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

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ACTIV[illegible]NG

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Name: -----

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

Date of Admission : 1/8/26 Time : 9:20pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 111 Ward : 1st floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/8/26	9:30pm	ER	111	

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
1/8/26	Dengue NS1 + Dengue IgM	26026116	
	CBP, Platelet		
	CRP, Creat/W		
	Blood cls	26026116	
	Chest x ray	R 26 012577	
1/8/26	CUE	26026126	
	Cross checked by 2/8/26		
2/8/26	Respiratory Panel (5 types)	26026171	
3/8/26	LFT	26026259	
	Cross checked by 3/8/26		
4/8/26	Urine CRP	26026396	
	Urine Checked by Dr Gayatri		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/8.	Infusion pump	10:30pm.	2/8/16. 10.pm	310:9591	[signature]
	Cross	checked by	[signature]	2/8/16	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
1/8/26	IV placement	(1)	3109522	
	Cross checked by 2/8/26			
2/08/26	Nebulization	5	3109922	
4/8	Neb's	9	3110525	
6'				
	Cross checked by Nurses			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Nurses Dino		

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 · 6 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

111

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
1/8/26	00.00	12.30pm — Hyperneb	Anitha	
2/8/26	01.00	8.30Am — Hyperneb	Anitha	
2/8/26	02.00	10:30Am - hyperneb	Raja	
2/8/26	03.00	levolin + budecost - 12pm	Raja	
2/8/26	04.00	6 Pm - Levolin + Hyperneb	Subham	
	05.00	(5) 3109922		
3/8/26	06.00	12am - levolin + Budecost	Beeunika	
3/8/26	07.00	2am - Hyperneb	Beeunika	
	08.00	6am - levolin	Beeunika	
3/8/26	09.00	10:30Am - hyperneb	Nagmani	
	10.00	12:40pm. Levolin + Budecost	nagmani	
	11.00	7 pm - Levolin + Hyperneb	Anitha	
	12.00	1Am :- levolin + Budicost	Indu	
	13.00	8Am - Hyperneb · 3Am	Indu	
	14.00	7Am levolin + Budecost	Indu	
	15.00	(9) 3110503		
	16.00	~~11Am - Hyperneb~~		
	17.00	~~1pm levolin + Budecost~~		
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Name	Baby A JEFREENA ROBIN	**UHID**	VIH-00207560
Father/Guardian	Mr ANTHONY ROBIN	**Age/Gender**	6 Y 11 M 4 D/Female
Address	PLOT NO 33 TEACHERS COLONY, Trimulgherry, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060968	**Admission Date**	01-08-2026
Ref Doctor	Dr Rajgopal kishan	**Discharge Date**	04-08-2026

DISCHARGE SUMMARY

Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Diagnosis: Dengue Fever with Influenza-A LRTI

History: Baby A. JEFREENA ROBIN is a 6 Y 11 M 4 D girl presented with history of moderate to high grade intermittent fever, cough, cold since 4 days, decreased oral intake since 2 days prior to admission. For the above complaints, she was investigated outside and was found to have Dengue IgM positive. She was referred to Rainbow Children's Hospital for further management.

Outside Investigations: Complete blood picture done on 01.08.2026 showed hemoglobin 13.9 gm%, white blood cells count of 5,304 cells/cumm, platelet count of 2.0 lakhs/cumm and C-reactive protein was 1.7 mg/l. Dengue rapid IgM was positive.

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 120/min, blood pressure was 120/80 mmHg and RR was 24/min. On examination, pulses well felt and peripheries were warm. Snoring present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds

Name	Baby A JEFREENA ROBIN	UHID	VIH-00207560

and there was no murmur. Abdomen was soft without organomegaly. Examination of other systems including spine was normal.

Weight on admission : 23 kgs.
Investigations: Enclosed.

Management: She was admitted in ward and was started on IV antibiotics and IV fluids. She was treated symptomatically with antipyretics and antacids.

Her hemogram, CRP, serum electrolytes and creatinine were within normal limits. Dengue IgM was reactive. Flu panel showed Influenza-A positive. She was empirically started on Oseltamivir and nebulized with Levolin, Budecort and 3% Hyperneb. Blood culture was sterile after 48 hours of incubation. Chest x-ray showed mild perihilar infiltrates.

Her perfusion, blood pressures, urine output and serial blood counts were regularly monitored which showed improvement. Her last hemogram done on 04.08.2026 showed Hb of 11.8 gm%, WBC count of 7,300 cells/cumm and platelet count of 2.07 lakhs/cumm. CRP was 5 mg/L. LFT was normal.

Parents were counselled regarding the natural course of dengue illness, expected recovery, adequate oral hydration, warning signs, and the need for regular follow up. They were informed that the child is clinically improving and the illness is in the resolution phase. They were advised to seek immediate emergency medical attention in case of persistent vomiting, bleeding manifestations, severe abdominal pain, altered sensorium, breathing difficulty, poor oral intake, reduced urine output or any worsening of child's condition. She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically stable.

Name	ROBIN	UHID	VIH-00207560

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Advice:

1. Diet as advised.
2. Syrup Azithromycin (5ml=200mg) 6ml once daily for 3 days.
3. Syrup Oseltamivir (1ml=12mg) 5ml (9am-9pm) till 06.08.2026 morning dose (To be refrigerated).
4. Metaspray nasal spray, 1 puff in each nostril (7pm) for 14 days.
5. Nebulization with Levolin (0.63mg), 1 respule 6^{th} hourly for 2 days
   followed by 1 respule 8^{th} hourly for 2 days
   followed by 1 respule 12^{th} hourly for 2 days
   and stop.
6. Nebulization with Budecort (0.5mg), 1 respule 12^{th} hourly for 5 days.
7. Follow up with Dr. Rajgopal Kishan Garu, Consultant Physician.

In case of Fever:
Syrup Paracetamol (5ml=240mg), 7ml SOS (after food) for fever >99.6*F (maximum 4-6 hourly).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

Name	Baby A JEFREENA ROBIN	UHID	VIH-00207560

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for increasing breathing difficulty, dullness or high fever.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Shivam
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

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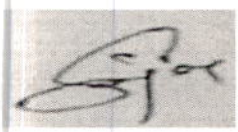
PatientName	: Baby A JEFREENA ROBIN	Inpatient No.	: IP-00060968
Age/Gender	: 6 Y 11 M 1 D/ Female	Admit Date	: 01-08-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	Discharge Date	:

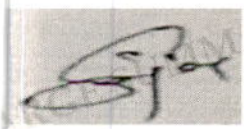
Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :01-08-2026 21:44
HEMOGLOBIN (Colorimetry)	12.8	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.45	10^12/L		4 - 5.2
PCV/HCT (Calculated)	35.4	VOL%		35 - 45
MCV (Calculated)	79.5	fL		77 - 95
MCH (Calculated)	28.8	pg/cells		25 - 33
MCHC (Calculated)	**36.2**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	12.0	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	192	10^9/L		150 - 450
MPV (Calculated)	7.6	fL		6.5 - 10
WBC COUNT (DC Detection Method)	8.02	10^9/L		5 - 14.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**67**	%	H	32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	29	%		28 - 48
MONOCYTES (Microscopy, Leishman stain)	**03**	%	L	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 6
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

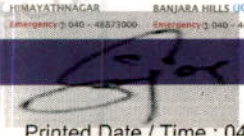
Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :01-08-2026 21:44
CRP (Immunoturbidimetry)	4.0	mg/L	<10



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :01-08-2026 21:44
CREATININE (Enzymatic)	0.4	mg/dl	0.04 - 0.6



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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby A JEFREENA ROBIN	**Inpatient No.**	: IP-00060968
Age/Gender	: 6 Y 11 M 1 D/ Female	**Admit Date**	: 01-08-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :01-08-2026 21:44
SODIUM (Direct ISE)	**146**	**mmol/L**	H	134 - 143
POTASSIUM (Direct ISE)	4.4	mmol/L		3.7 - 5
CHLORIDE (Direct ISE)	106	mmol/L		98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :01-08-2026 23:51
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	CLEAR			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.010			1.005 - 1.030
SEDIMENT (Gross Examination)	NIL			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	NIL			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**3 - 4**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**2 - 3**	**HPF**	L	0 - 5
RBCS.	NIL	HPF		0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

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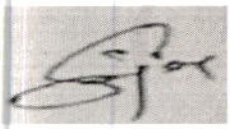
PatientName	: Baby A JEFREENA ROBIN	Inpatient No.	: IP-00060968
Age/Gender	: 6 Y 11 M 3 D/ Female	Admit Date	: 01-08-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
LIVER FUNCTION TEST (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :03-08-2026 09:40
TOTAL BILIRUBIN (Azobilirubin)	0.6	mg/dl		<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	**0.4**	**mg/dl**	H	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl		<1.1
SGOT (AST) (Kinetic with P5P)	**56**	**U/L**	H	15 - 40
SGPT (ALT) (Kinetic with P5P)	22	U/L		10 - 35
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	175	U/L		145 - 420
PROTEIN (Biuret method)	7.5	g/dL		6.2 - 8.1
ALBUMIN (Bromocresol Green)	4.2	g/dL		3.7 - 5.6
GLOBULIN (Calculated)	3.3	g/dL		1.6 - 3.5
A/G RATIO (Calculated)	1.2			1.4 - 3.4



Dr. **SRUJANA SHYAMALA, MD, DNB**

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :04-08-2026 05:13
HEMOGLOBIN (Colorimetry)	11.8	g/dL		11.5 - 15.5
RBC COUNT (DC detection method)	4.07	10^12/L		4 - 5.2
PCV/HCT (Calculated)	**32.6**	**VOL%**	L	35 - 45
MCV (Calculated)	80.0	fL		77 - 95
MCH (Calculated)	29.0	pg/cells		25 - 33
MCHC (Calculated)	**36.3**	**g/dL**	H	32 - 36
RDW-CV (Calculated)	11.9	%		11.5 - 15
PLATELET COUNT (DC Detection Method)	207	10^9/L		150 - 450
MPV (Calculated)	7.4	fL		6.5 - 10
WBC COUNT (DC Detection Method)	7.30	10^9/L		5 - 14.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	34	%		32 - 54
LYMPHOCYTES (Microscopy, Leishman stain)	**56**	**%**	H	28 - 48
MONOCYTES (Microscopy, Leishman stain)	09	%		4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 6

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby A JEFREENA ROBIN	**Inpatient No.**	: IP-00060968
Age/Gender	: 6 Y 11 M 4 D/ Female	**Admit Date**	: 01-08-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 103	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC** **WBC : MORPHOLOGY NORMAL** **PLATELETS : ADEQUATE**		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT ENTERED Order Date :04-08-2026 05:13
CRP (Immunoturbidimetry)	5.0	mg/L	<10

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Laboratory Report

Baby A JEFREENA ROBIN	7013914146
6 Y 11 M 3 D	VI26026116
Female	01-08-2026 10:15 PM
IP-00060968	01-08-2026 10:30 PM
VIH-00207560	
Dr. SIVA NARAYANA REDDY VENNAPUSA	N 0 GF-EMERGENCY / ER 103

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT TEST RESULT STATUS : REPORT ENTERED

Culture : -

Second Report - No growth after 48 hrs of incubation

..... End of the Report .....

MC-7373

Rainbow Children's Hospital

BirthRight by Rainbow

Laboratory Report

Patient Name	Baby A JEFREENA ROBIN	**Patient Ph. No**	7013914146
Age	6 Y 11 M 2 D	**Requisition No**	VI26026116
Gender	Female	**Collected on**	01-08-2026 10:15 PM
IP / Bill No.	IP-00060968	**Received on**	01-08-2026 10:30 PM
UHID No.	VIH-00207560	**Reported on**	02-08-2026 10:27 AM
Ref Doctor	Dr. SIVA NARAYANA REDDY VENNAPUSA	**Ward/Bed No**	N 0 GF-EMERGENCY / ER 103

DENGUE NS1 + DENGUE IGM (Specimen :SERUM)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

DENGUE NSI

REPORT: NOT DETECTED (2.6 PANBIO UNITS)

NEGATIVE: < 9 PANBIO UNITS
EQUIVOCAL : 9 - 11 PANBIO UNITS
POSITIVE: > 11 PANBIO UNITS

METHODOLOGY: ELISA

DENGUE IgM

REPORT: REACTIVE (13.7 PANBIO UNITS)

NEGATIVE: < 9 PANBIO UNITS
EQUIVOCAL : 9 - 11 PANBIO UNITS
POSITIVE: > 11 PANBIO UNITS

METHODOLOGY: ELISA

SUGGESTIVE OF PRIMARY DENGUE INFECTION.

Dr. VIJENDRA KAWLE MD DNS
(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB
(CONSULTANT MICROBIOLOGIST)

..... End of the Report .....

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Laboratory Report

Patient Name	Baby A JEFREENA ROBIN	**Patient Ph. No**	7013914146
Age	6 Y 11 M 3 D	**Requisition No**	VI26026171
Gender	Female	**Collected on**	02-08-2026 11:49 AM
IP / Bill No.	IP-00060968	**Received on**	02-08-2026 12:32 PM
UHID No.	VIH-00207560	**Reported on**	03-08-2026 06:44 PM
Ref Doctor	Dr. SIVA NARAYANA REDDY VENNAPUSA	**Ward/Bed No**	N 1F-FIRST FLOOR / TSH 111

RESPIRATORY PANEL (5 VIRUSES) (Specimen :THROAT SWAB)

RESULT

TEST RESULT STATUS : REPORT AUTHORISED

ADENOVIRUS PCR.

Test	Result
Specimen Type	Nasopharyngeal swab
ADENOVIRUS	NOT DETECTED

Comments:

Principle:
Real time polymerase chain reaction (PCR) for the amplification of specific target sequences of Adenovirus DNA and target specific probes for the detection of the amplified DNA

Note:

1. Test done using RealStar® Adenovirus PCR kit on QuantStudio™ 5 Real Time PCR System
2. Specimen processed at Molecular Testing Laboratory, Rainbow Children's Medicare Private Limited, Road No. 2, Banjara Hills, Hyderabad.

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Laboratory Report

Patient Name	Baby A JEFREENA ROBIN	**Patient Ph. No**	7013914146
Age	6 Y 11 M 3 D	**Requisition No**	VI26026171
Gender	Female	**Collected on**	02-08-2026 11:49 AM
IP / Bill No.	IP-00060968	**Received on**	02-08-2026 12:32 PM
UHID No.	VIH-00207560	**Reported on**	03-08-2026 06:44 PM
Ref Doctor	Dr. SIVA NARAYANA REDDY VENNAPUSA	**Ward/Bed No**	N 1F-FIRST FLOOR / TSH 111

GENEXPERT SARS-CoV-2, FLU A, FLU B AND RSV.

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

Comments:
The Genexpert findings in a 6 years old child with fever, cough, sore throat and nasal congestion is suggestive of an Influenza A infection.

Principle:
Multiplex Real-Time PCR assay for qualitative detection of SARS-CoV-2, Influenza A, Influenza B, and Respiratory Syncytial Virus (RSV) viral RNA by amplifying and detecting unique sequences in the genes that encode the proteins: SARS-CoV-2 Nucleocapsid (N2) and Envelope protein (E), influenza A matrix (M), influenza A basic polymerase (PB2), influenza A acidic protein (PA), influenza B matrix (M), influenza B non-structural protein (NS), and the RSV A and RSV B nucleocapsid.

Note:
1.Test done using Xpert® Xpress CoV-2/Flu/RSV *plus* cartridge on Cepheid® GeneXpert System
2.Specimen processed at Molecular Genetics Laboratory, Rainbow Children's Medicare Limited, Road No.2, Banjara Hills, Hyderabad.

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Laboratory Report

Patient Name	Baby A JEFREENA ROBIN	**Patient Ph. No**	7013914146
Age	6 Y 11 M 3 D	**Requisition No**	VI26026171
Gender	Female	**Collected on**	02-08-2026 11:49 AM
IP / Bill No.	IP-00060968	**Received on**	02-08-2026 12:32 PM
UHID No.	VIH-00207560	**Reported on**	03-08-2026 06:44 PM
Ref Doctor	Dr. SIVA NARAYANA REDDY VENNAPUSA	**Ward/Bed No**	N 1F-FIRST FLOOR / TSH 111

Dr. VIJENDRA KAWLE MD DNS

(CONSULTANT MICROBIOLOGIST)

Dr. RANGANATHAN N. IYER MD FRCPATH DNB DPB

(CONSULTANT MICROBIOLOGIST)

..... End of the Report .....

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 8 Y 11 M 3 D (F)
Dr. SIVA NARAYANA REDDY

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form	03	—	—	
4	Patient Trasfer Forms	01	—	—	
5	In-patient Medical Record	03	—	—	
6	Doctors Progress Sheets	03	—	—	
7	Nurses Progress notes	03	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	01	—	—	
10	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	04	—	—	
26	Intake and Output chart (fluid Chart)	03	—	—	
	Drug Chart (Regular prescription)	04	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)				
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Others	10			
	X-ray	01	—	—	
	Total No. of Pages	39 pages			

Noted by Sadiya 4/8 @ 10:15 Am

Signature and Date :

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060968 **Admit Date** : 01-Aug-2026 **Admit Time** : 09:20 PM **UHID** : VIH-00207560

Patient Details :

Patient Name	: Baby A JEFREENA ROBIN	**Age**	: 6 Y 11 M 1 D
Guardian	: Mr ANTHONY ROBIN	**DOB**	: 31-08-2019
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: PLOT NO 33 TEACHERS COLONY Trimulgherry Hyderabad Telangana INDIA 500015	**Phone No**	: 7013914146/ 9866487985
		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 ANTHONY ROBIN **Relationship** : Father

Contact Address : PLOT NO 33 TEACHERS COLONY Trimulgherry Hyderabad Telangana INDIA 500015 **Phone No** : 7013914146

Signature

Doctor Details :

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

Referral Doctor : Dr Rajgopal kishan **Phone No** : 9396707172

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD

PATIENT TRANSFER FORM

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VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
	1/8/26 @ 9:20 pm	1/8/26 @ 10:40 pm
Transfer Ordered by	**Reason for Transfer**	
Dr. Ganesh	Admission	
From Unit	**To Unit**	**Information to Attendant**
ER	111	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	CXR - 1	Yes ☒ No ☐ If yes, what ? OP file given 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
Sr. Kajal	Dr. Ganesh

Patient & Clinical Records Received by : Sr. Anitha

Date & Time of Patient Received : @ 11.50pm

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

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 8 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: AFI? LRTI? Dengue ↓ evaluation

Arrival Time: ..... Mode of Arrival: ..... Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 22.6 ..... Kg

..... Height: ..... cm

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
–	–	–

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: 22.6 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 98.6°F HR: 116 b/m RR: 20 b/m BP: 98/66 (72)

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

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

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

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

Character of Pain ..... Location ..... Frequency ..... Duration .....

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria ✓

NUTRITIONAL SCREENING: ☐ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With ..... parents .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

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

Nurse's Name: ..... Anitha ..... Date: ..... 1/8/26 ..... Time: ..... 11.50pm ..... Signature

Patient Name : Baby. A JEFREENA ROBIN UHID : VIH-00207560 IPD : IP-00060968 Gender : Female Age : 6 Y 11 M 1 D

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

wt - 22.6kg

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BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Jefreena Age : 6 years **Gender:** ☐ Male ☑ Female

Date : 1/8/26 Time of Arrival : 9:25pm

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: 97.7°F PR: 128b/m BP: 114/80(91) RR: 22b/m SpO_2: 99%.

Chief Complaints: C/O fever, cold, coughs x 4 days

INITIAL PHYSIOLOGICAL CATEGORIZATION				INITIAL PHYSIOLOGICAL STATUS
Appearance		Work of Breathing		☑ Stable
☑ Normal		☑ Normal	☐ Increased	☐ Unstable :
☐ Sick Looking	Circulation / Colour	☐ Decreased	☐ Gasping / Apnea	☐ Not – Life - Threatening
	☑ Normal ☐ Abnormal ☐ Bleeding			☐ 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 : 9:20pm

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. Kajal

Signature of Triage Nurse : Kajal

Date & Time : 1/8/26 @ 9:20pm

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

Patient Name : Baby. A JEFREENA ROBIN UHID : VIH-00207560 IPD : IP-00060968 Gender : Female Age : 6 Y 11 M 1 D

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1/8/26 Time of arrival : 9:21 pm

Chief Complaints: c/o fever, cold, Cough x 4 days RBS: —

Height : ..... Weight 22.6 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: — Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 9:25 pm

Patient Name : Baby. A JEFREENA ROBIN UHID : VIH-00207560 IPD : IP-00060968 Gender : Female Age : 6 Y 11 M 1 D

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

Inj. Ceftact test dose given

Time	Nursing Notes
9:15pm	* patient come to ER
9:16pm	* vitals checked & Recorded
9:20pm	* Dr. Seen the patient in ER & advised admission
9:20pm	* Admission Done
9:53pm	* Iv placement Done
10:05pm	* Samples Collected & sent to lab
10:40 pm	* pt shifted to ward (111)

Samples collected by: Sr. Shanthi Time: 9:55pm

Samples sent by : Time: 10:05pm

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 120blm BP: 105/74(85) CFT <2SCE

RR: 20blm SPO$_2$: 99%

GCS: 15/15 Temperature : 98.4°F

Pain Score: 0

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 111

Time of Shift - out: 1/8/26 @ 10:40 pm

Handover given to: Sr. Anitha

(Nurse's Name) by. Kajal 10:40 pm

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

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

Date & Time : 1/8/26 @ 10:40pm

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Father Relationship Fathr

Chief Presenting Complaints & Duration (Chronologically)

- Fever x 4 days.
- cold + cough x 4 days.

History of present illness :

- Fever x 4 days
  - mod. high grade
  - intermittinent ↓ medications
- Alw Cough - Mixed.

Cold (stunny nose blocic.) : 2-3 days

- No Joint Pains / rash /

No other localizing signs. (No snoring, eye congestion / burning micturation

→ ↓ intake : 2 days.
(A) urine.
(N) Bowel habits

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

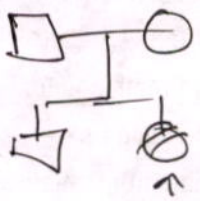
1/8/2026

Hb - 13.9 ✓
PCV - 41.6
Plt - 2.1 lakh ✓
N/L - 62/26.
WBC - 5,300 ✓
CRP - 1.74 ✓

Dengue
Rapid.
IgM - Positive.
IgG
NS1 - negative

Birth & Neonatal History:

Late preterm / 2.5 kg
NICU observation



Birth & Socio Economic History:

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

Developmental History :

(N) in all 4 domains

Immunization History :

upto date.

(P.T.O.)

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))____23.kg(Centile _____)

On Examination :

Temperature : 98°F Pulse Rate : 128/min. B.P. 120/80. SPO2 98%

Resp.rate and type of breathing : 24/min.

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

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

Any addes sounds : NVBS.

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : $S_1 S_2$ (+).

Any murmur :

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

Per Abdomen :

Inspection

Palpation : Soft.

Ausculation :

Spine : External Genitelia :

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

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : Intact.

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture : N

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars ↓↓ in all 4 limbs.

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

AFI ? LRTI ? Dengue
↓ evaluation.

(P.T.O.)

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Nil

Desired goals of the treatment :

Ref by Raj Gopal

Planned Labs:

- Dengue NS1 + IgM
- CBP CRP
- Sr. Electrolytes
- Sr. Creatinine
- RLCS
- Extra plain. V
- CUE
- CxR.V

Planned Management

- IVF - 2/3rd.
- IV Ceftriaxone.
- IV Pantoprazole.
- Syp. fluri v.
- Antipyretic/SOS

Noted by Sr. Kajal 1/8/26 @ 10:30 PM

Signature of the Doctor: Ch. Ganesh
Name of the Doctor: CH. GANESH
Date & Time: 1/8/2026

Signature of the Consultant:
Name of the Consultant:
Date & Time: 2/8/26 10am

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 8 AM	S/B Resident Adm : AFI (Dr) ? Dengue & evaluation. No fever spikes. ? Adenitis cough (+)	
	O/E Child alert active Euthermic Vitals stable CVS - S1S2 (+) RS - BAE (+) P/A - soft	
Urine } (N) stools } (N) Oral intake - better Noisy breathing (+)		
CRP - 4		Plan 1) Inj ceftriaxone 2) Syp. flavier 3) W/f fever spikes monitor vitals, inform sos 4) Trace B/f/c, Dengue NS1 + IgM/G Vishwaja. (SOS) - Flu Panel (Covid) 5) Send CUE → Flupanel (Covid) 6) Add Azithromycin + Budesonide
6 Dr. Jhansi 2/8/26 10 AM		

Note by Dr Roja 2/8/26 8 pm

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 5 Am	S/B Resident	
	Child reviewed	Plan
	- No fevers	- CT + Cont - same instructions
	- No new Convulsions	- Trace
	- ? epi of NB vomiting (after food)	Blood clot flushed
	- v/o - adequate	- W/F bigger warning signs (↑ HR, ↑ RR, ↓ UO)
	- No bleeding manifestations / abd pain	- Monitor vitals
	All peripheral pulses felt CRT < 3 sec	- Watchful expectant
	Vitals stable	
	Hemodynamically - stable	
		Noted by Subhan 2/8/26 @ 7pm

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

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 9Am	S/B Resident	
	~~ADDD~~ (Dengue fever (D_6 of illness) c̄ ? Adenoid Hypertrophy	
	C/O: No fevers ~24hrs	
	Oral intake - improved	Plan
	passing urine (adequate)	
	vitals - stable 2.5cc/kg/hr (last 10-12 hrs)	- C/T + Cont. same
	No dengue warning signs	instructions
	Cough - Better	- Ceftriaxone +
		Fluids +
	O/E - Euthermic	Azithromycin
	H/C - NAD	- Meta spray +
	RA - stp	Levolin +
	CNS - NAD	Nucleost
		- W/F Dengue warning signs
		* - have fluparel + Bloodel
		- Monitor vitals
	3/8/26 SA	- I/O charting
		- Inform SOS
		- plan d/c H/O
		- CBP, CRP] H/O @ 5AM
	Noted by Sr. ... 3/8/26 01pm	- Send LFT.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Purulent	
2/9/22 11:00 pm.	Dx/: Dengue fever (Dbg illness) & ? Adenoid Hypertrophy.	
	No fever spikes > 2 days.	
	Flupanel - Influenza - A positive.	O/E Cheerful Vitals stable
	B/C/S + No growth after 2 days.	CVS RS P/A CNS NAD.
		Plan
		- CBP & CRP - Mon.
		- Inj: ceftriaxone - IV.
		- Syp: oseltamivir P/O.
		- Hep - Livolin Purulent
		- Syp: Azee - P/O
		- plan for d/c - Mon.

Noted by Dr. Tia 3/9 @ 4pm

...0207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/s/B Resident	
4/8/26 4:00am.		
	D/s: Dengue fever (D7 of illness)	
	c̄ ? Adenoid Hypertrophy.	
	No fever spikes.	
	O/I - Better	Afebrile > 48hrs.
	4/0 - Adequate.	
	O/E	
	child Alert	
	Vitals stable	
	CVS: S1S2 (+)	
	RS: BLAE (+)	plan
	P/A: soft	- Inj. ceftriaxone - D3.
	CNS: NAD.	
		- Syp. fluvir - D3.
		- Neb - levolin - 6hrs
		Budecort - 12hrs
		Hypernebs.
	4/8/26 SA Dr [signature]	
		- Metaspray nasal spray
		- Syp. Azee - D3
	noted by Sabiya @ 4/8 10am	- Plan for discharge today.
		D/c today. Dr. prashan..

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

(P.T.O)

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 3 D (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00207560 IP-00060968
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI? LRTI? Dengue & Evalvation

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

Surgery / Procedure: Nill

Post OP Day:

	Date / Shift	1/8/26 Night	1/8/26 N	2/8/26 M	2/8/26 Evening	2/8/26 N	3/8/26 M
BACKGROUND	Medical Condition (Any special condition to be noted):	Nill	Nil	Nill	NIL	NIL	Nil
	Diet:	Soft diet	S. diet	Sdiet	S. diet	S-diet	S-dkt
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:	97.6°F	98.4°F	98.7°F	98.6°F	98.4°F	98.6F
	Res:	20b/m	22 b/m	23b/m	28b/mt	28b/m	20b/m
	SpO_2:	99%	98%	99%	100%	98%	99%
	Pulse:	120b/m	116 b/m	112b/m	102 b/mt	116b/mt	112b/m
	BP:	105/74(85)	98/66(72)	106/77(86)	100/63(79)	99/62(81)	98/[illegible]
	LOC:	Conscious	Conscious	conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	9	9	9	9	9	9
	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	Nill	NIL	NIL	Nil
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Soft diet	S. diet	Sdiet	S. diet	S-diet	S-diet
	Critical Lab Test / Values:	Nill	Nil	Nill	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 :		Kajal	Anitha	Raja	Subham	Benamika	Nagamani
Signature / ID :							
Date:		1/8/26	2/8/26	2/8/26	2/8	3/8/26	3/8/26
Time:		@10:40 pm	@8Am	2pm	@ 8pm	@8am	2pm
Taken Over By Name :		Anitha	Raja	Subham	Benamika	Nagamani	Anitha
Signature / ID :							
Date:		@1/8/26	2/8/26	2/8/26	2/8/26	3/8/26	3/8/26
Time:		@10:40pm	2pm	@2pm	@8pm	8Am	@8pm

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: AFI? LRTI? Dengue ↓ evaluation

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

Surgery / Procedure: Nil

Post OP Day:

BACKGROUND

Date / Shift	3/8/26 E	3/8 N	4/8 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:	98.4F	98.6F	98.6°F			
Res:	24b/m	25b/m	24b/m			
SpO_2:	100%	98%	99%			
Pulse:	99b/m	98	99 b/m			
BP:	109/62(76)	100/66(77)	102/67(77)			
LOC:	Conscious	conscious	Concious			
Fall Risk Score:	9	9	9			
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	Depend	Dependent			
Post Operative Procedure Special Orders:	Nil	Nil	Nil			
Handed Over By Name :	Anitha	Indu	Sathya			
Signature / ID :	Anitha 90500	Indu	Sathya 14445			
Date:	3/8/26	4/8/26	4/8			
Time:	@8pm	@8AM	10AM			
Taken Over By Name :	Indu	Sathya				
Signature / ID :	Indu	Sathya 14445				
Date:	3/8/26	4/8				
Time:	8pm	8AM				

VIH-00207560 IP-00060968
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NURSING CARE RECORD

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Date: 2/8/26

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							
Afternoon							
Night	12pm	→ maintain fluid Balance		→ Administered IV fluid DNS @ 41 ml/hr	→ To maintain Hydration	→ patient is Stable	Amulya 2/8 @8pm

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 8 Y 11 M 1 D (F)
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NURSING CARE RECORD

Date: 2/8/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify... Assess the patient condition
- ☑ 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	9 Am	† maintain fluid balance † Ensure Safety	1pm	† Administered I/v Fluid DNS @ 41ml/hr † provided side rails	† prevented dehydration † fall risk. Proven	† Patient's are safe	Rafq 2/8/26 @ 1pm
Afternoon	3pm → maintain fluid balance 4pm → vital sing			→ Administered IV fluid DNS 41ml/hr → vital checked & Recored	→ maintain Hydeation → vital are stable	→ Patient is Stable	Subhan 2/8/26 @ 8pm
Night	9pm maintain fluids balance 12pm vital sings			Administered Iv. Fluids DNS @ ml/hr. Vital checked & Recorded.	maintain Hydration. Vitals are. Stable.	Patient is stable.	Beronika 3/8/26 @ 8am

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NURSING CARE RECORD

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Date: 3/8/26

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	9Am	Maintain fluid balance	9Am	Administered IV fluid DNS 41 ml/hr.	maintain hydration	Patient is Stable.	3/8/26 Naga
	11Am	Ensure safety	11Am	Side rails kept up	Prevent from falls.		cspm
Afternoon	2pm	→ Maintain Good Nutritional Status		→ To oral intake is Good	→ provided by Soft G. diet	→ patient is Stable	Anitha 3/8/26 @ 8pm
	4pm	→ prevent infection		→ Educated about prevent infection	→ To prevent infection		
Night	11:30	- maintain aseptic technique	11:45	- maintained aseptic technique	- prevent from Infection	- patient is stable	Indu DEO 4/8/26
	7:00	- provide comfortable position	7:30	- provide comfortable position	- To reduce discomfort	- no fresh complaints	

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NURSING CARE RECORD

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Date: .....

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				DISCHARGE NOTE - Doctors rounds done; advised for discharge			
Afternoon							
Night							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			1/8/26	2/8	2/8	2/8	2/8
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	1
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		9	9	9	9	9

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position	✓		✓	✓	✓	✓
	Call device within reach	✓		✓	✗	✗	✓
	Wheels Locked	✓		✓	✓	✓	✓
	Room free of clutter	✓		✓	✓	✓	✓
	Adequate lighting	✓		✓	✓	✓	✓
	Wheel chair support	✗		✗	✗	✗	✗
	Other Intervention(s) Specify	✓		✓	✓	✓	✓
	Nurse's Name:	Sr. Kajal		Roja	Subha	Beena	Pragya
	Signature:						
	Date:	1/8/26		2/8	2/8	2/8	2/8
	Time:	10:30 PM		9 AM	5PM	11pm	1PM

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
				A/B			
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2			
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1			
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		9	9			

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓			
	Call device within reach		✓	✓			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		✓	✓			
	Wheel chair support		X	X			
	Other Intervention(s) Specify		✓	✓			
	Nurse's Name:		Arielle	Arielle			
	Signature:		Arielle	Arielle			
	Date:		3/8	4/8			
	Time:		7pm	3Am			

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			2/8 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	✓	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	✓	-	-	-	✓	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			✓	✓	✓	✓	✓	✓	✓	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			✓	✓	✓	✓	✓	✓	✓	
		Signature of the Nurse				Rens		Subh			Dey		

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

Signature of Shift In Charge :
Signature : ..... Name : Kalpna

Signature of Ward In Charge :
Signature : ..... Name : Elizabeth

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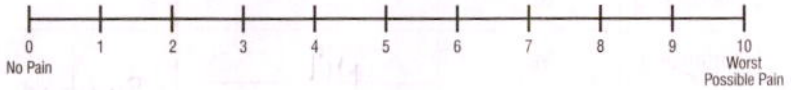
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
1/8/26	10pm	0	ER	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
2/8/26	6AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
2/8/26	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	
2/8/26	6pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subhan
2/8/26	11pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
3/8/26	10Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Nagaa
3/8/26	7pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Anup
4/8	1AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Indu
4/8	7AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Sruty
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 8 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

BRADEN 'Q' SCALE

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					Date : 1/8/26	2/8	2/8	2/8
					Time : 10:30 pm	6:30 am	2PM	8PM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	28	28	28
					Evaluator's Name			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

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BRADEN 'Q' SCALE

					Date : 2/8	3/8	3/8	4/8
					Time : 11pm	4Am	4pm	10am
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	27	24	20
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN (F)
31-08-2019 6 Y 11 M 1 D
Dr. SIVA NARAYANA REDDY

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 2/8 Time: 1AM	Date: 3/8 Time: 1AM	Date: 4/8 Time: 1AM	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	0			
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0			
	Total Score		0	0	0			
	Signature of the Nurse							

Intervention: Nil

High Risk = >2 Score

Moderate Risk = 1-2 Score

Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby A JEFREENA ROBIN**	**Age :**	**6 Y 11 M 1 D**
IP No:	**IP-00060968**	**Sex:**	**Female**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 103**

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.
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:

Name: Mr. Anthony
Relationship: Father
Date: 1/8/26 Time: 9:20 pm
Wittness Name: Mukesh
Wittness Signature:

Patient Address:
PLOT NO 33 TEACHERS COLONY
Trimulgherry Hyderabad Telangana
INDIA 500015

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

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

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

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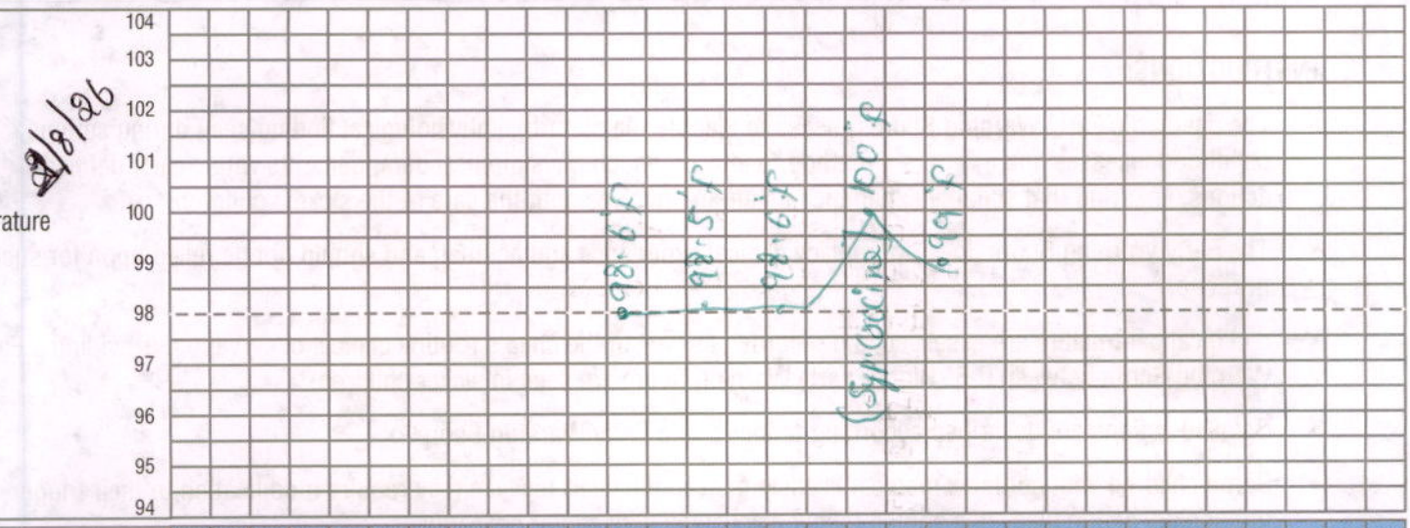
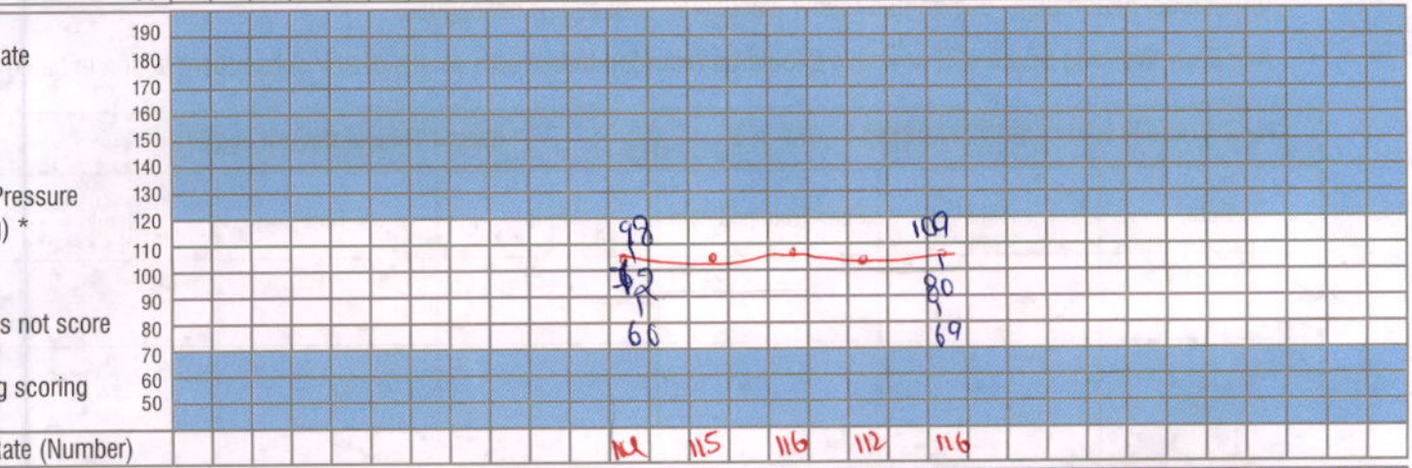
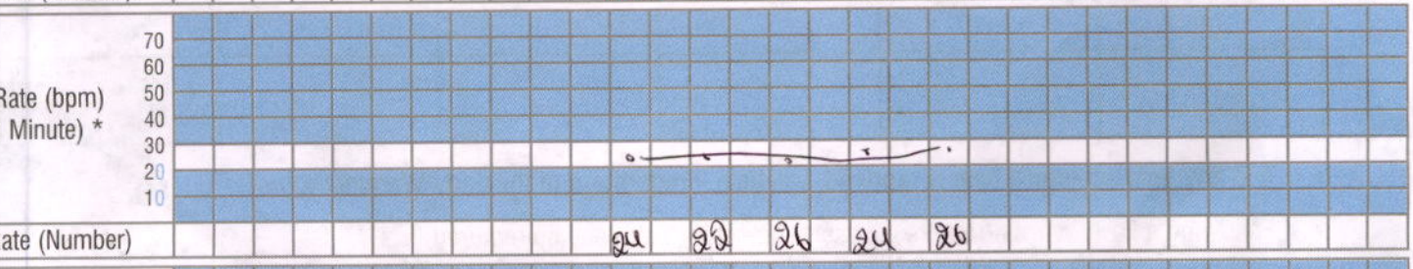
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	12 AM	2 AM	4 AM	6.55 AM	8 AM
Doctor / Nurse / Family Concern?					





Heart Rate (Number)	112	115	116	112	116



Resp Rate (Number)	24	22	26	24	26
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98	99	100	99	98
Conscious Level: Normal / Altered	N	N	N	N	N
GCS *	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	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.

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

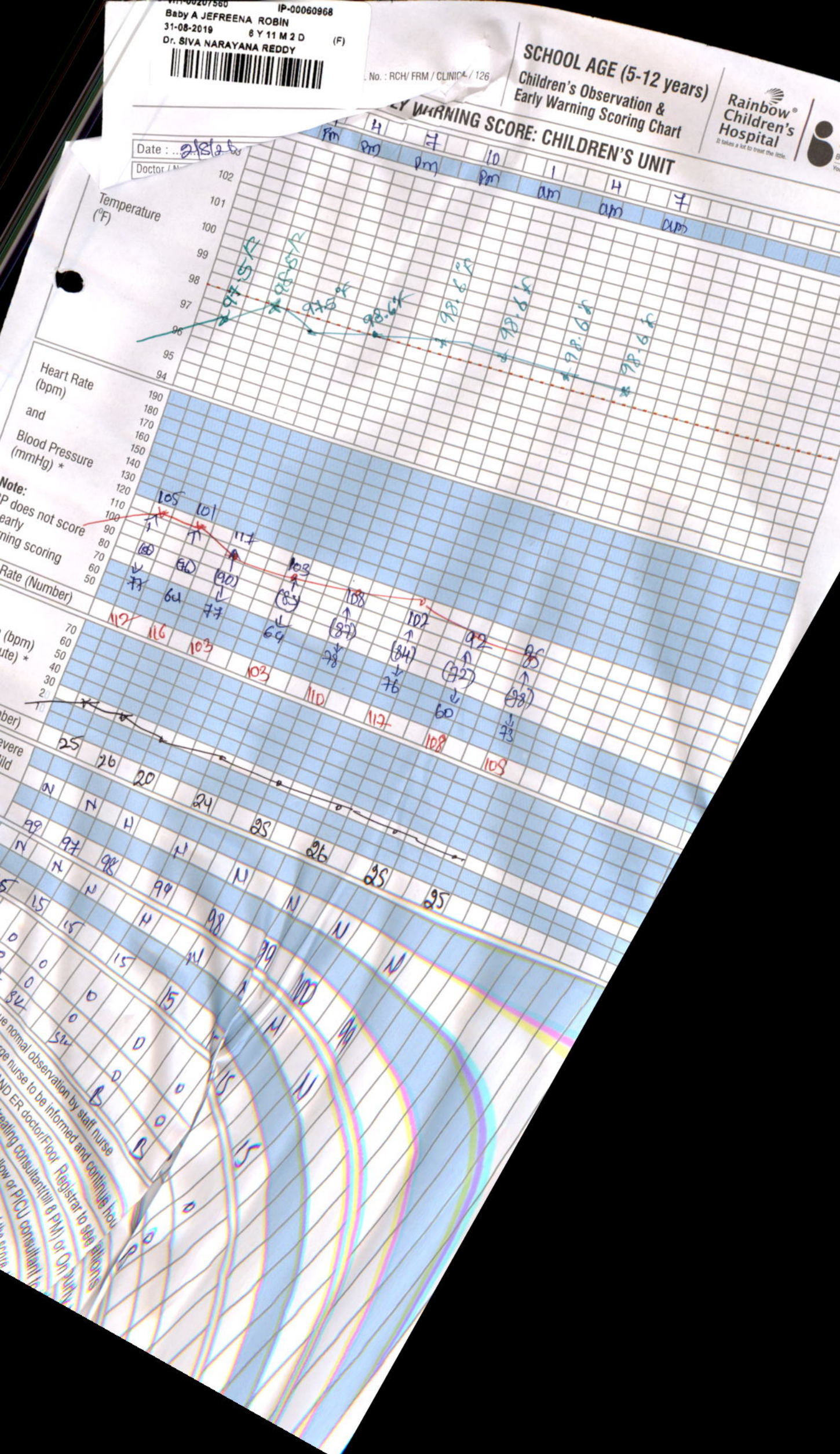
- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of 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)


Baby A JEFREENA ROBIN
IP-00060968
31-08-2019
8 Y 11 M 2 D
(F)
Dr. SIVA NARAYANA REDDY
SCHOOL AGE (5-12 years)
Children's Observation &
Early Warning Scoring Chart
Rainbow Children's Hospital
Y WARNING SCORE: CHILDREN'S UNIT
Temperature (°F)
Heart Rate (bpm)
and
Blood Pressure (mmHg) *
Note:
P does not score
early
ning scoring
Rate (Number)
(bpm)
ute) *
ber)
evere
ild
ue normal observation by staff nurse
ge nurse to be informed and continue hou
ND ER doctor/Floor Registrar to see imm
calling consultant(till 8 PM) or On call
low or PICU consultant

Patient Sticker

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

"Hi I am (name), a nurse on ward X. I am calling about (child X)

I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX,

Early Warning Score is XX)

(Child X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/

Child's condition has changed in the last (XX mins). Their last set of observations

condition is ... (e.g. alert/ drowsy/ confused, pain free)

(XX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am

is deteriorating, OR I don't know what's wrong but I am really worried.

see the child in the next (XX mins) AND I s there anything I need to

observation)

IP-00060968

Baby A JEFREENA ROBIN
31-08-2019 8 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

. No. : RCH/ FRM / CLINICAL / 126

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

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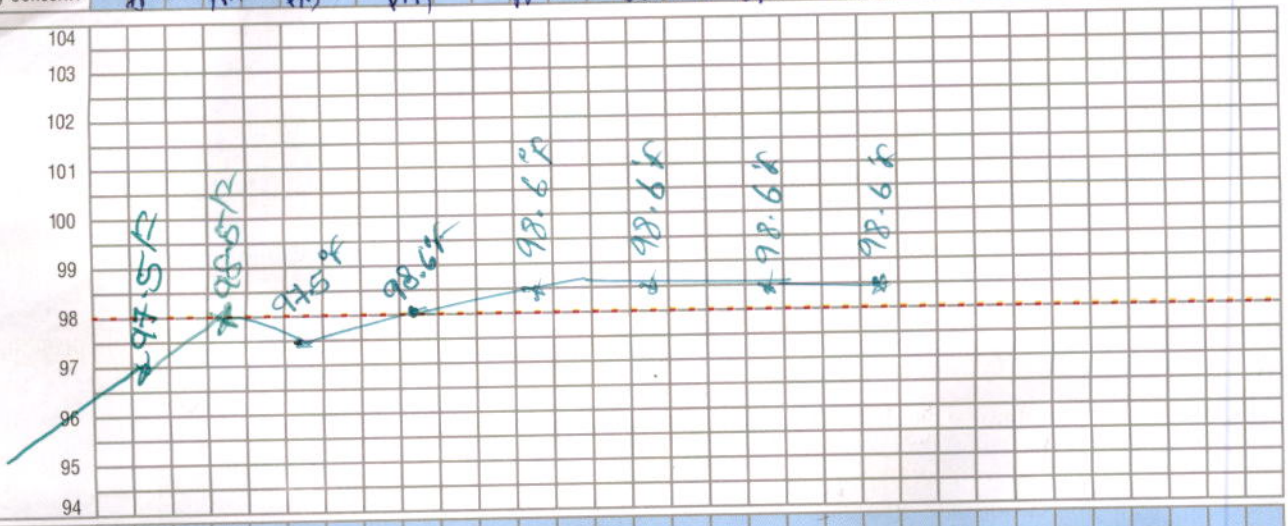
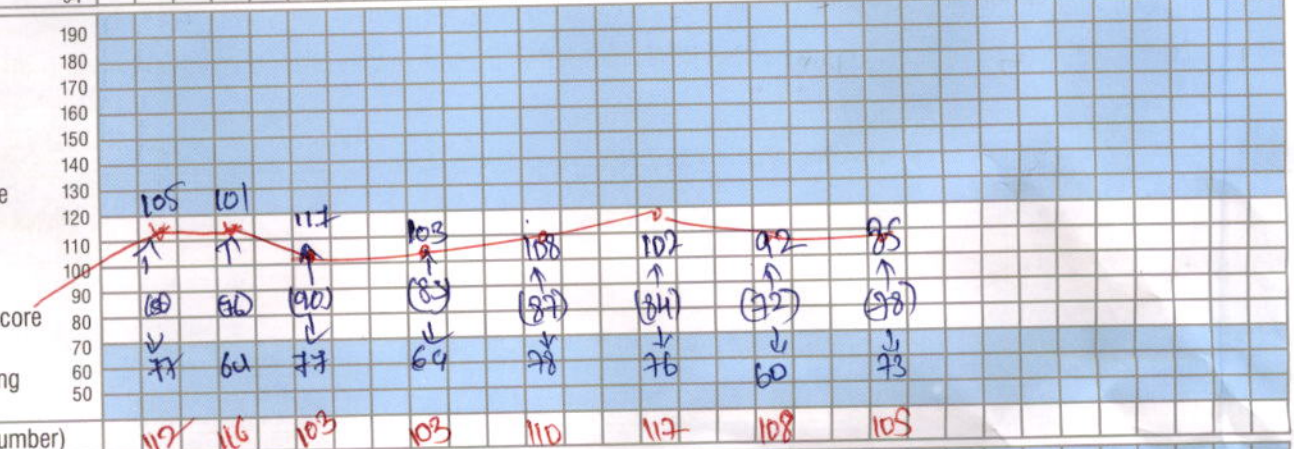
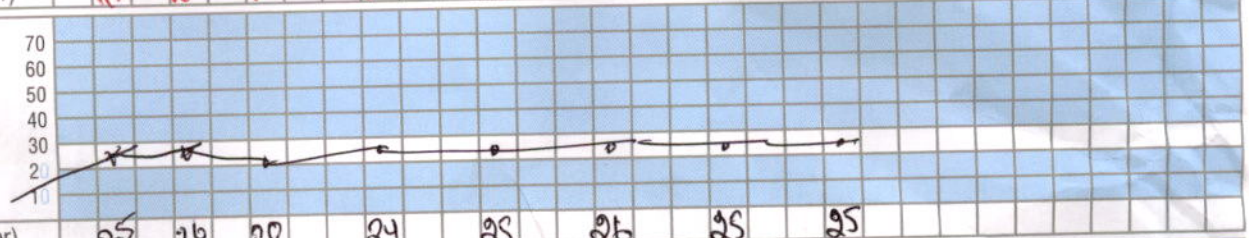
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/8/25 Time:	10	1	4	7	10	1	4	7
Doctor / Nurse / Family Concern?	AM	PM	PM	PM	PM	AM	AM	AM





Heart Rate (Number)	112	116	103	103	110	117	108	105



Resp Rate (Number)	25	26	20	24	25	26	25	25
Resp Distress: Mod/ Severe / None / Mild	N	N	H	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	97	98	99	98	99	100	99
Conscious Level: Normal / Altered	N	N	N	H	N	N	N	N
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	AR	AR	SK	SK	B	B	B	B

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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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-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

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

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

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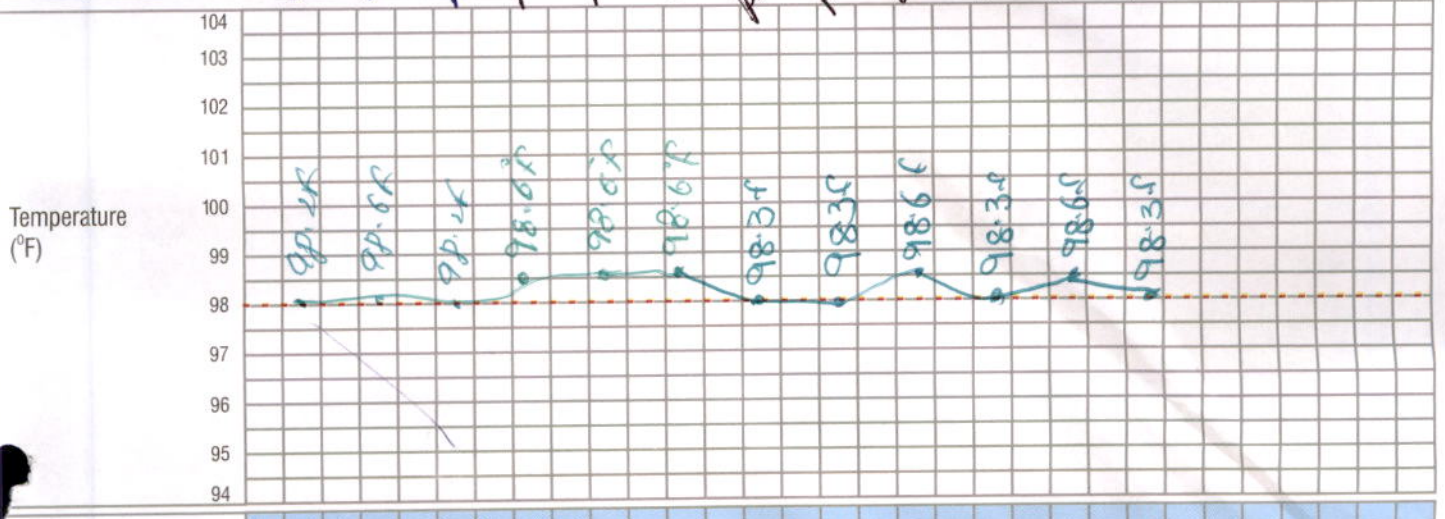
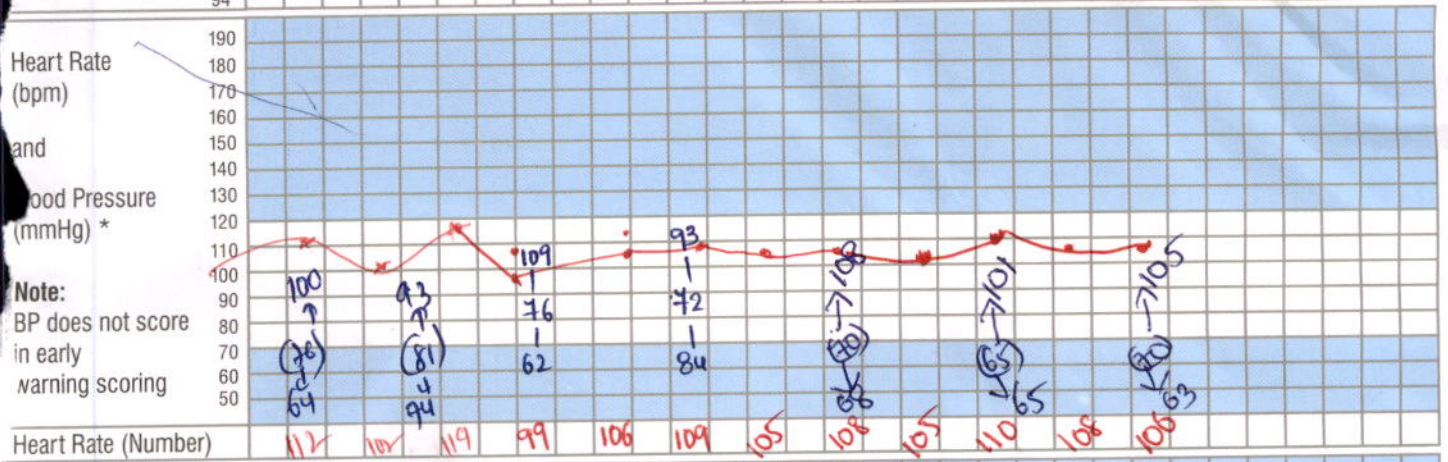
EARLY WARNING SCORE: CHILDREN'S UNIT

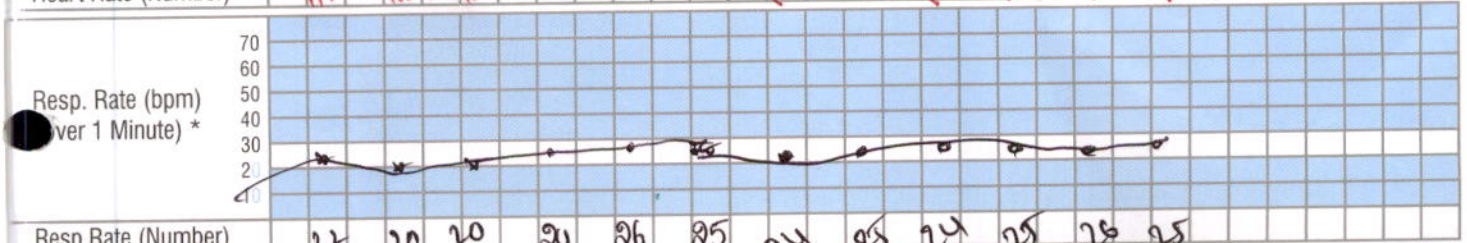
Date : 31/8/26 Time: 9 | 11 | 1 | 3 | 5 | 7 | 9 | 11 | 1 | 3 | 5 | 7

Doctor / Nurse / Family Concern? Dr | Dr | pm | pm | pm | pm | pm | pm | Am | Am | Am | Am





Heart Rate (Number)	112	107	119	99	106	109	105	108	105	110	108	106



Resp Rate (Number)	22	20	20	24	26	25	24	25	24	25	25	25
Resp Distress: Mod/ Severe / None / Mild				N	N	N						
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	99	98	99	98	98	98	98	98	98	97
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
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	CL	CL	CL	CL	CL	CL	Bindu	Bindu	Bindu	RD	Bindu	Bindu

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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

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VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 3 D (F)
Dr. SIVA NARAYANA REDDY

. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9
Doctor / Nurse / Family Concern?	Am

4/8/26

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6 X

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	112

Resp. Rate (bpm) over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number)	22
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2 (l/min) O_2 Saturations (%)	99
Conscious Level: Normal / Altered	-
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	SK

voted by Saliya 4/8 @10 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
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Patie

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

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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
			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											
1/8	12:00 am			41 ml						✓		
	01:00 am			41 ml								
Total Intake : 82						**Total Output :**						
	02:00 am			41 ml								
	03:00 am			41 ml				✓		✓		
	04:00 am			41 ml								
	05:00 am			41 ml								
	06:00 am									✓		
	07:00 am			41 ml								
Total Intake : 205 ml						**Total Output :**						

Anitha 2/3 @8am

Total 24 hrs. Intake	287 ml	Total 24 hrs. Output	3 times

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31-08-2019 8 Y 11 M 2 D (F)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : .....

2/8/26

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							
2/8/26	08:00 am			41ml								
	09:00 am	D	Jelly	41ml								Rajo
	10:00 am			41ml						✓		Dil
	11:00 am	N	H2O	41ml								2/8/26
	12:00 pm	S		41ml								@2pm
	01:00 pm			41ml								
Total Intake :						Total Output :						
2/8/26	02:00 pm											
	03:00 pm		rice									Sushma
	04:00 pm		water	41ml						✓		2/8
	05:00 pm			41ml								@ 8pm
	06:00 pm			41ml						✓		
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm									50 ml		
	09:00 pm		Rice									
	10:00 pm		water	41 ml						100ml		
	11:00 pm			41ml						100ml		Beerika
	12:00 am											3/8
	01:00 am			41 ml						100ml		@ 1am
Total Intake :						Total Output :						
3/8/26	02:00 am			41ml								
	03:00 am			41 ml								
	04:00 am			41 ml								Beerika
	05:00 am			41ml								3/8
	06:00 am			41 ml								@ 7am
	07:00 am			41 ml						350ml		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN (F)
31-08-2019 6 Y 11 M 2 D
Dr. SIVA NARAYANA REDDY

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

2/8/26

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					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
3/8/26	08:00 am		Paddy								|	
	09:00 am		water	41 ml						100 ml	|	3/8/26
	10:00 am			41 ml							0	[illegible]
	11:00 am		water	41 ml						150 ml	|	
	12:00 pm			41 ml							|	
	01:00 pm									100 ml	|	
Total Intake :				164 ml				Total Output :		350 ml		
3/8/26	02:00 pm			41 ml							|	
	03:00 pm		Rice	41 ml						200 ml	|	
	04:00 pm		water	41 ml								
	05:00 pm			41 ml						150 ml	0	Anitha
	06:00 pm		Snacks	41 ml						100 ml	|	3/8
	07:00 pm									200 ml	|	@8pm
Total Intake : 205 ml								Total Output :		650 ml		
3/8	08:00 pm			41 ml							|	
	09:00 pm		Rice	41 ml							|	
	10:00 pm		+	41 ml							0	
	11:00 pm		water	41 ml						250 ml	|	
	12:00 am			41 ml							|	Indu
	01:00 am			41 ml								
Total Intake : 206								Total Output :		250 ml		@8AM
4/8	02:00 am			41 ml						130 ml	|	
	03:00 am		water	41 ml							|	4/8/26
	04:00 am			41 ml							0	
	05:00 am			41 ml							|	
	06:00 am			41 ml							|	
	07:00 am			41 ml						100 ml	|	
Total Intake : 206								Total Output :		230		

Total 24 hrs. Intake	781 ml	Total 24 hrs. Output	1480 ml

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FLUID CHART

Sheet No. : .....

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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		Baby									
	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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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

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31-08-2019 6 Y 11 M 2 D (F)
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REGULAR PRESCRIPTIONS

Set No: ..... Weight ..... Ward .....

DRUG : Syp. PIRITON CS

Dose	Route	Frequency	Start Dt.
7ml	PO	QGH	2/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Dextromethorphan + Chlorphenramine

Daily Doctor's Endorsement by a Sign

Date/Time: STOP

DRUG : SYP. PIRITON CS

Dose	Route	Frequency	Start Dt.
5ml	PO	12th hourly	2/8

Name & Signature of the Doctor Starting the Drugs:
M. Umaraja

Additional Instructions:
DEXTROMETHORPHAN + CHLORPHENIRAMINE

Daily Doctor's Endorsement by a Sign

Date/Time	2/8	3/8	4/8
6 AM	✓	ESW	ESW
6 PM	✓	✓	✓

DRUG : NEB. SALBUTAMOL

Dose	Route	Frequency	Start Dt.
0.63 mg	PN	6 hrly	2/8

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

Additional Instructions:
(1 neb = 0.63 mg)

Daily Doctor's Endorsement by a Sign

See the nebs chart

DRUG : METASPRAY NASAL SPRAY

Dose	Route	Frequency	Start Dt.
1 puff	PN	ONCE DAILY	2/8

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

Additional Instructions:
1 puff EACH NOSTRIL

Daily Doctor's Endorsement by a Sign

Date/Time	2/8	3/8
7 PM	✓	✓

L. Mary Lonas 2/8/26

(P.T.O.)

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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight ..... Ward .....

DRUG : NEB. BUDESONID E

Dose	Route	Frequency	Start Dt.
0.5 mg	PO	TWICE DAILY	2/8/26

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

Additional Instructions: (1 neb = 0.5 mg)

Daily Doctor's Endorsement by a Sign

Date/Time

See the labs chart

S. Nagaraj Kumar 2/8/26

DRUG : T. AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
250 mg	PO	ONCE DAILY	2/8/26

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

Additional Instructions: (1 tab = 250 mg)

10 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time 2/8 3pm

S. Nagaraj Kumar 2/8/26

DRUG : SYP. AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
6 ml	PO	ONCE DAILY	2/8/26

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

Additional Instructions: (5 ml/200 mg)

10 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time 6pm

VERIFIED BY : Name 2/8/26

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-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 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: 1/8/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp. PARACETAMOL — Date/Time

Dose	Route	Frequency	Start Date
7ml	PO	Q6H	1/8

Doctor's Signature: dr Cam | Valid Period: | Pharm.: Dr Abdala

Additional Instructions: (5mg - 240mg) 10-15mg/kg/dose

Nesha 1/8/26

DRUG : Syp. IBUPROFEN — Date/Time

Dose	Route	Frequency	Start Date
10ml	PO	Q6H	1/8

Doctor's Signature: dr Cam | Valid Period: | Pharm.: Dr Abdala

Additional Instructions: (5ml - 100mg) 5-10 mg/kg/dose.

Nesha 1/8/26

DRUG : INJ. ONDANSETRON — Date/Time

Dose	Route	Frequency	Start Date
4mg	IV	8 hourly	D/r

Doctor's Signature: Dr Sreeja | Valid Period: | Pharm.: Dr Abdala

Additional Instructions: (if vomiting) 0.1 - 0.2mg/kg/dose

Nesha 1/8/26

VIH-00207560 IP-00060968
Baby A JEFREENA ROBIN
31-08-2019 6 Y 11 M 1 D (F)
Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

Weight. 23.5 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
1/8.	11.50pm	IV DNS C2/3rd	IV	41		Anuf / Reddy	3/8		

Signature .....

VERIFIED BY : Name .....