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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE AT REQUEST

Name	Baby Of SYEDA SUGRA	**UHID**	HNH-00008222
Father/Guardian	Mr ALI ABBAS	**Age/Gender**	1 Y 1 M 24 D/ Male
Address	HASSAIN HEIGHTS MATA KHIDKI, Kali Kabar, Hyderabad, Telangana, INDIA, 500002		
IP No	IP26-00006686	**Admission Date**	29-06-2026
Ref Doctor	Self.		
Discharge Date	01.07.2026		

Consultant:
Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	
SIMPLE FEBRILE SEIZURE (1ST EPISODE)	

History: Baby Of SYEDA SUGRA , 1 Y 1 M 24 D , old boy presented with the history of loose stools since 2 days, fever since 1 day, 1 episode of seizure in the form of uprolling of eyeballs / generalised tonic clonic movements lasting for 2 minutes with post ictal drowsiness lasting for 15minutes. For the above complaints, he was admitted at Rainbow Children's Hospital - Himayatnagar for

Name	Baby Of SYEDA SUGRA	UHID	HNH-00008222
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further management.

Examination: He was afebrile, maintaining saturations at room air. His heart rate was 78/min and Respiratory Rate - 30 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission : 7.6 kilograms.

Investigations: Enclosed reports.

VBG showed pH of 7.36, pCO2 of 35.5 mmHg, pO2 of 34 mmHg, HCO3 of 19.5 mmol/L and BE of -5.7 mmol/L.

Initial hemogram showed Hemoglobin of 12.0 gm%, White Blood Cell count of 8610 cells/cumm, platelet count of 2.31 lakhs/cumm and C-Reactive Protein of 5.0mg/l. Serum electrolytes showed sodium of 135 mmol/L, potassium of 5.2 mmol/L & Chloride of 106 mmol/L. Serum Calcium was 10.2 mg/dl. Magnesium was 1.8 mg/dl. Complete urine examination was normal.

Management: He was admitted in the ward and started on Intra Venous fluids. He was treated symptomatically with antacids and antipyretics. He was started on febrile seizure prophylaxis with Clobazam.

He was regularly monitored for fever spikes, hemodynamic & neurological status. His fever spikes gradually settled and there were no further seizure

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episodes during hospital stay.

Complaints of loose stools with pain abdomen reduced gradually with symptomatic medication, the consistency of the stool improved and the frequency reduced.

He remained hemodynamically stable and is being discharged with the following advice.

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

Parents are counselled about the nature severity of illness and possible prognosis of the childs condition. They were also counselled about the need for further hospital stay. How ever parents were unwilling for further management on personal grounds and requested the child to be discharged. Hence child is being Discharge on Request.

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

Medication during hospital stay:
Syrup. Clobazam
Syrup. Calcimax P
Z and D drops
Pro GG drops
Nexpro Jr Sachet
Syrup. Paracetamol

Name	Baby Of SYEDA SUGRA	UHID	HNH-00008222
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Redotil sachet
Injection. Ceftriaxone

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. ZIPRAX (Cefixime - 5ml/100mg)	2 ml	8am - 8pm (after food)	For 4days.
2	Syrup. Calcimax P	5 ml	once daily	For 1 month
3	Syrup. Clobazam	1ml	twice daily	For 3 days
4	Redotil sachet	1/2 sachet	twice daily	For 3 days.
5	Nexpro Jr Sachet	1/2 sachet	once daily	For 3 days
6	Pro GG SACHET	1 SACHET	9am-9pm (after food)	For 3 days
7	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 12 days
8	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

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Febrile Seizure Prophylaxis:
* Syrup. Crocin DS (Paracetamol = 5ml/240mg) 2.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.
* Syrup. Clobium (Clobazam - 1ml/2.5mg) 1 ml twice daily for 3 days every time with fever.
* Medistat - nasal spray (Midazolam = 1.25 mg/puff), 1 puff intranasal (into one nostril) for future seizures.

Review consultation with Dr. S TEJASWI REDDY on Saturday(04.07.2026) at in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

Follow up immediately in Emergency Room if high grade fever, vomiting, abnormal behavior, altered sensorium or seizure occurs.

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

Parent/ Attender

Name	Baby Of SYEDA SUGRA	**UHID**	HNH-00008222
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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**

Dr. Archana

Registrar/Resident/C.M.O

Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

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ACTIVITY RECORD FOR BILLING

HNH-00008222 IP26-00006686
Baby Of SYEDA SUGRA
06-05-2025 1 Y 1 M 23 D (M)
Dr. S TEJASWI REDDY

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

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

Date of Admission : 29/06/26 --- Time : 7:24pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 301 ---------- Ward : 3rd floor ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/06/26	8:25pm	ER	3rd flr 301	

Cross Consultation Visit

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

HNH-00008222 IP26-00006686
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Dr. S TEJASWI REDDY

INVESTIGATIONS

Date	Investigations	Order No.	Sign
29/6/26	CBP, CRP, Electrolytes calcium, magnesium	10629	[signature]
	VBG	10630	
		cross checked done by maheshwari	
	[illegible]		
	[illegible]		

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	Infusion Pump	11pm	1/7/26 @ 6AM.	9388	[signature]

cross checked done by maheshwari

[signature] 1/7/26 @10A

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	IV placement	(1)	209326	
			cross checked done by maheshwari	
30/6/26 (11 AM)	NHA	(1)	9531	
	cus in RI 1/7/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HNH-00008222 IP26-00006686
Baby Of SYEDA SUGRA
05-05-2025 1 Y 1 M 23 D (M)
Dr. S TEJASWI REDDY

Patient ID# :

Consultant :

Final Diagnosis :

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Baby Of SYEDA SUGRA
05-05-2025 1 Y 1 M 23 D (M)
Dr. S TEJASWI REDDY

...gan History & Physical Examination

Name : ______ Age/Sex ______

Informant ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

- c/o loose stools : 2 days
- fever : 1 day
- c/o seizure like activity @ 12pm today

History of present illness :

- child was apparently normal 2 days ago
  s/b developed loose stools - 3 episodes/day,
  watery / greenish / moderate quantity /
  no blood.

- c/o seizure like activity @ 12pm today,
  uprolling of eyes (+), tonic clonic
  movements (+) → lasted for 20 min s/b did
  activity for 15 min.

- c/o fever : 1 day - mod grade not a/w
  chills & rigors.

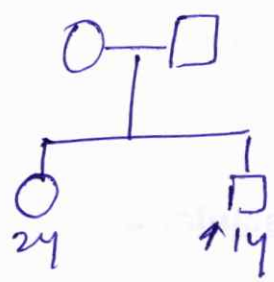
- no c/o pain abdomen / distension / cough /
  outside food intake

- Passing urine adequately.

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

Birth & Neonatal History :

late preterm [34 wo] | 2.6 kg |
NICU admission — i/v/o
preterm.



Birth & Socio Economic History :

About Father :

About Mother : No epilepsy | ? seizures in the mother

Any additional Information :

Developmental History :

normal.

Immunization History :

upto date

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n History & Physical Examination

Anthropometry

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

Weight (kgs) 7.6 kg (Centile _____)

On Examination :

Temperature : 98.6 F Pulse Rate: 78 bpm Description _____

B.P. 99/68 (78) SPO2 98 at _____

Resp. rate and type of breathing : _____

signs of dehydration (+)

Rash (−)

dull activity

Lymphadenopathy (−)

sunken eyes

Oedema : (−)

↓ oral intake.

Respiratory system :

BAE (+)

Inspection (any s/o distress) :

clear.

Air entry & breath sounds :

Any addes sounds :

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

Cardiovasclular System :

S_1 S_2 (+)

? Ejection murmur (+)

Inspection of procordium :

Heart Sounds :

Any murmur :

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

Per Abdomen :

soft, no distension.

Inspection

Palpation :

Ausculation :

Spine: External Genitelia :

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Simple febrile seizures.

c Acute GE.

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06-05-2025 1 Y 1 M 23 D (M)
Dr. S TEJASWI REDDY

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, serum electrolytes
S. ca, S. mg
VBG, WE ← DUE

Planned Management :

1) IVF
2) T. Feriwin
3) supportive care.

Noted by

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

Dr S. TEJASWI REDDY
Registration No: 94068

Doctor's Signature Name _____ Date _____ Time _____

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B - Dr. Prashanth / Dr. Thanvi	
30/6/26		
8AM	Δ - Simple febrile seizure	
	Acute GE	
		Rep - ① K152
	fever spikes+	Plan:
	No further seizure	
		- Continue febrile seizure prophylaxis.
	O/E febrile	
	vitals stable	- Cont IVF DNS
	S/E	- Send CUE
	CNS - WNL	[signature]

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wt: 7.6 kgs

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26. 9:25 AM	S/B Dr. Tejaswini	
	AGE c̄	
	? simple febrile seizure	Adv.
		✓ Make PCM 6th hourly
	2 fever spikes (+)	✓ Ibugesic (SOS) if spikes persist
	No seizures ∵ admission	
	loose motion ∵ yesterday (+)	✓ Start Redotil sachets
	Activity - reduced.	✓ ~~Start~~ Cont Esomeprazole
	Oral acceptance - fair	✓ Make IVF 2/3 M+p.
		✓ (S) CUE
	o/e vitally stable	
	c/e wnl	Dr. Teja
		NB Swetha
	Dr. S. TEJASWI REDDY Registration No: 94068	

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

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08-05-2025 1 Y 1 M 24 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Naipunya.	
30/6 2:00pm.	AGE c Simple febrile seizure	
	fever (↑).	Plan
	Loose stools - 3 times :: Motions.	
	Vitals - stable.	- Cont Symptomatic treatment
	R/S - BL AE (+)	
	PA - soft, NT	- Cont Clobazam
		- Cont NF 1½ M
		- ~~Scrub~~ Trace CUE
		- Monitor Vitals
		Ref
30/6 5pm	R/c by Dr Tejam.	
	loose stools (↑)	Rp
	Baby is febrile.	UT.
	mildly dehydrated	Inj Ceftriaxone.
	child advised for kip.	
	Dr. S. TEJASWI REDDY Registration No: 94068	Dr Tejam
		noted by Sr. Sandhya 30/6/26 5:pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 7AM	c/s/b Dr. Varun / Dr. Sushanth.	
	D- AGE c̄ SFS.	
	fever - 2nd at 11:30PM yesterday (101.2°F).	
	loose stools - 2-3 e/o	Plan
	O/E - vitals stable.	- Ct. Ceftriaxone.
		- Ct. Clobazam & other meds as per Rx chart.
	S/E - WNL.	
		- Monitor vitals.
		Noted by Divya 1/7/26
1/7/2026 10:40AM	c/s by Dr Tejam	
	loose stools subsided.	
	last fever spike - 11:30pm	
	Baby asleep vitals stable	
		→ Ⓓ at request
		→ Ⓓ oral Cefixime. Dr. Tejam

Dr. S. TEJASWI REDDY
Registration No: 94068

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp Ibugesic				Date / Time	30/6 11:30pm													
Dose: 4 ml	Route: PO	Frequency: SOS	Start Date: 30/6/26															
Doctor's Signature: [signature]		Valid Period	Pharm. [signature]															
Additional Instructions: (100 mg/5ml)																		

Verified by Dr. Dhakshayani

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:																		

Patient Sticker

REGULAR PRESCRIPTIONS

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

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

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

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

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

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DRUG CHART

Date of Admission: 29/6/26 Drug Allergies: Nill ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : SYP CROCIN-DS				Date / Time
Dose	Route	Frequency	Start Date	30/6
2.5ml	PO	SOS 6-8th h	29/6	10AM, 6:30AM
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: (5ml = 240mg) if temp >100.4°F				

DRUG : INJ MIDAZ				Date / Time
Dose	Route	Frequency	Start Date	
0.7ml	IV	SOS	29/6	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions: 0.7ml + 3ml NS if seizures (+)				

DRUG : Inj ESMOPRAZOLE				Date / Time
Dose	Route	Frequency	Start Date	
~~10g~~	~~OD~~	~~stat~~		
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

Verified by Dr. Dhakshayani

VERIFIED BY : Name .... Signature

Docu. No. : RCH /FRM / CLINICAL / 118

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Baby Of SYEDA SUGRA
06-05-2025 1 Y 1 M 23 D (M)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS Weight. 7.64 Ward. ....

DRUG: SYP CLOBAZAM				Date / Time	29/6	
Dose	Route	Frequency	Start Date	10am	X	
1.5ml	PO	BD	29/6			change dose.
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: (1ml = 2.5mg)				10pm	[illegible]	
Daily Doctor's Endorsement by a Sign						

DRUG: SYP CALCIMAX-P				Date / Time	29/6	30/6
Dose	Route	Frequency	Start Date			
5ml	PO	OD	29/6			
Name & Signature of the Doctor Starting the Drugs: [signature]				10am	[signature]	[signature]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	

DRUG: 2SD DROPS				Date / Time	29/6	30/6
Dose	Route	Frequency	Start Date			
1ml	PO	OD	29/6			
Name & Signature of the Doctor Starting the Drugs: [signature]				10am	[signature]	[signature]
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					[signature]	

DRUG: PRO 44 SACHET.				Date / Time	29/6	30/6	1/7
Dose	Route	Frequency	Start Date	10am	X	[signature]	[signature]
1sachet	PO	BD	29/6				
Name & Signature of the Doctor Starting the Drugs: [signature]							
Additional Instructions:				10pm	[signature]	[signature]	
Daily Doctor's Endorsement by a Sign					[signature]		

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 7.5kg Ward .....

DRUG : NEXPRO JR SACHET

Dose	Route	Frequency	Start Dt.
1/2 sachet	PO	OD	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(1 sachet = 10mg)

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	29/6	30/6
10pm		
9a		

DRUG : SYP CLOBA 2.5mg

Dose	Route	Frequency	Start Dt.
1 ml	PO	BD	30/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(1 ml = 2.5 mg).

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	30/6	1/7
10pm		
8a		

DRUG : Syp PCM

Dose	Route	Frequency	Start Dt.
2.5ml	PO	QID	30/6/26

Name & Signature of the Doctor Starting the Drugs:
30/6/26

Additional Instructions:
(250mg/5ml)

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	30/6	1/7/26
6am		
12pm		
6pm		
12am		

DRUG : Redotil sachet

Dose	Route	Frequency	Start Dt.
½ sachet	oral	12th hourly	30/6

Name & Signature of the Doctor Starting the Drugs:
30/6/26

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time	30/6	1/7
10pm		
10pm		

Verified by Dr. Dhakshayani

HNH-00008222 IP26-00006686
Baby Of SYEDA SUGRA
06-05-2025 1 Y 1 M 24 D (M)
Dr. S TEJASWI REDDY

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Verified By Dr. Dhakshayani

Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 7.4Kg Ward ....

				Date ▸ / Time ▾														
DRUG : Inj CEFTRIAXONE				30/6														
Dose	Route	Frequency	Start Dt.															
750mg	IV	once Daily	30/6															
Name & Signature of the Doctor Starting the Drugs: [signature]				[signature]	[signature]													
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign				[signature]														
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																		

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Weight. 7.6 kg 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
30/6/26	9:30 Am	Inj ESMOPRAZOLE	8g stat.	IV.	Dr. Archai	

VERIFIED BY : Name / Signature

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06-05-2025 1 Y 1 M 23 D (M)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 7.4kg 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
29/6	7:20 pm	IVF- PLASMALYTE (2/3 main) ↓ change	IV	30 ml/hr			29/6		
29/6	1:30 Am.	IVF- DNS (2/3 main)	IV	30 ml/hr ↓					
30/6/26	9:30 Am.	IVF- DNS	IV	20 ml/hr					

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

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 30/6/26 Time: 11 Am

Weight: 7.6 kg Centile: 5th

Height: ..... Centile: .....

Inference: underweight child

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

Diet Recommendations: gastro Diet

Re-Assesment: .....

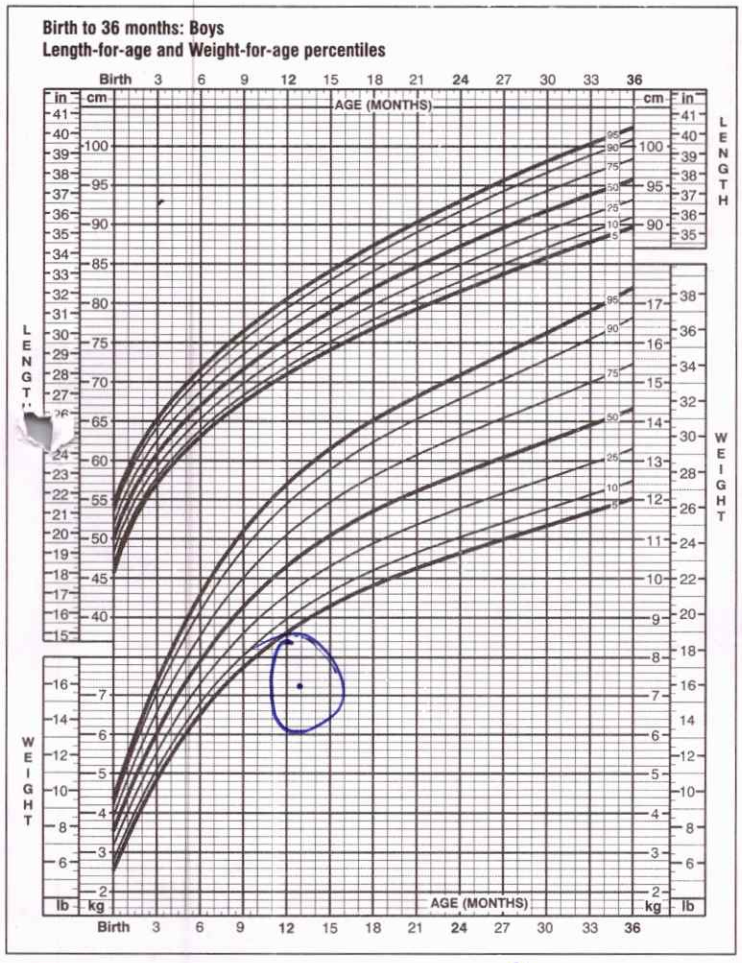
Food Allergies: NO Veg/Non-veg NON-Veg

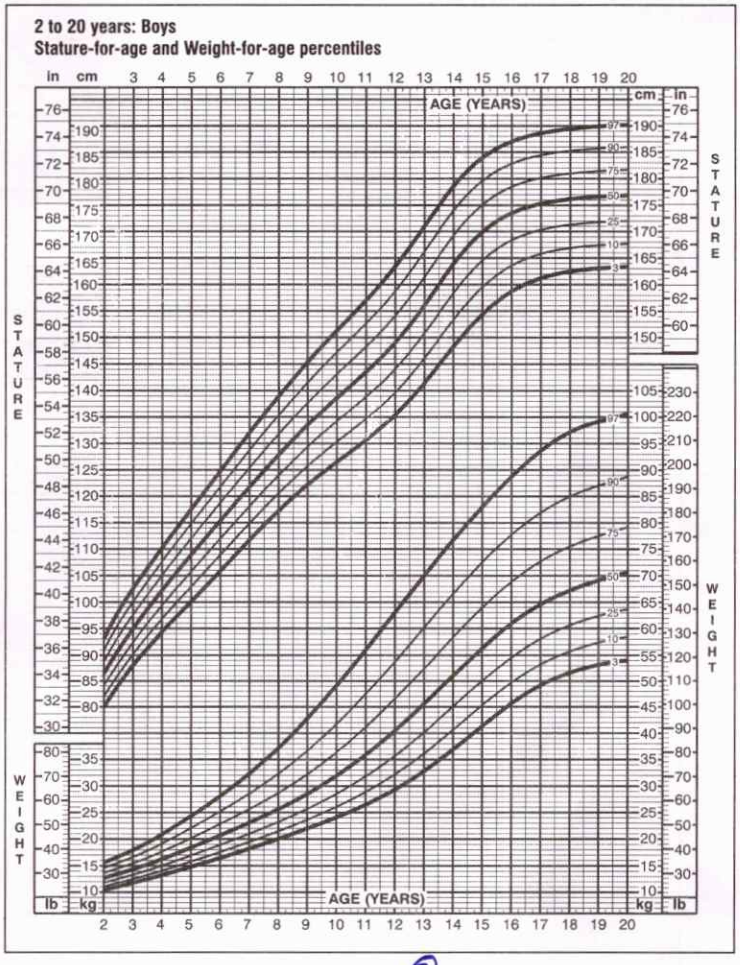
Diagnosis: simple febrile seizures & AGE

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Syed

GROWTH CHART (BOYS)





Dietician's Name sathwika-G Dietician's Signature SG

Docu. No. : RCH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

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RESULT SHEET

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Date	29/6/26					
Time						
Hb	12					
PCV	33.9					
RBC	4.90					
WBC	8.61					
N/L	67.7/13.2					
Platelets	231					
CRP	5					
ESR						
PCT						
RBS						
Na	135					
K	5.2					
Cl	106					
Ca/Mg	10.2/1.8					
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	NIL					
CUE - Ketones	Negative					
CUE-PUS Cells	2-3					
CUE - RBC Cells	NIL					
CUE						
PH –	6.0					
NITRILE	Negative					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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Baby Of SYEDA SUGRA
08-05-2025 1 Y 1 M 24 D (M)
Dr. S TEJASWI REDDY

/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6 Time: 10PM. 12Am. 2Am 6:30pm 7:50Am.

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

99.6°F 100.6°F 98.1°F 102.5°F 100.3°F

Syp. Crocine given. Syp. Crocine given.

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 128bl/m 130bl/m 125bl/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 38bl/m 38bl/m 38bl/m 35bl/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 98% 99% 99% 99%

Conscious Level: Normal | Altered

GCS *

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

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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-00008222 IP26-00006686
Baby Of SYEDA SUGRA
08-05-2025 1 Y 1 M 24 D (M)
Dr. S TEJASWI REDDY

I/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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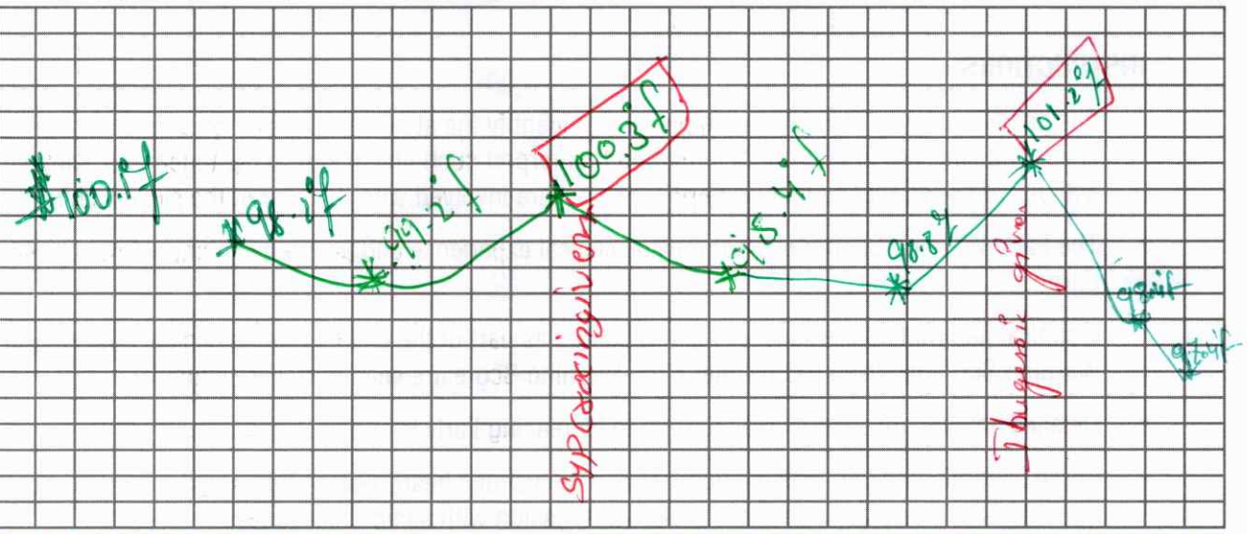
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 30/6 Time: 10am 2pm 4pm 6pm 7pm 10pm 11:30pm 1 6

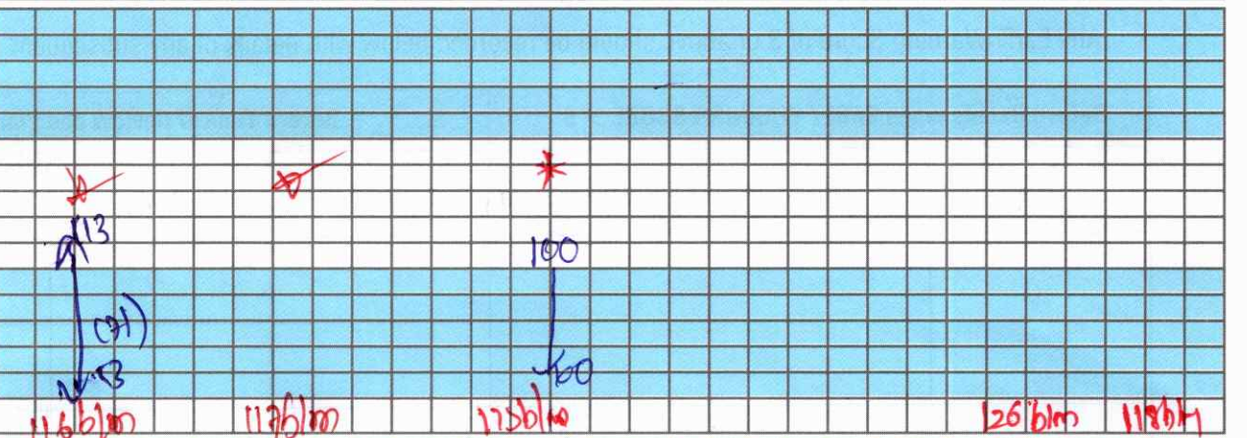
Doctor / Nurse / Family Concern? AM AM

Temperature (F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	116 b/m	117 b/m	135 b/m	126 b/m	118 b/m

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

Resp Rate (Number)	26 b/m	20 b/m	30 b/m	28 b/m	28 b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	99%	100%	99%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score				0	0
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.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00008222 IP26-00006686
Baby Of SYEDA SUGRA
08-05-2025 1 Y 1 M 24 D (M)
Dr. S TEJASWI REDDY

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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 am											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
29/6/26	08:00 pm											
	09:00 pm											
	10:00 pm	Plasmalyte	Milk	30ml						~	0	
	11:00 pm			30ml			0				0	
	12:00 am			30ml				NB			0	
	01:00 am			30ml						~	0	
Total Intake :						**Total Output :** U- M-						
30/6/26	02:00 am	DNS		30ml							0	
	03:00 am			30ml							0	
	04:00 am			30ml							0	
	05:00 am			30ml							0	
	06:00 am			30ml							0	
	07:00 am	DNS		30ml							0	
Total Intake :						**Total Output :** U- M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby Of SYEDA SUGRA (M)
08-05-2025 1 Y 1 M 24 D
Dr. S TEJASWI REDDY

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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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombophlebitis Score	Sign. Nurse
30/6	08:00 am	DNS	Ady	30ml	NA			NA			0	[illegible]
	09:00 am			30ml						✓		
	10:00 am			30ml			✓					
	11:00 am			30ml						~		
	12:00 pm		NBM	20ml								
	01:00 pm			20ml								
Total Intake : Taken.								**Total Output :** U – 2 M – 1				
30/6/26	02:00 pm	DNS	Feeds Rice + H_2O	20ml	NA			NA			0	[illegible]
	03:00 pm			20ml								
	04:00 pm			20ml						✓		
	05:00 pm			20ml								
	06:00 pm			20ml						✓		
	07:00 pm			20ml								
Total Intake : Taken								**Total Output :** U – 2 M – 0				
30/6/26	08:00 pm	DNS	Kidichi H_2O	20ml	NA			NA			0	[illegible]
	09:00 pm			20ml								
	10:00 pm			20ml			✓			✓		
	11:00 pm			20ml								
	12:00 am			20ml			✓			✓		
	01:00 am			20ml								
Total Intake :								**Total Output :**				
1/7/26	02:00 am	DNS		20ml	NA			NA			0	[illegible]
	03:00 am			20ml								
	04:00 am			20ml								
	05:00 am			20ml								
	06:00 am			20ml								
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00008222 IP26-00006686
Baby Of SYEDA SUGRA
08-05-2025 1 Y 1 M 24 D (M)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

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Date: 29/6/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9pm to 8AM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/o chart maintain	9pm to 8AM	→ To assessed the pt. condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintained	→ Baby is stable → IV fluid contd	→ Re-checked the vitals → I/O	Supriya

HNH-00008222 IP26-00006686
Baby Of SYEDA SUGRA
08-05-2025 1 Y 1 M 24 D (M)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 30/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	⇒ Assess the pt condition ⇒ monitor vitals & record ⇒ maintain Glo chart ⇒ Administer medication as per drug chart	8AM to 2pm	⇒ Asessed the pt condition ⇒ monitored vitals & record ed ⇒ Maintained Glo chart ⇒ Administer medication as per drug chart.	⇒ Pt is stable	Rechecked vitals	
Afternoon	2pm to 8pm	→ Assess the patient condition → monitor vitals → DNS @ 20ml/hr to Cn → Administer medications as Per doctor's orders	2pm to 8pm	→ Assessed the patient Condition → monitored vitals → Administered medications as Per doctor's orders	Patient is stable	Rechecked vitals	
Night	8pm to 8AM	- Asmen the pt Condition - monitor vital & Glo chart - drugs as per chart - proved Comfortable position		→ Asmed the pt condition - monitored vitals, Glo chart → drugs as per chart → proveded Comfortable position	pt is stable	Rechecked vitals	

HNH-00008222 IP26-00006686
Baby Of SYEDA SUGRA
08-05-2025 1 Y 1 M 24 D (M)
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NURSING CARE RECORD

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It takes a lot to treat the little.

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Date: 1/7/26

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 to 2pm	- Assess the patient condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8am to 2pm	- Assess the patient condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	
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							

HNH-00008222 IP26-00006686
Baby Of SYEDA SUGRA
06-05-2025 1 Y 1 M 24 D (M)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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					Date : 29/6	30/6	30/6/26	30/6/26
					Time : N1	N/6	Evng	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
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."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	27	27	2
					Evaluator's Name				

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

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

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08-05-2025 1 Y 1 M 24 D (M)
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BRADEN 'Q' SCALE

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				Date :	1/7	1/7		
				Time :	10am	2pm		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4		
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				TOTAL SCORE	28	28		
				Evaluator's Name	SA	SA		

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
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Baby Of SYEDA SUGRA
08-05-2025 1 Y 1 M 24 D (M)
Dr. S TEJASWI REDDY

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 29/6			DAY-2 30/6			DAY-3 1/7			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA	NA	NA		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA	NA		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA	NA	NA		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA	NA		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	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 : .....

HNH-0[illegible]
Mrs [illegible]
28-[illegible]
Dr.[illegible]

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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										
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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										
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		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 : .....

Pati

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Baby Of SYEDA SUGRA
06-05-2025 1 Y 1 M 24 D (M)
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IFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: Simple Febrile Seizures

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

BACKGROUND

Area / Shift Time	29/6/26 N1	30/6 M1	30/6/26 Evng	30/6/26 N1	1/7/26 M1	
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:	98.4°F	98.4°F	98.3°F	98.2°F	98.3°F	
Res:	32b/m	30b/m	35b/m	36b/m	32b/m	
SpO_2:	99%	99%	99%	99%	99%	
Pulse:	126b/m	120b/m	125b/m	125b/m	124b/m	
BP:	—	—	—	—	—	
Fall Risk Score:	—	—	—		—	
Pain Score:	"0"	0	0	0	—	

Recommendations

Safety Needs:	Yes	Yes	Yes	Yes	Yes	
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 :	Maheshwara	Shwetha	Sandhya	Supriya	Sunanda	
Signature :						
Date:	30/6/26	30/6	30/6/26	1/7/26	1/7/26	
Time:	8pm	2pm	8pm	8AM	8pm	
Taken Over By Name :	Shwetha	Sandhya	Supriya	Sunanda		
Signature :						
Date:	30/6/26	30/6/26	30/6/26	1/7/26		
Time:	8AM	2PM	8pm	8am		

Patient Sticker

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ISING SHIFT HAND OVER FORM - WARD

..... 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-00008222 IP26-00006686
Baby Of SYEDA SUGRA
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wt :- 7.63 Kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Syeda SUGRA Age : 1y3m. **Gender:** ☑ Male ☐ Female

Date : 29/06/26 Time of Arrival : 6:25 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: 98.6°F PR: 111b/m BP: 99/48(62) RR: .... SpO_2: 98%

Chief Complaints: c/o Fever Since morning Start, mostly Start.

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

S. Naseem
Signature of Parent / Guardian

Triage Completion Time : 6:27 pm.

Communicable Disease Triage Screening

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

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

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

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: ....

2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

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

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

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

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

Name of Triage Nurse : Atance

Signature of Triage Nurse : [signature]

Date & Time : 29/06/26 @ 6:27 pm.

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

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/06/26 Time of arrival : 6:20pm.

Chief Complaints: c/o fever since morning start RBS: .....

Height : ..... Weight : 7.63kg 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: ..... (Date/Time): .....

Social History: Lives With Family.

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

Time of Initial assessment completed by ER Nurse : Abc / 6:20pm

HNH-00008222 IP26-00006686
Baby Of SYEDA SUGRA
06-05-2026 1 Y 1 M 23 D (M)
Dr. S TEJASWI REDDY

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

Time	Nursing Notes
	Assessed the Patient condition.
	monitor vitals Done.

Samples collected by: / Apurba @ 29/06/26 Time:

Samples sent by : / 8PM Time:

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: 109 bpm BP: ..... CFT:	Shift - out from ER to: ward
RR: ..... SPO_2 : 98%	Time of Shift - out: 3rd Floor / 30/
GCS:..... Temperature : 98.2°F	Handover given to: .....
Pain Score: 0	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Atanu. Signature of the Nurse :

Date & Time : 29/06/26 @

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00008222 IP26-00006686 Baby Of SYEDA SUGRA 08-05-2025 1 Y 1 M 23 D (M) Dr. S TEJASWI REDDY	Date & Time of Admission 29/06/26 @ 7:24pm	Date & Time of Transfer Order 29/06/26 @ 8:25pm
	Transfer Ordered by Dr; Tanvi	Reason for Transfer Admission.
From Unit ER	To Unit 301	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	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
Atanu	Dr, Tanvi

Patient & Clinical Records Received by : maheshwari

Date & Time of Patient Received : 29/6/26 8:30pm.

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-00008222 IP26-00006686
Baby Of SYEDA SUGRA
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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: 301 / 3rd floor

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Tanvi

Date & Time : 29/06/26 @ 7:30 pm

Nurse Name & Signature: Afana @

Date & Time : 29/06/26 @