MTK

216

Rainbow® Children's Hospital
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DISCHARGE SUMMARY

Name	Baby AARTIKA PUROHIT	**UHID**	HNH-00015140
Father/Guardian	Mr ANUJ PUROHIT	**Age/Gender**	0 Y 6 M 28 D/ Female
Address	4-3-65/2/a raghavnath bagh sulthan bazar, King Koti, Hyderabad, Telangana, INDIA, 500001		
IP No	IP26-00006888	**Admission Date**	19-07-2026
Ref Doctor	Dr Manjit Kumar		
Discharge Date	22.07.2026		

Consultant:
Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126

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

DIAGNOSIS	ICD CODE
ACUTE BRONCHIOLITIS WITH RESPIRATORY DISTRESS	

History: Baby AARTIKA PUROHIT , 0 Y 6 M 28 D , old girl presented with the

Name	Baby AARTIKA PUROHIT	UHID	HNH-00015140
IP No	IP26-00006888	Admission Date	19-07-2026

history of cough and cold since 3 days, fast breathing since 1 day, poor oral intake, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

OPD Investigation:
Chest X-ray was suggestive of bronchiolitis picture..

Examination: She was afebrile, having saturations of 90-92% at room air. Her heart rate was 134/min and Respiratory Rate - 34/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. Respiratory distress present in the form of tachypnea, subcostal and intercostal retractions. On examination Signs of some dehydration were present. On auscultation, air entry was bilaterally equal with bilateral crepitations present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she 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 kilo grams.

Investigations: Enclosed reports

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative. Adenovirus PCR was not detected.

VBG showed pH of 7.38, pCO2 of 32.8 mmHg, pO2 of 67 mmHg, HCO3 of 20.1 mmol/L and BE of -5.3 mmol/L.

Initial hemogram showed Hemoglobin of 11.7 gm%, White Blood Cell count of 11300 cells/cumm, platelet count of 3.40 lakhs/cumm and C-Reactive Protein

Name	Baby AARTIKA PUROHIT	UHID	HNH-00015140
IP No	IP26-00006888	Admission Date	19-07-2026

of 5.0 mg/l.

Management: She was admitted in the ward and started on low flow oxygen in view of hypoxia and Intra Venous fluids. In view of chest signs, she was frequently nebulised with Levolin and 3% NaCl.

During ward stay baby had developed loose stools, for which probiotic was given.

She was regularly monitored for fever spikes, hemodynamic status, vital parameters, oxygen saturations and any signs of respiratory distress. Her distress and other symptoms gradually settled. Child's saturations levels improved gradually and oxygen support tapered and stopped.

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

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

Medication during hospital stay:
Nebulisation Levolin
Nebulisation 3 % Nacl
Nasoclear Nasal drops
Pro-GG sachet
Purehale Nasal spray

Advice:
* Diet as advised.

Name	Baby AARTIKA PUROHIT	UHID	HNH-00015140
IP No	IP26-00006888	Admission Date	19-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Pro-GG drops	15 drops	9am-9pm (after food)	For 3 days
2	NEBULISATION with Levolin (0.31)	1 respule	6th hourly	For 3 days
3	NEBULISATION with Hyperneb (3% NaCl)	1 respule	6th hourly	For 3 days
4	Nasoclear PureHale Nasal Spray	Inhalation for 2 minutes	6th hourly	For 3 days
5	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			
6	Hydrocortisone(1%) Ointment, over cheek local application, 2 times/day for 3 days			

Fever Management
* Crocin Drops (Paracetamol - 1ml/100mg) 1ml 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. MANJIT KUMAR on Friday (24.07.2026) at his clinic

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

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Name	Baby AARTIKA PUROHIT	**UHID**	HNH-00015140
IP No	IP26-00006888	**Admission Date**	19-07-2026

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

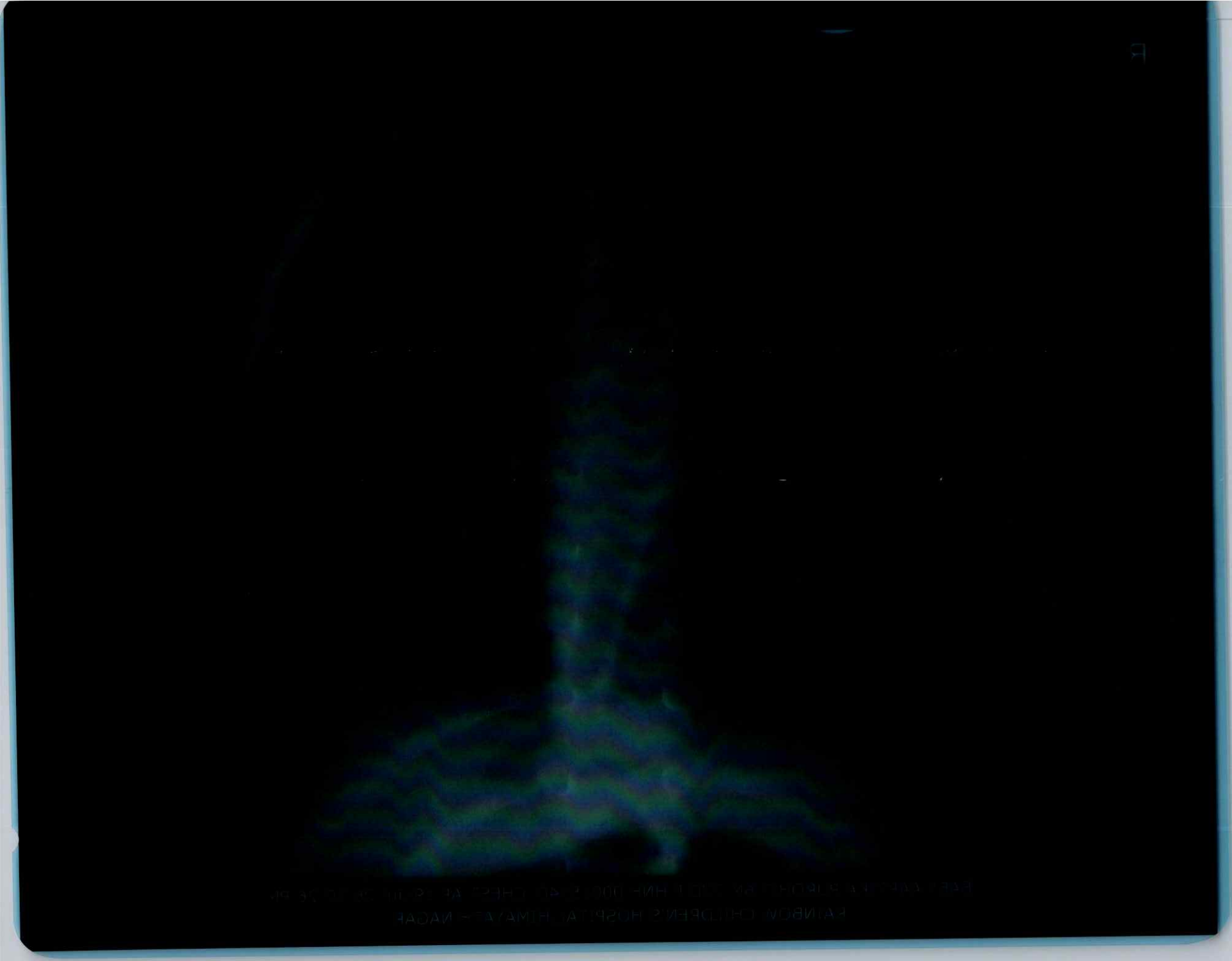
Parent/ Attender

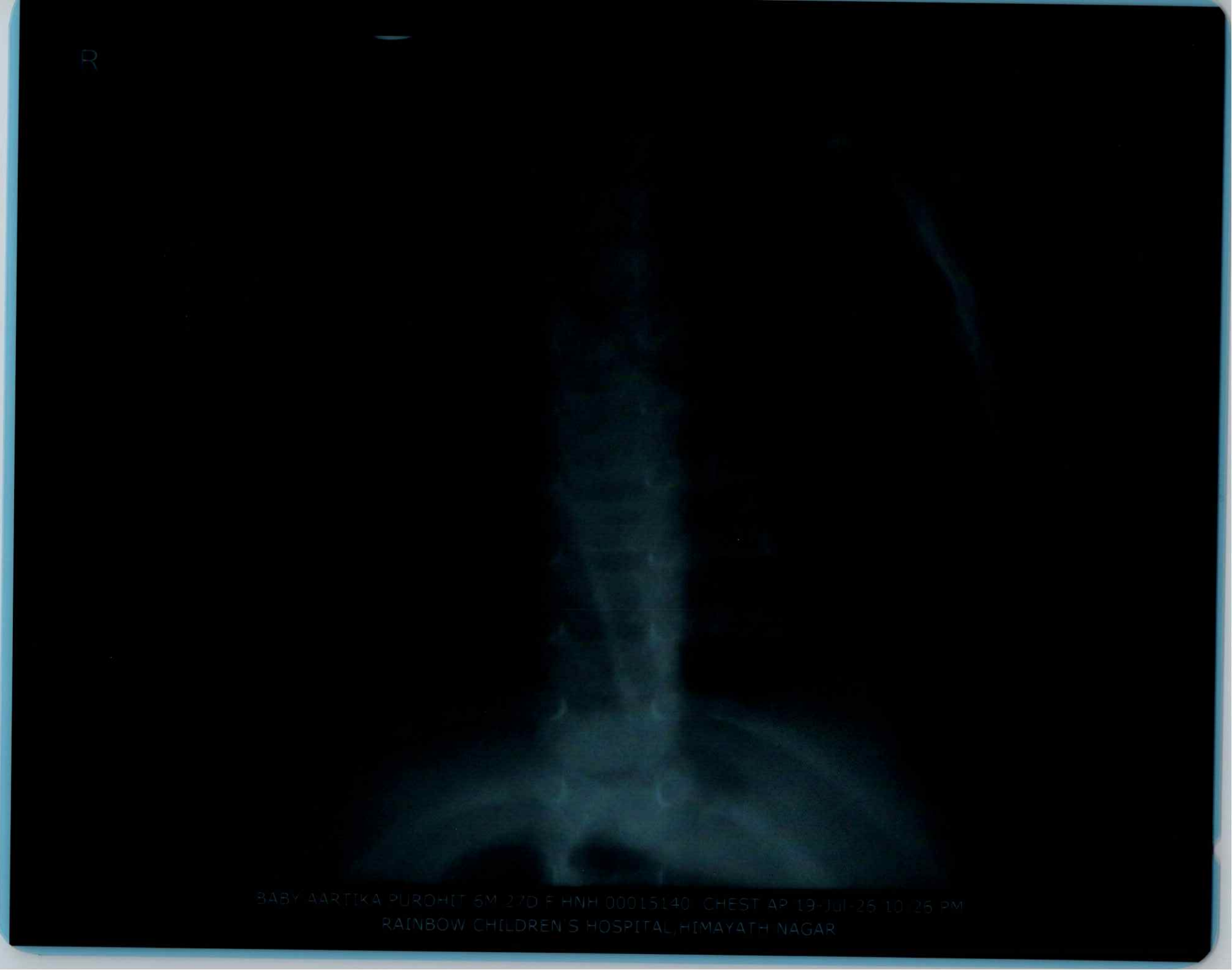
In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

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

Registrar/Resident/C.M.O

Dr. MANJIT KUMAR
GENERAL PEADIATRICS
04126




R
BABY AARTIKA PUROHIT 6M 2 D F HNH 00015140 CHEST AP 19-JUL-25 10:25 PM
RAINBOW CHILDREN S HOSPITAL HIMAYATH NAGAR

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

Levolin - 4th day
3% NS - 6th day

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
22/7/26	01.00	Levolin ①	Opnl	
	02.00	3% NS ②	Opnl.	
	03.00			
	04.00			
	05.00	Levolin. ③	Opnl.	
	06.00	④		
	07.00	215860		
	08.00	3% NS ④	Opnl.	
	09.00	Levolin. 215860	Sneh	
	10.00			
	11.00			
	12.00			
	13.00			
	14.00	~~3% NS~~		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

Levolin – 4th hrly
Hypernebe – 6th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
8/7/25	00.00			
	01.00	3% NS (2)	Aparna	
	02.00			
	03.00	Levolin (3)	Aparna	
	04.00			
	05.00	(4) 215580		
	06.00			
	07.00	Levolin + 3% NS (4)	Aparna	
	08.00			
	09.00			
	10.00			
	11.00	Levolin (1)	Sn	
	12.00			
	13.00	Hypernebe (2) 15695	Sn	
	14.00			
	15.00	Levolin		
	16.00			
	17.00	Levolin (1) (2) 5775		
	18.00			
	19.00	Hypernebe (2)		
	20.00			
	21.00	Levolin		
	22.00			
	23.00			

Levolin 6 Hrly-24th
Hypernebe 6 Hrly

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

Levolin 8/4th hrly
hyperneb 8 6th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00	3:1 NS ①		
	02.00	levolin ②		
	03.00			
	04.00			
	05.00			
20/12/25	06.00	levolin. ③		
	07.00	hyperneb 3:1 NS ④.		
	08.00	15274		
	09.00			
	10.00			
	11.00	levolin ⑤		
	12.00			
	13.00	hyperneb ⑥		
	14.00			
	15.00	levolin ⑦		
	16.00			
	17.00	⑧ 5302		
	18.00			
	19.00	levolin + hyperneb. ⑨		
	20.00			
	21.00			
	22.00			
	23.00	Levolin ⑩.		

Doc. No. : RCH / FRM / CLINICAL / 170

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 : IP26-00006888 **Admit Date** : 19-Jul-2026 **Admit Time** : 11:03 PM **UHID** : HNH-00015140

Patient Details :

Patient Name	: Baby AARTIKA PUROHIT	**Age**	: 0 Y 6 M 27 D
Guardian	: Mr ANUJ PUROHIT	**DOB**	: 22-12-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4-3-65/2/a raghavnath bagh sulthan bazar King Koti Hyderabad Telangana INDIA 500001	**Phone No**	: 8688260226
		E-mail	: no@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 ANUJ PUROHIT **Relationship** : Father

Contact Address : 4-3-65/2/a raghavnath bagh sulthan bazar King Koti Hyderabad Telangana INDIA 500001 **Phone No** : 8688260226

Signature

Doctor Details :

Doctor Name	: Dr. MANJIT KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr Manjit Kumar	**Phone No**	: 9866105609
Co-Consultant	: Dr. PRITESH NAGAR		

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 15000.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

Name: ----- HNH-00015140 IP26-00006888 ----------
Baby AARTIKA PUROHIT
UHID No : - 22-12-2025 0 Y 6 M 27 D (F) --------- Consultant : ---------- Dept : ----------
Dr. MANJIT KUMAR
Date of Adr : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/7/26	12:45 AM	ER	HDU	
21/7/26	11 AM	220	216 (Pvt)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/7/26	KBP, CRP	2098	
	Respiratory panel		JFM
	VBG	2099	
		Cross checked done by Sujatha on 24/7/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7	Infusion pump	19/7/26 @ 12:30pm	20/7/26 @ 2:30pm	215251 ✓	[signature]
				crosschecked done	
~~21/7~~ 19/7 ✓	Oxygen	19/7/26 @ 11pm	21/7/26 2:30pm	215686	[signature]

Cross checked by Sujata on 22/7/26 at 11am

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/7/26	IV placemt	(1)	15228	
			Cross checked done	
20/7/26	NHA	(1)	5406	
20/7/26	Nebulization	4	215274	
20/7/26	Nebulization	4	215302	
21/7/26	Nebulization	4	215580	
21/7/26	Nebulization	2	215698	
22/7/26	Nebulization	4	215860	
22/7/26	Nebulization	1	215886	
	Cross checked by Sujitha on 22/7/26			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name :

Patient ID# :

Consultant :

Final Diagnosis :

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Cold, cough × 3 days
Fast breathing × 1 day
poor oral intake

History of present illness :

c/o cold, cough × 3 days, wet type
c/w Irritability (Excessive cry) and
fast breathing × 1 day
poor oral intake (+)

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

Nil Hlo NICU stay

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) 7.6 kg (Centile _____)

On Examination :

Temperature : 98.3F Pulse Rate: 134/min Description _____

B.P. _____ SPO2 90-93 % @ RA at _____

Resp. rate and type of breathing : mild tachypnea ⊕

Rash _____ Signs of dehydration ⊕

Lymphadenopathy ⊖

Oedema : _____

Respiratory system : RD ⊕

Inspection (any s/o distress) : ⊕ Subcostal & Intercostal retractions ⊕

Air entry & breath sounds : BLAE ⊕, TPL crepts ⊕

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 ⊕

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 : Drowsy

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator :

Posture : NAD

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

CRTI (Lower respiratory tract Infection) with respiratory distress (Bronchopneumonia)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP, CRP, VBG

Respiratory panel (5 virus)

BCood C/S (L/H)

1 plain sample (precious)

Noted By Prabir

Planned Management :

- IV fluids
- IV Antibiotics (after reports)
- NEB (LEVOLIN 4H
- NEB (HYPERNEB 6H
- O_2 @ NP @ 2 lit/min
- Monitor SpO2 and RR

NB Prabir

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. Prabin Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

Doctor's Signature Name _____ Date _____ Time _____

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 9AM	c/s/b Dr. Varun / Dr. Sushanth	
	Δ- LRTI c RAD.	
	- Afebrile since admission.	
	- Cough, wheeze (+)	
	O/E - RR - 40/min; SpO2 - 99% on 2L/t O2.	Plan
		- Ct. Nebs Levolin Q4H
	S/E - R/S - BAE (+), B/L wheeze (+)	- Hypertonic Q6H.
		- Inj Amoxyclav
		noted by Sr. Sandhya.

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 9:30AM	C/S/B Dr. Pritesh	
	LRTI c̄ RD	
	Acute Bronchiolitis	
	Tachypnea - Better	Plan
	On low flow O_2 - 2 lit → 1 lit	1) Stop Amoxyclav
	Cough ⊕	2) Neb c̄ Levolin - Q4H
		Hypernek - Q6H
	Vitals → SpO_2 - 97% on 1 lit O_2	
	RR - 40/min	3) IVF - Taper
	HR - 142/m	
	O/E	4) Low flow O_2 - Taper
	Baby alert	if no RD & maintaining sats
	R-S - B/L AE ⊕	
	Crepts ⊕	5) PureMate Nasal Spray - 6th hly
	P/A - Soft	
		6) Monitor vitals
		N/B Supriya
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184	@ 9:30am

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

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT (F)
22-12-2025 0 Y 6 M 27 D
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26. 11AM	c/s/by Dr Manjith	
	Acute Bronchiolitis c̄ RD	
	vitals cough (+)	H/o - viral Neg.
	on 1lit O2 - SpO2 97%	
	distress (↓)	Plan
		- (T) Resp. panel
	S/E B/L AE (+) wheeze (+) ↓ Cough (+).	- ct NEB 1evo/in Q4hly 3% NS Q6hly.
		- Tape O2 (a/c sats & distress)
		- Monitor vitals. (RR, SpO2)
		N/B Supriya @ 11Am

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 2:30pm	C/S/B Dr Pranav	
	LRTI c̄ RD	
	Acute Bronchiolitis	
		Plan
	Tachypnea Better	1) Neb c̄ Levolin – Q4H
	On low flow O_2 – 1 l/min	3% NaCl – Q6H
	Cough ⊕	2) Stop IVF
	Oral intake – fair	
	Vitals : HR – 150/min	3) Stop O_2
	SpO_2 – 97%	Restart if RR ↑ or SpO_2 < 94%
	RR – 42/min	
		4) Monitor Vitals
	R.S – B/L AE ⊕	
	Conducted Sounds ⊕	
	P/A – soft	N/B Supriya Pranav @ 2:30 pm

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 5PM	S/B Dr. Prateek	
	Δ LRTI c RD	Plan
		- Neb c levolin 4th hr
	SpO2 - 99% O2 by NP @ 1L/min	c 3% NS 6th hr
	CVS - S1S2 ⊕	- Monitor RR, SpO2
	RS - B/L AE ⊕	
	B/L conducted sound, ⊕	- Try to taper & stop
	Φ Conscious	O2 by Tomorrow morning
		- Stop IVFluid
		Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184
20/7/26. 9:45pm	S/B Dr. Archana	
	c/o loose motion × 1 episode (greenish)	Advice: start Pro GG drops

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8 Am	S/B Dr. Archana / Dr. Thanvi	
	Acute Bronchiolitis c Respiratory distress	
	on Room Air trial Tachypnea (-) cold & cough oral acceptance - good	Adv. · Ct Nebulisations c levolin Q4 hrly c 3% NS Q6 hrly.
	dE vitally stable SpO_2 - 95 to 96%.	· Ct symptomatic support · watch for distress.
	sE RS - AEBE	

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

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9:30am	WB Dr. Pateh	
	Acute Bronchiolitis c RD	
	- on 0.5L O2	
	- no tachypnea	
	- cold cough (+)	
	O/E	plan
	PR : 106bpm	
	RR : 42bpm	1) Shift to Room
	SpO2 : 96% c 0.5L	2) taper O2 in the evening
	RS : BAE(+) crepts (+)	3) ct. nebulisations
		4) Rest ct. as per Rx chart
		WB Sneha @ 9:30am
		Dr. Pritesh Nagar Consultant Paediatrician & Intensivist Reg. No: 47184

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 12:40PM	S/B Dr.	Manjit K
	D Acute	Bronchiolitis
		c RD
	SpO_2 - 96%	- Nasal spray 6h
	on O_2 by NP @0.5L/min	&
		Q4h
	CVS - S1S2 (+)	nasal suction 6th ly
	RS - B/L AE (+)	
	B/L conducted sounds (+)	
		- Neb c 3% NS 6h
	conscious	c levolin 6th ly
		- Monitor RR/SpO_2
		- Try to stop O_2 by evening
		[signature]

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/1/26 2PM	S/B Dr. Sneha	
	Δ Acute Bronchiolitis c̄ R/I	
	SpO2 - 96%	Plan
	on O2 by NP @ 0.5 L/min	- Stop oxygen
		+ Monitor SpO2
	CVS - S1, S2 ⊕	- c/f Neb c̄ 3% NS 6th hrly
	[illegible]	c̄ Levolin 6th hrly
	RS - B/L - AE ⊕	
	Clear	- Monitor RR, SpO2
	Conscious	- Mist Nasal spray Rx
	Active	SOS
		Nasal suction 6th hrly
		NB Sneha 2PM
	[signature]	

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

(P.T.O)

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/1/26 4:50 pm	O/B Dr. Pritesh	
	Δ - Acute Bronchiolitis c̄ Respiratory distress	
	On room air :: afternoon maintaining SpO2 -	Plan
	No fever, RD better	- mist nasal spray
		↓ flb
		nasal suction
	O/E HR - 138/min	
	SpO2 - 98%	Neb c̄ 3% NS Q6h
		c̄ levolin Q6h → Q4h
	S/E	- monitor vitals SpO2
	RS - B/L conducted sounds + wheeze + ? Bronchospasm +	
		- chest physiotherapy Q8h
		- LYCOR 1% Hydrocortisone ointment
	Dr. Pritesh Nagar Consultant Paediatrician & Intensivist Reg. No: 47184	U/A ✓-✓-✓ for plaster dermatitis

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by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2025 8 am	S/B Dr. Nameen / Dr. Anisha Acute Bronchiolitis with RD	
	On room air no resp. distress SpO2 @ RA - 95-97%. no fever ~~[illegible]~~ oral intake - fair chest - B/L wheeze (+) nose block (+)	Plan ① ct nebulisation ② ct Levolin Q4H 3% NS Q6H ③ ct chest physiotherapy ④ Monitor vitals Nav (Dr Nameen)
21/07/2025 09:30 am	S/B Dr. Pritesh	
	on room air no resp. distress maintaing SpO2 at room air	Plan ① Nebulisation c Levolin Q6H. 3% NS Q6H ② Plan D/C today

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

IH-00015140 IP26-00006888
by AARTIKA PUROHIT
·12-2025 0 Y 6 M 29 D (F)
, MANJIT KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

NH-00015140 IP26-00006888
aby AARTIKA PUROHIT
2-12-2025 0 Y 6 M 27 D (F)
r. MANJIT KUMAR

२२० 216

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RESULT SHEET

Date	19/7/26					
Time						
Hb	11.7					
PCV	34.0					
RBC	5.01					
WBC	11.30					
N/L	35.7/56.3					
Platelets	340					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
RSV (C) viruses! — Negative						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

INH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
2-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

/ CLINICAL / 124

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

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/ARNING SCORE: CHILDREN'S UNIT

Date: ..... 20/1 Time: 8 a.m. 2am 6am

Doctor/Nurse/Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — *97.3°F *98.2°F *97.6°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number): 139/m 140/m 143/m

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number): 38/m 32/m 42/m

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min) O_2Saturations (%)		O2 2L/min	O2 2L/min	O2 2L/min
Conscious Level	Normal		
	Altered		
GCS *			
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

INH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
2-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

Patient S

LINICAL / 124

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/1/26

Time:	10 Am	2pm	6 pm	11pm	20	6am
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	98.7	97.8	98.7	98.2	98.0	98.2
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	141	140	148	142	132	142
Heart Rate (Number)	141bpm	140bpm	140bpm	142bpm	132bpm	142bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	40	40	40			
Resp Rate (Number)	40bpm	40bpm	40bpm	42bpm	40bpm	40bpm
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)				RO2 11hrs	RO2	R out
O_2 Saturations (%)	99% 2 liter	98% 2 liter	98% 2 liter	100%	100%	95%
Conscious Level: Normal						
Conscious Level: Altered						
GCS *				15/15		15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0		0
Pain Score	0	0	0	0		0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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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

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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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)

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

CLINICAL / 124

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

Rainbow® Children's Hospital
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VARNING SCORE: CHILDREN'S UNIT

Date: 2/1/25 Time: 10AM 2pm 7pm 11pm 3am 7am

Doctor/Nurse/Family Concern?

Temperature (°F): 98.3 97.7 98.5 98.2 98.0 98.3

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 135b/m 131b/m 130b/m 131b/m 126b/m

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

Resp Rate (Number): 35b/m 35b/m 35b/m 42b/m 40b/m

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)		98% on RA	98%	99% on O_2	96% Room Air	95% Room Air
Conscious Level	Normal / Altered				
GCS *		15/15			15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials						

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

Patient: INH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
2-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
20/7	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am	Plasmalyte		NM	20 ml	—	—		—	—	0	
Total Intake :		Saleem				**Total Output :**						
20/7	02:00 am	Plasmalyte			20 ml						0	
	03:00 am				20 ml							
	04:00 am				20 ml							
	05:00 am				20 ml			NM				
	06:00 am				20 ml							
	07:00 am				20 ml							
Total Intake :		Saleem				**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/9/26	08:00 am	plain + 25% D		28 ml								
	09:00 am			28 ml								
	10:00 am			8 ml								
	11:00 am			8 ml								
	12:00 pm			8 ml								
	01:00 pm			8 ml								
Total Intake :										**Total Output :**		
20/9/26	02:00 pm	plain + 25% D		8 ml								
	03:00 pm			8 ml								
	04:00 pm			8 ml								
	05:00 pm			Stop								
	06:00 pm											
	07:00 pm											
Total Intake :										**Total Output :**		
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :										**Total Output :**		
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :										**Total Output :**		

Total 24 hrs. Intake		Total 24 hrs. Output	

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
Patient MANJIT KUMAR

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/8												
	08:00 am	L					L			✓	0	
	09:00 am										0	
	10:00 am	0	milk		NA		0	NA			0	
	11:00 am										0	
	12:00 pm	J	milk				J			✓	0	
	01:00 pm											
Total Intake : Taken						**Total Output :** U-2 ml - 0						
21/8	02:00 pm	J								✓	J	
	03:00 pm		milk									
	04:00 pm	0			NA			NA				
	05:00 pm	J	milk							✓	J	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		milk				J			✓	J	
	09:00 pm											
	10:00 pm		milk		NA		NB	NA			0	
	11:00 pm									—		
	12:00 am						J				J	
	01:00 am		milk									
Total Intake :						**Total Output :**						
	02:00 am						J			✓	J	
	03:00 am		milk									
	04:00 am				NA		NB	NA		—	0	
	05:00 am											
	06:00 am		milk				J				J	
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2025 0 Y 6 M 29 D (F)
MANJIT KUMAR

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

NH-00015140 IP26-[redacted]888
aby AARTIKA PUROHIT
2-12-2025 0 Y 6 M 27 D (F)
r. MANJIT KUMAR

Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
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Date: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	Ram	→ Assess the patient general Condition → Monitor vitals → Administer medications as Per doctor's orders.	Ram	→ Assess the patient general Condition → monitored vitals → Administered medications as Per doctor's orders.	Patient is stable	Rechecked vitals	

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

NH-0001[illegible] IP26-00006888
aby AARTIKA PUROHIT
2-12-2025 0 Y 6 M 27 D (F)
r. MANJIT KUMAR

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: 20/7/26

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 – 8pm	Assess the pt condition → monitor vital & I/O chart → drug as per chart → provided comfortable position		→ Assessed the pt condition → Monitored vitals & I/O chart → drugged as per chart → provided comfortable position	pt is stable	Rechecked vitals	[illegible]
Afternoon		DAY					
Night	8pm – 8	Assess the baby Monitor the vs nebulizations Suctioning nose	8pm – 8pm	Assessed the baby Monitored VS nebulizations & nose suctioning done	nebulized as per chart	Reassessed [illegible]	[illegible]

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MANJIT KUMAR

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NURSING CARE RECORD

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 to 2pm	Assess the pt Condition. monitor vitals & rcw maintain I/O chart provide the comfortable position. medication give as per as doctor order	8Am to 2pm	Assessed the pt condition monitored vitals & rcw maintained I/O chart provided the comfortable position medication given as per as doctor order.	→ pt is stable. → vitals normal.	→ monitor vitals → maintain I/O chart	[signature]
Afternoon	2pm to 8pm	→ Assess the pt condition → monitor vitals & I/O chart → [illegible] → provide comfortable position	2pm to 8pm	→ Assessed the pt condition → monitored vitals & I/O chart → [illegible] → provided comfortable position	pt is stable	→ Recheck vitals	[signature]
Night	8pm to 8am	Assess the baby Monitor the vitals administer medicine Maintain I/O chart	8pm to 8am	Assessed the baby Monitored vitals administer Med Maintaining I/O chart	administer Med	Reassessed the pt	[signature]

H-00015140
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12-2025 0 Y 6 M 29 D
MANJIT KUMAR (F)

Patient Sticker

NURSING CARE RECORD

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 22/1/26

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 condition. monitor vital signs. maintain I/O chart. provide the comfortable position. medication give as per as doctor order.	8Am to 2pm	Assessed the condition. monitored vital signs. maintained I/O chart. Provided the comfortable position. medication given as per as doctor order	→ pt is stable. → vitals normal	→ monitor v/s. → maintain I/O chart	Sn [illegible]
Afternoon							
Night							

Patient Sticker

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SHIFT HAND OVER FORM

SITUATION	Diagnosis: Bronchiolitis					Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift	19/7/26 N8	20/7/26 M	21/7 E	21/7 M	21/7 E	22/7 E
	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:	97.4 F	98.1 F	98.5 F	98.2 F	98.1 F	98.2 F
	Res:	20 b/m	20 b/m	22 b/m	28 b/m	28 b/m	28 b/m
	SpO_2:	99%	99%	100%	98%	99%	100%
	Pulse:	139 b/m	138 b/m	132 b/m	138 b/m	134 b/m	122 b/m
	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 :		Sandhya	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		20/7/26	20/7/26	20/7	21/7	21/7	22/7
Time:		8 am	8 pm	8 pm	2 pm	2 pm	8 am
Taken Over By Name :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		20/7/26	20/7	21/7	21/7	21/7	22/7
Time:		8 am	8 pm	8 pm	2 pm	8 pm	8 am

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute Bronchiolitis						Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: .....
	Surgery / Procedure:						Post OP Day:
BACKGROUND	Date / Shift	22/4 M					
	Medical Condition (Any special condition to be noted):	Acute Bronchi.					
	Diet:	–					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2 F					
	Res:	38 b/m					
	SpO_2:	99%					
	Pulse:	132					
	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 :		Sneha					
Signature / ID :		[illegible]					
Date:		22/4					
Time:		2pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker

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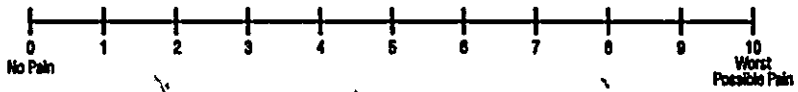
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	12am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/7/26	4pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
20/7/26	11pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
21/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
21/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/7	4pm	0	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	
22/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
22/7	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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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.
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PAIN ASSESSMENT TOOLS

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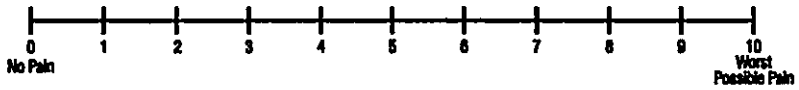

Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
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Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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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
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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
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 20/7/26			DAY-2 29/7/26			DAY-3 29/7			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			
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	M	M	0	M			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	M	M	0	M			
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	M	M	0	M			
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	M	M	0	M			
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	M	M	0	M			
		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 : Balasany Name : Balasany

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

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2		
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		14	14	14		

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

	Bed in low position		✓	✓	✓	
	Call device within reach		✓	✓	✓	
	Wheels Locked		✓		✓	
	Room free of clutter		✓	✓	✓	
	Adequate lighting		✓	✓	✓	
	Wheel chair support					
	Other Intervention(s) Specify					
	Nurse's Name:					
	Signature:					
	Date:		2/12	2/12	2/12	
	Time:		8AM	7PM	8PM	

Patient ID

NH-00015140 IP26-00006888
aby AARTIKA PUROHIT
2-12-2025 0 Y 6 M 27 D (F)
r. MANJIT KUMAR

BRADEN 'Q' SCALE

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					Date : 19/7/26	19/7	20/7	
					Time : 10am	2pm	8am	
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	
"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	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
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	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
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	
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	
				TOTAL SCORE	28	28	28	
				Evaluator's Name	S	MS	Q	

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-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

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DRUG CHART

Date of Admission: 19/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : CROCIN DROPS				Date / Time
Dose	Route	Frequency	Start Date	
1ml	PO	SOS	19/7	
Doctor's Signature		Valid Period	Pharm.	
			(a)	
Additional Instructions: If temp. >100°F. (100mg/1ml)				

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:				

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

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

REGULAR PRESCRIPTIONS

Weight. 7.6kgs Ward. .....

DRUG : LEVOLIN NEB.

Dose	Route	Frequency	Start Date
0.31mg	Neb.	Q4H	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Stop 4/7.

See the chart

Daily Doctor's Endorsement by a Sign

DRUG : HYPER NEB (3% NS)

Dose	Route	Frequency	Start Date
1 vial	Neb.	Q6H	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

See the chart

Daily Doctor's Endorsement by a Sign

DRUG : NASOCLEAR SALINE DROPS

Dose	Route	Frequency	Start Date
2	Nasal	6H	19/07

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date Time	19/7	20/7	21/7
12am			
6am			
12pm			
6pm			

Daily Doctor's Endorsement by a Sign

DRUG : INJ. AMOXICLAV.

Dose	Route	Frequency	Start Date
250mg	IV	8H	19/07

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date Time	19/7	20/7
6am		
2pm		
10pm		

Stop 20/7

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 7.6kg Ward .....

DRUG : Pulmohale Nasal Spray

Dose	Route	Frequency	Start Dt.
1 spray	BL nostril	8 Gh	20/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7 21/7 22/7

12AM X

6AM X

12pm

6pm

DRUG : Progg drops

Dose	Route	Frequency	Start Dt.
6°	PO	BD	20/7/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 20/7 21/7

10pm

10pm

DRUG : Neb Levolin

Dose	Route	Frequency	Start Dt.
0.3 mg	Neb	6 Gh	21/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

See the chart. Change

DRUG : Neb Levolin

Dose	Route	Frequency	Start Dt.
0.3 mg	Neb	8 Gh	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time:

See the chart

IH-00015140 IP26-00006888
by AARTIKA PUROHIT
-12-2025 0 Y 6 M 29 D (F)
. MANJIT KUMAR

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

DRUG : HYDROCORTISONE 1% ointment				Date ▸ / Time ▾	21/7
Dose	Route	Frequency	Start Dt.	7Am	×
L/A	over cheek	TID	21/7		
Name & Signature of the Doctor Starting the Drugs: Dr. Prashant				3pm	
Additional Instructions:				11pm	
Daily Doctor's Endorsement by a Sign					

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

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

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

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

HNH-00015140 IP26-00006888

Baby AARTIKA PUROHIT

22-12-2025 0 Y 6 M 27 D (F)

Dr. MANJIT KUMAR

Weight. 7.6kg 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
19/7	9:10PM	Neb. LEVOLIN	0.3 mg	Neb.		
19/7	9:30PM	Neb. Ipravent	1/2 respule	Neb.		
19/7	10PM	Neb. LEVOLIN	0.3 mg	Neb.		

Verified by Dr. Dhakshayani

VERIFIED BY ... Name ... Signature

Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

I.V. FLUIDS CHART

7.6 Kgs.

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/7/26	12:30AM	IV PLASMALYTE 400ml + 100ml 25% Dx	IV	20ml/hr			20/7		
20/7	10AM	IVF – PLASMALYTE (400ml) + 25% D (100ml)	IV	8 ml/hr			20/7		

Signature .....

VERIFIED BY : Name .....

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

220

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20/7/26 Time: 10 am

Weight: 7.6 kg Centile: 50th

Height: — Centile: —

Inference: Well nourished child.

RDA: — Calories: 108 Kcal/day Protein: 2.1 gms/day

Diet Recommendations: DBF with complementary food

Re-Assesment: Stage (1) weaning food & HEE advised.

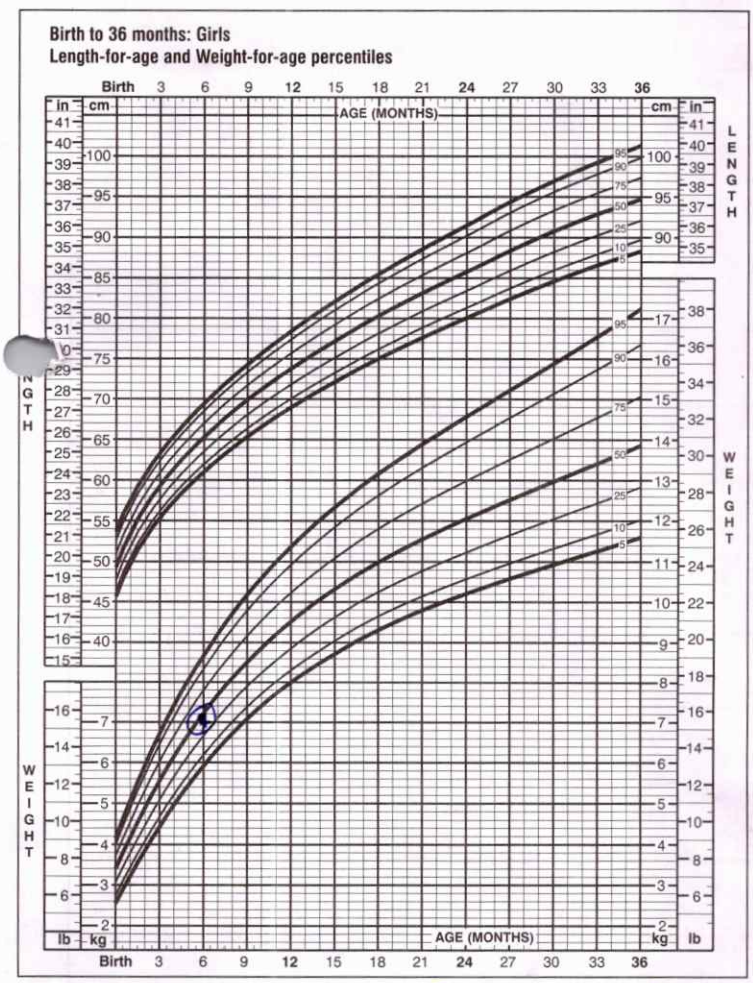
Food Allergies: NO Veg/Non-veg Veg

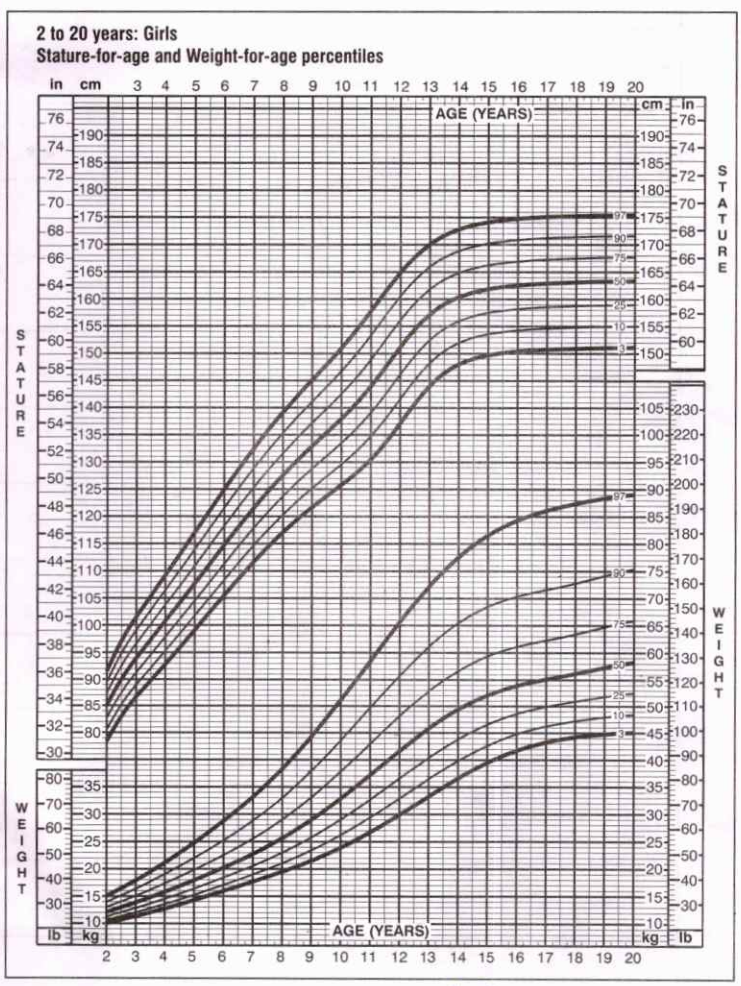
Diagnosis: LRTI & RD

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





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

Daily Notes:

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015140 IP26-00006888 Baby AARTIKA PUROHIT 22-12-2025 0 Y 6 M 27 D (F) Dr. MANJIT KUMAR	19/7/26 @ 11:58pm	19/7/26 @ 11:58 pm
	Transfer Ordered by Dr. Sashant	Reason for Transfer Admission
From Unit ER	To Unit HDU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Prabin	Dr. Sashant

Patient & Clinical Records Received by : Shweta

Date & Time of Patient Received : 19/7/26 11:58pm

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-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

Wt - 7.6 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Aartika Purohit Age : 7 month Gender: ☐ Male ☑ Female

Date : 19/7/26 Time of Arrival : 9 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: 98.5°F PR: 134 b/m BP: RR: SpO_2: 99%

Chief Complaints: C/o cold, 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 : 9:02 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 : Prabir

Signature of Triage Nurse :

Date & Time : 19/7/26 @ 9:02 PM

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

H-00015140 IP26-00006888
by AARTIKA PUROHIT
12-2026 0 Y 6 M 29 D (F)
MANJIT KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/7/26 Time of arrival : 9 PM

Chief Complaints: c/o cold Cough Since 2 days RBS: .....

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

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: ..... 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 : 9:02 PM

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

Time	Nursing Notes
	-> Assessed the pt condition
	-> Checked the pt vitals

Samples collected by: 10:30 pm Time: 10:30 pm

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
10PM	levolin	Neb	0.31 mg		[signature]
10:05	Ipravent	Neb	250 mcg		[signature]
10:20	levolin	Neb	0.31 mg		[signature]

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 135 b/m BP: .... CFT: 2sec RR: .... SPO_2 : 93% GCS: 15/15 Temperature : 98.5°F Pain Score: 0 Repeat RBS (if applicable):	Shift - out from ER to: HDU Time of Shift - out: 12:45 AM Handover given to: [signature] (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Pradip Signature of the Nurse : [signature]

Date & Time : 13/7/26 @ 9:02 PM

HNH-00015140 IP26-00006888
Baby AARTIKA PUROHIT
22-12-2025 0 Y 6 M 27 D (F)
Dr. MANJIT KUMAR

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: ..... ☐ 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: ..... Shifted to: .....

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 : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

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