Rainbow® Children's Hospital
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Your Right to a Safe Delivery.

ACTIVITY RE

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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

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

Date of Admission : 02/07/26 Time : 2:27pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 210 Ward : 2nd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02/07/26	@ 5:40 AM	E.R	210	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. mohd abdul khalid	2/7/26	3096742	
2.	Dr. Soumi Bala	3/7/26	3097192	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
01/04/16	CBP. CRP. CUE Done in		
02/04	OPD Base.		
	Blood c/s, creatinine,	26022164	
	electrolyte,		
	X-ray erect Abd	26010545	
	Ush Abdomen.	R26-010567	
2/4/16	urine c/s	26022180	
	CBP. CRP	26022322	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7/26	Infusion pump	2/7/26 @ 5Am	4/7/26 3Am.	3096601	[signature]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
02/07/26	IV Placement	1	3096575	DS
	Jr placement	1	3097056	

ANY OTHER INFORMATION

Date : 4/7/26 Time : 10AM Prepared By : Smitha.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Dilanka	4/7/26 10AM.		

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-00060536 **Admit Date** : 02-Jul-2026 **Admit Time** : 02:27 AM **UHID** : VIH-00206466

Patient Details :

Patient Name	: Ms TAHA FATIMA AHMED	**Age**	: 16 Y 9 M 5 D
Guardian	: Mr MD.AKBAR AHED	**DOB**	: 27-09-2009
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO:9-3-47/17-A,MASARATH COTTAGE, PARKVILLA,HASMATPET,SEC-BAD. Putli Bowli Hyderabad Telangana INDIA 500095	**Phone No**	: 9885678836
		E-mail	: NA@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 MD.AKBAR AHED **Relationship** : Father

Contact Address : H.NO:9-3-47/17-A,MASARATH COTTAGE,PARKVILLA,HASMATPET,SEC-BAD. Putli Bowli Hyderabad Telangana INDIA 500095 **Phone No** : 9885678836

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 : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

Patient Name : Baby. TAHA FATIMA AHMED UHID : VIH-00206466 IPD : IP-00060536 Gender : Female Age :

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/26 Time of arrival : 11:5 pm

Chief Complaints: C/o stomach pain, x 3 days C/o fever since today RBS: —

Height : — Weight : 59 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: 1 2 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

☐ Character Pricurney ☐ Location Stomach ☐ Frequency Intermate ☐ Duration Acute

RISK FOR FALL:

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

☒ If Patient is > 6 years
Assess the below parameters

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

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☒ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 11/26 @ 11:10 pm

Patient Name : Baby. TAHA FATIMA AHMED UHID : VIH-00206466 IPD : IP-00060536 Gender : Female Age : 16 Y 9 M 5 D

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

Time	Nursing Notes
11 PM	* patient came to ER
11:4 PM	* Vitals checked and Recorded
11:10PM	* Dr. Shaikar seen the patient & adviced for CBP. CRP & CUE
11:30 PM	* collected the Samples & Send to lab
12:30AM	* Dr. Shaikar adviced the admission
2:30 AM	* IV Placement done,
3:20 AM	* Patient shifted to the ward (210)
3:11 AM	* Inj. piptaz Test dose given in ER

Samples collected by: Sr. Architha Time: 12:20AM

Samples sent by : Sr. Kiran Time: 12:25AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
11:30PM	Inj. Buscopan	IV	20 mg	Dr. Shaikar	AS
11:30PM	Inj. pantop	IV	40 mg		AS
11:44PM	Inj. ondenseteon	IV	4 mg		AS
11:35PM	Tab. paracetamol	oral	500 mg		AS

Condition of patient at time of shift - out :

HR: 101 b/m BP 115/72 (54) CFT <3sec

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

GCS: 15/15 Temperature : 98.4°F

Pain Score: 0/10

Repeat RBS (if applicable): —

Details of Shift - out

Shift - out from ER to: 210

Time of Shift - out: 21/7/26 @ 3:00AM

Handover given to: SR (Nurse's Name) by SR Architha

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement done

Name of the Nurse : Architha Signature of the Nurse : Architha

Date & Time : 21/7/26 @ 3:00AM

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206466 IP-00060536 Ms TAHA FATIMA AHMED 27-09-2009 16 Y 9 M 5 D (F) Dr. SIVA NARAYANA REDDY	02/07/26 @ 2:22 pm	02/07/26 @ 3:40 pm
	Transfer Ordered by	**Reason for Transfer**
	Dr. Shoiba	Admission
From Unit	**To Unit**	**Information to Attendant**
E.R.	210	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
21	—	Yes ☐ No ☐ If yes, what ? outside OP file

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Dr. Rajyalaxmi	Dr. Shoiba

Patient & Clinical Records Received by : Padma

Date & Time of Patient Received : 2/7/26 @ 3:45 pm

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____ VIH-00206466 IP-00060536 _____

Ms TAHA FATIMA AHMED

27-09-2009 16 Y 9 M 5 D (F)

Dr. SIVA NARAYANA REDDY

UHID ID: _____ _____

Department: _____

Consultant: _____

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ______

Information given by: ______________________ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

- C/o fever : 4-5 Days.
- ABD pain : 3 days

History of present illness :

C/o fever : 4-5 days
onset - sudden
pattern - Intermittent
Response to antipyretics - good
grade - mod-high grade
assoc features - chills - occasional ;
Inter febrile period - Active
RS - no fast breathing, no cough, no cold
GI/GU - c/o Abdominal pain
site - diffuse Abdominal
Character - Spasmodic
Radiation - nil
Assoc feat - ↑ nausea
Timing - intermittent
Elevating / Relieving ⇒ ↓ By fection Pain medication

no h/o Rash, Muscle/Bone pain,
no h/o recent travel / illness.

used Cefpodoxime an OPD Basis. @ outside Hospital

- Menstrual h/o - Regular.

VIH-00206466 IP-00060536
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27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

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

- no significant past hx.

Outside Rx - 29/06/26

CUE
10-12 Pus cells ⊕
Leucocytes ⊕

CBP.
- TWBC - 16,100. N/L - 83/10
- Hb - 12.8
- Plt - 2.93 lac
- CRP - 73.5.

Birth & Neonatal History:

Birth & Socio Economic History:

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

Developmental History :

Appropriate in all ⊕ domain

Immunization History :

- Upto date

(P.T.O.)

VIH-00206466 IP-00060536
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27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 59 kg (Centile ______)

On Examination :

Temperature : 101°F Pulse Rate : 90/min B.P. ______ SPO2 98 RA

Resp.rate and type of breathing : 20 cpm / Abdominal

Rash —

Lymphadenopathy —

Oedema : —

Allergies (if any): —

Respiratory System :

Inspection (any s/o distress) : no RD

Air entry & breath sounds : BAE (P)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur : —

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

Per Abdomen :

Inspection no distension

Palpation : soft

Ausculation : BS (+)

Spine : (N) External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : Intact

Motor System:

Nutriton : _____

Tone: (N) Power 5/5

Co-ordinator : _____

Posture : (N)

Involuntary Movements : _____

Reflexes :

DTR] 2(+)

Superficials:

Plantars flexors

Sensory System : (N)

Bladder / Bowel : (N)

Clinical Summary & Diagnostic:

1st episode of UTI c/o BBD.

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:
- CBP, CRP, CUE done on OPD Basis.
- U/C/C, Blood C/S ✓
  S/E ✓ S.Creatinine ✓
- USG Abdomen & KUB
- PCT - (collect & hold).
- Chest X-ray plain ① ✓
- X Ray erect Abdomen

Planned Management
- Inj. Piptaz
- Inj. Buscopan (SOS)
- IV fluids
- Anti pyretics (SOS)

Noted By [illegible] on 02/07/26 @ 2.48AM

Signature of the Doctor: [signature]
Name of the Doctor: Dr. Shrikar
Date & Time: 2:20Am | 2/7/26.

Signature of the Consultant: [signature]
Name of the Consultant: [stamp: Dr. Shiva Narayana Reddy]
Date & Time: 2/7/26 10AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
2/7/26 7:30am	Δ: UTI	
	Issues: High inflammatory Markers - CRP - (140)	
	fecal loading on X Ray.	
	Pain Better	
	O/E	
	Baby euthermic	
	CRT < 3sec	Reports awaited
	CVS - S1S2 ⊕	- B/c/s
	RS BAE ⊕	- U/c/s.
	PA soft	
	CNS no FND.	
	Plan	
	- IV Piptaz - D1	
	- Laxatives	
	- IV fluids	
	- off PCT	
	add Amikacin	
	Dr. Shankar	
		- USS Abdomen c̄ KUB today
	2/7/26 10A	
		Noted by Akanksha 2/7/26 @10 am

Dr. Siva Narayana Reddy Reg. No. 43300

VIH-00206466 IP-00060536
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27-09-2009 16 Y 9 M 5 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/4/26	S/B Resident	
2pm		
	C/o UTI (1st Epi)	
		p/s
C/o	(1) fever @ 9:40 AM	
		- C/T + Cont. same
	100.5°F	instructions
	No new concern	- trace ulcls +
	tolerating orally	Blcls.
	passing urine	- Monitor vitals
		- I/O charting
	Hemodynamically - stable	- Inform SOS
		- Re Send urine c/s today
	USG Abd ✓	
		Noted by Akanksha 2/4/26.
	Pradeep.	

VIH-00206466 IP-00060536
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27-09-2009 16 Y 9 M 5 D (F)
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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 10:00AM	UTI (1st Ep)	
	- No pain / burning sensation	
	- 1 fever midnight lowgrade (100.?) (1:20AM)	
	- Active	
	Oral - (N)	
	V.O - (N)	
	CVS / CNS / RS / PA — NAD	Plan
		- Trace cultures (urine & bloods)
		- Inj Piptaz & Amikacin (D1)
	- CBP / CRP } f/m @5AM	- Vitals 6th hrly
		- Dr. Sruthi C/N
Dr. Shiva Narayana Reddy Reg. No. 48300 (stamp) Dr. [signature] 3/7/26 10.11AM		[signature]
		Noted by Suswila 3/7/26 at 1pm

VIH-00206486 IP-00060536
Ms TAHA FATIMA AHMED (F)
27-09-2009 16 Y 9 M 5 D
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26	S/B Resident	
4:30pm		
	UTI (1st episode)	plan
C/o	fevers - better	- CUT + Cont. same
	No new concerns	infusion
	tolerating feeds - well	- trace Blood c/s +
		urine c/s
	O/E - Euthermic	- CBP } t/m @ 5Am
	CVS - S1 S2 ⊕	CRP }
	RS - BAE ⊕	
	PA - soft	- Monitor vitals
	CNS - NAD	- I/O charting
		- Informed
	Nephrologist c/o ✓	
		noted by
		sashi
	Deepika	3/7/26 07 pm

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27-09-2009 16 Y 9 M 5 D (F)
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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	S/B Resident	
7:30 Am		
	C/o UTI (1st Episode)	
CR =	No fevers	plan
	No new Concerns	
	tolerating feeds well	- cw + Cont same
	u passing	instructions
	S	★ - trace Blood c/s
		- piptaz - D3
	O/E - Euthermic	- Amikacin - D3
	CVS - S1S2 (+)	- plan d/c today
	RS - BAE (+)	on IV Abx
	PA - soft	↓
	CNS - NAD	after results
		IV 2 days
	CBP ✓	ug (Piptaz & Amikacin) 3 days 3 times.
	CRP ✓	then T. Augmentin 625
[signature]		5 days further
	Urine c/s - 24 hrs	
	(N)	
		Noted by [signature] 04/7/26 @ 10 am

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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NURSING SHIFT HAND OVER FORM

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

BACKGROUND	Date / Shift	2/7 ER	1/7/26 N	2/7/26 M	2/7/26 G	2/7/26 N	2/7/26 M
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:		(S) diet	(S) diet	(S) diet	(S) diet	(S) diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA.	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98 °F	98.3 F	98.0 °F	98.7 °F	98 °F	98.8 °F
	Res:	24 b/m	22 b/m	21 b/m	24 b/m.	20 b/m	23 b/m
	SpO_2:	98%.	99%.	99%.	98%.	99%	98%.
	Pulse:	101 b/m	100 b/m	112 b/m	110 b/m.		107 b/m
	BP:	115/72 (89)	110/70	96/54 (69)	100/60 mmhg.		99/73 (77)
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	'0'	8	'8'	8	8	'8'
	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	Nill	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:		(1) diet	(N) diet	(S) diet	(S) diet	(S) diet
	Critical Lab Test / Values:	Nil	Nill	—	—	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):	Non Dependent	dependent	Dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	U/cls USG Abdomen + kub. -due	u/c/s Done. USG Abdo + kub done	~~u/cs~~	U/C/N B/cls Trace	Nil
Handed Over By Name :		Archilles	Padma	Akanksha	Syed.	Roja	Sushila
Signature / ID :		02062	606329	606601	016457	010424	016993
Date:		2/7/26	2/7/26	2/7/26	2/7/26	3/7/26	3/7/26
Time:		@ 8:40Am	@ 8Am	@ 2pm	@ 8pm	@8:Am	2Pm
Taken Over By Name :		Padma	Akanksha	Syed	Roja	Sushila	Sushila
Signature / ID :		606329	606601	016457	010424	016993	016993
Date:		2/7/26	2/7/26	2/7/26	3/7/26	3/7/26	3/7/26
Time:		@ 4pm	@ 8am	@ 2pm	@ 8pm	8Am	2Pm

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: UTI

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

Surgery / Procedure: nil

Post OP Day: -

BACKGROUND

Date / Shift	8/7/26 E	3/7/26 N	4/7/26 M			
Medical Condition (Any special condition to be noted):	Nil	Nill	Nil			
Diet:	Sdiet	(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:	98.6F	98.0F	98.0F			
Res:	26b/m	22 b/m	21b/m			
SpO_2:	100%	99%	99%			
Pulse:	189b/m	105b/m	112b/m			
BP:	101/67(78)	110/70	101/69(95)			
LOC:	Conscious	Conscious	Conscious			
Fall Risk Score:	8	'3'	3'			
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	Nill	Nil			
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	nil	(S) diet	(S) diet			
Critical Lab Test / Values:	nil	Nill	-			
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	dependent	dependent	Dependent			
Post Operative Procedure Special Orders:	CBP, CRP BSN done		-			
Handed Over By Name :	sushila	padma	Akanksha			
Signature / ID :	SB16993	606329	A606604			
Date:	8/7/26	3/7/26	4/7/26			
Time:	@8PM	@7AM	@10AM			
Taken Over By Name :	padma	Akanksha	File sending to Billing			
Signature / ID :	606329	A606604				
Date:	2/7/26	4/7/26				
Time:	@8pm	@8AM				

noted by Akanksha 04/7/26 @10am

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 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: 1/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon				N/P.M			
Night	4Am	* maintain fluid Balance.	8Am	* maintained the fluid Balanced. * nutritional stats.	* Prevent to the dehydration	* Re-Assessment Done. — every 4th hourly Vitals.	Padma 1/7/26 @8Am

VIH-00208486 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 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: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 Am	* maintain fluid Balance. *Ensure Safety.	10 am	* IV fluids. 50ml/hr DNS. Administered. Encouraged pt to take fluids. * provided side Rails upside.	* prevented Dehydration. maintained I&O chart * Reduced falls Risk.	* Re Assessment Done. pt is stable.	Akanksha 2/7/26.
Afternoon	3pm	Maintain fluid balance. Ensure safety.	3:30pm	IV fluid 50ml/hr DNS Administereds. Encouraged pt to take fluid! provided side rails upside.	prevented for dehydration maintained I/O chart Reduced fall risk!	Re assessment done every 4th hrly vital checked pt is stable	[illegible] 2/7/26 @ 8pm
Night	9 pm	+ maintain fluid balance	10 pm	+ Administered IV medication DNS 50ml/hrly	+ prevented dehydration	+ Re-assessment was done every 4th hourly vital monitor	Raja [illegible] 3/7/26 @ 8Am

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
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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: 31/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM 12 pm	* Ensure Safety * maintain good nutritional status	9 AM 2 Pm	* provided side rails To provided good nutritional diet	* prevent fall risks oral intake is good	* Re-Assessment done patient is stable.	Sreshila 31/7/26 @ 12 pm
Afternoon	3pm	prevent Infection	3:10 pm	To maintain Hand Hygiene	To prevented Infection	patient is stable	Sowmi 31/7/26 @ 8pm
Night	11pm	* maintain fluid Balance.	7Am	* maintain fluid Balanced. Nutritional Staty.	* prevent to the dehydrition	* Re-Assessment patient condition is Stable.	Padma 1/8/26 @7Am

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 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: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge notes ~~Noted~~ by Doctor came for rounds & Advice Discharge			[signature] 4/7/26 @ 9am
Afternoon				noted by Akanksha			
Night					04/7/26 @ 11Am		

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

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

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Your Right to a Safe Delivery

Doctor Name : .....

Date : ..... Hour : .....

Hospital : .....

.....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : ..... Time : ..... By : .....

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

Signature: M.D.

Report of Findings and Recommendations :

c/o UTI
BBD
c/s → awaited
Xray fecal loaded
Bowel (+)
Fever chart.
USG - Grossly (N).

Adv.
- Routine laxatives
- Avoid dehydration
- Timed voiding
- Double voiding
- Inform c/s reports
- High fibre diet.

Consultant :

Name : DR. SRVTHS ..... Signature : ..... Date & Time : 3/7/2016 6 pm.

NOTE : If more space is required use another consultation sheet as continuation

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:	**Ms TAHA FATIMA AHMED**	**Age :**	**16 Y 9 M 5 D**
IP No:	**IP-00060536**	**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 to 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: Akbar Ahed.
Relationship: Father
Date: 2/7/26 Time: 2:27 Am
Witness Name:
Witness Signature:

Patient Address:
H.NO:9-3-47/17-A,MASARATH COTTAGE,PARKVILLA,HASMATPET, SEC-BAD. Putli Bowli Hyderabad Telangana INDIA 500095

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

HBH/ FRM / CLINICAL / 127

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: [illegible]/7/26

Time:	4 PM	8 PM
Doctor / Nurse / Family Concern?		
Temperature (°F) (104 – 94)	98.4 F	98.8 F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 – 50)	115 / 80	100 / 60
Heart Rate (Number)	79 / 101	85 / 105
Resp. Rate (bpm) (Over 1 Minute) (70 – 10)	*	*
Resp Rate (Number)	20	22
Resp Distress: Mod/ Severe		
Resp Distress: None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)	99	99
Conscious Level: Normal	✓	✓
Conscious Level: Altered		
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	P	P

Note: BP does not score in early warning scoring

ACTIONS
NB: Scores 3 should be recorded overleaf

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

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

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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

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

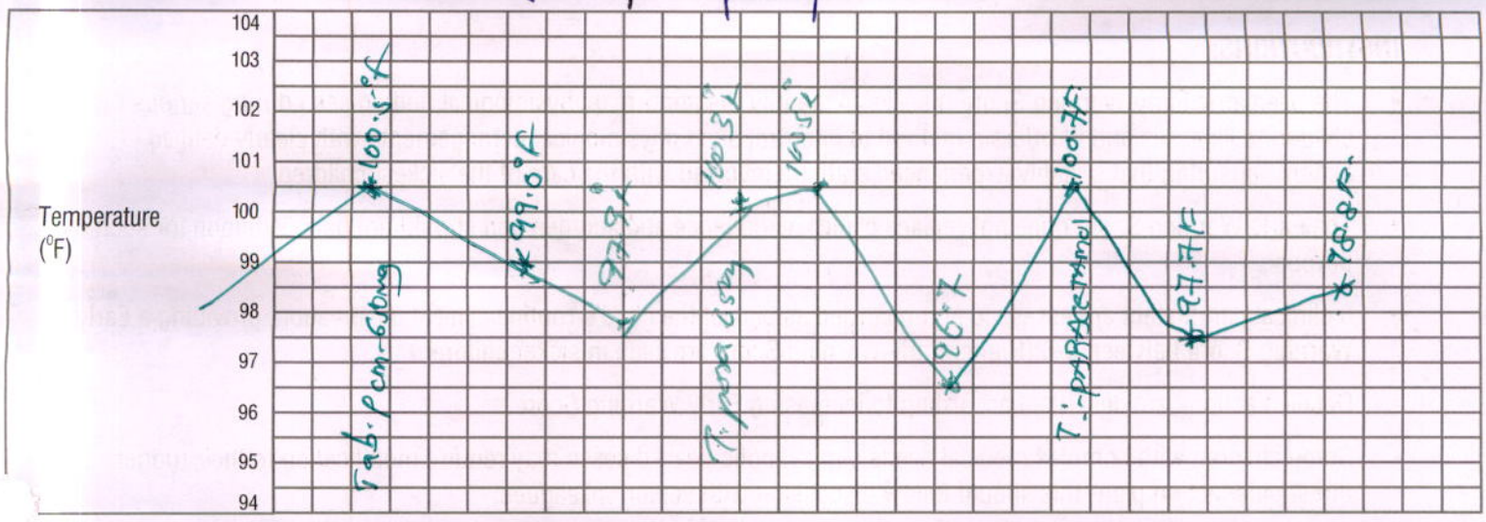
Rainbow® Children's Hospital — It takes a lot to treat the little.

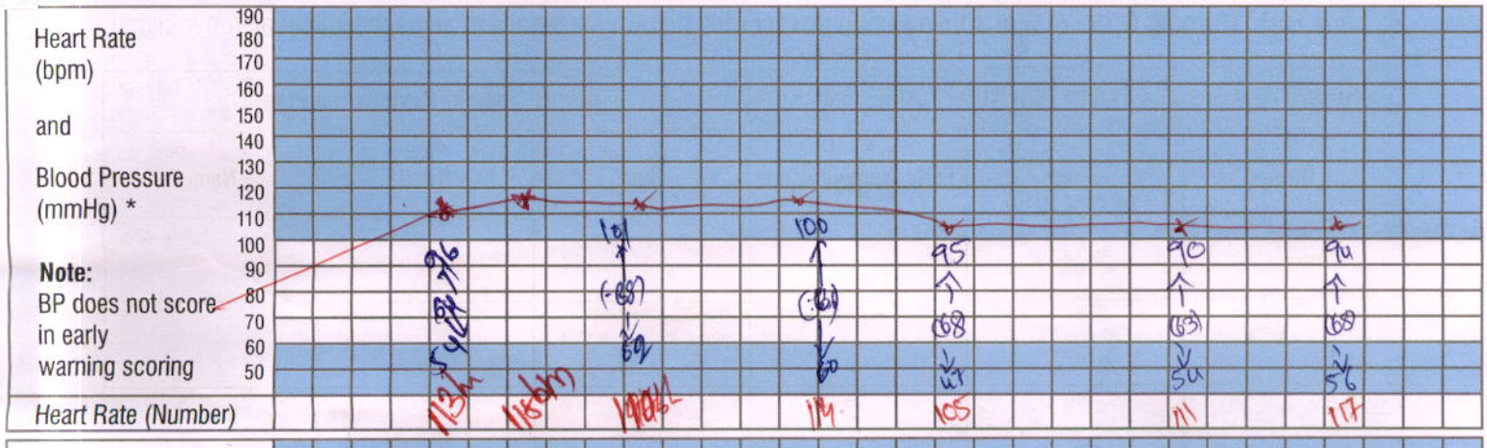
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

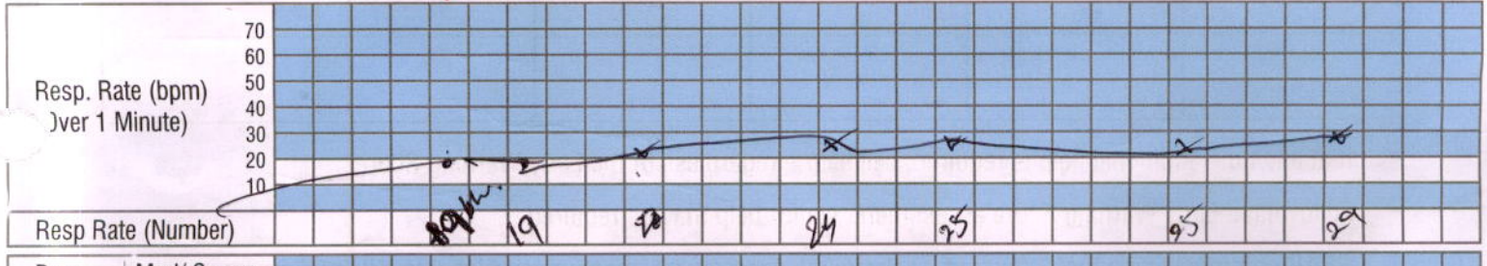
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 21/7/26 ..... Time: 9:40 11 12 5 6:10 7:30 10 1:20 3 7

Doc / Nurse / Family Concern? AM AM PM PM PM PM AM AM AM







Resp Distress: Mod/ Severe / None / Mild		N	N	N	N						
Receiving O_2 (l/min) O_2 Saturations (%)		99%	99%	98	99	98			98		98
Conscious Level: Normal / Altered		C	C	C	C	C			C		C
GCS *											
TOTAL SCORE Number of shaded boxes	1	02	02	0	0	0			1		0
Pain Score	0	0	0	0	0	0			0		0
Observer's Initials	AR	AR	AR	AR	AR	AR			AR		AR

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206468 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

oc. No. : RCHBH/ FRM / CLINICAL / 127

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

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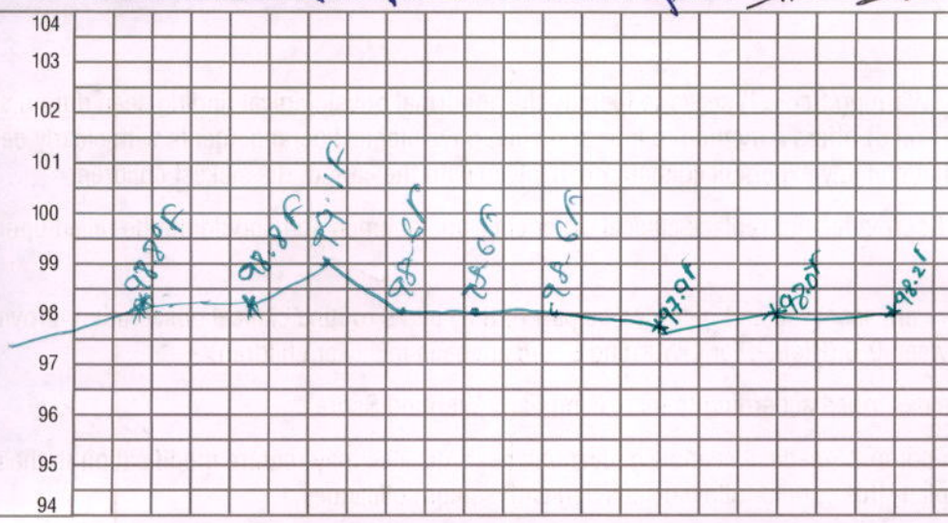
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

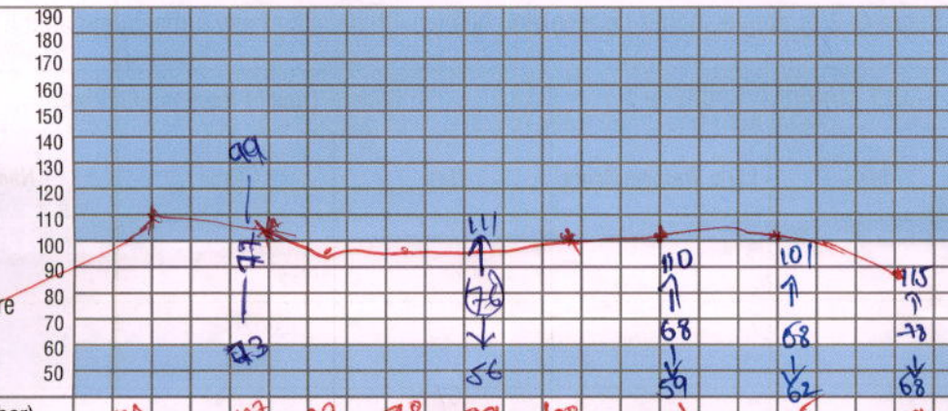
Date : 31/7/26. Time:	9	11	2	3	5	7	11	3	7
Doctor / Nurse / Family Concern?	PM	PM	PM	PM	PM	PM	PM	AM	AM

Temperature (°F)



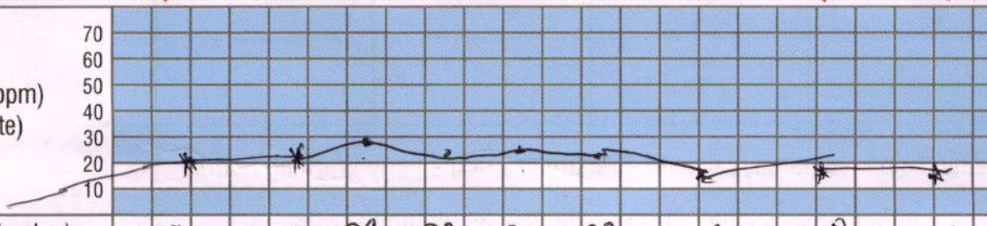
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	110	107	99	98	99	100	101	105	89

Resp. Rate (bpm) over 1 Minute)



Resp Rate (Number)	20	23	29	22	23	22	23	20	21
Resp Distress: Mod/ Severe / None / Mild	N	N							
Receiving O_2(l/min) O_2Saturations (%)	99	98	99	96	99	100	99	98	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N
GCS *	N	N	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	S	S					P	P	P

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/10/20 Time: 10

Doctor / Nurse / Family Concern?

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score		
Observer's Initials		

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

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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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	D		50ml								
2/7	06:00 am	N	H2O	50ml								
	07:00 am	S		50ml								
Total Intake :						**Total Output :**						

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

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

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Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : 5

2/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/7/26	08:00 am		Rdlyt									
	09:00 am		H20							✓		
	10:00 am											
	11:00 am		H20									
	12:00 pm											
	01:00 pm									✓		
Total Intake :						**Total Output :**						
2/7/26	02:00 pm											
	03:00 pm		Rice									
	04:00 pm		H20							✓		
	05:00 pm	RS		50ml								
	06:00 pm	NS		50ml								
	07:00 pm	S		50ml								
Total Intake :						**Total Output :**						
3/7/26	08:00 pm											
	09:00 pm		Rice									
	10:00 pm									✓		
	11:00 pm											
	12:00 am	DNS	H20	50ml								
	01:00 am									✓		
Total Intake :						**Total Output :**						
3/7/26	02:00 am											
	03:00 am		H20							✓		
	04:00 am											
	05:00 am											
	06:00 am		H20									
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206486 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : ....

3/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/7/26	08:00 am		Idly							—		Akanksha 3/7/26 @9pm
	09:00 am											
	10:00 am		H2O				—			✓	0	
	11:00 am											
	12:00 pm			50ml								
	01:00 pm											
Total Intake :						Total Output :						
3/7/26	02:00 pm			50ml								
	03:00 pm		rice	50ml								
	04:00 pm		water	50ml						✓	0	[illegible] 3/7/26 @7pm
	05:00 pm			50ml								
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
4/7	08:00 pm		S diet									
	09:00 pm		H2O									
	10:00 pm									✓		
	11:00 pm			5[illegible]								
	12:00 am		water	50r								
	01:00 am			50ml								
Total Intake :						Total Output :						
4/7	02:00 am			50ml						✓	0	[illegible] 4/7/26 @7am
	03:00 am											
	04:00 am		water									
	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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VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

FLUID CHART

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

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DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG	Dose	Route	Frequency	Start Date	Doctor's Signature	Valid Period	Pharm	Additional Instructions	Date / Time
TAB PARACETAmol	650mg	P/O	Q6H	2/7	[signature]		[signature]	T>100°F; 1TAB = 650mg; 10–15mg/kg/dose	2/7/26 9:45 am [signature]; 2/7/26 6:10pm [signature]; 2/7/26 12:00am [signature]
TAB. IBUPROFEN	600mg	P/O	Q6H	2/7	[signature]		[signature]	T>102°F; 1TAB = 600mg; 10mg/kg/dose	
INJ BUSCOPAN	20mg	IV	Q8H	2/7	[signature]		[signature]	[signature] Rem (+)	

Signature: Priyalaxmi 02/07/26
Signature: Priyalaxmi 02/07/26
As per doctor order, Priyalaxmi 02/07/26

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight. 59 kg Ward. ....

DRUG : INJ · PIPERACILLIN + TAZOBACTUM

Dose	Route	Frequency	Start Date	Date/Time	2/7	3/7	4/7
4.5g	IV	8th hly	02/07	6 Am	✓	✓	✓
				2 pm	✓	✓	
				10 pm	✓	✓	

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

Additional Instructions: AFTER TEST DOSE (max 4.5g).

Daily Doctor's Endorsement by a Sign

VERIFIED Priyalaxmi 02/07/26

DRUG : INJ · ESOMEPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time	2/7	3/7	4/7
40mg	IV	Once daily	2/7	6 Am	✓	✓	✓

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

Additional Instructions: 1mg/kg/dose (max 40mg)

Daily Doctor's Endorsement by a Sign

VERIFIED Priyalaxmi 02/07/26

DRUG : Syp. SMUTH

Dose	Route	Frequency	Start Date	Date/Time	2/7	3/7	4/7
10ml	P/O	12th hly	2/7	6 Am	✓	✓	✓
				6 pm	✓	✓	

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

Additional Instructions: LAXATIVE

Daily Doctor's Endorsement by a Sign

VERIFIED Chitra 2/7/26

DRUG : MVOUT POWDER

Dose	Route	Frequency	Start Date	Date/Time	2/7	3/7
2 scoop	P/O	Once daily	2/7	10 pm	✓	✓

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

Additional Instructions: 2 scoops in 180 ml WATER @ Bedtime

Daily Doctor's Endorsement by a Sign

VERIFIED Chitra 2/7/26

Rainbow Children's Hospital

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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

VERIFIED
2/9/26 Dr. [illegible]

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

REGULAR PRESCRIPTIONS

DRUG : INJ. AMIKACIN

Dose	Route	Frequency	Start Dt.
450mg	IV	12th hrly	2/7

Name & Signature of the Doctor starting the Drugs: [signature]

Additional Instructions: 7.5mg/kg/dose

Date	2/7	3/7	4/7
Time			
10 AM	[signature]	[signature]	[signature]
10 PM	[signature]	[signature]	

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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

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

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ / Time ▾

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/7/26	11:38pm	INJ BUSCOPAN	20mg	SIV	L	Viran Architha
1/7/26	11:30pm	INJ PANTOP	40mg	SIV	L	Viran Architha
1/7/26	11:44pm	INJ. ONDANSETRON	4mg	SIV	L	Viran Architha
1/7/26	11:35pm	TAB. PARACETAMOL	500mg	oral	L	Viran Architha

07/07/26

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

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 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
2/6/26	5am	DNS (1/3 20 ml)	I/V	50 ml/hr	S	Paly			

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

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Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

210

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 02/7/20 Time: 8Am

Weight: 59kg Centile: <75 centile

Height: — Centile: —

Inference: Appropriate for AGE

RDA: 2400kcal Calories: 2400kcal Protein: 45-55gm/day.

Diet Recommendations: Soft diet

Re-Assesment: —

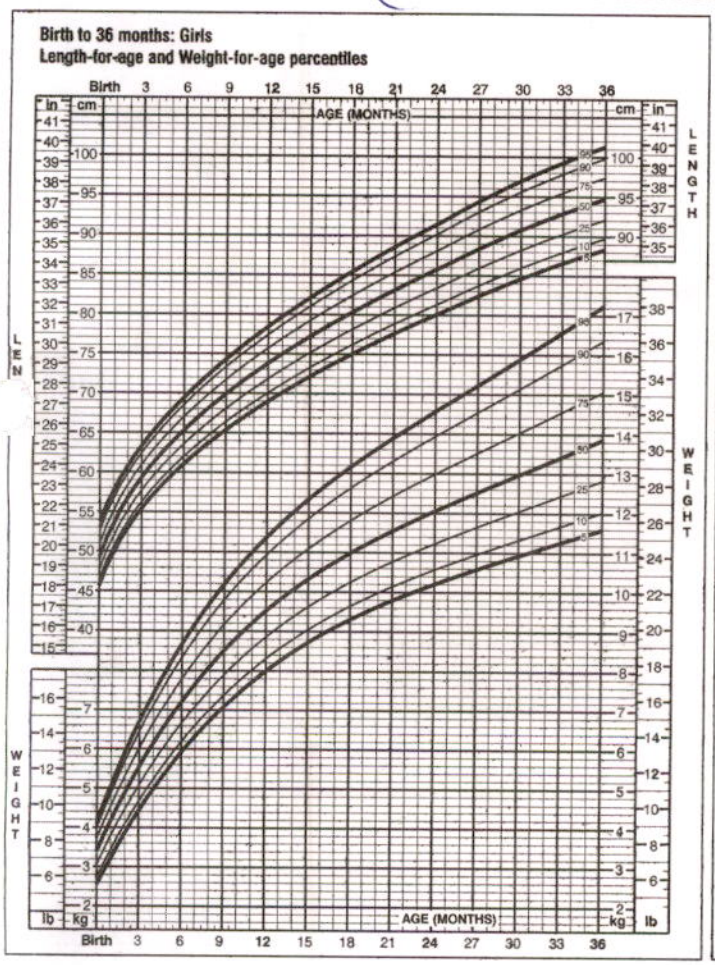
Food Allergies: Nill Veg/Non-veg ✓ Both.

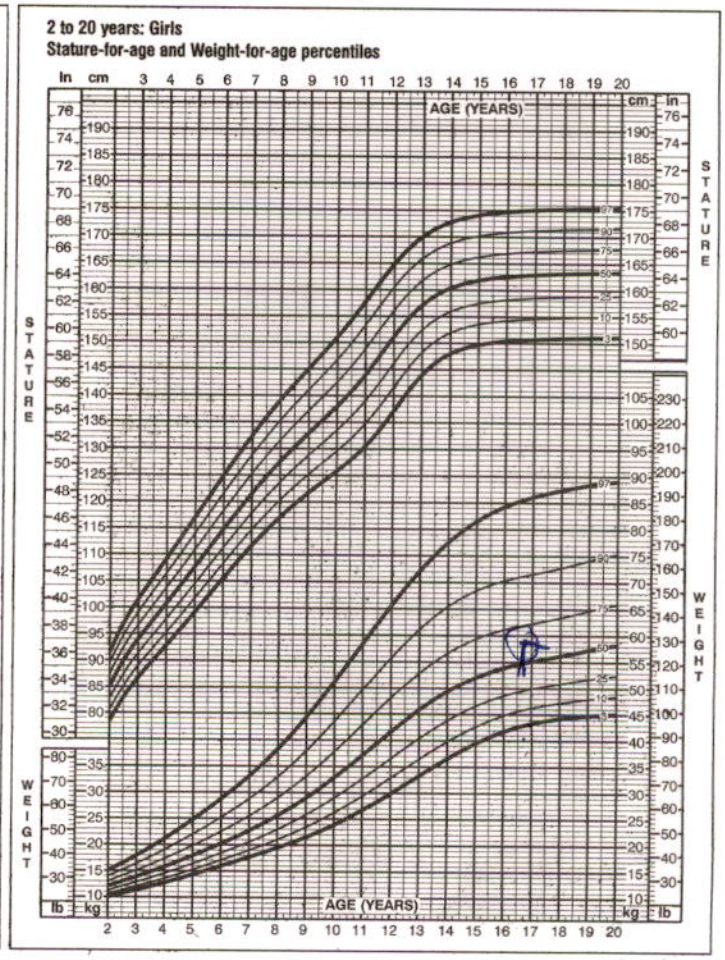
Diagnosis: Urinary tract Infection

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: × (father)

GROWTH CHART (GIRLS)





Dietician's Name Zohra Dietician's Signature

Daily Notes:

3/7/26. Soft diet — Dy 7Am

4/7/26. Soft diet — Dy 9Am

VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

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Wt: 59 kg

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby. Taha Fatima Age : 16 yrs **Gender:** ☐ Male ☒ Female

Date : 1/7/26 Time of Arrival : 11:00 pm

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

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

Mode of Arrival : ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101°F PR: 97 bl/m BP: 118/72 RR: 21 bl/m SpO2: 100%

Chief Complaints: C/O Stomach pain x 5 days, vomitings
C/O Fever since today

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 11:4 pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Liron

Signature of Triage Nurse : .....

Date & Time : 21/7/26 @ 11:4 pm

210

3/7/26

Ref. No. F/INPR/12

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : VIH-00206466 IP-00060536
Ms TAHA FATIMA AHMED
27-09-2009 16 Y 9 M 5 D (F)
Dr. SIVA NARAYANA REDDY

Registration No.:

Medication

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	6AM		
	1.00	Inj. piperacillin + tazobactum - 4.5g /		
	2.00	IV / 8th hourly		
	3.00	Inj. Esomeprazole - 40mg / IV / once	[signature]	
	4.00	daily		[signature]
	5.00	Syp. Smuth - 10ml / p/o / 12th hourly		
	6.00	10AM		
	7.00	Inj. Amikacin - 450mg / IV / 12th hourly	[signature]	[signature]
	8.00	2pm		
	9.00	Inj. piperacillin + tazobactum - 4.5g /	[signature]	Fatima
	10.00	IV / 8th hourly		
	11.00	6pm		Fatima
	12.00	Syp. Smuth - 10ml / p/o / 12th hourly	[signature]	
	13.00	10pm		
	14.00	Inj. piperacillin + tazobactum - 4.5g /		
	15.00	IV / 8th hourly		
	16.00	Nu. Out powder - 2 scoops / p/o /	podue.	[signature]
	17.00	once daily		
	18.00	Inj. Amikacin - 450mg / IV / 12th hourly		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			