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 : IP5-00176775 **Admit Date** : 22-Jul-2026 **Admit Time** : 03:31 PM **UHID** : BAH-00662410

Patient Details :

Patient Name	: Master NIJAMALA ABHIRAM SHANKAR	**Age**	: 2 Y 9 M 26 D
Guardian	: Mr SUNEELKUMAR NIJAMALA	**DOB**	: 26-09-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: BADDEVOLU, , SRI POTTI SRIRAMULU , Kalu Voya Nellore Andhra Pradesh INDIA 524343	**Phone No**	: 9940525127/ 7670845386
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 316 **Ward Name** : 3F-ZONE A

Room No : DLX 316 **Admission Type** : First Visit

Contact Details :

Name : Mr SUNEELKUMAR NIJAMALA **Relationship** : Father

Contact Address : BADDEVOLU, , SRI POTTI SRIRAMULU , Kalu Voya Nellore Andhra Pradesh INDIA 524343 **Phone No** : 9940525127 / 7670845386

N Suneelkr

Signature

Doctor Details :

Doctor Name : Dr. SHRUTI KOTAPALLI **Specialisation** : PULMONOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. PILLARISETTI NAVEEN SARADHI

Payment Details :

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

Payor Name : ADITYA BIRLA HEALTH INSURANCE CO LTD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name :_____

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

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

Date of Admission: _____ Tin _____ rge : _____ Time: _____

Room / Bed No : _____ War _____ illable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	@ 4'100	ER	3/6	Anus

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/7	CBP, CRP, Bloodculture, S/E. 5 viruses Panel.	73629	Sanchy
	X-ray neck.	36652.	
	X-ray chest Done	on OP Basis	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

E

	Procedure	Quantity	Order No.	Signature
2	IV placement	(1)	716710	Sanjay

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

Patient Name: Abhiram

UHID ID: _____

Department: _____

Consultant: _____

76775
(M)

rgan History & Physical Examination

by: Mother. Age/Sex

Relationship

plaints & Duration (Chronologically)

fever
cough
cold } 3 days
oised breathing

ss :

H/o Mouth breathing
H/o sneezing.

1 day, High grade, associated with chills & rigors,
ing with paracetamol, interfebrile period is active

cold :- 3 days. dry cough.

b= Budecort intermittently from 1year.

ho Febrile seizure 1year ago.

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

ry & Physical Examination

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

Birth & Neonatal History:

Term (NVD) | 2.6 kg | H/o cardiac defect
No NICU stay

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for age.

Immunization History :

Immunised till date.

PTO

28-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 9.6 (Centile _____)

On Examination :

Temperature : 101.8°F Pulse Rate : 123/min B.P. _____ SPO2 98% RA

Resp.rate and type of breathing : 26/min

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BL AE (+)

Any addes sounds : Coarse crepts (B)

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds :

Any murmur : SM 2/6

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.,)

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM (M)
26-09-2023 2 Y 9 M 26 D
Dr. SHRUTI KOTAPALLI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System:

Nutriton : Power

Tone:

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes : **Superficials:**

DTR

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic: AFI ? URTI c H/o febrile seizures (past)

00662410 IPS-00176775
NIJAMALA ABHIRAM
2023 2 Y 9 M 26 D
RUTI KOTAPALLI (M)

...ultiorgan Histo..y & Physical Examination

...spects of the treatment: 2° infection

...D... of the treatment : Hemodynamic stability.

Plann...s:

C... D, CRP, SE, Blood c/s
Q Extra plain.
S viral panel.

X-Ray neck for Adenoids.

M B Anuel
22/6/20

Planned Management

IV Ceftriaxone
Syp. Azee
Syp. Mentair LC
Flomist F nasal spray
Levolin neb 0.63 TID
Syp. Crocin-DS / Syp Meftal-p
Syp. Fevir.

M B Anuel
22/64

Signature of the Doctor: N.P.n
Name of the Doctor: N. Prathibha
Date & Time: 22/7/2..., 3:30pm.

Signature of the Consultant: Shanti
Name of the Consultant: Dr. Shanti Kotapalli
Date & Time:

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
28-09-2023 2 Y 9 M 27 D (M)
Dr. SHRUTI KOTAPALLI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : 28/9/23

(P.T.O)

ERROR LOG

hing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /

ology / 1st Floor Wards.

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26. 5pm	C/S/B Pulmo team. D: AFI + Adenotonsillar hypertrophy N/O fever vitals stable. Snoring (+). chest: B/L CBS (+) CVS: S1S2 (+) P/A: soft	Advise: - Trace Reports - Added MDI Budecort. - Rest. Ct. same. ⇓ Add Hydrocort Pantop noted by Sypthi
23/7/26. 9:00 am.	C/S/B Dr. Shruti. kotapalli D: AFI + Adenotonsillar hypertrophy Fever (+) Snoring (+). SpO2:- 99% Chest: B/L wheeze (+) CVS: S1S2 (+) P/A: soft. Awaited - 5 viral panel	Adv: - Inj Ceftriaxone - D2 - Syp. Azithromycin - D2 - Syp Fluvir - D2. - Flomist F nasal spray / Nasivio -F - Syp. montair LC - T. Trisinn - Inj Hydrocort - D2 - MDI Budecort / levohi Neb - 3 cycles levohi Neb now. - Trace 5 viral panel

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/24 4:30pm	c/s/B Dr Shruti Kotapalli	Adv
		- Nasoclear N/D.
	Fever spike (+)	- Continue ~~same~~ others
	Vitals stable	- Trace adeno report
	SpO_2 - 98% (RA)	- ENT consultation
	Chest - B/L conducted sounds, B/L AE +.	
	Severe snoring during sleep.	
		Discharge on request

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00852410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	22/7					
Time						
Hb	11.6					
PCV	35.7					
RBC	4.39					
WBC	10.57					
N/L	64/27					
Platelets	226					
CRP	9					
ESR						
PCT						
RBS						
Na	137					
K	3.7					
Cl	107					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
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						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 5 viral panel – Negative (Adeno awaited)

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

Abhiram shankar.

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 22/6/NP 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
3 ml	PO	SOS	22/7

Doctor's Signature	Valid Period	Pharm.
N. Reddy	48H	

Additional Instructions: (5ml/240mg) If Temp 99.5°F max 6th hourly.

Date/Time: 22/7 5 PM Vomit

DRUG : Syp. MEFTAL-P.

Dose	Route	Frequency	Start Date
5ml	PO	SOS	22/7

Doctor's Signature	Valid Period	Pharm.
N. PNS	48H	

Additional Instructions: (5ml/100mg) If Temp 101°F max 8th hourly.

Date/Time: 22/7 10.30 PM Sweating

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date/Time

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

...NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

VERIFIED

REGULAR PRESCRIPTIONS

Weight. 9.6 kg Ward. ....

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Date
500 mg	IV	12H	22/7

Date / Time: 22/7, 23/7
6 AM; 6 pm, 8 am

Name & Signature of the Doctor Starting the Drugs: N. Prathiksha.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : SYP. AZITHROMYCIN

Dose	Route	Frequency	Start Date
5 ml	PO	24H	22/7

Date / Time: 22/7
6 PM, 10 pm

Name & Signature of the Doctor Starting the Drugs: N. Prathiksha.

Additional Instructions: (5ml/100mg)

Daily Doctor's Endorsement by a Sign

DRUG : SYP. MONTAIR LC

Dose	Route	Frequency	Start Date
2.5 ml	PO	12H	22/7

Date / Time:

Name & Signature of the Doctor Starting the Drugs: N. Prathiksha.

Stop 22/7.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : FLOMIST F NASAL SPRAY

Dose	Route	Frequency	Start Date
1 spray.	NASAL	OD	22/7

Date / Time: 22/7
6 PM, 11 pm

Name & Signature of the Doctor Starting the Drugs: N. Prathiksha.

~~Dose change~~ stop 23/7

Additional Instructions:

Daily Doctor's Endorsement by a Sign

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM (M)
26-09-2023 2 Y 9 M 26 D
Dr. SHRUTI KOTAPALLI

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG : INJ · PANTOPRAZOLE				Date ▸ Time ▾	22/7, 23/7
Dose	Route	Frequency	Start Dt.		
10mg	iv	O·D	22/7		
Name & Signature of the Doctor Starting the Drugs:				6AM	6AM [signature]
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : NASIVION-P NASAL DROPS				Date ▸ Time ▾
Dose	Route	Frequency	Start Dt.	
1 drop	each nostril	TID	23/7	6AM
Name & Signature of the Doctor Starting the Drugs: Somashree				
Additional Instructions:				2PM
				10PM
Daily Doctor's Endorsement by a Sign				

DRUG : NASOCLEAR NASAL DROPS				Date ▸ Time ▾
Dose	Route	Frequency	Start Dt.	
2drops	each nostril	4hourly	23/7	
Name & Signature of the Doctor Starting the Drugs: Somashree				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : FLOMIST-F NASAL SPRAY				Date ▸ Time ▾
Dose	Route	Frequency	Start Dt.	
1spray	each nostril	BD	23/7	
Name & Signature of the Doctor Starting the Drugs: Somashree				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 ....

Docu. No. : RCHBH /FRM / CLINICAL / 108

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

Weight. 9.6kg Ward. ....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/9/23	9:00am	Levolin Neb (0.63)	3 cycles at a gap of 15 min		[illegible]	Moumitha [illegible] 9:10AM

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

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

I.V. FLUIDS CHART

Weight. 9.6 kg Ward. .....

Date	Time	Composition of I.V. Fluid (In ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/7/26	5:10pm	DNS (1/2 maint)	IV	20	N.Rx	Jyoti			

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

BAH-00652410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 9.6 kg Ward ....

DRUG : SYP CROC				Date / Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : LEVOLIN NEBULISATION				Date / Time
Dose	Route	Frequency	Start Dt.	
0.63 mg	NEB	8th ly	22/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

DRUG : SYP Fluvir				Date / Time	22/7	23/7
Dose	Route	Frequency	Start Dt.	10AM	X	Sumal
2.5ml	Oral	12 hrly	22/7/2			
Name & Signature of the Doctor Starting the Drugs: Dr Ramya						
Additional Instructions:				10pm	10pm Nose	
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG : TAB. CLONAZEPAM				Date / Time
Dose	Route	Frequency	Start Dt.	
½ tab	PO	12 hrly	22/7/26	Stop 22/7/26
Name & Signature of the Doctor Starting the Drugs: Dr Ramya				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Signature .... VERIFIED BY Name

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

REGULAR PRESCRIPTIONS

Weight 9.6 kg Ward .....

DRUG : T. FRISIUM (5mg)

Dose	Route	Frequency	Start Dt.
1 tab	Oral	O·D	22/7

Name & Signature of the Doctor Starting the Drugs:
Dr. Rashmi R

Additional Instructions:

Date / Time	22/7
	10PM Sruja

Daily Doctor's Endorsement by a Sign

DRUG : MDI BUDECORT (100)

Dose	Route	Frequency	Start Dt.
2 puffs	MDI	BD	22/7

Name & Signature of the Doctor Starting the Drugs:
Dr. Rashmi

Additional Instructions:
2 puffs + transpacks + mask BD

Date / Time	22/7	23/7
	10AM / SMW	
	10PM 11:40 PM Sruja	

Daily Doctor's Endorsement by a Sign

DRUG : SYP · MONTAIR LC KID

Dose	Route	Frequency	Start Dt.
5ml	oral	O·D·	22/7

Name & Signature of the Doctor Starting the Drugs:
Dr. Rashmi

Additional Instructions:

Date / Time	22/7
	10PM 1PM Sruja

Daily Doctor's Endorsement by a Sign

DRUG : INJ · HYDROCORTISONE

Dose	Route	Frequency	Start Dt.
20 mg	iv	TID	22/7

Name & Signature of the Doctor Starting the Drugs:
Dr. Rashmi

Additional Instructions:

Date / Time	22/7	23/7
	6AM /	
	2PM	SMW
	10PM 7PM 22/7	

Daily Doctor's Endorsement by a Sign

VERIFIED Signature
VERIFIED BY
VERIFIED

Patient

BAH-00862410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Syp. MEFTHAL-P	8 ml	oral	~~BID~~ ~~22/7/26~~	22/7/26 6am	☑ C ☐ DC
2	~~TAB.~~ FRISIUM	5mg ½ tab	oral	BD	22/7/26 6am	☑ 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 : N. Pentiah. M.P

Date & Time : 22/07/26 3:50pm.

Nurse Name & Signature: Anuj

Date & Time : 22/7/26 4:30 pm

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
28-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

Neb c. levolin – TID

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00	Neb c. levolin (11:30pm	swapna	
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	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			

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
28-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

22/7/26

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

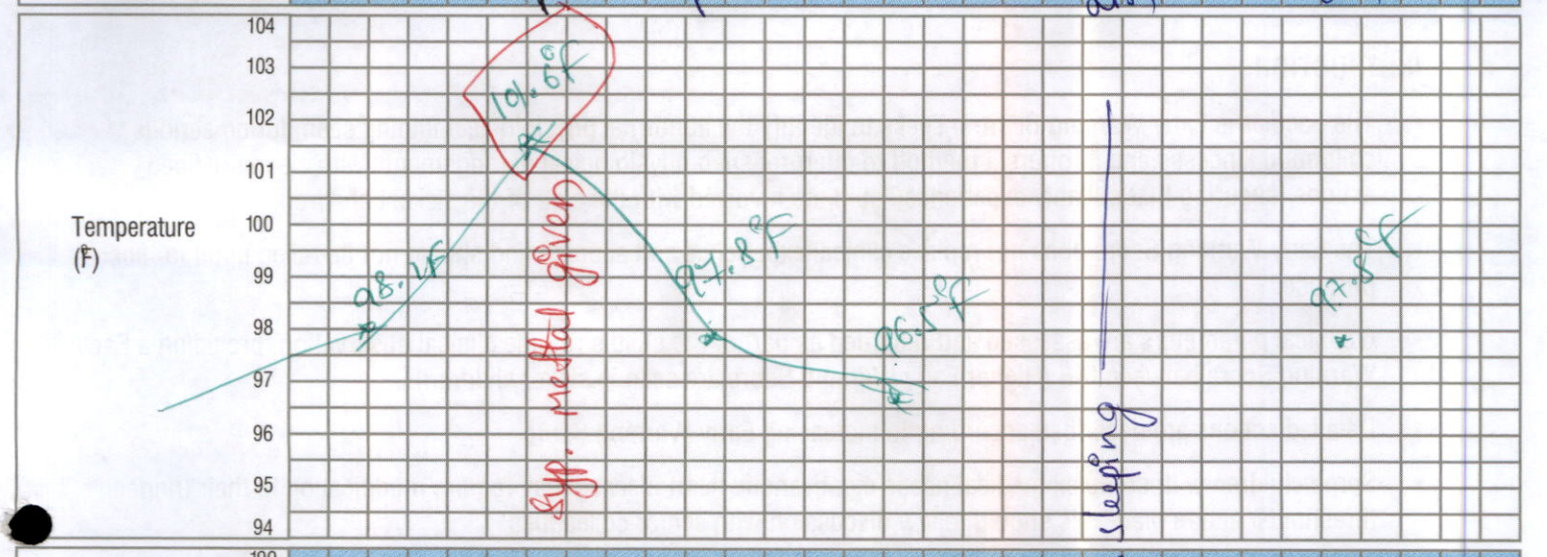
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

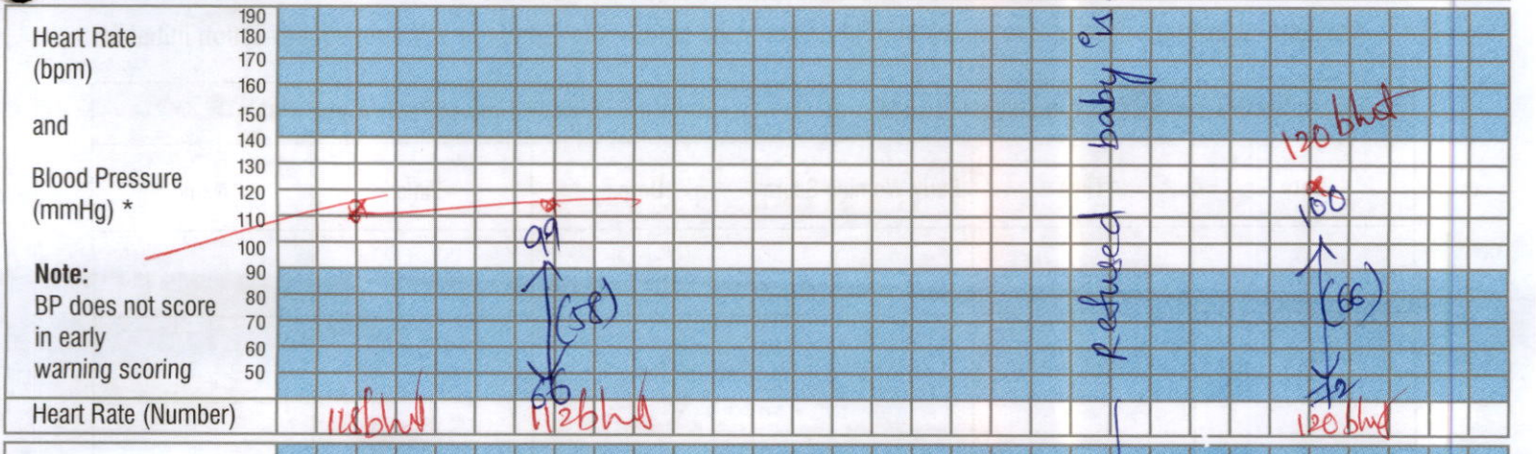
Pratiksha Rainbow Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

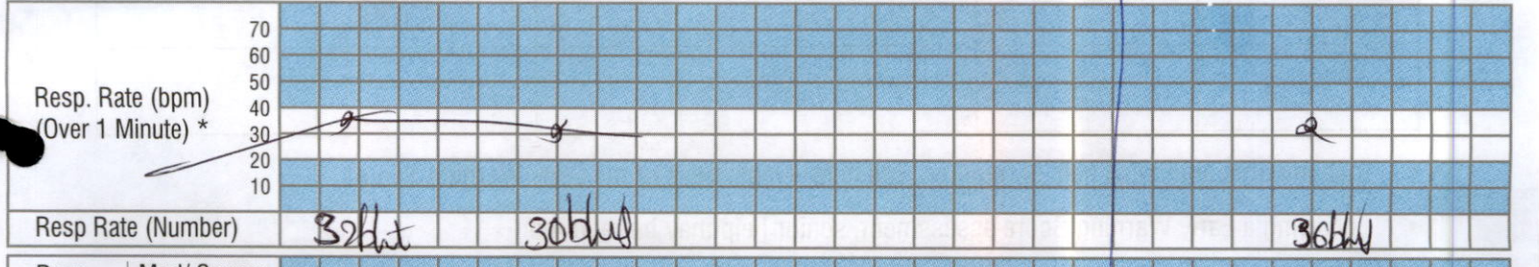
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	6 pm	10 pm	11:30 pm	1:10 am	3 am	6 am
Doctor / Nurse / Family Concern?						





Heart Rate (Number)	118bhut	112bhut		120bhut



Resp Rate (Number)	32bhut	30bhut		36bhut
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	99 %	99 %		99%
Conscious Level: Normal / Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0		0
Pain Score	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 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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

23/7/26

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

PRESCHOOL (1-5 years)

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 : .... Time:	11am	3pm	4:40pm
Doctor / Nurse / Family Concern?			
Temperature (F) (104–94)	98.6°F	100.4°F — Syp Dolo given	101.4°F — Syp Meftal given
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	100/68		
Heart Rate (Number)	82 b/m		
Resp. Rate (bpm) (Over 1 Minute) * (70–10)			
Resp Rate (Number)	28 b/m		
Resp Distress — Mod/ Severe / None / Mild			
Receiving O_2 (l/min)			
O_2 Saturations (%)	99%		
Conscious Level — Normal / Altered			
GCS *	15/15		
TOTAL SCORE Number of shaded boxes	0		
Pain Score	0		
Observer's Initials	[signature]		

Note: BP does not score in early warning scoring

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

* 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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

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 : ..... Time:	
Doctor / Nurse / Family Concern?	

Temperature (F)

104 | 103 | 102 | 101 | 100 | 99 | 98 | 97 | 96 | 95 | 94

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

70 | 60 | 50 | 40 | 30 | 20 | 10

Resp Rate (Number)

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

22/7/26

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 01

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	RL	H2O	20ml			NP				0	Jyothi
	06:00 pm	RL		20ml						✓	0	Jyothi
	07:00 pm	RL	H2O	20ml							0	Jyothi
Total Intake :						**Total Output :** U-1 M-0						
	08:00 pm		H2O								0	Swapna
	09:00 pm									✓	0	Swapna
	10:00 pm		H2O				NP				0	Swapna
	11:00 pm										0	Swapna
	12:00 am		H2O								0	Swapna
	01:00 am									✓	0	Swapna
Total Intake :						**Total Output :** U-2 M-0						
	02:00 am		H2O								0	Swapna
	03:00 am										0	Swapna
	04:00 am						NP			✓	0	Swapna
	05:00 am		H2O								0	Swapna
	06:00 am										0	Swapna
	07:00 am									✓	0	Swapna
Total Intake :						**Total Output :** U-2 M-0						

Total 24 hrs. Intake		Total 24 hrs. Output	U-5 M-0

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
28-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

23/7/26

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. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
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							
											0	
	08:00 am	↓		20ml							0	
	09:00 am	↓	ARD	20ml							0	
	10:00 am	DNS	ARD	20ml							0	
	11:00 am	↑									0	
	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	

NURSING CARE RECORD

Patient

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 22/7/26

Assessment: Pt having discomfort

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
5pm	→ Assess the Pt condition.	5:30	→ Assessed the pt condition	now pt is stable
6pm	→ maintain vital	6:20	→ maintained vital sign	
7pm	→ administered medication	7:30	→ administered medication	
7:30	→ ensure safety	8pm	→ provided ensure safety	

Re-Assessment:

Special Notes: —nil—

Nurse Signature: J

Nurse Name: Jothi Golossa

Date & Time: 22/7/26

KUH-00160020 IP5-00176667
Baby ANNAPUREDDY YASHVIKA
15-11-2023 2 Y 8 M 5 D (F)
Dr. P V L N MURTHY

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 22/11/26

Assessment: Patient is having fever spikes

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
8pm	– Assess the general condition of the patient	9 pm	– Assessed the general condition of the patient	patient is stable & comfortable
10pm	– plan for vitals	11 pm	– checked vitals	
12am	– plan for I&O chart	1am	– Maintain I&O chart	
2am	– Administer medication as per doctors order	3 am	– Administered medication as per doctors order	
4am	– Continue nebulization	5 am	– Continued nebulization	
6 am	– Ensure safety	7am	– Provide side rails	

Re-Assessment: vitals checked & recorded

Special Notes: Continue medicine as per order / continue nebulisation

Nurse Signature: Swapna Nurse Name: Swapna 017692 Date & Time: 23/11/26 @ 8am

BAH-00662410 IP5-00176775
Master NIJAMALA ABHIRAM
26-09-2023 2 Y 9 M 26 D (M)
Dr. SHRUTI KOTAPALLI

316-A

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 23/7/26 Time: 6pm

Weight: 9.6kg Centile: <5th

Height: 90cm Centile: <5th

Inference: underweight child

RDA: - Calories: 1250kcal/d Protein: 20gm/d

Diet Recommendations: Soft diet

Re-Assesment: Avoid spicy, chilled & outside foods

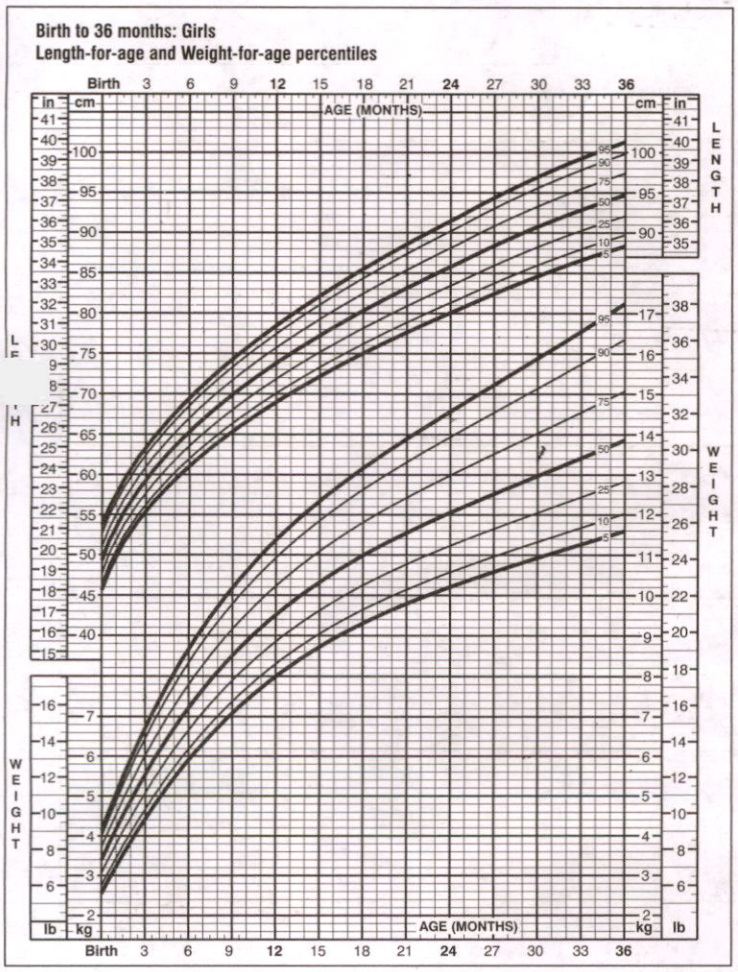
Food Allergies: No Veg/Non-veg veg

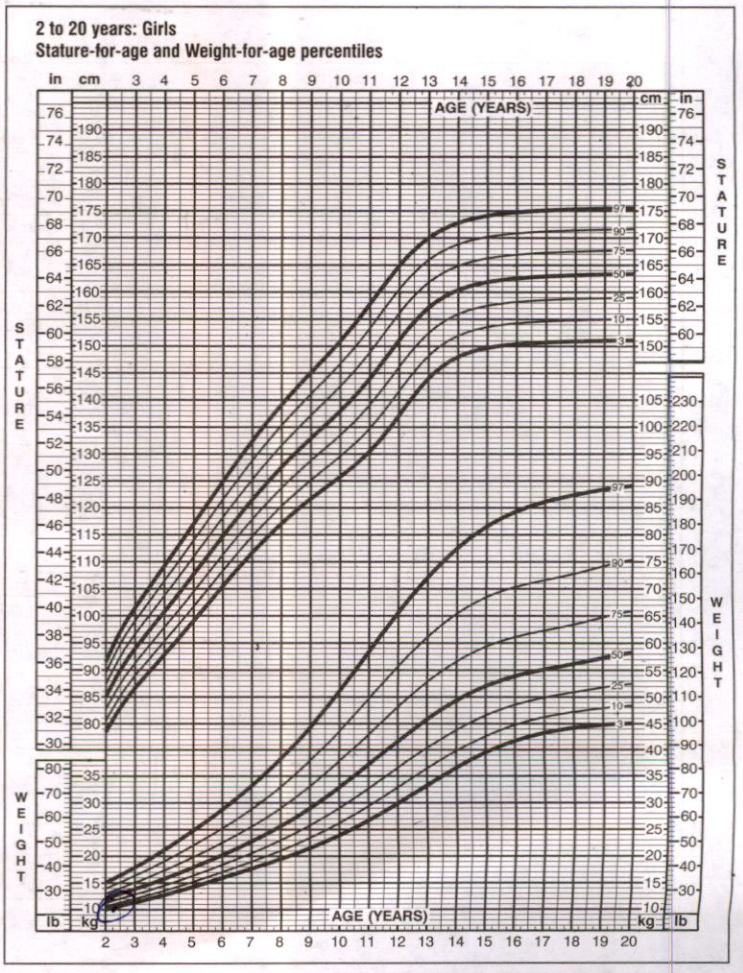
Diagnosis: AFI & Adenotonsillar hypertrophy

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: varadakshi

GROWTH CHART (GIRLS)





Dietician's Name Saima Dietician's Signature Saima

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: