DISCHARGE SUMMARY

Name	Baby AAYATH	**UHID**	HNH-00016564
Father/Guardian	Mr MD.AZHAR	**Age/Gender**	1 Y 4 M 1 D/ Female
Address	mch quarters, B-14/2, Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006841	**Admission Date**	13-07-2026
Ref Doctor	Dr P V S Sivesh		
Discharge Date	16.07.2026		

Consultant:
Dr. ABHISHEK RAVINDRA JAIN
MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

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

Name	Baby AAYATH	UHID	HNH-00016564
IP No	IP26-00006841	Admission Date	13-07-2026

DIAGNOSIS	ICD CODE
SARS-CoV-2 (INFECTION) WITH SEIZURE DISORDER	

History: Baby AAYATH, 1 Y 4 M 1 D old girl presented with history of fever since 2 days, cough since 1 day, seizure 4 episodes since morning, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital for further management.

Examination: She was afebrile. Heart rate was 180/min and Respiratory Rate - 46/min. Peripheries were warm, pulses well felt. On auscultation of chest, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

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

Weight on admission: 8.2 kgs.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was

SARS-CoV-2	**POSITIVE**
Influenza A	NEGATIVE
Influenza B	NEGATIVE
Respiratory Syncytial Virus (RSV)	NEGATIVE

Name	Baby AAYATH	**UHID**	HNH-00016564
IP No	IP26-00006841	**Admission Date**	13-07-2026

Adenovirus PCR was not detected.

Date	**On 13.07.2026**	**On 14.07.2026**	**On 15.07.2026**
TEST	**Result**	**Result**	**Result**
CBP: Hemoglobin	11.4 g/dl	-	-
While blood cell	11330 cell/cmm	-	-
Platelets	3.88 lakh/cmm	-	-
CRP	10 mg/L	-	-
Magnesium	-	2.3 mg/dl	-
Calcium	9.5 mg/dl	-	-
Creatinine	0.3 mg/dl	-	-
BLOOD CULTURE	-	Sterile	-
CUE	-	-	Normal

EEG Done which was normal.

Medication during hospital stay:
Injection. Sodium valproate

Name	Baby AAYATH	UHID	HNH-00016564
IP No	IP26-00006841	Admission Date	13-07-2026

Tablet. Clobazam
Syrup. Valproate
Nasoclear nasal drops
Pro GG drops
Z and D drops

Management: In ER baby had 1 episode of convulsion GTCS type aborted with medazolam nasal spray. Later She was admitted in PICU and started on Intra Venous fluids and Intra Venous anti convulsant (sodium valproate), IV antibiotics was started. She was treated symptomatically with antacids and antipyretics. She was started on febrile seizure prophylaxis with Frisium.

In view of multiple episodes of seizures MRI BRAIN was done which showed normal. EEG done which showed normal.

In view of fever, cold, cough Respiratory panel was sent which showed SARS-COVID positive. symptomatic treatment was given.

She was regularly monitored for his Seizures, hemodynamic status, oxygen saturations and vital parameters. As she remained hemodynamically stable, maintaining saturations at room air, accepting orally well, she was shifted to ward for further management.

During ward stay she was regularly monitored for her hemodynamic status, oxygen saturations and vital parameters. Gradually her oxygen support was tapered & stopped. As she remained hemodynamically stable, maintaining saturations at room air, tolerated and accepting orally well, hence he is being discharged with the following advice.

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

Name	Baby AAYATH	UHID	HNH-00016564
IP No	IP26-00006841	Admission Date	13-07-2026

Medication during hospital stay
Injection. Sodium Valproate
Tablet. Clobazam
Syrup. Valproate
Nasoclear nasal drops
Pro GG drops
Z and D drops

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Valproate (5ml/200mg)	2.5 ml	8am - 8pm (after food)	Till further advice
2	Z& D Drops	1ml	8am	for 14 days
3	PRO GG drops	15 drops	8am - 8pm (after food	For 1 day
4	Syrup. Xyzal	2.5 ml	8pm	For 3 days.
5	Otrivin oxy drops	1 drops each nostril	twice daily	For 3 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Name	Baby AAYATH	UHID	HNH-00016564
IP No	IP26-00006841	Admission Date	13-07-2026

Febrile Seizure Prophylaxis:
* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 2.5 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.
* Syrup. Clobium (Clobazam - 1ml/2.5mg) 1ml twice daily for 3 days every time with fever.
* Medistat / Insed / Midacip - nasal spray (Midazolam = 1.25 mg/puff), 1puff intranasal (into each nostril) for future seizures.

Review consultation with Dr. ABHISHEK RAVINDRA JAIN on Friday(17.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Regular followup with Dr P V S Sivesh, Primary Pediatrician.

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.

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby AAYATH	**UHID**	HNH-00016564
IP No	IP26-00006841	**Admission Date**	13-07-2026

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**

Rainbow Children's Medicare Ltd. Himayatnagar Hyderabad 500029

Registrar/Resident/C.M.O

Dr. ABHISHEK RAVINDRA JAIN
MBBS, MD(Pediatrics), IAP POST DOCTOR FELLOWSHIP IN PEDIATRIC NEUROLOGY
CONSULTANT PEDIATRIC NEUROLOGIST
TSMC/FMR/02757

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 : IP26-00006841 **Admit Date** : 13-Jul-2026 **Admit Time** : 10:39 PM **UHID** : HNH-00016564

Patient Details :

Patient Name	: Baby AAYATH	**Age**	: 1 Y 4 M 0 D
Guardian	: Mr MD.AZHAR	**DOB**	: 13-03-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: mch quarters, B-14/2 Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 9573070870
		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 MD.AZHAR	**Relationship**	: Father
Contact Address	: mch quarters, B-14/2 Amberpet Hyderabad Telangana INDIA 500013	**Phone No**	: 9573070870

Signature

Doctor Details :

Doctor Name	: Dr. PRITESH NAGAR	**Specialisation**	: PEDIATRIC INTENSIVE CARE
Referral Doctor	: Dr P V S Sivesh	**Phone No**	: 8143818234
Co-Consultant	: Dr. P V S Sivesh		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 10000.00
		Payor Name	: SELFPAY

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-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Treating Consultant Name: Dr Abhishek.	Date & Time of Admission: 13/7/26 @ 10:39pm	Date & Time of Transfer Order: 15/7/26 @ 1.30pm
	Transfer Ordered by: Dr priteh	Reason for Transfer: stable
From Unit: PICU	To Unit: ward 2nd floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 50	Number of Imaging Films: x-ray - 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sujatha	

Patient & Clinical Records Received by : Sunanda @ 7.30 PM

Date & Time of Patient Received : 15/7/26

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

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

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

ACTIVITY RECORD FOR BILLING

Name: ---------- HNH-00016564 IP26-00006841 ----------
Baby AAYATH
UHID No : --------- 13-03-2025 1 Y 4 M 1 D (F) Consultant : ---------- Dept : ----------
Dr. ABHISHEK RAVINDRA JAIN
Date of Admission ------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	11.02 Pm	ER	PICU	A.L
15/7/26	7:30 pm	PICU	3rd Floor (314)	Usha / Sunanda

Cross Consultation Visit

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/7/26	CBP, CRP, Creatinine, Calcium	11671	
	VBG	11672	
	CXR	8484	
	Blood cls	11677	
14/7/26	Magnesium	11707	
14/7/26	Respiratory Panne (5 viruses)	11711	
	Cross checked by Suritha 15/7/26 at 3Am		
15/7/26	CUE	11759	
	Cross checked by Sujatha on 15/7/26 at 11am		
15/7/26	EEG	008588	
	Cross checked done.		

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7	Invasive monitor		15/7/26 at 12pm		
	Infusion pump	11 pm	15/7/26 at 11pm	3584	
	Crow checked by Sujata on 15/7/26 at 11am				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/7/26	IV placement	(1)	13527	
14/7/26	PAC	(1)	13686	Ri
14/7/26	IV placement	1	13638	
14/7/26	NHA	(1)	13801	Ramya
	cross checked by Sunitha 15/7 at 3Pm			

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Patient Name : AYATH

Patient ID# :

Consultant :

Final Diagnosis : ~~AYATH~~ Complex febrile seizure

Pediatric Multiorgan History & Physical Examination

Name : Anyath Age/Sex 1y 4m

Informant mother. Reliability fair

Chief Presenting Complaints & Duration (Chronologically):

C/o fever since x 2 days.
C/o cough x 1 days.
c/o seizure – 4 episode today.

History of present illness :

A 1y 4m old child presented c c/o

Fever – insidious onset
- high grade (102 F)
- intermittent ↓ on medication.
- no h/o travel / outside food
- h/o fever in younger sibling.
- ~~taken~~

cough – wet type, A/W post tussive nausea, hurried & noisy breathing occasional.
~~no~~ no c/o cold.

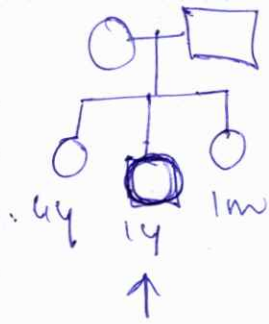
c/o seizure – GTCS type, 3 episode a/w stiffening of bilateral upper / lower limb., a/w frothing of the saliva not a/w. urine, stool passage, ~~post~~ each episode lasted 1-2 minutes, ~~last~~ 3rd episode lasted 3 minutes, each episode a/w postictal drowsiness.

Oral intake ↓
Urine output OK

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History : nad Antenatal
FTNVD, CIAB, Bwt-2kg.
nonicu admission



NoF/H/O Seizures.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :
can walk c Supp avt
Bisyllables.

Immunization History : Immunised only upto 1 month

Anthropometry

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

Weight (kgs) 8.2 (Centile _____)

On Examination :

Temperature : 100.2 F Pulse Rate: 180/m Description _____

B.P. _____ SPO2 96% at _____

Resp. rate and type of breathing : 46/min

Rash no

Lymphadenopathy no

Oedema : no

Respiratory system :

Inspection (any s/o distress) : _____

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

Any addes sounds : no

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

Cardiovasclular System :

Inspection of procordium : (N) shape

Heart Sounds : $S_1 S_2$ +

Any murmur : no

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

Per Abdomen :

Inspection (N) shape

Palpation : Soft, NT

Ausculation : BS+

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15 H/O seizure drowsy

Cranial Nerves : WNL

B/L pupil eq RTL

Motor System : Tone - N

Nutrition : Power - 5/5

Tone : Power

Co-ordinator :

Posture :

Involuntary Movements : no

Reflexes : ~~DT~~

DTR → KJ - 2+ **Superficials :**

Plantars flexor

Sensory System :

Bladder / Bowel : N

Clinical Summary & Diagnostic :

Complex febrile seizure

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, VBG
CXR, CUE.
Sr-creatinine.
Blood culture
~~Electrolyte~~, calcium

Planned Management :

- Inj. sodium valproate. 160mg stat!
- Syp. Clobazam 0.05mg/kg/day
→ EEG tomorrow.
→ pediatric Neurologist opinion. ✓.
→ IBUGESIC
→ paracetamol secondline - Supp

Please fill up the following details

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

Reg. No: 02757

Dr. Pratesh ... JAIN
Consultant Pediatrician & Intensivist
Reg. No. 47...

Doctor's Signature Name Date Time

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. PRITESH NAGAR

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
14/7/26	c/s/b - Dr Prashant. Dr Pranav.	
1 AM.		
	Δ - Complex febrile Seizure	
	last Seizure - 2 hrs ago	
	Fever + 100.8F	Plan
	Urine ✓	
		- Trace CUE
	O/E	CRP
		Sr. Creat
	HR - 150/min	Calcium
	RR - 36/min	Blood c/s
	SpO2 - 95% on RA	
	BP -	- To do EEG first hour
	S/E	- IBUGESIC SOS for fever.
	B/L pupil RTL	
	CNS -	- Cont - Sodium
	GCS - 15/15	valproate
	DTR - 2+	clobazam.
	plantar ↓	
		[signature]
		Noted by Smitha

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
14/7 6:30Pm	C/S/B Dr. Prashanthi / Dr. Pranav	
	D- Complex febrile Seizure	
	Fever (+)	
	Seizures - Not : adm	Plan
	O/E / Child asleep	ct valproate Clobazam
	HR - 132/m	- (Send S. Magnesium) a/f adm
	RR - 30/m	- EEG Today
	SpO2 - 99%	
	BP -	-> Trace Blood c/s
		-> Encourage orally
	S/E	-> Neuro Opinion Today
	RS - B/L AE (+)	
	CNS	Noted by Pn

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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: Pritesh	
14/7		
9AM	A - Complex febrile seizure	
	Fever +	
	No further seizure	
		Plan
	O/E	- Send Respiratory panel
	child asleep.	- EEG Today
	vitals stable	- change IV to oral VAlproate
	S/E	- Trace Blood c/s.
	Rs - clear	- SOS shifting.
	CNS - WNL	→ ↑ oral intake
Ca Mg ✓		→ Transfer to Neurology
		→ Neurology.
		→ MRI BRAIN today
		→ Keep NPO/To do PA'C

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
9:10am 14/7/26	Counselled From Jan to July Rx by ENT Fits Detailed Test MRI | EEG ✓ Fits Med Rx ✓ Flup → Understand ✓ Neurology Care Dr. [illegible] Consultant Pediatrician & Intensivist Reg. No: 47184	DOB 13|MAR|25 Jan Fever | fits Day 1 Fits 2-3 min Postictal 1hr Day 2 fits every 15day APRIL ↓ Fits every 15 days Fever 15 day every time NEVER CHECKED

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
14/7/26 12:15 PM	C/I/b Dr. Vagun	
	Δ - Seizure d/s for evaluation.	
	- Baby is awake, irritable, crying.	
	- No further e/o seizures.	
	O/E - HR - 140/min. RR - 34/min. SpO2 - 100% on 4 l/t	Plan
	S/E - R/S - BAE (+).	- EEG today
	CNS -	- Send RS panel.
	propofol - 60 ug/kg/min	- Trace blood C/S.
		- Start oral feeds post 1 hr.
		- Trace HIV report.
		w/B Ramy

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
14/3/25	c/d/w Dr. Abhishek	
12:30 PM	Δ - Seizure ↓ medication.	
	- MRI appears normal.	
	- Plan	
	- Trace official MRI report.	
	- Ct. frisium & oral valproate.	
	- Trace inv. (pending).	
	- EEG tomorrow.	
	- Will see in the evening.	
	- Start feeds ~~w~~ / awake.	
		[signature]

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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. Naipuya	
14/7 2.00pm.	? Seizure disorder	Complex febrile seizure.
	On room 4th.	Plan:
	Awake. drowsiness (+)	- EEG today
	R/S - B/L AE (+) B/L NVBS	- (+) Blood C/S Adenovirus.
	P/A - soft, NT.	- Allow liquids orally if completely awake.
	Vitals - Stable.	- Monitor Vitals.
		- Trace MRI report.
		Noted by family

(P.T.O)

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
14/7/26	C/B Dr. pediatrician	
7:30 pm	? seizure disorder c̄ ? LRTI ? LTB	
	- fever spikes (+) [100.8].	
	- cough (+) [breasy]	
	- stridor on	Plan
	crying (+).	1) EEG T/M
		2) ct. oral valproate
	O/E	3) trace resp panel, blood c/s
	vitals : HR: 155 bpm	4) ct. clobazam
	RR : 37 cpm	~~5) start t/x amoxiclav~~
	SpO2 : 98%.	6) Rest ct. as per
	S/E :	Rx chart.
	RS: Intercostal	7) neb c̄ adrenaline - stat
	Retractions (+).	1.5ml + 3ml NS.
		8) inj dexa - stat.
		9) Reassess after
		nebs.

Noted by Ramya

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
14/3/26 05:00 pm	Counselling note. Seizure disorder with status epilepticus. Intermittent fever present No further seizure. Sensorium normal. vital parameters stable. MRI Brain normal. Plan to continue I.V fluids, I.V antibiotics, anti-epileptics in PICU. Risk of seizure recurrence explained. Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568	BEG awaited.

(P.T.O)

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
14/7/26 5:30pm	S/B ~~Dr. Abhishek~~ Dr. Sivesh	
	Δ Seizure disorder c̄ LRTI	
	No further seizure.	Plan
		- EEG T/M
	CVS - S1 S2 +	
	RS - BL - AE +	- CF VALPROATE CLOBAZAM
	P/A Soft	- W/F seizure
	~~[illegible]~~/lethargy	
	Stridor +	- Monitor RR SpO2
		- Neb c̄ Budecort 2mg Stat
		- Send CUE
		N/B Ramya
	[signature] DR SIVESH	

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
14/7/26	S/B Dr. Abhishek	
6:10 PM	D? Seizure disorder c̄ LRTI	
	her seizure episode once in every 15 days - 1 month for the past 6 months	- EEG - T/M
		- Plan to shift to ward TTM
	↓ Always presents with fever.	- C/F VALPROATE CLOBAZAM
	Developmental delay ↓ Motor milestones - delay	- Inj. VITAMIN B12 250 mg - every week - 6 weeks
		N/B Clarity

Dr. ABHISHEK RAVINDRA JAIN
Reg. No: 02757

Abhishek

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

(P.T.O)

HNH-00016584 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
13/7/2	S/B Dr. Sneya	Plan
12:30A	DSARSCOV-2 +ve	
		- Send CSF @ 6 AM
		collect for Urine CS
	CVS - S1S2 (+)	
	RS - B/L - AE (+)	- C/T VALPROATE
		CLOBAZAM
	PA - soft	
	Conscious	- W/F seizure
	[signature] 13/7	
	S/B Dr. Sneya	
13/7/26	DSARSCOV-2 +ve	
7 AM		Plan
	fever spike (+)	
		- C/T VALPROATE
	CVS - S1S2 (+)	CLOBAZAM
	RS - B/L - AE (+)	
		- W/F seizure
	PA - soft	
	Conscious	- C/T 2AD
		Pro-GC
	[signature] 13/7	N/B Sunitha

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
15/2/26 .	S/B Dr. Pritesh /	
9 AM	Dr. Aniket	.
	fever spikes (+)	Adv
	oral acceptance - good .	. shift to ward .
		. EEG today
	o/e HR - 102 bpm	. Ct oral valproate
	RR - 40/min	. Ct rest same .
	SpO_2 - 100% @ RA	
	s/e	K/B Sujata
	wnl .	
		for Dr. Pritesh

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

(P.T.O)

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
9:10 am 15/7/26	Counselled No fits / Medicine Contd MRI – Normal / Structure (N) ✓ ↓ (EEG) ↳ Today Hearing problem → Covid + ve] ✓	(RD Noisy breathing = Ward shift ✓

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

Sheeja Mathew

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
15/7/26 10 AM	D/w Dr. Abhishek	
	No further c/o seizure	Adv
	febrile (+)	. Shift to ward.
		• EEG today.
	o/e vitally stable.	
	Lf for Dr. Abhishek	
15/7/26. 11:10 AM.	S/B Dr. Sivesh.	
	Δ: Seizure disorder c̄ SARS-CoV2 positive illness.	
	Afebrile	
	No further episodes of seizure	. Advice
	No fresh complaints	- EEG today
	U] passed	• Continue isolation.
	S]	• Shift to ward.
	o/e	• Ct rest same as per
	vitally stable.	Rx chart
	s/e wnl -	
		N/B [illegible] Dr Sivesh

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
15/7	C/s/13 Dr. pritesh / Dr-Aniket	
6.00pm	seizure disorder & SARS covid positive illness	
	No fever	Plan
	Vitals - stable	
	No fever seizure	- EEG today
	Vitals - stable	- Shift to ward
	oral intake - fair.	- Cont Syp. valproate
		- Cont PRO GG 2 & D drops
	Counselled.	
	Stable EEG Plan]	
	If no fever - Maybe discharge	

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. 47434

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2026 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
15/2/26. 6:40pm.	C/s/hy. Dr. Abhishek	
	Seizure d/o c SARS covid positive ill/m.	
	No fever	Plan
	No further seizure.	To do EEG
	vital stable.	Tm d/s plan — f/u on friday.
	s/e NAD.	Ct syp valproate. Prog-6 2 drops.
		Monit vital
		w/f further seizure activity.
		NB. Monitor @ 9PM.
		Abhishek

DR. ABHISHEK RAVINDRA JAIN
Reg. No: 82757

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
16/7/26 8:45AM	c/s/by. Dr. Anush / Dr prachi-	
	seizure disorder c comorbidities.	
	vital stable	
	No distress.	
	No tachypnea	
	(R/s)	Plan
	BUAC (+)	
	NVBS (+)	- ct valproate
		oth supportive Management
	EEG - (N).	
		- N/F further seizure.
		- Monitor vitals.
	[signature]	- d/s today - plan
		f/u - ~~mo~~ friday.

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 3 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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
16/7/26	S/B Dr Aniket	
10AM	Δ: SARS COV2 (infection) illness	c̄ seizure disorder.
	No further c/o seizure	Adv -
	Euthermic	• Discharge on
		oral Navalproate & Zinc &
	U/S passed.	nasoclear n/d & xyzal syrup.
		• F/u tomorrow evening
		c̄ Dr. Abhishek.
	p/e vitally stable.	
	s/e wnl.	• Give febrile seizure prophylaxis
		• Start otrivin oxy drops 1 in each nostril, BD
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568 Dr. Aniket

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2026 1 Y 4 M 3 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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: SYP IBUGESIC				Date/Time		
Dose	Route	Frequency	Start Date		13/7 1040 ER	prn
2ml	PO	SOS	13/7			
Doctor's Signature	Valid Period		Pharm.			
Ruth			(C)			
Additional Instructions: (100mg/5ml)						

DRUG: SYP CROCIN DS				Date/Time		
Dose	Route	Frequency	Start Date		14/7 6AM	15/7 6AM
2.5ml	PO	SOS	14/7			
Doctor's Signature	Valid Period		Pharm.			
Pranav			(C)			
Additional Instructions: 5ml = 240mg						

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

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

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

REGULAR PRESCRIPTIONS Weight. 8.2 kg Ward. .....

Verified by Dr. Dhakshayani

DRUG : Inj. SODIUM VALPROATE

Dose	Route	Frequency	Start Date
80 mg	IV	Q12h	13/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	14/7
10AM	change
1pm	Dr.
10pm	

Verified by Dr. Dhakshayani

DRUG : Tab. CLOBAZAM

Dose	Route	Frequency	Start Date
2.5mg	PO	BD	13/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	13/7	14/7	15/7	16/7
11AM	X	1pm		
11pm				

Verified by Dr. Dhakshayani

DRUG : SYP. VALPROATE

Dose	Route	Frequency	Start Date
2.5 ml	PO	BD	13/7/26

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

Additional Instructions: (200 mg / 5ml)

Daily Doctor's Endorsement by a Sign

Date → / Time	14/7	15/7	16/7
10AM	X		
10pm			

Verified by Dr. Dhakshayani

DRUG : Nasoclear nasal drops

Dose	Route	Frequency	Start Date
1/1	Nasal	Q6H	14/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date → / Time	14/7	15/7	16/7
6AM			
12pm			
6pm			
12AM			

Verified by Dr. Dhakshayani

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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 8.2kg Ward ....

Verified by Dr. Dhakshayani

				Date / Time	14/7	15/8
DRUG : PRO GG DROPS						
Dose	Route	Frequency	Start Dt.			
15 DROP	ORAL	BD	14/7/26	10AM	✗	
Name & Signature of the Doctor Starting the Drugs: Dr. Ankita						
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

				Date / Time	14/7	15/8
DRUG : DROP. ZED						
Dose	Route	Frequency	Start Dt.			
1 ml	ORAL	ONCE DAILY	14/7/26			
Name & Signature of the Doctor Starting the Drugs: Dr. Ankita				10PM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

Verified by Dr. Dhakshayani

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

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

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

Signature

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 8.2 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
14/7	6:30 PM	Neb ± Budecort	2mg	Neb			
14/7	6:30 PM	Inj. VITAMIN B_{12}	250mg	IM			
15/7	8.30pm		4ml				

Verified by Dr. Dhakshayani

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Weight 8.2 kgs 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
13/7/26	10:55 pm.	Inj. Sodium VALPROATE	160mg.	IV	Ruth	A.12
13/7/26	10:43	Inj. LORAZEPAM	1mg	IV	Ruth	A.12
13/7/26	10:40	Spray. Inj MIDAZOLAM	1mg	PNV nasal	Ruth	A.12
13/7/26	10:41	Spray Inj MIDAZOLAM	1mg	PNV nasal	Ruth	A.12
13/7/26	10:42	Inj. MIDAZOLAM.	1mg	IM	Ruth	A.12
~~13/7/26~~						
13/7	12AM	PARACETAMOL SUPPOSTORY	170mg	P/R	Ruth	Sruthi
14/7/26	4pm	neb adrenaline	1.5ml + 3ml NS	neb	Ruth	Ruth
14/7/26	4pm	inj dexamethasone	2mg	IV	Ruth	Ruth

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

Dr. Dhakshayani

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

I.V. FLUIDS CHART

Weight. 8.2kg. Ward. .....

		osition of I.V. Fluid ention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/7/26	11:00 Am	IVF DNS	IV	~~30~~ 34 ml/hr	Rusta.		14/7		
14/7	7Am	IVF - DNS (1/2 m)	IV	17		Smitha	15/7		Regd

Signature .....

VERIFIED BY : Name .....

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2026 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

315

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	13/7					
Time	21pm					
Hb	11.4					
PCV	32.1					
RBC	4.48					
WBC	11.33					
N/L	50.0/43.1					
Platelets	388					
CRP	10					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	9.5/2.3					
Phosphate						
Urea						
Creatinine	0.3					
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						
tein / Sugar						

Date	15/7/26					
Time						
CUE - Alb						
CUE - Sugar	NIL					
CUE - Ketones	Negative					
CUE - PUS Cells	2-3					
CUE - RBC Cells	NIL					
CUE - Epithelial	3-5					
Nitrite	⊖ ve					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
SARS V-	⊕ ve					
Influenza A -	Negative					
B -						
RSV -						

Culture and Sensitivities : Blood c/s :- 24 hrs no growth

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016564
Baby AAYATH
13-03-2025
Dr. ABHISHEK RAVINDRA JAIN
IP26-00006841
1 Y 4 M 2 D
(F)

.M / CLINICAL / 125

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/7/26 ..... Time:	8 30 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?				

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.9°F 97.6°F 96.4°F 97.6°F

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): 132b/m 132b/m 132b/m

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

70 60 50 40 30 20 10

Resp Rate (Number): 30b/m 30b/m 30b/m

Resp Distress	Mod/ Severe			
	None / Mild			
Receiving O_2(l/min) O_2Saturations (%)		100%	100%	100%
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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016564 IP26-00006841
Baby AAYATH (F)
13-03-2025 1 Y 4 M 3 D
Dr. ABHISHEK RAVINDRA JAIN

Patient St...

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ......16/7...... Time: 10 AM | 2 pm

Doctor / Nurse / Family Concern?

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)

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	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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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)

HNM-00016564 IP26-00006841
Baby AAYATH
13-03-2026 1 Y 4 M 3 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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 :**						
15/7/26	08:00 pm	1	Upma									
	09:00 pm											
	10:00 pm	0	+ H2O									
	11:00 pm	1										
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**				U-1	M-0	
16/7/26	02:00 am	1										
	03:00 am											
	04:00 am	0										
	05:00 am	1										
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**				U-	M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 3 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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							
16/7	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 :**						
	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**	

HNM-00016564 IP26-00006841
Baby AAYATH 1Y4M3D (F)
13-03-2025
Dr. ABHISHEK RAVINDRA JAIN

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: 15/7/26

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							
Afternoon							
Night	8PM / 8AM	Assess the General Condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication.	8PM / 8AM	→ Assessed the General Condition of pt. → Monitored vitals. → Maintained I/O chart. → Administered medication.	Pt is stable.	Re-assess vitals.	Monitored

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: .....

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							

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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 - WARD

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

SITUATION	Diagnosis: seizure			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	13/7 N1	14/7 MS	14/7/26 N1	15/7/26 MS	15/7/26 N1	
	Medical Condition (Any special condition to be noted):	seizures	seizures	seizures	seizures	seizures	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.9°F	99.9°F	98.9°F	97.7°F	97.4°F	
	Res:	40b/m	42b/m	43b/m	39b/m	40b/m	
	SpO_2:	98%	96%	95%	100%	100%	
	Pulse:	112b/m	128b/m	120b/m	101b/m	102b/m	
	BP:	–	–	–	–	–	
	Fall Risk Score:	–	–	–	–	–	
	Pain Score:	–	–	–	–	–	
Recommendations	Safety Needs:	NA	NA	NA	NA	NA	
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No
	Others Specify:	–	–	–	–	–	
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Saisri	Rayon	Sunitha	Sujatha	Mounika	
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		14/7	14/7	15/7	15/7/26	16/7/26	
Time:		8AM	8pm	8Am	8pm	8AM	
Taken Over By Name :		Rayon	Saisri	Sunitha	Mounika		
Signature :		[signature]	[signature]	[signature]	[signature]		
Date:		14/7/26	14/7/26	15/7/26	15/7/26		
Time:		8Am	8pm	8pm	8pm		

Patient Sticker

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 - WARD

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

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

HNH-00016564
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN
IP26-00006841
IP26-00006841

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

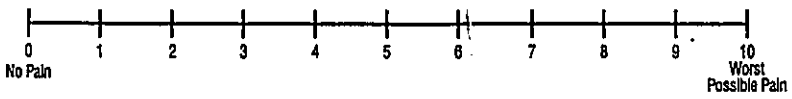
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
14/7	12AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sy
14/7	4AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sy
14/7	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sy
14/7	10A	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rey
14/7	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rr
14/7	8PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sy
15/7	1AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sy
15/7	5AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sy
15/7/26	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	&
15/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	D

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00016564 IP26-00006841
Baby AAYATH 1 Y 4 M 2 D (F)
13-03-2025
Dr. ABHISHEK RAVINDRA JAIN

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 13/7			DAY-2 14/7			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	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA	NA	-	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA		NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA	NA		NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA		NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA		NA	NA		NA	
		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 : Sujatha

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

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

HNH-00016564
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN
IP26-00006841

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			13/7	14/7	14/7	15/7	
Age	Less than 3 years old	4	4	4	✓	✓	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	✓	✓	✓	✓	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	✓	✓	✓	✓	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	✓	✓	✓	✓	
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	✓	✓	✓	✓	
	Total		8	9	8	8	

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

	Bed in low position		✓	✓	✓	✓	
	Call device within reach		✓	✓	✓	✓	
	Wheels Locked		✓	✓	✓	✓	
	Room free of clutter		✓	✓	✓	✓	
	Adequate lighting		✓	✓	✓	✓	
	Wheel chair support		✓	✓	✓	✓	
	Other Intervention(s) Specify		✓	✓	✓	✓	
	Nurse's Name:		Sai	Sai	Sai	Sujatha	
	Signature:						
	Date:		13/7	14/7	15/7	15/7/25	
	Time:		8PM	8PM	8AM	3PM	

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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

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

Shifting From: ER Shifted to: PICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Vaibhav C.

Date & Time : 13/7/26 @ 8:30 Pm

Nurse Name & Signature: Anupam

Date & Time : 13/7/26 @ 8:30 Pm

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

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : Baby Aayath Age : 1y 4m Gender : Male ☐ Female ☑

UHID NO: HNH – 0001658 4 Surgeon Name: Dr. PRITESH

Anaesthesiologist : Dr Ayesha Dr. Samir

Operative procedure planned : MRI Brain

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☑ Others : Seizures, Need for Ventilation, desaturation, Bronchopan

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Baby Aayath the above mentioned operation / Diagnostic / Therapeutic procedures MRI Brain

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☑ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☑ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : Saba Naaz

Relationship with Patient: (Mother)

Date & Time : 14/7/26 at 11 Am

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. SK Ayesha

Date & Time : 14/7/26, 10:30Am

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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

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

Name: Baby Aayath Age: 1y4m Sex: Female UHID.No : HNH-16584

Date: 14/7/26 Time: 10:20Am Proposed Operation: MRI Brain

Diagnosis: ? febrile Seizures for evaluation

B.P / CRT: ..... H.R: 138/min Weight: 8.15kg ASA Physical Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

13/7/26

Laboratory Data:

Hgb: 11.4	Glucose:	Protein:	HIV:	X-Ray:
PCV: 32.1	Urea:	Alb:	HBS Ag:	ECG:
WBC: 11330	Creat: 0.3	Total Bill:	HCV:	2D Echo:
Plate: 3.8/alth	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++: 9.5	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

CRP - 10

Allergies: NIL

Medical History: CVS :

RESP : H/o cough - : 1 day Diabetes :

CNS : H/o H episodes of seizures : yesterday [FT | NVD | Fch 2kg | CHAB]

Renal : c high temperature (103°F) NO NICU admissions

Hepatic / GE : one, off seizures c high temperature Physical Activity: 6 months

Others :

Past Anaesthetic History: —

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : BAE (+) clear RR: 27/min, spo2: 100% on RA

Heart: S1S2 (+), No murmurs

CNS: pupils pinpoint (+)

Pregnant: ☐ Yes ☐ No ☐ NA | Venous Access Site : Peripheral (+) | Spine Exam for regional : Midline

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☐ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE
Inj. SODIUM VALPROTE	80mg IV BD
T. CLOBAZAM	2.5mg PO BD
Syp. VALPROATE [200mg/5ml]	2.5ml BD
Syp. IBUGESIC [100mg/5ml]	2ml SOS

Pre-Operative Instructions: NBM - : 11:00pm (13/7/26)

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

(1) Consent

Signature: Name: Dr. SK. Ayesha

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

ANAESTHESIA CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No		Fasting Status: Adequate
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 128/min | B.P / CRT: < 3 sec | SpO_2: 100% on RA | R.R: 24/min | Last Feed: > 6 hrs

Pre-OP Diagnosis: ? febrile Seizures for Evaluation | Operation: MRI Brain | Date: 13/7/26

Surgeon: | Anaesthesiologist: Dr. Ayesha | Technician: Aravind

TIME

N_2O /AIR /O_2 LPM: 4Lit/min

HALO /SO /SEVO

Drugs: Inj. PROPOFOL 20mg +10mg+10mg +10mg IV

FIO_2 / SaO_2: 100/100/100/100/100/100/100

ETCO$_2$

ECG: SR SR SR SR SR SR SR

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

240 220 200 180 160 140 120 100 80 60 40 20 10 0

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

LAB Values: ABG | GRBS | Others

☑ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☑ EKG Lead 3lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☑ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 11:10am
OP Start: 11:20am
OP End: 12:00pm
Leave OR: 12:05pm

Anaesthesia:
☐ GA
☑ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 22G on (R) U
☐ IV: .....
☐ IV: .....

Induction
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☑ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☑ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☑ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr. Ayesha
Signature of the Doctor: .....

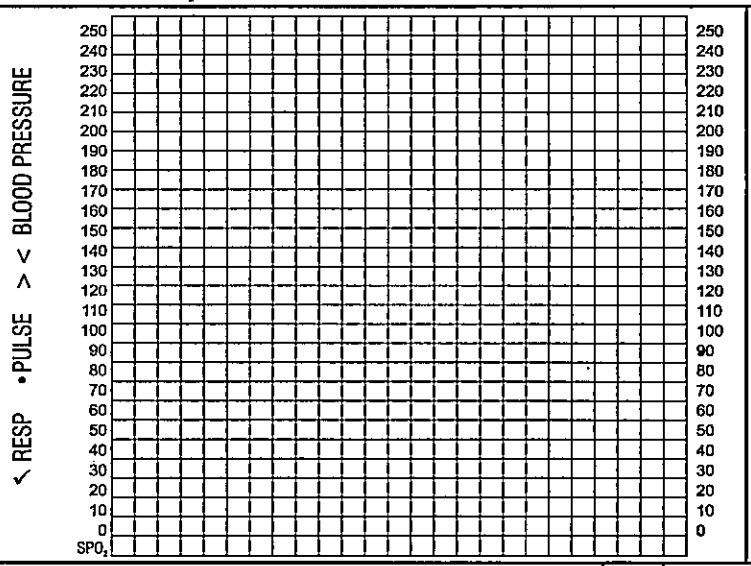
Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	MINUTES 60	MINUTES 90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Name: ..... Age: ..... Gender: Male ☐ Female ☑

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

I ..... S/o, D/o, W/o, ... hereby declare that our patient Master/Baby ..... who is related to me as ..... is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on .....

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

..... Complex Febrile Seizure .....

.....

.....

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

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

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

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

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

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

Patient Attendant :

Signature: .....

Name: Baba Naaz

Relationship with Patient: (Mother)

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

Witness :

Signature: .....

Name: Saisri

Date & Time: 13/7/26

Doctor (who is taking the consent) :

Signature: .....

Name: Pranav

Date & Time: 13/7/26

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

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016564 IP26-00006841 Baby AAYATH 1 Y 4 M 2 D (F) 13-03-2025 Dr. ABHISHEK RAVINDRA JAIN Dr. Pritesh	13/7/26	13/7/26
	Transfer Ordered by Dr. Prasanthi	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anupam	Dr. Rai Puny

Patient & Clinical Records Received by : Swathi

Date & Time of Patient Received : 13/7/26 at 11 pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00016564 IP26-00006841
Baby AAYATH (F)
13-03-2025 1 Y 4 M 2 D
Dr. ABHISHEK RAVINDRA JAIN

RBS – 111 mg/dl

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 : Aayath ..... Age : 1y ..... **Gender:** ☐ Male ☐ Female

Date : 13/7/26 ..... Time of Arrival : 10:40 pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 100.6°F PR: 160 BP: ..... RR: 40 SpO_2: 96

Chief Complaints: H/o Burns Seizure activity

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☑ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 10:43pm

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 : Apurba

Signature of Triage Nurse : .....

Date & Time : 13/07/26 @ 10:43pm

Patient Sticker

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 2 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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 : 12/7/26 Time of arrival : 16:

Chief Complaints: Seizure Activity.

Height : ..... Weight : ..... 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 .....

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

Time of Initial assessment completed by ER Nurse : 10:48 PM

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

Time	Nursing Notes
	Assessed the Patient condition vital checked,

Samples collected by: Time:

Samples sent by : Asmpn Time: 10:45pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:05 pm	Inj. Lonar	IV	1ml - 1mg		
11:10 pm	Inj. Valparine	IV	160 mg		
11: pm	Midaz Spray		1 puff each		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: ..... BP: ..... CFT:	Shift - out from ER to: .....
RR: ..... SPO2 at FiO2:	Time of Shift - out: .....
GCS:..... Temperature :	Handover given to: ..... (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Asmn Signature of the Nurse : .....

Date & Time : 8/3/2026 @ 12:20pm

HNH-00016564 IP26-00006841
Baby AAYATH
13-03-2025 1 Y 4 M 1 D (F)
Dr. ABHISHEK RAVINDRA JAIN

204

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 - BOYS

Date: 14/3/26 Time: 5pm

Weight: 8.2kg Centile: 45th

Height: – Centile: –

Inference: underweight child

RDA: – Calories: 1200kcal/d Protein: 20gms/d

Diet Recommendations: SOF-L high protein Diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

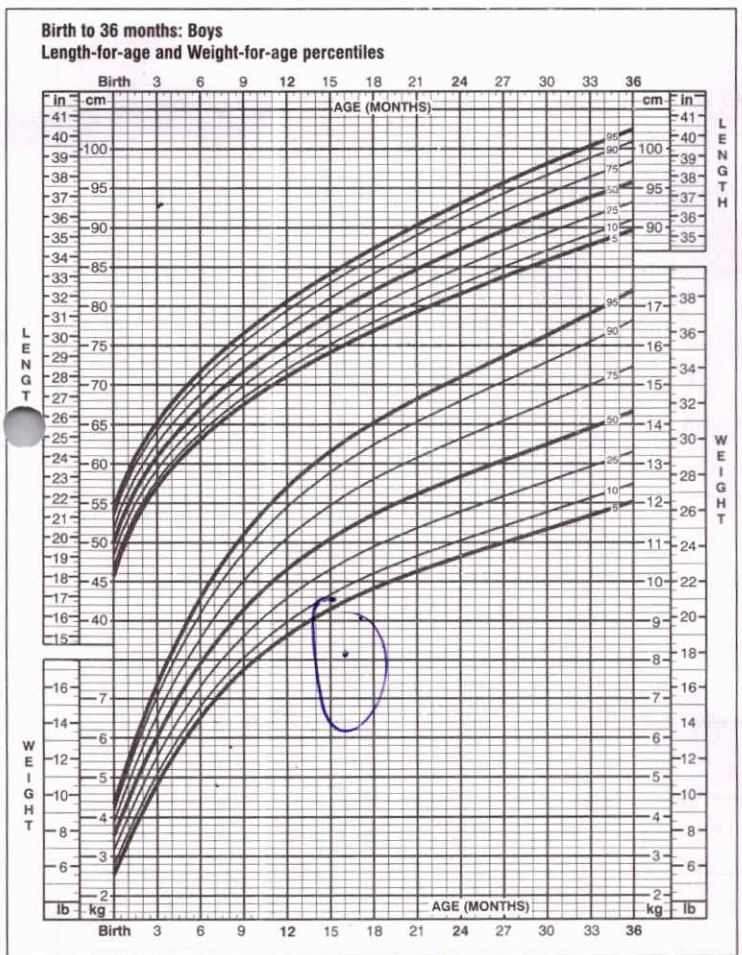
Food Allergies: No Veg/Non-veg NON-Veg

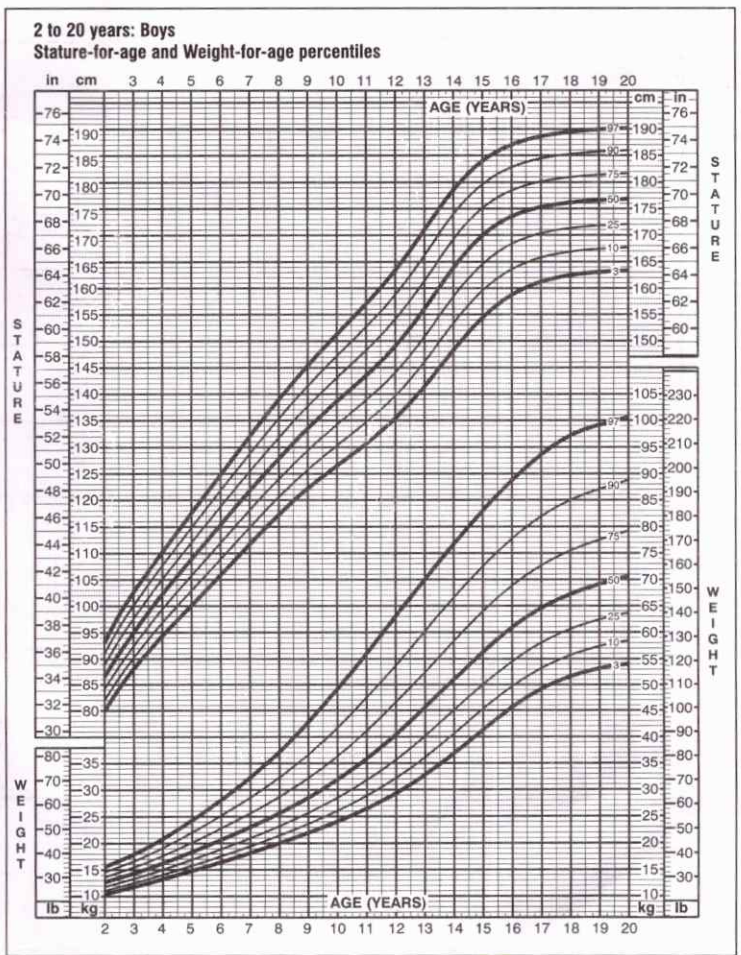
Diagnosis: LRTI c seizures

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes: