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	Baby NIHIRA APPARI	**UHID**	HNH-00015939
Father/Guardian	Mr KIRAN APPARI	**Age/Gender**	7 M / Female
Address	Old Malakpet, Hyderabad, Telangana, INDIA, 500036		
IP No	IP26-00006908	**Admission Date**	21-07-2026
Ref Doctor	Self.		
Discharge Date	23.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
ROTAVIRAL DIARRHEA ? DEHYDRATION	

History: Baby NIHIRA APPARI is a 7 M , old girl presented with history of vomitings since 3 days, loose stools since 2 days, fever since 1 day, poor oral intake prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was afebrile, maintaining saturations at room air. Her heart

Name	Baby NIHIRA APPARI	UHID	HNH-00015939
IP No	IP26-00006908	Admission Date	21-07-2026

rate was 140/min and RR - 32/min. On examination Signs of some dehydration were present, dry lips, 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 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 13.6 gm%, White Blood Cell count of 11250 cells/cumm, platelet count of 4.46 lakhs/cumm and C-Reactive Protein of 5.0mg/l
Stool for rota virus - Positive

STOOL ROUTINE (CSE)

Name	Baby NIHIRA APPARI	**UHID**	HNH-00015939
IP No	IP26-00006908	**Admission Date**	21-07-2026

COLOUR	YELLOWISH			
CONSISTENCY	SEMI FORMED			
REACTION	8.0	5 - 8.5		-
MUCUS	PRESENT	ABSENT		-
BLOOD	ABSENT			
PROTOZOA	NIL	NIL		-
HELMINTHES	NIL	NIL		-
PUS CELLS	2 - 3			
RED BLOOD CELLS (Stool)	1 - 2	NIL	HPF	L
FAT GLOBULES	PRESENT+++	ABSENT		-
STARCH GRANULES	ABSENT	ABSENT		-
UNDIGESTED FOOD	ABSENT	ABSENT		-
YEAST CELLS	NIL			

Management: She was admitted in the ward and started on intra venous fluids. She was treated symptomatically with antiemetics, antacids and antipyretics. In view of loose stools, she was administered probiotics and advised gastrodiet.

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

She remained hemodynamically stable throughout the hospital stay and is

Name	Baby NIHIRA APPARI	**UHID**	HNH-00015939
IP No	IP26-00006908	**Admission Date**	21-07-2026

being discharged with the following advice.

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

Medications given during hospital stay:
Injection. Esmoprazole
Pro-GG drops
Z & D drops

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. XYZAL	2.5 ml	9 pm before bed time	For 3 days.
2	ECONORM SACHET	1 SACHET	2 times a day after food	For 2 days
3	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 12 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Drops. Crocin (Paracetamol - 1ml/100mg) 1 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.

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Review consultation with Dr. SINDHURA MUNUKUNTLA on (25.07.2026) Saturday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Food instructions while taking medications:

* By consuming your **probiotic** with food you provide a buffering system for the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours.**

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**

Name	Baby NIHIRA APPARI	**UHID**	HNH-00015939
IP No	IP26-00006908	**Admission Date**	21-07-2026

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**

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	29			

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

Signature and Date : 23/07/26

Iyatsne (P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow 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 : IP26-00006908 **Admit Date** : 21-Jul-2026 **Admit Time** : 12:25 PM **UHID** : HNH-00015939

Patient Details :

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

Patient Name		**Age**	: 7 M
Guardian		**DOB**	: 18-12-2025 04:32 PM
Gender		**Religion**	:
Occupation		**Martial Status**	:
Address (H)	: Old Malakpet Hyderabad Telangana INDIA 500036	**Phone No**	: 8008278123/
		E-mail	: 8008278123@g

Admission Details :

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

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

Contact Details :

Name : Mr KIRAN APPARI **Relationship** : Father

Contact Address : Old Malakpet Hyderabad Telangana INDIA 500036 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

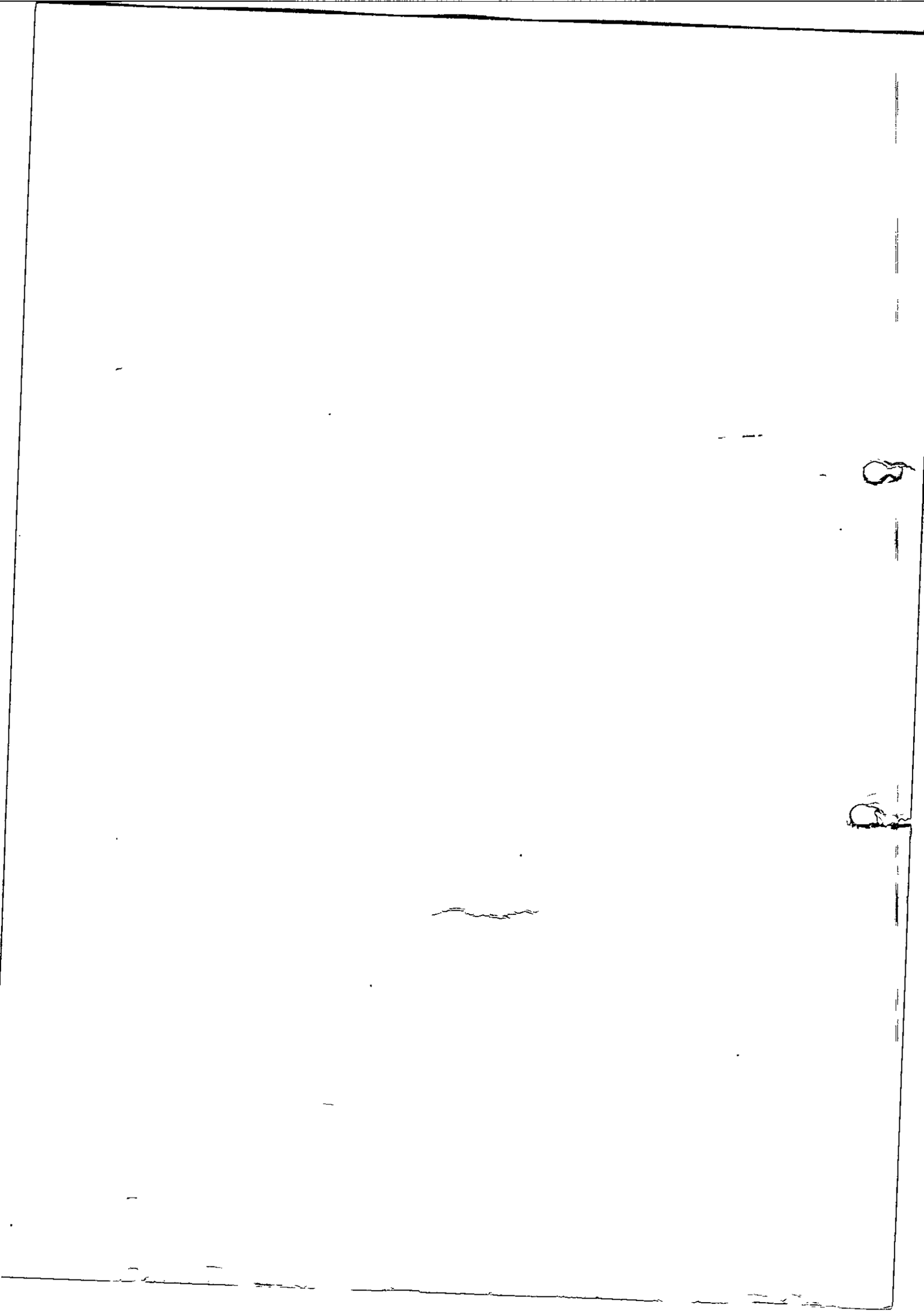
Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 25000.00

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



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ACTIVITY RECORD FOR BILLING

Name: ---- HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

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

Date of Ad : 12:23pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 304 Ward : 3rd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	12:23pm	ER	304 / 3rd flr	

Cross Consultation Visit

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

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
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Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
21/7/26	KBP, CRP	21939	
	~~Blood CS~~		
	KBG	21938	
22/7/26	stool Routine (CSE)	12237	
22/7/26	stool for Rota virus	12249	

Cross checked done 23/7/26 @ 10:15 AM

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
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Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7/26	Infusion Pump	2pm	23/7/26 @10AM	5762	[signature]

Even checked done

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
21/7/26	IV Placement	1	5706	
21/7/26	NHA	1	16203	

Crom checked done

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 : _____ HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

...y & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Vomiting × 3 days
Loose stools × 2 days
fever 1 day back (for 1 day)
poor oral intake

History of present illness :

Illness started with fever. low grade
partially relieved on oral medications
~~Loose stools~~ Vomiting × 3 days, non projectile.
Non bilious, mixed with ~~food~~ milk

Loose stools × 2 days (Multiple episodes)
watery, not ~~also~~ blood or mucous

poor oral intake

Pediatric Multiorgan History & Physical Examination

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

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

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

Immunised as per age

HNH-00015939 IP26-00006908
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Pediatric Multiorgan History & Physical Exami

Anthropometry

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

Weight (kgs) 7kg (Centile _____)

On Examination :

Temperature : 98F Pulse Rate: 140/min Description _____

B.P. – SPO2 99% at RA

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy / No

Oedema : _____

Signs of dehydration (+)
dry tongue, lips,
Sunken eyes (+)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLAB (+), clear

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Acute Gastroenteritis with dehydration

_____

_____

_____

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examina

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, VBG
CUE Due
CSE / Stool for Rota virus Due
{ Blood C/S (presence) (w/H)
{ stool C/S (to collect) } will decide later to send

Noted for Alo

Planned Management :

- IV fluid
- Inj Esomeprazole
- Inj Ondansetron
- Ploygy drops
- Z & D drops

Noted for

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 Sindhura on whose name the patient is being referred

Doctor's Signature Name [signature] Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No. 86970 Date 21/07/26 Time 12:30 PM

HNH-00015939 IP26-00006908
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Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9:20 PM	S/B Dr. Sindhura	
	Δ AGE ĉ severe dehydration	
	VBG :-	
	pH - 7.23	PLA
	pCO₂ - 32	
	pO₂ - 70	→ continue
	HCO₃ - 14.3	bolus @ 20ml/kg
	Base excess - 14.4	over 1 hour
		↓ LB
	C/o loose stools	→ IV DNS @ 30ml
	Severe dehydration ⊕	→ CT ZINC
	↓ skin turgor	Pro-lac drops
	Sunken eyes ⊕	
		→ Give IV Ho-ORS
	CVS - S₁S₂ ⊕	
	RS - B/L - AE ⊕ -	w/f dehydration
	P/A - soft	→ Send complete → stool examination & → stool for Rota virus
		→ Give NESTUM RICE
		NB - Monitored @ 2:40 PM
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 [signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7 5.00pm	C/S/B Dr. Sindhura	
	AGE c̄ Severe dehydration	
	loose stools (+)	plan
	Vomiting (+) ↓↓.	
	oral intake - fair.	- Cont IVF ½ DNS
	R/S - B/L AE (+)	- Cont PROGG drops
	P/A - soft, NT	2 SD drops
	skin turgor improve	- Strict I/O charting
		- Trace reports
		- send CUE.
		Stool routine
		Stool rota virus.
		[signatures]
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970
		NB - Supriya

HNH-00015939 IP26-00006908
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/01/2026 8am	C/s/by. Dr Anusha	
	AGE c̄ severe dehydration.	
	loose stools (+) (↓)	
	vomiting decreased	CRP-5.
	fever - none	
	Intake - better	
	diaper rash (+)	
	vitals stable.	
	S/E	Plan.
	(RS) B/L AE (+)	→ ct IV fluids. ↓ fluids
	(P/A) soft	→ ct PROG drops 2 S/D
		→ Enhance orally.
	periorbital puffiness	
		→ I/O / diaper weight.
		→ due CUE / stool routine / stool sota.
	Al 11am.	→ Monitor vitals
		NB. Moufush @ 8:30AM.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7 10 am	UMB Dr. Sindhura.	
	Acute AGE c̄ severe dehydration	
	- vomitings ↓	
	- loose stools (+)	
	moderate quantity - stearish	Plan
		1) STOP IVF + ↓ to 10 ml
		2) STOP p orders
		3) Trace stool culture
	- oral intake : good.	4) Ct. supportive care.
	O/E	
	vitals : stable	
	S/E - (N)	
	P/A - soft	
	stool routine - (N)	

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CC/13 Dr. Naipuga	
22/7 3:00 pm	AGE & Severe dehydration.	
	loose stools - (+) 2 episodes.	plan
	oral intake - good	- Cont IVF.
	Vitals - stable	- trace. Stool for rotavirus
	P/A - soft NT	- Cot. PRO CG 2 & D drops
	R/S - B/L AE (+)	- monitor vitals
		Ref. N/D Supply @3p

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 6pm	S/B Dr. Sindhura Euthermic 4 episodes of loose motions (+) Afebrile Oral intake - improved Urine output - maintained O/E vitally stable	Advice · (T) stool for Rota · Ct IVF @ 10cc/hr. · Start Econorm (1 sachet BD) · Ct rest same as per Rx chart · watch for signs of dehydration. N/B Supriya @ 6p [signature] [signature]

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/2026	c/s/B - Dr. Prashanti Dr. Sreeghan	
7AM	Δ - Acute Gastroenteritis ~ Dehydration - Rota virus positive.	
	Euthermic loose stools last at night vomiting no c/o no urine ✓ ~~stool~~ Oral intake Good.	Plan 1) continue IVF @ 10 ml/hr 2) continue Econorm 1 sachet BD 3) Continue Pro G G 7 drops 2 Cd 4) monitor vitals
	O/E Vitals stable	
	S/E P/A - Soft	Prashanti N/B Sreeghan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 10am	S/B Dr Dilnaaz	
	Rotavirus diarrhea	
	- c/o mild cold (+)	
	- no fever spikes	
	- loose stools ↓	Plan
	O/E	1) ~~tt. xyzal~~ x 3 days
	vitals : stable	nasoclear
	S/E -	2) ct. ZnD - total 14 days
	P/A - soft .	econorm x 2 days
	RS: BAE (+) .	~~[illegible]~~
		3) discharge today
		N/B Supriya @10AM Dilnaaz

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26	M/B Dr. Sindhura	
	Rotaviral diarrhea	
	– loose stool ↓	
	– no fever	
	– no vomitings	
	– oral intake : good	
	– mild cold (+)	Plan
		1) discharge today
	O/E	2) ct. Econorm
	vitals : stable	zinc
	S/E –	3) Ryzal
	RS : BAE (+)	4) monitor vitals
	P/A – soft	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 21/12/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : CROCIN DROPS				Date / Time
Dose	Route	Frequency	Start Date	
1ml	PO	SOS/6H	21/07	
Doctor's Signature		Valid Period	Pharm.	
Sindhu				
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 Dr. Dhakshayani

VERIFIED BY : Name ..... Sig ..... Date .....

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 7 kg Ward. ....

DRUG : INJ. ONDASETRON				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date	4AM	X	✓
1.5mg	IV	8H	21/07			
Name & Signature of the Doctor Starting the Drugs: Sindhura				2PM	✓	STOP 22/7
Additional Instructions:				10PM	✓	
Daily Doctor's Endorsement by a Sign					✓	✓

DRUG : INJ. ESOMEPRAZOLE				Date / Time	21/7	22/7	23/7
Dose	Route	Frequency	Start Date				
5mg	IV	OD	21/07				
Name & Signature of the Doctor Starting the Drugs: Sindhura				6AM	2PM ✓	✓	✓
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					✓	✓	

DRUG : PROGG drops				Date / Time	21/7	22/7	23/7
Dose	Route	Frequency	Start Date	10AM	3pm ✓	✓	✓
1 drops	PO	12H	21/07				
Name & Signature of the Doctor Starting the Drugs: Sindhura							
Additional Instructions:				10PM	✓	✓	
Daily Doctor's Endorsement by a Sign					✓	✓	

DRUG : Z & D drops				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date			
1ml	PO	OD	21/07			
Name & Signature of the Doctor Starting the Drugs: Sindhura				2PM	3PM ✓	✓
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					✓	

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M
Dr. SINDHURA MUNUKUNTLA (F)

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : ECONORM sachet

Dose	Route	Frequency	Start Dt.
1 sachet	PO	BD	22/7

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	22/7	23/7
8A	✓	[initials]
8P	[initials]	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

Weight. 7kg 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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/07	12:30 PM	IVF - NS	(70 ml over 1 hour)	IV		
	3 pm	IVF - NS	(70 ml over 1/2 hour)	IV		

Verified by Dr. Dhakshayani

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

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Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

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

		Composition of I.V. Fluid (In infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/07	12:30 PM	IVF - 1/2 DNS (fluid maintenance)	IV	30			21/7		
21/7		IVF 1/2 DNS (2/3 M)	IV.	18 ml/hr @ day			22/7		
22/1				14 ml/hr @ night			22/7		
22/7/26	10 am	IVF - 1/2 DNS (1/2 saline)	IV	10 ml/hr					

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

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RESULT SHEET

Date	21/7/26					
Time						
Hb	13.6					
PCV	37.2					
RBC	4.92					
WBC	11.25					
N/L	58.0/33.1					
Platelets	446					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell	2-3					
OVA / Cyst						
Occult Blood						
Stool For Rota virus	(+)ve					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

RM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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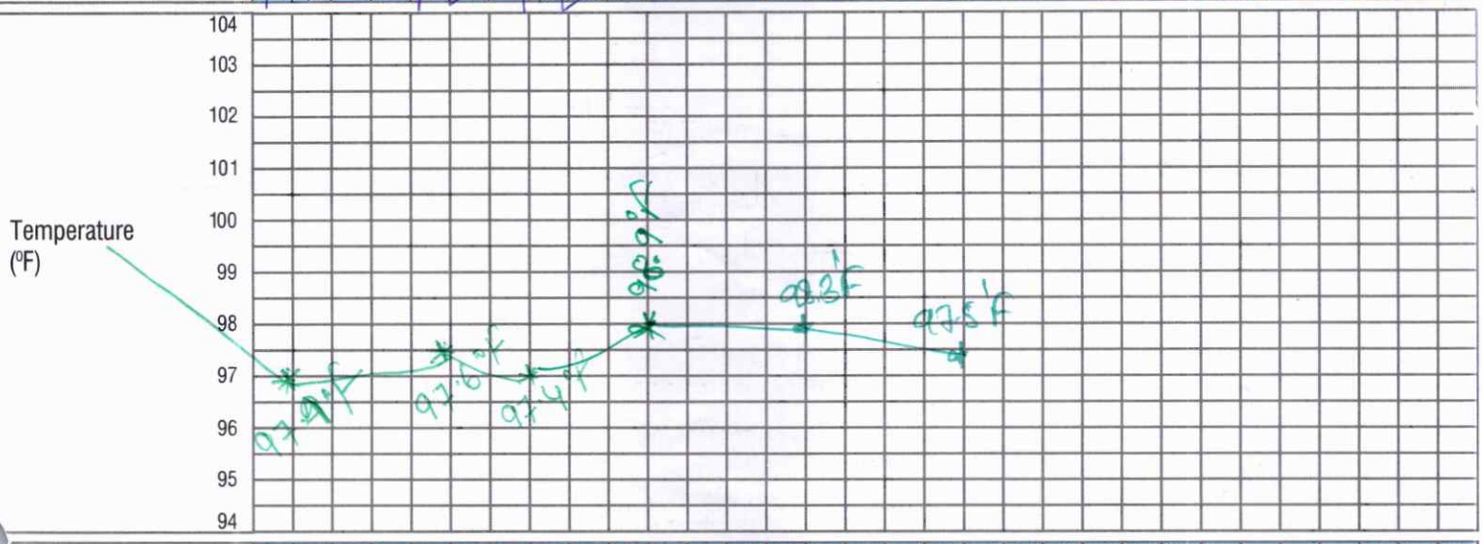
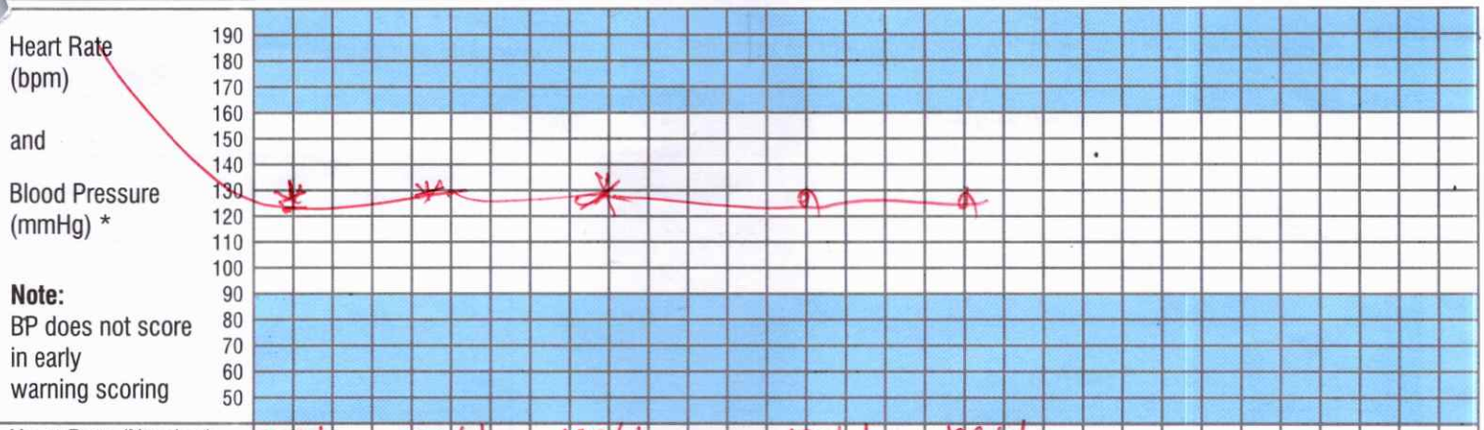
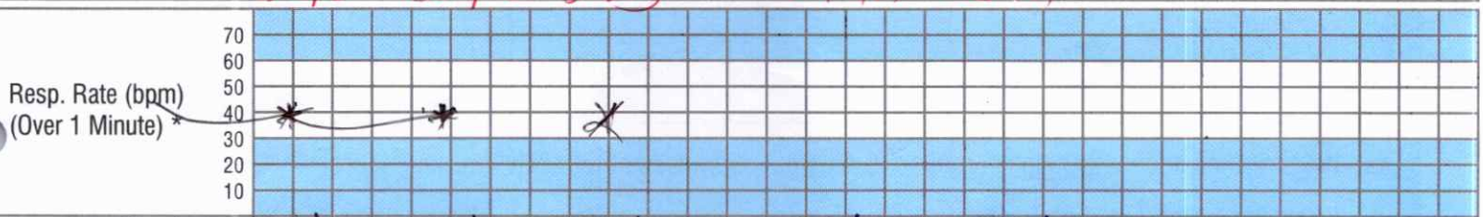
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/7/26 Time:	3	6	8	10	2 am	6 am
Doctor/Nurse/Family Concern?	PM	PM	PM	Pro		





Heart Rate (Number)	132b/m	130b/m	132b/m	124b/m	126b/m



Resp Rate (Number)	36b/m	36b/m	34b/m	32b/m	34b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	99%	100%	99%	99%	99%
Conscious Level: Normal / Altered					
GCS *	15/15	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	A	S			

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:

- 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-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

Pati

RM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/12/26.. Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.1°F | 97.4°F | 98.8°F | 98.6°F | 98.6°F | 98.9°F

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	131 bpm	134 bpm	134 bpm	140 bpm	142 bpm	143 bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	38 bpm	36 bpm	35 bpm	40 bpm	39 bpm	38 bpm

Resp Distress: None / Mild | Mod/ Severe						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	100%	100%
Conscious Level: Normal | Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	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
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
21/12/26	02:00 pm			30ml							0	
	03:00 pm		Milk	30ml			✓			✓	0	
	04:00 pm	½ DNS		30ml			✓			✓	0	
	05:00 pm			18ml							0	
	06:00 pm			18ml			Loose				0	
	07:00 pm			18ml			✓				0	
Total Intake :						**Total Output :**						
21/12/26	08:00 pm	↓		18ml						✓	0	
	09:00 pm		milk	18ml							0	
	10:00 pm	↓		18ml							0	
	11:00 pm	DNS		18ml			✓			✓	0	
	12:00 am			18ml							0	
	01:00 am			18ml							0	
Total Intake :						**Total Output :**				V-2	m-1	
22/12/26	02:00 am	|		18ml			✓			✓	0	
	03:00 am	|		18ml							0	
	04:00 am	DNS		18ml							0	
	05:00 am			18ml						✓	0	
	06:00 am	|		18ml			✓				0	
	07:00 am	|		18ml							0	
Total Intake :						**Total Output :**				V-2	m-2	

Total 24 hrs. Intake		Total 24 hrs. Output	

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		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							
22/7/26	08:00 am			10ml			✓			✓		
	09:00 am			10ml								
	10:00 am	DNS		10ml					0		0	
	11:00 am			10ml			✓					
	12:00 pm			10ml		NA						
	01:00 pm			10ml								
Total Intake :						**Total Output :**						
	02:00 pm			10ml								
	03:00 pm			10ml			✓			✓		
	04:00 pm		ORS	10ml								
	05:00 pm	DNS		10ml		NA	✓	NA			0	
	06:00 pm			10ml			✓			✓		
	07:00 pm			10ml			✓			✓		
Total Intake :						**Total Output :**				M-3	U-3	
22/7/26	08:00 pm		Milk	10ml								
	09:00 pm			10ml						✓		
	10:00 pm	DNS	ORS	10ml		NA		NA			0	
	11:00 pm			10ml								A
	12:00 am			10ml						✓		
	01:00 am			10ml								
Total Intake :						**Total Output :**				U-2	M-0	
23/7/26	02:00 am			10ml								
	03:00 am			10ml						✓		
	04:00 am			10ml							0	
	05:00 am	DNS		10ml		NA		NA		✓		A
	06:00 am			10ml								
	07:00 am			10ml			✓			✓		
Total Intake :						**Total Output :**				U-3	M-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
23/12/25	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**	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	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-00015939 IP26-00006908
Baby NIHIRA APPARI (F)
18-12-2025 7 M
Dr. SINDHURA MUNUKUNTLA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 21/7/26	DATE 21/7/26	DATE 23/7	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	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	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	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	1	1	1		
	Total		10	10	10		

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

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	✓	✓		
	Wheel chair support		X	X	X		
	Other Intervention(s) Specify		X	X	X		
	Nurse's Name:						
	Signature:						
	Date:		21/7/26	21/7/26			
	Time:		8pm	6pm			

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

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NURSING CARE RECORD

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Date: 21/7/25

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							
Afternoon	2pm 10 8pm	→ To assess the baby condition → To check the vitals & record → To adm the medication as per drug chart → I/O chart monitoring	2pm 10 8pm	→ To assessed the baby condition → To checked the vitals & recorded → To adm the medication as per drug chart → I/O chart monitoring	→ Baby is stable → CVE, pending If large quantity of motion send stool exm & repeat urine	→ Re-checked the 2 Vitals 2 → I/O	Supriya
Night	8pm to 8Am	→ Assess the Baby general condition → Check the vitals record → Administer medication as per Doctor chart.	8pm 8Am	→ Assess the baby general condition → Check the vitals & record. → Administer medication as per Doctor chart.	→ Baby is stable.	Rechked the vital	Sunanda

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Baby NIHIRA APPARI
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Dr. SINDHURA MUNUKUNTLA

Patient

NURSING CARE RECORD

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Date: 22/7/26

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	8AM / 2PM	→ Assess the General Condition of pt. → Monitor vitals → Maintain I/O chart → Administer medication	8AM / 2PM	→ Assessed the General Condition of pt. → Monitored vitals → Maintained I/O chart → Administered medication	Pt is stable.	Re-assess vitals.	Medley
Afternoon	2pm to 8pm	→ Assess the Pt condition ⇒ Monitored vitals ⇒ Maintain I/O chart ⇒ Administer medit;	2pm to 8pm	→ Assess the genral condition ⇒ Monitored vitals ⇒ Maintained I/O Chart ⇒ Administered medical	pt is a stable	Re-assess the vitals	Medley
Night	8pm / 8am	- Assess the Baby Condition - monitor vitals - maintain I/O Chart - Administration Medicine Given as per drug Chart	8pm / 8am	- Assessed the pt Condition - Monitored vitals - Maintained I/O Chart - Medicine Given as per drug Chart	pt is stable	Recheck vitals	M

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NURSING CARE RECORD

Date: 23/7/26

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	8Am – 2pm	→ Assess the pt condition → monitor vitals & Clo chart → drugs as per chart → provide Comfortable position		→ Assessed the pt condition → Monitored vitals & Clo chart → charged as per chart → provided Comfortable position	pt is stable	Recheck vitals	[illegible]
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

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

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PAIN ASSESSMENT FORM

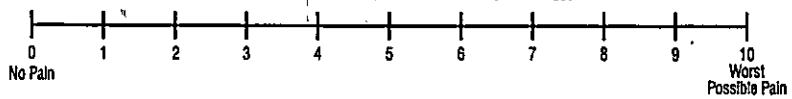
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
21/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
22/7/26	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
22/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
23/7/26	10Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 21/7/26			DAY-2 22/7			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0		0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		NA	NA	NA		NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		NA	NA	NA		NA	NA			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		NA	NA	NA		NA	NA			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		NA	NA	NA		NA	NA			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		NA	NA	NA		NA	NA			
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

HNH-00015939 IP26-00006908
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BRADEN 'Q' SCALE

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					Date : 21/7/26	21/7/26	22/7/26	22/7/26
					Time : 6 2	Ni	M6	Ai
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.	3	3	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	27	27	28	28
				Evaluator's Name				

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

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AGE c̄ dehydration

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

Surgery / Procedure:

Post OP Day:

Section	Date / Shift	21/7/26 E2	21/7/26 N1	22/7/26 M6	22/7/26 E2	22/7/26 N1	23/7/26 M6
BACKGROUND	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:	98.1°F	98.6°F	98.4°F	98.6°F	98.6°F	98.2°F
	Res:	32b/m	30b/m	38b/m	35b/m	34b/m	35bl
	SpO_2:	99%	98%	99%	99%	99%	99%
	Pulse:	136b/m	142b/m	146b/m	142b/m	140b/m	139b/m
	BP:	—	—	—	—	—	—
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	"0"	—	—	—	—	—
	Skin Integrity	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:	—	—	✓	—	—	—
	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:	CUE	CUE	CUF	—	—	—
	Handed Over By Name :	Supriya	Sunanda	Mounika	Madhu	Sunandip	Anu
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
	Date:	21/7/26	22/7/26	22/7/26	22/7/26	23/7/26	23/7/26
	Time:	8pm	8Am	8pm	8pm	8am	2pm
	Taken Over By Name :	Sunanda	Mounika	Madhu	Sunanda	Anu	
	Signature / ID :	[signature]	[signature]	[signature]	[signature]	[signature]	
	Date:	21/7/26	22/7/26	22/7/26	22/7/26	23/7/26	
	Time:	8pm	8AM	8pm	8am	8am	

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

3+1

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 21/7/26 Time: 2:45 pm

Weight: 7 kg Centile: 25th

Height: ..... Centile: -

Inference: Underweight child

RDA: ..... Calories: 98 Kcal/day Protein: 1.6 gms/day

Diet Recommendations: Aptamil pebbi & DBf [1:30 ml]

Re-Assesment: Stage ① Weaning food & HEE Advised.

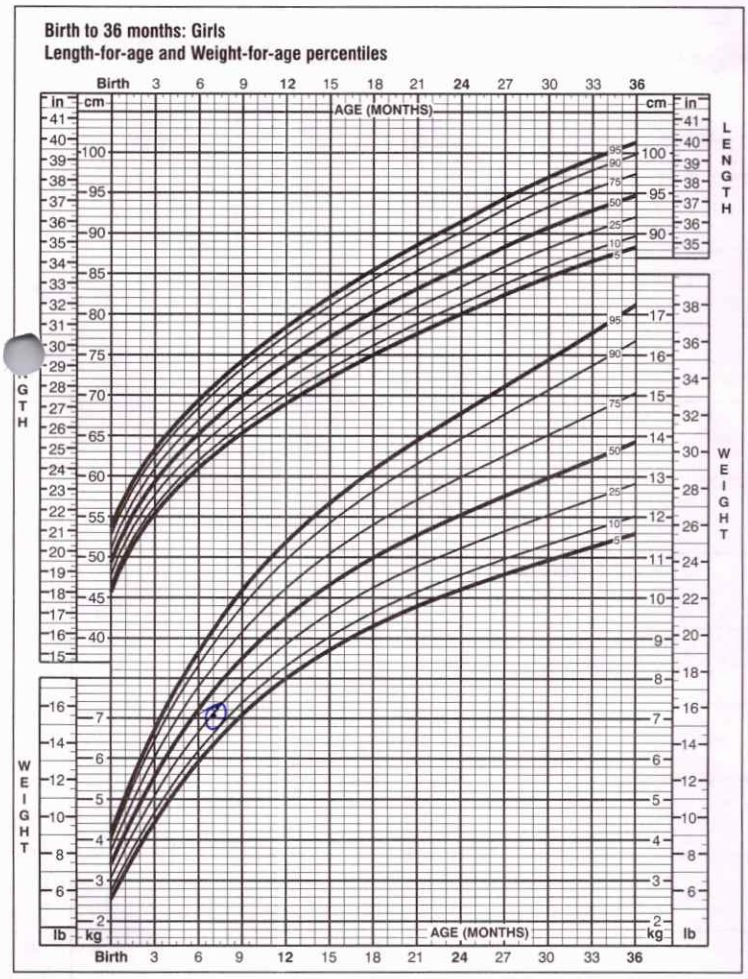
Food Allergies: NO Veg/Non-veg Veg.

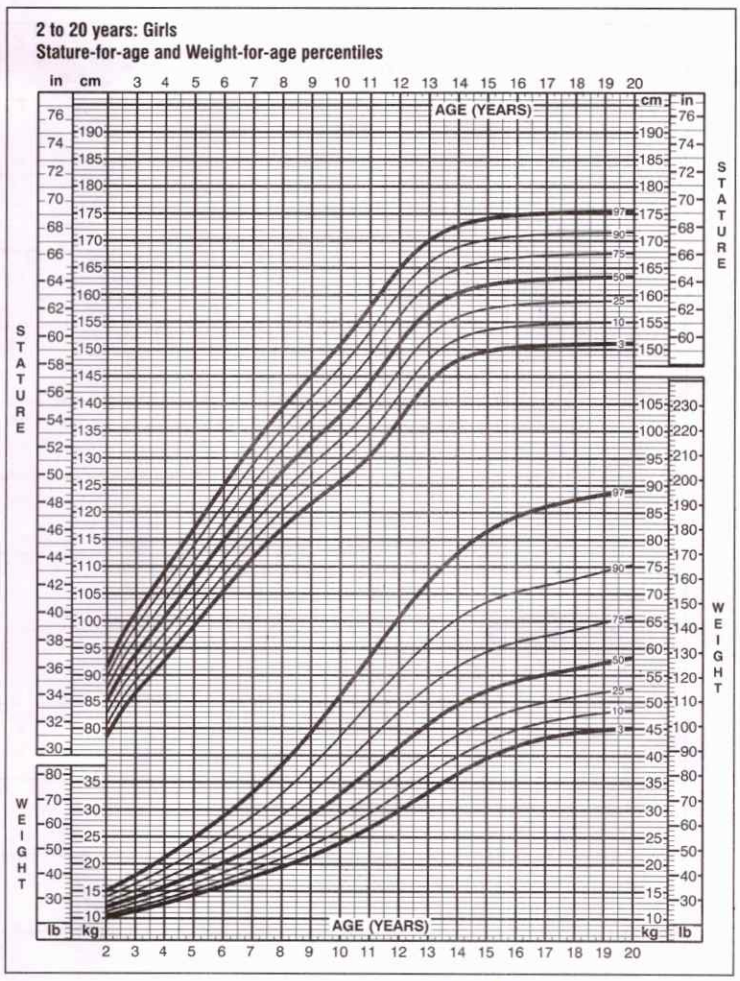
Diagnosis: AGE c dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: .....

GROWTH CHART (GIRLS)





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

Daily Notes:

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015939 IP26-00006908 Baby NIHIRA APPARI 18-12-2025 7 M (F) Dr. SINDHURA MUNUKUNTLA	21/7/26 @ 12:25pm	21/7/26 @ 1:50pm
	Transfer Ordered by Dr. Susant	Reason for Transfer Admission
From Unit ER	To Unit 3rd floor/304	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 01	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anupama	Dr. Susant.

Patient & Clinical Records Received by : Mounika

Date & Time of Patient Received : @ 1:50pm 21/7/26

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

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI (F)
18-12-2025 7 M
Dr. SINDHURA MUNUKUNTLA

wt - 7.01kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B Nihira Appari Age : 7m **Gender:** ☐ Male ☑ Female

Date : 21/7/26 Time of Arrival : 12:15 pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98 PR: 142 BP: 108/87(63) RR: 27b/m SpO_2: 99%

Chief Complaints: c/o vomiting since 2 days - loose stools 6 episodes.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 12:17pm

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 : Anupam

Signature of Triage Nurse : A.D

Date & Time : 21/7/26 @ 12:20pm

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Baby NIHIRA APPARI (F)
18-12-2025 7 M
Dr. SINDHURA MUNUKUNTLA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 21/7/26 Time of arrival : 12:15 PM

Chief Complaints: Vomiting since 2 days loose stools 6 episode. RBS: .....

Height : 66.8 cms Weight : 7.01 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 ..... ☐ 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: N/A (Date/Time): N/A

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 12:15 PM

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

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

Time	Nursing Notes
12:AAm.	Assessed the patient condition vital checked.

Samples collected by: /

Samples sent by : Sujatha | 21/7/26

Time: /

Time: 1:30 Pm.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 112/m BP: 103/81 (63) CFT: —	Shift - out from ER to: ICU
RR: 25/m SPO_2 : 98%	Time of Shift - out: 1:50 PM
GCS: 15/15 Temperature : 98.6°F	Handover given to: Mounika
Pain Score: 0/	(Nurse's Name)
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement Done

Name of the Nurse : Anupam Signature of the Nurse : A.D

Date & Time : 21/7/26 @ 12:20 PM

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (F)
Dr. SINDHURA MUNUKUNTLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: NiL ☐ 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: 80H /

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. Susant.

Date & Time : 21/7/26 @ 12:10 PM

Nurse Name & Signature: Anupam

Date & Time : 21/7/26 : 12:10 PM

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

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (B)
Dr. SINDHURA MUNUKUNTLA

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25 yrs

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.

KIRAN APPARI.

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**

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby NIHIRA APPARI**	**Age :**	**7 M**
IP No:	**IP26-00006908**	**Sex:**	**Baby**
Consultant:	**Dr. SINDHURA MUNUKUNTLA**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
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: KIRAN APPARI
Relationship: FATHER
Date: 21/7/2026 Time: 12:43
Wittness Name: Monalisa
Wittness Signature:

Patient Address:
Old Malakpet Hyderabad Telangana
INDIA 500036

COUNSELLING SHEET

RAINBOW CHILDREN'S HOSPITAL, HIMAYATNAGAR

Rainbow Children's Hospital — It takes a l

BirthRight BY RAINBOW HOSPITALS — Delivery

HNH-00015939 IP26-00006908
Baby NIHIRA APPARI
18-12-2025 7 M (B)
Dr. SINDHURA MUNUKUNTLA

ROOM TARIFF IS INCLUDING BED CHARGES, DOCTOR CHARGES, NURSING CHARGES.

TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	13,350 + GST	✓PHARMACY
		✓INVESTIGATION
		✓CROSS CONSULTATION
PRIVATE / DELUXE ROOM / SUITE ROOM	17,250 + GST.	✓CONSUMABLES
		✓BLOOD TRANSFUSSION If any
PICU / NICU / HDU		EQUIPMENT
		PROCEDURE .
		MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)

12 TO 12 NOON BILLING POLICY 12:28 pm - 12:00pm. / 12:00pm - 12:00pm

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

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

OUTSIDE FOOD AND MEDICATION NOT ALLOWED

DATE:- 21/07/2026 | CAUTION DEPOSIT:- 25K

PATIENT NAME:- Baby Nihira. Appari

AGE/SEX:- 7M / Female.

INSURANCE/SELFPAY:- Self pay.

304

ATTENDENT SIGNATURE

21/7/26

COUNSELLING PERSON SIGNATURE

NAME:- RATNA KIRAN APPARI

RELATIONSHIP:- FATHER

CONTACT NO.:- 8008278123