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fc

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

DISCHARGE SUMMARY

Name	Baby SYEDA ZAINAB MOOSVI	**UHID**	HNH-00013857
Father/Guardian	Mr SYED MOHD MOOSVI	**Age/Gender**	7 Y 5 M 0 D/ Female
Address	22-3-111/1, MATA KI KHIDKI, Dabeerpura North, Hyderabad, Telangana, INDIA, 500024		
IP No	IP26-00006856	**Admission Date**	15-07-2026
Ref Doctor	Self.		
Discharge Date	18.07.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRTION	

History: Baby SYEDA ZAINAB MOOSVI is a 7 Y 5 M 0 D , old girl presented with history of loose stools since 2 days, associated with fever since 1 day, multiple vomitings since morning, decreased oral intake and dull activity, prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Name	Baby SYEDA ZAINAB MOOSVI	UHID	HNH-00013857
IP No	IP26-00006856	Admission Date	15-07-2026

Examination: She was afebrile, maintaining saturations at room air. Her heart rate was 96/min, blood pressure was 109/49 mmHg and RR - 25/min. On examination signs of dehydration were present in form of dry lips, oral mucosa, delayed skin turgor, decreased urine output, dull looking, sunken eyes. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 24 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.37, pCO2 of 39.7 mmHg, pO2 of 42 mmHg, HCO3 of 21.9 mmol/L and BE of -2.9 mmol/L.

Initial hemogram showed Hemoglobin of 13.7 gm%, White Blood Cell count of 9950 cells/cumm, platelet count of 2.93 lakhs/cumm and C-Reactive Protein of 13 mg/l. Complete urine examination was normal. Typhidot IgM was negative.

Management: She was admitted in the ward and started on intravenous fluids and intravenous antibiotics. She was treated symptomatically with antiemetics, antacids and antipyretics. In view of loose stools, she was administered probiotics and advised gastrodiet.

She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms settled gradually.

Name	Baby SYEDA ZAINAB MOOSVI	**UHID**	HNH-00013857
IP No	IP26-00006856	**Admission Date**	15-07-2026

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Medications given during hospital stay:
Injection. Ondem
Injection. Ceftriaxone
Enterogermina respule
Redotil sachet
Syrup. Zinc
Injection. Esmoprazole
Nasoclear nasal drops
Syrup. Xyzal
Metatop nasal spray

Advice:
* Diet as advised.
* Pediasure milk powder.

Name	Baby SYEDA ZAINAB MOOSVI	UHID	HNH-00013857
IP No	IP26-00006856	Admission Date	15-07-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	Syrup. Taxim O Forte (5ml/100mg)	6 ml	8am - 8pm (after food)	For 2 days.
2	Syrup. ZINCONIA	5 ml	10am (after food)	For 11 days
3	Enterogermina respule	1 respule	thrice daily	For 3 days.
4	Syrup. Xyzal	2.5 ml	9 pm	For 5 days.
5	Metatop nasal spray	1 puff each nostril	twice daily	For 5 days
6	Syrup. ZINCOVIT	5 ml	10am (after food)	For 30 days
7	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Plan: To review with ENT on followup.

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 7.5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
* Tepid sponging if fever > 101 *F.

Review consultation with Dr. DILNAAZ FAROOQUI on Monday(20.07.2026) at

Name	Baby SYEDA ZAINAB MOOSVI	**UHID**	HNH-00013857
IP No	IP26-00006856	**Admission Date**	15-07-2026

Himayatnagar in OPD with prior appointment **(Review consultation will be charged)**.

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

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Name	Baby SYEDA ZAINAB MOOSVI	**UHID**	HNH-00013857
IP No	IP26-00006856	**Admission Date**	15-07-2026

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006856 **Admit Date** : 15-Jul-2026 **Admit Time** : 10:49 PM **UHID** : HNH-00013857

Patient Details :

Patient Name	: Baby SYEDA ZAINAB MOOSVI	**Age**	: 7 Y 4 M 29 D
Guardian	: Mr SYED MOHD MOOSVI	**DOB**	: 16-02-2019
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 22-3-111/1, MATA KI KHIDKI Dabeerpura North Hyderabad Telangana INDIA 500024	**Phone No**	: 8801707622/ 9985085648
		E-mail	: MOOSVI786@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 SYED MOHD MOOSVI **Relationship** : Father

Contact Address : 22-3-111/1, MATA KI KHIDKI Dabeerpura North Hyderabad Telangana INDIA 500024 **Phone No** : 8801707622

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 5000.00

Payment Mode : DC/CC Card **Payor Name** : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

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ACTIVITY RECORD FOR BILLING

HNH-00013857 IP26-00006856
Name: -- Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

UHID No

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

Date of Admission : ---------- ...me : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/7/26	11.30Pm	ER	211	A.D

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Megha Jain	16/7/26	14318	
2.				
3.	cross checked done by Supriya 7.33 Am @ 17/7/26			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
15-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	CRP	11808	
	CRP		
15/7/26	VBG	11807	
	Blood cls	6011809	
	Typhidot		
16/7/26	CUE	11858	
16/7/26	X-ray Nasopharynx	8621	

X-ray done
Cross clock done by Supriya

HNH-00013857 IP26-00006856
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16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	Infusion Pump	12AM	18/7/26 @8:00	4216	[signature]

Cross check done by [signature]

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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
15/7/26	IV placement	1	14180	[illegible]
16/7/26	NHA		14346	[illegible]
17/7/26	IV Placement	1	14758	[illegible]

cross check done

cross checked done by Supriya 9pm @ 17/7/26

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
18-02-2019 7 Y 4 M 28 D (F)
Dr. DILNAAZ FAROOQUI

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

Pedi... sical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o loose stools since 2 days
c/o fever since 1 day.
c/o. vomiting since morning.
c/o. decreased oral Intake & decreased activity

History of present illness :

child presented to ER with c/o loose stools multiple episode (15-20 times) since 2 days. c/w watery & mucoid consistency, not c/w blood
c/o fever since 1 day, high grade Intermittent
c/o vomiting since morning multiple Episode containing food particle non bilious non projectile.
c/o decreased urine output.
c/o decreased oral Intake & decreased activity.

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

Nil

Birth & Neonatal History :

O T D

Birth & Socio Economic History :

About Father :

About Mother : Nil

Any additional Information :

Developmental History :

Appropriate

Immunization History :

Up to date.

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

an History & Physical Examination

Anthropometry

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

Weight (kgs) _____ (Centile _____)

On Examination :

Temperature : ~~Afebrile~~ Pulse Rate: 96/min Description _____

B.P. 109/49 (67) SPO2 99%. at _____

Resp. rate and type of breathing : _____

Sign of dehydration (+).
Sunken Eye (+).
dry lips (+) dull look
dry oral mucus (+) prolyn skin turg.

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

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

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 (+)

Any murmur : No

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

Per Abdomen :

Inspection _____

Palpation : Soft, Not distended

Ausculation : No organoly

Spine: _____ External Genitelia : _____

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
15-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

Central Nervous System :

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

Cranial Nerves : N

Motor System :

Nutrition :

Tone : N Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

N

Bladder / Bowel :

Clinical Summary & Diagnostic :

AGE T dehydration,

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBP
CRP
VBG, typhidot
CUE.
Plan. (Bl c/s - ~~take ... ~~) send
1 Extra plain sample

Planned Management :

- IV fluids.
- ORS. (200ml Each stool)
- Zn syp (20mg/5ml) 5ml.
- Inj ONDAM. 4mg iv TID
- Inj Esomeprazole 20 mg iv OD
- PROG-A sachet 1-0-1 x ~~days~~
- N/H (U/O) (BP).
- Redotil sachet 1-1-1
- ENTEROGERMINA Rupul
- Inj CEFTRIAXONE. 1-0-1
- Inform if Not Passed urine in next 3-4 hours

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 ______ on whose name the patient is being referred

Dr. DILNAAZ FAROOQUI Reg. No: 38285

Doctor's Signature Name Dilnaaz Date 16/7/26 Time 10 am

HNH-00013857 IP26-00006856
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16-02-2019 7 Y 4 M 29 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr Anuha	
16/7/26 1 AM	AGE c̄ dehydration	
	loose stools (+)	
	vomiting (+)	
	fever (+)	– IV fluids (2/3 m)
		– Inj ONDEM
	vital stable	Inj CEFTRIAXONE
		Inj Esomeprazole
	once urine passed.	c̄
		– Redotril
		Enterogermina respule.
		– [U/O, BP] strict Monitoring
		– (T) samples.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 7 50 AM	c/i by Dr Anushe	
	AGE c̄ dehydration	
		c/o Snoring (+) mouth open Breath
	vital - stable	
		- IV fluids
	c/o - Pain abdomen c̄ loose stools	- Inj CEFTRIAXONE
	loose stools - 6 Episod	- Enhona orally.
	fever - No	- Inj ONDEM
	vomiting - No	Omoprazole
	Activity - Moderate.	— REDOTIL
		Enterogermina
	S/E	- Plan X Ray NP after Rounds
	P/A soft Non tender	- [U/o, BP] monitoring
		- CUE - due.
	Af	Noted by Sr. Sandhya 16/7/26

HNH-00013857 IP26-00006856
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16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 9:00 AM	C/s/13 Dr. Dilnaaz	
	AGE ̄c dehydration.	
	No. fever.	Plan
	loose stools (+) (6-8 episodes)	- Cont IVF
	No further vomiting.	- cont Ceftriaxone
	Snoring (+).	- X-ray Nasopharynx now. ↓ ENT opinion
	R/S - B/L AE	
	P/A - soft NT	- Cont RACDOTIL. Enterogermina.
	U/O/P - Adequate	- Send CUE
		- Monitoring vitals
		- Chi.

Dr. DILNAAZ FAROOQUI
Reg. No: 38285

Dilnaaz

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 30 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/9/26 2:30pm	S/B Dr. Sreeghan	
	DAGE c dehydration	Plan
	C/o loose stools	- CT CEFTRIAXONE
	CVS - S1S2 ⊕	- CT ZINC
	RS - BL AE ⊕	Enterogermina
	P/A - soft	- Encourage orally
	Conscious	
		- (T) CVE
		- ENT opinion for snoring
	[signature]	

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 30 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/25 SDM	c/s/c Dr. Dilnaaz AGE c dehydration. -Snoring (+). Loose stools (+) O/E - vitals stable. O/E - WNL.	Plan - Ct. IV Abx. - 2 inc Bilateroscopic. - ENT opinion for Adenoid hypertrophy. - Probable D/s tomorrow. Dr B Sreethan C SDM Dr. DILNAAZ FAROOQUI Reg. No: 38285 Dilnaaz

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 5 M 0 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/07/26 7 AM	C/Ik. Dr. Sushant / Dr. Thanvi	
	AGE with dehydration	
	Loose stools ⊕	
	Swelling ⊕ Wild cough ⊕	
	O/E vitals stable	
	Hydration good sunken eyes ⊕	
	S/E :- NAD	
		Adv
		✓ Inj Ceftriaxone
		✓ Supportive care
		✓ Monitor vitals and
	✓ IV fluids (2/3 m)	Inform SOS
		✓ ORS as accepted
		Sushant
		NB- Supriya 7:34 AM @ 17/7/26

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI (F)
18-02-2019 7 Y 5 M 0 D
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7 10am	c/B/B Dr. Dilnaaz	
	Acute Gastroenteritis c̄ Dehydration	
	loose stools ⊕ (Multiple)	Plan
	Smoking ⊕	1) IVF - 2/
	oral intake less	2) Inj Ceftriaxone
		3) Inj Ondem
		4) Inj Esomeprazole
	O/E - Hydration - improving	5) Redotil
	CFT < 3s	6) Enterogermina
	RS - B/L AE ⊕	7) Zinconia
	P/A - Soft	8) Syp Xyzal
		9) Encourage orally
		N/B Dilnaaz

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 5 M 0 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 2:15 PM	S/B Dr. Sreeshan	
	Δ AGE ē dehydration	Plan
		CF CEFTRIAXONE
	CVS - S1 S2 ⊕	CF ONDEM
	RS - BIL - AE ⊕	ESMOPRAZOLE
	P/A Soft	CF REDOTRIL
	Conscious	ENTEROGERMINA
		ZINC
		Encourage orally
		IV fluids @ 30ml
		WHO-ORS 10ml each loose stool
		NB Sreeshan @ 2:15 P.M

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
18-02-2019 7 Y 5 M 1 D (F)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Dilnaaz.	
17/7/26		
8:30pm	Δ: AGE ? dehydration.	Adv start · Pediasure & Zincovit 1 week after discharge } mention in D/S. · Discharge c/m
	loose stools: 1 episode oral acceptance - good	
	o/E vitally stable	· Ct rest same.
	s/e wnl.	· Start metatop spray · Discharge on Cefixime, Enterogermina, Zinc.
		Dilnaaz Dr. DILNAAZ FAROOQUI Reg. No. 38265 noted by Sr. Sandhya
18/7 7:00AM	c/s/13 Dr. Ataipuya / Dr. Archana	
	AGE ? dehydration.	plan
	loose stools (↓↓)	- Discharge today.
	oral intake - fair.	oral Cefixime. Enterogermina. Zinc Syrup.
	vitals - stable.	
	P/A - soft, NT	- pediasure & Zincovit 1 week after D/C.
		Dilnaaz noted by Sr. Sandhya 18/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 6:45 am	S/B Dr Dilnaaz	
	Loose stools ↓	
	Stool — solid in consistency	
	No vomitings, no fever	
	Oral intake — satisfactory	
	O/E Afebrile	
	Active	
	Vitals	
	P/A — soft no tenderness	
	Other S/E - NAD	
		Adv
		— Discharge today
		— SYP TAXIM-O
		x 2 days
		— SYP ZINCOVIT
		x 11 days
		— ENTEROGERMINA
		oral sol.
		BD x 2 days
		— SYP XYZAL
		x 5 days
		— METATOP SPRAY
		x 5 days
		— Review on Mon C Dr Dilnaaz ENT

Dr. DILNAAZ FAROOQUI
Reg. No. 38285

HNH-00013857 IP26-00006856
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CONSULTATION FORM

Doctor Name: Dr. Dilnaaz. Date: .... Time: ....

Diagnosis: ....

Hospital: ....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Baby Zainab

Signature:

Findings and Recommendations :

Known history of ADHD
Stopped medications
Usage - around three.
Complaints from school for behavior
need therapies as suggested by (usage)
showing improvements since stopped the medicine
environmental changes are suggest

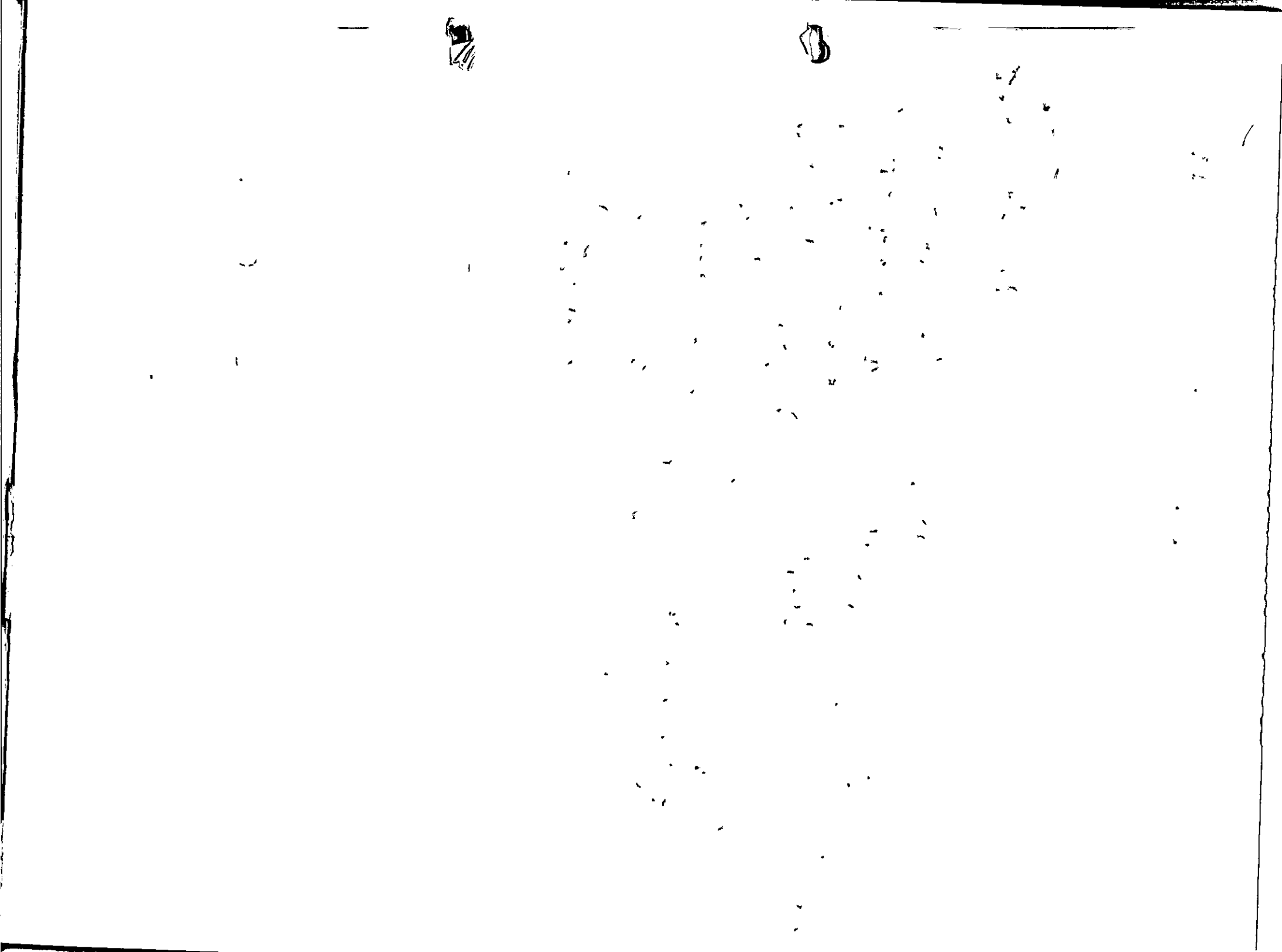
3rd std.
St Pauls School
Music class
Dance.

Diet
Environmental changes.

Consultant :

Name: Dr. Megha Jain Signature: [signature] Date & Time: ....

Doc. No. : RCH / FRM / CLINICAL / 049



HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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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.

SOS / PRN (As Required Medication)

DRUG : CROSIN DS SYP				Date / Time
Dose	Route	Frequency	Start Date	
7-5ml	PO	SOS	15/7	
Doctor's Signature		Valid Period	Pharm.	
A				
Additional Instructions: (240mg/5ml)				

DRUG : SYP IBUGESIC				Date / Time
Dose	Route	Frequency	Start Date	
7ml	PO	SOS	15/7	
Doctor's Signature		Valid Period	Pharm.	
A				
Additional Instructions: (100mg/5ml)				

DRUG : PROLYTE ORS.				Date / Time
Dose	Route	Frequency	Start Date	
		addlib	15/7	
Doctor's Signature		Valid Period	Pharm.	
A				
Additional Instructions: (150-200ml with each stool)				

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 30 D (F)
Dr. DILNAAZ FAROOQUI

REGULAR PRESCRIPTIONS

Weight. 24kg Ward. .....

DRUG : I/V CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.2gm	iv	BD	15/7/16

Name & Signature of the Doctor Starting the Drugs: Af.

Additional Instructions: 1.2g in 50cc NS over 1 hour

Date/Time	15/7	16/7	17/7	18/7
10AM	X			
10PM	12:28 AM			

Daily Doctor's Endorsement by a Sign

DRUG : I/V ONDEM

Dose	Route	Frequency	Start Date
4mg	iv	TID	15/7

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Date/Time	15/7	16/7	17/7	18/7
6AM	X			
2PM	X			
10PM	12:16 AM			

Daily Doctor's Endorsement by a Sign

DRUG : Intraguine Respules

Dose	Route	Frequency	Start Date
1 Repul.	PO	TID	15/7

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions:

Date/Time	15/7	16/7	17/7	18/7
6PM	X			
2PM	X			
10PM	12:20 AM			

Daily Doctor's Endorsement by a Sign

DRUG : REDOTICS ACHET

Dose	Route	Frequency	Start Date
1	PO	TID	15/7

Name & Signature of the Doctor Starting the Drugs: Af

Additional Instructions: 30mg. (3x10mg Sachet)

Date/Time	15/7	16/7	17/7	18/7
6AM	X			
2PM	X			
10PM	12:20			

Daily Doctor's Endorsement by a Sign

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : ZINC SYP

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	15/7

Name & Signature of the Doctor Starting the Drugs: Af once daily.

Additional Instructions: ZINCONIA (20mg/5ml)

Daily Doctor's Endorsement by a Sign

Date/Time	15/7	16/7	17/7
12 AM			
10 PM			

DRUG : Inj ESMOPRAZOLE

Dose	Route	Frequency	Start Dt.
25mg	iv	OD	15/7

Name & Signature of the Doctor Starting the Drugs: Af.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	15/7	16/7	17/7	18/7
12 AM				
6 AM				

DRUG : Nausea mask plus

Dose	Route	Frequency	Start Dt.
2°	BLN	QID	16/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7	18/7
2 AM			
12 AM			
6 AM			
12 PM			
6 PM			

DRUG : XYZAL. SYP

Dose	Route	Frequency	Start Dt.
2.5ml	PO	at bed time	16/07

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: At Night

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7
10 PM		

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI (F)
16-02-2019 7 Y 5 M 0 D
Dr. DILNAAZ FAROOQUI

Rainbow® Children's Hospital
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

				Date/Time
DRUG : METATOP nasal spray				18/7
Dose	Route	Frequency	Start Dt.	
1 puff	nasal	BD	17/7/26	
Name & Signature of the Doctor Starting the Drugs:				10am
Additional Instructions:				10pm
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
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				

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
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.	

VERIFIED By ..... Name ..... Signature .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

I.V. FLUIDS CHART

Weight. 24kg 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
15/7/26.	11pm	IV fluids DNS. (full maint). ↓	iV	60ml/h ↓	[signature]	[signature] [signature]			[signature] [signature]
16/7	2 AM	(Till o/o) (2/3 M)	iv.	38ml/h ↓	[signature]	[signature] [signature]			[signature] [signature]
16/7.	6PM	IVF DNS (1/2 M)	IV	30ml ↓	[signature]	[signature] [signature]			[signature] [signature]
17/7	7AM	IVF - DNS (2/3 m)		40ml/h	[signature]	[signature] [signature]			[signature] [signature]
				30 ml	[signature]	[signature] [signature]			

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

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RESULT SHEET

Date	15/7/26					
Time						
Hb	13.7					
PCV	38.2					
RBC	4.96					
WBC	9.95					
N/L	67.8/22.8					
Platelets	293					
CRP	13					
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						

Date	16/7/26					
Time						
CUE - Alb						
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	4-5					
CUE - RBC Cells	Nil					
CUE Epithelial cells — 2-3						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient Sticker

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/7/26 Time: 12am 2am 6am

Doctor / Nurse / Family Concern?

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

*97.3°F *98.4°F *97.2°F

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

99 100 103

70 60 70

Heart Rate (Number) 110b/m. 126b/m 110b/m

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

Resp Rate (Number) 28b/m 22b/m 28b/m

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)		99%	99%	99%
Conscious Level	Normal / Altered			
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		0	0	0
Pain Score		0	0	0
Observer's Initials		S	S	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.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

Patient Sticker

SCHOOL AGE (5-12 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 : 16/7 Time:	10AM	1pm	6pm	10 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?						
Temperature (F)	98.3°F	97.3°F	98.2°F	97.5°F	97.7°F	97.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	101 (77) 62	104 (75) 64	92 (80) 68	100 (75) 64	10 (79) 66	
Heart Rate (Number)	114b/m	110b/m	98b/m	112b/m	114b/m	
Resp. Rate (bpm) (Over 1 Minute) *				*	*	
Resp Rate (Number)	24b/m	23b/m	25b/m	28b/m	28b/m	
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	99%	99%	100%	
Conscious Level: Normal / Altered						
GCS *				15/15	15/15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials						

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 5 M 0 D (F)
Dr. DILNAAZ FAROOQUI

RM / CLINICAL / 126

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/2/26 Time: 10pm 2pm 6 pm 10pm 2am 6am

Doctor / Nurse / Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.2°F 97.9°F 98.6°F 97.6°F 98.2°F 98.6°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

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

102/66 99/63 95/69 (78) 100/60 99/70 103/63

Heart Rate (Number) 101/min 120/min 99bpm 103b/m 125b/m 101b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 28b/m 30b/m-28b/m 29b/m 25b/m 30b/m

Resp Distress: Mod/ Severe | None / Mild

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

Conscious Level: Normal | Altered

GCS * – –

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

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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P

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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 :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
15/4/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	↑								✓		
	12:00 am	DNS		60ml			✓				0	
	01:00 am	↓		60ml			✓				0	
Total Intake :						**Total Output :** U- 1					M- 2	
16/4/26	02:00 am			60ml			✓				0	
	03:00 am			60ml							0	
	04:00 am	↑ DNS	HD	60ml							0	
	05:00 am			60ml							0	
	06:00 am	↓		60ml							0	
	07:00 am			60ml							0	
Total Intake :						**Total Output :** U-					M-	

Total 24 hrs. Intake		Total 24 hrs. Output	

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 2

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							
16/7/26	08:00 am			60ml			✓				0	
	09:00 am		Idly	38ml					✓	✓	0	
	10:00 am	DNS	+	38ml	NA		✓	NA			0	
	11:00 am		H_2O	30ml			✓			✓	0	
	12:00 pm			30ml			✓				0	
	01:00 pm			30ml							0	
Total Intake : Taken						**Total Output :** M-4 U-2						
16/7	02:00 pm			30ml						✓	0	
	03:00 pm			30ml			✓			✓	0	
	04:00 pm	DNS	curd	30ml							0	
	05:00 pm		rice	30ml	NA		✓			✓	0	
	06:00 pm		+	30ml			✓			✓	0	
	07:00 pm		Add	30ml							0	
Total Intake :						**Total Output :** U-4 M-1						
16/7	08:00 pm			30ml			✓			✓		
	09:00 pm		curd	30ml			✓			✓		
	10:00 pm	DNS	rice	30ml			✓			✓	0	
	11:00 pm			30ml			✓			✓		
	12:00 am			30ml	NA			NA		✓		
	01:00 am			30ml								
Total Intake :						**Total Output :**						
17/7	02:00 am			30ml			✓			✓		
	03:00 am			30ml			✓			✓		
	04:00 am	DNS		30ml							0	
	05:00 am			30ml								
	06:00 am			30ml	NA			NA				
	07:00 am			30ml								
Total Intake : Taken						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00013857 IP26-00006856
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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.

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
17/7	08:00 am	DNS		40ml	NA		✓	NA		✓		[illegible]
	09:00 am		[illegible]	40ml			✓				0	
	10:00 am		[illegible]	40ml						✓		
	11:00 am			40ml			✓			✓		
	12:00 pm			40ml								
	01:00 pm			40ml			✓					
Total Intake :		Taken				Total Output :						
17/7	02:00 pm	DNS	Rice	30ml	NA	NA		NA				
	03:00 pm		ORS	80ml			✓			✓		
	04:00 pm			30ml							0	
	05:00 pm			30ml						✓		
	06:00 pm			30ml								
	07:00 pm			30ml						✓		
Total Intake :		Taken				Total Output :				U-3	M-1	
17/7/26	08:00 pm	DNS		30ml	NA	NA		NA			0	
	09:00 pm			30ml						✓	0	
	10:00 pm			30ml							0	
	11:00 pm			30ml			✓			✓	0	
	12:00 am			30ml						✓	0	
	01:00 am			30ml						✓	0	
Total Intake :		Taken				Total Output :				U-4	M-1	
18/7/26	02:00 am	DNS		30ml	NA	NA		NA			0	
	03:00 am			30ml						✓	0	
	04:00 am			—							0	
	05:00 am			—						✓	0	
	06:00 am										0	
	07:00 am										0	
Total Intake :		Taken				Total Output :				U-2	M-0	

Total 24 hrs. Intake	

Total 24 hrs. Output	

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No, : .....

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

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

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

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					Date : 15/7/26	16/7	16/7	16/7/26
					Time : 12am	8AM	2	8
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	4	4	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	4	3	3
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	4	4	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	4	4	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 life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	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	4	4	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	4	4	4
					TOTAL SCORE	28	27	28
					Evaluator's Name	[illegible]	[illegible]	[illegible]

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 5 M 0 D (F)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

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

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				Date :	17/7	17/7		
				Time :	8PM	N.		
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	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.	3	3		
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	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	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 life up completely during move. Maintains good position in bed or chair at all times."	4	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	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	4		
				TOTAL SCORE	27	27		
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Patient ID

BRADEN 'Q' SCALE

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :				
				Time :				
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.				
"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.				
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.				
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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.				
				TOTAL SCORE				
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

Patien

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
15-02-2019 7 Y 4 M 29 D (F)
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

PAIN ASSESSMENT FORM

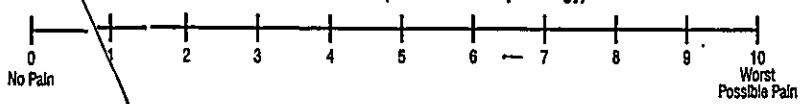
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/7/26	12:am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
16/7/26	10 Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
16/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
16/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
16/7/26	10pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
17/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NA	
17/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
17/7/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
18/7/26	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

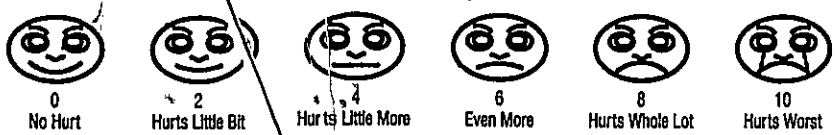
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator

Patien... ick

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

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DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 16/7	DATE 17/7	DATE 17/7	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3		
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
	Total		9	9	9		

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

	Bed in low position		✓	✓	✓		
	Call device within reach		✓	✓	✓		
	Wheels Locked		✓	✓	✓		
	Room free of clutter		✓	✓	✓		
	Adequate lighting		✓	✓	✓		
	Wheel chair support		X	X	X		
	Other Intervention(s) Specify		X	X	X		
	Nurse's Name:						
	Signature:						
	Date:		16/7	17/7	17/7		
	Time:						

Docu. No. : RCH /FRM / CLINICAL / 005

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
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Patient S

NURSING CARE RECORD

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Date: 15/7/26

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							
Afternoon							
Night	12am	→ Assess the patient general condition → Monitor vitals → ONS @ 38 ml/hr to continue → Administer medication as Per doctor's orders	12am	→ Assessed the patient general condition → monitored vitals → Administered medications as Per doctor's order.	Patient is stable	Rechecked vitals	
	8am		8am				

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI (F)
16-02-2019 7 Y 4 M 29 D
Dr. DILNAAZ FAROOQUI

Patient Sticker

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NURSING CARE RECORD

Date: 16/7/26

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	8Am – 2Pm	→ Assess the pt condition → Administrations medication given as per doctor orders	8Am – 2Pm	→ Assessed the pt condition → monitoring vitals checked and recorded → I/O chart maintain	→ Pt is stable	→ Re-checked vitals	[signature]
Afternoon	2Pm – 8pm	Assess the pt condition. monitor vitals [illegible]. maintain I/O chart. Provide the comfortable position. Medication give as per us doctor order.	2Pm – 8pm	Assessed the pt condition. monitored vitals [illegible]. maintained I/O chart. Provided the comfortable position. medication given as per us doctor.	→ Pt is stable. → vitals normal	→ monitor vitals. → main I/O chart	[signature]
Night	8PM – 8am	→ Assess the patient general condition → monitor vitals → Administer medications as per doctor's orders	8PM – 8am	→ Assessed the patient general condition → Monitored vitals → Administered medications as per doctor's orders	Patient is stable	Rechecked vitals	[signature]

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 5 M 0 D
Dr. DILNAAZ FAROOQUI (F)

NURSING CARE RECORD

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Date: 17/7/26

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	8Am to 2pm	Assess the baby [illegible] — [illegible] administer [illegible] [illegible]	8Am to 2pm	Assessed the baby [illegible] the VS administered [illegible] [illegible]	[illegible]	Re-assessed [illegible]	[illegible]
Afternoon	2Pm to 8Pm	Assess the Pt condition. Monitor vitals sign cont. Maintain I/O chart. Provide the comfortable position. Medication give as per as doctor ord.	2Pm to 8Pm	Assessed the Pt condition. Monitored vitals sign. Maintained I/O chart. Provided the comfortable position. Medication given as per as doctor order.	Pt is stable. Vitals normal.	Monitor vitals. Maintain I/O chart	[illegible]
Night	8pm to 8AM	→ To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart. → I/O chart maintain	8pm to 8AM	→ To assessed the patient condition → To checked the vitals & recorded → To administered the medication as per drug chart → I/O chart maintain	Patient is stable → Plan D/C Tomorrow	→ Re-checked the vitals → I/O	Supriya

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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Baby SYEDA ZAINAB MOOSVI (F)
16-02-2019 7 Y 4 M 29 D
Dr. DILNAAZ FAROOQUI

Patient Stick...

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...SING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE c̄ dehydration.	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

	Date / Shift	15/7/26 N8	16/7/26 M6	16/7 E	16/7/26 N8	17/7 M8	17/7 E
BACKGROUND	Medical Condition (Any special condition to be noted):	–	–	–	–	–	–
	Diet:	–	–	–	–	–	–
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	–	–	–	–	–	–
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.3 f	98.2 F	98.2 F	98.3 f	98.2 F	98.2 °F
	Res:	25 b/m	25 b/m	24 b/m	25 b/m	22	24 b/m
	SpO_2:	99%	100%	99%	99%	100%	99%
	Pulse:	110 b/m	114 b/m	114 b/m	113 b/m	114	112 b/m
	BP:	100/70	101/61	102/61	100/70	101/72	102/62
	LOC:	–	–	–	–	–	–
	Fall Risk Score:	–	–	–	–	–	–
	Pain Score:	–	–	–	–	–	–
	Skin Integrity	–	–	–	–	–	–
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	–	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	–	NA	–	–	–	–
	Critical Lab Test / Values:	–	NA	–	–	–	–
	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):	–	DA	–	–	–	–
	Post Operative Procedure Special Orders:	–	NA	–	–	–	–
	Handed Over By Name :	Sandhya	Amrutha	Sini	Sandhya	[illegible]	Sini
	Signature / ID :	[signature]	[signature]	6016031	[signature]	[signature]	6016031
	Date:	16/7/26	16/7	16/7	17/7/26	17/7	17/7
	Time:	8am	2pm	8pm	8am	2pm	8pm
	Taken Over By Name :	Amrutha	Sini	Sandhya	[illegible]	Sini	Supriya
	Signature / ID :	[signature]	6016031	[signature]	[signature]	6016031	[signature]
	Date:	16/7/26	16/7	16/7/26	17/7	17/7	17/7/26
	Time:	8AM	2pm	8pm	8am	2pm	8pm

Docu. No. : RCH /FRM / CLINICAL / 097

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 5 M 0 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE + dehydration					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift	17/7/26 N,					
	Medical Condition (Any special condition to be noted):	AGE					
	Diet:	–					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1°F					
	Res:	26 b/m					
	SpO_2:	100 %					
	Pulse:	109 b/m					
	BP:	103/61					
	LOC:	–					
	Fall Risk Score:	–					
	Pain Score:	"0"					
	Skin Integrity	Good					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	–					
	Critical Lab Test / Values:	–					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	–					
Post Operative Procedure Special Orders:		–					
Handed Over By Name :		Sandhya					
Signature / ID :							
Date:		18/7/26					
Time:		8 PM					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 29 D (F)
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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: 211

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Anshon

Date & Time : 15/7/26 @ 11PM

Nurse Name & Signature: Ksaijay [signature]

Date & Time : 15/7/26 @ 11:10pm

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
15-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

wt - 24 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Syeda Zainab moosvi Age : 8y **Gender:** ☐ Male ☒ Female

Date : 15/7/26 Time of Arrival : 10:50pm

Allergies: ☐ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☒ Parents ☐ Others (Specify) .....

Mode of Arrival : ☒ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.2 PR: 96 BP: 109/55 RR: ..... SpO_2: 100%

Chief Complaints: C/O loose stools x 30 episode since yesterday today

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 : 10:52pm

Communicable Disease Triage Screening

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

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

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

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

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

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

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

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

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Anam

Signature of Triage Nurse : A.Z

Date & Time : 15/7/26 10:52pm

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
15-02-2019 7 Y 4 M 29 D (F)
Dr. DILNAAZ FAROOQUI

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/2/26 Time of arrival : 10:52 Pm

Chief Complaints: loose stools 30 time. RBS: .....

Height : ..... Weight : 24 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: ..... 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 .....

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

Time of Initial assessment completed by ER Nurse : 11 Pm

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

Time	Nursing Notes
	Assessed the patient condition vital checked.

Samples collected by: /

Time:

Samples sent by : / Vijay.

Time: / 4pm

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: 98 BP: 109/81 CFT: N.	Shift - out from ER to: ICU
RR: 21 SPO_2 : 99	Time of Shift - out: 11:30 Pm
GCS: 15/15 Temperature : 98	Handover given to: ..... (Nurse's Name)
Pain Score: 2	
Repeat RBS (if applicable): NO	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Anupam

Signature of the Nurse : A.P

Date & Time : 15/7/26 @ 11 Pm.

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013857 IP26-00006856 Baby SYEDA ZAINAB MOOSVI 16-02-2019 7 Y 4 M 29 D (F) Dr. DILNAAZ FAROOQUI	15/7/26 @ 10:50 pm	15/7/26 @ 11:40 pm
	Transfer Ordered by Dr. Aruthra	Reason for Transfer Admission.
From Unit ER	To Unit 211	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	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
K. Vijaya	Dr. Aruthra.

Patient & Clinical Records Received by : Sandhya

Date & Time of Patient Received : 11:50 pm @ 15/7/26

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

HNH-00013857 IP26-00006856
Baby SYEDA ZAINAB MOOSVI
16-02-2019 7 Y 4 M 30 D (F)
Dr. DILNAAZ FAROOQUI

211

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 16/7/26 Time: 8:30 am

Weight: 24.5 kg Centile: 25th

Height: — Centile: —

Inference: Underweight child

RDA: — Calories: 1500 Kcal/day Protein: 26 gms/day

Diet Recommendations: Gastro diet Can have:- ORS(WHO) Sago Water, Coconut Water, Rice porridge

Re-Assesment: Avoid :- Ragi, Milk, Egg, Sugar, Citrus, Wheat

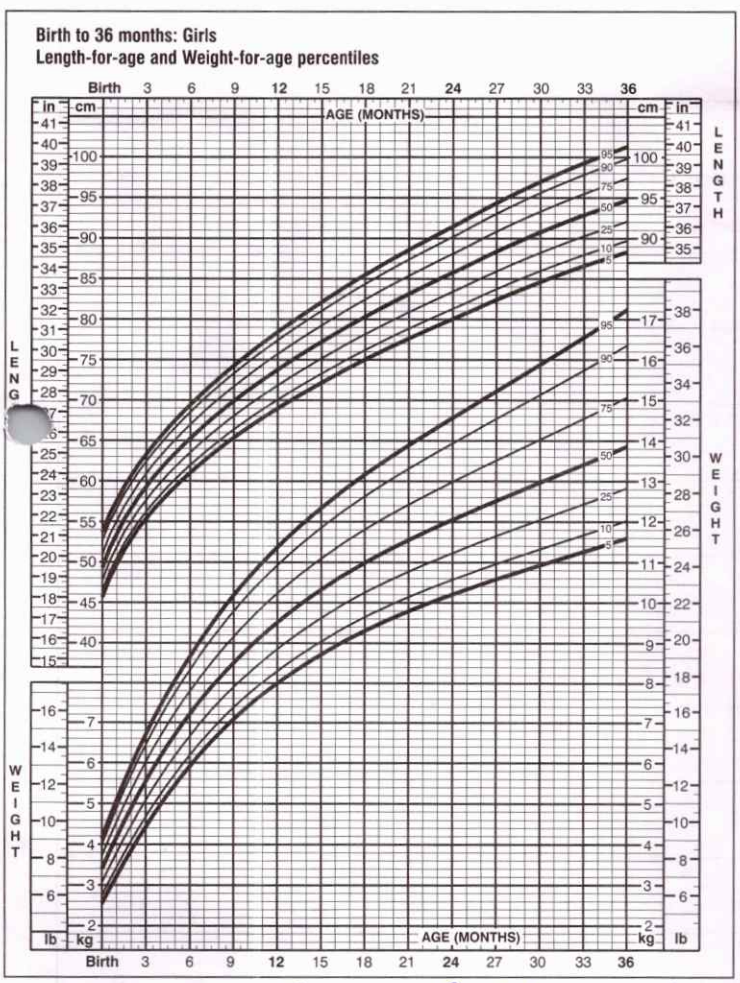
Food Allergies: NO Veg/Non-veg Non Veg

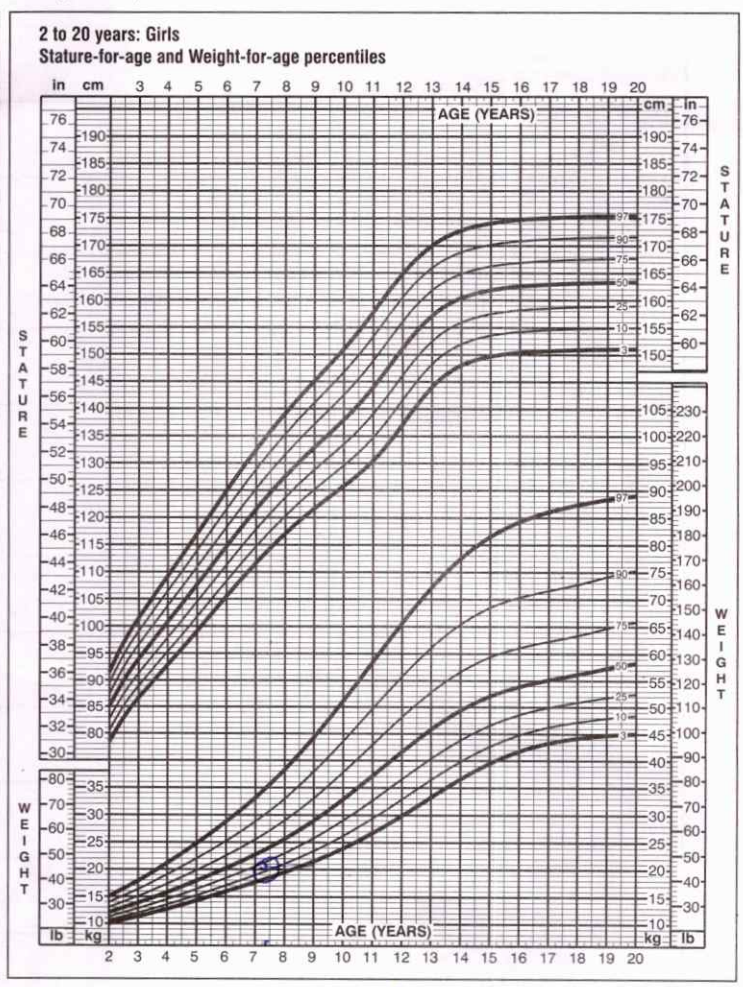
Diagnosis: AGE c dehyd D

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Sana

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sobiya Zaheer Dietician's Signature Sobiya

Daily Notes:

17/7/26

1pm child is stable, oral intake poor encourage orally liquids with gastro Diet as advised.

Sathwika.G