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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby TRISHIKA GADHEY	**UHID**	KOH-00306858
Father/Guardian	Mr G CHANAKYA	**Age/Gender**	0 Y 11 M 30 D/Female
Address	plot no 25 h.no9-36/3 madhura nagar colony risala bazar secunderabad, Alwal, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060510	**Admission Date**	29-06-2026
Ref Doctor		**Discharge Date**	30-06-2026

DISCHARGE SUMMARY

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

Diagnosis: Bronchiolitis

History: Baby TRISHIKA GADHEY is a 11 M 30 D girl presented with history of moderate grade intermittent fever since 5 days, productive cough & cold since 2 days, fast breathing on the day of admission. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

Examination: She was afebrile, maintaining saturations of 89-92% at room air. Her heart rate was 140/min, BP- 90/60 mmHg and RR - 38/min. Mild respiratory distress was present in the form of tachypnea. On auscultation of chest air entry was bilaterally equal with bilateral wheeze. Her heart sounds were normal and there was no murmur. Abdomen was soft without organomegaly. Examination of other systems including spine was normal.

Weight on Admission : 8.30 kgs

Name	Baby TRISHIKA GADHEY	UHID	KOH-00306858

Investigations: Enclosed.

Management: In ER - child was given back to back nebulization. Child was maintaining saturations of 95% at room air. She was admitted in the ward and was started on intravenous fluids and intravenous antibiotics. In view of wheezing, she was nebulised with Levolin and Budecort.

In view of suspicious of viral fever, she was empirically started on Oseltamivir.

Her vitals were regularly monitored. Her fever spikes and other symptoms gradually settled. As the child remained hemodynamically stable, she is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=100mg), 2ml, 12^{th} hourly (after feed) for 4 days (Refrigerate after reconstitution).
3. Syrup Oseltamivir (1ml=12mg) 2ml, 12^{th} hourly for 4 days.
4. Nebulization with Levolin (0.31mg), 1 respule 4^{th} hourly for 2 days
   followed by 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.

5. Nebulization with Budecort(0.5mg), 1 respule 12th hourly for 5 days.
6. Syrup Relent Plus, 1.2ml, 12th hourly for 5 days.
7. Kindly consult Dr. Siva Narayan Reddy, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:
Paracetamol drops (1ml=100mg), 1.2ml if SOS if 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.

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

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	Baby TRISHIKA GADHEY	UHID	KOH-00306858

Name : Chanakya Gadhey Signature :

Relationship with patient : Father

This summary has been explained by :

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

Dr. Vishwaja

Registrar/Resident/C.M.O

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

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
040-42462200, Ext 2000,2001,2002,

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

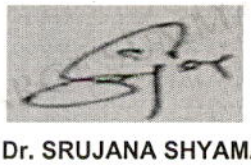
PatientName	: Baby TRISHIKA GADHEY	**Inpatient No.**	: IP-00060510
Age/Gender	: 0 Y 11 M 30 D/ Female	**Admit Date**	: 29-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :29-06-2026 05:32
HEMOGLOBIN (Colorimetry)	**8.9**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	3.75	10^12/L		3.7 - 5.6
PCV/HCT (Calculated)	**25.7**	**VOL%**	L	33 - 49
MCV (Calculated)	**68.5**	**fL**	L	70 - 86
MCH (Calculated)	23.8	pg/cells		23 - 31
MCHC (Calculated)	34.8	g/dL		30 - 36
RDW-CV (Calculated)	13.8	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	270	10^9/L		150 - 450
MPV (Calculated)	9.4	fL		6.5 - 10
WBC COUNT (DC Detection Method)	7.62	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**44**	**%**	H	15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	**44**	**%**	L	45 - 76
MONOCYTES (Microscopy, Leishman stain)	09	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	03	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC,MICROCYTES(++) 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 :29-06-2026 05:32
CRP (Immunoturbidimetry)	**13.0**	**mg/L**	H	<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 :29-06-2026 05:32

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.
040-42462200, Ext 2000,2001,2002,

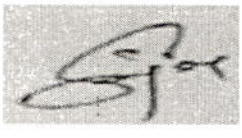
PatientName	: Baby TRISHIKA GADHEY	**Inpatient No.**	: IP-00060510
Age/Gender	: 0 Y 11 M 30 D/ Female	**Admit Date**	: 29-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 102	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.3	mg/dl	0.03 - 0.5

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 :29-06-2026 05:32
SODIUM (Direct ISE)	142	mmol/L	134 - 144
POTASSIUM (Direct ISE)	3.6	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	106	mmol/L	98 - 108



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COVID ANTIGEN RAPID TEST (Specimen : SWAB)			**TEST RESULT STATUS : REPORT ENTERED**
			Order Date :29-06-2026 05:34
COVID ANTIGEN RAPID TEST	negative		

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

ACTIVITY RECORD FOR BILLIN(

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

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

Date of Admission : 29/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 106 Ward : ISt F Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26.	@6:00 Am	ER	106	

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
29/6/26	CBP, CRP.		
	S. Electrolyte.	26021821	
	S. creatinine.		Nee
	Blood C & S.		
	X-Ray chest	26010315	Nee
	RAT - Negative	26021822	Nee
	Cross checked by [illegible]		30/6/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6	Infusion pump	6AM	11AM.	3095593	
	Cross Checked by 30/6/26.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	IV placement	1	3095594.	Sr. Mogrisha.
29/6	Neels	7	3095859	[illegible]
	Cross checked by [illegible] 30/6/26			
30/6.	Neb's	②	3095954	[illegible]
		0		

ANY OTHER INFORMATION

Covid RAT - Negative.

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	[illegible] 30/6/26 @ 5AM.		

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

106

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
29/6/26	00.00	7am - Budecort	Eswari	Psr
	01.00	7:15AM - Levolin	Vanishnavi	Psr
	02.00	10.45AM - levolin	Anitha	
	03.00	1.45pm - levolin	Anitha	
	04.00	4:45pm - levolin	Subham	Psr
	05.00	7PM - Budecort	Subham	Psr
	06.00	7:45PM - Levolin	Subham	Psr
	07.00	(7) - 3095859		
	08.00	10:45 pm - Levolin	Bevonika	
	09.00	1.45AM - Levolin.		
	10.00	(2) 3095954.		
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Patient Name :

IP.No:

Ward:

DOA:

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

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	4	—	—	
3	Nursing Initial assessment form	1	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	3	—	—	
6	Doctors Progress Sheets	2	—	—	
7	Nurses Progress notes	2	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
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	2	—	—	
26	Intake and Output chart (fluid Chart)	1	—	—	
	Drug Chart (Regular prescription)	4	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart	1	—	—	
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Emergency Triage assessment	1	—	—	
	the Humpty Dumpty Scale	1	—	—	
	Pain assessment form	1	—	—	
	checklist for thromboplebitis	1	—	—	
	Braden q scale	1	—	—	
	Others	13	—	—	
	Total No. of Pages	42			

Noted by
Bennika
30/6/26
@5am

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-00060510 **Admit Date** : 29-Jun-2026 **Admit Time** : 05:17 AM **UHID** : KOH-00306858

Patient Details :

Patient Name	: Baby TRISHIKA GADHEY	**Age**	: 0 Y 11 M 30 D
Guardian	: Mr G CHANAKYA	**DOB**	: 30-06-2025 01:28 PM
Gender	: Female	**Religion**	: Hindu
Occupation	:	**Martial Status**	: Single
Address (H)	: plot no 25 h.no9-36/3 madhura nagar colony risala bazar secunderabad Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 8523850962/ 9652181590
		E-mail	: GADHEYCHANAKYA1507@gmail.com

Admission Details :

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

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

Contact Details :

Name	: Mr G CHANAKYA	**Relationship**	: Father
Contact Address	: plot no 25 h.no9-36/3 madhura nagar colony risala bazar secunderabad Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 9652181590

Signature

Doctor Details :

Doctor Name	: Dr. SIVA NARAYANA REDDY VENNAPUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

Payor Name : ADITYA BIRLA HEALTH INSURANCE CO LTD

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

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

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Trishika. Age : 12 months. **Gender:** ☐ Male ☑ Female

Date : 29/6/26. Time of Arrival : 3:45 Am.

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

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 99.4°F PR: 147 BP: Crying RR: 26b/m SpO2: 99.1.

Chief Complaints: c/o: Cough since 2day, cold since 3days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☑ Normal ☐ Sick Looking

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

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

INITIAL PHYSIOLOGICAL STATUS

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : @ 3:50Am.

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 : Suvarchika.

Signature of Triage Nurse : .....

Date & Time : 29/6/26 @ 3:50Am.

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Rainbow® Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/6/25 Time of arrival : 3:53Am.

Chief Complaints: c/o: Cough since 2 days, Cold since 3 days. RBS: —

Height : — Weight : 8.30 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: 0 Pain Tool Used: ☑ N Pass ☐ FLACC ☐ Wong Baker

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

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months	☐ Yes	☐ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☐ No
• Uses furniture for support	☐ Yes	☐ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☐ No
• Weak	☐ Yes	☐ No
• Impaired	☐ Yes	☐ No
Mental Status: Forgets limitations	☐ Yes	☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents.

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

Time of Initial assessment completed by ER Nurse : @ 3:54Am.

Patient Name : Baby. TRISHIKA GADHEY UHID : KOH-00306858 IPD : IP-00060510 Gender : Female Age : 0 Y 11 M 30 D

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

Time	Nursing Notes
@ 3:45 Am	Patient came to ER
3:48 Am	Vitals checked & recorded.
3:50 Am	Dr. Sharina Seen the patient. and
5:17 Am	adviced admission
5:20 Am	Admission process Done
5:30 Am	Iv placement Done
5:36 Am	Collected the samples & Send to lab
5:40 Am	patient Shifted to ward

Samples collected by: Sr. Moglisha Time: @ 5:30 Am.

Samples sent by : Sr. Moglisha Time: @ 5:36 Am.

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
@ 3:57 Am	Neb. Levolin	P/N..	2.5 ml. (63mg)	Dr. Nikesh / Dr. Sharina	Moglisha / Aechitha
@ 4:20 Am	Neb. Levolin	P/N	2.5 ml (63 mg)		
@ 5:05 Am	Neb. Levolin	P/N	2.5 ml (63 mg)		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 162 b/m BP: Crying CFT: <2 sec	Shift - out from ER to: 106
RR: 30 b/m - SPO₂ : 96%	Time of Shift - out: @ 6:00 AM
GCS: 15/15 Temperature : 99°F	Handover given to: (Nurse's Name) Sr. by Aechitha
Pain Score: 0	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Iv placement Done

Name of the Nurse : Swagathika Signature of the Nurse : [signature]

Date & Time : 29/1/26 @ 6:00 AM

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Bronchiolitis

Arrival Time: 6/2000 Mode of Arrival: By mother lifting Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 8'29 Kg

NIL Height: ..... cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Family History: .....

NIL

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

If yes please list, ...

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

Term | NVD | non cIAB | 3.12kg

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

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

Observations: Weight: 8'29 kg Length: ..... Head Circumference (< 2 years): .....

Temp.: 99.8°F HR: 128 bl/min RR: 30bl/min BP: 98/68(72)

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

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

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

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

Character of Pain NIL Location NIL Frequency NIL Duration NIL

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... Parents .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Mother, Father .....

Nurse's Name: ..... Eswari ..... Date: ..... 29/6/26 ..... Time: ..... 6:30 Am ..... Signature

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
KOH-00306858 IP-00060510 Baby TRISHIKA GADHEY 30-06-2025 0 Y 11 M 30 D (F) Dr. SIVA NARAYANA REDDY	29/6/26 @ 5:17 AM	29/6/26 @ 6:09 AM
	Transfer Ordered by Dr. Shareena.	Reason for Transfer Admission.
From Unit SNR	To Unit 106	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 24	Number of Imaging Films X-Ray	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over — OPD file given.

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Swarnalatha	Dr. Shareena.

Patient & Clinical Records Received by : Vaishnavi

Date & Time of Patient Received : 29/6/26 @ 6:20 AM

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

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : Trishika Age/Sex 11m 29D / F

Information given by: Mother. Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

Fever on 25/6/26.
Cough & cold x (2) days.
Fast Breathing x Today.

History of present illness :

-A 11m 29D old Female baby who is apparently (N) (5) days back, now presented c/o Fever → (5) days back - Max temp - 102°F, afebrile now now subsided.

Cough & cold x 2 days.
Productive.
No Post-tussive vomiting.
Diurnal variation.

Fast Breathing (+) since 2AM in morning.

No vomiting / loose stools / rash.

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

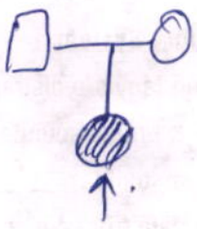
Past History : (Including details of any previous investigation or treatment)

No Previous admission

No Travel history.

Birth & Neonatal History:

Term | NVD | non-CIAB | 3.12kgs. → CAIS



No NICU admission

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmental milestones attained as per age.

Immunization History :

Vaccination as per NIS.

(P.T.O.)

30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 8.30kgs (Centile _____)

On Examination :

Temperature : 99.4°F Pulse Rate : 147/mt B.P. _____ SPO2 89-92% on RA. after ↓ nebs.

Resp.rate and type of breathing : 36-38/min

Rash –

Lymphadenopathy

Oedema :

Allergies (if any):

95% on RA. (fluctuating) 93-95%

Respiratory System :

Inspection (any s/o distress) : (N) Mild Tachypnea (+).

Air entry & breath sounds : BAE (+). B/L wheeze (+). (Expiratory > (insp.)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur :

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

Per Abdomen :

Inspection (N).

Palpation : Soft.

Ausculation : BS (+)

Spine : External Genitelia :

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

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert.

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements : —

	RT	LT
UL	5/5	5/5
LL	5/5	5/5

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : N

Clinical Summary & Diagnostic:

Bronchiolitis.

(P.T.O.)

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP, CXR, B/C/S,
S/G S. creatinine,
1 extra plain;

Planned Management

IVF – 1/2 (M).
Inj. ceftriaxone.
Neb. levolin Q4H
Neb. Budecort BD.
Vitals monitoring continuous
Antipyretics SOS.

Noted by NCO Girish ue 29/6/26

Signature of the Doctor: ....

Name of the Doctor: Dr. Sharine

Date & Time: 29/6/26 @ 5:00AM.

Signature of the Consultant: ....

Name of the Consultant: Dr. Siva Narayana 29/6/26

Date & Time: 29/6/26.

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8:00 AM	S/B Resident:	
	Δ - Bronchiolitis	
	↓ Fever - 100.5°F @ 7:15 AM	
	Tachypnea ↓ed	c/o cough (+)
	SPO₂ - 95-96% on RA	
	O/E Baby asleep,	
	Euthermic,	
	Vitals - stable	
	CVS - S1S2 (+)	
	RS - BAE (+) Wheeze (+) (↑>↓)	
	P/A - soft	
	Adv:	
	Inj. Ceftriaxone → change to 7th day	If further fever ↓ Add Fluids (after rounds)
	Neb. Levolin Q4H	
	Neb. Budecort BD	
	Vitals monitoring	
(Sign) (Karthik)	(Sign) Dr. ... 29/6/26 10 AM	

Noted by Subham 29/6 @ 2pm

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

(P.T.O)

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/25 8pm	S/B - Resident	
	Acis - Bronchiolitis.	
	NO Tachypnea, no RD, no feverspikes.	
	O/E -	
	Child alert	
	Euthermic	
	vitals stable	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A - soft	
		Plan
		1) Neb levolin - 3rd hrly
		Budecort 12th hrly
		2) Inj ceftriaxone 1dose
		3) Syp Oseltamivir 1dose
Dr. Ushwaja.		4) monitor vitals
		inform sos
		Noted by Beronika 30/6 @ 8am

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Bronchiolitis.			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —			
	Surgery / Procedure: —			Post OP Day:			
BACKGROUND	Date / Shift	29/6/26 Night	29/6/26 N	29/6/26 M	29/6/26 Evening	29/6 Night	
	Medical Condition (Any special condition to be noted):	Cold & Cough.	—	weaning diet	Nil	Nil	
	Diet:	DBF	DBF	weaning diet	weaning diet	weaning diet	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA.	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	99.1°F	98.1°F	98.4F	98.6°F	98.6°F	
	Res:	33 b/m.	30 b/m	29 b/m	28 b/m	30 b/m	
	SpO_2:	94%.	94%.	98%.	100%.	100%.	
	Pulse:	170 b/m.	135 b/m	120 b/m	116 b/mt	120 b/m	
	BP:	Creaying.	—	—	—	—	
	LOC:		Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	'0'	0	"	"	"	
	Pain Score:	'0'	0	0	0	0	
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	No.	NDBF	DBF	weaning diet	Nil	
	Critical Lab Test / Values:	—	—	-	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:		—		Nil	Nil	Nil	
Handed Over By Name :		Sreeyath	Vaishnavi	Subham	Subham	Beronika	
Signature / ID :		019603	R02016	17444	17444	B018727	
Date:		29/6/26	29/6/26	29/6/26	29/6/26	30/6/26	
Time:		@ 6:00am	@ 8am	@ 2pm	@ 8pm	@ 8am	
Taken Over By Name :		Vaishnavi	Manasa	Subham	Beronika		Noted by Beronika 30/6 @ 8am
Signature / ID :		R020216	019597	17444	B018727		
Date:		29/6/26	29/6	29/6/26	29/6		
Time:		@ 6:20am	@ 8 AM	@ 2pm	@ 8pm		

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 29/6/26

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	9 AM	- Ensure safety	9.10	- provided side rails	- To prevent falls	patient is stable	Vaishna 29/6/26 @8 AM

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 29/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... Nebulization
- ☑ 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 11ml/hr	→ Maintain Hydration	→ Patient is Stable	Subha 29/6/26 @ 2pm
Afternoon	3pm	→ Nebulization	3pm	→ Nebulization levolin 0.63mg given every 8th hrly	→ To Reduce Cough	→ Patient is Stable	Subha 29/6 @ 8pm
	4pm	→ Ensuree safety	4pm	→ Side rails Kept up	→ Prevent from fall risk		
Night	11pm	→ Maintain good Nutritional status		→ To oral Intake is good	→ Provided evening diet	Patient is Stable	Beevi 29/6 @8am
	1am	→ Nebulization.		→ Neb levolin every 8th hrly	→ To Reduce cold cough		

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 TRISHIKA GADHEY**	**Age :**	**0 Y 11 M 30 D**
IP No:	**IP-00060510**	**Sex:**	**Female**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 102**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Chanakya
Relationship: Father
Date: 29/6/2026 Time: 5:17 Am.
Witness Name:
Witness Signature:

Patient Address:
plot no 25 h.no9-36/3 madhura nagar colony risala bazar secunderabad Alwal Hyderabad Telangana INDIA 500010

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 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

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: 29/6 Time: 8AM	Date: 30/6 Time: 8AM	Date: Time:	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0				
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0				
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0				
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0				
5	Entire leg swollen (Assess for both legs)	1	0	0				
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0				
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0				
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0				
9	Previously documented DVT (Assess for both legs)	1	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				
	Total Score		0	0				
	Signature of the Nurse		Vaishu	Beronika				

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

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 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

HE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/6/25	DATE 29/6	DATE 29/6	DATE 30/6	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	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	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1	1	
Environmental Factors	History of Falls or Infant-Toddler Placed in Bed	4					
	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	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	
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	
	Total		11	11	11	11	

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

Bed in low position	X		✓	✓	✓	
Call device within reach	X		✓	X	✓	
Wheels Locked	✓		✓	✓	✓	
Room free of clutter	✓		✓	✓	✓	
Adequate lighting	✓		✓	✓	✓	
Wheel chair support	X		X	X	X	
Other Intervention(s) Specify	X		✓	✓	✓	
Nurse's Name:	Durgah		Anitta	Subha	Binju	
Signature:	[signature]		[signature]	[signature]	[signature]	
Date:	29/6/25		29/6	29/6	30/6	
Time:	@4:50pm		@2pm	8pm	2am	

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 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

PAIN ASSESSMENT FORM

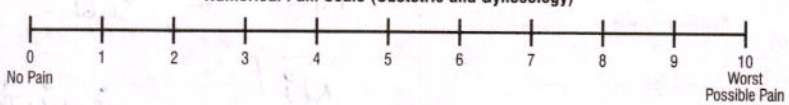
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6/26	@4:56 Am	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Sowmyah
29/6	@2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	—	Aney
29/6	7Pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Subh
30/6	2000	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Brinj
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

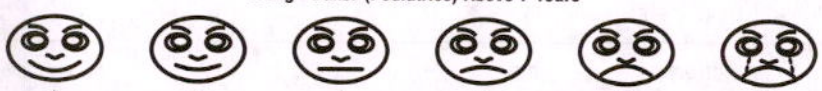
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain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

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 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

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			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				
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											

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 : .....

Signature of Ward In Charge :

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

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

BRADEN 'Q' SCALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : / Time :	29/6/26 @4:56	29/6 2pm	29/6 7Pm	30/6
Mobility	**...npletely immobile:** ... 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	28
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

Patien

(1)

NICAL / 124

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

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/6/25

Time	4:30 Am	9 Am	11 Am	1 pm	3 pm	5 Pm	7 Pm	9 Pm	11 Pm	1 am	3 am	5 am
Doctor/Nurse/Family Concern?												
Temperature (°F)	Paracetamol drops 100.5°F	98.7°F	98.5°F	98.6°F	98.6°F	98.6°F	98.6°F	97.8°F	98.4°F	98.6°F		
Blood Pressure (mmHg) *			90 / (53) / 44						95 / (63) / 50			
Heart Rate (Number)	135	121	136	122	120	108	112	120	116	120	122	125
Resp Rate (Number)	35	31		40	39	29		30		30		32
Resp Distress (Mod/Severe; None/Mild)												
Receiving O_2 (l/min)												
O_2 Saturations (%)	99	99	96	97	98	98	95	99	100	100	98	99
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	1	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	✓	SK	SK	SK	M	SK	SK	B	B	B	B	B

Heart Rate (bpm) and Blood Pressure (mmHg) * scale: 190–50

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) * scale: 70–10

Noted by Bernita 30/6 @ 5am

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

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Stic

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

29/6/26

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							
29/6	08:00 am									✓		
	09:00 am		Idly	11 ml								
	10:00 am		water	11 ml							0	Anetha 29/6 @1pm
	11:00 am			11ml								
	12:00 pm		milk									
	01:00 pm											
Total Intake :						**Total Output :**						
29/6/26	02:00 pm		kichidi									
	03:00 pm		water									
	04:00 pm											
	05:00 pm									✓	0	Subham 29/6/26 @
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		khichdi							✓		
	10:00 pm											
	11:00 pm		milk								0	Beenoika 29/6 @1am
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
30/6	02:00 am											
	03:00 am		DBM									
	04:00 am											Beenoika 30/6 @7am
	05:00 am		DBM									
	06:00 am									✓	0	
	07:00 am											
Total Intake :						**Total Output :**						Noted by 30/6 @5am

Total 24 hrs. Intake		Total 24 hrs. Output	

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-05-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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

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

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 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

(1)

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 : Dr. Shavina

Date & Time : 29/6/26 @ 4:53 pm

Nurse Name & Signature: Sreeja

Date & Time : 29/6/26 @ 4:53 pm

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG: Syp. OSELTAMIVIR				Date / Time	29/6
Dose	Route	Frequency	Start Dt.	10 am	2pm / 6pm
2ml	PO	12th hourly	29/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Vidhwaja				10 pm	
Additional Instructions: 1ml = 12mg; 3mg/kg/dose					
Daily Doctor's Endorsement by a Sign					

DRUG: NASOCLEAR NASAL DROP				Date / Time	29/6
Dose	Route	Frequency	Start Dt.	12 AM	
2drops	PN	6th hly	29/6	6 AM	
Name & Signature of the Doctor Starting the Drugs:				12 pm	
Additional Instructions: 2 drops each nostril				6 pm	
Daily Doctor's Endorsement by a Sign					

DRUG: PROCTOGAURD OINTMENT				Date / Time	
Dose	Route	Frequency	Start Dt.		
	LA	8th-12th Hly	29/6		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions: Local application					
Daily Doctor's Endorsement by a Sign					

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

VERIFIED BY :

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

KOH-00306858 IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 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: 29/6/26 Drug Allergies: — ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

(1ml/100mg)

DRUG: PARACETAMOL DROPS				Date/Time														
Dose: 1.2mL	Route: P/O	Frequency: 6th hourly	Start Date: 29/6/26															
Doctor's Signature: Roshana		Valid Period	Pharm.: [signature]															
Additional Instructions: (If T > 99.6F) 10-15mg/kg/dose																		

Margin note: 29/6 ... 1000g

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

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

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

30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

I.V. FLUIDS CHART

Weight. ..... 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
29/6/26	8:15 AM	IVF – DNS. (1/3 (M))	IV	11			30/6		

Signature .....

VERIFIED BY : Name .....

KOH-00306858 Patient Sticker
IP-00060510
Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

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

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/6/26	4:00 Am.	NEB. LEVOSALBUTAMOL ×②	0.63 mg.	P/N	[signature]	[signature] Asc Lilly
29/6/26	5:00AM	NEB- LEVOSALBUTAMOL	0.63mg	P/N	[signature]	[signature] Asi Lithe

Baby TRISHIKA GADHEY
30-06-2025 0 Y 11 M 30 D (F)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight. 8.29 kgs Ward. ....

Neogiri Sue 29/6

DRUG : INJ. CEFTRIAXONE				Date / Time: 29/6
Dose	Route	Frequency	Start Date	
400mg	IV	12th hourly	29/6/26	6 AM
Name & Signature of the Doctor Starting the Drugs: (Dr. Sharma)				6 pm
Additional Instructions: 50mg/kg/dose.				
Daily Doctor's Endorsement by a Sign				

Neogiri Sue 29/6

DRUG : NEB. LEVOSALBUTAMOL				Date / Time
Dose	Route	Frequency	Start Date	
0.63mg	P/N	4th hourly	29/6/26.	
Name & Signature of the Doctor Starting the Drugs: (Dr. Sharma)				See the nebs chart
Additional Instructions:				Change to 3rd hourly G.K 29/6/26
Daily Doctor's Endorsement by a Sign				

Neogiri Sue 29/6

DRUG : NEB. BUDESONIDE				Date / Time
Dose	Route	Frequency	Start Date	
0.5mg	P/N	12th hourly	29/6/26.	
Name & Signature of the Doctor Starting the Drugs: (Dr. Sharma)				See the nebs chart.
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : NEB. LEVOSALBUTAMOL				Date / Time
Dose	Route	Frequency	Start Date	
0.63mg	PN	3rd hourly	29/6/26	
Name & Signature of the Doctor Starting the Drugs: Dr. Vishwaja				See the Neb's chart
Additional Instructions: 1 resp = 0.63mg				
Daily Doctor's Endorsement by a Sign				