Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176684 **Admit Date** : 21-Jul-2026 **Admit Time** : 03:30 AM **UHID** : BAH-00575054

Patient Details :

Patient Name	: Baby ADHEESHA GOUD SURA	**Age**	: 2 Y 6 M 20 D
Guardian	: Mr SURA BHANU KIRAN GOUD	**DOB**	: 01-01-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 7-1-390/4/B, S R Nagar Hyderabad Telangana INDIA 500038	**Phone No**	: 8801119311/ 8801220011
		E-mail	: nomailis@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-DELUX324-1 **Ward Name** : 3F-ZONE C

Room No : CRDL-DELUX324-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SURA BHANU KIRAN GOUD **Relationship** : Father

Contact Address : 7-1-390/4/B, S R Nagar Hyderabad Telangana INDIA 500038 **Phone No** : 8801119311 / 8801220011

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ BAH-00575054 IPS-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

Consultant: _____ Dept : _____

Date of Admission: __ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	4:10A	—	8:32A	Ramadevi

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7/16	CBP, CRP, RP2, Blood us,	26072952	Vunkat
21/7	stool Culture/CSE	26072963	Lathy

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7	Infusion pump	4:40AM		9713791	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/24	IV Placement	1		Dutt

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

(P.T.O.)

BAH-00575054 IPS-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Shock

Desired goals of the treatment : H'stability

Planned Labs:

CBP
CRP
S/E RB2
Blood cls

CSE
stool cls

Planned Management

Ceftriaxone → [after CBP CRP]
Paracetamol
Ondem
Evonom
Z & D drops
INF

Noted by
Sandeep
21/7/25 at
4:10 pm

Signature of the Doctor: Akanksha

Name of the Doctor: Akanksha

Date & Time: 21/7/25.

Signature of the Consultant: [signature]

Name of the Consultant:

Date & Time: 21/7/25

DR. KAPIL BHAGWATRAO SACHANE
Registration No. 2002/03/1358

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date :

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00575054 IPS-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/26 8:00 Am	4S/B PICU fellow.	
	C/O loose stool / vomiting | x 3 days.	
	c fever x 2 days	Plan.
	& ↓ oral intake	1.) Continue full maintenance fluids.
	Current issues - fever spikes, loose stools (watery)	2.) Monitor for signs of dehydration
	On Room Air	3.) Danger signs explained to attender.
	oral Mucosa - moist	
	CRT < 3 sec	4.) Collect stool complete examination, Blood C/S, stool C/S
	No signs of dehydration noted	Noted by. [signature]
	CRP - 18	
	TLC - 6.76	
		Jyoti
21/07/2026 11:00 Am	C/S/b Dr. Kapil	
	Δ Acute gastroenteritis.	- CS E
		- Stool culture
	O/E	~~USG~~ - ~~Ab~~
	On room air	- Stool for ...
	No signs of dehydration	- Cefixime ...
	Poor oral intake.	- ...
	Fever history (+)	Watch for ...
		Noted by [signature] [signature]

DR. KAPIL BHAGWATRAO SACHANE Registration No. 2002/03/1356

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/2026 5.00pm	c/c/b PICU fellow Δ Acute Gastroenteritis. O/E CVS - S1S2 (+) R/S - BILAE (+) P/A - soft Hydration - Fair on full maintance IVF passed 6 times stool till afternoon. oral acceptance - moderate No fever spike	Plan: 1) Trace stool c/s T/m 2) Send stool for Rota (HOLD) 3) Contine ceftriaxone 4) ↓ IVF to 30ml/hr 5) w/f s/o dehydration Noted by Latha Dr. pratyusha
22/07/26 8:00 Am	c/s/b PICU fellow (Dr Jyoti) Δ - Acute Gastroenteritis Current issues - Loose stools (improving) No fever spikes, oral intake better on Room air Sleeping well CVS - S1S2 (+) No murmurs Resp - BL AE (+) Bilateral clear P/A soft, N on distension	Plan, 1) Trace Stool c/s. 2) Watch for signs for dehydration & fever spikes. 3) Plan to taper IVF if oral intake better 4) continue I/V antibiotics Dr. KAPIL BHAGWATH PRADEEP SACHANE Registration No: 2002078856

Pa[illegible]

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[illegible]S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 8:30 Am	c/s/o Dr Kapil Sir	
	Dx - Acute Gastroenteritis	Plan
	loose stools improved.	1.) Stop I/v fluids.
		2.) Encourage orally.
	On Room Air	3.) Trace stools c/s.
	oral intake better.	
		4.) w/f fever spikes.
		Noted by Sir
	c/s/o PICU fellow (Dr. Jyoti)	
22/07/26 5:00 pm	Dsis - Acute Gastroenteritis	
	loose stools improved	Plan
	oral intake better	1.) Trace stools c/s.
	NO fever spikes.	2.) Encourage orally,
		3.) w/f fever spikes.
	Nonignsal dehydration/ Active.	
		TSOH

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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RESULT SHEET

Date	21/7/26					
Time	@ 3:56AM					
Hb	12.1					
PCV	35.6					
RBC	4.76					
WBC	6.76					
N/L	25.3/69.2					
Platelets	293					
CRP	18.0					
ESR						
PCT						
RBS						
Na	133					
K	3.8					
Cl	102					
Ca/Mg						
Phosphate						
Urea	17					
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~~ Bicarbonate- 19						

Stool Examination

Date	21/07					
Time	4 Am					
CUE - Alb						
CUE - Sugar fat globules (+)						
CUE - Ketones stach (+)(+)						
CUE - PUS Cells →	2-3					
CUE - RBC Cells →	(+) 1-2					
CUE (B)						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood C/S (No growth after 24 hours.

Stool C/S →

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA (F)
01-01-2024 2 Y 6 M 20 D
Dr. KAPIL BHAGWATRAO SACHANE

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 21/12/23

Nurse Name & Signature: .....

Date & Time : 21/12/23 at 11:10 AM

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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VERIFIED

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
650mg	IV	BD	21/07

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	21/7	22/7
	12pm	
11AM	[signature]	[signature]
11pm	[signature]	

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

Date ▸ / Time ▾

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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DRUG CHART

Date of Admission: 21/7/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

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

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

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

REGULAR PRESCRIPTIONS

Weight. 13kg Ward. .....

VERIFIED

DRUG : Inj ONDANSETRON

Dose	Route	Frequency	Start Date
2.5mg	IV	TID	21/7

Name & Signature of the Doctor Starting the Drugs: Dhanalaxmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	21/7	22/7
6AM	Maitha	
2PM	Refused	
10PM	Maitha	

VERIFIED

DRUG : Inj PANTOPRAZOLE

Dose	Route	Frequency	Start Date
15mg	IV	OD	21/7

Name & Signature of the Doctor Starting the Drugs: Dhanalaxmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	21/7	22/7
6AM	Maitha	

VERIFIED

DRUG : ELONDAM SACHET

Dose	Route	Frequency	Start Date
1 sachet	PO	BD	21/7

Name & Signature of the Doctor Starting the Drugs: Dhanalaxmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	21/7	22/7
6AM	Maitha	
6PM	Refused	

VERIFIED

DRUG : 2 & D drops

Dose	Route	Frequency	Start Date
1ML	PO	OD	21/7

Name & Signature of the Doctor Starting the Drugs: Dhanalaxmi

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	21/7	22/7
10AM	Refused	

BAH-00/75054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

Weight 13 kg Ward 3rd floor

	Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

I.V. FLUIDS CHART

Weight. 13 kg Ward. .....

Date	Time	Composition of I.V. Fluid (Solution, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/7	2:00 AM	DNS full (N)	IV	50	AG	Jaci / Venkat	21/7	AG	
21/7	5pm	DNS	IV	30	AG	Sde / Supraja	22/7	Done	Sus

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

BAH-00575054 IPS-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I:

Patient's / Learner Language: Hindi / English Patient / Learner Literacy: ☑ Read ☐ Write ☐ Speak Willingness to Learn: ☑ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others .....

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/7	2:30 PM	2	Treatment and careplan	M	1	0	1	1	—	A
21/7/26	9am	9	gastro diet	M	1	0	1	1	-	same

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C Caregiver O: Other (Specify) .....

Learning Barriers:

1. No Learning Barriers
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: ± T dehydration

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
21/7/26 9am	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Abd c some	delay	IV f		☐ Nursing ☐ Others:
21/7/26 at 2:30 AM	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	vomiting	H- stability	⇒ IV fluids ⇒ Invest ⇒ gation	Rao	☐ Medical ☐ Others:
21/7/26 9am	☐ Medical ☐ Nursing ☐ Others: dietitian	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	AGE ± dehydration	gastro diet	RDA E: 1250 kcal/D P: 21gm/D	saima	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Patient Stic

BAH-00575054 IP6-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

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. : 21/7

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am	D	water	SD ml			✓			✓	0	Kabita
	05:00 am	M		SD ml			✓				0	
	06:00 am		water	SD ml			✓			✓	0	Kabita
	07:00 am	S		SD ml			✓				0	
Total Intake :						**Total Output :**						

M - 4 V - 2

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	V - 2 M - 4

BAH-00575054 IP5-00176884
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : (2) 21/7

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
21/7	08:00 am	D	water	50ml			6 times			✓	0	Renuka
	09:00 am			50ml						✓	0	
	10:00 am	N		50ml						✓	0	
	11:00 am		water	50ml							0	
	12:00 pm	S		–						✓	0	Renuka
	01:00 pm			50ml							0	
Total Intake : Taken						Total Output : M-6 U-4						
21/7	02:00 pm	D		50ml							0	
	03:00 pm	N	water	50ml						✓	0	Asha
	04:00 pm	S		50ml							0	
	05:00 pm	D		50ml			NP			✓	0	
	06:00 pm	N	water	30ml							0	Asha
	07:00 pm	S		30ml			✓		✓		0	
Total Intake : Taken						Total Output : M-D1 U-2						
21/7	08:00 pm	D		30ml			✓				0	Latha
	09:00 pm		water	30ml							0	
	10:00 pm	N		30ml						✓	0	Latha
	11:00 pm			30ml							0	
	12:00 am	S	water	30ml			✓			✓	0	Latha
	01:00 am			30ml							0	
Total Intake : Taken						Total Output : U-2 M-2						
21/7	02:00 am	D		30ml							0	Latha
	03:00 am		water	30ml			✓				0	
	04:00 am	N		30ml							0	Latha
	05:00 am			30ml						✓	0	
	06:00 am	S	water	30 ml			✓				0	Latha
	07:00 am			30ml							0	
Total Intake : Taken						Total Output : U-1 M-2						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	U-9 M-5

BAH-00662268 IP5-00176672
Baby Of NAGAM DURGA BAI
20-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. NALINIKANTA PANIGRAHY

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. : 3 22/7/26

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							
	08:00 am	DNS		30ml							0	Sushanta
	09:00 am	DNS		30 ml						✓	0	
22/7	10:00 am		water				Np				0	
	11:00 am									✓	0	Sushanta
	12:00 pm										0	
	01:00 pm		water								0	
Total Intake : Taken.						Total Output : m — Np u — 2.						
	02:00 pm										0	Resp
	03:00 pm		water								0	
	04:00 pm										0	
	05:00 pm		water								0	Resp
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output : M — U —						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

FLUID CHART

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

Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

BAH-00575054 IP5-00176684
Baby ADHEESHA GOUD SURA
01-01-2024 2 Y 6 M 20 D (F)
Dr. KAPIL BHAGWATRAO SACHANE

324-B.

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 21/7/26 Time: 9:30am

Weight: 13kg's Centile: 50th

Height: 91cm Centile: > 50th

Inference: well child

RDA: - Calories: 1250Kcal/D Protein: 21gm/D

Diet Recommendations: gastro diet (avoid wheat, eggs, ragi, oats, citrus fruits & Juices, sugar) can have Rice based foods, Sago water, ORS, coconut water

Re-Assesment:

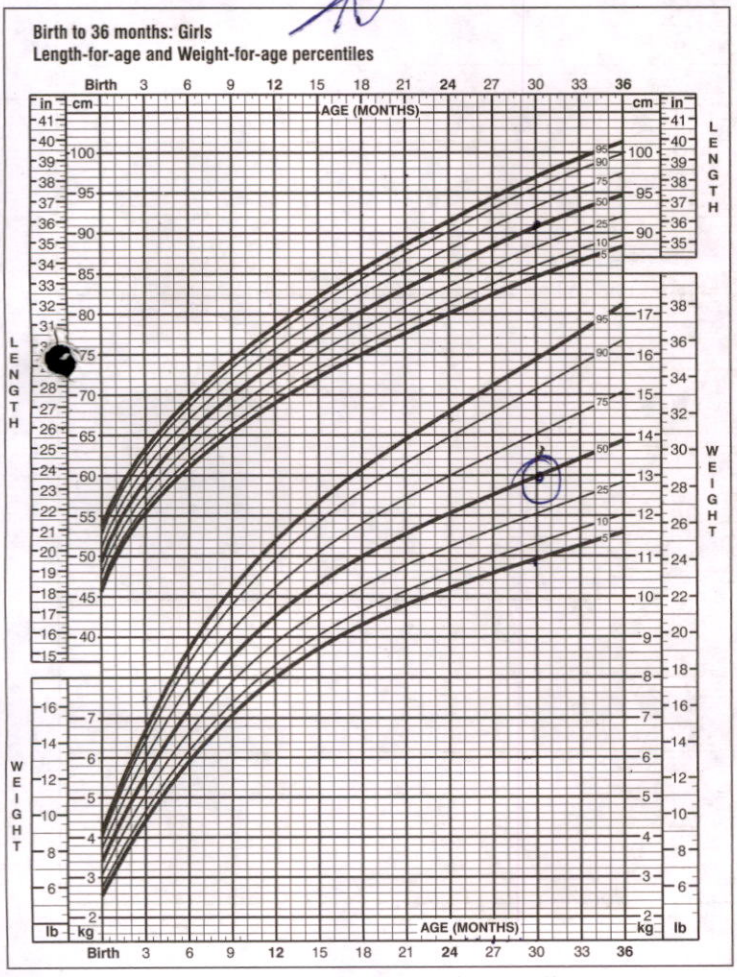
Food Allergies: No Veg/Non-veg Non-veg

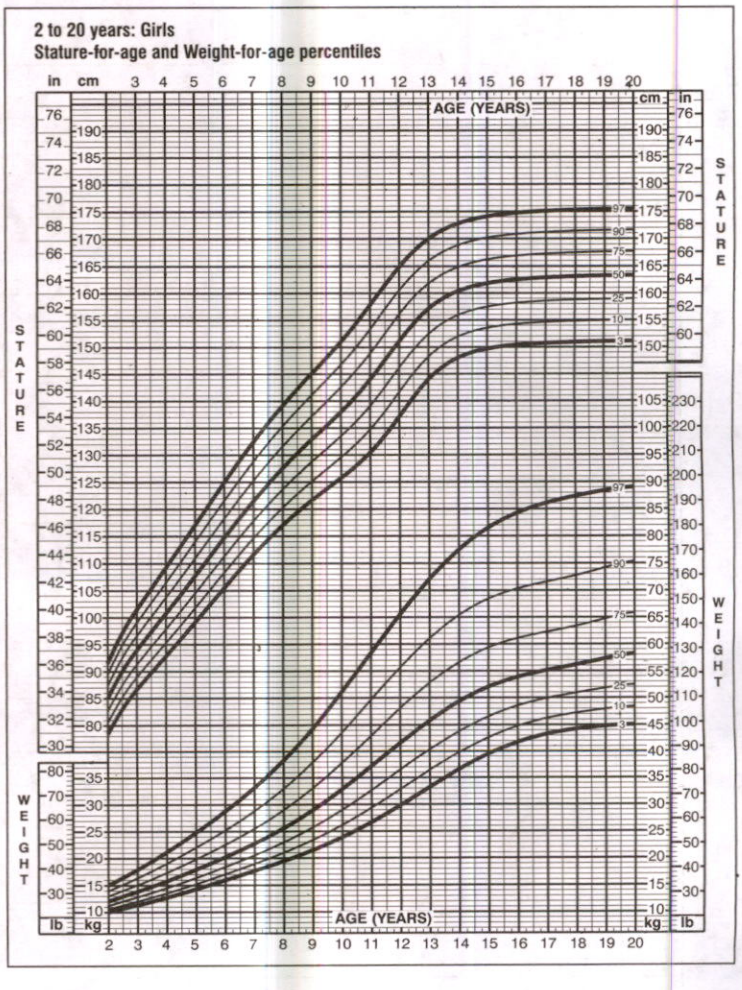
Diagnosis: AGE & dehydration

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (GIRLS)





Dietician's Name ....Saima.... Dietician's Signature ....Saima....

(P.T.O.)

Daily Notes:

22/7/26
11am

child is stable, oral intake is fair
continue gastro diet

Saini