

## ACTIVITY RECORD FOR BILLING

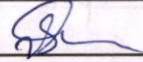
Name : \_\_\_\_\_

UHIP No. : **BAH-00660563** **IP5-00175931**  
**Master HAMZA ASIM**  
**25-12-2025** **0 Y 6 M 8 D** (M)  
**Dr. FAISAL B NAHDI**

Date of Adm \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

## WARD TRANSFERS

| Date   | Time    | From | To   | Signature of Nurse                                                                  |
|--------|---------|------|------|-------------------------------------------------------------------------------------|
| 3/7/26 | 3:45 pm | ER   | ward |  |
|        |         |      |      |                                                                                     |
|        |         |      |      |                                                                                     |
|        |         |      |      |                                                                                     |
|        |         |      |      |                                                                                     |

## Cross Consultation Visit

|    | Doctors Name   | Date     | Order No. | Signature |
|----|----------------|----------|-----------|-----------|
| 1  | Dr. Sneha Balu | 6/7/2026 | 9689770   | 14/12/26  |
| 2  |                |          |           |           |
| 3  |                |          |           |           |
| 4  |                |          |           |           |
| 5  |                |          |           |           |
| 6  |                |          |           |           |
| 7  |                |          |           |           |
| 8  |                |          |           |           |
| 9  |                |          |           |           |
| 10 |                |          |           |           |



[illegible]

Signature

} Charan

praneeh

pranelli

Chairy

A handwritten signature in blue ink, appearing to be "S. V." or similar, located at the bottom right of the page.



[illegible]



# PROCEDURE

| Date   | Procedure    | Quantity | Order No. | Signature |
|--------|--------------|----------|-----------|-----------|
| 3/7/26 | IV placement | ①        | 5986      | Chasen    |
| 04/2   | NHA          | ①        | 909615    | 2001      |
|        |              |          |           |           |
|        |              |          |           |           |
|        |              |          |           |           |
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|        |              |          |           |           |
|        |              |          |           |           |

## ANY OTHER INFORMATION

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Date : 6/2/26

Time : 9am

Prepared By : Shaitaj

| Staff Nurse | Shift / Ward | Billing Assistant | Billing Supervisor |
|-------------|--------------|-------------------|--------------------|
| Shaitaj     | NBGR         | /                 |                    |



## ADMISSION SHEET

## Registration Details :



Admission No : IP5-00175931

Admit Date : 03-Jul-2026

Admit Time : 04:02 PM UHID : BAH-00660563

## Patient Details :

Patient Name : Master HAMZA ASIM

Age : 0 Y 6 M 8 D

Guardian : Mr MOHAMMED ASIM

DOB : 25-12-2025 05:30 AM

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : H NO - 6-8-60/1, MARKET , Nirmal Adilabad  
Telangana INDIA 504106

Phone No : 7981240526/ 7981240526

E-mail : asimahmed7324@gmail.com

## Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 112

Ward Name : 1F-VIBGYOR

Room No : SPVT 112

Admission Type : First Visit

## Contact Details :

Name : Mr MOHAMMED ASIM

Relationship : Father

Contact Address : H NO - 6-8-60/1, MARKET , Nirmal Adilabad  
Telangana INDIA 504106

Phone No : 7981240526 / 8106983678

  
Signature

## Doctor Details :

Doctor Name : Dr. FAISAL B NAHDI

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. UJJWALA DESAI

## Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY





It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_

*Hamza*  
BAH-00660563  
Master HAMZA ASIM  
25-12-2025  
Dr. FAISAL B NAHDI  
0 Y 6 M 8 D  
IP5-00175931  
(M)  






### Pediatric Multiorgan History & Physical Examination

Name : Hamza Age/Sex 5m / M  
Information given by: mother Relationship good

#### Chief Presenting Complaints & Duration (Chronologically)

cp: fever x 29/6 (6 days)  
dull activity  
poor feeding

#### History of present illness :

well thriving till 1 mon age  
2/6 → cp fever + cough / cold took Cefpodoxime  
- 101 - 102°F  
5/6 → noisy breathing + fever persistent + CXray <sup>large</sup>  
~~change~~ to Azithromycin added (+)  
7/6 → fever + breathing difficulty / nose block  
took cefpodoxime + Omnacortil  
well till 14/6 → fever + dull activity  
started Cefixime  
admitted on 20/6 → 23/6. LRTI / sepsis  
d/c on Azithromycin  
afebrile for 6d. till 29/6 → cp fever.  
started 1<sup>st</sup> on Cefpodoxime  
Labs : ↑ bing CRP -  
↓ WBC count c ↑ monocytes  
Dengue / Widal - negative  
CUE - 8-10 PC.





## Pediatric Multiorgan History & Physical Examination

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

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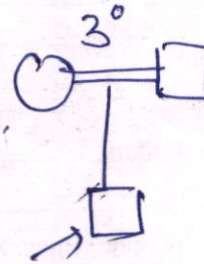
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**Birth & Neonatal History:**

① antenatal scans  
Term / LSCS (oligo) / 2.3 kg / CIAB.  
no NICU stay



**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

} No fever

**Developmental History :**

appropriate for age

**Immunization History :**

received OPV 2 days ago.  
immunised till 14 weeks





## Pediatric Multiorgan History & Physical Examination

### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): 56 cm (Centile \_\_\_\_\_)  
Weight (kgs) 6.55 kg (Centile \_\_\_\_\_)

### On Examination :

Temperature : 99.4°F Pulse Rate : 128/min B.P. \_\_\_\_\_ SP02 100%  
Resp. rate and type of breathing : 24/min

Rash \_\_\_\_\_  
Lymphadenopathy \_\_\_\_\_  
Oedema : \_\_\_\_\_  
Allergies (if any): \_\_\_\_\_

### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_  
Air entry & breath sounds : ② / BAE ④ / clear  
Any added sounds : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ABG, etc.,) \_\_\_\_\_

### Cardiovascular System :

Inspection of precordium : \_\_\_\_\_  
Heart Sounds : ② / S1/S2 murmur  
Any murmur : \_\_\_\_\_  
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

### Per Abdomen :

Inspection \_\_\_\_\_  
Palpation : soft / NT / no Hsm  
Auscultation : \_\_\_\_\_  
Spine : \_\_\_\_\_ External Genitalia : no suprapubic tenderness  
Relevant data from outside (CT, USG etc.,) \_\_\_\_\_



## Pediatric Multiorgan History & Physical Examination

### Central Nervous System :

Level of Consciousness : AVPU/GCS score :

alert

Cranial Nerves :

### Motor System:

Nutriton :

Tone:

Power

Co-ordinator :

Posture :

Involuntary Movements :

### Reflexes :

DTR

Superficials:

Plantars

### Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

UTI (D5)





## Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: septic shock

Desired goals of the treatment: resolution

### Planned Labs:

OP basis: CBP / CRP / USG w/  
LFT / creatinine  
Blood c/s ~~ABP / ABG~~  
U/E  
urine c/s } Catheter  
sample

### Planned Management

IV Piptaz  
IV Amikacin  
IV Pantop

Signature of the Doctor: Dr. Akhile

Name of the Doctor: Dr. Akhile

Date & Time: 3/7/26  
4:00 PM

Signature of the Consultant: DR. VIJAY DESAI

Name of the Consultant: DR. VIJAY DESAI  
Registration No: 90550

Date & Time: 4/7/26  
6:00 PM



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes                                                                                                   | Doctor's Order                                                                                                                              |
|--------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 3/7/25.<br>7:30pm. | <u>CSD Resident</u><br>UTI (D5)<br>No stool activity @<br>Vitals (N)<br>S/E → P/W/E U-T/L/W<br>C/S<br>R/S<br>P/S | Adv<br>1) Piptra / Amikacin / cont<br>2) Bone lab.<br>3) send UE<br>4) Supra S/S<br>5) start rifaximin - full (N)<br>Shambhoo               |
|                    |                                                                                                                  | NIB prameela                                                                                                                                |
| 4/7/25.            | UTI C Unresponsive.<br>↑ CRP.<br>Recently treated<br>For LRI                                                     | Continue<br>Piptax / Amikacin.<br>send urine pane<br>Pro GG Drops<br>Footogard ointment<br>oral ondans<br>Peripheral smear / Drgwa<br>9 am. |
| 4/7<br>(1pm)       | Cutd c UTI<br>Painable                                                                                           | Continue Same                                                                                                                               |
| 4/7/25             |                                                                                                                  | CRP / CRP / S. wet<br>(Mandy)                                                                                                               |
|                    |                                                                                                                  | Repeat                                                                                                                                      |



| Date & Time      | Progress Notes                                                                                                                                                                                                           | Doctor's Order                                                                                                                                                                                        |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/2/20<br>3:30pm | SIB Resident<br>A. UTI<br>no fever<br>last spike at 4am - 100.9°F<br>loose stool better<br>total pained ③<br>Oli - fair<br>O/E - Child alert / Playful<br>Rt Ab Stable<br>Dx - BkAE ⊕<br>CVR - SIS2 ⊕<br>PIA - soft, NT. | Plan<br>① cont. piptar<br>Amikacin<br>② Trace Blood C/S<br>urine C/S<br>③ Trace Adenovirus at 7pm<br>④ wif fever<br>⑤ monitor vitals<br>Inform Soc<br>⑥ CBP<br>CRP<br>S-Creat } → on Monday<br>Madhus |





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time           | Progress Notes                                 | Doctor's Order                                                  |
|-----------------------|------------------------------------------------|-----------------------------------------------------------------|
| 5/12/25<br>P: 10:00am | SIB <u>resident</u><br>A: UTI                  | plan:<br>① cont pipraz<br>Amikacin                              |
|                       | no fever<br>no vomiting<br>loose stool settled | ② Prick blood & urine & CS                                      |
|                       | OK. well alert/ playful.                       | ③ w/ f fever                                                    |
|                       | M - RUC (+)<br>Hear                            | ④ monitor vitals                                                |
| 5/12/25<br>P: 10:00am | CS / P/A / normal                              | ⑤ CBP<br>CRP<br>S. creat<br>Widal } on Monday<br>(tomorrow) 6am |
| 5/12/25<br>P: 10:00am | UTI & unsepsis<br>Resolving                    | Stop IV FLUIDS                                                  |
| 5/12/25<br>P: 10:00am | UTI & unsepsis<br>Resolving                    | DR. J. MANALA DESAI<br>Registration No: 90550                   |
| 5/12/25<br>P: 10:00am | UTI & unsepsis<br>Resolving                    | Plan:<br>① CBP / CRP / S. creat / Widal<br>(tomorrow)           |
| 5/12/25<br>P: 10:00am | UTI & unsepsis<br>Resolving                    |                                                                 |

Dr. Faisal B Nahdi  
Reg. No: 66228



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time      | Progress Notes                                                                                                                                                    | Doctor's Order                                                                                                                                                                                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6/12/25<br>8 AM  | SIB <u>Resident</u><br>1: UTI<br>no fever<br>no issues<br>Oti- fair<br>o/c- child alert<br>vitals stable<br>C/S - S/S (H)<br>P/A - Bilateral ar (+)<br>P/A - soft | plan<br>① Continue piptaz<br>Amikacin<br>② monitor vitals<br>③ wif fever<br>④ Inform GUS<br>⑤ Take urine C/S                                                                                                     |
| 6/12/25<br>10 AM | UTI - urine culture sterile.<br>Afebrile<br>can be discharged on<br>10 piptaz / Amikacin.<br>Till 8/17/26<br>F15 <del>Cefixime</del> Augmentin.<br>Oral           | Repeat UES<br>on Wednesday<br>Review Thursday<br>morning on Thursday<br>fix appointments.<br><del>Refer to Dr. S. Balla</del><br>Dr. S. Balla consultant<br>to discuss PS & differential<br>count = Pathologist. |
|                  |                                                                                                                                                                   | DR. UJJWALA DESAI<br>Registration No. 50350<br>19/12/2025                                                                                                                                                        |



BAH-00660563 IP5-00175931  
 Master HAMZA ASIM  
 25-12-2025 0 Y 6 M 11 D (M)  
 Dr. FAISAL B NAHDI



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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## RESULT SHEET

|                     |               |  |  |  |  |
|---------------------|---------------|--|--|--|--|
| Date                | 6/1/26        |  |  |  |  |
| Time                | 6Am           |  |  |  |  |
| Hb                  | 10.7          |  |  |  |  |
| PCV                 | 36.4          |  |  |  |  |
| RBC                 | 4.64          |  |  |  |  |
| WBC                 | 2650          |  |  |  |  |
| N/L                 | E-18 14/42/24 |  |  |  |  |
| Platelets           | 5.29 lakn     |  |  |  |  |
| CRP                 | 22 ↓          |  |  |  |  |
| ESR                 |               |  |  |  |  |
| PCT                 |               |  |  |  |  |
| RBS                 |               |  |  |  |  |
| Na                  |               |  |  |  |  |
| K                   |               |  |  |  |  |
| Cl                  |               |  |  |  |  |
| Ca/Mg               |               |  |  |  |  |
| Phosphate           |               |  |  |  |  |
| Urea                |               |  |  |  |  |
| Creatinine          | 0.2           |  |  |  |  |
| 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                 |               |  |  |  |  |









## RESULT SHEET

|                     |              |        |          |        |          |           |
|---------------------|--------------|--------|----------|--------|----------|-----------|
| Date                | 16/6         | 18/6   | 19/6     | 1/7    | 2/7      | 3/7       |
| Time                | OUTSIDE LABS |        |          |        |          |           |
| Hb                  | 11.2         | 8.9    | 9.2      | 9.9    | 10       | 9.2       |
| PCV                 | 33%          |        |          | 28%    | 31       | 30.1      |
| RBC                 |              |        |          |        |          | 3.98      |
| WBC                 | 5000         | 2700↓  | 2300↓    | 5900   | 5240     | 5510      |
| N/L                 | 52/40/4      | 8/80/7 | 43/38/10 | 6/92/1 | 33/24/40 | ↑38/18/30 |
| Platelets           | 2.47L        | 4.6L   | 4.5L     | 4.5L   | 3.3L     | 3.2L      |
| CRP                 |              | 12     | 23↑      | 48     | 186↑     | 213       |
| ESR                 |              |        |          |        |          |           |
| PCT                 |              |        |          |        |          |           |
| RBS                 |              |        |          |        |          |           |
| Na                  |              |        |          |        |          |           |
| K                   |              |        |          |        |          |           |
| Cl                  |              |        |          |        |          |           |
| Ca/Mg               |              |        |          |        |          |           |
| Phosphate           |              |        |          |        |          |           |
| Urea                |              |        |          |        |          | 0.2       |
| Creatinine          |              |        |          |        |          |           |
| ALP                 |              |        |          |        |          | 91        |
| SGPT                |              |        |          |        |          | 16        |
| SGOT                |              |        |          |        |          | 27        |
| T.Bill/Conj         |              |        |          |        |          | 0.2/0.1   |
| T.Protein           |              |        |          |        |          | 5.9       |
| S.Albumin           |              |        |          |        |          | 3.5       |
| S.Globulin          |              |        |          |        |          | 2.4       |
| A/G Ratio           |              |        |          |        |          | 1.4       |
| Uric Acid           |              |        |          |        |          |           |
| S.Amylase           |              |        |          |        |          |           |
| Sr.Lipase           |              |        |          |        |          |           |
| Blood Lactate       |              |        |          |        |          |           |
| S.Cholesterol       |              |        |          |        |          |           |
| PT/INR              |              |        |          |        |          |           |
| APTT                |              |        |          |        |          |           |
| CSF Protein / Sugar |              |        |          |        |          |           |
| Cells               |              |        |          |        |          |           |
| N/L                 |              |        |          |        |          |           |

malaria ⊖

Widal 1:160

Dengue

Dengue

Dengue

⊖









## MEDICATION RECONCILIATION FORM

Drug Allergies: .....

☒ Not known any Drug Allergies

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

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

Shifting From: ER

Shifted to: Ward

| S.No | MEDICATION NAME<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                          |
|------|---------------------------------------------------|-------------------|---------------------------|-----------|--------------------------|--------------------------------------------------------|
| 1    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9    |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10   |                                                   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Akhile

Date & Time: 3/7/2026 e 4:45pm

Nurse Name & Signature: pooja

Date & Time: 3/7/26 e 4:45 pm



Ward .....



Patient Sticker

Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                               | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                    |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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



Date of Admission: 3/7/26 Drug Allergies: ..... ☒ Not known any Drug Allergies





## REGULAR PRESCRIPTIONS

Weight. 6.5kg Ward. ....

| TARZABAGAM                                                           |       |           |            | Date                                    | Time        |
|----------------------------------------------------------------------|-------|-----------|------------|-----------------------------------------|-------------|
| DRUG: <u>Ly PIDERACILIN</u>                                          |       |           |            | 3/7                                     | 4/7 5/7 6/7 |
| Dose                                                                 | Route | Frequency | Start Date |                                         |             |
| 650mg                                                                | IV    | TID       | 3/7        |                                         |             |
| Name & Signature of the Doctor<br>Starting the Drugs: <u>Atypile</u> |       |           |            | 6am X Pul prout<br>Ant secret Som       |             |
| Additional Instructions:<br>@ 100mg/kg/dose                          |       |           |            | 7pm X Dal Pul<br>10pm Som Som Som       |             |
| Daily Doctor's Endorsement by a Sign                                 |       |           |            |                                         |             |
| DRUG: <u>Ly AMIKACIN</u>                                             |       |           |            | Date                                    | Time        |
|                                                                      |       |           |            | 3/7                                     | 4/7         |
| Dose                                                                 | Route | Frequency | Start Date |                                         |             |
| 100mg                                                                | IV    | OD        | 3/7        |                                         |             |
| Name & Signature of the Doctor<br>Starting the Drugs: <u>Atypile</u> |       |           |            | 6pm Som Som Som                         |             |
| Additional Instructions:                                             |       |           |            |                                         |             |
| Daily Doctor's Endorsement by a Sign                                 |       |           |            |                                         |             |
| DRUG: <u>Ly PANTOPRAZOLE</u>                                         |       |           |            | Date                                    | Time        |
|                                                                      |       |           |            | 3/7                                     | 4/7 5/7 6/7 |
| Dose                                                                 | Route | Frequency | Start Date |                                         |             |
| 10mg                                                                 | IV    | OD        | 3/7        |                                         |             |
| Name & Signature of the Doctor<br>Starting the Drugs: <u>Atypile</u> |       |           |            | 6am Som Som Pul prout<br>Ant secret Som |             |
| Additional Instructions:                                             |       |           |            |                                         |             |
| Daily Doctor's Endorsement by a Sign                                 |       |           |            |                                         |             |
| DRUG: <u>PROG 6 DROPS</u>                                            |       |           |            | Date                                    | Time        |
|                                                                      |       |           |            | 4/7                                     | 5/7         |
| Dose                                                                 | Route | Frequency | Start Date |                                         |             |
| 0.5ml                                                                | PO    | BD        | 4/7/26     |                                         |             |
| Name & Signature of the Doctor<br>Starting the Drugs: <u>Machuri</u> |       |           |            | 10 AM Dal Pul<br>11 AM Som              |             |
| Additional Instructions:                                             |       |           |            | 10 PM Som Som Som                       |             |
| Daily Doctor's Endorsement by a Sign                                 |       |           |            |                                         |             |









Weight. 6.5 kg. Ward. ....

Weight. 6.5 kg. Ward. ....

[illegible]

Signature

VERIFIED BY: Name





**INFANT (<1 year)**  
**Children's Observation &  
Early Warning Scoring Chart**

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 6/12 Time:

Doctor/Nurse/Family Concern? Gam

Temperature  
(F)

104  
103  
102  
101  
100  
99  
98  
97  
96  
95  
94

95.3F

Heart Rate  
(bpm)

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

and

Blood Pressure  
(mmHg) \*

**Note:**

BP does not score  
in early  
warning scoring

Crying

Heart Rate (Number)

126

Resp. Rate (bpm)  
(Over 1 Minute) \*

70  
60  
50  
40  
30  
20  
10

30

Resp Rate (Number)

36 bpm

Resp Distress Mod/ Severe  
None / Mild

Receiving O<sub>2</sub> (l/min)  
O<sub>2</sub> Saturations (%)

100%

Conscious Level Normal  
Altered

GCS \*

15/5

**TOTAL SCORE**

Number of shaded boxes

1

Pain Score

0

Observer's Initials

**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 incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be  
recorded overleaf

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



# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- 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 <b>EARLY WARNING SCORE &gt; 3</b> |      |                     | 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.

|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.                                                                                          |
| <b>R</b> | <b>RECOMMENDATION :</b> 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)                                                                                                                                                |



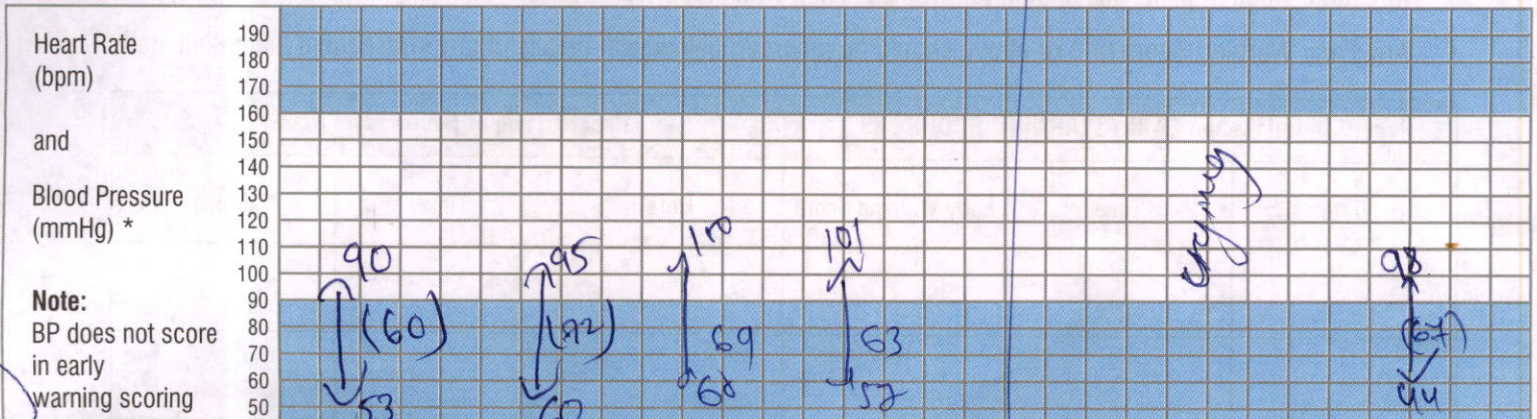
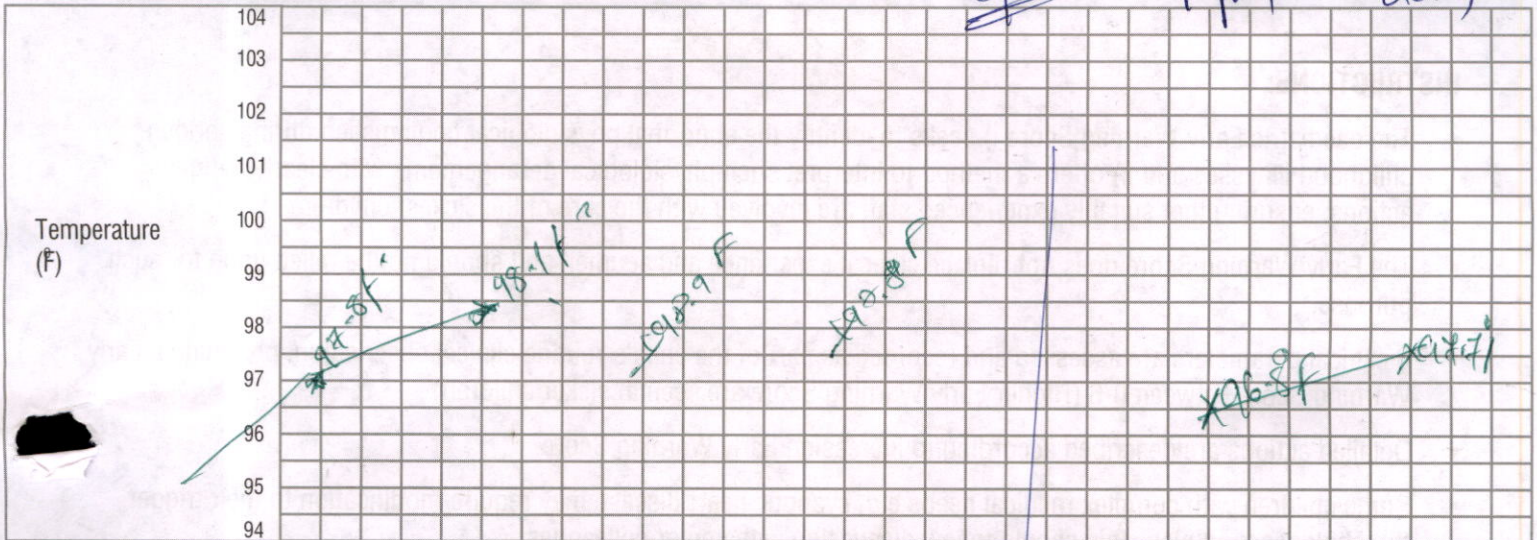


**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**

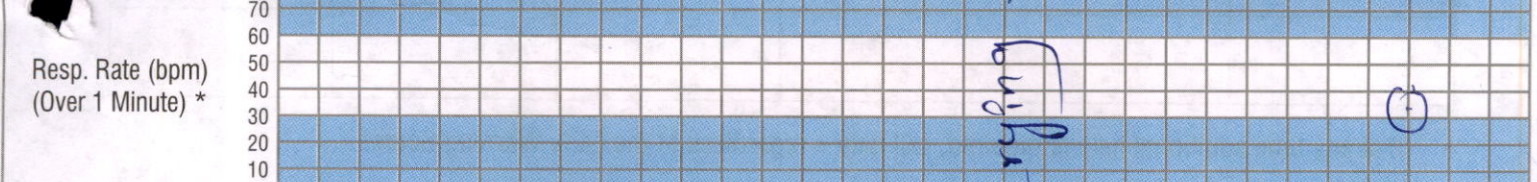
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 3/12 Time: 2 AM 6 AM 10 AM 1 PM 6 PM 10 PM 2 AM

Doctor/Nurse/Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> 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

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 / NICU fellow or PICU / NICU 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.

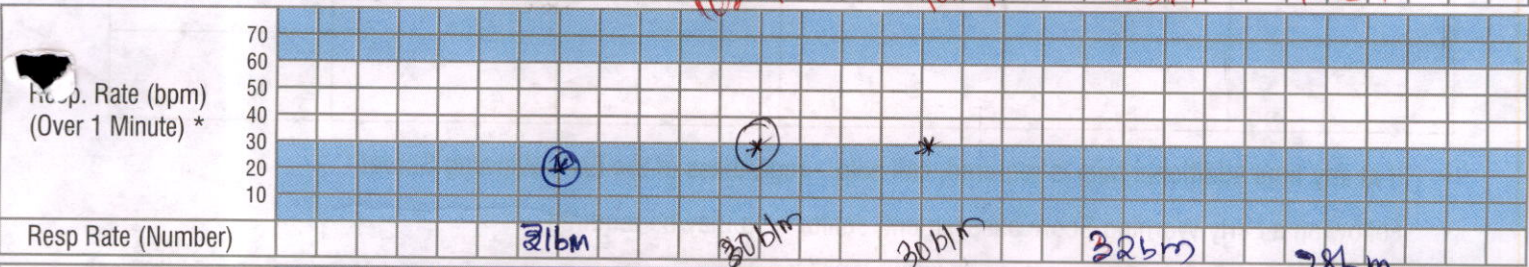
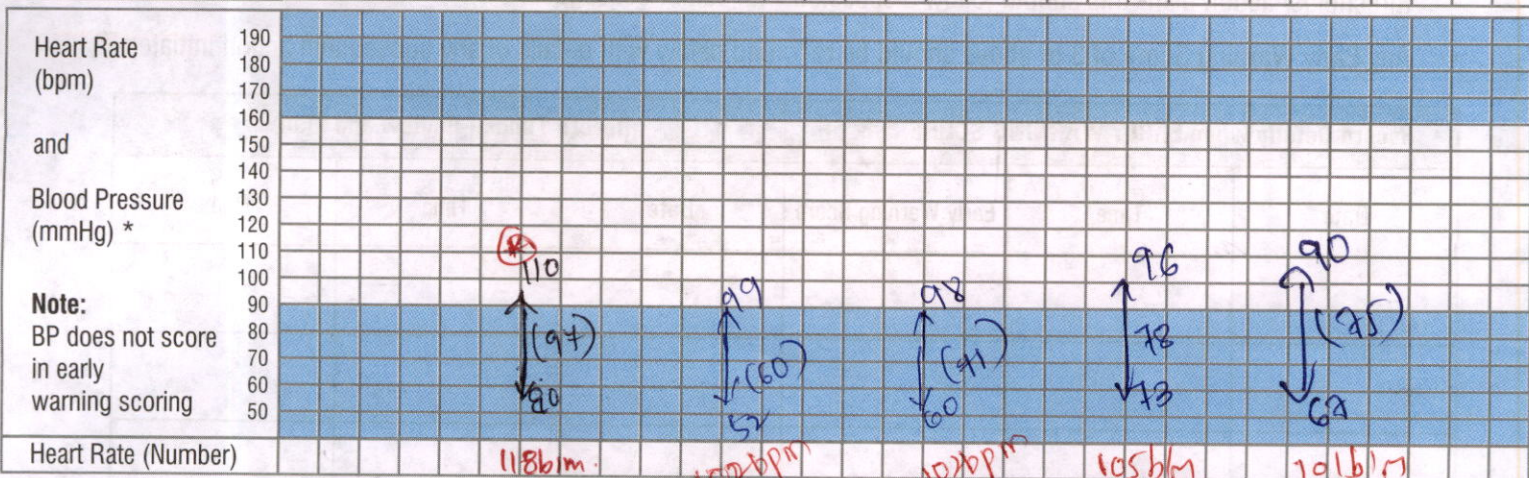
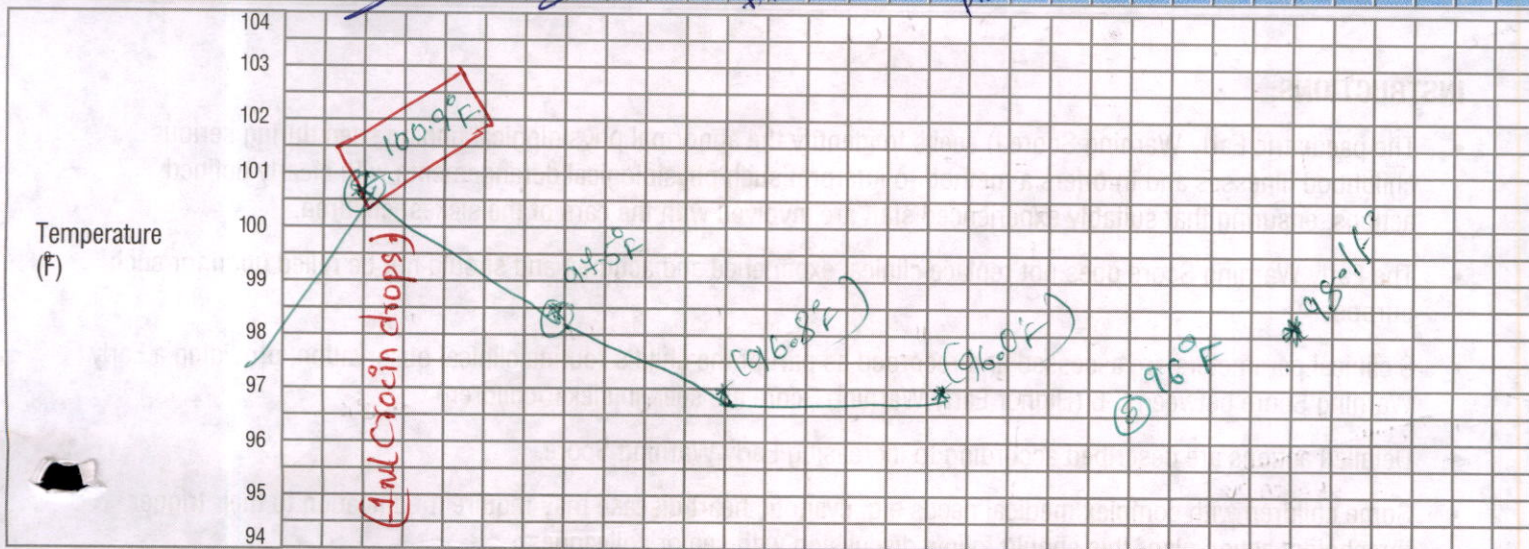
|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.                                                                                         |
| <b>R</b> | <b>RECOMMENDATION :</b> 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)                                                                                                                                                |



# INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

## EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/1/26 Time: 3:20 AM 5 AM 10 AM 2 PM 6 PM 10 PM  
Doctor/Nurse/Family Concern?



Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> 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

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 incharge and PICU /NICU fellow or PICU/NICU 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.

|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
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| <b>R</b> | <b>RECOMMENDATION :</b> 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)                                                                                                                                                |



# INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

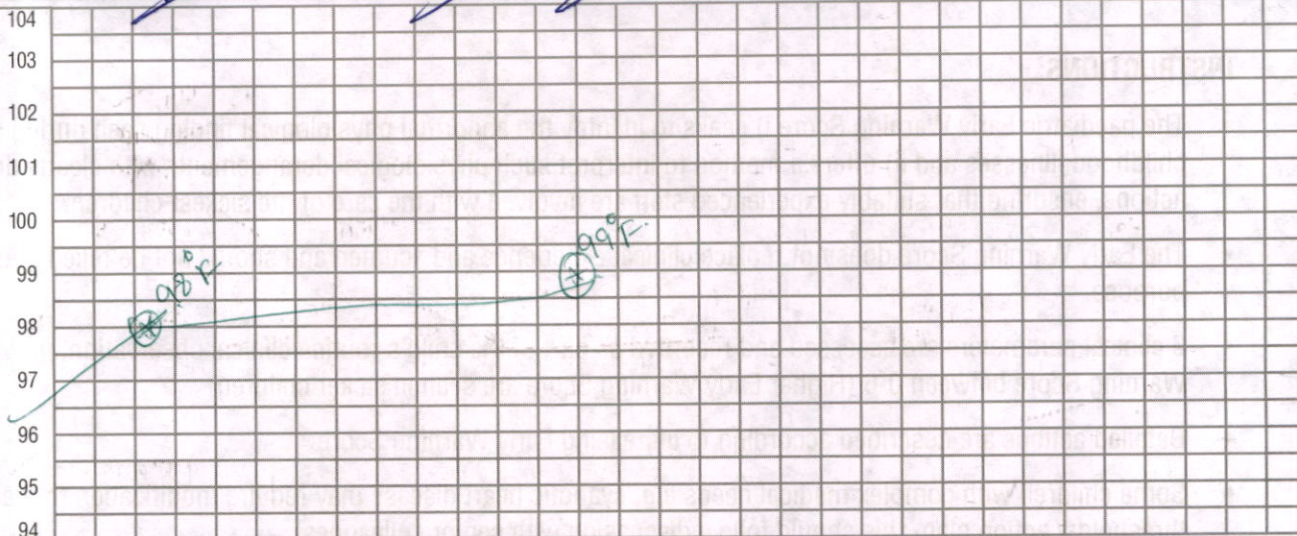
## EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 31/12/25 Time: 10 PM

Doctor/Nurse/Family Concern?

Temperature  
(F)

104  
103  
102  
101  
100  
99  
98  
97  
96  
95  
94



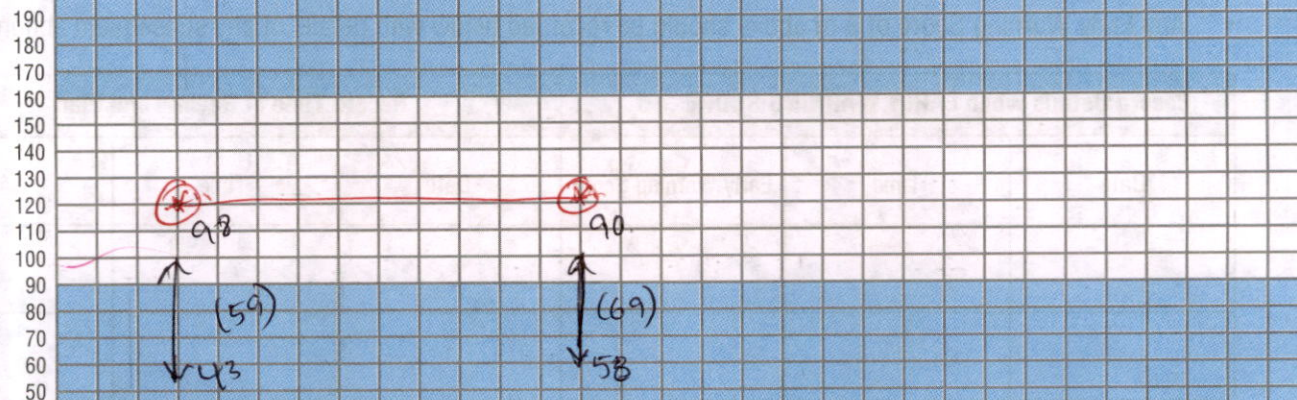
Heart Rate  
(bpm)

and

Blood Pressure  
(mmHg) \*

Note:  
BP does not score  
in early  
warning scoring

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



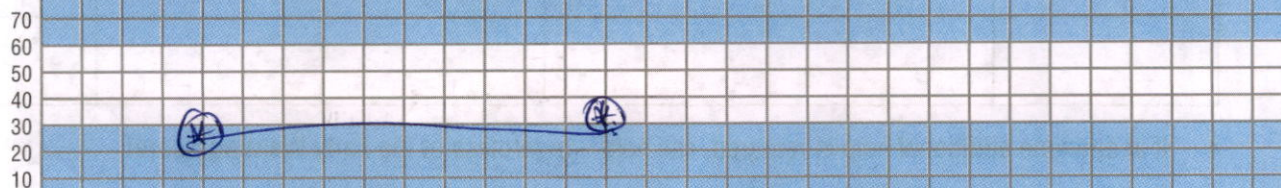
Heart Rate (Number)

119 bpm

125 bpm

Resp. Rate (bpm)  
(Over 1 Minute) \*

70  
60  
50  
40  
30  
20  
10



Resp Rate (Number)

32 bpm

35 bpm

Resp Mod/ Severe  
Distress None / Mild

Receiving O<sub>2</sub> (l/min)  
O<sub>2</sub> Saturations (%)

100%

99%

Conscious Level  
Normal Altered

GCS \*

15/15

15/15

TOTAL SCORE

Number of shaded boxes

1

1

Pain Score

0

0

Observer's Initials

ba

ba

### 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 incharge and PICU /NICU fellow or PICU/NICU 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.
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- 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.

|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.                                                                                          |
| <b>R</b> | <b>RECOMMENDATION :</b> 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)                                                                                                                                                |





## FLUID CHART

Sheet No. : ①

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

| Date                 | Time     | Nature of Fluid | Intake |      |     | Output               |           |       |          |       | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|----------------------|----------|-----------------|--------|------|-----|----------------------|-----------|-------|----------|-------|---------------------------------|-------------|
|                      |          |                 | Mouth  | I.V  | N.G | NG                   | Diarrhoea | Vomit | Drainage | Urine |                                 |             |
|                      | 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 | 1               | Milk   | 25ml |     |                      |           |       |          |       | 0                               |             |
|                      | 09:00 pm | 1               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 10:00 pm | 2               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 11:00 pm | 1               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 12:00 am | 1               | Milk   | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 01:00 am | 1               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
| Total Intake :       |          |                 |        |      |     | Total Output :       |           |       |          |       |                                 |             |
|                      | 02:00 am | 1               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 03:00 am | 1               |        |      |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 04:00 am | 2               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 05:00 am | 1               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 06:00 am | 1               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
|                      | 07:00 am | 1               |        | 25ml |     |                      |           |       |          |       | 0                               | Pran        |
| Total Intake :       |          |                 |        |      |     | Total Output :       |           |       |          |       |                                 |             |
| Total 24 hrs. Intake |          |                 |        |      |     | Total 24 hrs. Output |           |       |          |       |                                 |             |





# 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.
3. 24 hrs. total to be entered in the kardex in RED.

|                      |          | Intake             |                      |      |     | Output         |           |       |          |       | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |   |
|----------------------|----------|--------------------|----------------------|------|-----|----------------|-----------|-------|----------|-------|-------------------------------------------|----------------|---|
| Date                 | Time     | Nature<br>of Fluid | Route                |      |     | NG             | Diarrhoea | Vomit | Drainage | Urine |                                           |                |   |
|                      |          |                    | Mouth                | I.V  | N.G |                |           |       |          |       |                                           |                |   |
| 04/12                | 08:00 am | ↑<br>DMS           |                      | 25ml | /   | /              | /         | /     | /        | /     | 0                                         | Jaffar         |   |
|                      | 09:00 am |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 10:00 am |                    | -                    | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 11:00 am |                    | -                    | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 12:00 pm |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 01:00 pm |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
| Total Intake :       |          |                    |                      |      |     | Total Output : |           |       |          |       |                                           |                |   |
| 4/12                 | 02:00 pm | ↑<br>DMS           |                      | 25ml | /   | /              | /         | /     | /        | /     | 0                                         | Meh            |   |
|                      | 03:00 pm |                    | -                    | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 04:00 pm |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 05:00 pm |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 06:00 pm |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 07:00 pm |                    | -                    | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
| Total Intake :       |          |                    |                      |      |     | Total Output : |           |       |          |       |                                           |                |   |
| 6/12                 | 08:00 pm | ↓<br>DMS           |                      | 25ml | /   | /              | /         | /     | /        | /     | 0                                         | Sawadhi        |   |
|                      | 09:00 pm |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 10:00 pm |                    | -                    | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 11:00 pm |                    | -                    | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 12:00 am |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 01:00 am |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
| Total Intake :       |          |                    |                      |      |     | Total Output : |           |       |          |       |                                           |                |   |
| 7/12                 | 02:00 am | ↓<br>DMS           |                      | 25ml | /   | /              | /         | /     | /        | /     | 0                                         | Sawadhi        |   |
|                      | 03:00 am |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 04:00 am |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 05:00 am |                    | 25ml                 | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 06:00 am |                    | -                    | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
|                      | 07:00 am |                    | -                    | ✓    |     |                |           |       |          |       | ✓                                         |                | 0 |
| Total Intake :       |          |                    |                      |      |     | Total Output : |           |       |          |       |                                           |                |   |
| Total 24 hrs. Intake |          |                    | Total 24 hrs. Output |      |     |                |           |       |          |       |                                           |                |   |



# 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 |                                |             |  |
| 5/12                 | 08:00 am |                 |        |     |     |                      |           |       |          |       | 0                              | Sushma      |  |
|                      | 09:00 am | ↑               |        |     |     |                      |           |       | ✓        | 0     |                                |             |  |
|                      | 10:00 am | NO IVE          |        |     |     |                      |           |       |          | 0     |                                |             |  |
|                      | 11:00 am |                 |        |     |     |                      |           |       |          | 0     |                                |             |  |
|                      | 12:00 pm | ↓               |        |     |     |                      |           |       | ✓        | 0     | Sushma                         |             |  |
|                      | 01:00 pm |                 |        |     |     |                      | ✓         |       |          |       | 0                              |             |  |
| Total Intake :       |          |                 |        |     |     | Total Output :       |           |       |          |       |                                |             |  |
| 5/12                 | 02:00 pm | ↓               |        |     |     |                      |           |       |          |       | 0                              | Chand       |  |
|                      | 03:00 pm | NO IVE          |        |     |     |                      | ✓         |       |          | ✓     | 0                              |             |  |
|                      | 04:00 pm |                 |        |     |     |                      |           |       |          |       | 0                              | Chand       |  |
|                      | 05:00 pm |                 |        |     |     |                      |           |       |          |       | 0                              |             |  |
|                      | 06:00 pm | ↓               |        |     |     |                      | ✓         |       |          | ✓     | 0                              | Chand       |  |
|                      | 07:00 pm |                 |        |     |     |                      |           |       |          |       | 0                              |             |  |
| Total Intake :       |          |                 |        |     |     | Total Output :       |           |       |          |       |                                |             |  |
| 5/12                 | 08:00 pm |                 |        |     |     |                      |           |       |          |       | 0                              |             |  |
|                      | 09:00 pm | NO IVE          | with   |     |     |                      |           |       |          | ✓     | 0                              | Sar         |  |
|                      | 10:00 pm |                 |        |     |     |                      |           |       |          |       | 0                              |             |  |
|                      | 11:00 pm | NO IVE          |        |     |     |                      |           |       |          |       | 0                              | Sar         |  |
|                      | 12:00 am | ↓               | with   |     |     |                      |           |       |          |       | 0                              |             |  |
|                      | 01:00 am |                 |        |     |     |                      |           |       |          |       | 0                              | Sar         |  |
| Total Intake :       |          |                 |        |     |     | Total Output :       |           |       |          |       |                                |             |  |
| 6/12                 | 02:00 am | 4               |        |     |     |                      |           |       |          |       | 0                              |             |  |
|                      | 03:00 am | NO IVE          | with   |     |     |                      |           |       |          |       | 0                              | Sar         |  |
|                      | 04:00 am |                 |        |     |     |                      |           |       |          | ✓     | 0                              |             |  |
|                      | 05:00 am |                 |        |     |     |                      |           |       |          |       | 0                              | Sar         |  |
|                      | 06:00 am | ↓               | with   |     |     |                      |           |       |          | ✓     | 0                              |             |  |
|                      | 07:00 am |                 |        |     |     |                      |           |       |          |       | 0                              |             |  |
| Total Intake :       |          |                 |        |     |     | Total Output :       |           |       |          |       |                                |             |  |
| Total 24 hrs. Intake |          |                 |        |     |     | Total 24 hrs. Output |           |       |          |       |                                |             |  |



BAH-00660563 IP5-00175931  
Master HAMZA ASIM  
25-12-2025 0 Y 6 M 9 D (M)  
Dr. FAISAL B NAHDI



# 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<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |
|-----------------------------|----------|--------------------|-------|-----|-----|-----------------------------|-----------|-------|----------|-------|-------------------------------------------|----------------|
| Date                        | Time     | Nature<br>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 |                    |       |     |     |                             |           |       |          |       |                                           |                |
| <b>Total Intake :</b>       |          |                    |       |     |     | <b>Total Output :</b>       |           |       |          |       |                                           |                |
|                             | 02:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 03:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 04:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 05:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 06:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 07:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
| <b>Total Intake :</b>       |          |                    |       |     |     | <b>Total Output :</b>       |           |       |          |       |                                           |                |
|                             | 08:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 09:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 10:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 11:00 pm |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 12:00 am |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 01:00 am |                    |       |     |     |                             |           |       |          |       |                                           |                |
| <b>Total Intake :</b>       |          |                    |       |     |     | <b>Total Output :</b>       |           |       |          |       |                                           |                |
|                             | 02:00 am |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 03:00 am |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 04:00 am |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 05:00 am |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 06:00 am |                    |       |     |     |                             |           |       |          |       |                                           |                |
|                             | 07:00 am |                    |       |     |     |                             |           |       |          |       |                                           |                |
| <b>Total Intake :</b>       |          |                    |       |     |     | <b>Total Output :</b>       |           |       |          |       |                                           |                |
| <b>Total 24 hrs. Intake</b> |          |                    |       |     |     | <b>Total 24 hrs. Output</b> |           |       |          |       |                                           |                |



## NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 31/12/25

Assessment: Baby having pyrexia.

- 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 pt general condition.                | 8:05pm  | ⇒ Assessed the pt general condition. | By done all the procedures the baby conditions Improving |
| 10pm | ⇒ provide the comfortable position                | 10:05pm | ⇒ provided the comfortable position. |                                                          |
| 12AM | ⇒ check the vitals.                               | 12:05AM | ⇒ Checked the vitals.                |                                                          |
|      | ⇒ maintain I-V fluids.                            |         | ⇒ maintained I-V fluids.             |                                                          |
| 2AM  | ⇒ provide side rail.                              | 2:05AM  | ⇒ provided side rail.                |                                                          |
| 4AM  | ⇒ Administer the medication as per doctors order. | 4:05AM  | ⇒ Administered the Medication.       |                                                          |
| 6AM  |                                                   | 6:05AM  | as per doctors order                 |                                                          |

Re-Assessment: Re-assessment is done by checking vitals.

Special Notes: CUE pending.

Nurse Signature: 

Nurse Name: prameela (015802)

Date & Time: 31/12/25 @ 6AM



BAH-00660563

IP5-00175931

Master HAMZA ASIM

25-12-2025

0 Y 6 M 8 D

(M)

Dr. FAISAL B NAHDI



# NURSING CARE RECORD

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

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 04/07/26

Assessment: Baby having Pyrexia

Goals

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

| Time | Plan of Care                                       | Time | Implementation                        | Evaluation                                                 |
|------|----------------------------------------------------|------|---------------------------------------|------------------------------------------------------------|
| 8am  | => Assess the baby General Condition               | 8am  | => Assess the baby General Condition  | By doing the all procedures the baby condition is improved |
| 9am  | => provide comfort position                        | 9am  | => provided comfort position          |                                                            |
| 10am | => monitor the vitals & Recorded it                | 10am | => monitored the vitals & Recorded it |                                                            |
| 11am | => Baby having loose stools and                    | 11am | => stools reduced                     |                                                            |
| 12pm | => administered the all drugs as per doctor orders | 12pm | => administered the all               |                                                            |
| 1pm  |                                                    | 1pm  | drugs as per doctor orders            |                                                            |
| 2pm  |                                                    | 2pm  |                                       |                                                            |

Re-Assessment:

Done by giving

Special Notes:

Nurse Signature:

Shailaj

Nurse Name:

Shailaja (605561)

Date & Time:

04/07/26 (2pm)





## NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 4/7/25

Assessment:

Baby having discomfort

Goals

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

| Time | Plan of Care                               | Time   | Implementation                               | Evaluation                     |
|------|--------------------------------------------|--------|----------------------------------------------|--------------------------------|
| 2pm  | Assess the general condition of the baby   | 2.30pm | Assessed the general condition of the baby   | Implemented all the procedure. |
| 3pm  | continue w fluids.                         | 3.30pm | Continued w fluids                           |                                |
| 4pm  | Provide comfortable position.              | 4.30pm | provided comfortable position                |                                |
| 5pm  | Trace blood reports                        | 5.30pm | Traced blood reports                         |                                |
| 6pm  | Administer medication as per doctor order. | 6.30pm | Administered medication as per doctor order. |                                |
| 7pm  | Monitor vital signs                        | 7.30pm | Monitored vital signs                        |                                |

Re-Assessment:

Implemented all the procedure.

Special Notes:

CRP, CRP, Sr. creatinine

Nurse Signature:

Meslin

Nurse Name:

Meslin

Date & Time:

4/7/25 @ 8pm



# NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 21/7/26

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             |
|------|-------------------------------------------------------|------|-------------------------------------------------------|------------------------|
| 8pm  | ⇒ Assess the pt General condition                     | 8pm  | ⇒ Assessed pt General condition.                      | pt condition is normal |
| 10pm | ⇒ monitor vital signs                                 | 10pm | ⇒ monitored vital signs                               |                        |
| 2AM  | ⇒ maintain I/O chart                                  | 2AM  | ⇒ maintained I/O chart                                |                        |
| 8AM  | ⇒ Administered the medications as per doctors orders. | 8AM  | ⇒ Administered the medications as per doctors orders. |                        |

Re-Assessment: null

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Soraathi

Date & Time: 5/7/26 8pm



## NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/7/25

Assessment: Baby moving leg comfort

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 general condition of the baby.  | 9 AM  | Assessed the general condition of the baby.  | Implemented all the procedure. |
|       | Stop w fluids.                             |       | stoped w fluids                              |                                |
| 9 AM  | Administer medication as per doctor order. | 10 AM | Administered medication as per doctor order. |                                |
| 10 AM | Monitor vital signs                        | 11 AM | Monitored vital signs                        |                                |
| 11 AM | Provide comfortable position               | 12 PM | Provided comfortable position.               |                                |
| 1 PM  | Trace blood report                         | 1 PM  | Traced blood report.                         |                                |

Re-Assessment:

Special Notes:

Tim CBP CRP will ready

Nurse Signature: SN

Nurse Name: Sushma

Date & Time: 5/7/25 2 PM





## NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 5/7/20

Assessment: *pt having dull activity*

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          |
|------|-----------------------------------------------------------------|--------|-------------------------------------------------------------------------|---------------------|
| 2pm  | → Assess the pt General Condition                               | 2:40pm | → Assessed the pt General Condition                                     | <i>pt is stable</i> |
| 4pm  | → Check the Vital signs<br>→ plan for Administration medication | 4:10pm | → Checked the Vital signs<br>→ providing Medication as per doctor Order |                     |
| 6pm  | → plan for Comfortable position                                 | 6:10pm | → providing Comfortable position as per doctor Order                    |                     |
| 8pm  | → Watch for Fever Spikes                                        | 8:10pm | → providing Ensuring Safety                                             |                     |

Re-Assessment: *Re-Assessment Every 4th hrly*

Special Notes: *CBP, CRP, S. creatine Widal + / m Ban*

Nurse Signature: *[Signature]*

Nurse Name: *Chandane*

Date & Time: 5/7/20 2pm





## NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/7/26

Assessment: Baby having dull activity

Goals

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

| Time     | Plan of Care                                | Time    | Implementation                                | Evaluation                                            |
|----------|---------------------------------------------|---------|-----------------------------------------------|-------------------------------------------------------|
| 8pm      | → Assess the general condition of the baby  | 8:5 pm  | → Assessed the general condition of the baby  | By done all the procedure baby condition is improved. |
| 10pm     | → Monitor the vitals signs                  | 10:5 pm | → Monitored the vital signs                   |                                                       |
| 12pm     | → provide comfortable position              | 2am     | → provided comfortable position               |                                                       |
| 6am      | → Maintain I/Q chart                        | 6:36 am | → Maintained I/Q chart                        |                                                       |
| 11:30 am | → Administer medication as per doctor order | 8am     | → Administered medication as per doctor order |                                                       |

Re-Assessment: Re-Assessment done by checking vitals.

Special Notes: trace the report

Nurse Signature:

Nurse Name: Swarna

Date & Time: 8/6/26 @ 8PM



BAH-00660563 IPS-00175931  
 Master HAMZA ASIM  
 25-12-2025 0 Y 6 M 10 D (M)  
 Dr. FAISAL B NAHDI




# NURSING CARE RECORD

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: .....



## NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Faisal Department: ward Date of Admission: 3/1/26

|                                          |                                                        |            |                                                                                                                                                |                                                                     |                                                                     |                                                                     |                                                                     |                                                                     |
|------------------------------------------|--------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| SITUATION                                | Diagnosis: <u>UTI</u>                                  |            | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known<br>If Yes Specify: ..... |                                                                     |                                                                     |                                                                     |                                                                     |                                                                     |
|                                          | Area                                                   | Shift Time | ER<br>6:00pm-12:00am                                                                                                                           | 1st floor<br>8:00am-8:00pm                                          | 1st floor<br>8:00am-8:00pm                                          | 1st floor<br>8:00am-8:00pm                                          | 1st floor<br>8:00am-8:00pm                                          | 1st floor<br>8:00am-8:00pm                                          |
| BACKGROUND                               | Medical Condition (Any special condition to be noted): |            | <u>Nil</u>                                                                                                                                     | <u>Nil</u>                                                          | <u>Nil</u>                                                          | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           |
|                                          | Allergy:                                               |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| ASSESSMENT                               | Tubes/Drains/Catheter:                                 |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Vital Signs:                                           |            | Temp: <u>98°F</u>                                                                                                                              | <u>98.5°F</u>                                                       | <u>98.0</u>                                                         | <u>98°F</u>                                                         | <u>97.5°F</u>                                                       | <u>98.1°F</u>                                                       |
|                                          | Res:                                                   |            | <u>28/bm</u>                                                                                                                                   | <u>29/bm</u>                                                        | <u>26/bm</u>                                                        | <u>22/bm</u>                                                        | <u>28/bm</u>                                                        | <u>29</u>                                                           |
|                                          | SpO <sub>2</sub> :                                     |            | <u>99%</u>                                                                                                                                     | <u>100%</u>                                                         | <u>99%</u>                                                          | <u>98%</u>                                                          | <u>100%</u>                                                         | <u>99%</u>                                                          |
|                                          | Pulse:                                                 |            | <u>89/bm</u>                                                                                                                                   | <u>119/bm</u>                                                       | <u>120/bm</u>                                                       | <u>98/bm</u>                                                        | <u>98/bm</u>                                                        | <u>99/bm</u>                                                        |
|                                          | BP:                                                    |            | <u>112/70(79)</u>                                                                                                                              | <u>98/43</u>                                                        | <u>100/60</u>                                                       | <u>96/73</u>                                                        | <u>98/59</u>                                                        | <u>99/63</u>                                                        |
|                                          | Fall Risk Score:                                       |            | <u>15</u>                                                                                                                                      | <u>15</u>                                                           | <u>15</u>                                                           | <u>15</u>                                                           | <u>15</u>                                                           | <u>15</u>                                                           |
|                                          | Pain Score:                                            |            | <u>0</u>                                                                                                                                       | <u>0</u>                                                            | <u>0</u>                                                            | <u>0</u>                                                            | <u>0</u>                                                            | <u>0/w</u>                                                          |
| Recommendations                          | Safety Needs:                                          |            | <u>yes</u>                                                                                                                                     | <u>side rail</u>                                                    | <u>yes</u>                                                          | <u>yes</u>                                                          | <u>yes</u>                                                          | <u>yes</u>                                                          |
|                                          | Physiotherapy                                          |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Others Specify:                                        |            | <u>nil</u>                                                                                                                                     | <u>Nil</u>                                                          | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           |
|                                          | Special Diet:                                          |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Other Special Orders / Medications:                    |            | <u>nil</u>                                                                                                                                     | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           |
| Post Operative Procedure Special Orders: |                                                        |            | <u>nil</u>                                                                                                                                     | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           |
| Handed Over By Name :                    |                                                        |            | <u>Reesmith</u>                                                                                                                                | <u>Praneel</u>                                                      | <u>Shariya</u>                                                      | <u>Yash</u>                                                         | <u>soorathi</u>                                                     | <u>Mehin</u>                                                        |
| Signature :                              |                                                        |            | <u>[Signature]</u>                                                                                                                             | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  |
| Date:                                    |                                                        |            | <u>3/1/26</u>                                                                                                                                  | <u>4/1/26</u>                                                       | <u>4/1/26</u>                                                       | <u>4/1/26</u>                                                       | <u>5/1/26</u>                                                       | <u>5/1/26</u>                                                       |
| Time:                                    |                                                        |            | <u>6:00pm</u>                                                                                                                                  | <u>8am</u>                                                          | <u>12pm</u>                                                         | <u>@8pm</u>                                                         | <u>8am</u>                                                          | <u>@2pm</u>                                                         |
| Taken Over By Name :                     |                                                        |            | <u>Praneel</u>                                                                                                                                 | <u>Shariya</u>                                                      | <u>Mehin</u>                                                        | <u>soorathi</u>                                                     | <u>Eshika</u>                                                       | <u>Chandam</u>                                                      |
| Signature :                              |                                                        |            | <u>[Signature]</u>                                                                                                                             | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  |
| Date:                                    |                                                        |            | <u>3/1/26</u>                                                                                                                                  | <u>4/1/26</u>                                                       | <u>4/1/26</u>                                                       | <u>4/1/26</u>                                                       | <u>5/1/26</u>                                                       | <u>5/1/26</u>                                                       |
| Time:                                    |                                                        |            | <u>8pm</u>                                                                                                                                     | <u>8am</u>                                                          | <u>@2pm</u>                                                         | <u>8pm</u>                                                          | <u>8am</u>                                                          | <u>@2pm</u>                                                         |



BAH-00660563 IP5-00175931  
Master HAMZA ASIM  
25-12-2025 0 Y 6 M 8 D (M)  
Dr. FAISAL B NAHDI

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## NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Faisal B Nahdi Department: Neonatology Date of Admission: 3/12/25

|                                          |                                                           |                    |                                                                                                                       |                                                                     |                                                          |                                                          |                                                          |                                                          |
|------------------------------------------|-----------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| SITUATION                                | Diagnosis:                                                |                    | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known |                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          | <u>UTI</u>                                                |                    | If Yes Specify: .....                                                                                                 |                                                                     |                                                          |                                                          |                                                          |                                                          |
| BACKGROUND                               | Area                                                      | Shift Time         | <u>1st floor</u><br><u>2pm-8pm</u>                                                                                    | <u>1st floor</u><br><u>8pm-2am</u>                                  |                                                          |                                                          |                                                          |                                                          |
|                                          | Medical Condition<br>(Any special condition to be noted): |                    | <u>NA</u>                                                                                                             | <u>NA</u>                                                           |                                                          |                                                          |                                                          |                                                          |
| ASSESSMENT                               | Allergy:                                                  |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Tubes/Drains/Catheter:                                    |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Vital Signs:                                              | Temp:              | <u>98.3°F</u>                                                                                                         | <u>96.3°F</u>                                                       |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | Res:               | <u>27b/m</u>                                                                                                          | <u>28</u>                                                           |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | SpO <sub>2</sub> : | <u>99%</u>                                                                                                            | <u>100%</u>                                                         |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | Pulse:             | <u>111b/m</u>                                                                                                         | <u>120</u>                                                          |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | BP:                | <u>98/60</u>                                                                                                          | <u>90/64</u>                                                        |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | Fall Risk Score:   | <u>0/10</u>                                                                                                           | <u>1/1</u>                                                          |                                                          |                                                          |                                                          |                                                          |
| Pain Score:                              |                                                           | <u>0/10</u>        | <u>0/10</u>                                                                                                           |                                                                     |                                                          |                                                          |                                                          |                                                          |
| Recommendations                          | Safety Needs:                                             |                    | <u>Yes</u>                                                                                                            | <u>Yes</u>                                                          |                                                          |                                                          |                                                          |                                                          |
|                                          | Physiotherapy                                             |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Others Specify:                                           |                    | <u>NA</u>                                                                                                             | <u>NA</u>                                                           |                                                          |                                                          |                                                          |                                                          |
|                                          | Special Diet:                                             |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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>Charan</u>      |                                                                                                                       | <u>Swarna</u>                                                       |                                                          |                                                          |                                                          |                                                          |
| Signature :                              |                                                           | <u>[Signature]</u> |                                                                                                                       | <u>[Signature]</u>                                                  |                                                          |                                                          |                                                          |                                                          |
| Date:                                    |                                                           | <u>5/12/25</u>     |                                                                                                                       | <u>6/12/25</u>                                                      |                                                          |                                                          |                                                          |                                                          |
| Time:                                    |                                                           | <u>2pm</u>         |                                                                                                                       | <u>8am</u>                                                          |                                                          |                                                          |                                                          |                                                          |
| Taken Over By Name :                     |                                                           | <u>Swarna</u>      |                                                                                                                       | <u>Shaila</u>                                                       |                                                          |                                                          |                                                          |                                                          |
| Signature :                              |                                                           | <u>[Signature]</u> |                                                                                                                       | <u>[Signature]</u>                                                  |                                                          |                                                          |                                                          |                                                          |
| Date:                                    |                                                           | <u>5/12/25</u>     |                                                                                                                       | <u>6/12/25</u>                                                      |                                                          |                                                          |                                                          |                                                          |



Patient

BAH-00660563  
Master HAMZA ASIM  
25-12-2025  
Dr. FAISAL B NAHDI  
IP5-00175931  
0 Y 6 M 8 D  
(M)

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## THE HUMPTY DUMPTY SCALE

3/7/26 4/7 5/26/27

| PARAMETER                                 | CRITERIA                                                                                                    | SCORE | DATE | DATE | DATE | DATE | DATE |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------|------|------|------|------|------|
| Age                                       | Less than 3 years old                                                                                       | 4     | 4    | 4    | 4    | 4    |      |
|                                           | 3 to less than 7 years old                                                                                  | 3     |      |      |      |      |      |
|                                           | 7 to less than 13 years old                                                                                 | 2     |      |      |      |      |      |
|                                           | 13 years old and above                                                                                      | 1     |      |      |      |      |      |
| Gender                                    | Male                                                                                                        | 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    |      |
| Cognitive impairments                     | Not Aware of Limitations                                                                                    | 3     |      |      |      |      |      |
|                                           | Forget Limitations                                                                                          | 2     |      |      |      |      |      |
|                                           | Oriented to own Ability                                                                                     | 1     |      |      |      |      |      |
|                                           | History of Falls or Infant - Toddler Placed in Bed                                                          | 4     | 4    | 4    | 4    | 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    | 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    |      |
| 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    | 1    | 1    |      |
| TOTAL                                     |                                                                                                             |       | 15   | 15   | 15   | 15   |      |

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

|                               |  |             |             |             |             |
|-------------------------------|--|-------------|-------------|-------------|-------------|
| Bed in low position           |  | 1           | yes         | yes         | ✓           |
| Call device within reach      |  | 1           | yes         | yes         | ✓           |
| Wheels Locked                 |  | yes         | yes         | yes         | ✓           |
| Room free of clutter          |  | 1           | yes         | yes         | ✓           |
| Adequate Lighting             |  | 1           | yes         | yes         | ✓           |
| Wheel Chair Support           |  | NO          | NO          | NO          | X           |
| Other Intervention(s) Specify |  | NO          | NO          | NO          | X           |
| Nurse's Name :                |  | Selma       | Praveen     | Praveen     | Soumya      |
| Signature :                   |  | [Signature] | [Signature] | [Signature] | [Signature] |
| Date :                        |  | 3/7/26      | 4/7         | 5/7         | 6/7         |
| Time :                        |  | 3:45 PM     | 6 AM        | 6 AM        | 6 PM        |



BAH-00660563  
Master HAMZA ASIM  
25-12-2026 0 Y 6 M 8 D  
Dr. FAISAL B NAHDI (M)

## BRADEN 'Q' SCALE

|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Date :                  | 3/7/26  | 4/4   | 3/2  | 2/7  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------|-------|------|------|
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Time :                  | 3:45 PM | 6 AM  | 6 AM | 6 AM |
| Mobility                                                                                                                                                                     | <b>Completely immobile:</b><br>Does not make even slight changes in body or extremity position without assistance.                                                                                                                                                                                                                       | <b>2. Very limited:</b><br>Makes occasional slight changes in body or extremity position but unable to completely turn self independently.                                                                                                                                                                                                                   | <b>3. Slightly limited:</b><br>Makes frequent through slight changes in body or extremity position independently.                                                                                                                                                                               | <b>4. No limitations:</b><br>Makes major and frequent changes in position without assistance.                                                                                                                                                                                          | 4                       | 4       | 4     | 4    |      |
| "Activity The degree of physical activity"                                                                                                                                   | <b>1. Bedfast :</b><br>Confined to bed                                                                                                                                                                                                                                                                                                   | <b>2. Chairfast :</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."                                                                                                                                                                                                         | <b>3. Walks occasionally:</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.                                                                                                                        | <b>4. All patients too young to ambulate; OR walks frequently:</b><br>Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.                                                                                                    | 4                       | 4       | 4     | 4    |      |
| Sensory Perception                                                                                                                                                           | <b>1. Completely limited:</b><br>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.                                                                                                                  | <b>2. Very limited:</b><br>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.                                                                                                                               | <b>3. Slightly limited:</b><br>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.                                                           | <b>4. No impairment:</b><br>Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.                                                                                                                                    | 4                       | 4       | 4     | 4    |      |
| Moisture Degree to which skin is exposed to moisture                                                                                                                         | <b>1. Constantly moist:</b><br>Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.                                                                                                                                                                   | <b>2. Very moist:</b><br>Skin is often, but not always, moist. Linen must be changed at least every 8 hours.                                                                                                                                                                                                                                                 | <b>3. Occasionally moist:</b><br>Skin is occasionally moist, requiring linen change every 12 hours.                                                                                                                                                                                             | <b>4. Rarely moist:</b><br>Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.                                                                                                                                                                   | 4                       | 4       | 4     | 4    |      |
| <b>FRICTION-SHEAR</b><br><b>Friction</b> Occurs when Skin moves against support surfaces<br><b>Shear</b> Occurs when skin and adjacent bony surface slide across one another | <b>1. Significant problem:</b><br>Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.                                                                                                                                                                                                        | <b>2. Problem:</b><br>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.                                                                                                                    | <b>3. Potential problem:</b><br>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.            | <b>4. No apparent problem:</b><br>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       | 4     | 4    |      |
| Nutritional Usual food intake pattern                                                                                                                                        | <b>1. Very Poor:</b><br>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. | <b>2. Inadequate:</b><br>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. | <b>3. Adequate:</b><br>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. | <b>4. Excellent:</b><br>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 meat and dairy products. Occasionally eats between meals. Does not require supplementation. | 3                       | 3       | 3     | 3    |      |
| Tissue Perfusion & Oxygenation                                                                                                                                               | <b>1. Extremely compromised:</b><br>Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.                                                                                                                                                                                   | <b>2. Compromised:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.                                                                                                                                                                                                | <b>3. Adequate:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.                                                                                                                                        | <b>4. Excellent:</b><br>Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.                                                                                                                                                                               | 4                       | 4       | 4     | 4    |      |
| <b>Severe Risk : less than 9   High Risk : 10-12   Moderate Risk : 13-14   Mild Risk : 15-18   Not at Risk: 19-23</b>                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | <b>TOTAL SCORE</b>      | 28      | 24    | 22   | 24   |
| Docu. No. : RCHBH /FRM / CLINICAL / 119                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | <b>Evaluator's Name</b> | GR      | Pravi | DR   | NR   |



| Risk Score  | Category      | Action                                                                                                                                                                                                                                                                                                                                       | <b>Support Surfaces</b><br>(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       | <ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul> | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| 13-14       | Moderate Risk | <ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>                                                                                                                                                        | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| 10-12       | High Risk     | <ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>                                                                                                             | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |
| Less than 9 | Severe Risk   | <ul style="list-style-type: none"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>                                                                                                                     | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                  |



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 Dr. FAISAL S NAHDI

## PAIN ASSESSMENT FORM

| Date   | Time    | (0/10) | Location | Duration                                                                     | Acuity                                                             | Character                                                                                                                        | Modifying Factors                                                          | Patient / Family Educated                                              | Intervention | Sign     |
|--------|---------|--------|----------|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------|--------------|----------|
| 3/7/26 | 3:25 PM | 0      | nil      | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | nil<br>nil   |          |
| 3/7/26 | 10 PM   | 0/10   | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | nil          | praneela |
| 4/7/26 | 6 AM    | 0/10   | Nil      | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Nil          | praneela |
| 4/7    | 2 PM    | 0/10   | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | NA           | geef     |
| 4/7    | 10 PM   | 0/10   | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | NA           | sowathu  |
| 5/7    | 6 AM    | 0/10   | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | NA           | sowathu  |
| 5/7    | 11 AM   | 0/10   | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | NA           | Pushing  |
| 5/7    | 8 PM    | 0/10   | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | NA           | Chandan  |
| 5/7    | 2 AM    | 0/10   | NA       | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            | NA           |          |
|        |         |        |          | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Intermittent | <input type="checkbox"/> Acute<br><input type="checkbox"/> Chronic | <input type="checkbox"/> Sharp <input type="checkbox"/> Dull<br><input type="checkbox"/> Aching <input type="checkbox"/> Burning | <input type="checkbox"/> Increasing<br><input type="checkbox"/> Decreasing | <input type="checkbox"/> Yes<br><input type="checkbox"/> 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 pain-relieving intervention.
  - Within 30 – 60 minutes after pain relief intervention.

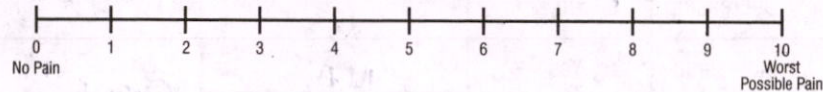


# PAIN ASSESSMENT TOOLS

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                          |

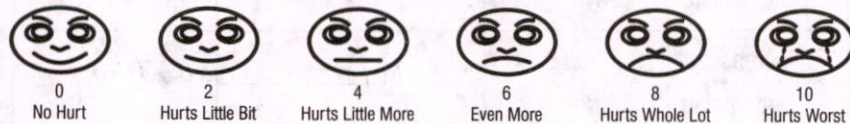
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





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# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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 |          |                         |
| 3/1/26 | 3:45 pm | 7               | Infection control  | M                                   | 4                 | 0              | 1                                 | 1             |          |                         |
| 4/1/26 | 9am     | 9               | OBM feeds          | F                                   | 1                 | 0              | 1                                 | 1             |          | mom's                   |
|        |         |                 |                    |                                     |                   |                |                                   |               |          |                         |
|        |         |                 |                    |                                     |                   |                |                                   |               |          |                         |

## Part - III: CODES

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify) .....                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |  |
| <b>Learning Barriers:</b><br>1. No Learning Barriers      4. Language Barrier      7. Impaired Thought Process/Cognitive limitations      10. Financial Difficulties      13. Cultural/Religion Practice<br>2. Physical Impairment      5. Educational Level      8. Responsibilities at Home      11. Beliefs and Values      14. Others (Specify) .....<br>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                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| <b>Mechanism/s to overcome barrier/s:</b><br>1. None      3. Reassurance & Support      5. Respect values & beliefs      7. Other, Specify .....<br>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

UTI 2

| Date Time         | Discipline                                                                                                                     | Type                                                                                                                                                    | Patient Needs / Problem List | Goal                                            | Plan / Intervention                           | Signature | Team Verification                                                                                                   |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------|-----------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------|
| 3/1/25<br>4:45 pm | <input checked="" type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | AFI<br>UTI                   | Resolution                                      | IV antibiotics                                |           | <input type="checkbox"/> Nursing<br><input checked="" type="checkbox"/> Others:                                     |
| 3/1/25<br>8:45 pm | <input checked="" type="checkbox"/> Medical<br><input checked="" type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | UTI                          | hemodynamic stability                           | 20 fluids                                     |           | <input checked="" type="checkbox"/> Medical<br><input type="checkbox"/> Others:                                     |
| 4/1/26<br>9am     | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input checked="" type="checkbox"/> Others: Ockhan     | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | UTI (DS)                     | DBM feeds + stage I weaning foods - HEE advised | ROA:-<br>E:- 108 kcal/kg/d<br>P:- 2.19 l/kg/d |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input checked="" type="checkbox"/> Others: |
|                   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                       | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                                                 |                                               |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            |
|                   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                       | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                                                 |                                               |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            |



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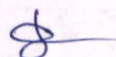
# CHECKLIST FOR THROMBOPHLEBITIS

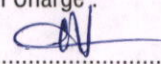
Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

| 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 /<br>Observe cannula                                                              | 0     |       |   | 0 | 0     | 0 | 0 | 0     | 0 | 0 |         |
| 2                      | One of the following signs is evident :<br>* Slight pain near the IV Site /<br>* Slight redness near IV Site                                        | Possibly first signs of phlebitis /<br>Observe cannula                                                  | 1     |       |   | + | -     | - | - | -     | - | - |         |
| 3                      | Two of the following Signs are evident:<br>Pain at IV site Redness                                                                                  | Early stage of phlebitis /<br>Resite Cannula                                                            | 2     |       |   | + | -     | - | - | -     | - | - |         |
| 4                      | All of the following Signs are evident :<br>Pain along Path of cannula<br>Redness around Site Swelling                                              | Medium stage of phlebitis /<br>Resite Cannula Consider Treatment                                        | 3     |       |   | + | -     | - | - | -     | - | - |         |
| 5                      | All of the following Signs are evident and Extensive :<br>Pain along Path of cannula<br>Redness around Site<br>Swelling palpable Venous cord        | Advanced stage of phlebitis or<br>the start of thrombophlebitis /<br>Re site Cannula Consider Treatment | 4     |       |   | - | -     | - | - | -     | - | - |         |
| 6                      | All of the following Signs are evident and Extensive : Pain<br>along Path of cannula Redness<br>around Site Swelling palpable<br>Venous cordpyrexia | Advanced stage of<br>thrombophlebitis /<br>Initiate treatment Re site<br>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 : Sourav

Signature of Ward In Charge :   
Signature : ..... Name : Neeraj



## DISCHARGE PLANNING FORM

Nationality: Indian.

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

1. Anticipated Date of Discharge: 6/7/26

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

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

Explain to mother

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: personal hygiene

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

☐ Patient ☒ Family Member

☐ Others: .....

Nurse Signature: [Signature]

Nurse Name: pramila

Date and Time: 31/7/26 @ 8pm



# PATIENT TRANSFER FORM

|                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                 |                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Patient Name & UHID No.<br><br>BAH-00660563 IP5-00175931<br>Master HAMZA ASIM<br>25-12-2025 0 Y 6 M 8 D (M)<br>Dr. FAISAL B NAHDI<br> |                                 | Date & Time of Admission<br>3/7/26 @ 4:02 pm                                                                                                                                                                                                                    | Date & Time of Transfer Order<br>3/7/26 @ 6:00 pm |
|                                                                                                                                                                                                                        |                                 | Transfer Ordered by<br>Dr. Akhila                                                                                                                                                                                                                               | Reason for Transfer<br>Admission.                 |
| From Unit<br>ER                                                                                                                                                                                                        | To Unit<br>ward                 | Information to Attendant<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                 |                                                   |
| Number of Sheets in Clinical File<br>20                                                                                                                                                                                | Number of Imaging Films<br>nil. | Personal belongings including clinical documents. If any handed over to attendant<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, what ?  |                                                   |
| Medications / Consumables / Surgicals / Hand over                                                                                                                                                                      |                                 |                                                                                                                                                                                                                                                                 |                                                   |
| Sl.No.                                                                                                                                                                                                                 | Item Name                       | Quantity                                                                                                                                                                                                                                                        |                                                   |
| 1.                                                                                                                                                                                                                     | plurin 1 sample                 | (1)                                                                                                                                                                                                                                                             |                                                   |
| 2.                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                 |                                                   |
| 3.                                                                                                                                                                                                                     | nil                             |                                                                                                                                                                                                                                                                 |                                                   |
| 4.                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                 |                                                   |
| 5.                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                 |                                                   |
| Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                       |                                 |                                                                                                                                                                                                                                                                 |                                                   |
| Name & Signature of Person who is Transferring<br>Nsr. Sushmita                                                                                                                                                        |                                 | Name of Person Ordered Transfer<br>Dr. Akhila                                                                                                                                                                                                                   |                                                   |
| Patient & Clinical Records Received by :<br>Divya                                                                                                                                                                      |                                 |                                                                                                                                                                                                                                                                 |                                                   |
| Date & Time of Patient Received :<br>3/7/26 @ 6:10 pm                                                                                                                                                                  |                                 |                                                                                                                                                                                                                                                                 |                                                   |

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready





## NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 4/7/26 Time: 9am

Weight: 6.55 kgs Centile: <5<sup>th</sup>

Height: 56.5 cms Centile: <5<sup>th</sup>

Inference: underweight child

RDA: — Calories: 108 kcal/kg/d Protein: 2.1 g/kg/d

Diet Recommendations: DBM feeds

Re-Assessment: stage I weaning foods - HEE advised

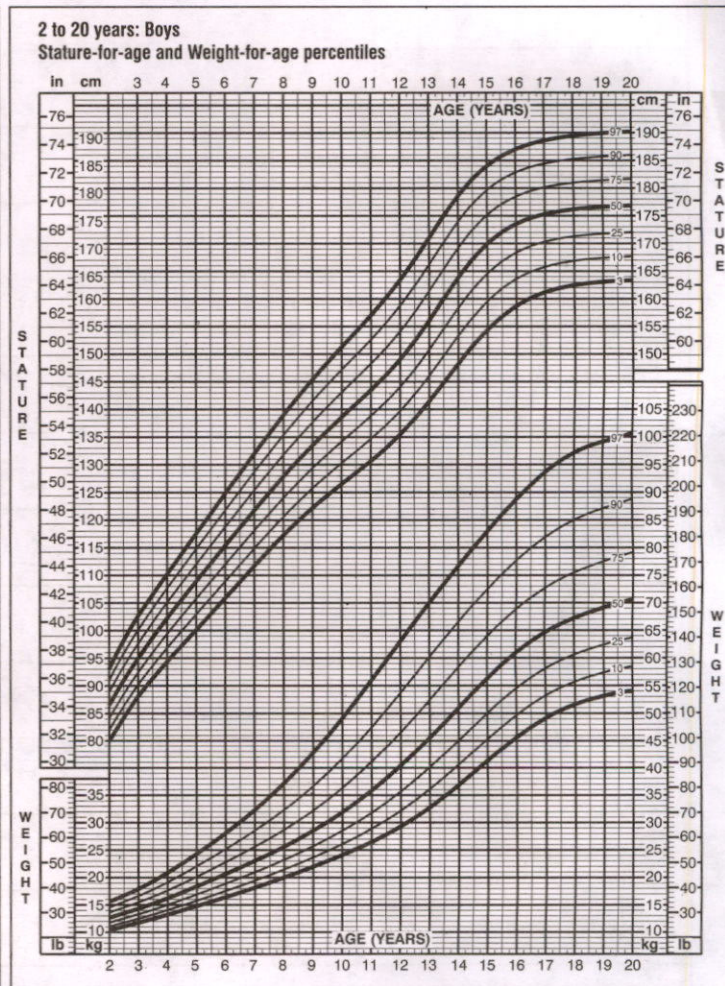
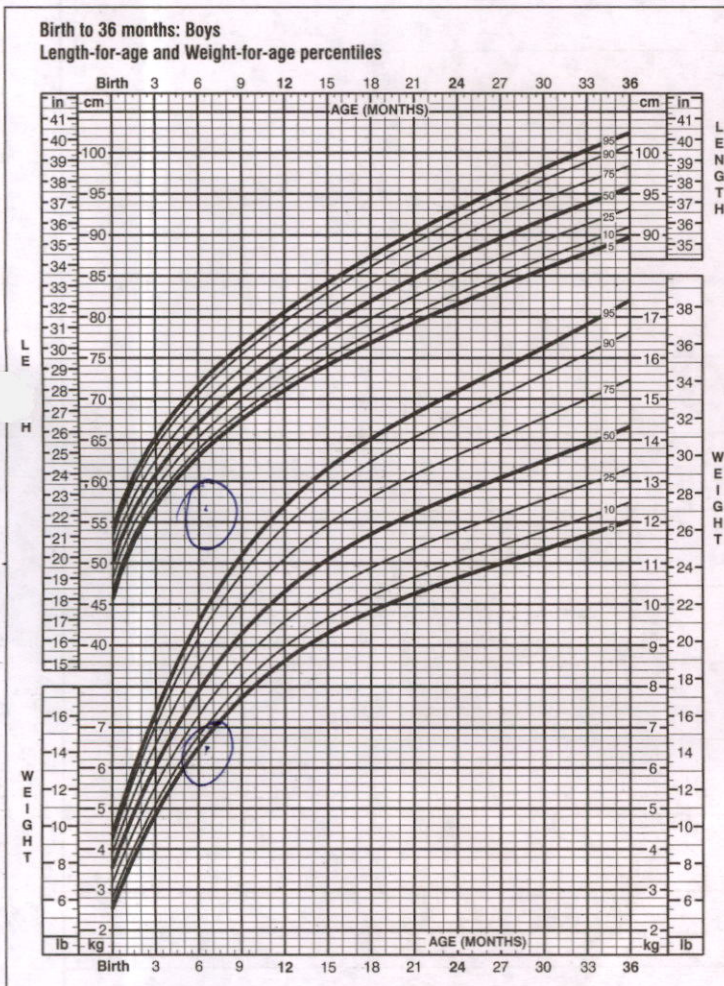
Food Allergies: NO Veg/Non-veg veg

Diagnosis: UTI (D5)

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Aej

### GROWTH CHART (BOYS)



Dietician's Name mounica

Dietician's Signature mounica



### Daily Notes:

5/1/26  
8am

Child is stable. Intake is fair  
continue to stage 2 weaning foods

Nikita