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

ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ BAH-00647896 IP5-00173793 Baby BODA YESHDEEP 19-06-2025 0 Y 10 M 24 D (M) Dr. UJJWALA DESAI ultant: _____ Dept : _____

Date of Admission: _____ of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/26	10:50 PM	ER	105	Keerti

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sumit.	16/5/26		
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/05	Blood c/s, s/e creat	8789	Sanjay
14/5	Uroline Cly	86421	Nelly
14/5	USG Abdomen	24241	
15/5	CBP, CRP	2509614	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/5	Infusion pump	12AM		607330	Mech.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/05	IV placement	(1)	6976	Samhey
15/5	NIHA	(1)	25096	Glaf

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : 16/5/2026 Time : 9:30am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	7/106		

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 : IP5-00173793 **Admit Date** : 13-May-2026 **Admit Time** : 10:15 PM **UHID** : BAH-00647896

Patient Details :

Patient Name	: Baby BODA YESHDEEP	**Age**	: 0 Y 10 M 24 D
Guardian	: Mr BODA SURYA NARAYANA	**DOB**	: 19-06-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #H.NO:8-3-229/E/76 VENKATAGIRI Yousufguda Hyderabad Telangana INDIA 500045	**Phone No**	: 8919347585/ 6305893936
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 105 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 105 **Admission Type** : First Visit

Contact Details :

Name : Mr BODA SURYA NARAYANA **Relationship** : Father

Contact Address : #H.NO:8-3-229/E/76 VENKATAGIRI Yousufguda Hyderabad Telangana INDIA 500045 **Phone No** : 8919347585 / 6305893936

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

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

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

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Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-08-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o - Fever x 4 days
- Abdominal pain x 2 days on & off
- crying while passing urine x morning
- Poor oral intake since morning

History of present illness :

child was apparently asymptomatic 4 days ago
later child developed
fever - since 4 days
Moderate to high grade according to parents
associated with chills
Intermittent, no diurnal variation
relieved on medication

Abdominal pain @ Epigastric region
- on & off
aggravated while passing urine

Excessive crying while passing urine since morning
poor oral intake since morning

Child was taken to hospital, started on oral antibiotics
in view of persistence of symptoms
child was advised for admission

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term | CSAR | No NICU

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

(P.T.O.)

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))__8.5 kg__(Centile _____)

On Examination :

Temperature : 103°f Pulse Rate : 139/min B.P. _____ SPO2 99.1 on RA

Resp.rate and type of breathing : 39/min
Regular

Rash -

Lymphadenopathy -

Oedema : -

Allergies (if any): Dehydration (+)

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAE (+)

Any addes sounds : clear

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1 S2 (+)

Any murmur : NO murmur

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

Per Abdomen :

Inspection (N)

Palpation : Soft

Ausculation : BS (+)

Spine : External Genitelia :

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

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-08-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

N

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

N

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars flexor

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

AFI / UTI.

C Acte gastro : Dehydration & Anuria

(P.T.O.)

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: sepsis, dehydration

Desired goals of the treatment : Hemodynamic stability

Planned Labs:

CBP
CRP
Flu panel
CUE
} Done on OPD basis

Blood c/s
~~S.~~ creatinine
S. Electrolytes
Urine c/s (catheterised sample)
USG Abdomen

NB
Allowed
15/5/24

Planned Management

1) Inj: Augmentin 2.2gm IVTID
2) Inj: Amikacin 125mg IV OD
3) Inj: Esomeprazole 8mg IV OD
4) Inf: DNS @ 2cc/hr
5) Fever management

Signature of the Doctor: .....
Name of the Doctor: Sai
Date & Time: 13/5/24 @ 10:30pm

Signature of the Consultant: .....
Name of the Consultant: Dr. Faisal B Nahali Reg. No. 66215 N
Date & Time: 14/05 (9a.)

BA H-00647896 IP5-00173793
Bo y BODA YESHDEEP
11-06-2025 0 Y 10 M 24 D (M)
D . UJJWALA DESAI

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : ~~Dr. dee~~ Dr. Ujjwala Desai Date : 13/5/26

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

Start Time of Assessment: ..... Weight: .....

Allergic History: .....

Chief Complaints:
- c/o Fever since 4 days
- Abdominal pain on & off x 2 days
- crying while passing urine since morning
- poor oral intake since morning

Pediatric Assessment Triangle

A Appearance - TICLS .....

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 .....

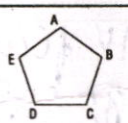
Significant Past History: .....

Medication History: Syp. Augmentin, Syp. Azee, Syp. Crocin

Relevant Investigations: .....

CBP. 9.9 > 19360 < 4.29.0.00
62/32

Primary Assessment



Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing
Rate: 32/min SpO_2 on FiO_2 99:1-RA
Rhythm: Reg. Nor
Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring
Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting
Air Entry: B.A.E.E.⊕
Palpation Findings (If necessary).....

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

Circulation

HR: 136 bpm

CFT Central / Peripheral: <3 sec

Any urgent interventions needed: ☐ Yes ☐ No

If Yes*

BP: .... mmHg

Pulse Volume: Central / Peripheral: good

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: .... AVPU: Alert

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right .... Left ....

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

Signs of Neurological compromise ....

Exposure

Temp.: 103.

Any urgent interventions needed: ☐ Yes ☐ No

If Yes ....

Any Rash: ☐ Yes ☑ No,

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: (N).

Labs Planned: Blood C/S.
S. creatinine
S. electrolytes
urine C/S (catheterised sample)
USG A/m.
~~AB Prof 13/5/26~~

Treatment Planned: IV fluids
IV Augmentin
IV Amikacin
Esomeprazole.
fever control.

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

Final Diagnosis with possible Differential Diagnosis (If necessary): AFI c̄ UTI.

Assessment done by
Name of the Doctor: Dr. Savithri

Signature: [signature]

Date & Time: 13/5/26 10pm

Sr. Doctor on Duty (If necessary)
Name of the Sr. Doctor: ....

Signature: ....

Date & Time: ....

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19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 12:30AM	Seen By Resident: Dr Sahithi	
	AFI c UTI.	
		Plan.
	Labs reviewed	1. Continue medications
	child afebrile, alert asleep	as charted.
	hemodynamically stable.	2. USG ~~[illegible]~~ abdomen T/M
	Chest clear	3. Trace Blood c/s Urine c/s
	abd soft.	Monitor vitals &
		inform SOS
		Sd/- Sahithi
4		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 8:10am	C/S/B Resident	
	D: AFI c̄ UTI.	
	(A)	Plan
	No fever spikes	① INJ AUGMENTIN.
	∵ admission (12a.m)	② INJ AMIKACIN
		③ INJ ESMOPRAZOLE
	c/o gradual Rise in	④ IVF DNS @ 20ml/hr
	temp since Sunday	
	(9/5/26) Preceeded with	USG abd T/M
	foul smelling urine	Trace Bcd c/s
	(7/5/26).	Urine c/s
	Fever is associated c̄ chills	
	no rash, loose stools, cough/cold.	Sohela
	no myalgias.	(Dr. Sohela)
	Fever is High grade (max 104 °F)	
	@ admission.	
	Has been on syp augmentin	
	since 12/5/26.	
	O/E: child is alert, active	
	feeding well.	
	CVS: S_1S_2 (+) RS: BAE (+), airway clear.	
	RR: 28/min P/A: Soft	
	ENT: Clear.	Plan
Cand 14/5 9am	Cwd c̄ AFI c̄ UTI	Contn Same
	c̄ Dehydration on Admn	USG Abdomen

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 4pm	C/s/o Resident Dr. Ayushman	
	Δ - AFI τ VTI τ Acute gastritis	
	1 e/o fever - 100.5° F →	11.20 am 100.5
	Oral intake - Good	Plan
	Stools → passed today	Trace blood c/s/r urine c/s
	Child is hemodynamically stable	Cont. Antibiotics as charted
		IV fluids to cont
		Ayushman

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 7:40am	CSIB Resident	
	A: AFI + UTI	Plan
	· Afebrile since morning	(1) INJ AUGMENTIN (D5) (2) INJ AMIKACIN (D3) (3) IVF DNS @ 20ml/hr
	NO fresh complaint Child is doing well taking small Quantity oral feeds. 1 epi semisolid stool @ night.	Sohili (Dr-Sohili)
	O/E: Hemodynamically Stable CVS: S_1S_2 (+) RS: BAE (+), airway clear RR: 24/min P/A: Soft ENT: clear	CBP/CRP. tomorw
	UTI & Sepsis.	Dw Dr Ujjwala DR. UJJWALA DESAI Registration No: 90550 9am

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5 9.10pm	C/S/D Resident Dr Ayushma	
	Afebrile since Morning Oral intake - Good Stools - Passing (N) Hemodynamically Stable	Plan • CBP/CRP → 7/5 • Cont. Antibiotics • Fluids to cont • Stop Augmentin Add Piptaz Ayushma
		Discharge tomorrow on FU with antibiotics.
	Give piptaz stat dose & Repeat 2nd dose at night	Done DR. UJJWALA DESAI Registration No: 90520 5pm
16/5 8.30a	C/S/D Resident Dr. Ayushma	
	No fever Oral intake - Good Stools - passing (N) Urine output - Good Child alert, vitals stable B/L AE (P), S (P) P/A - Soft, NT	Plan • Plan D/C today • Piptaz 2 day • Amikacin 2 day • Vital monitoring Ayushma

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19-06-2025 0 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26		
	⊖	Piptaz 1.125 gm bd x 2 day
	UTI	Amikacin x ~~2 more~~ day
	Culture +ve	
	fbs	Septran- suspension x 5 day
	-	Duphalac 5ml OD/HS x 1 week
		Repeat- LUE on Monday
		Review on Tuesday
		Fix appointment for MCUG on Tuesday
		Dr. UJJWALA DESAI Registration No: 90550

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

BAH-00647896 IP5-00173793
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OP

RESULT SHEET

Date	12/5	13/5	16/5			
Time		11:30 PM				
Hb	9.9		9.6			
PCV	31.5		26.7			
RBC	4.6		4.19			
WBC	19.3k		8.4			
N/L	68/32		14/75			
Platelets	4.29L		3.59			
CRP	57		32			
ESR						
PCT						
RBS						
Na		136				
K		4.1				
Cl		105				
Ca/Mg						
Phosphate						
Urea						
Creatinine		0.5				
ALP						
SGPT						
SGOT						
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	↓OP
Time	13/5/26
CUE - Alb	
CUE - Sugar	Trace
CUE - Ketones	⊖
CUE - PUS Cells	⊖
CUE - RBC Cells	25-30
CUE	10-12
	Leukocyt 3+
	hemolysed blood 3+
Stool Pus Cell	
OVA / Cyst	
Occult Blood	

Culture and Sensitivities : (OPD) flu A, B, RSV - Neg

USG → Mild Left Calyceal fullness

Abd - Supra umbilical hernia

Blood cs - Neg after 24hrs.

Urine cs - KPC & Coli isolated

Radiology :

USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ..... C.R ..... Shifted to: ..... I.O.S .....

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	Syp. Crocin DS	2.5ml	Plo	SOS		☑C ☐DC
2	Syp-Ibugesic	4ml	P/O	SOS		☑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 : ..... Sai .....

Date & Time : ..... 13/5/26 @ 10pm .....

Nurse Name & Signature: ..... Bhavani B .....

Date & Time : ..... 13/5/26 @ 10.45pm .....

BAH-00647896 IPS-00173793
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DRUG CHART

Date of Admission: 13/5/24 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp. CROCIN DS

Dose	Route	Frequency	Start Date
2.5ml	P/o	SOS	13/5

Doctor's Signature	Valid Period	Pharm.
Sai		

Additional Instructions: If Temp > 100°F, Gap = 24hrs, maximum 4 times a day

Date ▸ / Time ▾	13/5	14/5
	9.05 pm	11.20 AM
	Blank	Nurse

DRUG : Syp. IBUGESIC

Dose	Route	Frequency	Start Date
4ml	P/o	SOS	13/5

Doctor's Signature	Valid Period	Pharm.
Sai		

Additional Instructions: If temp > 102°F, maximum 3 times a day

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date ▸ / Time ▾		

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

Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

Weight. 8.5kg. Ward. ....

Started on 12/5

DRUG : Inj. AUGMENTIN				Date / Time	13/5	14/5	15/5
Dose	Route	Frequency	Start Date				
250mg	IV	Q8H	13/5				
Name & Signature of the Doctor Starting the Drugs: Sai				6AM	X		
Additional Instructions: INJ AMOXACILLIN + CLAVULANIC ACID				2PM	X		
				10PM			
Daily Doctor's Endorsement by a Sign							

STOP 15/5

VERIFIED

DRUG : Inj AMIKACIN				Date / Time	13/5	14/5	15/5
Dose	Route	Frequency	Start Date				
125mg	IV	Q24H	13/5				
Name & Signature of the Doctor Starting the Drugs: Sai				10PM			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

VERIFIED

DRUG : Inj. ESOMEPRAZOLE				Date / Time	13/5	14/5	15/5	16/5
Dose	Route	Frequency	Start Date					
8mg	IV	Q24H	13/5					
Name & Signature of the Doctor Starting the Drugs: Sai								
Additional Instructions:				6AM				
Daily Doctor's Endorsement by a Sign								

VERIFIED

DRUG : Inj PIPERACILLIN-TAZOBACTAM				Date / Time	15/5	16/5
Dose	Route	Frequency	Start Date			
760mg	IV	TID	15/5	6AM	X	
Name & Signature of the Doctor Starting the Drugs: Ayushman				2PM	5PM	
Additional Instructions: @ 90mg/kg				10PM	12AM	
Daily Doctor's Endorsement by a Sign						

Dr. UJJWALA DESAI

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

Signature .....

VERIFIED B... Name .....

19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

BAH-00647896 IP5-00173793

I.V. FLUIDS CHART

Weight. 8.5kg 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
13/5	11.30 pm	IVf. DNS	IV	20ml/hr	Sai	Meeli Meeli	16/5		

Signature .....

VERIFIED BY : Name .....

BAH-00647896 IP5-00173793
Baby BODA YE[illegible]HDEEP
19-06-2025 0 Y 10 M 26 D (M)
Dr. UJJWALA D[illegible]SAI

Doc. No. : RCH / FRM / CLINICAL / 124

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

Pratiksha 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: 16/05 Time: 6 am

Doctor/Nurse/Family Concern?

Temperature (F) 104 103 102 101 100 99 98 97 96 95 94 (97.0°F)

Heart Rate (bpm) and Blood Pressure (mmHg) * 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 — 90 / 68 (45)

Note: BP does not score in early warning scoring

Heart Rate (Number) 130 bpm

Resp. Rate (bpm) (Over 1 Minute) * 70 60 50 40 30 20 10

Resp Rate (Number) 30 b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	100%
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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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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:

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- 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-00647886 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

Doc. No. : RCHBH / FRM / CLINICAL / 124

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

Pratiksha 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: 18/06/25 Time: 6am

Doctor/Nurse/Family Concern? 10am 1pm 6pm 10 pm 2 am

Temperature (F)

	6am	10am	1pm	6pm	10 pm	2 am
	97.5°F	98.3°F	98.0°F	97.0°F	(97.0°F)	(97.0°F)

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

Note: BP does not score in early warning scoring

	6am	10am	1pm	6pm	10 pm	2 am
CRV	C	95 (71) V66	99 (69) V65	95 (64) V73	98 (71) 60	98 (62) 70
Heart Rate (Number)	95bpm	98	110	101 bpm	102bpm	102bpm

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

	6am	10am	1pm	6pm	10 pm	2 am
Resp Rate (Number)	26bpm	28	28	28 bpm	26 bpm	30 bpm
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	99%	100%	100%	99%
Conscious Level (Normal / Altered)						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
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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.
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BAH-00847896 IP5-00173793
Baby BODA YESHDEEP
19-05-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

No. : RCH / FRM / CLINICAL / 124

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

Pratiksha Rainbow Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

Doctor/Nurse/Family Concern?

11.20am 12PM 6pm 10pm 15/05/25 2am

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

100.5°F SUPERCRUM 97.57°C 98.2°F 96.4°F 98.5°F 98°F

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

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

Note: BP does not score in early warning scoring

96 (69) 59 | 111 (88) 72 | 103 (78) 69 | 96 (81) 72 | 97 (83) 71

Heart Rate (Number)

112b/m | 111b/m | 102b/m | 112b/m | 111b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)

28b/m | 26b/m | 26b/m | 26b/m | 26b/m

Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O_2(l/min) O_2Saturations (%)		100%	99%	100%	100%	100%
Conscious Level	Normal				
	Altered				
GCS *		15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1	1	1	1
Pain Score		0	0	0	0	0
Observer's Initials						

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 25 D (M)
Dr. UJJWALA DESAI

Doc. No. : RCH / FRM / CLINICAL / 124

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/6/25 Time: 12Am 2Am 6Am 10Am

Doctor/Nurse/Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.8°F 98.4°F 99.1°F 98.2°F

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
104/66 98/69 9AM (82) 66
CRYING

Note: BP does not score in early warning scoring

Heart Rate (Number) 132/m 138/m

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number) 34/m 28/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 100% 100% 100%

Conscious Level: Normal | Altered

GCS * 15/15 15/15

TOTAL SCORE
Number of shaded boxes 1 1 1
Pain Score 0 0 0
Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

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It takes a lot to treat the little.

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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.

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											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
13/5	12:00 am	DNS		20ml			1				0	Neelu
	01:00 am			20 ml							0	
Total Intake :								**Total Output :**				
	02:00 am			20ml							0	
	03:00 am			20ml							0	Neelu
	04:00 am			20ml							0	
14/5	05:00 am	DNS		20ml			NB				0	
	06:00 am										0	Neelu
	07:00 am										0	
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 24 D (M)
Dr. UJJWALA DESAI

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							
14/6	08:00 am	1	Milk	20ml							0	
	09:00 am		Milk	20ml							0	
	10:00 am	D		–			NP				0	
	11:00 am	N		20ml							0	
	12:00 pm	S		20ml							0	
	01:00 pm	1									0	
Total Intake :						Total Output :						
14/6	02:00 pm	1		20ml			1				0	
	03:00 pm			–							0	
	04:00 pm		Cold Rice water	20ml							0	
	05:00 pm	DNS		30ml			NP				0	
	06:00 pm	1		20ml			1				0	
	07:00 pm			20ml							0	
Total Intake :						Total Output :						
14/6	08:00 pm	1		20ml							0	
	09:00 pm			20ml							0	Stool
	10:00 pm	DNS		–							0	
	11:00 pm	1		–							0	Stool
	12:00 am										0	
	01:00 am			20ml							0	Stool
Total Intake :						Total Output :						
15/6	02:00 am	1		20ml							0	
	03:00 am			20ml							0	Stool
	04:00 am	DNS		20ml							0	
	05:00 am	1		20ml							0	Stool
	06:00 am			–							0	
	07:00 am			–							0	Stool
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00047896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

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Sheet No. : .....

1. All measurements in ml.
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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
15/5	08:00 am			20ml								
	09:00 am			20ml							0	Dhyp
	10:00 am	BMS		—							0	
	11:00 am			—							0	
	12:00 pm			20ml							0	Dhyp
	01:00 pm			20ml							0	
Total Intake :						**Total Output :**						
15/5/26	02:00 pm			20ml							0	
	03:00 pm			20ml							0	
	04:00 pm	DNS		20ml							0	
	05:00 pm			20ml							0	
	06:00 pm			—							0	
	07:00 pm			—							0	
Total Intake :						**Total Output :**						
15/5	08:00 pm			—							0	Shaiy
	09:00 pm		milk	—							0	
	10:00 pm	DNS		—							0	Shaiy
	11:00 am			20ml			NP				0	
	12:00 am			20ml							0	Shaiy
	01:00 am			20ml							0	
Total Intake :						**Total Output :**						
16/5	02:00 am		milk	—							0	Shaiy
	03:00 am			20ml							0	
	04:00 am	DNS		20ml							0	Shaiy
	05:00 am			—			NP				0	
	06:00 am			—							0	Shaiy
	07:00 am			—							0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

BAH-00647896 IP5-00173793
Baby BODA YESHDEEP
19-06-2025 0 Y 10 M 25 D (M)
Dr. UJJWALA DESAI

105 cg 102

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 14/5/26 Time: 9am

Weight: 8.51 kgs Centile: >10th

Height: 70 cms Centile: >10th

Inference: underweight child

RDA: - Calories: 98kcal/kg/d Protein: 1.6g/kg/d

Diet Recommendations: EBM feeds

Re-Assesment: stage II weaning foods, ttt advised

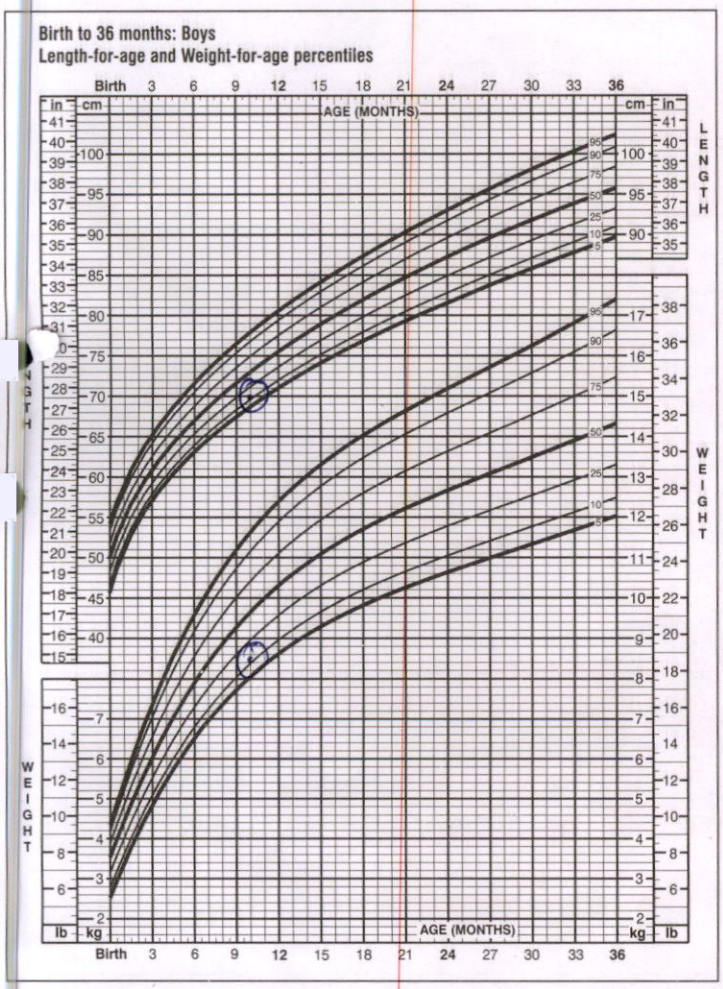
Food Allergies: NO Veg/Non-veg Non-veg

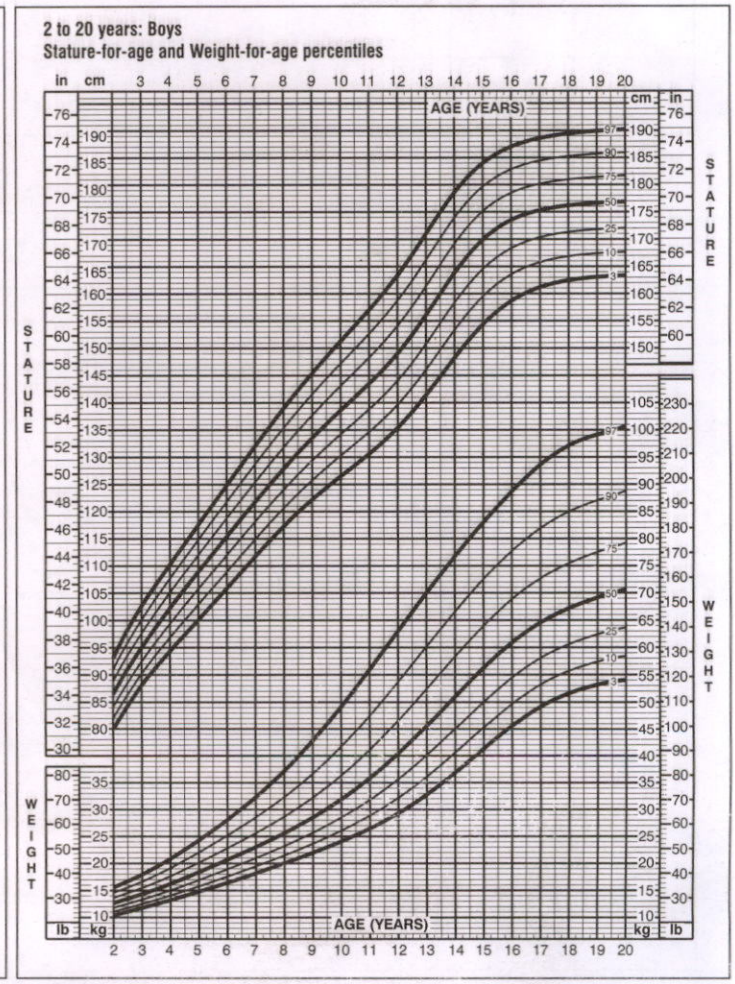
Diagnosis: AFI & UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: B-Sangamanagara

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Docu. No. : RCHBH /FRM / CLINICAL / 160 (P.T.O.)

Daily Notes:

15/5/26 child is stable. oral intake is well.
10AM continue ~~c~~ OBM feeds & stage III weaning foods - Nikitha-