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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVI VRCH.0000049991 IP-00060590 **IG**
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

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

UHID No ---------- Consultant : ---------- Dept : Paediatric

Date of Admission : 6/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 1st floor Ward : 110. Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	8.10pm	ER	110	Shm.

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
6/7/26	covid rat - Negative	26022609	[illegible]
	LFT, mp		
	Deguens1 + IgM	26022608.	[illegible]
	CBP	26022689	[illegible]
	CBP, CFP	26022749	[illegible]
8/7	CBP	26022833	[illegible]
	Cross checked by [illegible] 9/7 @ 8AM		
9/7/26	CBP, LFT	26022885	[illegible]
	Cross checked by [illegible] ✓		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV placement	(1)	3098140	Shm.
	Cross checked by Eligate			

ANY OTHER INFORMATION

covid rat - negative.

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Eligate Shm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/07	Infusion pump	8:10pm	9/7/26. 5Am	3098139	Saliya

Rainbow Children's Hospital

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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-00060590 **Admit Date** : 06-Jul-2026 **Admit Time** : 07:04 PM **UHID** : VRCH.0000049991

Patient Details :

Patient Name	: Master SRIHARSHA BARANI	**Age**	: 12 Y 0 M 5 D
Guardian	: Mr MR.RAMA KRISHNA	**DOB**	: 01-07-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: .G4, PRAKASH RESIDENCY OLD BOWENPALLY, Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 8008145188
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name	: Mr MR.RAMA KRISHNA	**Relationship**	: S/O
Contact Address	: .G4, PRAKASH RESIDENCY OLD BOWENPALLY, Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 8008145188 / 9618312298

B. Rao Krishna

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**	: MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : Mast. SRIHARSHA BARANI UHID : VRCH.0000049991 IPD : IP-00060590 Gender : Male Age : 12 Y 0 M 5 D

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Wt:- 32.9 kg
Ht:- 152 cm

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mast. Age : 12yrs Gender: ☑ Male ☐ Female

Date : 6/7/26 Time of Arrival : 6:44pm

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: 100.2°F PR: 92b/m BP: 111/81(91) RR: 22b/m SpO: 100%

Chief Complaints: fever, vomitings since 2days, Headache since yesterday

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

B. Mounika
Signature of Parent / Guardian

Triage Completion Time : 6:46pm

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. Nagmani

Signature of Triage Nurse : Nagmani

Date & Time : 6/7/26 @ 6:46pm

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

Patient Name : Mast. SRIHARSHA BARANI UHID : VRCH.0000049991 IPD : IP-00060590 Gender : Male Age : 12 Y 0 M 5 D

Patient Sticker

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/20 Time of arrival : 6:47pm

Chief Complaints: fever, vomitings since 2days, Headache yesterday. RBS: —

Height : 152cm Weight : 32.9kg 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 Parents

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1

Time of Initial assessment completed by ER Nurse : 6:50pm

Patient Name : Mast. SRIHARSHA BARANI UHID : VRCH.0000049991 IPD : IP-00060590 Gender : Male Age : 12 Y 0 M 5 D

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

Time	Nursing Notes
6:44pm	Patient Came to ER.
6:47pm	Vitals checked and recorded.
6:50pm	Dr. Vikwaja Seen the Patient.
6:52pm	Advise for admission.
7pm	Admission process done.
7:40pm	Iv placement done and Samples sent to labs
8:10pm	patient shifted to ward.

Samples collected by: Sr. Swagatika Time: 7:40pm

Samples sent by : Time: 7:45pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
@7:16	Tab. Crocin	PIO.	500mg	Dr. Vikwaja	

Condition of patient at time of shift - out :

HR: 95b/m BP: 111/81 CFT: -

RR: 22b/m SPO_2 : 100%

GCS: 15 Temperature : 100.2F

Pain Score: 0

Repeat RBS (if applicable): .....

Details of Shift - out

Shift - out from ER to: ICU

Time of Shift - out: @ 8:10 pm

Handover given to: Sr Manasa

(Nurse's Name) By Sr Nagma

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sr. Nagmani Signature of the Nurse : Nagma

Date & Time : 6/7/26 @ 8:10pm

PATIENT TRANSFER FORM

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VRCH.0000049991 IP-00060590 Master SRIHARSHA BARANI 01-07-2014 12 Y 0 M 5 D (M) Dr. SURENDER RAO DUSA Treating Consultant Name	Date & Time of Admission 6/7/26 @ 7:04pm	Date & Time of Transfer Order 6/7/26 @ 8.10pm
	Transfer Ordered by DR. Vishwateja	Reason for Transfer for Admission
From Unit ER	To Unit	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? op file given to

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shanthi Ishwar	DR. Vishwateja

Patient & Clinical Records Received by : Manasa

Date & Time of Patient Received : 6/7/26 @ 8:15PM

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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01-07-2014 12 Y 0 M 6 D (M)
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: URTI (Upper respiratory tract infection)

Arrival Time: 8:15pm Mode of Arrival: by walk Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: Nil

Body Weight: 32.9 Kg

Height: 152 cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	No

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: 32.9kg Length: 152(cm) Head Circumference (< 2 years): Nil

Temp.: 98.3°f HR: 98 b/m RR: 24 b/m BP: 100/60 (70)

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (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?) ..... 01 .....

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 .....

Nurse's Name: ..... manasa ..... Date: 6/7/26 ..... Time: 8:30pm ..... Signature

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Name : Sriharsha Barani Age/Sex 12y / male

Information given by: mother Relationship

Chief Presenting Complaints & Duration (Chronologically)

c/o fever since 3days.
a/w vomitings
throatpain

History of present illness :

child was apparently healthy 3days back then
presented with fever since 3days
moderate to high grade
2-3spikes/day
Relieving on antipyretics.
a/w vomitings since 2 days
1 episode/day
content – food/water
NP/NB/non Blood stained.

a/w throat pain
↓
managed on OPD basis – outside
↓
a/c/o persistence of fever – admitted @ RCH

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

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

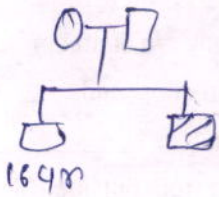
Non significant

6/7/26

CRP- 4mg/dl Hb : 14.7 Plt - 1.40 lakh
RBC - 5.2
WBC - 2.2
N° - 66%.
L° - 28%.

Birth & Neonatal History:

Term/ LSCS (previous)/ 2.75kg/
perinatal admission for
Jaundice



Birth & Socio Economic History:

About Father :
About Mother : class IV
Any additional Information :

Developmental History :

Appropriate for age in all 4 domains.

Immunization History :

Received upto date as per Vaccination

(P.T.O.)

H.0000049991 IP-00060590
r SRIHARSHA BARANI
-2014 12 Y 0 M 5 D (M)
URENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 32.9kg (Centile _____)

On Examination :

Temperature : 100.2°F Pulse Rate : 92/min B.P. 111/81 mm SPO2 100%

Resp.rate and type of breathing : 22/min

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

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

Air entry & breath sounds : BIL AE (+)

Any addes sounds : NO.

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : NO

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : (N). External Genitelia :

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

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton :

Tone: Power 4/5 all 4 limbs

Co-ordinator : (N)

Posture :

Involuntary Movements : (-)

Reflexes : +

DTR +2 **Superficials:** +

Plantars flexor

Sensory System : +

Bladder / Bowel : No incontinence

Clinical Summary & Diagnostic:

URTI (Dz of Ulnar)

(P.T.O.)

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications

Desired goals of the treatment : To treat current condition.

Planned Labs:

LFT
Dengue NS1, IgM
MP
CBP } done on opis basis
CRP }

Planned Management

1) iv fluids.
2) Inj ceftriaxone
3) vitals monitoring 4th hourly
4) Bp monitoring
Inform < 90/50 mmHg

noted by
Dr. nagma
6/7/26
8pm

Signature of the Doctor: .....
Name of the Doctor: Dr. Vishwaja
Date & Time: 6/7/2026 7:10pm

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

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01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B resident	
7/7/16 8:50 AM	D: Dengue fever	
	– fever spike overnight, myalgia (+)	
	CRT < 3 sec	
	CNS – S1 S2 (+)	
	RS BAE (+)	
	PA – soft	
	CNS normal	
	Plan	
	– IV fluids	BP centile chart
	– Inj. Ceftriaxone	
	– vitals 2nd hrly	Sys · Dia
		5P 90 44
	→ inform if	50 P 107 63
	BP < 80/50	90 P 124 78
		95 P 125 82
	BP ~ 5–50th centile	
	BP charting 2nd hrly.	
Dr Preeth	· CBP at 3-00PM .	
	LFT, CBP T/m	

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01-07-2014 12 Y 0 M 6 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26: 2:00PM	SB Resident:	
	A - Dengue Fever. [D4]	
	1 Fever spike @ 6:45 AM.	
	O/E Child awake, Euthermic, Vitals - stable	
	CVS / RS / P/A — (N)	Adv:
		C/T
		CBP at 8:00PM.
		↓ CBP, LFT
		Dr. Snehasree, (TM)

Noted by Dr. ... @6pm 7/7/26

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Master SRIHARSHA BARANI (M)
01-07-2014 12 Y 0 M 6 D
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9AM	C/S/B Resident	
	Dengue fever D5	
	? fever spikes in last 24 hrs	
	PLT - 1.26 → 1.10 PCV - 36.3 → 38	Adv
	O/E Conscious Afebrile CVS S_1S_2 (N) RS BLAE (N) PA soft Vitals stable	- continue ceftriaxone - monitor vitals - CBP in evening at 5pm
		Dr. Surender 8/7/26 11AM
		Noted by Vaishnavi 8/7/26 @ 10AM

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 15:15	C/S/B Resident	
	Dengue fever (D5 of illness)	
	↓ fever spike at 2pm	
	O/E Conscious	Plan
	Afebrile	
	CVS S1S2 (N)	Continue same
	RS BLAE (N)	
	P/A soft	- CBP at 5 pm
	very stable	
		- Vitals monitoring
		→ CBP T/M
		→ LFT (hold)
		Collect ↓↑
		[signature]
		Noted by Manisha 8/7/26 @8pm

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Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 8:20 am	Dengue fever	
	- No fever after 2pm	
	- Pulses - OK	
	- No warning signs	
	- CRT <3 sec.	
	CVS - S1 S2	
	CNS / RS / PA — NAD.	Plan
		- Continue Same
		- Trace manual
	Discharge.	- Prepare for D/C.
PH	CBP, LFT } on Saturday	
	Hydrate well	
	Dr Surender Rao 9/7/26 11:46 AM.	
	Noted by Vaishnavi 9/7/26 @12pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VRCH.0000049991 IP-00060590
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ~~[illegible]~~ URTI (Ds of Illness)

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

Surgery / Procedure: –

Post OP Day: –

BACKGROUND

Date / Shift	6/7/26 E	6/7 N	7/7/26 M	7/7/26 E	7/7 N	8/7 M
Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
Diet:	S.diet	S.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:	100.1°F	98.2°F	98.6°F	98.3°F	98.4°F	98.1°F
Res:	22b/m	20b/m	22b/m	23b/m	20b/m	20b/m
SpO_2:	99%	98%	98%	98%	99%	99%
Pulse:	110b/m	104b/m	103b/m	101b/m	102b/m	78b/m
BP:	111/81mmHg	108/80mmHg	101/68(80)	108/66(80)	102/68(71)	114/82(88)
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	10	10	10	10	10	10
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	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Nil	Nil	S.diet	S.diet	S.diet	S.diet
Critical Lab Test / Values:	Nil	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	Depend	Depend	Dependent	Dependent
Post Operative Procedure Special Orders:	Nil	Nil	Nil	Nil	Nil	Nil
Handed Over By Name :	Nagmani	Anitha	Rndu	Rndu	Anitha	Vaishnavi
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	6/7/26	7/7	7/7/26	7/7/26	8/7/26	8/7/26
Time:	8:1pm	@8am	@2pm	8pm	@8Am	@2pm
Taken Over By Name :	Anitha	Rndu	Rndu	Anitha	Vaishnavi	Manisha
Signature / ID :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	6/7/26	7/7/26	7/7/26	7/7/26	8/7/26	8/7/26
Time:	@8:15pm	@8am	@8pm	@8pm	@8AM	@2pm

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 6 D (M)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Dengue fever	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: Nil
	Surgery / Procedure: —	Post OP Day: —

BACKGROUND	Date / Shift	8/7/26 E	8/7 N	9/7/26 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:	98.6°F	98.3°F	98.1°F			
	Res:	24b/m	28b/m	24b/m			
	SpO_2:	99%	98%	98%			
	Pulse:	120b/m	92b/m	90b/m			
	BP:	—	102/69(80)	110/77(88)			
	LOC:	conscious	Conscious	Conscious			
	Fall Risk Score:	10	10	10			
	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 :		Manisha	Manya	Vaishnavi			
Signature / ID :		M9050145	F0149797	W020216			
Date:		8/7/26	9/7/26	9/7/26			
Time:		@8pm	@8AM	@12pm			
Taken Over By Name :		Manya	Vaishnavi	File send to billing			
Signature / ID :		F0149797	W020216				
Date:		8/7/26	9/7/26				
Time:		@8PM	@8AM				

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 SRIHARSHA BARANI**	**Age :**	**12 Y 0 M 5 D**
IP No:	**IP-00060590**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

Barani Sriharsha

Name: RAMA KRISHNA

Relationship: father

Date: 06/07/26

Time: 7.04 P.M

Witness Name:

Witness Signature:

Patient Address:

.G4, PRAKASH RESIDENCY OLD BOWENPALLY, Bowenpally Hyderabad Telangana INDIA 500011

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

I/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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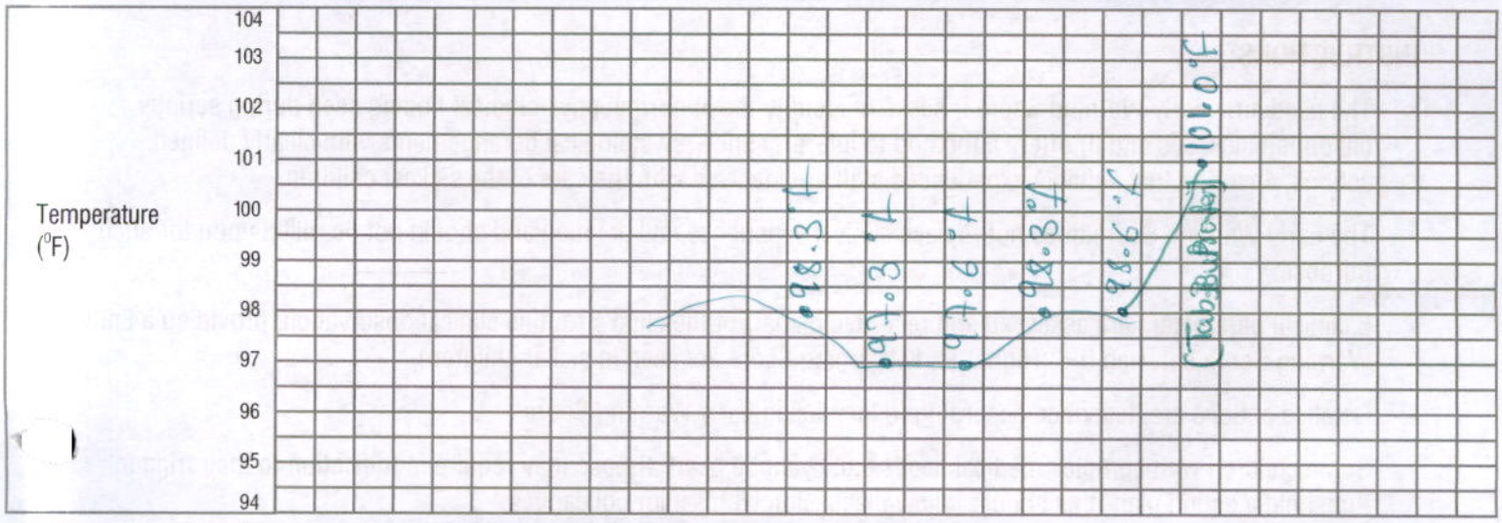
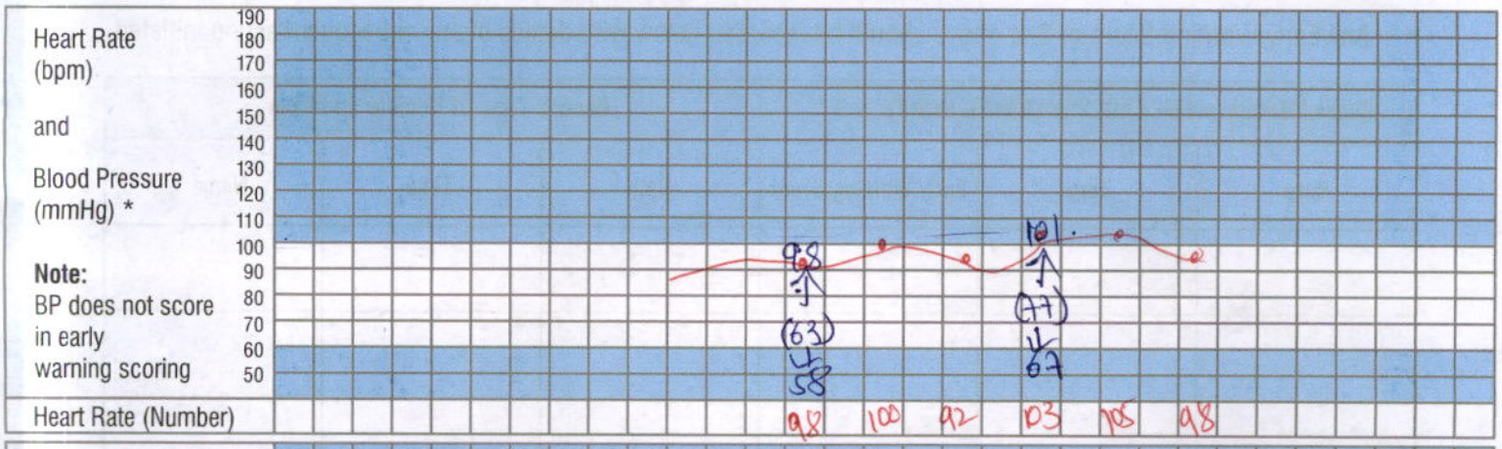
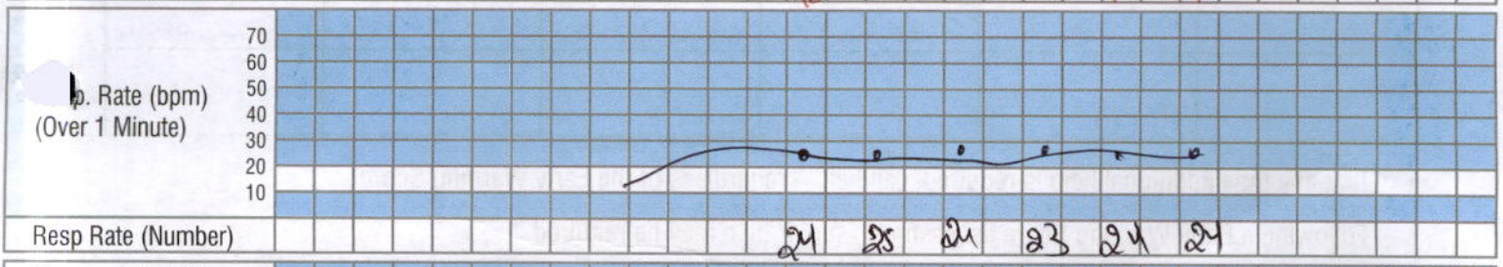
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6/7/26 Time:	9	11	1	3	5	6:45
Doctor / Nurse / Family Concern?	PM	PM	AM	AM	AM	AM





Heart Rate (Number)	98	100	92	103	105	98



Resp Rate (Number)	24	25	24	23	24	24
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	97	98	98	97	98	98
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	MA	MA	MA	MA	MA	MA

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

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (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 : 7/7/16 Time:	9 Am	11 Am	1 pm	3 pm	4:30 pm	7 pm	9 pm	12 Am	2 Am	4 Am	6 Am	8 Am
Doctor / Nurse / Family Concern?												
Temperature (°F)	98.3F	98.6F	98.6F	98.3F	100.6F (Tab pcm)	98.6F	99.4F	101.9F (Tab: pcm)	98.9F	98.3F	98.2F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) *	6	100 / (70) / 61	101 / (80) / 65	105 / (75) / 63	118 / (78) / 70		105 / (79) / 67	113 / (95) / 84	94 / (67) / 55	98 / (69) / 54	104 / (81) / 69	101 / (78) / 67
Heart Rate (Number)	98	100	101	103	100	101	80	92	101	99	89	94
Resp. Rate (bpm) (Over 1 Minute)												
Resp Rate (Number)	25	25	24	25	24	25	19	22	18	19	20	19
Resp Distress Mod/ Severe												
Resp Distress None / Mild												
Receiving O_2 (l/min)												
O_2 Saturations (%)	98	98	98	98	98	98	99	100	99	97	98	99
Conscious Level Normal	N	N	N	N	N	N	N	N	N	N	N	N
Conscious Level Altered												
GCS *	15	15	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	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	Andu	Andu	Andu	Andu	Andu	Andu	A	A	A	A	A	A

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

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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)

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI (M)
01-07-2014 12 Y 0 M 6 D
Dr. SURENDER RAO DUSA

..: RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/26

Time:	10 AM	12 pm	2 pm	4 pm	6 pm	8 pm	10 pm	12 AM	2 AM	4 AM	6 AM	8 AM
Doctor / Nurse / Family Concern?												
Temperature (°F)	98.1°F	97.?°F	99.8°F	100 D°F (Tab paracetamol)	98.6°F	98.6°F	98.6°F	98.3°F	97.3°F	97.5°F	98.6°F	97.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	114/63 (75)	94/55 (68)	102/65 (77)	93/(62) 73	98/(63) 73	104/(68) 79	102/68 (80)	94/57 (68)	101/58 (65)	98/56 (60)	103/63 (78)	94/56 (60)
Heart Rate (Number)	76	90	75	79	78	90	92	82	92	86	90	
Resp Rate (Number)	18	19	19	20	19	20	22	24	25	26	26	
Resp Distress: Mod/ Severe												
Resp Distress: None / Mild												
Receiving O_2 (l/min)												
O_2 Saturations (%)	99	99	99	100	99	99	98	97	98	97	98	
Conscious Level: Normal	N	N	N	N	N	N	N	N	N	N	N	
Conscious Level: Altered												
GCS *	15	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	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	V	V	V	M	M	M	Ma	Ma	[illegible]	[illegible]	[illegible]	

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute)

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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

VRCH.0000049991 IP-00060590
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 7 D (M)
Dr. SURENDER RAO DUSA

Doc. No. : RCH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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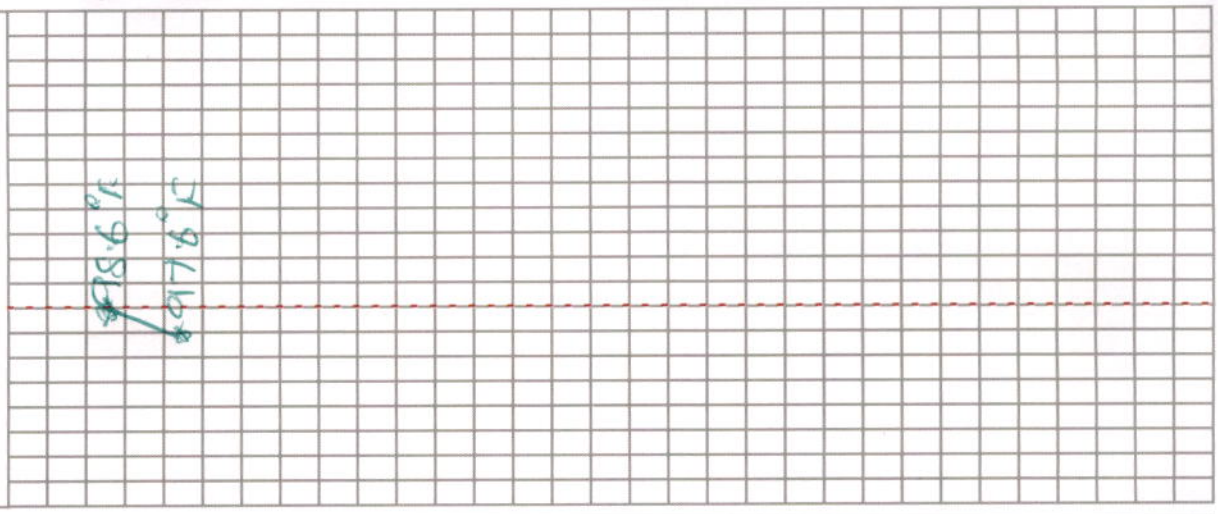
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

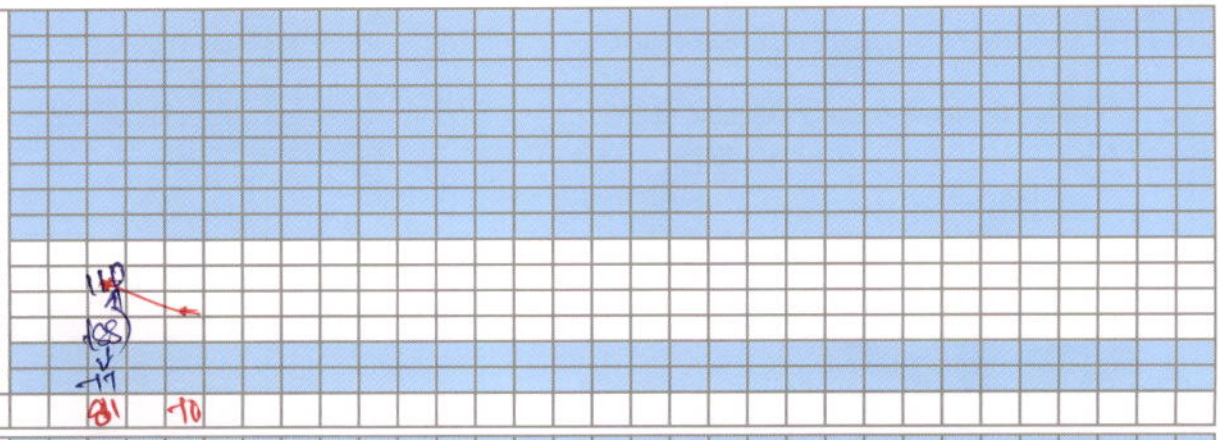
Date : 9/7/16 Time:	10	12
Doctor / Nurse / Family Concern?	AM	PM

Temperature (°F)



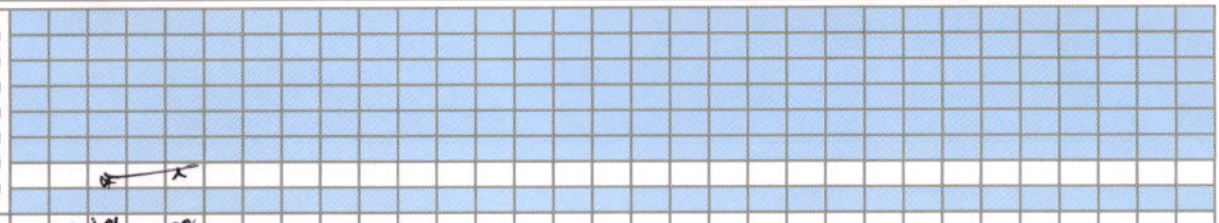
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	81	70

Resp. Rate (bpm) (Over 1 Minute)



Resp Rate (Number)	19	18
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	99	98
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	✓	✓

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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(1)

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FLUID CHART

Sheet No. : .....

6/7/26

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											
	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 :**						
6/7	08:00 pm		Rice water	DNS 45ml								
	09:00 pm			45ml								
	10:00 pm			45ml								
	11:00 pm			45ml						✓		
	12:00 am			45ml								
	01:00 am			45ml								
Total Intake : 225 ml						**Total Output :**				0		
7/7	02:00 am			45ml								
	03:00 am			45ml								
	04:00 am			45ml								
	05:00 am			45ml						✓		
	06:00 am											
	07:00 am											
Total Intake : 180ml						**Total Output :**						

Nausea 7/7/26 @7AM

Total 24 hrs. Intake	405 ml

Total 24 hrs. Output	2 times

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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
7/7												
	08:00 am		Idly + water							✓		
	09:00 am			45ml							0	Sridu
	10:00 am			45ml								
	11:00 am			45ml						✓		@2pm
	12:00 pm			45ml								7/7/26
	01:00 pm			45ml								
Total Intake :		225ml				**Total Output :**				2 times		
7/7/26	02:00 pm			45ml								
	03:00 pm		Rice + water	45ml						✓		
	04:00 pm			45ml							0	Sridu
	05:00 pm			45ml						✓		@2pm
	06:00 pm			45ml						100ml		7/7/26
	07:00 pm									100ml		
Total Intake :		225ml				**Total Output :**						
7/7	08:00 pm											
	09:00 pm		Rice	45ml								
	10:00 pm		+ water	45ml								Anitha
	11:00 pm			45ml								7/7
	12:00 am			45ml								
	01:00 am			45ml								
Total Intake :		225 ml				**Total Output :**						
8/7	02:00 am			45ml								
	03:00 am		water	45 ml								
	04:00 am			45ml						250 ml		
	05:00 am			0							0	Anitha
	06:00 am			45ml								8/7
	07:00 am			45ml								
Total Intake :		225 ml				**Total Output :**						

Total 24 hrs. Intake	1000 ml	Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

8/7/26

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							
8/7/26	08:00 am		light water	45ml						140ml	0	Vaishnavi 8/7/26
	09:00 am			45ml						100ml		
	10:00 am			45ml						200ml		
	11:00 am			45ml						150ml		
	12:00 pm			45ml						290ml		
	01:00 pm			45ml								
Total Intake : 270ml						Total Output : 880ml						
8/7/26	02:00 pm		Rice water	45ml						60ml	0	Marisla 8/7/26 @8 pm
	03:00 pm			45ml			✓	✓				
	04:00 pm			45ml								
	05:00 pm			45ml						190ml		
	06:00 pm			45ml								
	07:00 pm											
Total Intake : 255ml						Total Output : 250ml						
8/7	08:00 pm											
	09:00 pm		Rice + water	45ml								manasa 9/7/26 @7AM
	10:00 pm			45ml								
	11:00 pm			45ml								
	12:00 am			45ml								
	01:00 am			45ml								
Total Intake : 225ml				5		Total Output :					0	
9/7	02:00 am			45ml								
	03:00 am			45ml								
	04:00 am			45ml								
	05:00 am			45ml								
	06:00 am			0						250ml		
	07:00 am											
Total Intake : 180ml						Total Output :						

Total 24 hrs. Intake	930ml

Total 24 hrs. Output	1380ml

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

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FLUID CHART

Sheet No. : 9/7/26

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							
9/7	08:00 am		Idly + [illegible]									
	09:00 am						✓					
	10:00 am 20											Vaishnavi
	11:00 am									100ml		9/7/26
	12:00 pm											@12pm
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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**	

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DRUG CHART

Date of Admission: .... 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.

SOS / PRN (As Required Medication)

DRUG: TAB. PARACETAMOL				Date / Time	7/7 4:30PM	8/7 12 AM
Dose: 1tab	Route: PO	Frequency: as required	Start Date: 6/7		Fever Cy	2:10 Vaishu
Doctor's Signature: [signature]		Valid Period: Max 6th hourly	Pharm.: [signature]			
Additional Instructions: 1tab = 500mg 10-15mg/kg/dose. temp >100°F						

DRUG: TAB. IBUPROFEN				Date / Time	
Dose: 1tab	Route: PO	Frequency: as required	Start Date: 6/7		
Doctor's Signature: [signature]		Valid Period: max 8th hourly	Pharm.: [signature]		
Additional Instructions: 1tab = 400mg 10mg/kg/dose if temp > 102°F					

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

VERIFIED BY : Name Signature

Chitk 6/7/26

As per Dr Dr Suresh adv: Chithra 6/7/26

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01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 32.9 Kg Ward. ....

6/7/26

DRUG : INJ. CEFTRIAXONE				Date ▸ Time ▾ 6/7, 7/7, 8/7
Dose	Route	Frequency	Start Date	
1.5g	IV.	12th hourly	6/7	6AM
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				6PM
Additional Instructions: after test dose 25-50mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

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

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

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

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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

Signature

VERIFIED BY : Name

VRCH.0000045551 [illegible]
Master SRIHARSHA BARANI
01-07-2014 12 Y 0 M 5 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 32.9 kg 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
6/7/26	8:20 PM	DNC (2/9M)	IV	45	[signature]	[signature] [signature]			

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