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

VIH-00206692 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

ACTIVITY RECORD FO

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

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

Date of Admission : 8/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 138 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	1:30pm	CR	138	

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
8/7	USG abdomen	26010922	
	CBP CRP &C	26022-24	
	Cross checked by Codpay 9/7 @ 2PM		
	CSF	26022842	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/2	Infusion pump cross checked	2.30 pm by Deepa	9/2/26 2.30 pm	3098934	
				9/2 @ 2.30	

ROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
2/26	IV Placement	1	3098935	
	Cross checked by Leadpay 9/7 @ 2AM			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060616 **Admit Date** : 08-Jul-2026 **Admit Time** : 12:28 PM **UHID** : VIH-00206692

Patient Details :

Patient Name	: Baby VAANGMAYI ATTEPALLI	**Age**	: 0 Y 7 M 23 D
Guardian	: Mr PRADEEP KUMAR	**DOB**	: 15-11-2025 11:24 AM
Gender	: ~~Baby~~ FEMALE	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 14-518/38,MIRYALAGUDA,MALKAJGIRI Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9701676801/ 8074154653
		E-mail	: NA@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 102 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 102 **Admission Type** : First Visit

Contact Details :

Name : Mr PRADEEP KUMAR **Relationship** : D/O

Contact Address : 14-518/38,MIRYALAGUDA,MALKAJGIRI Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 9701676801 / 8074154653

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

Patient Name : Baby. VAANGMAYI ATTEPALLI UHID : VIH-00206692 IPD : IP-00060616 Gender : Female Age : 0 Y 7 M 23 D

VIH-00206692 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

wt :- 5.80Kg
Ht :- 65cms

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Vaangmayi Age : 7M **Gender:** ☐ Male ☑ Female

Date : 8/7/26 Time of Arrival : 12.20pm

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: 99.0F PR: 130bpm BP: 100/60 RR: 28bpm SpO2: 98%

Chief Complaints: C/O fevers x 2days, Blood in Stools

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal ☐ Sick Looking

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

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 12.28pm

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 : Jyothi.K

Signature of Triage Nurse : .....

Date & Time : 8/7/26 @ 12.28pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/1/26 Time of arrival : 12.30pm

Chief Complaints: C/o fever & 2 days, Blood in Stools RBS: —

Height : 65cms Weight : 5.80kg BMI : Head Circumference (<2 years) —

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

If yes , identify

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 12.40 pm

Patient Name : Baby. VAANGMAYI ATTEPALLI UHID : VIH-00206692 IPD : IP-00060616 Gender : Female
Age : 0 Y 7 M 23 D

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

Time	Nursing Notes
12.24 pm	* Vital Checked & Recorded
12.25pm	Doctor Seen the Pt.
12:26pm	Advice Admission.
12:50pm	Admission process done.
1:05pm	Canulation done.
1:07pm	Sample collection done. Patient shifted to 1st floor.

Samples collected by:] sis- Hema Time:] 1:10pm
Samples sent by :] Time:]

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 125bpm BP: 100/60 CFT: .....
RR: 29bpm SPO$_2$: 98%
GCS: 15/15 Temperature : 99.01F
Pain Score: 0
Repeat RBS (if applicable): .....

Details of Shift - out

Shift - out from ER to: 138 (1st floor)
Time of Shift - out: @ 130
Handover given to: SN - Vaishnavi
(Nurse's Name)

Bro. Sabin

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Sabin Signature of the Nurse : Sabin

Date & Time : 8/7/26 @ 1:30pm

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFS c Blood in stool

Arrival Time: 12:20pm Mode of Arrival: Rifted by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 5.80 Kg

– Height: 65 cm

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
yes	NO	NO

Family History: Nil

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, Nil

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: –

Nil

Are the child's immunization up to date? ☐ Yes ☑ No

Current Medication: ☐ None ☑ Yes, If Yes, fill reconciliation form

Observations: Weight: 5.80kg Length: 65cm Head Circumference (< 2 years): –

Temp.: 98.6°F HR: 27b/m RR: 1106/m BP: 107/77

Pain Score: Nil Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☐ Yes ☑ No Score: 0 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

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

Character of Pain Nil Location Nil Frequency Nil Duration Nil

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 ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

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 ..... parents .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... parents .....

Nurse's Name: ..... manisha ..... Date: ..... 8/7/26 ..... Time: ..... 2pm ..... Signature

(1)

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PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	8/7/26 @ 12:28 PM	8/7/26 @ 1:30 PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Vishwaja	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	138	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(21)	USG Abdomen (1)	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over OP file given

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
Sr. Rama	Dr. Vishwaja

Patient & Clinical Records Received by : Vaishnavi

Date & Time of Patient Received : 8/7/26 @ 1:40 pm

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: VIH-00206692 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

UHID ID:

Department: _____

Consultant: _____

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15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : Vaangmayi Age/Sex 7months/F

Information given by: mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o Fever since 2 days.
Cold since 1 day
Blood in stools since 1 day.

History of present illness :

Child brought by parents with
c/o Fever since 2 days
moderate grade
Relieving on medications.
1-2 spikes/ day
↓
afebrile since yesterday afternoon.

a/w cold since yesterday - Runny nose + Sneezing
a/w Blood in stools since yesterday
4 episodes since yesterday
fresh blood on stools. + Yellowish. colour.

↓
consulted outside hospital yesterday
Used - antipyretics.
↓
c/u/o persistence of symptoms
admitted on Refl.

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Pediatric Multiorgan History & Physical Examination

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

Non significant

Birth & Neonatal History:

Term | 2.45kg | LSCS (Emergency) | NO NICU stay.

OTP

44m

Birth & Socio Economic History:

About Father : } class III
About Mother :
Any additional Information :

Developmental History :

Appropriate for age in all 4 domains.

Immunization History :

Received upto date vaccination

(P.T.O.)

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Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__5.8kg__(Centile _____)

On Examination :

Temperature : 99°F Pulse Rate : 130/min B.P. 100/60 mm Hg SPO2 98%

Resp.rate and type of breathing : 80/min

Rash (-)

Lymphadenopathy

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BLAE (+)

Any addes sounds : NO.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection (N)

Palpation : SOft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

VIH-00206692 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Patient Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : 15/15

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: N Power 4/5 all limbs.

Co-ordinator :

Posture :

Involuntary Movements : -

Reflexes : +

DTR +2 **Superficials:** +

Plantars

Sensory System : +

Bladder / Bowel : No incontinence.

Clinical Summary & Diagnostic:

AFI c Blood in stools ↓ evaluation

(P.T.O.)

VIH-00206682 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications.

Desired goals of the treatment : To treat current condition

Planned Labs:

CBP ✓
CRP ✓
CSE ✗
S/E ✓
USG Abdomen. ✓

Planned Management

1) IV fluids
2) Inj ceftriaxone
3) Inj Amikacin
4) Antipyretics SOS.

Noted By
Dr Owais
8/7/26
1:20P

Signature of the Doctor: .....
Name of the Doctor: Dr. Mishwaja
Date & Time: 8/7/26 12:50pm.

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 15:15	CS/B Readmit AFT with Blood in stool ↓ evaluate	
	O/E Baby active CVS - S1 S2 ✓ RS - BL BS ✓ PA soft vy stable	Plan - Contin ceftriaxone & Amikacin - Watch for episodes of Blood in stool
		Dr Shivam Noted by manisha 8/7/26 @8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 9 AM	Ch 1B Resident	
	AFI with Blood in stool	evaluation
	NO further episodes	Plan
	O/E Baby active CVS S1S2 (N) B/L AE (N) PA soft Vf stable	- Continue Ceftriaxone & Amikacin - Watch for episodes of Blood in stool - Discharge & extrogenome - Stop all antibiotics - F/Up on saturday Sd/- Noted by Vaishnavi 9/7/26 @10AM

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI C Blood in Stool & Evaluation

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	8/7/26 M	8/7/26 M	8/7/26 E	8/7 N	9/7/26 M	
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil		
	Diet:	DBF ~~Motion~~	DBF	DBF	DBF+s.diet	DBF+s.diet	
ASSESSMENT	Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	99.0°F	98.3°F	98.6°F	98.4°F	98.1°F	
	Res:	29b/m	28b/m	29b/m	28b/m	27b/m	
	SpO_2:	98%.	98%	98%.	99%	99%.	
	Pulse:	120b/m	128b/m	120b/m	122b/m	126 b/m	
	BP:	100/60	-	-	101/69(78)	98/64(77)	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	11	0	4	4	11	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF	DBF	DBF+s.diet	DBF+s.diet	
	Critical Lab Test / Values:	—	Nil	Nil	Nil	Nil	
	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):	dependent	dependent	Dependent	Dependent	dependent	
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	
Handed Over By Name :		Sobin	Sindu	Manisha	Manasa	Vaishnavi	
Signature / ID :				MG9050145			
Date:		8/7/26	8/7/26	8/7/26	9/7/26	9/7/26	
Time:		@1:30pm	@2pm	@8pm	@8AM	@12:30pm	
Taken Over By Name :		Sindu	Manisha	Manasa	Vaishnavi	File send to Billing	
Signature / ID :			MG9050145				
Date:		8/7/26	8/7/26	8/7/26	9/7/26		
Time:		@1:30	@2pm	@8pm	@8AM		

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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:							

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby VAANGMAYI ATTEPALLI**	**Age :**	**0 Y 7 M 23 D**
IP No:	**IP-00060616**	**Sex:**	~~Baby~~ FEMALE
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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

Signature of Patient/Relative:

Name: Pradeep kumar. A
Relationship: Father
Date: 08Jul2026 Time: 12:35
Witness Name:
Witness Signature:

Patient Address:
14-518/38,MIRYALAGUDA,MALKAJGIRI Malkajgiri Hyderabad Telangana INDIA 500047

VIH-00206692 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	3	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	pm	pm	pm	pm	pm	am	am	am	am

8/7/26

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

98.6°F | 98.6°F | 98.4°F | 98.6°F | 98.3°F | 98.5°F | 98.6°F | 98.6°F | 98.3°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

101 (78) 69 | 98 (66) 55 | 100 (70) 60

Heart Rate (Number)	120	125	122	120	123	120	122	125	123

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

Resp Rate (Number)	30	32	30	25	26	27	26	29	28
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	98	97	98	97	97	98	98
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	M	M	M	MA	MA	MA	MA	MA	MA

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

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

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206692 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 24 D (F)
Dr. SURENDER RAO DUSA

). : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 9/12/26 Time:	9	12
Doctor/Nurse/Family Concern?	AM	PM
Temperature (°F)	98.1°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *		
Note: BP does not score in early warning scoring		
Heart Rate (Number)	138	NAD
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	32	31
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min) O_2 Saturations (%)	99	98
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	✓	✓

Noted by Vaishnavi 9/12/26 @12:30 pm

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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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)

VIH-00206692 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
8/7/26	02:00 pm		DBF	15ml								
	03:00 pm			15ml						✓	1	
	04:00 pm		DBF	15ml								
	05:00 pm			15ml			✓				0	manisha 8/7/26 @8pm
	06:00 pm		DBF	15ml			✓			✓	1	
	07:00 pm											
Total Intake : 75ml						**Total Output :**						
8/7	08:00 pm		[illegible]	15ml								
	09:00 pm		DBF	15ml								
	10:00 pm									✓		
	11:00 pm		DBM									
	12:00 am											
	01:00 am									✓		
Total Intake : 30ml						**Total Output :**					0	
9/7	02:00 am											
	03:00 am		DBM	15ml								
	04:00 am			15ml								
	05:00 am		DBM	15ml						✓		
	06:00 am			15ml								
	07:00 am		DBM									
Total Intake : 60ml						**Total Output :**						

manisha 8/7/26 @8pm

manasa 9/7/26 @7AM

Total 24 hrs. Intake	165ml	Total 24 hrs. Output	

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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							
9/7/25	08:00 am		DBF	150ml								
	09:00 am			150ml						✓		
	10:00 am		DBF	150ml								
	11:00 am			150ml								
	12:00 pm			150ml								
	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**	

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DRUG CHART

Date of Admission: 8/7/26 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 : PARACETAMOL DROPS				Date / Time
Dose	Route	Frequency	Start Date	
0.8 ml	PO	as required	8/7	
Doctor's Signature		Valid Period	Pharm.	
		max 6th hrly		
Additional Instructions: 1ml = 100mg 15mg/kg/dose if temp > 100F				

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:				

Sign Name 8/7/26

VERIFIED BY : Name .....

VIH-00236652 IP-00060616
Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 5.8 kg Ward. 138

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
90mg	IV	12th hourly	8/7

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

Additional Instructions: 50mg/kg/dose.

Date ➤ / Time	8/7														
6 Am	/	Gap (1)													
6 pm	2pm (1)														

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ. AMIKACIN

Dose	Route	Frequency	Start Date
40mg	IV	12th hourly	8/7

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

Additional Instructions: 7.5mg/kg/dose

Date ➤ / Time	8/7	9/7													
6 Am	/	Gap (1)													
6 pm	2pm (1)														

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ➤ / Time

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ➤ / Time

Daily Doctor's Endorsement by a Sign

VIH-00206692 IP-00060616
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Weight. 5.8 kg Ward. 138

	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

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

Baby VAANGMAYI ATTEPALLI
15-11-2025 0 Y 7 M 23 D (F)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 5.8/Kg Ward. 138

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
Gen 8/7/26 8/7	8:40 pm	DNS (2/3 M)	IV	15		Vaishnavi	9/7		Voided

Signature

VERIFIED BY : Name