

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA (F)
 23-02-2021 5 Y 3 M 21 D
 Dr. NALLA ANURAAG REDDY



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	21.74 kg.	9/6/26
	DONOR	RECIPIENT
	HIV	HIV } -ve
	HbsAg	HbsAg }
	HCV	HCV }
	TFT (N)	TFT - (N)
VITD - 22.7	LFT (N)	SBP - 2.2 < 0.5 1.7.
		LFT (N)
		S-E (N)
Hb - 12.4.		Hb - 12.7
TC - 5300	NH LH.	TC - 3200
		N62 L16.
PL - 3.64L	Cr - 0.3	Cr - 0.2
CMV IgM: -ve		CMV IgM - negative
IgA: Reactive (246.4)		IgA - <u>REACTIVE</u>
CXR (N)		CXR - (N)
2DEcho - (N)		(N)
		dental series - (N)
		Δ: Delta β Thal / no fcu 24 Tr.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/21 4pm	Delta-Beta Thalassemia admitted for med NICT.	
	No fever No Vomileg	
	1st - grade 2 splenomegaly ⊕	Plan 1. NAC Infusion to start 2. Start UDILU 3. Discharge Today evening 4. send surveillance cultures. 5. To start conditioning from Mon.
		1/2 Chargi 13/6/21 Sri
14/6 10am	slb surveillance No acute issues	⊕ start conditioning & supportive care trace surveillance cultures
		initiated from 12/6/21 Dr. SANDHYA V Reg. No: 71604

Date & Time	Progress Notes	Doctor's Order
15/06 8AM	<u>Dexto-β Thal moju</u> Phase I Admitted for MDO H/O B-6 NO can perform activity (N) ↓ OI intake Hemodynamically stable on EHC alert CVS, RS PA (N) TWC (N) <u>IO = 1934/1440</u> <u>UO = 3.9 ml/kg/hr</u>	R TWT = ① Vent supportive care ② IO charting oblit ③ Conditioning acc. to chart ④ Monitor vitals ⑤ Rpt lab on 1606 (Tm) (B) (R) CBP, VLE Ureat, s/ept (Tm) ⑥ Tlc surveillance cultures.
		<i>[Signature]</i> / B. Jayamani Dr. SANDHYA VADDADI Reg. No: 71664 16/06/26 @ HAM

W

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/06 8AM	<u>DCHA BTholmoter phase I</u> PERABO (F) MSDHUT DE-S C.I: UTI (gram neg > 125) NO complaints Activity (N) Hemodynamic & neuro stable on the alert CRS, RR PIA (N) Trachea (N) AG = 4.6cm IL = 1569 / 1550 UL = 4.3ml/kg/h	wt = 15.6kg 1. Cent supportive cone 2. I/O monitoring 3. Tracheal culture, lab 4. Monitor vitals 5. Fluids today 6. R/W adding Ix antibiotics
	Dr. Anuraag Reddy 6/3/2021 10:05 AM	3. AMIKACIN 300mg IV OD. w/ B Rajamani 26/6/26 @ 11AM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/06 8AM	Dcto pthol motil/phax I MSID HIXT DFL C.I = UTI (gram neg 710S). EWLi NO complaints activity (N) Hemodynamically stable on En = alert C/S, 12s PIA (N) Tinc (N) XG = 4.5cm ILO = 1398/1480 XO = 4mmHg/hu Int Amikacin (N)	PEJARD (I) TWt = 15.6kg 1) cont supportive care 2) ILO starting 80h 3) cont Flv, Ties today. 4) Add clobazam today. 5) Monitor vitals 6) C/S p, 12s (N) 18/06 (N) 1) from the enery. trial netupred.
	Dr. Anuraag Reddy 17/6/2021 12pm	N/B Rajarami 17/6/2021 11AM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/02 8AM	Delta β Tholmator D $\oplus$ phase ① MSD H&U phase C.I. - EW ⁺ UTI (>10 ⁵)	TWt = 15.3kg ($\downarrow$ 300gm)
	NO temperature spikes activity (N) Hemodynamic stable on Elix ⁺ airt CNS, IZ PLA (N) TUNE (N)	① vent supportive care ② I/O charting O/H ③ ATG (M)
	I/O = 1569/1550 U/O = 43ml/kg/hr	④ vent I $\downarrow$ antibiotics ⑤ monitor vitals
	Inj Amikacin ①3.	⑥ Add Inj Avil, Methylpred. (P) (17/02)
		PRBC Transfusion Today
	Dr. Anurag Reddy 43555	N.B Sonam 015547 @ 11AM



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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 3 M 21 D (F)
Dr. NALLA ANURAG REDDY



Patient Name:

Saranga dhariga

UHID ID:

Department:

Consultant:

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Baby MEDIGA SARANGA DARIYA
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Dr. NALLA ANURAG REDDY



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 15.13 kg (Centile _____)

On Examination :

Temperature : 98.1 F Pulse Rate : 105/min B.P. 103/52 (63) SpO2 100% on RA
Resp. rate and type of breathing : RR 22/min

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : BILAE (T)
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : S1S2 (T)
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : Soft NT.
Ausculation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

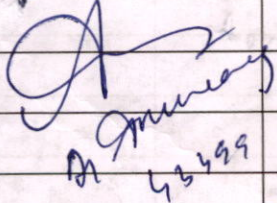
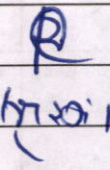
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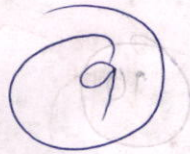
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PROGRESS NOTES AND DOCTOR'S ORDER

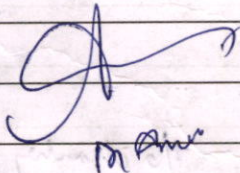
Date & Time	Progress Notes	Doctor's Order
19/06 9AM.	<u>Delta 3 Tholoximip</u> MSD HCU	D(-2) phone (18)
	(C.I. = EW/UTI 7105)	TWT = 15.11g (↓ 200g/m)
	NO complaints activity (4) vital signs stable on Eh = Alert WJ, W PLA (2) TMC (4)	① Cont supportive care ② I/O charting s/bk ③ ATG today! ④ Bacter collection today.
	<u>on Intj Amikacin</u> (4)	⑤ CBP (4) on 20/6/26
	<u>I/O = 1278/1270</u> <u>WJ = 35ml/kg/h</u>	⑥ Monitor vitals N.B. Bhargava 12/6/26 @ 10AM
	 Dr. Anuraag Reddy	 N.B. Bhargava



Date & Time	Progress Notes	Doctor's Order
2006 8AM	beta & Thalman DEI MSD HSU C.I = EWJ UTI	Phone (11)
	no temperature spikes activity @ hemodynamic stable crs, rs PIA (N) tue (N)	TWT = 14.9 kg (↓ 200 gm)
	Inj Amikacin (N)	1 Over Supportive care
	<u>IB = 977/1208</u> <u>OB = 3.3 ml/kg/h</u>	2 IB charting OB
		3 ATG, Co today.
		4 Stenocard (M)
		5 Thrombolytic
		6 CBP, EPTSE, LFT. (M)
	A Amur 43499 C 9:20 A	7 Rajamani 20/6/2026 @ 11AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/21 9am	Delta β Thal / MCD Ecoli UTI.	NCT Do
		wt:- 14.6 kg ↓ 300 gms.
		<u>Plan.</u>
No fever / No loose stools		1. Stem cell infusion today
7 / 111 ml 0 / 101 ml		2. CBP, calcium Tm SG
Uop = 2-8 ccl / hr		meals
No vomiting		3. Ct IV antibiotics.
		4. Methotrexate Tm.
		<u>Plan.</u>
	Amikacin - D6 Voi scl done	Amikacin last day Tm.
		N.B Sonam 015547 @ 11 AM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 9am	Delta B Thal major post MSD E. coli UTI.	HCT Day (+1)
	No fever occasional abdomen pain	wt: 14.8 kg ↑ 200gms
	I 1503ml O 1288ml Uop: 3.5cc/ml/hr	Plan 1. continue IV fluids 20ml/hr 2. Lix IV STAT 3. Methotrexate today 4. Trace Lab 5. Abid I/O charting 6. CBP Colenels on 24/6/26
	Abx Amikacin - 0.1 Aidson Voxi	harari
		- I/O charting at 2pm/6pm
		A/B Sonam 016547 @ 10AM

Date & Time	Progress Notes	Doctor's Order
22/6 4pm	S/b presumably day + 1 MSD H&CT for Thel. major	Ⓟ
	no acute issues	→ volume resuscitation → ct rest same → ct cann BD → rpt CBP colleul) on 24/6/26
	N.B Sonam 015547 @ 5pm	 22/6 @ 4pm
		Dr. SANDHYA VADDA Reg. No: 71664



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/20 9 AM	Post MCD MCT for Delta β Thal Day (2) Ecoli UT.	
	No fever	wt: 14.6 kg ↓ 200 gms.
	$\frac{I}{O}$ 1104 ml 1525 ml.	
	U. opz 4.2 cc/kg/hr.	
	No vomiting	Plan
	abdomen pain better	1. ct IV fluids
		2. folic rescue today
		3. CBP Colerub } Tm
		4. ct IV antibiotics
	dx ceftriaxone-2 Acidoir Vori.	dry fever spike hemodynamic instability } → Upgrade Abx.
	 Dr. Anuraag Reddy 5:35 PM @ 5:20 AM	H.B Sonam 015547 @ 11 AM
23/6/20 4 PM	$\frac{I}{O}$ 350 ml 330 ml.	Plan
	No fever	1. continue IV antibiotics
		2. ct LASIX.
		3. CBP S.E, Colerub } Tm.
	 Dr. Anuraag Reddy 015547 @ 5 PM	

M. NALLA ANURAAG REDDY



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Date & Time	Progress Notes	Doctor's Order
24/6 4:30pm	Stb Bunderlyc 2000g well B/B @ staircase feeds as RTS PID NIB Debut 015796 24/6/26 SPM	(P) → at some trace to level blue resin Tm @ 12 noon Amib Amethy Dr. SANDHYA VADDADI Reg. No: 71664



Date & Time	Progress Notes	Doctor's Order
25/6/26 9am	Post ^{MCD} reop MCT for Delta β Thal Ecoli UTI.	Day (+)
	No fever no vomiting stools - passed	wt: 14.7kg ↑ 300gms.
	7 1182 0 1205ml.	
	U-op, 3.1cc/kg/hr.	Plan 1. At IV fluids 2. Folic acid rescue today 3. CBP LFT S-E Tlm. 4. ↑ cidofovir levels 5. Recheck wt. (14.4kg) Try LASIX STAT. TID today.
	Ceftriaxone - D Voi Acidomix	
		<i>[Signature]</i> 28/6 @ 10 am Dr. SANDHYA VADDA Reg. No. 7166 W. B. Bhumeres 25/6/26 @ 9am



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 9am	#1 Post MID HCT for Ecoli UTI.	Delta B Thal Day +5
	No fever	wt: 14.7kg
	2 stools - semi solid	~
	No vomiting	
	938ml 1510ml	Plan
	U-op = 4.2 ccl/kg/hr.	1. To continue IV fluids
		2. Trace CBP
		3. methotrexate TIm
	Ceftriaxone - 0.5	4. Continue W antibiotics
	voii	5. CBP
	valbandon	Elv. ciclosporine levels } 28/6.
		transfere psc transfusions today
	N.B Sonam 015547 @ 11AM	
		Dr. SANDHYA VADDADI Reg. No: 71664



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 9 AM	Post MSD HCT for Delta β Thal Ecoli UTI.	Day +6
	No feed	Wt: 14.4 kg
	2 loose stools	↓ 300 gms.
	semisolid	
	No vomiting	
	5/1213 ml 0/1865 ml	Plan
	U-op = 5.3 cc/kg/hr.	1. Continue IV fluids
		2. Continue IV antibiotics
		3. Metho bexale today 10 AM
	gipital - P1	4. Folic acid Tm
	voi	5. CBP
	Acidosis	ciclosporine levels } Tm
		6. 1ug ASIX IV BD today
		7. 1ug G-CIF today
		Done
	<i>[Signature]</i> Anuraag 4/26/26 @ 9:35 AM	Noted by Anur M 27/6/26 @ 11 AM

Date & Time	Progress Notes	Doctor's Order
2/6/26 6pm	<u>Evening rounds</u> At Post MSD HSCF No fever, No issues V. fully stable. Doing well Site → PNF, CTL seen C/S Hx / @ P/B revised GCSF, methotrexate	<u>Dr</u> 1) Folic acid CBP cytospine level 2) rest CST <u>Shankar</u> <i>[Signature]</i> N-5 Sonam 01554 @6pm Dr. SANDHYA VADDADI Reg. No. 71664



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 9:20 AM	Morning rounds	
	Relief of / post MSD - HSC / E-coli UTI Adv	
	D+7.	1) cont drugs as per chart
	Afebrile, Alert	2) monitor vitals
	Wt - 14.6 kg (T200 grams).	3) NO cherting, early wt.
	AA = 45 cm.	4) (RW) Labs → Viral panel
	I / 1164 ml = (-ve = 296 ml)	folinic acid dose
	O / 1460 ml	5) low Folic acid, Ball
		achospone level t est .
	BP - 90/60 mmHg	6) Inform SOS.
	PR - 102/min.	
	SpO ₂ - 100%	
	Pipter	
	Aulonv	
	Variconazole	
		N/B Kavita 01/5/26 28/6/26 @ 12pm
		Shankhan
		Dr. SANDHYA VADDADI Reg. No: 71664
		→ If Vomiting take blood & urine c/
		upgrade to meo
		→ if Amikacin
		N/B Debnath 01/5/26 28/6/26 + 10pm



Date & Time	Progress Notes	Doctor's Order
2a/6/26 1am	Delta β Thal post MCD H&CT Day <u>(+8)</u>	
	Not passed stools	wt -14.6kg
	I/O 1674ml 0/1300ml	
	UOP = 3.7cc/kg/hr	
	no abdomen pain	
	Plan	
	1. I/O fluids.	
	2. I/O antibiotics	
	3. High-CRF today	
	4. SPP 1/2 unit today	
	5. CBP SPP, chest, S.E. } Thru.	
	6. Any vomiting / fever hemodynamic stability ↓ upgrade to meropenem. H&CT	
	7. Strict I/O charting	
	8. enteral lumen at 12pm.	
	9. No new I/O chart at 2pm, 8pm	

~~N/B~~
~~down~~
0158
29/6/06
@6pm



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 5:10pm	Evening rounds Delta β Thal / post Hsct D+8.	Adv 1) Continue IV fluids. 2) I/O charting 3) Continue IV antibiotics. Suresh
30/6/26 9am	Delta β Thal / post passed stool twice I 1647ml O 1560ml. V-op. 4-5cc/kg/hr. No fever	MCD Hsct Day (+9) wt: 14.3kg ↓ 300gms. Plan 1. ↓ IV fluids to 10ml/hr 2. Trace CBP 3. Continue IV antibiotics 4. Strict I/O charting 5. CBP Clenbut on 2/7/26. Allow orally. Suresh
	Pintar - P4 Vori Acetamin	
	<i>[Signature]</i> Dr. Anuraag Reddy 43499 09:10AM	<i>[Signature]</i> N/B Kavina 015246 30/6/26 @ 1pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/20 9 AM	Delta β mal / post med HECT day (10)	
		wt - 14.1kg ↓ 200gms.
	No fever stool - passed.	
	I / 1049 ml O / 1310 ml	
	U-op 2 3-8 cckh	Plan 1. ct 10 fluids 10ml/hr 2. CBP 3. luj A-ESP daily 4. supportive care 5. methotrexate Tlm
	Piptal - PS Voi Acidomin	
		1/7 @ 9:40am Dr. SANDHYA VADDADI Reg. No: 71664



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9AM	Delta & Thal / post	MED HCT Day (+11)
	No fever	wt - 14.2kg
	stools - passed	↑ 100gms
	No abdomen pain	
	$\begin{array}{r} \text{I} \quad 1439 \text{ ml} \\ \hline \text{O} \quad 1670 \text{ ml} \end{array}$	Plan
	U-op = 4-9cc/kg/hr	1. it IV fluids
		2. ssp 1/2 int today
		3. continue lily A-CRF
		4. CBP
	p/ptaz - D6	1 extra plain } Ten on 4/7/26.
	von	5. methotrexate today
	Acidoin	6. Trace Co levels.
		Noted by Sumita
		21/7 @ 11AM.
		Signature: [Signature]
		Signature: [Signature]
		21/7 @ 10AM
		Dr. SANDHYA VADDADI
		Reg. No: 71664



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9 AM	Delta p Thal / post MED HCT - Day (12)	
		wt - 14.3 kg ↑ 100 gm
	No fever	
	$\begin{array}{r} 5 1073 \text{ ml} \\ 0 1555 \text{ ml} \end{array}$	
	U-op = 4-5 cc/Kg/hr	
		Plan
	vital. stable	1. Continue IV fluids
		2. ct IV antibiotics
		3. hy G-CSF daily
		4. CBP
		SGPT } Tlw
	piper - D2	
	Voi	5. hy FOLIC ACID today
	Acidoin	6. ↑ Eidosporine dose
		Noted by Susmita.
		03/07/26 @ 10:30 AM
		drari
	 Dr. Anuraag Reddy 9:30 AM 09:10 AM Dr. Anuraag Reddy	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9am	Delta β Thal / Post MCD NSCT - Day (13)	wt - 14.3g n.
	No fever No vomit	
	I / 1049ml O / 1315ml U.op = 38cc/kg	Plan 1. continue IV fluids 2. CBP LFT electrolysis 6 H2O 3. R/V downgrading antibiotics 4. continue voriconazole Acidoin - <u>low</u> etc 5. send BMT viral panel on 6/7 etc chimerism on 6/7 a CSP daily x 2 days
	Mptal - Dg vori - Acidoin	
	Noted by Susmita 04/07/26 @ 10:30 AM	
		Dr. SANDHYA VADPA Reg. No. 71664 10 am

Date & Time	Progress Notes	Doctor's Order
5/2/04 9am	Delta pthal MSD HSC T	Day (+14)
	No fever No vomitig	wt 1
	5 1099 0 1720 ml V.op, 5 ctkklu Cyflaxone →	Plan 1. CBP LFT electrolysis Cidofovir tabs 2 extra EDTA T/m
		2. hy G-CSF today 3. ct IV antibiotics
		Dr. Sandhya Vaddadi Reg. No: 71664

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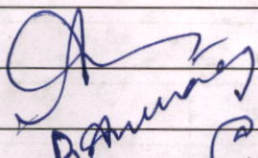


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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 9 AM	Delta β Thal. MED HSET	Day (+15)
	No fever	
	No vomit	wt:
		Plan
		1. send viral panel ✓
		chicken ✓
		2. Rontgen today
		3. continue IV antibiotics
		4. Keep summary ready
		5. plan DIC E/M.
	 Dr. Anuraag Reddy @ 10:05 AM	NIR Swillan @ 11:30 AM

Date & Time	Progress Notes	Doctor's Order
7/8/20 9:00am	del B Resident Deltapthal / men HICr	Day (+16)
	No fever spikes.	
	No vomitings.	
	No new issues.	
	<u>o/s</u> cloudy at 4th & 5th vital stable	
	Tab. cefixime	
	Tab. Amlodipine	<u>plan</u>
	sup. cyclosporine	
	Tab. voriconazole	- plan for dx today.
	sup. septran.	
	sup. Ayclovir.	- trace viral panel echocardiogram reports.
	sup. uditiv.	- send CBP now
	amv / $\oplus$ <u>for 11/7</u>	
	Alv on 10/7	
	CBP SE.	
	CT Cefepime 0.4ml BD	
		<u>Dr. Sandhya Vaddadi</u> 7/7 10 am Reg. No: 71664



RESULT SHEET

Date	6/7/26					
Time	8 AM					
Hb	8.5					
PCV	26.7					
RBC	3.33					
WBC	8.36					
N/L	40/14					
Platelets	45000					
CRP	.					
ESR						
PCT						
RBS						
Na	137					
K	4.6					
Cl	106.					
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP	89.					
SGPT	20					
SGOT	25					
T.Bill/Conj	0.5/0.1					
T.Protein	6.3					
S.Albumin	3.7					
S.Globulin	2.6					
A/G Ratio	1.4					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Docu. No. : RCHBH / FRM / CLINICAL / 0138

(PT.O)

Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						

Docu. No. : RCHBH/FRM/CLINICAL/0138

PT.O.

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RESULT SHEET

Date	13/6/26	16/6	18/6/26	20/6/26	21/6	22/6
Time	12:30pm	8am	6am		8AM.	
Hb	11.1	9.7	8.6	11.1	11.1	10.6
PCV	33.6	28.7	25.3	33.1	33.1	31.8
RBC	4.44	3.77	3.34	4.13	4.09	3.95
WBC	1.55	0.75	580	760	500	330
N/L	35/50	57/16	86/1.7	99/1	98/0	87/3
Platelets	511	326	245	1.73L	140.	02000
CRP						
ESR						
PCT						
RBS						
Na		137			139.	
K		4.3			4.6	
Cl		108			105.	
Ca/Mg						9.5.
Phosphate						
Urea						
Creatinine		0.4				
ALP						
SGPT		26			19.	
SGOT					17	
T.Bill/Conj					0.5/0.1	
T.Protein					6.2	
S.Albumin					3.6	
S.Globulin					2.6	
A/G Ratio					1.3	
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Patient

BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 3 M 21 D (F)
Dr. NALLA ANURAG REDDY



Pediatric Multiorgan history, Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

Cranial Nerves :

Motor System:

Nutrition :

Tone :

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR

Plantars

Sensory System :

Bladder / Bowel :

Superficials:

Clinical Summary & Diagnostic:

Delta β Thalassemia - Transfusion dependant
Came for Bone marrow transplant



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the treatment : _____

Planned Labs:

Planned Management

Teb Defriget
Teb Policaad.
Syp. Celeman.
Syp. Zmesvit
Syp. Aziclovir
Syp. Septam.
NIB
menut
13/6/21

Signature of the Doctor: Ramya

Name of the Doctor: Dr. Ramya

Date & Time: 13/6/26; 10:15am

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. SUDHYA VADDA

Date & Time: Reg. No. 12554

Dr. SUDHYA VADDA
Reg. No: 40525

ADMISSION SHEET

Registration Details :



Admission No : IP5-00175121 Admit Date : 13-Jun-2026 Admit Time : 10:28 AM UHID : BAH-00459772

Patient Details :

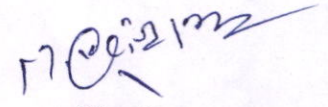
Patient Name	: Baby MEDIGA SARANGA DARIYA	Age	: 5 Y 3 M 21 D
Guardian	: Mr MEDIGA VINOD KUMAR	DOB	: 23-02-2021
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: 3-14-116/62,,CHITHRASEEMA COLONY, MANSARABAD,MANSURABAD Mansoorabad Hyderabad Telangana INDIA 500068	Phone No	: 9985839915/ 9885887128
		E-mail	: VINODMEDIGA@YAHOO.COM

Admission Details :

Bed Type : FOUR SHARING Bed No : FSW 125 Ward Name : 1F-HEMATO-ONCOLOGY
Room No : FSW 125 Admission Type : First Visit

Contact Details :

Name	: Mr MEDIGA VINOD KUMAR	Relationship	: Father
Contact Address	: 3-14-116/62,,CHITHRASEEMA COLONY, MANSARABAD,MANSURABAD Mansoorabad Hyderabad Telangana INDIA 500068	Phone No	: 9985839915 / 9885887128


Signature

Doctor Details :

Doctor Name	: Dr. NALLA ANURAAG REDDY	Specialisation	: HEMATO ONCOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. SIRISHA RANI		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: SELFPAY

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Charge : _____ Time: _____

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/6/21	11:05 AM	ER	ONCO	[Signature]

Cross Consultation Visit

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

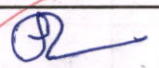
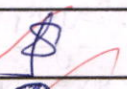
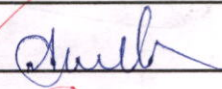
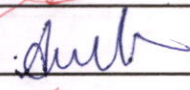
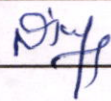
INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/6	Infusion Pump	4pm	State 12pm	9657227	
13/6	Syring Pump	4pm	State 4pm	9657230	
21/6	Invasive monitoring	10pm	6pm	9668277	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
14/6	Chemotherapy	①	9658085	
18/6	Blood Transfusion (PRBC)	①	9663870	
21/6	Blood Transfusion (Stem cell)	①	9668270	
	NHA			
23/6/26	Iron Transfusion	①	9671504	
28/6/26	(Ward) Blood Transfusion	①	9691555	
29/6/26	Blood Transfusion (SDP)	①	9680204	
2/7	Blood Transfusion (SDP)	①	9684530	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

CONSENT FOR HEMATOPOIETIC STEM CELL TRANSPLANTATION

BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 3 M 22 D (F)
Dr. NALLA ANURAAG REDDY



nRight™
JW HOSPITALS
to a Safe Delivery

Patient Name: M. Saranga Dariya Age: 5yr Gender: Male ☐ Female ☒

UHID No: BAH00459772

Diagnosis: Dcto Bcto Thl m. o. m.

Type of Transplant: Mother's Disease Status at the time of Transplant: In Control

sibling donor.

REJARO (E)

Treatment Summary:

You/your child have a disease for which bone marrow/stem cell transplant is not the only cure. There may be several alternate options available to you/your child at this stage, which you should have already discussed with your treating physician.

This treatment uses high dose therapy with transplantation of donor / autologous stem cells from either bone marrow or peripheral blood. For many patients who undergo such transplants (Bone Marrow Transplant), cells are used from the patient themselves (autologous transplant) or from related donor (brother/sister/other related donor) or unrelated donor who is matched by tissue typing. You should already have been given, read through and discussed the separate information sheet on Bone Marrow Transplant.

Factors affecting the success of the graft include the type of disease for which transplant is planned, type of transplant donor and recipient health status, HCA matching status etc. These have been discussed with you in-detail by your care provider.

All types of Bone Marrow Transplant can be followed by complications. The most important of these are:

- 1. Rejection of the Transplant :** This is uncommon for transplants, but more likely with an unrelated or mismatched donor. Where possible and appropriate back-up stem cells will be collected and stored from the patient. In the event rejection of the transplant, availability of these cells does not offer any guarantee that patient will recover.
- 2. Graft-Versus-Host Disease (GVHD):** This is the result of the donor cells reaction against the patient cells. It can be severe, and is more likely to be life-threatening after mismatched transplant. The main sites affected are the skin, gut and liver. We try and minimize its development by use of T cells and B Cell depletion protocol and by use of immunosuppressant drugs such as cyclosporine, methotrexate, Antithymocyte Globulin or steroids.
- 3. Infections:** Bacterial viral and fungal other infections occur frequently after Bone Marrow Transplant. Part of this is related to graft-versus-host disease and its treatment. Close observation for any of infection is an important part of patient management after Bone Marrow Transplant. Various methods are used to try and avoid infections occurring, and will vary with the Individual case, but include prophylactic antibiotic, anti-viral agents, antifungals and selection of blood products. IV immuno-globulin is used wherever it is required. With the application of T-Cell depletion, the risk of infection is reported to be high, so the child is monitored these viral infection for few months post-Bone Marrow Transplant.
- 4. Organ Toxicity:** The patient's underlying condition together with the powerful treatment used before and after the transplant inevitably damage many tissues of the body. Most or all of the damage may be reversible long term morbidity is possible in some cases, rarely the patient may die as a result, this is called transplant-related mortality (TRM).
- 5. Long Term Complications:** These may be some long term complications of the procedure and it is very likely that you/your child will become sterile after transplant. There is also small risk of developing secondary malignancy due to the treatment received.
- 6. Psychological effects** though uncommon in very young children, may be seen in adolescents.

No guarantee of success can be given any transplant, success rate will be discussed as per literature case to case basis. Once the pre-Bone Marrow Transplant therapy is given, the patient is committed to undergoing Bone Marrow Transplant. It is essential to understand the benefit of transplant risk involved and the possible outcome. The post transplant survival rate (1 year) depend upon the underlying condition for which transplant is planned, the type of transplant (Autologous or Allergenic) and donor availability.

Before we can perform the Bone Marrow Transplant all your questions should have been answered . Please ask these, either of your primary hematologist or one of the Bone Marrow Transplant consultants. You should only sign the consent form when you are satisfied you have received sufficient information. We will give you a copy of this treatment summary.

My signature (patient/ authorized representative) below consultant my acknowledgment that:

1. I have read, understand and agree to the foregoing and it has been explained to me in the language understood by me.
2. All my questions have been satisfactory answered and I have all the desired information to give an informed consent.
3. I hereby give my informed consent with /without any coercion or undue influence after understanding the benefits, risk and possible complications in my complete senses.

I here by give my consent for Bone Marrow Transplant, procedure involved in it, necessary investigations , usage of anti-microbial and blood products as and when required to the treating Doctor.

I have been explained the details of the procedure, alternative risk, benefits, possibility of complications with me in the language that I have understood.

If patient is unable to consent or case of minor, authorized representative can give consent. If I am the authorized representative (relative/ patient guardian in case of minor) I agree that I have read this form, understood the information and have no further questions.

Patient / Parents / Guardian:

Signature:
Name:
Relationship with Patient:
Date & Time:

Patient / Parents / Guardian Left Hand Thumb Impression	
--	--

Doctor (who is taking the consent) :

Signature :
Name :
Date & Time :

Witness / Interpreter if applicable:

Signature :
Name :
Date & Time :

Nursing Staff:

Signature :
Name :
Date & Time :



BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 3 M 23 D (F)
Dr. NALLA ANURAAG REDDY



RAINBOW CHILDRENS HOSPITAL

Patient name: M SARANGA DARIYA

UHID: BAH-00459772

Age/sex: 5Y 3M/ FEMALE

Diagnosis: DELTA- BETA THALASSEMIA MAJOR

MATCH SIBLING DONOR TRANSPLANTATION

14.06.26	-7	➤ Inj FLUDARABINE 25 mg with 100 ml NS over 2 hrs.	Ⓟ
15.06.26	-6	➤ 11:47 AM Inj FLUDARABINE 25 mg with 100 ml NS over 2 hrs. ➤ 2:45 PM Inj TREOSULFAN 8.5 gm in 200 ml NS @ 50ml/hr	Rajamani/Amritha Savitha/pooja.
16.06.26	-5	➤ 10:40 AM Inj FLUDARABINE 25mg with 100 ml NS over 2 hrs. ➤ 1:10 PM Inj TREOSULFAN 8.5 gm in 200 ml NS @ 50ml/hr	Prayanka/dinys Savithi/Rajamani
17.06.26	-4	➤ 10:33 AM Inj FLUDARABINE 25 mg with 100 ml NS over 2 hrs. ➤ 1:06 PM Inj TREOSULFAN 5gm in 100 ml NS @ 50ml/hr	Prayanka/Rajamani Dinys/Rajamani
18.06.26	-3	➤ 6 AM Inj THIOTEPA 40 mg in 100 ml NS over 2 hours ➤ 6 PM Inj THIOTEPA 45 mg in 100 ml NS over 2 hours	Arjun m/pooja Kareena/Rajamani
19.06.26	-2	➤ 11 AM Inj RABBIT ATG (GRAFALON) 50 mg with 25 ml NS @ 4ml/hr ➤ PROPHYLACTIC ANTIBIOTICS ➤ DONOR COLLECTION	Bhuvana/Rajamani
20.06.26	-1	➤ 9 AM Inj RABBIT ATG (GRAFALON) 50 mg with 25 ml NS @ 4ml/hr ➤ 6 AM Inj CYCLOSPORINE 30mg IV Twice daily (Adjust based On Levels) ➤ 6 PM Inj RITUXIMAB 200mg in 200ml NS Over 3 hours	Rajamani/subanika Arjun/Diya Rajamani/Das
21.06.26	0	➤ STEM CELL INFUSION	
22.06.26	+1	➤ 10:40 AM Inj METHOTREXATE 10mg in 100ml NS IV @50ml/hr followed by Bicarbonate Hydration and Folinic rescue	Sonam/Subhanika
23.06.26	+2	➤ IVIg 5 grams over 8 hrs 10 grams given Arjun	
24.06.26	+3	➤ 10 AM Inj METHOTREXATE 6mg in 100ml NS IV @50ml/hr followed by Bicarbonate Hydration and Folinic rescue	Prayanka/Bhuvana
27.06.26	+6	➤ 10 AM Inj METHOTREXATE 6mg in 100ml NS IV @50ml/hr followed by Bicarbonate Hydration and Folinic rescue	Arjun m/ Subhanika

Prepared by Dr Krishna Sai/ Dr Sravani

Verified by Dr Sandhya/ Dr Anuraag

BANJARA HILLS (JCI, NABH & NABL Accredited) HYDERABAD (NABH Accredited) KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF)

SECUNDERABAD (NABH Accredited) KONDAPUR

L B NAGAR (NABH Accredited) NANAKRAMGLUDA

Emergency: 040 - 4466 5555, 91009 25516 Emergency: 040 - 4246 2300 Emergency: 040 - 4246 2100 Emergency: 040 - 4246 2200 Emergency: 040 - 4246 2400 Emergency: 040 - 7111 1333 Emergency: 040-69313233

1800 2122

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BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 3 M 23 D (F)
Dr. NALLA ANURAAG REDDY



RAINBOW CHILDRENS HOSPITAL

Patient name: M SARANGA DARIYA

UHID: BAH-00459772

Age/sex: 5Y 3M/ FEMALE

Diagnosis: DELTA- BETA THALASSEMIA MAJOR

MATCH SIBLING DONOR TRANSPLANTATION

27.06.26	+6	➤ Inj GCSF 75mcg Subcutaneous Once daily till Engraftment (On Day +6, +8 and Once daily from Day+10)	
02.07.26	+11 7:50 pm	➤ Inj METHOTREXATE 6mg in 100mlNS IV @50ml/hr followed by Bicarbonate Hydration and Folinic rescue	Sumita Divya

Supportive care:

Mouthwash and Candid mouth paint 4 times a day

Sitz bath twice daily, Betadine scrub twice daily

Nasal T-Bact ointment.

Syp OFM 5ml twice daily for 5 days

From day -2

Tab. VALACYCLOVIR (500mg) 1/4 tablet twice daily

Tab. VORICONAZOLE (200mg) 1/2 tablet once daily

Syp ZIPRAX (5ml/100mg) 4ml twice daily

Investigations:

CBP, S.electrolytes alternate days,

LFT, S.creatinine, S.Calcium & Magnesium twice weekly

Viral PCR (CMV, EBV) – once a week from Day +7

GOAL -

ABSOLUTE NEUTROPHIL COUNT > 500CELLS/UL

PLATELETS > 20,000CELLS/UL

Prepared by Dr Krishna Sai/ Dr Sravani

Verified by Dr Sandhya/ Dr Anuraag

BANJARA HILLS (JCI, NABH & NABL Accredited) HYDERABAD (NABH Accredited) KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) SECUNDERABAD (NABH Accredited) KONDAPUR L B NAGAR (NABH Accredited) NANAKRAMCUDA
Emergency: 040 - 4466 5555, 91009 25516 Emergency: 040 - 4246 2300 Emergency: 040 - 4246 2100 Emergency: 040 - 4246 2200 Emergency: 040 - 4246 2400 Emergency: 040 - 7111 1333 Emergency: 040-69313233

1800 2122

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Dept. 15kg Ward 010

DRUG: <u>METHYL PREDNISOLONE</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>15mg</u>	<u>IV</u>	<u>BD</u>	<u>18/6</u>	<u>6AM</u>	<u>X</u>
Name & Signature of the Doctor starting the Drugs:					
<u>BVKJOI</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG: <u>1mg CICLOSPORINE</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>30mg</u>	<u>IV</u>	<u>BD</u>	<u>20/6</u>	<u>6AM</u>	<u>X</u>
Name & Signature of the Doctor starting the Drugs:					
<u>devari</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG: <u>Tab AMLOPIPINE</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>1/2 tab</u>	<u>PO</u>	<u>BD</u>	<u>20/6</u>	<u>6AM</u>	<u>X</u>
Name & Signature of the Doctor starting the Drugs:					
<u>devari</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

DRUG: <u>1mg LASIX</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>10mg</u>	<u>IV</u>	<u>BD</u>	<u>22/6</u>	<u>6AM</u>	<u>X</u>
Name & Signature of the Doctor starting the Drugs:					
<u>devari</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign.					

Weight 154.45 Ward ONCO

PATIENT INFORMATION				Date		Time		Weight		Height		Vital Signs	
DRUG: 1g CEFTRIAXONE				22/6		23/6		24/6		25/6		26/6	
Dose		Route		Frequency		Start Dt.							
750mg		IV		BD		22/6							
Name & Signature of the Doctor Starting the Drugs:								8am 8am 8am 8am 8am 12pm 12pm 12pm 12pm 12pm 4pm 4pm 4pm 4pm 4pm 8pm 8pm 8pm 8pm 8pm		S F P M N E I 26/6/22			
Additional Instructions:								8am 12pm 4pm 8pm 12pm 4pm 8pm 12pm 8pm 12pm 4pm 8pm 12pm 4pm 8pm 12pm		26/6/22			
Daily Doctor's Endorsement by a Sign								R A A A A					

DRUG :	Syp	CICLOSPORINE	Date Time	25/6	26/6	27/6	28/6	29/6											
Dose	Route	Frequency	Start Dt.																
0-4ml	PO	BD	25/6																
Name & Signature of the Doctor Starting the Drugs:																			
<i>[Signature]</i>																			
Additional Instructions:																			
<i>1ml / 100mg.</i>																			
Daily Doctor's Endorsement by a Sign																			

[illegible][illegible]

Sheet No:

REGULAR PRESCRIPTIONS

Weight 15kg

Ward Omne

DRUG : <u>ly ONDANSETRON</u>				Date	Time	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7						
Dose	Route	Frequency	Start Dt.																
<u>Amg</u>	<u>IV</u>	<u>BD</u>	<u>27/6</u>																
Name & Signature of the Doctor																			
Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : <u>Suprion DOMPERIDONE</u>				Date	Time	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7				
Dose	Route	Frequency	Start Dt.																
<u>3ml</u>	<u>PO</u>	<u>BD</u>	<u>27/6</u>																
Name & Signature of the Doctor																			
Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : <u>Tab dr. CANOLE</u>				Date	Time	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7				
Dose	Route	Frequency	Start Dt.																
<u>Tab</u>	<u>PO</u>	<u>OD</u>	<u>27/6</u>																
Name & Signature of the Doctor																			
Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : <u>Sup UDILEV</u>				Date	Time	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7				
Dose	Route	Frequency	Start Dt.																
<u>5ml</u>	<u>PO</u>	<u>BD</u>	<u>27/6</u>																
Name & Signature of the Doctor																			
Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			



Sheet No:

REGULAR PRESCRIPTIONS

Weight 15kg

Ward Onco

DRUG : <u>Syp ACICLOVIR</u>				Date	Time															
Dose	Route	Frequency	Start Dt.																	
<u>5ml</u>	<u>PO</u>	<u>BD</u>	<u>27/6</u>	<u>8am</u>	<u>27/6</u>	<u>28/6</u>	<u>29/6</u>	<u>30/6</u>	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>	<u>5/7</u>	<u>6/7</u>	<u>7/7</u>	<u>8/7</u>	<u>9/7</u>	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Name & Signature of the Doctor Starting the Drugs: <u>harari</u>				8am 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																
Additional Instructions: <u>(5ml- 400mg)</u>				8pm 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																
Daily Doctor's Endorsement by a Sign				8am 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																

DRUG : <u>Syp CALCEMAXONS</u>				Date	Time															
Dose	Route	Frequency	Start Dt.																	
<u>5ml</u>	<u>PO</u>	<u>OD</u>	<u>27/6</u>	<u>8pm</u>	<u>27/6</u>	<u>28/6</u>	<u>29/6</u>	<u>30/6</u>	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>	<u>5/7</u>	<u>6/7</u>	<u>7/7</u>	<u>8/7</u>	<u>9/7</u>	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Name & Signature of the Doctor Starting the Drugs: <u>harari</u>				8pm 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				8pm 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																

DRUG : <u>Syp IFETRAM</u>				Date	Time															
Dose	Route	Frequency	Start Dt.																	
<u>5ml</u>	<u>PO</u>	<u>BD</u>	<u>27/6</u>	<u>8am</u>	<u>27/6</u>	<u>28/6</u>	<u>29/6</u>	<u>30/6</u>	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>	<u>5/7</u>	<u>6/7</u>	<u>7/7</u>	<u>8/7</u>	<u>9/7</u>	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Name & Signature of the Doctor Starting the Drugs: <u>harari</u>				8am 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																
Additional Instructions: <u>Mon/Wed/Friday</u>				8pm 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																
Daily Doctor's Endorsement by a Sign				8am 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																

DRUG : <u>ly G-CSF</u>				Date	Time															
Dose	Route	Frequency	Start Dt.																	
<u>75mcg</u>	<u>IV</u>	<u>OD</u>	<u>27/6</u>	<u>8pm</u>	<u>27/6</u>	<u>28/6</u>	<u>29/6</u>	<u>30/6</u>	<u>1/7</u>	<u>2/7</u>	<u>3/7</u>	<u>4/7</u>	<u>5/7</u>	<u>6/7</u>	<u>7/7</u>	<u>8/7</u>	<u>9/7</u>	<u>10/7</u>	<u>11/7</u>	<u>12/7</u>
Name & Signature of the Doctor Starting the Drugs: <u>harari</u>				8pm 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				8pm 27/6 28/6 29/6 30/6 1/7 2/7 3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7																

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : <u>lyp ciclosporine</u>				Date Time																
Dose	Route	Frequency	Start Dt.	29/6																
	PO	BD	29/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
0.4ml																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab clobazam</u>				Date Time																
Dose	Route	Frequency	Start Dt.	1/7																
1/2 tab	PO	OD	1/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
(1 tab = 5mg)																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab VORICONAZOLE</u>				Date Time																
Dose	Route	Frequency	Start Dt.	1/7																
1/2 tab	PO	OD	1/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
(1 tab = 200mg)																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>lyp ciclosporine</u>				Date Time																
Dose	Route	Frequency	Start Dt.	3/7																
0.4ml	PO	BD	3/7																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Tab AMLODIPINE				Date/Time	4/7 5/7 6/7
Dose	Route	Frequency	Start Dt.		
1/2 tab	PO	BD	4/7	8 AM	5 PM
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				1 tab = 2.5mg	
Daily Doctor's Endorsement by a Sign				[Signature]	

DRUG : Ceftriaxone				Date/Time	5/7 6/7
Dose	Route	Frequency	Start Dt.		
300mg IV	BD		5/7	6 AM	12 PM
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				6 PM	
Daily Doctor's Endorsement by a Sign				[Signature]	

DRUG : Cefixime				Date/Time	6/7
Dose	Route	Frequency	Start Dt.		
100mg	PO	1-2 x	6/7	10 AM	
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				10 PM	
Daily Doctor's Endorsement by a Sign				[Signature]	

DRUG : Ceftriaxone				Date/Time	
Dose	Route	Frequency	Start Dt.		
0.4ml	PO	BD	2/2		
Name & Signature of the Doctor Starting the Drugs:				[Signature]	
Additional Instructions:				1 ml = 100mg	
Daily Doctor's Endorsement by a Sign				[Signature]	

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

VERIFIED BY : Name Signature



STAT / ONCE ONLY DRUGS

Name: Baby MEDIGA SARANGA DARIYA

Weight: 15.3 kgs

Sheet No: ①

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
23/6/26	11:55 AM	IVIG	5 grams over 8 hours	IV	Dr. Sonam	Anuradha	@ 2:30 PM
		(5 gram = 100ml)					
			1ml/hr for 15 mins		Dr. Sonam	Anuradha	
			2ml/hr for 15 mins				
			4ml/hr for 15 mins				
			14ml/hr till completion				
23/6/26	11:55 AM	Inj AVIL	7mg	IV	Dr. Sonam	Anuradha	@ 2:30 PM
25/6/26	11 AM	INT FOLINIC ACID	13mg	IV	Dr. Subhakar		11 AM
26/6/26	2:10 PM	Inj AVIL	7mg	IV	Dr. Anuradha		
26/6/26	2:10 PM	PRBC unit (280ml)		IV	Dr. Anuradha		
		only 5 hrs.					
26/6/26		INT FOLINIC ACID	7mg	IV	Dr. Anuradha		
28/6	11 AM	INT FOLINIC ACID	13mg	IV	Dr. Anuradha		
29/6	11:30 AM	Inj VITAMIN K	5mg	IV	Dr. Kaima	Anuradha	
29/6	7:20 PM	SOP	1/2 unit	IV	Dr. Kaima	Anuradha	
29/6	7:20 PM	Inj AVIL	0.3ml	IV	Dr. Kaima	Anuradha	
2/7/26	12:40 PM	SOP	1/2 unit	IV	Dr. Susmita	Sarvitha	
2/7/26	12:40 PM	Inj AVIL	0.3ml	IV	Dr. Susmita	Sarvitha	
3/7	11 AM	Inj FOLINIC ACID	13mg	IV	Dr. Susmita	Pooja	
5/7	1 PM	Inj VITAMIN K	5mg	IV	Dr. Sarvitha	Pooja	
5/7	1 PM	Inj VITAMIN B12	500mcg	IV	Dr. Sarvitha	Pooja	
6/7	12:30 PM	PRBC Romikron	250mg	IV	Dr. Sarvitha	Pooja	

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 3 M 21 D (F)
 Dr. NALLA ANURAAG REDDY



DRUG CHART

Date of Admission: 13/6/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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



REGULAR PRESCRIPTIONS

Weight. 15.13kg Ward.

DRUG : <u>Teb DEFRIJET (500mg)</u>				Date Time															
Dose <u>1Teb</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>13/6/26</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr Ramya</u>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : <u>Teb Folic Acid Syng</u>				Date Time															
Dose <u>1Teb</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>13/6/26</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr Ramya</u>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : <u>Syr. CALCIMAX PLUS</u>				Date Time	<u>13/6</u>	<u>14/6</u>	<u>15/6</u>	<u>16/6</u>	<u>17/6</u>	<u>18/6</u>	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>	<u>23/6</u>	<u>24/6</u>	<u>25/6</u>	<u>26/6</u>	
Dose <u>7.5ml</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Date <u>13/6/26</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr Ramya</u>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
DRUG : <u>Syr. ZINCovit</u>				Date Time	<u>13/6</u>	<u>14/6</u>	<u>15/6</u>	<u>16/6</u>	<u>17/6</u>	<u>18/6</u>	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>	<u>23/6</u>	<u>24/6</u>	<u>25/6</u>	<u>26/6</u>	
Dose <u>7.5ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>13/6/26</u>																
Name & Signature of the Doctor Starting the Drugs: <u>Dr Ramya</u>																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/6/26	6PM	lyp XENTEL	10ml	PO	d	Gargi Subh
13/6	7:50PM	lyp DESPERAL	500mg in 300ml NS	IV over 6 hours	d	Gargi Subh
18/6.	1PM	Irradiated PRBC	unit /	IV thru	A	Sonam Anuradha @ 1pm
18/6	1PM	lyp ASIL	0.4ml	IV	d	Sonam Anuradha @ 1pm
18/6	5:50PM	lyp LASIX	5mg	IV	A	Rajamani Anuradha
21/6	10:10AM	STEM CELLS	70ml	IV	d	Sonam Subham @ 10:10
21/6	10AM	lyp PARACETAMOL	150mg	IV	d	Sonam Subham @ 10am
21/6	11AM	lyp LASIX	5mg	IV	d	Sonam Subham @ 11am
23/6	10 AM	lyp FOLINIC ACID	13mg	IV	d	Subh d

Weight. 15kg Ward.

[illegible]

8

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	10pm	01	back surface 0/10	☐ Continuous ☒ Intermittent	☒ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☒ Decreasing	☐ Yes ☐ No	Position change	Ref
5/7/26	8pm	0	0/10	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ref
6/7	4am	0	0/10	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ref
6/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Surf
6/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
7/7	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
7/7	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Neelika
				☐ 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:

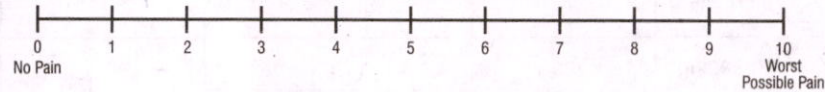
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

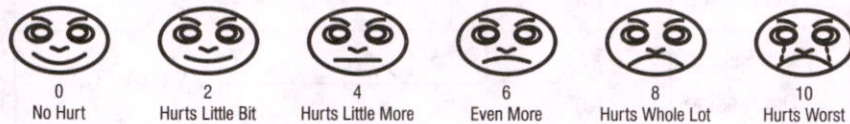
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Birthing
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
2/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
2/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
3/7	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
3/7	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
3/7	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
4/7	12am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
4/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
4/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Susmita
4/7	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ⓢ
5/7	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Ⓢ

Re-assessment Frequency:

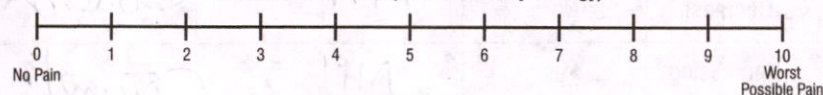
- Every eight hours for all hospitalized patients.
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 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

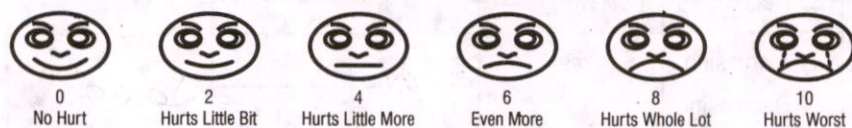
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Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed 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

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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/6	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Goyaz
30/6	12am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
30/6	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
30/6	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Khina
30/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☒ Yes ☐ No	Nil	Susmita
30/7/26	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Sonam
1/7/26	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Karima
1/7/26	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
2/7	2am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
2/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita

Re-assessment Frequency:

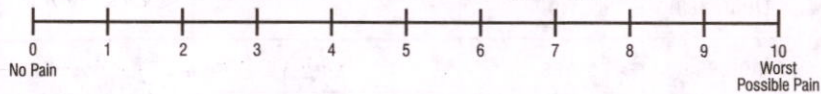
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





CHEMOTHERAPY PRESCRIPTION

All the chemotherapy medications are high risk / high alert drugs.
While administering chemotherapy drugs watch for nausea, vomiting, rashes,
urine output and any local extravasation of the drug.



Sheet No. :		Weight (kg) :	Body Surface Area:	Diagnosis:		Protocol:				
DATE	TIME	Composition of Chemotherapy (if infusion, mention ml / hr = Mcg / kg / min. etc.)	DOSE	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
14/6/26	10:30AM	INT FUDARABINE with 100ml NS	25mg	IV	@ 50ml/hr	R	Gargi Priyanka	14/6	R	Gargi Amy



5

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
26/6	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Peggy
26/6	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dulits
27/6	12am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	B
27/6	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	B
27/6	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
27/6	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Moomita
28/6	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Moomita
28/6/20	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Karima
29/6	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Moomita
29/6	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Moomita

Re-assessment Frequency:

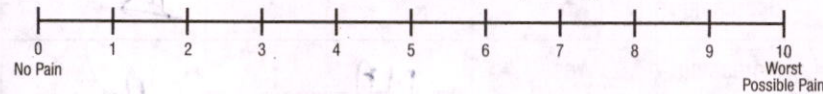
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours.
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

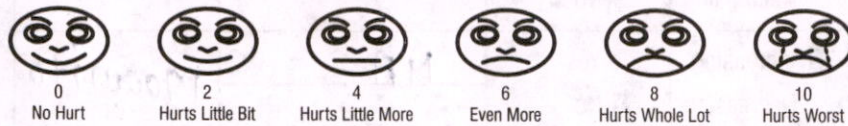
Numerical Pain Scale (Obstetric and Gynecology)



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





4

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Raj
23/6	10am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shy
23/6	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Shy
24/6	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Raj
24/6	10AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Debnath
24/6	6pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Debnath
25/6	2AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Raj
25/6	8AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	sumita
25/6/24	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Debnath
25/6	12PM	0	N	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Raj

Re-assessment Frequency:

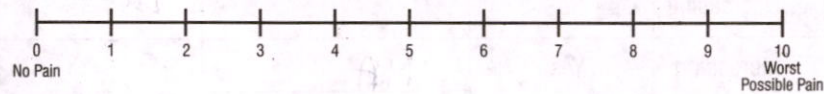
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

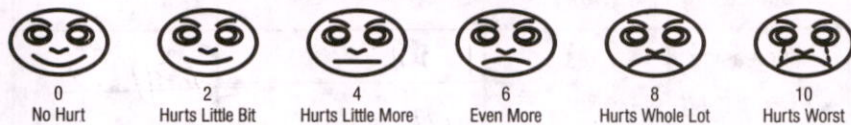
Numerical Pain Scale (Obstetric and Gynecology)



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





3

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
01/9/2020	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Dehills
20/6	11am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	Saurav
20/6	12pm	0	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Rajamani
20/6	8pm	0	NO	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Rajamani
21/6	11am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	ND	Smita
21/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Sonam
21/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Sonam
22/6	4pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Blizy
22/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
22/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam

Re-assessment Frequency:

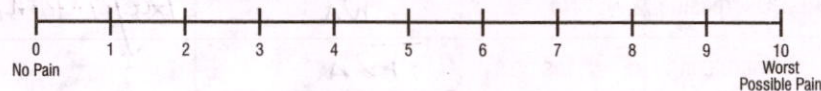
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

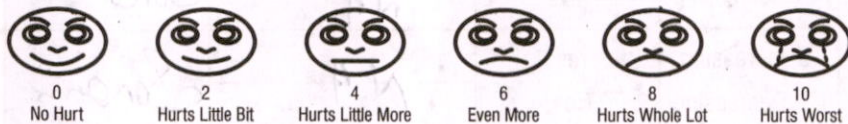
Numerical Pain Scale (Obstetric and Gynecology)



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

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





2

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
16/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Rajamani
16/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Neelima
17/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Am m
17/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Uday
17/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Uday
18/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
18/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sonam
18/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Rajamani
19/6	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	Savitri
19/6	12pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Uday

Re-assessment Frequency:

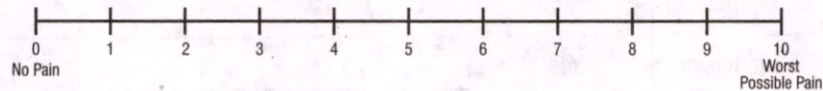
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

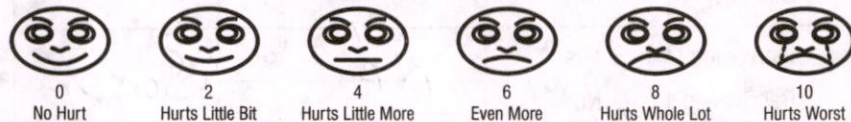
FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



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

PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
13/6/26	11:00AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Peruke
13/6	7PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	g.
14/6	3AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	nandu
14/6	11AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	g.
14/6/26	7pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	karima
15/06	12AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
15/06	6AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	Susmita
15/6	12PM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Rajamani
15/6	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gaya 3
16/6	4AM	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Gaya 3.

Re-assessment Frequency:

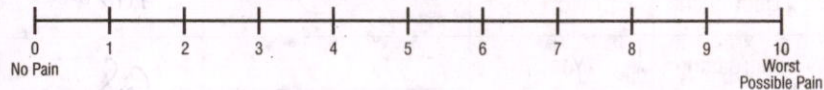
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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 or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

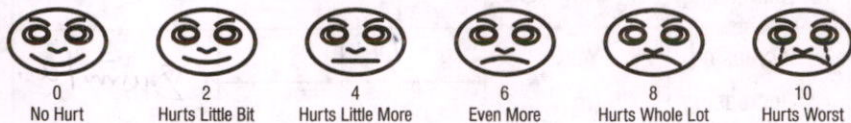
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years



Date : 4/2 Time:

Doctor / Nurse / Family Concern?

Temperature
(°F)Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:

BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp	Mod/ Severe
Distress	None / Mild

Receiving O ₂ (l/min)	O ₂ Saturations (%)
0	95.0
1	95.0
2	95.0
3	95.0
4	95.0
5	95.0
6	95.0
7	95.0
8	95.0
9	95.0
10	95.0
11	95.0
12	95.0
13	95.0
14	95.0
15	95.0
16	95.0
17	95.0
18	95.0
19	95.0
20	95.0
21	95.0
22	95.0
23	95.0
24	95.0
25	95.0
26	95.0
27	95.0
28	95.0
29	95.0
30	95.0
31	95.0
32	95.0
33	95.0
34	95.0
35	95.0
36	95.0
37	95.0
38	95.0
39	95.0
40	95.0
41	95.0
42	95.0
43	95.0
44	95.0
45	95.0
46	95.0
47	95.0
48	95.0
49	95.0
50	95.0
51	95.0
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65	95.0
66	95.0
67	95.0
68	95.0
69	95.0
70	95.0
71	95.0
72	95.0
73	95.0
74	95.0
75	95.0
76	95.0
77	95.0
78	95.0
79	95.0
80	95.0
81	95.0
82	95.0
83	95.0
84	95.0
85	95.0
86	95.0
87	95.0
88	95.0
89	95.0
90	95.0
91	95.0
92	95.0
93	95.0
94	95.0
95	95.0
96	95.0
97	95.0
98	95.0
99	95.0
100	95.0

Conscious Level	Normal Altered
-----------------	-------------------

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 6th Time: 9am 1pm 4pm 7pm 10PM 3Am 6Am
 Doctor / Nurse / Family Concern? _____

wt - 14.3 kgs

Temperature (F)

104							
103							
102							
101							
100							
99							
98	98.6f	98.6f	98.2f	98.1f	98.1f	98.1f	98.5f
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	96	100	101	98	96 (52)	90	98
80	65	71	78	78		75	79
70	54	60	63	60	56	50	76
60							
50							

Heart Rate (Number)

163b/m	106b/m	101b/m	100b/m	126b/m	100b/m	78b/m
--------	--------	--------	--------	--------	--------	-------

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

70						
60						
50						
40						
30						
20						
10						

Resp Rate (Number)

26b/m	23b/m	22b/m	23b/m	22b/m	22b/m	22b/m
-------	-------	-------	-------	-------	-------	-------

Resp Mod/ Severe Distress None / Mild

0	0	0	0	0	0	0
---	---	---	---	---	---	---

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

100%	100%	99%	98%	100%	98%	99%
------	------	-----	-----	------	-----	-----

Conscious Level Normal / Altered

C	C	C	C	C	C	C
---	---	---	---	---	---	---

GCS *

15/15	15/15	15/15	15/15	15/15	15/15	15/15
-------	-------	-------	-------	-------	-------	-------

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0

ACTIONS

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Date	Time	Early Warning Score	Date	Time	Name

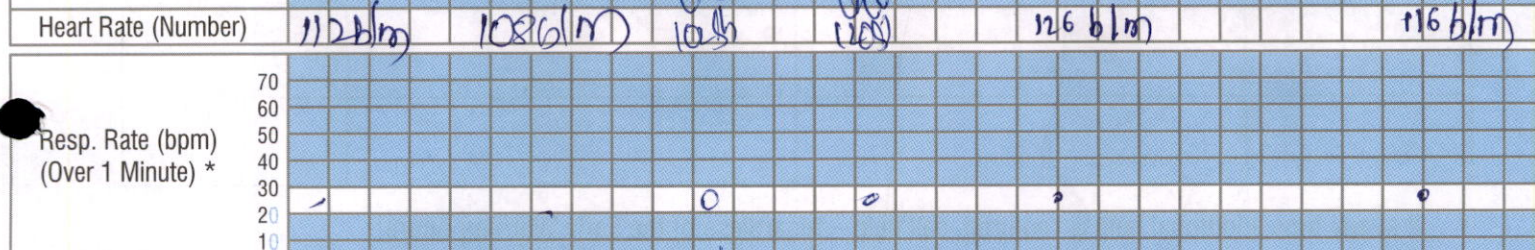
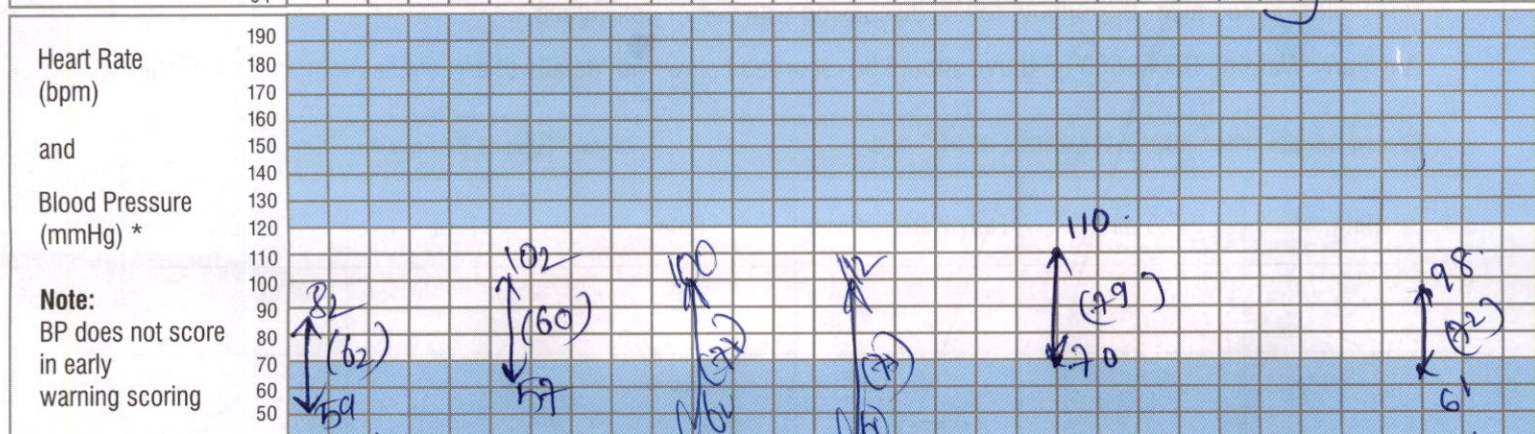
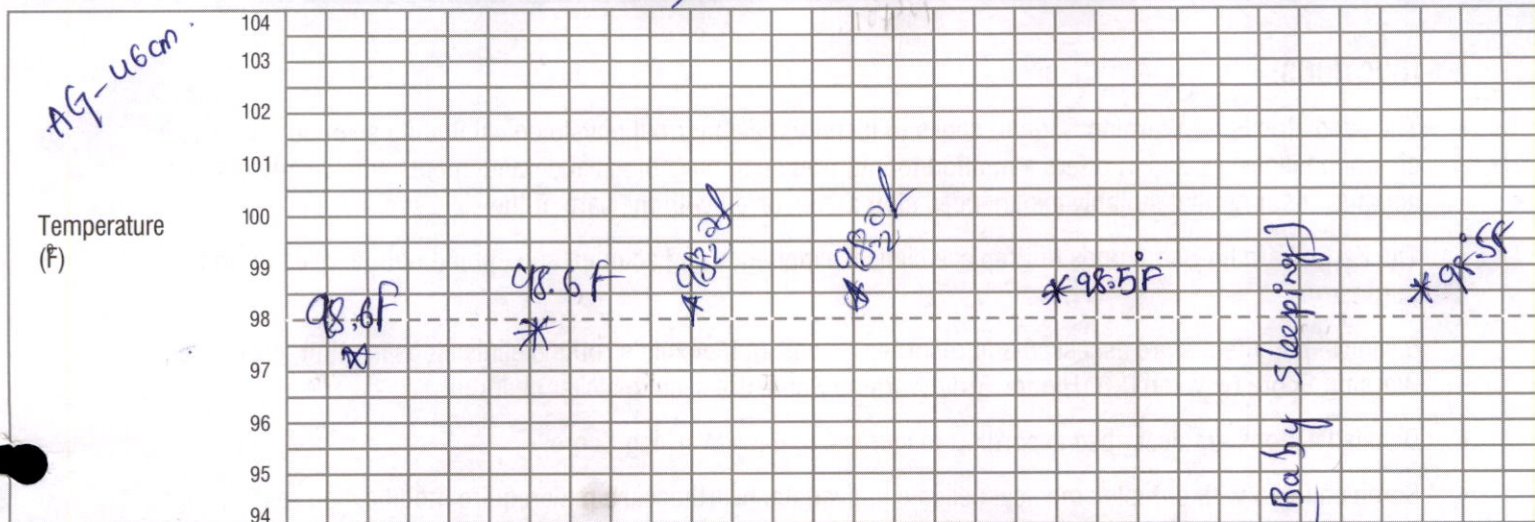
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 5/2/2021 Time : 9am 1pm 3pm 7pm 10pm 3Am 6Am
 Doctor / Nurse / Family Concern?



Resp Rate (Number)

Resp Distress | Mod/ Severe Distress | None / Mild

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

Conscious Level | Normal | Altered

GCS *

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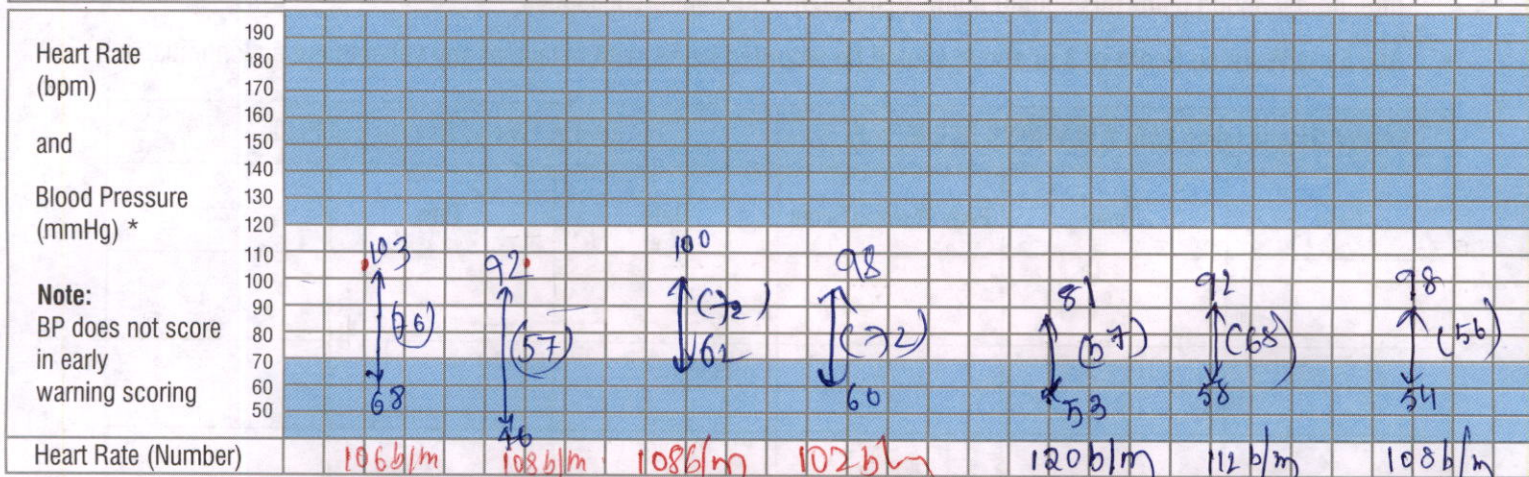
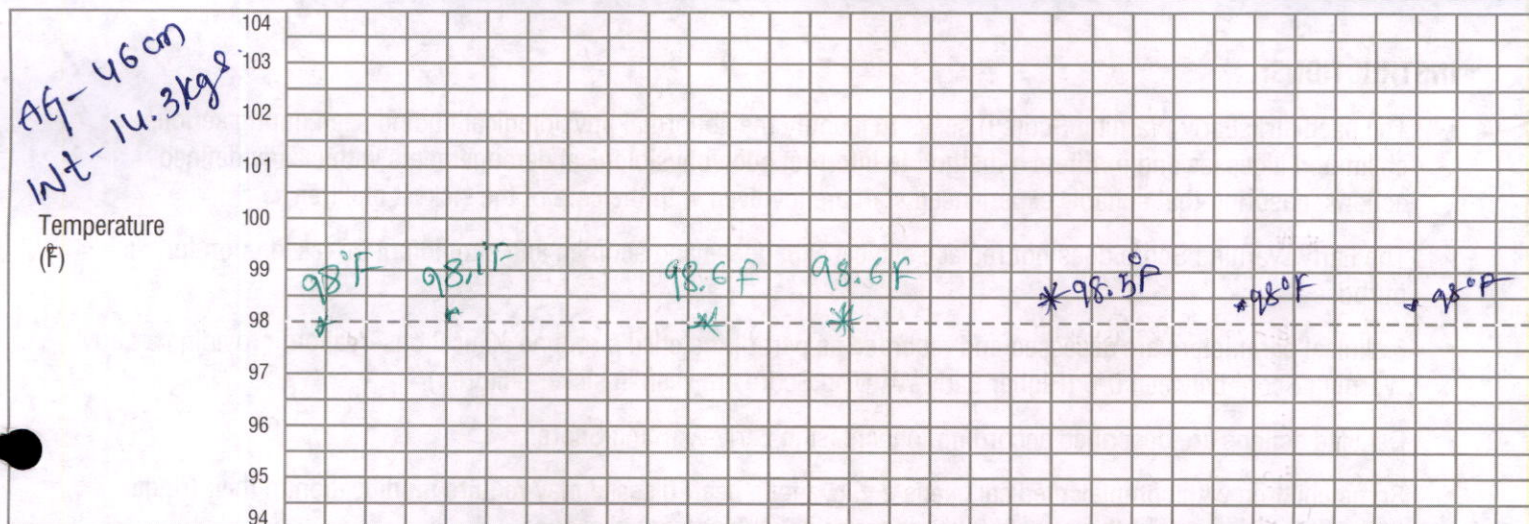
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 4/2 Time: 9 AM 1 PM 4 PM 7 PM 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern? _____



Heart Rate (Number)

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

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

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23

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

SCHOOL AGE (5-12 years)

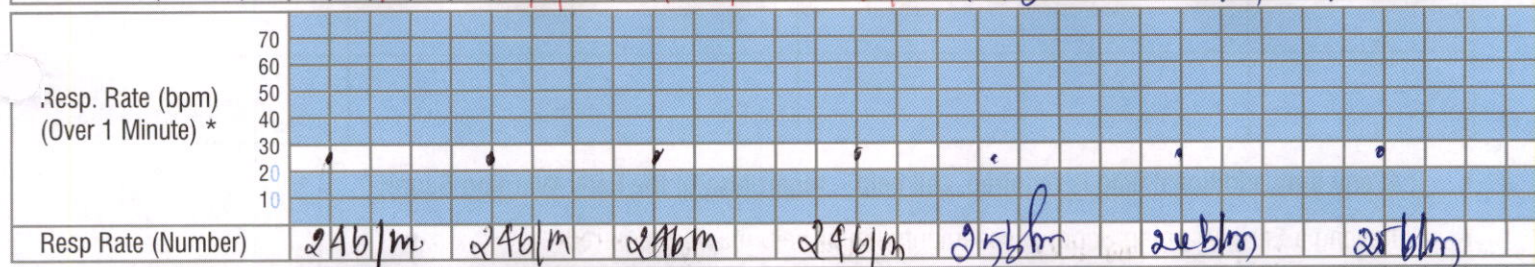
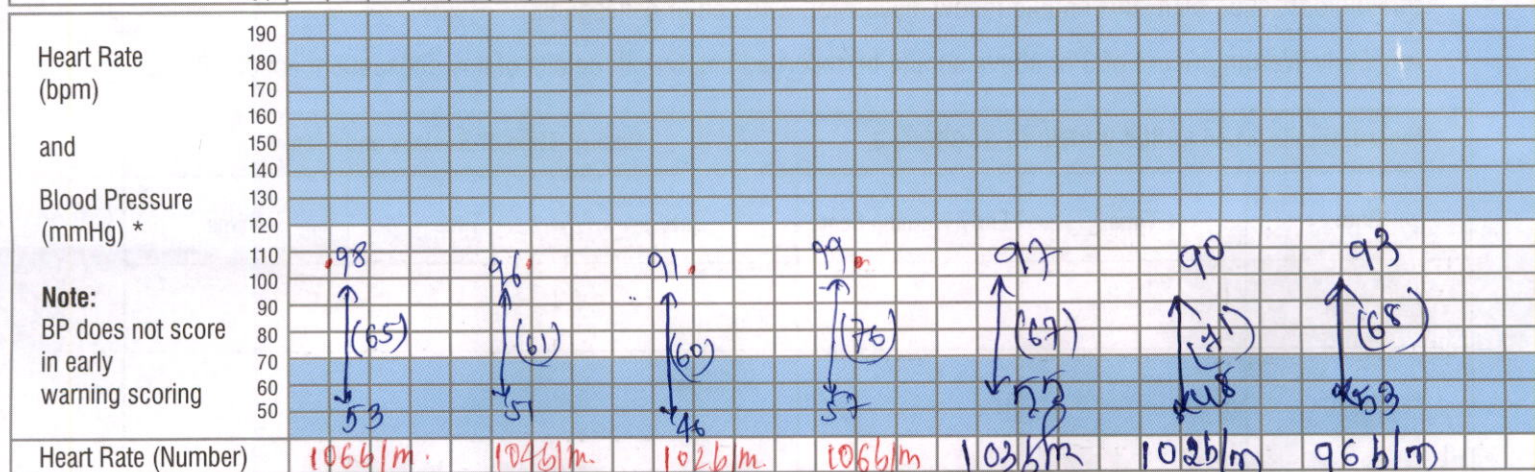
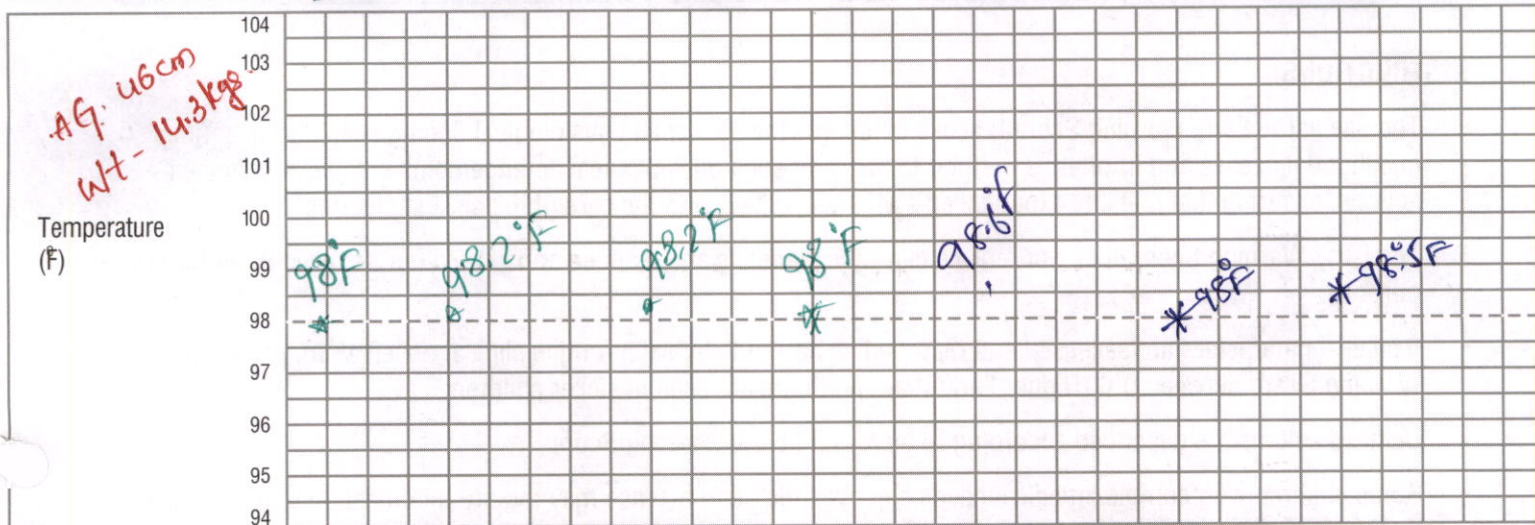
Children's Observation &
 Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/2	Time: 9:30 AM	1:30 PM	4:30 PM	7 PM	10 PM	3 AM	6 AM
Doctor / Nurse / Family Concern?							



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

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

ACTIONS

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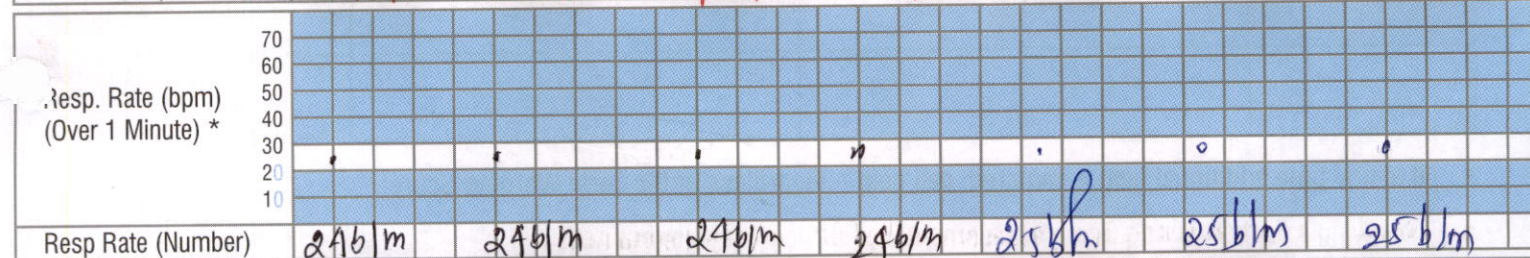
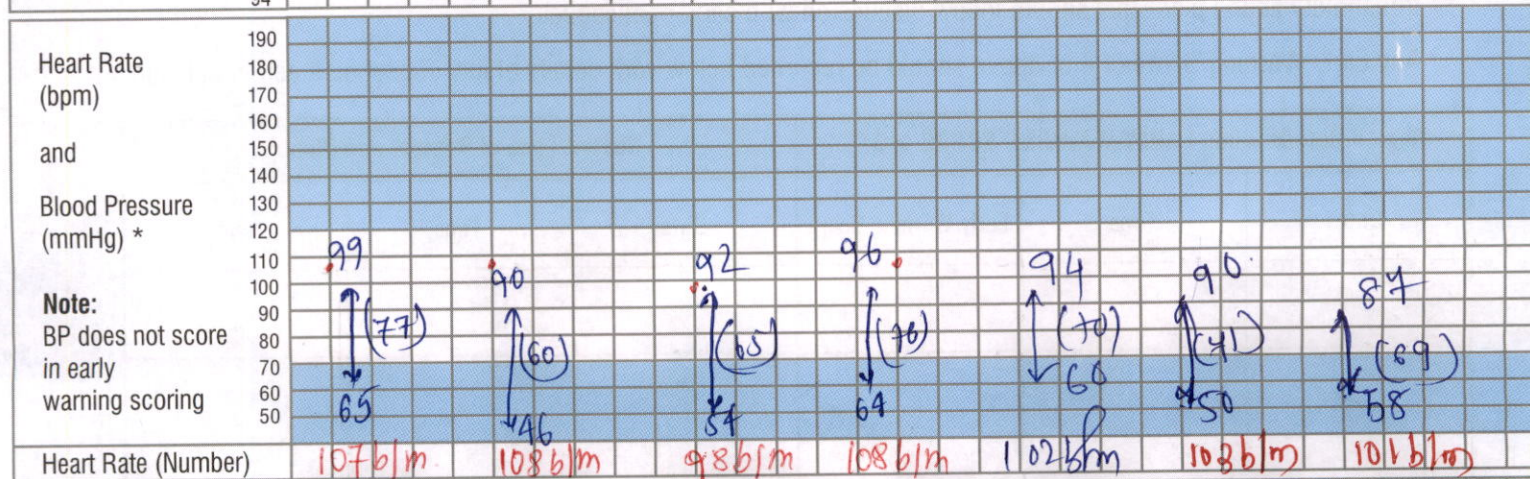
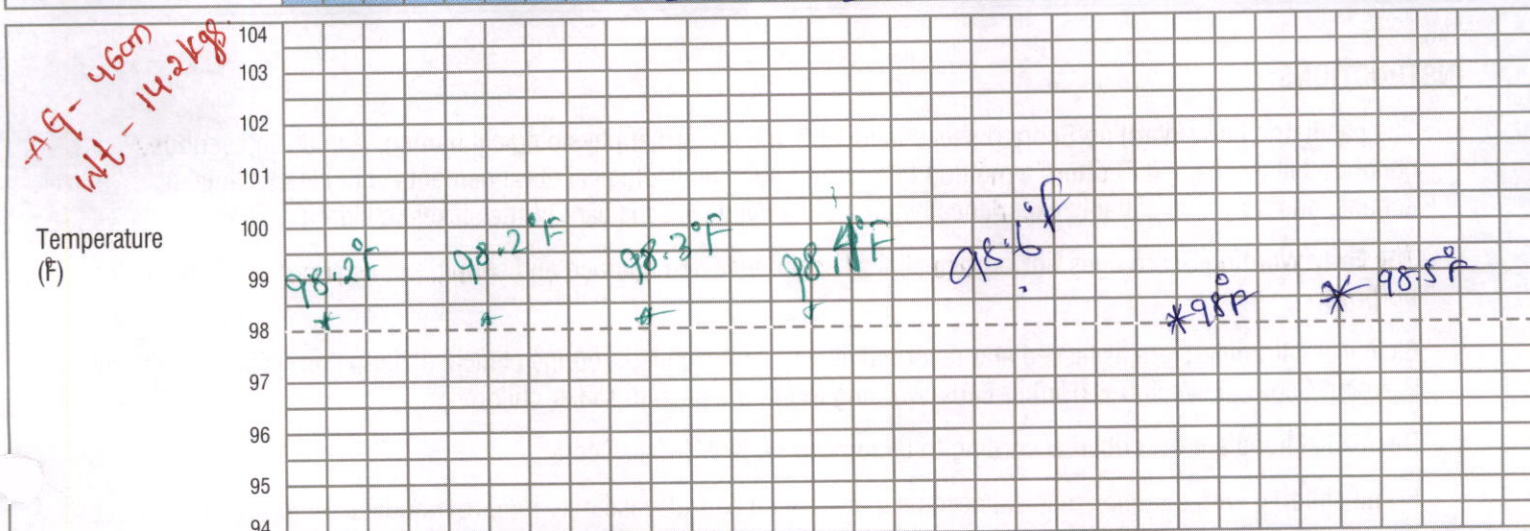
21

SCHOOL AGE (5-12 years)

Children's Observation &
Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/2	Time: 9:20 AM	1:20 PM	4:30 PM	6:30 PM	10 PM	3 AM	6 AM
Doctor / Nurse / Family Concern?							



Resp Distress	Mod/ Severe	None / Mild
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	100% 100% 100% 100% 99% 100% 98%	
Conscious Level	Normal	Altered
GCS *	15/15 15/15 15/15 15/15 15/15 15/15 15/15	

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

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

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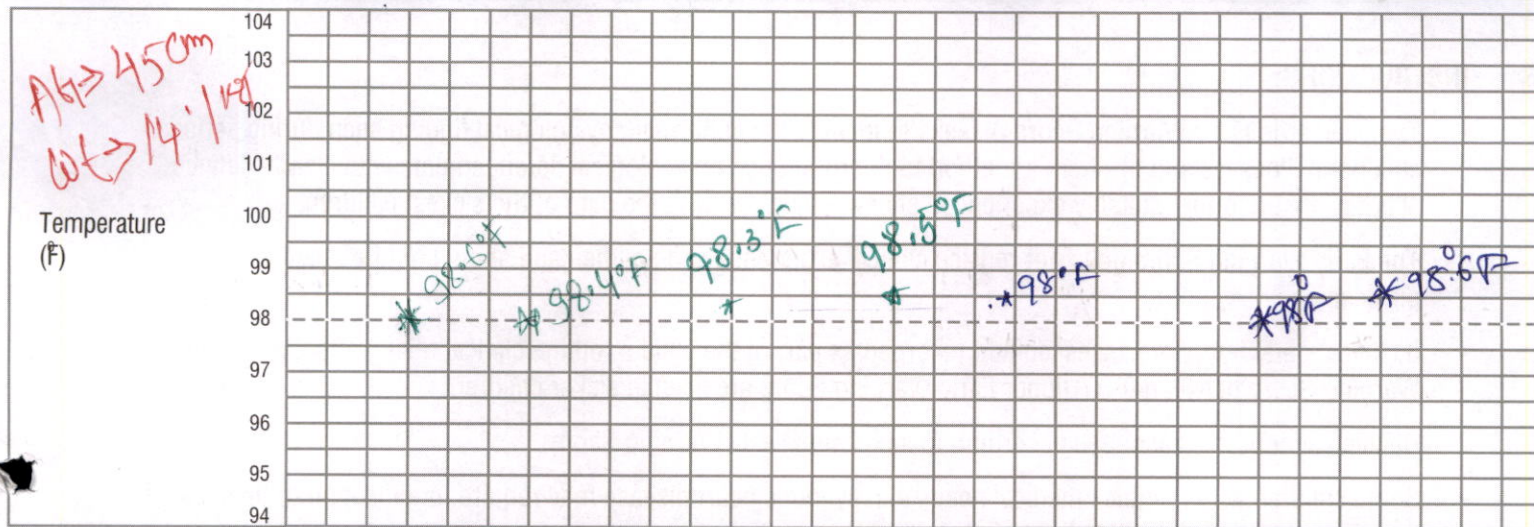


20

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 11/2 Time: 9am 1pm 4pm 7pm 10pm 3Am 6Am
Doctor / Nurse / Family Concern? _____



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

110 (62) 98 (64) 94 (56) 89 (56) 103 (53) 92 (65) 93 (64)
55 56 48 46 61 52 51

Heart Rate (Number)

109b/m 106b/m 99b/m 103b/m 104b/m 103b/m 102b/m

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

70
60
50
40
30
20
10

26b/m 25b/m 24b/m 24b/m 22b/m 22b/m 22b/m

Resp Distress Mod/ Severe None / Mild

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

100% 100% 100% 100% 99% 98% 99%

Conscious Level Normal Altered

GCS *

15/15 15/15 15/15 15/15 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

Score 1 : Continue normal observation by staff nurse
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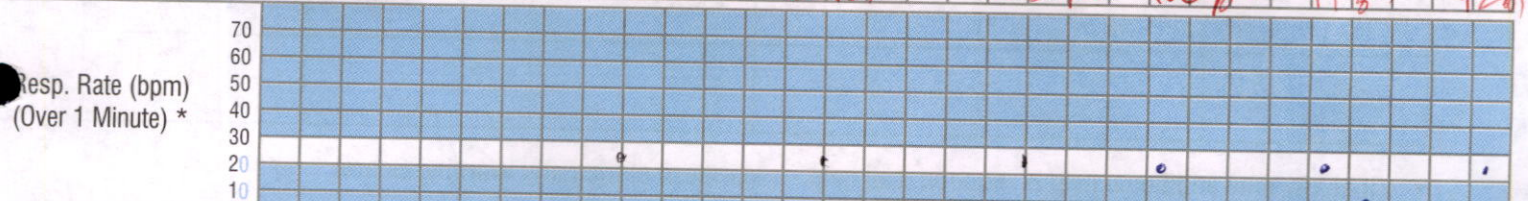
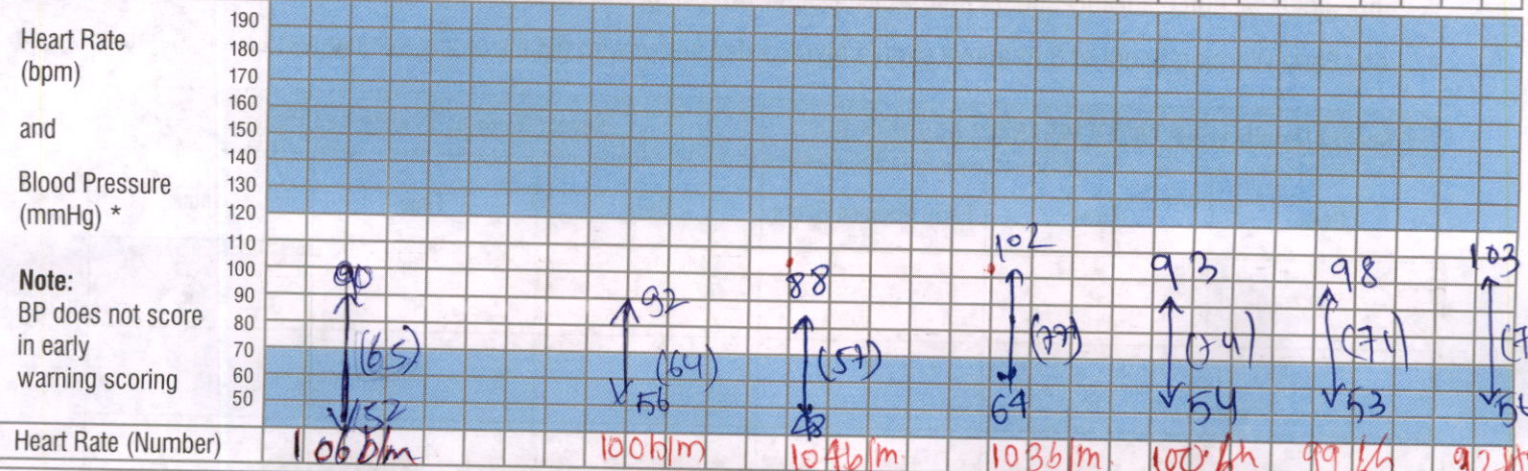
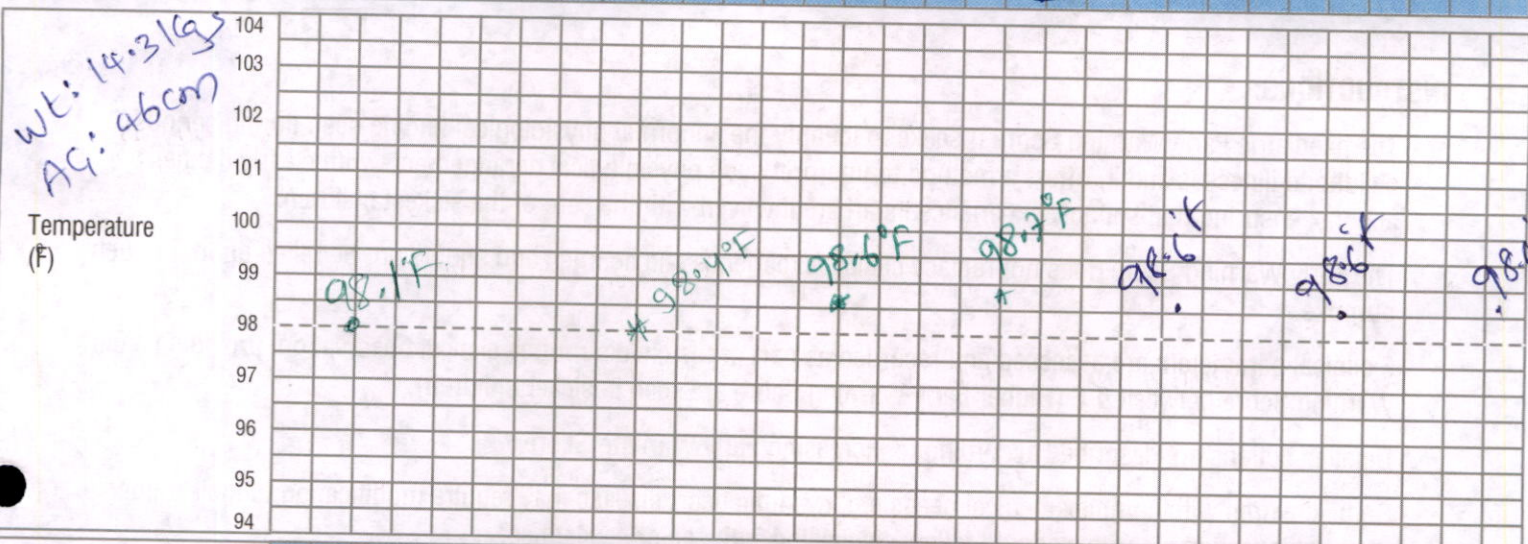
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/6 Time: 8:30am 12pm 3pm 6:30 10pm 3am 6am
 Doctor / Nurse / Family Concern?



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

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

ACTIONS	Score 1 : Continue normal observation by staff nurse
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* 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.

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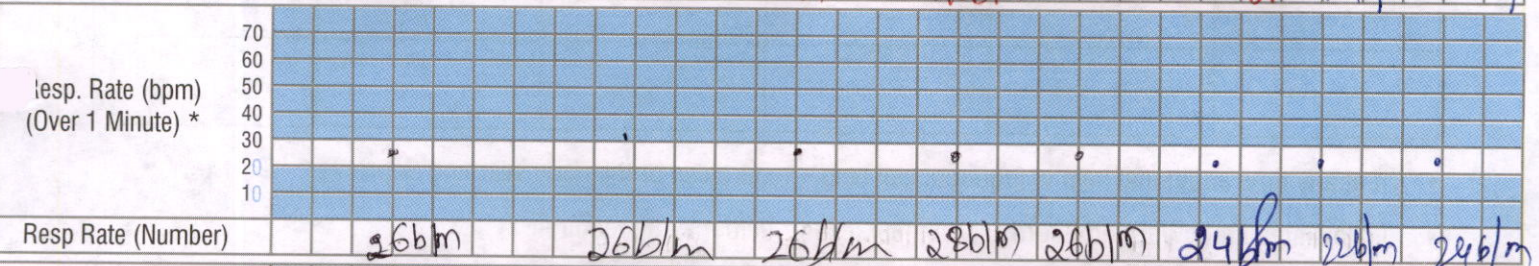
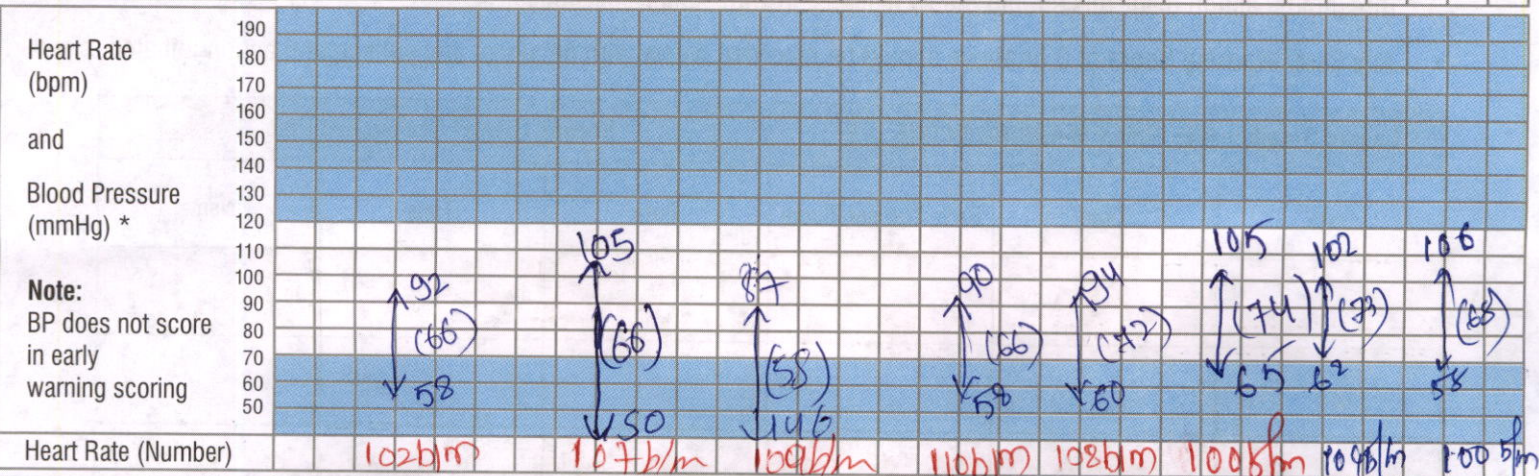
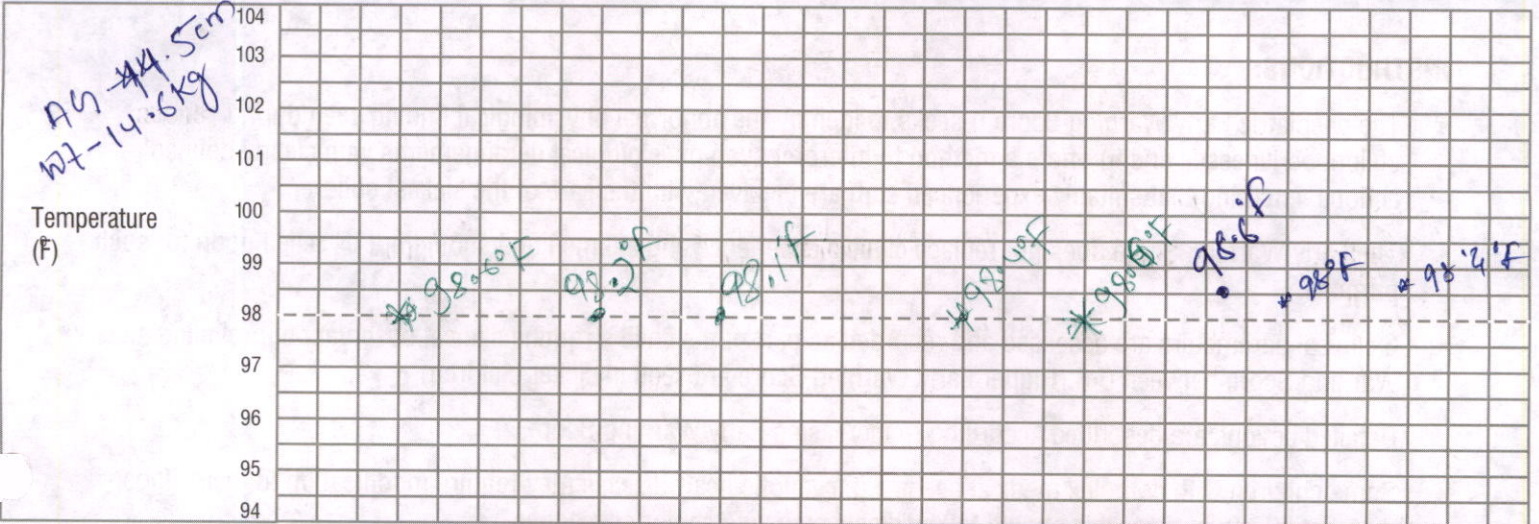


SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 29/6/21 Time: 8:30am 11am 1:15pm 4pm 7pm 10pm 3AM 6AM
Doctor / Nurse / Family Concern?



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

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

ACTIONS	Score 1 : Continue normal observation by staff nurse
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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
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/6	Time: 9am	1pm	4pm	7pm	9:30 PM	3Am	7Am
Doctor / Nurse / Family Concern?							
Age-45cm Wt-14.6kg Temperature (F)	98.6°F	98.6°F	98.2°F	98.4°F	98°F	98.2°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	90 (41) / 60	94 (68) / 56	96 (66) / 58	95 (72) / 60	97 (72) / 62	94 (70) / 60	92 (72) / 58
Heart Rate (Number)	102b/m	108b/m	108b/m	106b/m	102b/m	98b/m	100b/m
Resp. Rate (bpm) (Over 1 Minute) *	26b/m	26b/m	25b/m	26b/m	24b/m	24b/m	24b/m
Resp Distress	None	None	None	None	None	None	None
Receiving O ₂ (l/min)	100%	100%	100%	100%	100%	100%	98%
O ₂ Saturations (%)	100%	100%	100%	100%	100%	100%	98%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	Dr. Nalla	Dr. Nalla	Dr. Nalla	Dr. Nalla	Dr. Nalla	Dr. Nalla	Dr. Nalla

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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Doc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

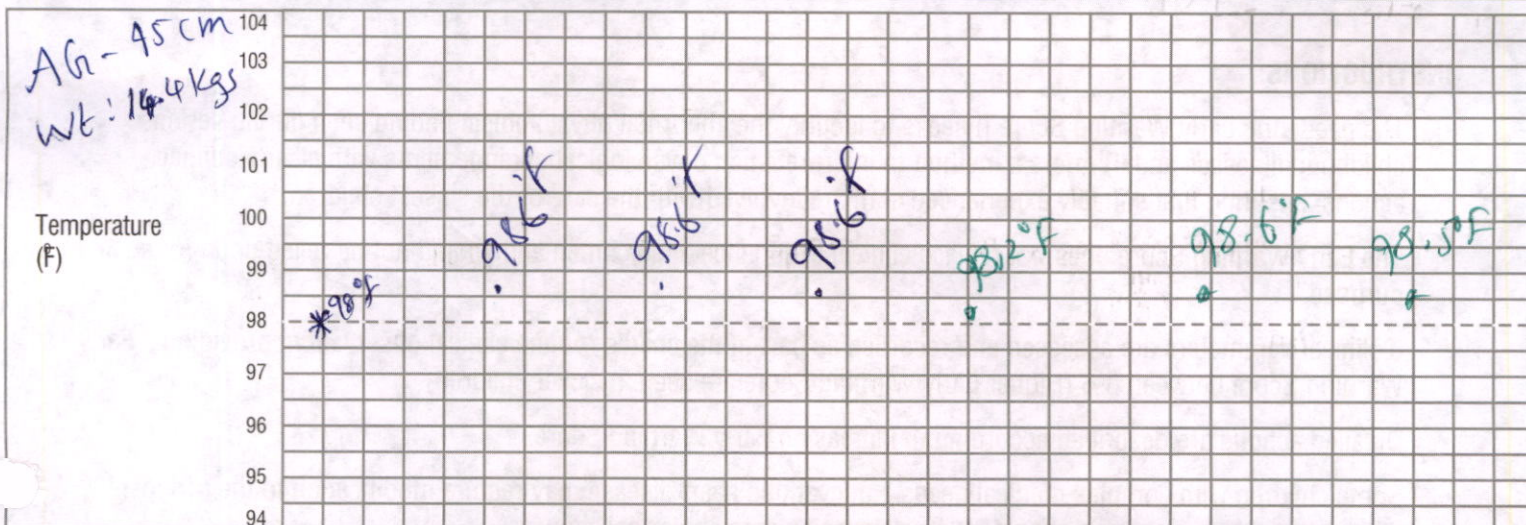
Children's Observation & Early Warning Scoring Chart

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 23/6/20 Time: 9am 1pm 4pm 4pm 9:30 PM 3AM 7AM
 Doctor / Nurse / Family Concern?



Heart Rate (bpm)
 and
 Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
9am	110	90/58
1pm	106	94/54
4pm	93	93/52
4pm	101	93/62
9:30 PM	108	99/64
3AM	103	98/62
7AM	106	100/60

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

Time	Resp. Rate (bpm)
9am	24
1pm	25
4pm	25
4pm	23
9:30 PM	24
3AM	24
7AM	24

Resp Distress

Mod/ Severe	None / Mild

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

Receiving O ₂ (l/min)	O ₂ Saturations (%)

Conscious Level

Normal	Altered

GCS *

GCS

TOTAL SCORE

Number of shaded boxes	Pain Score	Observer's Initials

ACTIONS

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BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 4 M 1 D (F)
 Dr. NALLA ANURAAG REDDY

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

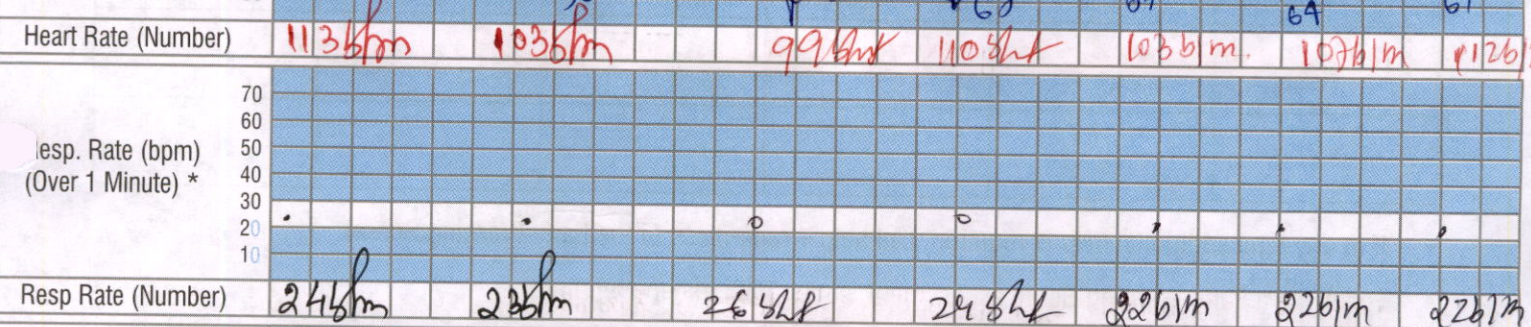
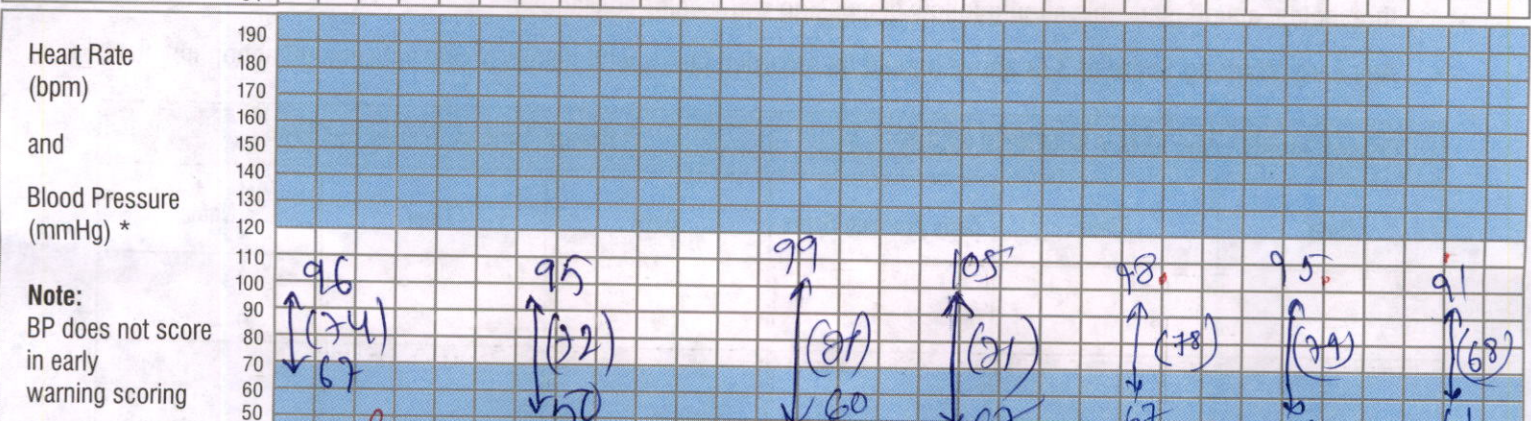
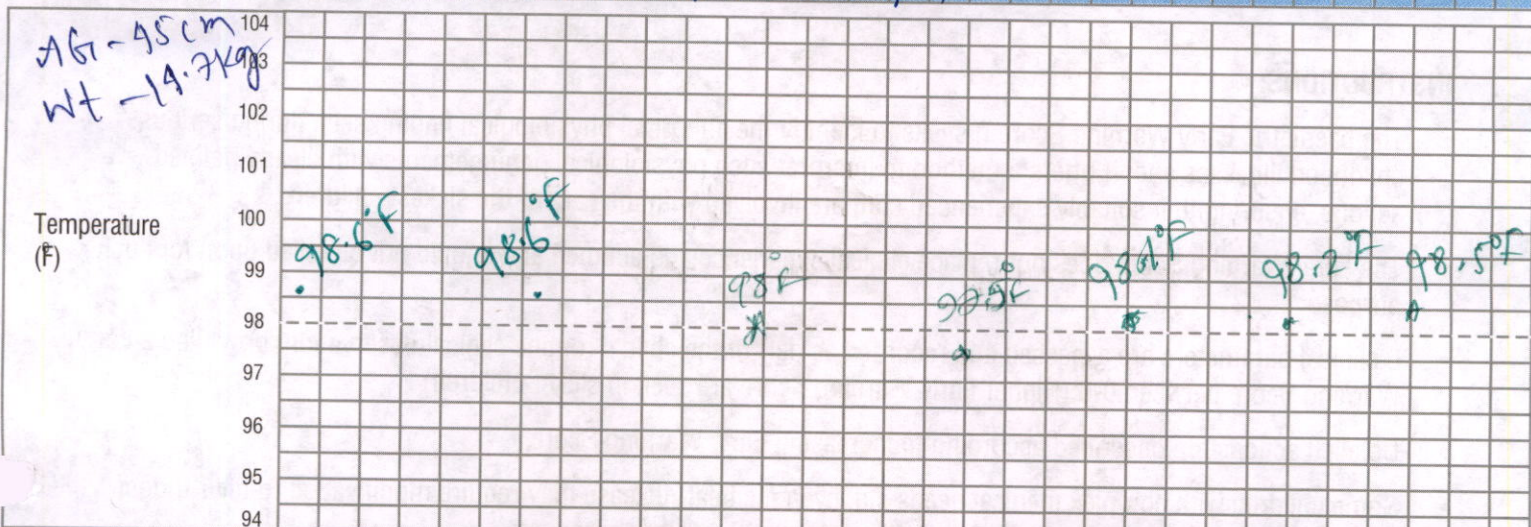
SCHOOL AGE (5-12 years)
Children's Observation &
Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/6 Time: 10 AM 11:30 AM 3 PM 7 PM 10 PM 3 AM 7 AM
 Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe	None / Mild							
Receiving O ₂ (l/min)									
O ₂ Saturations (%)	99%	99%	100%	99%	100%	99%	98%		
Conscious Level	Normal	Altered							
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15		
TOTAL SCORE	0	0	0	0	0	0	0		
Number of shaded boxes	0	0	0	0	0	0	0		
Pain Score	0	0	0	0	0	0	0		
Observer's Initials	S	S	S	S	S	S	S		

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- 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

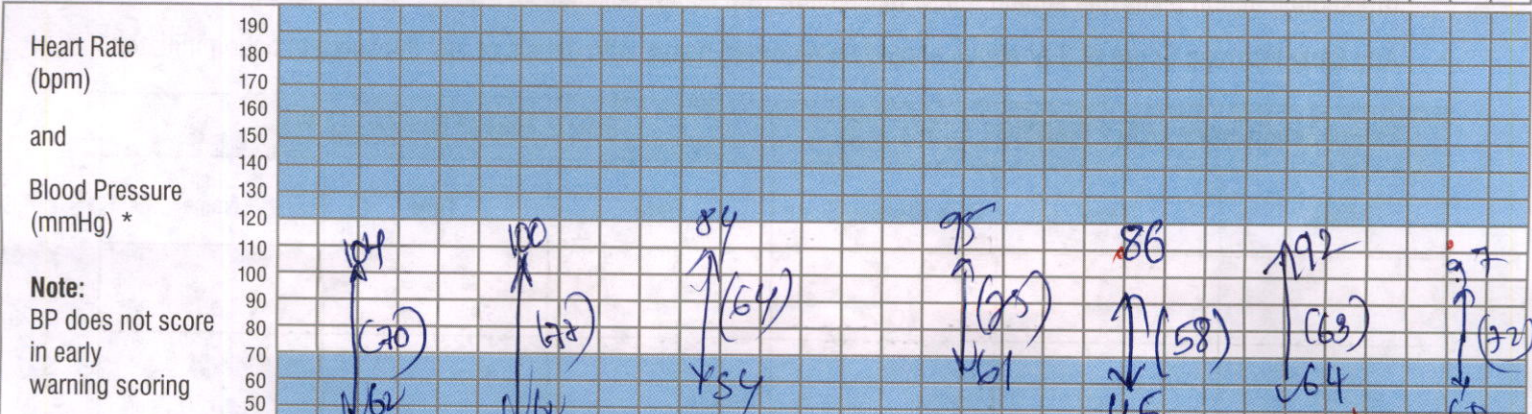
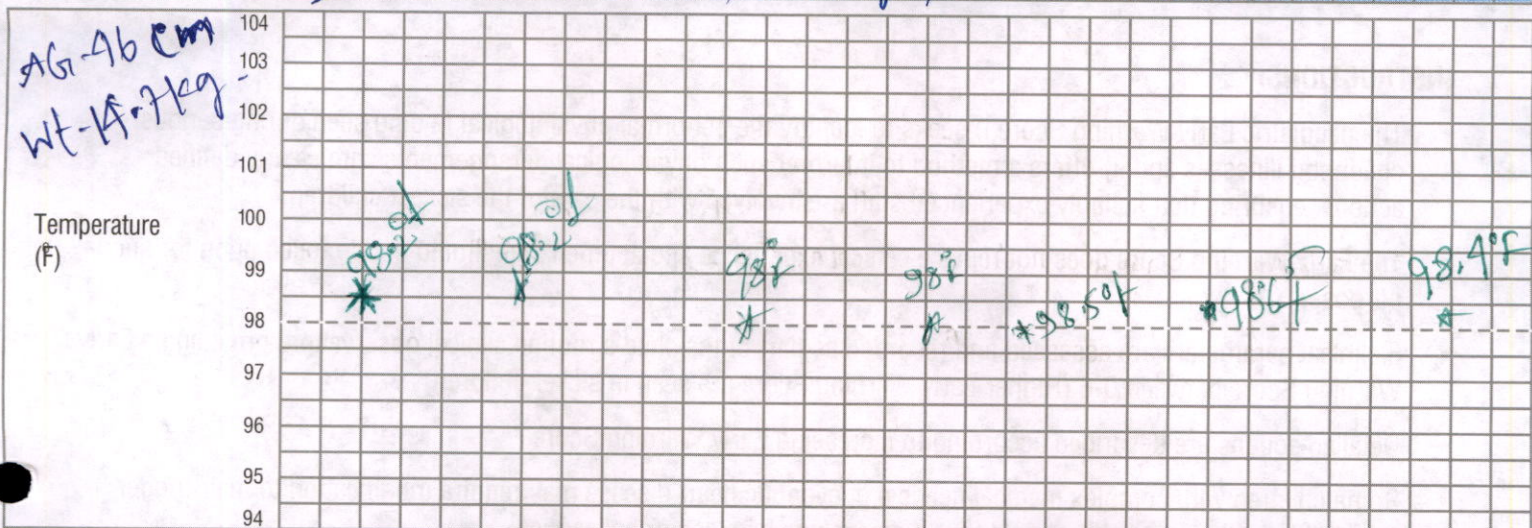
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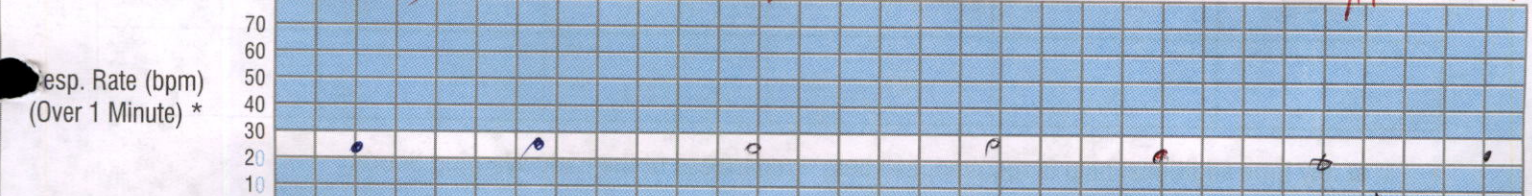
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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 25/6/26 Time: 9AM 12PM 3 PM 7 PM 10PM 2AM 7AM.
 Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

TOTAL SCORE
 Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be recorded overleaf

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Date	Time	Early Warning Score	Date	Time	Name

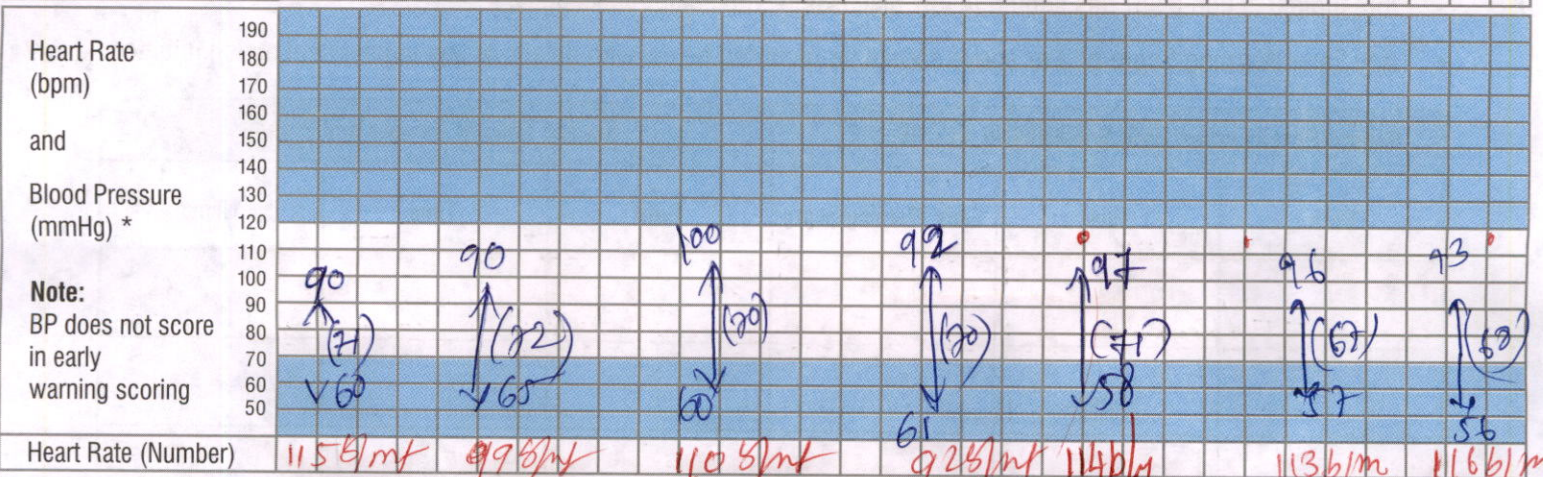
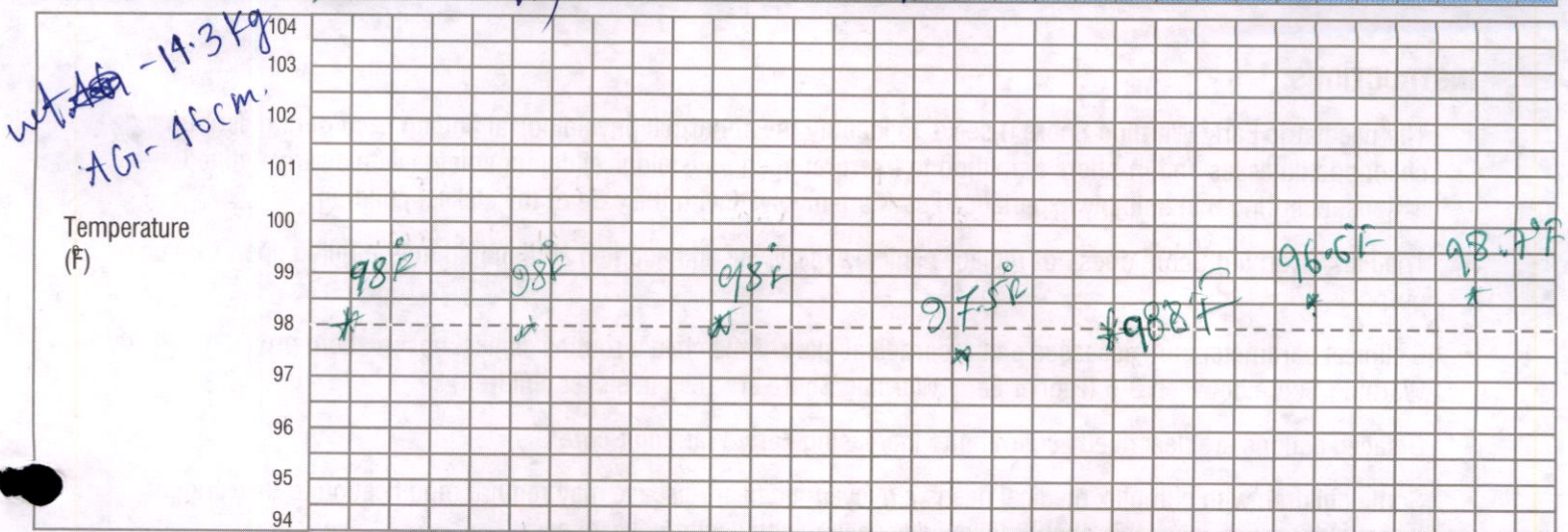
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 24/6/26 Time: 9 AM 1 PM 3 PM 7 PM 9:30 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern? AN PM PM PM PM 30 PM 3 AM 6 AM



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

Resp Rate (Number)

Time	Resp Rate (bpm)	Resp Rate (Number)
9 AM	19 bpm	19 bpm
1 PM	19 bpm	19 bpm
3 PM	19 bpm	19 bpm
7 PM	19 bpm	19 bpm
9:30 PM	22 bpm	22 bpm
3 AM	22 bpm	22 bpm
6 AM	22 bpm	22 bpm

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

Time	Resp Mod/ Severe Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS *
9 AM	0	100%	100%	C	15/15
1 PM	0	100%	100%	C	15/15
3 PM	0	100%	100%	C	15/15
7 PM	0	100%	100%	C	15/15
9:30 PM	0	100%	100%	C	15/15
3 AM	0	100%	100%	C	15/15
6 AM	0	100%	100%	C	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	Number of shaded boxes	Pain Score	Observer's Initials
9 AM	0	0	AN
1 PM	0	0	PM
3 PM	0	0	PM
7 PM	0	0	PM
9:30 PM	0	0	30
3 AM	0	0	3
6 AM	0	0	6

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	: Continue normal observation by staff nurse
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* 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.

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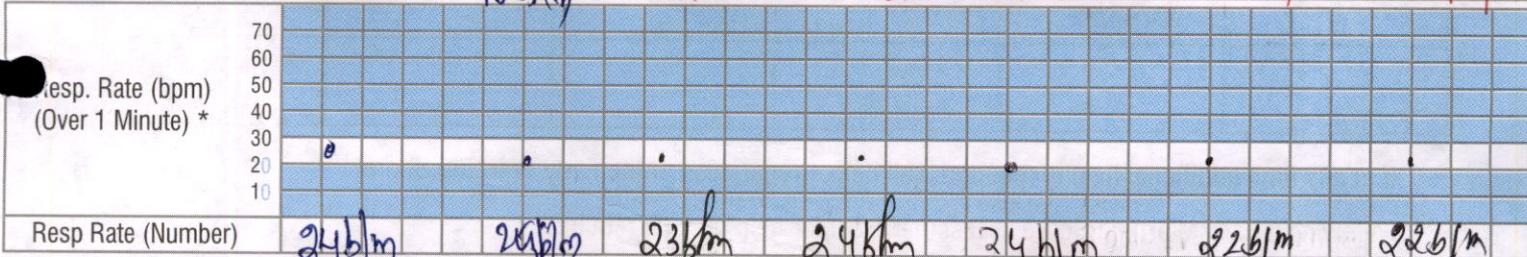
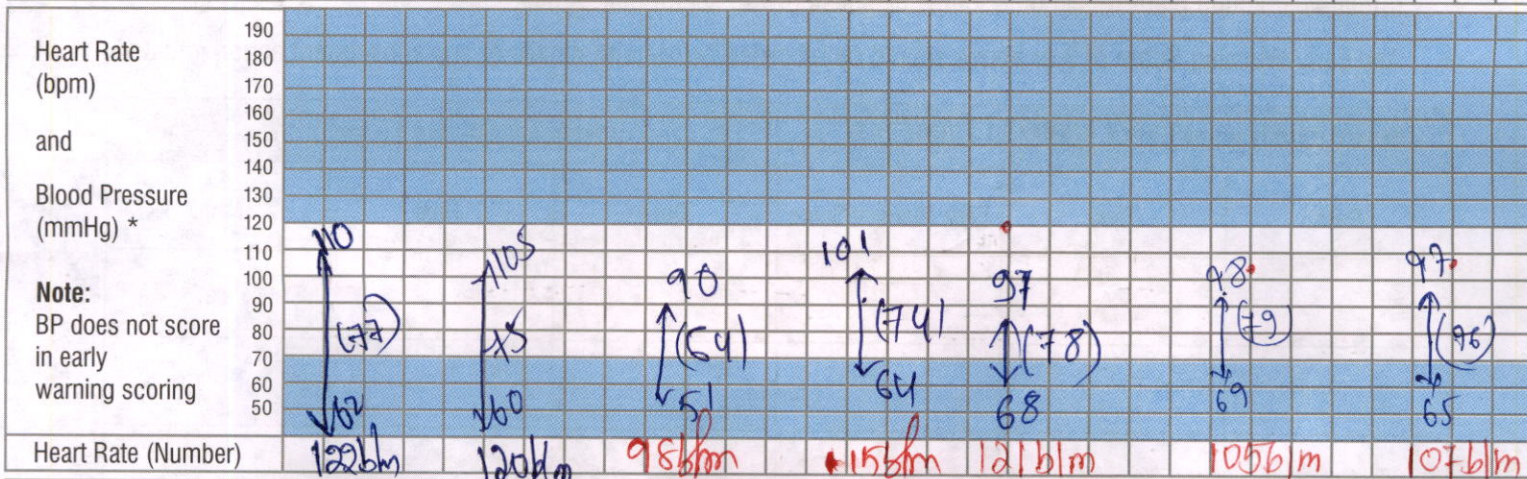
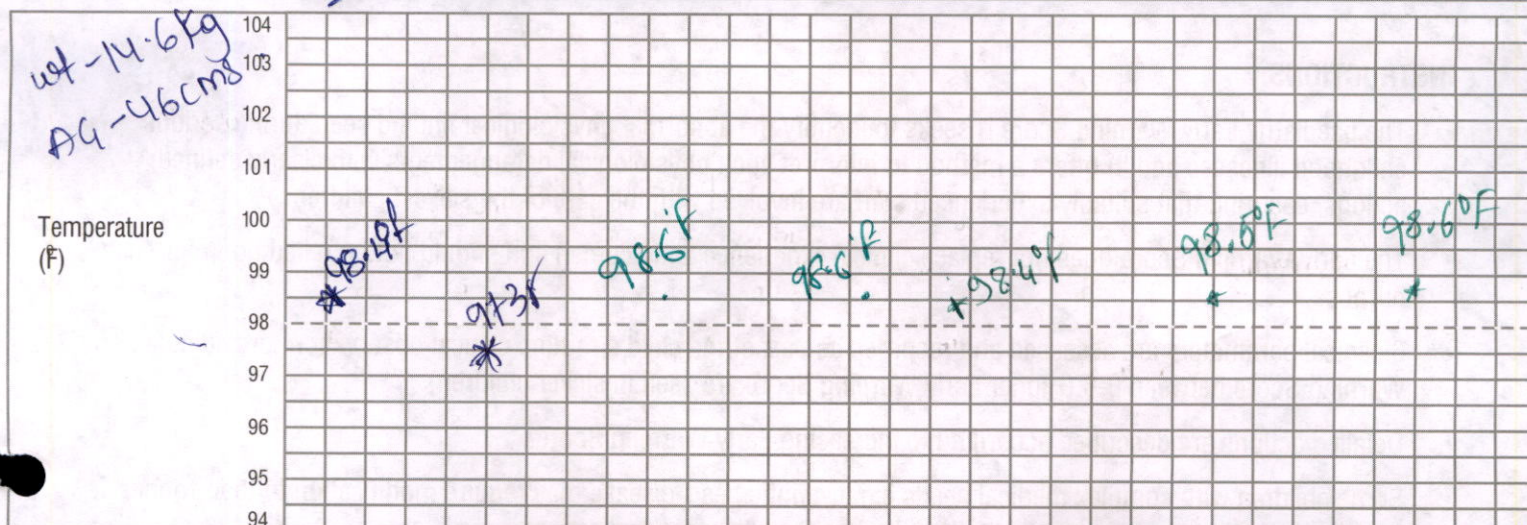
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/6/20 Time: 9am 12pm 4pm 7pm 9pm 3Am 6:30 Am
Doctor / Nurse / Family Concern? [Signature]



Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

Time	Resp Mod/ Severe Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS *
9am		100%	100%	C	15/15
12pm		99%	99%	C	15/15
4pm		98%	98%	C	15/15
7pm		99%	99%	C	15/15
9pm		100%	100%	C	15/15
3Am		100%	100%	C	15/15
6:30 Am		100%	100%	C	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

Time	Number of shaded boxes	Pain Score	Observer's Initials
9am	0	0	[Signature]
12pm	0	0	[Signature]
4pm	0	0	[Signature]
7pm	0	0	[Signature]
9pm	0	0	[Signature]
3Am	0	0	[Signature]
6:30 Am	0	0	[Signature]

ACTIONS

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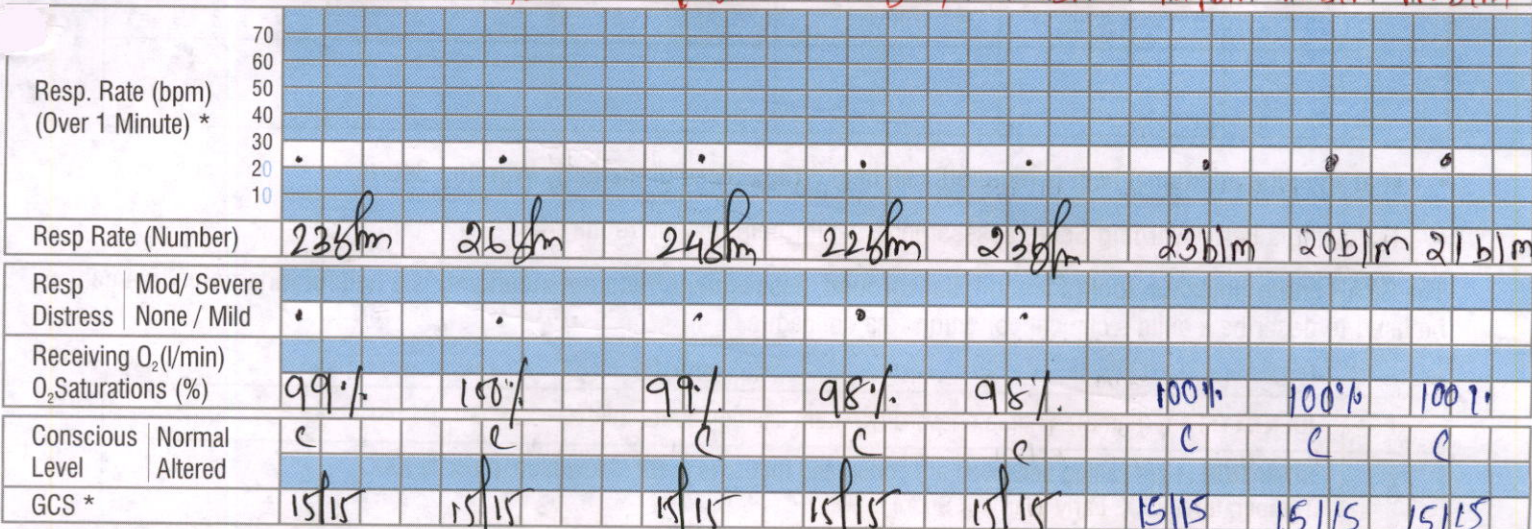
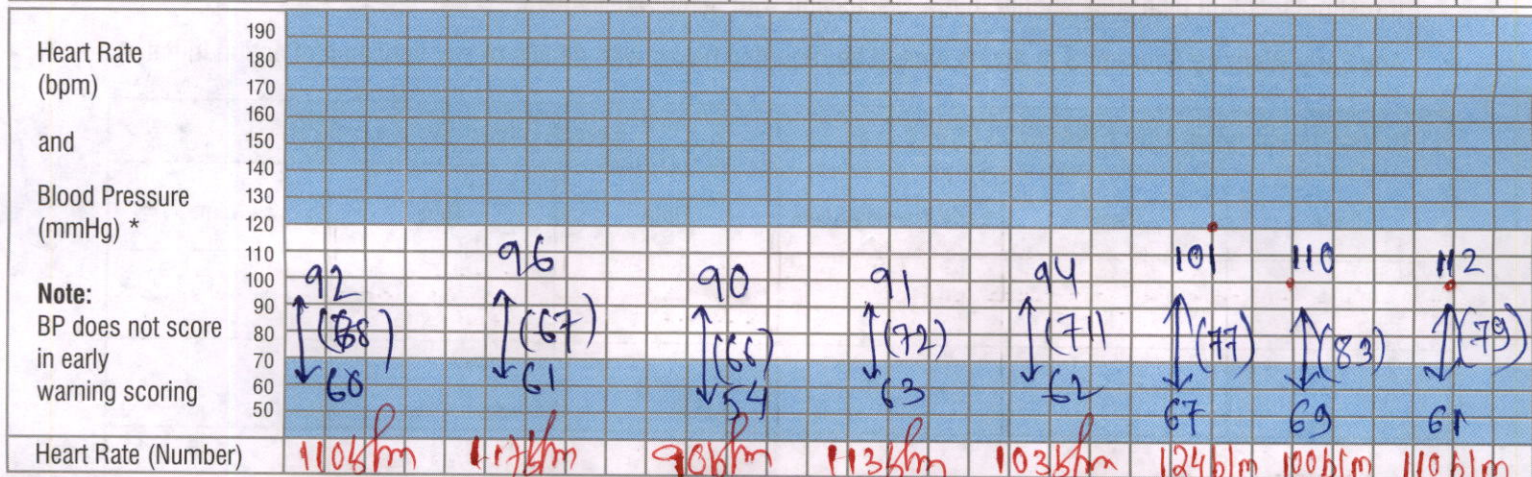
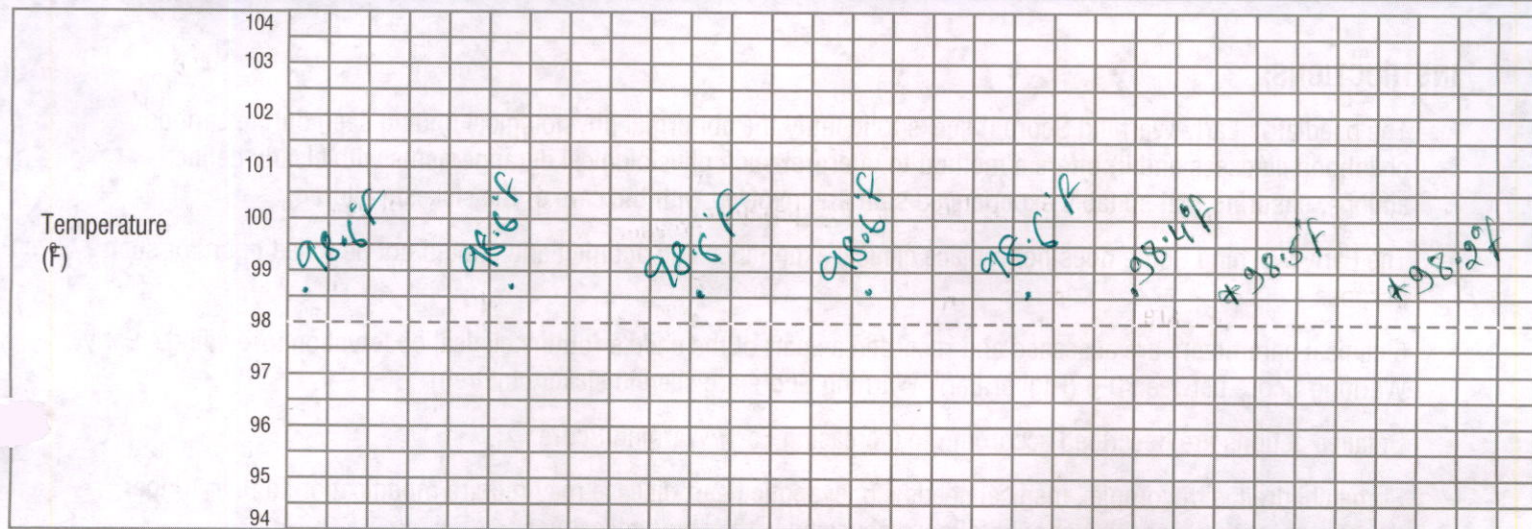
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/5 Time: 9Am 10:30Am 1:40pm 4pm 7pm 10pm 1AM 6AM
 Doctor / Nurse / Family Concern?



TOTAL SCORE	
Number of shaded boxes	0
Pain Score	0
Observer's Initials	[Signature]

ACTIONS	Score 1 : Continue normal observation by staff nurse
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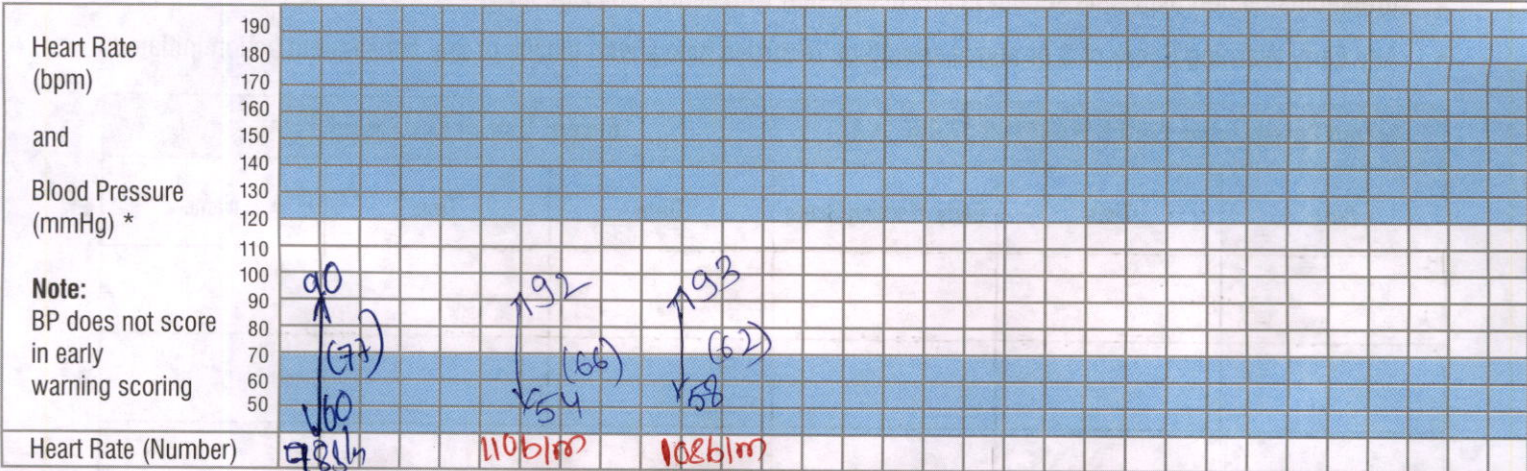
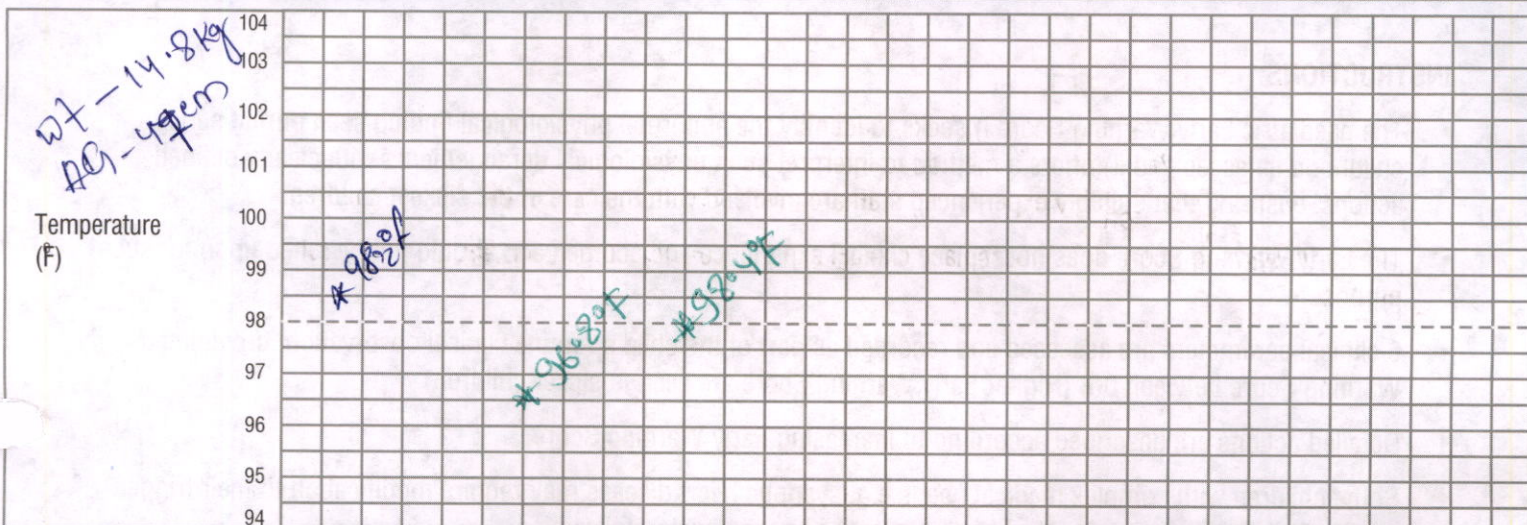
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/6/26 Time: 10:00 3am 6am

Doctor / Nurse / Family Concern?



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

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

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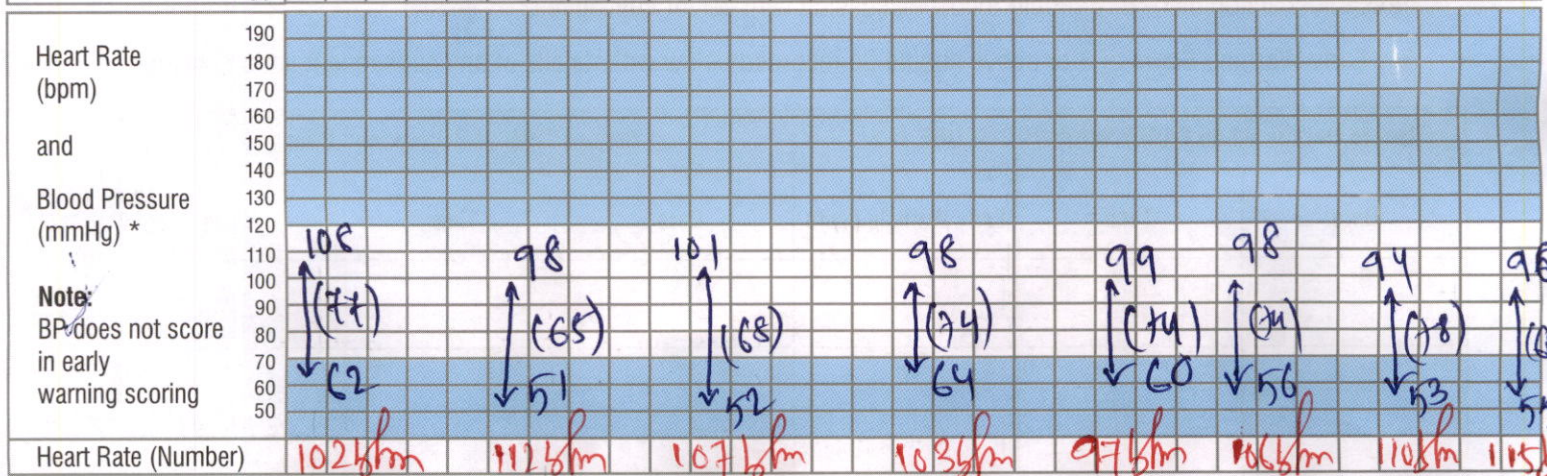
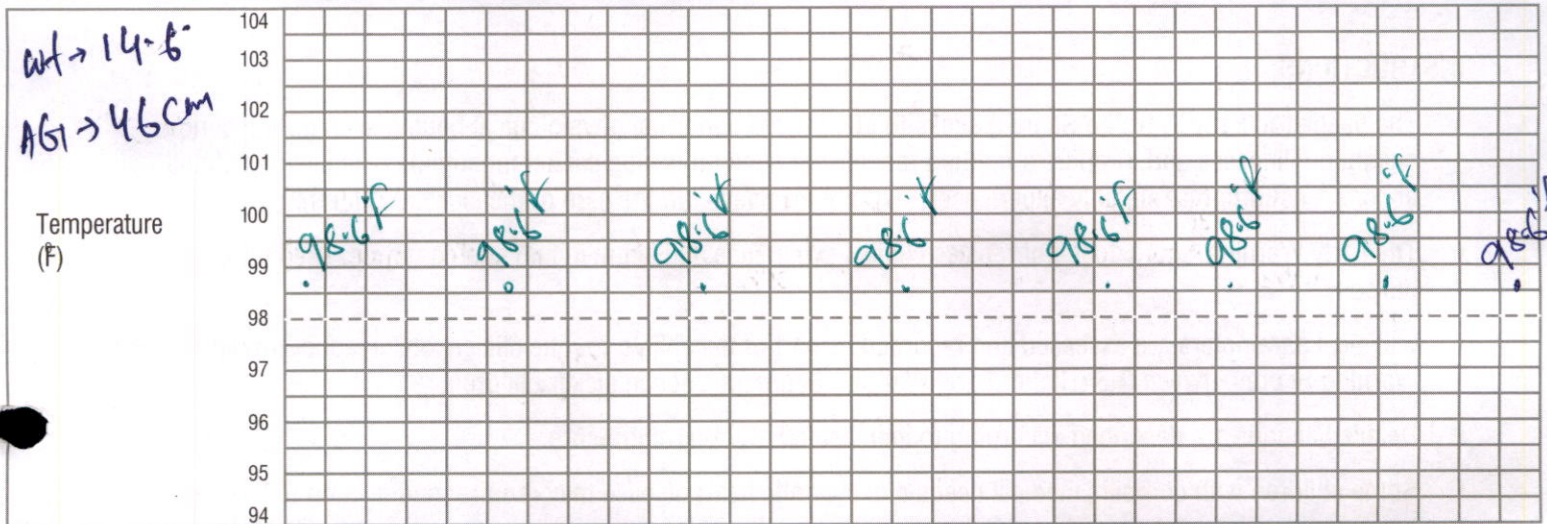


9

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/6 Time: 8:30 AM 10 AM 11:30 AM 11 AM 12 PM 1 PM 2 PM 6:30 PM
Doctor / Nurse / Family Concern?



Resp. Rate (bpm) (Over 1 Minute) *	25	23	24	24	23	24	23	25
Resp Rate (Number)	25	23	24	24	23	24	23	25
Resp Distress	None	None	None	None	None	None	None	None
Receiving O ₂ (l/min)	100%	100%	99%	100%	100%	99%	100%	99%
O ₂ Saturations (%)	100%	100%	99%	100%	100%	99%	100%	99%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	0	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials								

ACTIONS

Scores 3 should be
and overleaf

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/6 Time: 8:30AM 1:30PM 4:15PM 6:40PM 7:00PM 3am 6am
 Doctor / Nurse / Family Concern?

AG: 46 cm
 WK: 14.9 kg

Temperature (F)

98.6F 98.8F 98.8F 98.8F 98.6F 98.6F 97.6F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

91 (80) 103 (76) 112 (86) 112 (86) 112 (92) 109 (72) 114 (92)

75 65 74 75 82 62 82

Heart Rate (Number)

94b/m 96b/m 97b/m 80b/m 102b/m 102b/m 100b/m

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

24b/m 23b/m 23b/m 24b/m 28b/m 21b/m 28b/m

Resp Rate (Number)

Resp Distress Mod/ Severe None / Mild

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

100% 100% 100% 100% 100% 100% 100%

Conscious Level Normal Altered

GCS *

15/15 15/15 15/15 15/15 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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 09/06/20 Time: 9AM 1PM 4PM 7PM 10PM 3PM 6PM
Doctor / Nurse / Family Concern?

Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98							
	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)		111 bpm	120 bpm	121 bpm	115 bpm	106 bpm	110 bpm	113 bpm
Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
Resp Rate (Number)	50							
	40							
Resp Mod/ Severe Distress None / Mild	30							
	20							
Receiving O ₂ (l/min) O ₂ Saturations (%)	10							
Conscious Level Normal Altered								
GCS *								
TOTAL SCORE Number of shaded boxes								
Pain Score								
Observer's Initials								

ACTIONS

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Patient Sticker

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

SCHOOL AGE (5-12 years)

Children's Observation &
Early Warning Scoring Chart

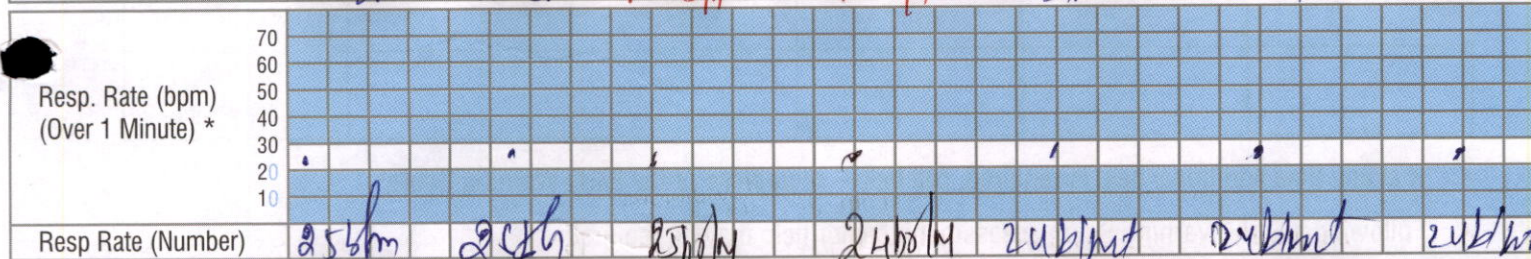
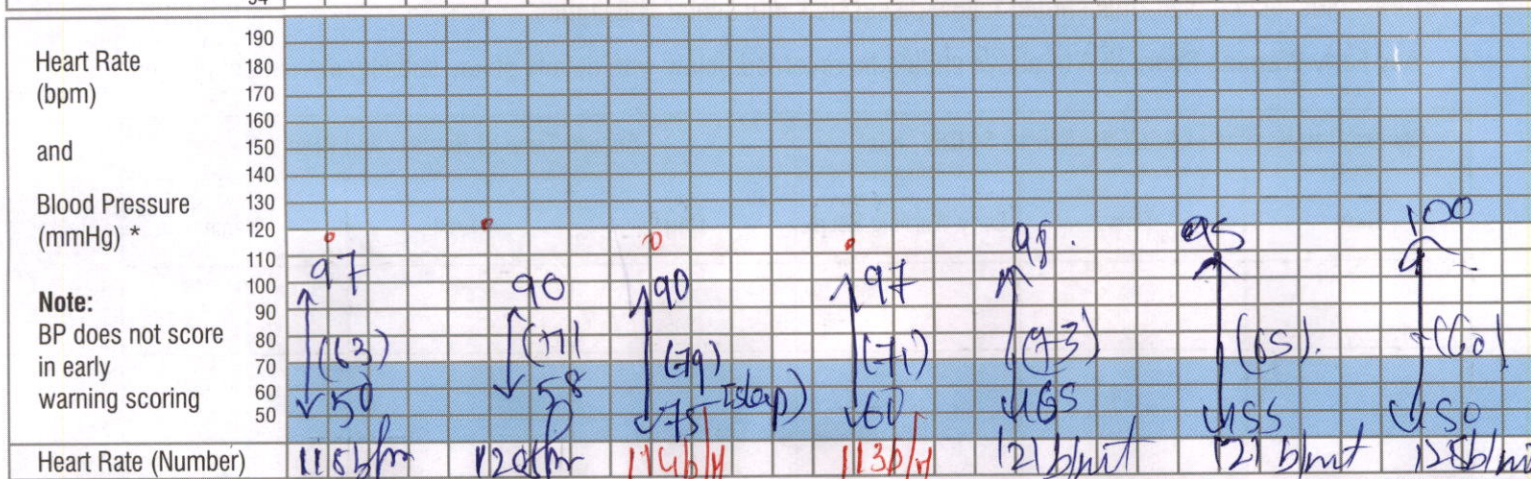
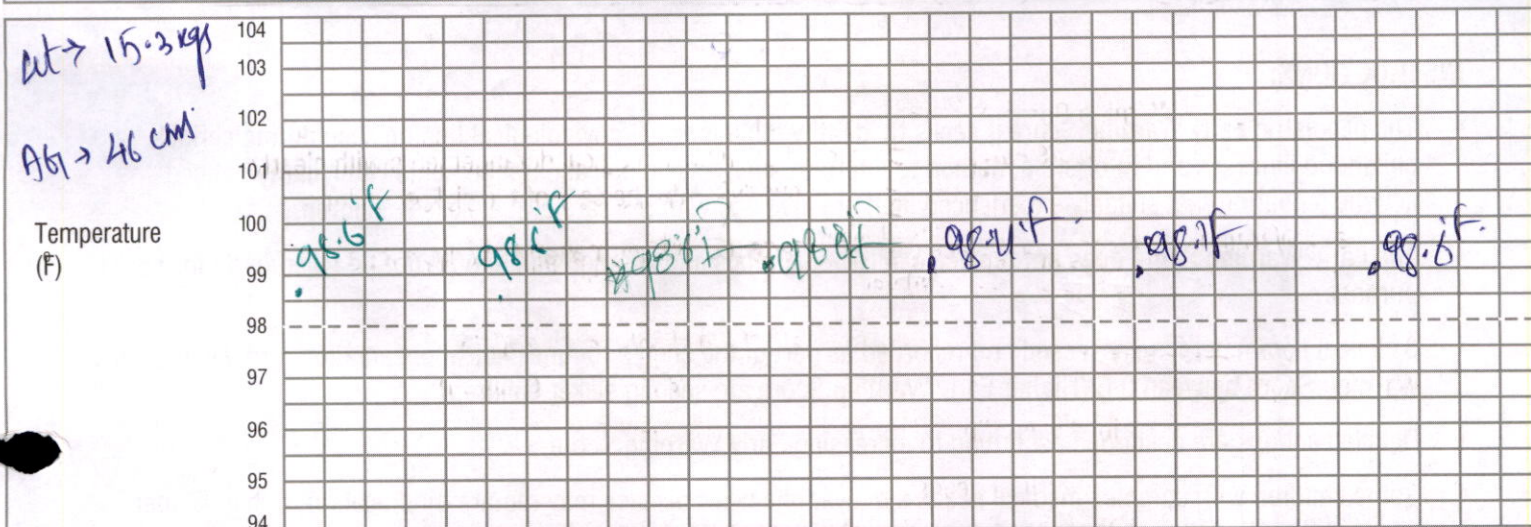
Rainbow®
Children's
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It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 18/6/20 Time: 8:30 AM 1 PM 4 PM 7 PM 10 PM 3 AM 6 AM

Doctor / Nurse / Family Concern?



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

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

ACTIONS	Score 1 : Continue normal observation by staff nurse
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/6/20 Time: 8:20AM 1pm 4pm 7pm 10pm 3am 6am
Doctor / Nurse / Family Concern?

TODAY WEIGHT 15.6kg
Temperature (F)
A.G
H5cms

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

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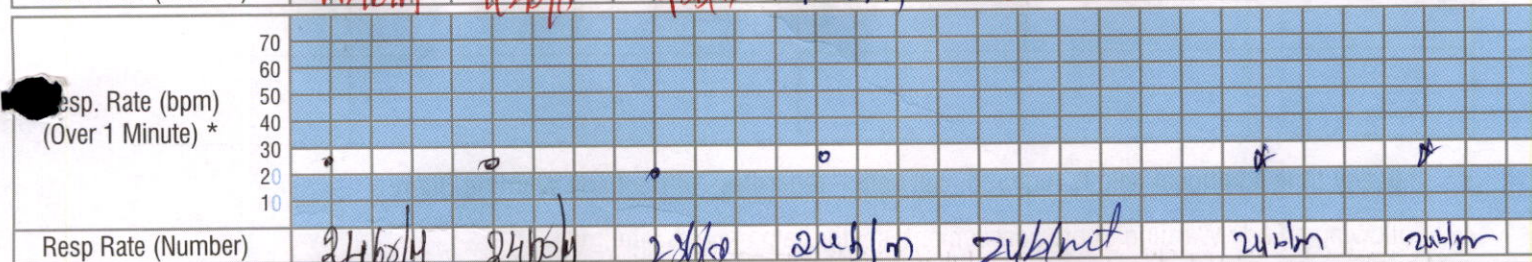
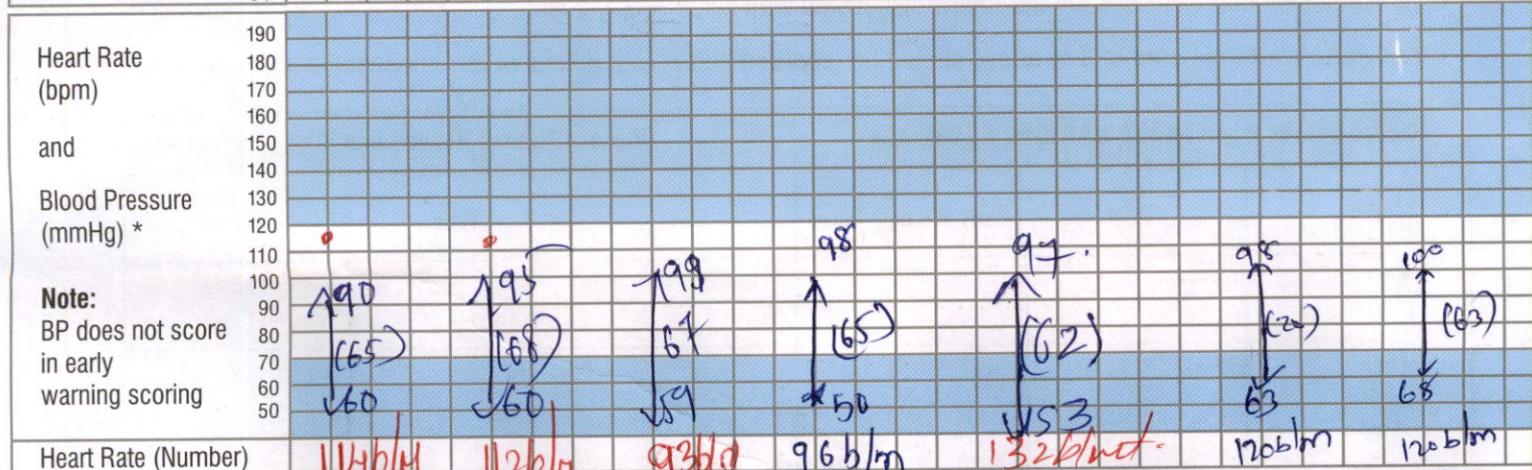
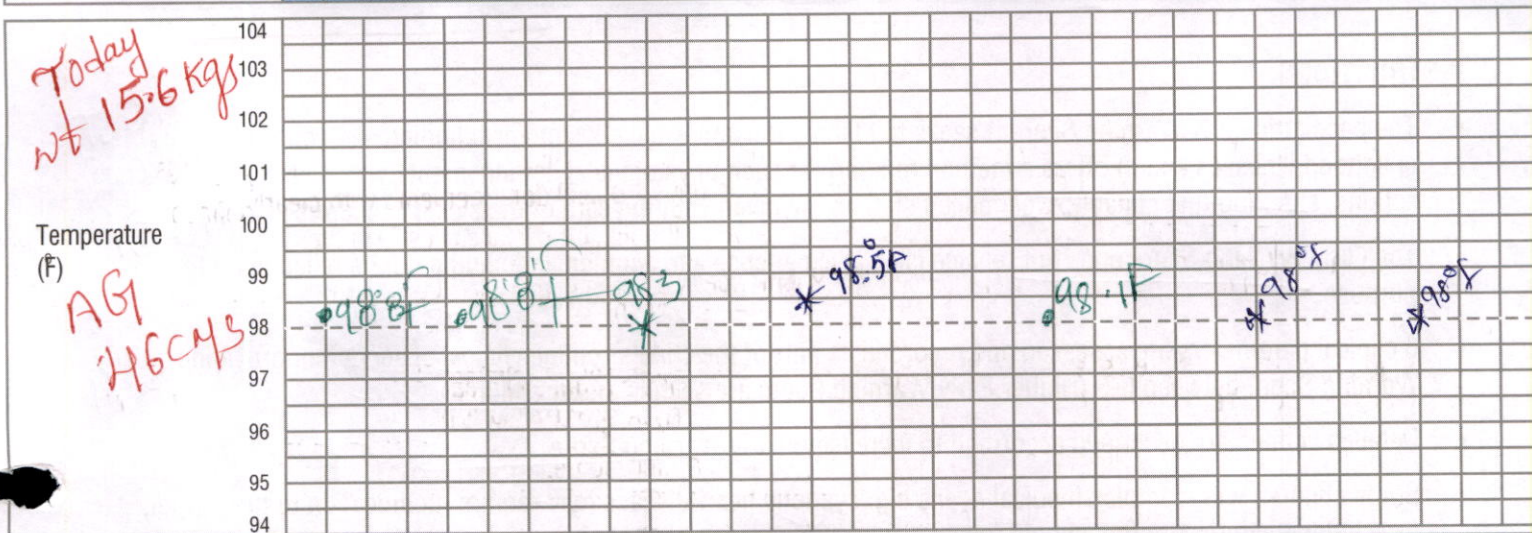
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 16/6 Time: 8:20AM 1PM 4PM 10PM 3AM 6AM
Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe	None / Mild
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

Receiving O ₂ (l/min)	O ₂ Saturations (%)
0	99%
0	99%
0	100%
0	99%
0	99%
0	100%

Conscious Level	Normal	Altered
15/15	15/15	15/15
15/15	15/15	15/15
15/15	15/15	15/15
15/15	15/15	15/15
15/15	15/15	15/15
15/15	15/15	15/15

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

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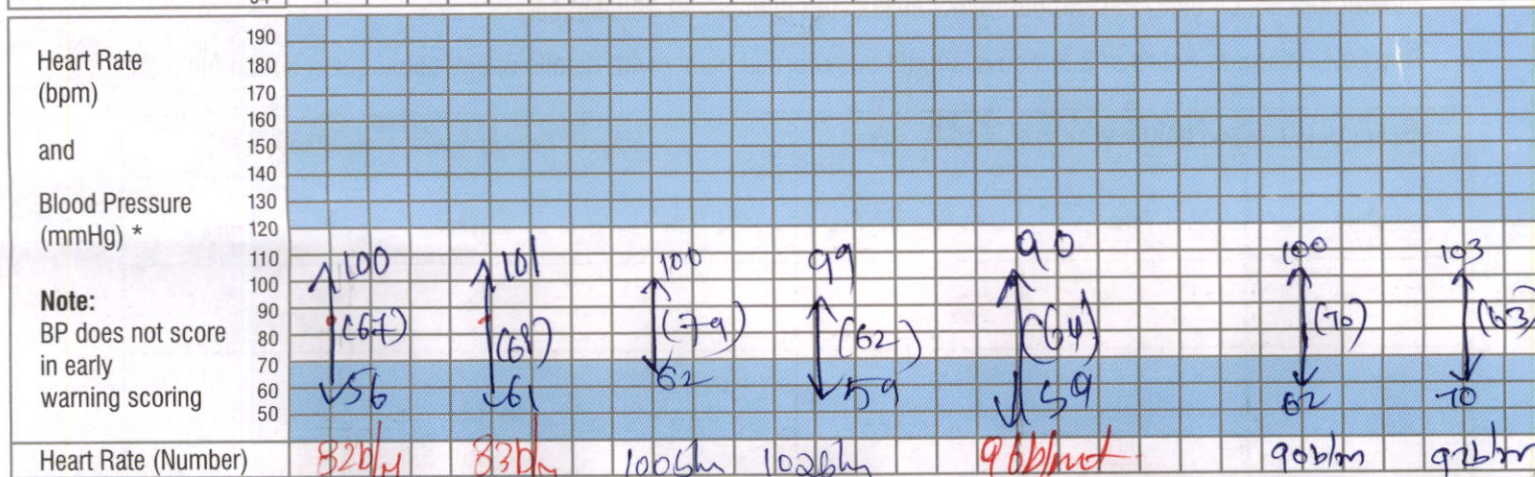
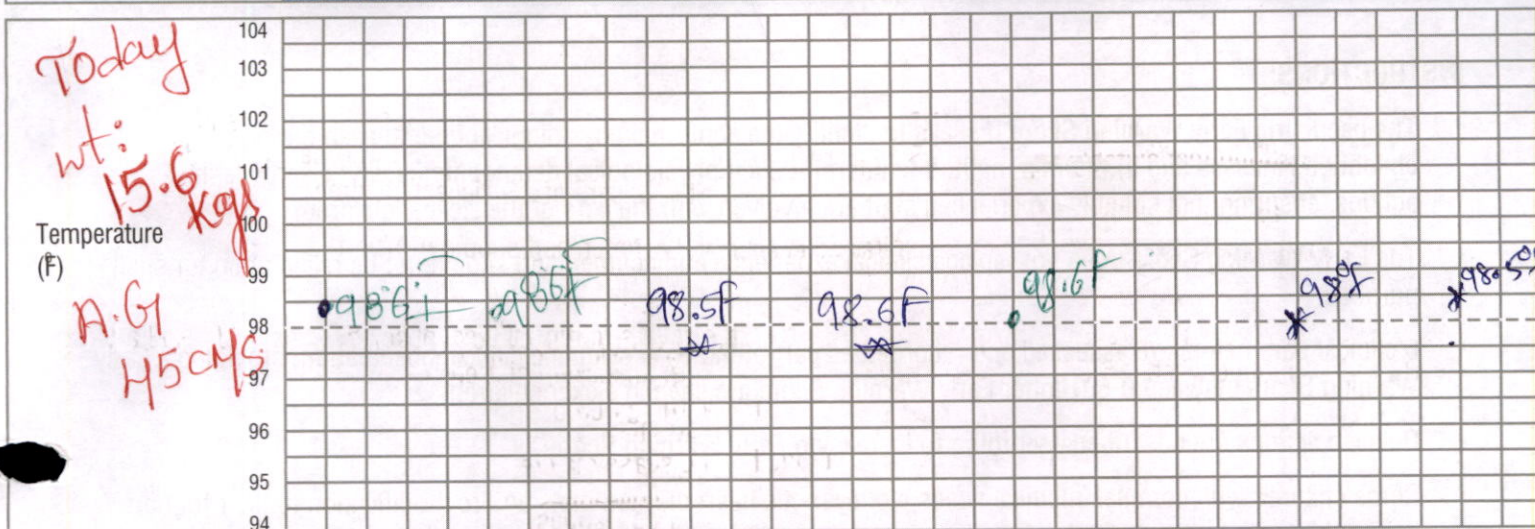


SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 15/06/26 Time: 8:30 AM 1 PM 4 PM 7 PM 10 PM 5 PM 6 PM
Doctor / Nurse / Family Concern?



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

TOTAL SCORE Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

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2

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

SCHOOL AGE (5-12 years)

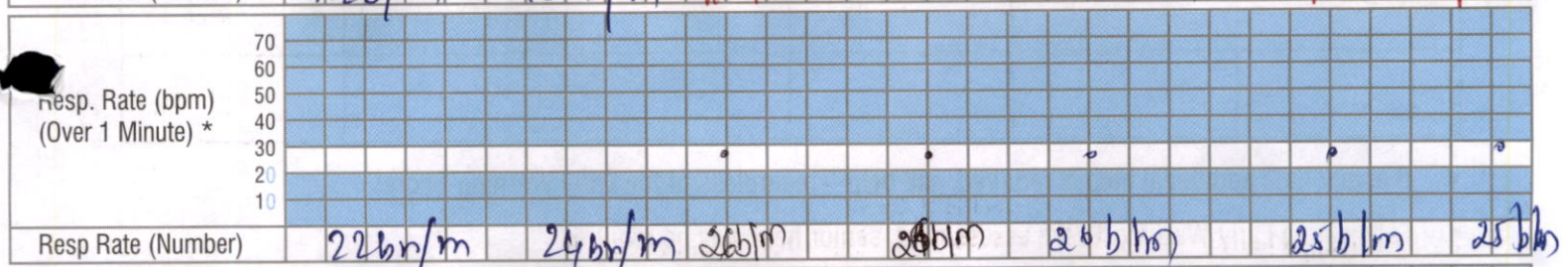
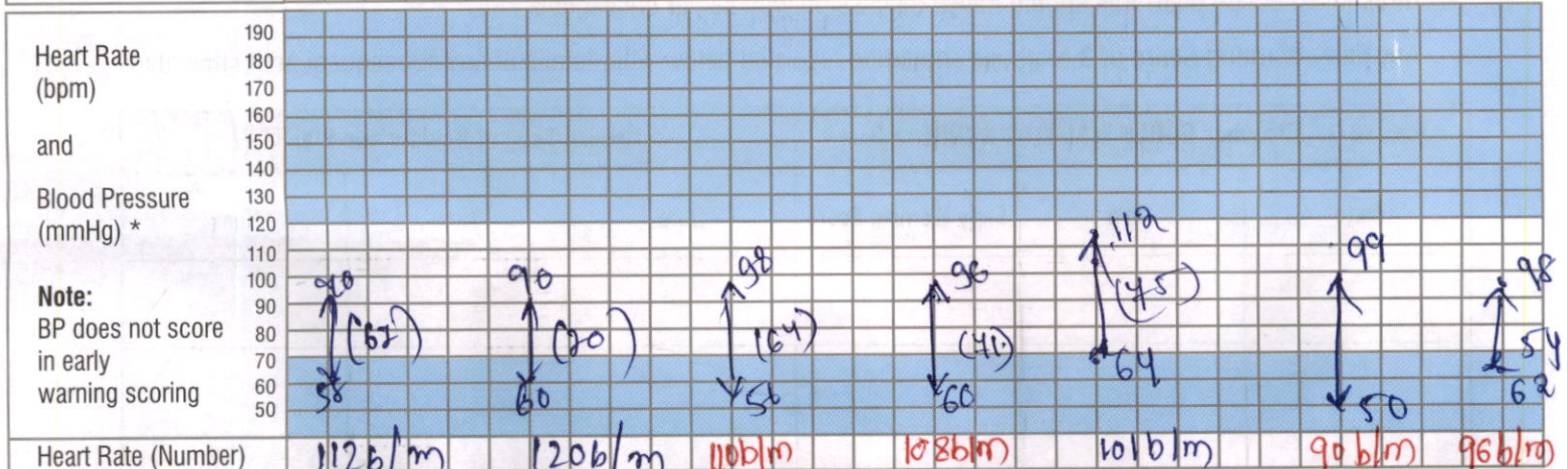
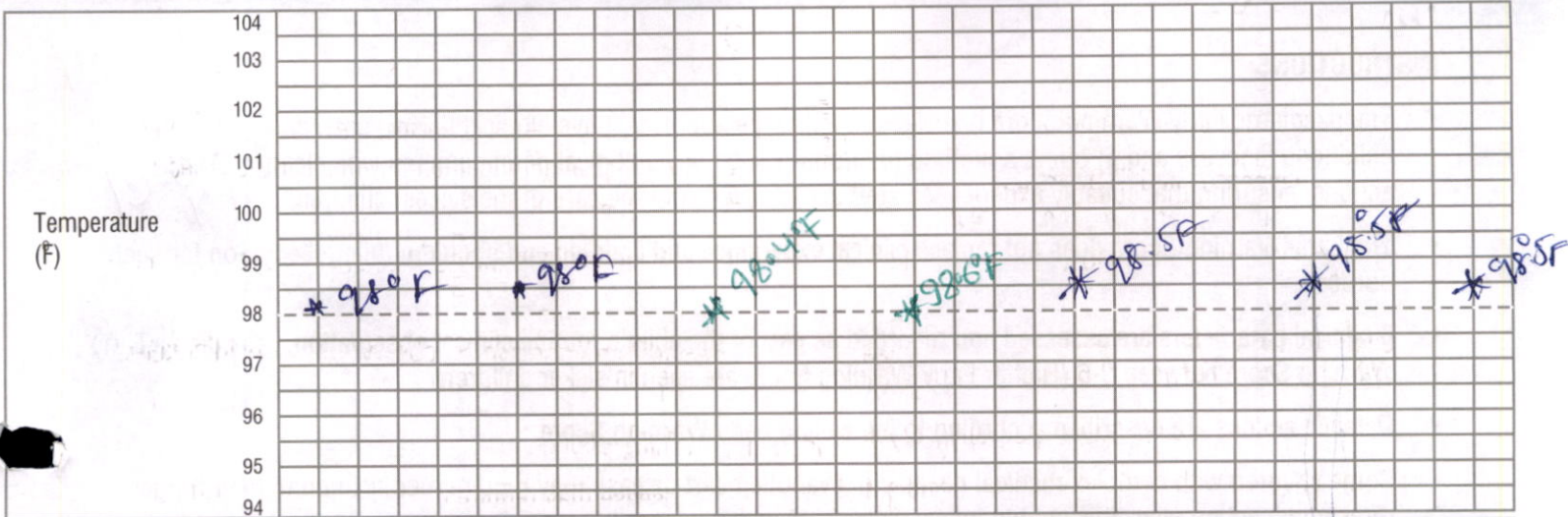
Children's Observation &
 Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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Date : 14/06/26 Time: 9 AM 1 PM 4 PM 7 PM 10 PM 3 AM 6 AM
 Doctor / Nurse / Family Concern?



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

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG:	Dose	Route	Frequency	Start Dt.	Date Time
Syp. ACYCLOL					
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: Syp. ACICLOVIR	5ml	PO	BD	13/6/26	13/6/26 10am
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya					
Additional Instructions: (5ml-400mg) 10am					
Daily Doctor's Endorsement by a Sign					
DRUG: Syp. SEPTAN	5ml	PO	BD	13/6/26	13/6/26 8pm
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya					
Additional Instructions: on Mon, wed, Friday.					
Daily Doctor's Endorsement by a Sign					
DRUG: Syp. OFM	5ml	PO	BD	14/6	14/6 8pm
Name & Signature of the Doctor Starting the Drugs: Dr. Ramya					
Additional Instructions: x5 days.					
Daily Doctor's Endorsement by a Sign					



Sheet No:

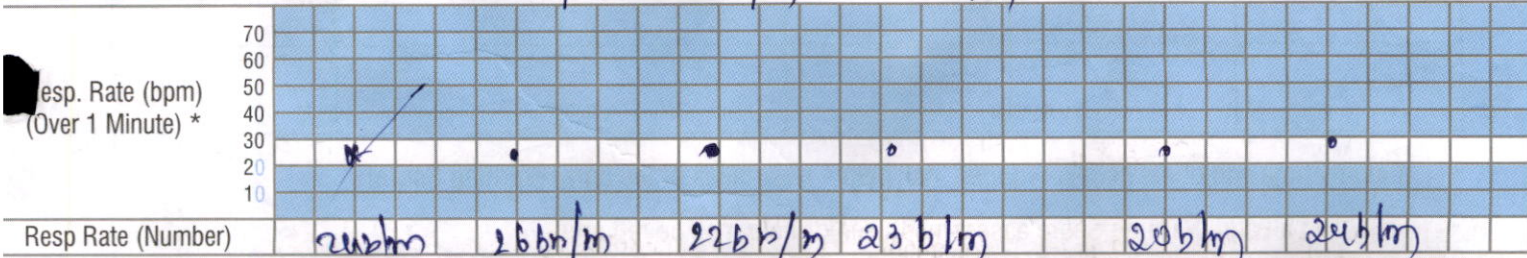
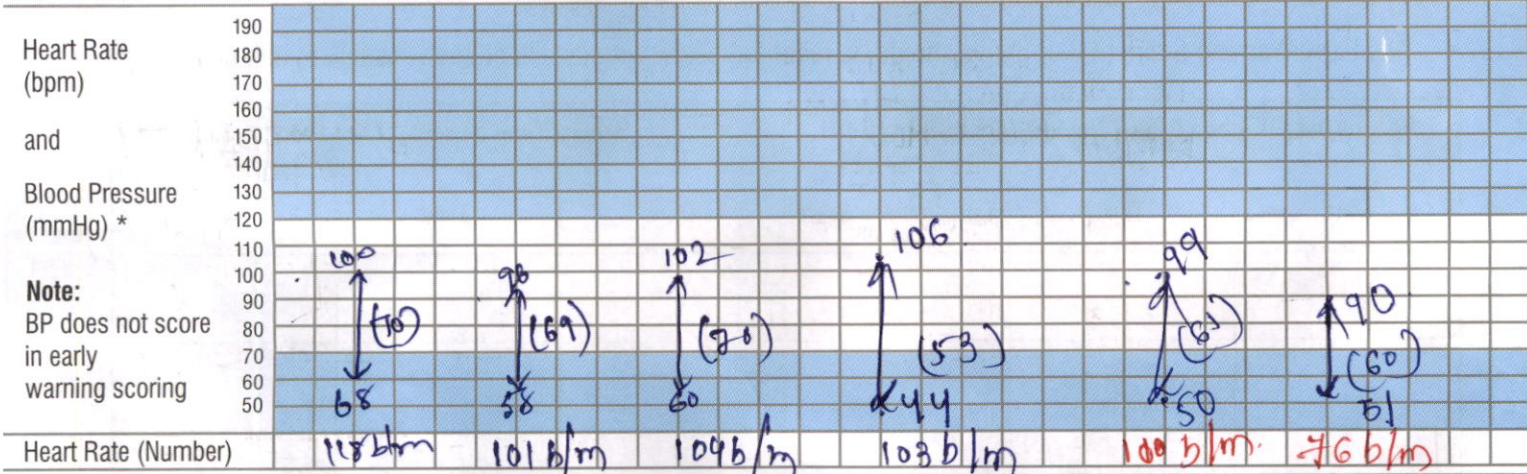
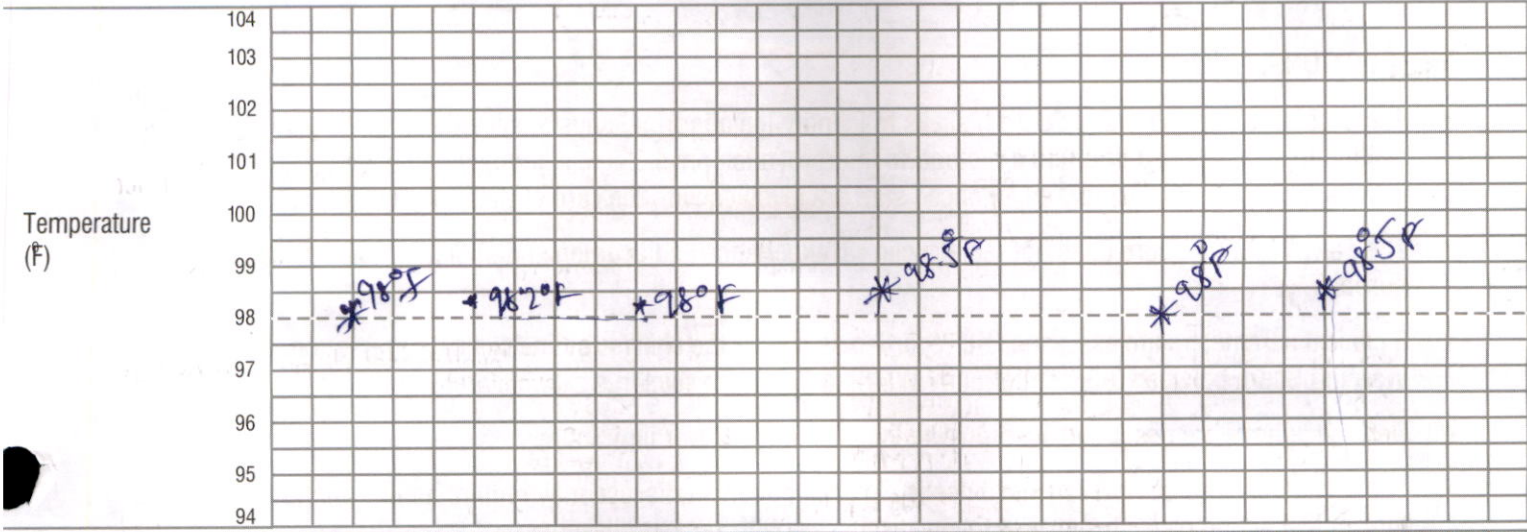
REGULAR PRESCRIPTIONS

Weight Ward

DRUG : <u>1mg ONDANSETRON</u>				Date Time	13/6	14/6	15/6	16/6	17/6	18/6	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6
Dose <u>1mg</u>	Route <u>IV</u>	Frequency <u>BD</u>	Start Dt. <u>13/6</u>															
Name & Signature of the Doctor Starting the Drugs: <u>Harini</u>																		
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign																		
DRUG : <u>Suspension COMPERIDONE</u>				Date Time	13/6	14/6	15/6	16/6	17/6	18/6	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6
Dose <u>3ml</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Dt. <u>13/6</u>															
Name & Signature of the Doctor Starting the Drugs: <u>Harini</u>																		
Additional Instructions: <u>(1ml/1mg)</u>																		
Daily Doctor's Endorsement by a Sign																		
DRUG : <u>Tab dr. CANROL</u>				Date Time	13/6	14/6	15/6	16/6	17/6	18/6	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6
Dose <u>1tab</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Dt. <u>13/6</u>															
Name & Signature of the Doctor Starting the Drugs: <u>Harini</u>																		
Additional Instructions: <u>(1tab = 15mg)</u>																		
Daily Doctor's Endorsement by a Sign																		
DRUG : <u>Syp ODILIV</u>				Date Time	13/6	14/6	15/6	16/6	17/6	18/6	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6
Dose <u>5ml</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Dt. <u>13/6</u>															
Name & Signature of the Doctor Starting the Drugs: <u>Harini</u>																		
Additional Instructions: <u>(5ml/125mg)</u>																		
Daily Doctor's Endorsement by a Sign																		

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 13/6 Time: 12pm 4pm 7pm 10pm 3am 6am
Doctor / Nurse / Family Concern?



Resp Distress	Mod/ Severe None / Mild					
*	.	.	.	.	.	
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	100%	99%	99%	98%	99%	99%
Conscious Level	Normal					
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	ARM	R	R	R	R	R

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

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A	ASSESSMENT : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

FLUID CHART

Sheet No. : 24

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
6/2	08:00 am	milk	50ml							120ml	} Urea		
	09:00 am	idly											
	10:00 am	H2O	100ml										
	11:00 am												
	12:00 pm												
	01:00 pm	H2O	200ml							250ml			
Total Intake : 350 ml						Total Output : 370 ml							
6/2	02:00 pm										} am		
	03:00 pm	Rice								100ml			
	04:00 pm	H2O	100ml										
	05:00 pm												
	06:00 pm	snack	100ml							200ml			
	07:00 pm												
Total Intake : 250ml						Total Output : 300ml							
6/2	08:00 pm	H2O	200ml								} sonam		
	09:00 pm	Rice											
	10:00 pm												
	11:00 pm	H2O	100ml							250ml			
	12:00 am												
	01:00 am												
Total Intake : 300ml						Total Output : 250ml							
6/2	02:00 am										} sonam		
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am									300ml			
	07:00 am	H2O	200ml										
Total Intake : 200ml						Total Output : 300ml							
Total 24 hrs. Intake		1100 ; 73 cc/kg											
Total 24 hrs. Output		1220 ÷ 3.2 cc/kg											

Docu. No. : RCHBH/FRM/CLINICAL/092

Total 24 hrs. Intake

1073.75 cc/kg



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. : 19

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	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
11/2/26	08:00 am	Daly	ip.e	10+1						50ml	Kavima	
	09:00 am	H2O	50ml	10+1						50ml		
	10:00 am	peptum	40ml	10+1						40ml		
	11:00 am			10+1								
	12:00 pm	ORS	200ml	10+1						350ml		
	01:00 pm	H2O	50ml	10+1						70ml		
Total Intake : 506ml						Total Output : 560ml						
	02:00 pm	rice		10+1							Suman	
	03:00 pm	dal		10+1						100ml		
	04:00 pm	ORS	200ml	10+1						100ml		
	05:00 pm	coconut water	200ml	10+1						60ml		
	06:00 pm	snacks		10+1						190ml		
	07:00 pm			10+1								
Total Intake : 466ml						Total Output : 450ml						
	08:00 pm	Daly		10+1ml							Sonam	
	09:00 pm	Daly		10+1ml								
	10:00 pm	ORS	200ml	10+1ml						330ml		
	11:00 pm	peptum	35ml	10+1ml						210ml		
	12:00 am	H2O	150ml	10+1ml								
	01:00 am			10+1ml								
Total Intake : 401 ml						Total Output : 540ml + 1ml						
	02:00 am			10+1ml							Sonam	
	03:00 am			10+1ml								
	04:00 am			10+1ml								
	05:00 am			10+1ml								
	06:00 am			10+1ml								
	07:00 am			10+1ml						120ml		
Total Intake : 66 ml						Total Output : 120 ml						

Total 24 hrs. Intake

1439: 100 ccl/kg

Total 24 hrs. Output

1670 ÷ 4.9 ccl/kg/hr.



FLUID CHART

Sheet No. : 18

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
30/6			Mouth	I.V	N.G						Kartika		
	08:00 am	H2O	100ml	10+1									
	09:00 am	Idly	1P.C	10+1					180ml				
	10:00 am	H2O	150ml	10+1					50ml				
	11:00 am	protein powder	35ml	10+1									
	12:00 pm			10+1					150ml				
	01:00 pm	H2O	100ml	10+1					80ml				
Total Intake : 451 ml						Total Output : 460 ml							
	02:00 pm	coconut	180ml	10+1							Suman		
	03:00 pm	water	60ml	10+1									
	04:00 pm	ORS	200ml	10+1					300ml				
	05:00 pm			10+1									
	06:00 pm	Idly	1 1/2 Pc	10+1					150ml				
	07:00 pm			10+1									
Total Intake : 506 ml						Total Output : 450 ml							
	08:00 pm	Idly	1 1/2	10+1ml							Suman		
	09:00 pm			10+1ml									
	10:00 pm	H2O	100ml	10+1ml		✓			250ml				
	11:00 pm			10+1ml									
	12:00 am	Pepta	40ml	10+1ml									
	01:00 am			10+1ml									
Total Intake : 206 ml						Total Output : 250 ml							
	02:00 am			10+1ml							Suman		
	03:00 am			10+1ml									
	04:00 am			10+1ml									
	05:00 am			10+1ml									
	06:00 am			10+1ml									
	07:00 am			10+1ml					150ml				
Total Intake : 66 ml						Total Output : 150 ml							

Total 24 hrs. Intake

1049: 43.3 cc/kg

Total 24 hrs. Output

1310: 3.8 cc/kg

FLUID CHART

Sheet No. : 14-6 kg

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		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	200ml		20+1						200ml	Korina
	09:00 am	35ml		20+1							
	10:00 am			20+1			✓			180ml	
	11:00 am	ORS	100ml	50ml							
	12:00 pm	H2O	100ml	50ml						150ml	
	01:00 pm	H2O	100ml	20+1							
Total Intake : 519ml					Total Output : 530ml + 1CM						
	02:00 pm	H2O	150ml	20+1						100ml	Korina
	03:00 pm	COO H2O	100ml	20+1							
	04:00 pm	ORS	120ml	20+1							
	05:00 pm	H2O	150ml	20+1							
	06:00 pm	COO H2O	100ml	20+1						440ml	
	07:00 pm			20+1							
Total Intake : 746ml					Total Output : 540ml						
	08:00 pm	Reu		10+1ml							Sonam
	09:00 pm	H2O	100ml	10+1ml							
	10:00 pm			10+1ml			✓				
	11:00 pm	Depto	50ml	10+1ml							
	12:00 am	COO H2O	100ml	10+1ml							
	01:00 am			10+1ml						120ml	
Total Intake : 316ml					Total Output : 120ml						
	02:00 am			10+1ml							Sonam
	03:00 am			10+1ml							
	04:00 am			10+1ml							
	05:00 am			10+1ml							
	06:00 am			10+1ml							
	07:00 am			10+1ml						370ml	
Total Intake : 66ml					Total Output : 370ml						

Total 24 hrs. Intake

1647 : 112 cc/kg

Total 24 hrs. Output

1560 : 4.5 cc/kg/hr



FLUID CHART

Sheet No. : 16

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					
28/6	08:00 am	Idly	1p.c	20+1						150ml	I	Kavima			
	09:00 am	Protip powder	1cup	20+1											
	10:00 am	H2O	150ml	20+1											
	11:00 am	ORS	100ml	20+1					200ml						
	12:00 pm			20+1											
	01:00 pm	H2O	150ml	20+1											
Total Intake : 520ml, 476ml						Total Output : 350ml									
	02:00 pm	GeoH2O	120ml	20+1							I	Kavima			
	03:00 pm	H2O	100ml	20+1											
	04:00 pm	ORS	150ml	20+1											
	05:00 pm			20+1					300ml						
	06:00 pm	H2O	100ml	20+1											
	07:00 pm			20+1											
Total Intake : 590ml						Total Output : 300ml									
	08:00 pm	Idly		20+1							I	S. m			
	09:00 pm	ORS	100ml	20+1					50ml						
	10:00 pm	tho	150ml	20+1											
	11:00 pm	tho	100ml	20+1											
	12:00 am			20+1											
	01:00 am			20+1					300ml						
Total Intake : 420ml, 476ml						Total Output : 350ml									
	02:00 am			20+1							I	S. m			
	03:00 am			20+1											
	04:00 am			20+1											
	05:00 am			20+1											
	06:00 am			20+1											
	07:00 am			20+1					300ml						
Total Intake : 120ml						Total Output : 300ml									
Total 24 hrs. Intake		1624ml ÷ 119cc/kg										Total 24 hrs. Output		1300 ÷ 371 cc/kg/day	



FLUID CHART

Sheet No. : 11

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								
23/6/26	08:00 am	H ₂ O	100ml	20+									
	09:00 am	H ₂ O	20+				✓			100			
	10:00 am			100+100									
	11:00 am	H ₂ O	50ml	20ml									
	12:00 pm			20+									
	01:00 pm			20+						200ml			
Total Intake : 360						Total Output : 220ml + 100ml							
	02:00 pm	Dal		20+1ml									
	03:00 pm	mil		15ml									
	04:00 pm	H ₂ O	120ml	15ml									
	05:00 pm	Coconut	120ml	15ml									
	06:00 pm	water		50ml			✓			200ml			
	07:00 pm			15ml						148ml			
Total Intake : 381ml						Total Output : 448ml + 100ml							
	08:00 pm	Rice		15ml									
	09:00 pm	dal		15ml						180ml			
	10:00 pm	H ₂ O	100ml	20ml									
	11:00 pm	ORS	20+										
	12:00 am		50ml	20+									
	01:00 am			20+									
Total Intake : 263ml						Total Output : 180ml							
	02:00 am			20+									
	03:00 am			20+									
	04:00 am			20+									
	05:00 am			20+									
	06:00 am			20+			✓			170ml			
	07:00 am			20+						100ml			
Total Intake : 126ml						Total Output : 270ml							
Total 24 hrs. Intake		1126 ÷ 77 cc/kg/day					Total 24 hrs. Output		1218 ÷ 3.47 cc/kg/hr				



FLUID CHART

Sheet No. : 10

22/6/26

14.8

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

			Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
22/6			Mouth	I.V	N.G							Sonam	
	08:00 am			20+1ml									
	09:00 am	Idly 1		20+1ml						185ml			
	10:00 am			20+1ml						155ml			
	11:00 am	Pappa 50ml		20+1ml									
	12:00 pm			20+1ml						135ml			
	01:00 pm	H2o 150ml		20+1ml									
Total Intake : 326 ml						Total Output : 475 ml							
22/6	02:00 pm			20+1ml							Sonam		
	03:00 pm	H2o 100ml		20+1ml									
	04:00 pm	ORS 200ml		20+1ml						150ml			
	05:00 pm			20+1ml									
	06:00 pm			50+1ml									
	07:00 pm			20+1ml						200ml			
Total Intake : 426 ml						Total Output : 350 ml							
22/6	08:00 pm			20+1ml							Pooja		
	09:00 pm	H2o 100ml		20+1ml									
	10:00 pm	Rice 1		20+1ml									
	11:00 pm	dal		20+1ml									
	12:00 am			20+1ml									
	01:00 am			20+1ml						350			
Total Intake : 226 ml						Total Output : 350 ml							
23/6	02:00 am			20+1ml							Pooja		
	03:00 am			20+1ml									
	04:00 am			20+1ml						200ml			
	05:00 am			20+1ml									
	06:00 am			20+1ml									
	07:00 am			20+1ml						150ml			
Total Intake : 126 ml						Total Output : 350 ml							

Total 24 hrs. Intake

1104 - 46cc/kg/day

Total 24 hrs. Output

1525 - 4.2cc/kg/day



FLUID CHART

Sheet No. : 9

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	
			Mouth	I.V	N.G						
21/6	08:00 am			20+1ml							
	09:00 am	Idly 2		20+1ml						110ml	
	10:00 am			70ml							
	11:00 am	Peptin 30ml		50+1ml							
	12:00 pm			20+1ml						250ml	
	01:00 pm	H2O 200ml		20+1ml							
Total Intake : 425ml					Total Output : 360ml						
21/6	02:00 pm	Dal		20+1ml							
	03:00 pm	ghee		20+1ml						218ml	
	04:00 pm	H2O 100ml		20+1ml							
	05:00 pm			20+1ml							
	06:00 pm	H2O 100ml		20+1ml							
	07:00 pm			20+1ml						100ml	
Total Intake : 326ml					Total Output : 218ml						
21/6	08:00 pm	peas		20+1ml							
	09:00 pm			20+1ml							
	10:00 pm	H2O 100ml		20+1ml							
	11:00 pm			20+1ml						200ml	
	12:00 am			20+1ml							
	01:00 am			20+1ml							
Total Intake : 1326ml					Total Output : 200ml						
22/6	02:00 am			20+1ml							
	03:00 am			20+1ml							
	04:00 am			20+1ml							
	05:00 am			20+1ml							
	06:00 am			20+1ml						410ml	
	07:00 am	peas 200ml		20+1ml							
Total Intake : 326ml					Total Output : 410ml						

Total 24 hrs. Intake

1503 ÷ 62.62cc/kg

Total 24 hrs. Output

128 ÷ 3.54cc/kg/hr.



Empty Diaper Weight 3000g

FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
20/6	08:00 am	1dly	1	20+1						200ml		
	09:00 am			10+4								
	10:00 am	pepty 3 min	30ml	10+4								
	11:00 am	h2o	220ml	10+4								
	12:00 pm			10+4								
	01:00 pm			10+4						133ml		
Total Intake :			311ml			Total Output :					333ml - M-0	
	02:00 pm	Roti 1/2		20+4								
	03:00 pm	beans		10+4						150ml		
	04:00 pm	h2o	100ml	20+1								
	05:00 pm			40ml								
	06:00 pm	h2o	100ml	66+6ml			✓			158ml		
	07:00 pm			66+6ml								
Total Intake :			418.2ml			Total Output :					308ml M-1	
Tot:	08:00 pm			20+1								
	09:00 pm	chapati		20+1								
	10:00 pm	h2o	100ml	20+1								
	11:00 pm	Rice		20+1								
	12:00 am			20+1						140ml		
	01:00 am			20+1								
Total Intake :			226ml			Total Output :					140ml	
	02:00 am			20+1								
	03:00 am			20+1								
	04:00 am			20+1								
	05:00 am			20+1								
	06:00 am			20+1								
	07:00 am			20+1						230ml		
Intake :			126ml			Total Output :					230ml	

4 hrs. Intake

1,111¹/₆ - 74.5cc/kg

Total 24 hrs. Output

1,011¹/₆ - 2,88cc/kg



FLUID CHART

Sheet No. : 3

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	
			Mouth	I.V	N.G						
15/06	08:00 am	12ly	100	50+1							Dejamar
	09:00 am	H2O	100	50+1						150ml	
	10:00 am			50+1							
	11:00 am			50+1							
	12:00 pm	H2O	100	50+1						150ml	
	01:00 pm			50+1							
Total Intake :			406ml			Total Output : 300ml - 4-0					
	02:00 pm	Rice		50ml						200ml	Dejamar
	03:00 pm	H2O	100ml	50ml							
	04:00 pm	fruity		50ml							
	05:00 pm			50ml							
	06:00 pm			50ml							
	07:00 pm			50+1						200ml	
Total Intake :			401ml			Total Output : 400ml					
	08:00 pm			50+1							Dejamar
	09:00 pm	chaptu		50+1						150ml	
	10:00 pm	hiy	150ml	50+1							
	11:00 pm	dal		50+1							
	12:00 am			50+1						200ml	
	01:00 am	H2		50+1							
Total Intake :			456 ml			Total Output : 350ml					
	02:00 am			50+1							Dejamar
	03:00 am			50+1						250ml	
	04:00 am			50+1							
	05:00 am			50+1							
	06:00 am			50+1							
	07:00 am			50+1						250ml	
Total Intake :			306 ml			Total Output : 500ml					

Total 24 hrs. Intake

1,569 ; 104 cc/kg.

Total 24 hrs. Output

1,550 ; 4.3 cc/kg.

Patient Sticker

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 3 M 21 D (F)
 Dr. NALLA ANURAG REDDY



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FLUID CHART

Sheet No. : 8

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
14/6	08:00 am	2dly		50+1ml						200ml		A
	09:00 am			50+1ml								
	10:00 am	H ₂ O 180		50+1ml								
	11:00 am			50+1ml					180ml			
	12:00 pm	H ₂ O 150		50+1ml								
	01:00 pm			50+1ml								
Total Intake :			636 ml			Total Output :			350ml			
	02:00 pm	H ₂ O	150ml	50+1								Kavina
	03:00 pm	Rice	1cup	50+1					200ml			
	04:00 pm	Capathi	2P. C	50+1								
	05:00 pm	H ₂ O	100ml	50+1								
	06:00 pm	poha		50+1								
	07:00 pm	H ₂ O	150ml	50+1					180ml			
Total Intake :			406ml			Total Output :			380ml + 1 (M)			
	08:00 pm			40+1								pooja
	09:00 pm	Refathi		40+1					200ml			
	10:00 pm	H ₂ O	100ml	40+1								
	11:00 pm			40+1								
	12:00 am			40+1								
	01:00 am			40+1					150ml			
Total Intake :			346ml			Total Output :			350ml			
	02:00 am			40+1								Indira
	03:00 am			40+1								
	04:00 am			40+1					200ml			
	05:00 am			40+1								
	06:00 am			40+1								
	07:00 am			40+1					160ml			
Total Intake :			246ml			Total Output :			360ml			
Total 24 hrs. Intake			1934 ÷ 80.5cc/kg			Total 24 hrs. Output			1440 ÷ 3.9cc/kg			

m = 1



FLUID CHART

Sheet No. : 1

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
13/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	H ₂ O	100ml	40+1ml						100ml		
Total Intake :		223 ml				Total Output :					100ml	
	02:00 pm	Rice		20+1ml								
	03:00 pm	H ₂ O	150ml	40+1ml								
	04:00 pm			40+1ml						250ml		
	05:00 pm			40+1ml								
	06:00 pm	H ₂ O	100ml	40+1ml								
	07:00 pm			40+1ml						280ml		
Total Intake :		496 ml				Total Output :					430 ml	
	08:00 pm			50+1ml								
	09:00 pm	cheppathi		50+1ml						150ml		
	10:00 pm	H ₂ O	100ml	50+1ml								
	11:00 pm			50+1ml								
	12:00 am			50+1ml						280ml		
	01:00 am			50+1ml								
Total Intake :		406 ml				Total Output :					430 ml	
	02:00 am			50+1ml								
	03:00 am			50+1ml						200ml		
	04:00 am			50+1ml								
	05:00 am			50+1ml								
	06:00 am			50+1ml						150ml		
	07:00 am			50+1ml								
Total Intake :		306 ml				Total Output :					350 ml	
Total 24 hrs. Intake		1431 ÷ 95.4 cc/kg/day										
Total 24 hrs. Output		1310 ÷ 3.63 cc/kg/hr										



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 11:05 AM Mode of Arrival: wheel chair Admitting From: ☒ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction: N/A Body Weight: 15.13 Kg
Height: cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
N/A	N/A	N/A

Family History: N/A

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

If Yes please list,

Was the child's birth normal? ☐ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☐ Yes ☐ No

Current Medication: ☒ None ☐ Yes, If Yes, fill reconciliation form

Observations: Weight: 15.13 kg Length: Head Circumference (< 2 years): N/A

Temp.: 98°F HR: 113 bpm RR: 24 bpm BP: 93/68 (20)

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

Fall Risk Assessment: ☒ Yes ☐ No Score: 10 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)

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

Character of Pain: N/A Location: N/A Frequency: N/A Duration: N/A

FUNCTIONAL SCREENING:☒ No Abnormalities Detected☐ Mobility Problem☐ Walking Problem☐ Developmental Delay☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:☒ No Abnormalities Detected☐ Underweight☐ Overweight☐ Special Feeding Method☐ Feeding Problem☐ Special diet☐ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening:☒ No Significant FindingsUnusual concerns about patient's Psychological Status: ☐ Yes ☒ No

If Yes Consultant Notified: N/A (Date/Time): N/A

Cultural & Spiritual Needs: ☒ Yes ☐ No if Yes specify N/A Inform consultant for positive criteria.**Social History:** Lives With FamilySiblings in household ☒ Yes ☐ No (if yes How Many?) 1-bro, 1-sisAll Information Obtained From ☐ Patient ☒ Mother ☒ Father ☐ Other Family Member**Orientation has been given regarding the following aspects:**Call Bell in Reach : ☒ Yes ☐ NoWaste Disposal Explained: ☒ Yes ☐ NoInfusion Pump : ☒ Yes ☐ NoHand hygiene Explained: ☒ Yes ☐ No☐ OthersPatient Rights & Responsibilities: ☒ Yes ☐ No

Information given to Mother

Nurse Signature: Ann M

Nurse Name: Ann M

Date: 13/6/26

Time: 12pm

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 4 M 12 D (F)
 Dr. NALLA ANURAAG REDDY

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:

BAH-00459772
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 4 M 12 D (F)
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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 4/4/21

Assessment: Patient was stable

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
8:30 AM	→ Assess the patient general condition	9 AM	→ Assessed the patient general condition	pt was stable
9:35 AM	→ monitor the vital and record	10 AM	→ monitored the vital and record	
10:14 AM	→ maintain fluid balance	11 AM	→ maintained fluid balance	
12 PM	→ prevent infection	12:30 PM	→ prevented infection	
1 PM	→ maintain personal hygiene	1:30 PM	→ maintained personal hygiene	
2 PM	→ Relieve pain & discomfort	2:10 PM	→ Relieved pain & discomfort	
2:15 PM	→ patient & family education	2:20 PM	→ patient & family education	

Re-Assessment: Patient was stable

Special Notes:

Nurse Signature: Nlerlin

Nurse Name: Nlerlin

Date & Time: 4/4/21 8 PM

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 6/7/26

Assessment: patient having weakness

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
8am	→ Assess the general condition of the patient.	9am	→ Assessed the general condition of the patient.	Patient felt better
10am	→ Monitor vital signs.	11am	→ Monitored vital signs.	
12Am	→ Provide side rails.	1Am	→ Provided side rails.	
2Am	→ Maintain hygiene.	3am	→ Maintained hygiene.	
5Am	→ Administer medication.	6Am	→ Administered medication.	
7Am	→ Maintain I/O chart.	8am	→ Maintained I/O chart.	

Re-Assessment: Patient felt better

Special Notes: OK today

Nurse Signature: [Signature]

Nurse Name: Sonam

Date & Time: 7/8 @ 8Am



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/2

Assessment: patient heaving weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	9pm	Assessed the patient general condition	patient feels better.
10pm	monitor vitals	10:15pm	monitored vitals.	
12AM	Ensure safety	11AM	Ensured provided side rails	
2AM	Maintain personal hygiene	3AM	TO Explained personal hygiene	
4AM	Administer medications	5AM	Administered medications	
6AM	maintain O/v chart	8AM	maintained O/v chart	

Re-Assessment: patient feels better.

Special Notes:

Nurse Signature: pooja

Nurse Name: pooja

Date & Time: 5/2/21 @ 8AM

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 04/07/2021

Assessment: Patient's having weakness

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
8am	Assess the patient condition.	8:30am	Assessed the patient condition.	Patient's condition is now improved
10am	To check vital signs.	10:30am	checked vital signs and recorded.	
12pm	To maintain fluid balance.	12:30pm	Maintained fluid balance.	
2pm	To maintain good nutritional Status.	2:30pm	Maintained good nutritional diet.	
4pm	To prevent infection.	4:30pm	Administered medication as per doctors order.	
6pm	To maintain ilo chart.	6:30pm	Maintained ilo chart.	

Re-Assessment: Patient is stable

Special Notes: — Nil —

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 04/07/2021

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 1/4/26

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the general condition of the patient.	9pm	→ Assessed the general condition of the patient.	Patient felt better
10pm	→ Monitor vital signs.	11pm	→ Monitored vital signs.	
12Am	→ Provide side rails.	1Am	→ Provided side rails.	
2Am	→ Maintain hygiene	3Am	→ Maintained hygiene	
5Am	→ Administer medications	6Am	→ Administered medications	
7Am	→ Maintain I/O chart.	8Am	→ Maintained I/O chart	

Re-Assessment: Patient felt better

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Sonam

Date & Time: 2/7 @ 8Am

BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 4 M 7 D (F)
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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 4 M 6 D (F)
 Dr. NALLA ANURAAG REDDY



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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 30/6/2026

Assessment: patient having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient condition	8:30am	→ Assessed the patient condition	patient feel better.
9am	→ maintain personal hygiene.	9:30am	→ maintained personal hygiene explaining mouth wash.	
10am	→ monitor vital signs.	10:30am	→ monitored vital signs checking all parameters.	
11am	→ Administer medication.	11:30am	→ Administered medication as per doctor's advice.	
12pm	→ maintain s/o chart.	12:30pm	→ maintained s/o chart.	
1pm	→ provide Supportive care.	2pm	→ provided Supportive care.	

Re-Assessment: patient feel better.

Special Notes: CBP - CO-levels on - 2/7/2026

Nurse Signature: Karima Nurse Name: Karima purrin Date & Time: 30/6/2026 @ 2pm

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 29/6/26

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ Assess the general condition of the patient.	9pm	→ Assessed the general condition of the patient.	Patient felt better
10pm	→ Monitor vital signs.	11pm	→ Monitored vital signs.	
12Am	→ Provided side rails.	1Am	→ Provided side rails.	
2Am	→ Maintained hand hygiene	3Am	→ Maintained hand hygiene	
5Am	→ Administered medication.	6Am	→ Administered medication	
7Am	→ Maintained I/O chart.	8Am	→ Maintained I/O chart	

Re-Assessment: Patient felt better

Special Notes: CBP, SE, SGT, creat done.

Nurse Signature: [Signature]

Nurse Name: Sonam

Date & Time: 30/6 @ 8Am

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 29/06/26 @ 8am

Assessment: patient having weakness.

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient General condition.	9am	→ Assessed the patient condition.	patient feel better.
10am	→ maintain personal hygiene.	11am	→ maintained personal hygiene. explaining mouth wash.	
12pm	→ monitor vital signs.	1pm	→ monitored vital signs	
2pm	→ Administer medication.	3pm	→ Administered medication as per doctor advice.	
4pm	→ maintain s/o chart.	5pm	→ maintained s/o chart.	
6pm	→ provide Supportive care.	7pm	→ provided Supportive care.	

Re-Assessment: patient feel better.

Special Notes: Today plan SDP.

Nurse Signature: Karima

Nurse Name: Karima parvin

Date & Time: 29/6/2026 @ 8pm

BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 4 M 4 D (F)
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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 28/6/26

Assessment: Patient Having weakness

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	TO Assess the baby condition	9PM	Assessed the baby condition	Patient feel better
10PM	TO Monitor vitals and Record	11 PM	monitored vitals and Recorded	
12am	TO Maintain fluid balance	1am	Maintained fluid balance	
2am	TO Ensure safety	3am	Provided supportive care	
4am	TO Maintain Hygiene	5am	Medication given as per doctor's order	
6am	Administer medication as per doctor's order	7am	Maintain I/O charting	

Re-Assessment: Re-assessment done

Special Notes:

Nurse Signature:

Nurse Name: Mounita

Date & Time: 28/6/26 8 AM

SAH-00459772
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 4 M 4 D
Dr. NALLA ANURAAG REDDY (F)

NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 28/6/2026

Assessment: patient having weakness.

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
8am	→ Assess the patient condition.	9am	→ Assessed the patient condition.	patient feel better.
10am	→ Maintain personal hygiene.	11am	→ Maintained personal hygiene. explaining mouth wash	
12pm	→ monitor vital signs.	1pm	→ monitored vital signs checking all parameters.	
2pm	→ Administer medication.	3pm	→ Administered medication as per doctor's advice.	
4pm	→ Maintain I/O chart.	5pm	→ maintained I/O chart.	
6pm	→ provide Supportive care.	7pm	→ provided Supportive care.	

Re-Assessment: patient feel better.

Special Notes:

Nurse Signature: Karima

Nurse Name: Karima parvin

Date & Time: 28/6/2026 @ 8pm



37

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 27/6/26

Assessment: Patient Having weakness

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	TO Assess the baby condition	9PM	Assessed the baby condition	Patient feel better
10PM	TO monitor vitals and Record	11PM	monitored vitals and Recorded	
12am	TO maintain Personal Hygiene	1am	Maintained Personal Hygiene	
2am	TO maintain fluid balance	3am	Maintained fluid balance	
4am	TO Ensure Safety	5am	Medication given as per doctor's order	
6AM	Administer medication as per doctor's order	7am	Maintain I/O charting	

Re-Assessment: Re-assessment done

Special Notes:

Nurse Signature:

Nurse Name: Moomita

Date & Time: 28/6/26 8AM

NURSING CARE RECORD

Shift:

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 24/6/20

Asses

Assessment: Baby having Nausea

Goals

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 General condition of the baby	8pm	Assessed General condition of the baby	Baby has Improved the health
8:10pm	Monitor vital signs	8:10pm	Monitored vital signs	
10pm	Administer Medications as per chart	10pm	Administered Medications as per chart	
12am	to maintain fluid balance	12am	Maintained fluid balance	
2am	to give IVS. orders as per chart	2am	given IVS. orders as per chart	
4am	to ensure safety	4am	provided safe care	
6am	Maintain to chart	6am	Maintained to chart	

Re-As

Re-Assessment: Baby don't have Nausea

Specia

Special Notes:

Nurse

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 25/6/2020 Day



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 24/6/26

Assessment: Patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the patient conditions	8am	Assessed the patient conditions	Patient is comfortable.
10am	Monitor vitals	10am	Checked vitals	
12pm	Ensure safety	12pm	provide side rails	
2pm	Relieve pain	2pm	gives medication	
4pm	Maintain I/O chart	4pm	passed urine	
6pm	Maintain Fluid Balance	6pm	Continue IV fluids	

Re-Assessment: Re-Assessment the hourly.

Special Notes: If any fever NA upgrade to ms piptaz.

Nurse Signature: [Signature]

Nurse Name: preyanu

Date & Time: 24/6/26 at 8pm



NURSING CARE RECORD

28

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 23/6/26

Assessment: Patient having weakness

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	Assessed the baby condition	9PM	Assessed the baby condition	Patient feel better
10PM	to monitor vitals and Record	11PM	monitored vitals and Recorded	
12am	to Maintain fluid balance	1am	Maintained fluid balance	
2am	to Ensure safety	3am	provided supportive care	
4am	to prevent infection	5am	Medication given as per doctor's order	
6am	Administer medication as per doctor's order	7am	Maintained I/O charting	

Re-Assessment: Re-assessment done

Special Notes: ebp, se, co level Done

Nurse Signature:

Nurse Name: Mounita

Date & Time: 24/6/26 8AM



27

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 23/6/26

Assessment: the patient having wheezing

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
2pm	to check the vital	2:15pm	to checked the vital	the patient is stable
3pm	maintain 210 chest	3:15pm	maintain 210 chest	
4pm	maintain 21v fluid	4:30pm	maintain 21v fluid	
5pm	Administer medication	6pm	Administer medication	
7pm	provide comfortable position	8pm	provide comfortable position	

Re-Assessment: the patient is stable

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Jeehanu

Date & Time: 23/6/26 at



26

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 23/6/26

Assessment: Baby hungry, crying, hydration looking good

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the child General condition	8:30am	* Assessed the child General condition	
10pm	* monitor vital signs	11am	* monitor vital signs	* Baby for
11am	* maintain I/O chart	11:40am	* maintained I/O chart.	good
12pm	* Administer medication given as per doctor order.	12:40pm	* Administered medication given as per doctor order	
2pm	* provide comfortable position	2pm	* provided comfortable position	

Re-Assessment: with hourly vital monitoring

Special Notes: watch for diet & any allergies

Nurse Signature: [Signature]

Nurse Name: Shree

Date & Time: 23/6/26 @ 2pm



25

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 22/6/26

Assessment:

The Patient having Urinary

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
10pm	Monitor Vitals	11pm	Monitored Vitals.	
12am	Administer medication as per doctor advice	1am	Administered medication as per doctor advice	Pt felt better
4am	Provide Hydration	5am	Provided Hydration	
5am	Provide Supportive Care.	6am	Provided Supportive Care	

Re-Assessment:

Pt felt better

Special Notes:

Nurse Signature:

Nurse Name: Pooja

Date & Time: 23/6/26 5am



①

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 22/6/26

Assessment: Patient having Measles

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	→ Assess the general condition of the patient.	8:10AM	→ Assessed the general condition of the patient.	Patient felt better
9AM	→ Monitor vital signs.	9:10AM	→ Monitored vital signs.	
10AM	→ Plan for connecting methotrexate	10:10AM	→ Connected inj. Methotrexate	
12PM	→ Provide Supportive care	1P	→ as per doctor's order.	
2PM	→ Maintain hygiene	3PM	→ Maintained hand hygiene	
5PM	→ Administer medication	6PM	→ Administered medication as per doctor's order.	
7PM	→ Maintain Ho chart.	8PM	→ Maintained Ho chart.	

Re-Assessment:

→ Patient felt better

Special Notes:

Foline rescue Ths

Nurse Signature:

[Signature]

Nurse Name:

Sonam

Date & Time:

22/6 @ 8PM



23

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 21/6/26

Assessment: Baby hungry at hydration looking good

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 child emergency condition	9pm	* Assessed the child emergency condition.	
10pm	* watch for vitals	11pm	* monitored vital signs	
12pm	* maintain I/O chart	1AM	* maintained I/O chart	* Baby for good
2AM	* Administer medication given as per doctor order	3am	* Administer medication given as per doctor order	
4am		5am		
6am	* ct same as per doctor	7am	* ct same as per doctor	
		with	hourly vital monitoring	

Re-Assessment:

Special Notes: watch for vitals & any abnormalities

Nurse Signature: [Signature]

Nurse Name: Shruvika

Date & Time: 21/6/26 @ 8pm

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 3 M 28 D (F)
 Dr. NALLA ANURAAG REDDY



22

NURSING CARE RECORD

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Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 21/6/26

Assessment:

patient having leucemia & stem cell transfusion

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the general condition of the patient.	8:10am	→ Assessed the general condition of the patient.	Patient felt better
9am	→ Monitor vital signs.	9:10am	→ Monitored vital signs.	
10am	→ Plan for start stem cell transfusion.	10:15am	→ started stem cell transfusion on per doctor.	
1pm	→ Provide supportive care.	2pm	→ Provided side rails.	
3pm	→ Maintain hygiene.	4pm	→ Maintained hand hygiene.	
5pm	→ Administer medication.	6pm	→ Administer medication.	
8pm	→ Maintain I/O chart.	8pm	→ Maintained I/O chart.	

Re-Assessment:

patient felt better

Special Notes:

cbi. calcium 1mm

Nurse Signature:

[Signature]

Nurse Name:

Sonam

Date & Time:

21/6 @ 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 20/6/20

Assessment: Patient 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 patient General condition	8:30pm	→ Assessed the patient General condition	Patient feel Better -
10pm	→ Maintain personal hygiene	10:30pm	→ Maintained Personal hygiene	
12am	→ Maintain fluid	12:30a	→ Maintained fluid	
2am	→ Ensure Balance	2:30a	→ Ensure Safety	
4am	→ Monitor I/O chart	4:30a	→ Monitored I/O chart	

Re-Assessment:

Patient is active

Special Notes:

Nurse Signature:

Nurse Name: Savitree

Date & Time: 20/6/20



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 20/6

Assessment: Baby has poor oral intake

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
8AM	Assess General condition of the baby	8am	assessed General condition of the baby	Baby has improved her oral intake
8:10 AM	Monitor vital signs	8:10am	Monitored vital signs	
10AM	administer medications as per chart	10am	administered medications as per chart	
12PM	to maintain fluid balance	12pm	Maintained fluid balance	
2PM	to ensure safety	2pm	provided side rails	
4PM	to encourage oral intake	4PM	encouraged oral intake	
6PM	to maintain I/O chart	6PM	Maintained I/O chart	

Re-Assessment: Baby has Eating well

Special Notes:

Nurse Signature: Raji

Nurse Name: Rajamani

Date & Time: 20/6/20 @ 8PM



19

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 19/6/26

Assessment: Patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the patient Condition	8:30am	→ Assessed the patient General Condition	Patient feel Better
12am	→ Maintain personal hygiene	12:30am	→ Maintained personal hygiene	
4am	→ Maintain fluid Balance	4:30am	→ maintained fluid Balance	
5am	→ Ensure Safety	5:30am	→ Provided Side rails	
6am	→ Monitor vital signs	6:30am	→ Monitored vital signs	

Re-Assessment: patient is alive

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Samithi

Date & Time: 20/6/26 @ 8am

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA (F)
 23-02-2021 5 Y 3 M 26 D
 Dr. NALLA ANURAAG REDDY

NURSING CARE RECORD

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Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 19.6.2026

Assessment: Patient having Weaniness

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
2pm	Assess the patient condition	2pm	Assessed the patient condition.	Patient is comfortable.
4pm	Monitor vitals	4pm	checked vitals	
6pm	Relieve pain	6pm	Given Medication	
7pm	Maintain I/O chart	7pm	Passed urine	
8pm	Maintain fluid Balance	8pm	Continue I/O fluids.	

Re-Assessment: Done collection Done. , CBP TM.

Special Notes: NA

Nurse Signature: [Signature]

Nurse Name: priyanka

Date & Time: 19.6.26 at 8pm



17

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 19/6/26

Assessment: patient is having weakness

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
8:00am	Assess general condition of the patient	8:30am	Assessed general condition of the patient	Patient feels better
9:00am	- monitor vital signs	9:30am	- monitored vital signs	
10:00am	- maintain hygiene	11:00am	- maintained hygiene	
11:00am	- Administer medications as per order	12:30pm	Administered medications as per order	
12:00pm	- provide comfort	1:00pm	- provided comfort	
1:30pm	- maintain I/O chart	2:00pm	- maintained I/O chart	

Re-Assessment: patient feels better

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Bhuvaneshwari

Date & Time: 19/6/26 @ 2pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 18/6/26

Assessment: patient heaving exatness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the patient general condition	am	Assessed the patient general condition	patient is now improved
10pm	monitor vitals	1pm	monitored vitals	
12Am	maintain personal hygiene	1Am	maintained personal hygiene	
2Am	Ensure Safety	3Am	Provided side rails	
4Am	Administer medications	5Am	Administered medications	
6Am	maintain q/v chart	7Am	maintained q/v chart	

Re-Assessment: patient feels better.

Special Notes:

Nurse Signature: Gayathri Nurse Name: Gayathri Date & Time: 19/6/26 @ 8am



15

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 18/6

Assessment: Baby has nausea related to chemotherapy

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
2pm	Assess General condition of the baby	2pm	assessed General condition of the baby	Baby feels better
2:10pm	Monitor vital signs	2:10pm	monitored vital signs	
3pm	administer medications as per chart	3pm	administered medications as per chart	
4pm	to ensure safety	4pm	provided oral care	
5pm	to give IV orders	5pm	given IV orders	
6pm	to maintain 16 chart	6pm	maintained 16 chart	

Re-Assessment: Baby feels better

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Dayamani

Date & Time: 18/6/26 @ 8pm



14

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 18/6/26

Assessment: patient having weakness

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
☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8am	→ Assess the general condition of the patient.	8/10am	→ Assessed the general condition of the patient.	Patient felt better
9am	→ Monitor vital signs.	9/10am	→ Monitored vital signs.	
10am	→ Provide supportive care	10/10am	→ Provided side rails.	
11am	→ Maintain hygiene.	11/30am	→ Maintained hygiene	
12pm	→ Administer medication	12:30pm	→ Administered medication	
1pm	→ Maintain I/O chart	2pm	→ Maintained I/O chart	

Re-Assessment: Patient felt better

Special Notes:

Nurse Signature:

Nurse Name: Sonam

Date & Time: 18/6 @ 2pm



13

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 17/6/26

Assessment: patient is having chemotherapy

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	* Assess the general condition.	8:30pm	* Assessed the general condition.	
10pm	* Monitor and note vitals	10:30pm	* Monitored and noted vitals patient is	
12am	* Provided comfortable position.	12:30am	* Provided comfortable position.	Comfortable,
2am	* Provide supportive care.	2:30am	* Provided supportive care	
4am	* Ensure safety	4:30am	* Provided pillows and siderails	
6am	* Educate parents.	6:30am	* Educated reg. Personal hygiene	
7am	* Administer medications as per doctor	7:30am	* Administered medications	

Re-Assessment: patient is comfortable

Special Notes:

Nurse Signature: Anu m

Nurse Name: Anu m

Date & Time: 18/6/26 @ 8am



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 17/6/26

Assessment: Baby has Anxiety related hospitalization

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 pt	8am	- Assessed general condition of pt	Patient
8:10 am	- monitor vitals	8:10 am	- monitored vitals	Feels
10am	- maintain hygiene	10am	- maintained hygiene	well
12pm	- maintain I/O chart	12pm	- maintained I/O chart	
2pm	- provide comfort	2pm	- provided comfort	
	- provide side rails		- provided side rails	
3pm	- administer medications	4pm	- administered medications	
5pm		6pm	- maintained fluid balance	
7pm	- maintain fluid balance	8pm		

Re-Assessment: patient feels better

Special Notes:

Nurse Signature: *Rajani*

Nurse Name: Rajamani

Date & Time: 17/6/26 @

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☒ Night

Date: 16/6/26

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8:30 pm	* Assess the pt general condition	9 pm	Assessed the patient general condition.	Patient is comfortable
10:30 pm	* monitor vitals	11 pm	Monitored and noted vitals.	
12:30 am	* Ensure safety	1 am	Provided side rails and pillows.	
2:30 am	* maintain fluid balance	3 AM	Monitoring output by checking diaper weight.	
4:30 am	* Administer medications	5 am	Administered medications as per order.	
6:30 am	* Maintain I/V chart	7 am	Maintaining I/V chart.	

Re-Assessment: N/A

patient is comfortable

Special Notes: N/A

Nurse Signature: Anm

Nurse Name: Anm

Date & Time: 17/6/26 @ 8:00 am

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 3 M 23 D (F)
 Dr. NALLA ANURAAG REDDY



10

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: 16/6/20

Assessment: Baby has poor oral Intake

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 general condition of the patient	2:30pm	Assessed general condition of the patient	Patient feels better
3:10pm	monitor vital signs	4pm	monitor vital signs	
4:20pm	to encourage oral Intake	5:10pm	encourage oral Intake	
6pm	maintain hygiene		maintained hygiene	
6:40pm	administer medication	7:10pm	administered medication	
7:40pm	maintain I/O chart	8pm	maintained I/O chart	

Re-Assessment: patient feels better

Special Notes: N° 1

Nurse Signature: Laji

Nurse Name: Jayaman

Date & Time: 16/6/20 08pm



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 16/6/20

Assessment: patient having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8:00am	Assess general condition of the patient	8:30am	Assessed general condition of the patient	patient feels better
9:00am	monitored vitals	9:30am	monitored vitals	
11:00am	maintain hygiene	11:30am	maintained hygiene	
12:00pm	Administered medications	12:30pm	Administered medications	
1:30pm	maintain I/O chart	2:00pm	maintained I/O chart	

Re-Assessment: patient feels better

Special Notes:

Nurse Signature: Rajamani

Nurse Name: Rajamani

Date & Time: 16/6/20 @ 2:00pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 15/6/20

Assessment: pt having weakness

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
8p	Assess the patient	9p	Assessed the patient	pt feels better
10p	check vitals	11p	checked vitals	
1Am	provide side rail	2Am	provided side rail	
3Am	provide personal hygiene	4Am	Maintained personal hygiene	
5Am	Maintain D/O chart	6Am	Maintained D/O chart	
7Am	Administer medication	8Am	Administered medication	

Re-Assessment: NA

Special Notes: NA

Nurse Signature: [Signature]

Nurse Name: Gayathri

Date & Time: 16/6/20 @ 8AM



7

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 15/6/26

Assessment: patient having weakness

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
2pm	→ Assess the patient General condition.	2:30pm	→ Assessed the patient Condition.	Patient feel Better
4pm	→ Maintain personal hygiene	4:30pm	→ Maintained personal hygiene	
5pm	→ Maintain fluid Balance	5:30pm	→ Maintained fluid Balance.	
6pm	→ Administer medication as order.	6:30pm	→ Given medications as order.	
7pm	→ Ensure patient Safety.	7:30pm	→ Provided Side rails	

Re-Assessment:

Patient feel Better

Special Notes:

Nurse Signature:

Nurse Name: S. Anil Kumar

Date & Time: 15/6/26



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 15/6/26

Assessment: Baby has poor oral intake

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess General condition of the baby	8:am	assessed General condition of the baby	
8:10 AM	Monitor vital signs	8:10am	Monitored vital signs	
9am	administered medications as per chart	9am	administered medication as per chart	
10am	to encourage oral intake	10am	encouraged oral intake	
11am	to maintain fluid balance	11am	Maintained fluid balance	
1pm	to maintain % chart	1pm	Maintained % chart	
				Baby has eating nicely

Re-Assessment:

Special Notes: Baby has Improved her eating pattern CRP, sgpt, creatinine, s. electrolytes

Nurse Signature:

Nurse Name: Rajamani

Date & Time: 15/6/2026 @ 2PM

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 14/05/26

Assessment: Patient's having weakness

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm.	Assess the patient condition.	9pm.	Assessed the patient condition.	Patient's condition is now improved.
10pm	To check vital signs.	11pm.	checked vital signs and recorded.	
12Am	To maintain fluid balance.	1Am.	Maintained fluid balance.	
2Am.	To ensure safety	3Am.	Ad. provided side rails.	
4Am	To prevent infection.	5:Am.	Administered medication as per doctors order.	
6Am	To maintain flo chart.	7Am.	Maintained flo chart.	

Re-Assessment: Patient's vital is now stable.

Special Notes: Nil

Nurse Signature: [Signature]

Nurse Name: Sushmita

Date & Time: 15/05/26 @ 8AM



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 14/6/2026

Assessment: Patient having weakness.

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
2pm	→ Assess the patient condition.	2:30pm	→ Assessed the patient condition	patient feel better.
3pm	→ maintain personal hygiene.	3:30pm	→ maintained personal hygiene. explaining mouth wash.	
4pm	→ monitors vital signs.	4:30pm	→ monitored vital signs checking all parameters.	
5pm	→ Administer medication.	5:30pm	→ Administered medication as per doctor advice.	
6pm	→ maintain I/O chart.	6:30pm	→ maintained I/O chart.	
7pm	→ provide Supportive care.	8pm	→ provided Supportive care.	

Re-Assessment: patient feel better.

Special Notes: Continue Mac infusion.

Nurse Signature: Lavina

Nurse Name: Lavina parvin.

Date & Time: 14/6/2026 @ 8pm

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 14/6

Assessment: Pt having weakness.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the pt general condition.	8:30 AM	Assessed the pt general condition.	
10 AM	Monitor vitals.	10:30 AM	Monitoring vitals.	Pt felt comfortable.
12 PM	Maintain I/O chart.	12:30 PM	Maintaining I/O chart.	
1 PM	Administer medication as per doctor's order.	1:30 PM	Administer medication as per doctor's order.	

Re-Assessment: Pt felt comfortable.

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Gargi

Date & Time: 14/6, 2 PM



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 13/6/26

Assessment:

patient having all 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
8:30 pm	Assess the patient general condition	10:00 pm	Assessed the patient general condition	pt was stable
11:45	monitor the vital and neuro	12 AM	monitored the vital and neuro	
12:45 AM	provide ensure safety	1:40 AM	provided ensure safety	
3:40 AM	provide maintain fluid	4:20 AM	maintained fluid	
6 AM	prevent infection	6:40 AM	prevented infection	
7:40 AM	provide patient & family education	8 AM	provided patient & family education	

Re-Assessment:

patient was stable

Special Notes:

Nurse Signature: Alenium

Nurse Name: Alenium

Date & Time: 13/6/26 @ 8 AM



NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 13/6

Assessment: Pt having weakness.

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
2 PM	Assess the pt general condition.	2:30 PM	Assessed the pt general condition.	Pt felt comfortable now.
3 PM	Monitor vitals.	3:30 PM	Monitoring vitals.	
5 PM	Maintain I/O chart.	5:30 PM	Maintaining I/O chart.	
6 PM	Administer medication as per doctor's order.	6:30 PM	Administer medication as per doctor's order.	
7 PM	Maintain personal hygiene.	7:30 PM	Maintaining personal hygiene.	

Re-Assessment: Pt felt comfortable now.

Special Notes:

Nurse Signature: [Signature]

Nurse Name: George

Date & Time: 13/6, 8 PM

BAH-00459772 IP5-00175121
 Baby MEDIGA SARANGA DARIYA
 23-02-2021 5 Y 3 M 21 D (F)
 Dr. NALLA ANURAAG REDDY



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: 13/6/26

Assessment: patient is having weakness.

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
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
9:am	Assess general condition of the patient.	9:30am	Assessed general condition of the patient.	patient feels better.
10:30am	Ensure safety.	10:45am	Ensure safety.	
12:am	Administer medication as per order.	12:15pm	Administered medication as per order.	
3:pm	maintain hygiene.	3:30pm	maintained hygiene.	
4:pm	monitor vital signs.	4:45pm	monitored vital signs.	

Re-Assessment: patient feels better.

Special Notes:

Nurse Signature: *Asun*

Nurse Name: Asun M

Date & Time: 13/6/26 @ 2:45pm



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Nalla Anurag Department: ONCO Date of Admission: 13/6/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
	<u>Delta B Thalassemia</u>							
BACKGROUND	Area	Shift Time	<u>ER</u> <u>11:00-2pm</u>	<u>ONCO</u> <u>8am-2pm</u>	<u>ONCO</u> <u>2pm-8pm</u>	<u>ONCO</u> <u>8pm-11pm</u>	<u>ONCO</u> <u>11pm-2pm</u>	<u>ONCO</u> <u>2pm-8pm</u>
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
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: <u>98.7°F</u>	<u>98.5°F</u>	<u>98.0°F</u>	<u>97.8°F</u>	<u>98.1°F</u>	<u>98.6°F</u>
	Res:		<u>24 b/m</u>	<u>22 b/m</u>	<u>22 b/m</u>	<u>23 b/m</u>	<u>22 b/m</u>	<u>24 b/m</u>
	SpO ₂ :		<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	Pulse:		<u>105 b/m</u>	<u>100 b/m</u>	<u>98 b/m</u>	<u>97 b/m</u>	<u>98 b/m</u>	<u>100 b/m</u>
	BP:		<u>103/63</u>	<u>103/65</u>	<u>98/62</u>	<u>90/60</u>	<u>90/60</u>	<u>98/60</u>
	Fall Risk Score:		<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
Recommendations	Safety Needs:		<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:			<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Handed Over By Name :			<u>Peruk</u>	<u>Am m</u>	<u>Gargi</u>	<u>Narain</u>	<u>Gargi</u>	<u>Karima</u>
Signature :			<u>R</u>	<u>Am m</u>	<u>G</u>	<u>N</u>	<u>G</u>	<u>Karima</u>
Date:			<u>13/6/26</u>	<u>13/6/26</u>	<u>13/6</u>	<u>14/6</u>	<u>14/6</u>	<u>14/6/26</u>
Time:			<u>11:05A</u>	<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</u>
Taken Over By Name :			<u>Am m</u>	<u>Gargi</u>	<u>Narain</u>	<u>Gargi</u>	<u>Karima</u>	<u>Narain</u>
Signature :			<u>Am m</u>	<u>G</u>	<u>N</u>	<u>G</u>	<u>Karima</u>	<u>N</u>
Date:			<u>13/6/26</u>	<u>13/6</u>	<u>13/6</u>	<u>14/6</u>	<u>14/6/26</u>	<u>14/6</u>
Time:			<u>11:05am</u>	<u>2pm</u>	<u>8pm</u>	<u>2pm</u>	<u>2pm</u>	<u>8pm</u>



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Anurag Reddy Department: Oncology Date of Admission: 13/6/20

SITUATION	Diagnosis: <u>B- Thalassemia</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: _____					
	Area	Shift Time	<u>Oncology</u> <u>8pm-8am</u>	<u>Oncology</u> <u>2am-2pm</u>	<u>Oncology</u> <u>8pm</u>	<u>Oncology</u> <u>8am-12pm</u>	<u>Oncology</u> <u>2pm-2am</u>	<u>Oncology</u> <u>8am-12pm</u>
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
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: <u>98.2°F</u>	<u>98.6°F</u>	<u>98.6°F</u>	<u>98.6°F</u>	<u>98.6°F</u>	<u>98.6°F</u>
	Res:		<u>24 b/m</u>	<u>22 b/m</u>	<u>28 b/m</u>	<u>28 b/m</u>	<u>24 b/m</u>	<u>28 b/m</u>
	SpO ₂ :		<u>99%</u>	<u>98%</u>	<u>100%</u>	<u>100%</u>	<u>98%</u>	<u>99%</u>
	Pulse:		<u>112 b/m</u>	<u>102 b/m</u>	<u>112 b/m</u>	<u>126 b/m</u>	<u>126 b/m</u>	<u>108 b/m</u>
	BP:		<u>96/68</u>	<u>96/58</u>	<u>100/62</u>	<u>100/62</u>	<u>90/51</u>	<u>100/60</u>
	Fall Risk Score:		<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>
Recommendations	Safety Needs:		<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>
	Physiotherapy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:			<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Handed Over By Name :			<u>Sumita</u>	<u>Rajamani</u>	<u>Savitri</u>	<u>Gaya 3</u>	<u>Rajamani</u>	<u>Naveen</u>
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:			<u>15/6</u>	<u>15/6</u>	<u>15/6</u>	<u>16/6</u>	<u>16/6</u>	<u>16/6</u>
Time:			<u>8pm</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>
Taken Over By Name :			<u>Rajamani</u>	<u>Savitri</u>	<u>Gaya 3</u>	<u>Rajamani</u>	<u>Naveen</u>	<u>Suman</u>
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:			<u>15/6</u>	<u>15/6</u>	<u>15/6</u>	<u>16/6</u>	<u>16/6</u>	<u>16/6</u>
Time:			<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Anuraag Reddy Department: Oncology Date of Admission: 13/6/20

SITUATION		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:						
BACKGROUND	Diagnosis:	<u>β - Thalassemia</u>						
	Area							
BACKGROUND	Shift Time	<u>On 6 8pm-8am</u>	<u>On 6 8am-2pm</u>	<u>On 6 8pm-8am</u>	<u>On 6 2pm-8pm</u>	<u>On 6 8pm-8am</u>	<u>On 6 8pm-8am</u>	
	Medical Condition (Any special condition to be noted):	<u>N/A</u>	<u>NA</u>	<u>N/A</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
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:	<u>98.5</u>	<u>98.5</u>	<u>98.5</u>	<u>98.4</u>	<u>98.5</u>	<u>98.5</u>
		Res:	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>112b/m</u>	<u>111b/m</u>	<u>111b/m</u>	<u>105b/m</u>	<u>105b/m</u>	<u>105b/m</u>
		BP:	<u>93/60</u>	<u>92/50</u>	<u>90/60</u>	<u>101/61</u>	<u>101/61</u>	<u>101/61</u>
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Recommendations	Safety Needs:	<u>side rails</u>	<u>Siderails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>N/A</u>	<u>NA</u>	<u>N/A</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>N/A</u>	<u>NA</u>	<u>N/A</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>N/A</u>	<u>NA</u>	<u>N/A</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Anuram</u>	<u>Rajaram</u>	<u>Anuram</u>	<u>Sopam</u>	<u>Rajaram</u>	<u>Goyab</u>	
Signature :		<u>Anuram</u>	<u>Rajaram</u>	<u>Anuram</u>	<u>Sopam</u>	<u>Rajaram</u>	<u>Goyab</u>	
Date:		<u>17/6</u>	<u>17/6</u>	<u>18/6</u>	<u>18/6</u>	<u>18/6</u>	<u>19/6</u>	
Time:		<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	
Taken Over By Name :		<u>Rajaram</u>	<u>Pooja</u>	<u>Sopam</u>	<u>Raji</u>	<u>Rajaram</u>	<u>Shub</u>	
Signature :		<u>Rajaram</u>	<u>Pooja</u>	<u>Sopam</u>	<u>Raji</u>	<u>Rajaram</u>	<u>Shub</u>	
Date:		<u>17/6</u>	<u>17/6</u>	<u>18/6</u>	<u>18/6</u>	<u>18/6</u>	<u>19/6/20</u>	
Time:		<u>8am</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. Anusrey Department: oncology Date of Admission: 19/6/20

SITUATION		Diagnosis: <u>B² Thalassemia</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>NA</u>		
BACKGROUND	Area	<u>0210</u>	<u>0210</u>	<u>0210</u>	<u>0210</u>	
	Shift Time	<u>8AM-2PM</u>	<u>2PM-8PM</u>	<u>8PM-2AM</u>	<u>2AM-8AM</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.6°F</u>	<u>98°F</u>	<u>98.6°F</u>	<u>98.8°F</u>
		Res:	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>25b/m</u>
		SpO ₂ :	<u>98%</u>	<u>98%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>111bpm</u>	<u>110bpm</u>	<u>112bpm</u>	<u>113bpm</u>
		BP:	<u>100/60</u>	<u>100/60</u>	<u>100/60</u>	<u>100/60</u>
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Recommendations	Safety Needs:	<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	<u>Side rail</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Bhavana</u>	<u>Priyanka</u>	<u>Swathi</u>	<u>Rajamani</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>19/6/20</u>	<u>19/6</u>	<u>20/6</u>	<u>20/6</u>	
Time:		<u>2:00pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	
Taken Over By Name :		<u>Priyanka</u>	<u>Deepa</u>	<u>Rajamani</u>	<u>Deepa</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>19/6</u>	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	
Time:		<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. Anurag Department: Onco Date of Admission: 13/6/26

SITUATION		Diagnosis: <u>SSS Thalassemia</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>NA</u>		
BACKGROUND	Area	<u>BMT 8pm</u>	<u>BMT 8am</u>	<u>BMT 8pm</u>	<u>BMT 8pm</u>	
	Shift Time	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8pm</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.8</u>	<u>98.2</u>	<u>98.0</u>	<u>98.4</u>
		Res:	<u>20</u>	<u>16</u>	<u>20</u>	<u>24</u>
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>112</u>	<u>106</u>	<u>104</u>	<u>101</u>
		BP:	<u>100/60</u>	<u>100/60</u>	<u>100/60</u>	<u>100/65</u>
	Fall Risk Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Recommendations	Safety Needs:	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Shw</u>	<u>Pooja</u>	<u>Shw</u>	<u>Moumita</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>23/6/26</u>	<u>23/6</u>	<u>23/6/26</u>	<u>24/6</u>	
Time:		<u>8AM</u>	<u>8am</u>	<u>8pm</u>	<u>8AM</u>	
Taken Over By Name :		<u>Sangam</u>	<u>Shw</u>	<u>Sangam</u>	<u>Priyanka</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>22/6</u>	<u>23/6/26</u>	<u>23/6</u>	<u>24/6</u>	
Time:		<u>8AM</u>	<u>8am</u>	<u>8AM</u>	<u>8pm</u>	



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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Nalla Anuraag Reddy Department: Neurology Date of Admission: 13/6/26

SITUATION		Diagnosis: <u>DSB</u> <u>Thalassemia</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known		If Yes Specify: <u>NA</u>		
BACKGROUND	Area	Shift Time	<u>8pm-11pm</u>	<u>8pm-11pm</u>	<u>8pm-11pm</u>	<u>8pm-11pm</u>	<u>8pm-11pm</u>	
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
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:	<u>98.2°F</u>	<u>98.2°F</u>	<u>98°F</u>	<u>98.2°F</u>	<u>98.6°F</u>	<u>98°F</u>
		Res:	<u>25/10/M</u>	<u>25/10/M</u>	<u>26/10/M</u>	<u>25/10/M</u>	<u>24/10/M</u>	<u>24/10/M</u>
		SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>98%</u>
		Pulse:	<u>101/9/1</u>	<u>100/8/1</u>	<u>100/6/MT</u>	<u>101/6/1</u>	<u>113/6/1</u>	<u>110/6/MT</u>
		BP:	<u>101/61</u>	<u>100/61</u>	<u>100/60</u>	<u>100/65</u>	<u>96/67/74</u>	<u>96/70</u>
		Fall Risk Score:	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Recommendations	Safety Needs:	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	<u>Side rails</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Priyanka</u>	<u>Blu</u>	<u>Priyanka</u>	<u>Priyanka</u>	<u>Sonam</u>	<u>Priyanka</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>25/6/26</u>	<u>25/6/26</u>	<u>25/6/26</u>	<u>26/6</u>	<u>26/6</u>	<u>26/6/26</u>	
Time:		<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</u>	
Taken Over By Name :		<u>N. Blu</u>	<u>Priyanka</u>	<u>Divya</u>	<u>Sonam</u>	<u>Priyanka</u>	<u>Divya</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>25/6/26</u>	<u>25/6/26</u>	<u>25/6</u>	<u>26/6</u>	<u>26/6</u>	<u>26/6</u>	
Time:		<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8am</u>	



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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. NALLA Anurag Reddy Department: ONCOLOGY Date of Admission: 13/6/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
	<u>Delta - Beta Thalassemia</u>							
BACKGROUND	Area	Shift Time	BMT 8AM	BMT 8am-2pm	BMT 2/2a	BMT 8AM	BMT 8am-8pm	BMT 8AM
	Medical Condition (Any special condition to be noted):		NA	N.A	NA	NA	NA	NA
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	98.4°F	98.0°F	98.6°F	98.5°F	98.4°F	98.4°F
		Res:	25b/m	24b/m	25b/m	25b/m	26b/m	25b/m
		SpO ₂ :	100%	100%	100%	100%	100%	100%
		Pulse:	101b/m	102b/m	96b/m	95b/m	102b/m	101b/m
		BP:	100/60	98/63(w)	98/57(w)	100/60	98/60(41)	100/60
	Fall Risk Score:	10	10	10	10	10	10	
Pain Score:	0	0	0	0	0	0		
Recommendations	Safety Needs:	side rails	side rails	side rails	side rails	side rails	side rails	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	NA	N.A	NA	NA	NA	NA	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	NA	N.A	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		NA	N.A	NA	NA	NA	NA	
Handed Over By Name :		Moumita	Arun M	Sonam	Moumita	Karima	Moumita	
Signature :								
Date:		27/6	27/6	27/6	28/6	28/6/26	29/6	
Time:		8AM	2pm	8pm	8AM	8pm	8AM	
Taken Over By Name :		Arun M	Sonam	Moumita	Karima	Raj	Karima	
Signature :								
Date:		27/6	27/6	27/6	28/6/2026	28/6	29/6/26	
Time:		8am	2pm	8pm	8am	8pm	8am	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Anurag Reddy Department: Oncology Date of Admission: 13/6/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
	<u>Thalassemia</u>							
BACKGROUND	Area	Shift Time	BMT 8pm	BMT 8am	BMT 8am-2pm	BMT 2pm-8pm	BMT 8am	BMT 2am-2pm
	Medical Condition (Any special condition to be noted):		NA	NA	NA	NA	NA	NA
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:		Temp: 98.6°F	98.6°F	98.6°F	98.8°F	98.6°F	98.6°F
	Res:		26b/m	25b/m	26b/m	24b/m	24b/m	26b/m
	SpO ₂ :		100%	99%	100%	100%	99%	100%
	Pulse:		108b/m	110b/m	108b/m	104b/m	106b/m	108b/m
	BP:		98/56(64)	100/60(70)	98/60(71)	102/66(72)	100/60(70)	98/60(71)
	Fall Risk Score:		10	10	10	10	10	10
Recommendations	Pain Score:		0	0	0	0	0	0
	Safety Needs:		Side rails	Side rails	Side rails	Side rails	Side rails	Side rails
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		NA	NA	NA	NA	NA	NA
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA	
Handed Over By Name :		Karima	Sonam	Karima	Sonam	Karima	Sonam	
Signature :		Karima	Sonam	Karima	Sonam	Karima	Sonam	
Date:		29/6/26	30/6	30/6/26	30/6	1/7/26	1/7/26	
Time:		8pm	8am	2pm	8pm	8am	2pm	
Taken Over By Name :		Sonam	Goya3	Sonam	Sonam	Karima	Sonam	
Signature :		Sonam	Goya3	Sonam	Sonam	Karima	Sonam	
Date:		29/6	30/6	30/6	30/6	1/7/26	01/07/26	
Time:		8pm	8am	2pm	8pm	8am	2pm	



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Anuraag Department: Neonology Date of Admission: 13/1

SITUATION	Diagnosis: <u>Thalassemia</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	<u>BMT 8pm-8pm</u>	<u>BMT 8pm-8pm</u>	<u>BMT 8am-8pm</u>	<u>BMT 8am</u>	<u>BMT 8am-8pm</u>	<u>BMT 8am</u>
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
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: <u>98.2°F</u>	Temp: <u>98°F</u>	Temp: <u>98.2°F</u>	Temp: <u>98.6°F</u>	Temp: <u>98.4°F</u>	Temp: <u>98.1°F</u>
			Res: <u>24b/m</u>	Res: <u>24b/m</u>	Res: <u>24b/m</u>	Res: <u>24b/m</u>	Res: <u>24b/m</u>	Res: <u>25b/m</u>
			SpO ₂ : <u>100%</u>	SpO ₂ : <u>99%</u>	SpO ₂ : <u>99%</u>	SpO ₂ : <u>100%</u>	SpO ₂ : <u>100%</u>	SpO ₂ : <u>99%</u>
			Pulse: <u>103b/m</u>	Pulse: <u>106b/m</u>	Pulse: <u>102b/m</u>	Pulse: <u>99b/m</u>	Pulse: <u>106b/m</u>	Pulse: <u>105b/m</u>
			BP: <u>98/52(67)</u>	BP: <u>98/52(67)</u>	BP: <u>96/52(67)</u>	BP: <u>100/60(70)</u>	BP: <u>98/54(64)</u>	BP: <u>100/60(70)</u>
			Fall Risk Score: <u>10</u>	Fall Risk Score: <u>10</u>	Fall Risk Score: <u>10</u>	Fall Risk Score: <u>10</u>	Fall Risk Score: <u>10</u>	Fall Risk Score: <u>10</u>
Recommendations	Safety Needs:		<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:			<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Handed Over By Name :			<u>Sumita</u>	<u>Sonam</u>	<u>Sumita</u>	<u>Sonam</u>	<u>Sumita</u>	<u>Sonam</u>
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:			<u>11/07</u>	<u>2/7</u>	<u>2/7</u>	<u>3/7</u>	<u>3/7</u>	<u>4/7</u>
Time:			<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>
Taken Over By Name :			<u>Sonam</u>	<u>Sumita</u>	<u>Sonam</u>	<u>Sumita</u>	<u>Sumita</u>	<u>Sumita</u>
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:			<u>1/7</u>	<u>2/7</u>	<u>2/7</u>	<u>3/7</u>	<u>3/7</u>	<u>4/7</u>
Time:			<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>



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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Anuraag Department: Oncology Date of Admission: 13/5

SITUATION		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: <u>NA</u>						
BACKGROUND	Area							
	Shift Time	<u>BRAT 8AM-8PM</u>	<u>BRAT 8AM</u>	<u>ONCO 2PM</u>	<u>ONCO 8PM</u>	<u>ONCO 8AM</u>	<u>ONCO 2PM</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ASSESSMENT	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.2°F</u>	<u>98.4°F</u>	<u>98.6°F</u>	<u>98.4°F</u>	<u>98.5°F</u>	<u>98.6°F</u>
		Res:	<u>24b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>22b/m</u>	<u>26b/m</u>
		SpO ₂ :	<u>100%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>98%</u>	<u>100%</u>
		Pulse:	<u>106b/m</u>	<u>105b/m</u>	<u>112b/m</u>	<u>112b/m</u>	<u>112b/m</u>	<u>106b/m</u>
		BP:	<u>92/46</u>	<u>94/61</u>	<u>100/60</u>	<u>100/61</u>	<u>98/61</u>	<u>100/60</u>
	Fall Risk Score:	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	
	Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Recommendations	Safety Needs:	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	<u>side rails</u>	
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Other Special Orders / Medications:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Sumita</u>	<u>Pooja</u>	<u>Savitree</u>	<u>Ally</u>	<u>Pooja</u>	<u>Ally</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>4/7</u>	<u>5/7</u>	<u>5/7</u>	<u>5/7</u>	<u>6/7</u>	<u>6/7</u>	
Time:		<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	
Taken Over By Name :		<u>Ally</u>	<u>Savitree</u>	<u>Ally</u>	<u>Ally</u>	<u>Savitree</u>	<u>Ally</u>	
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>4/7</u>	<u>5/7</u>	<u>5/7</u>	<u>5/7</u>	<u>6/7</u>	<u>6/7</u>	
Time:		<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>2pm</u>	<u>8pm</u>	



11

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Anuraag Reddy Department: PHO Date of Admission: 13/6/20

SITUATION	Diagnosis: <u>Thalassemia</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:				
BACKGROUND	Area	Shift Time	<u>oneo</u> <u>Star</u>	<u>oneo</u> <u>Star</u>			
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>			
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:		Temp: <u>98.6°F</u>	<u>98.3°F</u>			
	Res:		<u>24b/m</u>	<u>23b/m</u>			
	SpO ₂ :		<u>100%</u>	<u>99%</u>			
	Pulse:		<u>110b/m</u>	<u>100b/m</u>			
	BP:		<u>100/60</u>	<u>101/50</u>			
	Fall Risk Score:		<u>10</u>	<u>10</u>			
Recommendations	Safety Needs:		<u>side</u> <u>reach</u>	<u>side</u> <u>rail</u>			
	Physiotherapy		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:		<u>NA</u>	<u>NA</u>			
	Special Diet:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>			
	Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>			
Handed Over By Name :		<u>Songam</u>	<u>Narain</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>7/7</u>	<u>7/7</u>				
Time:		<u>PM</u>	<u>PM</u>				
Taken Over By Name :		<u>Narain</u>	<u>[Signature]</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>7/7</u>	<u>7/7</u>				
Time:		<u>PM</u>	<u>PM</u>				

BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM. Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason th'en hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery/scans performed in Emergency hours (8pm-7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges for every TPA cases as per insurance.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP or IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYEMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days

[Signature]

Name & signature of Patient/Attendant

[Signature]

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

Rainbow Children's Medicare Private Limited

Registered Office: Road No. 2, Banjara Hills, Near Hotel Part Hyatt, Hyderabad - 500 034, T: 2233 4455
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034, T: 2233 4455
Branches: BANJARAHILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 2233 4455 | LB NAGAR - T: 71111333 | MARATHAHALLI, BENGALURU - T: +9180 7111 2345 | BANNERGHATTA ROAD, BANGALORE - T: 2233 4455

CIN : U85110 TG1998 PTC029914

email : info@rainbowhospitals.in

BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 3 M 21 D (F)
Dr. NALLA ANURAAG REDDY



BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 4 M 9 D (F)
Dr. NALLA ANURAAG REDDY



CONSENT FOR BLOOD TRANSFUSION

Name: MEDIGA SARANGA DARIYA Age: 5Y4M Gender: Male ☐ Female ☒
UHID.No: BAH-00459772 Date: 2/7/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☒ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I ☒ M. Mahalaxmi hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that NA

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature: ☒ M. Mahalaxmi Signature: d

Name: M. Mahalaxmi Name: SRANANI

Date & Time: 2/7/2026 @ 12:30PM Date & Time: 2/7/26 12:30pm

Witness

Signature: ☒ M. Mahalaxmi

Name: M. Mahalaxmi

Date & Time: 2/7/2026 @ 12:30PM

SDP

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 02/07/26 Time: 12:40 pm

Blood Group of the Patient: B(+ve) Blood Group on the Blood Bag: B(+ve)

Blood Bank Issue No: BAH26-PD156 Date of Collection: 29/06/26 Date of Expiry: 04/07/26

Date & Time of Starting Transfusion: 2/7/26 @ 12:40 pm Planned duration of Transfusion: 30 min

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Susmita Nurse 2: Saritha

Before starting transfusion vitals: Temp: 98.3°F HR 107b/m RR: 24b/m BP: 97/61 (7/10) SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
2/7/26	15 Min	109b/m	98.2°F	97/58	100%	Nil	Nil	Nil	Nil
2/7/26	15 Min	105b/m	98.4°F	98/56	100%	Nil	Nil	Nil	Nil
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No hyper tension, No Rashes, No fast breathing
No, complaints

Name of the Incharge-Nurse: Saritha

Name of the Nurse: Susmita

Signature of the Incharge-Nurse: Saritha

Signature of the Nurse: Susmita

Date & Time: 01:20 pm

Date & Time: 2/7/26 @ 01:20 pm

BAH26-P0156



Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-II

Qty. 120 ml, Prepared from Human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml $\pm$ 20 ml.)

B

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative

Donor Type: Replacement

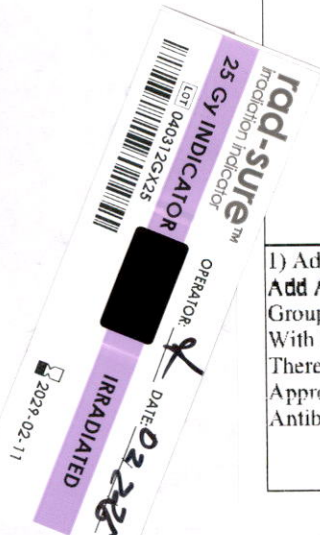
Unit No.: BAH26-P0156
Blood Group: B Rh Positive
Collection Date: 29/Jun/2026
Expiry Date: 04/Jul/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

Issue Label / Cross Matching Report

Patient : **Baby MEDIGA SARANGA DARIYA**
Patient's Blood Group : B Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. SIRISHA RANI
UHID No.: BAH-00459772. Wd-Bed No.:
Product : SDP-II
Blood Group : B Rh Positive Issue Dt : 02/Jul/2026
Unit No.: **BAH26-P0156** Colln. Dt : 29/Jun/2026
XMatching Report: ABO Compatible Exp. Dt : 04/Jul/2026
X-matched by: K.SAIKUMAR Issued By :

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G



24
10-5
0



CONSENT FOR BLOOD TRANSFUSION

Name: Mediga Saranga Dariya Age: 5 years Gender: Male ☐ Female ☒
UHID.No: BAH-459772 Date: 29/6/2026

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☒ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I M. Mahalaxmi hereby give my consent for whole blood transfusion or
ie blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been
explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened
for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I
have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The
"window period" and also due to various other infections which have not been screened for. I also understand that any
blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally
rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that N/A

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in
the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or
blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me /
my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: T. Mah
Name: M. Mahalaxmi
Date & Time: 29/6/2026 @ 7:20pm

Doctor (Who is talking the consent)

Signature: A
Name: Anuragi
Date & Time: 29/6/2026 @ 7:20pm

Witness

Signature: T. Mah
Name: M. Mahalaxmi
Date & Time: 29/6/2026 @ 7:20pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID, సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ప్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ బి యంటి బడిన్, హైపటెటిన్ జి సర్వేస్ యంటిజన్, హైపటెటిన్ యంటిబడిన్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా ప్రోథెజిన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



BDP-10

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/6/2026 Time: 7:20pm

Blood Group of the Patient: B+ positive Blood Group on the Blood Bag: B+ positive

Blood Bank Issue No: BAH26-00156 Date of Collection: 29/6/2026 Date of Expiry: 1/7/2026

Date & Time of Starting Transfusion: 29/6/2026 Planned duration of Transfusion: 30min

Check for Correct Units ☒ Correct Patient ☒

Blood products cross checked by: Nurse 1: Karima Nurse 2: Anuradha

Before starting transfusion vitals: Temp: 98.6°F HR 106b/m RR: 26b/m BP: 98/60(71) SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>29/6/26</u>	<u>15 Min</u>	<u>106b/m</u>	<u>98.6°F</u>	<u>98/60(71)</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>15 Min</u>	<u>108b/m</u>	<u>98.4°F</u>	<u>100/58(66)</u>	<u>100%</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No complains.

Name of the Incharge-Nurse: Anuradha

Name of the Nurse: Karima

Signature of the Incharge-Nurse: Anuradha

Signature of the Nurse: Karima

Date & Time: 29/6/26 8pm

Date & Time: 29/6/2026 8pm

BAH26-P0156



Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-I

Prepared from Human Whole Blood by Apheresis using Cell
y. 250 ml ± 20 ml.)

B

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative

Donor Type: Replacement

Unit No.: **BAH26-P0156**
Blood Group: **B Rh Positive**
Collection Date: **29/Jun/2026**
Expiry Date: **04/Jul/2026**

ister Without Warming. 2) Shake Gently Before Use. 3) Do Not
Medication. 4) check Blood Group on Label & Recipient's
and Name Before Administration. 5) Use Sterile Transfusion Set
ter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if
There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9)
Appropriate Compatible Cross Matched Blood Without Atypical
Antibodies in Recipient Should Be Used.

Issue Label / Cross Matching Report

Patient : **Baby MEDIGA SARANGA DARIYA**
Patient's Blood Group : **B Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, DR. SIRISHA RANI**
UHID No.: **BAH-00459772** Wd-Bed No.:
Product : **SDP-I**
Blood Group : **B Rh Positive** Issue Dt : **29/Jun/2026**
Unit No.: **BAH26-P0156** Colln. Dt : **29/Jun/2026**
X Matching Report: **ABO Compatible** Exp. Dt : **04/Jul/2026**
X-matched by: **Nachiket** Issued By : **Nachiket**

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

rad-sure™
25 GY INDICATOR
Lot: 040312Gx25
OPERATOR:
DATE: **29-6-26**
IRRADIATED
2022-02-11

CONSENT FOR BLOOD TRANSFUSION

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BAH-00459772
Baby MEDIGA SARANGA DARIYA (F)
23-02-2021 5 Y 4 M 3 D
DR. MALLA ANURAG REDDY

Name: MEDIGA SARANGA DARIYA

UHD.No : BH-00459772

Type of Blood Product:

- ☐ Albumin
☐ Cryoprecipitate
☐ Fresh Frozen Plasma

- ☒ Packed Red Blood Cells
☐ Single Donor Platelet
☐ Red Blood Cell

- ☐ Random Donor Platelets
☐ Whole Blood
☐ Others

Gender: ☒ Female ☐ Male
Date: 26/6/2026

Age: 5y

I, M. Mahalaxmi, hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that explained

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

M. Mahalaxmi

Signature:

Name: M. Mahalaxmi

Date & Time: 26/6/26 at 2pm

Witness

Signature: M. Mahalaxmi

Name: M. Mahalaxmi

Date & Time: 26/6/26 at 2pm

Doctor (Who is talking the consent)

Signature: Dr. Sarang

Name: Dr. Sarang

Date & Time: 26/6/26 at 2pm

Printed
Child
Hospital

25/1/2000

Medica - SARRANA DAKIHA
DHI - 00424112

M. Mahabadi

25/1/2000

M. Mahabadi
25/1/2000

M. Mahabadi
25/1/2000

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 26/6/2026 Time: 2:10 pm
Blood Group of the Patient: B +ve Blood Group on the Blood Bag: B +ve
Blood Bank Issue No: BAH26-01451 Date of Collection: 17/6/2026 Date of Expiry: 29/7/2026
Date & Time of Starting Transfusion: 26/6/26 at 2:10 pm Planned duration of Transfusion: 4 hours
Check for Correct Unit: ☒ Correct Patient: ☒
Blood products cross checked by: Nurse 1: Prerajanya Nurse 2: Sonam
Before starting transfusion vitals: Temp: 98°F HR 90 bpm RR: 19 bpm BP: 100/60 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>26/6/26</u>	15 Min	<u>119 bpm</u>	<u>97.9°F</u>	<u>90/64</u>	<u>100%</u>	-	-	-	-
	15 Min	<u>110 bpm</u>	<u>98°F</u>	<u>100/60</u>	<u>100%</u>	-	-	-	-
	30 Min	<u>99 bpm</u>	<u>98.2°F</u>	<u>99/54</u>	<u>99%</u>	-	-	-	-
	30 Min	<u>98 bpm</u>	<u>97.4°F</u>	<u>104/62</u>	<u>100%</u>	-	-	-	-
	30 Min	<u>94 bpm</u>	<u>98°F</u>	<u>99/64</u>	<u>99%</u>	-	-	-	-
	1 Hr	<u>110 bpm</u>	<u>97.4°F</u>	<u>100/61</u>	<u>100%</u>	-	-	-	-
	1 Hr	<u>110 bpm</u>	<u>98°F</u>	<u>99/59</u>	<u>100%</u>	-	-	-	-

Comments: No complaints

Name of the Incharge-Nurse: Anuradha Name of the Nurse: Prerajanya
Signature of the Incharge-Nurse: A Signature of the Nurse: Prerajanya
Date & Time: 26/6/2026 at 7 pm Date & Time: 26/6/2026 at 7 pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS LP

Qty. 250 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.A.
Solution.

B

Rh Positive

HIV I & II/ HBsAG/ HCV - Non
reactive

VDRL - Non reactive

MP - Negative

NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: BAH26-01451

Blood Group: B Rh Positive

Collection Date: 17/Jun/2026

Expiry Date: 29/Jul/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Filter
There is A
Appropriate
Antibodies

Issue Label / CrossMatching Report

Patient : Baby MEDIGA SARANGA DARIYA

Patient's Blood Group : B Rh Positive

Hosp/Dr : Rainbow Childrens Hospital, DR. SIRISHA RANI

UHID No.: BAH-00459772. Wd-Bed No.:

Product : LR-PRBC

Blood Group : B Rh Positive

rad-sure™
irradiation indicator

OPERATOR: [Signature]

DATE: 26/6/26

26/Jun/2026

17/Jun/2026

29/Jul/2026

: Premalatha

Childrens

25 Gy INDICATOR

IRRADIATED

LOT 040312GX25

2029-02-11

1, 403/P. Road



Lic No. 46/HD/TS/2018/BB/G



CONSENT FOR BLOOD TRANSFUSION

Name: M. Saranga Dariya Age: 54 Gender: Male ☐ Female ☒
UHID.No: 459442 Date: 23/6/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☒ Others IVIG

I M. Mahalaxmi hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that NO

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: [Signature]

Name: M. Mahalaxmi

Date & Time: 23/6/26 @ 2.30 PM

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Dr. Nalla Anuraag Reddy

Date & Time: 23/6/26 2:30 PM

Witness

Signature: [Signature]

Name: Sonam

Date & Time: 23/6 @ 2:30 PM



CONSENT FOR BLOOD TRANSFUSION

Name: M. Saranga Dariya Age: 5Y Gender: Male ☐ Female ☒
UHID.No: 459772 Date: 21/6/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☒ Others Stem cell

I, Mediga Mahalaxmi hereby give my consent for whole blood transfusion or
blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been
explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened
for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I
have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The
"window period" and also due to various other infections which have not been screened for. I also understand that any
blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally
rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in
the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or
blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me /
my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature: Mediga Mahalaxmi Signature: d

Name: Timah Name: harani

Date & Time: 21/6/26 @ 10 AM Date & Time: 21/6 @ 10 AM

Witness

Signature: \$

Name: Sonam

Date & Time: 21/6 @ 10 AM

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- ☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☒ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ బి సర్పెస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనవి పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్) సాక్షి

సంతకము సంతకం

పేరు పేరు

తేదీ మరియు సమయము తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



CONSENT FOR BLOOD TRANSFUSION

Name: M. Saranga Dariya Age: 5 Y 3 M 26 D Gender: Male ☐ Female ☒
UHID.No : 459772 Date: 18/6

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I M. Vinod Kumar hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: M. Vinod Kumar

Name: M. Vinod Kumar

Date & Time 18/06/26 : 12:54 PM

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Dr. Nalla Anuraag Reddy

Date & Time 18/6 @ 1 PM

Witness

Signature: [Signature]

Name: Sonam

Date & Time 18/6 @ 1 PM



(100%)

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/6/26 Time: 1pm
Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve
Blood Bank Issue No: 01395 Date of Collection: 12/6/26 Date of Expiry: 24/7/26
Date & Time of Starting Transfusion: 18/6 @ 1pm Planned duration of Transfusion: 4 hrs
Check for Correct Unit: ☒ Correct Patient: ☒
Blood products cross checked by: Nurse 1: Sonam Nurse 2: Anuradha
Before starting transfusion vitals: Temp: 98.6°F HR 118bpm RR: 26bpm BP: 100/60 (mm) SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
18/6	15 Min	126bpm	98.6°F	110/60 (mm)	100%	NO	NO	NO	NO
	15 Min	116bpm	98.5°F	96/57 (mm)	100%	NO	NO	NO	NO
	30 Min	117bpm	98.6°F	100/60 (mm)	99%	NO	NO	NO	NO
	30 Min	116bpm	98.8°F	100/61	99%	NO	NO	NO	NO
	30 Min	110bpm	98.8°F	101/65	99%	NO	NO	NO	NO
	1 Hr	114bpm	98°F	103/61	99%	NO	NO	NO	NO
	1 Hr	112bpm	98°F	97/65	99%	NO	NO	NO	NO

Comments: NO reactions

Name of the Incharge-Nurse: Nashreena Name of the Nurse: Nas Rajamani
Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
Date & Time: 18/6/26 @ 5:56pm Date & Time: 18/6/2026 @ 5:56pm

Rainbow
D.No.8-2-1

Hospital Blood Centre, Rainbow Childrens Hospital
2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS

Qty. 200 ml. Prepared from Whole human blood 9 ml. of C
Solution.



Rh Positive

HIV I & II/ HBsAG/ HCV - Non
reactive
DRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)
reactive

Unit No.: BAH26-01395
Blood Group: B Rh Positive
Collection Date: 12/Jun/2026
Expiry Date: 24/Jul/2026

1) Administer Without Warming. 2) Shake Gently Before Use.

Add A
Group
With
There
Appn
Antib

Issue Label / CrossMatching Report

Patient : Baby MEDICA SARANGA DARIYA
Patient's Blood Group : B Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. SIRISHA RANI
UHID No.: BAH-00459772. Wd-Bed No.:
Product : LR-PRBC
Blood Group : B Rh Positive
Unit No.: BAH26-01395
XMatching Report: Compatible
X-matched by: PILLEM
Issue Dt : 18/Jun/2026
Colln. Dt : 12/Jun/2026
Exp. Dt : 24/Jul/2026
Issued By : PILLEM

Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital

D.No.8-2-10/105/1, 2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

DATE: 19.6.26
OPERATOR: [Signature]

IRRADIATED

rad-sure™
Irradiation Indicator

25 Gy INDICATOR

LOT 040312GX25

2029-02-11



[Signature]



CONSENT FOR CHEMOTHERAPY

Patient Name : Mediga Saranga Daria Age : 5Y Gender : Male ☐ Female ☒
UHID No : BAH-00459772 Department : oncology Date : 14/6
Type of Chemotherapy : IV

The type of reactions, nature of the major risks and complications arising from the treatment despite precautions has been explained to me. These can include Bone Marrow depression with subsequent infections, bleeding, nausea, vomiting, diarrhea, mouth ulcers, alopecia, fever, phlebitis, ulceration at the site of injection organ injuries etc.

The doctor have explained to me about the benefits and alternative for this procedure that

I understand that no promise of cure or freedom from risk can be given. During the course of treatment I will report any symptoms if they become bothersome.

I have read the above and have no further questions about the treatment to be given.

Patient Attendant :

Signature : M. Mahalaxmi
Name : M. Mahalaxmi
Relationship with Patient : Mother
Date & Time : 14/6, 10am

Witness :

Signature : M. Mahalaxmi
Name : M. Mahalaxmi
Date & Time : 14/6, 10am

Doctor (who is taking the consent):

Signature : Dr. Nalla Anuraag Reddy
Name : Dr. Nalla Anuraag Reddy
Date & Time : 14/6, 10:30am



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	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	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			10	10	10	10	10

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes	yes	yes	yes
Call device within reach	yes	yes	yes	yes	yes
Wheels Locked	yes	yes	yes	yes	yes
Room free of clutter	yes	yes	yes	yes	yes
Adequate Lighting	yes	yes	yes	yes	yes
Wheel Chair Support	NO	NO	NO	NO	NO
Other Intervention(s) Specify	NO	NO	NO	NO	NO
Nurse's Name :	Sangam	Sangam	Pooja	Pooja	Sangam
Signature :	\$	\$	al	al	\$
Date :	3/2	4/2	5/2	6/2	7/2
Time :	8AM	8AM	8AM	8AM	8AM



4

THE HUMPTY DUMPTY SCALE 28/6 29/6 30/6 1/7 2/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4			8AM	8AM	8AM
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	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	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			10	10	10	10	10

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		yes	yes	yes	yes	yes
Call device within reach		yes	yes	yes	yes	yes
Wheels Locked		yes	yes	yes	yes	yes
Room free of clutter		yes	yes	yes	yes	yes
Adequate lighting		yes	yes	yes	yes	yes
Wheel chair support		no	no	no	no	no
Other Intervention(s) Specify		no	no	no	no	no
Nurse's Name:				Sangam	Sangam	Sangam
Signature:						
Date:		28/6	29/6	30/6	1/7	2/7
Time:		8AM	8AM	8AM	8AM	8AM



THE HUMPTY DUMPTY SCALE

23/6 24/6 25/6 26/6 27/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4			1		
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	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	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3			1	1	
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			10	10	10	10	12

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		Yes	Yes	Yes	Yes	Yes
Call device within reach		Yes	Yes	Yes	Yes	Yes
Wheels Locked		Yes	Yes	Yes	Yes	Yes
Room free of clutter		Yes	Yes	Yes	Yes	Yes
Adequate lighting		Yes	Yes	Yes	Yes	Yes
Wheel chair support		No	No	No	No	NA
Other Intervention(s) Specify		No	No	No	No	NA
Nurse's Name:		Dr. G	Dr. G	Dr. G	Dr. G	Dr. G
Signature:		Dr. G	Dr. G	Dr. G	Dr. G	Dr. G
Date:		23/6	24/6	25/6	26/6	27/6
Time:		8AM	8AM	8AM	8AM	8AM



②

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 18/6	DATE 19/6	DATE 20/6	DATE 21/6	DATE 22/6
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	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	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			10	10	10	10	10

Intervention:

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		Yes	Yes	Yes	Yes	Yes
Call device within reach		Yes	Yes	Yes	Yes	Yes
Wheels Locked		Yes	Yes	Yes	Yes	Yes
Room free of clutter		Yes	Yes	Yes	Yes	Yes
Adequate lighting		Yes	Yes	Yes	Yes	Yes
Wheel chair support		No	No	No	No	No
Other Intervention(s) Specify		No	No	No	No	No
Nurse's Name:		Am	Am	Am	Am	Am
Signature:		Am	Am	Am	Am	Am
Date:		18/6	19/6	20/6	21/6	22/6
Time:		8:00	8:00	8:00	8:00	8:00

BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 3 M 21 D
Dr. NALLA ANURAG REDDY (F)

Patient Stn



①

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

13/6 14/6 15/6 16/6 17/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3	3	3	3	3
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	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	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			10	10	10	10	10

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes	yes	yes	yes
Call device within reach	yes	yes	yes	yes	yes
Wheels Locked	yes	yes	yes	yes	yes
Room free of clutter	yes	yes	yes	yes	yes
Adequate Lighting	yes	yes	yes	yes	yes
Wheel Chair Support	yes	yes	NA	yes	no
Other Intervention(s) Specify	yes	NA	NA	NA	no
Nurse's Name :		penut	nee	Sushma	Goyaz
Signature :		R	0	9	9
Date :		13/6	14/6	15/6	16/6
Time :		11:00 AM	8 AM	8 AM	8 AM



BRADEN 'Q' SCALE

					Date :			
					Time :			
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.	4/2 8:45 AM	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		
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		
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		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		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		
TOTAL SCORE						28		
Evaluator's Name								

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

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



BRADEN 'Q' SCALE

					Date :	3/2	4/2	5/2	6/2
					Time :	8Am	8Am	8Am	8Am
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 meat 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	[Signature]	[Signature]	[Signature]	[Signature]

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

BRADEN 'Q' SCALE

					Date :	2016	30/6	1/7	2/7
					Time :	8AM	8AM	8AM	8AM
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	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat 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	
TOTAL SCORE					28	28	28	28	
Evaluator's Name					DB	\$	\$	\$	

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

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

BRADEN 'Q' SCALE

4

					Date :	25/2/2021	27/2/2021	28/2/2021
					Time :	8 AM	8 AM	8 AM
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
FRICITION-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 meat 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
TOTAL SCORE					28	28	28	28
Evaluator's Name					Raj	Raj	Raj	Raj

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

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

BRADEN 'Q' SCALE

					Date :	21/6	22/6	23/6	24/6
					Time :	5am	8am	4pm	8AM
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 meat 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	
TOTAL SCORE					28	28	28	28	
Evaluator's Name					[Signature]	[Signature]	[Signature]	[Signature]	

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



BRADEN 'Q' SCALE

②

					Date :	17/6	18/6	19/6	20/6
					Time :	8 PM	8 AM	2 PM	8 AM
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
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat 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
TOTAL SCORE						28	24	28	28
Evaluator's Name						Arum	Arum	Arum	Arum

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

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



BRADEN 'Q' SCALE

①

					Date :	13/2/21	14/2	15/2	16/2
					Time :	11:00 AM	8 AM	8 AM	8 AM
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.	9	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	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	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 meat 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	
TOTAL SCORE					28	28	28	28	
Evaluator's Name					manu	manu	manu	manu	

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

Docu. No. : RCHBH /FRM / CLINICAL / 119

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

INTERDISCIPLINARY PATIENT /

BAH-00459772 IP5-00175121
Baby MEDIGA SARANGA DARIYA
23-02-2021 5 Y 4 M 13 D (F)
Dr. NALLA ANURAAG REDDY

RECORD



Part - I.

Patient's / Learner Language: Telugu P

☐ 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		
5/7	8am	3	Pain management	m	1	oral	1	1	will	Sasitha
6/7	8am	7	Infection control measure	m	1	0	1	1	NA	Cherry
7/7	6am	5	medications	m	1	0	1	1	na	new

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							



125

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 13/6/26 Time: 1 pm

Weight: 15.13 kg Centile: 25th

Height: 104 cm Centile: 20th

Inference: underweight child

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

Diet Recommendations: Normal high protein diet.

Re-Assessment: Avoid spicy, chilled and outside foods

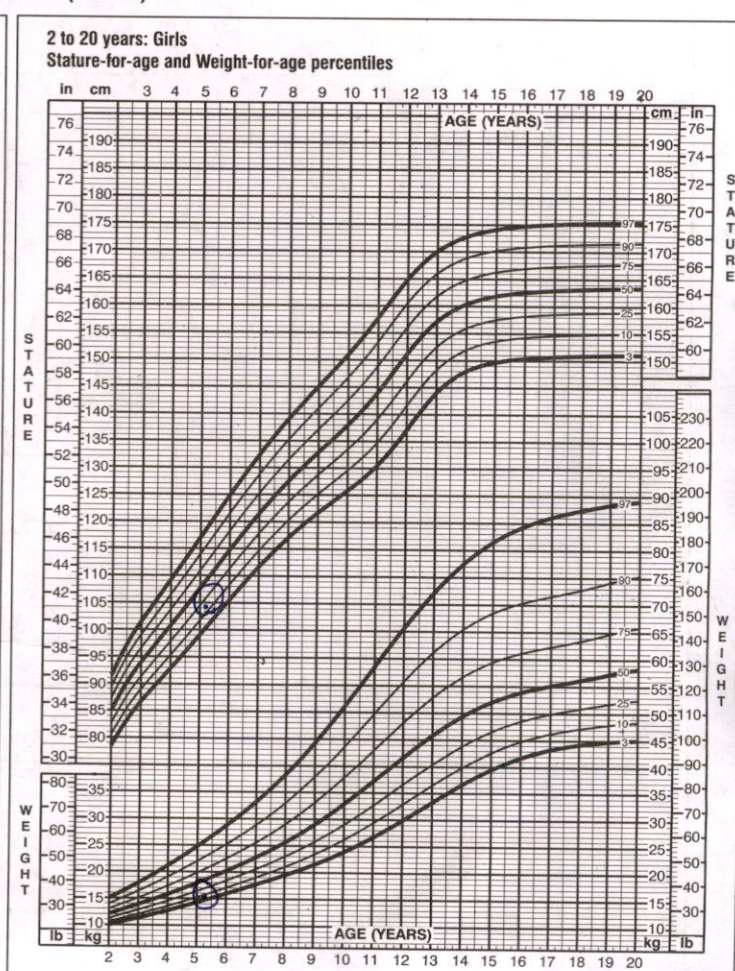
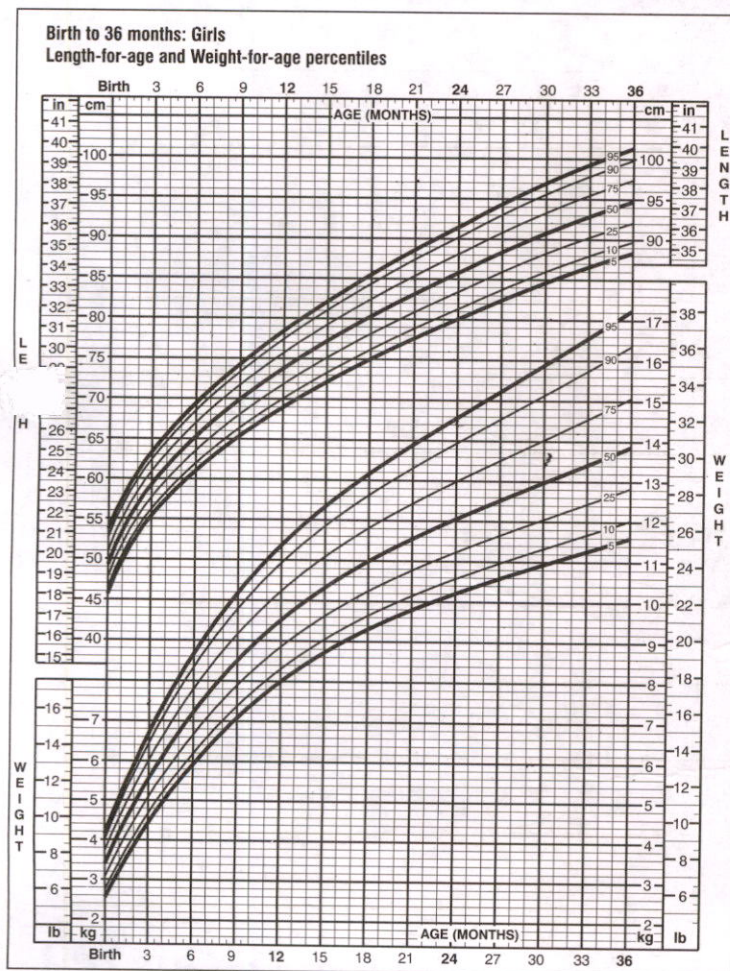
Food Allergies: NO Veg/Non-veg: non-veg

Diagnosis: Delta β - Thalassemia - Transfusion dependant for Bone marrow transplant

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: R. Mah 13/6/26

GROWTH CHART (GIRLS)



Dietician's Name: Moufca

Dietician's Signature: Moufca

Daily Notes:

FLUID CHART

Sheet No. : 24

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			
6/2	08:00 am	milk	50ml							120ml	} Ueena		
	09:00 am	idly											
	10:00 am	H2O	100ml										
	11:00 am												
	12:00 pm												
	01:00 pm	H2O	200ml						250ml				
Total Intake : 350 ml						Total Output : 370 ml							
6/2	02:00 pm										} anu		
	03:00 pm	rice								100ml			
	04:00 pm	H2O	100ml										
	05:00 pm												
	06:00 pm	snack	150ml						200ml				
	07:00 pm												
Total Intake : 250 ml						Total Output : 300 ml							
6/2	08:00 pm	H2O	200ml								} sonan		
	09:00 pm	Rice											
	10:00 pm												
	11:00 pm	H2O	100ml						950ml				
	12:00 am												
	01:00 am												
Total Intake : 300 ml						Total Output : 250 ml							
6/2	02:00 am										} sonan		
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am								300ml				
	07:00 am	H2O	200ml										
Total Intake : 200 ml						Total Output : 300 ml							
Total 24 hrs. Intake			11,00 ; 73 ccl/kg			Total 24 hrs. Output			1220 ÷ 3.2 ccl/kg				

FLUID CHART

Sheet No. : 3

- All measurements in ml.
- 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							
5/2	08:00 am			10+1								Sany
	09:00 am			10+1								
	10:00 am	100ml		10+1								
	11:00 am			10+1								
	12:00 pm			10+1								
	01:00 pm			10+1								
Total Intake : 166ml					Total Output : 200ml							
5/2	02:00 pm			10+1								Sany
	03:00 pm			10+1								
	04:00 pm	200ml		10+1								
	05:00 pm			10+1								
	06:00 pm			10+1								
	07:00 pm									250ml		
Total Intake : 284ml					Total Output : 250ml							
	08:00 pm	10+1		10+1								Sany
	09:00 pm	200ml		10+1						250ml		
	10:00 pm			10+1								
	11:00 pm			10+1								
	12:00 am			10+1						300ml		
	01:00 am			10+1								
Total Intake : 264 ml					Total Output : 550 ml							
	02:00 am			10+1								Sany
	03:00 am			10+1						200ml		
	04:00 am			10+1								
	05:00 am			10+1								
	06:00 am			10+1						350ml		
	07:00 am			10+1								
Total Intake : 66ml					Total Output : 550 ml							
Total 24 hrs. Intake		780 % 51.65 ckg										
Total 24 hrs. Output		1650 % 5.24 ckg										



FLUID CHART

Sheet No. : 22

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
4/7			Mouth	I.V	N.G							
	08:00 am	Idly 3		10+1						280ml	I	Suman
	09:00 am	Protein		10+1						50ml		
	10:00 am	powder 35ml		10+1								
	11:00 am			10+1								
	12:00 pm	water 200ml		10+1					150ml			
01:00 pm				10+1								
Total Intake :			301 ml			Total Output :			480 ml			
	02:00 pm	Dal		10+1							I	Sany
	03:00 pm	Rice		10+1								
	04:00 pm	Tap 200ml		10+1								
	05:00 pm	Coconut 200ml		10+1								
	06:00 pm	water		10+1								
	07:00 pm			10+1					210ml			
Total Intake :			466 ml			Total Output :			210 ml			
	08:00 pm	Dal		10+1							I	poorja
	09:00 pm	Rice		10+1								
	10:00 pm	2120 200ml		10+1					400ml			
	11:00 pm			10+1								
	12:00 am			10+1								
	01:00 am			10+1								
Total Intake :			266 ml			Total Output :			400 ml			
	02:00 am			10+1							I	poorja
	03:00 am			10+1					300ml			
	04:00 am			10+1								
	05:00 am			10+1								
	06:00 am			10+1					330ml			
	07:00 am			10+1								
Total Intake :			66 ml			Total Output :			630 ml			

Total 24 hrs. Intake

1099 ÷ 76.8 cckg/day

Total 24 hrs. Output

1,720 ÷ 5.0 cckg/hr



FLUID CHART

Sheet No. : 21

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						
3/2	08:00 am	2pc	10+1							70ml	
	09:00 am	water	100ml	10+1							
	10:00 am		10+1								
	11:00 am	Protein powder	35ml	10+1							
	12:00 pm		10+1								
	01:00 pm		10+1							135ml	
Total Intake :			201ml			Total Output :			205ml + M (1)		
	02:00 pm	rice	10+1							250ml	
	03:00 pm		10+1								
	04:00 pm		10+1								
	05:00 pm	coconut water	200ml	10+1							
	06:00 pm		10+1							80ml	
	07:00 pm	Kabcha Snacks	10+1								
Total Intake :			266ml			Total Output :			430ml		
	08:00 pm	Rice	10+1ml								
	09:00 pm	ORS	200ml	10+1ml						150ml	
	10:00 pm	Coconut water	150ml	10+1ml							
	11:00 pm		150ml	10+1ml						250ml	
	12:00 am	H2O	100ml	10+1ml							
	01:00 am		10+1ml								
Total Intake :			516ml			Total Output :			400ml		
	02:00 am		10+1ml								
	03:00 am		10+1ml								
	04:00 am		10+1ml								
	05:00 am		10+1ml								
	06:00 am		10+1ml							280ml	
	07:00 am		10+1ml								
Total Intake :			66ml			Total Output :			280ml		

Total 24 hrs. Intake 1049 : 43 cc/kg

Total 24 hrs. Output 1315 ÷ 3.8 cc/kg/hr



FLUID CHART

Sheet No. : 20

14.2

- All measurements in ml.
- 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							
02/07	08:00 am	Idly	2pc	10+1						200ml	}	Sum
	09:00 am	Water	200ml	10+1						40ml		
	10:00 am			10+1								
	11:00 am	Protein powder	35ml	10+1						200ml		
	12:00 pm			120ml								
	01:00 pm			10+1								
Total Intake :			410ml			Total Output :			440ml			
	02:00 pm	rice		10+1							}	Sum
	03:00 pm	coconut	200ml	10+1								
	04:00 pm	water		10+1								
	05:00 pm	fruits		10+1						140ml		
	06:00 pm			10+1								
	07:00 pm			10+1						100ml		
Total Intake :			266ml			Total Output :			240ml			
	08:00 pm	Idly	2	10+1m							}	Sanam
	09:00 pm	H2O	150ml	10+1m						350ml		
	10:00 pm	pepe	35ml	10+1m						175ml		
	11:00 pm			10+1m						250ml		
	12:00 am			10+1m								
	01:00 am			10+1m								
Total Intake :			331 ml			Total Output :			775 ml			
	02:00 am			10+1ml							}	Sanam
	03:00 am			10+1ml								
	04:00 am			10+1ml								
	05:00 am			10+1ml								
	06:00 am			10+1ml								
	07:00 am			10+1ml						100ml		
Total Intake :			66 ml			Total Output :			100 ml			

Total 24 hrs. Intake

1043: 7.5 cc/kg

Total 24 hrs. Output

1.555 ÷ 4.5 cc/kg/hr.



FLUID CHART

Sheet No. : 19

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
11/2/26	08:00 am	Billy	ip.e	10+1						50ml		Karim
	09:00 am	H2O	150ml	10+1						50ml		
	10:00 am	peplm	40ml	10+1						40ml		
	11:00 am			10+1								
	12:00 pm	ORS	200ml	10+1						350ml		
	01:00 pm	H2O	50ml	10+1						70ml		
Total Intake : 506ml						Total Output : 560ml						
	02:00 pm	rice		10+1								Dusmit
	03:00 pm	dal		10+1						100ml		
	04:00 pm	ORS	200ml	10+1						100ml		
	05:00 pm	coconut water	200ml	10+1						60ml		
	06:00 pm	snakes.		10+1						190ml		
	07:00 pm			10+1								
Total Intake : 466ml						Total Output : 450ml						
	08:00 pm	Billy		10+1ml								Sonam
	09:00 pm	Billy	2	10+1ml								
	10:00 pm	ORS	200ml	10+1ml						330ml		
	11:00 pm	peplm	35ml	10+1ml						210ml		
	12:00 am	H2O	150ml	10+1ml								
	01:00 am			10+1ml								
Total Intake : 401 ml						Total Output : 540ml + 1ml						
	02:00 am			10+1ml								Sonam
	03:00 am			10+1ml								
	04:00 am			10+1ml								
	05:00 am			10+1ml								
	06:00 am			10+1ml								
	07:00 am			10+1ml						120ml		
Total Intake : 66 ml						Total Output : 120 ml						

Total 24 hrs. Intake 1439; 100 cc/kg

Total 24 hrs. Output 1670 ÷ 4.9 cc/kg/hr.