

DISCHARGE SUMMARY

Name	Baby HRIDA JANGA	UHID	FDH-00046203
Father/Guardian	Mr DEEPAK JANGA	Age/Gender	3 Y 1 M 1 D/ Female
Address	Gachibowli, Hyderabad, Telangana, INDIA, 500032		
IP No	IP25-00020591	Admission Date	23-05-2026
Ref Doctor	Dr Sivaranjini Santosh		
Discharge Date	25-05-2026		

Consultant:

Dr. Reena Mathew

MBBS, MD (Pediatrics) IDPCCM

Consultant Pediatrician & Intensivist

General Pediatrician

Reg.No: TSMC 08561

DIAGNOSIS

ANGIOEDEMA

URTICARIAL VASCULITIS

SUSPECTED VIRAL ILLNESS

History: Baby HRIDA JANGA , 3 Years, 1 Months, 1 Days, old girl presented with the history of abdomen pain + since yesterday, progressive pruritic rash all over body since yesterday evening, moderate high grade intermittent fever since today. She developed swelling of face and lips since this afternoon with noisy laborored breathing hence was brought to the ER. For the above complaints she was admitted at Rainbow Children's Hospital - Financial

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District for further management.

Examination: She was febrile (99.2 *F), maintaining saturations at room air (95%). Her heart rate was 150/min, Blood pressure - 121/58 mmHg and Respiratory Rate - 30/min. She had audible stridor, suprasternal retractions and angioedema. Capillary Refill Time was flash <2 secs. Urticarial rash + over body & back. Angioedema +, swelling of lips & eyelids. Peripheries were warm & pulses bounding. On auscultation, air entry was bilaterally reduced with conducted sounds. Heart sounds were normal and there was no murmur. Abdomen was soft with no organomegaly. On neurological examination, she was conscious and alert. Pupils were bilaterally equal and reacting to light.

Weight on admission: 12.5 kilo grams.

Investigations: Enclosed reports

Management: In view of stridor and angioedema she was given Inj Adrenaline IM and Inj methyprednisolone in the ER following which her stridor reduced slowly. She was admitted in the ward and started on Intra Venous fluids and antihistamine. She was treated symptomatically with antacids and oral azithromycin empirically suspected atypical infection.

Initial hemogram showed Hemoglobin of 11.9 gm%, White Blood Cell count of 9.02 cells/cumm, platelet count of 5.88 lakhs/cumm (thrombocytosis secondary to inflammation) and C-Reactive Protein of 62.0 mg/l. Vitamin B12 340.5 pg/ml. Vitamin D 25.9 ng/ml. Liver function test showed total SBR of 1.2 mg/dl with indirect fraction of 1.0 mg/dl, SGOT - 29 U/L, SGPT - 19 U/L, ALP - 185 U/L, protein - 6.2 gm/dl, albumin - 3.9 gm/dl, globulin - 2.29 gm/dl, A/G ratio of 1.7. Blood culture was sterile.

Her Nasopharyngeal swab for Respiratory panel for 5 viruses GeneXpert FluA+FluB+RSV were sent, was negative. Total IgE - 47.8 IU/ml.

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Her Mycoplasma IgM was negative.

Ultrasound abdomen was done in view of abdominal pain which showed :

- Minimal ascites.
- Subcentimetric mesenteric lymphadenitis
- No intussusception

She was regularly monitored for hemodynamic status, vital parameters. Her anasarca and other symptoms gradually settled. She still has urticaria with pruritus but reduced as compared to previous. Child is maintaining saturations on room air.

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

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

Advice:

- * Syrup. Azee (Azithromycin - 5ml/200mg) 3 ml once daily (1 hour after food) for 2 days. (Should be kept in refrigerator after reconstitution, consume within 5-days).
- * Syrup. Atarax (Hydroxyzine - 5ml/10mg) 2.5 ml twice daily (1 hour before food) for 4 days.
- * Syp Omnacortil forte 4 ml once daily for 1 day (1 hr after food) and stop
- * Tablet. Lanzol DT (Lansoprazole - 15mg) 1 tablet once daily 30 minutes before breakfast for 3 days.
- * Atarax lotion 6th hourly
- * Physiogel lotion application twice daily for local application until rash resolves.

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Fever Management

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

Review consultation with Dr Sivaranjini Santosh, after 2 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.



Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty. To take appointment for OPD consultation at Rainbow **Financial District / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar / dial just one toll free number 18002122.**

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

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Registrar/Resident/C.M.O


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Consultant Pediatrician & Intensivist

General Pediatrician

Reg.No: TSMC 08561



Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M), Hyderabad, Telangana, INDIA, 500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020591 Admit Date : 23-May-2026 Admit Time : 01:17 PM UHID : FDH-00046203

Patient Details :

Patient Name : Baby HRIDA JANGA Age : 3 Y 1 M 1 D
Guardian : Mr DEEPAK JANGA DOB : 22-04-2023
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Gachibowli Hyderabad Telangana INDIA Phone No : 9949975426/ 8341118411
500032 E-mail :

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT-310 Ward Name : 3F -PRIVATE ROOM
Room No : PVT-310 Admission Type : First Visit

Contact Details :

Name : Mr DEEPAK JANGA Relationship : Father
Contact Address : Gachibowli Hyderabad Telangana INDIA Phone No : / 9949975426
500032

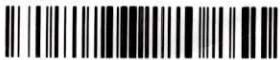
Deepak
Signature

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 : SELFPAY



Return to HHS WITHIN 72 HOURS



EMERGENCY ROOM TRIAGE FORM

Patient's Name: Baby. Hrcida-J Age: 3 year Gender: Male Female

Date: 22/05/2023 Time of Arrival: 12:55pm

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: 99.6°F PR: 151b/m BP: 121/80 RR: 30b/m SpO₂: 98.1

Chief Complaints: Rashed all over body x yesterday morning (face eyes etc sciering)

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking <input checked="" type="checkbox"/> Normal	Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		

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 of Parent / Guardian: _____
 Triage Completion Time: 12:59pm

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: Repak
 Date & Time: 22/05/2023 @ 12:57pm
 Docu. No. : RCH / FRM / CLINICAL / 085

Signature of Triage Nurse: _____

(RETURN 72 HOURS)

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 23/05/20 Time of arrival: 12:55pm

Chief Complaints: Rashes all over body x yesterday. RBS:

Height: Weight: 12.519 BMI: Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Pain Screening: Yes No If Yes, Pain Score: 0/10 Pain Tool Used: N Pass FLACC Wong Baker

Character Location Frequency Duration

<p>RISK FOR FALL:</p> <p><input checked="" type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is > 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ambulatory Aids:</p> <ul style="list-style-type: none">Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> NoUses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none">Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> NoWeak <input type="checkbox"/> Yes <input type="checkbox"/> NoImpaired <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Escort while ambulating<input checked="" type="checkbox"/> Assist Patient<input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"><input type="checkbox"/> Mobility Problem<input type="checkbox"/> Walking Problem<input type="checkbox"/> Developmental Delay<input type="checkbox"/> Musculoskeletal Congenital Abnormality <p>Inform consultant for positive criteria</p> <p>.....</p> <p>.....</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"><input type="checkbox"/> Underweight<input type="checkbox"/> Overweight<input type="checkbox"/> Feeding Problem<input type="checkbox"/> Special diet<input type="checkbox"/> Special feeding method <p>Inform consultant for positive criteria</p>
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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?)

Time of Initial assessment completed by ER Nurse : 12:58pm

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

Time	Nursing Notes
1 PM	<p>Assess the pt canister vitals check am record DR. Mohite seen the P</p> <p>8yp. Crocin 18 4ml @ 11:50 AM</p>

Samples collected by:

Rupak

Time: 9:50 PM

Samples sent by:

Time: 2 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
1:00 PM	1mg ADRENALINE	IM	0-15 mg	MB	Rupak

Condition of patient at time of shift - out :	Details of Shift - out
HR: 146b/min BP: 110/68 CFT: 1230 RR: 28b/min SPO ₂ : 97% GCS: 15 Temperature: 98.4 F Pain Score: 0/10 Repeat RBS (if applicable):	Shift - out from ER to: 310 Time of Shift - out: 2:26 PM Handover given to: Nibedita (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): IV placement

Name of the Nurse: Armit Signature of the Nurse: A

Date & Time: 23/05/26 @ 2:26 PM

(RETURN 72 HOURS)

ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- IP No : ----- Dept : -----

Date of Admission : ----- Discharge : ----- Time: -----

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

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22-04-2023 3 Y 1 M 1 D (F)
Dr. REENA MATHEW



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/05/26	2:26pm	ER	310	Amin

Cross Consultation Visit

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



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

(RETURN 72 HOURS)

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Dr. REENA MATHEW





RETURN 72 HOURS

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

HR Rash all over body x Yesterday evening

HR fever x today

Reduced oral intake (+)

Abdomen Pain (+) since yesterday

History of present illness :

Rash all over body (+)

urticarial rash also itching

seen since last evening

after playing in garden (? Plants / ? water)

Rx in ER around 2am = TrisAvis & Antihistamines.

Now came complaints of

Facial swelling [lips & eyelids]

with difficulty in breathing

also fever

Also Abdomen Pain -> but reduced severity

Reduced oral intake (+)

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Baby HRIDA JANGA

22-04-2023 3 Y 1 M 1 D (F)

Dr. REENA MATHEW



(RETURN 72 HOURS)

Pediatric Multiorgan History & Physical Examination

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

No H/O similar illness in Past

Birth & Neonatal History:

Smooth transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Nothing significant

Developmental History :

As per age

Immunization History :

As per age immunized

RETURN 72 HOURS

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 12.5 kg (Centile _____)

On Examination :

Temperature : 99 F Pulse Rate : 150/min B.P. 121/78 SPO2 _____
Resp. rate and type of breathing : 26/min

Rash _____ Vertical rashes (+) over
Lymphadenopathy _____ body & back
Oedema : _____ OL
Allergies (if any): _____ Angioedema (+)
swelling of lips & eyelids.

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : _____
Any added sounds : _____ BLC AEC (+)
Relevant data from outside (Chest X-Ray, ABG, etc.,) Wheeze (+)

Cardiovascular System :

Inspection of precordium : _____ Post Aortic
Heart Sounds : _____ no wheeze
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____ S₂ (+)

Per Abdomen :

Inspection _____
Palpation : _____ Soft, no USV
Auscultation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

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Baby HRIDA JANGA
22-04-2023 3 Y 1 M 1 D (F)
Dr. REENA MATHEW



(RETURN 72 HOURS)

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____ *15/15*

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Urticaria & Angioedema

(RETURN 72 HOURS)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Hypotension / shock / R.O

Desired goals of the treatment :

Stability

Planned Labs:

CBP, CRP
Blood c/s, Total IgE
LFIs, VLDL, vitA/B
5-virus panel ✓
Mycoplasma Ig M ✓

~~(Penicillin - 1 red)
not done by Aminid~~

Planned Management

Inj MPS
Inj Azel
Inj PCM/Pantoz

Inj Atorvastatin / Atarost
Atorvastatin

Signature of the Doctor: Md

Name of the Doctor: Dr. Mohi

Date & Time: 23/5/26

Signature of the Consultant: _____

Name of the Consultant: Dr. Reem

Date & Time: 23/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	Mrs. Di. Aishwarya	
4:10 pm	A Urticaria with	3 Angioedema.
	Child awake and alert.	
	Clostridium ⊕	
	No C/O breathing difficulty / difficulty in swallowing	
	No vomiting / abdomen pain.	
	No increase in rash	
	O/E: HR - 130/min	
	BP - 101/62	Critical care ⊕
	RR - 24/min	throat - no edema
	SpO ₂ - 100% RA	Paind urine out.
	⊕ E: RU: Bil AE ⊕, NUBS	
	CUS: S1S2 ⊕, No murmurs	
	PA: Soft, non tender	
	CNS: WNL	
		<u>Plan</u>
		- trace report
		- w/ breathing difficulty.
		- Input/output charting
		- w/ fever increase in rash.
		- Medications as charted
		- Monitor vitals Q4H.

No. 1502



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>23/5/26</u>	<u>slb Deena</u>	<u>Plan</u>
6pm	No progress of <u>Symphysis</u>	→ IV Dns + smel ^{not}
	<u>Anti uterine all over</u>	e 2 smel/h
	<u>AF?</u>	→ Inj Cephalosporin / Ceftriaxone
	wob stool / Cyanosis	↓ ↓ - clinical vitis
	<u>As BK clear</u>	make in PCN Sol
	vitals slow	- US vitals plus
		Noted by <u>Reena Mathew</u> <u>23/5/26</u> <u>6PM</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/5/26</u>	<u>SLB Odeese</u>	<u>Pain</u>
<u>9am</u>	Amenance PR ↓↓	① Dic today Atarax x 4 days
	<u>Asch PR ↓↓</u>	1) Azeo x 2 days 2) one prednisone
	No steroids	x 2 days
	No dex	Physio
	Myceplon - neg	↓ Atarax loria
	flu PCR neg	to continue
		- Trace Myceplon Ism
		<u>1/2</u> <u>Odeese</u>

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 Dr. REENA MATHEW



RESULT SHEET



Date	23/5/20				
Time					
Hb	11.9				
PCV	36.4				
RBC	4.59				
WBC	9.02				
N/L	52.8/42.0				
Platelets	588				
CRP	62.0				
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	185				
SGPT	19				
SGOT	29				
T.Bill/Conj	102.02				
T.Protein	6.2				
S.Albumin	3.9				
S.Globulin	2.3				
A/G Ratio	1.7				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					

"Oral Report"

Date	28/5/26					
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones	Nil					
CUE-PUS Cells	2-3					
CUE - RBC Cells	1-2					
CUE Protein	Trace					
CUE: Glucos	Trace					
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
(Respiratory 5 virus → Negative)						
IGE → 47.8	}	(23/05/26)				
vit D → 25.9						
vit B ₁₂ → 340.5						

Culture and Sensitivities :

.....

.....

.....

Radiology: USG :

X-Ray:

ECHO:

CT:

MRI

Others (ECG, Contrast Studies etc.) :

(RETURN 72 HOURS)



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: ICU Shifted to: 310

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						<input type="checkbox"/> C <input 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 : Dr. Mohan

Date & Time : 23/5/26

Nurse Name & Signature: Amita

Date & Time : 23/05/26

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

(RETURN 72 HOURS)

DRUG CHART

Date of Admission: 23/05/21 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 : <u>Inf Paracetamol</u>				Date																
				Time																
Dose	Route	Frequency	Start Date																	
<u>180mg</u>	<u>IV</u>	<u>qod</u>	<u>23/5</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
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



(RETURN 72 HOURS)



Sheet No:

REGULAR PRESCRIPTIONS

Weight 12.5kg Ward 322 A

DRUG : SYR. ATARAX				Date Time	23/5	24/5	25/5														
Dose	Route	Frequency	Start Dt.																		
2.5ml	oral	BID	23/5	9am	X																
Name & Signature of the Doctor Starting the Drugs: <i>Mh</i>																					
Additional Instructions:				4pm 9pm Kalo Nib Arjit																	
Daily Doctor's Endorsement by a Sign																					
DRUG : SYR. ALLERZID				Date Time																	
Dose	Route	Frequency	Start Dt.																		
3ml	oral	BID	23/5																		
Name & Signature of the Doctor Starting the Drugs: <i>Mh</i>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : ATARAX LOTION				Date Time	23/5	24/5	25/5														
Dose	Route	Frequency	Start Dt.																		
4A	GA	GH	23/5	12am	X																
Name & Signature of the Doctor Starting the Drugs: <i>Mh</i>				6am 12pm 6pm 7pm Kalo Nib Arjit																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Physocel A (Chel)				Date Time	23/5	24/5	25/5														
Dose	Route	Frequency	Start Dt.																		
5am	CA	QID	23/5	5am	X																
Name & Signature of the Doctor Starting the Drugs: <i>Arjit</i>				5pm 11pm Kalo Nib Arjit																	
Additional Instructions: Before always lotien																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY: Name Signature

4-00046203 IP25-00020591
 HRIDA JANGA
 2023 3 Y 1 M 1 D (F)
 NA MATHEW



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : Klonit D3 Drops				Date Time																
Dose	Route	Frequency	Start Dt.																	
0.8ml	PO	OD	24/5																	
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																				

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																				

VERIFIED BY : Name Signature

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
23/5	7:43 pm	IMV. METHYLPREDNISOLONE	25mg	IV	Moh	Amur Rupak
23/5	2:5 pm	IMV. AVIL	6mg.	IM	Moh	Rupak
23/5	11 pm	IMV AVIL	5mg	IV	Moh	Amur Rupak
24/5	8 am.	Sup Anastrozole	60k	PO	Moh	Riswala Mirag
		name	(5ml)			

Signature

VERIFY BY : Name



23/5/22

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

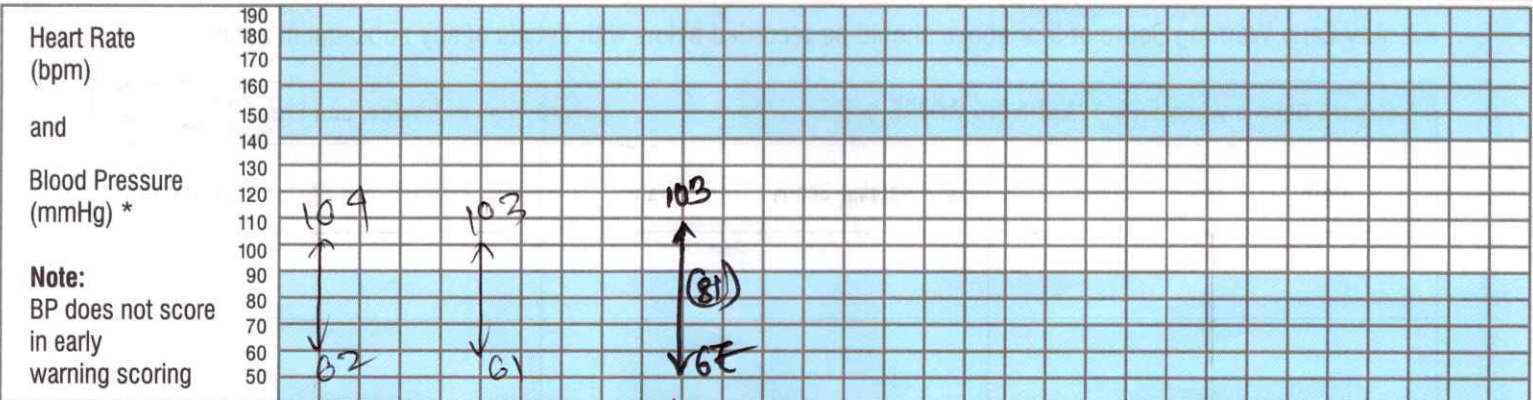
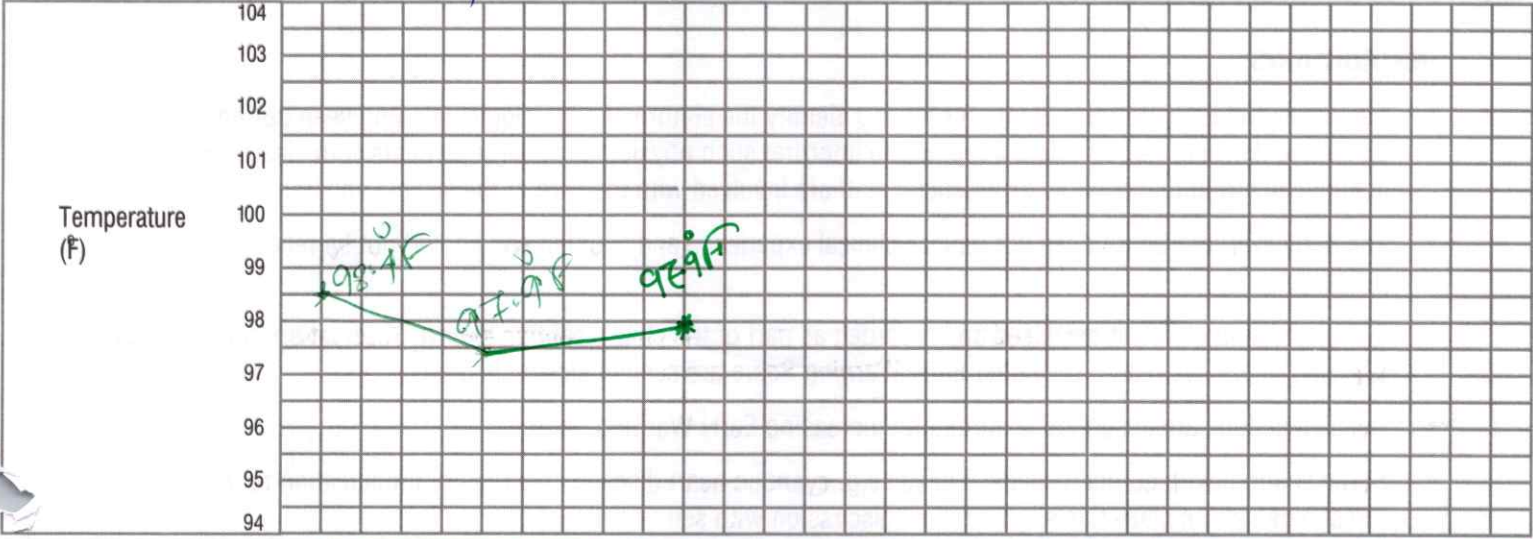
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



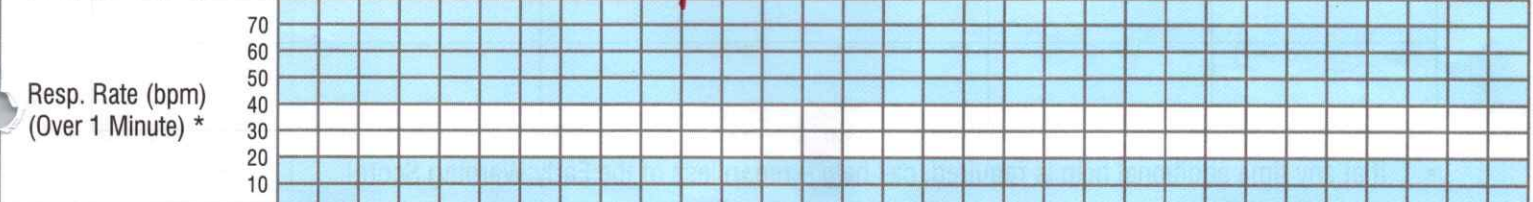
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: **A** **B** **11 pm**

Doctor / Nurse / Family Concern? **Pm** **Pm** **11 pm**



Heart Rate (Number) **130-136** **132** **100 bpm**



Resp Rate (Number) **26** **25** **24 bpm**

Resp Mod/ Severe Distress None / Mild **N** **N** **N**

Receiving O₂(l/min) **0** **0** **0**
 O₂Saturations (%) **99+** **100+** **98%**

Conscious Level Normal / Altered **C** **C** **N**

GCS * **15** **15** **15**

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

- 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.
 - 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.

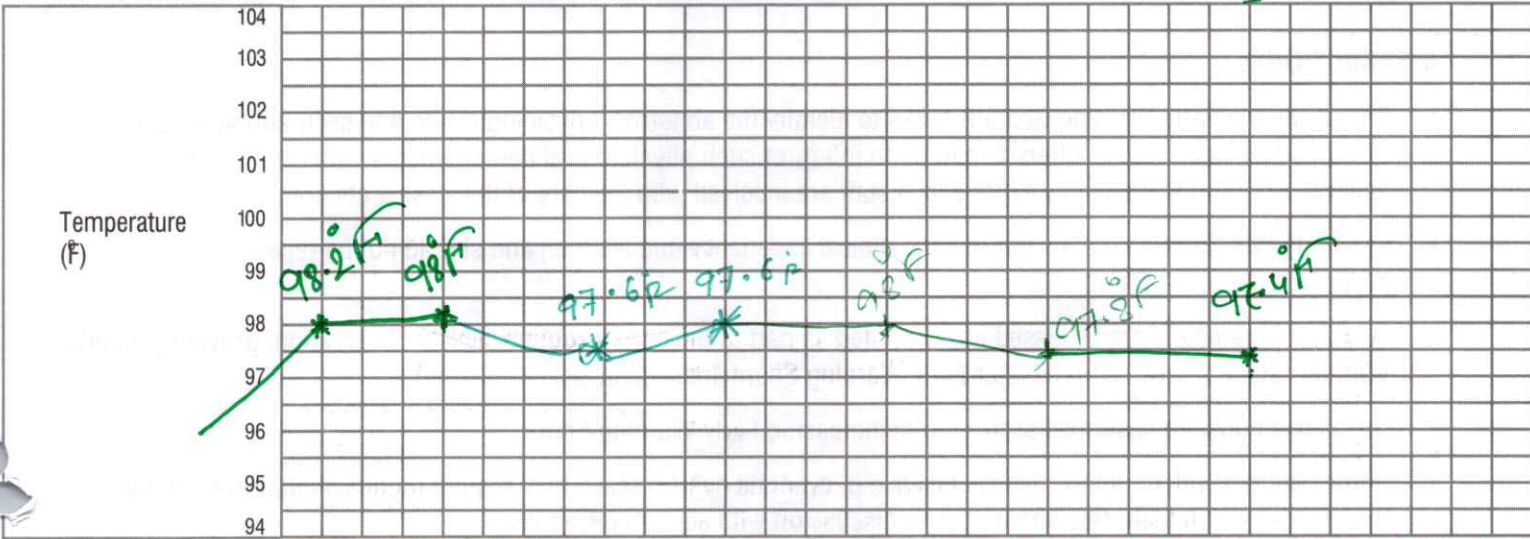
I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). 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)

24/05/20

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time:

Doctor / Nurse / Family Concern? *Scanned* *Scanned* *11 AM* *2 PM* *5 PM* *8 PM* *11 PM*



Heart Rate (bpm)	and	Blood Pressure (mmHg) *
128 bpm	102 / 65	102 / 65
121 bpm	100 / 61	100 / 61
124 bpm	99 / 62	99 / 62
126 bpm	96 / 63	96 / 63
120 bpm	99 / 63	99 / 63

Note: BP does not score in early warning scoring

Heart Rate (Number)
128 bpm
121 bpm
124 bpm
126 bpm
120 bpm
127 bpm
120 bpm

Resp. Rate (bpm) (Over 1 Minute) *	Resp Mod/ Severe Distress None / Mild	Receiving O ₂ (l/min) O ₂ Saturations (%)	Conscious Level Normal Altered	GCS *	TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
24 bpm	N	98%	N	15	0	0	0	<i>RM</i>
23 bpm	N	99%	N	15	0	0	0	<i>RM</i>
22 bpm	N	98%	N	15	0	0	0	<i>RM</i>
25 bpm	N	98%	N	15	0	0	0	<i>RM</i>
29 bpm	N	99%	C	15	0	0	0	<i>RM</i>
29 bpm	N	100%	C	15	0	0	0	<i>RM</i>
28 bpm	N	99%	N	15	0	0	0	<i>RM</i>

ACTIONS
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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)

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



23/5/26

FLUID CHART

wt → 12.5 kg

Sheet No. : 01

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			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V								N.G
Admission												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
E	02:00 pm											
	03:00 pm	-	Milk	25ml	NO	NO		NO		0		
	04:00 pm	-	"	"	NO	NO		NO	✓	0		
	05:00 pm	DNS		25ml	NO	NO	✓	NO	270ml	0		
	06:00 pm	MVI		25ml	NO	NO		NO		0		
	07:00 pm	MVI		25ml	NO	NO		NO		0		
Total Intake : 50ml + 75ml					Total Output : M → 1 U → 300ml							
W	08:00 pm	NOIVF	NOIVF	NO	NO			NO		0		
	09:00 pm	DNS + MVI	NOIVF	25ml	NO	NO		NO	210ml	0		
	10:00 pm	MRS	H2O	20ml	NO	NO		NO		0		
	11:00 pm	NOIVF	NOIVF	NO	NO			NO		0		
	12:00 am	NOIVF	NOIVF	NO	NO			NO		0		
	01:00 am	DNS + MVI	NOIVF	25ml	NO	NO		NO		0		
Total Intake : 70ml + 200ml					Total Output : M → 0 U → 210ml							
W	02:00 am	DNS + MVI	NOIVF	25ml	NO	NO		NO		0		
	03:00 am	"	NOIVF	25ml	NO	NO		NO		0		
	04:00 am	"	NOIVF	25ml	NO	NO		NO		0		
	05:00 am	"	NOIVF	25ml	NO	NO		NO		0		
	06:00 am	"	NOIVF	25ml	NO	NO		NO		0		
	07:00 am	-	NOIVF	-	NO	NO		NO	200ml	0		
Total Intake : 125ml + 100ml					Total Output : M → 0 U →							

Total 24 hrs. Intake 620ml

Total 24 hrs. Output M → 0 U → 780ml

I-Ins → 3.6 cal/kg.



FLUID CHART

Sheet No. : 02

24/5/26

wt → 12.5kg

- 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 Thrombo- phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/5 M	08:00 am	NO	Idly	NO	NO	NO			NO		0	(M)
	09:00 am	IVF	+	IVF	NO	NO			NO		0	(M)
	10:00 am		H ₂ O		NO	NO			NO	240	0	(M)
	11:00 am				NO	NO			NO		0	(M)
	12:00 pm				NO	NO			NO		0	(M)
	01:00 pm				NO	NO			NO		0	(M)
Total Intake : 100ml + 200ml + 150ml						Total Output : M - U → 240ml						
E	02:00 pm				NO	NO			NO	270	0	(M)
	03:00 pm	NO	Juice	NO	NO	NO			NO		0	(M)
	04:00 pm	JV	+	JV	NO	NO			NO	260	0	(M)
	05:00 pm	Fluids	+	Fluids	NO	NO			NO		0	(M)
	06:00 pm				NO	NO			NO		0	(M)
	07:00 pm				NO	NO			NO	190	0	(M)
Total Intake : 200ml + 100ml + 150ml						Total Output : M - U → 2						
N	08:00 pm	NO		NO	NO	NO			NO		0	(M)
	09:00 pm	NO	Dinner	NO	NO	NO			NO		0	(M)
	10:00 pm	JV	+	JV	NO	NO			NO		0	(M)
	11:00 pm				NO	NO			NO		0	(M)
	12:00 am	Plants		Plants	NO	NO			NO		0	(M)
	01:00 am				NO	NO			NO		0	(M)
Total Intake : 280ml + 150ml						Total Output : M → 0 U →						
W	02:00 am	NO		NO	NO	NO			NO		0	(M)
	03:00 am	o		o	NO	NO			NO		0	(M)
	04:00 am	o		o	NO	NO			NO		0	(M)
	05:00 am	o		o	NO	NO			NO		0	(M)
	06:00 am	o		o	M	M			M	220ml	0	(M)
	07:00 am	o		o	M	M			M		0	(M)
Total Intake : 150ml + 150ml						Total Output : M → U → 220						

Total 24 hrs. Intake 1600ml

Total 24 hrs. Output M → U → 1180ml

24hrs → 3.9 cal/kg



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 9:28 pm Mode of Arrival: Stable Admitting From: ER OPD Direct

Allergy / Adverse Reaction Body Weight: 12.5 Kg
 Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>NIL</u>	<u>NIL</u>	<u>NIL</u>

Family History:
 NO

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: 12.05 kg Length: Head Circumference (< 2 years):

Temp.: 97.8 F HR: 140 RR: 27 BP: 101/63

Pain Score: 0 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) (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: Nibedita Date: 23/5/20 Time: 2:45 PM

N Bawa
Signature



310

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 23-05-26 Time: 5:00PM

Weight: 12.5Kgs Centile: 10th Centil

Height: - Centile: -

Inference: Well Nourished Child

RDA: 1000-1100KCAL Calories: 1100KCAL Protein: 10.0gms

Diet Recommendations: Advised moderate carbohydrates & adequate protein

Re-Assesment: -

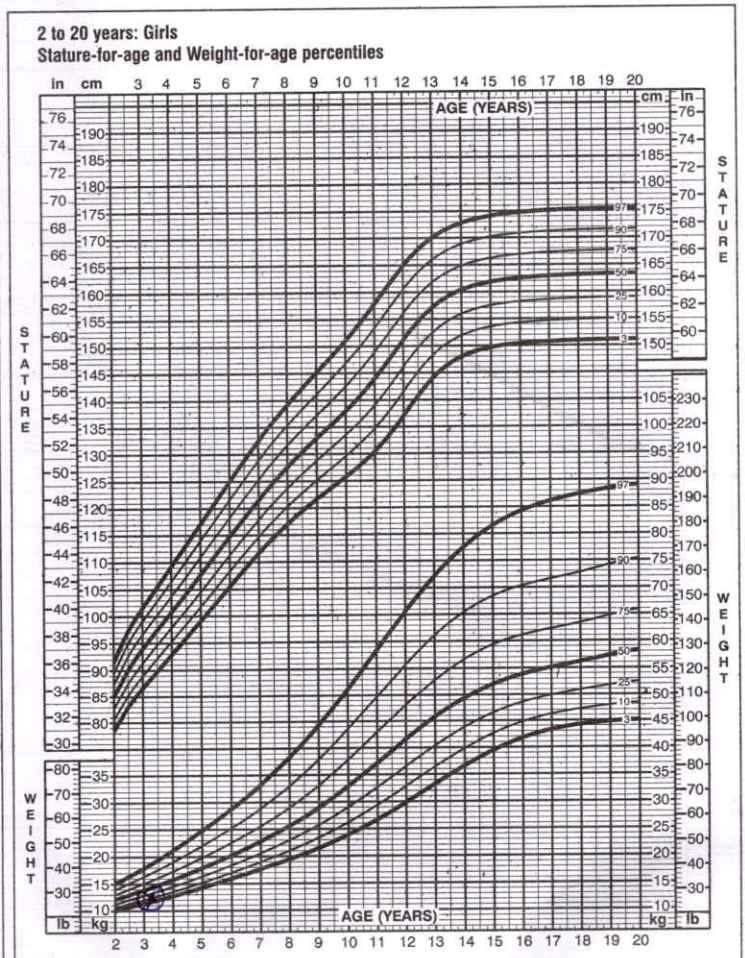
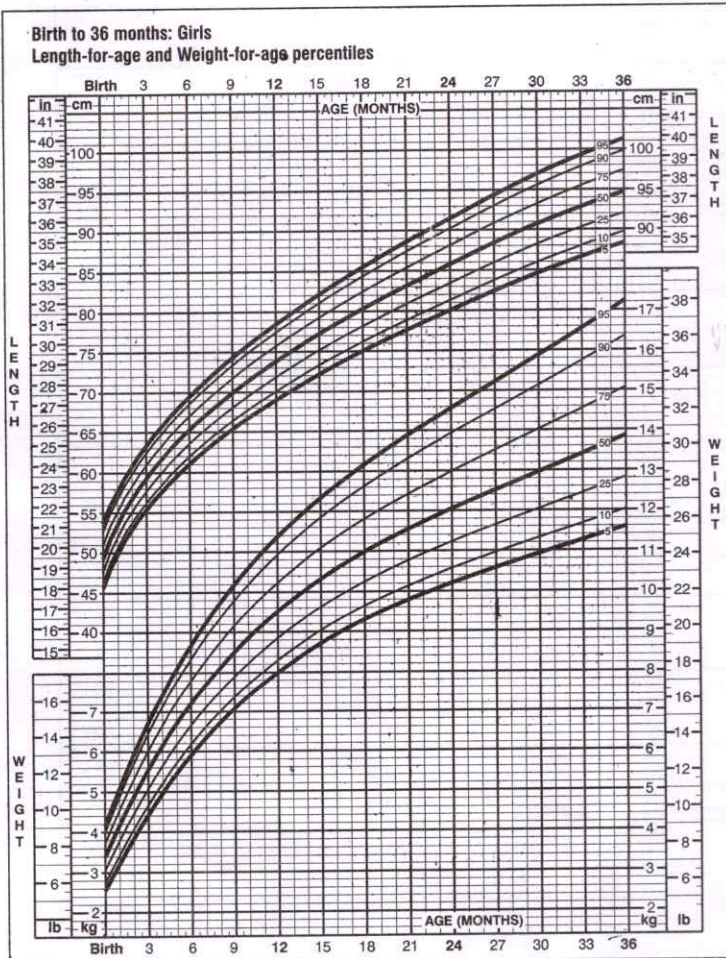
Food Allergies: Nil Veg/Non-veg

Diagnosis: URTICARIO & angioedema

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Ashiya

Dietician's Signature: [Signature]

Daily Notes:

23/05/26

Normal diet + Balanced diet

Ashiya

5:00PM

plenty of oral liquids.

(RETURN 72 HOURS)



PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00046203 IP25-00020591 Baby HRIDA JANGA 22-04-2023 3 Y 1 M 1 D (F) Dr. REENA MATHEW		Date & Time of Admission 23/05/26 @ 1:17 PM	Date & Time of Transfer Order 23/05/26 @ 2:26 PM
Transfer Ordered by DR. Mohith		Reason for Transfer Admission	
From Unit ER	To Unit S1	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 14	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer DR Mohith	
Patient & Clinical Records Received by : Nibedita			
Date & Time of Patient Received : 23/5/26 , @ 2:30 PM			

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

- Unavailable Bed
- Nurse not Available
- Available Bed not ready