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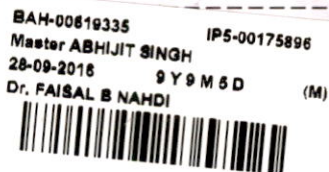
ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

Date of Admission: _____

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



Attendant: _____ Dept : _____

of Discharge : _____ Time: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
03/07/26	12:10 am	ER	PICU	[Signature]
4/7/26	5 pm	PICU	ICU	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Anupama. Y	31/7/26	9686478	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
03/07	IR Placement	①	84922	Samsheer
SLA	N/A	①	860356	B

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

.....

Date : 6/2/26 Time : 9am Prepared By : Sushma

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sushma	11B40R		

**Rainbow Children's Hospital - Banjara Hills**

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP5-00175896

Admit Date : 03-Jul-2026

Admit Time : 12:08 AM UHID : BAH-00619335

Patient Details :

Patient Name : Master ABHIJIT SINGH

Age : 9 Y 9 M 5 D

Guardian : Mr CHANDU SINGH

DOB : 28-09-2016

Gender : Male

Religion : Hindu

Occupation :

Marital Status : Single

Address (H) : H NO 13-2-601/110, RAHIMPURA Dhoolpet
Hyderabad Telangana INDIA 500006

Phone No : 9912072296/ 9391090257

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT 322

Ward Name : 3F-ZONE B

Room No : PVT 322

Admission Type : First Visit

Contact Details :

Name : Mr CHANDU SINGH

Relationship : Father

Contact Address : H NO 13-2-601/110, RAHIMPURA Dhoolpet
Hyderabad Telangana INDIA 500006

Phone No : 9912072296 / 9391090257

CHANDU SINGH
Signature

Doctor Details :

Doctor Name : Dr. FAISAL B NAHDI

Specialisation : GENERAL PEDIATRICS

Referral Doctor : DR. MURALIDHAR ATASNIYA

Phone No :

Co-Consultant : Dr. ANNAPOORNA TADAVARTHY

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD



ADMISSION CRITERIA – PICU

Admission / Transfer from:

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

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

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

✓ Dengue illness.

Signature of the Doctor: Name of the Doctor: Dr. Pratyaksh Date & Time: 3/7/26

DISCHARGE CRITERIA – PICU**Discharge to:**

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

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

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

Signature of the Doctor:

Name of the Doctor :

Date & Time:



PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Abhijeeth

UHID ID:

BAH-00619335 IP5-00175896
Master ABHIJIT SINGH
28-09-2016 9 Y 9 M 6 D (M)
Dr. FAISAL B NAHDI

Department:



Consultant:



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

clo fever :: 4d
lig joint pain :: 2d.

History of present illness :

Prenatally well child.

clo fever :: 4d - mod to high grade.

2-3 spikes/day.

~~anti~~ subsiding with medications

no chills / cough / cold / loose stools /
vomiting.

clo leg pain :: 2d - no dragging type of pain

no aggravating / relieving
factors

no joint swelling / tenderness

no rashes

no vomitings.

Oral intake decreased.

urine output alleged to be 0.

no H/O travel.

CBP - 2/7/26 - 10 AM.

Hb - 13.4

Plt - 70k.

WBC - 3.08k. (42/50)

CRP - 2.7

Widal - slide test - Negative



Pediatric Multiorgan History & Physical Examination

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

①

Birth & Neonatal History:

① perinatal transition

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developed as per age

Immunization History :

Immunised as per age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 26.4 kg (Centile _____)

On Examination :

Temperature : 98.1°F Pulse Rate : 96/min B.P. 92/65 (71) SPO2 100% + RA

Resp. rate and type of breathing : 22/min

Rash ⊖

Lymphadenopathy ⊖

Oedema : ⊖

Allergies (if any): ⊖

Respiratory System :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAC ⊕

Any addes sounds : ⊖

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

Cardiovascular System :

Inspection of procordium : _____

Heart Sounds : S1 S2 ⊕

Any murmur : ⊖

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

Per Abdomen :

Inspection _____

Palpation : Soft, (R) hypochondriac tenderness ⊕

Ausculation : BS ⊕

Spine : _____ External Genitalia : _____

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



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: NAD Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : Regular

Clinical Summary & Diagnostic:

Acute febrile illness

± myeloma & thrombocytopenia

? Dengue



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Bleeding, Shock

Desired goals of the treatment : hemodynamic stability.

Planned Labs:

Blood c/s
RPi
CRP PCT, Ferritin
Dengue NSI+IgM.

Planned Management

IV fluids.
fever management-
antibiotic to be
decided after reports.

NB monitor

Signature of the Doctor: [Signature]

Name of the Doctor: Lanitra

Date & Time: 31/10/26 12:30 AM

Signature of the Consultant: [Signature]

Name of the Consultant: M.N.

Date & Time: 3/07 (2-30-)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26. 12:30am	C/S/B	Dr. Sandeep.
	Δ: Acute febrile illness -? Dengue.	Plan:- ① Send RPL, PT/INR. ferritin, PCT Dengue NSL, IgM.
	① Fever x 4 day. = last fever spike 6am 2/7/26	① Ceftriaxone.
	② Headache x 2 day.	② Eomeprazole.
	③ Bodyache & leg pain x 1 day. No vomiting, pain abdomen bleeding, rash, loose stool, swelling of body part.	③ Azithromycin. ④ DNS 25mg/hr ⑤ Monitor vitals ⑥ Input-output charting.
	Child on room air. SpO ₂ : 99%. PR: 86/min RR: 26/min. BP: 96/62. Chest: B/L clear CVS: S1S2 @ CNS: GCS 15/15. Pupils: 2+ 2+ Tm: (N). PA: syst, NT.	

Noted by
Nishu Roy
03/07 @ 12:35 AM

[Signature]

IP5-00175896

Master ABI
28-09-2016

9Y9M5D

(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

[illegible]

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 3/6/24 Day of Admission : D2 Today's Date & Time : 3/6/24

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 1

OVERVIEW	Diagnosis : <i>Acute febrile illness / Dengue.</i>	Current Issues : <i>Thrombocytopenia.</i>
VITAL SIGNS	Today's Wt. (kg) : <i>26.6</i>	Temp.: Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <i>B/L clear.</i>	
	CXR :	
	SPO ₂ : <i>99%</i> O ₂ by NC / FM / NRB mask / Oxyhood, at <i>room air.</i> L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <i>Sinus HR: 67/-</i>	
	Quality of Pulses : <i>Good</i> cap refill Time : <i>< 2 sec</i> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <i>96/50.</i> IBP : <i>95/50.</i> CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : ☐ Yes ☒ No Place of art, line & its condition :	
Central line in situ : ☐ Yes ☒ No Place of central line & its condition :		
Day of arterial line : Day of Central line :		
Plan of Care :		
CNS	Neuro Exam : <i>GCS 15/15</i>	
	Pupils : <i>2+ 2+</i> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>26</u> ml / hr (..... times maintenance) TPN : ☐ Yes ☒ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>Soft NT</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	INFECTION ☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☐ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	NEPHROLOGY ISSUES Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS VAP Bundle Used ? : ☐ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☒ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☒ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details :		Pending Lab Results : ☐ Yes ☐ No If yes, then details : Pending Consultations : ☐ Yes ☐ No If yes, then details :
FINAL COMMENTS <u>Trace CBP, Dengue.</u>		

Doctor's Name (Handover given) : Surya
Signature : [Signature]
Date & Time : 3/21/26 8=

Doctor's Name (Handover taken) : [Signature]
Signature : [Signature]
Date & Time :

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2020 8:30 AM	cls/B Dr. Fais ✓	
	Acute febrile illness	Plan
	Ps of illness	
	Dengue	① USG Abdomen
		② Chest xray
	Last juice Spree yesterday Morning	③ UO Monitoring
	Hemodynamically Stable	④ Trace Dengue Ab; / 2pm.
	HR - 80/min	⑤ Based on Scans shift to Ward
	RR - 22/min	⑥ CBP tomorrow morning
	BP - 90/66 mmHg	
	CRP < 3mcg	
		Mr. Ashma
		3/7/2020
		8:23 AM
		<i>[Signature]</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/2026 10:30 AM	clsb Dr. Anupama	
	Δ Derrne Fever - Day 5	Plan:
	Afebrile Day - 2	1) Increase IVF to 1.5 ml/kg/hr
	Hemodynamically stable	2) NIBP q 4hrly
	PP - 22 - 25	3) <PP <30 Bedside focus to see fluid balance
	BP - 98/71 (G1)	4) Keep in ICU till evening.
	Vitals	5) CBR at 3pm
	PR - 90 bpm	PCV (Vinhomes)
	SpO ₂ - 100% ITR/A	6) w/f urine output
	RR - 23	
		N.B. Ashme 3/7/26 10:30 AM
	SpO ₂ in Fetus	
	Culd c Day fever	→ Report CMP, BGT, & fona
	VHF.	Verous PCV } May
	clsb Better	(Gan)
3107	HR - 91	
5:15 PM	PO ₂ - 100	
	Dr. Faisal B Nahdi Reg. No. 66278	N.B. Ashme 3/7/26 5:15 PM clsb



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/2026 7:30pm	cl/b mr. Anupama A Dengue Encephalitis Active day 2 o/e Hemodynamically stable Bp- 100/70 mmHg PP-30 on normal air pneumonia - warm on 4.5ml/hr IVF	Plan: 1) CBP, Antihyper PCV T/m 2) monitor urine output 3) Continue Antibiotics 4) Based on Next CBP reports Plan to shift out
4/07	cl/b m. Faisal	Plan:
cl/b	could i Deng Enceph early way sym	1) Stop IV fluids 2) Cyp Ataxax
(u/fn)	Early Shift	3) Ataxax 10hrs
(8hr)		4) Shift to wards
		5) CBP } transfer LFT } Med

Noted by
M. Roy
03/07/26
@ 7:10pm

Dr. Faisal B Nahdi
Reg. No: 66228
cl/b

M. B. Ashima
4/7/26
8:44am

7. FAISAL B NAHDI

BAH-00619335

BAH-00619359
Master ABHIJIT SINGH

28-09-2016

9Y9M5D

(14)

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 03/07/2026 Day of Admission : Day 2 Today's Date & Time : 04/07/26

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Dengue fever - Day 6 Afebrile - Day 3	Current Issues : Thrombocytopenia
	VITAL SIGNS Today's Wt. (kg) : 26 Temp.: Blood sugar issues :	
RESPIRATORY SYS.	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BLK AE @, Clear	
	CXR :	
	SPO ₂ : 99% T R / A O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 72	
	Quality of Pulses : Good cap refill Time : < 3 sec Liver Edge : 2 cm below Rt costal margin	
	Blood Pressures : NIBP : 105/80 (90) IBP : CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : ☐ Yes ☐ No Place of art, line & its condition :	
Central line in situ : ☐ Yes ☐ No Place of central line & its condition :		
Day of arterial line : Day of Central line :		
Plan of Care :		
CNS	Neuro Exam : AU - 15/15	
	Pupils : 2mm BLK RTL Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care :	
Ramsay Sedation Score :		

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNC</u> @ <u>10</u> ml / hr (<u>1.5 ml/kg/hr</u>) times maintenance) TPN : ☐ Yes ☒ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>Soft</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :		
	INFECTION ☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : Describe c/s Reports : <u>1up. cefmarax D2</u> Other Labs (Latex, Serology, etc) : <u>Syp. anthracycl P2</u> Ongoing Antibiotics :		
	NEPHROLOGY ISSUES Sr. Creat : <u>0.3</u> Bld. Urea : <u>12 (3/7)</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :		
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :		
	CARE PROTOCOLS VAP Bundle Used ? : ☐ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☒ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☒ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details :		Pending Lab Results : ☒ Yes ☐ No If yes, then details : <u>CBP, PCV</u> Pending Consultations : ☐ Yes ☒ No If yes, then details :
	FINAL COMMENTS <u>Trace today's CBP, PCV</u> <u>Based on PCV → remove IV fluids</u>		

Doctor's Name (Handover given) : Dr. Kettler
 Signature : [Signature]
 Date & Time : 04/12/26 8:00 AM

Doctor's Name (Handover taken) : [Signature]
 Signature : [Signature]
 Date & Time : 4/12/26

Date & Time	Progress Notes	Doctor's Order
4/7/26 11AM	<u>Shifting Notes</u> Δ:- Dengue Fever (DG) Afebrile since 3 days child on Room air Hemodynamically stable Warm peripheries o/e - child alert/active Resp } P/A } (2) CVS } Vitals - stable	<u>Plan</u> 1) Send CRP @ 6:00pm. 2) V/O monitoring 3) WIF feed 4) Oral Intake, adequate fluid intake. 5) CBP } T/m 6 am. LFT } <u>Dr. Anurag</u> <u>outpatient</u> <u>9:30am</u>

Date & Time	Progress Notes	Doctor's Order
4/2/26 10 AM	4/2/26 - 10/18 Dr. Anupama DS:- Dengue illness. on room air hemodynamically stable No s/o capillary leak systemic examⁿ - (N) thrombocytopenia plt count - 44000	Plan 1) Shift to room 2) Allow orally. Sub. Ashme 4/2/26 10 AM DR. ANUPAMA Y Registration No: 50850

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/9/2016 8:30 AM	Seen by Resident. Ass - Dengue Illness. No fevers, pain better. Plt count rising. NO fresh issues. Oral intake fair Off child asleep, afebrile Hemodynamically stable. Perfusion good. Pulse volume good. Chest clear abdomen soft. NO rash,	Plan 1. Monitor vitals. 2. R/V to stop IV fluids. 3. continue CEFTRIAXONE AZITHROMYCLIN. 4. watch for danger signs q inform SOS. \$ Saliuti
		Consider stopping antibiotic as Dengue IgM +ve
		Doc Drujjwal. aan.
17/9	Culdi Dengue fever Early warning signs Shifted from PICU	Cmp (toman) comp
10:30 AM	eng send.	[Onsch toman
		Dr. Faisal B Nahdi Reg. No: 66228



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB <u>Relident</u>	
6/7/26 8:30 AM	S: Dengue illness	Plan-
	no fever	(1) Plan Discharge today
	no illness	after rounds
	Oii - good	(2) on Lantol
	o/e - <u>Unit alert</u>	Atarax
	vital stable	Smooth
	RI	
	US / normal	
	PIA	
	Pr good	
not named that x3 days		
		Discharge
		Bever syp.
		Smooth, MU-OUT
		Procto chrysis
		enema today
	Follow up	
	Referral Doctor	
	on Thursday	
		Doa
		Druggin
		gan
		DR. UJJWALA DESAI
		Registration No: 90550



RESULT SHEET

Date	3/7/26	3/7/26	3/7/26	04/07	5/7	6/7/26
Time	9 AM	7 AM	3 PM	4 AM	7 AM	6 AM
Hb	13.3	13.3	13.9	10.0 ↓	13.2	12.6
PCV	39.5	41	42.1 ↑	30.9	40.9	38.7
RBC	5.04	5.15	5.29	3.83	5	4.85
WBC	4210	4920	4440	3520 ↓	6.27	4530
N/L	28/63	27/74	23.8/69.8	16/77	19/73	21/68
Platelets	70,000	72,000	50,000	44,000 ↓	82,000 ↑	1.36 lakhs
CRP						
ESR PCR (wintrobe's)			43	33		
CT	0.538					
RBS						
Na	135					
K	4.2					
Cl	107					
Ca/Mg	8.4/					
Phosphate	3.4					
Urea	12					
Creatinine	0.3					
ALP	118				106	
SGPT	23				34	
SGOT	56				74	
T.Bill/Conj	0.3/0.1				0.2/0.1	
Protein	6.1				7.1	
S.Albumin	3.2				3.6	
S.Globulin	2.9				3.5	
A/G Ratio	1.1				3.5	
Uric Acid	3.2					
S.Amylase	48					
Sr.Lipase						
Blood Lactate						
S.Cholesterol	56					
PT/INR	14/1.0					
APTT	44					
CSF Protein / Sugar						
Cells						
N/L						

BAH-00619335 IP5-00175896
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 Dr. FAISAL B NAHDI



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RESULT SHEET

Date	27/26					
Time	11 AM					
Hb	13.4					
PCV	.					
RBC						
WBC	3.08 k					
N/L	42/50					
Platelets	70k					
CRP	2.7					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : Outside widal - Neg.

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

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Master ABHIJIT SINGH
28-09-2016 9 Y 9 M 6 D (M)
Dr. FAISAL B NAHDI



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: PICU,

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ CEFTRIAXONE	1.2gm	IV	BD		☒ C ☐ DC
2	INJ EMD PRAZOLE	25mg	IV	OD		☒ C ☐ DC
3	SUP AZITHROMYCIN (5ml = 200mg)	6ml	PO	OD		☒ C ☐ DC
4	SUP ATARAX	5ml	PO	BD,		☒ C ☐ DC
5	ATARAX LOTION		LA	TID,		☒ C ☐ DC
6	SUP PAR PARACETAMOL (5ml = 240mg)	8ml	PO	SOL		☒ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature:

Date & Time:

Nurse Name & Signature:

Date & Time:

Weight Ward

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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



DRUG CHART

Date of Admission: 3/7/20 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : <u>Syp PARACETAMOL</u>				Date Time	<u>07/07</u>
Dose	Route	Frequency	Start Date		
<u>8ml</u>	<u>PO</u>	<u>6H</u>	<u>3/7</u>		
Doctor's Signature		Valid Period	Pharm.		
<u>Sainthi</u>					
Additional Instructions: <u>(5/240 mg)</u> <u>Temp > 100°F</u> <u>or Body pain</u>					

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 26.4 kg Ward. PW

DRUG : <u>Syr CEFTRIAXONE</u>				Date Time	3/7	4/7	5/7
Dose <u>1.3g</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Date <u>3/7</u>				
Name & Signature of the Doctor Starting the Drugs: <u>Sahithi</u>				Stop			
Additional Instructions: <u>@ 50 mg/kg/dose</u>				dul 5/7			
Daily Doctor's Endorsement by a Sign				\$ \$ \$			
DRUG : <u>Syr ESOMEPRAZOLE</u>				Date Time	3/7	4/7	5/7
Dose <u>25mg</u>	Route <u>IV</u>	Frequency <u>OD</u>	Start Date <u>3/7</u>				
Name & Signature of the Doctor Starting the Drugs: <u>Sahithi</u>				Stop			
Additional Instructions: <u>@ 1mg/kg/dose</u>				dul 5/7			
Daily Doctor's Endorsement by a Sign				\$ \$ \$			
DRUG : <u>Syr AZITHROMYCIN</u>				Date Time	3/7	4/7	5/7
Dose <u>6 ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>3/7</u>				
Name & Signature of the Doctor Starting the Drugs: <u>Sahithi</u>				Stop			
Additional Instructions: <u>(5/200 mg)</u>				dul 5/7			
Daily Doctor's Endorsement by a Sign				\$ \$ \$			
DRUG : <u>Syr ATARAX</u>				Date Time	4/7	5/7	
Dose <u>5ml</u>	Route <u>oral</u>	Frequency <u>BD</u>	Start Date <u>4/7</u>				
Name & Signature of the Doctor Starting the Drugs: <u>dul m & N</u>				Stop			
Additional Instructions:				dul 5/7			
Daily Doctor's Endorsement by a Sign				\$ \$ \$			

IP5-00175896

BAH-00619500
Master ABHIJIT SINGH
AYC

Master ABH
00 00 0018

9Y9M5D

(M)

28-09-2016
Dr. FAISAL B NAHDI



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

STAT / ONCE ONLY DRUGS[illegible]

BAH-00619335

Master ABHIJIT SINGH

28-09-2016

Dr. FAISAL B NAHDI

IP5-00175896

9 Y 9 M 5 D

(M)



MEDICATION RECONCILIATION FORM

Drug Allergies:

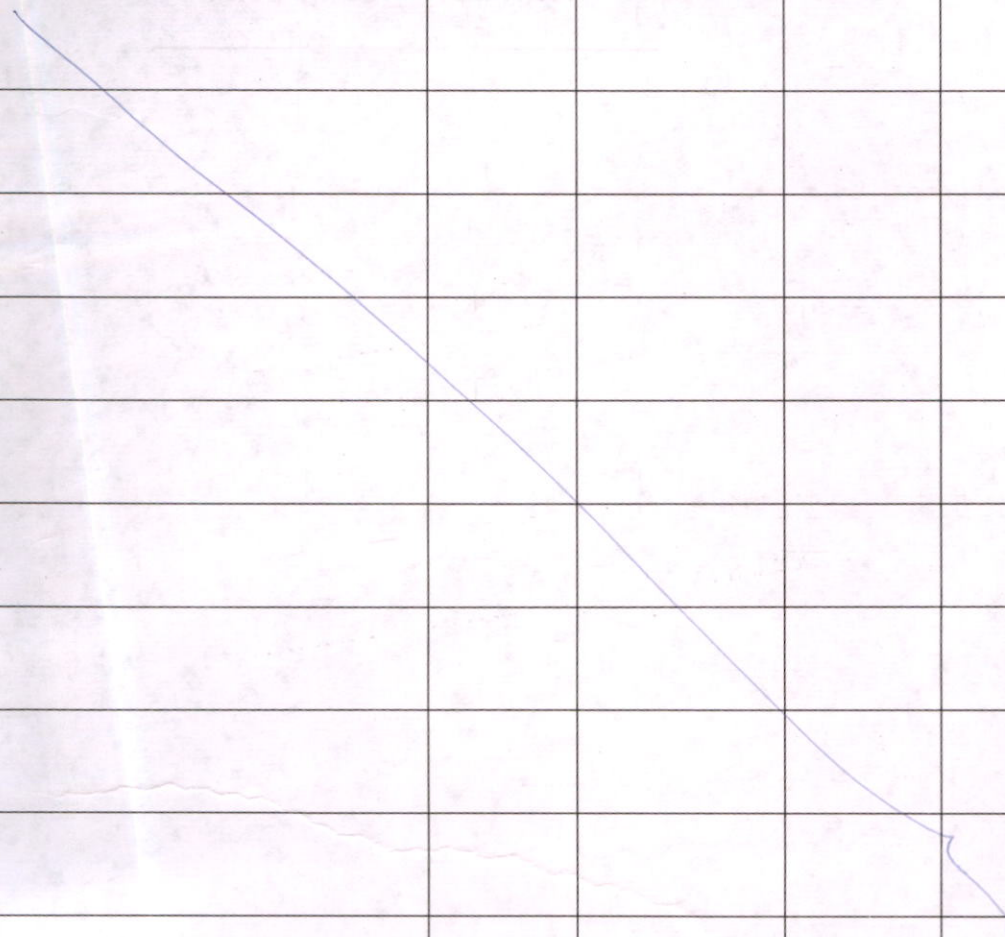
☒ Not known any Drug Allergies

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

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

Shifting From: ICU

Shifted to: ward PICU

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sahitw

Date & Time : 2/7/26 11:50 PM

Nurse Name & Signature : Reemah

Date & Time : 02/07/26 @ 12:40 am

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/09/2016	Time: 10:00 AM	6/7/25				
Doctor / Nurse / Family Concern?	10 AM	1 PM	6 PM	10 PM	2 AM	6 AM
Temperature (F)	98.1	97.9	98.1	97.8	98.1	95.8
Heart Rate (bpm)	117	111	111	120	100	109
Blood Pressure (mmHg) *	69/60	70/59	111/60	84/73	67/54	89/80
Heart Rate (Number)	112 bpm	119 bpm	116	100 bpm	105 bpm	115 bpm
Resp. Rate (bpm) (Over 1 Minute) *	28	28	28	28	28	28
Resp Rate (Number)	28 bpm	28 bpm	28	28 bpm	28 bpm	28 bpm
Resp Distress	None	None	None	None	None	None
Receiving O ₂ (l/min)	0	0	0	0	0	0
O ₂ Saturations (%)	97%	99%	100%	100%	98%	99%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	13/15	15/15	15/15	15/15
TOTAL SCORE	1	1	0	1	1	1
Number of shaded boxes	0	1	0	1	1	0
Pain Score	0	0	0	0	0	0
Observer's Initials	SN	SN	SN	SN	SN	SN

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00619335 IP5-00175896
Master ABHIJIT SINGH
28-09-2016 9 Y 9 M 6 D (M)
Dr. FAISAL B NAHDI



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

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

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

BirthRight™
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/26 Time: 6 AM

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)

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

70
60
50
40
30
20
10

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

Receiving O₂(l/min)
O₂Saturations (%)

Conscious Level Normal
Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
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Patient Sticker

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

SCHOOL AGE (5-12 years)

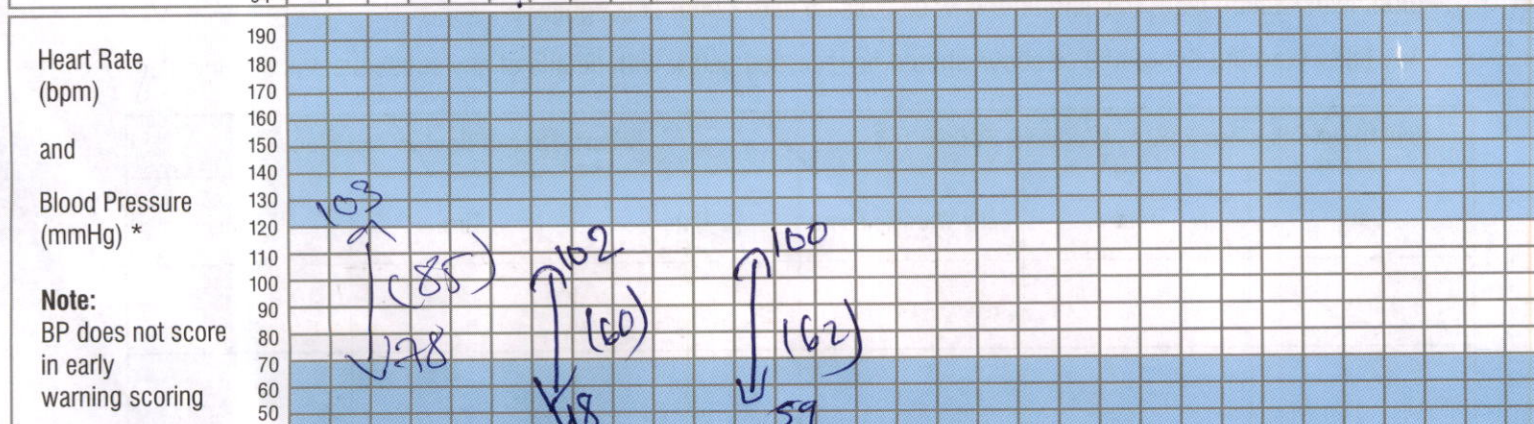
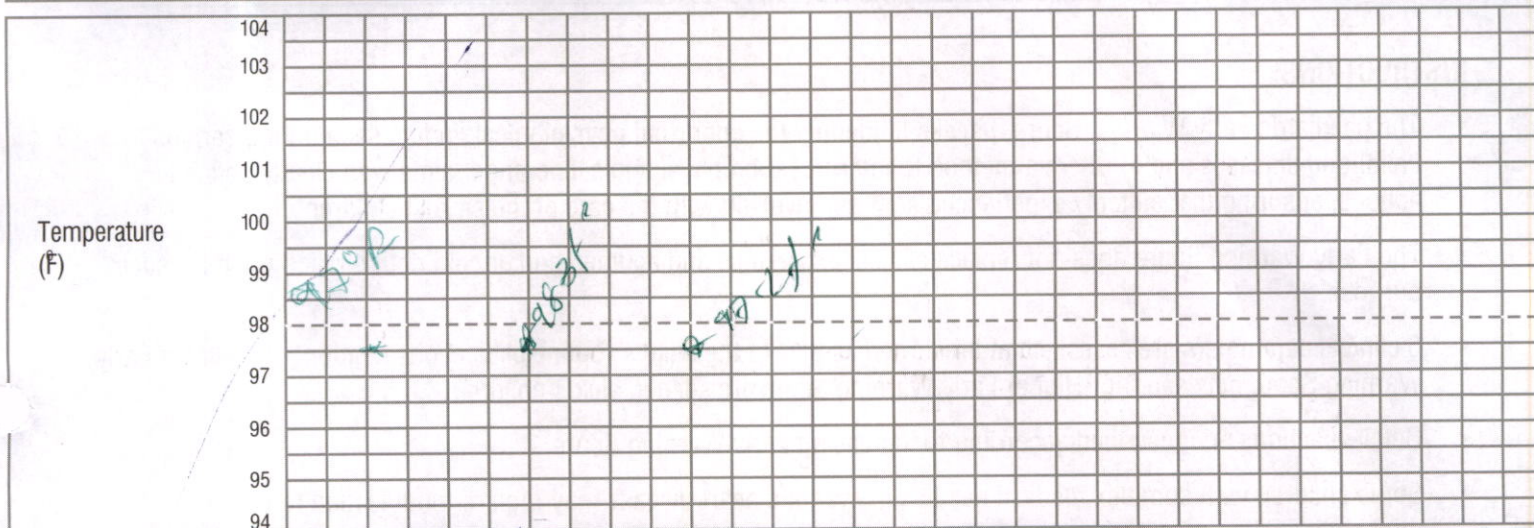
Children's Observation &
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Your Right to a Safe Delivery

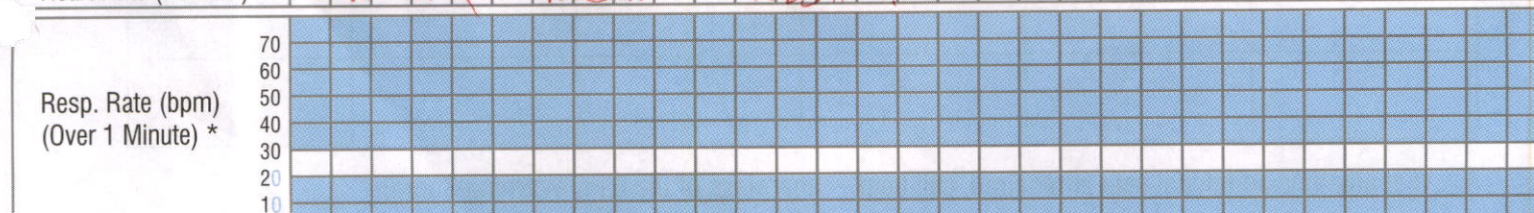
EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/11/2016 Time: 5 PM 10 PM 2 AM
Doctor / Nurse / Family Concern?



Heart Rate (Number)

101 bpm 100 bpm 102 bpm



Resp Rate (Number)

25 bpm 25 bpm 25 bpm

Resp Mod/ Severe Distress None / Mild

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

99 100% 100%

Conscious Level Normal Altered

GCS *

15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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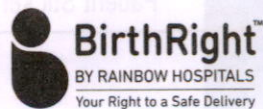
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BAH-00619335 IP5-00175896
 Master ABHIJIT SINGH
 28-09-2016 9 Y 9 M 6 D (M)
 Dr. FAISAL B NAHDI



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.

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

Total Intake :

Total Output :

	02:00 pm										
	03:00 pm										
	04:00 pm										
	05:00 pm										
	06:00 pm										
	07:00 pm										

Total Intake :

Total Output :

	08:00 pm										
	09:00 pm										
	10:00 pm										
	11:00 pm										
	12:00 am										
	01:00 am										

Total Intake :

Total Output :

	02:00 am										
	03:00 am										
	04:00 am										
	05:00 am										
	06:00 am										
	07:00 am										

Total Intake :

Total Output :

Total 24 hrs. Intake	
----------------------	--

Total 24 hrs. Output	
----------------------	--



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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
5/7	08:00 am										0		
	09:00 am										0	Sufky	
	10:00 am	NO IVF									0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm										0	Sufky	
Total Intake :						Total Output :							
5/7	02:00 pm										0	Chande	
	03:00 pm										0		
	04:00 pm	NO IVF									0	Chande	
	05:00 pm										0		
	06:00 pm										0	Chande	
	07:00 pm										0		
Total Intake :						Total Output :							
5/7	08:00 pm										0		
	09:00 pm										0	Suf	
	10:00 pm	NO IVF									0		
	11:00 pm										0	Suf	
	12:00 am										0		
	01:00 am										0	Suf	
Total Intake :						Total Output :							
6/7	02:00 am										0	Suf	
	03:00 am										0		
	04:00 am	NO IVF									0	Suf	
	05:00 am										0		
	06:00 am										0	Suf	
	07:00 am										0		
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 3/7/26

Assessment: pt didn't passed urine.

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	To Monitor and record vitals.	8:10 am	Monitored and recorded vitals	ab F.S, Stable vitals.
10 am	To maintain I/O chart and fluid balance.	10:40 am	Made Pt drink 20ml. H ₂ O with breaks in H ₂ O and maintained I/O chart	
11 am	To check BP & PP & hly.	11:00 am	BP & Pulse pressure checked	— it is < 30
12 pm	To Assess for General condition	12 pm	Assesed for General condition	— Stable and
2 pm	To make patient feel comfortable.	2 pm	Pt lying on bed comfortably.	Comfortable.
3 pm	To collect UPR and PCU.	3 pm		
5 pm	w/ fever spikes	6 pm	→ w/ fever spikes	
6 pm	Administer medications as per client	7 pm	Administered medications as per client	

Re-Assessment: urine output to be checked and maintain fluid balance.

Special Notes: To check BP & pulse pressure q hly.

Nurse Signature: Anulysa Mei

Nurse Name: Li

Date & Time: 3/7/26 @ 8 pm



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 03/07/26

Assessment:

Baby Having full Activity

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
9 am	→ Assess the general condition of the baby.	11:00 am	→ Assessed the general condition of the baby.	→ Vital are still
9 am	→ provide comfortable position.	4:10 pm	→ provided comfortable position.	
6 am	→ CBP send AT 6 AM	6:10 pm	→ CBP send AT 6 AM.	
7 am	→ Administer the medication AS per Doctor orders.	7:30 pm	→ Administered the Medication AS per Doctor's Rx	

Re-Assessment:

Re Assessment full Activity

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time: 03/07 @ 8 AM

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 03/07/26

Assessment: Baby Having dull activity

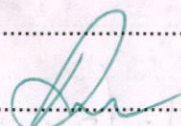
Goals

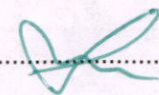
- ☐ Maintain Airway and Oxygenation ☐ Relieve Pain & Discomfort ☒ Maintain Fluid Balance ☐ Improve Activity Tolerance ☒ Maintain Good Nutritional Status ☐ Maintain Skin Integrity
☐ Maintain Personal Hygiene ☐ Prevent Infection ☐ Meet Elimination Needs ☐ Ensure Safety ☐ Early Ambulation Reduce Anxiety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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the General Condition of the baby.	8.10pm	→ Assessed the General Condition of the baby.	→ vital are stable.
10pm	→ provide comfortable position.	10.10pm	→ provided comfortable position.	
12am	→ Monitor the vital signs	12.10am	→ Monitored the vital signs every Hourly.	
4am	→ CBP. BBT. PEV send As per Doctor orders.	4.10am	→ CBP. BBT. PEV send As per Doctor orders.	
6am	→ Administer the medication As per Doctor orders.	6.30am	→ Administered the Medication As per Doctor orders.	
7am		7.30am		

Re-Assessment: dull activity.

Special Notes:

Nurse Signature: 

Nurse Name: 

Date & Time: 04/07/26 @ 8 AM



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 4/2/26

Assessment: Pt having fever since 4/2/26

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess general condition of child	9am	Assessed general condition of child.	All plans are Implemented
9am	TO Allow oracy	10am	Allowed orally.	
10am	plan for CBP, CFT tomorrow morning	11am	Send CBP, CFT tomorrow morning	
12pm	w/f fever spikes	1pm	w/f fever spikes	
3pm	Maintain I/O chart	4pm	Maintained I/O chart.	
6pm	Administer medications as per chart	7pm	Administered medications as per chart	

Re-Assessment: The Assessment done

Special Notes: w/f fever spikes

Nurse Signature:

Nurse Name: Ashima

Date & Time: 4/2/26 @ 5



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/7/26

Assessment: pt having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
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 1/0 chest	2am	→ maintained 1/0 chest	
8am	→ Administer the medications as per doctors orders. → provide comfortable position.	8am	→ Administered the medications as per doctors orders. → provided comfortable position.	

Re-Assessment: N/A

Special Notes: CBP, LFT, Tammoxifen done

Nurse Signature: [Signature]

Nurse Name: S. S. S. S.

Date & Time: 5/7/26 8am

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/7/26

Assessment: Baby having discomfort.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the general condition of the baby.	9 AM	Assessed the general condition of the baby.	Implemented all the procedure.
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	Stop IV fluid.	12 PM	Stopped IV fluids	
12 PM	Plan for CBP tomorrow	1 PM	Planned for CBP tomorrow	
	Encourage orally.		Encouraged orally.	

Re-Assessment:

Special Notes: CBP tomorrow, DIC tomorrow

Nurse Signature: Sushma

Nurse Name: Sushma

Date & Time: 5/7/26 @ 2 PM

BAH-00619335 IP5-00175896
Master ABHIJIT SINGH
28-09-2016 9 Y 9 M 6 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: 5/2/21

Assessment: Pt having Dis Comfort

- 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	2:10pm	→ Assessed the pt General Condition	
4pm	→ Check the Vital Signs → plan for Administration medication	4:10pm	→ Checked the Vital Signs → providing medication as per doctor Order	
6pm	→ plan for I/O Chart → plan for cap Tm	6:10pm	→ maintaining I/O Chart	
8pm	→ plan for Ensuring safety	8:10pm	→ providing Ensuring Safety	Pt is stable

Re-Assessment: Re Assessment Every 4th hrly

Special Notes:

Nurse Signature:

Nurse Name: Chandan

Date & Time: 5/2/21

BAH-00619335 IP5-00175896

Master ABHJIT SINGH

28-09-2016 9 Y 9 M 6 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: 5/7/26

Assessment: Baby having dull activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the general condition of the baby	8:10 PM	→ Assessed the general condition of the child.	By done all the procedure baby gain & is improved.
10 PM	→ Monitor the vital signs	10:35 PM	→ Monitored the vital signs.	
12 PM	→ provide comfortable position	2am	→ provided comfortable position.	
5am	→ maintain I&O chart	6:00 am	→ maintained I&O chart	
6am	→ Administer medication as per doctor order	6:36 am	→ Administered medication as per doctor order	
7:30 am	→ Ensure the safety	8am	→ Ensured the safety	

Re-Assessment: Activity is good.

Special Notes:

Nurse Signature:

Nurse Name: Swarna

Date & Time: 6/7/26 @ 8am



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Faisal Department: Paed. Date of Admission: 03/07/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known				
	Fever.		If Yes Specify:				
BACKGROUND	Area	Shift Time	ER 12:40 a.	1st floor 8pm-8pm	1st floor 8pm-2pm	1st floor 2pm-8pm	1st floor 8pm-8pm
	Medical Condition (Any special condition to be noted):		NA	NA	NA	NA	NA
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	98.10F	97.9F	98.1F	98.3F	96.3F
		Res:	26 b/w	26 b/w	22	25 b/w	24
		SpO ₂ :	97%	100%	100	99%	100%
		Pulse:	98 b/m.	95 b/m	99 b/m	116 b/m	115
		BP:	96/62.	97/59	97/16	99/62	100/62
	Fall Risk Score:		10	10	10	10	10
	Pain Score:		0	0/10	0/10	0/10	0/10
	Recommendations	Safety Needs:	yes	yes	yes	yes	yes
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		nil.	NA	NA	NA	NA	
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Mr. Pragnan	Sushma	Sushma	Chandam	Swaraj	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		03/07/26	03/07/26	03/07/26	03/07/26	03/07/26	
Time:		12:45a	8pm	2pm	2pm	8pm	
Taken Over By Name :		Nishu	Sushma	Chandam	Swaraj	Ravi	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		1:00am	03/07/26	03/07/26	03/07/26	03/07/26	
Time:		03/07	8am	2pm	8pm	8am	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

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

Patient Sticker



THE HUMPTY DUMPTY SCALE

03/10/18 10/10/18 5/17 6/17

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	2	2	2	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	1	1	1	1	
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	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			10	10	10	10	

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		yes	✓	yes	✓
Call device within reach		yes	X	yes	✓
Wheels Locked		yes	✓	yes	✓
Room free of clutter		yes	✓	yes	✓
Adequate Lighting		yes	✓	yes	✓
Wheel Chair Support		yes	X	no	X
Other Intervention(s) Specify		yes	X	no	X
Nurse's Name :		Rupam	✓	Rupam	✓
Signature :		[Signature]	✓	[Signature]	✓
Date :		3/7	04/10/18	5/17	6/17
Time :		12:00	06:00	06:00	06:00



BRADEN 'Q' SCALE

					Date :	03/10/2018	04/10/2018	5/10/2018	6/10/2018
					Time :	12:10 PM	6 AM	6 AM	6 PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	28	28
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	Reem	✓	Q	Q

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



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7	8Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Qs
5/7	11Am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Subing
5/7	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Chandan
5/7	2am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	NA	Subing
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

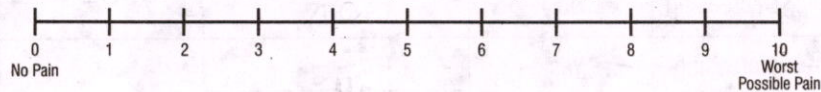
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

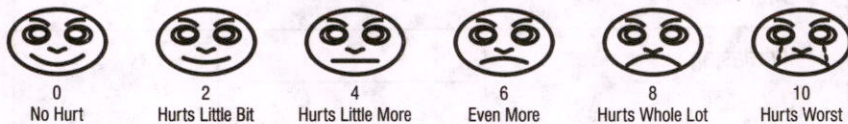
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

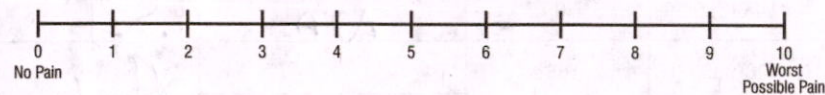
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
03/07/20	12:10 AM	0/10	N/A	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	Revised.
03/07	6 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	AS
03/7	10 AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	SS
3/7	4 PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	N/A	AS
04/07	12 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ru
04/07	2 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ru
04/07	6 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ru
4/7/	11 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	AS
4/7	4 PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	AS
5/7	12 AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Soaveant

Re-assessment Frequency:

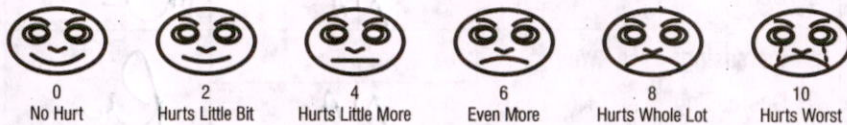
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- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
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PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	03/07 DAY-1			4/7 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident: * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-	-	-	-	-	-		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-	-	-	-	-	-		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-	-	-	-	-	-		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-	-	-	-	-	-		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-	-	-	-	-	-		
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : Name : Sreeniva

Signature of Ward In Charge :

Signature : Name : Neeraja devi



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: Hindi 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		
09/08	12:05 PM	5	medication	F	1	0	1	1	ok	Dr. Naik
3/7/26	8:00 AM	9	Normal diet	M	1	0	1	1	-	Dr. Naik

Part - III: CODES

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



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

AFI.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
3/7 12:15 am	☒ Medical ☐ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	AFI	H8 Study	- WIR - W meds		☒ Nursing ☐ Others:
08/07 12:15 am	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☒ Modified ☐ Per-Op ☐ Post Op	Fever. Leg pain.	H8 stability.	- IV fluids. - IV medications		☒ Medical ☐ Others:
27/26 8am	☐ Medical ☐ Nursing ☒ Others: Dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	AFI	Encourage orally	normal diet	Mounica	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 03/07/26 @ 12:30 AM

Source of Admission: ☐ OPD ☒ Ward ☐ Other:

Reason for Admission: Fever x 4 Days. Leg pain x 2 days

Admission Diagnosis: AFI

Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☒ Telugu ☐ English ☒ Hindi ☐ Other Specify

Do you require an interpreter? ☒ Yes ☐ No

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Source of Information: ☒ Family ☐ Patient ☐ Others, Specify			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	No-Past Medical History	No-Past Surgical History	No-Last Hospital Admission
	Family History: No-significant		
	Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☒ No If yes please list,		
	Was the child's birth normal? ☒ Yes ☐ No If No, please describe problems: Are the child's immunization up to date? ☐ Yes ☒ No		
CURRENT MEDICATIONS	Taking Medications? ☐ Yes ☒ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☒ Yes ☐ No		
Observations: Weight: 26.1kg Length: Head Circumference (< 2 years): Temp.: 99.0°F HR: 111 bpm RR: 28 bpm BP: 109/54 Pain Score: 0/10 Specify Site: (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☒ Yes ☐ No Score: 19 (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)			



Behavioural Status on Admission :

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method
☐ Feeding Problem ☐ Special diet ☒ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With

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

Orientation has been given regarding the following aspects:

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

Orientation given to: ☐ Family ☐ Others specify

Name of Person Orientation was given to: Family

Orientation not given Reason:

Nurse Name: [Signature] Nurse Signature: [Signature]

Date & Time: 02/07/26 @ 72:59 AM

DISCHARGE PLAN

Source of Information: ☒ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☒ No

Is home medical equipment anticipated: ☐ Yes ☒ No

Is home oxygen therapy anticipated: ☐ Yes ☒ No

Are dressing needs at home anticipated: ☐ Yes ☒ No

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

Discharge Medications: ☒ Yes ☐ No

Details:

Final Diagnosis: A.F.I.

Nurse Name: [Signature] Nurse Signature: [Signature]

Date & Time: 02/07/26 @ 1:05 AM

BAH-00619335 IP5-00175896
Master ABHIJIT SINGH
28-09-2016 9 Y 9 M 6 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

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: Advance doctor order

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☒ Transfer

Hospital Facility Notified (Person Contacted)

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

☐ Needs Assistance In:

Remarks

☐ Medication ☒ Yes ☐ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

} Explain the mother

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: Sirish

Nurse Name: Sirish

Date and Time: 4/7/ @ 6:30 PM



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 03/07/26		Diagnosis : AFI		Surgery / Procedures : —	
		Allergies : NA		Post OP Day : —			
Date :		03/07	3/7/26	03/07	4/7		
Area		PICU	PICU	PICU	PICU		
Shift Time		Morning	Day	Night	Day		
Diet :		Orally	Orally	Orally	Orally		
Ventilation (RA, NP, NIV, VENTI)		RA	RA	RA	RA		
INVASIVE LINES	1.						
	2.	Cannula	Cannula	Cannula	Cannula		
	3.	①	①	①	①		
	4.						
ASSESSMENT	Infusions / Transfusions		DNS	DNS	DNS	NA	
	PU Prophylaxis		NA	NA	NA	NA	
	DVT Prophylaxis		NA	NA	NA	NA	
	Vitals	BP	106/64	90/61	91/64	111/76	
		PR	126	93	100	82	
		RR	28	22	26	24	
		SpO ₂	100%	100%	100%	100%	
		Temp	98.6°F	98.5°F	98.6°F	98.5°F	
	Pain Score		0/10	0	0/10	0	
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert	Alert	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)		Intact	Intact	Intact	Intact	
	Restraints If any	Physical	NA	NA	NA	NA	
		Chemical	NA	NA	NA	NA	
	Fall Risk (Vulnerable (Y/N) if yes score)		Yes	Yes	Yes	Yes	
(Ambulation, walking, moving with assistance, bed ridden)		bed ridden	Move up	Moving	moving		
ADL (Dependent / Non-Dependent)		Dependent	Dependent	Dependent	Dependent		
Critical Lab Test / Values (if any)		Will	Will	Will	Will		

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

RECOMMENDATIONS	Investigations Procedures	Date :	03/07	3/7	03/07	4/7/26		
		Area	PICU	PICU	PICU	PICU		
		Shift Time	Morning	Day	Night	Day		
		Ordered / Planned	Followed #4 Doctor orders	Followed doctors orders	Followed #4 Doctors orders	Followed doctors orders		
		Due	no due	No due	no due	No due		
		Reports Pending	No Reports pending	No Reports Pending	No Reports pending	No Reports Pending		
		Referrals (If any)	No Referrals	No Referrals	No Referrals	No Referrals		
		Remarks (Special Interventions like, Drainage Tube flushing etc.)	No Remarks	No Remarks	No Remarks	No Remarks		
		Handed Over By Name :	P. Roy	Ashma	P. Roy	Ashma		
		Signature :	P. Roy	Ashma	P. Roy	Ashma		
Date :	03/07	3/7/26	04/07	4/7				
Time :	8 AM	8 PM	8 AM	6 PM				
Taken Over By Name :	Ashma	N. Roy	Ashma	Boyshe				
Signature :	Ashma	N. Roy	Ashma	Boyshe				
Date :	3/7/26	03/07	4/7	4/7				
Time :	8 AM	8 PM	8 AM	5:45 PM				

BAH-00619335
Master ABHIJIT SINGH
28-09-2016 9 Y 9 M 5 D (M)
Dr. FAISAL B NAHDI



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BED SIDE CHECK LIST FOR NURSES

Date:	03/07	04/07							
Doctor's Orders	found	found							
Carried out or not	Carried	Carried							
Bed Side									
Structured Handover done	Done	Done							
IV Site	Yes	Yes							
Central Lines	No	No							
Arterial Lines	No	No							
Feeding Catheter	No	No							
Urinary Catheter	No	No							
Skin Care	Given	Given							
Eye Care	Given	Given							
Mouth Care	Given	Given							
Sterillum Bottle, Stethoscope	Best site	Best site							
Suction Bottle (Should be clean & empty)	Clean	Clean							
Intubation Tray	No	No							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	Emergency	Loaded							
Ventilator Tubing, (Any Water, Blood)	No	No							
Humidification	Yes	Yes							
Check all Infusion (Labelling, Correct Preparation)	Correct	Correct							
Chest Physio & Neb	No	No							
Handed Over By Name :	[Signature]	[Signature]							

Checked & Handover given by

Name of the Nurse : [Signature]

Signature : [Signature]

Date & Time : 03/07 @ 8pm

Doc. No. : RCHBH/FRM/GENERAL /088

Checked & Handover taken by

Name of the Nurse : [Signature]

Signature : [Signature]

Date & Time : 3/7/26 @ 8pm

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT

BAH-00619335 IP5-00175896

Master ABHIJIT SINGH
28-09-2016 9 Y 9 M 5 D (M)
Dr. FAISAL B NAHDI

Name:

Age: 9Y Gender: Male ☒ Female ☐

UHID.No :

Date: 03/07/26

I S/o, D/o, W/o, hereby

declare that our patient Master/Baby who is related to me as
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on

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

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

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

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

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

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

Patient Attendant :

Signature: Swathi

Name: Swathi

Relationship with Patient: Son

Date & Time: 03/07/26 @ 1:30 AM

Witness :

Signature: Nikish Roy

Name: Nikish Roy

Date & Time: 03/07/26 @ 1:30 AM

Doctor (who is taking the consent) :

Signature: Tyon

Name: Dr Tyon

Date & Time: 03/07/26 1:30 AM

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

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.హెచ్.డి.

నేను s/o. d/o. w/o

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

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

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరింది జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫర్జన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైన్ లేదా పెరిటోనియల్ డ్రైన్ ఇన్ఫర్జన్ మొదలైనవి.

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

DOCU.No.: RCHBH/FRM/CLINICAL/013

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00619335 IP5-00175896 Master ABHIJIT SINGH 28-09-2016 9 Y 9 M 5 D (M) Dr. FAISAL B NAHDI 		Date & Time of Admission 03/07/26 @ 12:08 a	Date & Time of Transfer Order 03/07/26 @ 12:10 a
		Transfer Ordered by Dr. pratibha.	Reason for Transfer Admission.
From Unit ER	To Unit [PICU.] 322.	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 19	Number of Imaging Films NIL.	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☒ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	DNS 500	①	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Mr. Alexonid.		Name of Person Ordered Transfer Dr. pratibha.	
Patient & Clinical Records Received by : Nikhon			
Date & Time of Patient Received : 03/07 @ 12:45 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

PATIENT TRANSFER FORM

BAH-00619335 IP5-001758
Master ABHIJIT SINGH
28-09-2016 9 Y 9 M 6 D
Dr. FAISAL B NAHDI



Date & Time of Admission

3/7/26 @ 12:18 AM

Date & Time of Transfer Order

4/7/26 @ 8 PM

Treating Consultant Name

Dr. Faisal Balahdi

Transfer Ordered by

Dr. Anupama

Reason for Transfer

Shifted

From Unit

PICU

To Unit

Information to Attendant

Yes ☒ No ☐

Number of Sheets in Clinical File

35

Number of Imaging Films

X ray - 1

Personal belongings including clinical documents. If any handed over to attendant

Yes ☐ No ☒

If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	USG Abdomen	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring

Ashma

Name of Person Ordered Transfer

Patient & Clinical Records Received by :

shreshtha

Date & Time of Patient Received :

24/7/26 8 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



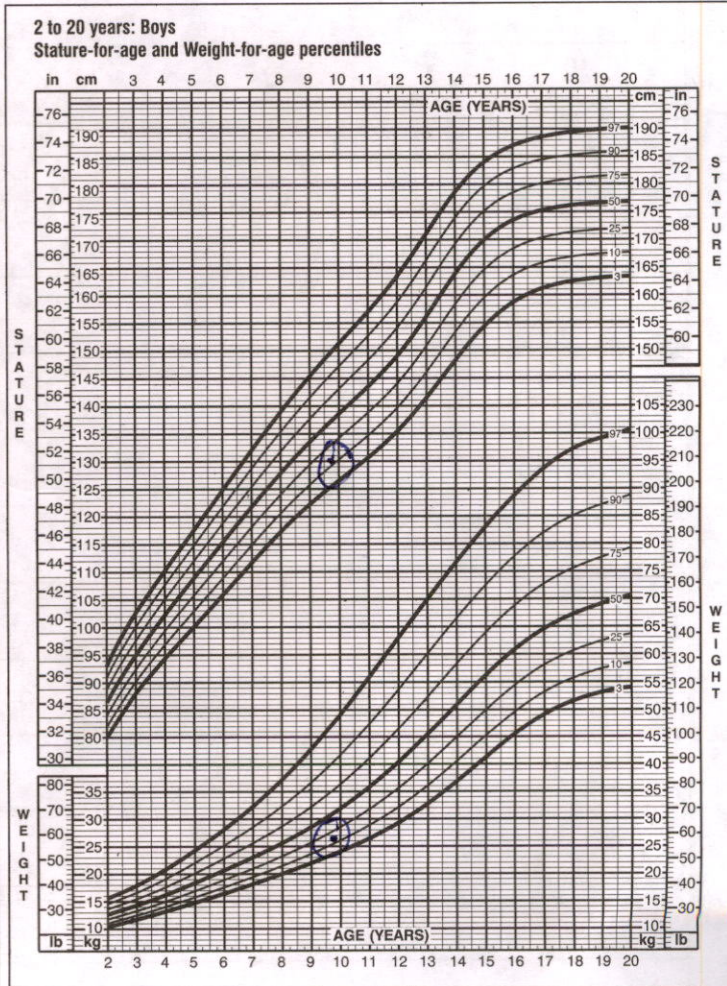
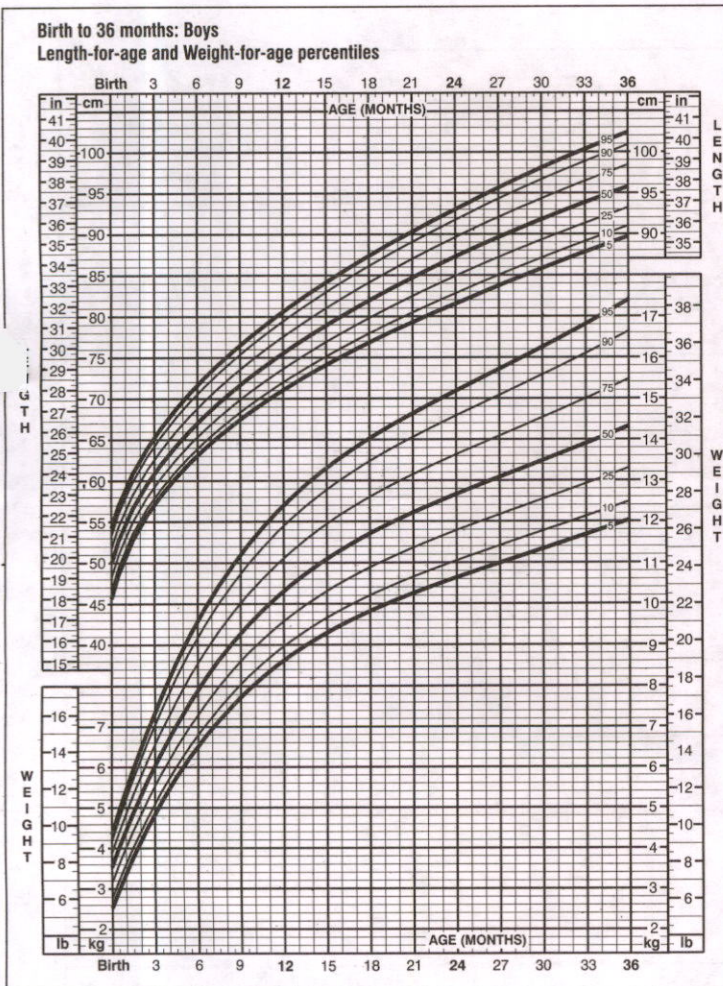
114

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 5/7/26 Time: 8am

Weight: 26.4 kgs Centile: >10th
Height: 130 cms Centile: >10th
Inference: under weight child
RDA: - Calories: 1600 kcal/d Protein: 28g/d
Diet Recommendations: Normal diet
Re-Assessment: Avoid spicy, Chilled, Outside foods
Food Allergies: No Veg/Non-veg Non-veg
Diagnosis: Dengue illness
Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral
Patient's Signature: Swathi

GROWTH CHART (BOYS)



Dietician's Name Nikitha

Dietician's Signature Nikitha

