



Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006443 Admit Date : 28-May-2026 Admit Time : 10:57 AM UHID : HNH-00006043

Patient Details :

Patient Name : Baby AKSHARA BARDHIPURAM Age : 7 Y 9 M 21 D
Guardian : Mr MADHU SUDHAN DOB : 07-08-2018
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : f no 102 fortuner sundharam apts c e colony Phone No : 9032159601
bagh amberpet Bagh Amberpet Hyderabad E-mail : madhusudhanbardhipuran@gmail.com
Telangana INDIA 500013

Admission Details :

Bed Type : DAY CARE Bed No : ER02 Ward Name : GF -EMERGENCY
Room No : ER02 Admission Type : First Visit

Contact Details :

Name : Mr MADHU SUDHAN Relationship : Father
Contact Address : f no 102 fortuner sundharam apts c e colony Phone No : 9032159601
bagh amberpet Bagh Amberpet Hyderabad
Telangana INDIA 500013

B. Sudhan
Signature

Doctor Details :

Doctor Name : Dr. SANJAY SRIRAMPUR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self. Phone No :
Co-Consultant : Dr. ANIKET ANIL PARASHAR

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name: ----- **HNH-00006043** **IP26-00006443** -----
Baby AKSHARA BARDHIPURAM
07-08-2018 **7 Y 9 M 21 D** (F) -----
 UHID No : ----- **Dr. SANJAY SRIRAMPUR** ----- Consultant : ----- Dept : -----
 Date of Admis ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	11.00 AM	ER	303	<u>A.V</u>

Cross Consultation Visit

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

Ref.No. F/IN/PR/10



**Rainbow[®]
Children's
Hospital**

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____

HNH-00005043 IP26-00006443

Patient ID# : _____

Baby AKSHARA BARDHIPURAM
07-08-2016 7 Y 9 M 21 D (F)
Dr. SANJAY SRIRAMPUR

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name : Akshara Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Fever :: 3 days

c/o Cough :: 5 days

c/o Vomiting :: 2 days

c/o Poor oral intake } :: 2 days
Dull activity }

History of present illness :

child brought with

c/o cough :: 5 days
initially dry - non-productive type

c/o Fever :: 3 days
High grade, intermittent every 4-6 hrs
102-103°F

c/o Vomiting :: 2 days
Multiple episodes - Non bilious vomiting
Non blood tinged - but associated epigastric pain

c/o Poor Oral intake :: 2 days

c/o Dull activity :: 2 days

A

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 21 kg (Centile _____)

On Examination :

Temperature : 101.6°F Pulse Rate: 146/min Description _____

B.P. _____ SPO2 97% at _____

Resp. rate and type of breathing : 24/min

(L) eye Redness (P)

Rash _____ Sign of dehydration (P) - Dry lips & mucosa

Lymphadenopathy _____ Sunken eyes

Oedema : _____ Delayed Skin Turgor

Respiratory system : Throat - mild congestion (P)

Inspection (any s/o distress) : _____

Air entry & breath sounds : B/L A/E (P)

Any added sounds : _____

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : S2 (P)

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, Etc..) _____

Per Abdomen :

Inspection _____

Palpation : soft

Auscultation : _____

Spine: _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : 7/12

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : 7/12

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFI = Dehydration - D3

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

VBS

CBP, CRP, calcium

Blood C13 ^{due}

Urea C13 & K⁺ & U⁺ ^{due}

Planned Management :

- IV Fluid

- Iij PAN

- Iij ONDEM

- Iij Ceftriaxone

-> Vium Respiratory Panel

-> Throat Swab for Streptococcus group

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
(Including the name of City)
3. Contact number of the Referring Doctor : _____
(Preferring Mobile #)
4. Name of the doctor in Rainbow Team D. Srinjay on
whose name the patient is being referred

Doctor's Signature Name _____ Date 28/5/26 Time _____

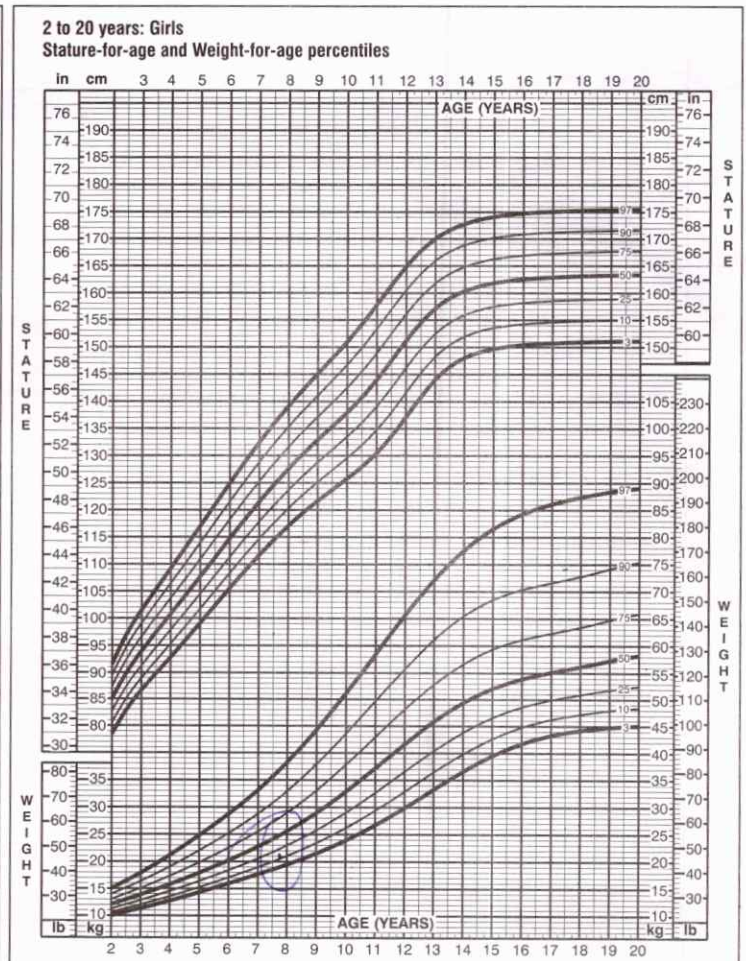
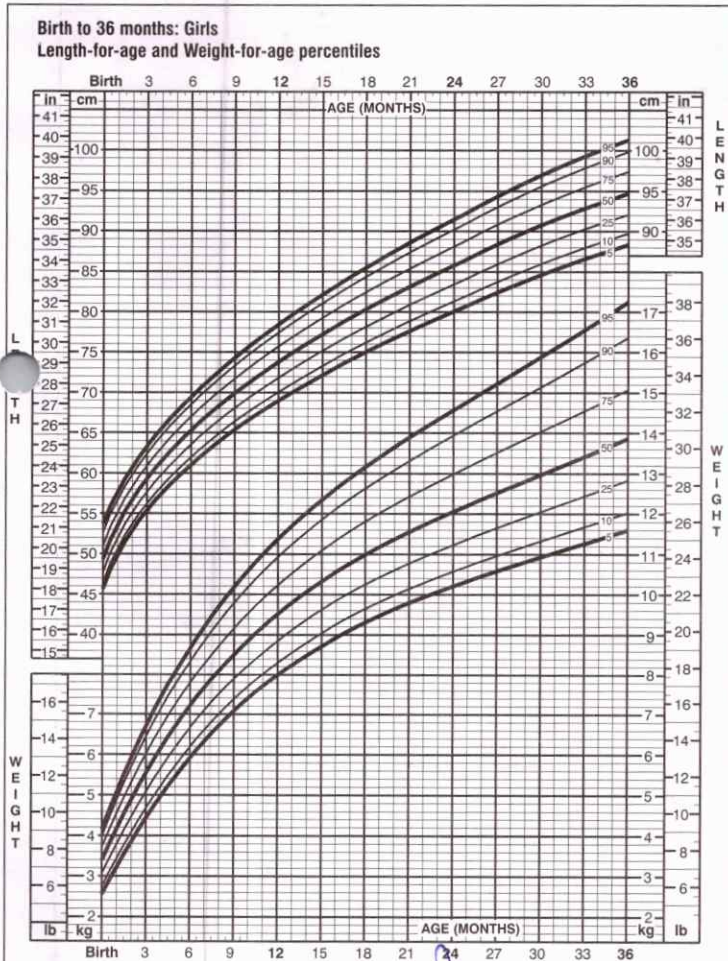
303

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/5/26 Time: 11:50 Am

Weight: 2.1 kg - Centile: 10th
 Height: - Centile: -
 Inference: underweight child
 RDA: Calories: 1500 kcal/d Protein: 26 gms/d
 Diet Recommendations: Normal Diet with more liquids
 Re-Assesment: Avoid spicy, chilli & outside foods
 Food Allergies: NO Veg/Non-veg NON-veg
 Diagnosis: AFI = Dehydration
 Nutritional Intervention - Oral Enteral Parenteral
 Patient's Signature: E. Sree



GROWTH CHART (GIRLS)



Dietician's Name: sathwika

Dietician's Signature: [Signature]

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00006043 IP26-00006443 Baby AKSHARA BARDHIPURAM 07-08-2018 7 Y 9 M 21 D (F) Dr. SANJAY SRIRAMPUR		Date & Time of Admission 28/5/26	Date & Time of Transfer Order 28/5/26
		Transfer Ordered by Dr. Prasad	Reason for Transfer Admission
From Unit ER	To Unit 303	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Prasad	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

HNH-00006043 IP26-00006443
 Baby AKSHARA BARDHIPURAM
 07-08-2018 7 Y 9 M 21 D (F)
 Dr. SANJAY SRIRAMPUR



DRUG CHART

Date of Admission: 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 : Tab PARACETAMOL				Date Time																
Dose 1/2 tab	Route PO	Frequency SOS 6 th ly	Start Date 28/5																	
Doctor's Signature Pranav		Valid Period	Pharm.																	
Additional Instructions: 1 tab = 500mg																				

DRUG : Syb IBUGESIC				Date Time																
Dose 5ml	Route PO	Frequency SOS 8 th ly	Start Date 28/5																	
Doctor's Signature Pranav		Valid Period	Pharm.																	
Additional Instructions: If T > 102°F																				

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

VERIFIED BY: Name Sign



REGULAR PRESCRIPTIONS

Weight. ...2.1 kg... Ward.

DRUG : <i>Ij ESOMEPRAZOLE</i>				Date Time																
Dose	Route	Frequency	Start Date																	
<i>20mg</i>	<i>iv</i>	<i>once daily</i>	<i>28/5</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>P. Ann</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <i>Ij ONDANSETRON</i>				Date Time																
Dose	Route	Frequency	Start Date																	
<i>4 mg</i>	<i>iv</i>	<i>BD</i>	<i>28/5</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>P. Ann</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <i>Ij CEFTRIAXONE</i>				Date Time																
Dose	Route	Frequency	Start Date																	
<i>1 gm</i>	<i>iv</i>	<i>BD</i>	<i>28/5</i>																	
Name & Signature of the Doctor Starting the Drugs: <i>P. Ann</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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

HNH-00006043 IP26-00006443
 Baby AKSHARA BARDHIPURAM
 07-08-2018 7 Y 9 M 21 D (F)
 Dr. SANJAY SRIRAMPUR



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: 903

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prasad

Date & Time : 28/5/26 @ 10:30 AM

Nurse Name & Signature: Ampam

Date & Time : 28/5/26 @ 10:30 AM

Docu. No. : RCH / FRM / GENERAL / 090



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Aksha Age : 7y Gender: Male Female

Date : 28/5/20 Time of Arrival : 10:30 AM

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): Not known

Source of Information : Parents Others (Specify)

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 101.6 PR: 146 BP: 104/62 RR: SpO₂: 96%

Chief Complaints: CO Fever 2 days cough 2 days vomiting 2 days

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance	Work of Breathing	<input checked="" type="checkbox"/> Stable
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Unstable :
<input type="checkbox"/> Sick Looking	<input type="checkbox"/> Increased	<input type="checkbox"/> Not - Life - Threatening
Circulation / Colour	<input type="checkbox"/> Decreased	<input type="checkbox"/> Life - Threatening
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Gasping / Apnea	
<input type="checkbox"/> Abnormal		
<input type="checkbox"/> Bleeding		

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input checked="" type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 10:38 AM

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks Yes No
2. Have you had cough or a rash in the past 2 weeks Yes No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location:
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Amrutan

Signature of Triage Nurse : [Signature]

Date & Time : 28/5/20 @ 10:35 pm

MNH-00006043 IP26-00006443
 Baby AKSHARA BARDHIPURAM
 07-08-2018 7 Y 9 M 21 D (F)
 Dr. SANJAY SRIRAMPUR



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 28/5/26 Time of arrival : 10:30 Am

Chief Complaints : fever 3 day cough 5 days vomiting 2 du RBS:

Height : Weight : 21 kg BMI : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Pain Screening: Yes No If Yes, Pain Score: Pain Tool Used: N Pass FLACC Wong Baker
 Character Location Forehead Frequency Duration

RISK FOR FALL:

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

If Patient is > 6 years
 Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

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

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 10:35 Am

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

Time	Nursing Notes
	Assessed the patient condition vitals checked.

Samples collected by:

Samples sent by :

Suganda

Time:

Time:

11:00 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
<i>11:45 AM</i>	<i>250 mg Pam</i>	<i>oral</i>	<i>250 mg</i>		<i>AR</i>
	<i>Pam</i>	<i>IV</i>	<i>20 mg</i>		<i>A</i>
	<i>ondem</i>	<i>IV</i>	<i>1</i>		<i>A</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>146</i> BP: <i>105/70</i> CFT: RR: <i>25</i> SPO ₂ : <i>97%</i> GCS: <i>—</i> Temperature: <i>99</i> Pain Score: <i>2</i> Repeat RBS (if applicable):	Shift - out from ER to: <i>303</i> Time of Shift - out: <i>11:30 AM</i> Handover given to: (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse : *Anupam* Signature of the Nurse : *AR*

Date & Time : *24/5/20 @ 10:35 AM*