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 : IP26-00006859 **Admit Date** : 16-Jul-2026 **Admit Time** : 05:14 AM **UHID** : HNH-00016613

Patient Details :

Patient Name	: Master IBRAHIM ABDULLAH MISRI	**Age**	: 4 Y 8 M 22 D
Guardian	: Mr ABDULLAH EISA MISRI	**DOB**	: 24-10-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-5-782/59 King Koti Hyderabad Telangana INDIA 500001	**Phone No**	: 9052423361
		E-mail	: na@gmail.com

Admission Details :

Bed Type : PICU **Bed No** : PICU-201 **Ward Name** : 2F -PICU

Room No : PICU-201 **Admission Type** : First Visit

Contact Details :

Name : Mr ABDULLAH EISA MISRI **Relationship** : Father

Contact Address : 3-5-782/59 King Koti Hyderabad Telangana INDIA 500001 **Phone No** : 9052423361

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Dr Manjit Kumar **Phone No** : 9866105609

Co-Consultant : Dr. MANJIT KUMAR

Payment Details :

Deposit Amount : 10818.29

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Master IBRAHIM ABDULLAH MISRI	**UHID**	HNH-00016613
Father/Guardian	Mr ABDULLAH EISA MISRI	**Age/Gender**	4 Y 8 M 22 D/ Male
Address	3-5-782/59, King Koti, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006859	**Admission Date**	16-07-2026
Ref Doctor	Dr Manjit Kumar		
Discharge Date	17.07.2026		

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

DIAGNOSIS	**ICD CODE**
ACUTE LARYNGOTRACHEOBRONCHITIS WITH RESPIRATORY DISTRESS	
MODERATE CROUP	

History: Master IBRAHIM ABDULLAH MISRI, 4 Y 8 M 22 D old boy presented with history of cough & cold since 2 days, shortness of breathing since few

Name	Master IBRAHIM ABDULLAH MISRI	UHID	HNH-00016613
IP No	IP26-00006859	Admission Date	16-07-2026

hours prior to admission. For the above complaints he was admitted at to Rainbow Children's Hospital for further management.

Examination: He was febrile, maintaining saturations at SpO2 of 96% at 5 lit/min oxygen. Heart rate was 158/min, Blood Pressure - 118/92 mmHg and Respiratory Rate - 30/min. Peripheries were warm, pulses well felt. on examination child had severe respiratory distress - tachypnea, suprasternal, subcoastal and intercoastal retractions, inspiratory stridor was present. On auscultation of chest, air entry was bilaterally reduced with wheezing present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly.

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

Weight on admission: 16 kgs.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 11.3gm%, White Blood Cell count of 13630 cells/cumm, platelet count of 1.75 lakhs/cumm and C-Reactive Protein of 7.0 mg/l.

Chest X-ray was normal.

Medication during hospital stay:
Inj. Pexa methasone
Neb Adrenaline
Neb Budecort

Name	Master IBRAHIM ABDULLAH MISRI	**UHID**	HNH-00016613
IP No	IP26-00006859	**Admission Date**	16-07-2026

Management: He was admitted in PICU in view of shortness of breathing and was started on oxygen by nasal prongs by at 2L/min. IV fluids and IV antibiotics. In view of severe stridor & chest signs, he was frequently nebulised with Adrenaline and Budecort. Inj. Dexamethasone stat was given in view of moderate croup.
child was shifted to ward.

He was regularly monitored for his hemodynamic status, oxygen saturations and vital parameters. Once stridor & respiratory distress improved, gradually his oxygen support was tapered & stopped. As he remained hemodynamically stable, maintaining saturations at room air, accepting orally well, he was shifted to ward for further management.

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

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

Advice:
* Diet as advised.

Name	Master IBRAHIM ABDULLAH MISRI	UHID	HNH-00016613
IP No	IP26-00006859	Admission Date	16-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Xyzal	2.5 ml	9 pm (after food)	For 2 days.
2	Nasivion-P Nasal drops	1 drop each nostril	9am-9pm	For 3 days
3	Nasoclear Mist Nasal spray	2 puffs each nostril	6th hourly	For 3 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. Manjith **on 18.07.2026** at his clinic.

Regular followup with Dr Manjit Kumar, Primary Pediatrician.

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

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

Name	Master IBRAHIM ABDULLAH MISRI	**UHID**	HNH-00016613
IP No	IP26-00006859	**Admission Date**	16-07-2026

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 Children's Hospital | BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006859 **Admit Date** : 16-Jul-2026 **Admit Time** : 05:14 AM **UHID** : HNH-00016613

Patient Details :

Patient Name	: Master IBRAHIM ABDULLAH MISRI	**Age**	: 4 Y 8 M 22 D
Guardian	: Mr ABDULLAH EISA MISRI	**DOB**	: 24-10-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-5-782/59 King Koti Hyderabad Telangana INDIA 500001	**Phone No**	: 9052423361
		E-mail	: na@gmail.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 ABDULLAH EISA MISRI **Relationship** : Father

Contact Address : 3-5-782/59 King Koti Hyderabad Telangana INDIA 500001 **Phone No** : 9052423361

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : PEDIATRIC INTENSIVE CARE

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

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : SELFPAY

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
18/7/26	10.00	Adreneline	4366	
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00	Adrenalin + (1)	Sm	Reem
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 23 D (M)
Dr. PRITESH NAGAR

Adrenaline 6th hourly

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	Adrenaline 2.5ml + NS. 2.5ml	(2)	Reem
	01.00			
17/10/21	02.00			
	03.00			
	04.00			
	05.00			
	06.00	Adrenaline 2.5ml + NS. 2.5ml	(3)	Reem
	07.00	4573		
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

UHID No ---------- Consultant : ---------- Dept : Pediatric C

Date of Admission : 16/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/7/26	6:00 AM	ER	PICU	
16/7/26	4:40 pm	PICU	216	

Cross Consultation Visit

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
16/7/26	CBP ✓	11821	
	CRP ✓		
	VBG ✓	11820	[illegible]
16/7/26	x-ray chest ✓	8596	[illegible]
	Cross Checked by Ramya 16/7/26 at 3pm		

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Sig
16/7/26	invasive monitor	6.30AM	16/7/26 at 4pm.	4261	[signature]
	infusion pump		16/7/26 @ 11 PM		
	oxygen		16/7/26 11 AM		
	Cross Checked by Ramya 16/7/26 at 3pm				

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
16/7/26	Replacement	1	4240	
16/7/26	NHA	(1)	214360	
16/7/26	Nebulization	(1)	214366	
	Grass Cleared by Ramya 16/7/26 at 4pm			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : IBRAHIM.

Patient ID# :

Consultant :

Final Diagnosis : mod to Sev CROUP

Pediatric Multiorgan History & Physical Examination

Name : IBRAHIM Age/Sex 4y

Informant mother Reliability Good.

Chief Presenting Complaints & Duration (Chronologically):

c/o Cold x 2 days
Cough x 1 day
Shortness of breathing x 1 1/2 hour

History of present illness :

A 4 y old child presented with Complaints of!

Cold x 2 days - a/w nose block, mild rinning nose clear d/s

↓

Cough x 1 day - initially wet type gradually progressed to barking cough, a/w voice change, and then a/w difficulty in Breathing since 1 hour, a/w ↑ WOB

no h/o fever
no h/o travel
h/o outside food consumption + (sweet)
No h/o similar complaints in family members

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

Birth & Neonatal History :

FTNVD, CIAB, Bwt-2.78kg
NOH/O NNJ

F/H/o Asthma in mother

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

cyptodatic

Immunization History :

lastvaccine at 3v2 years.
optional vaccine given.

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 16 (Centile _____) referred from fernander on nebulisations

On Examination :

Temperature : 98F Pulse Rate: 158 Description _____

B.P. 118/92 SPO2 96% at Oxygen Set

Resp. rate and type of breathing : 30/min

Rash NO ↑WOB+

Lymphadenopathy NO muffled voice+

Oedema : Brassy cough+

Respiratory system :

SSR+ SCR+ ICR+

Inspection (any s/o distress) : ↑WOB

Air entry & breath sounds : NVBS+, inspiratory stridor+

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) NO

Referred on Levolin neb.

Cardiovasclular System :

Inspection of procordium : N shape

Heart Sounds : $S_1 S_2$+

Any murmur : NO

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

Per Abdomen :

Inspection (N) shape

Palpation : Soft, Nontender

Ausculation : BS+

Spine: WNL External Genitelia : WNL

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15/15

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System : WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

Severe Acute Laryngotracheobronchitis

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC, CRP, Chest x RAY, VBG

~~Various~~ ~~Respiratory~~

~~Panel~~

Planned Management :

Neb. Adrenaline · 5 mg

Neb. BUDECORT 2 mg

HFNC SOS

DEXA 0.6 mg/kg stat

O2 Supplementation (Face mask)

Reassess > 4 hours

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 _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date 16/7/26 Time 9AM

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26. 6:30 AM.	c/s/by Dr Anuche	Dr Pritesh
	Severe Acute laryngo-tracheo bronchitis ? CROUP	
		Adm in ER
	HR = 122/min.	Loud stridor
	SpO_2 = 100% - on 4 lit mask	Suprasternal
	RR = 29/min.	Retraction
		Plan.
	distress improving comparatively.	- after 4 hour Repeat Adrenaline NEB plan (9:30 AM)
	O/E	- ct O_2
	stridor - Crying (+)	- ct Nasivion drops
	- ↳ Not at rest	Nasodu Nasal drops.
	(R/S)	
	- B/L AE (+)	- Monitor vitals.
	NVBS (+)	
Moderate to Severe croup		Noted by Smith
	Al.	Dr. Pritesh Nagar Consultant Pediatric Intensivist Reg. No. ...

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

HNH-00016813 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8:30am 16/7/26	S/B Dr Pritesh	
	Distress less Stridorless A/E Good	
	Plan	
	✓ Adrenaline neb	once awake
	✓ Rest same	

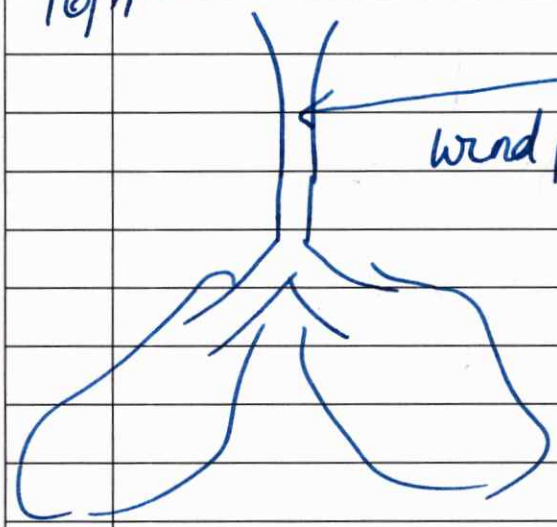
Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am 16/7/26	Counselled	
		Sound Stridor wind pipe ↳ Infectious ↓ Adrenaline Neb Dexa ↓ Comfortable
	24-48hr → Response	

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7 4:00pm	C/S/B Dr. Pritesh	
	Vitals - stable	Plan
	O/E - fair.	- IVF 1/2 M
		- Shift to ward
		[signature]
16/7 5:00pm	C/S/B Dr. Aniket	
	Acute laryngotracheobronchitis	
	No fever	Plan.
	Vitals - stable	- Neb c̄ Adrenaline Q6H.
	R/S - B/L AE (+)	- IVF 1/2 M
	P/A - soft.	- Syp. relent plus
		- Monitor vitals
		KN Sr. 5/7
		[signature]

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

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8:40 PM	S/B. Dr. Manjit Kum	
	cl - stan	
	no fd	
	active/ air entry equal.	
		IVF.
		SOS

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/W - Dr. [illegible] / Dr. [illegible]	
17/07/26 7AM	Acute Laryngotracheobronchitis	
	Afebrile, cold, cough (B)	
	No fresh concerns	
	O/E - vitals; stable	
	No RD	
	S/E - NAD	
		Adv.
		✓ MDB with Adrenaline 6H
		✓ Supportive care
		✓ Monitor vitals and Inform SOS
		✓ IV fluids (stop)
		[signature]
		NB - Supriya

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

NH-00016613 IP26-00006859
aster IBRAHIM ABDULLAH MISRI (M)
1-10-2021 4 Y 8 M 22 D
r. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Child O. Pritesh	
17/01/26 9 AM	Dr Arorya (Senior)	
	Afebrile Cold, cough ⊕	
	O/E:- Act-fair Hemodynamically Stable	
	S/E: NAD	
		Adv - Nasal spray - Xyzal Syp - Discharge today
		[signature]
	[signature] Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

DRUG CHART

Date of Admission: 16/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line */* 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 :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS Weight. 16 kg Ward. ....

DRUG: NASIVION Paed				Date/Time: 16/7, 17/7
Dose	Route	Frequency	Start Date	
1°	BD	B/L Nostril	16/7	7AM
Name & Signature of the Doctor Starting the Drugs: Dr. Prashant				
Additional Instructions:				7pm
Daily Doctor's Endorsement by a Sign				

DRUG: NASOCLEAR N/D				Date/Time: 16/7, 17/7
Dose	Route	Frequency	Start Date	
1°	B/L Nostril	QID	16/7	6AM
Name & Signature of the Doctor Starting the Drugs: Dr. Prashant				12pm
				6pm
Additional Instructions:				12AM
Daily Doctor's Endorsement by a Sign				

DRUG: Neb c̄ Adrenaline				Date/Time
Dose	Route	Frequency	Start Date	
5ml	Neb.	Q6H	16/7.	
Name & Signature of the Doctor Starting the Drugs:				See the chart
Additional Instructions: 2.5ml Adrenaline + 2.5ml NS				
Daily Doctor's Endorsement by a Sign				

DRUG: Syp. Relent Plus				Date/Time: 16/7, 17/7
Dose	Route	Frequency	Start Date	
2.5ml	PO	BD	16/7	6AM
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				6PM
Daily Doctor's Endorsement by a Sign				

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

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

	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/7/26	5:00AM	Neb ADRENALINE	5ml + undiluted	Neb		
16/7/26	5:10AM	Neb BUDECORT	2mg (4ml) + 1ml NS	Neb		
16/7/26	5:20Am	½ amp. DEXAMETHASONE	8 mg	IV		
16/7/26	10AM	Neb. ADRENALINE	5ml	Neb.		
16/7	6pm	DULCOLAX SUPPOSITORY.	1 supp (P/R) stat			

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. .... 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
16/7/26	5:02 AM	IVFDNS (2/3rd maint)	IV	40 ml/hr	[signature]	[signature] [signature]	16/7	[signature]	[signature] [signature]
16/7/26	3pm	"	IV	20cc/hr	[signature]	[signature] [signature]			[signature] [signature]

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

216

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	16/7/26					
Time	5.26 Am					
Hb	11.3					
PCV	32.8					
RBC	4.21					
WBC	13.68					
N/L	82.0/11.7					
Platelets	175					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

). : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

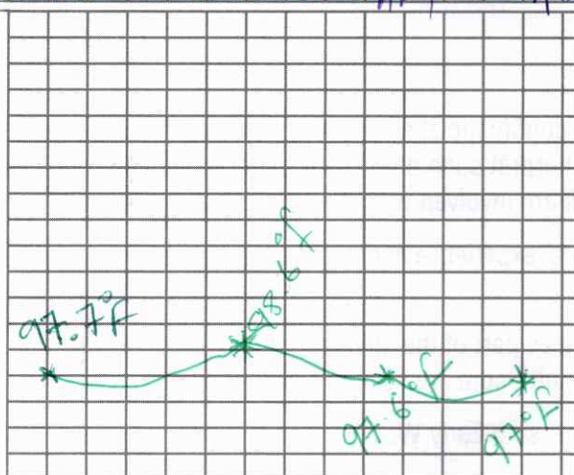
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7/26 Time: 6PM 10PM 2 AM 6 AM

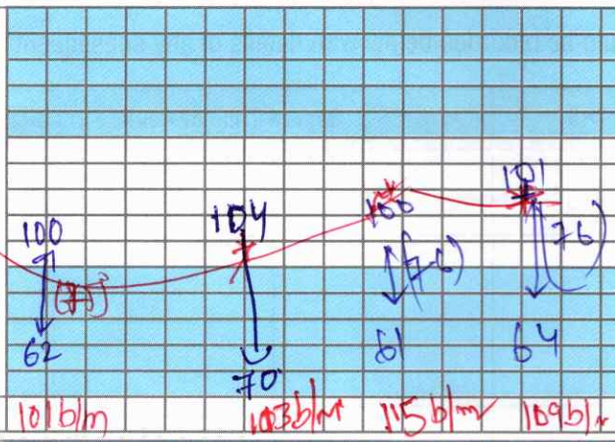
Doctor / Nurse / Family Concern?

Temperature (F)



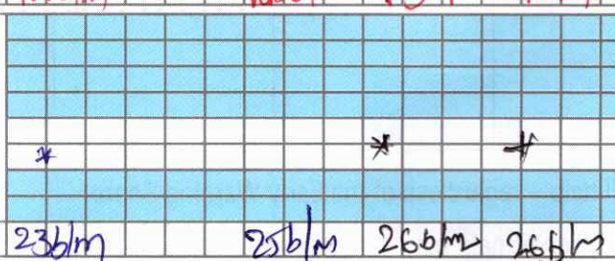
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 101 b/m 103 b/m 115 b/m 109 b/m

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



Resp Rate (Number) 23 b/m 25 b/m 26 b/m 26 b/m

Resp Distress	Mod/ Severe / None / Mild

Receiving O_2 (l/min)

O_2 Saturations (%) 99-1% 99% 99% 99%

Conscious Level	Normal / Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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							
	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	I	IV fluid	20ml								
16/7/26	06:00 pm	DNS	IV fluid	20 ml	— NA —			— NA —		✓		
	07:00 pm	I	~~IV fluid~~	20 ml								
Total Intake :						**Total Output :**						
	08:00 pm	I	Khichdi	20 ml								
	09:00 pm	I	H2O	20 ml						✓		
	10:00 pm	DNS		20 ml							0	
16/7/26	11:00 am	I		20 ml							I	
	12:00 am	I		20 ml				NA			I	
	01:00 am	Stop		~~20 ml~~	NA							
Total Intake : Taken						**Total Output :**						
	02:00 am											
	03:00 am											
17/7/26	04:00 am	Stop									0	
	05:00 am										I	
	06:00 am				NA			NA			I	
	07:00 am		Soup									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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							
	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-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

NURSING CARE RECORD

Date: 16/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				PICU			
Afternoon	5pm to 8pm	→ Assess pt condition → monitor the vitals → Maintain I/o chart → Administer medication as per drug chart	5pm to 8pm	→ Assessed pt condition → monitored vitals → maintained I/o chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	AJ
Night	8pm to 8am	→ Assess the patient general condition → monitor vitals → Iv fluids DNS @ 20 ml/hr to Continue → Maintain I/o	8pm to 8am	→ Assessed the patient general condition → monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	AJ

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

Patient

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: [illegible]

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		Assess [illegible] [illegible] [illegible] [illegible] vls administer [illegible] Maintain [illegible] [illegible]		Assessed [illegible] [illegible] [illegible] vls administer [illegible] Monitoring [illegible] [illegible]	[illegible] [illegible]	Reassess [illegible] [illegible] 9	[illegible]
Afternoon							
Night							

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: Acute laryngo tracheobronchitis

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

	Area / Shift Time	16/7/26 NS	17/7/26 NS	17/7/26 2S			
BACKGROUND	Medical Condition (Any special condition to be noted):		—	—			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1 f	98.2 f	98.2 f			
	Res:	28 b/m	29 b/m	22			
	SpO_2:	100%	99%	100%			
	Pulse:	112 b/m	115 b/m	112			
	BP:	—	—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	—	—	—			
Recommendations	Safety Needs:	—	—	—			
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—			
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	—			
Post Operative Procedure Special Orders:		NA	NA	—			
Handed Over By Name :		Aparna	Sandhya				
Signature :							
Date:		16/7/26	17/7/26	17/7/26			
Time:		8pm	8a	2p			
Taken Over By Name :		Sandhya					
Signature :		16/7/26					
Date:		8a					
Time:							

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/12	DATE 17/12	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	✓			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	✓	✓			
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	✓	✓			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	✓	✓			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	✓	✓			
	Within 48 hours	2					
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1					
	Total		8	8			

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

	Bed in low position		✓	✓			
	Call device within reach		✓	✓			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		—	✓			
	Wheel chair support		—	✓			
	Other Intervention(s) Specify		—				
	Nurse's Name:		Reena				
	Signature:						
	Date:		16/12/24				
	Time:		8pm				

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	26/10			
				Time :	NS			
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			
"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			
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			
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.	3			
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			
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.	3			
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.	3			
				TOTAL SCORE	25			
				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-00016613 IP26-00006835
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

PAIN ASSESSMENT FORM

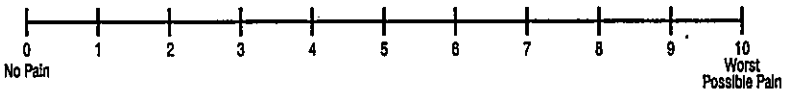
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7/26	10AM	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~NA~~	
16/7/26	8pm	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	~~NA~~	
16/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7/26	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 16/7			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	ND	ND	NA	0						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	ND	ND	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	ND	ND	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	ND	ND	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	ND	ND	NA	0						
			Signature of the Nurse										

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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

PATIENT TRANSFER FORM

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

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016613 IP26-00006859 Master IBRAHIM ABDULLAH MISRI 24-10-2021 4 Y 8 M 22 D (M) Dr. PRITESH NAGAR	16/7/26 at 5:14 Pm	16/7/26 at 4:40 pm.
	Transfer Ordered by: Dr. pritesh.	Reason for Transfer: Stable.
From Unit: PICU	To Unit: 216	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 30	Number of Imaging Films: X-ray — 1; VBG — 1	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

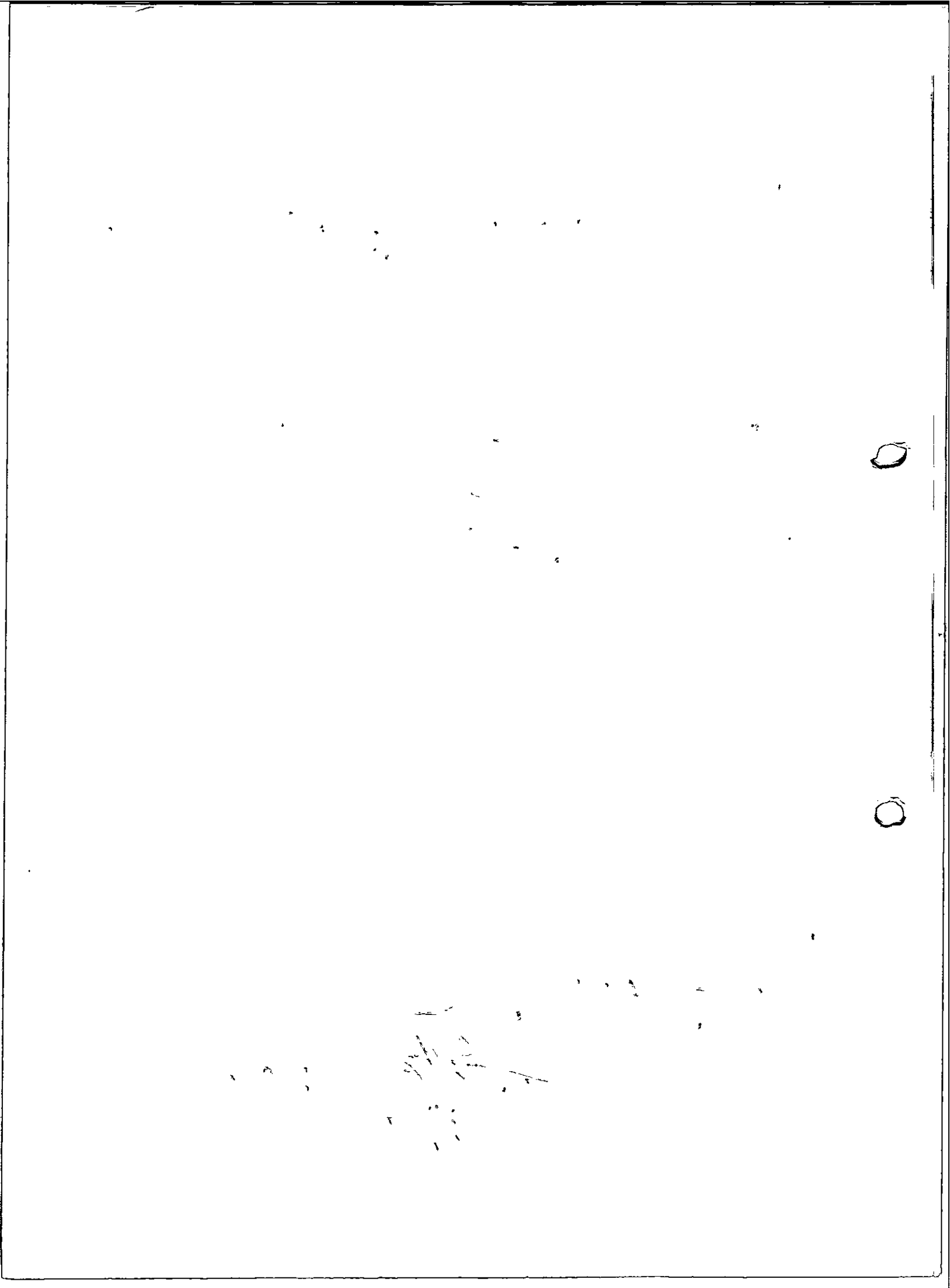
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ramya 16/7/26 at 4:40pm.	Dr. pritesh.
Patient & Clinical Records Received by : ~~16/7/26~~ Sneha C 4:40 PM	
Date & Time of Patient Received : 16/7/26	

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

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



PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016613 IP26-00006859 Master IBRAHIM ABDULLAH MISRI 24-10-2021 4 Y 8 M 22 D (M) Dr. PRITESH NAGAR	16/7/26 @	16/7/26 @
	Transfer Ordered by Dr. Preethi	Reason for Transfer Admission.
From Unit ER	To Unit PICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 10	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
Sujay 16/7	Dr. Preethi.

Patient & Clinical Records Received by : Sunitha RN

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ Not known any Drug Allergies

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

Shifting From: ER. Shifted to: PICU

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prasanth

Date & Time : 16/7/25 @ 5pm

Nurse Name & Signature: K. vijaya [signature]

Date & Time : 16/7/25 @ 5:10pm.

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

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

PICU - 201

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 16/7/26 Time: 8.40 am

Weight: 16 kg Centile: 10th

Height: — Centile: —

Inference: underweight child

RDA: — Calories: 1350 Kcal/day Protein: 23 gms/day

Diet Recommendations: Soft protein diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

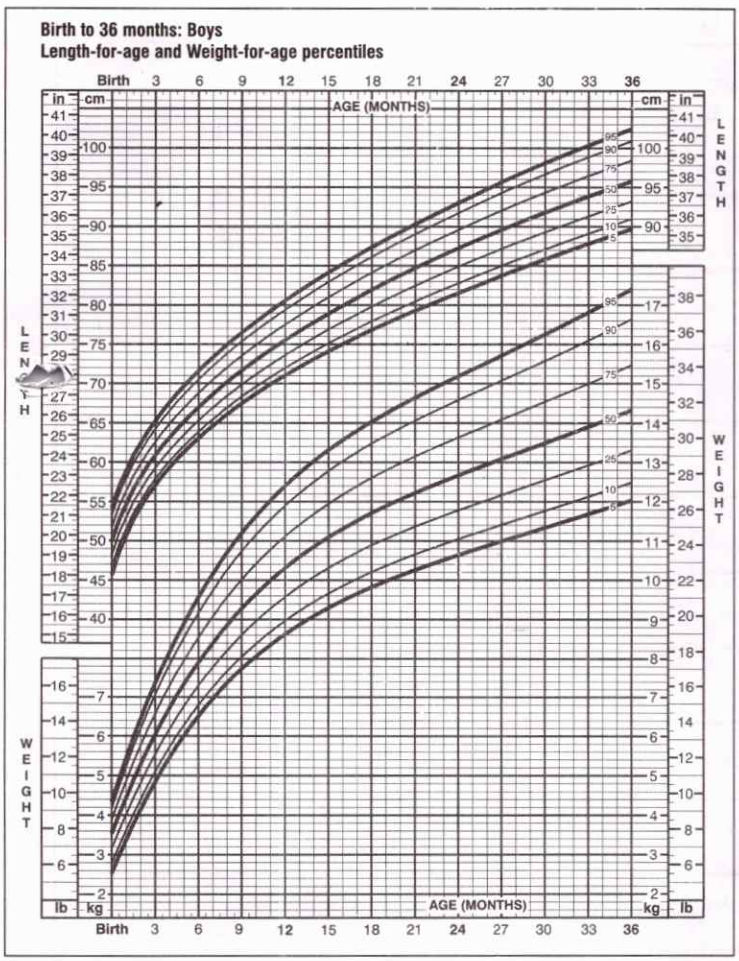
Food Allergies: NO Veg/Non-veg NON-VEG

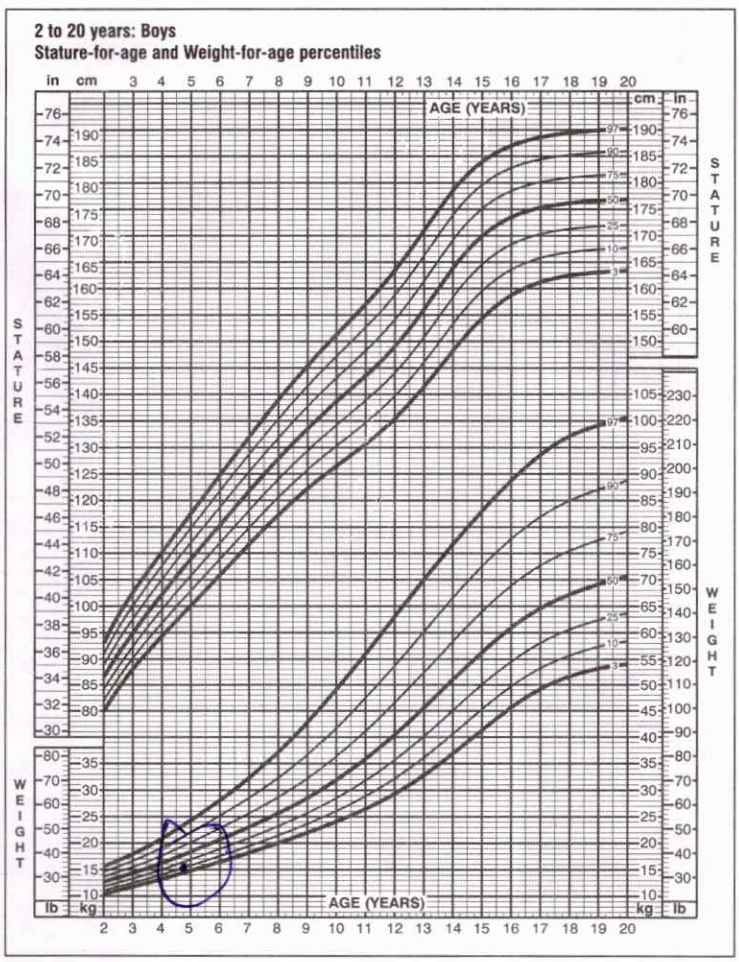
Diagnosis: Acute laryngo tracheo bronchitis ? croup

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sobiya

GROWTH CHART (BOYS)





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

Daily Notes:

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

w.t. 15.3kg

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Master Ibrahim Age : 4 years **Gender:** ☑ Male ☐ Female

Date : 16/7/26 Time of Arrival : 4.45pm

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98° PR: 136b BP: 119/93 (105) RR: ..... SpO_2: 99%

Chief Complaints: c/o cold, cough since 1 day, fast breathing

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 : 4:50pm.

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 : Kavitha

Signature of Triage Nurse : .....

Date & Time : 16/7/26 @ 4:50pm.

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 16/7/26 Time of arrival : 4.15 PM

Chief Complaints: c/o cold cough 1day fever RBS: .....

Height : ..... Weight : 15.3 kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

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: N/A (Date/Time): N/A

Social History: Lives With Parents

Siblings in household ☐ Yes ☐ No (if yes How Many?) 2

Time of Initial assessment completed by ER Nurse: [signature] RN

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

Time	Nursing Notes
12/1.45pm	→ Assessed the general condition
	→ vitals checked and recorded
	→ IV Cannula given
	→ O2 applied
	→ VBG done,
	→ Samples collected

Samples collected by: Sandhya

Samples sent by :

Time: 4.50pm

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
16/7th	Neb + Adrenaline	neb	SOS	Dr. [illegible]	[illegible]

Condition of patient at time of shift - out :	Details of Shift - out
HR: 160/b BP: .... CFT: <2 sec	Shift - out from ER to: PW
RR: 56/b SPO2 : 99%,	Time of Shift - out: 6am
GCS: 15 Temperature : 98.4	Handover given to: Sunitha (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

....

Name of the Nurse : Sandhya

Signature of the Nurse : [signature]

Date & Time : 16/7/20 @ 5pm.

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master IBRAHIM ABDULLAH MISRI**	**Age :**	**4 Y 8 M 22 D**
IP No:	**IP26-00006859**	**Sex:**	**Male**
Consultant:	**Dr. PRITESH NAGAR**	**Ward/Bed No:**	**2F -PICU/PICU-201**

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.
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: Abdullah Eisa Misri
Relationship: father.
Date: 16/07/2026 Time: 5:14 Am
Wittness Name: Yaseen ali khan
Wittness Signature: Yaseen

Patient Address:
3-5-782/59 King Koti Hyderabad
Telangana INDIA 500001

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master IBRAHIM ABDULLAH MISRI**	**Age :**	**4 Y 8 M 22 D**
IP No:	**IP26-00006859**	**Sex:**	**Male**
Consultant:	**Dr. PRITESH NAGAR**	**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.

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: Father

Name: Abdullah Misri

Relationship: Father

Date: 16/07/26. Time: 5:16 AM

Witness Name:

Witness Signature:

Patient Address:
3-5-782/59 King Koti Hyderabad
Telangana INDIA 500001

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
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

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 tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital | BirthRight™ BY RAINBOW HOSPITALS Your Right to a Safe Delivery | 25 Years

UNDERTAKING FOR BALANCE DEPOSIT

To

The Management,

Rainbow Children's Hospital, Himayatnagar

Hyderabad-500029

Sub:- **Undertaking Balance Deposit**

I Mr./Mrs./Ms. Abdullah Eisa Misri (Father/ Mother/ Other _____) of Master/ Baby/ Baby of/ Mrs./ Ms. Ibrahim Abdullah Misri was bought to your hospital on 16-07-2026 at 05:14 AM Admitted in Emergency. Approximate charges deposit details were explained by the Front office/ Billing executive on duty. I have to pay the amount of 50 K as a caution deposit but for now I'm depositing 10 K. The remaining amount 40 K I'll deposit on _____ at _____.

Thanking You

Abdulla

Signature

Name:- Abdullah Eisa Misri

Ph. No.:- 9052423361

HNH-00016613 IP26-00006859
Master IBRAHIM ABDULLAH MISRI
24-10-2021 4 Y 8 M 22 D (M)
Dr. PRITESH NAGAR

COUNSELLING SHEET

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road
AP State Housing Board Himayatnagar , Hyderabad- 500029

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY ✓	
				INVESTIGATION ✓	
CONSULTATION CHARGES				CROSS CONSULTATION ✓	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
				CONSUMABLES ✓	
CONSULTANT CHARGES				BLOOD PRODUCTS ✓	VISITING HOURS 04:00pm TO 05:00pm.
				OXYGEN ✓	
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NiV-C PAP ✓	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
				EQUIPMENT / DSPT / SSPT / TSPT ✓	
DIET CHARGES				PROCEDURE ✓	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
				NEBULISATION ✓	
TOTAL			16,600	MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY) ✓	

PATIENT NAME		AGE/SEX	
UHID		INSURANCE NAME	Cash

	CAUTION DEPOSIT	10 K
ATTENDENT SIGNATURE		COUNSELLING PERSON SIGNATURE

HFNC — 6000 — 7500
O_2 — 4500 — 5500