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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby SHRUTHI SRI NALLIBOYANA	**UHID**	HNH-00015440
Father/Guardian	Mr PRAVEEN KUMAR N	**Age/Gender**	0 Y 3 M 10 D/ Female
Address	kamini residency, Gandhinagar, Hyderabad, Telangana, INDIA, 500080		
IP No	IP26-00006764	**Admission Date**	06-07-2026
Ref Doctor	Self.		
Discharge Date	08.07.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
ACUTE BRONCHOLITIS WITH RESPIRATORY DISTRESS	
SARS COVID POSITIVE ILLNESS	

History: Baby SHRUTHI SRI NALLIBOYANA , 0 Y 3 M 10 D , old girl presented with the history of fast breathing since 2 days, small quantity of vomiting after every feed and irritability prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby SHRUTHI SRI NALLIBOYANA	UHID	HNH-00015440
IP No	IP26-00006764	Admission Date	06-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. DOMSTAL SUSPENSION (DOMPERIDONE - 1ml/1mg)	0.5 ml	8am-2pm-8pm (before food)	For 3 days
2	NEBULISATION with Levolin (0.31 mg)	1 respule	6th hourly	For 3 days
3	Hyperneb with 3% NS	1 respule	6th hourly	For 3 days
4	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Drops. Crocin (Paracetamol - 1ml/100mg) 1 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. SINDHURA MUNUKUNTLA on (11.07.2026) Saturday at Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been

Name	Baby SHRUTHI SRI NALLIBOYANA	UHID	HNH-00015440
IP No	IP26-00006764	Admission Date	06-07-2026

explained by doctor .... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar /** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

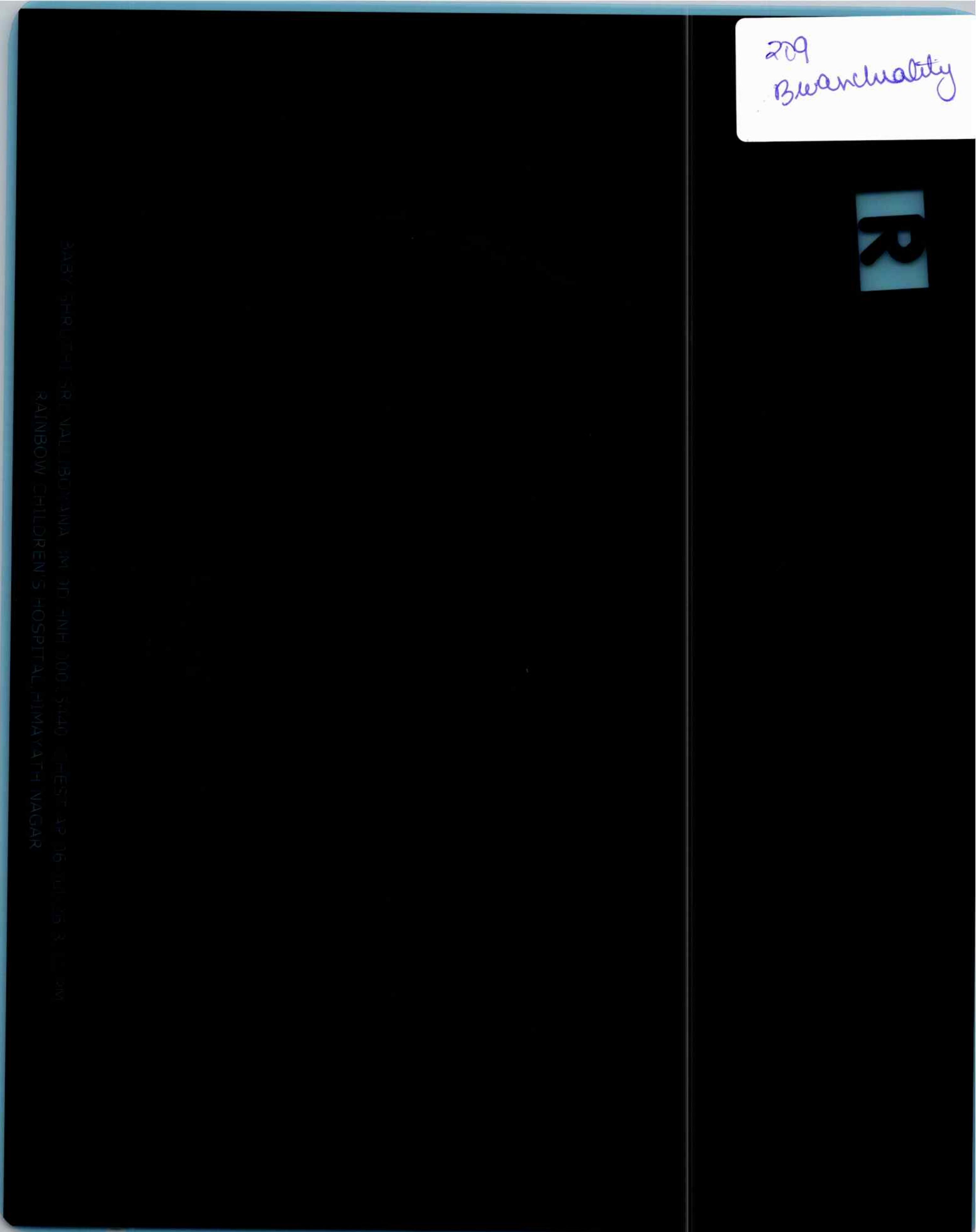
RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

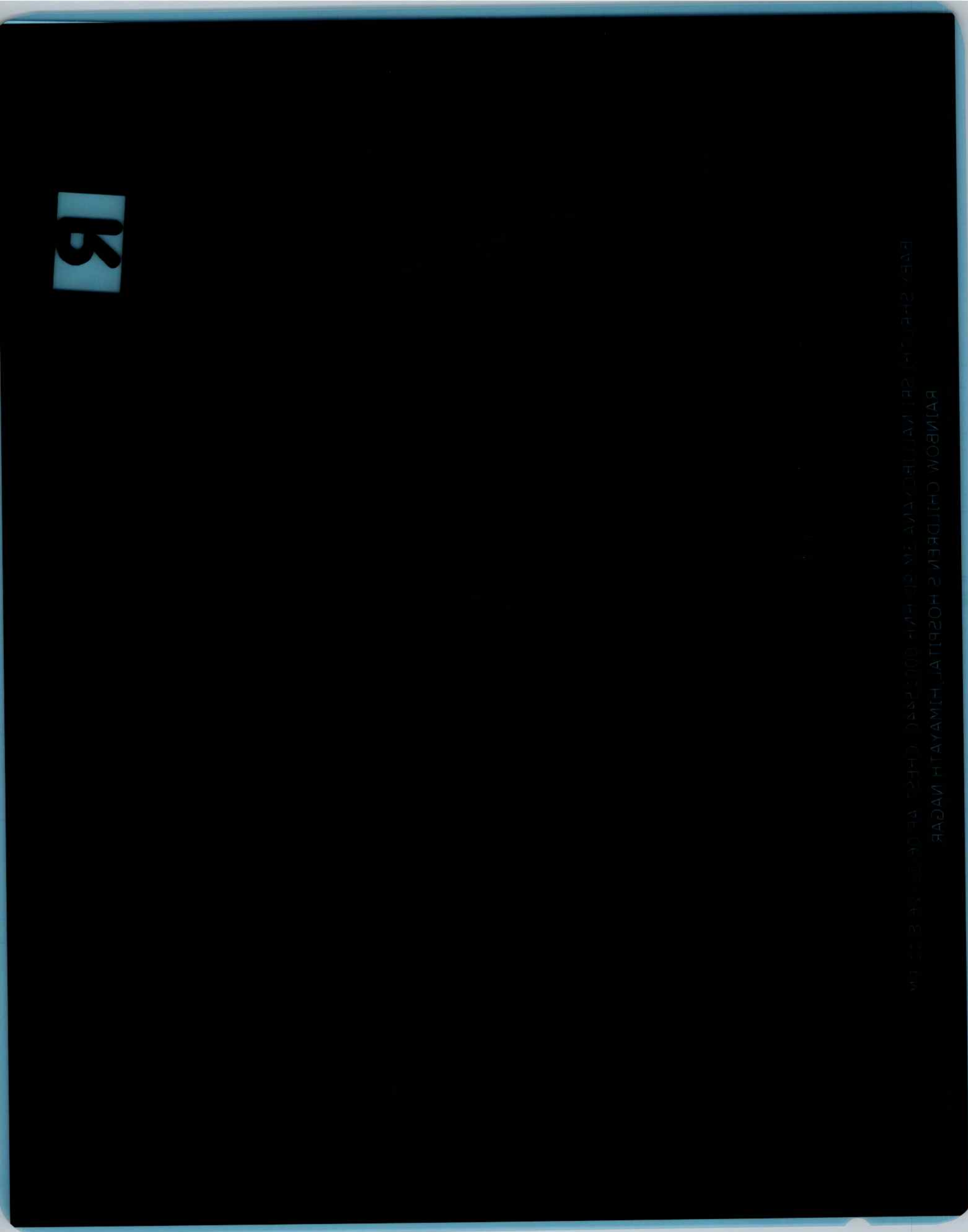
Dr. Nip...

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

209
Bronchiolitis




RAINBOW CHILDREN'S HOSPITAL, HIMAYATH NAGAR

Rainbow Children's Hospital BirthRight by Rainbow

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 : IP26-00006764 **Admit Date** : 06-Jul-2026 **Admit Time** : 06:35 PM **UHID** : HNH-00015440

Patient Details :

Patient Name	: Baby SHRUTHI SRI NALLIBOYANA	**Age**	: 0 Y 3 M 9 D
Guardian	: Mr PRAVEEN KUMAR N	**DOB**	: 27-03-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: kamini residency Gandhinagar Hyderabad Telangana INDIA 500080	**Phone No**	: 9966387888
		E-mail	: npkin2@gmail.com

Admission Details :

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

Contact Details :

Name	: Mr PRAVEEN KUMAR N	**Relationship**	: Father
Contact Address	: kamini residency Gandhinagar Hyderabad Telangana INDIA 500080	**Phone No**	: 9966387888 / 7013331943

Signature

Doctor Details :

Doctor Name	: Dr. SINDHURA MUNUKUNTLA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 5000.00
Payment Mode	: DC/CC Card	**Payor Name**	: MEDI ASSIST INSURANCE TPA PVT LTD

'NH-00015440 IP26-00006764
'aby SHRUTHI SRI NALLIBOYANA
'7-03-2026 0 Y 3 M 10 D (F)
'r. SINDHURA MUNUKUNTLA

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	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			
6/7/26.	23.00	Adrenaline + levolin.	[illegible] 1	[illegible]

Doc. No. : RCH / FRM / CLINICAL / 170

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
17-03-2026 0 Y 3 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Adrenaline — 6th hourly.
levolin — 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
7/7/26.	05.00	Adrenaline + levolin ②	[illegible]	[illegible]
	06.00		11393	
	07.00	~~11393~~		
	08.00			
	09.00			
	10.00			
	11.00	Adrenaline + Levolin.	[illegible]	[illegible]
	12.00	①	211456	
	13.00			
	14.00			
	15.00			
	16.00			
	17.00	Adrenaline + Levolin ①	[illegible]	
	18.00		1563	
	19.00			
	20.00			[illegible]
	21.00			
	22.00			
	23.00	levolin. ①	[illegible]	

[illegible]

[illegible]

[illegible]

NH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
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Levolin 6th hourly

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
8/7/26	02.00			
	03.00			
	04.00			
	05.00	levolin 7		
	06.00	11679		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00	Levolin		
	12.00		11727	
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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ACTIVITY

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

Name: -----

UHID No : -- --------- Consultant : ------------------------- Dept : pediatric

Date of Admission : ---------------- Time : -------------- Date of Discharge : ----------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	8:21PM	ER	2nd floor(209)	

Cross Consultation Visit

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

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/7/26	CBP, CRP	11116	[illegible]
	Respiratory panel	11116	
	chest x-ray	08110	
	VBG	11115	
		Cross checked by Sinandi	

HNH-00015440 IP26-000067
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/8/26	Oxygen	8pm	6/7/26 10 pm	11362	Oe
			Cross checked by Sunanda		

HNH-00015440 IP26-00006764
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Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	IV placement	1	112855	
		Cross	checked by Sharada	
~~7/7/26~~	~~NHA~~	1	~~1145~~	~~Sne~~
			~~Cross checked done by priyanka~~	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

HNH-00015440 IP26-00006764
SHRUTHI SRI NALLIBOYANA
2026 0 Y 3 M 9 D (F)
IDHURA MUNUKUNTLA

Patient Name

Patient ID# :

Consultant :

Final Diagnosis : LRTI with RD

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Name : Baby of Anusha Age/S

Informant Mother . Reliability fair

Chief Presenting Complaints & Duration (Chronologically):

c/o fast breathing x 2 days.

History of present illness :

A 3 month old child presented with Complaints of Tachypnea, difficulty Breathing since ~~one~~ two days,

Taking ~~breast~~ formula feeds

passing urine / stool

- no h/o noisy breathing a/w Chest indrawing / nasal flaring

no h/o fever / cold / cough

- H/o small quantity vomiting after every feed aggravates in semi recumbent position, on Bottle feeds.

- H/o irritability +.

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Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History :

38wtld, NVD, CIAB, admitted in NICU for JAUNDICE, on PT x for 2 days. (on Day3), taking DBF

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : uptodate neckholding+
Gm/Fm hands open, ~~[illegible]~~ mass movement +
Lm - cooing Sm - Social smile +

Immunization History : Last immunised at 2 1/2 months as per NIS - Private

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Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
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Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 6.3kg. (Centile ______)

On Examination :

Temperature : Afebrile Pulse Rate: 145/min Description regular.

B.P. 98/60 SPO2 90 - 93% at RA

Resp. rate and type of breathing : 60/min, Tachypnea

Rash } no
Lymphadenopathy } no
Oedema : } no

Respiratory system :

Inspection (any s/o distress) : Chest Indrawing + Subcostal Retractions+

Air entry & breath sounds : NVBS+ B/L AE

Any addes sounds : Prolonged Expiration

Relevant data from outside (Chest X-Ray, ABG, etc.,) } no

Cardiovasclular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2+

Any murmur : NO

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

Per Abdomen :

Inspection ~~Soft~~ (N) shape, no dist

Palpation : soft, non-tender

Ausculation : BS+

Spine: n External Genitelia : n.

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

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27-03-2026 0 Y 3 M 9 D (F)
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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : WNL

Motor System :

Nutrition :

Tone : Power

Co-ordinator : WNL

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

WNL

Bladder / Bowel :

Clinical Summary & Diagnostic :

Lower Respiratory Tract Infection (? Early PNEUMONIA) / Acute Bronchiolitis c̄ RD

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Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

- Avoid Respiratory distress.

Desired goals of the treatment :

- Recovery

Planned Labs :

CBC, CRP, VBG,
Chest xRAY
Respiratory panel

NIB shirisha

Planned Management :

Nebs
1) diluted Adrenaline 2ml + 3ml NS Q 6 h.
2) ~~diluted~~ levolin Q 6 h.
3) Nasivion
4) Nasoclear
5) Domstal.
6) low flow Nasal canula - O_2 - Ad
If CRP - Negative - Plan Steroids

Please fill up the following details

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

Doctor's Signature Name Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No. 66970 Date 6/3/26 Time 7 PM

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27-03-2026 0 Y 3 M 10 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 8:30pm	C/S/B Dr. DILNAAZ	
	Acute Bronchiolitis c RD	
	Tachypnea ⊕	Pl
	On Low flow O_2 -	1) C/t - Low flow O_2
	Irritability	
		2) Neb c Adrenaline Q6H / Levosal Q6H] Alternate
	RR - 52/min	
	SpO_2 - 95% on O_2	3) Nasivion - P
	O/E Afebrile	Nasoclear dr
	R.S - B/L AE ⊕	4) Tepid Lab
	Occ Wheeze ⊕	
	P/A - Soft.	5) If CAP - Neg - Plan Steroid
		6) Monitor SpO_2 vitals
		Dilnaaz
6/7 11:30pm	C/S/B Dr Pravan / Dr Narayan	
	Tachypnea - Better (RR - 42/min	Pl
	SpO_2 - 95%	1) Taper Low flow O_2
		2) C/t - Neb
	R.S - B/L AE ⊕, conducted Sds.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7:00 Am.	C/S/B Dr. Pranav / Dr. Naipunya	
	Acute Bronchiolitis c̄ RD	
		Plan
	Tachypnea - Better. Fever - No	1) Low flow O_2 - Taper & Stop
		2) Neb c̄ Adrenaline - Q6h Levolin - Q6H
	Vitals HR - 136 b/m SpO2 - 97%, RR - 38 b/m	3) Nasivion Nasoclear
	Baby asleep R.S - B/L AE ⊕ Wheeze P/A - Soft	4) Monitor Vitals
		HB Sunanda
		Pran

INH-00015440 IP26-00006764
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 9:30 Am	c/s/b Dr - Sindhura Acute Bronchiolitis c̄ RD (SARS - COVID) Off O2 Tachypnea - better Vitals stable RR - 34 R/S - B/L AE (+) P/A - Soft	Plan 1) Neb c̄ Adrenaline - Q4h Levolin - Q6h 2) Nasivion Nasoclear drops 3) Monitor Vitals. NB-Madhuri @ 10AM. Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970 ANUHONA: M

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Baby SHRUTHI SRI NALLIBOYANA
17-03-2026 0 Y 3 M 10 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2:40 PM	S/B Dr. Sreyhan Δ Acute Bronchiolitis c RD RR - 36/min CVS - S1S2 ⊕ RS - B/L - AE ⊕ B/L - wheeze + c TA food SpO2 - 98% on RA	P/o - c/t Neb c Adrenaline 6th h c Levolin 6th h - c/t NASIVION NASOCLEAR - Monitor RR, SpO2 - O2 by NP SOS 15:50
7/7/26 6:10 PM	S/B Dr. Sindhura Δ Acute Bronchiolitis c RD RR - 34/min SpO2 - 100% on RA CVS - S1, S2 ⊕ RS - B/L - AE ⊕ P/A - soft Conscious	P/o - c/t Neb c Adrenaline 6th h c Levolin 6th h STOP - Monitor RR, SpO2

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

NB - Supriya 6:23pm @ S/N

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9.30 Am	S/B Dr. Archana/Dr. Nazneen	
	A: Acute Bronchiolitis c̄ Respiratory distress. (COVID positive)	
	fever spikes - none ∵ admission Resp - distress ↓↓	Advice 1. Ct Neb c̄ levolin 6th hourly 2. Ct symptomatic support . watch for distress.
	o/e SPO2 - 99% @ RA vitally stable	
	s/E CNS - active CVS - S1S2 ⊕ RS - AEBE, B/L clear P/A - soft, nt.	N/B Priyanka

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

UHID: INH-00015440 IP26-00006764
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 10 Am	Y8/B - Dr	Sindhura
	Δ - Acute Bronchiolitis c̄ RD (covid +)	
	Fever spikes ⊖	Plan
		Neb. Levolin Q 6h
	O/E	c/t Symptomatic supp
	vitals St	W/F distress
		3% NS (Hyper neb) Q 6h.
		NASIVION / Nasoclear.
		R/W Sat
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	
	NB - Supriya 10:47Am 8/7/26	

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

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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: Nill ☐ 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 / 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)

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

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

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

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

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

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

~~diluted~~

DRUG : Neb. ADRENALINE

Dose	Route	Frequency	Start Date
2ml Adrenaline + 3ml NS	Neb	Q6th hrly	6/7

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

Additional Instructions: 2ml + 3ml NS diluted

Daily Doctor's Endorsement by a Sign

Date / Time: See the chart

STOP 7/7

DRUG : Neb. LEVOLIN

Dose	Route	Frequency	Start Date
0.31mg	Neb	Q6h	6/7

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

Additional Instructions: 2.5 ml levolin + 2ml NS (Alternate c̄ Adrenaline)

Daily Doctor's Endorsement by a Sign

Date / Time: See the chart

DRUG : NASIVION Nasal drops

Dose	Route	Frequency	Start Date
1 drop	B/L Nostrils	BD	6/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
10am			
10pm			

DRUG : NASOCLEAR Nasal drops

Dose	Route	Frequency	Start Date
1 drop	B/L Nostril	BD	6/7

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

Additional Instructions: Before NASIVION

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7	8/7
10am			
10pm			

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

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REGULAR PRESCRIPTIONS

Sheet No: 2 Weight 6.3kg Ward ....

DRUG : ~~Domstal Suspension~~

Dose	Route	Frequency	Start Dt.
~~[illegible]mg~~			

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(1mg/ml)

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG : Domstal Suspension.

Dose	Route	Frequency	Start Dt.
0.5 ml	PO	TID	6/7

Name & Signature of the Doctor Starting the Drugs:
[signature]

Additional Instructions:
(1mg/ml).

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	6/7	7/7	8/7
6am		[signature]	Not Given
2pm		[signature]	
10pm	[signature]	Not Given	

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 ▾

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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 ▾

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Baby SHRUTHI SRI NALLIBOYANA
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ 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: 2nd floor (209)

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						☐ 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 : Dr. Prasanthi

Date & Time : 6/07/26 @ 5:45pm

Nurse Name & Signature: Atame / [signature]

Date & Time : 6/7/26 @ 8:21PM

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

HNH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

wt - 6.39 Kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby SHRUTHI SRIN Age : 3month Gender: ☐ Male ☑ Female

Date : 6/7/26 Time of Arrival : 4:30pm

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

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.3°F PR: 140b/m BP: RR: 36b SpO_2: 100%

Chief Complaints: c/o fast breathing x 2days

INITIAL PHYSIOLOGICAL CATEGORIZATION	INITIAL PHYSIOLOGICAL STATUS
Appearance: ☑ Normal ☐ Sick Looking Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding Work of Breathing: ☑ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☑ Stable ☐ Unstable : ☐ Not – Life - Threatening ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☑ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 4:32pm

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 : Atanu

Signature of Triage Nurse :

Date & Time : 6/7/26 @ 4:32pm

Docu. No. : RCH /FRM / CLINICAL / 085

[illegible]

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/07/26 Time of arrival : 4:34pm

Chief Complaints: c/o fast breathing since 2days

Height : .... Weight : 6.30kg Head Circumference (<2 years) ....

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

If yes , identify ....

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

☐ Character N/A ☐ Location N/A ☐ Frequency N/A ☐ Duration N/A

RISK FOR FALL:

	Yes	No
If patient is < 6 years	☐	☑
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** Assess the below parameters		
History of Falling: within past 3 months	☐	☑
Ambulatory Aids:		
• Wheelchair	☐	☑
• Uses furniture for support	☐	☑
Gait/Transferring:		
• Bedrest / immobile	☐	☑
• Weak	☐	☑
• Impaired	☐	☑
Mental Status: Forgets limitations	☐	☑

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: N/A (Date/Time): N/A

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 4:34pm

HNH-00008647 IP26-00006763
Master SILUVERI KRISHIV RAO
23-08-2022 3 Y 10 M 13 D (M)
Dr. PRITESH NAGAR

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

Time	Nursing Notes
4:30pm	Assessed the patient condition,
	monitor vitals Done.

Samples collected by: / Time: /

Samples sent by : / vijaya Time: / 8:10 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
5:PM	levolin	Neb	0.3mg	Dr. Sindhura	
	levolin	Neb	0.3mg		
	inj Adrenalin	Neb	2.5 + 25 ml		

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 145b/M BP: .... CFT: N/A	Shift - out from ER to: 2nd floor (209)
RR: 60b/M SPO2 at FiO2: 98%	Time of Shift - out: 8:21PM
GCS: 15 Temperature : 98°F	Handover given to: (Nurse's Name) Madhuri
Pain Score:	
Repeat RBS (if applicable): N/A	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement done

Name of the Nurse : Atame Signature of the Nurse : [signature]

Date & Time : 6/07/26 @

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
?7-03-2026 0 Y 3 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

209

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RESULT SHEET

Date	6/7/26					
Time	6:45pm					
Hb	11.2					
PCV	31.5					
RBC	4.07					
WBC	11.01					
N/L	39.0/56.4					
Platelets	575.					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
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						
Influenza A —	Neg					
B —	Neg					
SARS - V	— positive					
RSV —	Neg					
Adeno —	Neg					

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....

1NH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
27-03-2026 0 Y 3 M 10 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient

…L / 124

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7/26

Time:	10 pm	2 am	6 am	8 am
Doctor/Nurse/Family Concern?				
Temperature (°F) (104–94)	97.6°F	98.5°F	98.6°F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	*	*	*	*
Heart Rate (Number)	130 b/m	132 b/m	130 b/m	128 b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)	*			
Resp Rate (Number)	20 b/m	20 b/m	24 b/m	22 b/m
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2(l/min)				
O_2Saturations (%)	98%	98%	99%	98%
Conscious Level: Normal	✓			
Conscious Level: Altered				
GCS *	14/4			
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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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)

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
7-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/7/26

Time:	10 AM	2 PM	6 PM	10pm	2AM	6AM
Doctor/Nurse/Family Concern?						
Temperature (°F) (104–94)	98.4F	97.6F	97.1F	97.8F	98.3F	97.9F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)						
Heart Rate (Number)	140b/m	138b/m	136b/m	128b/m	130b/m	128b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	42b/m	40b/m	43b/m	40b/m	40b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	100%	99%	100%	99%	100%	99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	–		
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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.
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	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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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)

INH-00015440 IP26-00006764
aby SHRUTHI SRI NALLIBOYANA
7-03-2026 0 Y 3 M 9 D (F)
r. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : ....

6/7/26.

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
6/7/26	08:00 pm											
	09:00 pm		milk									
	10:00 pm				NA					✓	0	
	11:00 pm								NA			
	12:00 am		milk				✓					
	01:00 am											
Total Intake :						**Total Output :**				U – 1		M – 1
7/7/26	02:00 am											
	03:00 am		milk							✓		
	04:00 am				NA				NA		0	
	05:00 am		milk				0					
	06:00 am									✓		
	07:00 am											
Total Intake :						**Total Output :**				U – 2		M – 0

Total 24 hrs. Intake	

Total 24 hrs. Output	

INH-00015440 IP26-00006764
laby SHRUTHI SRI NALLIBOYANA
7-03-2026 0Y3M9D (F)
lr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : ....

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

Date	Time	Nature of Fluid	Route (Intake)			NG (Output)	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/7/26	08:00 am											
	09:00 am		Milk							✓		
	10:00 am				NA			NA			0	
	11:00 am		Milk									
	12:00 pm											
	01:00 pm		Milk							✓		
Total Intake :						Total Output :				U–	M–	
7/7/26	02:00 pm										0	
	03:00 pm		Milk				✓			✓	0	
	04:00 pm				NA						0	
	05:00 pm		Milk								0	
	06:00 pm									✓	0	
	07:00 pm										0	
Total Intake :						Total Output :				U-2	M-0	
7/7/26	08:00 pm											
	09:00 pm		Milk									
	10:00 pm				NA							
	11:00 pm		Milk				✓	NA		✓	0	
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
8/7/26	02:00 am											
	03:00 am		Milk									
	04:00 am							NA		✓	0	
	05:00 am				NA							
	06:00 am		Milk									
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
17-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 6/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm to 8am	→ Assess the baby General Condition → Monitoring vitals Checked and Recorded.	8pm to 8Am	→ Assess the baby General Condition → provided Comfortable position	→ Normal vitals Checked	Checked and Recorded	

Docu. No: RCH /FRM / CLINICAL / 148

00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
7-03-2026 0Y3M9D (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sti

NURSING CARE RECORD

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

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	→Asses the General condition. →checke the vitals →Maintain I/O chart →Administer medication as per doctor order		→Assessed the General condition →checked the vital →Maintain I/O chart →Administer the medication as per doctor orders.	checked the vitals	pt is stable	Sy SaiSri
Afternoon	2PM to 8PM	+ To assess the pt. condition + To check the vitals & record + To administer the medication as per drug chart + I/O chart maintain	2PM to 8PM	+ To assessed the pt. condition + To checked the vitals & recorded + To administered the medication as per drug chart + I/O chart maintained	+ Patient is stable + Contd nebs. 6th hourly	+ Patient Re-checked the vitals → I/O	Supriya
Night	8pm – 8AM	- Assess the pt. condition - Monitor vitals & records - Maintain I/O chart - Give medication as prescribed by doctor	8pm – 8AM	- Assessed the pt. condition - Monitored vitals & records - Maintained I/O chart - Given medication as prescribed by doctor	patient is Stable now	Re-checked vitals	

INH-00015440 IP26-00006764
laby SHRUTHI SRI NALLIBOYANA
7-03-2026 0Y3M9D (F)
r. SINDHURA MUNUKUNTLA

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 6/2			7/2 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA				
		Signature of the Nurse				[illegible]	[illegible]	[illegible]	[illegible]				

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : .... Name : ....

Signature of Ward In Charge :

Signature : .... Name : ....

...-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
7-03-2026 0Y3M9D (F)
Dr. SINDHURA MUNUKUNTLA

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26	9pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	3am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	9am	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
7/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst Possible Pain

Wong - Baker (Pediatrics) Above 7 Years

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Even More	Hurts Whole Lot	Hurts Worst

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

INH-00015440 IP26-00006764
Baby SHRUTHI SRI NALLIBOYANA
7-03-2026 0 Y 3 M 9 D (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute Bronchiolitis c RD		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date / Shift	6/7/26 N1	7/7 M6	7/7/26 E2	7/7/26 N1		
	Medical Condition (Any special condition to be noted):	RD	RD	RD	—		
	Diet:	—	—	-	—		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	NA	NA	—	—		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.5F	98.1°F	97.8°F		
	Res:	20 b/m	20 b/m	38 b/m	30 b/m		
	SpO2:	100%	100%	100%	100%		
	Pulse:	120 b/m	125 b/m	129 b/m	130 b/m		
	BP:	—	—	-	—		
	LOC:	—	—	—	—		
	Fall Risk Score:	—	—	—	—		
	Pain Score:	—	—	"0"	—		
	Skin Integrity	—	—	Good	—		
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	-	—		
	Critical Lab Test / Values:	—	—	-	—		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	D	—	—		
Post Operative Procedure Special Orders:		NA	NA	—	—		
Handed Over By Name :		Sunanda	Saha	Supriya	Priyanka		
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]		
Date:		7/7/26	7/7/26	7/7/26	8/7/26		
Time:		8Am	2Pm	8pm	8Am		
Taken Over By Name :		Saha	Supriya	Priyanka			
Signature / ID :		[illegible]	[illegible]	[illegible]			
Date:		7/7/26	7/7/26	7/7/26			
Time:		8Am	2pm	8pm			

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015440 IP26-00006764 Baby SHRUTHI SRI NALLIBOYANA 27-03-2026 0 Y 3 M 9 D (F) Dr. SINDHURA MUNUKUNTLA	6/7/26 @ 6:35 PM	6/7/26 @ 8:21 PM
	Transfer Ordered by Dr. Prasanthi	**Reason for Transfer** Admission
From Unit ER	**To Unit** 2nd floor (209)	**Information to Attendant** Yes ☑ No ☐
Number of Sheets in Clinical File 20	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Atom / [signature]	Dr. Prasanthi

Patient & Clinical Records Received by : Mounika @ 8.21 pm

Date & Time of Patient Received : 6/7/26

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

Docu. No. : RCH /FRM / CLINICAL / 102