Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006682 **Admit Date** : 29-Jun-2026 **Admit Time** : 11:42 AM **UHID** : HNH-00004224

Patient Details :

Patient Name	: Master T. SAMARTH SINGH	**Age**	: 3 Y 10 M 4 D
Guardian	: Mr T. ABHISHEK SINGH	**DOB**	: 25-08-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h. no. 1-1-287/7/2/c bapunagar, Chikkadapalli Market Hyderabad Telangana INDIA 500020	**Phone No**	: 9676687786/ 9502236289
		E-mail	: abhithakur9241@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr T. ABHISHEK SINGH **Relationship** : Father

Contact Address : h. no. 1-1-287/7/2/c bapunagar, Chikkadapalli Market Hyderabad Telangana INDIA 500020 **Phone No** : 9676687786 / 9502236289

Signature

Doctor Details :

Doctor Name : Dr. DILNAAZ FAROOQUI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : ICICI ICICI LOMBARD GENERAL INSURANCE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

HNH-00004224 IP26-00006682 Master T. SAMARTH SINGH 25-08-2022 3 Y 10 M 4 D (M) Dr. DILNAAZ FAROOQUI	Date & Time of Admission 29/06/26 @ 11:42 Am	Date & Time of Transfer Order 29/06/26 @
	Transfer Ordered by Dr. AMIR	Reason for Transfer Admition
From Unit ER	To Unit 302	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 18	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Afsana	

Patient & Clinical Records Received by :
Sr. Sanchaya

Date & Time of Patient Received 29/6/26 @ 1.0 PM.

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

HNH-00004224 IP26-00006682
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

Name: ----- ----------

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

Date of Admission : 27/06/26 Time : 11:41 Date of Discharge : ---------- Time: ----------

Room / Bed No : 304/A Ward : 302 Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/06/26	12:28 PM	ER	302	

Cross Consultation Visit

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

HNH-00004224 IP26-00006662
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	Infusion Pump	29/6/26 @ 1 pm		9227	sandhya

INVESTIGATIONS

Date	Investigations	Order No.	Sign
29/6/26	CBP CRP Dengue NS1Ag widal, Blood ds.	0583	Gunjan
	VBG.	0584	
29/6/26	USG Abdomen & pelvis	7735	Sandhya
29/6/26	Stool Routine.	10598	Sandhya.
29/6/26	Urine C/S	10611	
29/6/26	CUE	10612	
29/6/26	Electrolyte, LFT	10614	

IP26-000056
ARTH SINGH
3 Y 10 M 4 D
Dr. DILNAAZ FAROOQUI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	IV placement.	2	9173	
29/6/26	NHA	(1)	209391	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____ HNH-00004224 IP26-00006682
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

History & Physical Examination

Name : Age/Sex 3y/male

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

fever x 5 days
Loosestools x 4 days
Intermittent Vomiting x 2 days,
poor oral intake

History of present illness :

fever x 5 days. high grade. drowsiness with cough not abo chills and rigors. partially relieved on oral medications

Loosestools x 4 days. watery consistency, not abo blood or mucous / blood, increased purge rate 8 to 10 / day a/w Intermittent Vomiting and poor oral intake

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

Birth & Neonatal History :

Normal

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for age

Immunization History :

As per age

Dr. DILNAAZ FAROOQUI

Anthropometry

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

Weight (kgs) 13kg (Centile _____)

On Examination :

Temperature : 100.3F Pulse Rate: 116/min Description _____

B.P. _____ SPO2 94% at RA

Resp. rate and type of breathing : _____

Rash _____ No. Signs of dehydration ⊕ Sunken eyes ⊕ dry tongue, lips dull activity

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE ⊕. clear

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : $S_1 S_2$ ⊕

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft Non tender

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score :

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator : NAD

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute Gastroenteritis with dehydration

Preventive aspects of the treatment :

Parent compliance

Desired goals of the treatment :

Planned Labs :

CBP, CRP, VTSG
- Dengue NS1 IgM
- Widal test
- TSWood culture
- Urine culture, CUE - done
- Stool Routine
- USG Abdomen

Planned Management :

- IV fluids
- IV Antibiotics
- Supportive care

If IV fluids 6-6 am (NS 10ml/kg)

Monitor vitals and Inform SRs

Notes by @ Home

Please fill up the following details

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

Doctor's Signature Name _____ Date _____ Time _____

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6 3:00pm	C/S/B Dr. Naipunya AGE c dehydration. loose stools (+) Vomiting (+). oral intake - poor. R/S - B/L AE (+) P/A - Soft, NT	Plan - Cont. Inj. ceftriaxone - Cont Syp. Zinnova DATROLAC Sachet REDOTIL Sachet- - Encourage orally - Monitor vitals Ref
29/6/22 5 PM	C/S/B Dr. Amulet AGE c dehydration 2 loose stools (+). Oral intake - poor O/E - vitals stable S/E - P/A - SNA, NT, hepatomegaly (+)	Plan - Inj. Ceftriaxone. - Encourage orally - Force CUE, urine C/S, blood C/S. - Force Dengue analysis. - Force US, ATP report. - Send LFT in same sample Electrolytes Dr. D. Amulet Noted by Swathi @ 8pm (P.T.O) 29/6/22

HNH 3224 IP26-00006682
Mrs RAMARTH SINGH
25 3 Y 10 M 4 D (M)
Dr. AZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: ..... 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.

13 kg

SOS / PRN (As Required Medication)

DRUG : SYP. CROCIN DS				Date / Time
Dose: 4ml	Route: PO	Frequency: SOS/6H	Start Date: 26/08	
Doctor's Signature: Sinhalk	Valid Period:	Pharm.:		
Additional Instructions: (5ml/240mg)				

DRUG : SYP. IBUGESIC				Date / Time
Dose: 4ml	Route: PO	Frequency: SOS/8H	Start Date: 26/08	
Doctor's Signature: Sinhalk	Valid Period:	Pharm.:		
Additional Instructions: (5ml/100mg)				

DRUG : INJ. ONDANSETRON				Date / Time
Dose: 2.5mg	Route: IV	Frequency: 8H	Start Date: 26/08	: See regular medications
Doctor's Signature: Sinhalk	Valid Period:	Pharm.:		
Additional Instructions:				

HNH-00004224 IP26-00008682
Master T. SAMARTH SINGH
25-06-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

REGULAR PRESCRIPTIONS

Weight. 13 kg Ward.

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
650mg	IV	12H	29/06

Name & Signature of the Doctor Starting the Drugs: Subhash

Additional Instructions: Give over 1-2 hours

Daily Doctor's Endorsement by a Sign

Date / Time	29/6
6am	2pm
6pm	3PM

DRUG : INJ. ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
10mg	IV	OD	29/06

Name & Signature of the Doctor Starting the Drugs: Subhash

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6
6am	2PM

DRUG : DAROLAC SACHET

Dose	Route	Frequency	Start Date
1 sachet	PO	12H	29/06

Name & Signature of the Doctor Starting the Drugs: Subhash

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6
6am	2pm
6pm	3PM

DRUG : SYP. ZINCONIA

Dose	Route	Frequency	Start Date
5ml	PO	OD	29/06

Name & Signature of the Doctor Starting the Drugs: Subhash

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/6
2pm	

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MRN-00004224 IP28-00005882
Name: T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. SHAAZ FAROOQUI

REGULAR PRESCRIPTIONS

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

Sheet No: .....

DRUG : REDOTIC (10mg) SACHET

Dose	Route	Frequency	Start Dt.
1 Sachet	PO	BH	29/06

Name & Signature of the Doctor Starting the Drugs: Sushanth

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
29/6	
6am	X
2pm	DH
10pm	

DRUG : INJ. ONDANSETRON

Dose	Route	Frequency	Start Dt.
2.5mg	IV	BH	29/06

Name & Signature of the Doctor Starting the Drugs: Sushanth

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
29/6	
6am	X
2pm	DH
10pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

VERIFIED BY : Name Signature

HNH-00004224

HNH-00004224 IP25-00008682
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

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
24/06	11:20PM	IVF - NS	130ml over 1hour	IV	Sushant	Sughana Afsana

Master T. SAMARTH SINGH IP28-0000682
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

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
29/06	2:30pm	IVF - DNS (2/3 m/	IV	30					

UHID-00004224 IP26-00005662
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

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

BirthRight® BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: Nill ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 30rd floor 302

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 : Samarth

Date & Time : 24/06/26.

Nurse Name & Signature: Haneen /

Date & Time : 24/06/26 @ 12:28 PM

HIN-00004224 (P28-00008882)
T. SAMARTH SINGH
29-06-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

wt - 13.0 kg

Rainbow Children's Hospital | BirthRight

EMERGENCY ROOM TRIAGE FORM

Patient's Name : T. Samarth singh Age : 3 years 2 Gender : ☑ Male ☐ Female

Date : 29/6/26 Time of Arrival : 11:20 AM ☐ Not known

Allergies : ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify) :

Source of Information : ☑ Parents ☐ Others (Specify) :

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs : Temp : 100.3 F PR : 154/m BP : RR : 26/m SpO2 : 98%

Chief Complaints : c/o fever, vomiting, loose motions since 3 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance: ☐ Normal ☐ Sick Looking

Circulation / Colour: ☑ Normal ☐ Abnormal ☐ Bleeding

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

INITIAL PHYSIOLOGICAL STATUS

☑ Stable

☐ Unstable :
- ☐ Not – Life – Threatening
- ☐ Life – Threatening

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

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

• CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 11:22 AM

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No

   If yes, State Location: .....

2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

HN#:00004224 IP26-00006682
Master T. SAMARTH SINGH
25-06-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 29/6/26 Time of arrival : 11:20 AM

Chief Complaints: C/O Fever since 5 days, vomiting, motions. RBS: .....

Height : ..... Weight : 13.1 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): 29/06/26 @ 11:22 AM

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 11:22 AM

(P.T.O.)

25-06-2022 3 Y 10 M 4 D
Dr. DILNAAZ FAROOQUI

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

Time	Nursing Notes
	→ Assessed the pt condition → Checked the pt vitals → Medication given to the pt

Samples collected by: / Sugendhar @ 29/06/26 Time: / 11:50 Am.

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :

HR: 111 bpm BP: ..... CFT: .....

RR: ..... SPO_2 : 98 %.

GCS: ..... Temperature : 99.8 °F

Pain Score: 0

Repeat RBS (if applicable): .....

Details of Shift - out

Shift - out from ER to: 3rd floor / 302

Time of Shift - out: 12:28 pm

Handover given to: S. Sandhya.
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Bradin Signature of the Nurse :

Date & Time : 29/6/26 @ 11:22 Am

HNH-00004224 IP26-00006682
Master T. SAMARTH SINGH (M)
25-08-2022 3 Y 10 M 4 D
Dr. DILNAAZ FAROOQUI

302

HNH-00004224 IP26-00006682
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D
Dr. DILNAAZ FAROOQUI

nbow® ldren's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	29/6					
Time	12:30pm					
Hb	9.4					
PCV	25.5					
RBC	3.1					
WBC	5050					
N/L	76/20					
Platelets	1.19/lakh					
CRP	8.6					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

P.T.O.

Patient Sticker

Doc. No.

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Children's Hospital

It takes a lot to treat the little

BY RAINBOW HOSPITALS

Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/26. Time:	2pm	6 pm	
Doctor / Nurse / Family Concern?			
Temperature (F) (104–94)	98.3 F	98.6 F	
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	90/70	99/72	
Note: BP does not score in early warning scoring			
Heart Rate (Number)	156 b/m	128 b/m	
Resp. Rate (bpm) over 1 Minute) * (70–10)			
Resp Rate (Number)	25 b/m	26 b/m	
Resp Distress — Mod/ Severe			
Resp Distress — None / Mild			
Receiving O_2 (l/min)			
Saturations (%)	99%	99%	
Conscious Level — Normal			
Conscious Level — Altered			
*			
TOTAL SCORE — Number of shaded boxes	0	0	
Score	0	0	
Observer's Initials	[illegible]	(SU)	

Score 1	:	Continue normal observation by staff nurse
Score 2	:	Shift in charge nurse to be informed and continue hourly observations

Patient

HNH-00004224 IP26-00006682
Master T. SAMARTH SINGH
25-06-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

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			ADMISSION								
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
29/6	02:00 pm			30ml			✓					
	03:00 pm			30ml								
	04:00 pm	DNS	NPO	30ml			✓			✓		
	05:00 pm			30ml			✓	NPO				
	06:00 pm		+ HD	30ml			✓			✓		
	07:00 pm			30ml								
Total Intake : Taken						Total Output : U - 2 m - 4						
	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	

HNH-00004224 IP28-00006882
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm to 8pm	→ Assess the pt condition → monitor vitals & record → maintain I/O chart → Administer medication as per drug chart	2pm to 8pm	→ Assessed the pt condition → monitored vital & recorded → Maintained I/O chart → Administered medication as per drug chart	⇒ pt is stable	⇒ Recorded vitals	
Night							

HNN-00004224 IP26-00006882
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

Rainbow Children's Hospital | BirthRight

BRADEN 'Q' SCALE

				Date : / Time :	29/5/26 / 2 pm			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
'Activity The degree of physical activity'	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair'	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate: OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation. OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness. OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned. OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	28			
				Evaluator's Name	[signature]			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

HINH-00004224 IP26-00006682
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

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

Signature of Ward In Charge :

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

Patient Sticker

HNH-00004224 IP26-00006682
Master T. SAMARTH SINGH
25-08-2022 3 Y 10 M 4 D (M)
Dr. DILNAAZ FAROOQUI

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 - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis:

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	29/6/22 morning	29/6/22 Evening				
Medical Condition (Any special condition to be noted):	–	–				

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.3°F	98°F				
Res:	25/m	20/m				
SpO_2:	99%	99%				
Pulse:	115/m	112/m				
BP:	99/70	100/70				
Fall Risk Score:	–	–				
Pain Score:	–	–				

Recommendations

Safety Needs:	Yes	Yes				
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	–	–				
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	–	–				
Post Operative Procedure Special Orders:	–	–				
Handed Over By Name :	Sandhya	Shraddha				
Signature :						
Date:	29/6/22	29/6/22				
Time:	2pm	8pm				
Taken Over By Name :	Shraddha					
Signature :						
Date:	29/6/22					
Time:	8pm					

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Patient Name	Master T. SAMARTH SINGH	Patient Ph. No	9676687786
Age	3 Y 10 M 4 D	Requisition No	R2626-007735
Gender	Male	Collected on	29-06-2026 01:56 PM
IP / Bill No.	IP26-00006682	Received on	29-06-2026 02:52 PM
UHID No.	HNH-00004224	Reported on	29-06-2026 02:52 PM
Ref. Doctor	DILNAAZ FAROOQUI	Ward / Bed No	

ULTRASOUND ABDOMEN

LIVER : Normal in size and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

GALL BLADDER : Distended well. Mild wall thickening measuring 5 mm noted. No evidence of calculi. Common bile duct appears normal.

SPLEEN : Normal in size (10.8 cm) and echotexture.

PANCREAS : Normal in size and echotexture in head and proximal body. Rest obscured due to bowel gas.

KIDNEYS : Right kidney : 7.3 x 2.9 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.
Left kidney : 7.6 x 3.4 cm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

URINARY BLADDER : Distended well and shows internal echoes.

There are multiple small lymph-nodes noted along the mesentery in the RIF and periumbilical region, largest measuring 1.8 x 0.9 cm - in keeping with mesenteric adenopathy.
Mild free fluid noted in the peritoneal cavity.
Visualised large bowel is fluid filled with preserved peristalsis, maximum luminal diameter measuring 1.9 cm at the sigmoid colon. No wall thickening / pericolic inflammatory changes

For Further Details Scan QR Code

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name	Master T. SAMARTH SINGH	Patient Ph. No	9676687786
Age	3 Y 10 M 4 D	Requisition No	R2626-007735
Gender	Male	Collected on	29-06-2026 01:56 PM
IP / Bill No.	IP26-00006682	Received on	29-06-2026 02:52 PM
UHID No.	HNH-00004224	Reported on	29-06-2026 02:52 PM
Ref. Doctor	DILNAAZ FAROOQUI	Ward / Bed No	

Impression

*** Mild gall bladder wall thickening.**
*** Mild splenomegaly.**
*** Internal echoes in urinary bladder - Suggested CUE correlation to rule out cystitis.**
*** Fluid filled colon as described. No evidence of sonographic features of colitis at present.**
*** Multiple small lymph-nodes along the mesentery in the RIF and periumbilical region - in keeping with mesenteric adenopathy.**
*** Mild free fluid in the peritoneal cavity.**
- For clinical correlation.

Dr. YELMAREDDY POOJA REDDY
MD, CONSULTANT RADIOLOGIST
Reg No: 74406

Note: Clinically Correlate, Kindly discuss if necessary.

For Further Details Scan QR Code