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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Dept : _____

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

Date of Admission: _____ Tim _____ ge : _____ Time: _____

Room / Bed No : _____ Ward _____ Requested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	2:30 pm	ER	14 (B)	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5		DII		
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/07/26	CBP, CRP, S/E, Creat, LFT	72892	
	Dengue NS1 + IgM,		
	Blood cls, PT/APTT/INR		
	Jaundice	72893	
21/7	CBP	260352	
21/7	Ceftriaxone sensitivity	36356	
22/7	CBP	28141	
22/7	CBP	28141	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	infusion pump	8pm		260375	S

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/07	IV placement	1	13061	
21/7	DHA	1		

ANY OTHER INFORMATION

USG - (1)

Date : 22/7/26 Time : 10am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	121-B		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176670 **Admit Date** : 20-Jul-2026 **Admit Time** : 06:14 PM **UHID** : BAH-00662269

Patient Details :

Patient Name	: Master BITTLU DEVESH	**Age**	: 12 Y 11 M 8 D
Guardian	: Mr BITLU NARENDER	**DOB**	: 12-08-2013
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 1-3-23/3 AND 23/4, NEKNAMPUR, RAJENDRA NAGAR, PUPPALA GUDA Manikonda Hyderabad Telangana INDIA 500089	**Phone No**	: 9347422611/ 9550238566
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 121 B **Ward Name** : 1F-GENERAL WARD I

Room No : GW 121 B **Admission Type** : First Visit

Contact Details :

Name : Mr BITLU NARENDER **Relationship** : Father

Contact Address : H NO 1-3-23/3 AND 23/4, NEKNAMPUR, RAJENDRA NAGAR, PUPPALA GUDA Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : 9347422611

Signature

Doctor Details :

Doctor Name : Dr. FAISAL B NAHDI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : ~~Self~~ Dr E. Arjun **Phone No** :

Co-Consultant : Dr. ANNAPOORNA TADAVARTHY

Payment Details :

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

Payor Name : TGSPDCL

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 9 D (M)
Dr. FAISAL B NAHDI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list Transfusion	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
US	Extra	4			
	Total No. of Pages	39			

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

Signature and Date : Sano 22/7/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

Patient Name: Devesh

UHID ID: _____

Department: _____

Consultant: _____

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ________

Information given by: ______________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

Fever × 5 Dy
Headache
Generalised weakness

History of present illness :

Child was apparently normal 5 Day back.
latter he developed fever & acute in onset, intermittent, high grade.
not assoc c chills, subsidy with medication
↓
Later he developed headache, which is more in frontal area
↓
then was Generalised weakness, had vomiting 2 times, nonbilious, non projectile
the fall time tody, Easy consciousness
No h/o cough, cold
No h/o ↓ urine output
No h/o Rash

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL S NAHDI

Pediatric Multiorgan History & Physical Examination

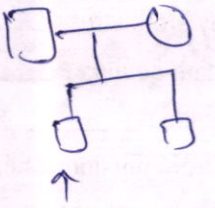
Past History : (Including details of any previous investigation or treatment)

—

Birth & Neonatal History:

Term / LSCS / CGAB / BW - 2.7 kg

No Hx NICU admission



Birth & Socio Economic History:

About Father : middle class

About Mother :

Any additional Information :

Developmental History :

~~Attained~~ as per age in all ↳ domain

Immunization History :

Vaccinated till now as per NIS

(P.T.O.)

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 38kgs (Centile _____)

On Examination :

Temperature : 98.6°F Pulse Rate : 100 bpm B.P. 92/56 SPO2 100% RA

Resp.rate and type of breathing : 20 /min, No distress

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

Respiratory System :

Inspection (any s/o distress) : BAS (+)

Air entry & breath sounds :

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium : S1 S2 (+)

Heart Sounds :

Any murmur :

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

Per Abdomen :

Inspection Soft, Non-Tender

Palpation :

Ausculation :

Spine : External Genitelia :

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

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves :

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture : N

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute febrile illness / ? Dengue fever

(P.T.O.)

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Phlebit Dehydration, Thrombocytopenia, DHF, DSS

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP CRP
S. Electrolyte
S. Creatinine
LFT
Dengue NS1, IgM
Blood C/S
PT-INR ; APTT

NIB 1 Day

Planned Management

Secure IV line
Inj Ceftriaxone
Inj Fluids
Inj Esomeprazole

CBP at 6am 4pm

NIB Remove 20/7/26

Signature of the Doctor: .....
Name of the Doctor: Dr. Balaji
Date & Time: 20/7/26, 5:20 pm

Signature of the Consultant: .....
Dr. Faisal B Nahdi Reg. No: 66228
Name of the Consultant: Dr KN
Date & Time: 21/07 (12pm

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8 AM	Seen by Resident	
	Δsis - Acute febrile illness ? Dengue.	
	No fever since admission	
	headache -	Plan.
		1. Continue medications as charted
	O/E	
	Child alert, afebrile	2. Monitor vitals & inform SOS
	hemodynamically stable	
	chest clear	3. R/V CBP T/M @ 6AM.
	abdomen soft.	4. R/V IV fluids @ 1ml/kg
	hydration fair	5. Trace dengue NS, IgM. Sahithi
	Plt 1.15L → 68K.	
		↑ IV fluids
	Dengue fever.	Maintance 2ml /kg /day.
	c̄ Thrombocytopenia capillary leak.	
		Repeat CBP at 4pm & tomorrow.
		USG abdomen Dr. today.
		[signature] 9 am.
		DR. UJJWALA DESAI Registration No. 80559
		urine output monitoring.

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

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7	Cauld c̄ A.F.I - D7	Plan:
	VHF.	
C/W	c̄ thrombocytopenia	- Continue sand
(NFN)		- monitor urine output
(12PM)	peripheral pulses well felt	- USG abdomen
	peripheries warm.	- CBP @ 4PM C/W
		Dr. Faisal B Nahdi Reg. No: 66228 (Nfal)
21/7/26 4:30 PM	seen by Resident	
	A/c/o - Dengue fever (D7)	
	c̄ thrombocytopenia q capillary leak	
	Afebrile	Plan
	No vomitings / headache / pain abdomen	1. Send CBP now.
	oral intake fair	2. CBP repeat T/m @ 6 AM.
	O/E peripheries warm	
	pulses well felt.	3. Vitals monitoring
	alert, afebrile	Input output charting
	hemodynamically stable.	
	chest clear	
	abd soft	Sahitu
	USG abd - (N)	

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/16 9 PM	Seen by Resident Dengue fever D8.	Plan 1. monitor vitals 2. continue medications as charted. 3. R/V D/C today.
	C/o 1ep. of vomiting today No headache/ dizziness. oral intake fair O/E child alert. afebrile hemodynamically stable. hydration fair	Rahuteri
	Discharge today.	Bevon Lanol Review after 3 day friday Atarax lotion x 3d. T Syp Histafree x 3d T. ONDEM SOS Dr. UJJWALA DESAI Registration No: 90550
22/7	Dr. Faisal B Nahdi Reg. No: 66228	

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

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

(P.T.O)

RESULT SHEET

Date	20/7	21/7	21/7	22/7		
Time		6AM	4PM	6AM		
Hb	13	13.7	14.1	14.2		
PCV	39	45	43	43		
RBC	4.74	5	5.17	5.2		
WBC	1.91k	4.48k	3.20k	3.89k		
N/L	34/55	19/70	34/58	39/54		
Platelets	1.15L	68k ↓	92k	1.05L		
CRP	5					
ESR						
PCT						
RBS						
Na	142					
K	4.4					
Cl	110					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.5					
ALP	167					
SGPT	20					
SGOT	34					
T.Bill/Conj	0.5/0.2					
T.Protein	7.4					
S.Albumin	4.4					
S.Globulin	3					
A/G Ratio	1.4					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	15/1.1					
APTT	33					
CSF Protein / Sugar						
Cells						
N/L Ferritin	84.					

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

Culture and Sensitivities : Dengue NS1 IgM +ve.

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: Ward

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	Sup. MONOCEF-O	200 mg	Po	BD	19/7/26	☐ C ☐ DC
2	Tab. -					☐ 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. Balaji

Date & Time : 20/7/26 / 5:55 pm

Nurse Name & Signature: Sushmita

Date & Time : 20/7/26 @ 5:55 pm

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 20/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

DRUG :				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 .....

Dr. FAISAL B NAHDI (M)

REGULAR PRESCRIPTIONS

Weight. 38kg Ward. ....

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.9gm	IV	BD	20/7/26

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

Additional Instructions:

Date / Time	20/7	21/7
10AM	x	[illegible]
10PM	Pravi Ravin	Sudha

Daily Doctor's Endorsement by a Sign

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	OD	20/7/26

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

Additional Instructions:

Date / Time	20/7	21/7	22/7
10pm			
6AM	Pravi Ravin	Pravi Rayen	Sudha Divya

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Dr. FAISAL S NAHDI

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

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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/12		Inj ONDEM	8mg	iv		

I.V. FLUIDS CHART

Weight. 38kg 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
20/7/24	6pm	DNS (2/3rd maint)	IV	50			21/7		
21/7/24	11am	DNS @ 100% maint	IV	78 ml/hr			21/7		
21/7	6pm	DNS @ 50% maint	IV	40 ml/hr					

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

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 9 D (M)
Dr. FAISAL B NAHDI

No. : RCHBH/ FRM / CLINICAL / 127

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/7..... Time:

Doctor / Nurse / Family Concern? GA

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94 — 97.1°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 112 (84) 62

Note: BP does not score in early warning scoring

Heart Rate (Number) 118

Resp Rate (bpm) (1 Minute) — 70 60 50 40 30 20 10

Resp Rate (Number) 98

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	98%
Conscious Level	Normal / Altered
GCS *	15/15
TOTAL SCORE Number of shaded boxes	1
Pain Score	0
Observer's Initials	

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

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

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:

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)

. Rate (bpm) (Over 1 Minute)

Resp Rate (Number)

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%)

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00652269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7 Time:		
Doctor / Nurse / Family Concern?	10pm	2am
Temperature (°F)	*95.8°F	*96.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	110/74 (74) 58	118/72 (72) 65
Heart Rate (Number)	78b/m	117b/m
[redacted] p. Rate (bpm) (Over 1 Minute)		
Resp Rate (Number)	26b/m	26b/m
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2(l/min) O_2Saturations (%)	100 l/o	99%
Conscious Level: Normal / Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
Pain Score	0	0
Observer's Initials	-	-

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

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
20/7	08:00 pm			50ml							0	
	09:00 pm			50ml							0	
	10:00 pm	DNS		50ml			NP			✓	0	
	11:00 pm			~~50ml~~							0	
	12:00 am			50ml							0	
	01:00 am			—							0	
Total Intake :						**Total Output :**						
21/7	02:00 am			50ml							0	
	03:00 am			50ml							0	
	04:00 am	DNS		50ml						✓	0	
	05:00 am			50ml			NP				0	
	06:00 am			—							0	
	07:00 am			—							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 8 D (M)
Dr. FAISAL B NAHDI

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7	08:00 am		12ml	—							0	
	09:00 am	DNS 1		50ml							0	
	10:00 am			50ml	NA			NA		ONDF	0	
	11:00 am			78ml						nursing	0	
	12:00 pm			78ml							0	
	01:00 pm		Rice	—								
Total Intake :						Total Output :						
21/7	02:00 pm			78ml						300ml	0	
	03:00 pm			78ml							0	
	04:00 pm	DNS 1		~~78ml~~							1	
	05:00 pm			78ml	NA			✓		500ml	0	
	06:00 pm			48 ml							0	
	07:00 pm			—							0	
Total Intake :						Total Output :						
21/7	08:00 pm			40ml						310ml	0	
	09:00 pm			40ml							0	
	10:00 pm			40ml							2	
	11:00 pm	DNS 1		40ml							0	
	12:00 am			40ml							0	
	01:00 am			40ml			✓			✓	0	
Total Intake :						Total Output :						
22/7	02:00 am			40ml							0	
	03:00 am			40ml							0	
	04:00 am			40ml							0	
	05:00 am	DNS 1		40ml							0	
	06:00 am			40ml						310ml	0	
	07:00 am			40ml							0	
Total Intake :						Total Output :				1420ml		

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00662269 IP5-00176670
Master BITTLU DEVESH
12-08-2013 12 Y 11 M 9 D (M)
Dr. FAISAL B NAHDI

121 B

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 21/7/26 Time: 9am

Weight: 38 kgs Centile: >10th

Height: 127 cms Centile: >10th

Inference: underweight child

RDA: — Calories: 1750 kcal/d Protein: 31 g/d

Diet Recommendations: Normal diet

Re-Assesment: Avoid spicy, chilled & outside foods.

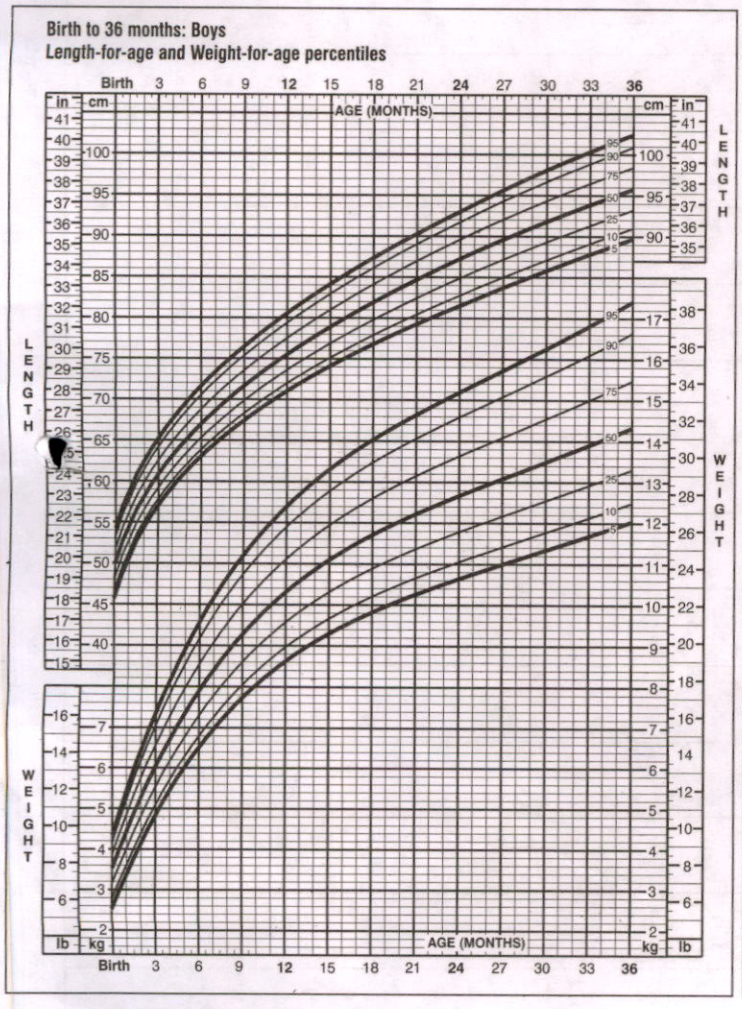
Food Allergies: NO Veg/Non-veg Non-veg

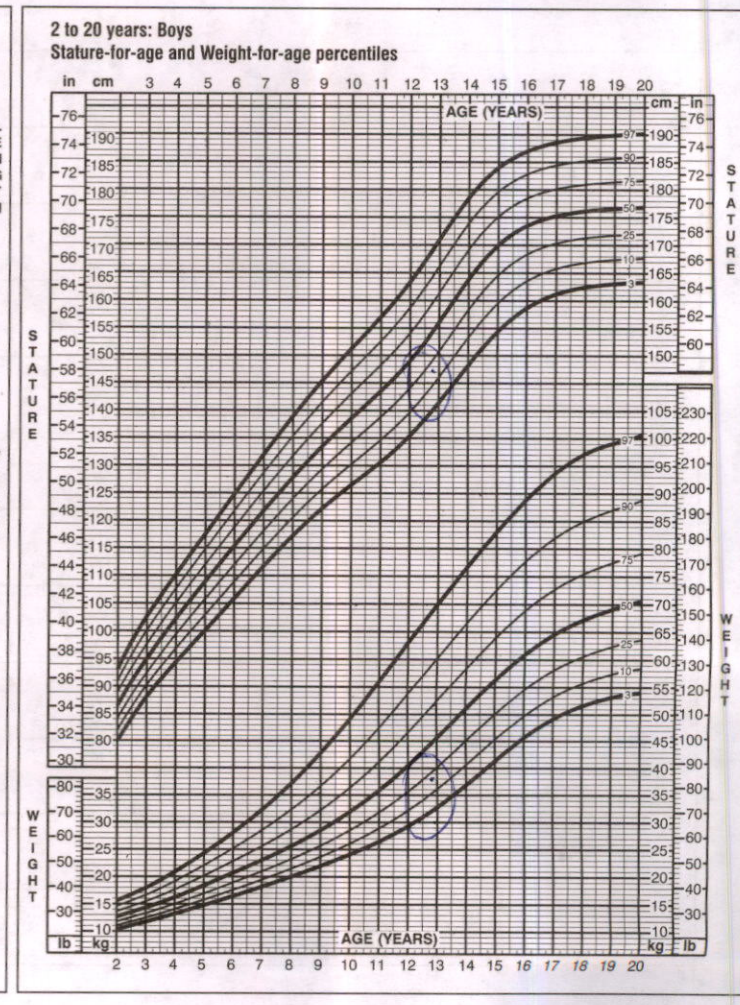
Diagnosis: AFI / 2 dengue fever

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sowmya

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes:

22/7/20
10Am Child is Stable Oral Intake is poor.
Continue with Normal diet. – Nikitha