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ACTIVITY RECORD

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

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

UHID No : --

-------- Consultant : ---------- Dept : Paed

Date of Admission : 13/1/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 112 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/1/26	4.05PM	ER	112	

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
13/7	RAT - Neg	26023529	[signature]
	CBP CRP widal Blood C/S	26023528	[signature]
13/7	CUE	26023560	[signature]
	cross checked by kalpana 14/7 @ 8AM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/2	Infusion pump	4:30pm	14/2/[illegible] 4:30	3101212	[signature]
	Cross checked by [illegible]			14/2 @ [illegible]	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
13/7	IV Placement	1	3101216	
14/7	Needle	3	3101361	
15/7	Needle	8	3101983	
16/7/26	Needle	3	3102133	
		1	3102271	
	Cross Checked By Elizabeth.			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth		

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

112

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
13/7/26	00.00	5.30pm levolin + Budecort	Anitha	दीपिका शर्मा
	01.00	11.30pm- levolin	Indu	मीरा राम
14/7/26	02.00	5:30pm- levolin + Budicort	Indu.	मीरा राम
	03.00	(3) - 3101361		
	04.00	11:00Am- Levolin-	manasa	दीपिका शर्मा
	05.00	4:20pm - Levolin	manasa	दीपिका शर्मा
	06.00	8:00pm - Levolin + budicort	manasa	दीपिका शर्मा
15/7/26	07.00	12 AM - levolin	Vaishnavi	
	08.00	4 AM - levolin	Vaishnavi	
	09.00	8 AM - levolin + Budecort	Vaishnavi	मीरा राम
	10.00	12pm - levolin	manisha	दीपिका शर्मा
	11.00	8pm - Levolin + budicort	manasa	मीरा
	12.00	(8) - 3101983		
16/7/26	13.00	12 AM - levolin	Vaishnavi	मीरा
	14.00	1 AM - levolin	Vaishnavi	
	15.00	5AM - Levolin.	Vaishnavi	मीरा
	16.00	(3) 3102133		
	17.00	8 AM - ~~levolin~~ Budecort	Vaishnavi	मीरा
	18.00	9AM - Levolin 2102233	Benorika	
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Children's Hospital

BirthRight by Rainbow

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-00060692 **Admit Date** : 13-Jul-2026 **Admit Time** : 03:12 PM **UHID** : VIH-00166340

Patient Details :

Patient Name	: Master VANSHARTH RAI	**Age**	: 2 Y 10 M 24 D
Guardian	: Mr ABHISHEK RAI	**DOB**	: 19-08-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: SRI VENKATESWAR NILAYAM ,1 ST FLOOR , FLAT NO-4 ,SBH COLONY Trimulgherry Hyderabad Telangana INDIA 500015	**Phone No**	: 8953479704
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 104 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 104 **Admission Type** : First Visit

Contact Details :

Name : Mr ABHISHEK RAI **Relationship** : S/O

Contact Address : SRI VENKATESWAR NILAYAM ,1 ST FLOOR ,FLAT NO-4 ,SBH COLONY Trimulgherry Hyderabad Telangana INDIA 500015 **Phone No** : 8953479704 / 8977749605

Abhisek
Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

Patient Name : Mast. VANSHARTH RAI UHID : VIH-00166340 IPD : IP-00060692 Gender : Male Age : 2 Y 10 M 24 D

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

wt - 19.40 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mst. Vansarth Age : 3Y Gender: ☑ Male ☐ Female

Date : 13/7/26 Time of Arrival : @ 2.30 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: 100.8°F PR: 140b/m BP: 110/70 (88) RR: 26b/m SpO: 98%

Chief Complaints: Fever, cough since 10 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

13/7/26

Signature of Parent / Guardian

Triage Completion Time : 2.35 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bro. Sanjay

Signature of Triage Nurse : Sanjay

Date & Time : 13/7/26 @ 2.35 PM

Patient Name : Mast. VANSHARTH RAI UHID : VIH-00166340 IPD : IP-00060692 Gender : Male Age : 2 Y 10 M 24 D

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : @ 2.36 Pm

Chief Complaints: fever, cough since today RBS: —

Height : — Weight : 19.40kg 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 : @ 2.40 Pm

Patient Name : Mast. VANSHARTH RAI UHID : VIH-00166340 IPD : IP-00060692 Gender : Male Age : 2 Y 10 M 24 D

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

Time	Nursing Notes
2.30 PM	Pt came TO ER.
2.35 PM	Pt vitals checked and Records Done.
2.40 PM	Dr. Sameera Seen The Pt Advice Admission.
2.50 PM	Pt admission Process Done.
	Pt IV Placement Done and Sample sent TO Lab.
4.05 PM	Pt Shift ER TO 112

Samples collected by: Sis. Joythi Time: 3.30 PM

Samples sent by : Sis. Joythi Time: 3.35 P

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3.00 PM	Syp. crocin-DS	P/O	6 ml	Samira	Sh

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140 b/m BP: 110/70 (90) CFT: Less<2sec	Shift - out from ER to: 112
RR: 24 b/m SPO_2 : 98%	Time of Shift - out: @ 4.05 PM
GCS: 15 Temperature : 99.3°F	Handover given to: Sis. Anitha (Nurse's Name)
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV cannulization

Name of the Nurse : BM. Sanjay Signature of the Nurse : Sanjay

Date & Time : 13/7/26 @ 4.05 PM

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 25 D (M)
Dr. SURENDER RAO DUSA

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI

Arrival Time: 4.5 pm Mode of Arrival: Taken by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 19.40 Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, —

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: 19.40kg Length: — Head Circumference (< 2 years): —

Temp.: 98.8F HR: 114bl/m RR: 24bl/m BP: 96/62 (70) mmhg

Pain Score: 0 Specify Site: Nil (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 11 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 26) (Document in the Braden Q Assessment Sheet)

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

Character of Pain — Location — Frequency — Duration —

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: Nil (Date/Time): Nil

Social History: Lives With parents

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

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: Anitha Date: 13/7/26 Time: @ 4:20 pm Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	13/7/26 @ 3.12pm	13/7/26 @ 4.05pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Sameera	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	112	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
26	—	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
Bro. Sajay	Dr. Sameera

Patient & Clinical Records Received by : Sr. Anitha

Date & Time of Patient Received : @ 4.10pm

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-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

UHID ID:

Department: _____

Consultant: _____

VIH-00156340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : Vansharth Age/Sex 2y10m/M

Information given by: Mother. Relationship Mother.

Chief Presenting Complaints & Duration (Chronologically)

c/o fever
cough } : 12 days.
↓ oral intake : 5 days.

History of present illness :

Mast. Vansharth is a 2y10m old male child presented with H/o fever → mod. to high
→ afw chills
→ : 12 days.

→ Dry intermittent cough → : 12 days
→ nasal bottle after nebulisations
" H/O ↓ oral intake : 5 days
→ no H/O loose stool / vomitings / listening incidents

For the above complaint, he was treated outside but i/v/o persistence of symptoms he was ~~ref~~ admitted

Used Ayithromycin & Augmentin

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

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

11.7.21
Hb - 11.1
WBC - 5700 (N/L 69/23)
Plts - 3 lakhs
CRP - 2.71 (<5)
ESR - 26 mm/hr.
CXR - (N)

Birth & Neonatal History:

FT / NVD / B.wt: 3kg / BCIAB / no neonatal issue.

Birth & Socio Economic History:

About Father : class-II
About Mother :
Any additional Information :

Developmental History :

Appropriate for age.

Immunization History :

Immunised till date.

(P.T.O.)

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 19.4 kg (Centile _____)

On Examination :

Temperature : 100.8°F Pulse Rate : 140/min B.P. 110/70 (88/ SPO2 98% RA

Resp.rate and type of breathing : 26/min

Rash

Lymphadenopathy — NO — Throat - couldn't examine

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : no murmur

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

Per Abdomen :

Inspection

Palpation : soft, no organomegaly

Ausculation :

Spine : External Genitelia :

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

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : conscious

Cranial Nerves : Intact no meningeal sign

Motor System:

Nutriton :

Tone: Power 5/5 all limb

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes : ++ | ++ / ++ | ++

DTR **Superficials:**

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute febrile illness D 12 of illness

(P.T.O.)

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: N/A.

Desired goals of the treatment : Treat the infection..

D/w Dr. Surender Rao

Planned Labs:

CBP, CRP, WIDAL
blood c/s
urine plain
COE ✓

Bro. Sanjay

Planned Management

→ IVF
→ INJ. CEFTRIAXONE
→ SYP. OSELTAMIVIR
→ VITALS 4th hrly

Signature of the Doctor: ....
Name of the Doctor: Dr. Sameera
Date & Time: 13.7.26, 3.40 P.M

Signature of the Consultant: ....
Name of the Consultant: Dr. Surender Rao
Date & Time: 14.7.26 @ 10am

VIH-00156340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 16:45	C/B Resident	
	Δ AFI	
	Mefenamic pirloat admin	Plan
		- Contd Ceftriaxone
	O/E Conscious	
	Afebrile	- Wolf faver SPIG
	CVS - S1S2 ⊕	
	RS - BLAE ⊕	- Plan to add Iron at discharge
	PA - SOL	
	vig stable	
		[signature]
		Noted by Anitha 13/7 @ 7pm

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

(P.T.O)

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	C/s/B Resident	
9 Am	Acute Febrile Illness	
	C/ fever spikes	Plan
	O/E Conscious	
	Afebrile	- Do by Cefixime
	CVS - S1S2 (N)	
	RS BLAE (N)	- Continue same
	PA S/NT	
	vitals stable	- w/f fever spikes
		→ Note ē Levolin 4th hdly.
		Ashis
	noted by manasa 14/7 2 PM	Dr. Surender Rao 14/7/26 11:23 Am

VIH-00166340 IP-00060692
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 15:00	C/S/B Resident	
	Acute febrile illness	
	Conscious Afebrile CVS B/Mon PA vs Stable	Plan - Continue same
		Dr. [signature]
		noted by Manasa 14/7/26 08pm

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

(P.T.O)

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9AM	C/S/B Peridol	
	Acute febrile illness	
	1 fever spike in last 24 hours	Plan
		- D3 Inj. ceftriaxone
	O/E conscious afebrile CVS S1S2 (N) RS B/L AVE (N) PA soft Vy stable	- w/f fever spikes
		- Syp Ascoril LS 2.5ml TID
		- Continue Oral / maintenance fluid
		- Plan discharge T/m
		Dr. ... 15/7/26 12:30PM

Noted by manisha 15/7/26 @2PM

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

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 26 D (M)
Dr. SURENDER RAO DUSA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 16:30	C/S/B Reade (?) AFI	
		Plan
	O/E Conscious Afebrile CVS/ RS/ NAD PA/	- Cont same
		- Plan d/c tomorrow
	Wt Stable (?)	Dr. (sign)
		Noted by Manasee 15/7/26 @ 7pm

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 26 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9 AM	C/s/B Resident	
	AFI	
	No fever spikes No fresh complaints	Plan
	O/E Conscious Afebrile CVS/S1S2 (N) B/L BLAE (N) P/A soft	- D4 of i/v Ceftriaxone - w/f fever spike - Discharge today
	[illegible]	
		Dr. [illegible] 16/7/26. 12:10 PM [illegible]
Noted by	Subhan 16/7/26 @ 12:30 PM	

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

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFP

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

Surgery / Procedure: —

Post OP Day: —

	Date / Shift	13/7/26 12 (E)	13/7 E	13/7 N	14/7 M	14/7 E	14/7 N
BACKGROUND	Medical Condition (Any special condition to be noted):	—	Nil	Nil	Nil	Nil	Nil
	Diet:	Normal	N. diet	S. diet	S. diet	S. diet	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	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	100.8°F	98.9°F	98.6°F	98.3°F	98.6°F	98.1°F
	Res:	26 b/m	24 b/m	26 b/m	25 b/m	26 b/m	26 b/m
	SpO_2:	98%	99%	98%	98%	97%	97%
	Pulse:	140 b/m	118 b/m	118 b/m	112 b/m	117 b/m	119 b/m
	BP:	110/78(80)	92/62(90)	104/60(80)	114/60(76)	110/70(80)	105/69(80)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	12	12	12	12	12	12
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	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:	Normal	N. diet	S. diet	S. diet	S. diet	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	Dependent
Post Operative Procedure Special Orders:		—	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :		Bro Sanjay	Anitha	Bindu	Manasa	Manasa	Vaishnavi
Signature / ID :		Sk	Anj	Bindu	Q019497	Q019497	Q020216
Date:		13/7/26	13/7	14/7/26	14/7	14/7/26	14/7/26
Time:		4.05pm	@8pm	8AM	2pm	8pm	@8AM
Taken Over By Name :		Anitha	Bindu	Manasa	Manasa	Vaishnavi	Manisha
Signature / ID :		Q019497	Q019497	Q019497	Q019497	Q020216	Manisha
Date:		13/7/26	13/7/26	14/7	14/7/26	14/7/26	15/7/26
Time:		@4.10pm	8pm	8AM	2pm	@8pm	@8AM

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: Nil		
	Surgery / Procedure: —				Post OP Day: —		
BACKGROUND	Date / Shift	15/7/26 M.	15/7/26 E	15/7/26 N	16/7/26 M		
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil		
	Diet:	S. diet.	soft diet.	S. diet	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		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	97.8°F	98.5°F	98.4°F		
	Res:	25b/m	28b/m	26 b/m	28b/mt		
	SpO_2:	99%	100%	100%	98%		
	Pulse:	115b/m	120b/m	110b/m	102b/mt		
	BP:	100/78(84)	96/59(73)	79/58(63)	92/63		
	LOC:	conscious	conscious	Conscious	Conscious		
	Fall Risk Score:	12	12	12	12		
	Pain Score:	0	0	0	0		
	Skin Integrity	intact.	intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil	Nil		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S. diet.	S. diet.	S. diet	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		
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil		
Handed Over By Name :		Manisha	Manasa.	Vaishnavi	Subha		
Signature / ID :		[signature]	[signature]	RO20216	[signature] 17444		
Date:		15/7/26	15/7/2026	16/7/26	16/7		
Time:		@2pm	@8pm	@8am	@1pm		
Taken Over By Name :		Sr. Manasa	Vaishnavi	Beulnika			
Signature / ID :		[signature]	RO20216	B018727			
Date:		15/7/2026	15/7/26	16/7/26			
Time:		@ 2pm.	@8pm	@ 8am			

Rainbow Children's Hospital

BirthRight by Rainbow

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:	**Master VANSHARTH RAI**	**Age :**	**2 Y 10 M 24 D**
IP No:	**IP-00060692**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 104**

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.

understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned lso 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.
? 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 learance. In case of failing the submission, I will pay 200/- Rs.
(Receivers 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: AB Sri SHER RAI
Relationship: Fathers
Date: 03.12 P.m Time: 13/07/26
Wittness Name: Friend
Wittness Signature:

Patient Address:

SRI VENKATESWAR NILAYAM ,1 ST FLOOR ,FLAT NO-4 ,SBH COLONY
Trimulgherry Hyderabad Telangana
INDIA 500015

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

Patient S

INICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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:	5 pm	7:15 pm	9 am	11 am	1 pm	3 pm	5:30 pm	8 pm
Doctor / Nurse / Family Concern?								
Temperature (°F) (104–94)	98.9°F	100.4°F (Syp. PCM)	99.8°F	98.6°F	98.3°F	98.6°F	101.6°F (Syp. Ibuprofen)	99.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)		96/58 (69)		101/65				105/63
Heart Rate (Number)	112	120	115	112	110	112	115	110
Resp. Rate (bpm) (Over 1 Minute) * (70–10)								
Resp Rate (Number)	22	26	25	26	25	26	26	25
Resp Distress — Mod/ Severe								
Resp Distress — None / Mild	N	N						
Receiving O_2 (l/min)								
O_2 Saturations (%)	98	99	98	97	98	97	98	98
Conscious Level — Normal	N	N	N	N	N	N	N	N
Conscious Level — Altered								
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE — Number of shaded boxes	0	01	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D
Dr. SURENDER RAO DUSA (M)

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha 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 : 14/7

Time	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	8:25 PM	9 PM	12 AM	3 AM	7 AM
Doctor / Nurse / Family Concern?											
Temperature (F)	98.3°F	98.6°F	98.6°F	98.3°F	98.6°F	98.7°F	100.0°F (Syp. Paracetamol)	97.3°F	98.4°F	97.6°F	98.6°F
Blood Pressure (mmHg) *		112/76 (80)		106/65 (76)				105/69 (80)			91/56 (64)
Heart Rate (Number)	110	112	115	112	114	112		121	110	114	110
Resp Rate (Number)	25	26	25	26	26	27		26	25	27	26
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N		N	N	N	N
Receiving O_2(l/min) / O_2Saturations (%)	97	98	98	97	98	97		97	98	99	99
Conscious Level (Normal / Altered)	N	N	N	N	N	N		N	N	N	N
GCS *	15	15	15	15	15	15		15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0		0	0	0	0
Pain Score	0	0	0	0	0	0		0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		V	V	V	V

Note: BP does not score in early warning scoring

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9 AM	11 AM	1 pm	3 PM	7 PM	9 PM	12 AM	3 AM	7 AM
Doctor / Nurse / Family Concern?									

15/7/26

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

98.2°F | 98.6°F | 98.6°F | 98.6°F | 98.6°F | 97.8°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

110/75 (63) | 101 (63) 59 | 99 (63) 58 | 107 (54) 48

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

	9 AM	11 AM	1 pm	3 PM	7 PM	9 PM	12 AM	3 AM	7 AM
Heart Rate (Number)	105	100	103	121	131	110	114	102	117
Resp Rate (Number)	25	26	25	22	30	26	24	26	21
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98	99	98	100	98	99	98	99	99
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	SK	SK	✓	✓	✓	✓

ACTIONS NB: Scores 3 should be recorded overleaf	
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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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19-08-2023 2 Y 10 M 26 D (M)
Dr. SURENDER RAO DUSA

Doc. No. : RCH/ FRM / CLINICAL / 125

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

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7 ..... Time: 9

Doctor / Nurse / Family Concern? AM

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 98.6 F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 123

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

Resp Rate (Number): 99

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

Noted by Subhan 16/7/26 @ 1PM

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Patie 19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 1

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				NIL							
	01:00 pm											
Total Intake :						**Total Output :**						
13/7/26	02:00 pm											
	03:00 pm											
	04:00 pm			60 ml							1	
	05:00 pm		water	60 ml						✓	0	Anitha 13/7/26 @ 4pm
	06:00 pm			60 ml							1	
	07:00 pm			60 ml								
Total Intake :	240 ml					**Total Output :**						
13/7	08:00 pm			60ml							1	
	09:00 pm		Rice	60ml						✓		
	10:00 pm		+	60ml							0	
	11:00 pm		water	60ml								2nd
	12:00 am			60ml						✓		
	01:00 am			60ml								
Total Intake :	360ml					**Total Output :**	2 times				@8pm	
14/7	02:00 am		water	60ml							1	14/7/26
	03:00 am			60ml								
	04:00 am			60ml						✓	0	
	05:00 am			60ml								
	06:00 am											
	07:00 am											
Total Intake :	240ml					**Total Output :**	1 time					

Total 24 hrs. Intake	840ml	Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 2

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

		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							
14/7	08:00 am		Jelly + water	60ml						✓		Manda 14/7
	09:00 am			60ml								
	10:00 am			60ml							0	
	11:00 am											@1pm
	12:00 pm			60ml						✓		
	01:00 pm			60ml								
Total Intake : 360ml						Total Output :						
14/7	02:00 pm		Rice water	60ml								
	03:00 pm			60ml								
	04:00 pm			60ml						✓		Nevada 14/7/26 @7pm
	05:00 pm			60ml							0	
	06:00 pm											
	07:00 pm											
Total Intake : 240ml						Total Output :						
14/7	08:00 pm		Rice + H_2O									
	09:00 pm			60ml								
	10:00 pm			60ml							0	Vaishnavi 15/7/26 @2am
	11:00 pm			60ml						✓		
	12:00 am			60ml								
	01:00 am			60ml								
Total Intake :						Total Output :						
15/7	02:00 am											
	03:00 am											
	04:00 am											Vaishnavi 15/7/26 @8am
	05:00 am									✓	0	
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	840ml (IV fluid)	Total 24 hrs. Output	5 times

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FLUID CHART

Sheet No. : (3)

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
15/7/26			Mouth	I.V	N.G							
	08:00 am		Idly + water							✓	1	manisha 15/7/26 @
	09:00 am			60ml.							1	
	10:00 am			60ml.							0	
	11:00 am			60ml								
	12:00 pm			60ml						✓	1	
	01:00 pm											
Total Intake : 240ml						**Total Output :**						
15/7	02:00 pm										1	manisha 15/7 @ 8pm
	03:00 pm		Rice									
	04:00 pm		water							✓		
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
15/7	08:00 pm		rice + H_2O								1	Vaishna 16/7/26 @2am
	09:00 pm											
	10:00 pm										0	
	11:00 pm			60ml						✓	1	
	12:00 am			60ml								
	01:00 am			60ml								
Total Intake :						**Total Output :**						
16/7	02:00 am			60ml							1	Vaishnavi 16/7/26 @8am
	03:00 am			60ml								
	04:00 am			60ml							0	
	05:00 am									✓		
	06:00 am										1	
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 4

16/7

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
16/7												
	08:00 am											
	09:00 am		Jelly water							✓		Sukh 16/7 @12PM
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

NOted by Sukhen 16/7 @ 1PM

Total 24 hrs. Intake		Total 24 hrs. Output	

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DRUG CHART

Date of Admission: 13/7/24 Drug Allergies: nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: SYP. PARACETAMOL (5ml - 240mg)				Date / Time	13/7 7.15pm	14/7 8.30
Dose	Route	Frequency	Start Date		[signature]	[signature]
6ml	PO	6th hrly (4)	13/7			
Doctor's Signature	Valid Period	Pharm.				
[signature]		[signature]				
Additional Instructions: Temp > 100 F, 15 mg/kg/dose						

DRUG: SYP. IBUPROFEN (5ml - 100mg)				Date / Time
Dose	Route	Frequency	Start Date	
9ml	PO	6th hrly (4)	13/7	
Doctor's Signature	Valid Period	Pharm.		
[signature]		[signature]		
Additional Instructions: Temp > 101F, 10 mg/kg/dose.				

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

Verified Dr. Rishika Clinical Pharmacologist

Verified Dr. Rishika Clinical Pharmacologist

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

Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 19.4kg Ward. 112

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
950 mg	IV	12 hrly	13/7

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

Additional Instructions: After Test Dose
50 mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date / Time: 13/7 14/7 15/7 16/7
6AM

13/7

DRUG : NEB ± LEVOSALBUTAMOL

Dose	Route	Frequency	Start Date
0.63 mg	P/N	6 hrly	13/7

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

Additional Instructions:
SOS nebulisation start

Daily Doctor's Endorsement by a Sign

13/7

DRUG : NEB ± BUDESONIDE

Dose	Route	Frequency	Start Date
0.5 mg	P/N	12 hrly	13/7

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

Additional Instructions:
SOS nebulisation start

Daily Doctor's Endorsement by a Sign

13/7

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Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
				19·4

REGULAR PRESCRIPTIONS

DRUG : SYP. OSELTAMIVIR (1ml - 12 mg)

Dose	Route	Frequency	Start Dt.
3.5 ml	PO	12 hrly	13/7

Name & Signature of the Doctor starting the Drugs: Dr. Sameera

Additional Instructions: 45 mg/dose.

Daily Doctor's Endorsement by a Sign.

Date / Time	13/7	14/7	15/7	16/7
6 AM				
6 PM				

DRUG : NEB c̄ LEVOSAL BUTAMOL

Dose	Route	Frequency	Start Dt.
0.63 mg	P/N	4th hrly	13/7

Name & Signature of the Doctor starting the Drugs: Dr. Sameera

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

See the Neb's chart.

DRUG : SYP ASCORIL LS

Dose	Route	Frequency	Start Dt.
2.5 ml	PO	8 hly	15/7

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: Cough Syrup

Daily Doctor's Endorsement by a Sign.

Date / Time	15/7	16/7
6 am		
2 pm		
10 pm		

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Verified Clinical Pharmacologist

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time

VIH-00166340 IP-00060692
Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
13.4.26	3.00 pm	SYP. PARACETAMOL	6 ml	PO	[signature]	S/C / [signature]

[handwritten initials] 13/4

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

Master VANSHARTH RAI
19-08-2023 2 Y 10 M 24 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 19.4 kg Ward. 112

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
13.7.26	4.30PM	DNS	IV	60			16/7		

Signature .....

VERIFIED BY : Name .....