VIH-00164514 IP5-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. ALISHA BABBAR

Rainbow® Children's Hospital
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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	2			
2	Discharge Summary				
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	1+3			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	2			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra	4			
	Billing	2			
	Total No. of Pages	30			

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

Signature and Date : L. Tejasvi (P.T.O)
22/07/2026.

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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 : IP5-00176685 **Admit Date** : 21-Jul-2026 **Admit Time** : 03:45 AM **UHID** : VIH-00164514

Patient Details :

Patient Name	: Baby AKRUTHI BONDUGULA	**Age**	: 3 Y 1 M 2 D
Guardian	: Mr BONDUGULA SANTHOSH	**DOB**	: 19-06-2023
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: PLOT NO : 27 , MUTHYAM REDDY NAGAR , ALWAL Haig Lines Hyderabad Telangana INDIA 500010	**Phone No**	: 7780360806/ 8885629019
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 234 **Ward Name** : 2F-SECOND FLOOR

Room No : PVT 234 **Admission Type** : First Visit

Contact Details :

Name : Mr BONDUGULA SANTHOSH **Relationship** : Father

Contact Address : PLOT NO : 27 , MUTHYAM REDDY NAGAR , ALWAL Haig Lines Hyderabad Telangana INDIA 500010 **Phone No** : 7780360806 / 8885629019

Signature

Doctor Details :

Doctor Name : Dr. ALISHA BABBAR **Specialisation** : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. Prashant Bachina

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 3000.00

Payor Name : MDINDIA HEALTH INSURANCE TPA PVT LTD

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.
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Room No : PVT 234 **Admission Type** : First Visit

Contact Details :

Name : Mr BONDUGULA SANTHOSH **Relationship** : Father

Contact Address : PLOT NO : 27 , MUTHYAM REDDY NAGAR , ALWAL Haig Lines Hyderabad Telangana INDIA 500010 **Phone No** : 7780360806 / 8885629019

Signature

Doctor Details :

Doctor Name : Dr. SWAPNA PALAKURTHY **Specialisation** : PEDIATRIC SURGERY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : MDINDIA HEALTH INSURANCE TPA PVT LTD

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ACTIVI

VIH-00164514 IPS-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

Name :_____

UHID No. . _____ IP NO : _____ Consultant: _____ Dept : _____

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
21/7/26	4:30PM	CR	234	Ramadevi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Alisha B	21/7/26	0571U207	Barnwal
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7/26	CBP, CRP, S+E	72958	
21/7/26	USG abdomen	036307	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	Infusion pump	5Am	2p	9713778	Dipa

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV Placement	1	13701	Vinod
21/7/26	NHA	(1)	9716840	

ANY OTHER INFORMATION

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.....

.....

Date : 22/7/26 Time : 9.00 Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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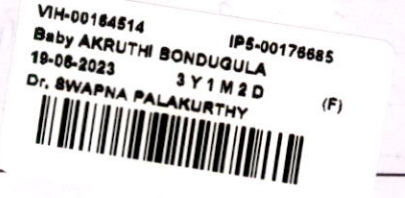
PEDIATRIC IN-PATIENT MEDICAL RECORD



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00164514 IP5-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o abd pain - evening
c/o cold & cough - 3 days.

History of present illness :

c/o abd pain - evening, severe, on & off, not relieving on Acl paracetamol or cyclopam.

No c/o vomiting / loose stools

c/o mild cold & cough - 3 days.
No c/o fever.

Past H/o hospitalization 3-4 m ago
took IV Antibiotics
? Bloodstream infection

Baby AKRUTHI BONDUGULA
19-08-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

Pediatric Multiorgan History & Physical Examination

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

on Tab Flunarizine.

H/o ? ~~ep~~ seizure like activity.

Birth & Neonatal History:

Preterm
NICU stay – RDS.

Birth & Socio Economic History:

About Father :
About Mother :
Any additional Information :

Developmental History :

As per age

Immunization History :

As per age

(P.T.O.)

VIH-00164514 IP5-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 12.66 kg (Centile _____)

On Examination :

Temperature : 97.7°F Pulse Rate : 152 → 110/m B.P. 110/67 SPO2 96%

Resp.rate and type of breathing : ↓. 50 → 30/m

Rash

Lymphadenopathy

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE ⊕, Ubn

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1S2 ⊕

Any murmur :

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

Per Abdomen :

Inspection non distended → soft

Palpation : ~~soft~~ tender → soft

Ausculation : BS ↑↑

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : N

Motor System:

Nutriton :

Tone: N Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars N

Sensory System :

N

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute Abdomen Evaluation

Rx

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Perforation

Desired goals of the treatment : Hemodynamic stability

CDW Dr. Swapna

Planned Labs:

CBP

~~Extra~~ CRP

S/E.

USG ABD in morning.

X ray abd done on OPD basis if GE

Planned Management

Pulsotax supp. 5mg

Pan

Ondem

Duspatalin.

Allow only clear fluids

noted by Dr. Rakesh 21/7/26 11:00 AM

DR. HARISH JAYARAM
Registration No: 66254

Signature of the Doctor: Dhanushas

Name of the Doctor: Dhanushas

Date & Time: 21/7/26

Signature of the Consultant:

Name of the Consultant: Dr. Harish

Date & Time: 21/7/26 9 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26. 8:30 AM	C/S/B Dr. Maliha	
	c/o pain abdomen - last night	Adv
	H/o nausea., 1 ep of non bilious vomiting	1) NPO
	no H/o constipation.	2) USG Abdomen.
	P/A - Soft.	3) Inj. CEFOTAXIME 190mg IV @12h.
Labs 20/7/26		
WBC - 21k.		
Ahmed Dr. Hamida 22/7/26 AM		Maliha 21/7/26 AM 8:30

DR. HARISH JAYARAM
Registration No: 66254

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 11 am	c/s/o Dr Nikhita	
	Case reviewed-	
	USG - Abd - small volume mesenteric LN m/s 12×6mm	Adv
	Otherwise unremarkable	(1) Soft diet as tolerated
		(2) Medical Gastroenterology i/v/o Chronic Enteropathy (request transfer of case)
		Dr. Nikhita 21/7/26
21/7/26 5.20 pm	S/B Gastro team.	Plan:
	• no abdominal pain	(1) stop IV fluids
	• oral intake - better	(2) SOS - analgesics
		(3) Syp- Emty and Lulax as advised.
	O/E: asleep	
	Chest: clear	
	P/A: soft. non tender.	Dr. Hema.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 10:50 Am	S/B Gastro team	Plan:
		(1) D/S today
	c/o Acute gastritis	(2). Syp. Emty 15 ml (To reduce to low) HS x 1 month
	Abdominal pain better	Syp. Colon 5 ml (If loose stool)
	no vomiting	HS x 1 week → stop if loose st
	oral intake - good	
		(3) R/V - 1 month,
	O/E: Alert	If symptoms persist - R/v 1 week
	P/A: soft	
	non tender	Dr. Hema
	[signature]	[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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CROSS CONSULTATION FORM

Doctor Name : Dr. Alisha - B. Date : 21/7/26 Time : 12:27pm

Diagnosis : Chronic Constipation / with Acute Gastritis

Hospital : .....

.....

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Abdominal pain

Signature:

Findings and Recommendations :

c/o Abdominal pain : yesterday evening
periumbilical
no aggravating / relieving factors
no vomiting
no loose stools
no difficulty in passing stools (+).
no wt. loss. Appetite - (N).

O/E: Alert
chest: clear
P/A: soft.
non-tender

Plan:

(1) fiber rich diet
(2) Syp. Emty 15ml HS.
(3) Syp. Colax 5ml HS x 1 week.
(4) Toilet training

Consultant :

Name : Dr. Alisha. B. Signature : Alisha. Date & Time : 21/7/26

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RESULT SHEET

Date	21/7/26					
Time	4:7AM					
Hb	12.7					
PCV	38.0					
RBC	4.84					
WBC	21.70					
N/L	61.6/30.4					
Platelets	524					
CRP	11.0					
ESR						
PCT						
RBS						
Na	136					
K	4.7					
Cl	103					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
ic Acid						
vlase						
e						
ate						

NICAL / 0138

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

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 : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....

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DRUG CHART

Date of Admission: 21/7/26 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 : Inj PARACETAMOL				Date ▸ Time	21/7													
Dose	Route	Frequency	Start Date															
180mg	IV	QID	21/7															
Doctor's Signature	Valid Period	Pharm.																
Dhanush																		
Additional Instructions:																		
pain / Fever																		

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

Baby AKRUTHI BONDUGULA
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Dr. SWAPNA PALAKURTHY

REGULAR PRESCRIPTIONS

Weight. 12.6 kg Ward. 2nd floor

DRUG : inj ONDANSETRON

Dose	Route	Frequency	Start Date
2mg	IV	TID	21/7

Name & Signature of the Doctor Starting the Drugs: Dhanlakshmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7	21/7	22/7
6am	X	Stopped (O/P)	X
2pm	X	X	
10pm	✓ 2:30pm	X	
	Mal	Mal	

DRUG : inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
1mg	IV	OD	21/7

Name & Signature of the Doctor Starting the Drugs: Dhanlakshmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
6am	✓ 2:25pm	X
	Mal	Mal

DRUG : inj BUSCOPAN

Dose	Route	Frequency	Start Date
6mg	IV	BD	21/7

Name & Signature of the Doctor Starting the Drugs: Dhanlakshmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7
6am	✓ 2:25pm
6pm	

DRUG : Neb I LEVOLIN

Dose	Route	Frequency	Start Date
0.63mg	Neb	BD	21/7

Name & Signature of the Doctor Starting the Drugs: Dhanlakshmi

Additional Instructions:
T 2ml 3% NS

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
6am	(O/P) Stopped	Nebulization
10pm	✓ (O/P)	
	Mal	Mal

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Sheet No: .... **REGULAR PRESCRIPTIONS** Dept. 2nd floor Ward. 1

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Dt.
190mg	IV	Q12h	21/7/26

Name & Signature of the Doctor Starting the Drugs: Maliha Dr-Maliha 8:34 AM

Additional Instructions: —

Daily Doctor's Endorsement by a Sign

Date/Time	21/7
10AM	11AM Bani Rosanna
10pm	

STOP — Dr. Hema 21/7

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Dt.
180mg	IV	TID	21/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/7	22/7
6AM	X	X
2pm	12pm Bani Katta	
10pm	X	

DRUG : Syp. EMTY

Dose	Route	Frequency	Start Dt.
15ml	Po	HS	21/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/7
10pm	Dipu Swathi

DRUG : Syp. COLAX

Dose	Route	Frequency	Start Dt.
5ml	Po	HS	21/7

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	21/7
10pm	Dipu Swathi

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Dept. .... Ward. ....

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

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				

VIH-00184514 IP5-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

Weight. 12.6kg Ward. 2nd 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

VIH-00184514 IPS-00176685
Baby AKRUTHI BONDUGULA
19-08-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

I.V. FLUIDS CHART

Weight. 12.6kg Ward. 2nd

Date	Time	Solution 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
21/8	5AM	DNS full @	IV	45	Ay	Dipa / Swathi	22/8	Ay	S

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

VIH-00164514 IP5-00178685
Baby AKRUTHI BONDUGULA
19-08-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

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

22/7/26

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 : ..... Time:

Doctor / Nurse / Family Concern?

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm)
and
Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note:
BP does not score in early warning scoring

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number)

Resp Distress	Mod/ Severe
	None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	
Conscious Level	Normal
	Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
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.

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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)

VIH-00164514 IP5-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

2/7

: RCH/ FRM / CLINICAL / 125

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	10AM	2pm	6 pm	10pm	2AM	6 AM.
Doctor / Nurse / Family Concern?						

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

97.8 98.3 98.1 98.4 98.1

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

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

89 (62) 53	91 (71) 61	96 (81) 57	99 (68) 58	100 (74) 54	98 68

Note: BP does not score in early warning scoring

Heart Rate (Number)	128/m	108/m	106/m	108	124	122

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

70 60 50 40 30 20 10

Resp Rate (Number)	26/m	24/m	26/m	25	24	23

Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	RA 98%	RA 99%	RA 100%	RA 99%	RA 98%	LP 99%
Conscious Level: Normal / Altered	C	C	C	C	C	C
GCS *	15/15	15/15	15/15	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	D	Q	Q	S	V	V

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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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:

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

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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)

VIH-00164514 IP5-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

2/17

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time: 6AM

Doctor / Nurse / Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm) and Blood Pressure (mmHg) * : 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) * : 70 60 50 40 30 20 10

Resp Rate (Number)

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%)

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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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)

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Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
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FLUID CHART

Sheet No. : 20/7/22

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
21/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am	↑	-	45ml						✓	0	Sweety
	06:00 am	DNS		45ml							0	Sweety
	07:00 am	↓		45ml			✓				0	Sweety
Total Intake :				135		**Total Output :** M-1 U-1						

Total 24 hrs. Intake	135ml	Total 24 hrs. Output	

VIH-00164514 IP5-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 21/7/26

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.
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							
21/7	08:00 am	↑	Water	45ml				✓		✓	0	Rosy
	09:00 am	DNS		45ml							0	Rosy
	10:00 am			45ml			NP.				0	Rosy
	11:00 am	↓		—						✓	0	Rosy
	12:00 pm			—							0	Rosy
	01:00 pm	↓		45ml						✓	0	Rosy
Total Intake :				180ml		Total Output : M - U-3						
21/7	02:00 pm	↑	Rice Curry.	45ml						✓	0	Rosy
	03:00 pm			45ml							0	Rosy
	04:00 pm	DNS		45ml			NP.				0	Rosy
	05:00 pm	↓		45ml							0	Rosy
	06:00 pm			—						✓	0	Rosy
	07:00 pm	↓		—							0	Rosy
Total Intake :				180ml		Total Output : M - U-2						
21/7	08:00 pm	↑	Rice curd	40ml							0	Sowth
	09:00 pm			45						✓	0	Sowth
	10:00 pm	DNS		90			PP				0	Sowth
	11:00 pm			—						✓	0	Sowth
	12:00 am	↓		—							0	Sowth
	01:00 am	↓		—							0	Sowth
Total Intake :				130ml		Total Output : M-0 U-2						
22/7	02:00 am	↑		45ml							0	Sowth
	03:00 am			45ml						✓	0	Sowth
	04:00 am			45			PP				0	Sowth
	05:00 am	DNS		45ml							0	Sowth
	06:00 am	↑		—						✓	0	Sowth
	07:00 am	↓	-	—							0	Sowth
Total Intake :				190ml		Total Output : M-0 U-2						

Total 24 hrs. Intake	675ml.	Total 24 hrs. Output	M-0 U-7

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

VIH-00164514 IP5-00176685
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FLUID CHART

Sheet No. : 22/7

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 :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	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**	

Patient Sticker

FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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 :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	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**	

VIH-00184514 IPS-00176685
Baby AKRUTHI BONDUGULA
19-06-2023 3 Y 1 M 2 D (F)
Dr. SWAPNA PALAKURTHY

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

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 21/7/26 Time: 9am

Weight: 12.66 Kgs. Centile: >10th

Height: 91 cms Centile: >10th

Inference: underweight Child

RDA: ..... Calories: 1300 Kcal/d Protein: 22g/d

Diet Recommendations: Child is on NPO

Re-Assesment: .....

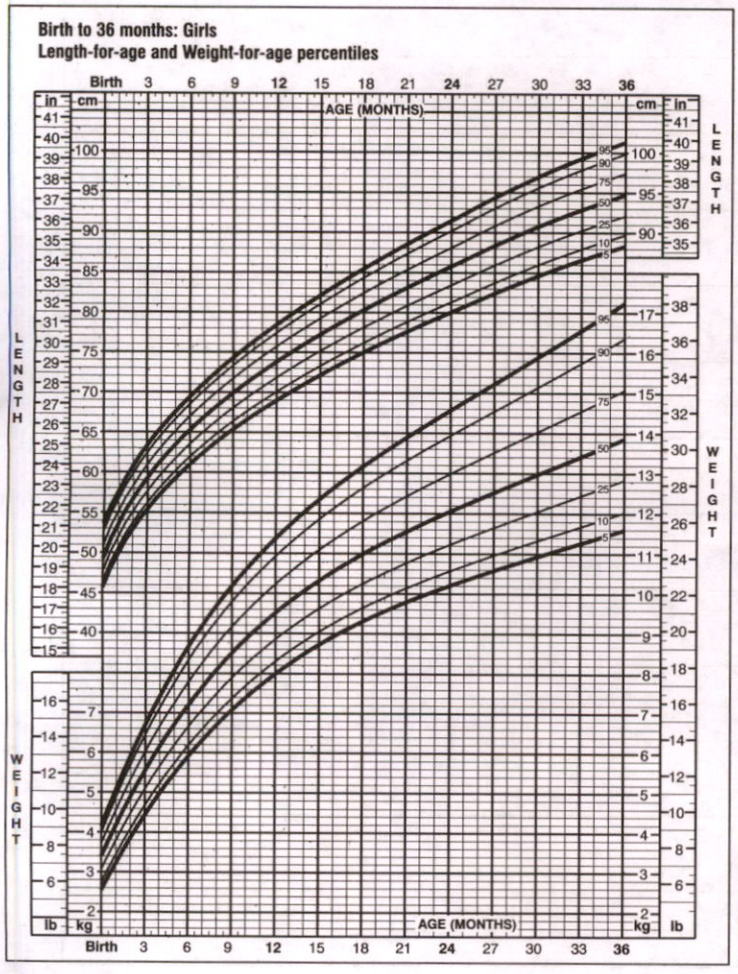
Food Allergies: No Veg/Non-veg Non - veg

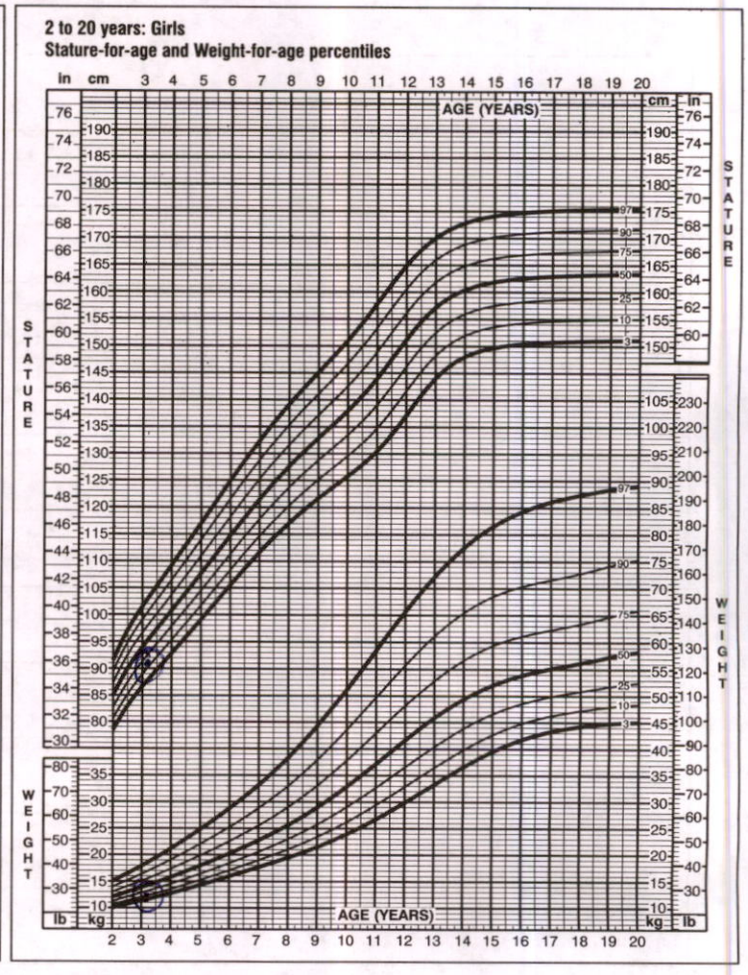
Diagnosis: Acute abdomen & evaluation

Nutritional Intervention - ☐ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Saroj

GROWTH CHART (GIRLS)





Dietician's Name Nikitha Dietician's Signature Nikitha

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

(P.T.O.)

Daily Notes:

22/7/26 9am — Child is stable. Intake is better
Continue c soft diet

Nikitha