

ADMISSION SHEET


Registration Details :

Admission No : IP5-00176572 Admit Date : 18-Jul-2026 Admit Time : 02:34 PM UHID : BAH-00520834

Patient Details :

Patient Name	: Baby GANDLURI NAAVYA SRI AARNA REDDY	Age	: 6 Y 7 M 21 D
Guardian	: Mr GANDLURI VEERA DINESH REDDY	DOB	: 27-11-2019
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: PLOT NO 281/M, ROAD NO 10 B Jubilee Hills Hyderabad Telangana INDIA 500033	Phone No	: 9467329999/ 9989959999
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : SUITE Bed No : SUITE 2 (312) Ward Name : 3F-ZONE A
 Room No : SUITE 2 (312) Admission Type : First Visit

Contact Details :

Name : Mr GANDLURI VEERA DINESH REDDY Relationship : Father
 Contact Address : PLOT NO 281/M, ROAD NO 10 B Jubilee Hills Phone No : 9467329999
 Hyderabad Telangana INDIA 500033

 Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA Specialisation : GENERAL PEDIATRICS
 Referral Doctor : Self Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
 Payor Name : SELF PAY

BAH-00520834 IPS-00176572
Baby GANDLURI NAAVYA SRI AARNA
27-11-2019 6 Y 7 M 21 D (F)
Dr. DINESH KUMAR CHIRLA



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/7/26	2pm	Admission	312	Jyothi

Cross Consultation Visit

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

[illegible]

26072180

Synth.

26072176

Hypothesis

26072344

Sueha

26072348

sum

26072854

Durga

25073089

Bikthe

Q6073690

Shreya

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/7/26	Iv placement		0709902	Jyojhi

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00520834 IP5-00176572
Baby GANDLURI NAAVYA SRI AARNA
27-11-2019 6 Y 7 M 21 D (F)
Dr. DINESH KUMAR CHIRLA



Patient Name:

Navyasri

UHID ID:

Department:

Consultant:



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 124cm (Centile _____)

Weight (kgs) : 38 kg (Centile _____)

On Examination :

Temperature : 98.9°F Pulse Rate : 118/min B.P. _____ SP02 100% ↓ RA

Resp. rate and type of breathing : 20/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any) : _____

flushing all over body & face.

CRT ~ 3 secs.

peripheries warm.

tongue moist

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any added sounds : _____

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

(N)

BAE (+)

clear.

Cardiovascular System :

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

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

(N)

none

Per Abdomen :

Inspection _____

Palpation : _____

Auscultation : _____

Spine : _____

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

soft / non distended / no HSM.

(N) B.S (+)

External Genitalia :

(N)



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : NEED

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Dengue fever c/warning signs.
(D3 of illness)



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Shock

Desired goals of the treatment : resolution

Planned Labs:

- VBG
- CBP
- LFT
- CRP
- Ferritin
- Blood grouping
- USG abdomen

Planned Management

- 1) IV Esomeprazole
- 2) IVF
- 3) Pro G/G
- 4) IM Ondem.
- 5) Note down frequency of urine output

Signature of the Doctor: Akhile

Name of the Doctor: Akhile

Date & Time: 18/7/26

Signature of the Consultant: [Signature]

Name of the Consultant: [Signature]

Date & Time: 18/7/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7		
2:30pm	C/S/B Resident	
	Dengue - warning signs. D3 of illness	
	cp fever x 3d. rash x 1d. abd pain x 3d nausea.	<u>Adv:</u> - IVF DNS 1ml/kg/h. - Inj Esomeprazole Inj Ondansetron Pro G/G sachet Atarax antiitch.
	O/E: alert flushed. Vitals stable CRT ~ 3s. warm peripheries chest clear. abd: no HSM nontender	- Send CBP, CRP, LFT, S. ferritin VBG Blood grouping USG abdomen now.
		- W/f fever spikes.
		- monitor urine freq.
		- Encourage oral fluids
		- Monitor BP/HR every 4 hours
		noted by Jyothi Akhile

Date & Time	Progress Notes	Doctor's Order
18/7/26 6:30pm.	Seen by <u>Dr. Dinesh sir</u> 1 fever spike (+) @ time of admission (103.3°F) Hemodynamically stable	<u>Plan:</u> • Advice - T/M - CBP • Trace reports, SOS inform. • Monitor vitals • Inform SOS - Noted by <u>R. Remy</u>
19/7/26 9am	Seen by <u>Dr. Dinesh</u> femtin → 667 Thrombocytopenia (1,66,000) (↓ 30k) Leukopenia fever →	→ • <u>T/M</u> CBP + IVF. maintenance Noted by <u>CAW</u> Sur Santia



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/12/26 9:42 am	cd/B PICU team	<u>Plan</u>
	As Dengue - Day of illness	1) Send RP-1 tomorrow morning.
	3 fever spikes today	2) w/f urine output.
	↓ oral intake	3) Inform if no
	passed urine only once today.	urine output in next 2 hrs.
	on room air	
	hemodynamically stable	
	HR - 90 /min	
	BP -	
	SpO ₂ - 100 %.	
	peripheries - warm	
	pulse volume - normal,	
	good volume.	
	oral mucosa - moist.	
20/7/26 12:30 am	cd/B Dr. prathynela	
	Pocul:- IVC good calibre,	
	1.2cm, collapsing c inspiration.	
	LVEF - 62%.	
	(N) biventricular function	
	urinary bladder full. ~500 ml urine	
	No pleural effusions/ascites.	
	GB wall edema (+)	

Dr. prathynela

Dr. prathynela

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/11/26 9 AM	SIB Resident 1. Dengue fever Day 5 3-4 fever spikes ⊕ in last 24 hrs no vomiting/ Abd. pain passed urine - 2 times in 24 hours nausea ⊕ O/E: Child alert Vitals stable C/S normal R/S P/A Pv good Respirations normal	plan: (1) cont. IV fluids (2) cont. medics as per chart (3) Trace LBP (4) monitor vitals (5) In form S/S (4) (R) to ↑ IVF
20/11/26 10:15 AM	SIB Dr. Dineen	plan: CBP CRP C. flexitin Fupm modhw



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7 4:30pm	YS/B Resident	
	A: Dengue fever i warning signs (Days 5)	
	fever - 1 spike at 12:30pm	Adv:
	urine output - 500ml	1) Send CBP, CRP, ferritin at 4pm now.
	rash - no petechiae	2) Continue current IVF
	- flushing ⊕	
	abd pain - vomiting ⊕ ⊖	3) Monitor & document heart rate & BP every 4 hly.
	O/E: alert, afebrile	
	vitals:	4) Document urine frequency
	HR - 90/min	
	BP - 102/65mmHg	5) SOS Ondansetron
	peripheries warm	
	no edema	
	BAE ⊕ / clear	Shihle
5:15pm	Seen by Dr. Dinesh	
	O/E: active	Adv:
		1) If platelet < 70,000
		Arrange & reserve SGP



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7 9:30am	C/S/B Resident	
	<u>Δ: Dengue - warning signs (DOI - 6)</u>	
	afebrile ~ 18h no rash. - urine - 3 times O/E: active alert vitals: HR - 105/min BP - 107/60 peripheries warm CRT < 3s. pulses well felt chest clear. abdomen soft	Adv: 1.) IV cannulation now 2.) Send CBP. 3.) Continue IVF & supportive care 4.) Document urine frequency 5.) Monitor HR/BP every 2h. 6.) Inform SOS if SBP - DBP < 20 SBP < 90 DBP < 60 HR > 120 child feet very cold Afebrile



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026 9:00 AM	C/S B Dr Dinesh Denyng D6 ag. lines	plan
	on Room air	① send CBP Now
	hemodynamic stable	② keep extra plan
	peripheres warm	③ nil / Tachycardia
	pulse well set	cool peripheres
	No sto 18 bleeding	Hypotension
21/7 12:40 PM	CU / B Resident Denyng full (D6 yellow)	Plan
	SpO ₂ - 97-98	Plan
	HR - 100	- 16 IV fluids
	BP - 101/65 (74)	- nil Tachycardia,
	Temp - 98.4°F	cool peripheres,
	Flushing over legs	Hypotension.
	pulse pressure - 36 mmHg	Plan

Date & Time	Progress Notes	Doctor's Order
2/17 5pm	CL/RS Resident 85% oxygen free (D6 illner) No fever Free for >15 hrs. No vomiting, headache No rash, Pain abdomen No bloody spots/bleeding. patient was felt Accepting orally. Passed urine. RA - 80%, non-tender RS - BAE (+), clear. CA - < 80% BP - 114/73 (81) PR - 108/min. SpO₂ - 98%.	Plan - CT in fluids and supportive care - Ask to send CBC/urine - Document urine frequency - monitor HR, BP every 2h - Inform SAs if - SBP - DBP - < 20 - SBP - < 90 - DBP - < 60. - HR - > 120 - cond. If would peripheral noted by Licent 020955 Pup

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/11/26 8:30 AM	SIB <u>Resident</u> A: Dengue fever days no fever no vomiting OI - marginally better OK - Child active vitals stable RS - BIC AEC clear CNS / good PIA Pr good CRT c2sec peripheries warm	plan (1) CBP, LFT now (2) to cont. IVF medication as per chart (3) monitor vitals HR, BP monitoring (4) Inform fos. <u>Mansoor</u>
22/11/26 9:30 AM	Seen Dr. Dinesh	<u>Adv:</u> - Do CBP / LFT now - Decrease IVF As per CBP - R/v / (1) based on reports. <u>Abhile</u>

Date & Time	Progress Notes	Doctor's Order
22/7 2:30pm	C/S/B Resident	
	Δ: <u>Dengue fever (D7)</u> & warning signs.	
	afebrile	<u>Adv.</u>
	W/O - good	1) Continue IVF @ 45ml/h
	no abd pain / vomits	2) Medications as charted
	activity better	3) Monitor vitals 4hly
	O/E: alert	4) R/V labs H/m
	vitals stable	
	HR - 88/min	
	BP - 117/65 mmHg	
	perfusion: CRT < 2s	
	PV good.	
	S/E: NAD.	
		Noted by <u>Rishi</u> 22/7/26 @ 8pm

BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA



RESULT SHEET

Date	18/7/26	19/7/26	20/7/26	20/7	21/7	22/7/26
Time	3:34pm	7:3 Am	8 am	4 pm	10:40 Am	10:25 Am
Hb	12.4	12.1	12.8 ↑	12.8	12.8	13.1
PCV	37.9	36.9	39.8 ↑	38.6 ↓	40.1 ↑	40.9
RBC	4.97	4.82	5.19	5.08	5.28	5.37
WBC	4.70	3.69	2,610 ↓	3,640 ↑	6,440 ↑	6.71
N/L	68/27	66.8/30.4	50.9/43.7	32/64	29/65	40/56
Platelets	1,98,000	1,68,000	1,2,000 ↓	1.05 L ↓	82,000 ↓	1.14 L.
CRP	5			5		
ESR						
PCT						
RBS						
Na			136			
K			4.2			
Cl			105			
Ca/Mg			9			
Phosphate			3.9			
Urea			9			
Creatinine			0.5			
ALP	218					166
SGPT	44 ↑		180 ↑			210 ↑
SGOT	57 ↑		273 ↑			229 ↓
T.Bill/Conj	0.4/0.2		0.3/0.1			0.5/0.2
T.Protein	8.2		7.2			7.9
S.Albumin	4.7		3.9			3.8
S.Globulin	3.5		3.3			4
A/G Ratio	1.3					0.9
Uric Acid			2.8			
S.Amylase			56			
Sr.Lipase						
Blood Lactate						
S.Cholesterol			83			
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
Wt Ferritin	679 ↑					

IP5-00176572

Baby GANDLURI NAAVYA SRI AASHA

27-11-2019

6 Y 7 M 21 D

(F)

Dr. DINESH KUMAR CHIRLA

I.V. FLUIDS CHART

Weight.

38 kg

Ward.

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Position of I.V. Fluid
 (infusion ml./hr = Mcg/kg/min. etc)

Route

Flow Rate ml/hr	Time min	Flow Rate ml/hr	Time min
10	10	10	10
20	20	20	20
30	30	30	30
40	40	40	40
50	50	50	50
60	60	60	60
70	70	70	70
80	80	80	80
90	90	90	90
100	100	100	100

Doctor
Sian

Nurse
Sign

Date of Stopping

Doctor
Sign

Nurse
Sign

$$18/7$$

3^e, 30

IVF DNS
($\frac{1}{2}$ mf)

W

38

Appendix B

B

21/7



3

21/7/26

6:00 p.m.

DNS

iv

45



1. dat

power

22/7

2. b

Such

Signature _____

VERIFIED BY: Name

Date ▶				
Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.

DRUG :			Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date		Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor			Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:			Dose		Dose		Dose		Dose
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.

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

[illegible]



RESULT SHEET

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

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :



DRUG CHART

Date of Admission: 18/7/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **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>SYP CROCIN DS</u>				Date/Time	<u>18/7</u>	<u>19/7</u>														
Dose	Route	Frequency	Start Date																	
<u>10ml</u>	<u>PO</u>	<u>SOS</u>	<u>18/7</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				
<u>(5/240mg) T > 100°F</u>																				

DRUG: <u>SYP MEF</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

DRUG: <u>Inj PARALLETAMOL</u>				Date/Time	<u>18/7</u>															
Dose	Route	Frequency	Start Date																	
<u>500mg IV</u>	<u>IV</u>	<u>SOS</u>	<u>18/7</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				
<u>T > 102°F</u>																				

VERIFIED BY : Name [Signature]



REGULAR PRESCRIPTIONS

Weight. 38kg Ward.

DRUG : <u>Inj ESOMET PRAZOL</u>				Date	Time
Dose	Route	Frequency	Start Date	18/7	19/7
<u>40mg</u>	<u>IV</u>	<u>OD</u>	<u>18/7</u>	<u>20/7</u>	<u>21/7</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Achille</u> <u>6am</u> <u>4pm</u> <u>5pm</u> <u>7pm</u> <u>8pm</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>PRO G6g sachet</u>				Date	Time
Dose	Route	Frequency	Start Date	18/7	19/7
<u>1sachet</u>	<u>PO</u>	<u>BID</u>	<u>18/7</u>	<u>20/7</u>	<u>21/7</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Achille</u> <u>10am</u> <u>11am</u> <u>12pm</u> <u>1pm</u> <u>2pm</u>	
Additional Instructions:				<u>10pm</u> <u>11pm</u> <u>12am</u> <u>1am</u> <u>2am</u>	
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Inj ONDANSETRON</u>				Date	Time
Dose	Route	Frequency	Start Date	18/7	19/7
<u>4mg</u>	<u>IV</u>	<u>BID</u>	<u>18/7</u>	<u>20/7</u>	<u>21/7</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Achille</u> <u>6am</u> <u>4pm</u> <u>5pm</u> <u>7pm</u> <u>8pm</u>	
Additional Instructions:				<u>STOP</u> <u>Achille</u>	
Daily Doctor's Endorsement by a Sign					
DRUG : <u>ATARAX anti Itch</u>				Date	Time
Dose	Route	Frequency	Start Date	18/7	19/7
<u>150mg</u>	<u>PO</u>	<u>BID</u>	<u>18/7</u>	<u>20/7</u>	<u>21/7</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Achille</u> <u>10am</u> <u>11am</u> <u>12pm</u> <u>1pm</u> <u>2pm</u>	
Additional Instructions:				<u>10pm</u> <u>11pm</u> <u>12am</u> <u>1am</u> <u>2am</u>	
Daily Doctor's Endorsement by a Sign					

BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA



No. : RCHBH/ FRM / CLINICAL / 127

18/7/26

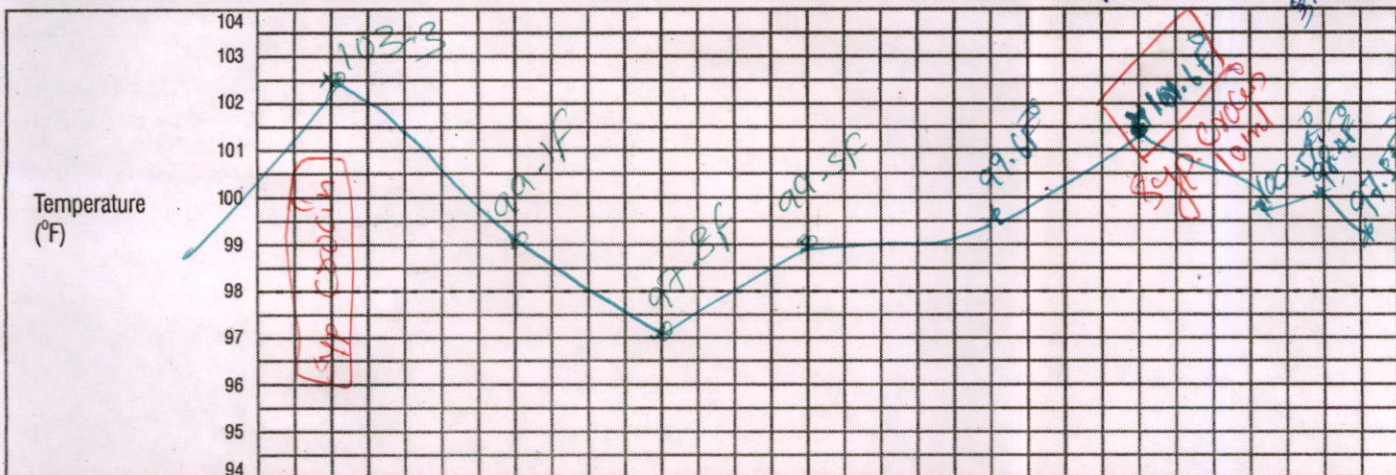
TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 2:30 4pm 6pm 8:20pm 9:30pm 10:30pm 12:30pm
 Doctor / Nurse / Family Concern?



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
Blood Pressure (mmHg) *															
Note: BP does not score in early warning scoring															
Heart Rate (Number)	116bnd	114	107bnd	125bnd	128bnd	126bnd	126bnd	126bnd	126bnd	126bnd	126bnd	126bnd	126bnd	126bnd	126bnd

Resp. Rate (bpm) (Over 1 Minute)	70	60	50	40	30	20	10								
Resp Rate (Number)	24bnd	30bnd	28bnd	26bnd	24bnd	24bnd	24bnd	24bnd	24bnd	24bnd	24bnd	24bnd	24bnd	24bnd	24bnd

Resp Distress	Mod/ Severe	None / Mild													
Receiving O ₂ (l/min)															
O ₂ Saturations (%)	98.1	99.1	98.1	99.1	99.1	99.1	99.1	99.1	99.1	99.1	99.1	99.1	99.1	99.1	99.1
Conscious Level	Normal	Altered													
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15

TOTAL SCORE															
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

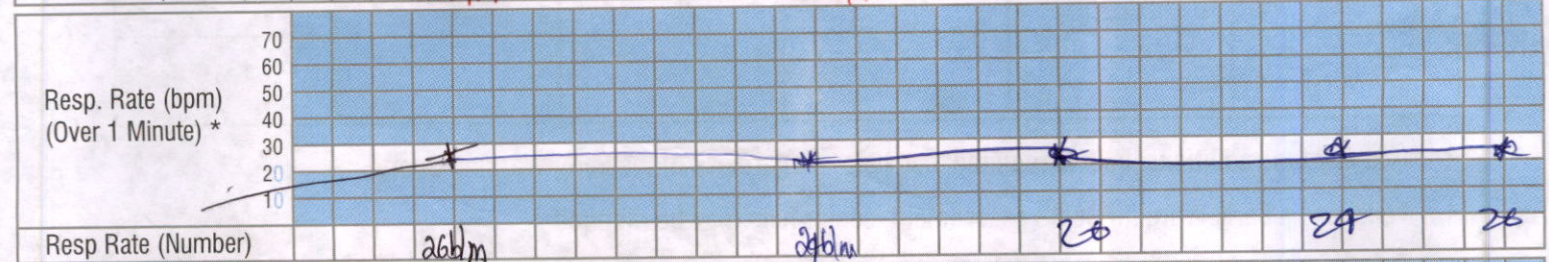
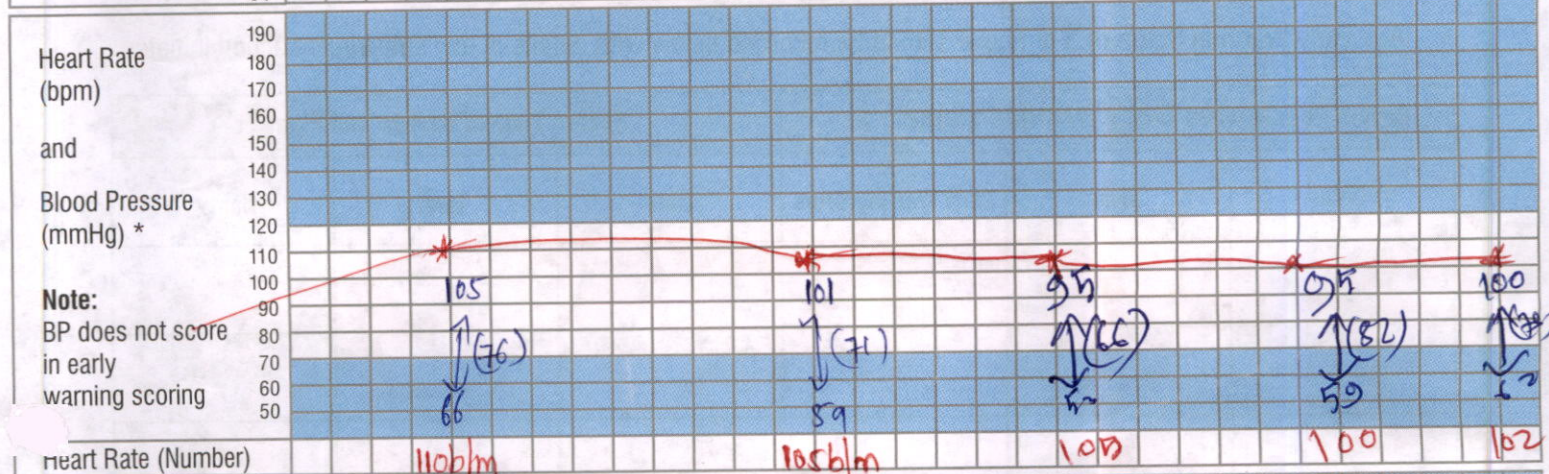
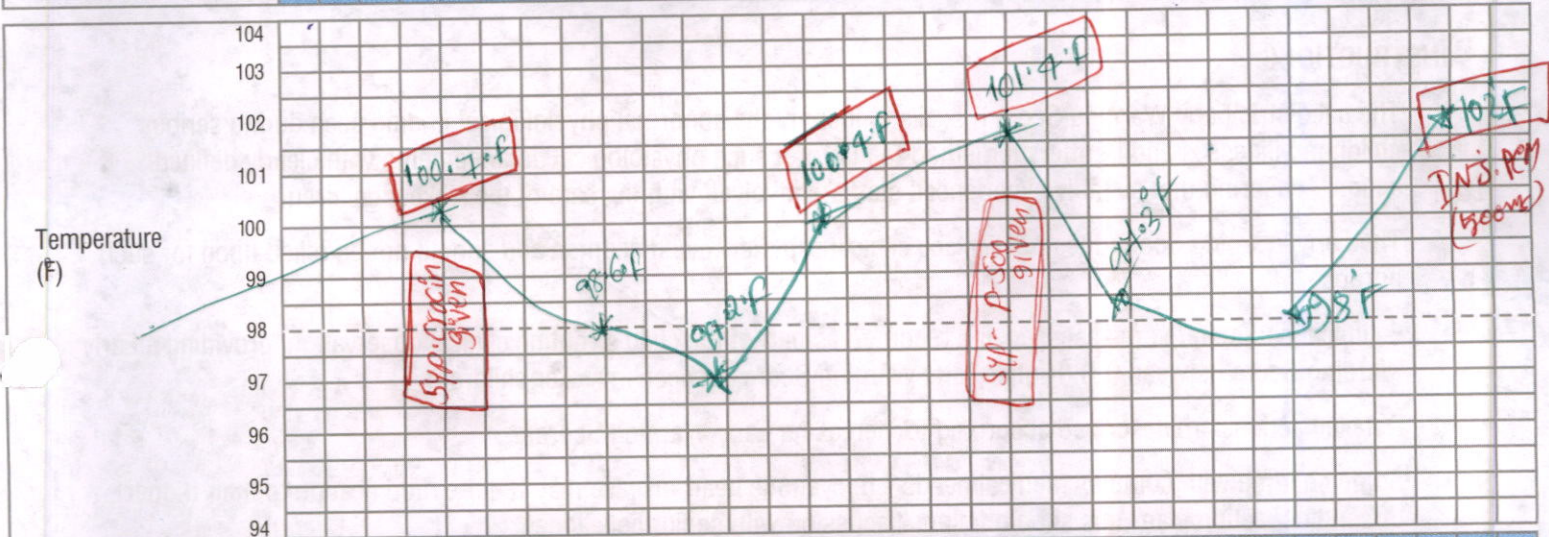
ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 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.



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10 AM 11 AM 12 AM 6 PM 7 PM 8 PM 3 AM 6 AM
Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe	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		

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.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

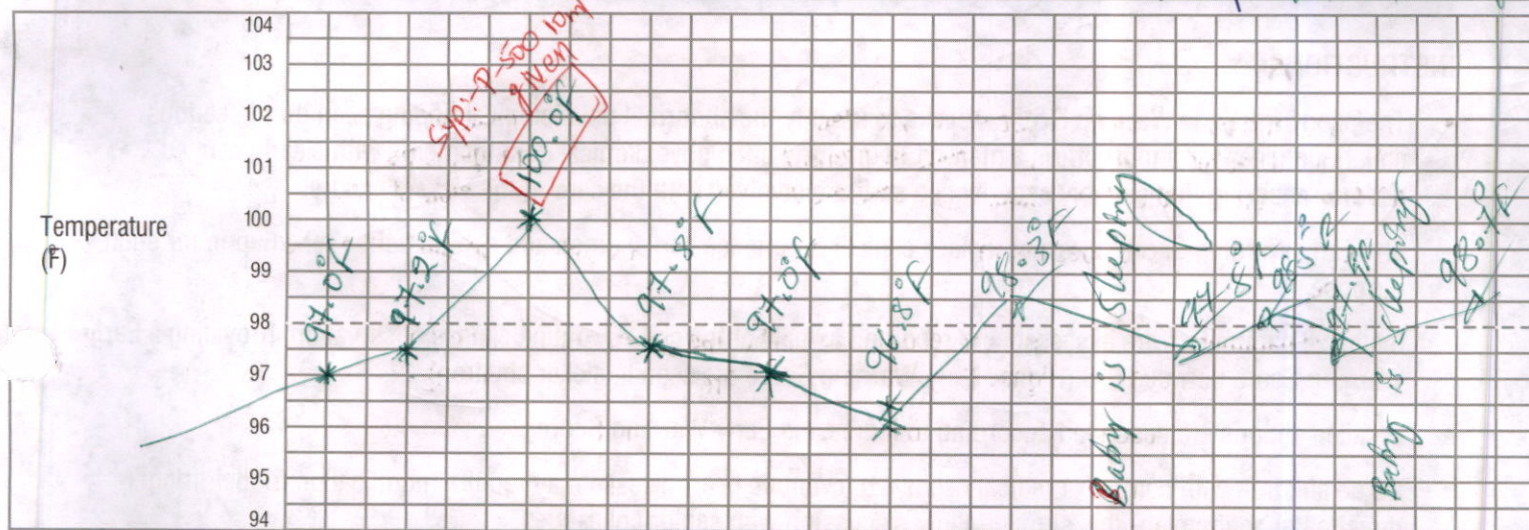
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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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

[illegible]

Heart Rate (Number)

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

$\uparrow 102$
 (84)
 $\downarrow 65$

↑ 101
(74)
↓ 68

Resp Rate (Number)

70
60
50
40
30
20
10

286/m

26h/m

2860 2861 2862 2863 2864 2865

GCS *

ere
d

99%

99/1

Coat 100 [90th] 100th 100th 100th

Observer's Initials

axes	

$\begin{pmatrix} 15 \\ 10 \end{pmatrix}$
 $\begin{pmatrix} 0 \\ 0 \end{pmatrix}$

(15/15)

15/15	Ca	Mn	Cu	(No)	(M)	Cu
0	0	0	4	0	0	4
5	2	3	2	2	2	2

Score 1	: Continue normal observation by staff nurse
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BAH-00520834 IP5-00176572
Baby GANDLURI NAAVYA SRI AARNA
27-11-2019 6 Y 7 M 23 D (F)
Dr. DINESH KUMAR CHIRLA



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

SCHOOL AGE (5-12 years)

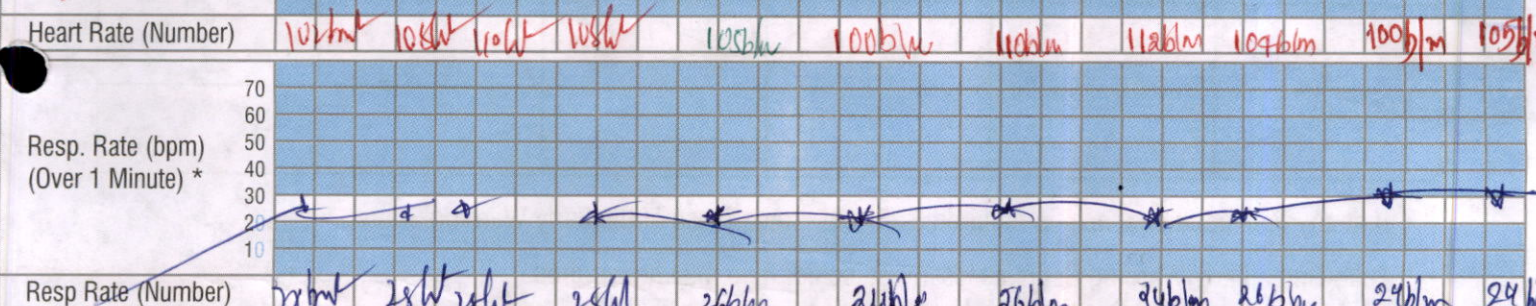
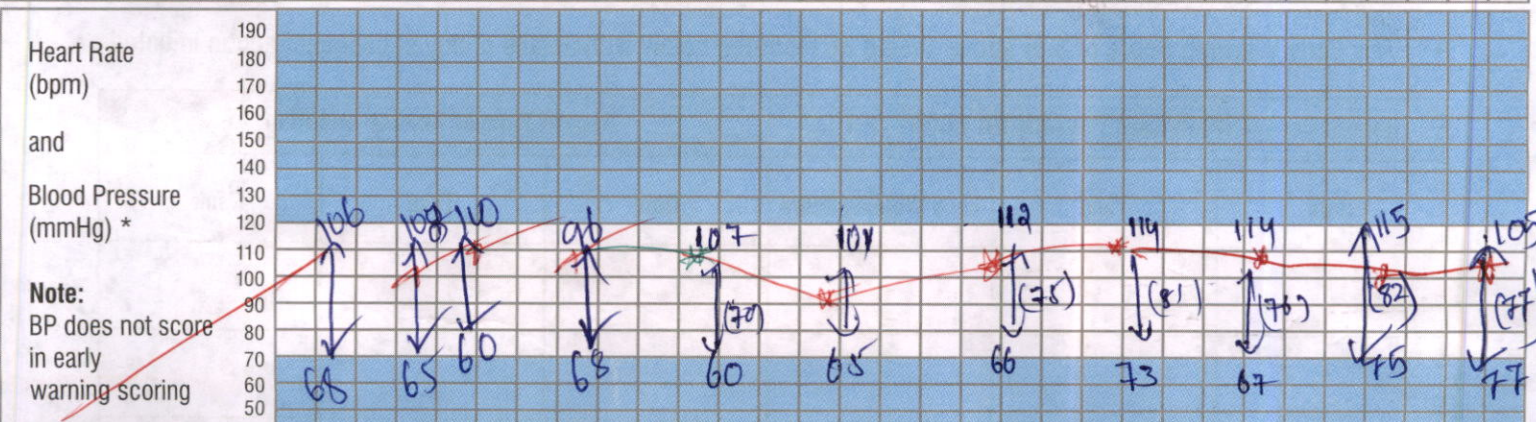
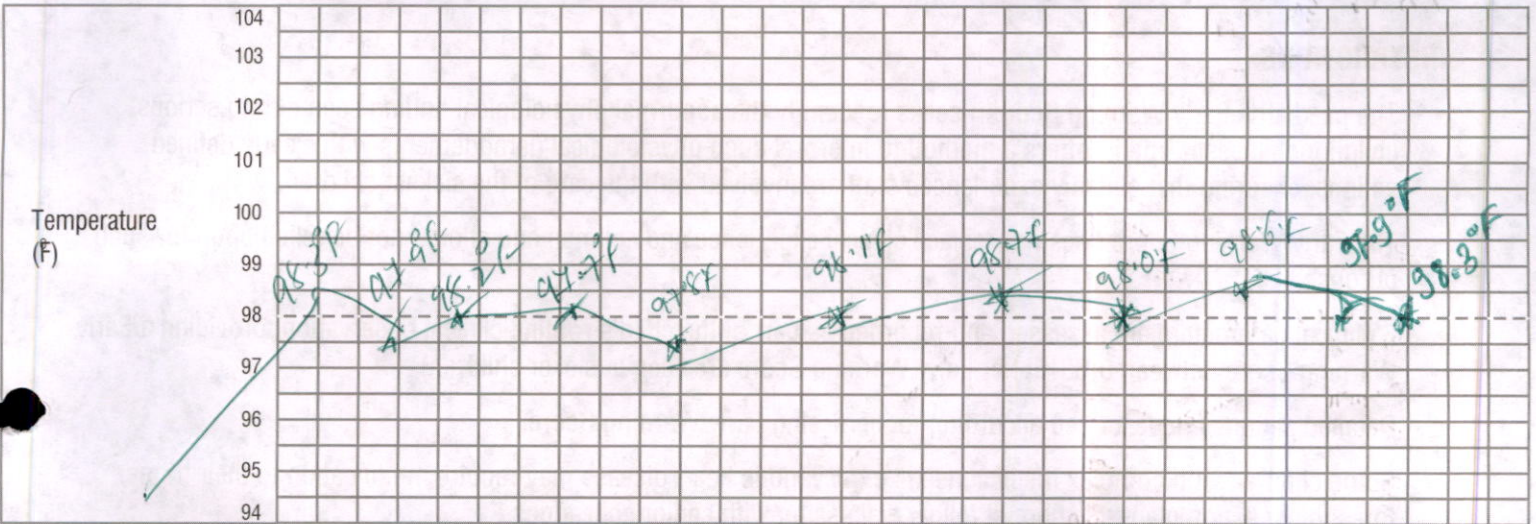
Children's Observation &
Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time: 11:20 AM	5:10 PM	6:20 PM	7:30 PM	9: AM	12:30 PM	2:30 PM	4:30 PM	6:30 PM	8:30 PM	10:30 PM	12
Doctor / Nurse / Family Concern?												



Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	100	100
Conscious Level	Normal	Altered
GCS *	(N)	(N)
TOTAL SCORE	2	2
Number of shaded boxes	2	2
Pain Score	2	2
Observer's Initials	B	B

ACTIONS	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

22/7/26

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

SCHOOL AGE (5-12 years)

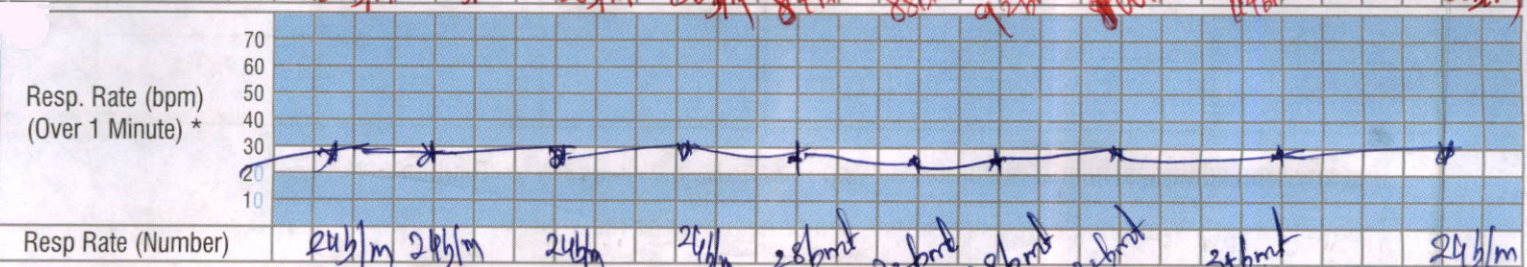
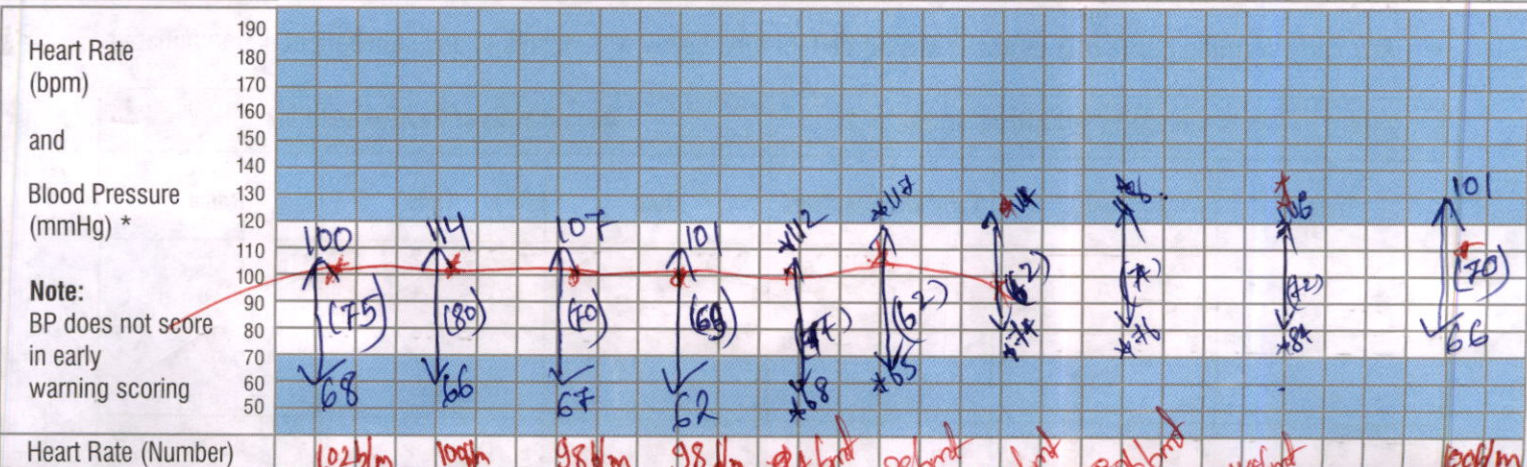
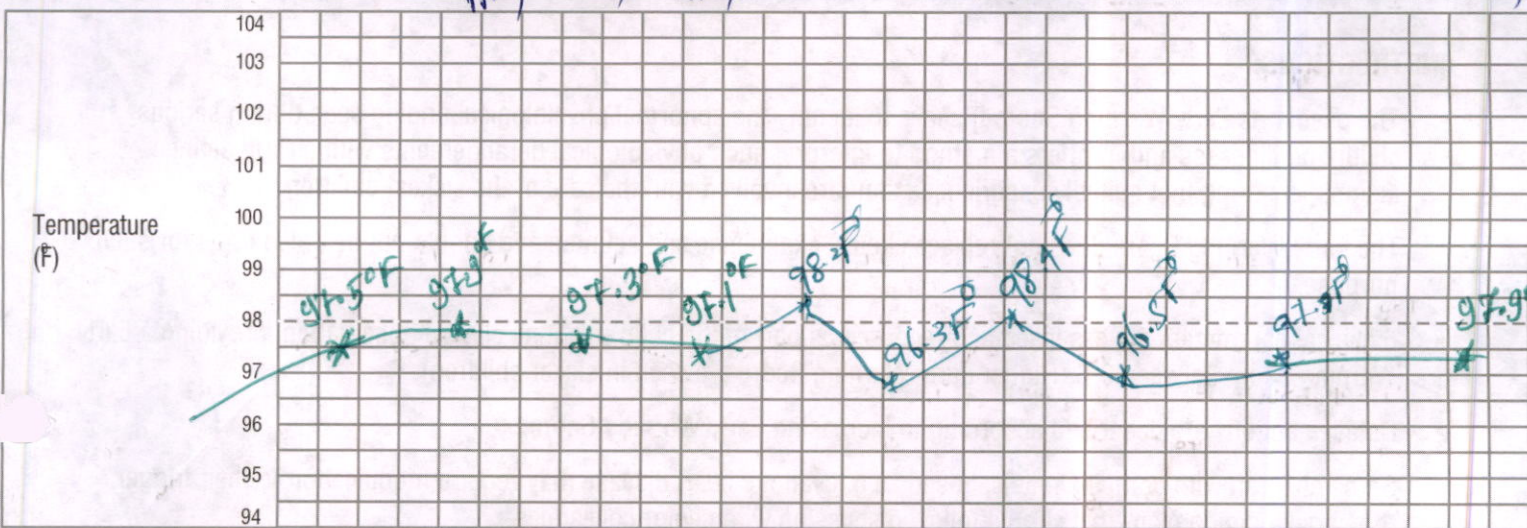
Children's Observation &
Early Warning Scoring Chart

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time: 1:30 AM	3:30 AM	5:30 AM	7:30 AM	9 AM	11 AM	1 PM	3 PM	5 PM	7 PM	9 PM	10 PM
Doctor / Nurse / Family Concern?												



Resp Distress	Mod/ Severe	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	

ACTIONS	Score 1 : Continue normal observation by staff nurse
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23/11/20

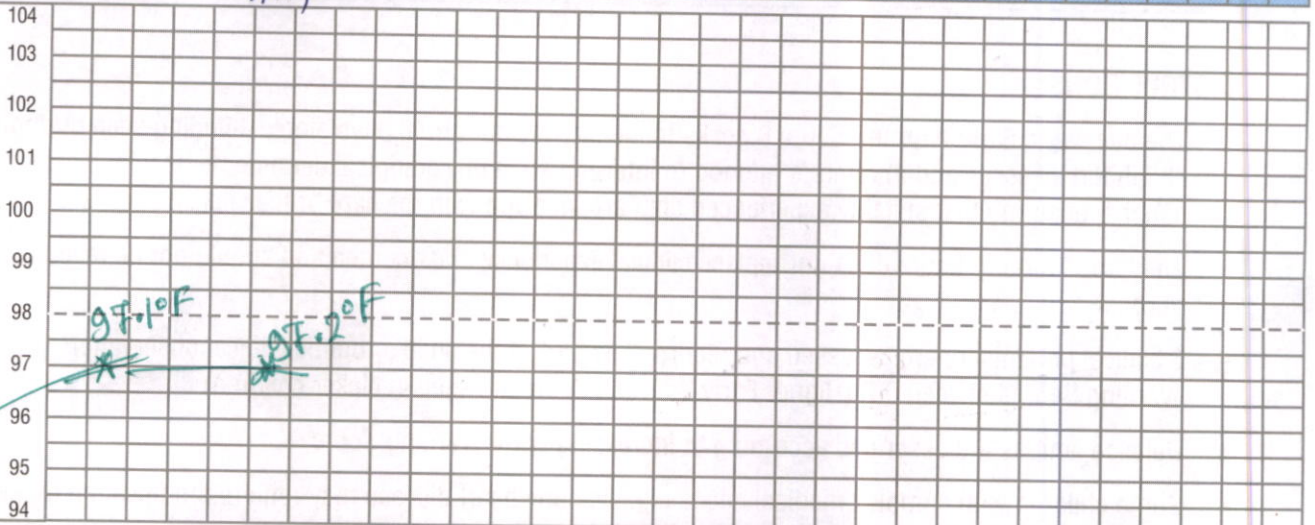
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 2 Am 6 Am

Doctor / Nurse / Family Concern? Am Am

Temperature (F)

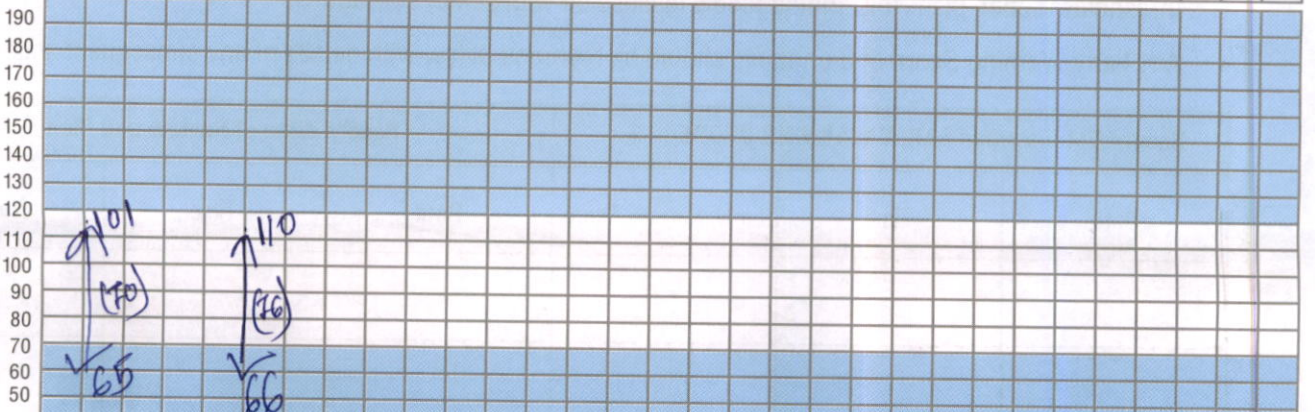


Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring



Heart Rate (Number)

105b/m 84b/m

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



Resp Rate (Number)

24b/m 24b/m

Resp Distress Mod/ Severe None / Mild

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

100% 100%

Conscious Level Normal Altered

GCS *

M W

TOTAL SCORE

Number of shaded boxes

0 0

Pain Score

0 0

Observer's Initials

Rin Rin

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA

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FLUID CHART

Sheet No. :

18/12/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis 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		H ₂ O	30ml							0	Jyothi
	03:00 pm			30ml							0	Jyothi
	04:00 pm	DNS	H ₂ O	30ml							0	Jyothi
	05:00 pm			30ml							0	Jyothi
	06:00 pm		H ₂ O	30ml							0	Jyothi
	07:00 pm			30ml							0	Jyothi

Total Intake :

Total Output :

	08:00 pm			38ml							0	Sush
	09:00 pm		H ₂ O	38ml							0	Sush
	10:00 pm	DNS		38ml							0	Sush
	11:00 pm		H ₂ O	38ml							0	Sush
	12:00 am			38ml							0	Sush
	01:00 am		H ₂ O	38ml							0	Sush

Total Intake :

Total Output :

	02:00 am			38ml							0	Sush
	03:00 am		H ₂ O	38ml							0	Sush
	04:00 am	DNS		38ml							0	Sush
	05:00 am		H ₂ O	38ml							0	Sush
	06:00 am			38ml							0	Sush
	07:00 am		H ₂ O	38ml							0	Sush

Total Intake :

Total Output :

Total 24 hrs. Intake	Total 48ml/day	Total 24 hrs. Output	M-1 U-3
----------------------	----------------	----------------------	---------

FLUID CHART

Sheet No. : 2 19/7/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	↓		38 ml			↓			↓	0	Chand	
	09:00 am	↓	H2O	38 ml			↓				0	Chand	
	10:00 am	↓		38 ml			NP			NP	0	Chand	
	11:00 am	↑	H2O	38 ml			↓			↓	0	Chand	
	12:00 pm	↑					↓			↓	0	Chand	
	01:00 pm	↑	H2O	38 ml			↓			↓	0	Chand	
Total Intake :						Total Output : U: 0 m: 0							
	02:00 pm	↓		38 ml			↓				0	Chand	
	03:00 pm	↓	H2O	38 ml			↓				0	Chand	
	04:00 pm	↓		38 ml			NP			✓	0	Chand	
	05:00 pm	↑	H2O	38 ml			↓				0	Chand	
	06:00 pm	↑		38 ml			↓				0	Chand	
	07:00 pm	↑	H2O	38 ml			↓				0	Chand	
Total Intake :						Total Output : U: 0 m: 0							
	08:00 pm	↓		38 ml			↓			↓	0	Chand	
	09:00 pm	↓		38 ml			↓			↓	0	Chand	
	10:00 pm	↓	H2O	38 ml			NP			NP	0	Chand	
	11:00 pm	↑		50 ml			↓			↓	0	Chand	
	12:00 am	↑		50 ml			↓			↓	0	Chand	
	01:00 am	↑	H2O	50 ml			↓			↓	0	Chand	
Total Intake :						Total Output : U: 0 m: 0							
	02:00 am	↓		50 ml			↓			↓	0	Chand	
	03:00 am	↓	H2O	50 ml			↓			↓	0	Chand	
	04:00 am	↓		50 ml			↓			↓	0	Chand	
	05:00 am	↑		50 ml			↓			✓	0	Chand	
	06:00 am	↑	H2O	50 ml			↓			↓	0	Chand	
	07:00 am	↑		50 ml			↓			↓	0	Chand	
Total Intake :						Total Output : U: 0 m: 0							
Total 24 hrs. Intake		total - 984											
Total 24 hrs. Output		U - 2 M 0											

BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA



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FLUID CHART

Sheet No. : (3) 20/7/26

- 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			36ml							0	Durga	
	09:00 am			38ml							0	Durga	
	10:00 am	DNS	40	38ml			NP		NP		0	Durga	
	11:00 am			38ml							0	Durga	
	12:00 pm			38ml							0	Durga	
	01:00 pm		40	38ml							0	Durga	
Total Intake : 228						Total Output : U-0 M-0							
	02:00 pm										0	Durga	
	03:00 pm		40								0	Durga	
	04:00 pm			38ml			✓		✓		0	Durga	
	05:00 pm		40	38ml							0	Durga	
	06:00 pm	DNS		38ml							0	Durga	
	07:00 pm		40	38ml							0	Durga	
Total Intake : 152						Total Output : U-1 M-1							
	08:00 pm		40	38ml							0	Yann	
	09:00 pm			38ml							0	Yann	
	10:00 pm	DNS	40	38ml					✓		0	Yann	
	11:00 pm			38ml			NP				0	Yann	
	12:00 am			38ml							0	Yann	
	01:00 am			38ml							0	Yann	
Total Intake : 228						Total Output : U-1 M-0							
	02:00 am			38ml							0	Yann	
	03:00 am		40	38ml							0	Yann	
	04:00 am	DNS		38ml							0	Yann	
	05:00 am			38ml					✓		0	Yann	
	06:00 am		40	38ml							0	Yann	
	07:00 am			38ml							0	Yann	
Total Intake : 190						Total Output : U-1 M-0							
Total 24 hrs. Intake		498ml DNS + 40											
Total 24 hrs. Output		U-3 M-1											



FLUID CHART

Sheet No. 21/120

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am	↓		38 ml									
	11:00 am	↓		38 ml									
	12:00 pm	↓		38 ml									
	01:00 pm	↓		38 ml									
Total Intake :						Total Output : U - 1							
	02:00 pm	↓		38 ml									
	03:00 pm	↓		38 ml									
	04:00 pm	↓		38 ml									
	05:00 pm	↓		38 ml									
	06:00 pm	↓		45 ml									
	07:00 pm	↓		45 ml									
Total Intake :						Total Output : U - 2							
	08:00 pm	↓		45 ml									
	09:00 pm	↓		45 ml									
	10:00 pm	↓		45 ml									
	11:00 pm	↓		45 ml									
	12:00 am	↓		45 ml									
	01:00 am	↓		45 ml									
Total Intake :						Total Output : U - 1							
	02:00 am	↓		45 ml									
	03:00 am	↓		45 ml									
	04:00 am	↓		45 ml									
	05:00 am	↓		45 ml									
	06:00 am	↓		45 ml									
	07:00 am	↓		45 ml									
Total Intake :						Total Output : U - 1							

Total 24 hrs. Intake

T-934 ml

Total 24 hrs. Output

U - 1 M - 0



22/7/26

FLUID CHART

Sheet No. : 5

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine		
22/7/26			Mouth	I.V	N.G						
	08:00 am			45ml					✓	0	Sueh
	09:00 am	DNS	H ₂ O	45ml					✓	0	Sueh
	10:00 am			45ml		NP				0	Sueh
	11:00 am		H ₂ O	45ml					✓	0	Sueh
	12:00 pm			45ml						0	Sueh
01:00 pm			H ₂ O	45ml						0	Sueh
Total Intake :					Total Output : M-0						3
	02:00 pm									0	Sueh
	03:00 pm	DNS	H ₂ O	45ml					✓	0	Sueh
	04:00 pm			45ml		NP			✓	0	Sueh
	05:00 pm		H ₂ O	45ml						0	Sueh
	06:00 pm			45ml					✓	0	Sueh
07:00 pm			H ₂ O	Stop						0	Sueh
Total Intake :					Total Output : M-0						3
	08:00 pm									0	Rino
	09:00 pm		H ₂ O						✓	0	Rino
	10:00 pm	NO IVF								0	Rino
	11:00 pm					NP				0	Rino
	12:00 am		H ₂ O							0	Rino
01:00 am										0	Rino
Total Intake :					Total Output : M-0						U-1
	02:00 am									0	Rino
	03:00 am		H ₂ O							0	Rino
	04:00 am	NO IVF				NP			NP	0	Rino
	05:00 am									0	Rino
	06:00 am		H ₂ O							0	Rino
07:00 am										0	Rino
Total Intake :					Total Output : M-0						U-0

Total 24 hrs. Intake

Total 24 hrs. Output

M-0 U-7



FLUID CHART

Sheet No. : 6

29/7/26

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

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

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA



NURSING CARE RECORD

Rainbow
Children's
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BY RAINBOW HOSPITALS
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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 18/7/20

Assessment: new patient having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2:30	→ Assess the pt condition	2:40	→ Assessed the pt condition	
4pm	→ administer medication	4:40	→ administered medication	
5pm	→ maintain vital signs	5:30	→ maintained vital signs	
6pm	→ maintain I/v fluids	6:20	→ maintained iv fluids	
7pm	→ ensure safety	7:30	→ provided ensure safety	

Re-Assessment: Re-assessment done

Special Notes:

Nurse Signature: A

Nurse Name: Jyothi (9010532)

Date & Time: 18/7/20 @ 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 18/7/26

Assessment: Patient is having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the patient Condition and vitals check	8:30 pm	* Assessed the patient Condition and vitals	* now patient Condition is stable
10pm	* monitor the I/O chart	10:30 pm	* checked * monitored the I/O chart	
12Am	* check the Fever Spikes	12:30 Am	* checked the Fever spikes	
3Am	* Continue IV fluids	3:30 Am	* Continued IV fluids	
6Am	* Administer medicine as per chart give	6:30 Am	* Administered medicine as per chart	
7Am	* Ensure Safety	7:30 Am	* Ensured Safety	

Re-Assessment: Assess the patient Condition now it is stable

Special Notes: nil

Nurse Signature: Sushu

Nurse Name: Sushu -607635

Date & Time: 18/7/26 @ 8pm

BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA



NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 19/7/26

Assessment: pt having fever

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8:AM	=> Assess the pt condition	8:30AM	=> Assessed the pt condition	=> now pt looks better.
10:AM	=> plan for vitals	10:50AM	=> vitals checked & recorded	
12:PM	=> Administer medication as per doctor orders	12:30PM	=> Administered medication as per doctor orders	
3:PM	=> maintain EKG Chart	3:50PM	=> maintained EKG Chart	
6:PM	=> Plan for vitals	6:30PM	=> vitals checked & recorded	
8:PM	=> Ensure pt safety	8:10PM	=> provided side rails	

Re-Assessment:

Re-assessment done
 ECG: N/A

Special Notes:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 19/7/26 @ 8PM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 19/12/20

Assessment: patient is having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient General condition	8:50pm	Assess the patient General condition	Now Patient is Stable
10pm	Administer medication as per chart	10:50pm	Administered medication as per chart	
12am	Monitor fluid Balance	12:50am	monitored fluid Balance	
3am	Monitor vital signs	3:30am	Monitored vital signs	
4am	Ensure safety	4:50am	Ensured safety	

Re-Assessment:

Special Notes:

CBP @ 11am 6am

Nurse Signature: [Signature]

Nurse Name: Swarna

Date & Time: 20/12/20 @ 8am

BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA



NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 20/7/26

Assessment: pt having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the general condition of the Pt	9am	* Assessed the general condition of the Pt	* Now Pt is stable
10am	* monitor the vital's	11am	* monitored the vital's	
12pm	* Administer medication as per chart	1pm	* Administered medication as per chart	
2pm	* Relieve Pain & discomfort	3pm	* Relieved Pain & discomfort	
4pm	* maintain I/O chart	5pm	* maintained I/O chart	
6pm	* ensure safety	7pm	* ensured safety	

Re-Assessment: re-assessment done

Special Notes:

Nurse Signature: Nurse Name: Durga C Date & Time: 20/7/26 @ 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 20/11/20

Assessment: Patient is having discomfort

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient General Condition	8:30pm	Assessed the patient General condition	Also patient is stable
10pm	Administer medication as per chart	10:50pm	Administered medication as per chart	
12am	Maintain fluid Balance	12:30am	Maintained fluid Balance	
3am	Monitor vital sign	3:50am	monitored vital sign	
7am	Ensure Safety	7:50am	Ensured safety	

Re-Assessment:

Re-Assessment done every 3rd hourly.

Special Notes:

NRU

Nurse Signature:

Nurse Name: Yanning @ 606285

Date & Time: 21/11/20 @ 5am

BAH-00520834 IP5-00176572
Baby GANDLURI NAAVYA SRI AARNA
27-11-2019 6 Y 7 M 23 D (F)
Dr. DINESH KUMAR CHIRLA

NURSING CARE RECORD

Date: 21/12/21

Shift: ☒ Morning ☐ Afternoon ☐ Night

Assessment:

pt having discomfort

- Goals
- ☐ Maintain Airway and Oxygenation
 - ☐ Maintain Personal Hygiene
 - ☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....

- ☒ Maintain Fluid Balance
- ☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☐ Ensure Safety

- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety

- ☒ Maintain Skin Integrity
- ☐ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8:am	Assess the pt condition	8:30am	Assessed the pt condition	now pt look better
10:am	plan for vitals	10:30am	vitals checked & record	
12:pm	Administer medication as per doctor orders	12:30pm	Administered medication as per doctor orders	
3:pm	maintain ELO chart	3:30pm	maintained ELO chart	
6:pm	plan for vitals	6:30pm	vitals checked & record	
8:pm	Ensure pt safety	8:10pm	provided side rails	

Re-Assessment:

Re-assessment due

pm COP, LFR

Special Notes:

Date & Time: 21/12/21 @ 8pm

Nurse Name:

hircow h



NURSING CARE RECORD

 Shift: ☐ Morning ☐ Afternoon ☒ Night

Assessment:

Patient is having Discomfort.

Date: 21/7/26

Goals

- ☐
- Maintain Airway and Oxygenation
-
- ☒
- Maintain Personal Hygiene
-
- ☐
- Identify Potential Complications

- ☐
- Relieve Pain & Discomfort
-
- ☒
- Prevent Infection
-
- ☐
- Any Others. Specify.....

- ☐
- Maintain Fluid Balance
-
- ☐
- Meet Elimination Needs

- ☐
- Improve Activity Tolerance
-
- ☒
- Ensure Safety

- ☐
- Maintain Good Nutritional Status
-
- ☐
- Early Ambulation Reduce Anxiety

- ☐
- Maintain Skin Integrity
-
- ☒
- Patient & Family Education

Time		Plan of Care	Time	Implementation	Evaluation
8pm		Assess the general condition of the patient.	8:30pm	Assessed the general condition of the patient.	Now is the patient stable.
10pm		Monitoring the vitals.	10:30pm	Every 2nd hrly Bp, HR checked and recorded.	
11pm		Administer the medication as per Drug chart.	11:30pm	Administered the medication as per Drug chart.	
12Am		Maintain the fluids.	12:30Am	Continued IV fluids.	
7Am		Ensure the safety.	7:30Am	Provided side rails up.	
Re-Assessment:		Re-Assessment Done 11/1/2020			
Special Notes:					

Special Notes:

Nurse Signature:

Docu. No: RCHBH / FRM / CLINICAL / 148

Nurse Name:

CBP, LFT T/M 6am
Rimo

Date & Time: 22/7/26 @ 8AM

BAH-00520334 IP 5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 23 D (F)
 Dr. DINESH KUMAR CHIRLA



NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☒ Night

Date: 22/7/26

Assessment:

Patient is having discomfort

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....

- ☐ Maintain Fluid Balance
- ☒ Meet Elimination Needs

- ☐ Improve Activity Tolerance
- ☒ Ensure Safety

- ☐ Maintain Good Nutritional Status
- ☒ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the ^{Patient} baby condition and vitals check	8:30 AM	* Assessed the baby condition and vitals check	* now patient condition is stable
10 AM	* monitor the I/O chart	10:30 AM	* monitored the I/O chart	
12pm	* check the Fever Spikes	12:30 PM	* checked fever spikes	
3pm	* continue w fluids	3:30 PM	* Continued w fluids	
6pm	* Administer medicine as per chart	6:30 PM	* Administered medicine as per chart	
7pm	* Ensure Safety	7:30 PM	* Ensured Safety	

Re-Assessment: Assess the patient condition is ^{now} stable

Special Notes: Continue w fluids RIV on labs tomorrow

Nurse Signature: Sruhi

Nurse Name: Sruhi - 607635

Date & Time: 22/7/26 @ 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Assessment: Patient is having Discomfort. Date: 22/7/26

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the general condition of the patient.	8:30pm	Assessed the general condition of the patient.	
10pm	vital monitoring.	10:30pm	vitals checked and recorded.	Now is
11pm	Administer the medication as per Drug chart.	11:30pm	Administered the medication as per Drug chart.	Patient stable
5Am	Maintain Good Nutrition.	5:30Am	Maintaining the good nutritional status	
7Am	Ensure the safety.	7:30Am	provided the side rails.	

Re-Assessment: Done with only vitals.

Special Notes: NIL

Nurse Name: Rim

Date & Time: 23/7/26 @ 8Am

IP5-00176572
 BAH-00520834
 Baby GANDLURI NAAVYA SRI AARNA
 6 Y 7 M 21 D
 27-11-2019
 Dr. DINESH KUMAR CHIRLA
 (F)

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. Dinesh Kumar Chirala Department: 3rd floor Date of Admission: 18/7/26

SITUATION		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>NA</u>						
BACKGROUND	Area	3rd floor 8pm to 8pm 3rd floor 8pm to 8pm 3rd floor 8pm to 8pm 3rd floor 8pm to 8pm 3rd floor 8pm to 8pm 3rd floor 8pm to 8pm						
	Shift Time							
BACKGROUND	Medical Condition (Any special condition to be noted):	NA NA NA NA NA NA						
ASSESSMENT	Allergy:	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No						
	Tubes/Drains/Catheter:	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No						
	Vital Signs:	Temp:	98.1F	97.6F	98.1F	98.1F	98.0F	98.1F
		Res:	30b/m	32b/m	30b/m	30b/m	30b/m	32b/m
		SpO ₂ :	98.1	99.1	99.1	100+	100/98	100+
		Pulse:	110	112b/m	110b/m	118b/m	84b/m	45b/m
		BP:	105/65	106/72	101/69	100/72	101/68	100/72
		Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10		
Recommendations	Safety Needs:	Yes Yes Yes Side rails Yes Side rails						
	Physiotherapy	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No						
	Others Specify:	NA NA NA NA NA NA						
	Special Diet:	☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No						
	Other Special Orders / Medications:	NA NA NA NA NA NA						
Post Operative Procedure Special Orders:		NA NA NA NA NA NA						
Handed Over By Name :		Syothi Suehu hiketh Suehu Durga Suehu						
Signature :		[Signature] [Signature] [Signature] [Signature] [Signature] [Signature]						
Date:		18/7 19/7/26 19/7/26 20/7 20/7 21/7/26						
Time:		8pm 8am 8pm 8am 8pm 8am						
Taken Over By Name :		Suehu Likitha Suehu Durga Suehu Likitha						
Signature :		[Signature] [Signature] [Signature] [Signature] [Signature] [Signature]						
Date:		18/7/26 19/7/26 19/7 20/7 20/7 21/7/26						
Time:		8pm 8pm 8pm 8am 8pm 8am						



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Dinesh Kumar Department: 3rd Floor Date of Admission: 28/7/26

SITUATION	Diagnosis: <u>Dengue Fever</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:			
	Area	Shift Time	<u>3rd Floor</u> <u>8pm-8pm</u>	<u>3rd Floor</u> <u>8pm-8pm</u>	<u>3rd Floor</u> <u>8pm-8pm</u>	<u>3rd Floor</u> <u>8pm-8pm</u>
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	<u>97.6°F</u>	<u>97.5°F</u>	<u>98.4°F</u>	<u>97.5°F</u>
		Res:	<u>24b/m</u>	<u>24b/m</u>	<u>26b/m</u>	<u>26b/m</u>
		SpO ₂ :	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>98%</u>
		Pulse:	<u>120b/m</u>	<u>120b/m</u>	<u>126b/m</u>	<u>112b/m</u>
		BP:	<u>100/60</u>	<u>105/77</u>	<u>104/62</u>	<u>105/66</u>
		Fall Risk Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>
	Pain Score:		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>
	Safety Needs:		<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Recommendations	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:			<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Handed Over By Name :			<u>Black</u>	<u>Rim</u>	<u>Sukh</u>	<u>Rim</u>
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:			<u>21/7/26</u>	<u>22/7/26</u>	<u>22/7/26</u>	<u>23/7/26</u>
Time:			<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>
Taken Over By Name :			<u>Rim</u>	<u>Sukh</u>	<u>Rim</u>	<u>Sukh</u>
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:			<u>22/7/26</u>	<u>22/7/26</u>	<u>22/7/26</u>	<u>23/7/26</u>
Time:			<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	18/7	19/7	20/7	21/7	22/7
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	2	2
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1			
	History of Falls or Infant - Toddler Placed in Bed	4			1	1	1
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3	1	1	1	1	1
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			10	10	10	10	16

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		Yes	Yes	Yes	Yes	Yes
Call device within reach		Yes	Yes	Yes	Yes	Yes
Wheels Locked		Yes	Yes	Yes	Yes	Yes
Room free of clutter		Yes	Yes	Yes	Yes	Yes
Adequate Lighting		Yes	Yes	Yes	Yes	Yes
Wheel Chair Support		No	No	Yes	Yes	Yes
Other Intervention(s) Specify		NO	NO	Yes	Yes	Yes
Nurse's Name :		Syath	Syath	Syath	Syath	Syath
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date :		18/7	19/7	20/7	21/7	22/7
Time :		6pm	8pm	8am	8am	8Am

BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

28/7

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

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		yes				
Call device within reach		yes				
Wheels Locked		yes				
Room free of clutter		yes				
Adequate lighting		yes				
Wheel chair support		NO				
Other Intervention(s) Specify		NO				
Nurse's Name:		Riv				
Signature:		Riv				
Date:		28/7				
Time:		6 AM				



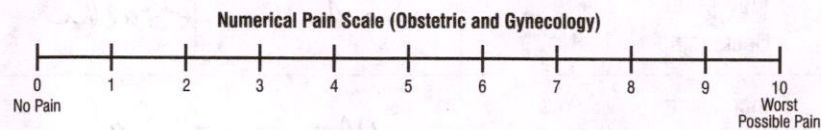
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
18/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Jyothi
18/7/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Jyothi
18/7/26	9pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sneha
19/7/26	12AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sneha
19/7/26	8AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Cocea
19/7/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Liba
20/7	4pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shruti
20/7	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sneha
20/7	12PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Durga
20/7	6PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Durga

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

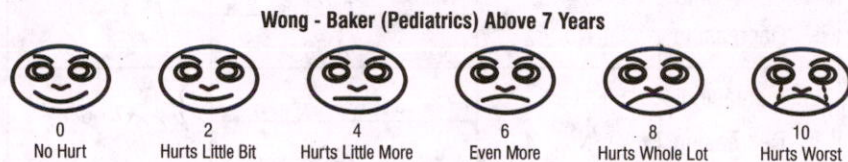


FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator



BAH-00520834 IP5-00176572
Baby GANDLURI NAAVYA SRI AARNA
27-11-2019 6 Y 7 M 23 D
Dr. DINESH KUMAR CHIRLA (F)



PAIN ASSESSMENT FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Time	Age	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Yummy
20/7	5am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Yummy
21/7	8am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Yummy
21/7	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Wicewh
21/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Wicewh
22/7	12Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Rino
22/7	6Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Rino
22/7/26	9am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suehu
22/7/26	12pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suehu
22/7/26	3pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suehu

Re-assessment Frequency:

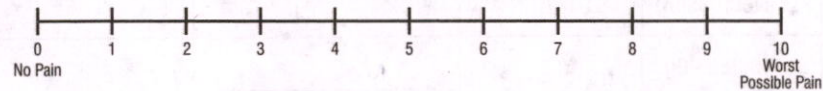
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

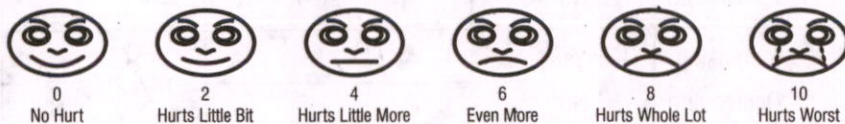
Numerical Pain Scale (Obstetric and Gynecology)



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

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
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Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/11/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suebs
22/11/26	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Suebs
23/11/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Rino
23/11/26	7Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Rino
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

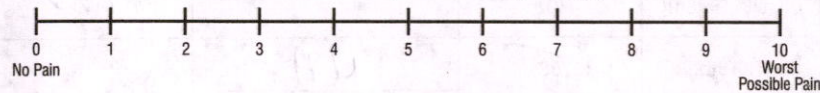
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 - Prior to pain pain-relieving intervention.
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PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
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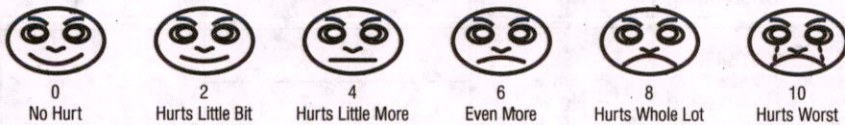
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Wong - Baker (Pediatrics) Above 7 Years





CHECKLIST FOR THROMBOPHLEBITIS

18/7/2019 17:21 / 20/7/20

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	-	0	0	0	0	0	0	0	0	Removed cannula & new cannula put
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-	-	-	-	
Signature of the Nurse				[Signatures]									

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge : Mounitha

Signature of Ward In Charge : Anitha

Signature : Mounitha Name : Mounitha

Signature : Anitha Name : Anitha



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0					
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-				
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :

BAH-00520834
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 21 D
 Dr. DINESH KUMAR CHIRLA (F)



BRADEN 'Q' SCALE

		Date : 18/11/19 19/11/19 20/11/19 21/11/19			
		Time : 6pm 8am 8am 8am			
Mobility	in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23				TOTAL SCORE	
Docu. No. : RCHBH /FRM / CLINICAL / 119				Evaluator's Name	

28 28 28 28
 Sushma Sushma Sushma Sushma

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

BAH-00520834 IP5-00176572
 Baby GANDLURI NAAVYA SRI AARNA
 27-11-2019 6 Y 7 M 23 D (F)
 Dr. DINESH KUMAR CHIRLA



BRADEN 'Q' SCALE

					Date :	22/11	29/11		
					Time :	8 Am	6 Am		
Mobility	Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4		
Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4		
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.*		4	4		
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Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4		
					TOTAL SCORE	28	28		
					Evaluator's Name	Rm Rm			

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

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



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
19/7/26 10am	☐ Medical ☐ Nursing ☒ Others: dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	dengue fever	soft diet + plenty of oral liquids	<u>RDA</u> E: 1450 Kcal/D P: 25gm/D	Saima	☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

BAH-00520834 IP5-00176572
Baby GANDLURI NAAVYA SRI AARNA
27-11-2019 6 Y 7 M 21 D (F)
Dr. DINESH KUMAR CHIRLA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: As per doctor advised

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☒ Yes ☐ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

needed assistance

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s:

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: Jyoti

Date and Time: 18/11/2019 @ 8pm

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 27-11-2019 6 Y 7 M 21 D (F)
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BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 2:30 pm Mode of Arrival: wheel chair Admitting From: ☐ ER ☐ OPD ☒ Direct

Allergy / Adverse Reaction NA Body Weight: 28 kg 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>will</u>	<u>will</u>	<u>will</u>

Family History:

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

.. 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: 38 kg Length: Head Circumference (< 2 years):

Temp.: HR: 30 km RR: BP: 105/60

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

Fall Risk Assessment: ☐ Yes ☐ No Score: 0 (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 FindingsUnusual concerns about patient's Psychological Status: ☒ Yes ☐ No

If Yes Consultant Notified: (Date/Time):

Cultural & Spiritual Needs: ☒ Yes ☐ No if Yes specify Inform consultant for positive criteria.**Social History:** Lives WithSiblings 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 ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump : ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No☐ OthersPatient Rights & Responsibilities: ☒ Yes ☐ No

Information given to mother

Nurse Signature: Nurse Name: ~~18/12/26~~ Jyothi

Date: 18/12/26

Time: 3pm



312

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 18/07/26 Time: 4:10pm

Weight: 38 kgs Centile: >95th

Height: 124 cm Centile: >75th

Inference: overweight child.

RDA: - Calories: 1450 Kcal/d Protein: 25 gm/d

Diet Recommendations: soft diet & plenty of liquids

Re-Assessment: avoid spicy, chilled & outside foods

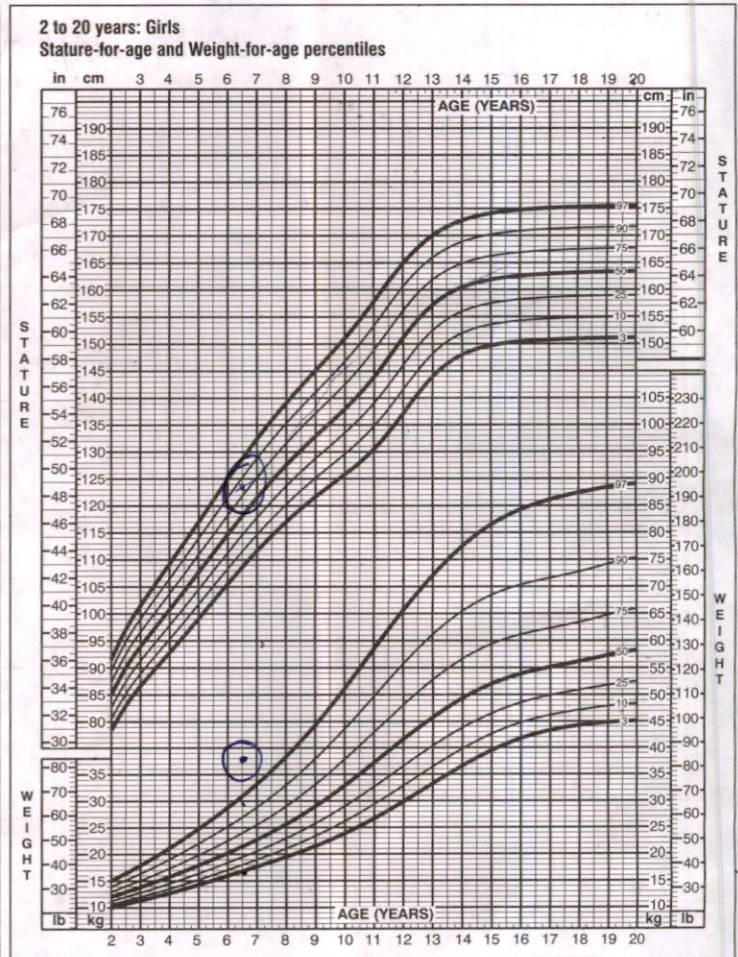
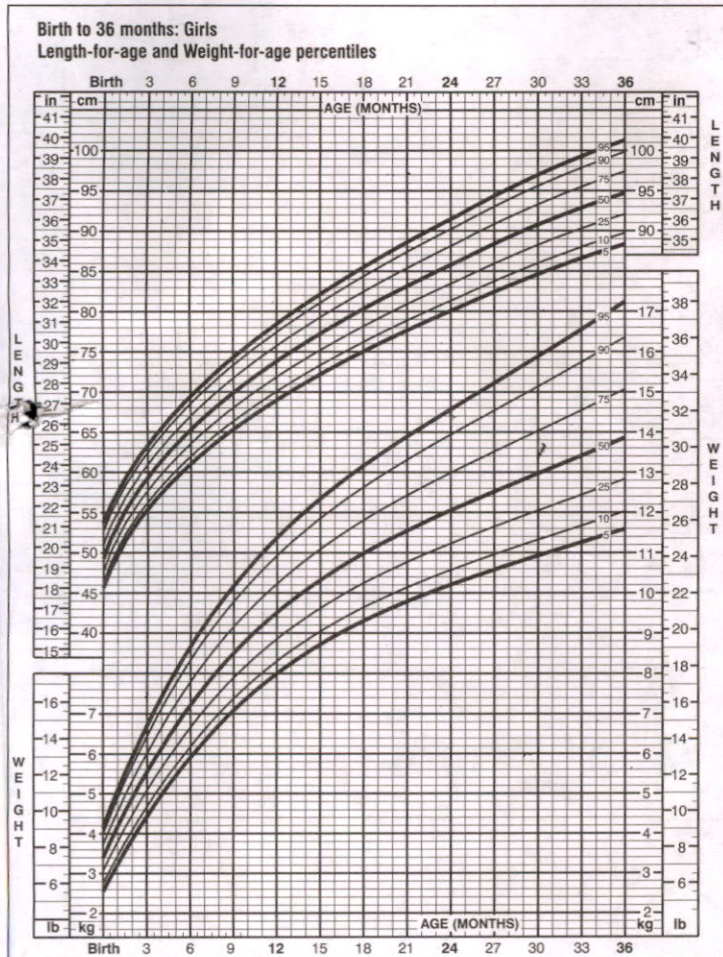
Food Allergies: NO Veg/Non-veg: NON-veg

Diagnosis: dengue fever & warning signs (B of illness)

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Saima

GROWTH CHART (GIRLS)



Dietician's Name: Saima

Dietician's Signature: Saima

child is stable, oral intake is fair

continue soft diet

saine

child is stable, oral intake is good

continue soft diet

Saimy.

child is stable, oral intake is optimal

Continue soft diet

Sains.

child is stable, oral intake is better

Continue soft diet

Sains

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby GANDLURI NAAVYA SRI AARNA REDDY	Age :	6 Y 7 M 21 D
IP No:	IP5-00176572	Sex:	Female
Consultant:	Dr. DINESH KUMAR CHIRLA	Ward/Bed No:	3F-ZONE A/SUITE 2 (312)

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date: 18/7/26

Time: 2:34PM

Witness Name: AAMIR

Witness Signature: 

Patient Address:

PLOT NO 281/M, ROAD NO 10 B
Jubilee Hills Hyderabad Telangana
INDIA 500033

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