214

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Master AMARDEEP	**UHID**	HNH-00003699
Father/Guardian	Mr SANDEEP	**Age/Gender**	7 Y 10 M 20 D/ Male
Address	Dhoolpet, Hyderabad, Telangana, INDIA, 500006		
IP No	IP26-00006903	**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 B ILLNESS	
ACUTE VIRAL MYOSITIS	

History: Master AMARDEEP, 7 Y 10 M 20 D , old boy presented with history of cough and cold since 10 days, fever since 5 days, severe leg pain and irritability to walk since 1 day prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - for further management.

Allergic history - Paracetamol and atarax.

Name	Master AMARDEEP	UHID	HNH-00003699
IP No	IP26-00006903	Admission Date	20-07-2026

Outside investigations: Done on 20.07.2026: CBP showed Hemoglobin - 12.3 gm%, White blood cells - 3700 cell/cmm, Platelets -1.96 lakh/cmm, C-Reactive Protein - 5 mg/L, Erythrocyte Sedimentation Rate - mm/1st hr. CPK (CREATINE KINASE) was 7290U/L. Serum Creatinine was 0.5 mg/dl. Liver function test showed total SBR of 0.2 mg/dl with indirect fraction of 0.1 mg/dl, SGOT - 141 U/L, SGPT -45 U/L, ALP - 125 U/L, protein -6.2 gm/dl, albumin - 3.6 gm/dl, globulin -2.6 gm/dl, A/G ratio of 1.3. Adenovirus PCR was not detected.

GeneXpert FluA+FluB+RSV were sent, which was

SARS-CoV-2	NEGATIVE
Influenza A	NEGATIVE
Influenza B	**POSITIVE**
Respiratory Syncytial Virus (RSV)	NEGATIVE

Examination: He was febrile(100.5*F). His heart rate was 118/min, Blood pressure - 108/76 mmHg and Respiratory Rate - 18 /min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. 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. Bilateral calves tenderness.

Weight on admission: 30.34 kilo grams.

Investigations: Enclosed reports.

Name	Master AMARDEEP	**UHID**	HNH-00003699
IP No	IP26-00006903	**Admission Date**	20-07-2026

CPK levels sent report awaited.

Management: He was admitted in the ward and was started on Intra Venous fluids.
He was treated symptomatically with analgesic for leg pain. In view of chest signs, he was frequently nebulised with Levolin and hyperneb.
He was started on syrup oseltamivir in view of influenza B illness with severe myositis.

He was regularly monitored for fever spikes, hemodynamic status. His fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.
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:
Syrup. Fluvir
Syrup. Clamp kid forte
Nebulisation. Hyperneb
Nebulisation. Levolin
Tablet. Domstal

Advice:
* Diet as advised.
* Plenty of hydration

Name	Master AMARDEEP	UHID	HNH-00003699
IP No	IP26-00006903	Admission Date	20-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Clamp Kid forte (Amoxycillin 200 + Potassium Clavulanate 28.5 mg/5ml)	7.5 ml	10am-10pm (after food)	For 5 days
2	Syrup. FLUVIR (OSELTAMIVIR – 5ml/60mg)	5 ml	9am-9pm (after food)	For 1 day. (Till 23rd night dose)
3	Syrup. levocarnitine	5 ml	8am-8pm	For 7 days
4	NEBULISATION with Levolin (0.63mg)	1 respule	8th hourly	For 3 days
5	NEBULISATION with hyperneb	1 respule	6th hourly	For 3 days
6	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To collect CPK report on followup.

Fever Management
* Syrup. Ibugesic, 10 ml after food as and whenever required, if temperature > 100 *F (maximum 3 times a day at 8 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).**

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Name	Master AMARDEEP	**UHID**	HNH-00003699
IP No	IP26-00006903	**Admission Date**	20-07-2026

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

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

Pranav

Registrar/Resident/C.M.O

Name	Master AMARDEEP	**UHID**	HNH-00003699
IP No	IP26-00006903	**Admission Date**	20-07-2026

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

4NH-00003699 IP26-00006903
Master AMARDEEP
)1-09-2018 7 Y 10 M 20 D (M)
Dr. PRITESH NAGAR

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	3			
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				
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	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	3			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Extras	6			
	Total No. of Pages	27			

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

Signature and Date : 22/07/26

(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

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 20 D (M)
Dr. PRITESH NAGAR

Levolin – 6th hrly
3% NS – 6th hrly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
22/7/26	00.00			
	01.00			
	02.00	3% NS ①	Akash	
	03.00	Levolin ②	Akash	
	04.00			
	05.00	③	215859	
	06.00			
	07.00			
	08.00	3% NS ③	Akash.	
	09.00	Levolin	①215890 Sn	
	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			

H-00003699 IP26-00006903
ster AMARDEEP
09-2018 7 Y 10 M 20 D (M)
PRITESH NAGAR

3% NS 6th hrly
~~Budecort - BD~~

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
21/8/26	01.00			
	02.00	3% NS (2)	Manual	Abishek
	03.00			
	04.00			
	05.00	215583		
	06.00			
	07.00			
	08.00	3% NS (3) 215842	Manual	Abishek
	09.00	~~Budecort~~		
	10.00	Levolin (1)		
	11.00			
	12.00			
	13.00	156962		
	14.00	3% NS (2)		
	15.00			
	16.00	Levolin (1) (2) 5776		
	17.00			
	18.00	(2)		
	19.00			
	20.00	3% NS (2)		
	21.00	Levolin (1) 215895		
	22.00			
	23.00			

INH-00003699 IP26-00006903
laster AMARDEEP
1-09-2018 7 Y 10 M 19 D (M)
r. PRITESH NAGAR

Hypernebs 6th hourly
Budecort 12th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
20/7/26	03.00			
	04.00			
	05.00			
	06.00			
	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	3% NS		
	21.00	Budecort		Abishek
	22.00			
	23.00			

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 : IP26-00006903 **Admit Date** : 20-Jul-2026 **Admit Time** : 06:57 PM **UHID** : HNH-00003699

Patient Details :

Patient Name	: Master AMARDEEP	**Age**	: 7 Y 10 M 19 D
Guardian	: Mr SANDEEP	**DOB**	: 01-09-2018
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Dhoolpet Hyderabad Telangana INDIA 500006	**Phone No**	: 9573402607/
		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 SANDEEP **Relationship** : Father

Contact Address : Dhoolpet Hyderabad Telangana INDIA 500006 **Phone No** : 9573402607

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 30000.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

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

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

Date of Admission : ~~20/7/26~~ ---- Time : ~~6:57pm~~ Date of Discharge : ---------- Time: ----------

Room / Bed No : 214 ---- Ward : ~~2nd floor~~ Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	~~8~~ 9:00pm	ER	2nd floor/214	

Cross Consultation Visit

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

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/7/26	chest xray PA view	08847	[signature]
	Cross checked		done by [signature]
22/7/26	CPK	12243	[signature]
	Cross checked by Sujata on 22/7/26 at 11am		

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7/26	Infusion Pump	8:00pm	22/7 10 Am	218579	[illegible]

Cross checked done by Sneh on 22/7/26

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/7/26	IV placement	1	15489	Sanj
21/7/26	N·H·A	(1)	15697	
21/7/26	Nebulization	3	215583	S
21/7/26	Nebulization	2	215696	S
21/7/26	Nebulization	2	215776	S
22/7/26	Nebulization	3	215859	S
22/7/26	Nebulization	1	215890	S
22/7/26	Nebulization	1	215892	S
22/7/26	Nebulization	3	215895	S
	Work checked by Sujata on 22/7/26 at 11a			

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-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

Patient Name : Amardeep

Patient ID# :

Consultant : Dr. Pritesh

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o cough & cold x 10 days
c/o fever x 5 days ~~&~~ headache.
c/o severe leg pain x 1 day.
c/o inability to walk x 1 day.

History of present illness :

Patient was apparently asymptomatic 10 days ago when he developed cold & cough, cough progressed to wet cough, not associated with distress.

c/o fever since 5 days, moderate grade, not ~~&~~ chills & rigors, reduced with medication.

c/o severe leg pain associated with inability to walk since 1 day.

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

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

Birth & Neonatal History :

★ [Allergic to PCM and ATARAX]

Birth & Socio Economic History :

About Father : (N)

About Mother :

Any additional Information :

Developmental History : (N)

Immunization History : (N)

flu vaccine - pending

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

tory & Physical Examination

Anthropometry

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

Weight (kgs) 30.34 kgs (Centile _____)

On Examination :

Temperature : 100.5°F Pulse Rate: 118 bpm Description _____

B.P. 108/76 (87) mmHg SPO2 98% @ RA at _____

Resp. rate and type of breathing : 18/min

Rash —

Lymphadenopathy —

Oedema : —

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : AEBE, Bh conducting sounds (+)

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 (+) M0.

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : soft, nt.

Ausculation : _____

Spine: _____ External Genitelia : _____

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

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : 15

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Influenza B illness related myositis.

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CxR.

Noted by

Planned Management :

- IVF
- Continue oral fluids and Augmentin
- Start Neb c Hyperneb 3% 6th hourly,
  Neb c Budecort 0.5mg. 12th hourly
- Syp ~~PCM (240mg/5ml)~~ Ibuglesic (100mg/5ml) 10 ml PO SOS

Noted by

Please fill up the following details

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

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

Doctor's Signature Name _____ Date _____ Time _____

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/9/26 7:30pm.	S/B Dr. Archana	
	Influenza-B illness associated myositis	
	Temp- 100°F.	
	Oral acceptance - reduced.	Adv.
	wet cough (+).	• Start IVF @ mls.
	B/L lower limb pain & weakness (+).	• Lt oral fluids & oral Augmentin
	dE HR - 118 bpm RR - 18/min PP - nf BP - 108/76(87) mm Hg	• Ibugesic SOS. • CXR stat. • Monitor for progression of weakness
	sE CNS - Conscious KMF intact. Sensory system - intact. muscle bulk - B/L fair reflexes superficial 2+. deep: B T K A 2+ 2+ 2+ 2+ Pain in both Lower limbs (+)(+)	Noted by
	RS - AEBE, B/L conducting sounds.	

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 D (M)
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OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26	S/B Dr. Archana/	
8AM	Dr. Thanvi	
	Influenza B illness c̄ Myositis c̄ dehydration.	
	fever spikes (−)	
	cough (+)	Advice
	Respiratory distress (−)	
	oral acceptance - fair	· Continue IVF ·
	B/L lower limb weakness (+)	· Continue Nebulisations
		c̄ HyperNeb Q6 hrly
	o/E	c̄ Budecort Q12 hrly
		· Ct fluvir & Augmentin
		. ct rest same
	s/E	
	CNS -- HMF intact.	
	sensory system (N)	
	reflexes	
	superficial 2+	
	Deep B T K A .	
	Tone (N) 2+ 2+ 2+ 2+	
	muscle Bulk (N) .	Dr. Archana
	RS - AEBE, Bh clear	
	CVS - S1S2 (+)	
	P/A - soft, non-tender .	

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

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 20 D (M)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7	S/B Dr. Pritesh.	
9:20AM	Myositis in a case of Influenza-A illness c̄ dehydration.	
		Advice
	U/O: 2.2 cc/kg/hr (8 hrs)	> Start Domstal 20 mins before fluids
	B/L leg pains (+)	> Start Carnitine 1g (IV stat) ↓ flb
	oral acceptance - Reduced	continue PV (mix) thereafter.
	o/e vitally stable.	Send
	s/e Muscle [Bulk, Tone] (N)	> CPK, SGPT, SGOT } tomorrow morning
		> ↓ IVF if orals improves.
	~~Add Levolin 0.63 mg Q6H Neb~~	> No PCM*
		> SOS Ibugesic for pain.
		> Strict I/O charting
		- IVF @ 35 ml/h
		Dr. Pritesh Nagar, Consultant Pediatrician & Intensivist, Reg. No: 47184

UHID: NH-00003699 IP26-00006903
Master AMARDEEP 7 Y 10 M 20 D (M)
11-09-2018
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26	S/B Dr. Sneeghar	Plan
2 pm	Δ Influenza A illness	
	c̄ Viral myositis	- C/F FLUVIR
	Afebrile	- C/F DOMSTAL
	Vitals Stable	
		- Encourage orals
	CNS S1 S2 (+)	
	P/A - BU - A(F(B)	- C/F IV Fluid @35ml
	P/A - Soft	
	Conscious	- Strict Input/output monitoring
	Urine output - 3.3 ml/kg/h over last 6 hrs	(Dr. Sneha) NB Sneha ...

INH-00003699
Master AMARDEEP IP26-00006903
1-09-2018 7 Y 10 M 20 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 4:40PM	S/B Dr. Pritesh	Plan
	Δ Influenza A Illness	
	ē Viral Myositis	
		- c/c FLUVIR
	Afebrile	
	Vitals stable	- c/c DOMSTAL
	CVS - S1S2 ⊕	- Encourage oral fluids
	RS - BL-AE ⊕	
		- c/c IV Fluids
	P/A - soft	
	conscious	- Strict Input/output monitoring
	↓ oral Intake	
		- c/c LEVOCARNITINE
		- Send CPK - Change IV Canula
		N/B Supriya @ 4:40pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2018 8 am	S/B Dr. Nameen / Dr. Anusha.	
	Influenza A. Illness c viral myositis	
	no fever spikes chest clear P/A soft hemodynamically stable Pain in calf (+) c/o - 1.5 small kg/hr.	Plan (1) Encourage orally (2) Trace CPK levels (3) ct IV fluids (4) ct nebulizations (5) Monitor vitals 4th hr Nam (Dr Nameen)
22/07/2018 9:30 am	S/B Dr. Pritesh Influenza Illness c viral myositis	
	no fever spikes oral intake - good	Plan (1) Encourage orally (2) Plan D/c (3) Trace CPK levels

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

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RESULT SHEET

Date	20/7/26	21/7/26				
Time						
Hb	12.3					
PCV	34.5					
RBC	4.55					
WBC	3.70					
N/L	50.5 / 38.5					
Platelets	196					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.5					
ALP	125					
SGPT	45					
SGOT	141					
T.Bill/Conj	0.2 / 0.1	0.1				
T.Protein	6.2					
S.Albumin	3.6					
S.Globulin	2.6					
A/G Ratio	1.3					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Op Basis

Op basis

CPK : 7290

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Adenovirus :- Not detected						
Influenza :- B Positive						
	RSV negative					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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/ CLINICAL / 126

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7 ..... Time:	11pm	2am	7am
Doctor / Nurse / Family Concern?			
Temperature (F)	97.0°F	98.2°F	97.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	115/85 (96)	116/61 (78)	
Heart Rate (Number)	102bpm	105bpm	
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	20bpm	22bpm	
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	
Conscious Level: Normal / Altered			
GCS *	15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials	U	U	

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.

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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)

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

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WARNING SCORE: CHILDREN'S UNIT

Date : 21/7 Time:	10AM	2pm	6pm	10pm	2am	6am
Doctor / Nurse / Family Concern?						

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94

98.2°F 98.3°F 98.2°F 98.8°F 98.2°F 98.4°F

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

114 (77) 61	109 (71) 62	108 (69) 63	103 (75) 64		97 (21) 76	
Heart Rate (Number)	112 b/m	113 b/m	112 b/m	112 b/m		116 b/m

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

70 60 50 40 30 2 1

Resp Rate (Number)	25 b/m	26 b/m	22 b/m	20 b/m		20 b/m

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2 (l/min)						
O_2 Saturations (%)	100%	98%	99%	100%		100%
Conscious Level	Normal / Altered					
GCS *				15/15		15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0		0
Pain Score	0	0	2	0		0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]

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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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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.

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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)

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FLUID CHART

Sheet No. : 01

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							
20/7	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	RL		70ml			1					
	09:00 pm			70ml								
	10:00 pm			70ml						300ml		
	11:00 pm			70ml			NP			130ml		
	12:00 am			70ml								
	01:00 am			70ml			1					
Total Intake :						**Total Output :**						
	02:00 am			70ml								
	03:00 am			70ml			1					
	04:00 am			70ml								
	05:00 am			70ml			NP					
	06:00 am			70ml								
	07:00 am			70ml			1			-		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 9

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	08:00 am			35						550ml	0	
	09:00 am		Idly							50ml	0	
	10:00 am	Isolyte	1								0	
	11:00 am										0	
	12:00 pm		1/2								0	
	01:00 pm											
Total Intake :						**Total Output :**						
21/7	02:00 pm			35								
	03:00 pm	Plasma		35								
	04:00 pm		Upma	35								
	05:00 pm		1	35						400ml		
	06:00 pm		Rice	35								
	07:00 pm			35								
Total Intake :						**Total Output :**						
	08:00 pm			35ml						150ml		
	09:00 pm			35ml								
	10:00 pm	Plasmalyte		35ml							0	
	11:00 pm			35ml								
	12:00 am			35ml								
	01:00 am			35ml								
Total Intake :						**Total Output :**						
	02:00 am			35ml								
	03:00 am			35ml								
	04:00 am	Plasmalyte		35ml							0	
	05:00 am			35ml						NB		
	06:00 am			35ml								
	07:00 am			35ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 20/3/26

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	8pm 8pm	Assess the baby Monitor v/s administer medication Maintain bio chart	8pm 8pm	Assessed the baby Monitored v/s administered medication Maintaining bio chart	administered medication	Reassess the pt q	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Rainbow® Children's Hospital
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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 10 2Pm	Assess the Pt condition. monitor vitals & record maintain I/O chart. provide the comfortable position. medication give as prn as doctor order.	8Am 10 2Pm	Assessed the Pt condition. Monitored vitals & recorded maintained I/O chart. Provided the comfortable position. medication give as Prn as doctor order.	→ pt is stable. → vitals normal.	→ monitor vitals → maintain I/O chart	[illegible]
Afternoon	2pm 8pm	→ Assess the pt condition → Monitor vitals & I/O chart → drug as per drs → provide comfortable position		→ Assessed the pt condition → monitored vitals & blood → provided comfortable position	pt is stable	Recheck vitals	[illegible]
Night	8pm 8am	Assess the baby Monitor vitals administer the medication Maintain the chart	8pm 8am	Assessed the baby Monitored vitals administer medication Maintain the chart	advised [illegible]	reassessed the [illegible]	[illegible]

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Influenza B / illness associated myositis			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	21/7 8am	21/7 M6	21/7 E2	22/7 8a		
	Medical Condition (Any special condition to be noted):	–	/	–	–		
	Diet:	–	–	–	–		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–	–		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3F	98.2F	98.1F	98.8F		
	Res:	28b/m	27b/m	28b/m	30b/m		
	SpO_2:	100%	99%	99%	100%		
	Pulse:	72b/m	70b/m	72b/m	92b/m		
	BP:	101/72	102/62	102/65	100/62		
	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 :		[illegible]	Sm	[illegible]	[illegible]		
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]		
Date:		21/7	21/7	21/7	22/7		
Time:		8am	2pm	8pm	8am		
Taken Over By Name :		[illegible]	[illegible]	[illegible]			
Signature / ID :		[illegible]	[illegible]	[illegible]			
Date:		21/7	21/7	21/7			
Time:		8pm	8pm	8p			

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NURSING SHIFT HAND OVER FORM

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

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PAIN ASSESSMENT FORM

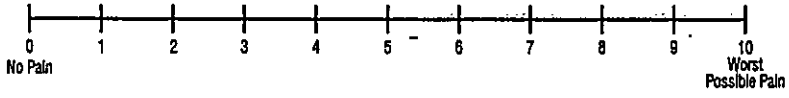
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7	6am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	[illegible]
21/7	8am	0	NA	☐ Continuous ☐ Intermittent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

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

H-00003699 IP26-00006903
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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			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			0	M		0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			0	M		0				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			0	M		0				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			0	M		0				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	M		0				
		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

Signature : Balarani Name : Balarani

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										
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		Signature of the Nurse											

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

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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.

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

SOS / PRN (As Required Medication)

DRUG : Syp Ibugesic				Date / Time
Dose: 10 ml	Route: PO	Frequency: SOS	Start Date: 20/7/26 -	
Doctor's Signature: [illegible]	Valid Period	Pharm. (a)		
Additional Instructions: (100 mg/ml)				

[redacted]RUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

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

Verified by Dr. Dhakshayani

[redacted]ature

VERIFIED BY : Name

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01-09-2018 7 Y 10 M 19 D (M)
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REGULAR PRESCRIPTIONS

Weight. 30.34 kg Ward. ....

Verified by Dr. Dhakshayani

DRUG: Syp FLUVIR				Date / Time	20/7	21/7
Dose	Route	Frequency	Start Date			
5ml	Po	BD	20/7	10AM	✓	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions: (OSELTAMIVIR) (12mg/ml) 4 doses given				10pm	[signature]	[signature]
Daily Doctor's Endorsement by a Sign					[signature]	✓

Verified by Dr. Dhakshayani

DRUG: Syp CLAMP KID FORTE				Date / Time	20/7	21/7
Dose	Route	Frequency	Start Date			
7.5 ml	PO	BD	20/7/26	10pm	✓	[signature]
Name & Signature of the Doctor Starting the Drugs: [signature]						
Additional Instructions: dry suspension - Amoxycillin + clavulinic acid (475 mg/ml)				10pm	[signature]	[signature]
Daily Doctor's Endorsement by a Sign					[signature]	✓

Verified by Dr. Dhakshayani

DRUG: Neb c 3% HYPERNEB				Date / Time
Dose	Route	Frequency	Start Date	
1 respule	Neb	6th hourly	20/7	
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

See Neb chart

DRUG: Neb c BUDECORT				Date / Time
Dose	Route	Frequency	Start Date	
1 resp.	Neb	BD	20/7	
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions: 0.5 mg				
Daily Doctor's Endorsement by a Sign				

See Neb chart

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight 30.3 kg Ward ....

DRUG : Neb c̄ LEVOLIN

Dose	Route	Frequency	Start Dt.	Date / Time
1 respule		Q6 hrly	21/7	See the chart

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: LEVOSALBUTAMOL (0.63 mg)

Daily Doctor's Endorsement by a Sign

DRUG : T. DOMSTAL

Dose	Route	Frequency	Start Dt.	Date / Time
10 mg	oral	BD	21/7	21/7 10Am
				10PM

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

Additional Instructions: ½ tablet

Daily Doctor's Endorsement by a Sign

DRUG Syp LEVOCARNITINE

Dose	Route	Frequency	Start Dt.	Date / Time
5ml (500g)	oral	BD	21/7	21/7 10AM ✓
				10pm

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

Additional Instructions: (5ml/500g) LEVOCARNITINE

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name

DRUG :

Dose	Route	Frequency	Start Dt.	Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

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

(P.T.O.)

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01-09-2018 7 Y 10 M 19 D (M)
Dr. PRITESH NAGAR

Weight. 30.34kg 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
21/7/19	9:40 AM	Inj. LEVOCAR-NITINE	1gm (Dilute in 50ml over 1 hour)	IV		

VERIFIED BY : Name Signature

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I.V. FLUIDS CHART

Weight. 30.3 kgs Ward. .....

Date	Time	Position 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
20/3/26	7 pm	· ISOLYTE-P ·	IV ·	100cc/hr ·					
21/3/26	9:30 AM	PLASMALYTE	IV	35 we					

Signature .....

VERIFIED BY : Name .....

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r. PRITESH NAGAR

214

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/7/26 Time: 9am

Weight: 30.34kg Centile: <90th

Height: — Centile: —

Inference: Overweight child

RDA: — Calories: 1500 Kcal/day Protein: 20 gms / day

Diet Recommendations: Balanced diet with liquids

Re-Assesment: No Junk, Oily, Spicy Food -

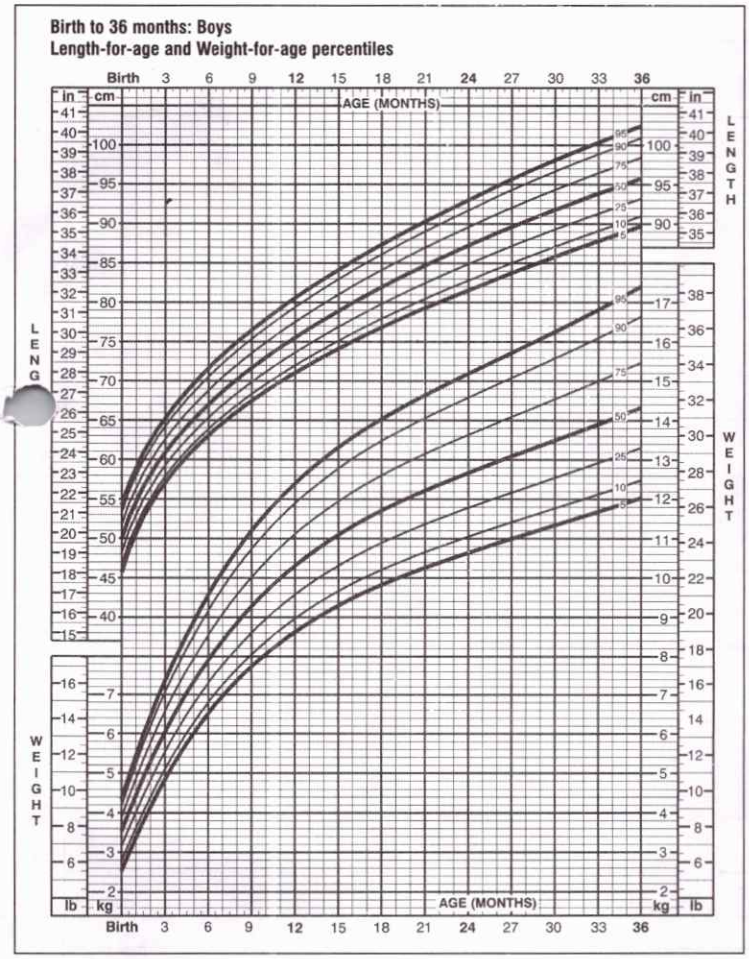
Food Allergies: No Veg/Non-veg Non Veg

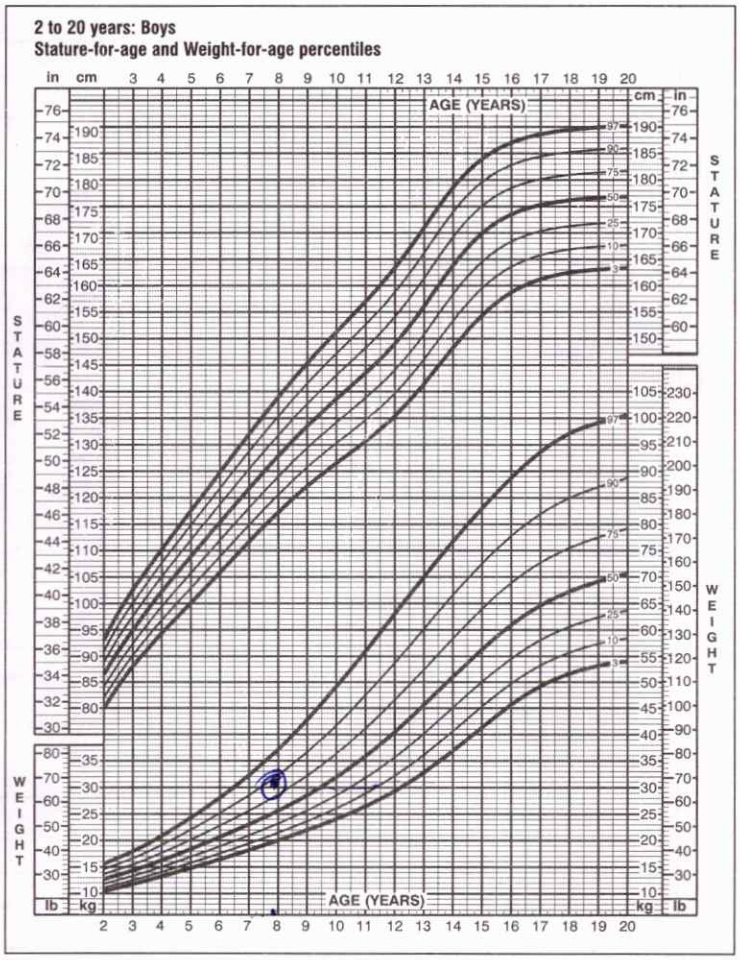
Diagnosis: Influenza B Illness c Myositis c Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sadiq

GROWTH CHART (BOYS)





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

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

Daily Notes:

HNH-00003699 IP26-00006903
Master AMARDEEP
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wt = 30.34 kgs

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast AMARDEEP Age : 7y 10mon Gender: ☑ Male ☐ Female

Date : 20/7/26 Time of Arrival : 6:45 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: 100.5 F PR: 119/min BP: 108/76 (81) RR: ..... SpO_2: 98%

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

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 : 6:47pm.

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 : Atanu

Signature of Triage Nurse : .....

Date & Time : 20/07/26 @ 6:47pm.

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6:49pm Time of arrival : 6:49pm

Chief Complaints: c/o Fever, Cold Cough since x10 days. RBS: N/A

Height : .... Weight : 30.34 kg BMI : .... Head Circumference (<2 years) ....

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

If yes , identify ....

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

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

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly
☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☑ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☑ No
• Uses furniture for support	☐ Yes	☑ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☑ No
• Weak	☐ Yes	☑ No
• Impaired	☐ Yes	☑ No
Mental Status: Forgets limitations	☐ Yes	☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: N/A (Date/Time): N/A

Social History: Lives With Family.

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

Time of Initial assessment completed by ER Nurse : 6:49pm / [signature]

Docu. No. : RCH /FRM / CLINICAL / 120 (P.T.O.)

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01-09-2018 7 Y 10 M 19 D (M)
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Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
6:51PM	Assessed the patient condition.
	monitor vits Done.

Samples collected by: / Vidan / 20/7/26 Time:

Samples sent by : Time: / 7:20pm.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
20/7/26 7:05 pm	Syp. Ibugesic	orally.	~~1 Dose~~ 10ml		[signature]

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 117b/m BP: 108/86(71) CFT: —	Shift - out from ER to: 2/4/2nd flr.
RR: 27b/m SPO$_2$: 98%	Time of Shift - out: 7:40pm
GCS: 15/15 Temperature : 99.8°F	Handover given to: (Nurse's Name) [signature]
Pain Score: '0'	
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Dr. Phone order Done

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

Date & Time : 20/7/26 @

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00003699 IP26-00006903 Master AMARDEEP 01-09-2018 7 Y 10 M 19 D (M) Dr. PRITESH NAGAR	20/7/26 @ 6:57Pm.	20/7/26 @ 8:00pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. Archana	Adenoidectomy
From Unit	**To Unit**	**Information to Attendant**
ER	2nd floor / 214.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
16	1	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
Alona / [signature]	Dr. Archana.

Patient & Clinical Records Received by : [signature] 20/7/26 @ 8pm

Date & Time of Patient Received :

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 2nd Floor / 214

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. Dheeraj

Date & Time : 20/7/26 @ 7:15 PM

Nurse Name & Signature: Afsana / AB

Date & Time : 20/7/26 @ 7:40 PM

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

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master AMARDEEP**	**Age :**	**7 Y 10 M 19 D**
IP No:	**IP26-00006903**	**Sex:**	**Male**
Consultant:	**Dr. PRITESH NAGAR**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Sandeep Singh
Relationship: father
Date: 20/07/2026 Time: 18:57
Witness Name: Yaseen ali khan
Witness Signature:

Patient Address:
Dhoolpet Hyderabad Telangana INDIA 500006

HNH-00003699 IP26-00006903
Master AMARDEEP
01-09-2018 7 Y 10 M 19 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

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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaIn the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

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

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

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

MODE OF PAYMENT & REFUNDS

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

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Name & signature of Patient/Attendant (Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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

COUNSELLING SHEET

RAINBOW CHILDREN'S HOSPITAL, HIMAYATNAGAR

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

ROOM TARIFF IS INCLUDING BED CHARGES, DOCTOR CHARGES, NURSING CHARGES.		SEPARATED FROM TARIF
TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	13,350	PHARMACY INVESTIGATION CROSS CONSULTATION
PRIVATE / DELUXE ROOM / SUITE ROOM	17,250	CONSUMABLES BLOOD TRANSFUSSION
PICU / NICU / HDU		EQUIPMENT PROCEDURE MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)

12P – 12PM (1)

12 TO 12 NOON BILLING POLICY 7PM – 12PM (1)

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

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

OUTSIDE FOOD AND MEDICATION NOT ALLOWED

DATE:-	CAUTION DEPOSIT:- 30,125

PATIENT NAME: HNH-00003699 IP26-00006903 Master AMARDEEP

AGE/SEX:- 01-09-2018 7 Y 10 M 19 D (M) Dr. PRITESH NAGAR

INSURANCE/SELFPAY:-

ATTENDENT SIGNATURE	COUNSELLING PERSON SIGNATURE
[signature]	Yaseen ali
NAME:- Sandeep Singh	Yaseen ali
RELATIONSHIP:- Father	010049.
CONTACT NO.:- 9573402607	