% 35 ml/hr
	P/A - Soft	6) Proctoguard ointment
	Tenderness ⊕	
		Plan
	Passed stool after suppository	N/B Surgeon @ 2:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8 AM	S/B Dr. Archana / Dr. Thanvi	
	Δ: Subacute Appendicitis.	
	pain per abdomen ↓. fever ⊖. oral acceptance - good.	Advice.
	U/S passed.	· Ct INJ CEFTRIAXONE PANTOPRAZOLE, BUSCOPAN.
	P/E vitally stable.	· Stop IV Fluids · watch for RIF tenderness / fever spikes.
	SE P/A - soft; nt.	- plan D/C after evening dose - ~~Cont Inj ceftriax~~ oral antibiotics - Enema. - I

4-00543890 IP26-00006884
ster ZUIKIFL HASNAIN
)7-2022 3 Y 11 M 22 D (M)
MUKTA SUBHASH WAGHMARE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/D/w Dr. Luqman	
21/7 10:00Am	Subacute	Appendicitis
	Pain abdomen ↓. fever (-) oral intake - good.	Plan - D/C today - oral Antibiotices - Encourage orally.
	c/s/i/3. Dr. Mukta	
22/7 10:00Am	subacute	Appendicitis
	Pain abdomen ↓. fever (-) oral intake - fair.	Plan 1. Mucut powder 2 scoops/day for 1 month - plan D/C today
	R/S - BILAE(+) P/A - soft, NT	- oral Antibiotics -

Dr. Mukta Subhash Waghmare Reg. No: 08904

+00543890 IP26-00006884
ster ZUIKIFL HASNAIN
07-2022 3 Y 11 M 22 D (M)
MUKTA SUBHASH WAGHMARE

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NKA ..... ☐ 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. Varun .....

Date & Time : ..... 19/07/26 @ 6:37 pm .....

Nurse Name & Signature: ..... Shivisha .....

Date & Time : ..... 19/07/26 @ 7:20 pm .....

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

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 19/07/26 Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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.

SOS / PRN (As Required Medication)

DRUG : Inj. ONDEM				Date / Time
Dose	Route	Frequency	Start Date	
2.5mg	IV	SOS	19/7	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

REGULAR PRESCRIPTIONS

Weight. 16.5 Kgs. Ward. .....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
800mg	IV	OD	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time			
19/7	20/7	21/7	
8AM	X		
8PM			

Daily Doctor's Endorsement by a Sign

DRUG : Syp. CYCLOPAM

Dose	Route	Frequency	Start Date
5ml	PO	TDS	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	
19/7	
6AM	X
2PM	X
10PM	

Stop

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PANTOP

Dose	Route	Frequency	Start Date
20mg	IV	OD	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time		
20/7	21/7	
Stop		

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PULCOPAN

Dose	Route	Frequency	Start Date
10mg	IV	SOS	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	

Daily Doctor's Endorsement by a Sign

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Master ZUIKIFL HASNAIN
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : INJ. BUSCOPAN

Dose	Route	Frequency	Start Dt.
10 mg	IV	8H	19/07

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/7	20/7/22
6AM	+	
2pm	+	
10PM		

DRUG : PROCTOSARD OINTMENT

Dose	Route	Frequency	Start Dt.
—	P/R	TID	20/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7/22
6AM	X
2pm	
10pm	

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

Date / Time

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				

Signature :

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Weight. ..... 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
19/7/26	10PM	IV BUSCOPAN	20mg	IV		Sandhya Dy
20/7/26	12pm	Dulcolax Sup	5mg	PR		
~~20/7~~	~~10 AM~~	~~DULCOLAX~~ Suppository	~~5g~~	~~PR~~		
21 7.	10 AM	NEOTONIC ENEMA.	20ml.	PR.		

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Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

I.V. FLUIDS CHART

Weight. 16.5 Kgs 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
19/7/22	6:45PM	IV PLASMALYTE 400ml + 100ml 25% D2x	IV	5ml			20/7		
20/7	2PM	IV PLASMALYTE (400ml) + 25% D - (100ml)	IV	35					

Signature .....

VERIFIED BY : Name .....

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Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
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RESULT SHEET

Date	14.7.26					
Time						
Hb	11.8					
PCV	33.3					
RBC	4.60					
WBC	7.12					
N/L	52.7/41.9					
Platelets	269					
CRP	5.0					
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

(219)

Patient St

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

NICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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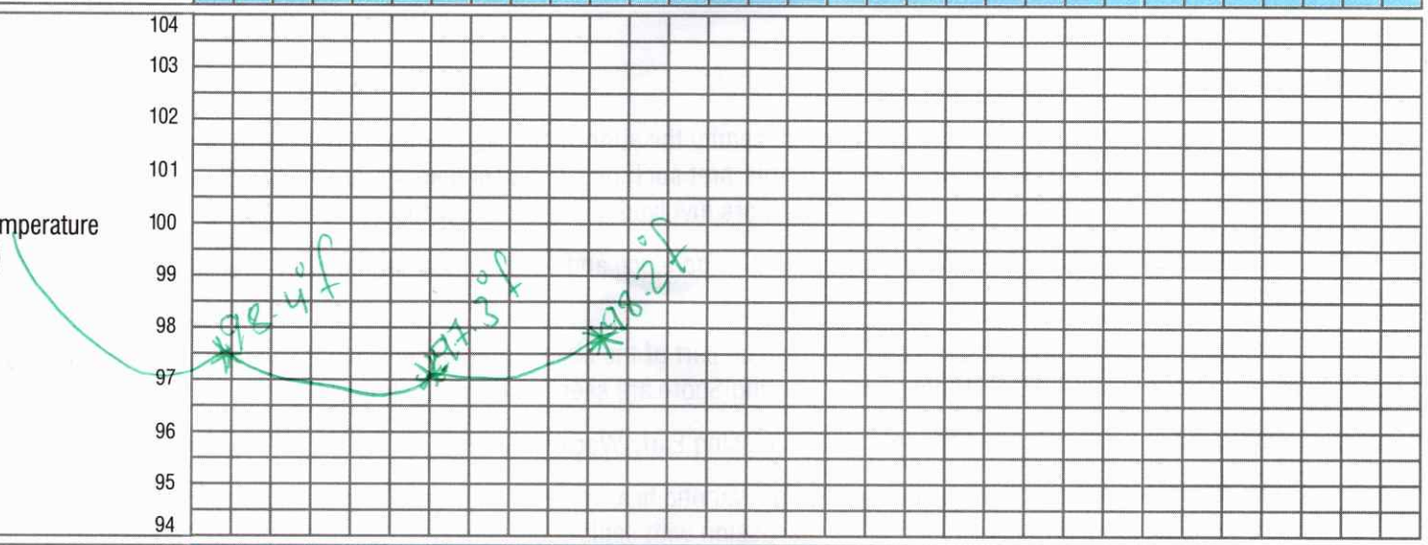
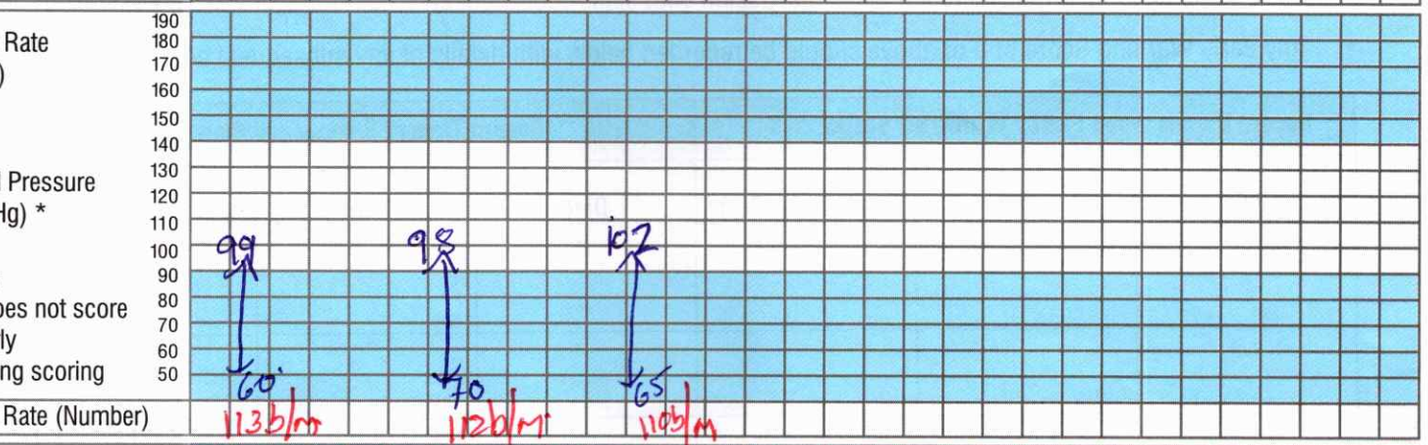
RNING SCORE: CHILDREN'S UNIT

Date : 19/7/ Time:	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?			





Note: BP does not score in early warning scoring

Heart Rate (Number)	113 b/m	112 b/m	110 b/m

Resp Rate (Number)	29 b/m	26 b/m	28 b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	99%
Conscious Level: Normal / Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient Sticker

L / 125

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7/26 Time: 10AM 2 pm 6 pm 11pm 2AM 6AM

Doctor / Nurse / Family Concern?

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

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

Note:
BP does not score in early warning scoring

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

Heart Rate (Number)

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

Resp Rate (Number)

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

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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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)

Patien

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
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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 :**						
19/7/26	08:00 pm			55 ml								
	09:00 pm	plasmalyte + 25% Dext	Soup	55 ml								
	10:00 pm			55 ml								
	11:00 pm			55 ml								
	12:00 am		H2O.	55 ml								
	01:00 am			55 ml								
Total Intake : Taken						**Total Output :** U-2 M-0						
20/7/26	02:00 am	plasmalyte + 25% Dext		55 ml								
	03:00 am			55 ml								
	04:00 am			55 ml								
	05:00 am			55 ml								
	06:00 am			55 ml								
	07:00 am			55 ml								
Total Intake :						**Total Output :** U-1 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN (M)
29-07-2022 3 Y 11 M 20 D
Dr. MUKTA SUBHASH WAGHMARE

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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							
29/7/26	08:00 am			55ml								
	09:00 am	Fluids + 25% D		55ml				NA				
	10:00 am			55ml			.					2
	11:00 am			55ml								
	12:00 pm			55ml								
	01:00 pm			55ml			✓		.	✓		
Total Intake :						**Total Output :**						
29/7/26	02:00 pm			35ml								
	03:00 pm	Fluids + 25% D		35ml						~		
	04:00 pm		Kichdi + H2O	35ml			•	NA			0	
	05:00 pm			35ml								
	06:00 pm			35ml						~		
	07:00 pm			35ml								
Total Intake :						**Total Output :**						
	08:00 pm			35ml								
	09:00 pm	Fluids + 25% D	Kichdi + H2O	35ml			✓			~		
	10:00 pm			35ml				NA			0	
	11:00 pm			35ml						~		
	12:00 am			30ml								
	01:00 am			30ml								
Total Intake :						**Total Output :**						
	02:00 am			35ml								
	03:00 am	Fluids + 25% D		30ml						✓		
	04:00 am			30ml				NA			0	
	05:00 am			30ml								
	06:00 am			30ml								
	07:00 am			30ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

Patient S

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8PM ↓ 8AM	→ Assess the patient general condition → Iv fluids plasmalyte + 25% Dextrose @50 ml/hr to cont → w/f v/s	8PM ↓ 8AM	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	

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Master ZUIKIFL HASNAIN
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Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 29/7/22

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 8pm	-> Assess Kept Condition -> monitor vitals & I/o chart -> drug as per chart -> provided Comfortable position		-> Assessed Kept Condition -> monitored vitals & I/o chart -> drugs as per chart -> provided Comfortable position	pt is stable	Reached vitals	
Afternoon				Day			
Night	8pm 8am	Assess the baby Monitor the VS Administer feeds Maintain IV	8pm 8am	Assessed the baby Monitored VS administer feeds Maintained IV	administered	Reassess	

Patient Sticker

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 21 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute appendicities			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	19/7/26 NS	20/7/26 MS	21/7/26 ES			
	Medical Condition (Any special condition to be noted):	—	—	—			
	Diet:	liquids	liquids	—			
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—			
	Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F	98.1°F	98.3°F			
	Res:	25b/m	26b/m	20b/m			
	SpO_2:	99%	99%	100%			
	Pulse:	130b/m	135b/m	122b/m			
	BP:	100/70	100/70	98/70			
	LOC:	—	—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	✓	—	—			
	Skin Integrity	—	—	—			
Recommendations	Safety Needs:	~~☐ Yes~~ ☐ No	~~☐ Yes~~ ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—			
	Others Specify:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—			
	Critical Lab Test / Values:		—	—			
	Other Special Orders / Medications:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—			
Post Operative Procedure Special Orders:		~~Same~~	—	—			
Handed Over By Name :		Sandhya	Ms	Manal			
Signature / ID :							
Date:		20/7/26	20/7/26	21/7/26			
Time:		8a	8p				
Taken Over By Name :							
Signature / ID :							
Date:		20/7/26	20/7/26				
Time:		8A	8P				

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

BRADEN 'Q' SCALE

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					Date : 27/26 / 20/5/26 / 2017			
					Time : 2 PM / 10 AM / E2			
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.	4	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	28	28	28	
				Evaluator's Name	[illegible]	[illegible]	[illegible]	

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

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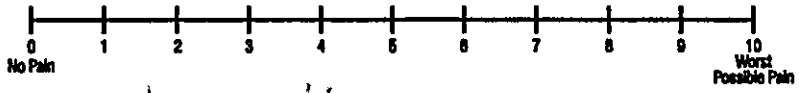
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/7/26	10pm.	6/10	Abdominal pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
20/7	4pm	0	NAD	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NAD	[signature]
21/7	8am	0	NAD	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NAD	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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

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CHECKLIST FOR THROMBOPHLEBITIS

19/7/26 20/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
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	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	0				
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	0				
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	0				
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	0				
		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

Patient Sticker

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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 : .....

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PTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 20/7/22	DATE 20/7/22	DATE 21/7/22	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	1				
	13 years old and above	1	1	1	1		
Gender	Male	2	1				
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4	1				
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	1				
	Psych / Behavioral Disorders	2	1				
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3	1				
	Forget Limitations	2	1				
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4	1				
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	1				
	Patient Placed in Bed	2	1				
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	1				
	Within 48 hours	2	1				
	More than 48 hours/ None	1	1				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	1				
	Hypnotics	3	1				
	Barbiturates	3	1				
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1		1	1		
	Total						

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

	Bed in low position			—	✓		
	Call device within reach			—	✓		
	Wheels Locked			—	✓		
	Room free of clutter			—	✓		
	Adequate lighting			—	✓		
	Wheel chair support			—	X		
	Other Intervention(s) Specify			—	X		
	Nurse's Name:						
	Signature:						
	Date:			20/7/22	21/7/22		
	Time:			8 PM	8 AM		

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

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/7/26 Time: 10:30 Am

Weight: 16.5 Kg. Centile: 50th

Height: — Centile: —

Inference: Well nourished child.

RDA: — Calories: 1300 Kcal/day Protein: 22 gms/day.

Diet Recommendations: Clear liquid diet Only.

Re-Assesment: Avoid Junk, Oily, Spicy food.

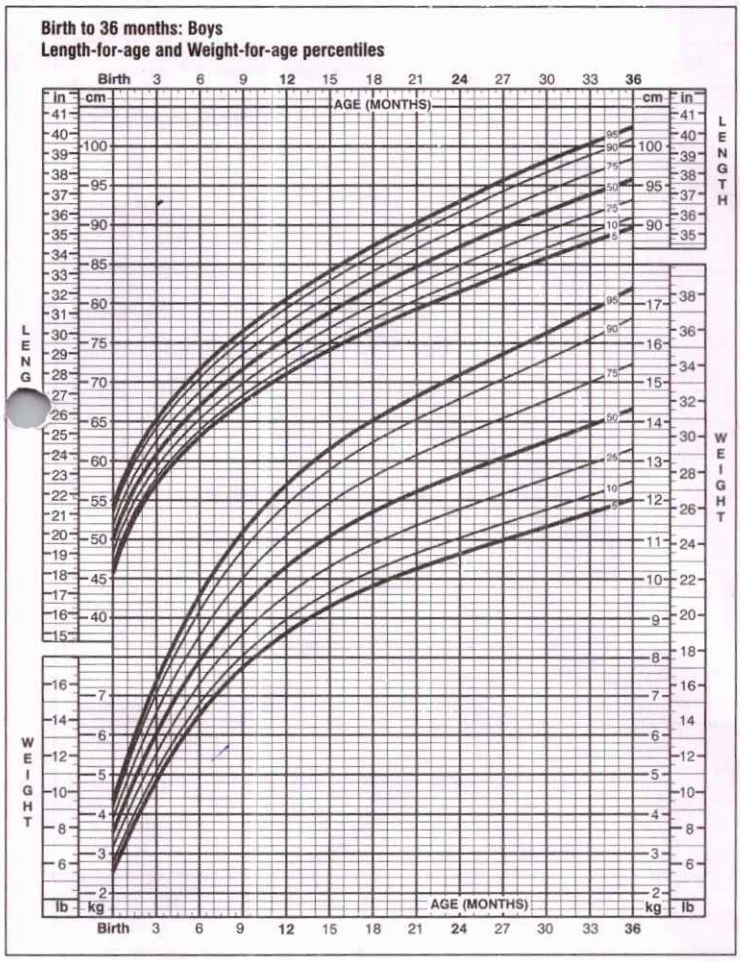
Food Allergies: NO Veg/Non-veg NON-Veg

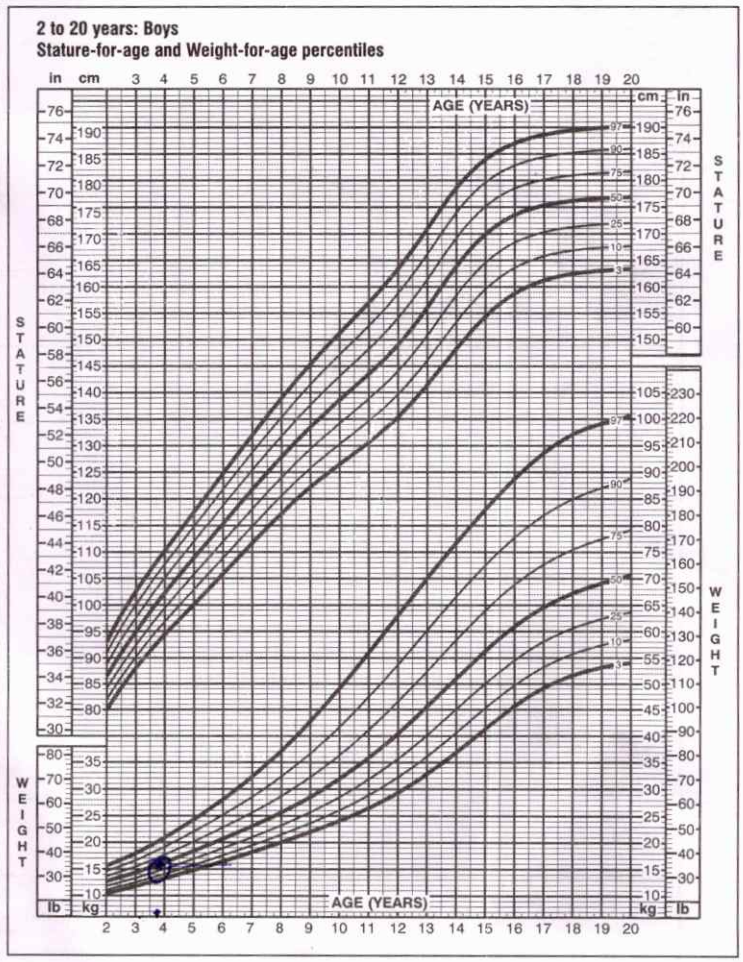
Diagnosis: Appendicitis

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya.

Docu. No. : RCH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

20/7/26
10:50 Am Can start with soft plot as advised.

Sathwika.G

BAH-00543890 IP26-00006884
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29-07-2022 3 Y 11 M 20 D (M)
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wt 16.5 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Zuikifl Hasnain Age : 3 years **Gender:** ☐ Male ☐ Female

Date : 19/07/22 Time of Arrival : 6 PM

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

Source of Information : ☐ Parents ☐ Others (Specify)

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98 F PR: 91 b/m BP: 106/79 (88) mmHg RR: 36 b/m SpO_2: 99 %

Chief Complaints: c/o abdominal pain since yesterday - 2 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

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

Circulation / Colour
☐ Normal ☐ Abnormal ☐ Bleeding

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:12 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Shirley

Signature of Triage Nurse : .....

Date & Time : 19/07/22 @ 6:02 PM

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/07/26 Time of arrival : @ 6:04PM

Chief Complaints: c/o abdominal pain since 2 days RBS: .....

Height : ..... Weight : 16.5 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: 1 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character Acute ☐ Location Stomach ☐ Frequency ..... ☐ Duration 2 days

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 6:06PM

BAH-00543890 IP26-00006884
Master ZUIKIFL HASNAIN
29-07-2022 3 Y 11 M 20 D (M)
Dr. MUKTA SUBHASH WAGHMARE

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

Time	Nursing Notes
6:08 PM	Assess the patient condition monitor the vital sign

Samples collected by: /

Samples sent by : / vijaya

Time:

Time: / 6:30 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:28 PM	cyclopam syp	oral	5ml OD	varun	

Condition of patient at time of shift - out : stable

HR: 91 b/m BP: 106/79 CFT: N/A

RR: 36 b/m SPO_2 : 98%

GCS: 15/ Temperature : 98 F

Pain Score: -1

Repeat RBS (if applicable): N/A

Details of Shift - out

Shift - out from ER to: 2nd floor (24 bed)

Time of Shift - out: 7:58 PM

Handover given to: .....
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Dr placement done

Name of the Nurse : shivaraj Signature of the Nurse :

Date & Time : 14/07/26 @ 6:10 PM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00543890 IP26-00006884 Master ZUIKIFL HASNAIN 29-07-2022 3 Y 11 M 20 D (M) Dr. MUKTA SUBHASH WAGHMARE	19/07/26 @ 6:37 PM	19/07/26 @ 8:00 PM
	Transfer Ordered by Dr. varun	Reason for Transfer Admission
From Unit GR	To Unit ward (219)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15+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
shirish	Dr. varun

Patient & Clinical Records Received by : priya 19/7/26 @ 8:00pm

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

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master ZUIKIFL HASNAIN**	**Age :**	**3 Y 11 M 20 D**
IP No:	**IP26-00006884**	**Sex:**	**Male**
Consultant:	**Dr. MUKTA SUBHASH WAGHMARE**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

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 so 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: Dr. Husna Fatima

Relationship: mother

Date: 19/2/26 Time:

Patient Address:

TOLICHOWKI Tolichowki Hyderabad
Telangana INDIA 110005

Witness Name:

Witness Signature:

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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card 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.

Dr. Husna Fatima

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**

COUNSELLING SHEET

RAINBOW CHILDREN'S HOSPITAL, HIMAYATNAGAR

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ROOM TARIFF IS INCLUDING BED CHARGES, DOCTOR CHARGES, NURSING CHARGES.		SEPARATED FROM TARIF
TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	(2) 13,350	PHARMACY
		INVESTIGATION
		CROSS CONSULTATION
PRIVATE / DELUXE ROOM / SUITE ROOM	19,300 / 17,250	CONSUMABLES
		BLOOD TRANSFUSSION
PICU / NICU / HDU		EQUIPMENT
		PROCEDURE
		MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY) 12-12 PM (2)

12 TO 12 NOON BILLING POLICY 7PM - 12 PM (1)

PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)

VISITING HOURS 04:00pm TO 05:00pm.

OUTSIDE FOOD AND MEDICATION NOT ALLOWED

DATE:-	CAUTION DEPOSIT:- 35K	

PATIENT NAME:- Zulkifl Hasnain (Refundable 4.5 w/N.

AGE/SEX:-

INSURANCE/SELFPAY:- Self Pay.

Appendicitis - open APP 1.20K

NOTE

Pharmacy, Investigations, Procedure Equipments, consumables (Extra

for Lap - APP. 1.50K

ATTENDENT SIGNATURE	COUNSELLING PERSON SIGNATURE
NAME:- Dr. Husna Fatima	Yoseen ali khan 020099
RELATIONSHIP:- Mother	
CONTACT NO.:- 7675037062