

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176619

Admit Date : 20-Jul-2026

Admit Time : 12:44 AM UHID : BAH-00662141

Patient Details :

Patient Name : Master GORLA RAGHUVARAN

Age : 5 Y

Guardian : Mr GORLA THIRUMALAIAH

DOB : 29-01-2021

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : 1-11 PEDDAREVELLY Keshampet
Mahabubnagar Telangana INDIA 509408

Phone No : 9666070834/ 9000184228

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU

Bed No : PICU 216

Ward Name : 2F-PICU I

Room No : PICU 216

Admission Type : First Visit

Contact Details :

Name : Mr GORLA THIRUMALAIAH

Relationship : Father

Contact Address : 1-11 PEDDAREVELLY Keshampet
Mahabubnagar Telangana INDIA 509408

Phone No : 9666070834 / 9000184228


Signature

Doctor Details :

Doctor Name : Dr. SANDEEP REDDY

Specialisation : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. SHAIKH FARHAN A RASHID

Payment Details :

Deposit Amount : 30000.00

Payment Mode : Cash

Payor Name : SELFPAY

B3

MLC

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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

BAH-00662141 IP5-00176619
Master GORLA RAGHUVARAN (M)
29-01-2021 5 Y
Dr. SANDEEP REDDY

Consultant: _____ Dept : _____

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



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	1:20 AM	ER	PCU	[Signature]
20/7/26	4:30 PM	PCU	1st Floor	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Abhishek Jain	20/7/26	[Signature]	[Signature]
2	Dr. Sri partha	20/7/26	9712258	[Signature]
3				
4				
5				
6				
7				
8				
9				
10				

55

PROCEDURE:

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7/26	MCC	①	11872	Keth
20/7/26	IV placement	①	9711884	Kanu
20/7/26	NHA	①	26099369	Anura

ANY OTHER INFORMATION

Shifting Summary - 1

ultra sound - 1

cross consultation - 2

Date : 20/7/26 Time : 12pm Prepared By : K. Bravanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
K. Bravanthi	amb-2 120.		



ADMISSION CRITERIA – PICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others:

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☐ All patients requiring mechanical ventilation;
 - ☐ Patients with impending respiratory failure;
 - ☐ Upper airway obstruction;
 - ☐ Lower airway obstruction;
 - ☐ Alveolar disease; and
 - ☐ Unstable airway;
 - ☐ All Paediatric patients after successful resuscitation;
 - ☐ **Comatose Patients;**
 - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
 - ☒ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
 - ☐ **All types of shock/hemodynamic instability:**
 - ☐ Septic shock;
 - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
 - ☐ Cardiac arrhythmias after consulting with the treating consultant
 - ☐ Hypertensive Emergencies;
 - ☐ Severe acid base disorders;
 - ☐ Severe electrolyte abnormalities;
 - ☐ Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
 - ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
 - ☐ **Post-Operative Patients;**
 - ☐ Requiring ventilation;
 - ☐ Unstable patients; and
 - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
 - ☐ Patients requiring nitric oxide therapy;
 - ☐ Malignant hyperpyrexia;
 - ☐ Acute hepatic failure
 - ☐ Severe dehydration with mental status change;
 - ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- “UNSTABLE” PATIENT IS DEFINED AS**
- ☐ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic and/or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
 - ☐ Capillary refill time > 4 seconds.
 - ☐ Children Blood pressure (Syst.) < [70 + (2 × age “Years”)].
- Respiratory failure or high risk of failure or airway obstruction:**
- ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - ☐ O₂ Saturation < 90 % or need for O₂ > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO₂ < 60 torr, PaCO₂ > 50 torr.
 - ☐ Distress and risk of exhaustion
- Change of level of consciousness: GCS < 13.**
- ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor:  Name of the Doctor: Joyabi Date & Time: 20/7/26 @ 12:30 PM

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Master GORLA RAGHUVARAN
29-01-2021 5 Y (M)
Dr. SANDEEP REDDY

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DISCHARGE CRITERIA – PICU

Discharge to:

- ☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

BAH-00662141 IP5-00176619

Master GORLA RAGHUVARAN

29-01-2021 5 Y

Dr. SANDEEP REDDY

(M)



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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 20/7/26 Time: 1:30AM

Patient Assessment Form:

 Informant: ☒ Father ☐ Mother ☐ Other

Presenting Complaints / Chief Complaints :

child came with alleged history of accidental fall
 while running at home at around 4pm in
 mahabubnagar - f/b loss of consciousness for 10-15 min

and 3 episodes of vomiting.

no ENT bleed / no seizure activity

Had swelling over forehead (R) side

Abrasion over (R) forehead

& over upper lip.

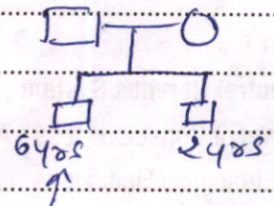
no other complaints

Past History (Including previous treatment and investigations) :

No Similar Complaints

Birth and Developmental History :

FT / LSCS / No NICU stay



Immunization History : Immunized till date (NIS)

H / O Allergy : Nil significant

Family History : Nil significant

INITIAL ASSESSMENT

RBS : 124/88 Temperature : 98°F Weight (kg) : 14 kg

Respiratory System Findings:

Air Way: Open Maintainable Not Maintainable Intubated, If Intubated, size & position of ETT : _____

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : _____

SPO₂ : 97% @ RA O by NC / FM / NRB mask / Oxyhood, at _____ L / min

Ventilatory Support : Yes No Day # of Vent : _____ Respiratory Efforts : _____

Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____

ABG : _____ EtCO₂ : _____ P/F ratio : _____ O.I. : _____

Any Nebs : _____ ICD? Yes No if Yes, details : _____

CXR : _____

Cardio Vascular System Clinical Exam : Heart Rate : 80/min Cardiac Rhytho : regular

(Heart sounds, murmur etc.) : _____

Quality of Pulses : Good cap refill Time : <3sec Liver Edge : _____ cm below Rt costal margin

Blood Pressures : NIBP : 86/59 mmHg IBP : _____ CVP : _____

Infusion of any Inotropes? : Yes No If yes, then details : _____

Any Other Infusions : _____

Last 2D Echo Findings : _____

Size of the heart and lung fields in latest CXR : _____

Arterial line in Situ : Yes No Place of art, line & its condition : _____

Central line in Situ : Yes No Place of central line & its condition : _____

Infection and Antibiotics :

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) : _____

Cultures Done outside? Yes No - If yes, details : _____

Describe c/s Reports : _____

Other Labs (Latex, Serology, etc) : _____

Ongoing Antibiotics : _____

Abdominal Exam : Received 3-1 NS 40ml stat

Soft, non tender

ENT Exam : _____

Central Nervous System :

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

Neurological Findings : Alert & Active

pupils 2mm B/L reacting to light

(equal)

Relevant data from outside (Neuro imaging any ongoing medications etc) : _____

2012/24 NCC1 - Undisplaced fracture of

(R) frontal bone

- Subtle hemorrhagic contusion in

(R) frontal region

Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
(Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is ☐ Positive ☐ Negative
- | | | | |
|--|--|---|---|
| ☐ Diabetes Mellitus | ☐ Needs Therapeutic Diet. | ☐ Diarrhoea > 4days | ☐ Food Allergy |
| ☐ Overweight | ☐ Psychological Eating Disorder | ☐ Major Surgery | ☐ Patient in ICU |
| ☐ Under Weight | ☐ Difficulty swallowing / Chewing | ☐ Hyperemesis gravidarum | ☐ Tube Feeding |
| ☐ Poor Appetite > 3days | ☐ Unplanned Change in Weight | | |

- b. Psychological Screening Criteria: Screening is ☐ Positive ☐ Negative
- ☐ Non-compliance to offered treatment Over weight ☐ Suspected Drug Abuse
- ☐ Emotional / Behavioural Problem (Tearful, uncooperative)

- c. Functional Screening Criteria: Screening is ☐ Positive ☐ Negative
- ☐ Patient cannot position himself in bed ☐ Change in Muscle Power
- ☐ Restricted ROM ☐ Impaired Daily Living Activities

- d. Socio-economic Screening Criteria: Screening is ☐ Positive ☐ Negative
- ☐ Living alone ☐ Suspected abuse or neglect
- ☐ Cultural or religious background that would need to know for the plan of care ☐ Unable to assess due to lack of family

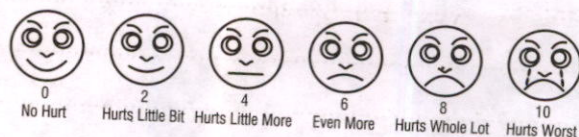
- e. Need for Interpretar Screening is ☐ Yes ☐ No If Yes then plan

6. Patient needs additional specialized assessments: ☐ Yes ☐ No
- If yes, Please fill Individualized Initial Assessments Form for Special Populations
- Others

Pain Screening:

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)

Pain Score "Whenever Applicable"



Location:

Duration: days / weeks / months (Strike Out that is not applicable)

Character: ☐ localized ☐ diffuse ☐ sharp ☐ aching ☐ referred ☐ vague ☐ burning / soreness

Frequency: ☐ constant ☐ intermittent ☐ occasional

Pain Management done ☐ Yes ☐ No

Nutritional Evaluation:

Current Medications:

Provisional Diagnosis :
Glasgow Coma Scale score at 24 hrs of admission : Worse SOFA Score :

☐ Referred Patient - ☐ Self Referral - ☐ Rainbow Patient
Referring Unit : ☐ Ward ☐ OT - Transported? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

Referring Consultant :
Admitting Consultant : Dr. Sandeep.
Indication for PICU referral :

PLAN OF CARE

Preventive aspects of the treatment : To prevent Post traumatic seizures/ ICP/ Systemic complications
Desired goals of the treatment : For Hemodynamic stability

PLANNED INVESTIGATIONS

CBP
Ser electrolytes

PLANNED MANAGEMENT

- 1) IVF - 60%.
- 2) 3% NS @ 7ml/hr
- 3) Inj. Levipil
- 4) Inj. Esomeprazole
- 5) w/o signs of raised ICP

Final Diagnosis : Traumatic Brain Injury

Doctor's Signature : JN
Name : Jayashri
Date : 20/7/20
Time : 1:45 AM

Consultant's Signature :
Name : Dr. Venket Sandeep Reddy, K.
Reg. No. : MSMC/FMR/15740 K
Date :
Time :

Date & Time	Progress Notes	Doctor's Order
19/12	Dr. Gyn Cl/RS Resident Dr.:- TBSE H/o fall while running around 2pm at home in mehabubnagar. H/o LOC for 10min, fls 3episodes vomiting N/VB/o abnormal activity N/B/o EMT bleed. Temp - 98°F PR - 84/min BP - 95/49 (60), 95/49 (60) RR - 24/min SpO2 - 99% BP - 89/59 (66) cl dw on msnchwi mem <u>NCT Head CT</u> - undisplaced fracture of Rt frontal bone - Subtle hemorrhagic contusion in (Rt) frontal region	Dr. 146 Plan - 3% NS 70ml given - NCT Brain - 24' ordem - 8% Dns - monitor vitals - 8% saline @ 100ml/hr. By

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/2/26 1:30am	ds/B p/cu team Ae:- Traumatic brain injury on room air hemodynamically stable other systemic exam ⁿ (N) CNS:- FVCM 6 pupils- B/L 3mm, reacting to light	Plan 1) Send CBP, S. electrolytes 2) 3% NS @ 7ml/hr 3) 2i. Esomeprazole 4) IVF 60% N 5) 2i. Levipil 6) w/f 9/0 ↑ ICP. 7) MIC
20/2/26 2:30am	counseling notes patient's father has been counseled about the condition of the child i.e., → he has traumatic injury of brain, has fracture of frontal bone of skull that does not need surgical intervention. → He has contusion of brain on right side frontal region, we are giving medication to decrease swelling of brain. → If he has any worsening in consciousness or further vomiting or seizures, we might have to repeat CT.	- Dr. pratyusha G. 20/2/26 /M



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 20/7/26 Day of Admission : Day 1 Today's Date & Time : 20/7/26 9 Am.
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Mild Traumatic Brain Injury.</u>	Current Issues : <u>low g consciousness 10/10m</u> <u>2 episodes of vomiting</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAE @, clear</u>	
	CXR : <u>—</u>	
	SPO ₂ : <u>99.1% on RA</u> O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care :	
		
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR = 95/min</u>	
	Quality of Pulses : <u>Good</u> cap refill Time : <u><3 sec</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <u>86/44 mm Hg</u> IBP : CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : ☐ Yes ☒ No Place of art, line & its condition :	
	Central line in situ : ☐ Yes ☒ No Place of central line & its condition :	
	Day of arterial line : Day of Central line :	
Plan of Care : <u>cannula - R Hand Hand</u>		
.....		
CNS	Neuro Exam : <u>GCS-15/15</u>	
	Pupils : <u>3mm, B/L equal & reactive</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>28</u> ml / hr (<u>60%</u> times maintenance) TPN : ☐ Yes ☒ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	INFECTION ☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☒ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	NEPHROLOGY ISSUES Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : <u>CBP: 13.0 / 11.90.6 / 28.9 / 11.6 / 3.64.</u> Relevant Transfusion History : Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : ☐ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☒ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☒ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details :	
	Pending Lab Results : ☐ Yes ☒ No If yes, then details : Pending Consultations : ☐ Yes ☒ No If yes, then details :	
	FINAL COMMENTS <u>Continue Levipil</u> <u>w/f s/o TSC</u>	

Doctor's Name (Handover given) : Jayash
 Signature : Jd
 Date & Time : 20/12/20 @ 7:30AM

Doctor's Name (Handover taken) : Vijay
 Signature : Vijay
 Date & Time : 20/12/20 @ 8AM

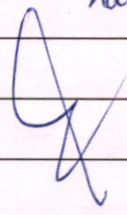


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/1/26 11 AM	CS/B Dr. Sandeep Reddy Dis - mild traumatic brain injury current exam - Nil Enroem Aci HA - 102/min SpO₂ - 96% on Room Air RR - 23/min C.C. - 15/15 Ey 4/5 MB pupil - 2mm equal React to light CMS REP 11A NAD	1. stop 3% NS 2. observation 1hr after noon if stable shift to ward. 3. Trace CT brain Report 4. allow orals 5. T-Bact Ointment
20/1/26 11 AM	patient is having mild traumatic brain injury, if patient is stable, can be shifted to Room 90 after noon. If trauma child may need repeat CT Brain.	Bedside Counseling Dr. Sandeep <i>[Signature]</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9am	<u>C/S/B Resident</u> Δ: Mild Traumatic Brain Injury child on Room air Hemodynamically stable Resp } PIA } (N) CVS }	<u>Plan</u> 1) Continue oral lorazepam (sos) 2) T Bact For Local application 3) Allow orally 4) monitor vitals 5) Inform sos 6) D/C after rounds Dr. Jayasri
21/7/26 1pm	<u>C/S/B Dr. Sandeep</u> Δ: Mild TBI child on Room air Hemodynamically stable. no vomiting. Resp } PIA } (N) CVS } vital-stable	<u>Plan</u> 1) Continue oral lorazepam (sos) 2) Cocaine (sos). 3) D/C Today. 4) w/f headache. vomiting. nausea, seizure. 

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29-01-2021 5 Y (M)
Dr. SANDEEP REDDY



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CROSS CONSULTATION FORM

Doctor Name: Dr. Sripartha Date: 20/07/26 Time: 10:10 AM

Diagnosis: Mild Traumatic Brain Injury

Hospital: ACH, Banjara Hills

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

Referred for: ☒ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

for TBE

Signature: [Signature]

Findings and Recommendations :

Thanks for referral

G/H/O Fall while running at home, with fall onto road
around 6:30-7pm on 19/07/2026

Flb w/o LOC for 10-15min

Flb 4-5 episodes of vomiting

On presentation GCS - 15/5

Now, Euvsmo

Pupils - SL 3mm, Reactive

Good antigravity movement in all four limbs

CT s/o Linear fracture along (R) orbital rim and frontal bone
with frontal hemorrhage

PTO

Consultant:

Name:

Sripartha Y

Signature:

[Signature]

Date & Time:

20/07/26

10:30 am

Plan

- Monitor GCS, 1/6, Vitals and Pupils
- Continue Anti-epileptic measures, AEDs
- T-Boat Ointment LA
- Review/Repeat CT if any deterioration in GCS/Pupil size Signs, also explained to mother
- Review Sigs

Signature

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CROSS CONSULTATION FORM

Doctor Name: Dr. Abhishek Date: 20/7/26 Time: @ 9:30 AM

Diagnosis: TBI

Hospital: RCH Banjara Hill

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

5yr old mch H/o fall while playing @ 6:30 pm
f/b LOC 30min ↓ vomiting 3e/o.

no H/o of seizure.

child was vocalizing & recognizing parents

Dr RCH @ last night. 20/06/26 12am

GCS 15/15 on Admission.

CT → R+ frontal
undisplaced
#

O/E: GCS - 15/15

no focal Abnormalities
good Anisocoria (Pupils 4/5) 9/12
- DTR - (R)

Consultant :

Name: Dr. Abhishek - 12-June Signature: Dr. Abhishek - 12-June Date & Time: 20/7/26 @ 9:30 AM

plan

- 1) can stop 3% NS
- 2) can stop levetiracetam
- 3) can shift + wand / Discharge.

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RESULT SHEET

Date	20/02/26				
Time	1AM				
Hb	13.0				
PCV	37.2				
RBC	4.71				
WBC	16,900				
N/L	78.9/17.6				
Platelets	3.64				
CRP					
ESR					
PCT					
RBS					
Na	137				
K	4.8				
Cl	107				
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					

BAH-00662141 IP5-00176619
Master GORLA RAGHUVARAN
29-01-2021 5 Y (M)
Dr. SANDEEP REDDY



MLC

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: *ICU*

Shifted to: *Ward*

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : *By Dr. Ramakrishna*

Date & Time : *19/12/25*

Nurse Name & Signature: *Karthikeyan* *Jf*

Date & Time : *20/12 @ 1A*



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: ward

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	SYP LEVITIL	2.8 ml	PO	BD	20/7/26	☒ C ☐ DC
2	T LANTOL JUNIOR (1 tab = 15mg)	1 tab	PO	OD	20/7/26	☒ C ☐ DC
3	SYP CROCN-DS (5ml = 240mg)	4 ml	PO	TID	20/7/26	☒ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. G. R. Reddy

Date & Time: 20/7/26 2:50 pm

Nurse Name & Signature: Navaneetha

Date & Time: 20/7/26 @ 3:30 pm

1. SIRISHA RANI



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Weight Ward

DRUG : T. CANZOL JUNIOR				Date Time
Dose 15mg	Route PO	Frequency OD	Start Dt. 20/7/26	
Name & Signature of the Doctor Starting the Drugs: M. T. G. U.				
Additional Instructions: (1 tab = 15mg)				
Daily Doctor's Endorsement by a Sign				

DRUG : SYD CROCI-DS				Date Time
Dose ume	Route IO	Frequency TID	Start Dt. 20/7/26	
Name & Signature of the Doctor Starting the Drugs: M. T. G. U.				
Additional Instructions: (ume = 240mg)				
Daily Doctor's Endorsement by a Sign				

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

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

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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																				

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 CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 14 kg Ward.

VERIFIED

VERIFIED

VERIFIED

DRUG : <u>Inj LEVETIRACETAM</u>				Date/Time	20/4
Dose	Route	Frequency	Start Date	6 AM	2:00 PM
280mg	IV	BD	20/4		
Name & Signature of the Doctor Starting the Drugs:				changed to oral 20/4/20	
Additional Instructions:				b pr	
Daily Doctor's Endorsement by a Sign				[Signature]	

DRUG : <u>Inj ESOMEPRAZOLE</u>				Date/Time	20/4
Dose	Route	Frequency	Start Date	6 AM	2:00 PM
15mg	IV	OD	20/4		
Name & Signature of the Doctor Starting the Drugs:				changed to oral 20/4/20	
Additional Instructions:				b pr	
Daily Doctor's Endorsement by a Sign				[Signature]	

DRUG : <u>Inj PARACETAMOL</u>				Date/Time	20/4
Dose	Route	Frequency	Start Date	6 AM	2:00 PM
200mg	IV	TID	20/4		
Name & Signature of the Doctor Starting the Drugs:				changed to oral 20/4/20	
Additional Instructions:				b pr	
Daily Doctor's Endorsement by a Sign				[Signature]	

DRUG : <u>SOL LEVIRIL</u>				Date/Time	20/4
Dose	Route	Frequency	Start Date	6 AM	2:00 PM
2.8ml PO	PO	BD	20/4/20		
Name & Signature of the Doctor Starting the Drugs:				changed to oral 20/4/20	
Additional Instructions:				b pr	
Daily Doctor's Endorsement by a Sign				[Signature]	

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

STAT / ONCE ONLY DRUGS[illegible]



I.V. FLUIDS CHART

Weight. 14 kg..... Ward.

[illegible]

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/1/26 Time: 21/2/26	
Doctor / Nurse / Family Concern? 6PM 10PM 2AM 6AM	
Temperature (°F)	97.5°F 98.3°F 98.6°F 98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	89/60 102/54 99/56 100/50
Heart Rate (Number)	109b/m 100b/m 119b/m 120b/m
Resp. Rate (bpm) (Over 1 Minute) *	
Resp Rate (Number)	26b/m 28b/m 27b/m 28b/m
Resp Distress	Mod/ Severe None / Mild
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	98% 98% 98% 92%
Conscious Level	Normal Altered
GCS *	15/15 14/15 14/15 14/15
TOTAL SCORE	
Number of shaded boxes	1 1 1 1
Pain Score	0 0 0 0
Observer's Initials	C S S S

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

BAH-00662141 IPS-00176619
Master GORLA RAGHUVARAN
29-01-2021 5 Y (M)
Dr. SANDEEP REDDY



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FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
	Total Intake :						Total Output :						
29/1	08:00 pm										0		
	09:00 pm										0		
	10:00 pm	NS									0	Susha	
	11:00 pm	IVF						1	1		0		
	12:00 am							1	1		0		
	01:00 am										0	Susha	
	Total Intake :						Total Output :						
21/2	02:00 am										0		
	03:00 am										0		
	04:00 am	NS						1	1		0		
	05:00 am	IVF						1	1		0		
	06:00 am										0	Susha	
	07:00 am										0		
	Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output							

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Master GORLA RAGHUVARAN
29-01-2021 5 Y (M)
Dr. SANDEEP REDDY

FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. :

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						



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 20/2/2021 @ 10 AM

Assessment: Assessed the TB2 child

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
10 AM	Assess the child condition	10 AM	Assessed the child condition	All plans implemented.
2:30 PM	Maintain PLO chart	3 AM	Maintained PLO chart	
3:30 PM	Monitor vital signs	4 AM	Monitored vital signs	
5 AM	Samples send	6 AM	Samples send	
6:30 AM	CT brain op base	7 AM	CT brain op base done	
8:30 AM	Medications give as per advise	8 AM	Medications given as per advised	

Re-Assessment:

Special Notes: Done w/c PEP

Nurse Signature: Ajin Nurse Name: Ajin Date & Time: 20/2/2021 @ 6 AM



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date:

Assessment: TB2

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 child.	9AM	Assessed the general condition of the child.	All plans are implemented.
10AM	Monitor vital signs.	10:30AM	Monitored vital signs.	
11AM	Maintain I/O chart.	11:30AM	Maintained I/O chart.	
12PM	Stop 3% NS.	12:30PM	Stopped 3% NS.	
12:40PM	Stop IV fluids.	12:50PM	Stopped IV fluids.	
1PM	Orally allow.	1:30PM	Orally allowed.	
2PM	Administer medications as per doctor's order.	2:05PM	Administered medications as per doctor's order.	
2:30PM	Plan to shift ward.	3PM	Planned to shift ward.	

Re-Assessment: Done.

Special Notes: w/f Dr P.

Nurse Signature: [Signature]

Nurse Name: Naraneetha

Date & Time: 20/7/26



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 20/1/26

Assessment: pt having poor intake

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 pt general Condition	9pm	Assess the pt general Condition	By done all implementation as per order
9pm	monitor vital sign	10pm	monitor vital sign	
10pm	maintain IO chart	11pm	maintained IO chart	
11pm	provide comfortable position	12Am	provided comfortable position	
6Am	Administer medication	8Am	Administered medication	

Re-Assessment: Nil

Special Notes:

Nurse Signature: 

Nurse Name: Sushma

Date & Time: 21/1/26 @ 8Am

BAH-00662141
Master GORLA RAGHUVARAN
29-01-2021 5 Y
Dr. SANDEEP REDDY
IP5-00176619
(M)

NURSING CARE RECORD

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

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

Re-Assessment:

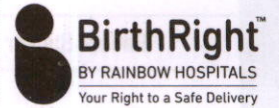
Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

BAH-00662141 IP5-00176619
Master GORLA RAGHUVARAN
29-01-2021 5 Y (M)
Dr. SANDEEP REDDY



INCOMING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Kapil Department: Paediatrics Date of Admission: 2017

SITUATION	Diagnosis: <u>Fall</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
BACKGROUND	Area	Shift Time	<u>EX</u> <u>1:25 AM</u>	<u>1ST F</u> <u>8 AM</u>			
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>			
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	<u>98 F</u>	<u>98.1 F</u>			
		Res:	<u>22/40</u>	<u>28</u>			
		SpO ₂ :	<u>100%</u>	<u>100</u>			
		Pulse:	<u>83 bpm</u>	<u>99 bpm</u>			
		BP:	<u>100/50 mmHg</u>	<u>100/60</u>			
	Fall Risk Score:	<u>12</u>	<u>12</u>				
Pain Score:	<u>0/10</u>	<u>0/10</u>					
Recommendations	Safety Needs:	<u>Siderals</u>	<u>0110</u>				
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Others Specify:	<u>NA</u>	<u>NA</u>				
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>				
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>				
Handed Over By Name :		<u>Kethree</u>	<u>Sushma</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>2017</u>	<u>21/1</u>				
Time:		<u>1:25 AM</u>	<u>8 AM</u>				
Taken Over By Name :		<u>Avin</u>	<u>P. Sankarthy</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>2017</u>	<u>21/01</u>				
Time:		<u>1:30</u>	<u>AM</u>				



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area						
	Shift Time						
BACKGROUND	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
		Fall Risk Score:					
	Pain Score:						
	Recommendations	Safety Needs:					
Physiotherapy		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Others Specify:							
Special Diet:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Other Special Orders / Medications:							
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							



MLC

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3			
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	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			
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2	2	2			
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2			
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1			
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
TOTAL			12	12			

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes				
Call device within reach	yes	yes				
Wheels Locked	yes	yes				
Room free of clutter	yes	yes				
Adequate Lighting	yes	yes				
Wheel Chair Support	no	no				
Other Intervention(s) Specify	no	no				
Nurse's Name :	Kithe	Suila				
Signature :	4/	8/				
Date :	2019	2/12				
Time :	1Am	6Am				



BRADEN 'Q' SCALE

MLC

					Date :	20/1/21	21/1/21		
					Time :	14	5:45		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity 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		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4		
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						H Sushy			

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

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



MLC PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	12A	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	HL
20/7/26	4 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ag
20/7/26	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ag
20/7/26	10 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ag
20/7/26	12 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ag
20/7/26	4 PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ag
2/8	2 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sushu
				☐ 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:

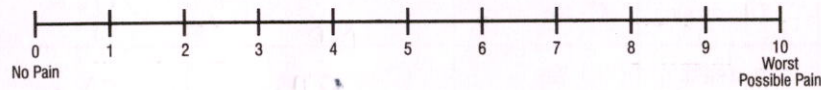
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or 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
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

Wong - Baker (Pediatrics) Above 7 Years





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										
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 cordpyrexia	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 :



BED SIDE CHECK LIST FOR NURSES

Date:	20/7/2021								
Doctor's Orders	Followed								
Carried out or not	Correct								
Bed Side									
Structured Handover done	Yes								
IV Site	check								
Central Lines	NA								
Arterial Lines	NA								
Feeding Catheter	NA								
Urinary Catheter	NA								
Skin Care	Done								
Eye Care	Done								
Mouth Care	Done								
Sterillum Bottle, Stethoscope	Bed side								
Suction Bottle (Should be clean & empty)	clean								
Intubation Tray	NA								
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	loaded								
Ventilator Tubing, (Any Water, Blood)	NO								
Humidification	NA								
Check all Infusion (Labelling, Correct Preparation)	check								
Chest Physio & Neb	NA								
Handed Over By Name :	Ajith								

Checked & Handover given by

Name of the Nurse : Ajith K. Subash

Signature : [Signature]

Date & Time : 20/7/2021 @ 6 AM

Checked & Handover taken by

Name of the Nurse : Navaneetha

Signature : [Signature]

Date & Time : 20/7/2021 @ 8 AM



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Telugu Patient / Learner Literacy: ☒ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/1/24	12A	7	Infection control Measures	M	1	0	1	1	NA	tf
20/7/26	8am	9	Child is on NPO	M	1	0	1	1	—	Hounic

Part - III: CODES

Who was taught: PT: Patient		F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)
Learning Barriers:								
1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations		10. Financial Difficulties		13. Cultural/Religion Practice		
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home		11. Beliefs and Values		14. Others (Specify)		
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences		12. Impaired Vision/ or Hearing				
Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed								
Mechanism/s to overcome barrier/s:								
1. None	3. Reassurance & Support	5. Respect values & beliefs		7. Other, Specify				
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference						
Understanding:								
1. Verbalizes Understanding		2. Demonstrates Understanding		3. Needs Review				

MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
20/7/26 12A	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	fall	hemodynamic stability	picc observe	<i>[Signature]</i>	☐ Nursing ☐ Others:
20/7/26 11Am	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	fall on road P/b unconscious	Hemodynamic Stability	CT Brain - Picc observation	<i>[Signature]</i>	☐ Medical ☐ Others:
20/7/26 8am	☐ Medical ☐ Nursing ☒ Others: Dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Mild TBI	Child is on NPO	NPO A/U Further advise	<i>[Signature]</i>	☐ 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-00662141
Master GORLA RAGHUVARAN
5 Y
29-01-2021
Dr. SANDEEP REDDY

IP5-00176619

(M)

EMERGENCY ROOM TRIAGE FORM

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: Raghuvaran
Date: 20/2/26
Age: 6 yrs
Gender: ☒ Male ☐ Female
Triage Completion Time: 12:10 A
☐ Not known any drug Allergies

Time of Arrival: 12:08 AM
Allergies: ☒ No ☐ Yes
Source of Information: ☐ Parents ☐ Others (Specify):
Mode of Arrival: ☐ Ambulance ☐ Stretcher ☐ Wheelchair

INITIAL PHYSIOLOGICAL STATUS

Appearance: ☒ Normal ☐ Sick
Circulation / Colour: ☒ Normal ☐ Abnormal ☐ Bleeding
Work of Breathing: ☒ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea
Initials: 98 F Temp: 38.5 PR: 80 bpm BP: 95/49 RR: 20 bpm SpO2: 99%

Initials: Ch. Accidentally fell followed by vomiting (3 epis) and unconscious @ 10 minutes
Classification: ☐ Level 1: Resuscitation ☐ Level 2: EMERGENT: Life or limb threatening ☐ Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening ☐ Level 4: LESS URGENT: Significant illness but not life threatening ☐ Level 5: NON - URGENT: May receive care when convenient

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

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 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 and/or mouth
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors "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.
- patient should be given a surgical mask immediately, if already wearing one.
- patient and triage staff should perform hand hygiene.
- staff should use PPE (as appropriate).

Name of Triage Nurse: Shavani

Date & Time: 20/2/26 @ 12:10 AM

Docu. No.: RCHBH / FRM / CLINICAL / 085

Signature of Triage Nurse: [Signature]

Inform consultant for positive criteria.

(P.T.O.)

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

Time	Nursing Notes
	→ pedicology 2 ml given @ 12:25 Am
	→ in. Arif. 0.5mg/kg iv given @ 12:30 Am.
	→ Dr. Ramkishore assessed
12:20	CT Brain done on op Bari
12:30	8/15 started
	shifted to ICU

Samples collected by: Neelam

Time: 1 AM

Samples sent by :

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
12:30 19/17	By Arif	iv	7mg	Ar	Radhika
12:30 19/17	Syrp Pedicology	PO	7ml	Ar	Radhika
12:30 19/17	By 3% saline	iv	14 ml/hr	Ar	Radhika

Condition of patient at time of shift - out :

HR: 72 bpm BP: 100/60 CFT: 128cc
RR: 22 bpm SPO₂: 100%
GCS: 15/15 Temperature: 98.6
Pain Score:
Repeat RBS (if applicable): NA

Details of Shift - out

Shift - out from ER to:
Time of Shift - out: 3:00 PM
Handover given to: Dr. Raghav
(Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD
Procedures done with details (if any): Per placement

Name of the Nurse : Karthik

Date & Time : 20/17 @ 1 AM

Signature of the Nurse : [Signature]



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 2014/26 @ 10:30am
Source of Admission: ☐ OPD ☐ Ward ☐ Other: ER
Reason for Admission: H/o Fall in Road Conscious / Vomiting 3-4 times
Admission Diagnosis: _____
Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name: _____
Primary Language: ☒ Telugu ☐ English ☐ Hindi ☐ Other Specify _____
Do you require an interpreter? ☐ Yes ☒ No
Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: _____
If yes, identify: NO

Source of Information: ☐ Family ☐ Patient ☐ Others, Specify _____			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	No Past Medical History	No Past Surgical History	No Previous Admissions
	Family History:		
	Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No If yes please list, _____ Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems: _____ Are the child's immunization up to date? ☐ Yes ☒ No		
CURRENT MEDICATIONS	Taking Medications? ☐ Yes ☒ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☒ No		
Observations: Weight: 14.1kg Length: _____ Head Circumference (< 2 years): _____ Temp.: 98.6 F HR: 88 RR: 22 BP: 90/60 Pain Score: 0/10 Specify Site: N/A (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☒ Yes ☐ No Score: 12 (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score 24) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on Admission :

☐ Sleeping ☐ Crying ☒ Calm ☐ Distressed/Console ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☒ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ 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?)

Orientation has been given regarding the following aspects:

- ☐ ID Band in situ
☒ Bedside safety explained
☒ PICU Routine: Doctor's rounds/Medication time
☐ Visiting policy explained

Orientation given to: ☒ Family ☐ Others specify

Name of Person Orientation was given to:

Orientation not given Reason:

Nurse Name: *Ajien L.*

Nurse Signature: *[Signature]*

Date & Time: *20/1/26 10:40 am*

DISCHARGE PLAN

Source of Information: ☒ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☒ No

Will Physiotherapy require at home: ☐ Yes ☒ No

Is home medical equipment anticipated: ☒ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☒ No

Are dressing needs at home anticipated: ☐ Yes ☒ No

Any other needs anticipated: ☐ Yes ☒ No If Yes Specify

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis:

Nurse Name: *Ajien L. Sankar*

Nurse Signature: *[Signature]*

Date & Time: *20/1/26 10:45 am*



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 20/7/2026		Diagnosis : TBI		Surgery / Procedures :		
		Allergies : NA		Post OP Day :				
SITUATION & BACKGROUND	Date :	20/7/26	20/7/26					
	Area							
	Shift Time	PM NYL	PM DAY					
	Diet :	NPO	Orally					
Ventilation (RA, NP, NIV, VENTI)		RA	RA					
INVASIVE LINES	1.							
	2.							
	3.							
	4.							
ASSESSMENT	Infusions / Transfusions							
	PU Prophylaxis							
	DVT Prophylaxis							
	Vitals	BP	80/49	99/72				
		PR	88	87				
		RR	22	24				
		SpO ₂	100	99%				
		Temp	98.6°	98.6°				
	Pain Score							
	LOC (Alert, Conscious, Confusion, Unconscious)							
	Skin Integrity (Intact / Bedsore / Any other condition)							
	Restraints If any	Physical	NA	NA				
Chemical		NA	NA					
Fall Risk (Vulnerable (Y/N) if yes score)								
(Ambulation, walking, moving with assistance, bed ridden)								
ADL (Dependent / Non-Dependent)								
Critical Lab Test / Values (if any)								

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	20/7/26	20/7/26					
		Area	plu	plu					
		Shift Time	Nyl	Day					
		Ordered / Planned	Followed	Followed					
			doctor	doctor					
			order	order					
		Due	No	No					
			du	due					
		Reports Pending	No reports	No reports					
			pending	pending					
		Referrals (If any)	No	No					
			referral	referral					
		Remarks (Special Interventions like, Drainage Tube flushing etc.)	No Remarks	No Remarks					
		Handed Over By Name :	Ajja	Navaneeth					
		Signature :	Ajja	Ajja					
		Date :	20/7/26	20/7/26					
Time :	@ 5am	@							
Taken Over By Name :	Navaneeth								
Signature :	Ajja								
Date :	20/7/26								
Time :	@ 8am								

PATIENT TRANSFER FORM

BAH-00662141 IP5-00176619
Master GORLA RAGHUVARAN
29-01-2021 5 Y (M)
Dr. SANDEEP REDDY



Date & Time of Admission 20/7/26 @ 12:44AM		Date & Time of Transfer Order 20/7/26 @ 5:10PM
Treating Consultant Name Dr. Sandeep Reddy	Transfer Ordered by Dr. Sandeep Reddy	Reason for Transfer Shift to ward.
From Unit PICU	To Unit	Information to Attendant Yes ☒ No ☐
Number of Sheets in Clinical File 45	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?	Patient shifted with ID band: Yes ☒ No ☐ If No:
Number of Imaging Films CT films		20/7/26 @ 5:10PM
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	CT films	(1)
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐ Syothi;		
Name & Signature of Person who is Transferring Navaneetha		Name of Person Ordered Transfer Dr. Sandeep Reddy.
Patient & Clinical Records Received by : Aruna @ 5:20PM.		
Date & Time of Patient Received :		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

BAH-00662141 IP5-00176619
Master GORLA RAGHUVARAN
29-01-2021 5 Y (M)
Dr. SANDEEP REDDY



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ital
It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Master Raghuvaran Age: 5 yr Gender: ☒ Male ☐ Female ☐
UHID.No : _____ Date: 20/7/2021

I _____ S/o, D/o, W/o, _____ hereby
declare that our patient Master/Baby _____ who is related to me as _____
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on _____

The doctors have explained to me in a language understood by me that my child has following health related issues :

Traumatic Brain Injury

The doctors have clearly explained to me that my patient Master / Baby _____ during his /
her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain,
or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure
shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied
that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care
Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed
upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections,
bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : _____
_____ in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved
from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all
necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature: [Signature]
Name: Dr. S. S. S.
Relationship with Patient: Father
Date & Time: 20/7/2021 @ 2 AM

Witness :

Signature: [Signature]
Name: Dr. K. Sathish
Date & Time: 20/7/2021 @ 2 AM

Doctor (who is taking the consent) :

Signature: [Signature]
Name: Jayash
Date & Time: 20/07/2021 @ 2 AM

**పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**

రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.పొ.బిడి s/o. d/o. w/o.

నేను అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్సీ పిల్లల అనుపత్తి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్
తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

మా బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరించి జిడ్డుకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాలెటర్, బొడ్డు నీర మరియు ధమనుల కాలెటర్ వంటి. పెరిపెరల్లి ఇన్ఫర్డ్ చేయబడిన సెంట్రల్ కాలెటర్ లైన్ మరియు అర్బరీ లైన్ ప్లేస్ మెంట్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్డ్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జిడ్డు ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జిడ్డు అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమె పై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు. డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.బి.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఏవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

PATIENT TRANSFER FORM

BAH-00662141 IP5-00176619 Master GORLA RAGHUVARAN 29-01-2021 5 Y (M) Dr. SANDEEP REDDY 		Date & Time of Admission 20/1/26 @ 12:45A	Date & Time of Transfer Order 20/1/26 @ 1:20Am
		Transfer Ordered by Dr. Ramkoushree	Reason for Transfer Admission
From Unit ER	To Unit PICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 19 -	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what? outside op sheet		Patient shifted with ID band: Yes ☒ No ☐ If No: (signature)
Number of Imaging Films Nil			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	8% NS	①	
2.	DNS	①	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Kathane		Name of Person Ordered Transfer Dr. Ramkoushree	
Patient & Clinical Records Received by : (signature)			
Date & Time of Patient Received : 20/1/2026 1:30 am			

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



120

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/7/26 Time: 5pm

Weight: 14 kgs Centile: < 5th

Height: 99 cms Centile: < 5th

Inference: underweight child

RDA: — Calories: 1400 kcal/d Protein: 24 g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled and outside foods

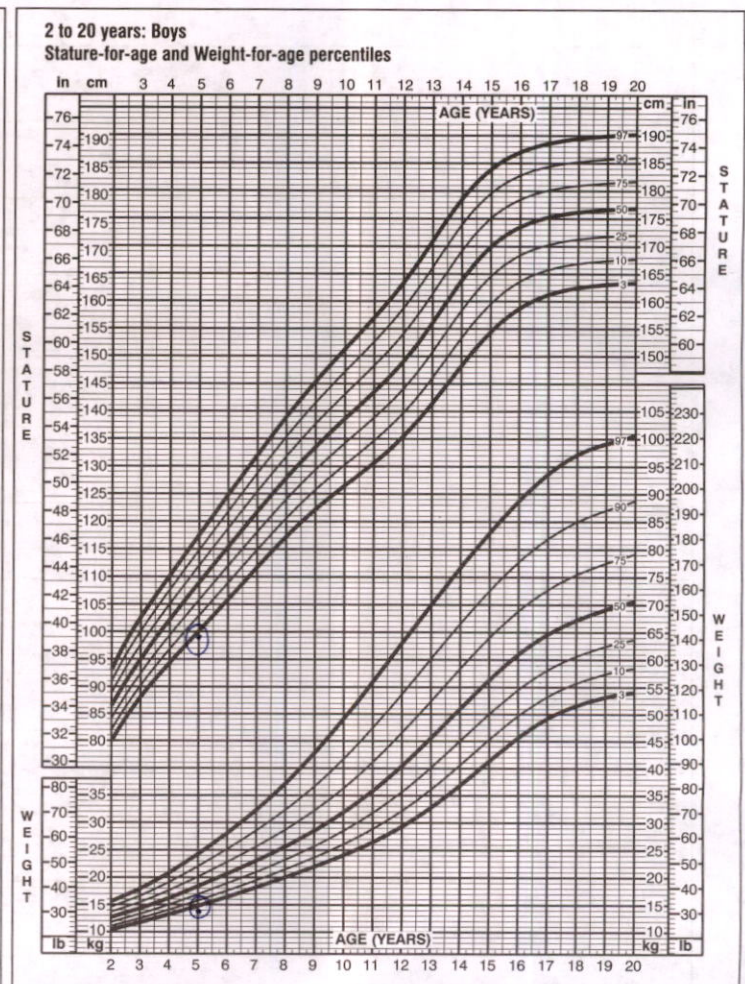
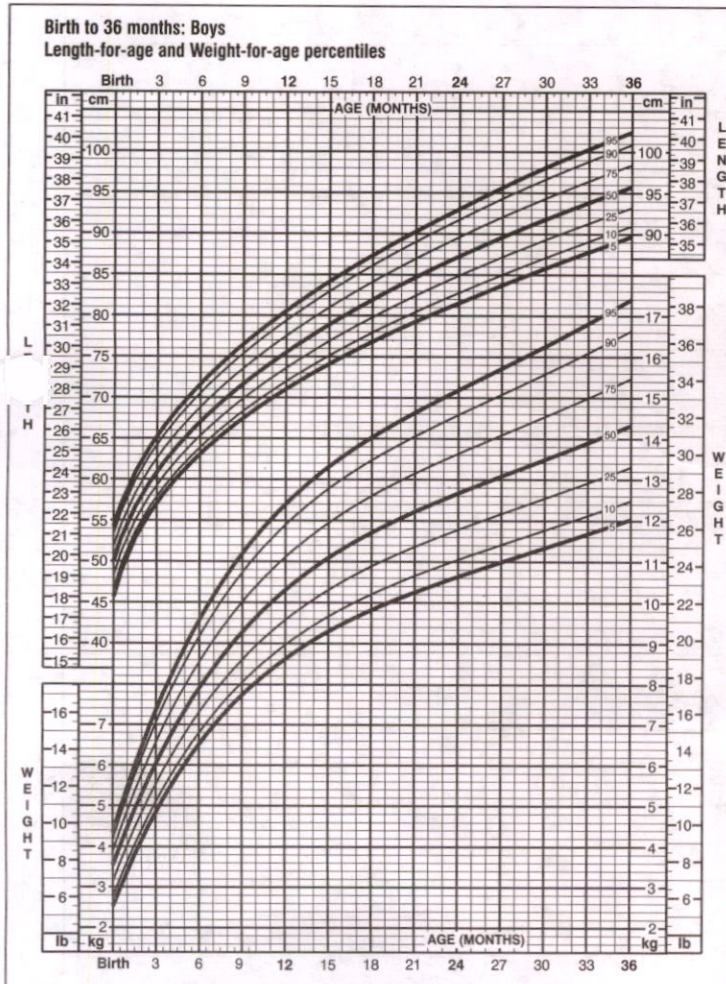
Food Allergies: No Veg/Non-veg: non veg

Diagnosis: TBI

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: [Signature]

GROWTH CHART (BOYS)



Dietician's Name: Mouli

Dietician's Signature: Mouli

[illegible]