208
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Rainbow® Children's Hospital
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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby RACHAPUTI DAKSHA	**UHID**	HNH-00016420
Father/Guardian	R.PRANEETH	**Age/Gender**	2 Y 0 M 0 D/ Female
Address	Kachiguda, Hyderabad, Telangana, INDIA, 500027		
IP No	IP26-00006782	**Admission Date**	08-07-2026
Ref Doctor	SELF		
Discharge Date	10.07.2026		

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

DIAGNOSIS	ICD CODE
ACUTE FEBRILE ILLNESS WITH DEHYDRATION	
VIRAL EXANTHEM	

History: Baby RACHAPUTI DAKSHA , 2 Y 0 M 0 D , old girl presented with the history of fever, decreased oral intake, dull activity since 3 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby RACHAPUTI DAKSHA	UHID	HNH-00016420
IP No	IP26-00006782	Admission Date	08-07-2026

Outside investigations: Done on 08.07.2026: Complete urine examination shows 2-4 pus cells, ketones ++.

Examination: She was afebrile, maintaining saturations at room air and was hemodynamically stable. Her heart rate was 112/min and Respiratory Rate - 24/min. Capillary Refill Time was <2 secs. Peripheries were warm & pulses well felt. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, dull activity were present. On auscultation, air entry was bilaterally equal were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light. There were no focal neurological or cranial nerve deficits. There were no signs of raised intracranial pressure.

Weight on admission: 10.6 kilo grams.

Investigations: Enclosed reports

GeneXpert FluA+FluB+RSV, SARS-CoV-2 were sent, which was negative.

VBG showed pH of 7.33, pCO2 of 40.6 mmHg, pO2 of 38 mmHg, HCO3 of 21.3 mmol/L and BE of -5.5 mmol/L.

Initial hemogram showed Hemoglobin of 12.3 gm%, White Blood Cell count of 7340 cells/cumm, platelet count of 2.04 lakhs/cumm and C-Reactive Protein of 9 mg/l.

Management: She was admitted in the ward and started on Intra Venous fluids. She was treated symptomatically with antacids and antipyretics.

Name	Baby RACHAPUTI DAKSHA	**UHID**	HNH-00016420
IP No	IP26-00006782	**Admission Date**	08-07-2026

Maculopapular rashes were noted behind the ear, but oral koplik spots were absent. Child has been vaccinated , therefore atypical measles was suspected and 2 doses of oral vitamin A(2L iu) was given 24 hours apart.

She was regularly monitored for fever spikes, hemodynamic status. Her fever spikes and other symptoms gradually settled. Child maintaining saturations on room air.

She remained hemodynamically stable during the hospital stay. She improved with the above line of management and is being discharged with the following advice.

At the time of discharge : She is active, afebrile and hemodynamically stable.

Medication during hospital stay:
Injection. Esmoprazole
Carot A drops
Syrup. Atarax

Advice:
* Diet as advised.

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Atarax	2.5 ml	at bed time	For 3 days.
2	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Name	Baby RACHAPUTI DAKSHA	UHID	HNH-00016420
IP No	IP26-00006782	Admission Date	08-07-2026

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3 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 Monday(13.07.2026) at Himayatnagar in OPD with prior appointment **(Review consultation will be charged).**

Food instructions while taking medications:
* **Antibiotics** along with food & milk products prevent their absorption of drugs & supplements. Antibiotics can be given 1 hour before food or 2 hours after food based on tolerance of stomach.

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 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**

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Name	Baby RACHAPUTI DAKSHA	**UHID**	HNH-00016420
IP No	IP26-00006782	**Admission Date**	08-07-2026

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

Archana

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

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 : IP26-00006782 **Admit Date** : 08-Jul-2026 **Admit Time** : 12:36 PM **UHID** : HNH-00016420

Patient Details :

Patient Name	: Baby RACHAPUTI DAKSHA	**Age**	: 2 Y 0 M 0 D
Guardian	: R.PRANEETH	**DOB**	: 08-07-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kachiguda Hyderabad Telangana INDIA 500027	**Phone No**	: 8143858215
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER03 **Ward Name** : GF -EMERGENCY

Room No : ER03 **Admission Type** : First Visit

Contact Details :

Name : R.PRANEETH **Relationship** : Father

Contact Address : Kachiguda Hyderabad Telangana INDIA 500027 **Phone No** : 8143858215

R. Praneeth
Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : ~~SELF~~ Dr. Kiranmyee - **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 15000.00

Payor Name : CARE HEALTH INSURANCE LIMITED

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ACTIVITY RECORD FOR BILLING

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

Name: --------

UHID No : -----

----- Consultant : ---------- Dept : ----------

Date of Admission : 8/7/26 ----- Time : 12:36pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 208 ------ Ward : 2nd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	12:36pm	ER	2nd floor / 208	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Shruthi Reddy	9/7/26	1/26	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/7/24	CBP, CRP	1245	
	Respiratory Panel	1245	
	VBG	1246	
		Cross Checked done by Sneha	

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7/26	Infusion Pump	2:36pm	9/7/26 @ 9.30pm	11840	Sns
			Cross checked done by Sneha		

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7/26	IV Placement	1	1807	
9/7/26	NHA	1	12127	

Cross checked done by Sm

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

Patient Name : HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient ID# :

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

C/o fever since 3 days.
C/o decreased oral intake x 3days
C/o dull activity x 3 days.

History of present illness :

pt was apparently alright 3 days before then had fever, moderate to high degree, on & off type.

C/o decreased oral intake since 3 days.

C/o dull activity since 3 days.
C/o vomiting (2-3 episodes) x 1 day.
OPD basis (.8/7/24)

CUE :- 2-4 pus cells
ketones (+)(+).

Pediatric Multiorgan History & Physical Examination

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

Nothing significant.

Birth & Neonatal History :

TIAGA | ELISA.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Developmentally normal.

Immunization History :

Upto date till 18M.

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

History & Physical Examination

Anthropometry

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

Weight (kgs) 10.614g. (Centile _____)

On Examination :

Temperature : 99.8°F. Pulse Rate: 112. Description _____

B.P. _____ SPO2 98% at RA.

Resp. rate and type of breathing : 24/min

Dry lips
Dry oral Mucosa.
Sunken eyes
Dull activity.

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Respiratory system :

Inspection (any s/o distress) : _____

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

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 heard

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft, nontender

Ausculation : No organomegly

Spine: _____ External Genitelia : _____

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

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

_____

_____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

AFP ? dehydration

_____

_____

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

Pediatric Multiorgan History & Phys

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

VBG CBC CRP

~~Platelet Reserve~~ Extra Sample

5 virus panel

Blood culture (draw & keep).

noted by Dr

Planned Management :

Syp. Crocin DS 3.0ml

syp. ibugesic 2.5ml

Inj. Esomeprazole 10mg

noted by Dr

Please fill up the following details

1. Name of the Referring Doctor : Dr. Kiranmayee
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 Dr. Sindhura M on whose name the patient is being referred

Doctor's Signature Name Dr. Sindhura Munukuntla Date 8/7/24 Time 9am

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No. 65570

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/U/B Dr. Sindhura	
8/7		
12:30pm	AFI c̄ dehydration	
	fever (+)	plan
	Snoring (+)	
		- Cont IVF
	Vitals - stable	
		- Cont esomeprazole
	R/S - B/L AE (+)	
	B/L NVBS (+).	- Trace reports
		if CRP +ve
	If pus cells in CUE	↓
	↓	Send Blood C/s, start ceftriaxone
	Send urine C/s	- monitor vitals.
	↓	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970
	Start ceftriaxone.	
		[signature]
		noted by Sr. Sandhya
		8/7/26
		4:30 pm

MNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2Y0M0D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/6. - Dr. Sushanth / Dr. Vamsy	
09/02/26 7AM	AFI with dehydration	
	No fever ✓ Saving	
	O/E:- CC-fair Vitals- stable Hydration good	
	S/E:- NAD	Adv + IV fluids + Cont. Esomeprazole + Monitor vitals and Inform SOS Sushanth NB Sunanda @7am

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2Y0M0D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/2/26 10 AM	d/s/by Ds Sindhu M	
	AFI ~~c~~ dehydration.	
	~~Adv~~ given (4)	
		Rep glu-neg
	O/E	
	fair	
	vital stable.	
		Plan
	S/E NAD	- ~~at~~ fluids
		- ~~at~~ oth management.
		- Monitor vitals.
		- ~~Send~~ UE - done - (N)
		- (D) Adeno virus.
		N/B Cloud

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

Munukuntla

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	c/r/b Dr. Sindhura	
9:30pm	DF1 c dehydration ? atypical measles.	
	- afebrile	
	- no fresh complaints	Plan
	- maculopapular rash (+) - on D4	1) discharge tomorrow
	- oral intake : good	2) add vit A drops
	O/E	3) add oral atarax. (0.5mg/kg) HS
	vitals : stable	4) Rest to on pre Rx
	S/E - normal	chart
	RS: BAE (+)	NB Suganda @ 9.30am
	clear.	[signature]
	Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970	

1NH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
18-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 7am	U/B Dr. Srinivas Dr. Shergar AFI ? atypical measles c̄ dehydration - no fever - mild maculopapular rash (+) on face - oral intake : good O/E vitals : stable S/E : P/A : soft CVS : S1S2 (+) [signature]	Plan 1) ct. vit A drops atarax 2) plan discharge 3) monitor vitals 4) NB Sunanda @ 7am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 11 AM	S/B Dr. Sindhura / AFI ē dehydration, viral exc Δ: Atypical ~~measles~~ ē dehydration No koplik spots Maculopapular rash behind ears ⊕ b/e vitally stable de wnl	Adv - Discharge - Review on Monday - Ct Paracx × 3 days M. Sindhura Consultant

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
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DRUG CHART

Date of Admission: 8/7/26 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. Crocin DS				Date / Time
Dose: 3 ml	Route: PO	Frequency: SOS	Start Date: 8/7	
Doctor's Signature: Dr.	Valid Period: >100°F	Pharm.		
Additional Instructions:				

Verified by Dr. Dhakshayani

DRUG : Syp. ibugesic				Date / Time
Dose: 2.5ml	Route: PO	Frequency: SOS	Start Date: 8/7	
Doctor's Signature: Dr.	Valid Period: >102°F	Pharm.		
Additional Instructions:				

Verified by Dr. Dhakshayani

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

Signature .....

VERIFIED BY : Name .....

HNH-00015420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2Y0M0D (F)
Dr. SINDHURA MUNUKUNTLA

REGULAR PRESCRIPTIONS

Weight. 10.6 kg. Ward. .....

DRUG : Inj. Esmoprazole

Dose	Route	Frequency	Start Date
10mg	IV	OD	8/7

Name & Signature of the Doctor Starting the Drugs: Dey

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 8/7/24 — 6am 3:pm — STOP

DRUG : CAROTA DROPS

Dose	Route	Frequency	Start Date
4ml	PO	OD	9/7

Name & Signature of the Doctor Starting the Drugs: Anni

Additional Instructions: (1ml = 50,000IU) give for 2 days.

Daily Doctor's Endorsement by a Sign

Date/Time: 9/7 — 10pm

DRUG : SYP ATARAX

Dose	Route	Frequency	Start Date
2.5ml	PO	HS	9/7

Name & Signature of the Doctor Starting the Drugs: Anni

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 9/7 — 10pm

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
06-07-2024 2Y0M0D (F)
Dr. SINDHURA MUNUKUNTLA

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

DRUG :	Date➤ / Time									
		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.		
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.			

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

I.V. FLUIDS CHART

Weight. 10.6 kg Ward. .....

		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
8/7	2:36 PM	IVF. DNS (2/3 M)	IV	25 ml/hr			9/7/24		

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

HNH-00018420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2Y0M0D (F)
Dr. SINDHURA MUNUKUNTLA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil ..... ☐ 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 / 208 .....

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 Bhargavi .....

Date & Time : ..... 8/7/26 @ 1PM .....

Nurse Name & Signature: ..... Afsar / AR .....

Date & Time : ..... 8/7/26 @ 2:10 PM .....

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

INH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
18-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

208

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Your Right to a Safe Delivery

RESULT SHEET

Date	8/7/26					
Time						
Hb	12.3					
PCV	34.6					
RBC	4.79					
WBC	7.34					
N/L	59.9/33.9					
Platelets	204					
CRP	9					
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						

outside

Date						
Time						
CUE - Alb						
CUE - Sugar	NIL					
CUE - Ketones	Present ++					
CUE - PUS Cells	2-4					
CUE - RBC Cells	NIL					
CUE – Epithelial	3-5					
Nitrite	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Influenza – A						
B –						
RSV –	Negative					
SARS-V –						
Adeno –	Negative					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

1NH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
18-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/7 Time: 3 PM | 6 PM | 10 PM | 2 AM | 6 AM

Doctor / Nurse / Family Concern?

Temperature (F): 97.2°F | 98.6°F | 97.5°F | 97.0°F | 97.5°F

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

Note: BP does not score in early warning scoring

99/60 | 100/70 | 98/76 |

Heart Rate (Number): 130 bpm | 115 bpm | 117 bpm | 118 bpm

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

Resp Rate (Number): 30 b/m | 60 b/m | 32 b/m | 42 b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%): 99% | 99% | 100% | 100%

Conscious Level: Normal | Altered

GCS *: — | — | — | —

TOTAL SCORE
Number of shaded boxes: 0 | 0 | 0 | 0
Pain Score
Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patient Stick

00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
18-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

iL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NING SCORE: CHILDREN'S UNIT

Date : ..... Time:	1pm	3pm	6 pm	10 pm	2 am	6 am
Doctor / Nurse / Family Concern?						

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98.5F 98.6F 97.5F 98.3F 97.5F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	140	130/m	123b/m	120b/m	125b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	32	30/m	32b/m	28b/m	25b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	RA	100%	99%	99%	98%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15			
TOTAL SCORE Number of shaded boxes	1	0	0	0	0
Pain Score	0	0	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
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Patient Sticker

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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)

Patient Sticker

1NH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
16-07-2024 2 Y 0 M 0 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

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
8/7	02:00 pm	DNS		25 ml	NA			NA			0	
	03:00 pm			25 ml							0	
	04:00 pm			25 ml							0	
	05:00 pm			25 ml							0	
	06:00 pm			25 ml							0	
	07:00 pm			25 ml							0	
Total Intake :						**Total Output :**						
8/7	08:00 pm	DNS	idly chapati	—	NA			NA			0	SA
	09:00 pm			—								
	10:00 pm			25ml								
	11:00 pm			25ml								
	12:00 am			25ml								
	01:00 am			25ml								
Total Intake :						**Total Output :**						
9/7	02:00 am	DNS	H2O	25ml	NA			NA			0	SA
	03:00 am			25ml								
	04:00 am			25ml								
	05:00 am			25ml								
	06:00 am			25ml								
	07:00 am			25ml								
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

1NH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
18-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
9/7	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
9/7	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
10/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
06-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: ....

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		ER					
Afternoon	2pm to 8pm	Assess the pt condition. Monitor vitals. Maintain I/O Chart. Provide the comfortable position. Medication give as per as doctor.	2pm to 8pm	Assessed the pt condition. Monitored vitals. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor.	Pt is stable. Vitals normal.	Monitor vitals. Maintain I/O chart	[signature]
Night	8pm to 8am	— Assess the pt condition — Monitor the v/s — Maintain the I/O — Drug as per chart	8pm to 8am	— Assess the pt condition — Monitor the v/s — Maintain the I/O — Drug as per chart	— Now baby is stable	— Rechecked the v/s	[signature]

1NH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
16-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

Patient

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 9/2/26

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 to 2pm	Assess the baby [illegible] [illegible] admit [illegible] maintain [illegible]	8am to 2pm	Assessed the baby [illegible] administer [illegible]	[illegible]	[illegible]	[signature]
Afternoon	2pm to 8pm	Assess the Pt condition. Monitor vitals & record. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor order.	2pm to 8pm	Assessed the Pt condition. Monitored vitals & record. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor	→ Pt is stable. → vitals normal	→ monitor vitals → maintain I/O chart.	[signature]
Night	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8pm to 8am	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the v/s	[signature]

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

- ☐ Maintain Airway 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							

Patient Sticker

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

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							
Afternoon							
Night							

Patient Sticker

UHID: NH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
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SHIFT HAND OVER FORM

SITUATION	Diagnosis: AFI c̄ Dehydrn			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	8/7 MS	8/7 N1	9/7	9/7 E	9/7 N1	
	Medical Condition (Any special condition to be noted):		—	—	—	—	
	Diet:	Soft	—	—	—	—	
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:	98.2°F	98.2°F	98.2°F	98.2°F	98.3F	
	Res:	28b/m	25b/m	26b/m	28b/m	28b/m	
	SpO_2:	99%	99%	99%	99%	99%	
	Pulse:	112b/m	112b/m	102b/m	102b/m	100b/m	
	BP:	99/62	102/72	100/62	102/62	100/63	
	LOC:	—	—	—	—	—	
	Fall Risk Score:	—	—	—	—	—	
	Pain Score:	—	—	—	—	—	
	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):	—	—	—	—	—	
Post Operative Procedure Special Orders:		—	—	—	—	—	
Handed Over By Name :		[signature]	Surande	[signature]	[signature]	Surande	
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	
Date:		8/7/26	9/7/26	9/7	9/7	10/7	
Time:		8pm	8am	[illegible]	8pm	8am	
Taken Over By Name :		Surande	[signature]	[signature]	Surande		
Signature / ID :		[signature]	[signature]	[signature]	[signature]		
Date:		8/7/26	9/7	9/7	9/7		
Time:		8pm	8am	2pm	8pm		

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 Stick

1NH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
18-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

Rainbow® Children's Hospital
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DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/7	DATE 8/7	DATE 9/7	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		10	10	10		

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	✓	✓		
	Wheel chair support		X	X	X		
	Other Intervention(s) Specify		X	X	X		
	Nurse's Name:						
	Signature:						
	Date:		8/7	8/7	9/7		
	Time:		8pm	8pm	8am		

4NH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
18-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	8/7 DAY-1			9/7 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	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	0	0	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	0	0	0				
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	0	0	0				
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	0	0	0				
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	0	0	0				
		Signature of the Nurse		[illegible]	[illegible]	[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 : Sneha Name : Sneha

Signature of Ward In Charge :
Signature : Balarani Name : Balarani

Docu. No. : RCH /FRM / CLINICAL / 137

MNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
18-07-2024 2Y0M0D (F)
Dr. SINDHURA MUNUKUNTLA

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PAIN ASSESSMENT FORM

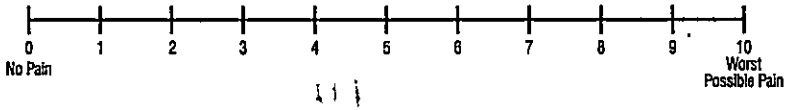
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
8/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
9/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
10/7	6am	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		

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)



Wong - Baker (Pediatrics) Above 7 Years

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

Patient Sticker

Daksha 2Y 208

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 8/7/26 Time: 5:40pm

Weight: 10.6 kg Centile: 5th

Height: — Centile: —

Inference: underweight child

RDA: — Calories: 1250 kcal/d Protein: 21 gms/d

Diet Recommendations: soft diet with more liquids

Re-Assesment: Avoid spicy, chilled & outside foods

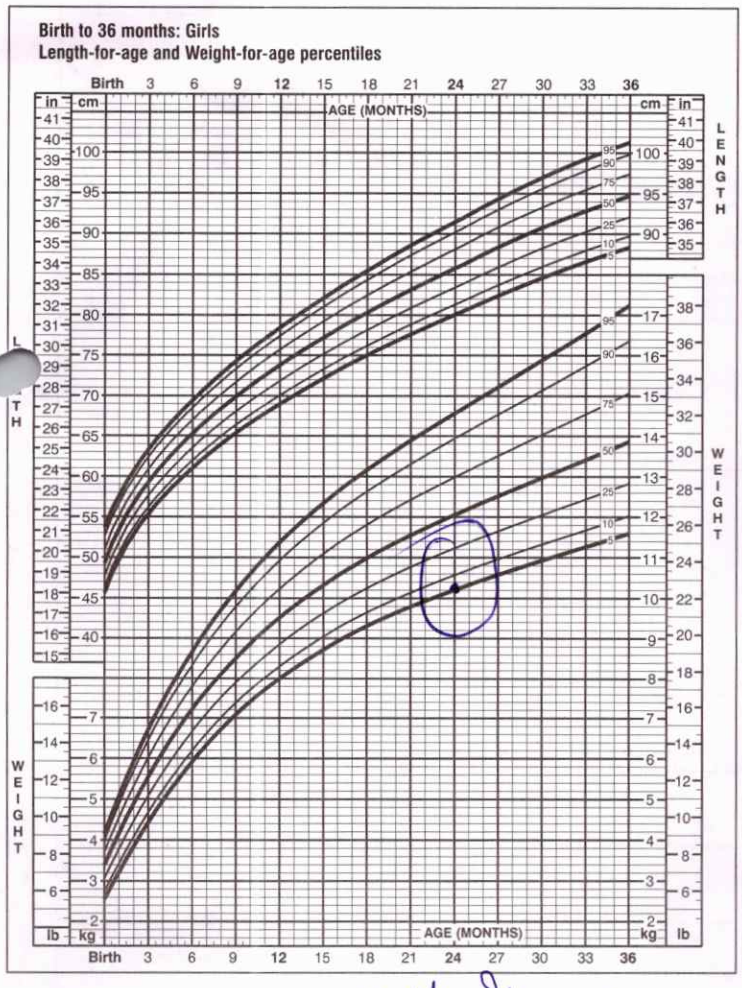
Food Allergies: Ragi Veg/Non-veg Egg

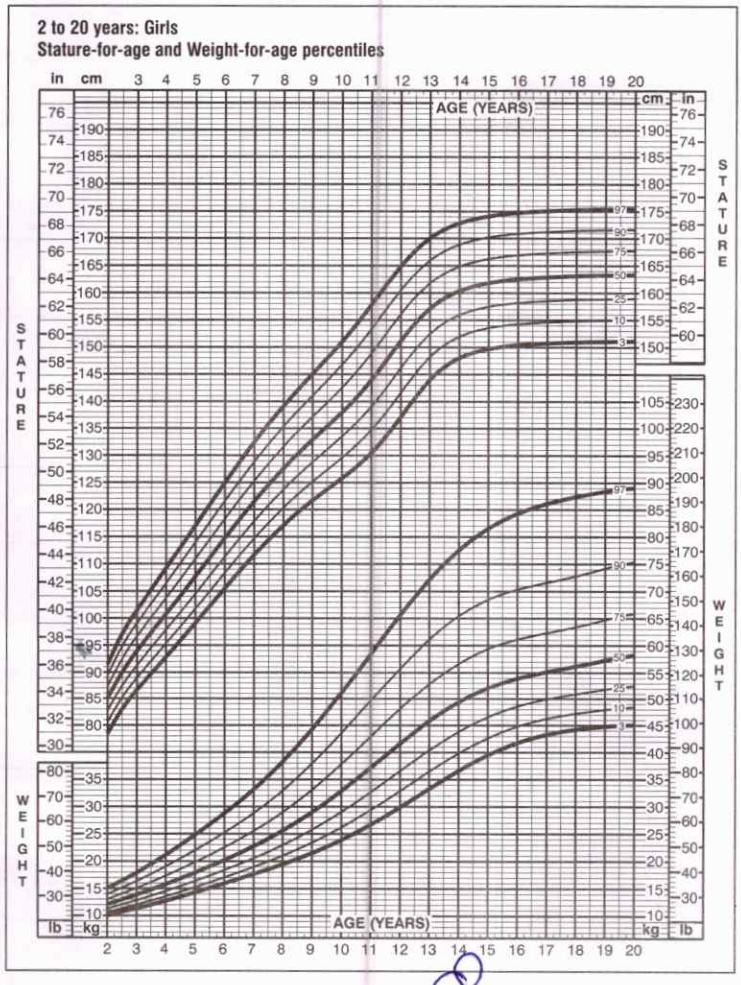
Diagnosis: AFI & Dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: R. Praveen

GROWTH CHART (GIRLS)





Dietician's Name Sathwika.G Dietician's Signature

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

(P.T.O.)

Daily Notes:

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

wt 10.6 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby R. DAKSHA Age : 2y **Gender:** ☐ Male ☑ Female

Date : 8/7/24 Time of Arrival : 12:28pm

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: 98.7°F PR: 110/min BP: 98/65 RR: 22/min SpO_2: 98%

Chief Complaints: c/o fever since x 2 days vomition 1 time

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☐ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

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

R Pranath
Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 12:30pm

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 : A Jaya

Signature of Triage Nurse : .....

Date & Time : 8/7/24 12:30pm.

HNH-00016420 IP26-00006782
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08-07-2024 2 Y 0 M 0 D (F)
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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/7/26 Time of arrival : 12:32 Pm

Chief Complaints: c/o fever since x 2 dy vomiting 1 ep. RBS: ....

Height : .... Weight : 10.6 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: '0' Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

	Yes	No
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: .... (Date/Time): ....

Social History: Lives With Parents.

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

Time of Initial assessment completed by ER Nurse : 12:32 Pm / [signature]

HNH-00016420 IP26-00006782
Baby RACHAPUTI DAKSHA
08-07-2024 2 Y 0 M 0 D (F)
Dr. SINDHURA MUNUKUNTLA

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

Time	Nursing Notes
12.34pm	Assessed the patient condition monitor vitals Done.

Samples collected by: / Sagarika / 8/7/26 Time:

Samples sent by : Time: 1.30pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 101b/m BP: 92/61 CFT:	Shift - out from ER to: 2nd floor 208
RR: 22bpm SPO_2 : 98%	Time of Shift - out: 2:10pm
GCS: 15/15 Temperature : 98.3°F	Handover given to: ..... (Nurse's Name)
Pain Score: 0/	
Repeat RBS (if applicable): Nil	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV Placement Done

Name of the Nurse : Atom Signature of the Nurse :

Date & Time : 8/7/26 @ 2.10pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016420 IP26-00006782 Baby RACHAPUTI DAKSHA 08-07-2024 2Y0M0D (F) Dr. SINDHURA MUNUKUNTLA	8/7/26 @ 12:36pm	8/7/26 @ 2:10pm
	Transfer Ordered by Dr. Prasanth	Reason for Transfer Discretion.
From Unit ER	To Unit 202 Ped / 205	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films 1	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
Afsana	Dr. Prasanth

Patient & Clinical Records Received by : Sri Sandhya 8/7/26 @2:30pm

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