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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: .....

Name of the Patient: GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 10 D (M)
Dr. KARTHIK NARAYANAN R

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☐ c. No pending indents are there against above patient
- ☐ d. Checked the bed side cupboard of the bed
- ☐ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 29/6/25

Time: 9.10AM

Pharmacy Sign

Date: .....

Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

BirthRight Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 10 D (M)
Dr. KARTHIK NARAYANAN R

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		9.10AM					
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

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Name: .....

UHID No: ..... IP No: .....

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

..... Dept: .....

Date of Admission: ..... Time: .....

..... Time: .....

Room / Bed No: ..... Ward: ..... bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/06/26	2:40pm.	ER	402	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Vivek	26/6/26	[redacted]	
2.			(7929)	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/06/26	CBC, CRP, RFT, ESR, SGOT, SGPT, IgE	26020301	
2.6/6/26	Mantoux.	20323	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6	Infusionpump	2.50pm	27/6/26 @ 6pm	7769	MS/Consol
26/6	Oxygen	2.40pm	27/6/26 @ 9pm.	7772	MS/Consol

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6/26	IV line placement	1	~~1717696~~ ~~1717704~~ 1717691	[illegible]
26/06	Nebu & oxygen	3	1717704	[illegible]
26/6	Pre nebulization	1	.7771	[illegible]
27/6/26	Nebulization	4	1717957	[illegible]
~~27/6/26~~	~~physiotherapy~~	~~1~~	~~8292~~	~~[illegible]~~
27/6/26	Nebulization	3	8290	[illegible]
27/6/26	Physiotherapy	1	8292	
27/6/26	Nebulization	1	8369	[illegible]
27/6/26	physiotherapy	1	8370	
28/6/26	Nebulization	1	1718486	[illegible]
28/6/26	Neb c O2	3	1718487	[illegible]
28/6/26	Neb c O2	2	8681	[illegible]

15 + 3 = 18

[illegible] Neb ER 13 + 2 / 3 / 18

ANY OTHER INFORMATION:

Date: 28/6/26 Time: 2pm. Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]			

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DISCHARGE TRACKING SHEET

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 10 D (M)
Dr. KARTHIK NARAYANAN R

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	29/6/24 9AM				
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036205 **Admit Date** : 26-Jun-2026 **Admit Time** : 01:47 PM **UHID** : GUC-00093101

Patient Details :

Patient Name	: Baby VENKATA RITHWIK ANDE	**Age**	: 1 Y 4 M 9 D
Guardian	: Mr SRIKANTH ANDE	**DOB**	: 17-02-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NELLORE , PEDAPUTHEDU, (VI), DAGADARTHI (M) Gandavaram Nellore Andhra Pradesh INDIA 524317	**Phone No**	: 8919023993/ 9391828927
		E-mail	: no@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER 101 **Ward Name** : 0F-EMERGENCY

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

Contact Details :

Name : Mr SRIKANTH ANDE **Relationship** : Father

Contact Address : NELLORE , PEDAPUTHEDU, (VI), DAGADARTHI (M) Gandavaram Nellore Andhra Pradesh INDIA 524317 **Phone No** : / 8919023993

Signature

Doctor Details :

Doctor Name : Dr. KARTHIK NARAYANAN R **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : Friends **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Guindy
Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby VENKATA RITHWIK ANDE**	**Age :**	**1 Y 4 M 9 D**
IP No:	**IP18-00036205**	**Sex:**	**Male**
Consultant:	**Dr. KARTHIK NARAYANAN R**	**Ward/Bed No:**	**0F-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

Name: Mr Srikanth
Relationship: father
Date: 26/06/26 Time: 01:47 pm
Witness Name: D. Sivasankari
Wittness Signature:

Patient Address:
NELLORE , PEDAPUTHEDU, (VI),
DAGADARTHI (M) Gandavaram Nellore
Andhra Pradesh INDIA 524317

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BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5,000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

I have attended the Financial Counselling desk & understood the expected costs & other conditions applicable. In this case, the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge. I promise to settle the claim with the hospital as per Hospital Cash Tariff.

Patient Name : Baby Venkata Rithvik	UHID Number : GVZ-0009310/1
Self/Attendant Name : Ande Srikanth.	Relation : Father
Self/ Attendant Signature : A. Srikanth.	Name & Signature of Financial Counselor
Phone Number : 8919023993	

भारत सरकार

आधार

భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of Indi

ఎన్‌రోల్‌మెంట్/ Enrolment No.: 2710/02374/45826

To
అందే శ్రీకాంత్
Ande Sreekanth
C/O: Ande Vijay
main road
Pedaputhedu
Peddaputtedu
Nellore Andhra Pradesh - 524317
9912277543

Download Date: 29/10/2020

Issue Date: 20/10/2020

Signature valid

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

3339 7754 7782

VID : 9111 2606 4987 4541

నా ఆధార్, నా గుర్తింపు

భారత ప్రభుత్వం
Government of India

అందే శ్రీకాంత్
Ande Sreekanth
పుట్టిన తేదీ/DOB: 05/01/1994
పురుషుడు/ MALE

Download Date: 29/10/2020

3339 7754 7782

VID : 9111 2606 4987 4541

నా ఆధార్, నా గుర్తింపు

DAY CARE DIET SHEET

S.No	Date	Time	Food Item	Quantity	Name (Signature)

Rainbow®
Children's
Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

[illegible] History & Physical Examination

Name: Venkata Rithwik Ande Age/Sex 1yr 4mths / Boy.

Information given by: Mother Relationship

Address - Nellore

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

c/o Runny nose x 3 days
c/o cough x 2 days. - wet - more since yesterday - more in the evening. No post-tussive vomiting. Comfortable at night. / [struck out] ↑ed even after waking up

c/o Fever x 2 days back for 1 day
Temp - [struck out] 100°F

c/o fast breathing & chest indrawing] 2 days more since yesterday

Oral intake ↓ed.
Activity - good.

Patient Sticker

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

H/o URI → cough → distress - since 9 months of age - requiring nebulization on OP basis twice per month along c Prednisolone.

No h/o contact c TB

Birth & Neonatal History: Leaking PV

Term / LSCS / Bt.wt - 2.2 kgs

CIAB / NICU stays for observation 2-3 hrs

Family Chart

Birth & Socio Economic History:

About Father : Allergic rhinitis - to house dust.

About Mother :

Any additional Information :

Developmental History :

Dev. (N).

Immunization History :

Vaccinated uptodate - NIS schedule.

Anthropometry :

Head Circum (cms) 44.5 cm (Centile) Height (cms): (Centile)

Weight (kgs) 9.2 kgs (Centile)

On Examination :

Temperature : 98.6°F Pulse Rate : 170/min B.P. SPO2 89-90% RA

Resp.rate and type of breathing : 60/min 96% c 2l/min O2 via nasal prongs

Rash Nil

Lymphadenopathy

Oedema : PPWF, CRT<2secs

Allergies (if any): WOB Nil.

(P.T.O.)

Patient Sticker

Respiratory System :

Inspection (any s/o distress) : mild SSR (+), SCR (+)

Air entry & breath sounds : B/L AE (+) - (R) AE ↓ed

Any addes sounds : (R) crepts (+), no wheeze

Relevant data from outside (Chest X-Ray, ABG,etc.,) CXR - B/L hyperinflation (+)
(R) paracardiac infiltrate

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur : -

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

Per Abdomen :

Inspection :

Palpation : soft

Ausculation :

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

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

Cranial Nerves :

Motor System :

Nutriton : (N)

B/L Tone: (N) B/L Power >3/5

Co-ordinator :

Posture : (N)

Involuntary Movements : -

Patient Sticker

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute exacerbation of wheeze

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBC

CRP / ESR /

Sr. IgE /

OT, PT /

RFT /

Mantoux ~~test~~

Dr. Vivek for opinion

Planned Management

IVF

IV Hydrocort 5mg / kg - q 6h.

Neb. Levolin q 4h.

Signature of the Doctor: .....

Name of the Doctor: Dr. kavitha

Date & Time: 26/6/20 1.45pm

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

Patient Sticker

DISCHARGE PLANNING FORM

***NOTE:* * To be completed by a Doctor within (24) hours of admission.**

1. Anticipated Date of Discharge: .....

2. Destination Post Discharge: ☐ Home
   Family Members Notified (Person Contacted)
   ☐ Transfer
   Hospital Facilty Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

   ☐ Needs Assistance In:

			Remarks
☐ Medication	☐ Yes	☐ No	.....
☐ Bathing	☐ Yes	☐ No	.....
☐ Eating	☐ Yes	☐ No	.....
☐ Walking	☐ Yes	☐ No	.....
☐ Dressing	☐ Yes	☐ No	.....
☐ Toileting	☐ Yes	☐ No	.....

4. Nutritional Plan:
   ☐ Dietary Instruction Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

5. Discharge Planning Discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

6. Patient/Family Educational Plan:
   ☐ Educational Topic/s: .....

   ☐ Patient's Educational Topic/s discussed with the:
   ☐ Patient ☐ Family Member ☐ Others: .....

Doctor Signature: .....

Doctor Name: .....

Date and Time: .....

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

Docu. No. : RCH/

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

Docu. No. : RCH /FRM / CLINICAL / 162

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

Date: ..... Department: ..... Shift: .....

S.No	Patient Identification	Diagnosis / Procedure	Clinical Findings Problems	Special Concerns / Investigations / Abnormal Results	Recommendations / Follow up needed	Handing Over Doctor	Receiving Over Doctor

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

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CROSS CONSULTATION FORM

Doctor Name : Dr. Vivek Date : 27/6/26 Time : 6.30 am

Diagnosis :

Hospital :

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

6.30 am 27/6/26

Thanks for Referral,

ANC (P)

MSL (+) ? cut MAS.

(P) Post natal transition well till 9 months.

No Baseline retractions. ded — AR (+)

H/o recurrent viral triggered wheeze episodes - for the last 6 months

- Monthly episodes
- Diurnal variation (+) - more in the late evening.
- Response to Nebs (+)

Consultant :

(P.T.O)

Name : ..... Signature : ..... Date & Time : .....

Wheeze qualifiers ⊕

No foreign body aspiration /
no TB contact.

O/E - Throat (N)

No clubbing

RR - 44 - 50/min

SCR ⊕.

HR - 130/min

B/L inspiratory crepts

polyphonic expi. wheeze.

marginally ↓ed AE on ⊕ basal.

Labs - TC - 24k

N - 75

CRP (-ve)

Rest (N).

ANC — N

ALL — N

CXR - viral pattern.

Sr. IgE - 315

Mantoux - to be read tomorrow.

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17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

Rainbow® Children's Hospital
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CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Assessment -

Pre-school wheezer - under 5
- Recurrent viral phenotype.
c/o adopy in father - AR (+).

Suggested -

At the time of discharge -

1) BUDECORT MDI (100)
1 — 0 — 1 x 12 wks

2) LEVOLIN MDI ~~50~~ (50) - 2 puffs - q4h SOS
3 x 5 days

Consultant :

Name : ..... Signature : ..... Date & Time : .....

3) Triggers discussed

4) Technique to be checked before discharge - Huff puff kit.

5) If no improvement → review in 4 wks for furthr evaluation

6) If good improvement → review after 12 wks.

7) Parents counselled.

---

mmy

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Physiotherapy.

27/06/26 S/B/virology/PT.

D- Acute Exacerbation of wheeze.

O/b :-
On 2 l/min of O2 support via nasal prong.
- Vitals :- Stable.
- State :- Sleep

O/E :-
- Cough (+) - non-productive in nature.
- No distress.
- BAE (+).
- No stridor.

Rx :-
CPT given along with postural drainage - Jerking, Vibration. N. Vulg

Consultant :

Name : ..... Signature : ..... Date & Time : .....

27/6/26

S/B- Rifqa (PT)

D- Acute exacerbation of wheeze

O/O:

⇒ On 2l of O2 /min via nasal prongs

Vitals - Stable

⇒ Awake, irritable, crying

O/E:

⇒ Cough (+)

⇒ No stridor / distress

⇒ WOB (-)

Rx

⇒ CPT

⇒ Percussion, vibrations

Patient Sticker

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CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Consultant :

Name : ..... Signature : ..... Date & Time : .....

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/24 5.30	S/B Dr. Chandrakala.	
	child seviewed	
	no c/o fevers.	
	c/o cough, Rhinorrhea ⊕.	
	mild distress & subcostal retractions ⊕	
	RR - 38/min.	
	SpO_2 - 98%/RA.	
	O/E	
	Afebrile	
	CVS - S_1S_2 ⊕	
	RS - B/L AE ⊕	
	B/L wheeze, crepts ⊕.	
	P/A - Soft	
		Adv
		- monitor vitals
		- W/F Resp distress, tachypnea, desaturation
		- continue Nebulizations + hydrocortisone
		- pulmonology opinion.
	19/12/24.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 10.20Am	S/B Dr. Chandramegha.	
	Acute exacerbation of wheeze, c LRTI	
	Child reviewed	
	Alert, Active	
	no c/o resp distress, tachypnea.	
	no c/o fever.	
	mild subcostal retractions	
	O/E	
	Afebrile	
	CVS - S_1S_2 (+)	
	RS - B/L AE (+)	
	B/L inspiratory crepts	
	occasional wheeze.	
	Mild subcostal retraction	
	RR - 38/min	
	SpO_2 - 98% c 2L O_2	
	P/A - soft	
		Adv:
		- Monitor vitals
		- W/F resp Distress, tachypnea
		- Inj. Hydrocortisone 45mg 6 6H
		- Neb Levolin + Budecort
		- plan: Taper oxygen support
		- Mantoux to lead down
	[signature] 27/6/26	

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

QUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/2026	S/B Dr. Karthik	
	Plan	
	→ To wean off O_2	
	→ To continue I.V Hydrocortisone	
	→ Nuvolite drops 1.0 ml — 1.0 ml × 5 day	
	→ Chest Physiotherapy twice a day	
	[signature] DV Sum	
27/6/26 5PM	S/B Dr. Chandirsekar	
	Δ - Acute exacerbation of wheeze	
	childrenmed,	
	Alert, Active	
	Tappered O_2 to 1 L	
	No Tachypnea, distress	
	RR - 38/min, SPO2 - 96% 1L O_2	
	O/E	
	Afebrile	
	CVS - S1 S2 (+)	
	RS - B/L AE (+) crepts (+)	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A soft	
	Advi:	
	→ Tapper O_2	
	→ continue Nebulizations as per chart	
	→ W/F desaturations, distress, tachypnea	
	19/12/24.	
	S/B Dr. Chandrakala.	
28/6/20 9 Pm.	D – Acute exacerbation of wheeze.	
	Child reviewed	
	Alert, Active	
	Off O_2 for 12hrs	
	comfortable in room air	
	no Tachypnea, Resp distress, retractions	
	Tolerating oral feeds well.	
	O/E	BP - 100/60 mmHg
	Afebrile	PR - 120/min
	CVS - S1S2 (+)	RR - 22/min
	RS - B/L AB (+)	
	Chest ↓↓, no wheeze.	
	P/A - Soft.	

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE (M)
17-02-2025 1 Y 4 M 9 D
Dr. KARTHIK NARAYANAN R

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RESULT SHEET

Date	26/6/26					
Time						
Hb	10.8					
PCV	4.31					
RBC	31					
WBC	24,320					
N/L	75/19					
Platelets	4,06,000					
CRP	< 5					
ESR	38					
PCT						
RBS						
Na	136					
K	3.9					
Cl	107					
Ca/Mg						
Phosphate						
Urea	20					
Creatinine	0.31					
ALP						
SGPT	20					
SGOT	30					
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
S.BgE	315					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1Y4M9D (M)
Dr. KARTHIK NARAYANAN R

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA ☐ 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: ER Shifted to: W02

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

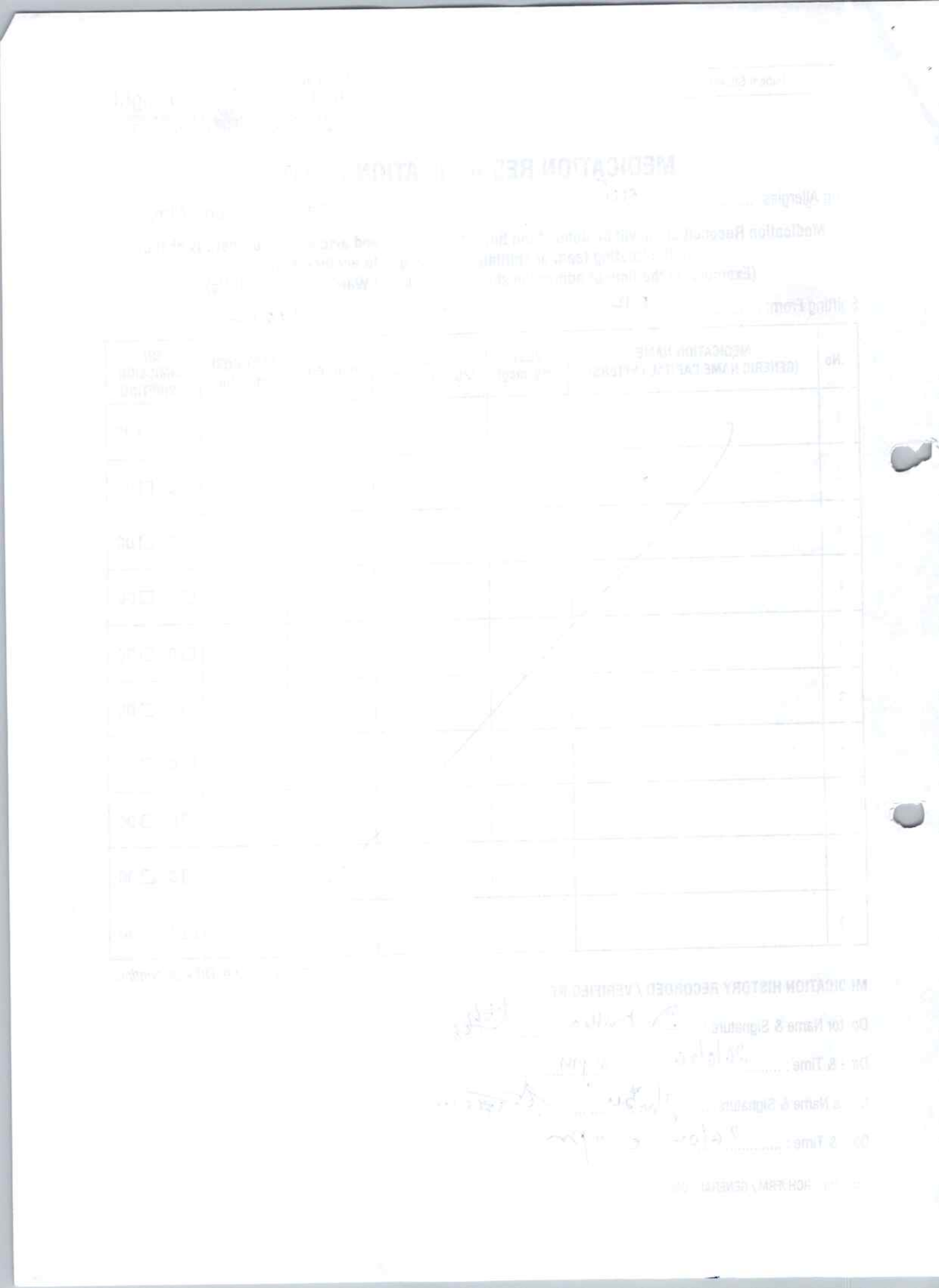
Doctor Name & Signature : Dr Kavitha

Date & Time : 26/6/26 8 pm

Nurse Name & Signature: Shanthi 17890

Date & Time : 26/06 @ 2 pm

Docu. No. : RCH /FRM / GENERAL / 090



GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
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DRUG CHART

Date of Admission: 26/02 Drug Allergies: NKA ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

DRUG :				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:				

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

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

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

REGULAR PRESCRIPTIONS

Weight. 9.2 kg Ward. .....

DRUG : Neb. LEVOLIN

Dose	Route	Frequency	Start Date
0.63mg	Neb	9/4h	26/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6
12AM	/	BA	BA / RJ
4AM	/	BA	BA / RJ
8AM	/	PSM / VR	
12PM	/	VB / VR	
4PM	PN	BL / MA	
8PM	BA / RJ	BA / RJ	

DRUG : Neb. BUDECORT

Dose	Route	Frequency	Start Date
0.5mg	Neb	9/12h	26/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6	29/6
10AM	/	VB / PSM	PSM / VR	
10PM	BA / RJ	BA / RJ	LL / RJ	

DRUG : Inj. HYDROCORTISONE

Dose	Route	Frequency	Start Date
45mg	I.V	9/6h	26/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

5mg/kg/dose 9/6h

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6	29/6
12AM	/	BA	BA / RJ	SA / RJ
6AM	/	BA	SA / RJ	BA / RJ
12PM	/	VB / VR	PN / PN / MA	
6PM	PN / BL	MA / BL	4PM / PN / MA	

Stop

DRUG : MUCOLITE DROPS

Dose	Route	Frequency	Start Date
1ML	PO	BD	27/6/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/6	28/6	29/6
8AM		BA / PR	VB / VR
8PM	8PM	MA / BL	BA / RJ

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 11 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : NEB·LEVOLIN

Dose	Route	Frequency	Start Dt.
0.63mg	PIN	Q6H	27/6/20

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/6
4am	
10am	NEB AM / PJA
4pm	
10pm	

DRUG : LEVOLIN MDI

Dose	Route	Frequency	Start Dt.
50mg	PIN	Q6H	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/6	29/6
6 Am		SA / RJ
12 pm		
6 pm	PN / PJA	
12 Am		SA / RJ

DRUG : BUDECORT MDI

Dose	Route	Frequency	Start Dt.
100mg	PIN	Q12H	28/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/6	29/6
10 Am		
10 pm	SA / RJ	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

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

Patient Sticker

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REGULAR PRESCRIPTIONS

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

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				

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

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

Weight. 9.2 kg Ward. .....

VA								
		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.

Signature .....

VERIFIED BY .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/6/26	11:30 pm	Neb. DUCOLD	back to back (3)	Neb		SD
26/6/26		+ Neb. BUDECORT				SD
26/6/26	12:25pm	Inj. HYDROCORT	100 mg	iv		SD

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

I.V. FLUIDS CHART

Weight. 9.2 kg Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/01/26	5^0 2pm	IVF 0.9% DNS	i.v	25 ml/hr.	KC [signature] 12	[signature] (0009)			

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

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402

Ref. No. F/INPR/12

GUC-00093101 IP18-00036205
Patient Name : Baby VENKATA RITHWIK ANDE 1 Y 4 M 9 D (M)
17-02-2025
Dr. KARTHIK NARAYANAN R
Registration No.

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
26/6	4.00pm	Neb. Levolin — (1)	Nisha	
	1.00 8pm	Neb Levolin — (1)		
	2.00 10pm	Neb Budecort — (1)		
27/6	3.00 12am	Neb levolin — (1)		
	4.00 2am	Neb levolin — (1)		
	5.00 8am	Neb levolin — (1)		
	6.00 10AM	Neb. Budecort — (1)		
	7.00 12pm	Neb. levolin — (1)		
	8.00 4pm	Neb. Levolin — (1)		
	9.00 8pm	Neb levolin — (1)		
	10.00 10pm	Neb Budecort ℰo2 — (1)		
28/6	11.00 12am	Neb. levolin ℰo2 — (1)		
	12.00 4am	Neb levolin ℰo2 — (1)		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

GUC-00093101 IP1B-00036205
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17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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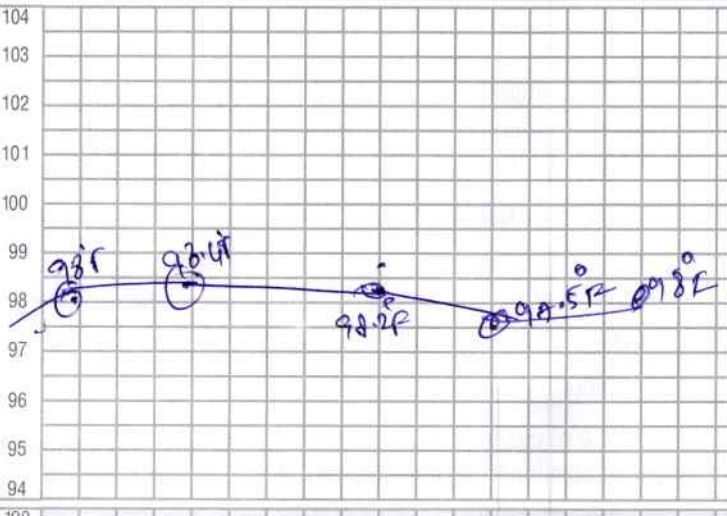
EARLY WARNING SCORE: CHILDREN'S UNIT

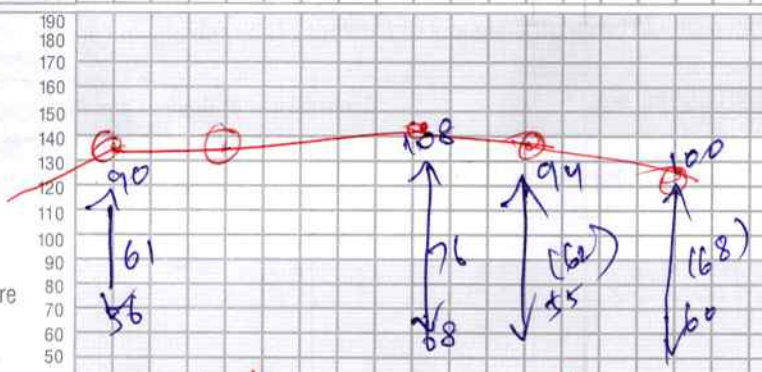
Date : 26/2/26 Time:	2PM	4PM	8PM.	12AM	4AM.
Doctor / Nurse / Family Concern?					

Temperature (°F)



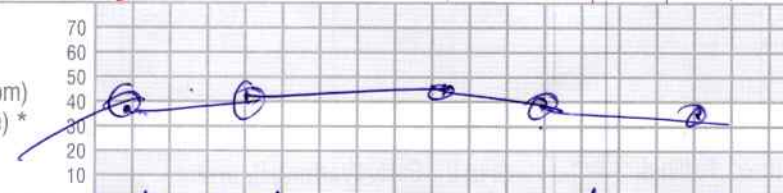
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	136/m	132/m	140/min	134/m	120/m

Resp. Rate (bpm) (Over 1 Minute) *



Resp Rate (Number)	40/m	42/m	46/min	40/m	36/m
Resp Distress: Mod/ Severe				✓	✓
Resp Distress: None / Mild	✓	✓	✓	✗	
Receiving O_2 (l/min)	0.2 2Li →	0.2Li	O_2 2Li	O_2 - 2Li	O_2 - 2Li
O_2 Saturations (%)	99%	98%	99%	99%	100%
Conscious Level: Normal	✓	✓	✓	✓	✓
Conscious Level: Altered					
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	PM	PM	RS	S	S

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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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oc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 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 : 27/6/26 Time:	8AM	12PM	4PM	8PM	12AM	4AM
Doctor / Nurse / Family Concern?						
Temperature (°F) (104–94)	97°F	98°F	97.6°F	98.4°F	98.2°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50) Note: BP does not score in early warning scoring						
Heart Rate (Number)	120b/m	126b/mt	124b/mt	112b/mt	120b/mt	100b/mt
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	40b/m	40b/mt	38b/mt	36b/mt	32b/mt	32b/mt
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min)	O2-2litre	O2-2lit	O2-1lit	O2 1lit	RA	RA
O_2 Saturations (%)	100%	99%	96%	98%	98%	97%
Conscious Level: Normal	✓	✓	✓	✓	✓	✓
Conscious Level: Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	01	01	01	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	PSA	PSR	[illegible]	RS	RS	RS

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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It takes a lot to treat the little.

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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)

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 10 D (M)
Dr. KARTHIK NARAYANAN R

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/6/26

Time:	8AM	12PM	4PM	8PM	12AM	4AM
Doctor / Nurse / Family Concern?						
Temperature (°F)	98F	97.6F	98F	98F	98.2F	98F
Heart Rate (bpm) and Blood Pressure (mmHg) *	102 / 50		95 / 56	100 / 60	104 / 56	100 / 54
Heart Rate (Number)	118b/m	110b/m	106b/m	106b/mt	106b/mt	100b/mt
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	28b/m	26b/m	28b/m	28b/mt	26b/mt	28b/mt
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) / O_2 Saturations (%)	RA 98%	97%	96%	98%	99%	98%
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE — Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

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FLUID CHART

Sheet No. : (1)

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.

26/2/26

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm	→ On Received ER to 4th floor										
	03:00 pm			25ml							0	day
	04:00 pm	Milk	30ml	25ml						✓	0	day
	05:00 pm			25ml							0	day
	06:00 pm	Milk	20ml	DC.							0	day
	07:00 pm			25ml						✓	0	nil
Total Intake :		50ml + 100ml				Total Output :					0	nil
	08:00 pm	H2O	50ml	25ml							0	day
	09:00 pm			25ml							0	day
	10:00 pm			25ml							0	day
	11:00 pm	Milk	200ml	25ml						✓	0	day
	12:00 am			25ml							0	day
	01:00 am			25ml						✓	0	day
Total Intake :		250ml + 150ml				Total Output :					0	day
	02:00 am			25ml							0	day
	03:00 am	Milk	200ml	25ml						✓	0	day
	04:00 am			25ml							0	day
	05:00 am			25ml							0	day
	06:00 am			25ml							0	day
	07:00 am			DC						✓	0	day
Total Intake :		200ml + 12.5ml				Total Output :					0	day

Total 24 hrs. Intake	87 ml

Total 24 hrs. Output	6 times

Total Output : 2 times

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

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
27/6/25												
	08:00 am	water	50ml	IVF 5ml						✓	0	
	09:00 am			25ml							0	
	10:00 am	water	20ml	25ml							0	
	11:00 am	water	20ml	25ml							0	Bala
	12:00 pm			25ml							0	Bala
	01:00 pm	water	10ml	25ml						✓	0	Bala
Total Intake :		100ml + 150ml				Total Output :				2 times urine passed		
	02:00 pm			25ml							0	
	03:00 pm	water	50ml	25ml						✓	0	
	04:00 pm	milk	200ml	25ml							0	
	05:00 pm			25ml			motion passed				0	
	06:00 pm	water	50ml	25ml						✓	0	
	07:00 pm	water	50ml	DC							0	
Total Intake :		350ml + 125ml				Total Output :				2 times urine passed		
	08:00 pm	H2O	50ml	–							0	
	09:00 pm	H2O	30ml	–						✓	0	
	10:00 pm	Milk	150ml	–							0	
	11:00 pm			–							0	
	12:00 am			–						✓	0	
	01:00 am			–							0	
Total Intake :		280ml				Total Output :				2 times urine passed		
	02:00 am			–						✓	0	
	03:00 am			–							0	
	04:00 am	H2O	20ml	–							0	
	05:00 am			–						✓	0	
	06:00 am			–							0	
	07:00 am	Milk	150ml	–						✓	0	
Total Intake :		170ml				Total Output :				3 times urine passed		

Total 24 hrs. Intake	1175ml

Total 24 hrs. Output	9 times urine passed

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

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FLUID CHART

Sheet No. : 3

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/6/25												
	08:00 am	water	10ml							✓	0	
	09:00 am										0	
	10:00 am	water	10ml								0	
	11:00 am										0	
	12:00 pm	water	10ml							✓	0	
	01:00 pm										0	
Total Intake :		300ml				Total Output :				2 times urine passed		
	02:00 pm										0	
	03:00 pm	water	50ml							✓	0	
	04:00 pm	water	30ml								0	
	05:00 pm	milk	200ml								0	
	06:00 pm										0	
	07:00 pm	water	50ml							✓	0	
Total Intake :		380ml				Total Output :				2 times urine passed		
	08:00 pm	~~Milk~~	~~100ml~~								0	
	09:00 pm									✓	0	
	10:00 pm	Milk	200ml								0	
	11:00 pm	Milk	200ml								0	
	12:00 am									✓	0	
	01:00 am										0	
Total Intake :		400ml				Total Output :				2 times urine passed		
	02:00 am										0	
	03:00 am									✓	0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am	Milk	200ml							✓	0	
Total Intake :		200ml				Total Output :				2 bm		

Total 24 hrs. Intake	1230ml	Total 24 hrs. Output	8 times urine passed

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute Exacerbation of Wheezing.

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

Surgery / Procedure: —

Post OP Day:

BACKGROUND	Date / Shift	26/6 E	26/6/26 N	27/6 M	27/6/26 Evening	27/6/26 N	28/6/26 M
	Medical Condition (Any special condition to be noted):	Noted	noted	Noted.	Noted	Noted	noted
	Diet:	soft diet	soft diet	Soft diet	Soft diet	soft diet	soft diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	O2 2lit.	O2 2lit NP	O2-2litres	O2-2 litres	O2-stop	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98°F.	97.8°F	97°F	98°f	98.2°F	98°F
	Res:	40b/mt	46b/mt	40b/mt	42b/mt	38b/m	46b/m
	SpO₂:	99%	99%	100%	98%	98%.	95%
	Pulse:	136b/mt	140b/mt	120b/mt	128bt	112b/m	118b/m
	BP:	90/56(61)	108/18(76)		100/56.	—	102/50(60)
	LOC:	conscious	Conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	15	15	15	15	15	15
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Skin Integrity	—	Healthy	27.	27	27	27
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):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Post Operative Procedure Special Orders:	—	—	—	—	—	—
	Handed Over By Name :	Nisha A	Teena R	Baleeq	Angel	Abhirup	Anjus
	Signature / ID :	MS01590	[illegible]02149	Baleeq [illegible]	[illegible]01890	[illegible]5270	[illegible]530
	Date:	26/6/26	27/6/26	27/6	27/6	28/6/26	28/6/26
	Time:	at 7:30 P	[illegible]	1.30pm	7.30pm	7.30 am	1.30pm
	Taken Over By Name :	Ankitha	[illegible] 01284	Angel	Ankita	Rashmi	Nisha
	Signature / ID :	[illegible] 15480	[illegible]	[illegible]01890	[illegible]5280	[illegible]	[illegible]
	Date:	26/6/26	27/6/26	27/6/26	27/6/26	28/6/26	28/6/26
	Time:	@ 7:30 P	7-30pm	1.30pm	@7.30 pm	7.30AM	at 1.30pm

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 26/6/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2:30 pm	To promote health hygiene		→ Encourage oral hygiene → To change cloths bed covers. → To take baths brush	maintained personal hygiene	reassessment done	Jency 26/6/25
Night	8 pm	maintain Airway & oxygenation		observe child condition monitor vitals Administer medication as per orders	breathing pattern improving	reassessment done	Arya 26/6/25

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NURSING CARE RECORD

Date: 27/6/26

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	8am	Maintain airway and oxygenation.	9am	Administer nebulization. Administer of O2 supply.	Maintained SpO2 ē safe range.	Reassessment done.	Balunj 020685
Afternoon	1:30 pm	Maintain fluid Balance		Maintain hand hygien and washing teen Maintain vital sign's and I/O chart	improved fluid volume	Reassment was done Vital are Stable	[illegible] 018950
Night	8pm	Prevent infection		Assess child condition monitor vitals Administer the medication as per order	Infection was reducing	Reassessment done	[illegible] 015250

Docu. No: RCH /FRM / CLINICAL / 148

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Receiving Notes →	
26/6	2.45pm	The child details handing over taken from ER staff to 4th floor staff. the child is conscious and active. IV line present. no pain, no swelling IV line pattern, O_2 2 lit on flow via Nasal prongs. vital are stable.	[signature]
	4pm	vital signs are checked and recorded. vital are stable. O_2 2lit on flow via Nasal prongs.	[signature]
		CP ++ / PP ++ / CRT L3sec	
	5.05pm	Prj nanfon was done Ⓡ hand. Child co-operated well.	[signature]
	6pm	Due medication was given. As per doctor's order	
		Due chart was maintained.	[signature]
	7.30pm	The child details handing over given to night duty staff.	[signature]
		Night duty Notes on 26/6/26	
	7.30pm	The child details handover taken from the Evening duty staffs. The child is conscious and active	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (26/6/26)	
27/6/26	8pm	vitals are checked and recorded	
		temp is normal	
		PP ++	
		CP ++	
		CRT CLS	
	10pm	Administer the medication as per doctor's orders	
		O2 - 2 likes on flow in nasopharyngeal	
	12am	vitals are checked and recorded	
		temp is normal	
		PP ++	
		CP ++	
		CRT CLS	
	2am	IV fluid 0.9% NS @ 29ml/hr on flow	
		I/O chart is maintained	
		No any other complaints	
	4am	vitals are checked and recorded	
		temp is normal	
		PP ++	
		CP ++	
		CRT WS	
	6am	Administer the medication as per doctor's orders	
	7.30am	The child details handover given to morning duty staffs.	
		Morning duty Notes	
27/6/26	7.30AM	Child taken over from night duty staff conscious & awake.	
		vital signs checked recorded.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/6/26		→ Continue ←	
		No other complaints.	
	9AM	Child on O2 - 2 lit Nasal prong.	
		IV line @ present @ pattern.	
	10am.	NEB. Budecort given as per doctor's order.	
	11.30am	Dr. Karthik Sir Seen the child. Advised to continue IV Hydro Cortisone add Mucolite drops Chest physiotherapy - twice a day	Baluj 020685
	12pm	Due to medications are given as per drug chart →	Baluj/020685
	1pm	I/O chart maintained. No other Complaints. →	Baluj/020685
	1.30pm	The child details handing over given to evening duty staff →	Baluj/020685
		→ Evening duty On: 27/6/26.	
	1.30pm	Child details hand Over taken from morning duty Staff. Child is Conscious oriented. Child IV cannula pattern —	Dy 018950
	2pm	Child intake was good — child Due to medication was given-	Dy 018950

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....Nil..........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→continue 27/6/26 ←	
27/6/26.		as per doctor's Order —	
	4pm.	vital sign's checked and	
		Recorded vital are stable	[signature]
		CP ++ | PP ++ | CRT <3ec	01890.
		child physio done —	[signature] 01890
		child O2 1liter On fcocu —	
		IV fluid DNS 25 ml per on flow	
	6pm	Due to medication was	
		given as per doctor's Order	
		I/O about Maintained —	[signature] 01890
		No any complaint's —	
	7.30pm	Child details hand Over	
		given to night duty staff —	[signature] 018950
		Night duty Notes on 27/6/26	
	7.30pm	The child details handover	
		taken from the Evening duty staffs	
		The child is conscious and active	
	8pm	Administer the medication as	[signature]
		per doctor's order	01560
		vitals are checked and recorded	
		temp is normal PP ++	
		CP ++	
		CRT <2s	
		O2 - 1 liter on flow in nasalpharyngeal	

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GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 10 D (M)
Dr. KARTHIK NARAYANAN R

NURSES NOTES

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— No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26		contine (27/6/26	
	9pm	Dr. chandrasekar, mam rounds done advl. to stop Oxygen O2 - stopped @ 9pm. RA - 98% spo2r	
	10pm	Bl line pattern and good the child had soft diet	
	12am	Nebulization are given vitals are checked and recorded temp is normal	PP ++ CP ++ CRT < 2s
	2am	B/o chart is maintained No any other complaints	
	4am	vitals are checked and recorded temp is normal	PP ++ CP ++ CRT < 2s
	6am	Administers the medications as per doctor's orders	
	7.30am	The child details handovers given to morning duty staffs.	

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Morning Duty 28/6/06 ←	
28/6/06	7.30am	Child details handing over taken from Night duty S/N. Child was conscious & alive present & pattern. Child under the room air. Child on soft diet	[signature]
	8am.	Due medication given. Neb - Levolin explained to the attender. Vitals are checked & recorded. Vitals are stable. SpO_2 - maintain 95% without O_2. PP/CP/CRT ++/++/<3<	[signature]
		Dr. Deepak seen child	
	10AM	Dr. Advised to give Neb. levolin.	
	12pm	Vital signs checked & recorded. No other complaints.	[signature]
		PP ++ / CP ++ / CRT <3Sec.	
		I/O chart maintained.	
	1:30pm	Child handing over given to evening duty staff	[signature]

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		28/6/26 O.N. Evening duty	
28/6/26	1:30pm	The child details handing over taken from morning duty to evening duty. The child is conscious and oriented. IV line present. no pain, no swelling. IV line patent.	[illegible] 015807
	2pm	Vital signs are checked and recorded. Vitals are stable. HR / RR / CRT: ++ / ++ / <3sec	
		PS mantoux was read. no induration. mantoux was negative	[illegible] 012801
	6pm	Oral medication was given. As per doctor's order. I/O chart was maintained. Neb Neb levolin 2 puffs given as per doctor's order —	[illegible] 01[illegible]
	7:30pm	child details hand over given to night duty staff —	[illegible] 018900.
		Night duty notes on 28/6/26	
	7.30pm	The child details handover taken from the evening duty staffs. The child is conscious and active	[illegible] 015[illegible]
	8 pm	Administer the medication as per doctor's order	

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Patient Sticker

NURSES NOTES

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☐ ~~No Known Drug Allergies~~

☐ Drug Allergies ..... not known .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue (28/6/26)	
	8pm	vitals are checked and recorded	
		temp is normal	
		PP ++ / CP ++ / CRT <2s	
	10pm	puff Budecort MDI given @10pm.	
		the child had soft diet	
		& time pattern and good	
29/6/26	12AM	Due medication given as per	
		the drug chart	
	12AM	vitals checked and recorded	
		all are hemodynamically stable	
		CP ++ / PP ++ / CRT <3sec	
	2AM	child slept well, no specific	
		complaints	
	4AM	vitals checked and recorded	
		all are hemodynamically stable.	
		CP ++ / PP ++ / CRT <3sec	
	6am	Administers the medications as	
		per doctor's orders	
	7.30am	The child details handover given	
		to morning duty staffs.	

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 26/6 (E)	DATE 26/6 (N)	DATE 27/6 (M)	DATE 27/6 (E)	DATE 27/6 (N)
Age	Less than 3 years old	4	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	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	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	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	15	15	15	15

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

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		—	NA	NA	—	NA
Other Intervention(s) Specify		—	NA	NA	—	NA
Nurse's Name:		Jothy	Abitta	[illegible]	Angel	Avitta
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		26/6	26/6	26/6	27/6	27/6
Time:		2pm	@ 8pm	9 AM	2pm	@ 9pm

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F/HW/BRD-Q/NSG/04

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BRADEN 'Q' SCALE

(for Paediatric use)

Patient Name : .....

Age..... Gen

					Date :	25/6	26/6	27/6	27/6
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	N 4	N 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 lift up completely during move. Maintains good position in bed or chair at all times."		4 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.		3	3	3	3
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	27	27	27	27
					Evaluator's Name	Jacy	[illegible]	NO	[illegible]

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-28

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BRADEN 'Q' SCALE

					Date : 27/6 28/6 27/6 28/6
					Time : N M E N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4 4 4 4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4 4 4 4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4 4 4 4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4 4 4 4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4 4 4 4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3 3 3 3
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	27 27 27 27
				Evaluator's Name	

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

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

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

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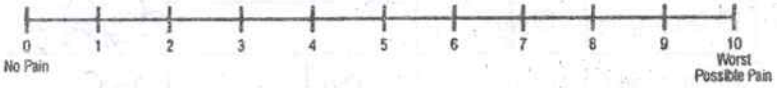
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
26/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
27/6/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
27/6/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
27/6.	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
27/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/6/26	4am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/6/26	8am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/6/26	2p.	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
28/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute exacerbation of Wheeze

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

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

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

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
URI.		

Family History: ..... Nil .....

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

If yes please list, ...

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

.....

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

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

Observations: Weight: 9.2 Length: ..... Head Circumference (< 2 years): .....

Temp.: 98°F HR: 134/A RR: 40/A BP: 90/56

Pain Score: 0/10 Specify Site: ..... (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 15 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 19) (Document in the Braden Q Assessment Sheet)

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): 26/6/26 at 2.45 pm

Social History: Lives With .....

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 ..... parent's .....

Nurse's Name: ..... Date: ..... Time: ..... Signature

GUC-00093101 IP18-00036205
Baby VENKATA RITHWIK ANDE
17-02-2025 1 Y 4 M 9 D (M)
Dr. KARTHIK NARAYANAN R

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Karthik Narayanan Date: 26/6/26

Type of Admission: ☑ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: ...)

Start Time of Assessment: 11:45 am Weight: 9.2 kgs

Allergic History: ...

Chief Complaints:
c/o fever } x 2 days
cough/cold }
chest indrawing (+)
Fast breathing

Pediatric Assessment Triangle

A Appearance - TICLS: Alert

B Breathing
- ☑ ↑ WOB
- ☐ ↓ WOB
- ☐ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☐ Stable ☑ Unstable
- Life Threatening ☐
- Non Life Threatening ☑

Any urgent interventions needed: ☐ Yes ☐ No
If Yes ...

Significant Past History: ...

Medication History: ...

Relevant Investigations: ...

Primary Assessment

Airway
- ☐ Open
- ☑ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☐ No
If Yes ...

Breathing

Rate: 56/min SpO_2 on ~~FiO_2~~ RA: 91-93%

Rhythm: regular

Retractions: ☑ Suprastemal ☐ ICR ☑ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☑ Wheezing ☐ Grunting

Air Entry: (B) AE ↓ed.

Palpation Findings (If necessary) ...

Any urgent interventions needed: ☑ Yes ☐ No
If Yes: Nebs - D. nolin + Budecort

Circulation

HR: 140/min CFT Central ..... < 3 sec Peripheral .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: ..... mmHg

Pulse Volume: Central ..... good Peripheral .....

If in Shock: Compensated ..... Hypotensive .....

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: 15/15 AVPU: Alert

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

Pupils: Responsive ☐ Non-Responsive ☐

Size Right ..... 3mm Left .....

Active Seizures: ☐ Yes ☐ No Sugars: .....

Signs of Neurological compromise .....

Exposure

Temp.: 98.6°F

Any urgent interventions needed: ☐ Yes ☐ No

Any Rash: ☐ Yes ☐ No,

If Yes .....

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☐ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings: .....

Labs Planned: .....

Mentioned meds

Treatment Planned: .....

As charted

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): .....

Assessment done by

Name of the Doctor: Dr. Kavitha

Signature: .....

Date & Time: 26/6/25 1200pm

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....

GUC-93101

GUC-00093101 IP18-00036205
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EMERGENCY ROOM TRIAGE FORM

wt - 9.2 kg

Patient's Name : Baby. VENKATA RITHWIK Age : 1 Y 4m Gender: ☑ Male ☐ Female

Date : 26/6/26 Time of Arrival : 11.45 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: 98.6 F PR: 140 b/m BP: — RR: 56 b/m SpO_2: 91-93% R/A

Chief Complaints: c/o Cold × 3 days, Fever × 2 days, breathing difficulty

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal ☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS
☐ Stable
☑ Unstable :
- ☑ Not – Life - Threatening
- ☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2 mins

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 : Subhadip

Signature of Triage Nurse : .....

Date & Time : 26/6/26 @ 11.47 AM

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

* Neb Duolin + Budecort 0.5mg @ 3 times back to back
  @ 11.50 AM started

* Inj' Hydocort 100 mg @ 12.25 PM

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 26/06 Time of arrival : 11:45 pm.

Chief Complaints: H/O cold x 3 days, fever x 2 days RBS: 100mg/dl.

Height : 78cm Weight : 9.2 kg BMI : - Head Circumference (<2 years) -

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: -

If yes , identify NIL

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0/10 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?) Nil

Time of Initial assessment completed by ER Nurse : 11:58pm

Time	Nursing Notes
2:10 pm	Patient came to the ER with the c/o fever x 2 days, cold cough x 3 days
	monitored the vital signs recorded
	& Cannula size - 24 line placement
	done. Blood sample collected and
	pt shifted to the ward.

Samples collected by: S/N Pravin. Time: 2 pm.

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140/m BP: – CFT: < 3 sec	Shift - out from ER to: 402
RR: 60/m SPO₂ : 100% – 102%	Time of Shift - out: 2:40 pm
GCS: 15/15 Temperature : 98.6°F	Handover given to: S/N Nisha – (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): 100mg/dl.	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): 24 line placement done. ® mefacanpato/ 24 g

Name of the Nurse : Shiba Debnath. Signature of the Nurse : [signature] 17190

Date & Time : 26/6 2 2:20 pm.

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PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	26/06/26 @ 1:47pm	26/06 @ 2:40pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Karthik.	Dr Karthik	[illegible]
From Unit	**To Unit**	**Information to Attendant**
ER	402	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
(24)	(01) (CXR-op beping)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	0.9% DNS 500ml	1
2.	Intrafix	1
3.	neb mask (P)	1
4.	neb. levolin 0.63mg	1
5.		

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

wheeze exacerbation

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] [signature] 17890	[signature] ner

Patient & Clinical Records Received by : [signature] (01980) 26/6/26 at 2:40pm

Date & Time of Patient Received :

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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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature