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 :_____

BAH-00857718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

UHID No. : _____ IP N nt: _____ Dept : _____

Date of Admission: _____ Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/5/20	18:25	ER	121(B)	

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
	LFT, urea, creatinine		
31/5/26	Bo. Electrolytes, Lipidal,	50 390	
	Blood cs		
31/5/26	X-ray chest	27448	
1/5/26	USG Abdomen	027506	
1/5	5 viral panel	23630	
31/5/26	CBP, CRP	2503/7071	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
31/5	Placenta	1	36841	
1/5	NHA	1	3825	

Progap 6/6/26

ANY OTHER INFORMATION

X-Ray - 1

USG Abd - 1

Date : 04/06/26 Time : 10 am Prepared By : K. Sravanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
K Sravanthi	General Ward - I 121 - B		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174576 **Admit Date** : 31-May-2026 **Admit Time** : 09:34 PM **UHID** : BAH-00657718

Patient Details :

Patient Name	: Master MOHAMMED AFRAAN IBRAHIM	**Age**	: 6 Y 1 M 12 D
Guardian	: Mr MOHAMMED ASIF	**DOB**	: 19-04-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: HNO: 8-3-228/678/1686, SRIRAM NAGAR Yousufguda Hyderabad Telangana INDIA 500045	**Phone No**	: 9700807862/ 9700807860
		E-mail	: nomailid@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr MOHAMMED ASIF **Relationship** : Father

Contact Address : HNO: 8-3-228/678/1686, SRIRAM NAGAR Yousufguda Hyderabad Telangana INDIA 500045 **Phone No** : 9700807862 / 9700807860

Signature

Doctor Details :

Doctor Name : Dr. ANNAPOORNA TADAVARTHY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. UJJWALA DESAI

Payment Details :

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

Payor Name : MDINDIA HEALTH INSURANCE TPA PVT LTD

Rainbow®
Children's
Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657718 IPS-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o fever :- 6day on & off
a/w cough, cold - 1day
a/w loose stools - 1day
poor oral intake & dull activity :- 1d

History of present illness :

Pre morbidly well child,
developed fever :- 6days
initially low grade, on & off, now high grade
associated with chills 3days ago :- 3d
maximum documented 103°f.
more at night
c/o cold & mild cough yesterday, subsided now
c/o loose stools - passing semi solid - liquid stools involuntarily.
associated with pain abdomen.
No h/o travel, water change.
other siblings healthy

c/o poor oral intake
& dull activity :- 1d

31/5/26 CBP - 12.4 > 9.5k < 10.5L
56/35

CRP - 139
ESR - 98.

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

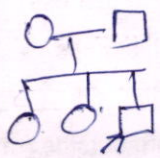
Pediatric Multiorgan History & Physical Examination

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

⊖

Birth & Neonatal History:

FT / ⓝ perinatal transition



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Developed as per age

Immunization History :

Immunised as per age

(P.T.O.)

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 17kg. (Centile _____)

On Examination :

Temperature : 97.9°F Pulse Rate : 102/min B.P. 103/58 (68) mm Hg SPO2 99% RA.

Resp.rate and type of breathing : 24/min

Rash

Lymphadenopathy — no lymphadenopathy

Oedema : throat (N).

Allergies (if any): ears - B/L wax (+).

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : (-)

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

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, NT.

Ausculation : Bowel sounds (+)

Spine : (N) External Genitelia : (N)

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

BAH-00857718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture : WNL

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel : Regular.

Clinical Summary & Diagnostic:

Acute febrile illness c acute gastroenteritis c some dehydration

(P.T.O.)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis, Dehydration

Desired goals of the treatment : Hemodynamic Stability

Planned Labs:

LFT
Urea
Creatinine
S. Electrolytes
Widal
blood c/s.
Chest xray

Noted by Retd 31/5 @ OP

CBP
CRP
CUE
ESR
} done on OP basis

Planned Management

IV fluids
Inj CEFTRIAXONE
Inj ESOMEPRAZOLE
fever management

Signature of the Doctor: .....
Name of the Doctor: Sahithi
Date & Time: 31/5/26 8 PM.

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: 1/6/26 9:30 AM

Dr. Tadavarthy Annapoorna Reg. No. 53054

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 11:15pm	Seen by Resident: Dr Sahithi	
	A&is - Acute febrile Illness c AGE c dehydrat°.	
		Plan
	labs reviewed	1. Continue medications
	child hemodynamically stable.	2. Trace Widal, blood cls.
		3. R/v TO add Azithromycin
	No fevers since admission	
	chest xray - (N)	
	? ↑ Bronchovascular markings	Sahithi
01/06/2026 8.00Am	C/S/B	Resident (Dr. Nandan)
	S: AGE c Some dehydration.	Plan =
		- Continue medications as charted INJ. CEFTRIAXONE (2)
	On RA	- ~~Send the patient home~~.
	Hemodynamically Stable	- W/S fever Spikes
	No fresh issues	- Monitor vitals, U/o
	No loose stools/vomiting	
	2 fever spikes since admission	- Trace widal, Blood cls
	↓	
	102.1°f at 1:15Am	- Inform SO
	100.5°f at 8Am	Nal-A. (Dr. Nandan)

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

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
1/6/26 9:30AM	P/S/B Dr. Annapoorna Af 1. 2 fever spikes - last 24hrs.	P) Trace widal. USG abdomen Send stool R/M Af Tadavarthy Annapoorna Reg. No: 5300[illegible]
01/06/2026 5PM	C/S/B resident D: Enteric fever - On Room Air - Hemodynamically stable - 1 fever spike at 3.30 PM - 101.6°F - No fresh issues - Oral intake - OK. INJ. Ceftriaxone - D_2 widal → Positive.	Plan - Continue medications as charted - adding azithromycin - Trace a deno, Blood c/s - Monitor vitals - Inform SOS [signature] (Dr. Nandan)

BAH-00657716 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

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
1/6/26		
Jr	R/S/B Dr. Anusha.	
		P) Cortic Antibiotics
		Dr. Tadavarthy Annapoorna Reg. No: 53054
02/06/2026 9 AM	S/B	President (Dr. Nanda)
	D: Enteric fever	Plan
	On Room Air Hemodynamically stable	- continue medications as charted INJ. CEFTRIAXONE (D_3) SYP. AZITHROMYCIN (D_2)
	3 fever spikes in last 24 hrs ↓ 01/06 → @ 6.30 AM - 100.3°F 01/06 → @ 3.30 PM - 101.6°F 02/06 → @ 1 AM - 102°F	- Trace Blood C/S - Monitor vitals - W/F fever spikes
	NO fresh issues Good oral intake	- Inform SOS
★	Blood C/S - S/O GNB growth	Dr. Nanda Dr. Tadavarthy Annapoorna Reg. No: 53054

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 13 D (M)
Dr. ANNAPOORNA TADAVARTHY

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
02/06/2026 4:30PM	S/B Resident (Dr. Nanda)	
	D: Enteric fever	Plan
	Fever Spike since morning & 100.5°F at 10AM	- continue medications as charted Ceftriaxone-D3 Azithromycin-D2
	On Room Air Hemodynamically Stable	- Trans B Lood cfs
	No fresh issues Not passed stools for 2 days	- Monitor vitals - SOS Proctolysis ENEMA
	No pain in abdomen/ vomiting PA-Soft	Advised (Dr. Nanda)

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 13 D (M)
Dr. ANNAPOORNA TADAVARTHY

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
3/6/26 9:30AM	Seen by Resident: Dr Sahithi	
	Δ Dis - Enteric fever 3/6 - 7AM - 102.8°F 2/6 10AM - 100.5°F	Plan 1. Continue CEFTRIAXONE (D3-4) AZITHROMYCIN (D2-3)
	Oral intake - fair Stools - passed yesterday. Ⓝ consistency & volume. O/E cried asleep afebrile hemodynamically stable CVS - S1S2 Ⓐ RS - BAE Ⓐ, chest clear PA - soft. hydration good.	2. Monitor vitals 4th inform SOS. 3. Trace fecal blood c/s. Sahithi.
10AM	P/S/B Dr. Annapoorna Enteric fever 1 fever spike - last 24 hr. Gm-ve bacilli - in culture.	CBP, CRP next pica Trace culture. Dr. Tadavarthy Annapoorna Reg. No: 53054

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 15 D (M)
Dr. ANNAPOORNA TADAVARTHY

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
3/6/26 9:15 AM	Seen by Resident: Dr Sahithi	
	Enteric fever.	
	last fever spikes - 7AM 102.8°F	Plan
	Oral intake good	1. Continue medications CEFTRIAXONE D4 AZITHROMYCIN D3
	passing stools	
	no fresh issues.	
	O/E	2. monitor vitals q inform SOS,
	child alert, afebrile	
	hemodynamically stable	w/f further fever spikes.
	chest clear	
	abdomen soft	
	hydration good.	Sahithi
CRP - 139 → 54.		
Blood c/s - Salmonella Enterica.		
#3 pm	P/S/S Dr Annapu. enteric fever.	P) Conti care D/c 4/6/26 Dr. Tadavarthy Annapoorna Reg. No: 53054 AT.

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 16 D (M)
Dr. ANNAPOORNA TADAVARTHY

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
4/6/26. 9:15 Am.	Seen by Resident Enteric fever (Widal & culture ⊕ve). Afebrile for > 24 hrs. Oral intake good activity good. No fresh issues O/E child asleep, afebrile hemodynamically stable Chest- clear Abd. soft hydration good.	Plan 1. Plan D/C today. IV Ceftriaxone ____ flb ~~cefotaxime~~ ____ Azithromycin Zinc x 10 d. fever management F/U - ____ Rakshita
10 Am	Enteric fever Afebrile - 24 hrs.	P) D/C 4/6/26 F/U Monday. Contin IV Abx, Azee - Total 1 week. F/U by rad Abx - 1 week. Dr. Tadavarthy Annapoorna Reg. No: 53054 A.T.

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-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Pati

RESULT SHEET

Date	3/5	3/5	3/6				
Time	OP Basis		12 PM.				
Hb	12.4		12.3				
PCV	36.7		38				
RBC	5.12		5.17				
WBC	4500		5.96.				
N/L	56.2/35.3		45/47				
Platelets	1.15		1.76.				
CRP	139		53 +				
ESR	98						
PCT							
RBS		135					
Na		4.6					
K		105					
Cl							
Ca/Mg							
Phosphate							
Urea		29					
Creatinine		0.5					
ALP		203					
SGPT		77					
SGOT		84					
T.Bill/Conj		0.3/0.2/0.1					
T.Protein		6.4					
S.Albumin		3.4					
S.Globulin		3					
A/G Ratio		1.1					
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L							

(P.T.O

Date	3/7/5					
Time						
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	2-3					
CUE - RBC Cells	–					
CUE Epi cells	2-3					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Urine Influenza A, B – neg
RSV – neg
COVID – neg
Adeno – Negative
Salmonella typhi H – 1:120

Radiology : USG : Salmonella paratyphi AH – 1:125

X-Ray :

ECHO : ~~Urine~~ Blood C/S = Salmonella Typhi enterica

CT : Susc. to Ampicillin, Cefotaxime, Ceftriaxone.

MRI

Others (ECG, Contrast Studies etc.,) :

9700807862

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

6yl.

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

☐ Telephone Order ☐ Verbal Order ☑ Critical Result Reporting

Name of Reporter: Bro. ANIKVSH

A. Order as per Medication Chart ☐ N/A	Route	Dose	Direction If Any
56 / 1.15L			

12.4/45.00/35

B. Critical Result Reporting (Lab/Radiology/others/ If Any)	☐ N/A ☐ Intervention for Critical Results?
CRP – 139 ESR – 98	informed to Dr. Akhila

Order Recipient Response: **Please Tick**	Yes	No
Write Down by the receiver	✓	
Read Back by the recipient	✓	
Confirmed by the reporter	✓	

Receiving by:	**Ordering Doctor Signature**
Name : Israel.	Name : Dr. Akhila
Receiving Time : 6:27pm Date: 31/05/26	Signature Time : 6:30pm Date: 31/05/2026.
Signature:	

Notes for Telephone / Verbal order:

1. Verbal Order is for Emergency Situation only.
2. Doctor should sign the order ASAP but not later than 24 hours.
3. This form shall be placed in the Doctor Orders Part.

→ CUE.
→ Urea/creat/s E
→ X ray.
→ Widal.
→ Blood c/s.
→ Ceftriaxone

BAH-00857718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

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: wards

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 AUGMENTIN CLAVUM FORTE	3ml	PO	BD	31/5/26 10Pm.	☐ C ☑ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sahiteni

Date & Time : 31/5/26. 8PM.

Nurse Name & Signature: Kathan

Date & Time : 31/5 @8:20p

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 13 D (M)
Dr. ANNAPOORNA TADAVARTHY

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 : Syp. AZITHROMYCIN				Date▸ Time▾	1/6	2/6
Dose	Route	Frequency	Start Dt.			
4ml	PO	q 12 hrly	01/06		10 PM [illegible]	
Name & Signature of the Doctor Starting the Drugs: [illegible] (Dr. Nandan)						
Additional Instructions: 200 mg/5ml (Enteric dose)					10 PM [illegible]	5:30 PM [illegible]
Daily Doctor's Endorsement by a Sign					[illegible]	

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

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

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

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

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 ....

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

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: 31/5/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG : Syp PARACETAMOL

Dose	Route	Frequency	Start Date
5ml	PO	6 hrly	31/5

Doctor's Signature	Valid Period	Pharm.
Sahithi	48 hrs	

Additional Instructions: 5ml/240mg temp >100°F

Date/Time: 1/6/26 5:20am Ravina

DRUG : Syp MEFTAL

Dose	Route	Frequency	Start Date
7ml	PO	8 hrly	31/5

Doctor's Signature	Valid Period	Pharm.
Sahithi	48 hrs	

Additional Instructions: 5ml/100mg temp >102°F.

Date/Time: 1/6 1:15am 3/6/26 Aruna Chanda Ravina

3:30pm Nithya

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date/Time:

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

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

REGULAR PRESCRIPTIONS

Weight. 17kg Ward.

DRUG : Inj CEFTRIAXONE				Date/Time	31/5	1/6	2/6	3/6
Dose	Route	Frequency	Start Date					
850mg	IV	12 hrly	31/5	10 AM	✗	Sona	Sona	Sona
Name & Signature of the Doctor Starting the Drugs: Salithi				10 PM	Sushma chandi	Pravalli	Pravi	Praveeli Saitaja
Additional Instructions: @ 50 mg/kg/dose								
Daily Doctor's Endorsement by a Sign					ⓓ	ⓓ	ⓓ	$

DRUG : Inj ESOMEPRAZOLE				Date/Time	31/5	1/6	2/6	3/6	4/6
Dose	Route	Frequency	Start Date						
17mg	IV	OD	31/5						
Name & Signature of the Doctor Starting the Drugs: Salithi				6 AM	Sushma chandi	Sushma chandi	Pravalli	Pravi	Praveeli Saitaja
Additional Instructions: @ 1 mg/kg/dose.									
Daily Doctor's Endorsement by a Sign					ⓓ	ⓓ	ⓓ	$	

DRUG : MEDOGERMINA				Date/Time	31/5	1/6	2/6	3/6
Dose	Route	Frequency	Start Date					
1 vial	PO	12 hrly	31/5	10 AM	✗	Sona	Sona	Sona Suresh
Name & Signature of the Doctor Starting the Drugs: Salithi				10 PM	Sushma chandi	Pravalli	Pravi	Praveeli Saitaja
Additional Instructions:								
Daily Doctor's Endorsement by a Sign					ⓓ	ⓓ	ⓓ	$

DRUG : SYP. ZINCONIA				Date/Time	1/6	2/6	3/6
Dose	Route	Frequency	Start Date				
5ml	PO	OD	01/06				
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan.				2 pm	Anu	Nithya	Sona Suresh
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					ⓓ	ⓓ	$

Dr. ANNA[illegible]

Weight. 17kg Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
1/6	7p	DUPHALAC SYRUP	10ml STAT	Oral		praneeth Sushma

Signature

VERIFIED BY :

Dr. ANNAPOORNA TADAVARTHY

BAH-00857718 IP5-0017457[illegible] MOHAMMED AFRAAN

I.V. FLUIDS CHART

Weight. 17kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 15 D (M)
Dr. ANNAPOORNA TADAVARTHY

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/6 Time:	2 pm	6 am
Doctor / Nurse / Family Concern?		
Temperature (F)	(98.8F)	(98.9F)
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	100 (71) 60	102 (78) 69
Heart Rate (Number)	106bpm	103bpm
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	24b/m	24b/m
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2 (l/min)		
O_2 Saturations (%)	99%	99%
Conscious Level: Normal / Altered		
GCS *	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1
Pain Score	1	1
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-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 16 D (M)
Dr. ANNAPOORNA TADAVARTHY

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

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

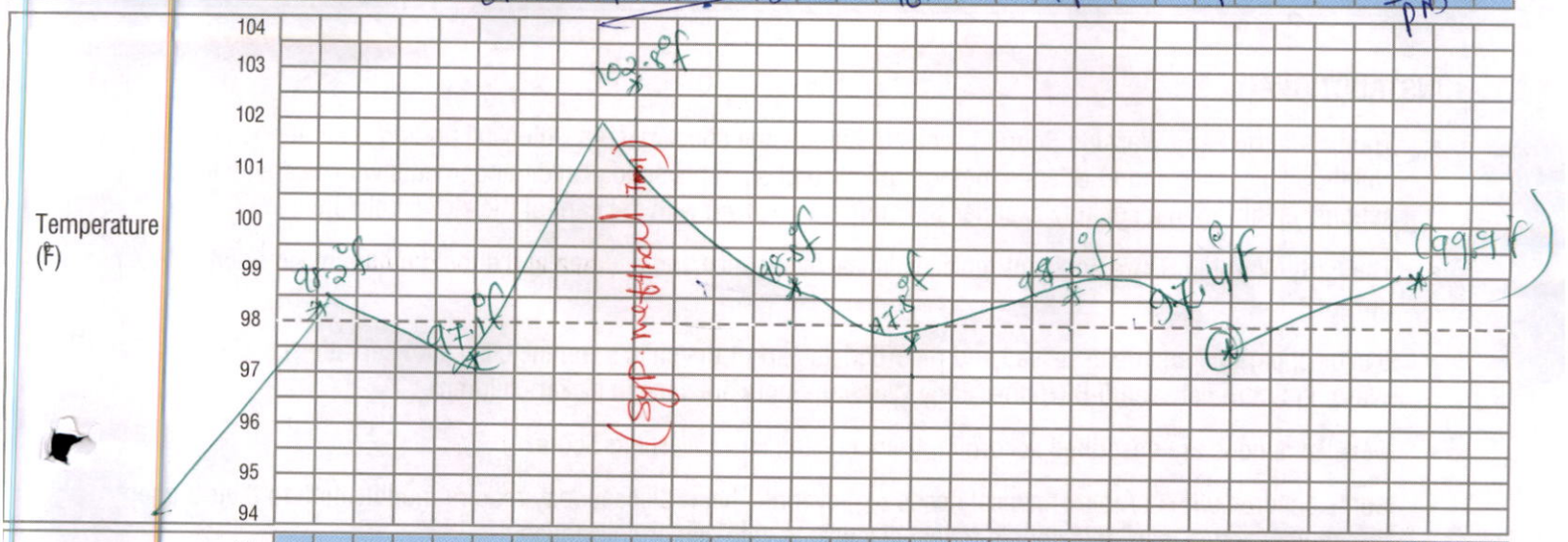
Rainbow® Children's Hospital
It takes a lot to treat the little.

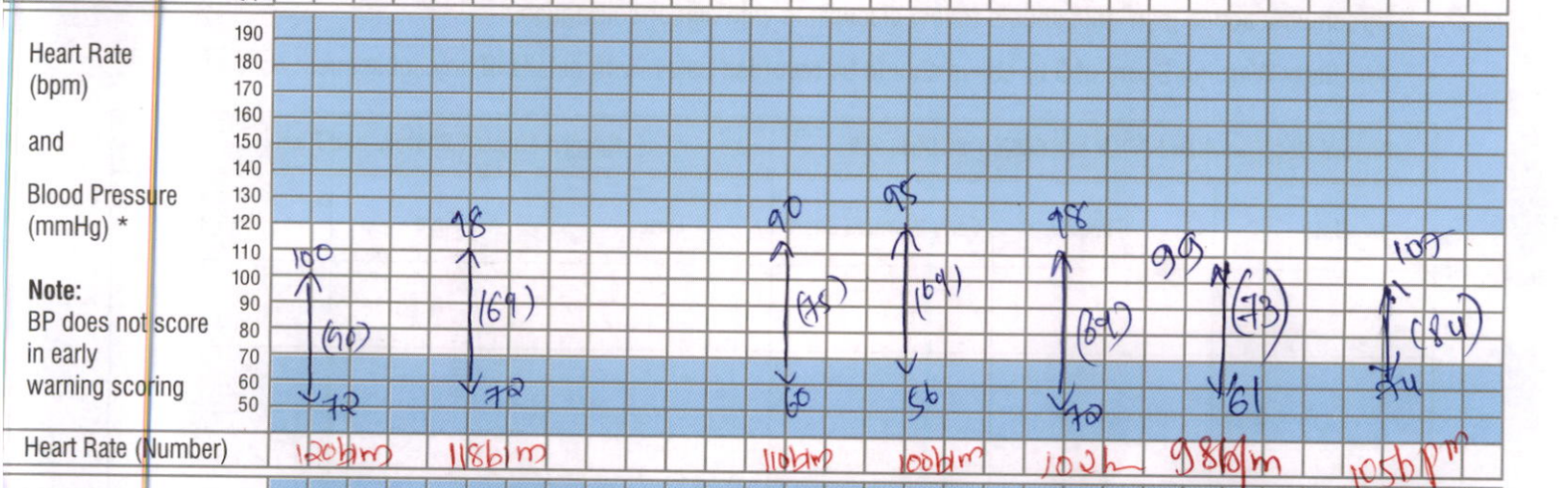
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

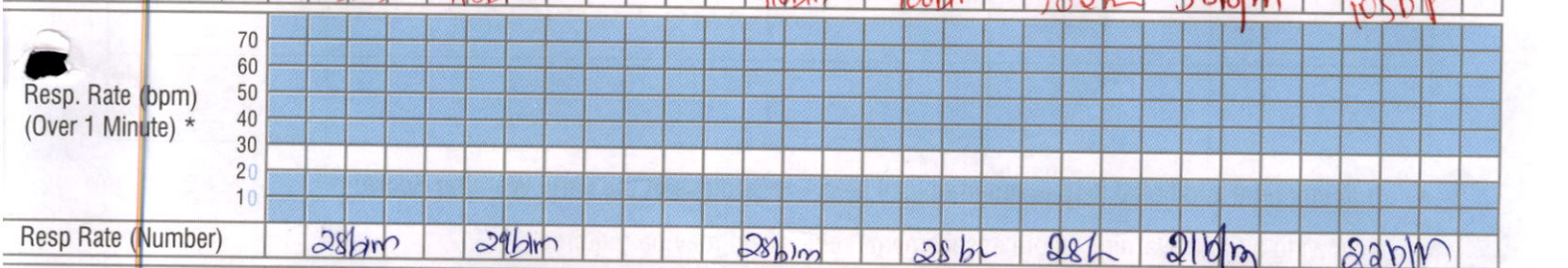
Date : 31/2026 Time:

Doctor / Nurse / Family Concern? 2AM 6AM 7:10 AM 8:15AM 10AM 1PM 6PM 10 PM





Heart Rate (Number): 120bpm | 118bpm | 110bpm | 100bpm | 102bpm | 98bpm | 105bpm



Resp Rate (Number): 28bpm | 29bpm | 28bpm | 28 bpm | 28bpm | 21bpm | 22bpm

Resp Distress	Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)		99%	99%	98%	100%	99% 100%	99%
Conscious Level	Normal / Altered						
GCS *		15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1	1	1	1	1
Pain Score		0	0	0	0	0	0
Observer's Initials		0	0	0	0	9	9

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-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 13 D (M)
Dr. ANNAPOORNA TADAVARTHY

No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:		10am	11:20 am	1pm	6pm	10pm
Doctor / Nurse / Family Concern?	6am					
Temperature (F)	98.4F	100.5F (SYP. CROCIN 5ml)	98.5F	98.5F	97.4F	97.9F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	107/78		101 (71) / 62	98 (71) / 63	110 (84) / 64	100 (82) / 70
Heart Rate (Number)	112bpm		111 bpm	112bpm	119b/m	120b/mt
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	28		26bpm	26bpm	24b/m	28b/mt
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	92%		98%	98%	99%	99%
Conscious Level: Normal / Altered						
GCS *	14/15		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1		1	1	1	1
Pain Score	0		0	0	0	0
Observer's Initials	SN		J	O	O	O

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-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

No. : RCHBH/ FRM / CLINICAL / 126

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/6 Time:

Doctor / Nurse / Family Concern? 10am 1pm 3:32pm SPO3 10PM 1AM 3PM

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

96.8F 95.1F 101.6 [SYP: MEFTAL] #ML 98°F 98.7F HO2F SYP: unified 98.7F

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

110/65 (83) 73 | 102/68 (78) 68 | 106 (83) 71 | 110 69 60 | 112 60 55

Heart Rate (Number) 95b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 26b/m 28b/m 25b/m 26b/m 22b/m

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)		99%	100%	100%	97%	97%
Conscious Level	Normal / Altered				
GCS *		15/15	15/15	15/15	14/15	14/15
TOTAL SCORE Number of shaded boxes		1	1	1	1	1
Pain Score		0	0	0	0	0
Observer's Initials		-	-	-	GR	R

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-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

. No. : RCHBH/ FRM / CLINICAL / 126

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31.1.15 Time: 11.45 12

Doctor / Nurse / Family Concern?	11pm	1°15 am	2°30 am	6 am	8°30 am

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.3 | 102.0 (Syp Mef (5ml)) | 98.9 | 98.F | 100.3F [Syp Paracetamol 5ml]

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

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

107 (91) 82 | 99 (82) 64 | 84 (76) 70

Note: BP does not score in early warning scoring

Heart Rate (Number)	107 b/m	101 b/m	112 b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	28 b/m	26 b/m	26 b/m

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2 (l/min)				
O_2 Saturations (%)	100 %	99%	100%	
Conscious Level	Normal / Altered			
GCS *	13/15	13/15	13/15	
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-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
31/5/26	08:00 pm										0	
	09:00 pm										0	
	10:00 pm										0	Chanda
	11:00 pm	NO									0	
	12:00 am	IVF									0	Chanda
	01:00 am										0	
Total Intake :						**Total Output :**						
1/6/26	02:00 am										0	
	03:00 am										0	Chanda
	04:00 am	NO									0	
	05:00 am	IVF									0	Chanda
	06:00 am										0	
	07:00 am										0	Chanda
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 12 D (M)
Dr. ANNAPOORNA TADAVARTHY

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
1/6	08:00 am										0	Ramya
	09:00 am										0	
	10:00 am	NO IVF	Idly Vada		NA		NP	NA			0	Ramya
	11:00 am									NP	0	
	12:00 pm										0	Ramya
	01:00 pm										0	
Total Intake :						**Total Output :**						
1/6	02:00 pm		Rice								0	Bhavisha
	03:00 pm				NA						0	
	04:00 pm	NO IVF					NP				0	
	05:00 pm										0	Bhavisha
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
1/6	08:00 pm										0	
	09:00 pm										0	Sushma
	10:00 pm	NO IVF			NA		NP				0	
	11:00 pm										0	Sushma
	12:00 am										0	
	01:00 am										0	Sushma
Total Intake :						**Total Output :**						
2/6	02:00 am										0	
	03:00 am										0	Sushma
	04:00 am	NO IVF			AM		NP				0	
	05:00 am										0	Sushma
	06:00 am										0	
	07:00 am										0	Sushma
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 13 D (M)
Dr. ANNAPOORNA TADAVARTHY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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
02/06/26	08:00 am		Idli								0	
	09:00 am									✓	0	Sravs
	10:00 am	NO IVF									0	
	11:00 am		soup								0	
	12:00 pm									✓	0	Sravs
	01:00 pm		rice								0	
Total Intake :						**Total Output :**						
02/06/26	02:00 pm										0	
	03:00 pm										0	Sravs
	04:00 pm	NO IVF	Soup							✓	0	
	05:00 pm										0	Sravs
	06:00 pm						✓			✓	0	
	07:00 pm											Sravs
Total Intake :						**Total Output :**						
	08:00 pm										0	
	09:00 pm	NO IVF									0	
	10:00 pm						✓			✓	0	Rama
	11:00 pm											
	12:00 am										0	
	01:00 am										0	
											0	
Total Intake :						**Total Output :**						
	02:00 am										0	
	03:00 am										0	
	04:00 am	NO IVF									0	Rama
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 15 D (M)
Dr. ANNAPOORNA TADAVARTHY

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/6/20	08:00 am		Milk									
	09:00 am											
	10:00 am	NO										
	11:00 am	NPF										
	12:00 pm											
	01:00 pm		Rice									
Total Intake :						**Total Output :**						
3/6	02:00 pm											
	03:00 pm											
	04:00 pm	NO										
	05:00 pm	IVF	Snacks									
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
3/06	08:00 pm											
	09:00 pm											
	10:00 pm	NO										
	11:00 pm	IVF										
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
4/06	02:00 am											
	03:00 am											
	04:00 am	NO										
	05:00 am	IVF										
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

BAH-00657718 IP5-00174576
Master MOHAMMED AFRAAN
19-04-2020 6 Y 1 M 13 D (M)
Dr. ANNAPOORNA TADAVARTHY

121-B

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 1/6/26 Time: 10 Am

Weight: 16.97kgs Centile: 5th

Height: 114 cms Centile: >25th

Inference: Underweight child.

RDA: — Calories: 1450Kcals/dl Protein: 25g/dl

Diet Recommendations: Gastro diet [can have rice based foods, ORS, sagowal

Re-Assesment: Avoid wheat, Egg, Oats, Q Stones Fruits, sugar, Ragi, Nuts, Millets etc.

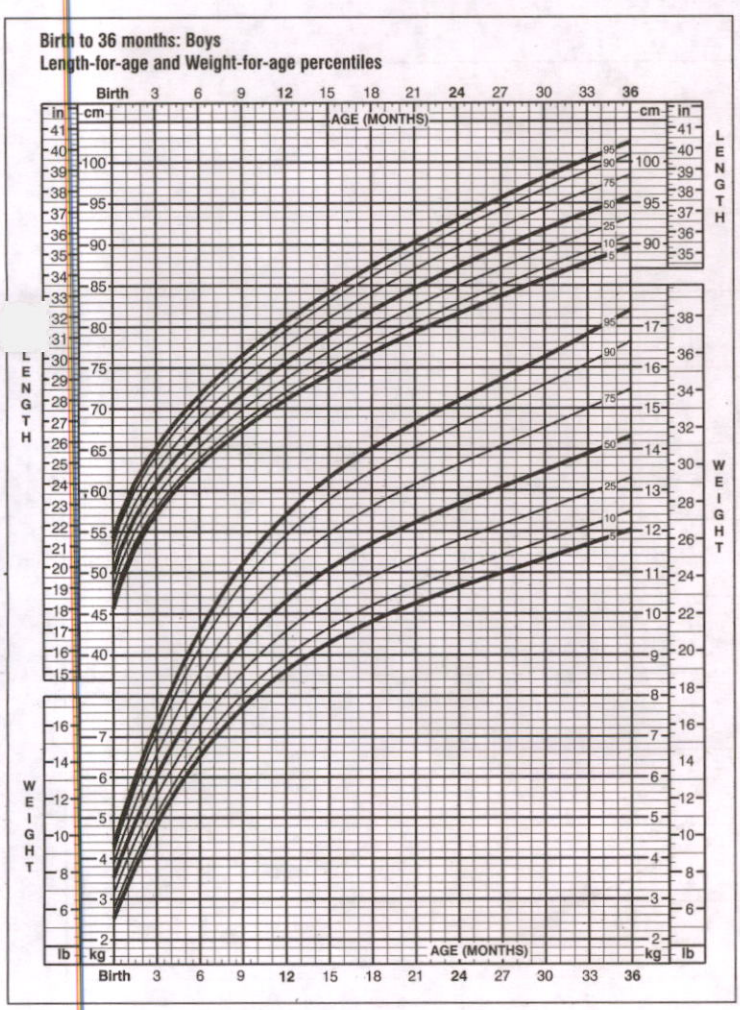
Food Allergies: ND Veg/Non-veg Veg

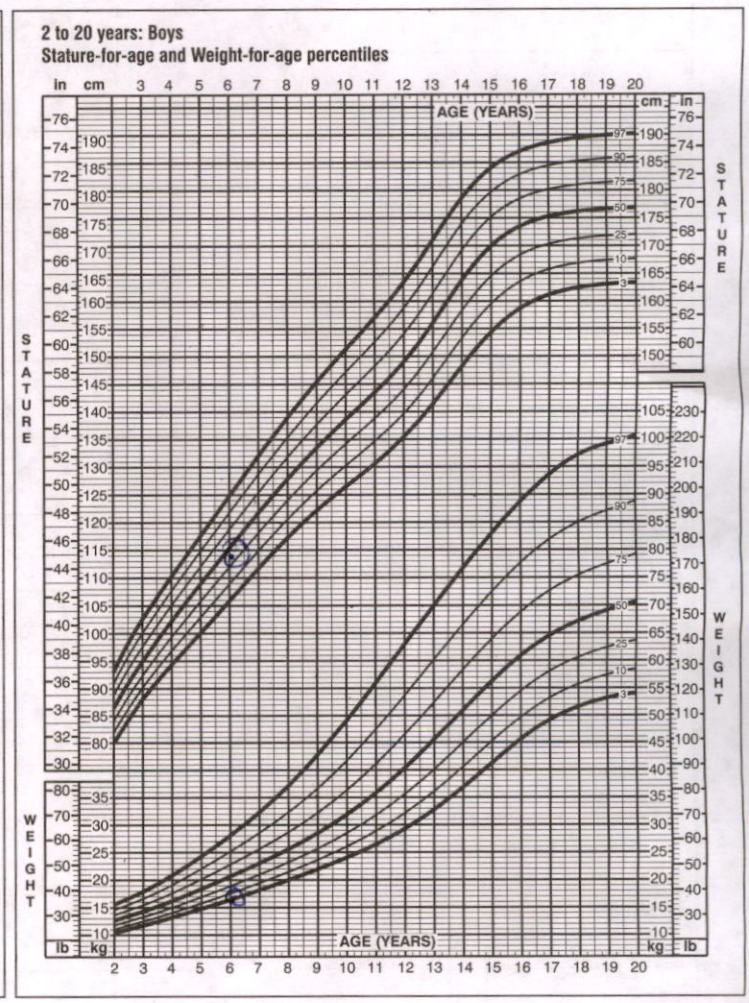
Diagnosis: AFI c A.GE c some dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Ay

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes:

2/6/26 10:30am — Child is Stable Oral Intake is Good.
Continue Gastro Diet. — Nowshin

3/6/26 2pm — Child is stable Oral Intake is fair
Continue Gastro diet. — Nowshin