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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

UHID No. : ---------- Consultant : ---------- Dept : ----------

Date of Admission : 14/7/26 Time : 12 AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 102 Ward : 1st Floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/7/26	1:30 AM	ER	102	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Jyoti Bothra	14/7/26	3101476	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/2/26	x-ray erect. Abd	26011308	
	Blood cls, LFT, urea		
	Sr creatinine, electrolytes,	26023587	RL
	CBP, CRP		
	VBG	26023588	
	USG	26023650	S
	USG KUB	26023703	S
	USG abdomen	26011325	S
	Xrays checked by Consultant		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/7	Infusion pump	1140AM	15/7/26 7pm	3101337	[signature]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
	IV placement out side done.			
14/7/26	IV placement	1	3101387	✓

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[signature] 16/7 11 Am		

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-00060702 **Admit Date** : 14-Jul-2026 **Admit Time** : 12:00 AM **UHID** : VIH-00206917

Patient Details :

Patient Name	: Baby VARIKUPPALA HADHYA	**Age**	: 6 Y 11 M 27 D
Guardian	: Mr V.JEEVAN KUMAR	**DOB**	: 17-07-2019
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 208 SV SHANTINIKETAN Nagaram Hyderabad Telangana INDIA 500083	**Phone No**	: 9505515816
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 103 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 103 **Admission Type** : First Visit

Contact Details :

Name : Mr V.JEEVAN KUMAR **Relationship** : Father

Contact Address : FLAT NO 208 SV SHANTINIKETAN Nagaram Hyderabad Telangana INDIA 500083 **Phone No** : 9505515816

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206917 IP-00060702 Baby VARIKUPPALA HADHYA 17-07-2019 6 Y 11 M 27 D (F) Dr. SIVA NARAYANA REDDY	14/07/26 @1	14/07/26 @ 1:30 Am
	Transfer Ordered by Dr. Prashanthi	Reason for Transfer Admission
From Unit E.R.	To Unit 102	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? O.P handed over to Attendant

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj: Ceftriaxone 1g	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

Patient & Clinical Records Received by : Sade

Date & Time of Patient Received : 1:35 Am 14/07/26

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

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

Patient Name : Baby. VARIKUPPALA HADHYA UHID : VIH-00206917 IPD : IP-00060702 Gender : Female Age : 6 Y 11 M 27 D

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

wt - 29.1 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Hadhya Age : 7yrs Gender : ☐ Male ☑ Female

Date : 13/7/26 Time of Arrival : 11:25pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.5°F PR: 90b/m BP: 104/68(80) mmHg RR: 24b/m SpO2: 100% Fever x today

Chief Complaints: Abdominal pain, vomiting x 3days, loose stools x yesterday

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 11:28 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 : Sr. Leena

Signature of Triage Nurse :

Date & Time : 13/7/26 @ 11:28 pm

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

Patient Name : Baby. VARIKUPPALA HADHYA UHID : VIH-00206917 IPD : IP-00060702 Gender : Female
Age : 6 Y 11 M 27 D

Patient Sticker

Rainbow® Children's Hospital | BirthRight® BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 13/7/26 Time of arrival : 11:29 PM loose stools x yesterday fever x today

Chief Complaints: Abdominal Pain, vomitings x 3days, RBS: —

Height : Weight : 21.9 kg BMI : — Head Circumference (<2 years) —

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

If yes , identify —

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 2 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

☐ Character Aching ☐ Location Abdomen ☐ Frequency Continuous ☐ Duration 3days

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 : 11:32 PM

Patient Name : Baby. VARIKUPPALA HADHYA UHID : VIH-00206917 IPD : IP-00060702 Gender : Female
Age : 6 Y 11 M 27 D

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

Time	Nursing Notes
11:25pm	* pt Came to ER
11:26PM	* vitals checked and Recorded
11:30PM	* ER Doctor Seen the pt & advised admission
	* Admission Done
	* Iv Placement Done (out side)
1AM	* samples collected & sent to lab
1:30AM	* pt shifted to ward

Samples collected by: & Sr. Hema Time: 1:00Am

Samples sent by : Time: 1:05Am

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 95b/m BP: 101/65(75) CFT: 2sec

RR: 22b/m SPO$_2$: 100%

GCS: 15/15 Temperature : 98.6°F

Pain Score: 0

Repeat RBS (if applicable): 0

Details of Shift - out

Shift - out from ER to: 102

Time of Shift - out: 14/7/26 @ 1:30 Am

Handover given to: Sr. Indu
(Nurse's Name) by. Sr. Kajal

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv cannulazation done out side

Name of the Nurse : Sr. Kajal Signature of the Nurse : Kajal

Date & Time : 14/7/26 @ 1:30Am

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AGE

Arrival Time: 1:35AM Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 29.1 Kg

..... Nil ..... 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: .....

.....

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

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

Observations: Weight: 29.6kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.3F HR: 112b/m RR: 26b/m BP: 100/66mmHg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 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 ..... family .....

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 ..... Mother and father .....

Nurse's Name: ..... Rodu ..... Date: ..... 14/7/26 ..... Time: ..... 1:50 Am ..... Signature

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

UHID ID:

Department: _____

Consultant: _____

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : V. Hadhya. Age/Sex 4y | female.

Information given by: mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o vomitings :- 2days.
c/o loosestools :- yesterday.
c/o fever :- Afternoon.

History of present illness :

child was apparently asymptomatic 2days back
then had c/o vomitings :- 2days
8-10 episodes/day.
H/o outside food consumption NB/NP/Non blood stained.
(+nt) hazy volume.
Not subsiding on medication.
a/w Abdominal pain.
Diffuse pain - more in epigastric region.
Dull aching in character.
c/o loosestools :- yesterday.
8-10 episodes of watery stools.
Non blood stained.
c/o fever :- Afternoon. → I/
mod grade fevers. treated c
Not a/w chills & rigors. Inj. cefotaxim.
If - period - Dull. - Inj. Amikacin

c/o dullactivity & ↓ oral Intake.
Sign & dehydration
thirst (+nt)
↓ o/p Demand.
o/I ↑ demand.

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

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

13/07/22 → USG Abd → Mesenteric LN (+).

Not significant.

13/07/22
Hb → 12.1
WBC → 10,000.
N/L → 80/16. parasite v/f (-ve).
CRP → 4.9 S.T-O → 1:160
GR → 17. Salmonella Typhi H 1:80.

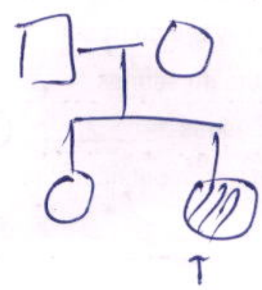
13/07/22
Amylase - 27
Lipase → 29

LFT
TB → 0.5 SGPT → 19.
SGOT → 31 Alb → 4.3.

Birth & Neonatal History:

Term baby / Bwt: 3kgs / LSCS

CIAB, No NICU Admission.



Birth & Socio Economic History:

About Father :
About Mother : Class III
Any additional Information :

Developmental History :

Development achieved as per Age. In all 4 domains.

Immunization History :

Immunized as per Age.

(P.T.O.)

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 22 kgs. (Centile _____)

On Examination :

Temperature : 98.3°F Pulse Rate : 90 b/m B.P. 104/68 SPO2 100%.

Resp.rate and type of breathing :

Rash (N).

Lymphadenopathy

Oedema :

Allergies (if any):

Pulse + Good volume
CRT < 3 sec.

Respiratory System :

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

Air entry & breath sounds : B/L AE (+)

Any addes sounds : (-).

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : $S_1 S_2$ (+)

Any murmur : (-).

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

Per Abdomen :

Inspection (N)

Palpation : P/A: Soft No T/L/R.

Ausculation :

Spine : (N) External Genitelia : (N).

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: (N) Power (R) 5/5 (L) 5/5

Co-ordinator :

Posture :

Involuntary Movements : (-)

Reflexes :

DTR +nt **Superficials:** +nt

Plantars flexors

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

AGE Sondehydration.

(P.T.O.)

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: TO prevent further dehydration.

Desired goals of the treatment : TO treat the symptoms

Planned Labs:

CBP, CRP, CUE, S/E
VBG, S.creat, S.urea,
LFT, B/C
USG Abd - TO be decided after review.
Extra plain (1)
Xray erect Abdomen.

Planned Management

- IVF
- Dr Jyothi mam c/o T/m
- Inj. Ceftriaxone - IV - 12th hly.
- Inj. Omeprazole - IV - once daily.
- Syp. Zincovit - 5ml - p/o - once daily.
- Inj. ONDANSETRON - IV - 8th hly.
- ENTEROGERMINA - P/O - 12th hly.
- NPO - till T/m.
- monitor vitals
- Inform (SOS).

Noted. By Sr. Rajyalu on 14/07/26 @: 12.40 AM

Signature of the Doctor: ....
Name of the Doctor: Dr. prashanth
Date & Time: 13/07/26.

Signature of the Consultant: ....
Name of the Consultant: ....
Date & Time: 14/7/26 9 A

Ref Dr. Jeevani Hospital
Venkata Lok Das, Sir

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

..OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 12:30 am	Case d/w c Dr. Jyothi mam	
	- Case h/o updated ; clinical findings updated	
	- X-Ray d/scussed + X Ray taken (R)	
	Plan	
	- NPO	
	- IV fluids	
	- Conservative management	
	Dr. Shanker	

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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
14/7/26 8:00pm.	c/s/B Resident	
	AGE c̄ Some dehydration.	
	No fever spikes.	
4/07 (↓).	1 episode of vomitings - overnight NB/NP / Non blood stained.	
-	c/o Abdominal pain (+nt) - Diffuse tenderness (+nt).	
	No c/o loose stools.	
	O/E	
	child Alert	
	Vitals stable	
	CVS: S1S2 (+)	Plan
	RS: BLAE (+)	
	P/A: soft	- Trace B/ds.
	CNS: NAD.	- USG Abdomen. (to be decided afterwards.
14/7/26 SH		- Ryotrimam c/o - today.
		- Inj. ceftriaxone - D1
		- Inj. Omeprazole.
		- Inj. ondansetron. R.
Noted by Benika 14/7 @ 3pm.		

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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
14/7/26 15:00	C/s/B Resident	
	AGE c̄ some dehydration	
	- Vomiting (+) on oral intake	
	- No fever spike	Plan
	- O/E Child alert	- Continue same
	Vitals Stable	
	CVS S1S2 (N)	- SOS CT Abdomen
	RS - BLAE (N)	
	PA - Soft	- Send CUE, urine C/S
	Tenderness (+)	
	CNS - NAD	
	USG - (N)	
	Sx Adv → Enema	
		[signature] Ashwani
	noted by Subham 14/7/26 6/7pm	

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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
	S/B Registrar	
15-7-26 8:30 am	AGE with some dehydration	
	no loose stool, orally tolerating well.	
	no vomiting, no fever	
	O/E child awake	
	CRT < 3 sec.	Plan
	afebrile	→ Stop of Ondansetron
	CVS - S1S2 (+)	→ Cont IVF
	RS - BAE (+), clear	IV antibiotic
	P/A - soft	→ Vitals 4th hrly
		→ Trace urine c/s
	Sameera (Dv. Sameera)	
15/7/26	[illegible signature]	
		Noted by Beronika 15/7 @2pm

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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
15/7/26 16:00	C/S/B Resident	
	AGE with some dehydration	
	No loose stool	
	Appetite poor	Plan
	O/E child active	- continue same
	CVS - S1S2 (N)	- Trace urine c/s
	RS - B/L NVBS (N)	
	PA - soft	
	very stable	
		Ashwini
		Noted by Subham 15/7/26 @ 6pm

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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 8:00 AM	c/s/B Resident	
	Ans: AGE c some dehydration.	
	No fever spikes.	
	No c/o vomitings & loose stools.	
	U/O - Adequate.	
	O/I - Better	
	O/E	
	Child Alert & Active	
	Vitals stable	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	Plan
	P/A: Soft	- Trace u/o & B/o.
	CNS: NAD.	Inj ceftriaxone - D3
		- Inj. omeprazole.
16/7/26		- monitor vitals
		- Inform (SOS)
		Dr. Prashanth
		- Plan for d/c today.
		Noted by subham 16/7/26 @ 9:45 am

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ACrE

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

Surgery / Procedure: Nill

Post OP Day: Nil

BACKGROUND

Date / Shift	13/7/26 Night	14/7/26 M	14/7/26 Evening	14/7/26 Night	15/7/26 M
Medical Condition (Any special condition to be noted):	Nill	Nil	NIL	Nil	Nil
Diet:	~~Soft diet~~ NPO	NPO	Clear liquid	Clear liquid	Soft 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:	98.5°F	98.3°F	98.6°F	98.3°F	98.3°F	98.6°F
Res:	24b/m	26b/m	25b/m	26b/m	26 b/mt	22b/m
SpO_2:	100%	98%	99%	98%	100%	99%
Pulse:	90b/m	100b/m	105b/m	100b/m	106 b/mt	95b/m
BP:	104/68(80)	100/60	100/52	105/64(72)	101/78(85)	98/61(70)
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	10	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:	Nill	Nil	Nil	NIL	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	~~NPO Soft diet~~	NPO	NPD	Clear liquid	Clear liquid	Soft diet
Critical Lab Test / Values:	Nill	Nil	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:	Nill	Nil	Nil	NIL	Nil	Nil
Handed Over By Name :	Sr. Kajal	Sindu	Bevonika	Subham	Renu	Bevonika
Signature / ID :		Reddy	B018727		B017154	B018727
Date:	14/7/26	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26
Time:	1830 Hrs	8pm	@2pm	@8pm	@8am	@2pm
Taken Over By Name :	Sindu	Bevonika	Subham	Anusha	Bevonika	Subham
Signature / ID :	Reddy	B018727			B018727	
Date:	14/7/26	14/7/26	14/7/26	14/7/26	15/7/26	15/7/26
Time:	@8pm	@8am	@2pm	@8pm	@8am	@2pm

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE with some dehydration			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: NIL			Post OP Day: NIL			
BACKGROUND	Date / Shift	15/7 Evening	15/7 N	16/7 M			
	Medical Condition (Any special condition to be noted):	NIL	Nil	Nil			
	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			
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4°F	98.3°F	98.4°F			
	Res:	22 b/m	24 b/m	26 b/m			
	SpO_2:	100%	100%	99%			
	Pulse:	92 b/m	95 b/m	96 b/m			
	BP:	103/64(79)	89/62(68)	101/67(73)			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	12	12	12			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	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			
	Critical Lab Test / Values:	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			
Post Operative Procedure Special Orders:		NIL	Nil	Nil			
Handed Over By Name :		Subham	Vaishnavi	subham			
Signature / ID :		17444	002016	17444			
Date:		15/7/26	16/7/26	16/7/26			
Time:		@ 8pm	@ 8AM	@ 9:45 AM			
Taken Over By Name :		Vaishnavi	Subham				
Signature / ID :		002016	17444				
Date:		15/7/26	16/7/26				
Time:		@ 8pm	@ 8AM				

Medical log
subham
16/7/26 @
9:45AM

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 13/7/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8'o- maintain fluid Balance 7'o- Ensure safety		2:30 maintained fluid Balance 7:30 side rails kept up		-maintain Hydration -prevent from falls risk	-patient is stable.	Sindu @ 8AM 14/7/25

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10am 1pm	→ Maintain Fluid Balance. → Ensure Safety		→ Administered IV Fluid DNS 60ml/hr → Side Rails kept up	→ Maintain Hydration → Prevent from fall Risk	Patient is stable	Bennika 14/7 @2pm
Afternoon	4pm	→ IV fluids on flow	4.30 pm	→ DNS 60ml/hr is maintained	→ To maintain hydration	→ patient is stable	Naga
Night	11 pm	→ maintain Fluid Balance	11 pm	DNS 60ml/hr is maintained	→ To maintain hydration	→ Patient is stable	14/7/26 at 8pm

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name: Dr. Jyoti Date: 14.1.26 Time: 2PM

Diagnosis: AGE c̄ Some dehydration

Hospital: Rainbow

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

c/o abdominal pain.

Signature:

Findings and Recommendations :

S/B Dr Jyoti

- Many thanks for ref.
- Case capsule noted
  h/o fever, pain in abdomen
P/A - Soft, No localised guarding
USG - WNL
Adv: Urine c/s, Nil Rx
- PR Enema, R/w if no improvement

Consultant :

Name : Dr Jyoti Bote Signature : [signature] Date & Time : 14/1/26 2pm

Doc. No. : RCH / FRM / CLINICAL / 049

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/7/26

Time:	1:45 Am	9 Am	5 Am	7 Am
Doctor / Nurse / Family Concern?				
Temperature (°F) (scale 94–104)	98.6	98.6	98.6	98.6
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)				106/70, 1/63
Heart Rate (Number)	110	112	110	108
Resp. Rate (bpm) (over 1 Minute) * (scale 10–70)				
Resp Rate (Number)	25	26	28	28
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2 (l/min)				
O_2 Saturations (%)	98	97	98	98
Conscious Level: Normal	N	N	N	N
Conscious Level: Altered				
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

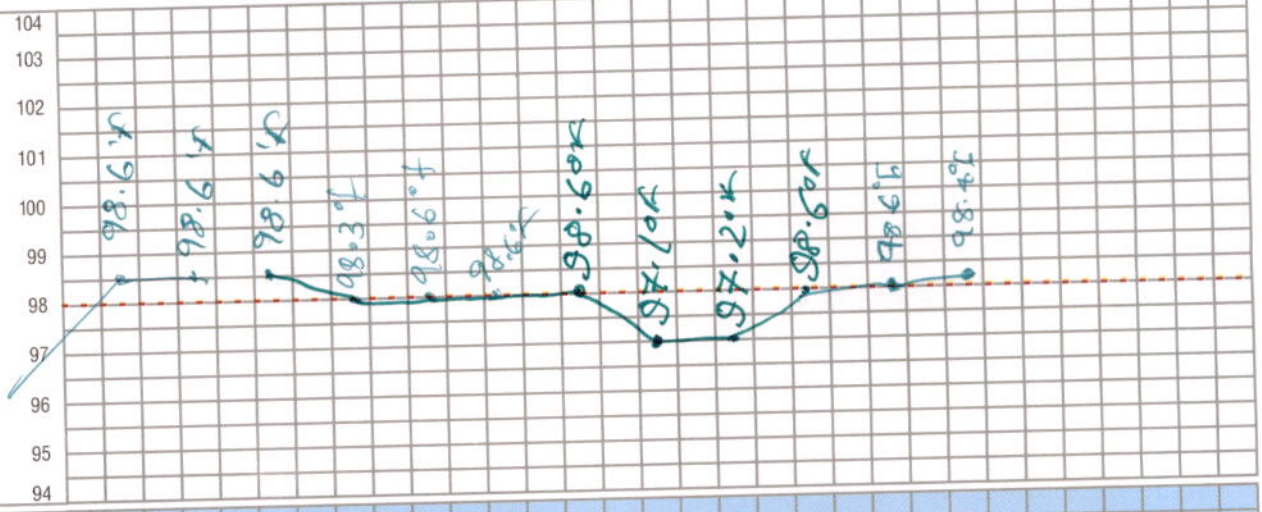
Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 14/7/26 . : Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM

Temperature (°F)

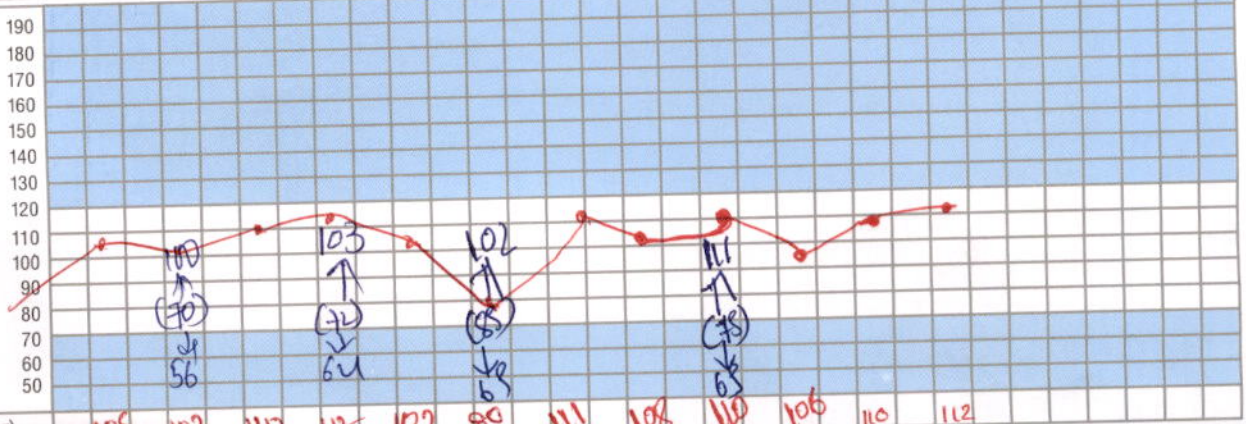


Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring



Heart Rate (Number)	105	102	110	112	102	80	111	108	110	106	110	112

Resp. Rate (bpm) per 1 Minute) *

Resp Rate (Number)	22	25	26	25	25	25	26	25	22	26	24	26
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	97	99	98	98	98	100	99	100	98	99	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	14	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	1	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	MS	MS	SK	B	B	B	B	B	BB

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 8 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

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

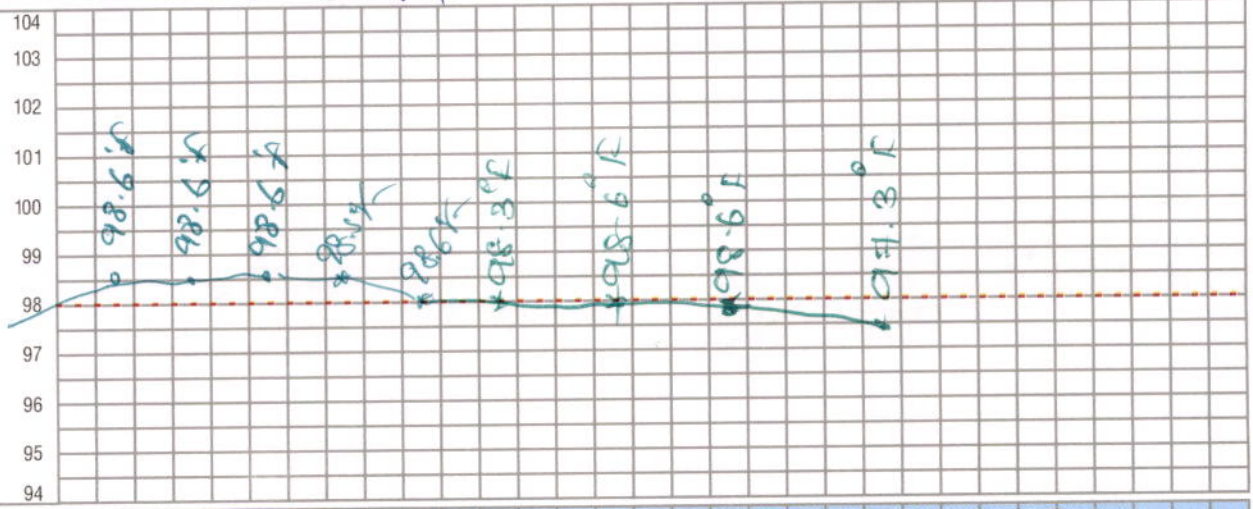
Rainbow® Children's Hospital — It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

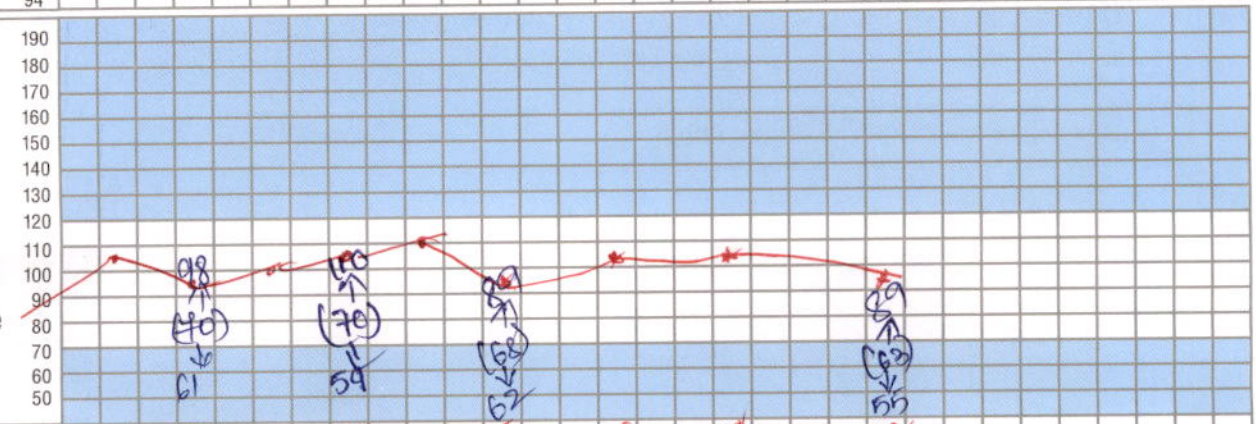
Date : 15/7/26 Time:	9	11	1	4	7	9	12	3	7
Doctor / Nurse / Family Concern?	am	am	pm	pm	pm	PM	AM	AM	AM

Temperature (°F)



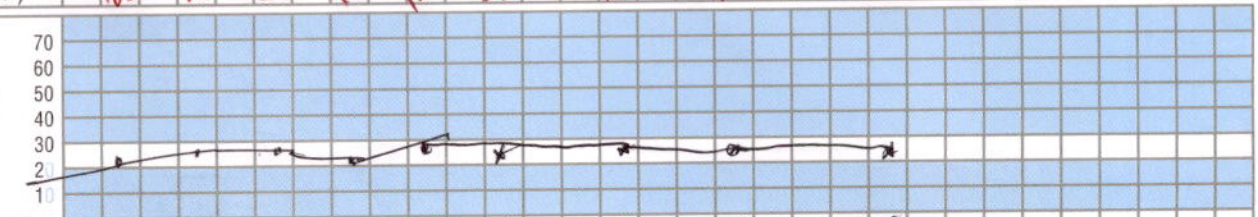
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	105	95	100	104	110	115	106	108	112

Resp. Rate (bpm) over 1 Minute) *



Resp Rate (Number)	22	25	26	22	28	26	24	25	28
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	98	99	97	100	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	B	B	B	SK	SK	V	V	V	V

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

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 8 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7/26 Time:	9
Doctor / Nurse / Family Concern?	AM

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

98.4°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)	110

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

Resp Rate (Number)	24
Resp Distress: Mod/ Severe / None / Mild	N
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	SK

Noted by Subhan 16/7/26 @ 9.45 AM

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

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1 13/7/26

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 :						
	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			60ml								
Total Intake : 60ml						Total Output :						
	02:00 am			60ml								
	03:00 am		Nacl	60ml						L		
	04:00 am			60ml								
	05:00 am			60ml								
	06:00 am			60ml						-		
	07:00 am											
Total Intake : 300ml						Total Output : 2 மீறல்						

Total 24 hrs. Intake	360ml	Total 24 hrs. Output	

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 8 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

14/7/26

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.s	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
14/7/26			Mouth	D.W.s	N.G							
	08:00 am											
	09:00 am		N	.						✓		
	10:00 am			60ml								
	11:00 am		P	60ml							0	Benaiah 14/7
	12:00 pm											
	01:00 pm		O	60ml						✓		@2pm
Total Intake :				180 ml		**Total Output :**						
14/7	02:00 pm		water	.								
	03:00 pm											
	04:00 pm		ORS	60ml						✓		Subham 14/7 @7pm
	05:00 pm		coconut	60ml			✓				0	
	06:00 pm		water	60ml								
	07:00 pm											
Total Intake :		180ml				**Total Output :**						
15/7	08:00 pm		ORS	60ml								
	09:00 pm		Jelly	60ml						✓		
	10:00 pm		Water	60ml								
	11:00 pm			60ml						✓		
	12:00 am		water	60ml								
	01:00 am			60ml								15/7/26 @1Am
Total Intake :		360ml				**Total Output :**						
15/7	02:00 am			60ml								
	03:00 am			60ml						✓		
	04:00 am		water	60ml							0	
	05:00 am									✓		15/7/26 @7Am
	06:00 am											
	07:00 am											
Total Intake :		180ml				**Total Output :**						

Total 24 hrs. Intake	900 ml	Total 24 hrs. Output	7 times

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

15/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
15/7	10:00 am		Jelly water							✓		
	11:00 am										0	
	12:00 pm											Beerovika 15/7 @2pm
	01:00 pm									✓		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm		Rice waters									
15/7	04:00 pm											Subhen 15/7 @8pm
	05:00 pm									✓	0	
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		Rice + Water									
15/7	10:00 pm										0	Vaishnavi 16/7/26 @2Am
	11:00 pm									✓		
	12:00 am											
	01:00 am										1	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am		Water									
16/7	04:00 am											Vaishnavi 16/7/26 @8Am
	05:00 am									✓	0	
	06:00 am											
	07:00 am										1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	5-times

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ..... (2)

16/7/26

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							
16/7.	08:00 am		Idly + water							✓	1 0 1	Subham
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Noted by Subham 16/7/26 @ 9:49 AM

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 28 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

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

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 14/7/26 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 / 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.

(5ml = 240mg)

SOS / PRN (As Required Medication)

DRUG: SYP. PARACETAMOL				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
7ml	P/O	Q6H	13/7	
Doctor's Signature	Valid Period	Pharm.		
Dr Sanu				
Additional Instructions: 10-15mg/kg/dose T>100F				

DRUG: Syp. IBUGESIC				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
10ml	P/O	Q6H	13/7	
Doctor's Signature	Valid Period	Pharm.		
Dr Sanu				
Additional Instructions: (5ml = 100mg) @10mg/kg/dose T>102F				

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

VERIFIED BY : Name .... Signature ....
Bijyalaxmi 13/7/26
Bijyalaxmi 13/7/26

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight. 22kg Ward. ....

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
1g	IV	12th hly	13/7

Name & Signature of the Doctor Starting the Drugs: Dr Sneh

Additional Instructions: 30-50mg/kg/dose (AFTER TEST Dose)

Daily Doctor's Endorsement by a Sign

Date/Time: 14/7, 15/7, 16; 6 AM; 6 PM

DRUG : INJ. ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
20mg	IV	Once daily	13/7

Name & Signature of the Doctor Starting the Drugs: Dr Sneh

Additional Instructions: 1mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date/Time: 14/7, 15/7, 16/7; 6 AM

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Date
4mg	IV	8th hly	13/7

Name & Signature of the Doctor Starting the Drugs: Dr Sneh

Additional Instructions: 0.1-0.2mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 14/7, 15/7; 6 AM; 2 PM; 10 PM

STOP 15-7-26

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Date
1 respule	P/O	12 Hourly	13/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 14/7, 15/7, 16/7; 6 AM; 6 PM

Poojalaxmi 13/7/26

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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

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

REGULAR PRESCRIPTIONS

Rajyalaxmi 13/7/21

DRUG : SYP. ZINCONIA

Dose	Route	Frequency	Start Dt.
5ml	P/O	ONCE DAILY	13/7/21.

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

Additional Instructions: 5ml/day.

Date ➤ 14/7/21
Time ▼ 6 PM; 8AM

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date ➤
Time ▼

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date ➤
Time ▼

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date ➤
Time ▼

Daily Doctor's Endorsement by a Sign.

VIH-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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-00206917 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

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
14.7.26	2.00PM	PROCTOCLYSIS ENEMA	100 ml	P/R	Sam	Sadiya Elija

verified
Dr. Rishika
Clinical Pharmacologist

VERIFIED BY : Rishika

VH-0020691 IP-00060702
Baby VARIKUPPALA HADHYA
17-07-2019 6 Y 11 M 27 D (F)
Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

Weight. 22kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
13/7/26	1:30 AM	DNS (full M)	I/V	60 ml/hr			16/07/26		

Signature .....

VERIFIED BY : Name .....