303-A

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Master MOHAMMED MUDASSIR	**UHID**	HNH-00016612
Father/Guardian	Mr MOHAMMED ABDUL HAMEED	**Age/Gender**	6 Y 6 M 9 D/ Male
Address	government junior college, Chanchalguda, Hyderabad, Telangana, INDIA, 500024		
IP No	IP26-00006892	**Admission Date**	20-07-2026
Ref Doctor	Self.		
Discharge Date	22.07.2026		

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

DIAGNOSIS	ICD CODE
INFLUENZA A ILLNESS	
NEW ONSET NEPHROTIC SYNDROME	

History: Master MOHAMMED MUDASSIR, 6 Y 6 M 9 D , old boy presented with history of cough and cold since 3 days, fever since 1 day, and puffiness of eyes , swelling all over the body since 6 days prior to admission. For the above complaints he was initially treated on OPD basis, later in view of new onset symptoms he was admitted at Rainbow Children's Hospital - for further management.

Name	Master MOHAMMED MUDASSIR	**UHID**	HNH-00016612
IP No	IP26-00006892	**Admission Date**	20-07-2026

OPD investigations: Done on 16.07.2026: CBP showed Hemoglobin - 14.5 gm%, White blood cells - 15130 cell/cmm, Platelets - 3.02 lakh/cmm. Serum electrolytes showed sodium of 131 mmol/L, potassium of 4.1 mmol/L & Chloride of 107 mmol/L. Blood Urea was 25 mg/dl. Liver function test showed total SBR of 0.2 mg/dl with indirect fraction of 0.1 mg/dl, SGOT - 22 U/L, SGPT - 14 U/L, ALP - 188 U/L, protein - 3.8 gm/dl, albumin - 1.6 gm/dl, globulin - 2.2 gm/dl, A/G ratio of 0.7. Serum Creatinine was 0.3 mg/dl. Cholesterol 340 mg/dl. Spot protein 350.5 mg/dl, Spot Creatinine 58.1 mg/dl. Ratio 6.03. Aso test was negative.

Examination: He was febrile(102*F), not maintaining saturations (spo2=91%) at room air and was hemodynamically stable. His heart rate was 136/min, Blood pressure - 120/85 mmHg and Respiratory Rate - 38/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Signs of dehydration were present. On examination. On auscultation, air entry was bilaterally equal with bilateral conducted sounds were present. 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: 19 kilo grams.

Investigations: Enclosed reports.

GeneXpert FluA+FluB+RSV, SARS-CoV-2	were sent, which was
SARS-CoV-2	NEGATIVE
Influenza A	**POSITIVE**
Influenza B	NEGATIVE

Name	Master MOHAMMED MUDASSIR	**UHID**	HNH-00016612
IP No	IP26-00006892	**Admission Date**	20-07-2026

Respiratory Syncytial Virus (RSV) NEGATIVE

VBG showed pH of 7.46, pCO2 of 40.7 mmHg, pO2 of 48 mmHg, HCO3 of 28 mmol/L and BE of 4.8 mmol/L.

Initial hemogram showed Hemoglobin of 15.1 gm%, White Blood Cell count of 17440 cells/cumm, platelet count of 3.29 lakhs/cumm and C-Reactive Protein of 15 mg/l. Serum electrolytes showed sodium of 128 mmol/L, potassium of 3.7 mmol/L & Chloride of 98 mmol/L.

Serum albumin - 2.1 gm/dl. Complete urine examination which was 6-8 pus cells, 3-4 epithelial cells.

SPOT PROTEIN / CREATIINE RATIO

SPOT PROTEIN	57.2	-	mg/dl
SPOT CREATININE	6.5	24 - 392	mg/dl
RATIO	8.8	<0.25	

Management: He was admitted in the ward and was started on low flow oxygen and Intra Venous antibiotics. He was treated symptomatically with antipyretics.

In view fever ,cold and cough base line investigation done reports suggestive

Name	Master MOHAMMED MUDASSIR	UHID	HNH-00016612
IP No	IP26-00006892	Admission Date	20-07-2026

of viral infection and respiratory panel was sent which showed influenza A positive for which Syp. Oseltamavir was started. In view of child being on steroids, child was started on IV antibiotic.

In view periorbital swelling and pedal, scrotal edema necessary investigations done, reports showed high UPCR , low albumin , protein (2+) suggestive of nephrotic syndrome. Pediatric nephrologist consultation taken , adviced to start on stress dose of Inj hydrocortisone. During hospital stay strict input/output monitoring and BP monitoring was done.

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled. Child's saturations levels improved gradually and oxygen support tapered and stopped. Child maintaining saturations on room air.

Prior to discharge review nephrologist consultation was taken who adviced to continue oral steroid for 6 weeks, start Calcium supplement and Vitamin D and to review in OPD after 5 days with investigations.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Medication during hospital stay:
Injection. Pantop
Tablet. Omnacortil
Injection. Ceftriaxone

Name	Master MOHAMMED MUDASSIR	**UHID**	HNH-00016612
IP No	IP26-00006892	**Admission Date**	20-07-2026

Plan: To do CUE, spot urine protein: creatinine ratio, serum Albumin, serum Creatinine, urea, serum electrolytes and Sr. Bicarbonate on followup after 5 days and review with pediatric nephrologist.

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

Review consultation with Dr. PRITESH NAGAR on (25.07.2026) Saturday at Himayatnagar 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.
* **Anti ulcer drugs** can decrease the absorption of Iron&vit-B12. Anti ulcer drugs can be taken at least 1 hour before food (OR) 2hrs after food. Avoid caffeine that increases stomach acidity.

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.

Name	Master MOHAMMED MUDASSIR	**UHID**	HNH-00016612
IP No	IP26-00006892	**Admission Date**	20-07-2026

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **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**

Rainbow Children's Medicare Himayathnagar 500029

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 11 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations	1			
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)	1			
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				
38	Braden Q Scale	2			
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 : 22/07/26

Iyotsna

(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 : IP26-00006892 **Admit Date** : 20-Jul-2026 **Admit Time** : 10:26 AM **UHID** : HNH-00016612

Patient Details :

Patient Name	: Master MOHAMMED MUDASSIR	**Age**	: 6 Y 6 M 9 D
Guardian	: Mr MOHAMMED ABDUL HAMEED	**DOB**	: 11-01-2020
Gender	: Male	**Religion**	:
upation	:	**Martial Status**	:
Address (H)	: government junior college Chanchalguda Hyderabad Telangana INDIA 500024	**Phone No**	: 9397876569/ 8096489786
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr MOHAMMED ABDUL HAMEED **Relationship** : Father

Contact Address : government junior college Chanchalguda Hyderabad Telangana INDIA 500024 **Phone No** :

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 20000.00

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

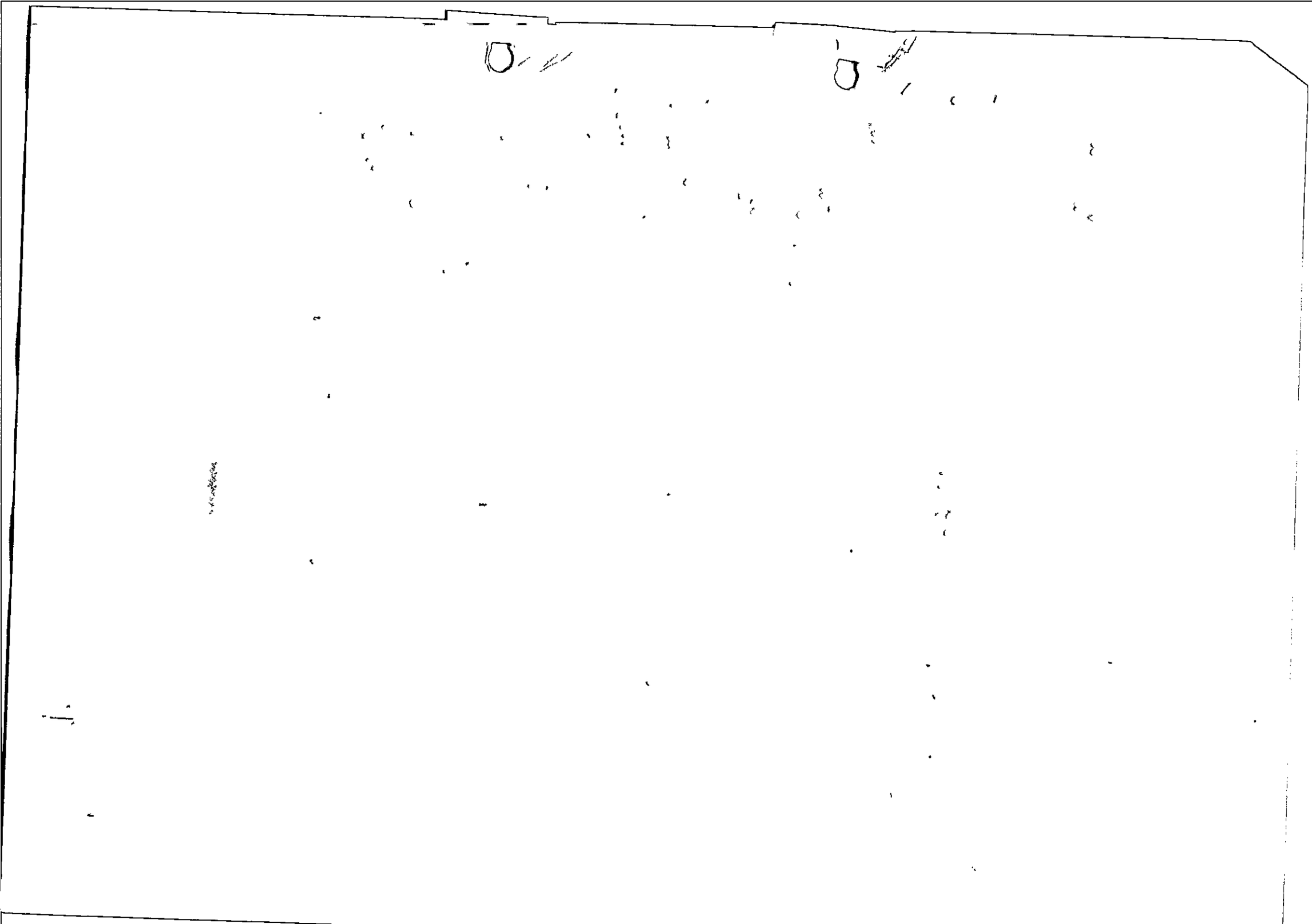
Nephrotic Syndrome
Monitoring Sheet

18/7
Prev : 22.7kg.

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

Patient Name		Age :	Sex :
Unit :		CR No :	Weight :

Date	Fluid in	Fluid out	Edema	Urine Protein	BP	Weight in kg	Abdominal Girth (cm)	Drugs
20/7/26			NO	upcr-8 2+	120/85 (99+5th)	19		Hydrocortisone ceftriaxone.
20/7/26 4pm	ORS	4.35pm 150ml			104/66			
5.27pm	water						50cm	
5.42pm		150ml						
6.10pm	25ml water				110/69			
6.45pm	25ml water	160ml						
7.52pm		50ml						
8.10pm	25ml water							
9.12pm		100ml			116/75		50cm	
9.50pm	120ml soup							
	25ml water							
10.05pm	25ml water	150ml						
10.45 PM	120ml soup + 100ml H2O							
11.40pm		150ml						
21/7/26 12.20am		180ml						
2am					112/66		49cm	
3.20am	ORS	-						
4.40am		190ml						
7.30am	120ml milk	120ml						
6am					103/66	18.87	49	



Date	Time	Input	Output	
20/7/26	3:55pm	ORS		AG
	4:35pm		150ml	
	5:27pm	Water		50 cm
	5:40pm		150ml	
	6:10pm	½ of Idly + Water		
	6:47pm		100ml	
	7:46pm		50ml	
	8:30pm	water		
21/7/26	11:30AM	½ - Dosa		
	1PM	Soup - 1 cup. Fruit - 1 cup	- 1PM - 200ml.	
	4:15pm	H2O 25ml ½ cup of rice		
	4:20pm		160ml	

21/7/26

Today wt :- 18.87 kg

22/7/26

wt :- 18.64 kg

GRBS Not willing

sign :- Saha

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 10 D (M)
Dr. PRITESH NAGAR

3% NS 8th hourly

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
22/7/20	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00	3% NS (3) 15854		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Nebulation - 3
Neb + O2 - 3
Total - 6

Good Chest Done.

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 10 D (M)
Dr. PRITESH NAGAR

3% NS 8th hourly

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
20/07/96 21/7/96	06.00	3% NS (2) Total = 2 1560		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00	3% NS. (1)		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00	3% NS (2)		
	23.00			

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

Hypernebs 8th hourly.

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
20/7/26	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00	Hypernebs (1) 15381		Jaheen
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00	3% NS (1)		Jeed
	23.00			

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Md Mudassir Date : 20/1 Time : 1:25 pm

Diagnosis : Nephrotic Syndr

Hospital : RCH - HYNR

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

New Onset Nephrotic
c AFI

Signature:

Findings and Recommendations :

Case history & Discussed

Plan

→ Inj Sr Albumin – < 2
20Y - Albumin 25ml/kg – 100ml over 6 hrs

→ Inj LASIX – 1.5 mg (Midway & end)

→ Hydrocort – 5mg/kg/day – TID

→ DNS – 2/3rd (M)
If K < 3.5 → Add 5ml KCl to DNS

→ Trace Labs

Consultant :

Name : Dr. Sruthi B Signature : (For Dr. Sruthi) Date & Time : 20/1/26

2/2/17

c/o/w Dr. Smith

Oral Abx — 5 days

6-Smd IBD x 6 wks

Lanzol

Vit - D (60K) 5 hrt (6 weeks / weekly

calcium Plus - 5 md / OD

Monday
- CUE
- RP_2
- Spot Vp Vc
- 9. Albumin

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

HNH-00016612 IP26-00006892
Name: - Master MOHAMMED MUDASSIR
11-01-2020 0 Y 6 M 9 D (M)
Dr. PRITESH NAGAR
UHID No ---------- Consultant : ---------- Dept : Pediatric

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	12:28PM	ER	3rd Floor (303)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sruthi Babba (Nephrologist)	20/7/26	15374	
2.		Copy checked by		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/7/26	CBP, CRP, Blood C/S		
	VBG, Respiratory Pen,	2112	[signature]
	Albumin, Spot urine		
	Protien creatine Repeat CUE		
	VBG	2113	
	Ultra Sound A Bedsine	8796	[signature]
	Chest X Ray		
	electrolytes	12145	
20/7/26	GRBS 5:15pm 123 mg/dl	2154	[signature]
21/7/26	VBG	12172	[signature]
21/7/26	GRBS. 7.30am 141 mg/dL	12173	[signature]
21/7/26	GRBS. 1:30PM - 113 mg/dl	2226	[signature]
21/7/26	GRBS 7:30pm 104 mg/dl	2227	[signature]
	GRBS 1.30 AM		
	7.30 am		

Crosscheke done

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7/26	Oxygen	12:40PM	21/7/26 @ 6am	15378	
20/7/26	Infusion pump	1:45PM	21/7/26 5.10PM	15380	
		Good checked by Maam			

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/7/26	IV Pleacement	1	5310	
20/7/26 (1PM)	NHA	(1)	15383	
		cross checked done by Supervisor		
21/7/26	IV placement	(1)	15603	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015512 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6Y6M9D (M)
Dr. PRITESH NAGAR

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : ______ Age/Sex ______

Informant ______ Reliability ______

Chief Presenting Complaints & Duration (Chronologically):

Cold, cough × 3 days
C/o fever × 1 day
C/o swelling (periorbital and all over body) × 4 days
poor oral intake

History of present illness :

Apparently well 4 days back
parent noticed insidious swelling periorbital and all over body, from 16th/07/26, gradually progressive

Urine protein/creatinine ratio - 6.03
Cholesterol - high - Albumin low
Started on oral steroid from 18/07/26
C/o cold, cough × 3 days
C/o fever × 1 day, high grade documented upto 104F, not a/w chills, partially relieved on oral medications
poor oral intake

C/o frequent passing of urine

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Mild asymptomatic

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 19 kg (Centile _____)

On Examination :

Temperature : 102°F Pulse Rate: 136/m Description _____

B.P. 120/85 mmHg SPO2 96% at RA

Resp. rate and type of breathing : _____

Rash _____ Sign of dehydration (+)

Lymphadenopathy _____ dry lips, tongue

Oedema : _____ Sunken eyes (+)

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : RT AG (+), Conducted sounds (+)

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, Non tender

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____ NAD

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____ LRTI

_____ in New Onset Nephrotic Syndrome

_____

_____

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

	SBP	DBP
5th	87	50
50th	98	60
90th	108	67
95th	111	71
99th	117	76
99th+5	122	81

Planned Labs :

- CBP, CRP, ~~LFT~~, VBG
- TSCood cls
- S. Albumin, S. Electrolyte
- CUE,
- Urine protein creatinine ratio
- USG Abdomen.
- Respiratory panel (5 viruses)
- Chest x-ray

NB shifting

Planned Management :

- IV Albumin
- Inj ~~Amvaiclen~~ Ceftriaxone
- Oral steroid (Omnacortil)

O2 @ NP @ 2 lpm/min SpO2

NB shifting

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____ (Including the name of City)
3. Contact number of the Referring Doctor : _____ (Preferring Mobile #)
4. Name of the doctor in Rainbow Team Dr. Pritesh on whose name the patient is being referred

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

Doctor's Signature Name _____ Date 20/7/21 Time _____

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 10:35am	c/s/o Dr. Pritesh Sir	
	Δ - New onset Nephrotic Syndrome	
	- Fever - Cough & ~~Cong~~ Cold - Increased Micturition	Plan 1) Inj Ceftriaxone
	SpO_2 - 90-92%	2) CBP, CRP, VBG S- Electrolytes S- Albumin Blood C/S CVE Urine Protein : Creat Ratio 5 View Respiratory Panel Chest X ray USG Abdomen
	child dull Vitals ~~stable~~ SpO_2 - 90-92% HR - 134/min BP - 117/75 (88)	
	R-S - B/L AE (+)	
	P/A - Soft.	
		3) Low flow O_2 - 2 Lit
		4) Nephrologist consult
		5) Monitor Vitals.
		Prescribed for Dr. Pritesh

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 3pm	c/o/b Dr Pranav	
	LRTI & Dehydration	
	New Onset Nephrotic Syndrome	
	- Fever & chills	Plan 1) Inj Ceftriaxone
	- Polyuria	
	- Cough @	2) Inj Hydrocort
	- Vomiting - 2 times	Inj Pan
		Inj Ondem
	chill Febrile	Neb c 3% NaCl
	on RA Oxygen	3) Monitor Vitals Output
	SpO_2 - 96%	Maintain Input/Output chart
	RR - 132/m	
		4) Decide on Albumin after Lab
	R-S - B/L NAE @	5) Monitor Vitals
	P/A - Soft	Trace all labs
		Plan
	NB - Supply	

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/20	S/D Dr. Pritesh	
Since	Δ LRTI & dehydration –	
	New onset	Nephrotic Syndrome
	Influenza A illness	
		✓ Plt
	Fever spikes (+)	✓ IV 3% NS @ 6 ml/h over 24h.
	Diuresis (+)	✓ IV Fluid ↓ total vol (160 ml)
		DNS @ 2 ml/h
	CVS – S1S2 (+)	
	RS – BEL – AEE (+)	✓ Strict Input/output monitoring
	conscious	✓ Daily weight check
		AL monitoring
	SpO2 – 97% on	BP monitoring.
	O2 by NP @ 2 l/m	✓ Try to taper & stop O2 by tomorrow morning
	VBG	
	Na+ – 128	
	↓	✓ cf CEFTRIAXONE
	Correction @ 135 mg/dl	HYDROCORTISONE
	– check GRBS 2nd	✓ Start FLUVIR
		✓ Repeat VBG @ 6 AM – T/M

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: [illegible]

NB – Duty Dr. 5:20 pm @ 20/7/20

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR (M)
11-01-2020 6 Y 6 M 10 D
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26 7AM	S/B Dr. Archana/Dr. Thanu D: LRTI (Influenza A illness) c dehydration in a New onset Nephrotic Syndrome	
	> today wt - 18.87 kgs (↓ 130 gms). > AG - 49 cms (↓ 1 cm)	
	2 fever spikes ⊕ ↑ 101.2° (1 to 4 pm) 99.9° (9:15 pm) on Room Air trial oral acceptance ↓ No fresh complaints cough ⊕ ↓ vomiting ⊖	Advice ✓ Ct Inj CEFTRIAXONE & HYDROCORTISONE ✓ Ct Syp FLUVIR ✓ Ct rest same ✓ Ct I/o output charting ✓ BP monitoring Q4hrly ✓ AG monitoring. NB. Sunanda
	GE vitally stable BP: 112/66 mm Hg (95th - 99th %ile). GE CNS - conscious CVS - S1S2 ⊕ RS - AEBE, B/L conducting sounds ⊕ P/A - soft, nt. U/O: 3.3 ml/kg/hr one 22h.	

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 10 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/1/20 9:45 AM.	S/B Dr. Pritesh D/K Influenza A illness c dehydration c New onset Nephrotic fever spikes (+). oral acceptance ↓. o/e vitally stable.	Adv BP & * GRBS monitoring Q6 hourly * strict I/O charting * Stop 3% NS correction * Improve orals * Switch IVF to plasmalyte NB: Meafruski @ 12PM.
Concerns W/O ↑ GRBS Borderline		Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 10 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7 2:00 pm.	C/S/13 Dr. Naipuya.	
	Influenza A illness. c dehydration New onset Nephrotic syndrome	
	Fever - 100°F (7am).	Plan
	vitals - Stable	- Cat ceftriaxone Hydrocortisone
	R/S - BL AE (P)	
	P/A - soft, NT.	- Cat Syp. FLUVIR
	BP - 109/69 mm/Hg	- Strict Input/output Charting
	u/o/p - 2.2 ml/kg/hr (12 hrs)	- BP monitoring 8th
	GRBS - 113. mg/dl.	- AG monitoring Dext.

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 10 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26 5pm	S/B Dr Pritesh	
	Δ Influenza A Illness	
	c New onset Nephrotic Syndrome	
		Plan
	Afebrile	
		- C/C CEFTRIAXONE
	WS - Soft (N)	Hydrocortisone
	PS - BL AE (N)	
		- C/C FLUVIR
	Urine output - Adequate	
		- Strict Input/output charting
		- BP monitoring 4th
		- Stop IV fluids
		- Discuss with Dr Shruthi Paed- Nephrologist Tomorrow morning regarding restarting Prednisolone
		- Daily wt check Abd monitoring
		- GRBS monitoring 6th

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 10 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/01/2026 8am	S/B Dr. Nameen / Dr. Anusha	
	Influenza A illness	
	c new onset nephrotic syndrome.	
	T. wt - 18.64 kgs	
	no fever spikes	Plan
	oral intake fair	(1) ↓ ct ceftriaxone Hydrocortisone
	BP - 104/66 mmHg (76)	(2) ct Fluvir
	~~Stress~~ Hemodynamically Stable.	(3) Strict I/o charting
	CVS: S1S2(+)	(4) Ped. Nephrology R/v
	RS clear	
	P/A - soft	
		(Now Dr. Nameen)
	i/o - 1.85 ml/kg/hr. in last 24hrs	
22/01/2026 9:30am	S/B Dr. Pritesh	
	Influenza A illness	
	c new onset nephrotic syndrome.	Plan D/C today (1) oral cefuroxime (2) To start nephrotic dose of Omnacortil from tonight (3) Ped. Nephro review (4) Fluvir x 5 days
	no fever	
	urine output - adequate	
	Hemodynamically stable.	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	NB: Plan for D/C @ 10AM

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

303

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	16/7	20/7				
Time	OPD Blood					
Hb	14.5	15.1				
PCV	39.7	41.6				
RBC	5.02	5.19				
WBC	15,130	17.44				
N/L	50/42	83.8/10.7				
Platelets	3.02 L/m	17.44				
CRP		15				
ESR						
PCT						
RBS						
Na	131	128				
K	4.1	3.7				
Cl	107	98				
Ca/Mg						
Phosphate						
Urea	25					
Creatinine	0.3					
ALP	188					
SGPT	14					
SGOT	22					
T.Bill/Conj	0.2/0.1					
T.Protein	3.8					
S.Albumin	1.6	2.1				
S.Globulin	2.2					
A/G Ratio	0.7					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol	340					
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date		20/7				
Time						
CUE - Alb						
CUE - Sugar		Nil				
CUE - Ketones		Negative				
CUE - PUS Cells		6-8				
CUE - RBC Cells		Nil				
CUE Epithelial Cells		3-4				
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza - A →		Positive				
" - B						
RSV.		→ Negative				
SARS-COV-2						
ASO Test	Negative					
Spot Protein	350.5	Ratio -	57.2			
Spot Creatinine	58.1	6.03	6.5			
Ratio →			8.8			

Culture and Sensitivities : Blood c/s :—

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016812 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

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

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7/25 Time:	1:15 pm	2:45 PM	4:30 PM	6 PM	9:15 PM	10 pm	12 am	2 am	6 am	7:40 am
Doctor / Nurse / Family Concern?										

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

Syp Crocin Given | Sponging Given | Tongue Syp Given | 97.5°F | Syp Crocin given | 98.4°F | 98.3°F | 97.5°F | 100.0°F | Syp + Crocin given

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

Note: BP does not score in early warning scoring

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

	1:15 pm	2:45 PM	4:30 PM	6 PM	9:15 PM	10 pm	12 am	2 am	6 am	7:40 am
Heart Rate (Number)	128b/m	124b/m	116b/m	113b/m		110b/m		99b/m		106b/m
BP			104/76	110/79		116/86		112/66		103/76

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

70 60 50 40 30 20 10

	1:15 pm	2:45 PM	4:30 PM	6 PM	9:15 PM	10 pm	12 am	2 am	6 am	7:40 am
Resp Rate (Number)	28b/m	28b/m	28b/m	28b/m		28b/m		28b/m		28b/m
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2(l/min)	O2 2L	O2 2Lit	O2 2Lit	O2 2Lit		O2 2Lit		O2 2Lit		O2 2Lit
O_2Saturations (%)	99%	97	98%	99		100%		99%		99%
Conscious Level: Normal / Altered										
GCS *		15/15	15/15	15/15						
TOTAL SCORE Number of shaded boxes	0	0	0	0		0		0		0
Pain Score	0	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
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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

i/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/1/26 Time:	10	2	5	10	2 am	6 am
Doctor / Nurse / Family Concern?	AM	PM	PM	PM		
Temperature (F)	98.4°F	97.6°F	97.3°F	99.0°F	98.3°F	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	109 / 64	112 / 69	107 / 85, 75	111 / (60), 66	109 / (75), 64	104 / (76), 66
Note: BP does not score in early warning scoring						
Heart Rate (Number)	119bpm	149bpm	126bpm	124bpm	119bpm	126bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	22b/m	26b/m	26bpm	24bpm	24bpm	25bpm
Resp Distress: None / Mild | Mod/ Severe						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	99%	99%	99%
Conscious Level: Normal | Altered						
GCS *			15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	AA	AA				

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
20/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	DNS		30ml	—	NA	—	✓	—	—	0	
Total Intake :						**Total Output :**						
20/7/26	02:00 pm	DNS	Soup	30ml				✓		✓	0	
	03:00 pm		ORS	30ml						✓	0	
	04:00 pm	DNS		30ml		5:26 pm				4:35 150ml	0	
	05:00 pm			30ml		50cm				150ml	0	
	06:00 pm	3% NS		25ml + 6ml						6:47 pm 160ml	0	
	07:00 pm			25ml + 6ml						50ml	0	
Total Intake :						**Total Output :** U - M -						
20/7/26	08:00 pm	↑		25ml + 6ml							0	
	09:00 pm			25ml + 6ml		50cm				100ml	0	
	10:00 pm	DNS +		25ml + 6ml						150ml	0	
	11:00 pm	3% NS		25ml + 6ml					11.40	150ml	0	
	12:00 am			25ml + 6ml					12.20	150ml	0	
	01:00 am	↓		25ml + 6ml		49cm					0	
Total Intake :						**Total Output :**						
21/7/26	02:00 am	↑		25ml + 6ml							0	
	03:00 am			25ml + 6ml						✓ Bed	0	
	04:00 am	DNS +		25ml + 6ml						190ml	0	
	05:00 am	3% NS		25ml + 6ml							0	
	06:00 am			25ml + 6ml		49cm					0	
	07:00 am	↓		25ml + 6ml						120ml	0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 10 D (M)
Dr. PRITESH NAGAR

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

BirthRight® BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7/26	08:00 am	Paracetamol		20ml								
	09:00 am		Rasam	20ml								
	10:00 am		1	20ml		6					0	
	11:00 am		Soup	20ml	NA			NA				
	12:00 pm		+	20ml								
	01:00 pm		fruit	20ml						200ml		
Total Intake :						**Total Output :**				U-	M-	
21/7/26	02:00 pm		H2O	20ml		52cm						
	03:00 pm	Paracetamol		-								
	04:00 pm		1/cup	20ml						160ml	0	
	05:00 pm		Curd	20ml				NA		100ml		
	06:00 pm		&	Stop								
	07:00 pm											
Total Intake :						**Total Output :**						
21/7/1	08:00 pm											
	09:00 pm		Rice							120ml		
	10:00 pm		+ H2O								0	
	11:00 pm	0	milk		NA	51cm		NA		200ml		
	12:00 am		bowl									
	01:00 am									50ml		
Total Intake :						**Total Output :**						
22/7/26	02:00 am		milk									
	03:00 am											
	04:00 am		soup								0	
	05:00 am	0	water		NA			NA				
	06:00 am					50cm						
	07:00 am		milk									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 20/2/26

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 - maintain I/O Chart - medicine given as per drug chart	8am 2pm	Assessed the pt condition - monitor vitals - maintain I/O Chart - medicine given as per drug chart	pt is stable	Rechecked vitals	
Afternoon	2pm to 8pm	→ To assess the pt. condition → To check the vitals & record → To adm the medication as per drug chart → I/O Chart maintain	2pm to 8pm	→ To assessed the pt. condition → To checked the vitals & recorded → To adm the medication as per drug chart → I/O chart maintained	→ Patient is stable → Trace Pending (R) → Contd Nebs.	→ Re-checked the Vitals & I/O → O_2 2 lit	Supriya
Night	8pm to 8am	- Assess the pt condition - Monitor the V/S - Maintain the I/O - Drug as per chart - NEB O_2 2lit	8pm to 8am	- Assess the pt condition - Monitor the V/S - Maintain the I/O - Drug as per chart	- ct Neb - O_2 2lit → How pt is stable	- Rechecked the V/S	

HNH-00013901 IP26-00006881
Mrs MANSI RAMCHANDANI
06-02-1996 30 Y 5 M 13 D (F)
Dr. SWATHI H V

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 21-7-26

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.	Mounika
Afternoon	2PM / 8PM	→ Assess the patient general Condition → monitor vitals → Administer medicats as Per doctor's orders	2PM / 8PM	→ Assessed the patient general Condition → monitored vitals → Administered medication as Per doctor's orders	Patient is Stable	Rechecked vitals	Sy
Night	8PM / 8AM	→ Assess the patient general Condition → Monitor vitals → Administer Medication as per Doctor's orders	8PM / 8AM	→ Assessed the patient general condition → Monitor vitals → Administer medication as per Doctor's orders	patient is Stable	Rechecked. vitals	Sunanda

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 20/7	20/7	20/7	21/7
					Time : MG	E2	N1	MG
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.	3	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	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	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.	3	3	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	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.	3	4	4	4
				TOTAL SCORE	22	27	28	28
				Evaluator's Name	MG	MG	[illegible]	[illegible]

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 21/7			
					Time : 12			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	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			
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			
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			
				TOTAL SCORE	28			
				Evaluator's Name				

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

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

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

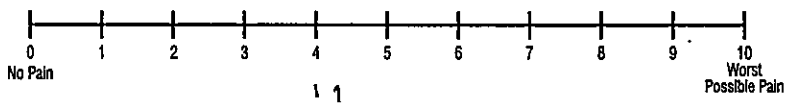
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7/26	2am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7/26	10AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7/26	2am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 10/7			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0						
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						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		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						
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						
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						
		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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			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-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: LRTI

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date / Shift	20/7/26 M6	20/7/26 E2	20/7/26 N1	21/7/26 M6	21/7/26 evng	21/7/26 N1
Medical Condition (Any special condition to be noted):	-	-	-	-	-	-
Diet:	Soft	Liquid	Soft	Soft	Soft	Soft
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:	98.6°F	98.9°F	98.9°F	98.8°F	98.4°F	98.6°F
Res:	28b/m	27b/m	28b/m	24b/m	25b/m	22b/m
SpO_2:	99%	99%	99%	99%	99%	98%
Pulse:	118b/m	126b/m	128b/m	126b/m	127b/m	120b/m
BP:	-	103/69	104/72	107/72	105/60	100/70
LOC:	-	-	-	-	-	-
Fall Risk Score:	-	-	"0"	"0"	"0"	"0"
Pain Score:	-	"0"	"0"	"0"	"0"	"0"
Skin Integrity	-	Good	Good	Good	Good	Good
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:	Moutushi	-	-	-	-	-
Handed Over By Name :	M	Supriya	Sunanda	Moutushi	Sandhya	Sunanda
Signature / ID :						
Date:	20/7/26	20/7/26	21/7/26	21/7/26	21/7/26	22/7/26
Time:	2pm	8PM	8am	2PM	8pm	8AM
Taken Over By Name :	Supriya	Sunanda	Moutushi	Sandhya	Sunanda	
Signature / ID :						
Date:	20/7/26	20/7/26	21/7/26	21/7/26	21/7/26	
Time:	2pm	8pm		8	8	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

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-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 20/7/26 Drug Allergies: N/A ☐ 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. PQ by

SOS / PRN (As Required Medication)

DRUG : SYP. CROCIN DS				Date→ 20/7	21/7													
Dose	Route	Frequency	Start Date	1:30PM	7:40 AM													
6 ml	PO	SOS/6H	20/07															
Doctor's Signature		Valid Period	Pharm.	7:15 PM														
Additional Instructions:																		

DRUG : SYP. IBUGESIC				Date→ 20/7														
Dose	Route	Frequency	Start Date	4:30 PM														
6 ml	PO	SOS/6H	20/07															
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 ..... Signature .....

HNH-00016512 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

REGULAR PRESCRIPTIONS

Weight. 19.7 kg Ward. .....

DRUG : INJ. AMOXICLAV

Dose	Route	Frequency	Start Date
650 mg	IV	8H	20/07

Name & Signature of the Doctor Starting the Drugs: Sunkh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

Stop 20/7

DRUG : NEB (HYPERMED

Dose	Route	Frequency	Start Date
1 neb	NEB	8H	20/07

Name & Signature of the Doctor Starting the Drugs: Sunkh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

See the chart.

DRUG : INJ. PANTOP

Dose	Route	Frequency	Start Date
20 mg	IV	OD	20/07

Name & Signature of the Doctor Starting the Drugs: Sunkh

Additional Instructions: (PANTOPRAZOLE)

Daily Doctor's Endorsement by a Sign

Date / Time 20/7 21/7

6AM 1PM

Oral

DRUG : TAB. OMNACORTIL (20mg)

Dose	Route	Frequency	Start Date
	PO	12H	20/07

Name & Signature of the Doctor Starting the Drugs: Sunkh

Additional Instructions: 1 and 1/4 —— 1

Daily Doctor's Endorsement by a Sign

Date / Time

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 19/09 Ward .....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
1 gm	IV	Once Daily	20/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: IV over 2 hours.

Daily Doctor's Endorsement by a Sign

Date/Time: 20/7 — 2pm 11AM — Change

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Dt.
4 mg	IV	TID	20/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 20/7 21/7 — 6AM — 2PM 1PM — 10PM — 6 — Oral

DRUG : Inj HYDROCORTISONE

Dose	Route	Frequency	Start Dt.
30 mg	IV	TID	20/7

Name & Signature of the Doctor Starting the Drugs: Pranav

Additional Instructions: 5mg/kg/day in 3 doses

Daily Doctor's Endorsement by a Sign

Date/Time: 20/7 21/7 22/7 — 6AM — 2PM — 10PM — 6

DRUG : Syp. FLUVIR

Dose	Route	Frequency	Start Dt.
4 ml	Oral	BD	20/7

Name & Signature of the Doctor Starting the Drugs: B. Sujit

Additional Instructions: OSELTAMIVIR (5mg/kg) BD.

Daily Doctor's Endorsement by a Sign

Date/Time: 20/7 21/7 22/7 — 6AM — 6PM — 6

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 10 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight 19kg Ward .....

				Date→ Time	21/1	22/1												
DRUG : Inj CEFTRIAXONE																		
Dose	Route	Frequency	Start Dt.															
1g	IV	BD	21/1															
Name & Signature of the Doctor Starting the Drugs:																		
Additional Instructions: IV over 2 hours.																		
Daily Doctor's Endorsement by a Sign																		

				Date→ Time	22/1													
DRUG : T. LANZOL junior																		
Dose	Route	Frequency	Start Dt.															
15g	oral	OD	21/1	6AM														
Name & Signature of the Doctor Starting the Drugs: B-Singh																		
Additional Instructions: (LANSOPRAZOLE).																		
Daily Doctor's Endorsement by a Sign																		

				Date→ Time	21/1	22/1												
DRUG : Tab. ONDEM																		
Dose	Route	Frequency	Start Dt.															
4g	oral	TID	21/1	6AM	✓													
Name & Signature of the Doctor Starting the Drugs: B-Singh				2pm	✓													
Additional Instructions: (ONDENSETRON)				10pm														
Daily Doctor's Endorsement by a Sign																		

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

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 8 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/07	9:30 AM	Inj ALBUMIN (20%)	100ml over 4 hours	IV	Sig	Not given
22/7	11 AM	VITAMIN-D (DEKSEL NEO)	60K - IV	PO	PP.	

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

I.V. FLUIDS CHART

Weight. 19 Kg Ward. .....

		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
20/7	1:30 pm	DNS (1/2 N)	IV	30			20/7		
20/7	5:15 PM	DNS		25 ml			21/7		
20/7	5:15 PM	3% NS (Total - 160ml)	IV	6 ml/h			21/7		
21/7	10 AM	Plasmalyte	IV	20 cc/hr			21/7		

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6Y6M9D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... N/A ..... ☐ 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: ..... 32d N100x (303) .....

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. Sushrut Sh .....

Date & Time : ..... 20/7/26 @ 10:36 AM .....

Nurse Name & Signature: ..... Shivani .....

Date & Time : ..... 20/7/26 @ 12:28 PM .....

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

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

303

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/7/26 Time: 1pm

Weight: 21.7kg Centile: <50th

Height: 117.5cms Centile: 50th

Inference: Well Child.

RDA: - Calories: 1450 kcal/d Protein: 29gms/d

Diet Recommendations: soft high protain Diet

Re-Assesment: Avoid Spicy, Chilled & outside foods

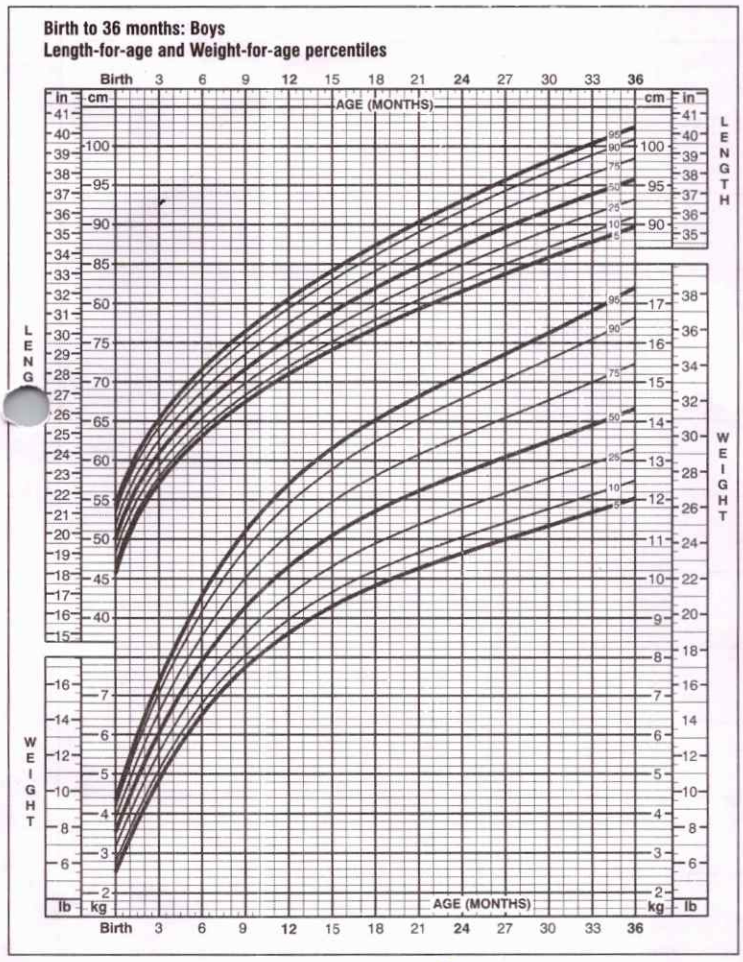
Food Allergies: NO Veg/Non-veg NON-veg.

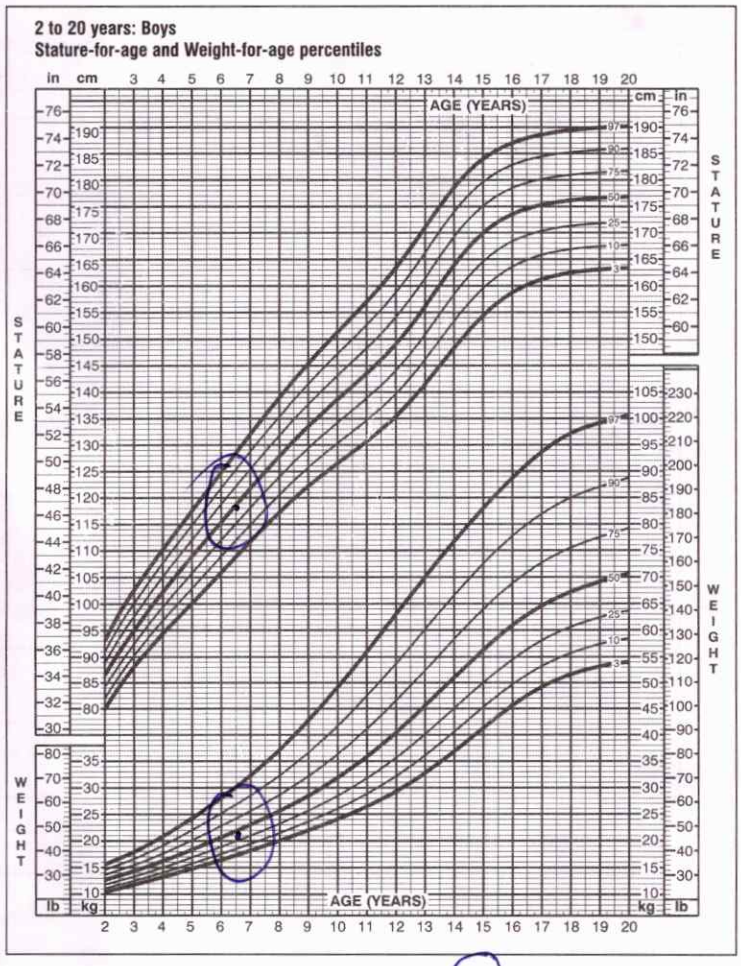
Diagnosis: LRTI with new onset Nephrotic Syndrome

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Need.

GROWTH CHART (BOYS)





Dietician's Name Sathwika-G Dietician's Signature

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

Daily Notes:

21/7/26 child is stable, poor oral intake encourage orally with liquids. as advised.

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

wt · 19.22Kgs

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : mohammed mudassir Age : 6 years **Gender:** ☑ Male ☐ Female

Date : 20/07/26 Time of Arrival : 8:52 AM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101°F PR: 136/M BP: 121/85 (96) mmHg RR: ..... SpO_2: 96%

Chief Complaints: c/o fever since yesterday, cold and cough since 2 days

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 : 9:04 AM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : shirisha

Signature of Triage Nurse : .....

Date & Time : 20/7/26 @ 8:54 AM

HNH-00016612 IP26-00006892
Master MOHAMMED MUDASSIR
11-01-2020 6 Y 6 M 9 D (M)
Dr. PRITESH NAGAR

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 20/7/20 Time of arrival : 8:56 AM

Chief Complaints: c/o fever since yesterday, cold and cough since 2 days RBS: .....

Height : ..... Weight : 19.22kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☐ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : @ 8:58 AM

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

Time	Nursing Notes
8:59 AM	Assess the patient condition
	Monitor the vital sign

Samples collected by: / Surgeon

Samples sent by :

Time:

Time: 9:50 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
8:56 AM	Inj Tramadol	oral	5 ml	Dr Surgeon	

Condition of patient at time of shift - out : Stable/unstable

HR: 136/M BP: 117/65 (88) mmHg CFT: N/A

RR: ..... SPO_2 : 95-/.

GCS: 15/15 Temperature : 98.1 F

Pain Score: .....

Repeat RBS (if applicable): N/A

Details of Shift - out

Shift - out from ER to: 3rd Floor (305)

Time of Shift - out: 12:28 PM

Handover given to: Mounika
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

IV placement done

Name of the Nurse : Shirisha Signature of the Nurse : Sri

Date & Time : 20/07/26 @ 9:02 PM

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016612 IP26-00006892 Master MOHAMMED MUDASSIR 11-01-2020 6 Y 6 M 9 D (M) Dr. PRITESH NAGAR	20/07/26 @ 10:26 AM	20/07/26 @ 12:28 PM
	Transfer Ordered by Dr. Sushanth	Reason for Transfer Admission
From Unit ER	To Unit 3rd Floor (303)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15+/-	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
Shirisha	Dr. Sushanth

Patient & Clinical Records Received by : Manjusha

Date & Time of Patient Received : @12:40PM, 20/7/26

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