Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174391 **Admit Date** : 27-May-2026 **Admit Time** : 02:20 PM **UHID** : BAH-00657407

Patient Details :

Patient Name	: Master TARAKARAM NUKAARATU	**Age**	: 1 Y 2 M 8 D
Guardian	: Mr NUKAARATU BHANU PRAKASH	**DOB**	: 19-03-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: FLAT NO-1112 O-BLOCK RAINBOW VISTAS PASH-II ROCK GARDEN Erragadda Hyderabad Telangana INDIA 500018	**Phone No**	: 9148314749/ 8790009697
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 309 **Ward Name** : 3F-ZONE A

Room No : DLX 309 **Admission Type** : First Visit

Contact Details :

Name : Mr NUKAARATU BHANU PRAKASH **Relationship** : Father

Contact Address : FLAT NO-1112 O-BLOCK RAINBOW VISTAS PASH-II ROCK GARDEN Erragadda Hyderabad Telangana INDIA 500018 **Phone No** : 9148314749 / 8790009697

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Dr Rajesh Khanna **Phone No** : 9848034179

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

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

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00857407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

UHID No. : _____ IP tant: _____ Dept : _____

Date of Admission: _____ f Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/24	3:30pm	ER	339.	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/5/26	CBP, CRP, Sr. electrolytes	3930	Rachel
	Blood c/s.		
27/5/26	5 viral panel	3930	Rachel
23/5/26	CUE	26053961	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
[illegible]	Infusion pump	4pm		9330545	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/5/26	IV placement	(1)	95616	Rachel

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2026 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

Patient Name: B m

UHID ID:

Department: Gen Pead

Consultant: Dr. Ujjwala Desai

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cough } ×3 days
cold }
Reduced oral intake ×1 day.

History of present illness :

Came with C/O Reduced oral intake
∴ 1 day.

Preceded with cold, nasal blockage since 3 days.
mild cough, dry, non productive

no fever, no vomiting, no loose stools

no H/O travel or any other member having cough / cold / fever

H/O weaning 3 weeks back.
- stopped Breast milk during morning hours. 3 weeks back.
↓
H/O
↓ oral solid intake &
rejecting cow milk.

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

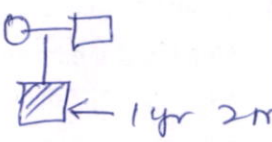
Pediatric Multiorgan History & Physical Examination

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

No significant past history.

Birth & Neonatal History:

Normal Antenatal and Perinatal transition.
NVD/no NICU stay/Term



Birth & Socio Economic History:

About Father : upper middile
About Mother :
Any additional Information :

Developmental History :

Normally attained as per age.

Immunization History :

Immunized till date as per IAP schedule @ KIMS.

(P.T.O.)

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____ (Centile _____) Height (cms): 73cm. (Centile)_____)

Weight (kgs)) 9.5kg (Centile _____)

On Examination :

Temperature : 97.7°F Pulse Rate : 120 B.P. 98/61 SPO2 100% @ RA.

Resp.rate and type of breathing : 30/min

Rash – Nasal blockage +⊕.

Lymphadenopathy –

Oedema : – No Flaring

Allergies (if any): – No ICR/SCR.

Respiratory System :

Inspection (any s/o distress) : Normal

Air entry & breath sounds : BAE ⊕, clear airway.

Any addes sounds : Nil

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

Cardiovascular System :

Inspection of procordium : Normal

Heart Sounds : S_1S_2 ⊕

Any murmur : –

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : –

Per Abdomen :

Inspection Normal, bet Quadrants moving in coordinated

Palpation : soft, non tender

Ausculation : Bowel Sounds ⊕

Spine : Normal External Genitelia : Normal.

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

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : adequate

Tone: good Power 4/5

Co-ordinator : well coordinated

Posture : Normal

Involuntary Movements : Nil

Reflexes :

DTR +++ **Superficials:** +++

Plantars Elicited

Sensory System :

Intact

Bladder / Bowel : adequate

Clinical Summary & Diagnostic:

~~Mild~~ URI with dehydration

(P.T.O.)

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: dehydration, sepsis

Desired goals of the treatment : Resolution

Planned Labs:

CBP
CRP
Sr. Electrolytes
5 viral Panel
CUE
Urine C/S — catheterisampl
Bld C/S

Noted by Rachel

Planned Management

① IVF DNS @ 40ml/hr

② SYP RELENT PLUS 2.5ml BID

③ NASOCLEAR NASAL DROPS

④ MONITOR TEMP.

Noted by Rachel

DR. UJJWALA DESAI
Registration No: 90551

Signature of the Doctor: Soluh
Name of the Doctor: Dr. Soluh
Date & Time: 3:00pm | 27/5/26

Signature of the Consultant:
Name of the Consultant: Dr Ujjwala
Date & Time: 27/5/26 3:30 pm

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	Mild URI Refusal to accept feed passed urine only once 5 vims panel awaited	Hydrate c IV fluids Noted by Rachel Dsw Dr Ujjwala DR. UJJWALA DESAI Registration No: 90550 3.30 pm 27/5/26
27/5/26 4:40 pm	C/S/B Resident. A: URI child on IVF O/E: alert vitals stable Chest clear abdomen soft	Adv: 1.) Continue medications as charted 2.) Send CUE nono 3.) To decide on urine c/s after CUE report 4.) Trace 5 vrial panel. 5.) Encourage orally. Allow home food Noted by

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU (M)
19-03-2025 1 Y 2 M 8 D
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/25 8:20AM	Seen by Resident: Dr Savitri	
	ASis - URI	
	c refusal to eat.	
		Plan
	Apetite improving	1. continue
	passed urine yesterday.	medications as
	1 episode of single volume	charted.
	loose stool today.	2. Trace CUE,
	Activity good	blood culture,
	O/E	& viral panel.
	child alert, afebrile	3. Encourage
	hemodynamically stable	orally
	chest clear, conducted sounds (+).	
	abdomen soft	Savithri
	hydration good.	
	URI	
	Now accepting feed well	Dr Ujjwala (DR. UJJWALA DESAI Registration No. ...350)
	CUE Normal.	
		28/5/25
		Add 3% NS nebulisation.
		CSE now.

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

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/m m Faisal	
	Child c Ate. URI c Ase pain episode. Not accepting orally	Continue same treatment.
		Start Nasoclear Nose drops
		Nasivion Paed drops 2° 2° 2° x 5 d
	Now on examination Child well. Bilateral middle ear congestion.	Noted by Shilpa.
	F/u regimen.	
Call 28/05 1pm m(K)N.	DR. FAISAL B NAHDI Registration No: 66228	

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 9 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 4:20pm	c/s/B Resident	
	Δ: URI	Adv:
	accepting orally - well. stools + - no further LS.	1.) Plan D/s tom
	O/E: alert	2.) Trace adeno-virus report
	stable vitals	3.) Send CSE
	no dehydration	4.) Do not cannulate again if IV cannula out
	abdomen soft	5.) No labs tom -
	chest clear.	6.) Stop IVF
		Noted by Dr Akhila @4:39pm

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 9 D (M)
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 8:30am	C/S/B Resident	
	A: URI	
	oral intake good	Adv:
	u/o - good	
	no further loose stools.	1) D/S today.
		Nasoclear / Nasivion P
	O/E: alert	Relent plus
	stable vitals	pro 69 x 5d.
	chest clear	
	abdomen soft	
		Akhila
		Dr. Akhil
		Discharge
		Relent plus
		Nebulisation
		Pro 44 sachet
		Nasivion P x 3days
		mue
		Follow up c̄ Dr Rajesh Khanna
		Desai
		Dr Ujjwala Desai.
		29/5/26

DR. UJJWALA DESAI
Registration No: 90550

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

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RESULT SHEET

Date	27/5/26					
Time	@11AM					
Hb	10					
PCV	32.7%					
RBC						
WBC	13340					
N/L	61/30					
Platelets	4.5L					
CRP	12					
ESR						
PCT						
RBS						
Na	138					
K	4.6					
Cl	104					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bil/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	28/5					
Time						
CUE - Alb	trace					
CUE - Sugar	nil					
CUE - Ketones	4+					
CUE - PUS Cells	2-3					
CUE - RBC Cells	0					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 5 viral panel - negative
Adeno (-ve).
Blood C/S - no growth

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 9 D (M)
Dr. UJJWALA DESAI

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 9.5 kg. Ward 3rd floor

DRUG : NASIVION P nasal drops

Dose	Route	Frequency	Start Dt.
2°	each nostril	QID	28/5

Name & Signature of the Doctor Starting the Drugs: Akhila

Additional Instructions: 2° in each nostril

Date ▸ / Time ▾	28/5/25	29/5
12AM	X	[signature]
6AM	X	[signature]
12PM	[signature]	
6PM	[signature]	

Daily Doctor's Endorsement by a Sign A A

DRUG : NASOCLEAR nasal drops

Dose	Route	Frequency	Start Dt.
2°	each nostril	QID	28/5

Name & Signature of the Doctor Starting the Drugs: Akhila

Additional Instructions: 2° in each nostril.

Date ▸ / Time ▾	28/5/25	29/5
12AM	X	[signature]
6AM	X	[signature]
12PM	[signature]	
6PM	[signature]	

Daily Doctor's Endorsement by a Sign A A

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ / Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

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DRUG CHART

Date of Admission: 27/5/25 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 / 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 :				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:				

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

[illegible] TARARARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

Weight. 9.5kg Ward. 3rd floor

VERIFIED

DRUG : SYP RELENT PLUS				Date / Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
2.5ml	P/O	BID	27/5	6AM	X	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: Sohile				6Pm	[illegible]	[illegible]	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	[signature]

VERIFIED

DRUG : NASOCLEAR NASAL DROP				Date / Time	27/5	28/5	29/5
Dose	Route	Frequency	Start Date				
2 D	Nasal	TID	27/5	7AM	X	[illegible]	[illegible]
Name & Signature of the Doctor Starting the Drugs: Sohile				2Pm	6Pm [illegible]	[illegible]	
Additional Instructions:				11Pm	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]	[signature]

VERIFIED

DRUG : 3% NS				Date / Time	28/5	29/5
Dose	Route	Frequency	Start Date			
3ml	Neb	QID	28/5	2AM	Not given	[illegible]
Name & Signature of the Doctor Starting the Drugs: Sahithi				8AM	Not given	[illegible]
				2Pm	[illegible]	
Additional Instructions: 3% 6th hourly. (HYPERNEB RESPULE)				8Pm	[illegible]	
Daily Doctor's Endorsement by a Sign					[signature]	[signature]

VERIFIED

DRUG : PROGG SACHET				Date / Time	28/5
Dose	Route	Frequency	Start Date		
1 sachet	PO	BD	28/5	11Am	9Pm [illegible]
Name & Signature of the Doctor Starting the Drugs: Sahithi				11Pm	[illegible]
Additional Instructions: 12th hourly.					
Daily Doctor's Endorsement by a Sign					[signature] [signature]

Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

Weight. 9.5kg Ward. 3rd floor

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature

VERIFIED BY : Name

19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

I.V. FLUIDS CHART

Weight. 9.5kg Ward. 3rd floor

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/5/26	3:30pm	IVF DNS	I.V	40ml/hr	Sohil	Shilpa / [illegible]	28/5	[illegible]	[illegible] / [illegible]

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

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

27/5/26

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:	3:55 Pm	7:30 pm	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?					
Temperature (F) (scale 94–104)	98.8f	97.9f	97.9f	REFUSED	97.0f
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	112/86 (91)	124/74 (81)	113/61 (65)		108/61 (65)
Heart Rate (Number)	110bpm	128bpm	130bpm		105bpm
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)			*		*
Resp Rate (Number)	30b/m	32b/m	30bm		28bm
Resp Distress: Mod/ Severe / None / Mild			N		N
Receiving O_2 (l/min)					
O_2 Saturations (%)	99%	100%	98%		99%
Conscious Level: Normal / Altered					
GCS *	15/15	15/15	15/15		15/15
TOTAL SCORE Number of shaded boxes	1	1	1		1
Pain Score	0	0	8		8
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 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

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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)

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
16-03-2025 1 Y 2 M 8 D (M)
Dr. UJJWALA DESAI

28/5/26

o. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?						
Temperature (F)	98.8°F	97.8°F	98.0°F	97.8°F	97.6°F	97.9°F
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	120/72 (66)	112/64 (48)	110/72 (38)	104/68 (36)	112/85 (80)	100/60 (82)
Heart Rate (Number)	118bpm	126bpm	116bpm	114b/M	112b/M	110b/M
Resp. Rate (bpm) (Over 1 Minute) *				*	*	*
Resp Rate (Number)	26b/m	30b/m	28b/M	28b/M	26 b/M	28b/M
Resp Distress: Mod/ Severe / None / Mild				RA	RA	RA
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	99%	99%	99%	99%
Conscious Level: Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SK	S	S	S	S	S

ACTIONS

NB: Scores 3 should be recorded overleaf

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BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 8 D (M)
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FLUID CHART

Sheet No. : 1

27/5/26

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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										0	
	04:00 pm	D		Home							0	Shirly
	05:00 pm	N	water	Home							0	Shirly
	06:00 pm	S		Home			NP			✓	0	Shirly
	07:00 pm			Home							0	Shirly
Total Intake :		Tablet				**Total Output :** U- 1					M-0	
	08:00 pm										0	
	09:00 pm		water	Home							0	marthe
	10:00 pm	D		Home			NP			✓	0	
	11:00 pm	N	water	Home							0	marthe
	12:00 am	S		Home							0	
	01:00 am			Home							0	marthe
Total Intake :						**Total Output :** m-		U-				
	02:00 am			Home							0	
	03:00 am	D	Milk	Home							0	marthe
	04:00 am	N		Home			NP				0	
	05:00 am	S	water	Home							0	marthe
	06:00 am			Home						✓	0	
	07:00 am						✓				0	marthe
Total Intake :						**Total Output :** m-0 U-1						

Total 24 hrs. Intake	taken	Total 24 hrs. Output	m-0 U-3

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FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 3

28/5/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
28/5/26	08:00 am						✓				0	
	09:00 am		water								0	
	10:00 am									✓	0	
	11:00 am		water				✓				0	
	12:00 pm										0	
	01:00 pm									✓	0	
Total Intake :		Taken				**Total Output :** U - 2 M - 2						
28/5/26	02:00 pm										0	
	03:00 pm		water							✓	0	
	04:00 pm						1				0	
	05:00 pm		water				Mp				0	
	06:00 pm									✓	0	
	07:00 pm						1				0	
Total Intake :		Taken				**Total Output :** U - 2 M - 0						
	08:00 pm										0	
	09:00 pm		water				1			✓	0	
	10:00 pm						NP				0	
	11:00 pm		water								0	
	12:00 am									✓	0	
	01:00 am										0	
Total Intake :		Taken				**Total Output :** M - 0 U - 2						
	02:00 am		water								0	
	03:00 am										0	
	04:00 am						NP				0	
	05:00 am		water								0	
	06:00 am									✓	0	
	07:00 am										0	
Total Intake :		Taken				**Total Output :** M - 0 U - 1						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M - 2 U - 3

BAH-00657407 IP5-00174391
Master TARAKARAM NUKAARATU
19-03-2025 1 Y 2 M 9 D (M)
Dr. UJJWALA DESAI

332

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 28/5/26 Time: 9am

Weight: 9-52kg Centile: >10th

Height: 73cms Centile: 5th

Inference: underweight child

RDA: - Calories: 1200kcal/d Protein: 20g/d

Diet Recommendations: soft diet ē high protein

Re-Assesment: Avoid spicy, chilled, outside foods

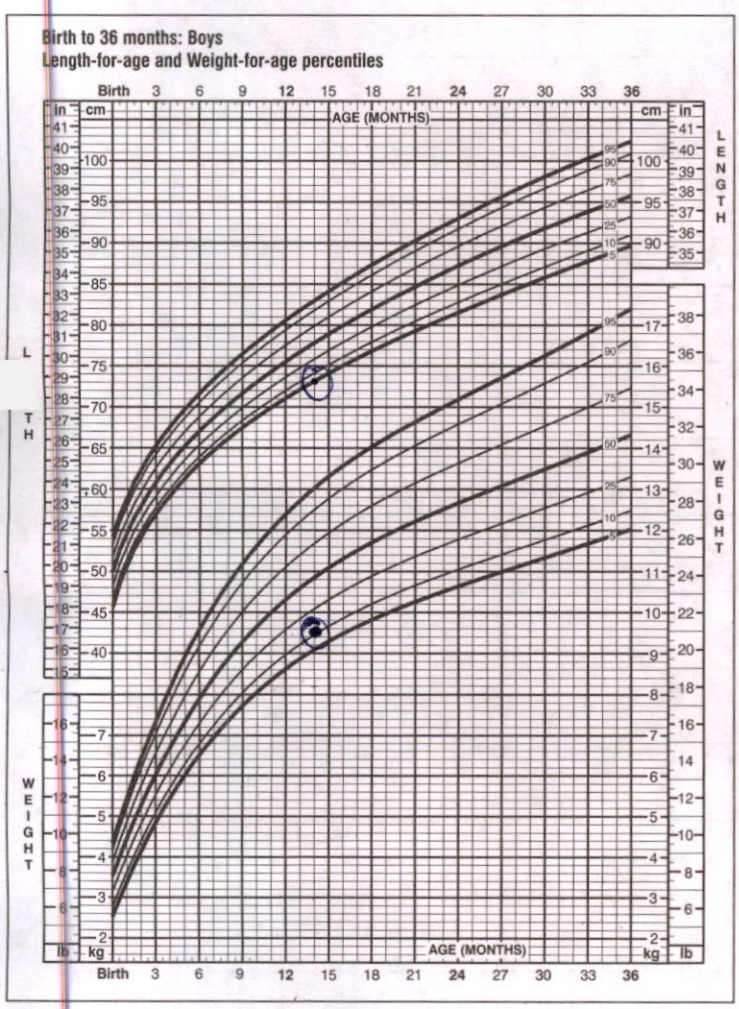
Food Allergies: No Veg/Non-veg Non-Veg

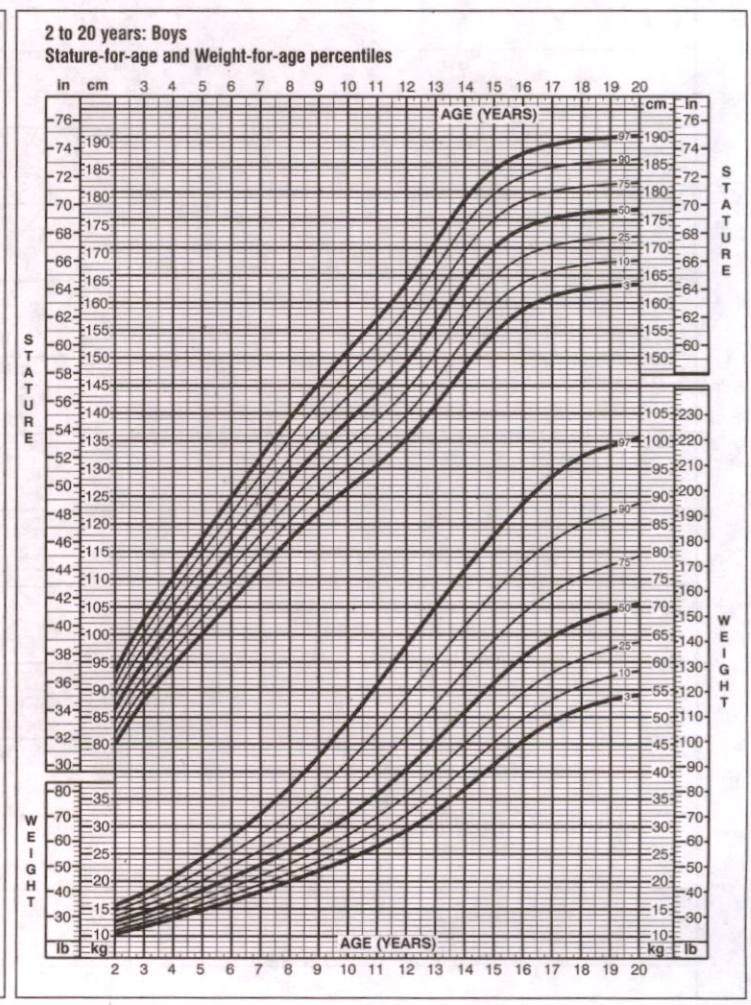
Diagnosis: URI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Rohini

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: