

DISCHARGE SUMMARY

Name	Master DAKSHIT SAHAY	UHID	FDH-00046163
Father/Guardian	Mr LALIT SAHAY	Age/Gender	2 Y 10 M 12 D/ Male
Address	Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020579	Admission Date	22-05-2026
Ref Doctor	DR SHIVA KUMAR REDDY		
Discharge Date	25-05-2026		

Consultant:

Dr. Reena Mathew

MBBS, MD (Pediatrics) IDPCCM

Consultant Pediatrician & Intensivist

General Pediatrician

Reg.No: TSMC 08561

DIAGNOSIS

ACUTE FEBRILE ILLNESS
ADENOVIRUS POSITIVE

History: Master DAKSHIT SAHAY, 2 Years, 10 Months, 12 Days, old boy presented with history of moderate to high grade intermittent fever since 3 days, vomiting since 2 days, poor oral intake, dull activity prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Financial District for further management.

Outside investigations: CBP showed Hemoglobin - 12 gm%, White blood cells - 9880 cell/cmm, Platelets - 1.85 lakh/cmm, **C-Reactive Protein - 85.7**



Name	Master DAKSHIT SAHAY	UHID	RDH-00046163
IP No	IP25-00020579	Admission Date	22-05-2026

mg/L, Erythrocyte Sedimentation Rate - 24 mm/1st hr. CUE : 6-8 pus cells, Malaria, Dengue, Widal were - Negative.

Examination: He was febrile (105 *F), maintaining saturations at room air (99%). His heart rate was 150/min and Respiratory Rate - 30/min. Capillary Refill Time was <2 secs. Throat - Congestion +. Tonsil - Enlarged Grade 3, Follicular, Lethargic. Peripheries were warm & pulses well felt. On auscultation, air entry was bilaterally equal with occasional crepitations were present. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious and alert. Pupils were bilaterally equal and reacting to light.

Weight on admission: 17.7 kilo grams.

Investigations: Enclosed reports.

Management: He was admitted in the ward and was started on Intra Venous fluids and Intra Venous antibiotic (amoxyclav) and oseltamivir empirically He was treated symptomatically with antacids and antipyretics.

Nasopharyngeal swab for Respiratory panel GeneXpert FluA+FluB+RSV were sent, which were - Negative. ADENOVIRUS PCR was positive.

Liver function test showed total SBR of 0.3 mg/dl with indirect fraction of 0.1 mg/dl, SGOT - 39 U/L, SGPT - 17 U/L, ALP - 159 U/L, protein - 6.4 gm/dl, albumin - 3.9 gm/dl, globulin - 2.5 gm/dl, A/G ratio of 1.5. Blood culture was no growth after 24 hrs of incubation.

In view of persistent high grade fevers and intermittent stridor he received low dose inj methylprednisolone following which he became afebrile. He was regularly monitored for fever spikes, hemodynamic status, vital parameters. His fever spikes and other symptoms gradually settled. Child maintaining



Name	Master DAKSHIT SAHAY	UHID	FDH-00046183
IP No	IP25-00020579	Admission Date	22-05-2026

saturations on room air.

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

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

Advice:

- * Syrup. Augmentin DDS (Amoxicillin - 400mg + Potassium Clavulanate - 57mg/5ml) 5 ml twice daily (1 hour after food) for 4 days. (Should be kept in refrigerator after reconstitution, consume within 7-days).
- * Syp Xyzal 2.5ml twice daily for 3 days

Fever Management

- * Crocin Drops 5 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
- * Syrup. Ibugesic 8 ml SOS.
- * Tepid sponging if fever > 101 *F.

Review consultation with Dr. Shiva Kumar Reddy after 3 days.

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

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



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Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

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

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

Dr. Sevid
Registrar/Resident/C.M.O

Dr. Reena Mathew

Consultant:

Dr. Reena Mathew

MBBS, MD (Pediatrics) IDPCCM

Consultant Pediatrician & Intensivist

General Pediatrician

Reg.No: TSMC 08561



ADMISSION SHEET



Registration Details :

Admission No : IP25-00020579 Admit Date : 22-May-2026 Admit Time : 04:41 PM UHID : FDH-00046163

Patient Details :

Patient Name : Master DAKSHIT SAHAY Age : 2 Y 10 M 11 D
Guardian : Mr LALIT SAHAY DOB : 11-07-2023
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Manikonda Hyderabad Telangana INDIA Phone No : 8790353232
500089 E-mail :

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT-204 Ward Name : 2F -PRIVATE ROOM
Room No : PVT-204 Admission Type : First Visit

Contact Details :

Name : Mr LALIT SAHAY Relationship : Father
Contact Address : Manikonda Hyderabad Telangana INDIA Phone No : / 8790353232
500089


Signature

Doctor Details :

Doctor Name : Dr. REENA MATHEW Specialisation : GENERAL PEDIATRICS
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : GENERALI CENTRAL INSURANCE
COMPANY LIMITED





Nursing General Admission Assessment Form For Pediatrics

Diagnosis: Mother holded
 Arrival Time: 5:56pm Mode of Arrival: Wheeler Admitting From: ER OPD Direct
 Allergy / Adverse Reaction: - Body Weight: 17.7kg Kg
 Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
-	-	-

Family History:

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: 17.7kg Length: Head Circumference (< 2 years):
 Temp: 102.3 F HR: 110b/m RR: BP:

Pain Score: 0/10 Specify Site: (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: Yes No Score: (Document in the Humpty Dumpty Sheet)
 Risk of Pressure Sore (Braden Q Score 20) (Document in the Braden Q Assessment Sheet)

Pain Screening: Yes No If Yes, Pain Score: 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

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 mother

Nurse's Name: Songrats Date: 2/22/15 Time: 6pm

Signature 

ACTIVITY RECORD FOR BILLING

Name: ----- **FDH-00046163** **IP25-00020579** -----
Master DAKSHIT SAHAY
11-07-2023 **2 Y 10 M 11 D** (M)
 UHID No : ----- **Dr. REENA MATHEW** ----- Consultant : ----- Dept : -----
 Date of Admission -----  ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/05/26	5:45 PM	ER.	204	A. Roy.

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
22/5/26	Blcls, UFT,		
	GRBS - 9 Aug 1st	18099	Seway
	Resp panel		
23/5/26	NHA	79244	[Signature]
		C.L by Songeta	
		25/5/26	
		@ 8:30 AM	



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

FDH-00046183 IP25-00020579

Master DAKSHIT SAHAY

11-07-2023 2 Y 10 M 11 D (M)

Dr. REENA MATHEW

UHID ID: _____



Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fever x 3-4 days

Vomiting x 2 days

Reduced oral intake

Low activity

History of present illness :

Fever - High grade

also chills

Relieved on Rx

active during afebrile periods

Vomiting - Food particles

2-4 e/day

Non blood/bile stained

No cold/cough

Initially had loose stools for 2 days → stopped since yesterday

outside Rx -

Sym. Cefprozil x 1 day

& Symptomatic Tx

Pediatric Multiorgan History & Physical Examination

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

In view of persistent high fever spikes and persistent complaints investigated on 22/5/26

CRP - 12 } 9880 } 1.85
35 } 72/8/16
N L M

ESR - 24

CRP - 85.7

CVE - 6-8 pus cells.

Malaria

Dengue

Widal

Negative

Birth & Neonatal History:

Hence referred for further Mx.

Smooth Transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

No similar complaints

in family members.

Developmental History :

App. to age

Immunization History :

As per age Immunized

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs) 17.7kg (Centile _____)

On Examination :

Temperature : 105 F Pulse Rate : 150/min B.P. _____ SPO2 99%

Resp. rate and type of breathing : 30/min

Rash _____ Throat - congestion (+)

Lymphadenopathy _____ Tonsil - Enlarged Grade 2-3

Oedema : _____ Follicular

Allergies (if any): _____ Atrophic

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any added sounds : _____ B/c AE (+)

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

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____ S₃ (+)

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : _____ Spl, no H/S

Auscultation : _____

Spine : _____ External Genitalia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

_____ BL - PERL

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

AKI

① Pharyngo Tonsillitis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis

Desired goals of the treatment: H. stability

Planned Labs:

Blood c/s
LFT
Fln Panel - 5 vials
[Cresome - 1 EDTA
2 Plain]
note by YASEW
22/5/26 5:00 PM

Planned Management

IV DMS
Trj. Augmentin
Syn. Fluorin
Pantop
PCM / Zibugenic
Ondem (SOS)

Signature of the Doctor: [Signature]
Name of the Doctor: A. Adich
Date & Time: 22/5/26

Signature of the Consultant:
Name of the Consultant: B. Rana
Date & Time: 22/5/26

Consultant
Completed
22/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	sls & keene	PRAN
22/5/26 7pm	High grade fever	- Give Antiflu
	Day 4 of illness	- rest to continue
	7-10°f	TSS
	vices state	Ok
	As Ac - ss	
	<u>Chest</u>	
		Noted by Sangata
		22/5/26
		7pm

FDH-00046163 IP25-00020579

Master DAKSHIT SAHAY

11-07-2023 2 Y 10 M 11 D (M)

Dr. REENA MATHEW



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 9:50am	<u>SLB & Leena</u>	<u>Plan</u>
	1) High grade fever	① Continue Augmentin
	2) 1 episode of Vomiting	Antiflu ② 1mg Paro to Continue
	No AE - BS	6hly
	Clear	today
	Oral, Anal puppies @	③ Continue IVF e 2ml/h
		④ Ince flu panel TS Dheeg
		<hr/> Noted by Songeeta
		23/5/26 @ 9:50 AM

FDH-00046163 IP25-00020579
 Master DAKSHIT SAHAY
 11-07-2023 2 Y 10 M 12 D (M)
 Dr. REENA MATHREW



2



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/07/2023		c/o Dr. Lahari
5pm	c/o AFE	
	No fever spikes :: moving	
	(last fever spike @ 7AM - 100.4)	Admin
	oral acceptance	- CT by Arguments
	- Improved	
	hemodynamically stable	- by PCM 50s
	Throat - Improved	- CT IVF
	c/o alert	15ml/hr
	Ls B/C AB, clear	- Encourage orally
	of and - sup	- (+) flupant
	R/and - sv	(Admin)
		Noted by
		Amishobpm

FDH-00046163

IP25-00020579

Master DAKSHIT SAHAY

11-07-2023

2 Y 10 M 12 D

(M)

Dr. REENA MATHEW



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/23	9/5/23 <u>Dr. Reena</u>	
8am	D: <u>AFI (Adenoviral Injection)</u>	
	fever spike ~ 104.2f @ 6pm	
	Reports: Adenovirus Detected	
		Plan
		<ul style="list-style-type: none"> - <u>100 mg METHYLPREDNISOLONE</u> <u>intravenous</u> 300 <u>BD</u> (1st dose @ 6am)
		<ul style="list-style-type: none"> - <u>100 mg PCM 1/0</u> Stat → SOS.
		<ul style="list-style-type: none"> - to give <u>Syr. METAL</u> if fever spike persists for > 1 hour (single dose).
		<p>Noted by Anurba 8pm</p>
		<p>Final</p>



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26	sls sleep	Plan
9am	Admission	→ To stop IV fluids
	Afr	→ Make IIV order
	<hr/>	SOS if no further
	Temp @ 104° F then	episode of vomiting
	No Afebrile	→ IIV reinitiated to
	Clos	continue
		→ keep OLC ready
		→ keep IIV Plan SOS
		- Rest to continue
		<u>Ther</u> Dreene
		Noted by Songeta
		24/5/26
		@ GAM

FDH-00046163 IP25-00020579
 Master DAKSHIT SAHAY
 11-07-2023 2 Y 10 M 14 D (M)
 Dr. REENA MATHEW



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>PAN</u>
<u>25/5/26</u>	<u>SLB 3 lines</u>	
<u>9c</u>	<u>Adenoid</u>	① Dic today
	<u>ATI</u>	1) Sup xuzal 2 sup 30
	<u>how after</u>	x 3 dyp
	<u>Vitals stable</u>	2) Sup Augmentin 300
	<u>as clear</u>	5ml 30 n 4 dyp
		to fu c B
		Shiva kumar
		after 3 dyp
		3) Give afternoon dose of
		Atb & metylpred
		before Dic
		<u>Jan</u> <u>Dice</u>
		<hr/>
		noted by Amisha
		25/5/26
		@ 9AM

FDH-00046163 IP25-00020579
 Master DAKSHIT SAHAY
 11-07-2023 2 Y 10 M 11 D (M)
 Dr. REENA MATHEW



RESULT SHEET

Date	23/5/26				
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT	17				
SGOT	39				
T.Bill/Conj					
T.Protein	6.4				
S.Albumin	3.9				
S.Globulin	2.5				
A/G Ratio	1.5				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
SARS-CoV-2	NEGATIVE					
Influenza A	NEGATIVE					
Influenza B	NEGATIVE					
RSV	NEGATIVE					
ADENOVIRUS	DETECTED					

Culture and Sensitivities : Blood cultures : 24 hrs and growth

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 204

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	Syn. cefprozime (5ml = 100mg)		oral	BD	Today 10am	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

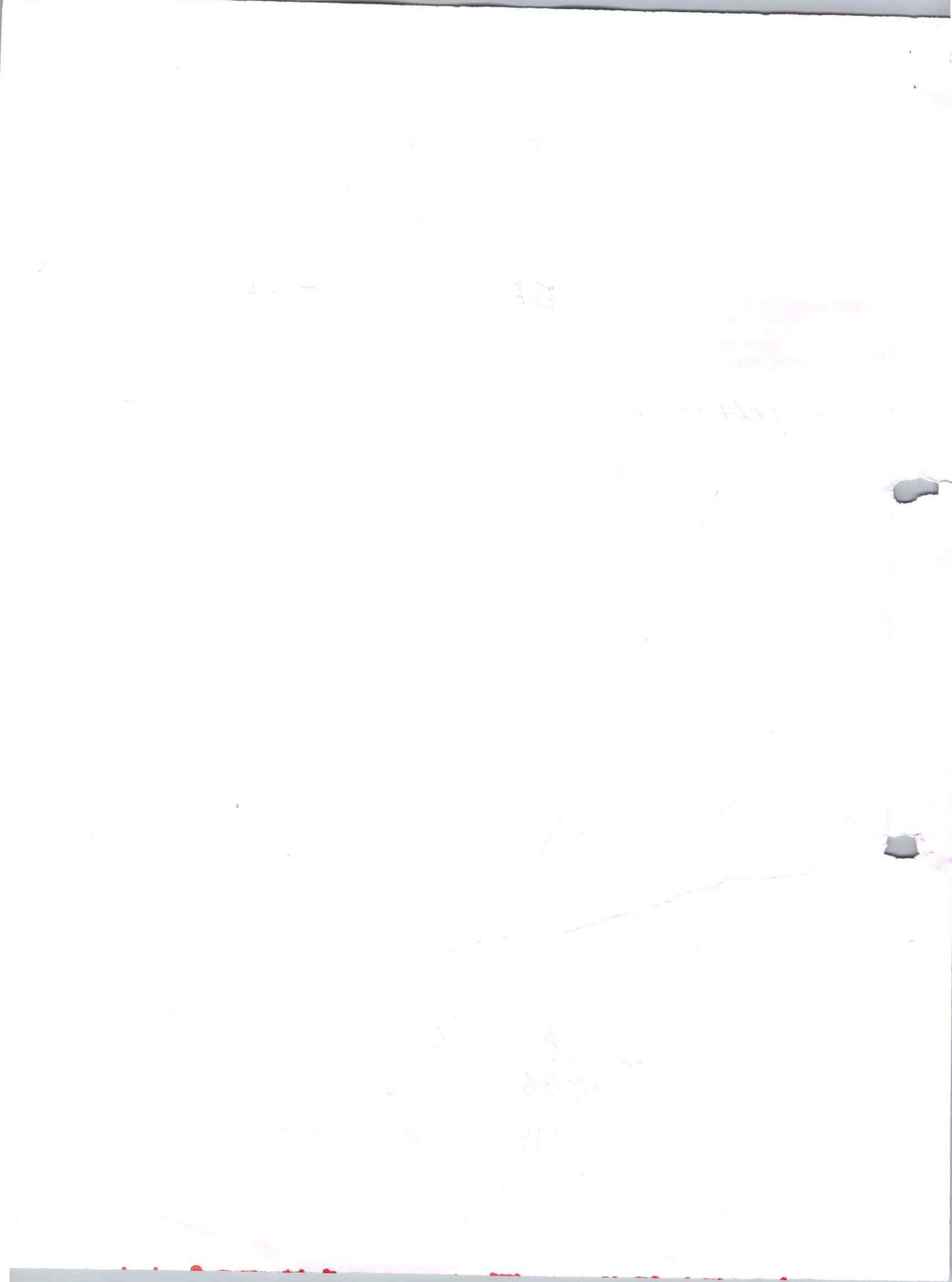
MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *Abh & Mohit*

Date & Time : 22/5/26

Nurse Name & Signature: *Surya*

Date & Time : 22/5/26





DRUG CHART

Date of Admission: Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG: SYR. IBUGESIC				Date Time
Dose 8ml	Route oral	Frequency SOS	Start Date 22/5	
Doctor's Signature Mh		Valid Period	Pharm.	
Additional Instructions:				
DRUG: INJ. ONDEM				Date Time
Dose 3mg	Route IV	Frequency SOS	Start Date 22/5	
Doctor's Signature Mh		Valid Period	Pharm.	
Additional Instructions:				
DRUG: INJ Paracetamol				Date Time
Dose 250mg	Route IV	Frequency SOS	Start Date 23/5	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Handwritten notes on chart:
 - For Ibuprofen: 200mg
 - For Ondansetron: STOP, 24/5
 - For Paracetamol: 7:30 PM, 24/5, 12:35 AM, Amisha N. Jha, Rani

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight. 17.7kg Ward.

DRUG : INJ. AUGMENTIN				Date Time	22/5	23/5	24/5	25/5													
Dose	Route	Frequency	Start Date	7 AM																	
500mg	ZV	8H	22/5																		
Name & Signature of the Doctor Starting the Drugs: Math				3 PM																	
Additional Instructions:				11 PM																	
Daily Doctor's Endorsement by a Sign																					
DRUG : INJ. PANTOPRAZOLE				Date Time	22/5	23/5	24/5	25/5													
Dose	Route	Frequency	Start Date	6 AM																	
15mg	IV	OD	22/5																		
Name & Signature of the Doctor Starting the Drugs: Math																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : INJ. PARACETAMOL				Date Time	22/5	23/5															
Dose	Route	Frequency	Start Date	2 AM																	
250mg	IV	6H	22/5																		
Name & Signature of the Doctor Starting the Drugs: Math				6 AM																	
Additional Instructions:				12 PM																	
Daily Doctor's Endorsement by a Sign																					
DRUG : SYR. ANTIFLU				Date Time	22/5	23/5	24/5														
Dose	Route	Frequency	Start Date	9 AM																	
4ml	Oral	BD	22/5																		
Name & Signature of the Doctor Starting the Drugs: Math				9 PM																	
Additional Instructions: + 2ml (5ml = 60mg) Sugar																					
Daily Doctor's Endorsement by a Sign																					



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

DRUG : <i>1ml Olanzapine</i>				Date	<i>24/5/23</i>														
				Time	<i>7 AM</i>														
Dose	Route	Frequency	Start Dt.																
<i>4mg</i>	<i>IV</i>	<i>BD</i>	<i>24/5</i>																
Name & Signature of the Doctor starting the Drugs:				<i>7 AM</i> <i>7 AM</i> <i>PM</i> <i>Signature</i> <i>Signature</i>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <i>1mg Methylprednisolone</i>				Date	<i>24/5/23</i>														
				Time	<i>6 AM</i>														
Dose	Route	Frequency	Start Dt.																
<i>15mg</i>	<i>IV</i>	<i>BD</i>	<i>24/5</i>																
Name & Signature of the Doctor starting the Drugs:				<i>6 AM</i> <i>Signature</i> <i>Signature</i>															
Additional Instructions:				<i>@ 1mg/kg BD from next day</i>															
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.	Time															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.	Time															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.	Time															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.	Time															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Patient Sticker

Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/8/26 (24/5)	6 AM	1000 METYL PRED. KISOLONG	30mg	1/2 Stat	Enck	Ray Rani



I.V. FLUIDS CHART

Weight. 17.7kg 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
22/5	6PM	DNS	ZV	35	16/5	1/15/22 A S.D.	23/5		A gupta
23/5	11am	NF 0.9/DNS	IV	25	R	A gupta	23/5		A gupta
23/5	5PM	NF 0.9/DNS	IV	15	R	A gupta	24/5 9 AM		A gupta

Signature
VERIFIED BY : Name

22/5/26

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

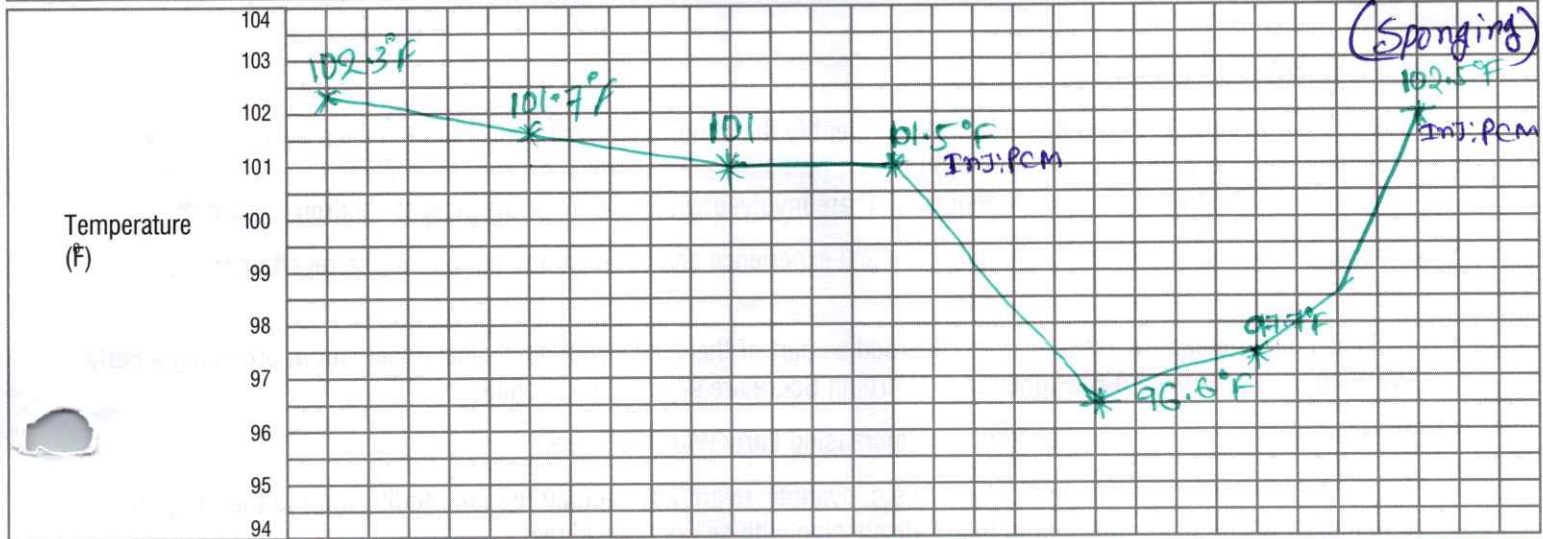
oc. No.: RCH/ FRM / CLINICAL / 125



EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time: 6pm	6:30pm	7:40pm	8:30pm	10pm	12am	1:30am
--------------	-----------	--------	--------	--------	------	------	--------

Doctor / Nurse / Family Concern?



Heart Rate (bpm)	
and	
Blood Pressure (mmHg) *	
Note: BP does not score in early warning scoring	
Heart Rate (Number)	150, 140, 124

Resp. Rate (bpm) (Over 1 Minute) *	
Resp Rate (Number)	30, 31, 30, 32, 30, 31

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%, 99%, 100%, 100%, 99%, 100%
Conscious Level	Normal / Altered	
GCS *		

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

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

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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)

2

23/5/26

FDH-00046163 IP25-00020579
Master DAKSHIT SAHAY
11-07-2023 2 Y 10 M 11 D (M)
Dr. REENA MATHEW

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years) Children's Observation & Early Warning Scoring Chart

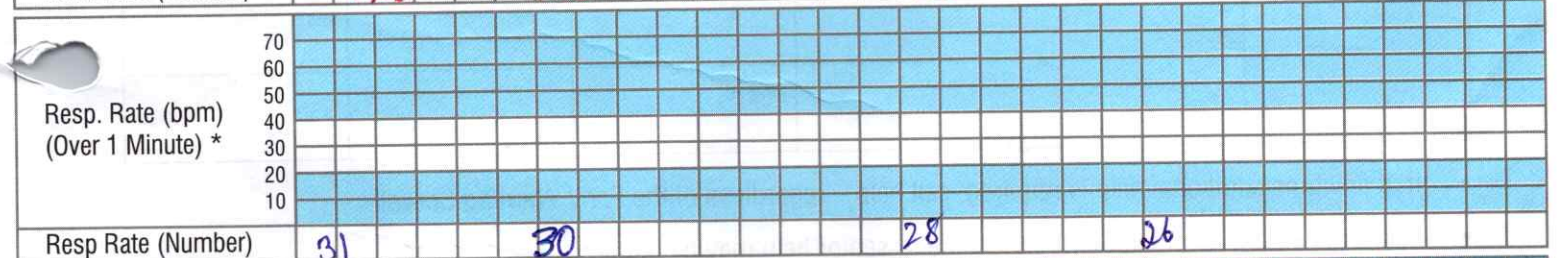
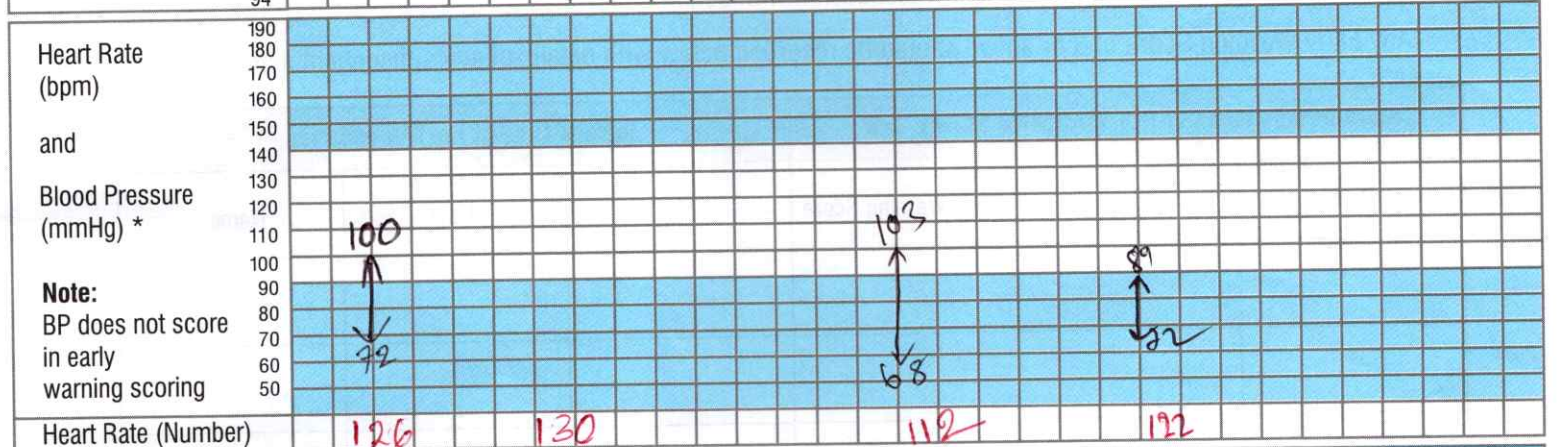
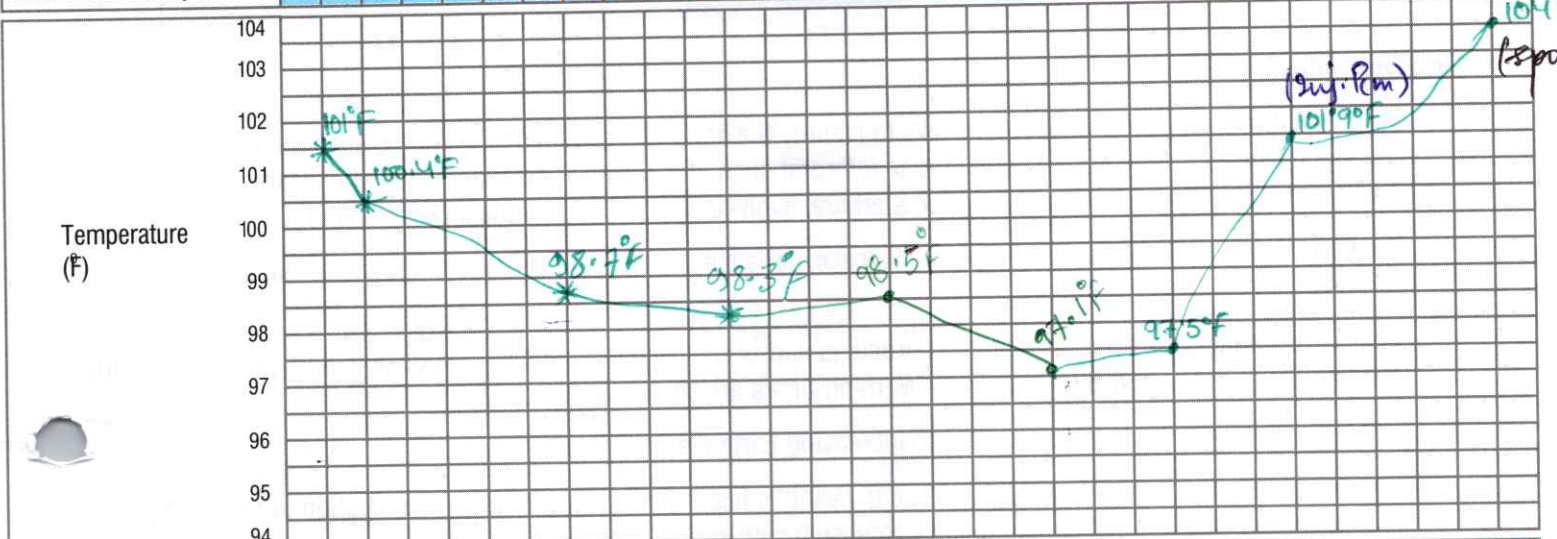
Pratiksha
Rainbow
Children's
Hospital
It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 3Am 7Am 8:30Am 10:30Am 12PM 1:30PM 5pm 7:30pm 7:45pm

Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe				
	None / Mild				
Receiving O ₂ (l/min)					
O ₂ Saturations (%)		99%	98%	98%	99%
Conscious Level	Normal / Altered		N		N
GCS *		15	15	15	15
TOTAL SCORE		0	0	0	0
Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		Y	Y	Y	Y

ACTIONS

- 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.
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- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

NB: Scores 3 should be recorded overleaf

* 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.

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.
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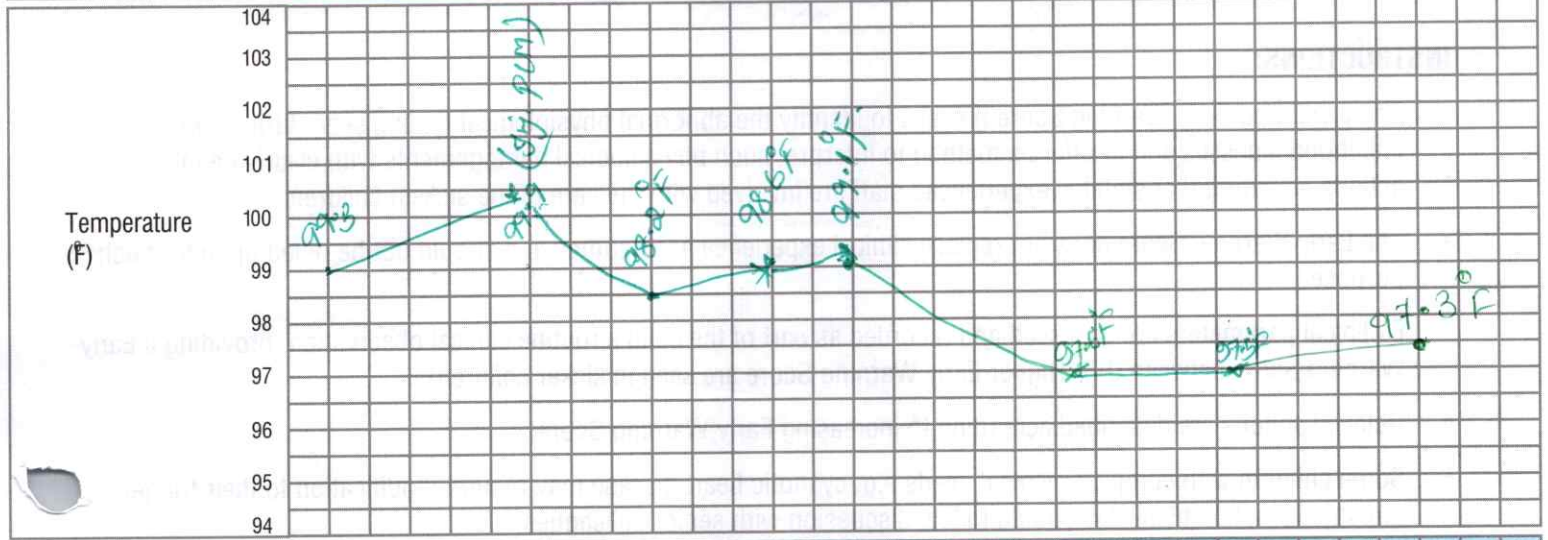
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R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 9:30pm 12:35AM 2AM 5AM 8AM 10PM 1PM 2:30PM

Doctor / Nurse / Family Concern?



Heart Rate (bpm)	Blood Pressure (mmHg) *
180	92/73
116	122/76
118	
108 - 106	
120	
106	
105	

sp. Rate (bpm) (Over 1 Minute) *	Resp Rate (Number)
	30
	24
	25
	26
	28
	25
	25
	21

Resp Distress	Mod/ Severe None / Mild	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	Normal Altered	GCS *
			99%	N	N	15
			100%	N	N	15
			99%	N	N	15
			100%	N	N	15
			100%	N	N	15
			99%	N	N	15
			99%	N	N	15
			99%	N	N	15

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

ACTIONS

Score 1 : Continue normal observation by staff nurse
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FDH-00046163 IP25-00020579
 Master DAKSHIT SAHAY
 11-07-2023 2 Y 10 M 12 D (M)
 Dr. REENA MATHAW

25/5

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

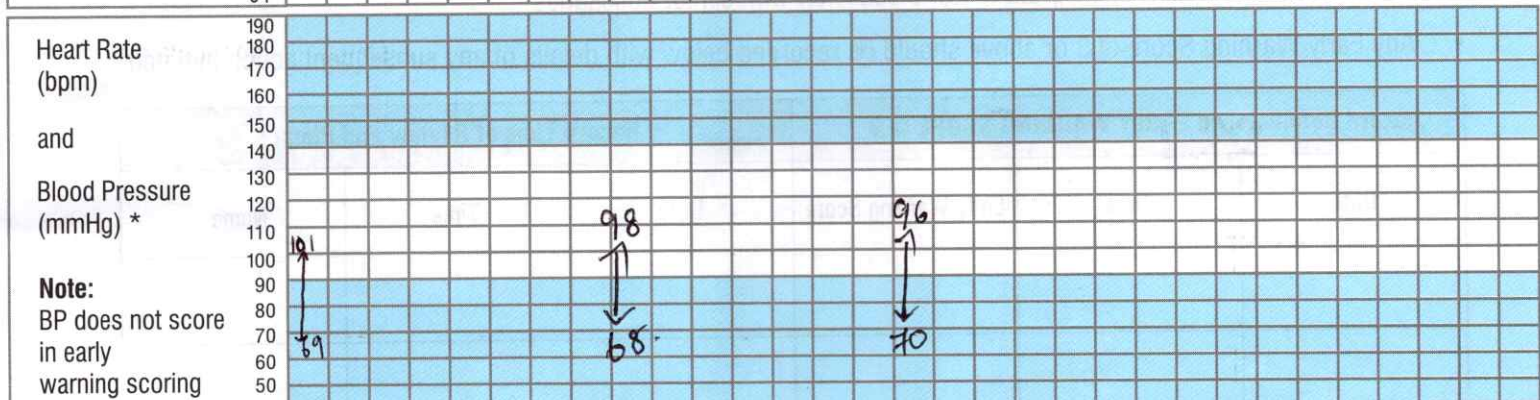
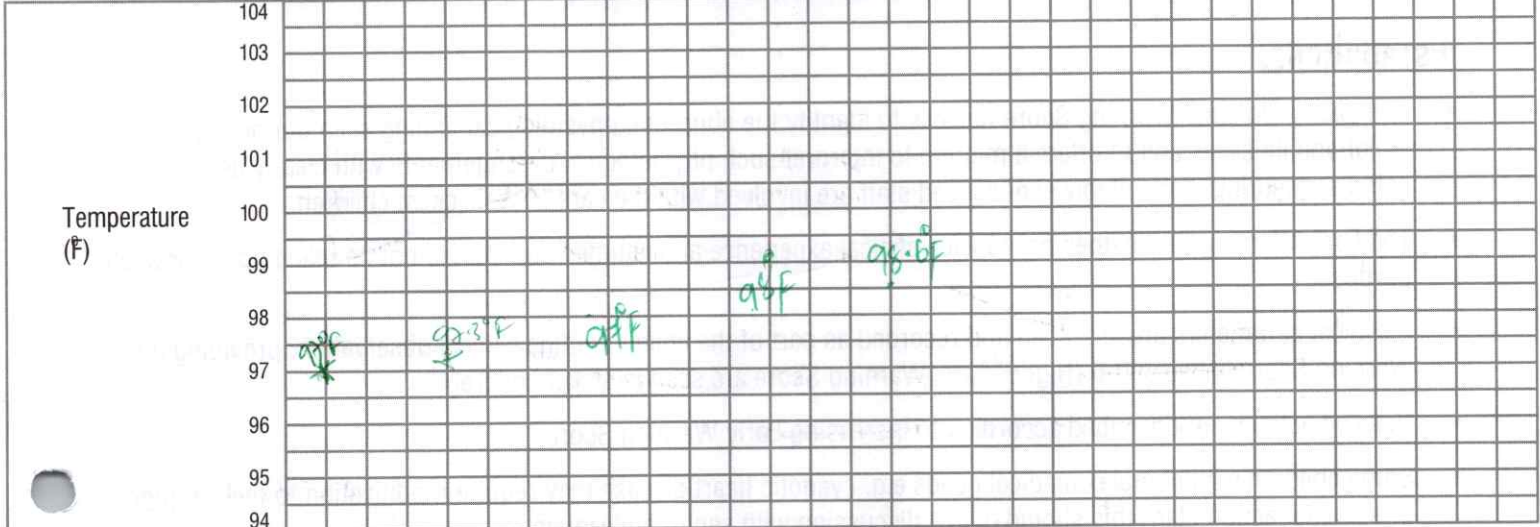
No. : RCH/ FRM / CLINICAL / 125



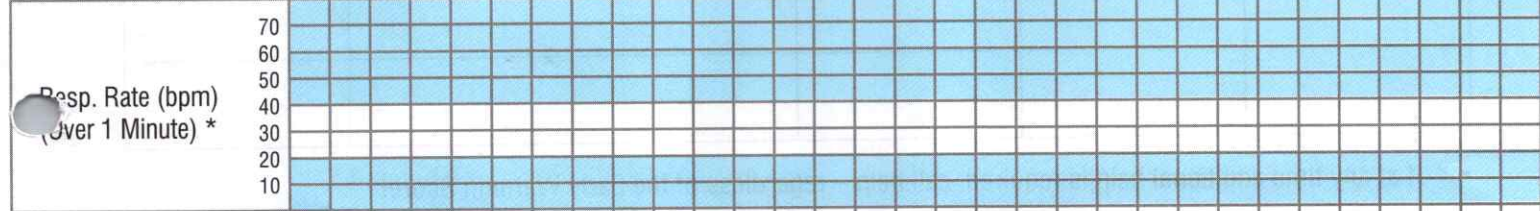
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/5/24 Time: 5PM 2PM 11pm 3Am 7Am

Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

Conscious Level Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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22/5/26

FLUID CHART

Sheet No. : 1

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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	DNS	35ml	NO	NO	NO	NO	NO	NO	0		SA	
Total Intake : 35ml						Total Output : u-0, m-0							
	08:00 pm	DNS	35ml										
	09:00 pm	DNS	35ml										
	10:00 pm	DNS	35ml										
	11:00 pm	DNS	35ml	40	NO		NO	NO					
	12:00 am	DNS	35ml										
	01:00 am	DNS	35ml										
Total Intake : 410						Total Output : u-3 m-1-v-1							
	02:00 am	DNS	35ml										
	03:00 am	DNS	35ml										
	04:00 am	DNS	35ml										
	05:00 am	DNS	35ml	NO	NO		NO	NO					
	06:00 am	DNS	35ml										
	07:00 am	DNS	35ml										
Total Intake : 410						Total Output : u-3 m-1							
Total 24 hrs. Intake			820			Total 24 hrs. Output			u-6 - m-2				



FLUID CHART

Sheet No. : 2315120

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	DNS		35ml	NO	NO		NO	NO		0	}	
	09:00 am		H ₂ O 50ml		NO	NO		NO	NO	✓	0		
	10:00 am		Break fast H ₂ O 100ml		NO	NO	NO	NO	NO		0		
	11:00 am			25ml	NO	NO	NO	NO	NO		0		
	12:00 pm		H ₂ O 50ml		NO	NO		NO	NO	✓	0		
	01:00 pm			25ml	NO	NO		NO	NO		0		
Total Intake : 285ml						Total Output : U-2, M-0, V-0							
	02:00 pm				NO	NO	NO	NO	NO	✓	0	}	
	03:00 pm				NO	NO	NO	NO	NO	✓	0		
	04:00 pm	DNS		28ml	NO	NO	NO	NO	NO		0		
	05:00 pm	DNS	H ₂ O 50ml	15ml	NO	NO	NO	NO	NO		0		
	06:00 pm	DNS		15ml	NO	NO	✓	NO	NO		0		
	07:00 pm		H ₂ O 100ml		NO	NO	✓	NO	NO	✓	0		
Total Intake : 205 ml.						Total Output : U-2 M-2							
	08:00 pm				NO	NO		NO	NO		0	}	
	09:00 pm		H ₂ O 100		NO	NO		NO	NO	✓	0		
	10:00 pm				NO	NO	NO	NO	NO		0		
	11:00 pm				NO	NO	NO	NO	NO		0		
	12:00 am		H ₂ O 100		NO	NO		NO	NO	✓	0		
	01:00 am				NO	NO		NO	NO	✓	0		
Total Intake : 200ml						Total Output :							
	02:00 am				NO	NO		NO	NO		0	}	
	03:00 am				NO	NO		NO	NO	✓	0		
	04:00 am		H ₂ O 100		NO	NO	NO	NO	NO	✓	0		
	05:00 am				NO	NO	NO	NO	NO		0		
	06:00 am				NO	NO		NO	NO	✓	0		
	07:00 am				NO	NO		NO	NO		0		
Total Intake : 100ml						Total Output :							

Total 24 hrs. Intake 790 ml.

Total 24 hrs. Output U-8 M-0



2

FLUID CHART

Sheet No. : 24/5/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am	H ₂ O 50ml								✓	0	S.K.
	09:00 am								✓	0		
	10:00 am	H ₂ O 50ml	NO	NO	NO	NO	NO	NO	NO	0		
	11:00 am	H ₂ O 100ml	NO	NO	NO	NO	NO	NO	NO	0		
	12:00 pm								✓	0		
	01:00 pm	H ₂ O 200ml							✓	0		
Total Intake : 300ml					Total Output : U-2 M-0							
	02:00 pm		NO	NO	NO		NO	NO		0	S.K.	
	03:00 pm	H ₂ O 50ml	NO	NO	NO		NO	NO		0		
	04:00 pm		NO	NO	NO		NO	NO	✓	0		
	05:00 pm	H ₂ O 50ml	NO	NO	NO	✓	NO	NO		0		
	06:00 pm	H ₂ O 50ml	NO	NO	NO		NO	NO		0		
	07:00 pm		NO	NO	NO		NO	NO	✓	0		
Total Intake : 280ml					Total Output : U-2 M-1							
	08:00 pm		NO	NO	NO		NO	NO		0	S.K.	
	09:00 pm	H ₂ O	NO	NO	NO		NO	NO		0		
	10:00 pm	200	NO	NO	NO	NO	NO	NO	✓	0		
	11:00 pm		NO	NO	NO	NO	NO	NO		0		
	12:00 am	H ₂ O 200ml	NO	NO	NO		NO	NO	✓	0		
	01:00 am		NO	NO	NO		NO	NO		0		
Total Intake : 300ml					Total Output :							
	02:00 am		NO	NO	NO		NO	NO		0	S.K.	
	03:00 am		NO	NO	NO		NO	NO		0		
	04:00 am	H ₂ O 150ml	NO	NO	NO		NO	NO	✓	0		
	05:00 am		NO	NO	NO	NO	NO	NO		0		
	06:00 am		NO	NO	NO		NO	NO		0		
	07:00 am		NO	NO	NO		NO	NO		0		
Total Intake : 150ml					Total Output :							

Total 24 hrs. Intake T- 1000ml

Total 24 hrs. Output U- 7 M- 1



FLUID CHART

Sheet No. : 85/5

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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							



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>AFI</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<u>22/5/26</u> E	<u>23/5/26</u> N	<u>23/5/26</u> M	<u>23/5/26</u> E	<u>23/5</u> N	<u>24/5/26</u> M	
	Shift							
	Medical Condition (Any special condition to be noted):	<u>AFI</u>	<u>AFI</u>	<u>AFI</u>	<u>AFI</u>	<u>AFI</u>	<u>AFI</u>	
Diet:	<u>SID</u>	<u>SID</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.2°F</u>	<u>98.7°F</u>	<u>98.3°F</u>	<u>98.5°F</u>	<u>98.2°F</u>	<u>98.2°F</u>
		Res:	<u>31</u>	<u>30</u>	<u>30</u>	<u>26</u>	<u>28</u>	<u>28</u>
	SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>98%</u>	<u>100%</u>	<u>99%</u>	<u>98%</u>	
	Pulse:			<u>132</u>	<u>120</u>	<u>112</u>	<u>120</u>	
	BP:	<u>106/74</u>	<u>106/74</u>	<u>100/72</u>	<u>101/72</u>	<u>102/70</u>	<u>92/63</u>	
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/15</u>	<u>0/15</u>	
Pain Score:	<u>0/15</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Skin Integrity	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	<u>NA</u>	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>SD</u>	<u>SID</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	<u>SD</u>	
	Critical Lab Test / Values:				<u>NA</u>			
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:					<u>NA</u>			
Handed Over By Name :		<u>Sangeeta</u>	<u>Rupsa</u>	<u>Sangeeta</u>	<u>Divya</u>	<u>Niranya</u>	<u>Sangeeta</u>	
Signature / ID :		<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>	
Date:		<u>22/5/26</u>	<u>23/5/26</u>	<u>23/5/26</u>	<u>23/5/26</u>	<u>24/5</u>	<u>24/5/26</u>	
Time:		<u>@ 8PM</u>	<u>@ 8AM</u>	<u>@ 2PM</u>	<u>@ 8PM</u>	<u>@ 8PM</u>	<u>@ 2PM</u>	
Taken Over By Name :		<u>Rupsa</u>	<u>Sangeeta</u>	<u>Divya</u>	<u>Niranya</u>	<u>Sangeeta</u>	<u>Divya</u>	
Signature / ID :		<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>	<u>(Signature)</u>	
Date:		<u>22/5/26</u>	<u>23/5/26</u>	<u>23/5/26</u>	<u>23/5</u>	<u>24/5/26</u>	<u>24/5/26</u>	
Time:		<u>@ 8PM</u>	<u>@ 8AM</u>	<u>@ 2PM</u>	<u>@ 8PM</u>	<u>@ 8AM</u>	<u>2PM</u>	

FDH-00046163 IP25-00020579
 Master DAKSHIT SAHAY
 11-07-2023 2 Y 10 M 11 D (M)
 Dr. REENA MATHEW



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>AFI</u>		Any Infection: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure: <u>NA</u>		Post OP Day:				
BACKGROUND	Date	<u>24/5/24</u>	<u>24/5</u>				
	Shift	<u>E</u>	<u>N</u>				
	Medical Condition (Any special condition to be noted):	<u>AFI</u>	<u>AFI</u>				
	Diet:	<u>SD</u>	<u>SD</u>				
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>92.5 F</u>	<u>98 F</u>			
		Res:	<u>26</u>	<u>26</u>			
		SpO ₂ :	<u>100%</u>	<u>99%</u>			
		Pulse:	<u>110</u>	<u>112</u>			
		BP:	<u>84/50</u>	<u>94/60</u>			
		LOC:	<u>Comscious</u>	<u>conscious</u>			
		Fall Risk Score:	<u>12</u>	<u>0/15</u>			
	Pain Score:	<u>0/10</u>	<u>0/10</u>				
	Skin Integrity	<u>Good</u>	<u>Good</u>				
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>NA</u>	<u>NA</u>				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<u>SD</u>	<u>SD</u>				
	Critical Lab Test / Values:	<u>NA</u>	<u>NA</u>				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>					
Post Operative Procedure Special Orders:		<u>NA</u>					
Handed Over By Name :		<u>Daksh</u>	<u>Nithya</u>				
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>24/5</u>	<u>24/5</u>				
Time:		<u>8pm</u>	<u>8Am</u>				
Taken Over By Name :		<u>Nithya</u>	<u>[Signature]</u>				
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>24/5</u>	<u>24/5</u>				
Time:		<u>8pm</u>	<u>8Am</u>				



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mt. Daksht Age : 2y Gender: Male Female
 Date : 22-5-26 Time of Arrival : 4:10 PM
 Allergies: No Yes Food Medications Blood Transfusion Other (Specify): Not known
 Source of Information : Parents Others (Specify)
 Mode of Arrival : Ambulatory Wheelchair Ambulance
 Initial Vital Signs: Temp: 105F PR: 150b/m BP: 100/70 RR: 30/1a SpO₂: 98%
 Chief Complaints: C/O fever x 3 days C/O cough cold x 1 day

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life -Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

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

* CTAS - Canadian Triage and Acuity Scale

[Signature]
 Signature of Parent / Guardian

Triage Completion Time : 4:12

Communicable Disease Triage Screening

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

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- 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

- 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:
- 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 : YASEEN

Signature of Triage Nurse : [Signature]

Date & Time : 22-5-26 @ 4:12 PM

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22-9-25 Time of arrival : 4:10 PM

Chief Complaints: fever, cold, cough RBS:

Height : Weight : 17.70 kg BMI : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

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

Character Location Frequency Duration

RISK FOR FALL:

- If patient is < 6 years
tick below fall risk intervention directly
- If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

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

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With parent

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

Time of Initial assessment completed by ER Nurse : 4:13 PM

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

AT Home

Time	Nursing Notes
4:10 ^{PM}	Assessed the condition check the vital signs And Inform to doctor.

SYP:- PCM 11:30^{AM}
SYP:- meftal 2:30^{AM}

Samples collected by:

Time: 5:30^{PM}

Samples sent by:

YASEEN

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
4:20 ^{PM}	Nemo1 pcm	PR	240 mg		YASEEN

Condition of patient at time of shift - out :	Details of Shift - out
HR: 139b/m BP: 109/54 CFT: 280	Shift - out from ER to: 204
RR: 29b/ SPO ₂ : 99%	Time of Shift - out: 5:45 ^{PM}
GCS: 13 Temperature: 102.5 102.5	Handover given to: Songate
Pain Score: _____	(Nurse's Name)
Repeat RBS (if applicable): _____	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): IV Placement

Name of the Nurse: YASEEN Signature of the Nurse: [Signature]

Date & Time: 22-5-20 05:45^{PM}

Patient Sticker

Zylon

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: *23/05/26* Time: *10:15 AM*

Weight: *17.71kg* Centile: *95th Centile*

Height: *-* Centile: *-*

Inference: *Well Nourished child*

RDA: *1650-1110KCAL* Calories: *1110KCAL* Protein: *100gms*

Diet Recommendations: *Advised moderate carbohydrates & Adequate protein*

Re-Assesment: *-*

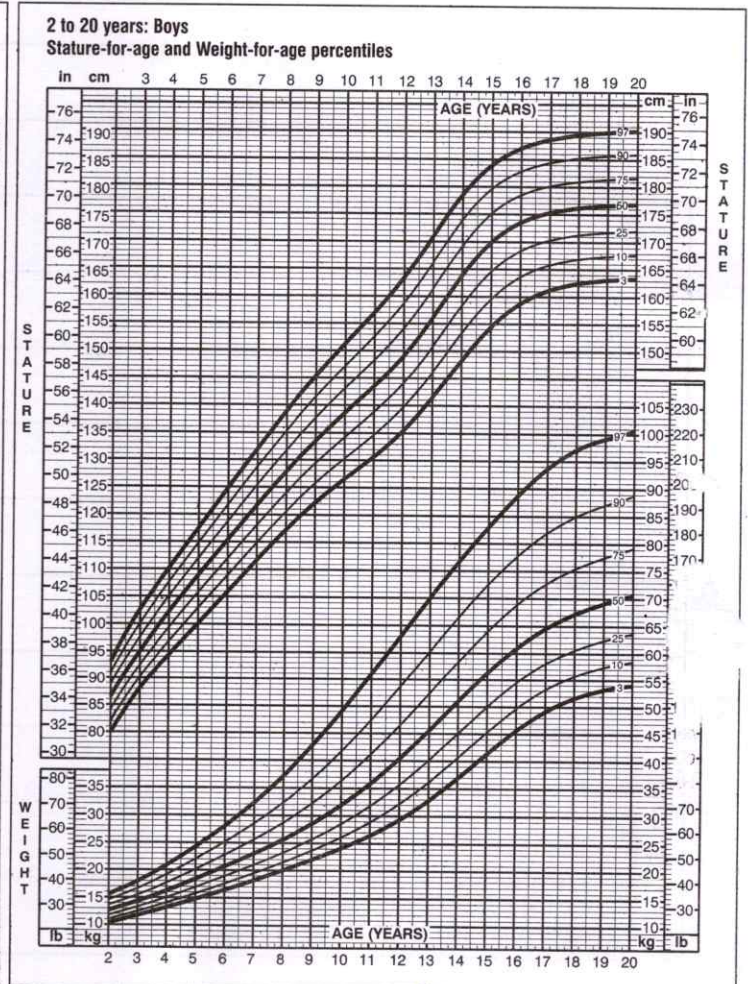
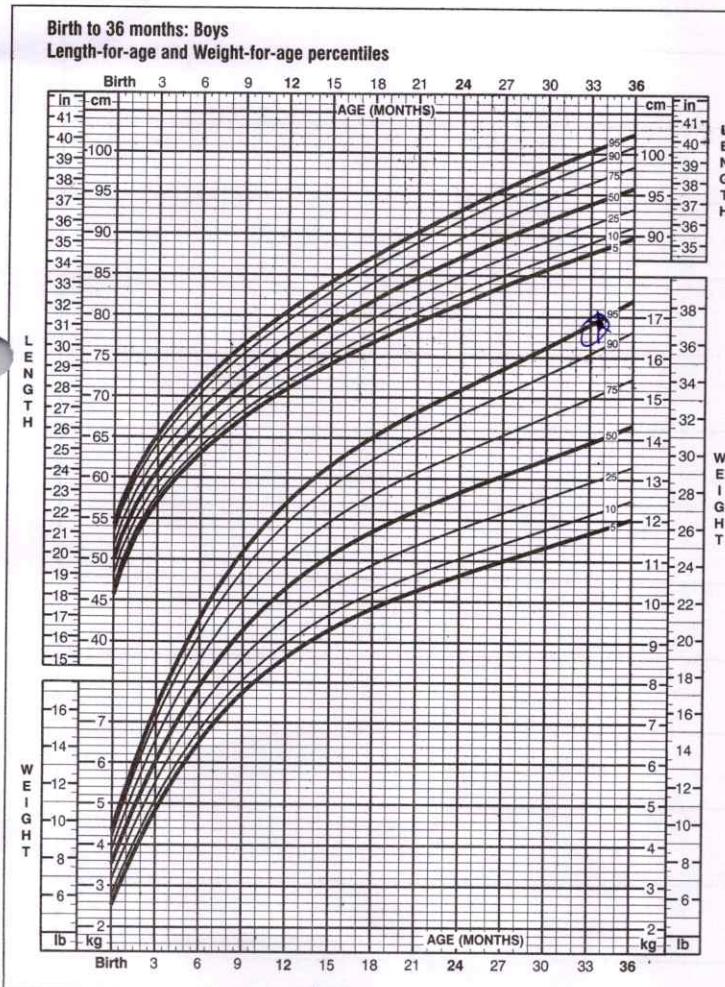
Food Allergies: *N/A* Veg/Non-veg

Diagnosis: *AFI*

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: *Neha*

GROWTH CHART (BOYS)





Dietician's Name: *Anshika*

Dietician's Signature: *Anshika*

Daily Notes:

23/1/26 - soft diet e and liquid.

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00046163 IP25-00020579 Master DAKSHIT SAHAY 11-07-2023 2 Y 10 M 11 D (M) Dr. REENA MATHEW 		Date & Time of Admission 22/5/26 @ 4:41 PM	Date & Time of Transfer Order 22/5/26 @ 5:45 PM
		Transfer Ordered by Dr. Mathew	Reason for Transfer Admission
From Unit ER	To Unit 204	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 12	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> OP File. If yes, what?	
Medications / Consumables / Surgicals / Hand over 			
Sl.No.	Item Name	Quantity	
1.	DMS & Interifix	①	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Dr. Ankush		Name of Person Ordered Transfer Dr. Mathew	
Patient & Clinical Records Received by : Sangeeta 22/5/26 @ 5:56 pm			
Date & Time of Patient Received :			

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

- Unavailable Bed Nurse not Available Available Bed not ready

10/10/10

NO

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