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ACTIVITY RECORD FOR BILLING

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

Name: --------

UHID No : -----

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

Date of Admission : ~~8/7/26~~ --- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---103------ Ward : ---1st floor--- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/7/26	7.40AM	ER	103	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/7/26	CBP, CRP Blood C/S	26022752	14/7/26
	Creatinine, electrolytes		
	X-ray chest	R26-010902	
	CUG	26022776	
	Gross checked by Dr alpana 9/7 @ 2PM		
10/7	CBP CRP	26023008	
	Cross checked	by Dr 10/7/26	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
8/7	Infusion pump	8:00 Am	9/7 @1AM.	3098731	Sadiya
	Goss checked by Landpang			9/7 @	2AM.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7/26	IV placement	(1)	3098730	
8/7/26	Nebs	(4)	3098972	
9/7	Nebs	(5)	3099223	
	Cross checked by Leadpay 9/7 @ 7AM			
9/7	Nebs	6	3099668	
10/7	Nebs	3	3099744	
10/7	Nebs	(1)	3099774	
	Cross checked by 10/7/26.			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	10/7/26 @ 10AM		

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
08-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
8/7/26	00.00	9:30Am - Levolin + Hyperneb	Indu	V.S.Lalka
	01.00	10Am - Budicort	Indu	V.S.Lalka
	02.00	11:30Am - Levolin	Indu	V.S.Lalka
	03.00	1:30pm - Levolin	Indu.	V.S.Lalka
	04.00	(4) 3098972		
	05.00	4pm - Levolin	Beronika	Mother.
	06.00	7pm - Levolin + Hyperneb	Beronika	Mother
	07.00	10pm - Levolin + Budecort	Beronika	Mother
9/7/26	08.00	12 Am - Levolin (Refused).	Subham	
	09.00	3:30Am - Levolin + Hyperneb	Subham	Mother
	10.00	5:30Am - Levolin	Subham	Mother
	11.00	(5) - 3099223		
	12.00	7:30Am - Levolin	Subham	Mother
	13.00	11 am - Levolin	Beronika	
	14.00	10 Am - Hyperneb	Beronika	
	15.00	11:30 Am - Budecort	Beronika	Mother
	16.00	2pm - Levolin + Hyperneb	Beronika	
	17.00	7pm - Levolin + Hyperneb	Anettie	
	18.00	(6) - 3099668		
	19.00	10:30pm - Levolin + Hyperneb	Subham	Mother
	20.00	11:30pm - Budecort	Subham	Mother
	21.00	5:30Am - Levolin + Hyperneb	Subham	Mother
	22.00	(3) - 3099747		
	23.00	8:30Am - Levolin	Beronika	

(1) 3099746

Name	Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	**UHID**	LBH-00127354
Father/Guardian	Mr MR SIDDHARTHA K	**Age/Gender**	0 Y 6 M 4 D/Male
Address	FLAT NO 102 VENKATESHWARA NILAYAM YENDAMURI LAYOUT GAJULARAMARAM, Jeedimetla, Hyderabad, Telangana, INDIA, 500055		
IP No	IP-00060612	**Admission Date**	08-07-2026
Ref Doctor	Self	**Discharge Date**	10-07-2026

DISCHARGE SUMMARY

Consultant: Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Diagnosis: Wheeze associated lower respiratory tract infection

History: Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA) is a 6 M 4 D, boy presented with history of productive cough, 3 episodes of non-bilious non-projective vomitings, moderate to high grade intermittent fever since one day, difficulty in breathing, decreased oral intake on the day of admission. For the above complaints, he was admitted in Rainbow Children's Hospital for further management.

Examination: He was febrile (103^{o}F), maintaining saturations of 96% at room air. His heart rate was 140/min, blood pressure 80/50 mmHg and respiratory rate 40/min. Respiratory distress was present in the form of mild subcostal retractions. On auscultation of chest, air entry was equal with bilateral with bilateral wheeze and conducted sounds. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. Neurologically, he was conscious and oriented. Other systemic examination was normal.

Name	Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	**UHID**	LBH-00127354

Weight on admission : 7.3 kgs.
Investigations: Enclosed.

Management: He was admitted in the ward and started on intravenous antibiotics and intravenous fluids. In view of chest signs, he was frequently nebulised with Levolin and Budecort. Child was empirically started on Oseltamivir.

Chest x-ray showed hyperinflated lung fields. Blood investigations revealed mildly raised inflammatory markers. In view of loose stools, probiotics were added.

His vitals were regularly monitored. His symptoms gradually settled and repeat blood investigations showed an improving trend. He remained hemodynamically stable during the hospital stay and is being discharged with the following advice.

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

Advice:

1. Diet as advised.
2. Syrup Cefixime (5ml=50mg), 3.5ml, 12th hourly (after food) for 3 days (Refrigerate after reconstitution).
3. Syrup Oseltamivir (1ml=12mg) 1.5ml, 12th hourly till 13.07.2026 morning dose (To be refrigerated).
4. Ambroxyl drops (1ml=7.5mg) 0.8ml, 12th hourly for 2 days.
5. Nebulization with Levolin (0.31mg), 1 respule 6th hourly for 2 days
   followed by 1 respule 8th hourly for 2 days
   followed by 1 respule 12th hourly for 2 days
   and stop.

Name	Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	UHID	LBH-00127354

6. Nebulization with Budecort (0.5mg), 1 respule 12th hourly for 5 days.
7. Nasoclear nasal drops, 2 drops in each nostril, (if nose block) maximum 6th hourly.
8. Kindly consult Dr. Siva Narayan Reddy, Senior Consultant Pediatrics, after 3 days in OPD with prior appointment (This consultation will be charged).

In case of Fever:
Paracetamol drops (1ml=100mg), 1ml for fever >99.6*F (maximum 4-6 hourly).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In Case of increasing breathing difficulty, dullness or high fever, Contact Emergency 040-42462200 Extn: 2010 (or) 7337357870.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

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 the language that I understand and I have understood the same.

Name	Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	**UHID**	LBH-00127354

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Shivam
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. SIVA NARAYANA REDDY VENNAPUSA
DCH, DNB, FELLOWSHIP IN NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
48300

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

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PatientName	: Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	**Inpatient No.**	: IP-00060612
Age/Gender	: 0 Y 6 M 2 D/ Male	**Admit Date**	: 08-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-07-2026 07:19
HEMOGLOBIN (Colorimetry)	10.2	g/dL		9.5 - 13.5
RBC COUNT (DC detection method)	3.82	10^12/L		3.1 - 4.5
PCV/HCT (Calculated)	**28.0**	**VOL%**	L	29 - 41
MCV (Calculated)	**73.2**	**fL**	L	74 - 108
MCH (Calculated)	26.6	pg/cells		25 - 35
MCHC (Calculated)	**36.4**	**g/dL**	H	30 - 36
RDW-CV (Calculated)	14.1	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	389	10^9/L		150 - 450
MPV (Calculated)	7.9	fL		6.5 - 10
WBC COUNT (DC Detection Method)	**22.32**	**10^9/L**	H	6 - 17.5
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	**70**	%	H	13 - 33
LYMPHOCYTES (Microscopy, Leishman stain)	**27**	%	L	41 - 71
MONOCYTES (Microscopy, Leishman stain)	**02**	%	L	4 - 14
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC : NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-07-2026 07:19
CRP (Immunoturbidimetry)	**17**	**mg/L**	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
CREATININE (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-07-2026 07:19

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040-42462200, Ext 2000,2001,2002,

PatientName	: Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	**Inpatient No.**	: IP-00060612
Age/Gender	: 0 Y 6 M 2 D/ Male	**Admit Date**	: 08-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
CREATININE (Enzymatic)	0.3	mg/dl	0.03 - 0.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-07-2026 07:19
SODIUM (Direct ISE)	139	mmol/L	134 - 144
POTASSIUM (Direct ISE)	5.2	mmol/L	3.5 - 6.1
CHLORIDE (Direct ISE)	105	mmol/L	98 - 108

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :08-07-2026 10:42
PHYSICAL				
COLOUR (Visual Examination)	PALE YELLOW			
APPEARANCE (Gross Examination)	CLEAR			
pH (Double pH indicator)	6.0			5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015			1.005 - 1.030
SEDIMENT (Gross Examination)	NIL			NIL
CHEMICAL				
PROTEIN (Protein error of pH indicator)	Trace			NIL
GLUCOSE (GOD POD method)	NIL			NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE			NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT			ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT			ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE			NEGATIVE
BLOOD (Peroxidase reaction)	ABSENT			ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE			NEGATIVE
MICROSCOPY				
PUS CELLS	**3 - 5**	**HPF**	L	0 - 5
EPITHELIAL CELLS	**2 - 4**	**HPF**	L	0 - 5

PatientName	: Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	**Inpatient No.**	: IP-00060612
Age/Gender	: 0 Y 6 M 2 D/ Male	**Admit Date**	: 08-07-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
RBCS.	NIL	HPF	0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :10-07-2026 06:41
HEMOGLOBIN (Colorimetry)	**9.1**	**g/dL**	L	10.5 - 13.5
RBC COUNT (DC detection method)	**3.45**	**10^12/L**	L	3.7 - 5.6
PCV/HCT (Calculated)	**25.2**	**VOL%**	L	33 - 49
MCV (Calculated)	73.0	fL		70 - 86
MCH (Calculated)	26.4	pg/cells		23 - 31
MCHC (Calculated)	**36.2**	**g/dL**	H	30 - 36
RDW-CV (Calculated)	13.8	%		11.5 - 16
PLATELET COUNT (DC Detection Method)	314	10^9/L		150 - 450
MPV (Calculated)	7.5	fL		6.5 - 10
WBC COUNT (DC Detection Method)	7.68	10^9/L		6 - 17
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	25	%		15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	70	%		45 - 76
MONOCYTES (Microscopy, Leishman stain)	04	%		4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	01	%		1 - 7
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC :NORMOCYTIC / NORMOCHROMIC, NORMOCYTIC / HYPOCHROMIC TARGET CELLS WBC : MORPHOLOGY NORMAL PLATELETS : ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :10-07-2026 06:41

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

PatientName	:	Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	**Inpatient No.**	:	IP-00060612
Age/Gender	:	0 Y 6 M 4 D/ Male	**Admit Date**	:	08-07-2026
Ward/Bed	:	N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:	

Investigation	Result	Unit		Biological Reference Interval
CRP (Immunoturbidimetry)	13	mg/L	H	<10

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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Laboratory Report

Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	9848651366
0 Y 6 M 4 D	VI26022752
Male	08-07-2026 07:22 AM
IP-00060612	08-07-2026 07:53 AM
LBH-00127354	
Dr. SIVA NARAYANA REDDY VENNAPUSA	N 0 GF-EMERGENCY / ER 101

BLOOD CULTURE AND SENSITIVITY (Specimen :BLOOD)

RESULT TEST RESULT STATUS : REPORT ENTERED

Culture: -

Initial Report: No growth after 24 hrs of incubation

..... End of the Report .....

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 3 D (M)
Dr. SIVA NARAYANA REDDY

Patient Name: IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	–	–	
2	Discharge Summary	02	–	–	
3	Nursing Initial assessment form	01	–	–	
4	Patient Trasfer Forms	01	–	–	
5	In-patient Medical Record	01	–	–	
6	Doctors Progress Sheets	03	–	–	
7	Nurses Progress notes	03	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	01	–	–	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	03	–	–	
26	Intake and Output chart (fluid Chart)	03	–	–	
27	Drug Chart (Regular prescription)	03	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	–	–	
30	Nebulization Chart	01	–	–	
31	Diabetic chart				
32	Nutritional Review chart	01	–	–	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	OTHERS	17			
	Total No. of Pages	42			

Signature and Date : Noted by Beronica 10/7/26 10:30 AM

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad
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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060612 **Admit Date** : 08-Jul-2026 **Admit Time** : 06:00 AM **UHID** : LBH-00127354

Patient Details :

Patient Name	: Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)	**Age**	: 0 Y 6 M 2 D
Guardian	: Mr MR SIDDHARTHA K	**DOB**	: 06-01-2026 12:15 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 102 VENKATESHWARA NILAYAM YENDAMURI LAYOUT GAJULARAMARAM Jeedimetla Hyderabad Telangana INDIA 500055	**Phone No**	: 9848651366
		E-mail	: na@gmail.com

Admission Details :

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

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

Contact Details :

Name	: Mr MR SIDDHARTHA K	**Relationship**	: Father
Contact Address	: FLAT NO 102 VENKATESHWARA NILAYAM YENDAMURI LAYOUT GAJULARAMARAM Jeedimetla Hyderabad Telangana INDIA 500055	**Phone No**	: 9848651366 / 9848651366

Signature

Doctor Details :

Doctor Name	: Dr. SIVA NARAYANA REDDY VENNAPUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: FAMILY HEALTH PLAN INSURANCE TPA LTD

Patient Name : Mast. MAYUK KALVETI (B/O. AKUTHOTA UHID : LBH-00127354 IPD : IP-00060612
Gender : Male Age : 6M 2D

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

Wt - 7.30 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : myt. mayuk kalveti Age : 5m **Gender:** ☑ Male ☐ Female

Date : 8/7/26 Time of Arrival : @ 3.10 AM

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

times: 30 AM temp - 100.1 F

Initial Vital Signs: Temp: 103.7 F PR: 140 b/m BP: crying RR: 40 b/m SpO2: 98%

Chief Complaints: c/o fever, cough since yesterday

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.

Mounika N

Signature of Parent / Guardian

* CTAS - Canadian Triage and Acuity Scale

Triage Completion Time : 3.15 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).

Name of Triage Nurse : Boo. Sanjay

Signature of Triage Nurse : Sanjay

Date & Time : 8/7/26 @ 3.15 AM

Patient Name : Mast. MAYUK KALVETI (B/O. AKUTHOTA UHID : LBH-00127354 IPD : IP-00060612
Gender

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 8/7/26 Time of arrival : 03.16AM

Chief Complaints: C/O Fever & Cough since 2 days RBS: —

Height : — Weight : 7.30kg BMI : — Head Circumference (<2 years) —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify —

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

☐ Character — ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : 03.20AM

Patient Name : Mast MAYUK KALVETI (B/O. AKUTHOTA UHID : LBH-00127354 IPD : IP-00060612
Gender : Male Age : 6M 2D

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

Time	Nursing Notes
3.10 AM	Pt come TO ER
3.15 AM	Pt vitals checked and Records Done.
	Dr. Soumya seen the Pt.
7:7AM	=> Admission done, and IV placement done
7.30 AM	=> Blood Samplar collect set to lab
7.40 AM	=> patient shifted to 103

Samples collected by: — Sis. Kiran Time: — 7.30 AM

Samples sent by : — Time: — 7.35 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3.20 AM	SYP. Ibugesic	P/O	3.5ml	Dr Nilesh	SN
4AM	Hypernb 3%	Neb	4ml		SN
4:30PM	Levolin ..	Neb	31 mg		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 145b/m BP: Crying CFT: <3sec	Shift - out from ER to: 103
RR: 32b/m SPO$_2$: 98% RA	Time of Shift - out: 8/7/26 @ 7.35 AM
GCS: 15/15 Temperature : 99.4°F	Handover given to: SN Anitha
Pain Score: 0/	(Nurse's Name)
Repeat RBS (if applicable): —	by BL.

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

Name of the Nurse : Sanjay Signature of the Nurse : Sanjay

Date & Time : 8/7/26 @ 7.40 AM

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Acute Bronchitis

Arrival Time: 7.00AM Mode of Arrival: taken by mother Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction Nil Body Weight: 7.30 Kg

Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: — Nil

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

If yes please list, —

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

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

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

Observations: Weight: 7.30kg Length: — Head Circumference (< 2 years): —

Temp.: 98.4F HR: 118 bpm RR: 24 bpm BP: —

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

Fall Risk Assessment: ☑ Yes ☐ No Score: 17 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 25) (Document in the Braden Q Assessment Sheet)

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

☐ Mobility Problem ☐ Walking Problem

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With ..... parents .....

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

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

Orientation has been given regarding the following aspects:

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

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

Patient Rights & Responsibilities: ☑ Yes ☐ No

Information given to ..... parents .....

Nurse's Name: ..... Date: 8/7/26 Time: @8:10AM Signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
LBH-00127354 IP-00060612 Master MAYUK KALVETI (B/O. 06-01-2026 0 Y 6 M 2 D (M) Dr. SIVA NARAYANA REDDY	8/7/26 @ 6.00AM	8/7/26 @ 7.40AM
	Transfer Ordered by Dr. Nikesh	Reason for Transfer for Admission
From Unit ER	To Unit 103	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films CXR 1	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

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
Swathi	Dr. Nikesh

Patient & Clinical Records Received by :
Sr. Anitha

Date & Time of Patient Received : @ 7.50AM

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

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UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

fever x 1 day
vomiting 3 episodes x 1 day, cough x 1 day
Rapid breathing x 3-4 hours

History of present illness :

- fever; moderate to high grade, without rigors
  intermittent, relieved on taking
  Medications x 1 day

- vomiting, NP, Non bloody
  mainly after coughing; 3 episodes
  today

- coughing, productive x 1 day

- Difficulty in breathing x 3-4 hours

- Taking less feeds since 3-4 hours

No H/o lethargy, weakness
Urine output - good

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Pediatric Multiorgan History & Physical Examination

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

Admitted for bronchiolitis
2 months back

Birth & Neonatal History:

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate

Immunization History :

Completed

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs))_____(Centile _____)

On Examination :

Temperature : 103`F Pulse Rate : 140/min B.P. _____ SPO2 96% on room air

Resp.rate and type of breathing : 40/min, mild subcostal retractions

Rash NO

Lymphadenopathy NO

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) : mild subcostal retraction

Air entry & breath sounds : condensed sounds

Any addes sounds : ~~end expiratory wheezing +~~

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

Cardiovascular System :

Inspection of procordium : S1 S2 (N)

Heart Sounds :

Any murmur : NO

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

Per Abdomen :

Inspection soft

Palpation :

Ausculation : NO HSM

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System : 15/15

Level of Consciousness : AVPU/GCS score :

Cranial Nerves : (12)

Motor System:

Nutriton :

Tone: (N) Power 3/5

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR ± 2 **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute bronchiolitis

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

- CBP ✓
- CRP ✓
- Blood culture ✓
- S. electrolytes ✓
- S. creatinine ✓
- chest x ray ✓
- CUE ✓

(Decide on further on rounds)

Planned Management

- IV fluid
- Inj. ceftriaxone
- Nebulisation with budecort, levolin, hypersol
- ~~[illegible]~~ · Inj. Paracetamol SOS

Noted by Sr [illegible] (K) 8/1/26 @ 6:30pm

Signature of the Doctor: [signature]

Name of the Doctor: Dr. Nikesh

Date & Time:

Signature of the Consultant: [signature]

Name of the Consultant: Dr [illegible]

Date & Time: 8/1/26 7 [illegible]

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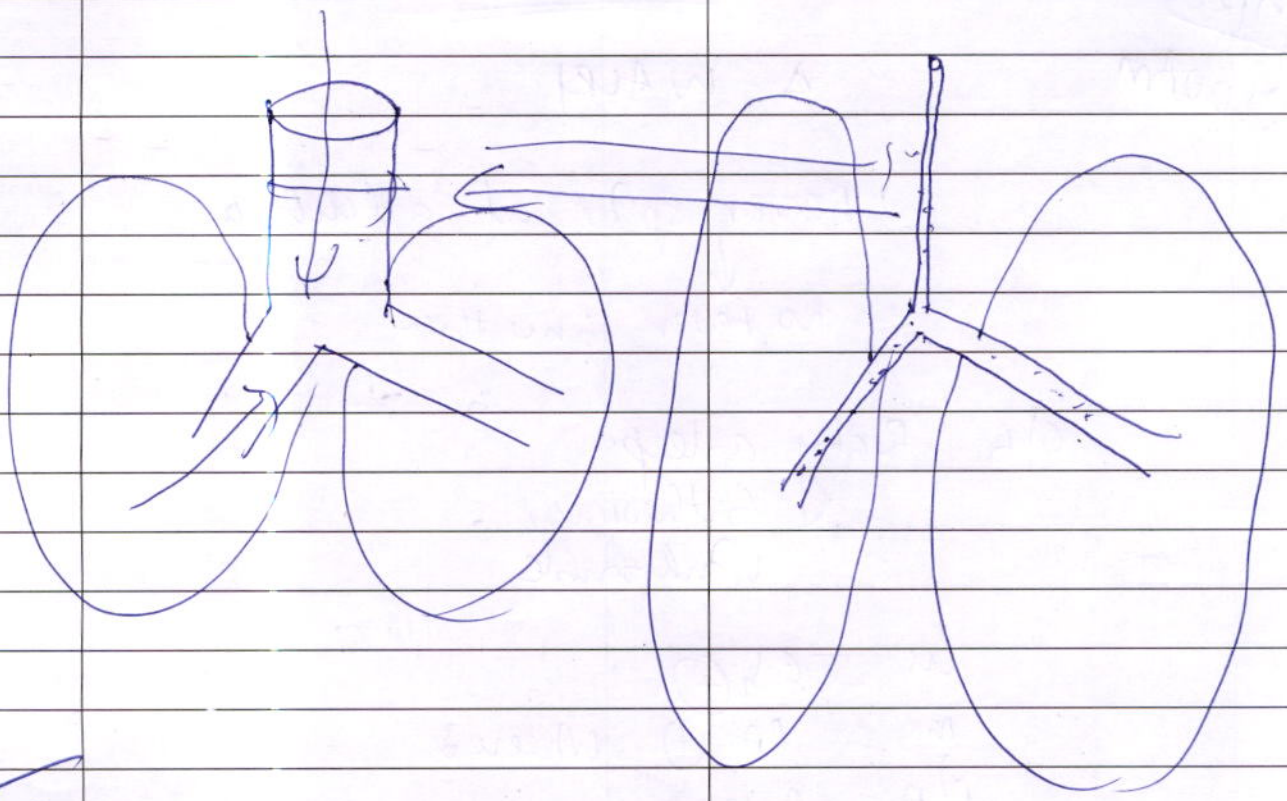
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26: 8.00am	S/B Resident Δ - WARY ↓ Fever spike at admission. ↓ no fever since then. O/E Baby asleep Euthermic, Well hydrated CVS - S1S2 (+) RS - BAE (+) P/A - Soft	Wheeze ↓
Dr. Nawaz 8/7/26	Adv: - Inj. ceftriaxone Neb. levolin, Budecort, hypernel. Trace all reports Watch monitory - Send Blood c= pneumonia Panel - Continue Monitory - Fluids & Antibacterial drops	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		
8/8/26 12:30pm	CMO Dr Siva	
	Parents not ready for Bronchopneumonia pmel & want to take for 2 days & decide	
		Dr Shiva

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 3PM	CLS/B Resident	
	WALRI	
	Fever spike at 11am	Plan
	O/E Baby active mainly vitals CVS - S_1S_2 (N) RS - BL/AE (N) BL wheeze (+) PA - soft	- Continue Nebs 2nd hly - Continue Ceftriaxone & Amikacin /Aug - vitals monitor continuously

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

(P.T.O)

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..OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	S/B Resident	
7:30Am		P/
	C/o WALRI	
		1 – CST + Contr. same instructions
C8 –	(2) fever spikes (–)	
	Maintaining on RA	– Ceftriaxone – D2
	RD – better	– Amikacin – D2
	tolerating – oral feeds	– Fluvir – D2
	passing – urine	– Neb – Levolin – Q2 H; Budecort; Hypernet → for 8th hrly
	O/E – Euthermic	– Monitor vitals
	CVS – S1 S2 (+)	– Sb checking
	RS – BAE (+) wheeze ++	– Inform [illegible]
	PA – soft	* – Levolin frequency decided after rounds
	CFT – good	– [illegible]
	CRT < 3 sec	
	CNS – NAD	[illegible]
		– CBP / – CRP } f/u @ 7Am
[signature]	[signature] 9/7/26 FOR	
		– SOS – Levolin hourly by nursing if child is unwell

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SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 5pm	C/S/B Resident	
	WARI	
	- No fresh complaints	
	- No fever spikes	Plan
	O/E Conscious	- Continue same
	Afebrile	- monitor vitals
	CVS S1S2 (N)	- watch for respiratory distress
	RS - BLAE (+)	
	Wheeze (+)	- CBP & CRP T/M
	PA - soft	
		- progg drops
		- Add corrected drops - SOS
		(e) Ashma
		Noted by Anitha 9/7/26 @ 4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident.	
10/7/26 8AM	WALRI	
	No fever spikes.	
	No other concerns.	
	O/E	
	Baby active	
	Euthermic	
	Vitals stable	
	CVS - S1S2 (+)	
	RS - BAE (+).	
	P/A - soft	
		Plan
		1) Trace CBP/CRP
		2) Inj Ceftriaxone D3
		3) Syp. Oseltamivir 4th dose
		4) Ambroxol drops
		5) Inj Amikacin 4th dose
		6) Neb levolin 3rd hrly
		7) Neb Budecort BD
Dr. Vishwaf		8) Hyperneb c̄ 3% NS 4th hrly
		9) Nasoclear drops
	Plan d/s today	10) Pnngs drops
	on oral medication.	

Noted By
Beronika
10/7/26
@9AM

LBH-00127354 IP-00060612
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute Bronchiolitis				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
	Surgery / Procedure: —				Post OP Day: —		
BACKGROUND	Date / Shift	8/7/26 103CW	8/7 M	8/7 E	8/7 E	8/7/26 Night	9/7 M
	Medical Condition (Any special condition to be noted):	—	—	Nil	Nil	NIL	Nil
	Diet:	Soft diet	S.Diet	S.diet	S.diet	S.diet	S.diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	100.2°F	99.4°F	98.6°F	98.6°F	98.6°F	98.6°F
	Res:	40b/m	42b/m	32b/m	35b/m	31b/mt	30b/m
	SpO_2:	98%	99%	98%	97%	98%	99%
	Pulse:	140b/m	142b/m	130b/m	127b/m	120b/mt	125b/m
	BP:	crying	—		—		—
	LOC:	conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	13	13	13	13	13	13
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	Nil	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Soft diet	S.diet	S.diet	S.diet	S.diet	S.diet
	Critical Lab Test / Values:	—	—	Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependt	dependt	dependt	dependant
Post Operative Procedure Special Orders:		—	—	Nil	Nil	NIL	Nil
Handed Over By Name :		Bindu Sanjay	Anitha	Sindu	Bennika	Subhan	Bennika
Signature / ID :				360008	0018727	074444	0018727
Date:		8/7/26	8/7	8/7/26	8/7/26	9/7/26	9/7/26
Time:		7.40AM	@8AM	2pm	@ 8pm	@8am	@ 2pm
Taken Over By Name :		Anitha	Sindu	Bennika	Subhan	Bennika	Anitha
Signature / ID :			360008	0018727	074444	0018727	905140
Date:		8/7	8/7/26	8/7/26	8/7/26	9/7/26	9/7/26
Time:		@7.40AM	2pm	2pm	@ 8pm	@8am	@2pm

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Acute Bronchiolitis			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify: —			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	9/7 N	9/7/26 Night	10/7/26 M			
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil			
	Diet:	S.diet	Weaning diet	S.diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F	98.6°F			
	Res:	27b/m	28b/m	27b/m			
	SpO_2:	99%	97%	98%			
	Pulse:	120b/m	131 b/m	130b/m			
	BP:	—	—	—			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	13	13	13			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	S.diet	Weaning Soft diet	S.diet			
	Critical Lab Test / Values:	Nil	Nil	Nil			
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent			
Post Operative Procedure Special Orders:		Nil	Nil	Nil			
Handed Over By Name :		Anitha	Subham	Beronika			
Signature / ID :							
Date:		9/7/26	10/7/26	10/7/26			
Time:		@8pm	@8AM	@9:20AM			
Taken Over By Name :		Subham	Beronika				
Signature / ID :							
Date:		9/7/26	10/7/26				
Time:		@8pm	@8AM				

Noted by Beronika 10/7/26 @9:20AM

LBH-00127354 IP-00060612
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NURSING CARE RECORD

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Date: 7/7/26

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	7:50 AM	→ maintain fluid Balance		→ Administered IV fluid 1/2 DNS 30 ml/hr	→ To maintain Hydration	→ patient is stable	Sruthi 8/7 @Dcw

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O. (M)
06-01-2026 0 Y 6 M 2 D
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

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Date: 8/7/25

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9:00	- maintain airway and oxygenation	9:30	- maintained airway and oxygenation	- maintained saturation levels	- patient is stable	Sindu
	1:00	- Nebelization - Every 2nd hourly	1:30	- Nebelization given - Every 2nd hourly	- To reduce distress / cough	- Baby have cough	@2pm 8/7/25
Afternoon	3:00	- maintain aseptic technique	3:30	- maintained aseptic technique	- prevent from Infection	- patient is stable	Bennika
	7:00	- maintain fluid Balance	7:30	- maintained fluid Balance	- Maintain Hydration		@8pm 8/7/25
Night	9PM	-> Nebulization	9PM	-> Nebulization levolin 0.31 mg given 2nd hrly	-> TO reduce Cough	-> Patient is Stable	subhan 09/7 @8AM
	10PM	-> Ensure safety	10PM	-> Side rails Kept UP	-> Prevent from fall risk		

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NURSING CARE RECORD

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Date: 9/7/26

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	11am →	Maintain good Nutritional status		→ OBM + FF given every 2-3rd hrly	→ feeding well	Baby is stable	Bevanika 9/7 @2pm
	1pm →	Ensure Safety		→ Side Rails kept up	→ Prevent from fall Risk		
Afternoon	3pm →	Nebulization		- Nebulization Levolin 0.31mg given 2nd Hourly	- TO reduce cough	- patient is stable	Anitha 9/7/26 @8pm
		- Ensure safety		- side rail kept up	- prevent from fall risk		
Night	9pm →	maintain good nutritional status	9pm	→ Oral intake is good	→ To Provided by weaning Soft diet	→ Patient is stable	Subham 10/7/26 @ 8AM
	10pm →	Ensure Safety	10pm	→ Side rails kept up	→ Prevent from fall risk		

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Master MAYUK KALVETI (B/O.
08-01-2026 0 Y 6 M 3 D (M)
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NURSING CARE RECORD

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Date: 10/2/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Discharge Note Doctor come for rounds Advice for discharge	Noted by Beeonika 10/2/26 @9:20am		
Afternoon							
Night							

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WELL'S CRITERIA FOR ASSESSING DVT

NOTE: Assign a **score of 1** if **'YES'** in **parameter 1 to 9** and **Assign a score** of **-2** if **'YES'** in **parameter No 10**

S.No	Assessment Criteria	Score	Date: 8/7 Time: 8am	Date: 9/7/26 Time: 8 AM	Date: 10/7 Time: 8AM	Date: Time:	Date: Time:	Date: Time:
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	1	0	0	0			
2	Bedridden recently >3 days or major surgery within four weeks	1	0	0	0			
3	Calf swelling >3cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	1	0	0	0			
4	Collateral (non varicose) superficial veins present (Assess for both legs)	1	0	0	0			
5	Entire leg swollen (Assess for both legs)	1	0	0	0			
6	Localized tenderness along the deep venous system (Assess for both legs)	1	0	0	0			
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	1	0	0	0			
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	1	0	0	0			
9	Previously documented DVT (Assess for both legs)	1	0	0	0			
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs)/ Co-morbidity like ESLD /Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction.	-2	0	0	0			
	Total Score		0	0	0			
	Signature of the Nurse		Dy	Subha	Subha			

Intervention: NIL

Noted by
Beerendra
10/7/26
@9:20 AM

High Risk = >2 Score
Moderate Risk = 1-2 Score
Low Risk = <1 Score

Note : Daily assessment shall be carried out once every 24 hours and documented

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/7	DATE	DATE	DATE	DATE 9/7
Age	Less than 3 years old	4	4	4		4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2		2	2
	Female	1			2		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not Aware of Limitations	3				3	3
	Forget Limitations	2				2	2
	Oriented to own Ability	1	1				
	History of Falls or Infant - Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	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	1	1
	TOTAL		17	17	10	15	16

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		✗	✗	✗	✗	✗
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name :		Sanjay	Indu	B	Subha	Bindu
	Signature :						
	Date :		8/7	8/7	8/7	9/7	9/7
	Time :		6:30	1pm	7pm	8AM	2pm

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 9/2	DATE 9/7	DATE 10/7	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	.				
	13 years old and above	1					
Gender	Male	2	2	2	2		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3		
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3	3	3	3		
	Forget Limitations	2					
	Oriented to own ability	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	2	2	2		
	Outpatient Area	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		16	16	16		

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		✗	✗	✗		
	Other Intervention(s) Specify		✓	✓	✓		
	Nurse's Name:		Anitha	Subha	Beauty		
	Signature:						
	Date:		9/7	9/7	10/7		
	Time:		3pm	11pm	9 Am		

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

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CHECKLIST FOR THROMBOPHLEBITIS

Ward: Dr. SIVA NARAYANA REDDY
Date

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 2 D (M)

/ THROM / 07

S.No	SITE OBSERVATION	STAGE / ACTION	SCORE	8/7/26		9/7 I.P. No.			10/7			REMARKS
				M	E	N	M	E	N	M		
1	IV site appears healthy	No signs of phlebitis / **Observe cannula**	0	0	0	0	0	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	–	–	–	–	–	–	–		
3	**Two of the following signs are evident :** Pain at IV site Redness	Early stage of phlebitis / **Resite Cannula**	2	–	–	–	–	–	–	–		
4	**All of the following Signs are evident :** Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannual Consider Treatment	3	–	–	–	–	–	–	–		
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	–	–	–	–	–	–	–		Noted by Bommu 10/7/26 09:20AM
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	–	–	–	–	–	–	–		

NOTE : Phlebitis > 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 ....

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
8/7/26	6AM	0	LR	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
8/7	1pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
8/7	7pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
9/7	12AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
9/7	2pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
9/7/26	3pm	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
9/7/26	10pm	0		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
10/7/26	9AM	0	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ 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.

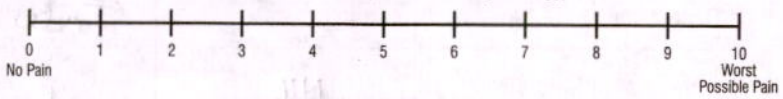
Noted by Beronika 10/7/26 @1:20PM

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

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

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BRADEN 'Q' SCALE

					Date : 8/1/26	8/1	9/1/7	9/1/7
					Time : 10AM	9pm	12pm	2pm
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	3
"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.	1	1	1	1
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	3
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	3
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	3
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	3
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	23	25	22
					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
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

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Master MAYUK KALVETI (B/O. AKUTHOTA MOUNIKA)**	**Age :**	**0 Y 6 M 2 D**
IP No:	**IP-00060612**	**Sex:**	**Male**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Siddhartha . K
Relationship: Father
Date: 05-02-2026
Time:
Witness Name:
Witness Signature:

Patient Address:
FLAT NO 102 VENKATESHWARA NILAYAM YENDAMURI LAYOUT GAJULARAMARAM Jeedimetla Hyderabad Telangana INDIA 500055

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY
Patie

LINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/1/26 Time:

	9	11	1	3	5	7	9	11	1	3	5	7
	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM
Doctor/Nurse/Family Concern?		CBT Plan + Samples					Inj. PCM					
Temperature (°F)	99.1°F	101.3°F	98.6°F	98.6°F	98.6°F	98.6°F	100.9°F	98.8°F	97.5°F	98.6°F	99.5°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	170	185	165	140	130	125	127	130	133	130	120	120	127	122	117	120
Resp. Rate (bpm) over 1 Minute) *	29	30	28	28	30	35	40	42	33	35	30	35	28	27	26	27
Resp Distress: Mod/ Severe / None / Mild																
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	96	97	98	99	100	98	97	98	97	97	96	97	98	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	1	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	BB	BB	BB	BB	BB	BB	BB	BB	BB	BB	SK	SK	SK	SK	SK	SK	SK

Note: BP does not score in early warning scoring

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU 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)

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
08-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

Doc. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 08/1/7 Time:	9	11	1	3	5	7	10	12	4	6	8	
Doctor/Nurse/Family Concern?	am	am	Pm	pm	pm	pm	PM	AM	AM	AM	AM	
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.2°F	98.4°F	98.5°F	98.6°F	98.8°F	98.0°F	97.0°F		
Heart Rate (bpm) and Blood Pressure (mmHg) *												
Heart Rate (Number)	135	140	125	126	130	132	129	131	125	128	113	
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	32	30	33	36	34	36	35	29		35		
Resp Distress Mod/ Severe / None / Mild	N	N	N	N	N	N						
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	99	98	97	98	97	98	97	100	99	
Conscious Level Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	
GCS *	15	15	15	15	15	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials	B	B	B	A	A	A	SK	SK	SK	SK	SK	

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
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	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU 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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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)

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 3 D (M)
Dr. SIVA NARAYANA REDDY

:. No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/7/26. Time:	9
Doctor/Nurse/Family Concern?	Am
Temperature (°F) (104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94)	* 98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 … 50) Note: BP does not score in early warning scoring	100 ↑ 78 ↓ 64
Heart Rate (Number)	105
Resp. Rate (bpm) (Over 1 Minute) * (70 … 10)	
Resp Rate (Number)	30
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	N
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level — Normal	N
Conscious Level — Altered	
GCS *	15
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	M

Noted by
10/7/26
@10:30 Am

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
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06-01-2026 0 Y 6 M 2 D (M)
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FLUID CHART

Sheet No. : 1

8/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
7/7	08:00 am			30ml				✓		✓	1	
	09:00 am		FF	30ml							0	Sindu
	10:00 am		+	30ml								@2pm
	11:00 am		FF	30ml							1	
	12:00 pm			30ml						✓		8/7/26
	01:00 pm			30ml								
Total Intake :		180ml				**Total Output :**				2 times		
	02:00 pm			30ml								
	03:00 pm		FF	30ml								
	04:00 pm			30ml						✓		Bevanika
	05:00 pm		FF	30 ml							0	8/7
	06:00 pm			30ml								@7pm
	07:00 pm		FF							✓	1	
Total Intake :		150ml				**Total Output :**						
8/7	08:00 pm		FF									
	09:00 pm			30ml								
	10:00 pm			30ml						✓		
	11:00 pm		FF	30ml							1	
	12:00 am			30ml								
	01:00 am			30ml						✓		Subhan
Total Intake :		60ml				**Total Output :**				2 times		9/7/26
9/7/26	02:00 am											@8AM
	03:00 am		FF									
	04:00 am											
	05:00 am		FF									
	06:00 am											
	07:00 am		FF									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : 2

9/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
9/7/26	08:00 am									–		
	09:00 am		FF									
	10:00 am										0	
	11:00 am		FF									
	12:00 pm											Bernaike 9/7/26 @1pm
	01:00 pm		FF							–		
Total Intake :						Total Output :						
9/7/26	02:00 pm											
	03:00 pm		FF							–		
	04:00 pm											
	05:00 pm		FF				–					Anitha 9/7 @7pm
	06:00 pm									–		
	07:00 pm		FF									
Total Intake :						Total Output :						
9/7/26	08:00 pm											
	09:00 pm		FF									
	10:00 pm									–		
	11:00 pm		FF									
	12:00 am											
	01:00 am		FF									Subhan 10/7/26 @ 8Am
Total Intake :						Total Output :						
10/7/26	02:00 am											
	03:00 am		FF									
	04:00 am											
	05:00 am		FF (90ml)							–		
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	6 times

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O. (M)
08-01-2026 0 Y 6 M 2 D
Dr. SIVA NARAYANA REDDY

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

FLUID CHART

Sheet No. : 3

10/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
10/7/26	08:00 am		FF								0	Beonika 10/7/26 @9.30AM
	09:00 am									2		
	10:00 am											
	11:00 pm											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											Noted by Beonika 10/7/26 @10.30AM
	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	

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B/O.
06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

Rainbow® Children's Hospital
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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**	

LBH-00127354 IP-00060612
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06-01-2026 0 Y 6 M 2 D (M)
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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☑ 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: 103.

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. Nikesh

Date & Time : 8/7/26 @ 6:10Am

Nurse Name & Signature: Swathi

Date & Time : 8/7/26 @ 6:10Am

LBH-00127354 IP-00060612
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06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

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: 8/7/26. Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

[redacted]

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Inj PARACETAMOL				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
130mg	IV	sos	8/7	
Doctor's Signature	Valid Period	Pharm.		
(signed)		(signed)		
Additional Instructions: (15mg/kg/dose) If T >100°F				

DRUG : SYP. ONDANSETRON				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
[redacted].5ml	PO	sos	8/7	
Doctor's Signature	Valid Period	Pharm.		
(signed)		(signed)		
Additional Instructions: (0.1-0.2mg/kg/dose) If vomiting				

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

VERIFIED BY : Name .... Signature .... Neogi 8/7/26

LBH-00127354 IP-00060612
Master MAYUK KALVETI (B.O.
06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

REGULAR PRESCRIPTIONS

Weight. 7.3 kg ..... Ward. .....

Moogi Sue 8/7/26

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
350mg	IV	(12) hrly	8/7

Name & Signature of the Doctor Starting the Drugs: Dr Nikesh

Additional Instructions: (50mg/kg/dose)

Daily Doctor's Endorsement by a Sign

Date/Time: 8/7 9/7 10/7

6 AM

6 PM

Moogi Sue 8/7

DRUG : Neb with HYPERNEB

Dose	Route	Frequency	Start Date
1 resp	Neb	(8) hrly	8/7

Name & Signature of the Doctor Starting the Drugs: Dr Nikesh

Additional Instructions:

Daily Doctor's Endorsement by a Sign

See the Nebulisation chart

Changed Formula

Moogi Sue 8/7/26

DRUG : Neb (BUDESONIDE) with BUDALORT

Dose	Route	Frequency	Start Date
1 resp	Neb	(12) hrly	8/7

Name & Signature of the Doctor Starting the Drugs: Dr Nikesh

Additional Instructions: 1 resp = 0.5 mg

Daily Doctor's Endorsement by a Sign

See the Nebulisation chart

Moogi Sue 8/7/26

DRUG : Neb (LEVOSALBUTAMOL) with LEVOLIN

Dose	Route	Frequency	Start Date
1 resp	Neb	(8) hrly	8/7

Name & Signature of the Doctor Starting the Drugs: Dr Nikesh

Additional Instructions: 1 resp = 0.31 mg

Daily Doctor's Endorsement by a Sign

See the Nebulisation chart

Changed to 2 hrly Neb

Stop changed to 12 hrly

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REGULAR PRESCRIPTIONS

Sheet No: ..... Weight ..... Ward .....

DRUG : NEBULIZATION WITH BUDAMOL

Dose	Route	Frequency	Start Dt.
0.3MG	PO	2HRLY	8/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:
1 Repule = 0.3MG

Daily Doctor's Endorsement by a Sign

Date / Time	
	CHANGED TO 3RD HRLY
	Dr. Rishika Clinical Pharmacologist

DRUG : SYP OSELTAMIVIR

Dose	Route	Frequency	Start Dt.
1.5ML	PO	12HRLY	8/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:
1ML = 12MG
3MG/KG/DOSE

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7
6 AM		Gap	Gap
6 PM	1.5ML		

DRUG : AMBROXOL DROPS

Dose	Route	Frequency	Start Dt.
0.8ML	PO	12HRLY	8/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:
1ML = 7.5MG
6MG 12HRLY

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7
6 AM	X	Gap	Gap
6 PM			

DRUG : INJ AMIKACIN

Dose	Route	Frequency	Start Dt.
55MG	IV	12HRLY	8/7

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:
7.5MG/KG/DOSE

Daily Doctor's Endorsement by a Sign

Date / Time	8/7	9/7	10/7
6 AM		Gap	Gap
6 PM			

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Master MAYUK KALVETI (B/O.
08-01-2026 0 Y 6 M 2 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : NEB. 3 % HYPERNEB

Dose	Route	Frequency	Start Dt.
1 RESPULE	PN	6 HRLY	9/7

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

Additional Instructions: 1 respule

Daily Doctor's Endorsement by a Sign

Date / Time

See the Neb's chart

Verified Dr. Rishika Clinical Pharmacologist

DRUG : NEB. ISOTONIC SOLUTION

Dose	Route	Frequency	Start Dt.
0.3 ml/kg	PN	3rd hrly	9/7

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

Additional Instructions: (1 respule : 0.3 ml/kg)

Daily Doctor's Endorsement by a Sign

Date / Time

See the Neb's chart

Verified Dr. Rishika Clinical Pharmacologist

DRUG : NASOCLEAR DROPS

Dose	Route	Frequency	Start Dt.
2 drops	PN	6 hrly	9/7

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

Additional Instructions: 2 drops in each nostril

Daily Doctor's Endorsement by a Sign

Date / Time

Time	9/7	10/7
12 AM	/	Gap
6 AM	/	Gap
12 PM	/	
6 PM	Gap	

Verified Dr. Rishika Clinical Pharmacologist 9/7/26

DRUG : PROGA DROPS

Dose	Route	Frequency	Start Dt.
1 ml	PO	12th hourly	9/7

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

Additional Instructions: 5-10 drops

Daily Doctor's Endorsement by a Sign

Date / Time

Time	9/7	10/7
6 AM	/	Gap
6 PM	Gap	

Maggi Rao 9/7

Master MAYUK KALVETI (B.O.
06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

IP-0006061 2 LBH-00127354

Weight. 7.30kg 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
8/7	3.20PM	GP-EBUGESIC	3.5ml	PO		Kiran
8/7	AM	NEBT LEVOLIN	0.31mg	neb		Kiran
8/7	A.3PM	NEBT HYPERNEB	1 resp			Kiran
8/7	9AM	INJ ONDANSETRON	1 MG	IV		
9/7	10PM	COLIBAID DROPS	0.5ml	PO		Gayatri Kalpana

Verified Dr. Rashika

06-01-2026 0 Y 6 M 2 D (M)
Dr. SIVA NARAYANA REDDY

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
8/1	7.50AM	½ DNS	IV	30			8/2		
9/1	7:30AM	DNS	IV	20					

Signature .....

VERIFIED BY : Name .....

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RESULT SHEET

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Date	8/1/26		10/1			
Time			GLUCOSE			
Hb	10.2		9.1			
PCV	28.0		25.2			
RBC	3.82		3.45			
WBC	22.320		7.68			
N/L	69.1 | 26.7		17.2 | 79.2			
Platelets	3.89		3.14			
CRP	17		13			
ESR						
PCT						
RBS						
Na	139					
K	5.2					
Cl	105					
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.3					
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	8/7/26					
Time						
CUE-Alb	Trace					
CUE-Sugar	NIL					
CUE - Ketones	Neg					
CUE-PUS Cells	3-5					
CUE - RBC Cells	NIL					
CUE - Epith	2-4					
Leuco	Neg					
Blood	Absent.					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						

Culture and Sensitivities : 8/7/26 Blood c/s -.....

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Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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