Rainbow® Children's Hospital
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DISCHARGE SUMMARY

Name	Baby DEVANSHI SHARMA	**UHID**	HNH-00011930
Father/Guardian	Mr YOGESH SHARMA	**Age/Gender**	0 Y 9 M 8 D/ Female
Address	1-2-274/2 GAGAN MAHAL DOMALGUDA HIMAYATH NAGAR, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006382	**Admission Date**	19-05-2026
Ref Doctor	Self.		
Discharge Date	22.05.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	

History: Baby DEVANSHI SHARMA is a 0 Y 9 M 8 D , old girl presented with history of loose stools (multiple episodes/day) since 5 days, associated with 6-8 episodes of non bilious, non projectile vomiting since 1 day, fever and reduced urination since 1 day, poor feeding since 1 day, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby DEVANSHI SHARMA	UHID	HNH-00011930
IP No	IP26-00006382	Admission Date	19-05-2026

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 135/min and RR - 35/min. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output, dull looking and sunken eyes were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 7.6 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.34, pCO2 of 26 mmHg, pO2 of 51 mmHg, HCO3 of 19.3 mmol/L and BE of -7.0 mmol/L.

Initial hemogram showed Hemoglobin of 11.0gm%, White Blood Cell count of 5340cells/cumm, platelet count of 4.75 lakhs/cumm and C-Reactive Protein of 5 mg/l. Complete urine examination was normal. Blood culture and sensitivity shows no growth after 24 hours of incubation. Urine culture and sensitivity shows no growth after 24 hours of incubation.

Ultrasound abdomen shows
1. Right renal minimal calyceal fullness with slightly prominent pelvis - likely variant.
2. Rest unremarkable.

Management: She was admitted in the ward and started on intra venous fluids. She was treated symptomatically with antiemetics, and antipyretics. In

Name	Baby DEVANSHI SHARMA	UHID	HNH-00011930
IP No	IP26-00006382	Admission Date	19-05-2026

view of loose stools, she was administered probiotics and advised gastrodiet.

During ward stay, child developed high grade fever and ultrasound abdomen showed right renal minimal calyceal fullness with slightly prominent pelvis , hence IV antibiotics were added.

She was regularly monitored for her loose stool frequency, fever spikes and hydration status. Her loose stools and other symptoms settled gradually.

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

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

Medications given during hospital stay:
Injection. Ondansetron
Pro-GG sachet
Z & D drops
Prolyte ORS
Injection. Ceftriaxone

Advice:
* Diet as advised.
* WHO-ORS as per demand post each stool.

Name	Baby DEVANSHI SHARMA	UHID	HNH-00011930
IP No	IP26-00006382	Admission Date	19-05-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	2 ml	8am - 8pm (after food)	For 3 days.
2	Pro GG drops	15 drops	twice daily 8am-8pm	For 3 days
3	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 11 days
4	Syrup. ONDEM (Ondansetron – 5ml/2mg)	2.5 ml	Maximum 3 times a day (30 minutes before food)	SOS for vomiting
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect final blood culture report on followup

Fever Management
*Crocin Drops (Paracetamol - 1ml/100mg) 1.2 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. PRITESH NAGAR on Monday(25.05.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:

Name	Baby DEVANSHI SHARMA	**UHID**	HNH-00011930
IP No	IP26-00006382	**Admission Date**	19-05-2026

* **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 if high grade fever, vomiting, breathlessness or refusal to feed occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

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 : IP26-00006382 **Admit Date** : 19-May-2026 **Admit Time** : 06:51 PM **UHID** : HNH-00011930

Patient Details :

Patient Name	: Baby DEVANSHI SHARMA	**Age**	: 0 Y 9 M 7 D
Guardian	: Mr YOGESH SHARMA	**DOB**	: 12-08-2025 09:57 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-2-274/2 GAGAN MAHAL DOMALGUDA HIMAYATH NAGAR Himayat Nagar East Hyderabad Telangana INDIA 500029	**Phone No**	: 7569088596/ 9000400108
		E-mail	: na@gmail.com

nission Details :

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

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

Contact Details :

Name : Mr YOGESH SHARMA **Relationship** : Father

Contact Address : 1-2-274/2 GAGAN MAHAL DOMALGUDA HIMAYATH NAGAR Himayat Nagar East Hyderabad Telangana INDIA 500029 **Phone No** : 7569088596

Pooja Sharma
Signature

ctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

OD

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ACTIVITY RECORD FOR BILLING

Name: ---------- HNH-00011930 Baby DEVANSHI SHARMA 12-08-2025 0 Y 9 M 7 D Dr. PRITESH NAGAR IP26-00006382 (F) ----------

UHID No : ------ ---- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5/26	7:50	ER	Ward	

Cross Consultation Visit

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/5/26	CBP, CRP, CUE Urine c/s	8437	[illegible]
20/5/26	Blood c/s	8557	[illegible]
20/5/26.	ultrasound Abdomen & pelvis	6170	[illegible]
21/5/26	VBG	8624	Sunanda
	Copy checked by [illegible] @ 10Am		

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/5/26	Infusion pump	8:05pm	7AM 22/5/26	0748	
	Cross chaked by Moutosh @			10AM	

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/5/26	Iv placement	(1)	200728	
20/5/26	NHA	(1)	0877	
	Cross chaked by Mautushi @ 10AM.			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : B/O POOJA.

Patient ID# :

Consultant :

Final Diagnosis : AGE WITH DEHYDRATION.

Pediatric Multiorgan History & Physical Examination

Name : B/o PUNITA Age/Sex

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

- Loose stools on & off since 5 days.
- Vomiting x 1 day.
- Low urination x 1 day.
- Lethargy & poor feeding since today morning.

History of present illness :

Came with c/o loose stools on & off since 5 days; present on day 1 (16/8/26) & again started yesterday evening; 6-8 episodes greenish, non bloody, non mucoid, watery in consistency.

- Also associated with 6-8 episodes of vomiting since yesterday, non bilious, non blood stained and containing food particles.

- Child has not passed urine since 12:15 PM (28 hours) today afternoon; passed @ 8pm in ER.

- Child has been dull since today morning refusing feeds.

- ~~No~~ h/o ↑ sleepiness since today morning.

~~= Activity~~

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Term / AGA / female.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally normal.

Immunization History :

As per NIS.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 7.6Kgs (Centile _____)

On Examination :

Temperature : Afebrile (101.3°F). Pulse Rate: _____ Description _____

B.P. _____ SPO2 100% at RA.

Resp. rate and type of breathing : _____

Dry lips, pale mucosa,

Rash _____ Dull look, skin turgor > 2sec.

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____ (N)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : _____ (N).

Any murmur : _____

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

Per Abdomen :

Inspection Soft, NT, BS(+).

Palpation : _____

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power 3/5

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

ACUTE GASTROENTERITIS WITH DEHYDRATION.

_____

_____

_____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

1. CBC
2. CRP
3. CUE (pus) } Culture
4. Urine } C/S } sample.
5. VBG.

Extra plain

8. Keep blood C/S sample.

Planned Management :

- IVF ~~1/2 DNS~~ PLASMALYTE
- Syp. Ory. UNDEM.
- Pro GG sachet
- 2 + D drops
- Grain drops.

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. Pritesh on whose name the patient is being referred

Doctor's Signature Name Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184 Date Time

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/8 8pm	C/s/B Dr. Pritesh SV	
	Acute Gastroenteritis c̄ Dehydration	
	Loose stool (+)	Plan
	Vomiting (+)	1) CUE / Urine C/S } Catheter
	Passed Urine - Once	
	Baby accepted DBF	2) IVF - Plasmalyte - 2/3 rd
		3) CT - Proag ZAD
	Baby asleep	
	PV - Good	4) Trace Lab
	RS - B/L AE (+)	5) WHO - ORS
	P/A - Soft	6) If CUE - abn (+) Ceftriaxone

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B - Dr. Pavan / Dr. [illegible]	
20/5/26 8 am		
	Acute GE c dehydration	
	Fever ⊕ - 100.8°F @ 6 am	
	Loose stools - 6-7 times	Advise:
	Vomitings - Nil	
	Urine output - Twice	① Continue
	Oral intake - on DBF	Plasmalyte 2/3rds
	Taking feeds well	② Continue
		ProGG
	O/e-	Syp Zinc
	Vitals stable -	
		③ ORS 20/3rds Monitor [illegible]
	S/E	
	CVS - S1S2	
	RS - B/L NVBS	
	P/A - Soft	[signature]
		NB Sunanda @ 9am

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0Y9M7D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5 9 AM	C/S/B Dr. Pritesh Sir	
	Acute Gastroenteritis c̄ Dehydration	
	- Loose stools ⊕	Plan
	- Fever - 100.8°F @ 6Am	1) IVF - PLASMALYTE Taper in afternoon
	- No Vomitings	
	- Passing Urine	2) Pro GG
	Oral intake - DBF	Zinc Ondem
	Baby asleep Vitals stable	3) W/f Urine Output
	R-S - B/L AE ⊕	4) Monitor Vitals
	P/A - Soft	
		5) WHO - ORS - Ad lib
		NB- Supriya 9:30AM @ 20/5/26
		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/B Dr. Naipurya	
20/5 2:00pm	Acute Gastroenteritis c̄ dehydration	
	loose stools (7 episods)	Plan
	1 episode vomiting (+)	
	Fever (+).	- Cont IVF
	Oral intake - poor.	
		- Cont Pro GG Zinc
	P/A - soft, NT	
	R/S - B/L AE.	- Cont ORS (WHO).
		- Monitor vitals
	Urine - Adequate output	- Monitor U/O/P.
		[signature]
		MB Neha

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

(P.T.O)

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 8 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 5:30 pm	c/o/b Dr. Pritesh Acute GE & dehydration.	
	- fever spikes (+) - loose stools (+) - episode of vomiting (+) - oral intake: poor.	
	O/E - vitals: stable - P/A: soft - CRT: < 3 sec.	Plan 1) Leave veins cls. 2) Send Blood cls 3) start ceftriaxone 4) USG abdomen & Pelvis now 5) IV. Rut as per Rx chart 6) UBP, CRP → next Prick
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	HB Mehta

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 8 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/8/25 4pm	R/B Dr Pritesh	
	△ AGE c Dehydration	
	Baby stable.. active fever spikes + loose stools + 1 episode of Vomiting	USG. c/o (R) Renal Calyceal fullness
	O/E Gc fair Vitals stable	Adv
	PA: soft	→ Tab CT Ceftriaxone
		→ Trace urine C/S.
		→ W/f fever spikes.
		→ T/m Plan to rpt CBP, CKP if child dull / after urine C/S report

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0Y9M8D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 8:15AM	S/B. Dr. Sneha	Plan
	AFI c dehydration	
	? UTI	
		- c/f CEFTRIAXONE
	Fever spikes (+)	
		- Trace Urine C/S
	CVS - S1 S2 (+)	
	RS - B/L AE (+)	- Encourage orals
	P/A soft	- Plan to repeat
	Conscious	CBP, CRP - next prick
	B. Sneha	
21/5/26 8:30AM	S/B Dr. Pritesh	
	AFI c dehydration	Plan
	Fever spikes (+)	
		Next prick CBP c CRP
	CVS - S1 S2 (+)	
	RS - B/L AE (+)	
		Trace Urine C/S
	P/A soft	
	Conscious	c/f CEFTRIAXONE
		Encourage orals
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	NB - Supriya 8:50AM @ 21/5/26

HNH-00011930 IP26-00006382
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 1pm	U/S/B Dr. Pritesh AGE c̄ dehydration.	
	- low grade fever spike (+)	
	- 3 episodes of loose stools (+) (consistency improved)	urine c/s: neg
	- 1 episode of vomiting (+)	
	- Passing urine adequately	
	O/E - vitals: stable - S/E - P/A - soft.	Plan 1) Inj. cefotaxime 2) Inj IVF. 3) Rest inj. as per Rx chart. 4) if high grade fever spike (+) (?) ↓ then send CBC/CRP, if not next prick
If high grade spike Send CBC CRP else Next prick	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	
		NB - Supriya 1:14pm @ 21/5/26

HNH-00011930 IP26-00006382
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 20pm.	C/S/B - Dr. Shikha	
	Acute GE c dehydration.	
	One loose grade fever spike @.	Advice:
	3 episodes of loose stool (improved consistency)	Continue Ceftriaxone
	1 episode of vomiting.	Continue IV fluids.
	Passing urine adequately.	If high grade fever spike occurs (send CBC CRP) if not send CBC CRP for next visit.
	O/E - Vitals stable.	
	P/A - S/NT	
		NB-Supriya 21/5/26 2:11pm

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0Y9M9D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	C/S/R - Dr. Pritesh.	
6pm		
	Case of acute gastroenteritis	
		Advise:
	No further loose stools	
		(i) Continue ceftriaxone
	No vomiting.	
		(ii) Continue
	Intake orally poor.	1/2 maintenance
	O/E -	(iii) High grade fever spike
	Vitals stable.	→ CBC / CRP } to repeat
		(at) next prick.
	R/S	
	CVS - S1S2	
	RS - B/L NVBS	noted by Supriya
	P/A - S/E	6:30pm

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

HNH-00011930 IP26-00006382
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12-08-2025 0Y9M9D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Varun / Dr. Anusha	
22/5/26 7AM	D/s - ACUTE GASTROENTERITIS	
	- Last fever spike at 12pm (100.6°F) (21/5/26).	
	- No c/o vomiting / loose stools.	
	- Oral intake - poor.	Plan -
	- Taking DBF well.	✓ - Continue Ceftriaxone.
	O/E - HR - 110/min. RR - 30/min. SpO2 - 100% @ RA.	✓ Continue IVF 1/2 M.
		✓ Trace blood C/S.
	S/E - P/A - Soft, NT.	
	CVS, CNS, R/S } NAD.	
		M B Sharda

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

HNH-00011930 IP26-00006382
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12-08-2025 0 Y 9 M 9 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26	c/s/b Dr. Pritesh.	
9:30 AM	AGE c̄ dehydration.	
	No fever.	
	Oral intake - fair	Plan
	RE - vitals stable.	- D/S today.
		+ Give morning dose of ceftriaxone.
	S/E - WNL.	+ Oral cefixime x 3 days after discharge.
		NB Mouthwash @ 10AM
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	[signature]

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

HNH-00011930 IP26-00006382
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DRUG CHART

Date of Admission: 19/5/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : CROCIN DROPS

Dose	Route	Frequency	Start Date
1ml	PO	SOS	19/5

Doctor's Signature	Valid Period	Pharm.
[signature]		[signature]

Additional Instructions: PARACETAMOL DROPS

Date ▸ / Time ▾	19/5	20/5	21/5
	6:50 am	[initials]	4 am [initials]
	3PM	[initials]	12:40 PM [initials]

DRUG : PROLYTE ORS

Dose	Route	Frequency	Start Date
5ml	PO	SOS	19/5

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions: After every episode of loose stool (-

DRUG : Syp. IBUGESIC

Dose	Route	Frequency	Start Date
2ml	Oral	SOS/8th	20/5

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions: IBUPROFEN (5ml/100mg)

Verified by Dr. Bhagyalakshmi [illegible]
VERIFIED BY : Name .... Signature ....

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 7.6kgs. Ward. .....

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Date
1.7 ml	IV	TID 8H	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	19/5	20/5	21/5	22/5
Time				
		5am		
	6am			
	2pm	12:30 pm		
	10pm			
		6.2		

DRUG : PRO GG SACHET

Dose	Route	Frequency	Start Date
1 SACHET	PO	BD	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
1 SACHET = 1gm.

Daily Doctor's Endorsement by a Sign

Date ▸	19/5	20/5	21/5
Time			
	10am		
	10pm		
		6	

DRUG : Z + D drops

Dose	Route	Frequency	Start Date
1ml	PO	OD	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(20mg / 1ml)

Daily Doctor's Endorsement by a Sign

Date ▸	19/5	20/5	21/5
Time			
	2pm		
		6	

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
750mg	IV	OD	20/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	20/5	21/5
Time		
	6:30pm	
	10pm	

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 8 D (F)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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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				

Patient Sticker

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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				

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2026 0Y9M7D (F)
Dr. PRITESH NAGAR

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

DRUG :	Date➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 7.6 kgs Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/8/26		IV 1/2 DNS (2/3rd)	IV	20ml			19/8		
19/8/26	8:05pm	IVF - PLASMALYTE (2/3rd (m))	IV	20 ml/h			20/8		
20/8	4pm	IVF - PLASMALYTE (1/2 (m))	IV	15 ml/h					

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

306

RESULT SHEET

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Date	19/5/26					
Time						
Hb	11.0					
PCV	31.3					
RBC	4.42					
WBC	5.34					
N/L	49.5/39.3					
Platelets	475					
CRP	5					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

P.T.O.

Date	19/5/26					
Time						
CUE-Alb						
CUE-Sugar	NIL					
CUE - Ketones	present					
CUE-PUS Cells	3-5					
CUE - RBC Cells	NIL					
CUE - Epithelial	2-3					
Nitrite	Negative					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : Urine c/s :— 24 hrs no growth

Blood c/s — 24 hrs no growth

Radiology: USG : .....

X-Ray: .....

ECHO: .....

CT: .....

MRI .....

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

Patient

CLINICAL / 124

INFANT (~~<1 year~~)

Children's Observation & Early Warning Scoring Chart

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/5/26 Time: 9 PM | 1 am | 3 am | 6 am

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.5°F | 98.5°F | 99.1°F | 100.8°F | Crocin Given

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number): 135 b/m | 132 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number): 29 b/m | 28 b/m

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2 (l/min)			
O_2 Saturations (%)		100%	100%
Conscious Level	Normal		
	Altered		
GCS *			
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		SA	SA

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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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-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

Patient Sti[illegible]

INFANT (~~< 1 year~~)

~~[illegible]~~ 50 years

Chi[illegible]s Observation & [illegible]y Warning Scoring Chart

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[illegible] SCORE: CHILDREN'S UNIT

Date: 20/5/26

Time	9 AM	10 AM	2 PM	3PM	4 pm	4:30 pm	5:30	6PM	7:15 pm	10 pm	2 am
Doctor/Nurse/Family Concern?											
Temperature (°F)	97.9°F	98.2°F	98.5°F	103.2°F (crocin given)	101.1°F	103.0°F (sponging)	101.8°F	100.2°F	101.2°F (sponging)	97.6°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *				102/60							
Heart Rate (Number)		130b/m	132b/m	151b/m						132b/m	
Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)		36b/m	36b/m	38b/m						35b/m	
Resp Distress: Mod/Severe / None/Mild											
Receiving O_2 (l/min) / O_2 Saturations (%)		100%	99%	100%						99%	
Conscious Level: Normal / Altered											
GCS *		15/15	15/15	14/15							
TOTAL SCORE Number of shaded boxes		0	0	0						0	
Pain Score		[illegible]	[illegible]	0						0	
Observer's Initials		[illegible]	[illegible]	[illegible]						[illegible]	

Temperature scale: 94–104 °F. Heart Rate / BP scale: 50–190. Resp. Rate scale: 10–70.

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
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- 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

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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-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 8 D (F)
Dr. PRITESH NAGAR

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (≤1 year) D1to5 years
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/5/26

Time:	4 am	8 am	9 am	10:30 AM	12:40 pm	2:40 PM	8:00 pm	6 pm	10 pm	2 am	6 am
Doctor/Nurse/Family Concern?											
Temperature (°F)	102.4°F (Crocin given)	101.3°F	97.5°F	99.8°F	100.5°F (Crocin drops 5 given)	100.0°F (Ibugesic drops [illegible])	98.1°F	98.5°F	98.5°F	97.5°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *											
Heart Rate (Number)			132 b/m	132 b/m		136 b/m			132 b/m		133 b/m
Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)			38 b/m	34 b/m		32 b/m			33 b/m		35 b/m
Resp Distress: Mod/ Severe / None / Mild											
Receiving O_2(l/min)											
O_2Saturations (%)			100%	100%		99%			99%		99%
Conscious Level: Normal / Altered											
GCS *				15/15		15/15					
TOTAL SCORE Number of shaded boxes			0	0		0			0		0
Pain Score			0	0		0			0		0
Observer's Initials			[illegible]	[illegible]		[illegible]			[illegible]		[illegible]

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / BP scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

ACTIONS		
	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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
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* 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

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Date	Time	Early Warning Score	Date	Time	Name

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

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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 :						
19/5/26	08:00 pm	plasmalyte		20ml								
	09:00 pm		milk	20ml						✓		
	10:00 pm			20ml			✓				0	[signature]
	11:00 pm			20ml								
	12:00 am			20ml								
	01:00 am			20ml								
Total Intake :						Total Output : U–					M–	
20/5/26	02:00 am	plasmalyte		20ml								
	03:00 am			20ml						✓		
	04:00 am			20ml			✓					[signature]
	05:00 am			20ml							0	
	06:00 am			20ml								
	07:00 am			20ml			✓					
Total Intake :						Total Output :						

6AM to 7AM 5[illegible]

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/5/26	08:00 am	Plasmalyte		20ml			✓				0	
	09:00 am		Milk	20ml			✓			✓	0	
	10:00 am			15ml			✓			✓	0	
	11:00 am			15ml			✓			✓	0	
	12:00 pm			15 ml			✓	✓			0	
	01:00 pm			15ml			✓				0	
Total Intake :						**Total Output :**						
20/5/26	02:00 pm	Plasmalyte	ORS	15 Ml							0	
	03:00 pm			15 Ml							0	
	04:00 pm			—			✓			✓	0	
	05:00 pm			—						✓	0	Neha
	06:00 pm			15 Ml							0	
	07:00 pm			15 Ml			✓			✓	0	
Total Intake :						**Total Output :**						
20/5/26	08:00 pm	Plasmalyte	Milk	—						✓		
	09:00 pm			15ml								
	10:00 pm			15ml			0					
	11:00 pm			15ml	NA			NA			0	
	12:00 am			15ml								
	01:00 am			15ml								
Total Intake :						**Total Output :**						
21/5/26	02:00 am	Plasmalyte		15ml						✓		
	03:00 am			15ml								
	04:00 am			15ml			✓	✓ 4:30				
	05:00 am			15ml							0	
	06:00 am			—	NA			NA				
	07:00 am			15ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-05-2025 0 Y 9 M 8 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

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							
21/5/26	08:00 am	Plasmalyte		15ml							0	
	09:00 am		Milk	15ml							0	
	10:00 am			15ml						✓	0	
	11:00 am			15ml			✓				0	
	12:00 pm			15ml			✓				0	
	01:00 pm			15ml						40ml	0	
Total Intake :						**Total Output :** U– M–						
21/5/26	02:00 pm	Plasmalyte		15ml	NA						0	
	03:00 pm			15ml								
	04:00 pm			15ml								
	05:00 pm			15ml								
	06:00 pm			15ml								
	07:00 pm			15ml								
Total Intake :						**Total Output :**						
21/5/26	08:00 pm	Plasmalyte	Milk	15ml	NA	/		/				
	09:00 pm			15ml			✓			✓		
	10:00 pm		Milk	—				NA				
	11:00 pm			—								
	12:00 am			15ml								
	01:00 am											
Total Intake :						**Total Output :** U– M–						
22/5/26	02:00 am	Plasmalyte		15ml	N/A	/		/				
	03:00 am			15ml								
	04:00 am			15ml								
	05:00 am			15ml				N/A		✓		
	06:00 am			15ml					–			
	07:00 am			15ml								
Total Intake :						**Total Output :** U– M–						

11 to 12pm
3 times

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
0 Y 9 M 9 D (F)
12-08-2025
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	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-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-06-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date :	19/5	20/5	20/5	20/5
					Time :	10pm	9AM	2pm	10pm
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	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	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	28	28	28
					Evaluator's Name				

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 8 D (F)
Dr. PRITESH NAGAR

Patien

BRADEN 'Q' SCALE

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

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Your Right to a Safe Delivery

				Date :	21/5	21/5		
				Time :	M6	N1		
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		
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				TOTAL SCORE	28	28		
				Evaluator's Name				

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

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

Patient Stick

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: 20/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart strictly → IV cannula is present.	8pm to 2pm	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart strictly → IV Cannula is present	→ Patient is stable now → IVF taper in afternoon plan	→ Re-checked the Vitals → I/O → Trace urine c/s	Supriya
Afternoon	8AM to 2pm	- Assess the Pt conditions - Monitor the Vitals - Maintain I/o charts - I/V cannula is present - Administer the Medications as Per drugs charts	8AM to 2PM	- Assess the pt conditions - Monitor the Vitals - maintain I/o charts - I/V cannula is present - Administer the Medication as Per drugs charts	- Patient is now stable	- Re-Assessment done - Trace urine c/s	Neha
Night	8pm to 8am	- Assess the pt condition - Monitor the v/s - maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt condition - Monitor the v/s - maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
Dr. PRITESH NAGAR

NURSING CARE RECORD

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 19/5/26

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	9am to 8pm	-Assess the pt Condition -Monitor the V/S -Maintain the I/O -Drug as per chart	9am to 8pm	-Assess the pt Condition -Monitor the V/S -Maintain the I/O -Drug as per chart	-Now baby is stable	-Rechecked the V/S	(S)

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 8 D (F)
Dr. PRITESH NAGAR

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: 21/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	→ To assess the pt. condition → To checked the vitals & record → To administer the medication as per drug chart → IVF contd → I/O chart monitors	8AM to 2PM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → IVF contd → I/O chart monitoring	→ Baby is stable now → Trace blood c/s urine c/s	→ Re-checked the vitals → I/O → Next pick CBP, CRP & plain extra	Supriya
Afternoon	2pm 8pm	- Assess the pt Condition - monitor vital & Blood - drug as per chart - provid. Comfortable position		- Assessed the pt Condition - monitored vital & Blood - drug as per chart - provided Comfortable position	Baby is stable (T) Reports	Rechecked vital.	
Night	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt Condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	

Patient

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 9 D (F)
Dr. PRITESH NAGAR

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
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- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

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

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Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 7 D (F)
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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGE ± dehydration

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	19/5 N1	20/5/26 M6	20/5/26 E2	20/5/26 N1	21/5/26 M6	21/5/26 E2
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
	Diet:	—	Soft	Soft	Soft	Soft	Soft
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:	97.6°F	98.1°F	98.6°F	98.7°F	98.4°F	98.1°F
	Res:	29b/m	34b/m	30b/m	32b/m	34b/m	38b/m
	SpO_2:	99%	100%	99%	100%	100%	100%
	Pulse:	135b/m	136b/m	138b/m	132b/m	134b/m	136b/m
	BP:	—	—	—	—	—	—
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	"0"	—	—	—	—	—
	Pain Score:	"0"	"0"	0	—	"0"	"0"
	Skin Integrity	Good	Good	—	Good	Good	Good
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	—	Soft	—	—	Soft	Soft
	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:		—	—	—	—	Next prick CBP/CRP	Next prick CBP, CRP
Handed Over By Name :		Sunanda	Supriya	Neha	Sunanda	Supriya	Supriya
Signature / ID :		✓	✓	✓	✓	✓	✓
Date:		19/5/26	20/5/26	20/5/26	21/5/26	21/5/26	21/5/26
Time:		8PM	2pm	8PM	8am	2pm	8pm
Taken Over By Name :		Supriya	Neha	Sunanda	Supriya	Supriya	Sunanda
Signature / ID :		✓	✓	✓	✓	✓	✓
Date:		20/5/26	20/5/26	20/5/26	21/5/26	21/5/26	21/5/26
Time:		8AM	2PM	8pm	8AM	2pm	8pm

HNH-00011930 IP26-00006382
Baby DEVANSHI SHARMA
12-08-2025 0 Y 9 M 9 D (F)
Dr. PRITESH NAGAR

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE = dehydration						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
	Surgery / Procedure:						Post OP Day:
BACKGROUND	Date / Shift	21/5 N1					
	Medical Condition (Any special condition to be noted):	—					
	Diet:	—					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F					
	Res:	28b/m					
	SpO_2:	99%					
	Pulse:	—					
	BP:	—					
	LOC:	—					
	Fall Risk Score:	4 0 4					
	Pain Score:	4 0 4					
	Skin Integrity	Good					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—					
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Sunanda					
Signature / ID :							
Date:		22/5/26					
Time:		8am					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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R FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	19/5/26 @ 6:51 PM	19/5/26 @ 7:48 PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Pritesh	Dr. Varun	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20		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
Rabi	Dr Varun

Patient & Clinical Records Received by : Madhu 19/5/26 @ 8pm.

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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EDICATION RECONCILIATION FORM

Drug Allergies: NA ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: ward 8

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Varun

Date & Time : 19/5/26 @ 7:56 PM

Nurse Name & Signature: Rabi

Date & Time : 19/5/26 @ 7:56 PM

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

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wt- 7.67 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Pooja Age : 9month **Gender:** ☐ Male ☑ Female

Date : 19/5/26 Time of Arrival : 6:30 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: 104.3F PR: 135/M BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: c/o vomiting and fever since 1 day, loose stool since 5 day

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:32 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Rabin

Signature of Triage Nurse : .....

Date & Time : 19/5/26 @ 6:32PM

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/5/26 Time of arrival : 6:32PM

Chief Complaints: c/o loose stools since 5 days, vomiting and fever since 1 day RBS: .....

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

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 10/ 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 : 6:32 PM

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

Time	Nursing Notes
	→ Assessed the pt condition.
	→ checked the pt condition
	→ checked pt vitals
	→ IV placement done
	→ Medication done

Samples collected by: / Time: /

Samples sent by : / Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:30	Ceftriaxone	PO	1 mL		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 132 BP: ..... CFT: 2 sec	Shift - out from ER to: 7:30 PM
RR: ..... SPO_2 : 98%	Time of Shift - out: —
GCS: 13/15 Temperature : 100°F	Handover given to: ..... (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Rabin Signature of the Nurse : /

Date & Time : 9/5/26 @ 6:32 PM

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306

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20/5/26 Time: 11:30 am

Weight: 7.6 Kg Centile: 5th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 098 Kcal/day Protein: 1.0 gm/day

Diet Recommendations: Gastrodiet Can have:- ORS (WHO), Coconut Water, Sago Water, Rice based food

Re-Assesment: Avoid:- Ragi, Oats, Citrus, Milk, Sugar, Wheat

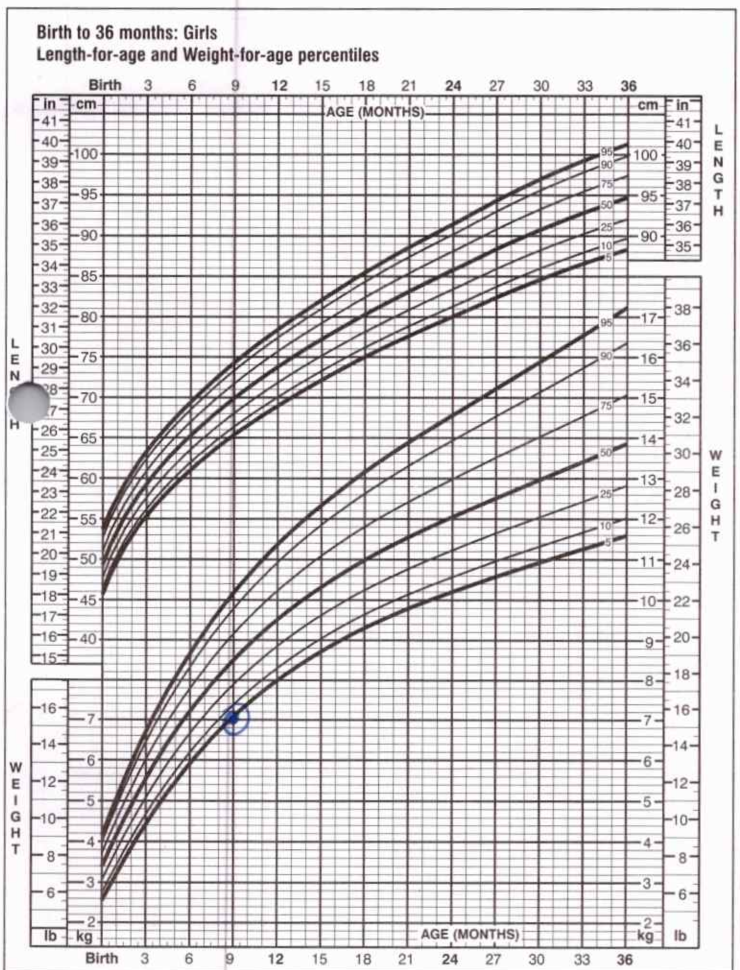
Food Allergies: NO FA Veg/~~Non-veg~~: veg

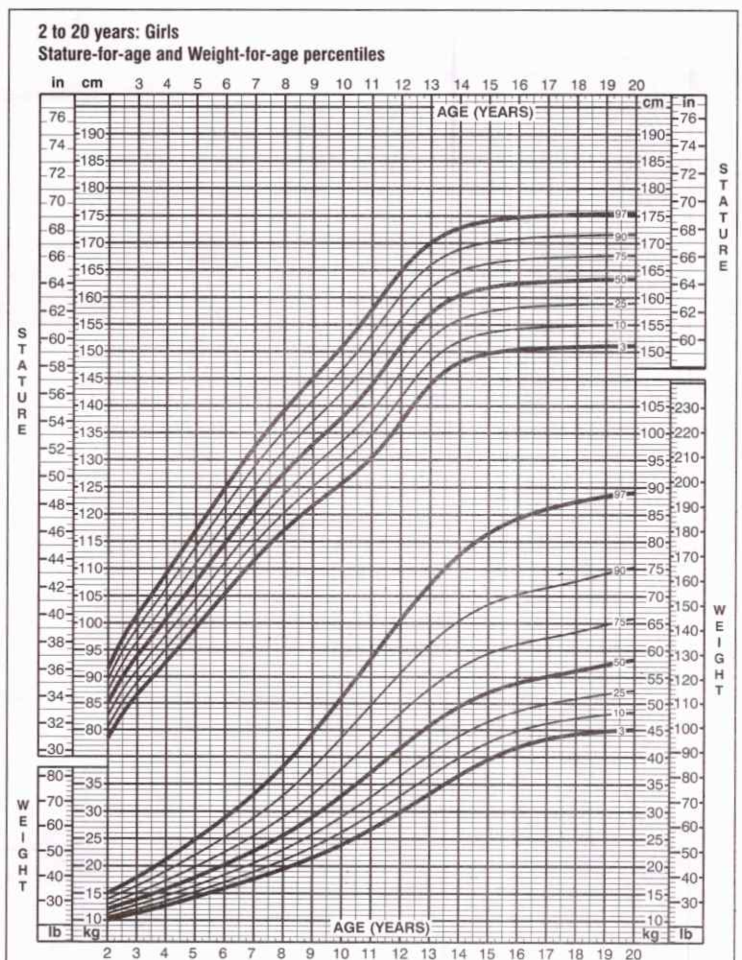
Diagnosis: Acute GE c̄ dehydn

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [signature]

GROWTH CHART (GIRLS)





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

Daily Notes: