Rainbow® Children's Hospital
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ACTIVITY RECORD FOR BILLING

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Name: ---

UHID No : ---------- Consultant : ---------- Dept : pediatrics

Date of Admission : 1/7/26 Time : 11:07pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 218 Ward : 2nd floor Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	12:25pm	ER	218	Shu.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
1/1/26	CBP CRP S-Cr }	26022077 }	
	Blood G		
	CXR	26010495	
	RAT - Neg	26022078	
3/2/26	CBP, CRP	26022263	
	C-XR	RG-010611	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/7/26	I.V. Infusion pump.	1/7/26 2pm	2/7/26 1Am	3096471	[signature]
	Cardiac monitor	1/7/26 2pm	2/7/26 @10AM		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
1/7/26	Ivplacement	①	3096406	[signature]
	NEB c̄ O2	4	3096470	
2/7/26	Neb c̄ O2	6	3096559	[signature]
2/7/26	NEB c̄ O2	4	3096850	
3/7/26	Neb c̄ O2	3	3096965	[signature]
	T. Neb - 17			

ANY OTHER INFORMATION

Date : 03.07.2026 Time : 8Am Prepared By : MERCY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sushila.	[signature] 03.07.2026 8Am		

Ref. No. F/INPR/12

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Patient Name : _

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Registration No.:

2nd

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
1/7/26	00.00	levolin – @ 1pm		
	1.00	3pm – Levolin	Sushila	
	2.00	5pm – Levolin	Sushila	
	3.00	(08) 7pm - Levolin	Sushila	
	4.00	(4) 3096470		
1/7/26	5.00	9pm - Levolin + Budecort	Padma.	
	6.00	11pm – levolin	padma.	
2/7/26	7.00	1-Am – levolin	Padma	
	8.00	3-Am – levolin	Padma	
	9.00	5Am – levolin.	Padma.	
	10.00	7-Am – levolin	Padma.	
	11.00	(6) 3096559	Akanksha	
	12.00	9Am – levoline + Budecort		
	13.00	12pm- levolin		
	14.00	4pm – Levolin	Sushila	
	15.00	8pm- Levolin	Sushila	
	16.00	(4) 3096850		
3/7/26	17.00	12Am - Budecort + levoline	Raja	
	18.00	4Am - levoline		
	19.00	8Am - levoline		
	20.00	(3) 3096965		
	21.00	T. Neb 17.		
	22.00			
	23.00			

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Patient Name :

Ward:

IP.No: 60529

DOA: 1/7/26

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	3	✓	✓	
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	3	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
	Conset for Surgery				
	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
	Intake and Output chart (fluid Chart)	3	✓	✓	
	Drug Chart (Regular prescription)	4	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	✓	✓	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
35	thrombophilitis	1	✓	✓	
36	the Humpty Dumpty Scale	2	✓	✓	
37	Braden a Scale	2	✓	✓	
38	Pain Assessment	1	✓	✓	
39	wells Criteris for Assessing	1	✓	✓	
40	medication chart	2	✓	✓	
41	other	6			
	Total No. of Pages	Ten pages			

Signature and Date : 3/7/26

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060529 **Admit Date** : 01-Jul-2026 **Admit Time** : 11:07 AM **UHID** : VIH-00195692

Patient Details :

Patient Name	: Master IMMANUEL FEDRICK	**Age**	: 12 Y 5 M 16 D
Guardian	: Mr JOSEPH FEDRICK	**DOB**	: 15-01-2014
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h.no-38-29-67/1,shiva nagar colony,opp hermon worshipcentre,sainikpuri,malkajgiri, hyderabad.telangana. Sainikpuri Hyderabad Telangana INDIA 500094	**Phone No**	: 9885717152
		E-mail	: jeena.fedrick27@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name	: Mr JOSEPH FEDRICK	**Relationship**	: Father
Contact Address	: h.no-38-29-67/1,shiva nagar colony,opp hermon worshipcentre,sainikpuri,malkajgiri,hyderabad.telangana. Sainikpuri Hyderabad Telangana INDIA 500094	**Phone No**	: 9885717152 / 9885236632

Signature

Doctor Details :

Doctor Name	: Dr. PREETHAM KUMAR	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

Patient Name : Mast. IMMANUEL FEDRICK UHID : VIH-00195692 IPD : IP-00060529 Gender : Male Age : 12 Y 5 M 16 D

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1/7/26 Time of arrival : 10:54 am x today

Chief Complaints: c/o fever, cough x 2 days, fast breathing RBS: .....

Height : 158cm Weight : 51.4 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 — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☑ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☐ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☐ No
- Uses furniture for support ☐ Yes ☐ No

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: — (Date/Time): —

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 10:57 am

Patient Name : Mast. IMMANUEL FEDRICK UHID : VIH-00195692 IPD : IP-00060529 Gender : Male Age : 12 Y 5 M 16 D

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

Time	Nursing Notes
10:48am	⇒ Pt came to ER
10:53am	⇒ Vitals checked and recorded
10:54Am	⇒ Doctor has seen the patient
11:07Am	⇒ Admission done
12:15Am	⇒ IV placement done
12:16Am	⇒ Blood samples collected and sented to lab
12:17AM	⇒ COVID RAT : - Negative
12:25 pm	⇒ Pt Shifted to ward (218)
12:09 pm	* Inj: Amoxicillne Test dose given. In ER

Samples collected by: } Time: 12:16 Am

Samples sent by : } Sr. Shanthi Time: 12:20 Am

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: 126 bpm	BP: 112/71 (78)	CFT: <3sec
RR: 34 bpm	SPO_2 : 95%	
GCS: 15/15	Temperature : 98.9°F	
Pain Score: 0		
Repeat RBS (if applicable): —		

Shift - out from ER to: 218

Time of Shift - out: 1/7/26 @

Handover given to: Sr. Deepika (Nurse's Name)

by. Kajal

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sr. Kajal Signature of the Nurse : Kajal

Date & Time : 1/7/26 @ 12:25 pm

VIH-00195892 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: LRTI

Arrival Time: 12.25pm Mode of Arrival: walking Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 51.40 Kg

nil Height: 158 cm

Past Medical History: Obtained From ☐ Patient ☑ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
nil	nil	nil

Family History: .....

NO

Has the child or close family member had recent contact with a communicable disease? Yes ☐ No

If yes please list, ...

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: .....

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medication: ☑ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 51.40kg Length: 158 cm Head Circumference (< 2 years): -

Temp.: 98.6F HR: 135bl/m RR: 24 BP: 105/69(80)

Pain Score: 0 Specify Site: - (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 27) (Document in the Braden Q Assessment Sheet)

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

Character of Pain - Location - Frequency - Duration -

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
- ☐ Special Feeding Method
- ☐ Feeding Problem
- ☐ Special diet
- ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With ..... family .....

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

All Information Obtained From ☐ Patient ☐ Mother ☑ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☑ Others

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... Father .....

Nurse's Name: ..... Sushila ..... Date: ..... 17/6/2 ..... Time: 12:30Pm Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00195692 IP-00060529 Master IMMANUEL FEDRICK 15-01-2014 12 Y 5 M 16 D (M) Dr. PREETHAM KUMAR	1/7/26 @ 11:07 pm	1/7/26 @ 12:25 pm
	Transfer Ordered by DR. Deepthi	Reason for Transfer for Admission
From Unit ER	To Unit	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films CXR – 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? optical given to Pt

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Neb. Mask	1
2.	Inj: Amoxicillin 1g ~~NFH~~	1
3.		
4.		
5.		

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

Dr. Deepthi

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shanthi/Shan	DR. Deepthi

Patient & Clinical Records Received by : Deepika 1/7/26 @ 12:25pm

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

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: Immanuel

UHID ID: VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Department:

Consultant:

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Name : Immanuel fedrick Age/Sex 12y5m/m

Information given by: father Credibility - fair Relationship

Chief Presenting Complaints & Duration (Chronologically)

fever : 1 day
Cough + fast breathing : 1 day

History of present illness :

A 12y5m old (m) child, who is apparently asymptomatically 1 day back, was initially managed in ER, but i/v/o persistence of symptoms he was admitted to here for

> fever : 1 day
mild - moderate grade
Intermittent

Also

> cough : 1 day
dry cough
Intermittent

+

> fast breathing : 1 day

No h/o altered sensorium / cyanosis / dull activity / other concerns.

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

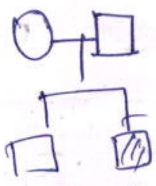
Past History : (Including details of any previous investigation or treatment)

Nil significant

H/o Asthma to Maternal Grandmother

Birth & Neonatal History:

Term/CS/ B. wt - WNL
immediate perinatal
Complications (+)
in the form of RD/cyanosis → H/o NICU stay
for 2 days ? for O_2 (+) RCH



Birth & Socio Economic History:

About Father :
About Mother : class iii
Any additional Information :

Developmental History :

Appropriate for age in all 4 domain

Immunization History :

Received upto date as per IAP schedule

(P.T.O.)

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) ______ (Centile ______) Height (cms): 158cm (Centile) 50th - 90th → (N)

Weight (kgs)) 51.4 kg (Centile 50th - 90th) = (N)

On Examination :

Temperature : 98.05°F Pulse Rate : 137/m B.P. 101/55 (71) mmHg SPO2 95% @ RA

Resp.rate and type of breathing : 34/m

- All peripheral pulses - felt
- peripheries - warm
- CRT < 3sec

Rash ______
Lymphadenopathy ______ ⊖
Oedema : ______
Allergies (if any): ______

Respiratory System :

Inspection (any s/o distress) : B/L chest moving symmetrically

Air entry & breath sounds : BAS (+) ; B/L diffuse wheeze (+)

Any addes sounds : ______

Relevant data from outside (Chest X-Ray, ABG,etc.,) RD (+) in the form of tachypnea & mild suprasternal retractions

Cardiovascular System :

Inspection of procordium : ______

Heart Sounds : S1 S2 (+)

Any murmur : ⊖

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

Per Abdomen :

Inspection (N)

Palpation : Soft, no organomegaly, non-tender

Ausculation : BS (+)

Spine : (N) External Genitelia : ______

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

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Intact

Motor System:

Nutriton : (N)

Tone: (N) Power 4/5 in all 4 limbs

Co-ordinator : (N)

Posture : (N)

Involuntary Movements : (-)

Reflexes :

DTR 2+ in all 4 limbs **Superficials:** +nt

Plantars flexor

Sensory System : (N)

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Wheeze Associated Lower Respiratory tract infection (D2 of illness)

(P.T.O.)

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent further complications

Desired goals of the treatment : To treat current condition

Planned Labs:

- CBP ✓
- CRP ✓
- S/E ✓
- S.creatinine ✓
- Blood c/s ✓
- Exr ap lat ✓
- CxR ✓

noted by shanthi 1/7 @ 11:22AM

(S/R Dr kundhasramam @ OPD)

Planned Management

- Admit in ward –
  - ★ SOS picu
- IVF
- Inj Augmentin
- Flavir
- Nebs – Asthalin
  - Budecort
- ★ To add Hydrocort after report
- Monitor vitals – 2nd hrly
- ★ W/f Ring RD / auscultation / persistent tachycardia

noted by shanthi 1/7 @ 11:22AM

Signature of the Doctor: [signature]

Name of the Doctor: Dr. Deepthi

Date & Time: 1/7/26 @ 11 Am

Signature of the Consultant: [signature]

Name of the Consultant: Dr. Preetham kumar

Date & Time: 2/7/26 3Pm

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1.7.26 3:00 PM	S/B Dr. Preetham	
	WALRTI	
	Tachypnea (+)	
	O/E child awake	
	CRT < 3 sec	
	afebrile	Plan
	CVS - S1S2 (+)	→ Neb 2nd hrly
	RS - BAE (+) B/L wheeze	→ Continue monitoring
		→ Start Inj. Hydrocort
	P/A - soft	→ w/f deterioration
	Sameera (Dr. Sameera)	noted by Sushil 1/7/26 at 7pm
Dr. [illegible] 1/7/26 7pm		

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

(P.T.O)

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 9AM	S/B Resident	
	C/o WALRI (D3 of illness)	
CO =	(1) fever spike	plan
	No new concerns	
	Tolerating feeds well	- CST + Cont. care
	passing urine	instructions
	- Cough (+)	- Continue Augmentin +
	O/E - Euthermic	Flunir
	CVS - S1 S2 (+)	- NEB - Levolin - 2nd hrly
	RS - B/L wheeze (+)	Budecort
	↓ed	- Hydrocort
	PA - soft	- monitor vitals
	CNS - NAD	- w/f RD / tachycardia /
		tachypnea
		- I/O charting
		- Informed
		- Change levolin to 3rd hrly
Dr. [signature]	Dr. [signature] 2/7/26 9AM	Noted by [signature] 02/07/26 @10am

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 2pm	S/B Resident	
	c/o [illegible] (D3 of illness)	
	C/- No fevers	
	No new concerns	plan
	RD - improved	
	maintaining on RA	- Cu + cont - same instructions
		- [illegible] - 3rd hrly ↓
	O/E - Euthermic	* Can change to [illegible] by evening
	CVS - S1S2 (+)	
	RS - BAE (+) B/L wheeze [illegible]	
	PA - soft	- Monitor vitals,
	CNS - NAD	Resp. checking
		- w/f tachycardia, tachypnea, deschirction
	[illegible] 2/7/26 [illegible]	- [illegible]
[illegible]	Noted by [illegible] 02/7/26 @ 2pm	
	- CBP, CRP, CXR] + (m)	
	- [illegible] [illegible]	

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/16 9 AM	S/R Dr. Sudhara	
	C/o WALRI	
	No new Concern.	
	No fevers	
	SOB – settled	
	Tolerating orally	
	passing urine	
	O/E – Euthermic	
	CVS – S1S2 (+)	
	RS – NAS (+)	
	Wheeze ↓ed	
	PA – soft ; CNS – NAD	
	d/c Tomy.	
	NEBS. 4H × 3d.	
	Amox 7d.	
	[illegible] 5d.	
Dr. [illegible] 3/7/20 9AM		

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

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: WALRI

Any Infection: ☐ Yes ☐ No ~~☑ Not Known~~
If Yes Specify: Nill

Surgery / Procedure: Nill

Post OP Day:

	Date / Shift	1/7/26 Morning	1/7/26 M	1/7/26 E	1/7/26 N	2/7/26 M	2/7/26 E
BACKGROUND	Medical Condition (Any special condition to be noted):	Nill	Nill	Nil	Nill	Nil	Nil
	Diet:	Soft diet	Ⓢdiet	S.diet	Ⓢdiet	Ⓢdiet	S.diet
ASSESSMENT	Allergy:	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ☑ No	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ☑ No	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~
	Vital Signs: Temp:	98.0°F	98.0°F	96.6°F	98.0°F	98.0°F	98.6°F
	Res:	34bl/m	34b/m	24 bl/m	23b/m	22b/m	24 bl/m
	SpO_2:	95%	98%	96%	98%	99%	100%
	Pulse:	137bl/m	135b/m	136 bl/m	140 bl/m	132b/m	122 bl/m
	BP:	101/59(71)	101/59(71)	105/67(80)	110/70	-	112/69 (78)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	12	'12'	12	12	12	12
	Pain Score:	0	'0'	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	~~☑ Yes~~ ☐ No	☐ Yes ☐ No	~~☑ Yes~~ ☐ No	☐ Yes ☐ No	~~☑ Yes~~ ☐ No	~~☑ Yes~~ ☐ No
	Physiotherapy:	Nill	Nill	Nil	Nill	Nil	Nil
	Others Specify:	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ☑ No	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~
	Special Diet:	Soft diet	Ⓢdiet	S.diet	Ⓢdiet	Ⓢdiet	S.diet
	Critical Lab Test / Values:	Nill	Nill	Nil	Nill	-	Nil
	Other Special Orders / Medications:	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ☑ No	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~
	PU Prophylaxis:	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ☑ No	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~
	DVT Prophylaxis:	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~	☐ Yes ☑ No	☐ Yes ~~☑ No~~	☐ Yes ~~☑ No~~
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	dependent	Dependent	dependent
Post Operative Procedure Special Orders:		Nill	Nill	Nil		-	Nil
Handed Over By Name :		Sukejal	Deepika	Sushila	Padma	Akanksha	Sushila
Signature / ID :		607442	607469	816493	606329	606607	816493
Date:		1/7/26	1/7/26	1/7/26	2/7/26	2/7/26	2/7/26
Time:		12:45pm	@2pm	8PM	@8AM	@8pm	@8pm
Taken Over By Name :		Deepika	Sushila	padma	Akanksha	Sushila	Roja
Signature / ID :		607469	816493	606329	606607	816493	816494
Date:		1/7/26	1/7/26	1/7/26	2/7/26	2/7/26	2/7/26
Time:		@8AM	2PM	@2pm	@8AM	2PM	@8PM

VIH-00195892 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: WABRT			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	2/7/26 N	3/7/26 M				
	Medical Condition (Any special condition to be noted):	Nil	nil				
	Diet:	Sdiet	Sdiet				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.7F.	98.6F				
	Res:	25b/m	26b/m				
	SpO_2:		100%				
	Pulse:		82b/m				
	BP:		101/69(Dr)				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	12	12				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	nil				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Sdiet	Sdiet				
	Critical Lab Test / Values:	Nil	nil				
	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):	dependant	dependant				
Post Operative Procedure Special Orders:		CBP, CRP CXR TM	nil				
Handed Over By Name :		Raja	Sruthi				
Signature / ID :		[illegible]	86493				
Date:		3/7/26	3/7/26				
Time:		8 AM	10 AM				
Taken Over By Name :		Sruthi					
Signature / ID :		86493					
Date:		3/7/26					
Time:		8 AM					

Noted by Sruthi 3/7/26 at 10 AM

VIH-00195892 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

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

Date: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 Am	* Maintain Good Nutritional Status. * Ensure Safety.	10 Am	* Encouraged pt to take orally * Provided Side Rails upside.	* maintained Blockasting * Prevented Falls Risk.	* Re-Assessment Done. pt condition is Stable.	Akanksh 2/7/26 @2pm
Afternoon	3 pm 6 pm	Prevent Infection maintain fluid balance	3:10 pm 6:10 pm	To maintain Hand Hygiene To provided DNS 40 ml/hr	To prevented Infection To maintain Hydration	Patient is stable	sushila 2/7/26 at 3pm
Night	10 pm	+ maintain fluid balance + ensure safety	11 pm	+ Administered I/V medication DNS 50ml Hly + provided side daily	+ prevent dehydration + prevent fall risk	+ Re-assessment was done every 4th hourly vital monitor	Raju 3/7/26 @8am

VIH-00195892 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

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: 21/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				discharge note:- doctor advised for discharge			
Afternoon				noted by sanity 31/7/26 at 10 AM			
Night							

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master IMMANUEL FEDRICK**	**Age :**	**12 Y 5 M 16 D**
IP No:	**IP-00060529**	**Sex:**	**Male**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for rance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill rance. In case of failing the submission, I will pay 200/- Rs.
ceivers Signature:.....) Joseph

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: Joseph

Name: JOSEPH

Relationship: father

Date: 01/07/26

Time: 11.07 Am

Witness Name:

Witness Signature:

Patient Address:

h.no-38-29-67/1,shiva nagar colony, opp hermon worshipcentre,sainikpuri, malkajgiri,hyderabad.telangana. Sainikpuri Hyderabad Telangana INDIA 500094

VIH-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

①

.: RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart

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

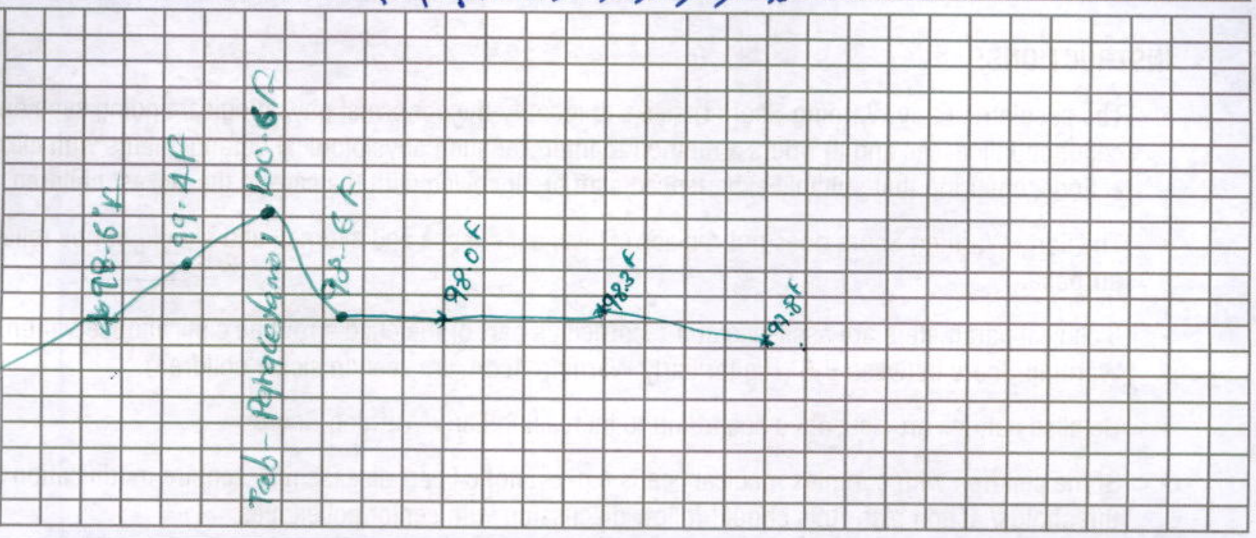
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 1/4/26 Time: 1, 3:45, 4:40, 7, 9, 10, 11, 12, 1, 2, 3, 4, 5, 6, 7, 8

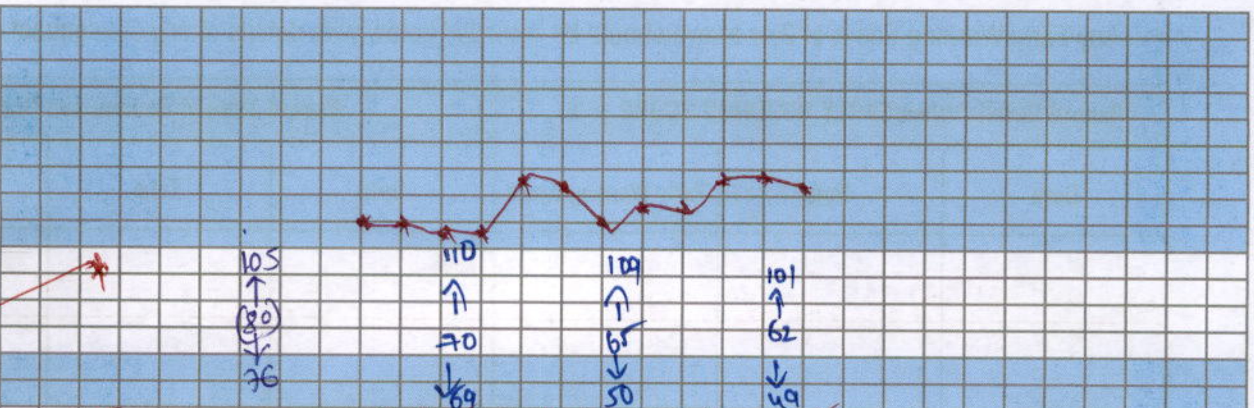
Doctor / Nurse / Family Concern? PM, pm, pm, pm, pm, pm, pm, am, am, am, am, am, am, am, am, am

Temperature (°F) 104–94



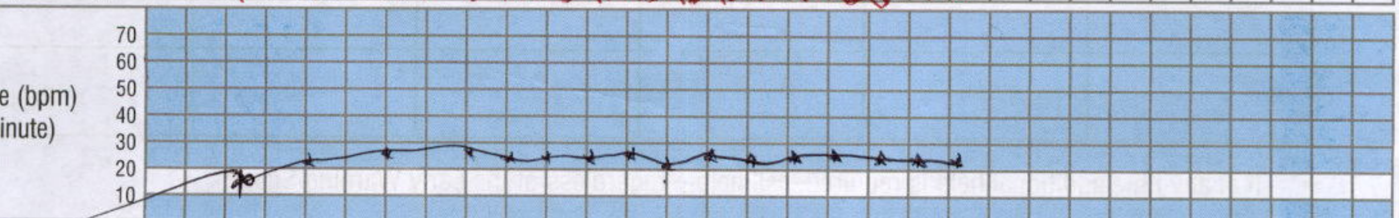
Heart Rate (bpm) and Blood Pressure (mmHg) * 190–50

Note: BP does not score in early warning scoring



Row	Values
Heart Rate (Number)	95, 130, 129, 129, 110, 120, 125, 108, 139, 123, 110, 111, 109, 130, 110, 125

…p. Rate (bpm) (Over 1 Minute) 70–10



Row	Values
Resp Rate (Number)	23, 24, 26, 28, 22, 25, 23, 24, 22, 25, 23, 24, 22, 27, 29, 28
Resp Distress — Mod/ Severe / None / Mild	N, N
Receiving O_2(l/min)	
O_2Saturations (%)	99%, 96, 97, 95, 96, 97, 98, 97, 96, 99, 98, 98, 97, 96, 97, 98, 99, 98
Conscious Level — Normal / Altered	N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N
GCS *	-, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15
TOTAL SCORE Number of shaded boxes	0, 2, 2, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0
Pain Score	0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0
Observer's Initials	D, S, S, S, S, P, P, P, P, P, P, P, P, P, P, P, P

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.

VIH-00195892 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 6 M 16 D (M)
Dr. PREETHAM KUMAR

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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)

VIH-00195692 IP-00080529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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 : 9/7/2026 Time: 9 11 1 3 5 7 10 12 4 7

Doc / Nurse / Family Concern? AM PM PM PM PM PM AM AM AM

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)	112	125	101	106	121	115	111	119	103

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

Resp Rate (Number)	21	20	23	23	24	20	28	30	29
Resp Distress: Mod/ Severe / None / Mild	N	N							
Receiving O_2(l/min)	RA	RA							
O_2Saturations (%)	96	96	99	96	99	98	99	98	99
Conscious Level: Normal / Altered	C	C	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	01	1	1	1	0	0	0	2
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	A	A	AR	AR	AR	AR	AR	AR	AR

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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- 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!
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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-00195692 IP-00060529
Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Doc. No. : RCHBH/ FRM / CLINICAL / 127

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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 : 3/7/26 Time:	9
Doctor / Nurse / Family Concern?	Am
Temperature (°F) (scale 94–104)	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190) Note: BP does not score in early warning scoring	
Heart Rate (Number)	112
Resp. Rate (bpm) (Over 1 Minute) (scale 10–70)	
Resp Rate (Number)	22
Resp Distress: Mod/ Severe	
Resp Distress: None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level: Normal	N
Conscious Level: Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	S

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.

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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)

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Dr. PREETHAM KUMAR

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FLUID CHART

Sheet No. : .....

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

		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 :				D5		**Total Output :**						
1/7/26	02:00 pm			50 ml								
	03:00 pm			50 ml								
	04:00 pm		Rice	50 ml								
	05:00 pm		water	50 ml						✓		
	06:00 pm			50 ml								
	07:00 pm			50 ml								
Total Intake :			300 ml			**Total Output :**						
	08:00 pm			50ml								
	09:00 pm	D	Rice H2O	50ml								
	10:00 pm			50ml						✓		
	11:00 pm	N	Water	50ml								
	12:00 am			50ml								
2/7	01:00 am	S										
Total Intake :						**Total Output :**						
	02:00 am									✓		
	03:00 am		Water H2O									
	04:00 am											
	05:00 am											
2/7	06:00 am		Water							✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : (2) 2/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/7/26	08:00 am		Ridyk									
	09:00 am		H20							✓		
	10:00 am											
	11:00 am		H20									
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :**						
2/7/26	02:00 pm											
	03:00 pm											
	04:00 pm		Rice water							✓		
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
3/7/26	08:00 pm		Rice									
	09:00 pm											
	10:00 pm									✓		
	11:00 pm		H20									
	12:00 am											
	01:00 am									✓		
Total Intake :						**Total Output :**						
3/7/26	02:00 am											
	03:00 am											
	04:00 am		H20							✓		
	05:00 am											
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

3/7/26

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.

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
3/7/26												
	08:00 am									✓	0	
	09:00 am		10 ml water								1	
	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	

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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: ER Shifted to: 218

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		Nill				☐ 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 Neeraj

Date & Time : 1/7/26 @ 10:56 AM

Nurse Name & Signature: Shanthi Shn.

Date & Time : 1/7/26 @ 10:56 AM

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DRUG CHART

Date of Admission: 1/7/26 .... 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 / 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 : T. PARACETAMOL				Date ▸ / Time ▾	1/7 4:40 pm (signed)													
Dose	Route	Frequency	Start Date															
650 mg	PO	6th hrly	1/7/26															
Doctor's Signature	Valid Period	Pharm.																
Dr. [signature]		[signature]																
Additional Instructions: (1 tab = 650 mg) 15 mg/kg/dose (>100°F)																		

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 ....

Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

REGULAR PRESCRIPTIONS

Weight. 51.4 kg Ward. ....

DRUG : INJ. AMOXICILLIN + CLAVULANATE

Dose	Route	Frequency	Start Date
1 gm	IV	THRICE DAILY (8 hourly)	1/7

Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]

Additional Instructions: (Adult dose) 20-30 mg/kg/dose

Date ▸ Time ▾: 1/7/16, 2/7, 3/7

6 AM; 2 PM; 10 PM

Daily Doctor's Endorsement by a Sign

DRUG : [illegible]

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date ▸ Time ▾

Daily Doctor's Endorsement by a Sign

DRUG : CAP. OSELTAMIVIR

Dose	Route	Frequency	Start Date
75 mg	PO	12 hourly	1/7

Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]

Additional Instructions: (1 CAP = 75 mg) 75 mg/dose

Date ▸ Time ▾: 1/7, 2/7

10 AM; 10 PM

Daily Doctor's Endorsement by a Sign

DRUG : NEB. LEVOSALBUTAMOL

Dose	Route	Frequency	Start Date
1.25 mg	PN	3rd hourly	1/7

Name & Signature of the Doctor Starting the Drugs: Dr. [illegible]

Additional Instructions: (1 respule - 1.25 mg)

Date ▸ Time ▾

See the nebulization chart.

Daily Doctor's Endorsement by a Sign

VERIFIED
VERIFIED
VERIFIED

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : NEB. BUDESONIDE

Dose	Route	Frequency	Start Dt.
0.5 mg	PN	12thly	1/7

Name & Signature of the Doctor starting the Drugs: Dr. Deepthi

Additional Instructions: (1 respule = 0.5 mg)

Date / Time: See the nebulization chart.

Daily Doctor's Endorsement by a Sign.

VERIFIED

DRUG : LEVOSALBUTAMOL NEB

Dose	Route	Frequency	Start Dt.
1.25 mg	NEB	2nd hrly	1/7/..

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

Additional Instructions:

Date / Time: See the nebulization chart. Changed to 3rd hrly

Daily Doctor's Endorsement by a Sign.

VERIFIED

DRUG : Inj HYDROCORTISONE

Dose	Route	Frequency	Start Dt.
150 mg	IV	8 hly	1/7/..

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

Additional Instructions:

Date / Time	1/7	2/7	3/7
12 AM	/	[initials]	[initials]
8 AM	/	[initials]	[initials]
4 PM	[initials]	[initials]	

Daily Doctor's Endorsement by a Sign.

VERIFIED

DRUG : LEVOSALBUTAMOL NEB

Dose	Route	Frequency	Start Dt.
1.25 mg	PN	3rd hly	2/7

Name & Signature of the Doctor starting the Drugs: Dr. Deepthi

Additional Instructions: 1 respule = 1.25 mg

Date / Time: CHANGED to 4thly. [signature]

Daily Doctor's Endorsement by a Sign.

VERIFIED

CIN : U85110 TG1998 PTC029914

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15-01-2014 12 Y 5 M 16 D (M)
Dr. PREETHAM KUMAR

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : NEB. LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.
1.25 mg	PN	with nebly	1/7

Name & Signature of the Doctor starting the Drugs: Dr. Nayroli

Additional Instructions: (1 respule = 1.25 mg)

Daily Doctor's Endorsement by a Sign.

of the Nebulization

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.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Master IMMANUEL FEDRICK
15-01-2014 12 Y 5 M 18 D (M)
Dr. PREETHAM KUMAR

IP-00060529

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

	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
1/7/26	8:32 AM	NEB. LEVOSALBUTAMOL	1.25 mg	PN		Shanthi
	8:38 AM	X2				
1/7/26	9:15 AM	NEB. IPRATROPIUM BROMIDE	500 mcg	PN		Shanthi
1/7/26	9:23 AM	NEB BUDESONIDE	0.5 mg	PN		Shanthi
1/7/26	7:30 PM	IVI MAGNESIUM SULPHATE	2g	IV	Dr.	Padma Raji

Master IMMANUEL FEDRICK (M)
15-01-2014 12 Y 5 M 16 D
Dr. PREETHAM KUMAR

51.4 kg

I.V. FLUIDS CHART

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

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
1/9/26	11:20 AM	2 UF - DNS (1/2 Maintance)	IV	50	D	Dsf			

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

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RESULT SHEET

Date	1/7/26	3/7/26				
Time	11:42AM	7:41AM				
Hb	12.2	12.1				
PCV	33.2	33.4				
RBC	4.45	4.46				
WBC	14.07	11.67				
N/L	80.5/10.2	89.1/8.0				
Platelets	359	357				
CRP	23	14				
ESR						
PCT						
RBS						
Na	144					
K	3.8					
Cl	104					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.2					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : Blood cells

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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