DISCHARGE SUMMARY

Name	Baby AIZEL ALEEM AJANI	**UHID**	HNH-00005641
Father/Guardian	Mr ALEEM AJANI	**Age/Gender**	1 Y 6 M 24 D/ Female
Address	H NO-327, ST NO-9,MUBARAK BAZAR LANE, ABIDS, HYDERABAD, Abids Road, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006689	**Admission Date**	30-06-2026
Ref Doctor	Self.		
Discharge Date	01.07.2026		

Consultant:
Dr. NIZAR NURALLI LALANI
MBBS DCH
59622

Co-Consultant:
Dr. ANIKET ANIL PARASHAR
MBBS - MD
TSMC/FMR/08568, dr.aniket.p@rainbowhospitals.in

DIAGNOSIS	ICD CODE
SIMPLE FEBRILE SEIZURE	

Name	Baby AIZEL ALEEM AJANI	UHID	HNH-00005641
IP No	IP26-00006689	Admission Date	30-06-2026

History: Baby AIZEL ALEEM AJANI, 1 Y 6 M 24 D , old girl presented with the history of fever, cough since 3 days, 1 episode of seizure in the form of uprolling of eyeballs with generalised tonic clonic movements lasting for a few seconds to 1minute, followed by post ictal drowsiness for 10-15minutes on the day of admission. For the above complaints, she was investigated and treated at near by hospital. In view of persistence of symptoms, she was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: She was febrile (101.17*F), maintaining saturations at room air and was hemodynamically stable. Her heart rate was 162/min and Respiratory Rate - 36 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. On examination sings of dehydration were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission : 11 kilograms.

Investigations: Enclosed reports.

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

VBG showed pH of 7.36, pCO2 of 31.3 mmHg, pO2 of 38 mmHg, HCO3 of 18.2 mmol/L and BE of -8.2 mmol/L.

Initial hemogram showed Hemoglobin of 12.2 gm%, White Blood Cell count

Name	Baby AIZEL ALEEM AJANI	**UHID**	HNH-00005641
IP No	IP26-00006689	**Admission Date**	30-06-2026

of 8460 cells/cumm, platelet count of 3.23 lakhs/cumm and C-Reactive Protein of 5 mg/l. Magnesium was 1.7 mg/dl.

Complete stool examination

COLOUR	YELLOWISH		
CONSISTENCY	SEMI FORMED		
pH	7.0	5 - 8.5	
MUCUS	PRESENT	ABSENT	
BLOOD	ABSENT		
UNDIGESTED FOOD	PRESENT +	ABSENT	
HELMINTHES	NIL	NIL	
PUS CELLS	4 - 6		
RED BLOOD CELLS (Stool)	1 - 2	NIL	HPF
STARCH GRANULES	ABSENT	ABSENT	
YEAST CELLS	NIL	NIL	
FAT GLOBULES	ABSENT	ABSENT	
PROTOZOA	NIL	NIL	

Management: She was admitted in the ward and started on febrile seizure prophylaxis with Clobazam.

Name	Baby AIZEL ALEEM AJANI	UHID	HNH-00005641
IP No	IP26-00006689	Admission Date	30-06-2026

She was regularly monitored for fever spikes, hemodynamic & neurological status. Her fever spikes gradually settled and she had no further seizure episodes during hospital stay.

She remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

Parents were counselled regarding the nature of febrile seizures and measures to reduce fever during future febrile episodes. They were also educated regarding use of intranasal Midazolam spray for termination of future seizure episodes, if any.

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

Medication during hospital stay:
Syrup. Clobazam
Syrup. Relent plus
Nasoclear saline drops
Z and D drops
Pro GG drops

Advice:
* Diet as advised.
* Febrile seizure prophylaxis and chances of recurrence were explained.

Name	Baby AIZEL ALEEM AJANI	UHID	HNH-00005641
IP No	IP26-00006689	Admission Date	30-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Clobazam (1ml/2.5mg)	2.5 ml	twice daily	Till 02.07.2026
2	Econorm sachet	half sachet in 5ml water	twice daily	for 5 days
3	Enterogermina	1 respule	9am-9pm (after food)	For 5 days
4	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 14 days
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Febrile Seizure Prophylaxis:
* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 4ml 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) 2.5ml twice daily for 3 days every time with fever.
* Medistat / Insed / Midacip - nasal spray (Midazolam = 1.25mg/puff), 2 puffs intranasal (one puff into each nostril) for future seizures.

Review consultation with Dr. NIZAR NURALLI LALANI on Friday(03.07.2026) at his OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of

Name	Baby AIZEL ALEEM AJANI	UHID	HNH-00005641
IP No	IP26-00006689	Admission Date	30-06-2026

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 if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. NIZAR NURALLI LALANI
MBBS DCH
59622

1NM-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
16-12-2024 1 Y 6 M 25 D
Dr. NIZAR NURALLI LALANI (F)

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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	3			
7	Nursing plan of care and handover sheets	2			
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				
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	25			

Signature and Date : 16/12/24

(P.T.O)

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006689 **Admit Date** : 30-Jun-2026 **Admit Time** : 06:27 AM **UHID** : HNH-00005641

Patient Details :

Patient Name	: Baby AIZEL ALEEM AJANI	**Age**	: 1 Y 6 M 24 D
Guardian	: Mr ALEEM AJANI	**DOB**	: 06-12-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO-327, ST NO-9,MUBARAK BAZAR LANE, ABIDS, HYDERABAD Abids Road Hyderabad Telangana INDIA 500001	**Phone No**	: 8501049786/ 9866649786
		E-mail	: ajani.aleem@yahoo.com

Admission Details :

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

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

Contact Details :

Name : Mr ALEEM AJANI **Relationship** : Father

Contact Address : H NO-327, ST NO-9,MUBARAK BAZAR LANE, ABIDS, HYDERABAD Abids Road Hyderabad Telangana INDIA 500001 **Phone No** : 8501049786

Signature

Doctor Details :

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

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

Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Deposit Amount : 20000.00

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

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ACTIV ING

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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

UHID N ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 30/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	7:10 AM	ER	2nd Floor (211)	

Cross Consultation Visit

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

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
30/6/26	CRP		
	CRP		
	Magnesium	10639	Twelfpays
	Ruperales panel		
	VBG	10640	Twelfpays
	GRBS	10655	
		Cross checked by	
30/6/26	CUE	10698	
	Cross checked by Sujatha 30/6/26 at 11a		

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	[illegible]	
30/6/26	Infusion Pump	8am	30/6/26 at 11pm	09415 Gross chk [illegible]	chl. on 1/7/26 at 1[illegible]

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
30/6/26	IV placement	1	9404	
30/6/26	NHA	(1)	9469	

Cross Checked dont by Sr
on 1/7/26

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-00005641 IP26-00006589
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

Patient Name :

Patient ID# :

Consultant :

Final Diagnosis :

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

Pediatric **Examination**

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- c/o fever : 3 days.
- c/o cough : 3 days
- c/o seizure like activity - 1 hour ago.

History of present illness :

child was apparently normal 3 days ago, 2/b developed fever - high grade, also chills, relieved on taking medication

- child also c/o cough - productive, small quantity sputum, white in color
- c/o seizure like activity c upward rolling of eyes ? tonic clonic movements of both UL & LL.

↓

child was drowsy for 10-15 min following the episode

↓

Regained consciousness.

- no c/o vomitings / Pain abdomen / cry during micturition.

c/o fever c loose stools 1 week ago

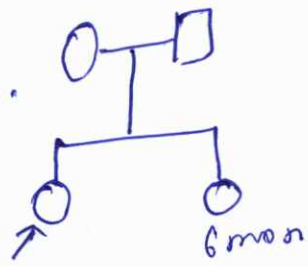
↳ received

Tab PCM - 0 x 5 days

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

Birth & Neonatal History :

36 weeks / LSCS / 2.8 kg / no NICU
Livlo & HTN admission.



Birth & Socio Economic History :

About Father : - grandmother - Serimee Hlo

About Mother :

Any additional Information :

Developmental History :

upto date

Immunization History :

upto date

Anthropometry

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

Weight (kgs) 11kg (Centile _____)

On Examination :

Temperature : 101.17 Pulse Rate: 162 bpm Description _____

B.P. _____ SPO2 89% at _____

Resp. rate and type of breathing : 36 cpm

signs of dehydration (+)

Rash (−)

Lymphadenopathy (−)

Oedema : (−)

Respiratory system :

BAE (+) clear

Inspection (any s/o distress) :

Air entry & breath sounds :

Any addes sounds :

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

Cardiovasclular System :

S_1S_2 (+) no murmurs

Inspection of procordium :

Heart Sounds :

Any murmur :

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

Per Abdomen :

Soft, nontender no HSM

Inspection

Palpation :

Ausculation :

Spine: External Genitelia :

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

(N)

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Simple febrile seizures
2° to ? URTI

_____

_____

_____

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- CBP
- CRP
- VBG
- Resp. panel
- UE
- S. mg.

N/B Sepsis

Planned Management :

1) Syp dekazeron
2) PCXR round the clock
3) Supportive care

N/B Sepsis

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. Aniket on whose name the patient is being referred

Doctor's Signature Name Dr Nizar Lalani Date 30/6/26 Time _____

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 9: LSAM	S/B Dr Aniket Δ Simple febrile seizures	Plan
	Fever spiked @ No further seizures	- IV CLOBAZAM - IV CROCIN 6th hrly
	CNS - Sl, Sl @ R - BLL-ACF @	- Trace reports
	P/A Soft Conscious	- NIL seizures - NB Smear 10AM
		Dr. Aniket Anil Parashar Consultant Pediatrician & Intensivist Reg. No: 8568 Dr. Aniket
30/6/26	S/B Dr. Nizar Lalani Δ Simple febrile seizure Fever spiky @ No further seizures	Plan - IV CLOBAZAM
	CNS - Sl, Sl @ R - BLL-ACF @	- IV CROCIN 6th hrly - Trace reports
	P/A Soft Conscious.	- NIL seizures

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/24 1:15 pm	S/B Dr. Sreejith	Plan
	Child had 2 episodes of loose stool	- Drop 2 x D IV OD
	~~one~~ one episode of blood stool	- Pro GG drop 1.5 cc BD
		- Send complete stool examination
		NPO Since 1:15 Pm
		IVF
30/6/24 4:30 pm	S/B Dr. Sreejith D Simple febrile seizure	Plan
	c/o loose stools	- Drop 2 x D. cf Pro. GG
	CVS - S1S2 (+) RS - B/L-AE (+)	- cf CLOBAZAM
	PLATOL CONSULT	- cf CROCIN b^la by - Send Compl

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/25 5:30pm	- STB Dr. Aniketh	
	D Simple Febrile seizure	Plan
	No further seizure	
	C/o loose stools 4 2 episodes	- cf CCoBA2Amy
	1 episode of blood in stool.	- cf CROCIN 50mg SOS
	CVS - S1 S2 ⊕	
	RS - BAE - ACE ⊕	- W/F seizures.
	P/A Soft	- give NAN-LO-LAC feeds
	Cognitive	- stop buffalo milk
		Cremaffin oral
		Wheto - ORS Coconut water
		Rice kanji
		- cf IV fluids @ 30ml/hr
		- Send Stool culture
		↓
		If child has fever spikes and further episode of blood in stools

Dr. Aniket Anil Parashar
Consultant Pediatrician & Intensivist
Reg. No. 88508

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/12/24 7AM	c/s/o Dr. Varun / Dr. Sushanth Δ - 5 FS	
	- fever spikes - 100.2°F (10pm) - loose stools - 2 e/o semi solid stools Oral intake - good. O/E - vitals stable. S/E - WNL.	- Inj. Cefotaxime - Inj. Paracetamol - Encourage orally. - Ct. Nanbolac feeds - Send UE. - Send stool c/s ↓ if persistent fever spikes / blood in stools.

MNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26	· S/B Dr. Nizar -	
	Δ - Simple febrile seizure	·
	Euthermic	Advice
	oral acceptance - good	· Start Isomeal feeds
	Loose stools - frequency reduced, consistency improved	· Watch for fever spikes -
	1 fever spike @ 10pm - 100.2°F	· seizure counselling given
	No further seizure episodes.	· Discharge
	vitally stable	· Ct clobazam until tomorrow
		· fever charting 6th hourly
	P/A - soft	PCM SOS
	nontender.	· Febrile seizure prophylaxis explained.
		· Ct Econorm & Enterogermina for 5 days.

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

(P.T.O)

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
08-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: 2nd floor (211)

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*

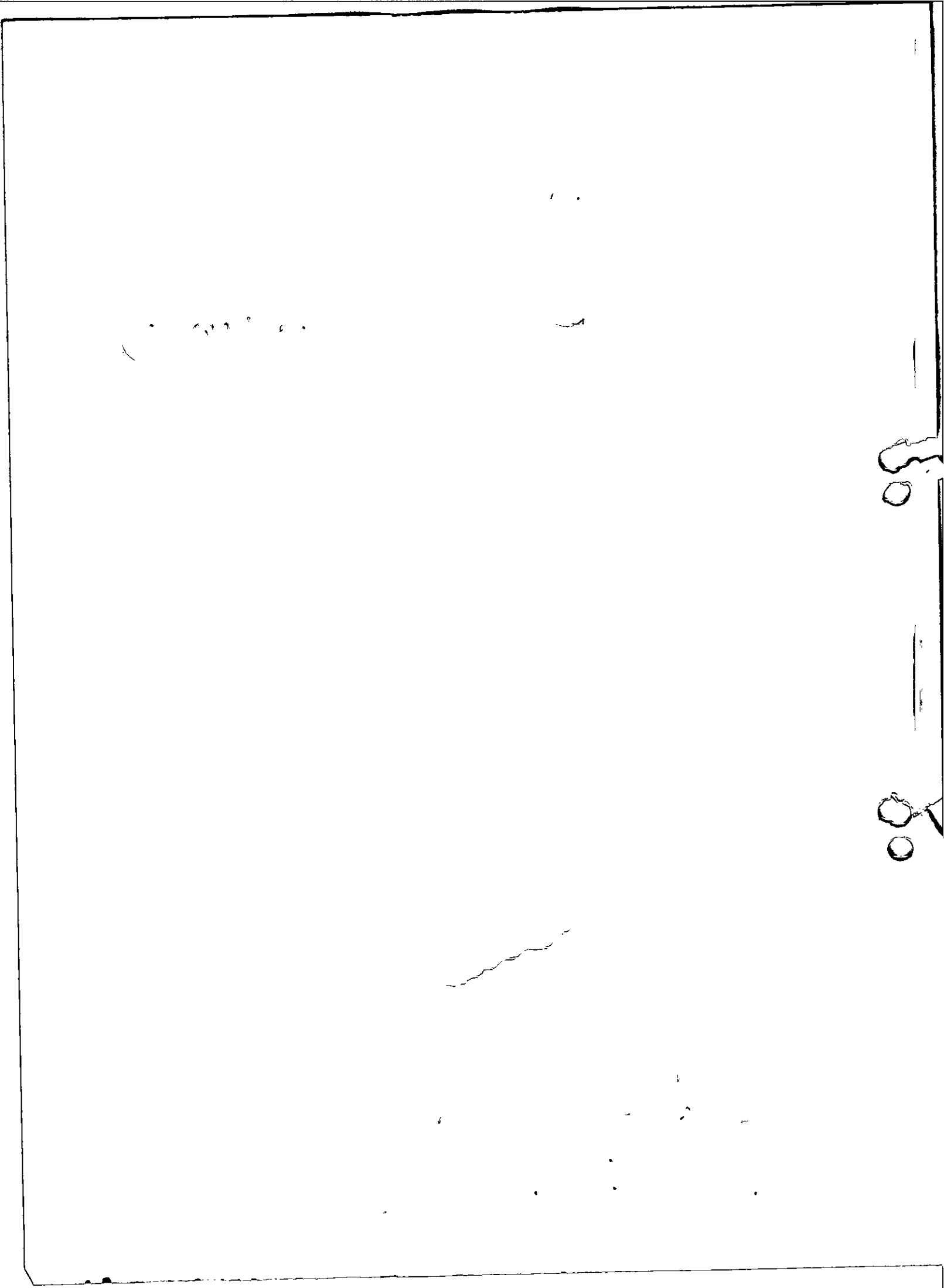
MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Tanvi

Date & Time : 30/6/26 @ 6:20 AM

Nurse Name & Signature: Tanvi at 6:30 AM

Date & Time : 30/6/26 @ 6:25 AM



HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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DRUG CHART

Date of Admission: ..... 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. CROCIN DS	Dose	Route	Frequency	Start Date	Doctor's Signature	Valid Period	Pharm.	Additional Instructions:
	3.5ml	oral	SOS/6hrly	30/6				Paracetamol (5ml/24kg)

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

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

Patient Sticker

REGULAR PRESCRIPTIONS

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

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

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

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

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

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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DRUG CHART

Date of Admission: 30/6/26 Drug Allergies: NA ☑ 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

Dose	Route	Frequency	Start Date
5ml	PO	SOS	30/6

Doctor's Signature: h | Valid Period: | Pharm.:

Additional Instructions: if temp > 102°F

Date / Time: 30/6 6:50 PM

DRUG : INJ MIDAZ

Dose	Route	Frequency	Start Date
1ml	IV	SOS	30/6

Doctor's Signature: h | Valid Period: | Pharm.:

Additional Instructions: 1ml + 4 mins IV push if seizure (+).

Date / Time:

DRUG : WITH OM

Dose	Route	Frequency	Start Date
Boon	oral	Sos	30/6

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Date / Time:

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

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Baby AIZEL ALEEM AJANI
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REGULAR PRESCRIPTIONS

Weight. 11kg Ward. .....

DRUG : SYP CLORAZAM

Dose	Route	Frequency	Start Date
2.5ml	PO	BD	30/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(1ml = 2.5mg)

Daily Doctor's Endorsement by a Sign

Date/Time: 30/6 1/7

DRUG : SYP CROCIN-DS

Dose	Route	Frequency	Start Date
3.5ml	PO	6 HRLY	30/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 30/6

DRUG : SYP RELENT PLUS

Dose	Route	Frequency	Start Date
2.5ml	PO	HS	30/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 30/6 1/7

DRUG : NASOCLEAR SALINE DROPS

Dose	Route	Frequency	Start Date
2°	EN	QID	30/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 30/6 1/7

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Drop 2 x D

Dose	Route	Frequency	Start Dt.
1 ml	oral	OD	30/6

Name & Signature of the Doctor Starting the Drugs:

B. Surya

Additional Instructions:

Zinc (1 ml/day)

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	30/6																
	2pm	Surya															

DRUG : Pro-C-G drops

Dose	Route	Frequency	Start Dt.
1.5	oral	BD	30/6

Name & Signature of the Doctor Starting the Drugs:

B. Surya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	30/6																
	6pm	x															
	6pm	2pm Surya															

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	

Signature

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

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

HNH-00005641 IP26-00005689
Baby AIZEL ALEEM AJANI
05-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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Baby AIZEL ALEEM AJANI
05-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

I.V. FLUIDS CHART

Weight. ...11kg... Ward. .....

		osition 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
30/6	7am	IVF - PLASMALYTE (1/2 main)	IV	20 ml/hr			30/6		
30/6	5:30 AM	PLASMALYTE	IV	30 ml/hr					

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

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RESULT SHEET

Date	30/6/26					
Time						
Hb	12.2					
PCV	34.7					
RBC	4.76					
WBC	8.46					
N/L	54.6/43.7					
Platelets	323					
CRP	(5)					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg	-/1.07					
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						
flu -	negative					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

RM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/6

Time:	9 Am	11 Am	2pm	6pm	10pm	12Am	2Am	6Am
Doctor / Nurse / Family Concern?	=	=						
Temperature (°F)	97.6°F	98.2°F	97.7°F	97.6°F	100.2 (Syp. crocin given)	98.5°F	97.8°F	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) *								
Heart Rate (Number)		128 b/m	128 b/m	125 b/m	133 b/m		128 b/m	124
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)		30 b/m	28 b/m	30 b/m	38 b/m		32	34
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min)								
O_2 Saturations (%)		99%	100%	98%	98%		99%	99%
Conscious Level: Normal / Altered								
GCS *		14						
TOTAL SCORE Number of shaded boxes		0	0	0	0		0	0
Pain Score		0	0	0	0		0	0
Observer's Initials		[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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)

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08-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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FLUID CHART

Sheet No. : 1

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							
30/6	08:00 am										0	
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						Total Output : U-2cm-2						
30/6	02:00 pm										0	
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake : Taken						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	

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Baby AIZEL ALEEM AJANI (F)
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Dr. NIZAR NURALLI LALANI

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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	

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 29/6/26

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	7pm 8pm	Assess the baby Monitor the VIs administer Medicine	7pm 8pm	Assisted the baby Monitored the V/S administers Medicine	administered Medicine	Reassured the Bch	Ns

Patient

ANH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D
Dr. NIZAR NURALLI LALANI (F)

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 30/6/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am to 2Pm	Assess the pt condition. monitor vitals, record maintain I/o charts. provide the comfortable position. medication give as per doctor order.	8Am to 2Pm	Assessed the pt condition. monitored vitals, record maintained I/o charts. provided the comfortable position medication given as per as doctor ords.	→ Pt is stable. → Vitals normal.	→ monitor vitals. → maintain I/o charts.	Sneh
Afternoon	2Pm | 8Pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/o charts maintained	2Pm | 8Pm	→ Assessed the pt condition → Administration & medication given as per doctor orders	→ pt is stable	→ Re-Assess the vitals	
Night	8pm 8am	Assess the baby Check the VS administer Medication Maintain I/o chart	8pm 8am	Assessed the baby Checked the VS administer the Maintain I/o Chart	administer done	Record the pt	

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Seizure & fever

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	30/6 8AM	30/6 M1	30/6 R2	1/7 8AM		
Medical Condition (Any special condition to be noted):	Seizure	—	—	Seizure		
Diet:	—	—	—	—		

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.0F	98.6F	98.3F	98.2F		
Res:	32/m	30/m	30/m	22/m		
SpO_2:	100%	99%	100%	100%		
Pulse:	112/m	130/m	131/m	112/m		
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):	—	—	NA	—		

Post Operative Procedure Special Orders:	CVS dsg	—	NA	—		
Handed Over By Name :	April	Sneha	Amruth	April		
Signature / ID :						
Date:	30/6	30/6	30/6	1/7		
Time:	8AM	2PM	8PM	8AM		
Taken Over By Name :	Sneha	Amruth				
Signature / ID :						
Date:	30/6	30/6	30/6			
Time:	8AM	2PM	8PM			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

BRADEN 'Q' SCALE

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					Date : 30/6	30/6	30/6	1/7
					Time : 8:00	15:45/6	8:00	8:00
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	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	3	3	3
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	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	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	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	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	4
				TOTAL SCORE	28	27	28	28
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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

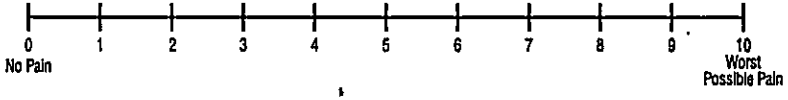
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
30/6	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
30/6	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
30/6	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
30/6	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[signature]
1/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[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 brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			30/6 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			0	NA	NA	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	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			0	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			0	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			0	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 : Balamani Name : Balamani

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 : .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00005641 IP26-00006689 Baby AIZEL ALEEM AJANI 06-12-2024 1 Y 6 M 24 D (F) Dr. NIZAR NURALLI LALANI	30/6/26 @ 6:27 AM	30/6/26 @ 7:10 AM
	Transfer Ordered by Dr. Tanvi	Reason for Transfer Admission.
From Unit ER	To Unit 2W	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 14	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
[signature] / RN	Dr. Tanvi

Patient & Clinical Records Received by : Mounira 30/6/26 @ 7:10 Pm

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

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 30/6/26 Time: 9:40 Am

Weight: 11 kg Centile: 50th

Height: - Centile: -

Inference: well nourished child

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

Diet Recommendations: Soft Calcium rich Diet

Re-Assesment: Avoid Spicy, chilled & outside foods

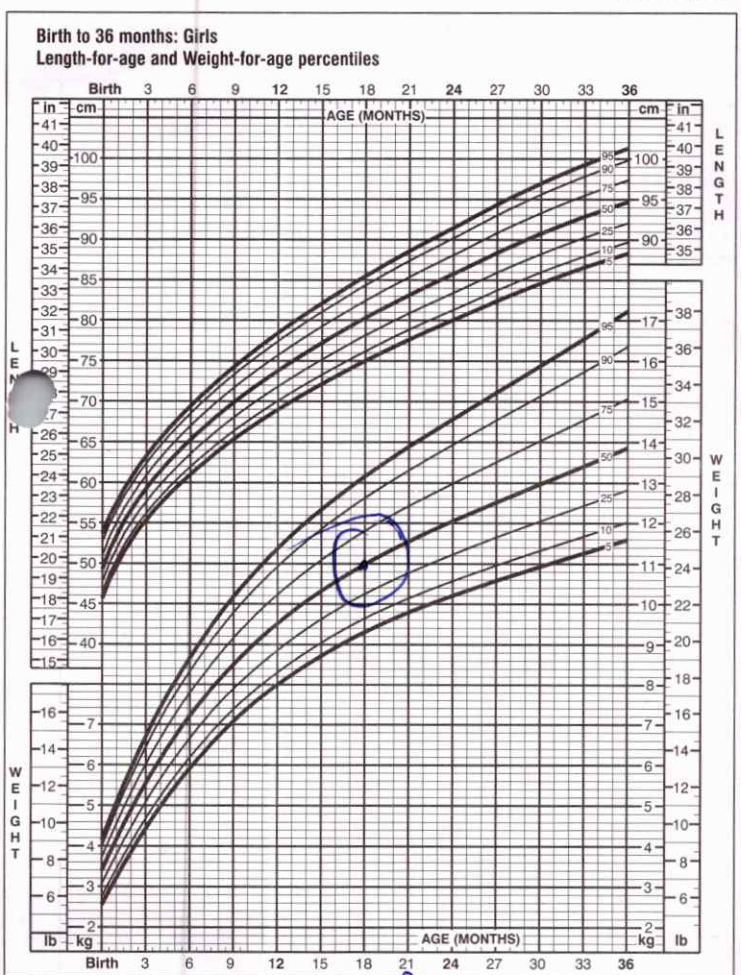
Food Allergies: NO Veg/Non-veg NON-Veg

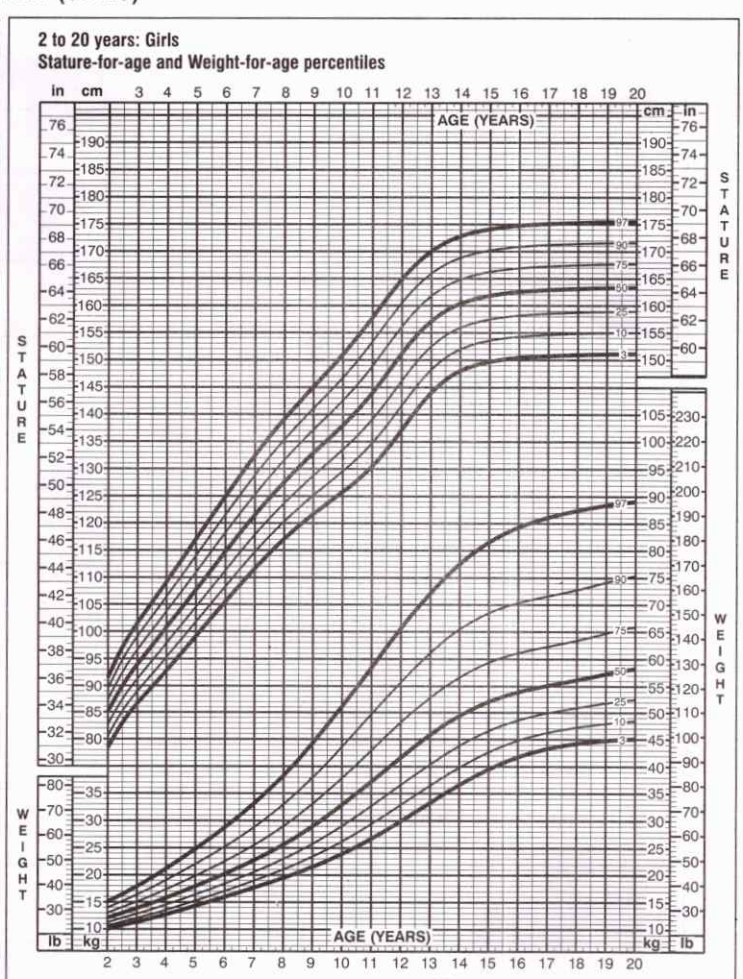
Diagnosis: Simple febrile seizures

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name Sathwika-G Dietician's Signature

Daily Notes:

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

wt - 11kgs
GRBS 141 mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Aizel Aleem Ajani Age : 1 years **Gender:** ☐ Male ☑ Female

Date : 30/06/26 Time of Arrival : 6:14AM

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: 101.7 F PR: 162 b/m BP: ..... RR: 36 b/m SpO_2: 89%

Chief Complaints: c/o fever since 3 days cough since 3 days seizures (epi)

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.

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Shirisha

Signature of Triage Nurse : .....

Date & Time : 30/06/26 @ 6:16 PM

30/6/26 6:16pm

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 30/06/26 Time of arrival : 6:18AM

Chief Complaints: c/o fever since 3 days cough since 3 days seizure 1sp/ -sode. RBS: .....

Height : ..... Weight : 11kgs BMI : ..... 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
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 : 6:20AM

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Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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

Time	Nursing Notes
6:22 AM	Assess the patient condition
	monitor the vital sign

Samples collected by: /

Samples sent by : / vijaya

Time: /

Time: / 6:20 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:30 AM	Ibugesic	oral	5ml	Dr Tanvi	Sf

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 162 b/m BP: ..... CFT: NVT	Shift - out from ER to: 2nd floor (211)
RR: 36b/m SPO_2 : 89-1.	Time of Shift - out: 7:10 AM
GCS: 15 Temperature : 100.F	Handover given to: Dr Tanvi
Pain Score: 01	(Nurse's Name)
Repeat RBS (if applicable): 141 mg/dl	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Iv placement done

Name of the Nurse : Shirisha Signature of the Nurse : Sf

Date & Time : 30/06/26 @ 6:24AM

RAINBOW CHILDREN'S MEDICARE LIMITED

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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
GSTIN : 36AABCR4014M1ZE

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2, Banjara Hills, Hyderabad 500034,Telangana.

Outpatient(OP) Bill Of Supply (Original)

Bill Number : OCS26-00122802 | **Bill Date :** 30-06-2026 03:38 | **UHID :** HNH-00007693

Medical Service Provided to : Master SRIYANSH DESHPANDE | **Age/Sex :** 2Y 7M 16D/ Male

Address : STREET NO 12 CHIKADPALLY Chikkadpally Hyderabad,Telangana | PAN :

Phone : 7675929940 | Payor : SELFPAY | Payor GST ID : | AADHAR :

Doctor : Dr. ER DOCTOR | Speciality : CONSULTANT

S.No	Services	SAC Code	Internal Code	Qty	Price	Discount	Amount(RS)
1	ER DOCTOR - NIGHT CONSULTATION		ER-DOCTOR-2	1	1,500.00	0.00	1,500.00

Received with thanks the sum of Rs : 1500.00(Rupees One Thousand Five Hundred Only) from Master SRIYANSH DESHPANDE
By DC/CC Card 1,500.00 Card No : 1753462978

Lab No :
Remarks :

Total Amount :	**1,500.00**
Discount Amount :	**0.00**
Deposit :	**0.00**
Paid Amount :	**1,500.00**

RAINBOW CHILDREN'S MEDICARE LIMITED

Printed on : 30/06/2026 03:38 AM By Mr YASEEN ALI KHAN

Mr YASEEN ALI KHAN

Note : You can access your reports @ "https://www.rainbowhospitals.in/patient-portal/login –> India(+91) / Registered Mobile Number

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby AIZEL ALEEM AJANI**	**Age :**	**1 Y 6 M 24 D**
IP No:	**IP26-00006689**	**Sex:**	**Female**
Consultant:	**Dr. NIZAR NURALLI LALANI**	**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 also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: Aleem Ajani
Relationship: father
Date: 30/06/2026 Time: 6:27

Witness Name: Yaseen ali khan.
Witness Signature:

Patient Address:

H NO-327, ST NO-9,MUBARAK BAZAR LANE, ABIDS, HYDERABAD Abids Road Hyderabad Telangana INDIA 500001

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25 Years

BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card / Demand draft or online payment.
- In 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 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 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

INTERIM BILLING

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 enquire 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.5,000/- will be refund through NEFT in three Bank working days.

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

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

HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
06-12-2024 1 Y 6 M 24 D (F)
Dr. NIZAR NURALLI LALANI

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

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Your Right to a Safe Delivery

Date: 30/06/2024

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

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

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

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

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

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

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

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

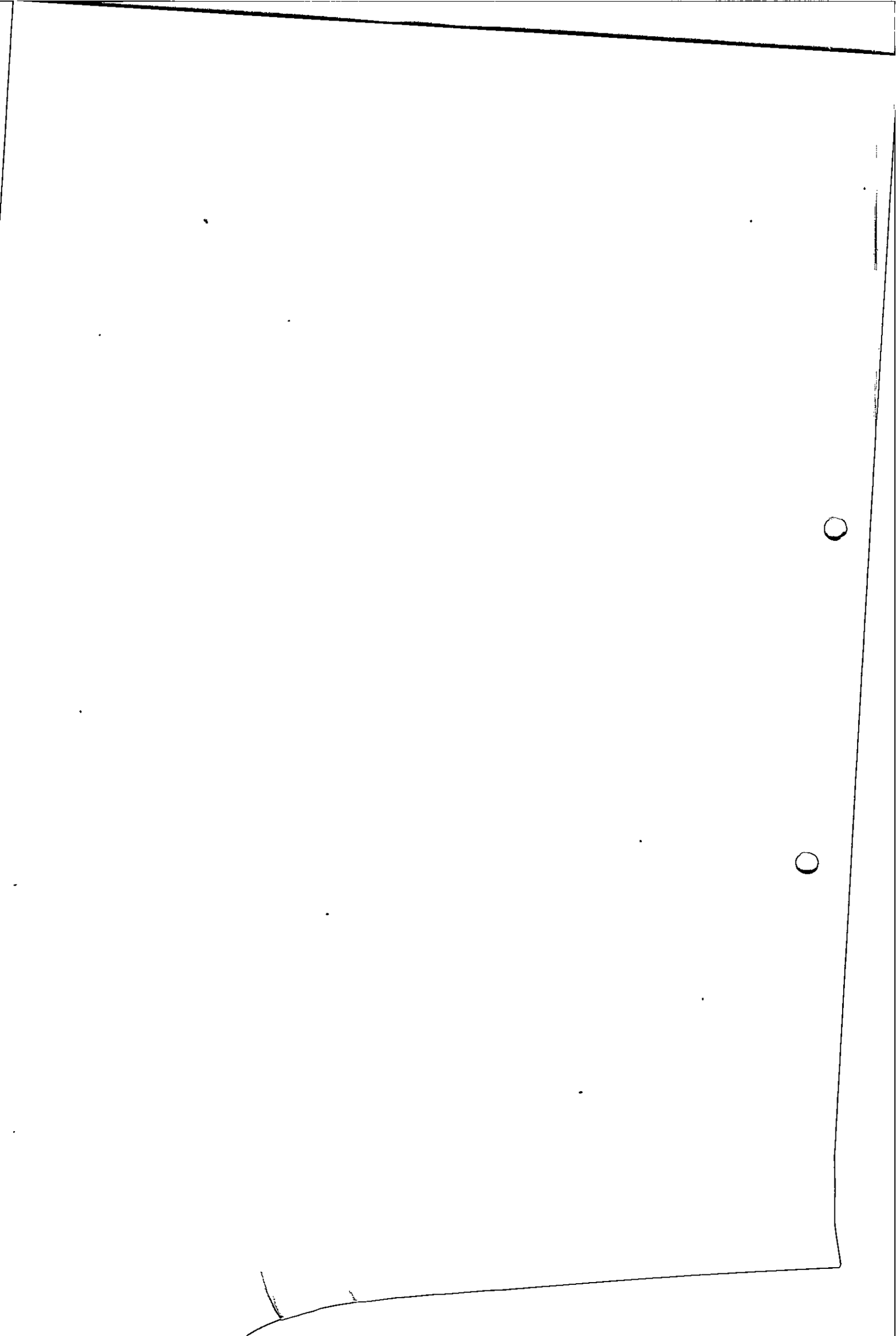
Name of the Patient: Aizel Aleem Ajani Date & Time of Admission: 30/06/2024 @ 6:27

Name of the Parent / Guardian: Aleem Ajani Mobile Number: 8501049756

Parent Aadhaar Card Number: .....

Signature & Relation Father

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



HNH-00005641 IP26-00006689
Baby AIZEL ALEEM AJANI
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UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

To

The Management,

Rainbow Children's Hospital, Himayat Nagar,

Hyderabad - 500029.

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

I Mr./Mrs./Ms. Aleem Ajani (Father/ Mother/ Other _____) of Master/ Baby/ Baby of/ Mrs. / Ms. Aizel Aleem Ajani was bought to your hospital on Emergency basis on 30/6/2026 at 6:27Am approximate charges deposit details were explained by the front office executive on duty.

As I have cashless insurance so I have to pay 20,000/- as a caution deposit at the time of admission. If there will be any difference amount after getting the approval I'll pay that amount at the time discharge.

NB:- As patient having **CARE HEALTH INSURANCE**, explained regarding the insurance regection. With the patient father concern admiting the patient under **CARE HEALTH INSURANCE**. If there will any regection they are ready to pay in **cash.**

Thanking You

Aleem

Signature

Name:- Aleem Ajani

Ph. No.:- 9666[illegible]