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

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

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

ACTIVITY RECORD FOR BILLING

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

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

Date of Admission : 6/7/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	9.40pm	EMR	112	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7	CBP. CRP. Electrolyte		
	Cr est	26022614	Nle
	VBG	26022615	
	X-Ray Chest	26010828	Nle
	Cross checked by Lalpana 9/2 @ 8AM		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7	Infusion pump	6/7/24 21.45 pm	7/7/24 21.45	8098165	Saliya
	Monitor	6/7/24 21.30 pm	7/7/24 21.30 pm		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/12/26	IV placement	1.	3098166	
	Nebs	10	3098610	
	nebs	6	3098743	
8/7	nebs	6	3099169	
	Gcss checked by Galaxy 9/7 @ 8AM			
9/7	nebs	4	3099204	
9/7	Neb	4	3099244	
9/7	Neb	1	3099291	
	Gcss Checked by Gurgaon			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Elizabeth		

Ref. No. F/INPR/12

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(1) 112

Patient Name : VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 9 D (F)
Dr. PREETHAM KUMAR

Registration No.:

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
8/7	00.00	11:00pm – Levolin	manasa	Amulta
9/7	1.00	1:00Am – Ipravent	manasa	Amulta
	2.00	3:00AM – levolin	manasa	Amulta
	3.00	7:00AM – levolin + Ipravent + budicort	manasa	Amulta
	4.00			
	5.00	(4) – 3099004		
9/7	6.00	11:00AM – levolin 3099391	Vaishnavi	
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Ref. No. F/INPR/12

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(1)

Patient Name: VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

Registration N

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
6/7/26	00.00	10pm - levolin	Anitha	A
7/7/26	1.00	1Am - Levolin + Ipravent	Anitha	A
	2.00	4Am - Levolin	Anitha	A
	3.00	7Am - It + I + B	Anitha	A
	4.00	9Am - levolin	Indu	Amutt
	5.00	11Am - levolin	Indu	Amutt
	6.00	1pm - levolin + Iprevent	Indu	Amutt
	7.00	3pm - levolin	Indu	Amutt
	8.00	5pm - levolin	Indu	Amutt
	9.00	7pm - levolin + Budicort + Iprevent	Indu.	Amutt
	10.00	(10) 3098610		
	11.00	9pm - levolin	Anitha	A
	12.00	11pm - levolin		
	13.00	1pm - levolin + Ipravent		
	14.00	3pm - levolin		
	15.00	5Am - levolin		
	16.00	7Am - Levolin + Budecort + Ipravent		
	17.00	(6) 3098743		
8/7/26	18.00	9Am - levolin	Vaishnavi	A
	19.00	12pm - levolin	Vaishnavi	Amutha
	20.00	1pm - Ipravent	Vaishnavi	Amutha
	21.00	3pm - levolin	Manisha	Amutha
	22.00	7pm - Ipravent + Budecort	Manisha	Amutha
9/7/26	23.00	7pm - levolin	Manisha	Amutha

(6) - 3099169

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060592 **Admit Date** : 06-Jul-2026 **Admit Time** : 08:18 PM **UHID** : VIH-00206657

Patient Details :

Patient Name	: Baby R.SAANVI	**Age**	: 10 Y 4 M 8 D
Guardian	: Mr R.ARJUN	**DOB**	: 28-02-2016
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: vista house v block flat 009 Ecil Hyderabad Telangana INDIA 500062	**Phone No**	: 9391913322
		E-mail	: na@gmail.com

mission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

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

Contact Details :

Name	: Mr R.ARJUN	**Relationship**	: Father
Contact Address	: vista house v block flat 009 Ecil Hyderabad Telangana INDIA 500062	**Phone No**	: 9391913322

Signature

octor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 10000.00
Payment Mode	: DC/CC Card	**Payor Name**	: STAR HEALTH AND ALLIED INSURANCE CO LTD

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

Wt : 24.59 kg
Ht : - 136 cm

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby Sanvi Age : 10yrs Gender: ☐ Male ☑ Female

Date : 6/7/26 Time of Arrival : 6:54pm

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: 98.1 F PR: 126/m BP: 110/71(84) RR: 25/m SpO_2: 98%

Chief Complaints: vomiting 2 episode today, wheezing, chest pain since yesterday.

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 : 6:57pm

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 : Sr. Nagmani

Signature of Triage Nurse : Nagmani

Date & Time : 6/7/26 @ 6:57pm

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/7/26 Time of arrival : 6:58pm

Chief Complaints: vomiting 2 episode today, wheezing & chestpain yesterday RBS: –

Height : 136cm Weight : 24.5kg BMI : – Head Circumference (<2 years) : –

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

If yes , identify : –

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☑ Wong Baker

☐ Character : – ☐ Location : ☐ Frequency : – ☐ Duration : –

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With parents

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1

Time of Initial assessment completed by ER Nurse : 7pm

Patient Name : Baby. R.SAANVI UHID : VIH-00206657 IPD : IP-00060592 Gender : Female Age : 10 Y 4 M 8 D

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

Time	Nursing Notes
6:54pm	⇒ Patient Came to ER.
6:56pm	⇒ vitals checked and recorded.
7pm	⇒ Dr. Shrikar Seen the patient.
7:02pm	⇒ Advice for admission & admission process done
	⇒ IV placement done & samples sent to labs
	⇒ Shifted to ward.

Samples collected by: } Sr. Nagini Time: } @ 8.20 pm

Samples sent by : } Time: } @ 8.25 pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
7pm	Neb. levolin	per nasal	0.63mg	Shrikar	Nagi
7:17pm	Neb. budecort	PIN.	0.5mg		Nagi
7.25pm	neb. Ipravent	P/N	2ml		Nagi
9PM	Inj:- Hydrocortisone	IV	100mg	Bijaya	Lan

Condition of patient at time of shift - out :	Details of Shift - out
HR: 124 b/m BP: ..... CFT: –	Shift - out from ER to: .....
RR: 25 b/m SPO_2 : 98 %	Time of Shift - out: @ .....
GCS: 15 Temperature : 97 F	Handover given to: .....
Pain Score: 0	(Nurse's Name) By . Anitha
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Sr. Nagmani Signature of the Nurse : Nagmani

Date & Time : 6/7/26

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute exacerbation of Reactive Airway Disease

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

Allergy / Adverse Reaction ..... Nil ..... Body Weight: 24.59 Kg

..... Height: 136 cm

.....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Yes	Nil	Nil

Family History: Nil

.....

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

If yes please list, ...

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

.....

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

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

Observations: Weight: 24.59kg Length: 136 cm Head Circumference (< 2 years): -

Temp.: 98.4 F HR: 112 b/m RR: 20 BP: 101/74 mm Hg

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 23) (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): .....

Social History: Lives With ..... parents .....

Siblings in household ☑ Yes ☐ No (if yes How Many?) ..... 1 .....

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 ..... parents .....

Nurse's Name: ..... Anitha ..... Date: ..... 6/7/26 ..... Time: ..... @ 10 pm ..... Signature: Anu

PATIENT TRANSFER FORM

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VIH-00206657 IP-00060592 Baby R.SAANVI 28-02-2016 10 Y 4 M 8 D (F) Dr. PREETHAM KUMAR	Date & Time of Admission 6/7/26 @ 8.18pm	Date & Time of Transfer Order 6/7/26 @ 9.40pm
	Transfer Ordered by Dr. Shreekare.	Reason for Transfer Admission.
From Unit SNR	To Unit	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over OPD File given.

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Durgaprasad.	Dr-Shreekare.

Patient & Clinical Records Received by : Sr. Anitha

Date & Time of Patient Received : @9.50pm

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

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

C/o Breathless : Afternoon

History of present illness :

C/o Breathless : Afternoon
c/w vomiting and chest pain

Initially taken to Ankura hospital advised for admission

But Parents came here
in ER

S/L wheeze ⊕ | SCR ⊕ | Tachypnea ⊕ | SpO_2 >95

after Beta 4 Back nebulization in ER

↓

wheeze ⊖ | SCR ⊖ | Tachypnea ⊕ | SpO_2 >95.

N/V ↓ fever | URTI symptoms

VIH-00206657 IP-00060592
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28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

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

- H/o adenodiectomy
- H/o pneumonia 4 years ago
- H/o frequent wheezing episodes (started in childhood).
- H/o Paternal Grandmother - Asthma (+).

Birth & Neonatal History:

FT/LSCS/Cord around 1 CiAB/
2.7kgs/ NO NICU admission

Birth & Socio Economic History:

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

Developmental History :

Age appropriate

Immunization History :

upto date

(P.T.O.)

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) ~25kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate : 140/min B.P. _____ SPO2 95/RA

Resp.rate and type of breathing : >35/ → after nebulization → 20-25/min

Rash — SCR (+) SRA (-)

Lymphadenopathy —

Oedema : —

Allergies (if any): —

Respiratory System :

Inspection (any s/o distress) : diffn. after nebulization

Air entry & breath sounds : BAE (+) / wheeze (+) → BAE (+) / no wheeze

Any addes sounds :

Relevant data from outside (Chest X-Ray, ABG,etc.,) Hyperinflated lung field (+)

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 (+)

Any murmur : —

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

Per Abdomen :

Inspection

Palpation : soft

Ausculation : —

Spine : External Genitelia :

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

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28-02-2016 10 Y 4 M 8 D (F)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : intact

Motor System:

Nutriton :

Tone: Power

Co-ordinator : (2)

Posture :

Involuntary Movements :

Reflexes : (2)

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute exacerbation of
- Reactive Airway Disease

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

CBP, CRP, S/E, VBG, Chest X-ray
S. Creatine

- inform if SpO_2 < 92
- HR > 160
- RR > 30

Planned Management

- Neb Levolin 3rd hly
- Neb. Budesonide 12th hly
- Neb. DUNAVENT 6th hly
- Inj Hydrocortisone 12th hly
- Continuous monitoring
- (5%) D/W.
- iv Antibiotics after CBP, CRP

Noted by NICU Issue 6/7

Signature of the Doctor: 8
Name of the Doctor: Dr. Shrikar.
Date & Time: 6/7/26 | 8:45pm

Signature of the Consultant:
Name of the Consultant:
Date & Time: 7/7/26 3pm

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
11:30pm		
	→ relatively Better	Ism → mild
	SpO_2 – 93–94	ABD pain. (+)
	HR – 112/min	→ Nausea (+)
	→ PV – good	
	CRT < 3 sec	
	→	
	plan	
	If SpO_2 < 92 – inform SR / Dr. [illegible]	
	CST	
Dr. [illegible]		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 9AM	S/B Dr Kundan rounds	
	Persis: 1 fever spike	
	wheeze (+)	
	O/E	
	Euthermic	
	CRT <3 sec	
	CNS - E_1 (+)	
	RS - BAE (+) wheeze (+)	
16K TC / 89 N	PA soft	
	CVS normal	
1 fever spike.	Plan	
Add Ceftriaxone	continue mask	
	add ceftriaxone	
	IV fluids	
	nebulization	
Dr. Kundana 7/7/26 9PM.		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7:- 3:00PM	S/B Resident:-	
	Δ – LRTI ̄c wheeze.	
	last fever spike @ 6:15Am.	
	O/E Baby alert, afebrile, vitals stable.	SPO2 – 92-94%. HR – 135/min
	CVS – S1S2 (+)	
	RS – BAE (+), ↓ wheeze (+).	
	P/A – soft.	
	Adv:- → Neb levolin Q2H,	
	→ CT.	
7/7/16 7pm Dr Pree...	continue	

Noted by [illegible] @ 7pm 7/7/16

VIH-00206657 IP-00060592
Baby R.SAANVI (F)
28-02-2016 10 Y 4 M 9 D
Dr. PREETHAM KUMAR

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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9AM	CMB Resident	
	Δ WALRI	
	No fever spikes in last 24 hrs	Pla
	O/E Conscious	– Continue Ceftriaxone
	Afebrile	– Continue Meds
	CVS S1S2 (N)	
	RS B/L AE (N)	
	PA – soft	
	vitals stable	
	Dr. Lavanya 8/7/26 9AM	Dshna
		Noted by Vaishnavi 8/7/20 @ 10AM

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 9 D (F)
Dr. PREETHAM KUMAR

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 3PM	CS/B Dr Preetham	
	Δ URTI/LRI	
	NO fever spikes	Plan
	O/E Conscious Afebrile CVS - S1S2 (N) RS - BAE (B) PA - Soft	- Combi Ceftriaxone, Hydrocort & Nebs - Vitals Monitor - Nebs 4th hrly ~~overnight~~
	Very stable	
	8/7/26 4pm Dr Preetham	Dr Shiva

Noted by manisha 8/7/26 @ 8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 8:45 AM.	WALRI - on RA, NO RD - no fevers - Active. → Orally - OK urine - (N) CVS - S1S2 CNS - NAD RS - B/L wheeze PA - Soft.	Plan On Nebs - 4th hrly nebs - levolin - Ipravent 6th hrly - Hydrocortisone Q 12 hr. - IV DNS (2/3rd). - Wt < SpO2 < 90%. Inform SOS d/c Noted by Vaishnavi 9/7/26 @9AM
Taper Neb Plan for d/c TOMMY few 3days. Dr. SUNNY NA 9/8/26 10AM		

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Acute exagraheration of Reactive Aceruway Difeera

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

Surgery / Procedure: —
Post OP Day: —

	Date / Shift	6/7/26 12 (N)	6/7/26 N	7/7/26 M	7/7 E	7/7 N	8/7/26 M
BACKGROUND	Medical Condition (Any special condition to be noted):	—	Nil	nil	nil	Nil	Nil
	Diet:		S.diet	S.diet	S.diet	S.diet	S.diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.1°F	98.2F	98.6F	98.3F	98.4F	98.0°F
	Res:	25b/m	21b/m	24b/m	23b/m	22b/m	22b/m
	SpO_2:	98%	99%	98%	98%	99%	99%
	Pulse:	124b/m	112b/m	130b/m	135b/m	113 b/m	133b/m
	BP:	110/71 (84)	98/62(74)	101/60(70)	101/60(70)	108/69(71)	92/46(61)
	LOC:	concious	Conscious	Conscious	conscious	Conscious	Conscious
	Fall Risk Score:	11	11	11	11	11	11
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	Nil	nil	nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:		S.diet	S.diet	S.diet	S.diet	S.diet
	Critical Lab Test / Values:	—	Nil	nil	nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Depend	Depend	Dependent	dependent
Post Operative Procedure Special Orders:		—	Nil	nil	nil	Nil	Nil
Handed Over By Name :		BN Sajay	Anitha	Indu	Indu	Anitha	Vaishnav
Signature / ID :		021372	A4905140	866608	866608	[illegible]	W020216
Date:		6/7/26	7/7/26	7/7/26	7/7/26	8/7/26	8/7/26
Time:		@9.40Pm	@8am	@2pm	@8pm	@8Am	@2pm
Taken Over By Name :		Anitha	Indu	Indu	Anitha	Vaishnavi	Manisha
Signature / ID :		A4905140	866608	866608	A4905140	W020216	M4905145
Date:		6/7/26	7/7/26	7/7/26	7/7/26	8/7/26	8/7/26
Time:		@9.50pm	@8am	@2pm	@8pm	@8Am	@2pm

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

VIH-00206657 IP-00060592
Baby R SAANVI (F)
28-02-2016 10 Y 4 M 9 D
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: WALRI (wheezing Associated lower respiratory infection)			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: N/A			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	8/7/26 E	8/7 N	9/7/26 M			
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil			
	Diet:	S.diet	S.diet	S.diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.3°F	98.1			
	Res:	23 b/m	24 b/m	23 b/m			
	SpO_2:	96%	97%	97%			
	Pulse:	130 b/m	108 b/m	97 b/m			
	BP:	100/78(62)	96/60(72)	92/66(72)			
	LOC:	conscious	Conscious	Conscious			
	Fall Risk Score:	11	11	11			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S.diet	S.diet	S.diet			
	Critical Lab Test / Values:	Nil	Nil	Nil			
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	Depended	dependd			
Post Operative Procedure Special Orders:		Nil	Nil	Nil			
Handed Over By Name :		Manisha	Namrata	Vaishnavi			
Signature / ID :		901952	901952	902016			
Date:		8/7/26	9/7/26	9/7/26			
Time:		@ 8pm	@8AM	@8AM			
Taken Over By Name :		Manisha	Vaishnavi	File Send to billing			
Signature / ID :		901952	902016				
Date:		8/7/26	9/7/26				
Time:		8PM	@8AM				

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Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10pm 12pm	→ Maintain Fluid Balance → Ensure Safety		→ Administered the IV fluid DNS 45 ml/hr → To side rails kept up	→ To maintain Hydration → To prevent falls risk	→ patient is Stable	Anitha 6/7/26 @ 8Am

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NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00	- monitor vital signs Continuely	9:30	Continely monitor vital Signs	- Vital signs are normal	- patient is stable	Lindu @2pm 7/7/26
	11:00	Nebulization	11:30	Nebulization given 2nd hr.	- to reduce cough	- no fresh complaints	
	1:00	maintain fluid Balance.	1:30	- maintained fluid Balance	- maintain hydration		
Afternoon	3:00	- Maintain aseptic technique	3:30	maintained aseptic technique	- prevent from ~~fall~~ infection	- patient is stable	Lindu @8pm 7/7/26
	7:00	- Ensure Safety	7:30	Side rails kept up	- prevent from falls risk	- no fresh complaints	
Night	9pm	→ Maintain Good Nutritional status		→ To oral intake is Good	→ provided by Soft diet	→ patient is Stable	
	10pm	→ Levolin Nebulization		→ Levolin given 2nd hourly	→ To reduce cough	→ No fresh Complaints	

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby R.SAANVI**	**Age :**	**10 Y 4 M 8 D**
IP No:	**IP-00060592**	**Sex:**	**Female**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-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 [redacted] 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.
([redacted]ceivers Signature:.....)

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

Signature of Patient/Relative:

Name:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:
vista house v block flat 009 Ecil
Hyderabad Telangana INDIA 500062

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

Patient S

CAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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 : ..... Time:														10 pm	12 Am	2 Am	4 Am	6.15 Am	8 Am
Doctor / Nurse / Family Concern?																			

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4°F 98.6°F 98.4°F 98.9°F 100.5°F (Disp. PCM) 99°F

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

Note: BP does not score in early warning scoring

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

98 (69) 58 | 99 (57) 39

Heart Rate (Number)														101	114	120	136	118	108	116	150	136	137	130	120

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

70 60 50 40 30 20 10

Resp Rate (Number)														22	28	29	20	28	27	22	20	18	22	19	20

Resp Distress	Mod/ Severe / None / Mild																								
Receiving O_2 (l/min) O_2 Saturations (%)														98	99	97	98	99	100	97	98	100	97	98	98	99
Conscious Level	Normal / Altered													N		N		N		N		N		N		N
GCS *														15		15		15		15		15		15		15
TOTAL SCORE Number of shaded boxes														0		0		0		0		0		0		0
Pain Score														0		0		0		0		0		0		0
Observer's Initials														AA		AA		AA		AA		AA		AA		AA

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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BirthRight
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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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Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	11 PM	1 AM	3 AM	5 AM	7 AM
Doctor / Nurse / Family Concern?												

Temperature (°F): 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 145 | 148 | 140 | 138 | 130 | 135 | 138 | 130 | 135 | 138 | 120 | 125 | 118 | 119 | 122 | 134 | 118 | 116 | 108 | 130 | 116 | 105 | 100 | 139 | 132

BP: 103/63 (80) | 100/61 (81) | 92/51 (67) | 98/56 (64)

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

Resp Rate (Number): 22 | 20 | 21 | 20 | 22 | 23 | 24 | 22 | 24 | 24 | 25 | 22 | 24 | 20 | 20 | 26 | 24 | 20 | 22 | 24 | 27 | 28 | 26 | 24

Resp Distress: Mod/ Severe / None / Mild																								
Receiving O_2 (l/min) O_2 Saturations (%)	98	98	98	98	98	98	98	98	98	98	98	98	98	96	97	98	94	97	95	100	98	96	98	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	?	N	N	N	N	N	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	15	15	15	15		15		15		15		15		15		
TOTAL SCORE Number of shaded boxes	0	1	1	1	1	1	1	1	1	1	1	1		0		0		0		0		0		
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0		0		0		0		0		0		
Observer's Initials	Bindu	Bindu	Bindu	Bindu	Bindu	Bindu	Bindu	Bindu	Bindu	Bindu	Bindu	Bindu		AA		AA		AA		AA		AA		

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Date	Time	Early Warning Score	Date	Time	Name

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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)

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Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/26 Time:	9	11	1	3	5	7	9	11	1	3	5	7
Doctor / Nurse / Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM

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

98.0°F 97.4°F 97.2°F 98.6°F 98.6°F 97.2°F 98.6°F 98.6°F 98.6°F 98.6°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

92 (61) 58 | 100 (70) 60 | 98 (64) 58 | 103 (70) 64

Heart Rate (Number)	133	129	124	134	129	131	130	132	135	130	122	98	103	105	96	98	103

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

Resp Rate (Number)	22	24	26	25	24	27	26	27	25	27	26	25	24	23	22	21

Resp Distress (Mod/ Severe / None / Mild)																
Receiving O_2 (l/min) O_2 Saturations (%)	96	96	95	96	97	96	97	96	97	96		98	97	98	97	98
Conscious Level (Normal / Altered)	N	N	N	N	N			N	N	N	N	N				
GCS *	15	15	15	15	15	15	15	15	15	15	15	15				
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0				
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0				
Observer's Initials	MA	MA	MA	MA	M.	MA	MA	MA	MA	MA	MA	MA				

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)

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 9 D (F)
Dr. PREETHAM KUMAR

Doc. No. : RCH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/7/16 Time:	9
Doctor / Nurse / Family Concern?	AM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	97

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

70 60 50 40 30 20 10

Resp Rate (Number)	26
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level: Normal / Altered	N
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	✓

Noted By Vaishnavi 9/7/16 @11AM

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

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

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INSTRUCTIONS:

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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)

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FLUID CHART

Sheet No. : ... .

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm			45ml				✓				
	11:00 pm			45ml				✓		✓		
6/7	12:00 am			45ml								Anitha
	01:00 am			45ml				✓		✓		
Total Intake :	180 ml					**Total Output :**						
	02:00 am			45ml				✓				
	03:00 am			45ml			✓			✓		
7/7	04:00 am			45ml								
	05:00 am			45ml						✓		Anitha
	06:00 am			45ml								7/7
	07:00 am			45ml								@6am
Total Intake :	270 ml					**Total Output :**						

Total 24 hrs. Intake	450 ml

Total 24 hrs. Output	4 times

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/8	08:00 am		Idly + water	45ml						✓	1	
	09:00 am			45ml							0	Sindu
	10:00 am			45ml								@2pm
	11:00 am			45ml								7/7/K
	12:00 pm			45ml						✓		
	01:00 pm											
Total Intake : 285ml						**Total Output :** 2 times						
7/7	02:00 pm		Rice + water	45ml							1	
	03:00 pm			45ml						✓	0	Sindu
	04:00 pm			45ml								@8pm
	05:00 pm			45ml								7/8/K.
	06:00 pm									✓		
	07:00 pm											
Total Intake : 180ml						**Total Output :** 2 times						
7/7	08:00 pm		Rice + water							✓	1	
	09:00 pm										0	
	10:00 pm											
	11:00 pm											
	12:00 am									✓		
	01:00 am											
Total Intake :						**Total Output :**						
8/7	02:00 am		water								1	Anitha 8/7 @8am
	03:00 am									✓		
	04:00 am										0	
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	8 times

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(F)

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FLUID CHART

Sheet No. : .....

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

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
			Mouth	I.V	N.G							
8/7	08:00 am		Idly water							✓		Vaishnavi 8/7/26
	09:00 am											
	10:00 am			25ml								
	11:00 am			25ml						✓		
	12:00 pm			25ml								
	01:00 pm			25ml								
Total Intake :						**Total Output :**						
8/7/26	02:00 pm		Rice water	25ml								manisha 8/7/26 @8pm
	03:00 pm			25ml						–		
	04:00 pm			25ml								
	05:00 pm										0	
	06:00 pm									✓		
	07:00 pm											
Total Intake : 75 ml						**Total Output :**						
8/7	08:00 pm											
	09:00 pm		Rice water									
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**					0	
9/7	02:00 am											manasa 9/7/26 @7AM
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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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							
9/2/16	08:00 am		Ebly water							✓		
	09:00 am											
	10:00 am											Varsha 9/2/16 @ 11am
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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DRUG CHART

Date of Admission: 6/7/26 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 : SYP. PARACETAMOL				Date / Time
Dose: 5ml	Route: PO.	Frequency: as required	Start Date: 6/7	
Doctor's Signature	Valid Period: max 6th hrly	Pharm.		
Additional Instructions: 5ml = 240mg 15mg/kg/dose if temp > 100°F				

DRUG : SYP. IBUPROFEN				Date / Time
Dose: 5ml	Route: PO	Frequency: as required	Start Date: 6/2	
Doctor's Signature	Valid Period: Max 6th hrly	Pharm.		
Additional Instructions: 5ml = 100mg 10mg/kg/dose if temp > 102°F				

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

Verified Dr. Ashika Clinical Pharmacologist

VERIFIED BY : Name ..... Signature/Clinical Pharmacologist

Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 25 kg Ward. ....

DRUG : NEB LEVOSALBUTAMOL			
Dose	Route	Frequency	Start Date
1 Respule	P/N	Q3H	6/7/26
Name & Signature of the Doctor Starting the Drugs: Dr. [signature]			
Additional Instructions: 1 Respule = 1.2mg			
Daily Doctor's Endorsement by a Sign			

See nebulization chart.
changed frequency.

DRUG : NEB BUDESONIDE			
Dose	Route	Frequency	Start Date
1 Respule	P/N	Q12H	6/7/26
Name & Signature of the Doctor Starting the Drugs: Dr. [signature]			
Additional Instructions: 1 Respule = 0.5mg			
Daily Doctor's Endorsement by a Sign			

See nebulization chart

DRUG : NEB IPRATROPIUM BROMIDE			
Dose	Route	Frequency	Start Date
1 Respule	P/N	Q6H	6/7/26
Name & Signature of the Doctor Starting the Drugs: Dr. [signature]			
Additional Instructions: 1 Respule = 500mcg.			
Daily Doctor's Endorsement by a Sign			

See nebulization chart

DRUG : INJ. HYDROCORTISONE			
Dose	Route	Frequency	Start Date
100mg	S/IV	Q12H	6/7/26
Name & Signature of the Doctor Starting the Drugs: Dr. [signature]			
Additional Instructions: 2-4mg/kg/dose			
Daily Doctor's Endorsement by a Sign			

Date	6/7	7/7	8/7	9/7
Time	6AM	Sadiya	ESW / Sadiya	Gayu (N)
	6pm	9PM Yam	[signature] ESW	[signature]

Neogi Sue 6/7
Neogi Sue 6/7/26
Neogi Sue 6/7/26
Neogi Sue 6/7/26

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
1.2g	IV	12 hly	7/7

Date/Time: 7/7, 8/7, 9/7 — 6 Am; 6 pm

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 30 TOm/hy/dm (After MT dm)

Daily Doctor's Endorsement by a Sign

DRUG : NEB. LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.
1.2mg	P/N	2 hrly	7/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 1 Respule = 1.2mg

See the nebs chart.

Chg to 3 rly

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : NEB LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.
1.2mg	P/N	3 rly	8/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 1 Respule = 1.2mg

Chg to 4 rly

Daily Doctor's Endorsement by a Sign

Verified Dr. Rishika Clinical Pharmacologist

DRUG : NEB LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.
1.2m	PN	4 hy	8/7

Name & Signature of the Doctor Starting the Drugs:

See the nebs chart.

Daily Doctor's Endorsement by a Sign

(P.T.O.)

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

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

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

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

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 .....

VIH-00206657 IP-00060592
Baby R.SAANVI
28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

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

DRUG :

Route	Start Date
Name & Signature of the Doctor	
Additional Instructions:	

Date▸ / Time					
	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
	Dose	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
	Dose	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
	Dose	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
	Dose	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

VARIABLE DOSE

DRUG :

Route	Start Date
Name & Signature of the Doctor	
Additional Instructions:	

Date▸ / Time					
	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
	Dose	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
	Dose	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
	Dose	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
	Dose	Dose	Dose	Dose	Dose
	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/7	7PM	NEB. LEVOSALBUTAMOL	0.63mg	P/N	L	NC Lam
6/7	7.17pm	NEB. LEVOSALBUTAMOL	0.63mg	P/N	L	NC Lam
6/7	7.25P	NEB. BUDESONIDE	0.5mg	P/N	L	NC Lam
6/7	7.20pm	NEB. IPRATROPIUM BROMIDE	500mcg	P/N	L	NC Lam
6/7	10:10pm	INJ. ONDANSETRON	4mg	IV	L	Saliya
6/7	11:45pm	INJ. BUSCOPAN	12mg	IV	L	Saliya

VERIFIED BY : Name .... Signature

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28-02-2016 10 Y 4 M 8 D (F)
Dr. PREETHAM KUMAR

I.V. FLUIDS CHART

Weight. ~25 ....

Date	Time	Composition of I.V. Fluid (mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign
6/7/26	10pm	DNS (2/3 Rd M)	I/V	45 ml/hr	[signature]	[signature] [signature]

Signature