

B1

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission : _____ Time : _____

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

BAH-00414256 IP5-00175997
Baby CH.BLESSY
23-03-2015 11 Y 3 M 12 D (F)
Dr. ANUPAMA Y



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/3/20	11pm.	ER	PW	①
27/3/20	Spn	PW	118	82

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. LEENATHA	06/7/20	9690277	Matthew
2	Dr. Leenatha	7/7/20	9693261	C
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
05/07	CBP, RP2, H6 All,		
	Blood c/s	26067353	Palash
	RBS	26067354	
	<u>ABG</u>	26067375	
06/07	S/E	26067376	Palash
	RBS (8)	26067426	
	<u>NBS</u>	26067432	
06/07	RBS (7)	26067626-342	Mutem
06/07	RBS (1)	26067735	Mutem
07/07	RBS (2)	26067786	Palash
7/7	RBS (4)	26067942	Khan
	RBS	26067944	
	RBS	26067946	
	RBS	26067947	
	<u>VRB</u>		

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
05/07	Jr placement	①	9689319	Palash
	(Don't enter Arterial line in system)			
	Arterial line	①		
7/7	NHA	①	967716	Agm

ANY OTHER INFORMATION

② ARB
③ ARB

Date: 8/07/22

Time: 10:00

Prepared By :

shubh

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
shubh	QW-2		

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175997

Admit Date : 05-Jul-2026

Admit Time : 10:57 PM **UHID** : BAH-00414256

Patient Details :
Patient Name : Baby CH.BLESSY

Age : 11 Y 3 M 12 D

Guardian : Mr CH VENUGOPAL RAO

DOB : 23-03-2015

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : H.NO-6-2-1261/232, RAV BHAVAN OPP RAJ
 NAGAR PASH -I Somaji Guda Hyderabad
 Telangana INDIA 110005

Phone No : 9849884872/ 6301902890

E-mail : na123@gmail.com

Admission Details :
Bed Type : PICU

Bed No : PICU 211

Ward Name : 2F-PICU I

Room No : PICU 211

Admission Type : First Visit

Contact Details :
Name : Mr CH VENUGOPAL RAO

Relationship : Father

Contact Address : H.NO-6-2-1261/232, RAV BHAVAN OPP RAJ
 NAGAR PASH -I Somaji Guda Hyderabad
 Telangana INDIA 110005

Phone No : 9849884872 / 6301902890


Signature
Doctor Details :
Doctor Name : Dr. ANUPAMA Y

Specialisation : PEDIATRIC INTENSIVE CARE

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. DINESH KUMAR CHIRLA

Payment Details :
Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : ICICI LOMBARD GENERAL
 INSURANCE CO LTD



DIABETIC KETOACIDOSIS CHART

Date: 7/7/26

CUE - Ketones :																	
Time	RBS	Electrolyte				INSULIN	FLUID	ABG						INTAKE	OUTPUT	NURSE SIGN	SEEN BY
		Na+	K	CL	PH			PCO2	PO2	HC03	BE	SPO2					
8AM	377 mg/dl				11 units nova rapid												
10AM	325 mg/dl				10 units nova rapid												
1PM	226 mg/dl				8 units nova rapid												
4PM	327 mg/dl				8 units nova rapid												

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DIABETIC KETOACIDOSIS CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date: 06/07/26

CUE - Ketones :

Electrolyte						ABG										
Time	RBS	Na+	K	CL	INSULIN	FLUID	PH	PCO2	PO2	HCO3	BE	SPO2	INTAKE	OUTPUT	NURSE SIGN	SEEN BY
8 AM	239mg/dL				3.5ml	10% DNS & KCl = 60ml plasmaresol + KCl = 60ml							124.5ml		Moham	
9 AM	212mg/dL				3.5ml	10% DNS & KCl = 60ml plasmaresol + KCl = 60ml							249ml		Moham	
10 AM	234mg/dL				3.5ml	10% DNS + KCl = 80ml plasmaresol + KCl = 80ml	7.36	24	104	17.9	-8.6	100%	328.5ml		Christen	
11 AM	203mg/dL				3.5ml	10% DNS + KCl = 80ml plasmaresol + KCl = 80ml							393ml	250ml	Christen	
12 PM	183mg/dL				3.5ml	10% DNS & KCl = 80ml plasmaresol + KCl = 80ml							458ml		Christen	
1 PM	163mg/dL				3.5ml	DNS - 40ml							652.5		Christen	
4 PM	312mg/dL				3.5ml	— (w/ mucous) (pink) (Sputum)							754	300ml	Christen	
7 PM	391mg/dL															
2 AM	513mg/dL															
7 AM	328mg/dL															

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DIABETIC KETOACIDOSIS CHART

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

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

Date: 05/07/26

CUE - Ketones :

CUE - Ketones :																
Electrolyte							ABG									
Time	RBS	Na+	K	CL	INSULIN	FLUID	PH	PCO2	PO2	HCO3	BE	SPO2	INTAKE	OUTPUT	NURSE SIGN	SEEN BY
11 pm	322				3.5ml	NS + KCL - 120ml							124.5	-	Raj	
12 Am	292				3.5ml	NS + KCL - 120ml							249	100ml	Raj	
1 Am	259				3.5ml	NS + KCL - 120ml							383.5	-	Raj	
2 Am	178				3.5ml	DNS + KCL - 120ml							508	-	Raj	
3 Am	287				3.5ml	Plasma sol + KCL - 120ml							632.5	-	Raj	
4 Am	237				3.5ml	10% DNS + KCL - 60ml Plasma sol + KCL - 60ml							757	-	Raj	
5 Am	320				3.5ml	Plasma sol + KCL - 120ml							881.5	-	Raj	
6 Am	196				3.5ml	10% DNS + KCL - 60ml Plasma sol + KCL - 60ml							1006	-	Raj	
7 Am	247				3.5ml	10% DNS + KCL - 60ml Plasma sol + KCL - 60ml							1130.5	-	Raj	

Patient Sticker

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
10/17/2024	10:00 AM	71	5	[Signature]
10/17/2024	11:00 AM	75	5	
10/17/2024	12:00 PM	78	5	
10/17/2024	1:00 PM	80	5	
10/17/2024	2:00 PM	82	5	
10/17/2024	3:00 PM	85	5	
10/17/2024	4:00 PM	88	5	
10/17/2024	5:00 PM	90	5	
10/17/2024	6:00 PM	92	5	
10/17/2024	7:00 PM	95	5	
10/17/2024	8:00 PM	98	5	
10/17/2024	9:00 PM	100	5	
10/17/2024	10:00 PM	102	5	
10/17/2024	11:00 PM	105	5	
10/17/2024	12:00 AM	108	5	
10/17/2024	1:00 AM	110	5	
10/17/2024	2:00 AM	112	5	
10/17/2024	3:00 AM	115	5	
10/17/2024	4:00 AM	118	5	
10/17/2024	5:00 AM	120	5	
10/17/2024	6:00 AM	122	5	
10/17/2024	7:00 AM	125	5	
10/17/2024	8:00 AM	128	5	
10/17/2024	9:00 AM	130	5	
10/17/2024	10:00 AM	132	5	
10/17/2024	11:00 AM	135	5	
10/17/2024	12:00 PM	138	5	
10/17/2024	1:00 PM	140	5	
10/17/2024	2:00 PM	142	5	
10/17/2024	3:00 PM	145	5	
10/17/2024	4:00 PM	148	5	
10/17/2024	5:00 PM	150	5	
10/17/2024	6:00 PM	152	5	
10/17/2024	7:00 PM	155	5	
10/17/2024	8:00 PM	158	5	
10/17/2024	9:00 PM	160	5	
10/17/2024	10:00 PM	162	5	
10/17/2024	11:00 PM	165	5	
10/17/2024	12:00 AM	168	5	
10/17/2024	1:00 AM	170	5	
10/17/2024	2:00 AM	172	5	
10/17/2024	3:00 AM	175	5	
10/17/2024	4:00 AM	178	5	
10/17/2024	5:00 AM	180	5	
10/17/2024	6:00 AM	182	5	
10/17/2024	7:00 AM	185	5	
10/17/2024	8:00 AM	188	5	
10/17/2024	9:00 AM	190	5	
10/17/2024	10:00 AM	192	5	
10/17/2024	11:00 AM	195	5	
10/17/2024	12:00 PM	198	5	
10/17/2024	1:00 PM	200	5	
10/17/2024	2:00 PM	202	5	
10/17/2024	3:00 PM	205	5	
10/17/2024	4:00 PM	208	5	
10/17/2024	5:00 PM	210	5	
10/17/2024	6:00 PM	212	5	
10/17/2024	7:00 PM	215	5	
10/17/2024	8:00 PM	218	5	
10/17/2024	9:00 PM	220	5	
10/17/2024	10:00 PM	222	5	
10/17/2024	11:00 PM	225	5	
10/17/2024	12:00 AM	228	5	
10/17/2024	1:00 AM	230	5	
10/17/2024	2:00 AM	232	5	
10/17/2024	3:00 AM	235	5	
10/17/2024	4:00 AM	238	5	
10/17/2024	5:00 AM	240	5	
10/17/2024	6:00 AM	242	5	
10/17/2024	7:00 AM	245	5	
10/17/2024	8:00 AM	248	5	
10/17/2024	9:00 AM	250	5	
10/17/2024	10:00 AM	252	5	
10/17/2024	11:00 AM	255	5	
10/17/2024	12:00 PM	258	5	
10/17/2024	1:00 PM	260	5	
10/17/2024	2:00 PM	262	5	
10/17/2024	3:00 PM	265	5	
10/17/2024	4:00 PM	268	5	
10/17/2024	5:00 PM	270	5	
10/17/2024	6:00 PM	272	5	
10/17/2024	7:00 PM	275	5	
10/17/2024	8:00 PM	278	5	
10/17/2024	9:00 PM	280	5	
10/17/2024	10:00 PM	282	5	
10/17/2024	11:00 PM	285	5	
10/17/2024	12:00 AM	288	5	
10/17/2024	1:00 AM	290	5	
10/17/2024	2:00 AM	292	5	
10/17/2024	3:00 AM	295	5	
10/17/2024	4:00 AM	298	5	
10/17/2024	5:00 AM	300	5	
10/17/2024	6:00 AM	302	5	
10/17/2024	7:00 AM	305	5	
10/17/2024	8:00 AM	308	5	
10/17/2024	9:00 AM	310	5	
10/17/2024	10:00 AM	312	5	
10/17/2024	11:00 AM	315	5	
10/17/2024	12:00 PM	318	5	
10/17/2024	1:00 PM	320	5	
10/17/2024	2:00 PM	322	5	
10/17/2024	3:00 PM	325	5	
10/17/2024	4:00 PM	328	5	
10/17/2024	5:00 PM	330	5	
10/17/2024	6:00 PM	332	5	
10/17/2024	7:00 PM	335	5	
10/17/2024	8:00 PM	338	5	
10/17/2024	9:00 PM	340	5	
10/17/2024	10:00 PM	342	5	
10/17/2024	11:00 PM	345	5	
10/17/2024	12:00 AM	348	5	
10/17/2024	1:00 AM	350	5	
10/17/2024	2:00 AM	352	5	
10/17/2024	3:00 AM	355	5	
10/17/2024	4:00 AM	358	5	
10/17/2024	5:00 AM	360	5	
10/17/2024	6:00 AM	362	5	
10/17/2024	7:00 AM	365	5	
10/17/2024	8:00 AM	368	5	
10/17/2024	9:00 AM	370	5	
10/17/2024	10:00 AM	372	5	
10/17/2024	11:00 AM	375	5	
10/17/2024	12:00 PM	378	5	
10/17/2024	1:00 PM	380	5	
10/17/2024	2:00 PM	382	5	
10/17/2024	3:00 PM	385	5	
10/17/2024	4:00 PM	388	5	
10/17/2024	5:00 PM	390	5	
10/17/2024	6:00 PM	392	5	
10/17/2024	7:00 PM	395	5	
10/17/2024	8:00 PM	398	5	
10/17/2024	9:00 PM	400	5	
10/17/2024	10:00 PM	402	5	
10/17/2024	11:00 PM	405	5	
10/17/2024	12:00 AM	408	5	
10/17/2024	1:00 AM	410	5	
10/17/2024	2:00 AM	412	5	
10/17/2024	3:00 AM	415	5	
10/17/2024	4:00 AM	418	5	
10/17/2024	5:00 AM	420	5	
10/17/2024	6:00 AM	422	5	
10/17/2024	7:00 AM	425	5	
10/17/2024	8:00 AM	428	5	
10/17/2024	9:00 AM	430	5	
10/17/2024	10:00 AM	432	5	
10/17/2024	11:00 AM	435	5	
10/17/2024	12:00 PM	438	5	
10/17/2024	1:00 PM	440	5	
10/17/2024	2:00 PM	442	5	
10/17/2024	3:00 PM	445	5	
10/17/2024	4:00 PM	448	5	
10/17/2024	5:00 PM	450	5	
10/17/2024	6:00 PM	452	5	
10/17/2024	7:00 PM	455	5	
10/17/2024	8:00 PM	458	5	
10/17/2024	9:00 PM	460	5	
10/17/2024	10:00 PM	462	5	
10/17/2024	11:00 PM	465	5	
10/17/2024	12:00 AM	468	5	
10/17/2024	1:00 AM	470	5	
10/17/2024	2:00 AM	472	5	
10/17/2024	3:00 AM	475	5	
10/17/2024	4:00 AM	478	5	
10/17/2024	5:00 AM	480	5	
10/17/2024	6:00 AM	482	5	
10/17/2024	7:00 AM	485	5	
10/17/2024	8:00 AM	488	5	
10/17/2024	9:00 AM	490	5	
10/17/2024	10:00 AM	492	5	
10/17/2024	11:00 AM	495	5	
10/17/2024	12:00 PM	498	5	
10/17/2024	1:00 PM	500	5	
10/17/2024	2:00 PM	502	5	
10/17/2024	3:00 PM	505	5	
10/17/2024	4:00 PM	508	5	
10/17/2024	5:00 PM	510	5	
10/17/2024	6:00 PM	512	5	
10/17/2024	7:00 PM	515	5	
10/17/2024	8:00 PM	518	5	
10/17/2024	9:00 PM	520	5	
10/17/2024	10:00 PM	522	5	
10/17/2024	11:00 PM	525	5	
10/17/2024	12:00 AM	528	5	
10/17/2024	1:00 AM	530	5	
10/17/2024	2:00 AM	532	5	
10/17/2024	3:00 AM	535	5	
10/17/2024	4:00 AM	538	5	
10/17/2024	5:00 AM	540	5	
10/17/2024	6:00 AM	542	5	
10/17/2024	7:00 AM	545	5	
10/17/2024	8:00 AM	548	5	
10/17/2024	9:00 AM	550	5	
10/17/2024	10:00 AM	552	5	
10/17/2024	11:00 PM	555	5	
10/17/2024	12:00 AM	558	5	
10/17/2024	1:00 AM	560	5	
10/17/2024	2:00 AM	562	5	
10/17/2024	3:00 AM	565	5	
10/17/2024	4:00 AM	568	5	
10/17/2024	5:00 AM	570	5	
10/17/2024	6:00 AM	572	5	
10/17/2024	7:00 AM	575	5	
10/17/2024	8:00 AM	578	5	
10/17/2024	9:00 AM	580	5	
10/17/2024	10:00 AM	582	5	
10/17/2024	11:00 PM	585	5	
10/17/2024	12:00 AM	588	5	
10/17/2024	1:00 AM	590	5	
10/17/2024	2:00 AM	592	5	
10/17/2024	3:00 AM	595	5	
10/17/2024	4:00 AM	598	5	
10/17/2024	5:00 AM	600	5	
10/17/2024	6:00 AM	602	5	
10/17/2024	7:00 AM	605	5	
10/17/2024	8:00 AM	608	5	
10/17/2024	9:00 AM	610	5	
10/17/2024	10:00 AM	612	5	
10/17/2024	11:00 PM	615	5	
10/17/2024	12:00 AM	618	5	
10/17/2024	1:00 AM	620	5	
10/17/2024	2:00 AM	622	5	
10/17/2024	3:00 AM	625	5	
10/17/2024	4:00 AM	628	5	
10/17/2024	5:00 AM	630	5	
10/17/2024	6:00 AM	632	5	
10/17/2024	7:00 AM	635	5	
10/17/2024	8:00 AM	638	5	
10/17/2024	9:00 AM	640	5	
10/17/2024	10:00 AM	642	5	
10/17/2024	11:00 PM	645	5	
10/17/2024	12:00 AM	648	5	
10/17/2024	1:00 AM	650	5	
10/17/2024	2:00 AM	652	5	
10/17/2024	3:00 AM	655	5	
10/17/2024	4:00 AM	658	5	
10/17/2024	5:00 AM	660	5	
10/17/2024	6:00 AM	662	5	
10/17/2024	7:00 AM	665	5	
10/17/2024	8:00 AM	668	5	
10/17/2024	9:00 AM	670	5	
10/17/2024	10:00 AM	672	5	
10/17/2024	11:00 PM	675	5	
10/17/2024	12:00 AM	678	5	
10/17/2024	1:00 AM	680	5	
10/17/2024	2:00 AM	682	5	
10/17/2024	3:00 AM	685	5	
10/17/2024	4:00 AM	688	5	
10/17/2024	5:00 AM	690	5	
10/17/2024	6:00 AM	692	5	
10/17/2024	7:00 AM	695	5	
10/17/2024	8:00 AM	698	5	
10/17/2024	9:00 AM	700	5	
10/17/2024	10:00 AM	702	5	
10/17/2024	11:00 PM	705	5	
10/17/2024	12:00 AM	708	5	
10/17/2024				



ADMISSION CRITERIA – PICU

Admission / Transfer from:

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

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

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

Signature of the Doctor: Dr. Tyoti

Name of the Doctor: Dr. Tyoti

Date & Time: 05/7/26 11:00 pm

BAH-00414256 IP5-00175997
Baby CH.BLESSY
23-03-2015 11 Y 3 M 13 D (F)
Dr. ANUPAMA Y



DISCHARGE CRITERIA – PICU

Discharge to:

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

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

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

Signature of the Doctor: *Maten*

Name of the Doctor : *Maten*

Date & Time: *02/04/2016 @ 4.30 pm*

BAH-00414256 IP5-00175997
Baby CH.BLESSY
23-03-2015 11 Y 3 M 12 D (F)
Dr. ANUPAMA Y



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

BirthRight™
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Your Right to a Safe Delivery

PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 05/04/16 Time: 11:pm

Patient Assessment Form:

Informant: ☒ Father ☒ Mother ☐ Other

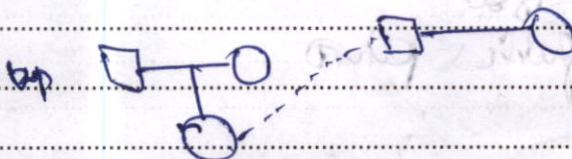
Presenting Complaints / Chief Complaints :

- 11 year / Girl, Came 2 clo.
- Vomiting - Since 1 week - 1 Episode of vomiting today
 - Diarrhea - Since 2 days.
 - Reduced oral fluid intake Since last week
 - History of fever 1 week ago. took OP Covid management
 - History of weight loss of 4 kg over last 6 months interval.
 - H/O constipation
 - no H/O Abdominal pain / cough or cold

Past History (Including previous treatment and investigations) :

H/O. hospitalization at 2 years of age in to cough and cold for 2-3 days.

Birth and Developmental History :



Immunization History :

update

H / O Allergy :

Nil

Family History :

○. NO family history of Diabetes

INITIAL ASSESSMENT

RBS : 3 empty Temperature : 98.6°F Weight (kg) : 35

Respiratory System Findings:

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

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 20/min

SPO₂ : 100% O2A O by NC / FM / NRB mask / Oxyhood, at - L / min

Ventilatory Support : Yes No Day # of Vent : - Respiratory Efforts : (+)

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

ABG : 7.17/240/11.3 EtCO₂ : - P/F ratio : - O.I. : -

Any Nebbs : - ICD? Yes No if Yes, details : -

CXR : -

Cardio Vascular System Clinical Exam : Heart Rate : 98/min Cardiac Rhytho : sinus

(Heart sounds, murmur etc.) : 2nd on murmur

Quality of Pulses : good cap refill Time : 2 sec Liver Edge : 9cm cm below Rt costal margin

Blood Pressures : NBP : 110/50 mmHg IBP : - CVP : -

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

Any Other Infusions : -

Last 2D Echo Findings : -

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

Arterial line in Situ : Yes No Place of art, line & its condition : TO the point

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

Infection and Antibiotics :

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

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

Describe c/s Reports : -

Other Labs (Latex, Serology, etc) : -

Ongoing Antibiotics : Dr. Cephazone

Dr. Ertapenem

Abdominal Exam : Soft Bx

Spigular pain

ENT Exam : (+)

Central Nervous System :

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

Neurological Findings : (+) Gait

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

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

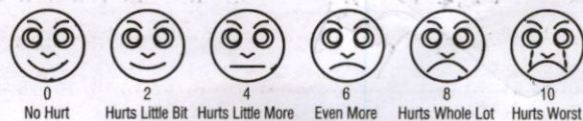
- a. Nutritional Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | | | |
|--|--|---|---|
| ☐ Diabetes Mellitus | ☐ Needs Therapeutic Diet. | ☐ Diarrhoea > 4days | ☐ Food Allergy |
| ☐ Overweight | ☐ Psychological Eating Disorder | ☐ Major Surgery | ☐ Patient in ICU |
| ☐ Under Weight | ☐ Difficulty swallowing / Chewing | ☐ Hyperemesis gravidarum | ☐ Tube Feeding |
| ☐ Poor Appetite > 3days | ☐ Unplanned Change in Weight | | |
- b. Psychological Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | |
|--|---|
| ☐ Non-compliance to offered treatment Over weight | ☐ Suspected Drug Abuse |
| ☐ Emotional / Behavioural Problem (Tearful, uncooperative) | |
- c. Functional Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | |
|---|---|
| ☐ Patient cannot position himself in bed | ☐ Change in Muscle Power |
| ☐ Restricted ROM | ☐ Impaired Daily Living Activities |
- d. Socio-economic Screening Criteria: Screening is ☐ Positive ☒ Negative
- | | |
|--|---|
| ☐ Living alone | ☐ Suspected abuse or neglect |
| ☐ Cultural or religious background that would need to know for the plan of care | ☐ Unable to assess due to lack of family |
- e. Need for Interpreter Screening is ☐ Yes ☒ No If Yes then plan
6. Patient needs additional specialized assessments: ☐ Yes ☒ No
- If yes, Please fill Individualized Initial Assessments Form for Special Populations
- Others

Pain Screening:

NA

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

Pain Score "Whenever Applicable"



Location:

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

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

Frequency: ☐ constant ☐ intermittent ☐ occasional

Pain Management done ☐ Yes ☐ No

Nutritional Evaluation: adequate

Current Medications:

Provisional Diagnosis : T1 DM / moderate Diabetic ketoacidosis

Prism III score at 24 hrs of admission : Worse SOFA Score :

☐ Referred Patient - ☒ Self Referral - ☐ Rainbow Patient

Transferring Unit : ☐ Ward ☐ OT - Transported? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

Referring Consultant :

Admitting Consultant : A per referral

Indication for PICU referral : DKA

PLAN OF CARE

Preventive aspects of the treatment :

Desired goals of the treatment :

PLANNED INVESTIGATIONS

- FBP ✓
- RFT ✓
- HbA1c ✓
- Blood Glucose ✓
- c/o ✓
- uric acid ✓
- M.B. ✓
- PFT ✓

PLANNED MANAGEMENT

- Diclofenac
- D. Ketorolac
- 1st one of paracetamol
- 2nd one of paracetamol
- Insulin

Final Diagnosis:

Doctor's Signature : [Signature]
Name : Dr. Anub
Date : 05/08/20
Time : 11:11pm

DR. ANUPAMA V.
Registration No: 50853
Consultant's Signature : [Signature]
Name : DR. ANUPAMA V.
Date : 5/8/20
Time : 5:27pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/07/2024 @ 10.50 PM	S/B Dr. Manu Ch. R. (fellow)	
	As Type 1 Diabetes mellitus / Diabetic Ketoacidosis	Adv.
	Histroy noted.	① NS Bolus @ 10 mL/kg now over 1 hour
	Issue	① Send: CBP, RP2, Blood cl, CUE, urine cl., Blood ketones
	① High anion gap metabolic acidosis	② Dr. cephazone Dr. Enoxaparin - Insulin infusion at 0.1 u/kg/hour - CRR monitoring hourly
	② Hypoglycemia	③ Repeat ABG after 4 hours.
	On room air Hemodynamically stable	④ Arterial cannulation & One more cannula
	Chest. BLA @ Equal.	⑤ fluids as per 75% dehydration
	MPA	
	RA Soft Bx	
	③ Tenderness in Epigastrium	
	no. NO focal defect	
	HR : 116/min	
	Spo2 : 96% OPA	
	RR : 24/min	

Chouch ✓ H.B. RAJ



PROGRESS NOTES AND DOCTOR'S ORDER

PROGRESS NOTES AND DOCTOR'S ORDER		
Date & Time	Progress Notes	Doctor's Order
05/02/15 @ 10:30pm	Fluid management - 100% MF - 200 7.5% Dextrose - 200 Bolus - Insulin - Insulin	1800ml x 2 = 3600ml - 2625ml - 350ml - 170ml 5705ml
		@ 120ml/hr.
★	Pf GRBS 150mgld	- 91c 10% Dns + 5ml Potassium Chloride
★	100 - 250 mgld	Dns + 5ml Potassium Chloride
★	>250mgld	NS + 5ml Potassium Chloride
		N.B. Pais

Docu. No.: RCHBH /FRM / CLINICAL / 088

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 05/07/26 Day of Admission : 12 Today's Date & Time : 06/2/26

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

OVERVIEW	Diagnosis : <u>Type 1 DM & Moderate Diabetic Ketoacidosis</u>	Current Issues : <u>- Metabolic Acidosis</u> <u>- hyperglycaemia - Resolving</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>B/LAT (P)</u>	
	CXR : SPO ₂ : <u>99% on Room Air</u> O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt : <u>6/7/26 PM - 7.29</u> <u>PCO₂ - 25.6</u> <u>PO₂ - 114</u> <u>HCO₃ - 14.6</u> ABG : <u>EtCO₂</u> P/F ratio : O.I. :	
	Chest Physiotherapy Plan : <u>NO</u> Suctioning Needs : <u>NO</u>	
	Any Nebs : <u>NO</u> ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) :	
	Quality of Pulses : <u>Good</u> cap refill Time : <u>< 3 sec</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <u>94/62 mmHg</u> IBP : CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min	
	Any Other Infusions : <u>insulin infusion - 3.5 mU/hr (1.0/kg/hr)</u>	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : <u>Rt Radial</u>	
	Central line in situ : ☐ Yes ☒ No Place of central line & its condition :	
	Day of arterial line : <u>12</u> Day of Central line :	
Plan of Care :		
CNS	Neuro Exam : <u>Euvolemic</u>	
	Pupils : <u>3mm equal, reactive to light</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

Doctor's Name (Handover taken) : Sunil
Signature : [Signature]
Date & Time : 11/1/2023



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/16 9am	C/S/B Dr. Anupama.	
	A: Diabetic DKA / De Novo DM Plan:	
	Δ: Moderate DKA / De Novo type I DM.	⊙ ABG now.
	Issue: Acidosis resolved.	⊙ If acidosis resolved, start maintenance.
	Hypoglycemic.	⊙ Endocrine opinion. (Dr. Kumaresh)
	Child in room air.	
	Spo ₂ : 98%. PR: 87/min. RR: 24/min. BP: 101/60 (74).	⊙ Take HbA1c & blood ketones
	RBS:	
	⊙ Chest: B/L clear	
	CNS: GCS 15/15.	
	Pyil: 2+ 2+	
	Tem: (N).	

DR. ANUPAMA Y
 Registration No: 50853

IP5-00175997

BAH-00414256
Baby CH.BLESSY

23-03-2015

11 Y 3 M 12 D

(F)

Dr. ANUPAMA Y



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00414256 IP5-00175997
Baby CH.BLESSY
23-03-2015 11 Y 3 M 13 D (F)
Dr. ANUPAMA Y



Dr. Aupama

PRESS NOTES AND DOCTOR'S ORDER

Date & Time

Counselling notes.

Doctor's Order

patient having new-onset diabetes, children will be having type I diabetes mellitus. Insulin is required for sugar control. In children it is due to insulin deficiency. It is not life-threatening disease. Life long insulin is required. A/c levels are getting better. Endocrinology ~~people~~ reviewed. patient can live normal life, monitoring of sugar levels, dietary modifications need to be done. There is no reason for diabetes in children. Initially a/c levels to be controlled to shift to subcutaneous insulin. patient condition explained to attendants in their own language. Life long insulin therapy with dietary modification required. weight loss can be due to diabetes. If stable can be shifted to Room by tomorrow. once subcutaneous insulin started food can be given.

Dr Mathew

2 matter

CMS Raw



LESS NOTES AND DOCTOR'S

Date & Time	Progress Notes
6/7/2026	6/5/0 Low Scan Plan
4:00 PM	Di-Type (1) DM DKA - Resolved
	(1) No check glucose and urine specimens As per chart
	No fresh complaints
	Switched to Subcutaneous insulin today afternoon
	For key only at 4:00 PM
	Before BF
	Before lunch
	At 4:00 PM
	Begin Dose
	2:00 AM.
	(2) Kantes 10:00 AM
	(3) 7:00 AM
	(4) Train parents
	(5) Train blood cl
	(6) Provide diet chart
	DR. ANUPAMA Y Registration: 50452
	Amobis
	N.B. Master



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/28 4pm	<u>NUTRITION REVIEW</u> PBW: 35kgs IBW: 35.9 kgs RDA: 2020 Kcal/d	RBS = 163mg/dl [NO ROOTS & TUBERS NO CORN STARCH, SUGAR]
	<u>Diabetic Diet</u>	
7am	CMD Metanutrition - 3 scoops in 140ml water	
8am	Boiled egg -1 + curd 1cup + small Breakfast [Idli -2 / small dosa -1 / oats]	
10am	Boiled Beans [Rajma Lobia sprouts] - 1cup + Paneer 40g Salad	
1pm	B. egg -1 + oats / Dhalia - 1cup + Roti -1 + Veg curry 2 cups + Dal + curd	
4pm	CMD Metanutrition - 3 scoops in 140ml water paneer - 30gms.	
7pm	[oats as loose ch] oats / Dhalia - 1cup + Roti -1 Veg curry 2 cups + Dal + curd + paneer curry 40g	
9pm	kheera [salad]	

Nikita
Dietician

ANUPAMA



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 05/07/26 Day of Admission : D₃ Today's Date & Time : 07/07/26
PRISM - III Score in first 24hrs. of Admission : 4 Today's SOFA Score : 0

OVERVIEW	Diagnosis : Type 1 DM & moderate DKA (resolved)	Current Issues : No fresh complaints.
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE@, clear, RR: 20/min.	
	CXR : _____	
	SPO ₂ : 96% on RA. O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : _____ Nitric Oxide : ☐ Yes ☒ No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____ ABG : 6.7 = 7.3, HCO ₃ = 17.9 / 24.0.8 EtCO ₂ : _____ P/F ratio : _____ O.I. : _____ Chest Physiotherapy Plan : _____ Suctioning Needs : _____ Any Nebbs : _____ ICD ? ☐ Yes ☐ No, if Yes, details : _____ Plan of care : _____	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR = 90/min	
	Quality of Pulses : Good cap refill Time : < 3 sec Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : 96/52 mmHg IBP : _____ CVP : _____	
	Infusion of : ☐ Dopamine _____ mcg / kg / min - ☐ Dobutamine _____ mcg / kg / min ☐ Epinephrine _____ mcg / kg / min - ☐ Nor Epinephrine _____ mcg / kg / min ☐ Milrinone _____ mcg / kg / min	
	Any Other Infusions : _____	
	Last 2D Echo Findings : _____	
	Size of the heart and lung fields in latest CXR : _____	
	Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : Rt radial	
	Central line in situ : ☒ Yes ☐ No Place of central line & its condition : _____	
	Day of arterial line : D ₃ Day of Central line : _____ Plan of Care : cannular @ Hand	
CNS	Neuro Exam : GCS = 15/15 (E ₄ V ₅ M ₆)	
	Pupils : 2mm / 2mm B/L reactive Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____ Plan of Care : _____ Ramsay Sedation Score : _____	

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : <u>Pas stool</u> NG output : PO intake : Feed Formula : <u>Diabetic - diet -</u> Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>136</u> K <u>3.7</u> Cl <u>110</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft, non distended -</u> Any organomegaly ? ☐ Yes ☐ No - If yes, describe : <u>→ on tressiba - 10 units Jan</u> Plan (G.I. & Liver) : <u>→ Nlovraxipid - Based on RBS</u>	
	INFECTION ☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☐ No - If yes, details : Describe c/s Reports : <u>ON Inj ceftriaxone</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	NEPHROLOGY ISSUES Sr. Creat : <u>0.4</u> Bld. Urea : <u>12</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : <u>- No -</u> Relevant Transfusion History : <u>- No -</u> Plan of Care :	
	CARE PROTOCOLS VAP Bundle Used ? : ☐ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☒ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☒ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details : Pending Lab Results : ☒ Yes ☐ No If yes, then details : <u>Blood c/s urine c/s</u> Pending Consultations : ☐ Yes ☒ No If yes, then details :	
	FINAL COMMENTS <u>- Trace Blood c/s, Urine c/s</u> <u>- Plan to shift room</u>	

Doctor's Name (Handover given) : Jayabhi
 Signature : Jsl
 Date & Time : 11/12/20 @ 8am

Doctor's Name (Handover taken) : Anshu
 Signature : [Signature]
 Date & Time : 11/12/20 @ 8am

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 Baby CH.BLESSY
 23-03-2015 11 Y 3 M 12 D (F)
 Dr. ANUPAMA Y



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/07/26 10:20 AM	chs/B Dr. Anupama Mann Dis - Type 1 DM E Moderate diabetic ketoacidosis. current med - Hyperglycemia (insulin/insulin) on room air HR - 84/min SPO₂ - 94-95% on room air	Plan - 1.) shift to ward 2.) Dietician - to see diet plan 3.) To continue Antibiotics 4.) shift to tab. Pantoprazole noted by Sindhu 10:30 PM 7/7/26 DR. ANUPAMA Y Registration No. 50853 7/7/26 10:20 PM
7/7/26 3:15 PM	Dis - Type 1 DM moderate DKA resolved on subcutaneous insulin. on room air hemodynamically stable No fever spikes. Vital stable.	plan. 1. shift to ward. 2. continue Insulin as per endocrinology plan. 3. Monitor GRBS 4. Diabetic diet to follow. 5. Monitor vitals.



IP5-00175997

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PROGRESS NOTES AND DOCTOR'S ORDER

PROGRESS NOTES AND DOCTOR'S ORDER		
Date & Time	Progress Notes	Doctor's Order
7/7/24 8pm	cl/B PICU resident Assessment - detected type I DM / moderate DKA (resolved) on room air hemodynamically stable lytic examⁿ (N) on subcutaneous insulin	Plan 1) diabetic diet 2) Train parents to give insulin 3) check GRBS + before breakfast + before lunch + before dinner + before 4pm snack + 2am night. 4) Give insulin as per insulin chart. 5) If GRBS < 70 mg/dL, give 1-2 teaspoons sugar → followed by meal / snack <i>[Signature]</i> Dr. [Name]

CLINICAL / 088



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/B Dr. Anurag (P. W. R. S. -</u>	
<u>23/03/15</u> <u>8:00am</u>	Δ: Denovo detected Type 1 DM Moderate DKA (metabolic)	<u>ADU</u>
	Mother least giving insulin	1) From parent
	- Giving insulin as per sugar chart	2) BRT, BL, RD E before snack RBS + 2:00am @ night
	- Nutrition as per diet plan.	3) if RBS < 90mg/dl. Sugar/glucom
		<u>Went</u> <u>to</u> <u>OR</u>
<u>23/03/15</u> <u>11:00am</u>	<u>S/B Dr. Anurag</u>	
	Type 1 DM. Mod DKA	<u>Plan</u>
	Aspirin.	- Discharge
	oral ampicillin b. t. r.	- Plan as per Dr. Anurag
		- Rx after 5 days
		- Oral ampicillin (2 weeks + 7)

DR. ANUPAMA Y
Registration No. 50853

23-03-2015
Dr. ANUPAMA Y

(F)



It takes a lot to treat the little



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

(P.T.O)



CROSS CONSULTATION FORM

Doctor Name : Dr. Heenatha Reddy Date : 8-7-26 Time : 11am

Diagnosis : T1DM

Hospital : B Hills

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

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

T1DM - Insulin Adjustments

Signature: _____

Findings and Recommendations :

- Discharge today
- Follow up on Saturday 11th July.
- Explained about Storage of insulin, insulin needle use, low glucose treatment, monitor & document readings.
- Tresiba → 12 Units - 7am

Novorapid-	BBF/BL/BD	4pm
<100 →	6	_____ X
>150 →	7	_____ X
>200 →	8	_____ > 4
>250 →	10	_____ > 6
>300 →	11	_____ > 7
>350 →	12	_____ 8
>400 →	14	_____ 9

Consultant : >400 → 14

Name : Heenatha Reddy Signature : [Signature] Date & Time : 8-7-26

uprise D_3 60 capsules once a week for 5wks

Shelcal 500mg
oral daily
for 5wks.

DL



Insulin chart

Diabetes Consultation sheet

Date: 6-7-26

Name:

DOB:

UHID:

Long Acting: Tresiba

Insulin	Dose	Time
Tresiba	10 units	7am

Rapid acting: Novorapid or Fiasp

Blood Sugar	Before Breakfast	Before Lunch	Before Dinner
<100	6	6	6
>100 150	7	7	7
>200	8	8	8
>300 250	9	9	9
>400 300	10	10	10
>500 350	11	11	11
>400	12	12	12

Blood sugar	4pm Snack
<150	No insulin
>150	4
>250	6
>350	8
>450	10

At 2am if Sugar >300 to give → 3 units

If blood sugar is below 70mg/dl to give 1-2 teaspoons of sugar or glucon D followed by meal or snack

Signature

[Signature]

Name: Dr. heematha Reddy



CROSS CONSULTATION FORM

Doctor Name: Dr. Leenatha Reddy Date: 06/07/26 Time: 11:20 am

Diagnosis: DKA

Hospital: B. Hills

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

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

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

Adjustment of Insulin
Newly used T1DM - DKA resolved

Signature: _____

Findings and Recommendations :

- Insulin doses as advised.
- At lunch time ~~at~~ 45 min after giving SC Novorapid or Fiasp, to stop IV insulin & IV fluids.
- To give Tresiba stat dose now. From tomorrow, daily at 7am.
- Monitor GRBS before BF, lunch, 4pm & dinner.
- To check at 2am, if >300 to

Consultant :

Name: Leenatha Reddy Signature: [Signature] Date & Time: 6-7-26
@11:20 am

give 3 units of Novorapid or Fiasp.

If GRBS < 70 → 2 teaspoon of sugar followed by a meal or snack.

~~du~~

BAH-00414256 IP5-00175997
 Baby CH.BLESSY
 23-03-2015 11 Y 3 M 12 D (F)
 Dr. ANUPAMA Y



RESULT SHEET

Date	5/7/26	06/07/26			
Time	11:00 AM	3 AM			
Hb	13.9				
PCV	42.0				
RBC	5.49				
WBC	9890				
N/L	64/30				
Platelets	4.31L				
CRP					
ESR					
PCT					
RBS	322				
Na	137	136			
K	4.5	3.7			
Cl	104	110			
Ca/Mg					
Phosphate	6				
Urea	12				
Creatinine	0.4				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
ML Bicarb	8				

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Baby CH.BLESSY
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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From:ER.....

Shifted to:PICU.....

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

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :you.....

Date & Time :05/07/26.....

Nurse Name & Signature:RB.....

Date & Time :5/7/26 11:pm.....



MEDICATION RECONCILIATION FORM

Drug Allergies: NO

☐ Not known any Drug Allergies

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

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

Shifting From: PICU

Shifted to: ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
	<u>INJ. CEFTRIAZONE</u>	<u>1.8g</u>	<u>IV</u>	<u>BD</u>		☒ C ☐ DC
<u>2</u>	<u>TAB. PANTOPRAZOLE</u>	<u>40ms</u>	<u>PO</u>	<u>OD</u>		☒ C ☐ DC
<u>3</u>						☐ C ☐ DC
<u>4</u>						☐ C ☐ DC
<u>5</u>						☐ C ☐ DC
<u>6</u>						☐ C ☐ DC
<u>7</u>						☐ C ☐ DC
<u>8</u>						☐ C ☐ DC
<u>9</u>						☐ C ☐ DC
<u>10</u>						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Rathe Ambate

Date & Time : 7/7/26

Nurse Name & Signature: Sindhu E Sindhu

Date & Time : 7/7/26

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 35.4kg Ward PW

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				



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Sheet No:

Weight

Ward

Docu. No. : RCHBH /FRM / CLINICAL / 108



DRUG CHART

Date of Admission: 5/7/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG :				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:																			

Weight. 35.4 kg Ward. PWD

Page: 2/4

Weight: 35.4 kg Ward: pmw

23-03-2015		11:15 AM		Date Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
Dr. ANUPAMA Y													
DRUG :				Dose		Dose		Dose		Dose			
				Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.			
Route		Start Date		Dose		Dose		Dose		Dose			
				Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.			
Name & Signature of the Doctor				Dose		Dose		Dose		Dose			
				Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.			
Additional Instructions:				Dose		Dose		Dose		Dose			
				Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.			

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

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

[illegible]

10:35
pm

12:30
pm

I.V. FLUIDS CHART

Weight. 35.4 kg Ward.

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
05/07	11pm	FLUID AS PDR GRBS ↓	ZV	120		Ash Rai			Ash Rai
04/7	11pm	If GRBS > 250 mg/dl NS. + 5ml Potassium Chloride	ZV	120.		Ash Rai	06/7		Ash Rai
02/07	11pm	If GRBS 150-250 mg/dl DMS + 5ml Potassium Chloride	ZV	120		Ash Rai	06/7		Ash Rai
05/07	11pm	If GRBS < 150 mg/dl 10% DMS + 5ml Potassium Chloride	ZV	120		Ash Rai	06/7		Ash Rai
06/07	2am	If GRBS > 150-250 mg 10% DMS + 5ml Potassium Chloride	ZV	60		Raj Ato	06/7		Raj Ato
		PLASMA LYTE + 5ml Potassium Chloride		60		Raj Ato			
06/7	2am	> 250 mg/dl PLASMA LYTE	ZV	120		Raj Ato	06/7		Raj Ato
		+ 5ml Potassium Chloride							
06/7	11pm	5ml GABULIN 40U + 40ml NS (1ml)	IV	3.5ml /hr	750li	Raj Ato	06/7		Raj Ato



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I.V. FLUID CHART

[illegible]

[illegible]

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I
 Patient Language: English Patient / Learner Literacy: ☒ Read ☒ Write ☒ Speak Willingness to Learn: ☒ Yes ☐ No Healthcare Literacy: ☒ Yes ☐ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
17/7/26	11:20 AM	2	Treatment and care plan	M	1	0	1	1	NA	@
6/7/26	8 AM	9	child is on NPO	M	1	0	1	1	-	Mounica

Part - III: CODES

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



MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis:

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
5/7/26 11AM.	☒ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	moderate DKA	hemodynamic stability	IV fluids Gastrin	[Signature]	☐ Nursing ☐ Others:
7/2	☐ Medical ☒ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	frequent urination	H+ stability	W.R.	[Signature]	☒ Medical ☐ Others:
5/7/26 8am	☐ Medical ☐ Nursing ☒ Others: Dietitian	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	DKA	child is on NPO	NPO. H11. Further advice	Mounica	☐ Medical ☐ Nursing ☒ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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23-03-2015
Dr. ANUPAMA Y

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 5/7/26 11:20 PM

Source of Admission: ☐ OPD ☐ Ward ☒ Other: ER

Reason for Admission: vomiting 1 episode Today, Fever spike last weeks, Abdominal pain

Admission Diagnosis: DKA

Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name:

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

Do you require an interpreter? ☐ Yes ☐ No

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

If yes, identify

Source of Information : ☒ Family ☐ Patient ☐ Others, Specify			
SIGNIFICANT HISTORY	Past Medical History	Past Surgical History	Last Hospital Admission
	Nil	Nil	3 year age Hospital Admission for Cough and Cold.
	Family History:		
	Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No If yes please list, Was the child's birth normal? ☐ Yes ☐ No If No, please describe problems: Are the child's immunization up to date? ☐ Yes ☐ No		
CURRENT MEDICATIONS	Taking Medications? ☒ Yes ☐ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☒ Yes ☐ No		
Observations: Weight: 35.4 kg Length: Head Circumference (< 2 years): Temp.: 98.6 F HR: 80 b/m RR: 20 b/m BP: 114/67 Pain Score: 0/10 Specify Site: Nil (Follow Pain Assessment Sheet & Document) Fall Risk Assessment: ☒ Yes ☐ No Score: 9 (Document in the Humpty Dumpty Sheet) Risk of Pressure Sore (Braden Q Score 28) (Document in the Braden Q Assessment Sheet)			

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11 Y 3 M 13 D (F)



Current Status on Admission :

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

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: (Date/Time):

Social History: Lives With

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

Orientation has been given regarding the following aspects:

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

Orientation given to: ☒ Family ☐ Others specify

Name of Person Orientation was given to: mother

Orientation not given Reason:

Nurse Name: Raj

Nurse Signature: RH

Date & Time: 5/7/26 11:20pm

DISCHARGE PLAN

Source of Information: ☒ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☒ No

Is home medical equipment anticipated: ☐ Yes ☒ No

Is home oxygen therapy anticipated: ☐ Yes ☒ No

Are dressing needs at home anticipated: ☐ Yes ☒ No

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

Discharge Medications: ☐ Yes ☒ No

Details:

Final Diagnosis: DKA

Nurse Name: Raj

Nurse Signature: RH

Date & Time: 5/7/26 11:20pm

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 Baby CH.BLESSY
 23-03-2015 11 Y 3 M 14 D (F)
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oc. No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

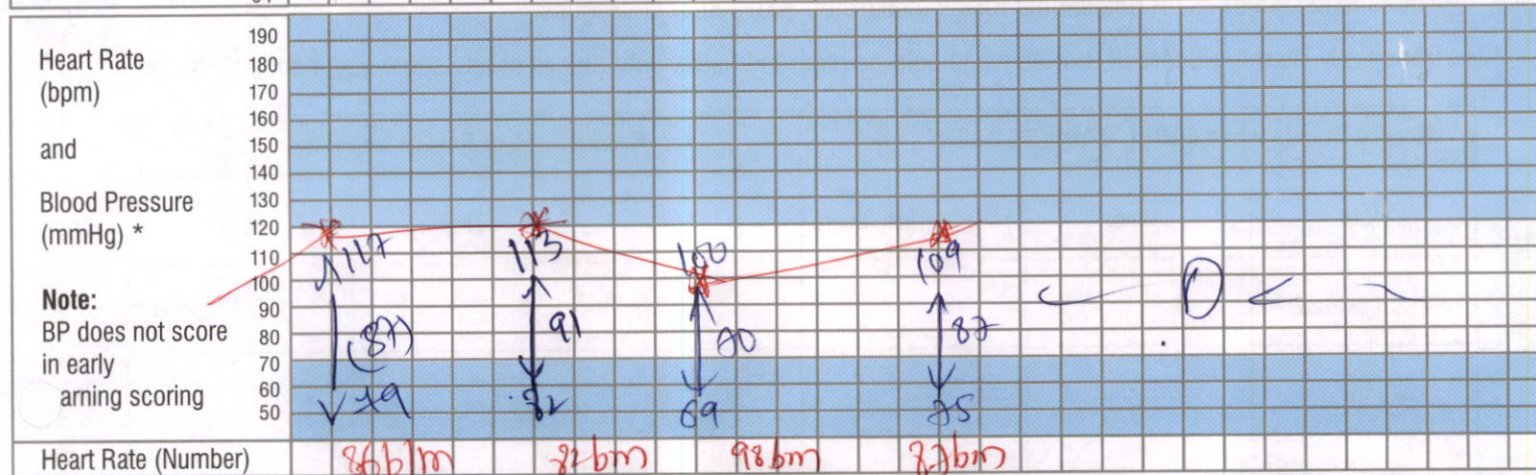
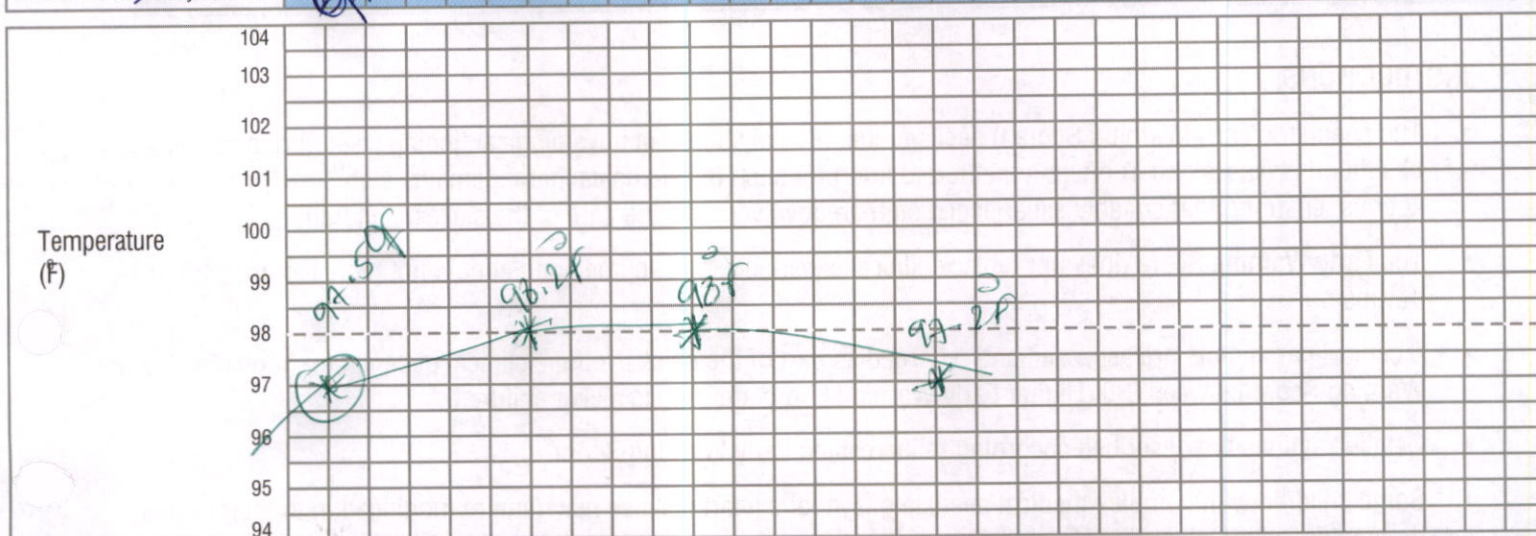
Children's Observation &
 Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/12 Time: 10pm 2am 6am
 Doctor / Nurse / Family Concern? 6pm



Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)	97%	99%
Conscious Level	Normal	
	Altered	
GCS *	15/15	15/15
TOTAL SCORE	1	1
Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	0	0

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

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Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
7/2	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
7/2	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
7/2	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
7/2	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake			Total 24 hrs. Output									

Patient Chart
IP5-00175997
BAH-00414256
Baby CH.BLESSY
23-03-2015 11 Y 3 M 14 D (F)
Dr. ANUPAMA Y
[Barcode]

FLUID CHART

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			
8/7	08:00 am	No IVF											
	09:00 am						✓			✓			
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
	Total Intake :						Total Output :						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

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NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 06/07/2016

Assessment: Variation in Blood glucose level (DKA)

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
9am	Assess the general condition & check vitals of pt	10am	Assessed vitals & checked general condition of patient	All plans are implemented
11am	To maintain DKA chart of pt	12pm	Maintained DKA chart of patient	
3pm	To check GRBS hourly & change fluid accordingly	4pm	Checked GRBS hourly & changed fluids accordingly.	
6pm	Administer medication as per doctor's order	7pm	Administered medication as per doctor's order	

Re-Assessment: Done

Special Notes: *Maintain DKA chart, GRBS hourly, changed fluid as per IV chart

Nurse Signature:

Nurse Name: Matthew M

Date & Time: 06/07/2016 8pm



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/7/26

Assessment: DKA

- 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
11 pm	→ Assess to the baby general Condition - no	12 AM	→ Assessed to the baby baby general Condition.	→ Allame the implant under doctor order and report any record
1 AM	→ monitor vital on 2/0 chart.	2 AM	→ monitor vital on 2/0 chart.	
3 AM	→ Administer medication given as per drug chart.	4 AM	→ Administer medication given as per drug chart.	
5 AM	→ Hourly GRBS Checked	6 AM	→ Checked GRBS hourly.	
7 AM	→ based on changes I & O & GRBS. → w/F fever spike.	7:30 AM	→ changed I & O fluid based on GRBS. → monitor urine output.	

Re-Assessment: Re-Assessment done.

Special Notes: w/F fever spike w/F GRBS level w/F urine output.

Nurse Signature: [Signature] Nurse Name: Ray Date & Time: 6/7/26 4 AM

BAH-00414256 IP5-00175997
 Baby CH.BLESSY
 23-03-2015 11 Y 3 M 13 D (F)
 Dr. ANUPAMA Y



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: 6/1/26

Assessment: DKA

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the general condition of the child	9pm	Assessed the general condition of the child.	
10pm	Maintain I/O chart	11pm	Maintained I/O chart	
12am	Monitor vital signs	1am	Monitored vital signs	
2am	check GRB _s as planned	3am	GRB _s checked as planned	
4am	Provide comfortable position	5am	provided comfortable position	
6am	Administer medication as per chart	7am	Administered medication as per plan	All the plans are implemented

Re-Assessment: Re-assessment done.

Special Notes:

Nurse Signature: Anu

Nurse Name: Anu

Date & Time: 6/1/26 9pm

NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 7/7/26

Assessment: DKA.

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 baby general condition	9am	Assessed the baby general condition	All points are Implemented
10am	monitor the vitals signs	11am	monitored the vital signs	
12pm	child orally allowed before food need to check RBS	1pm	child orally allowed before food need to checked & given insulin as per chart.	
2pm	child in room air	3pm	child in room air	
6pm	2do chart maintain -> administer medication as per doctor order	8pm	2do chart maintain -> administered medication as per doctor order	

Re-Assessment: child orally allowed

Special Notes: before food need to check RBS & give insulin

Nurse Signature: *As*

Nurse Name: Aparanjitha

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

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 7/7/26

Assessment: Baby having dull activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the general condition of the patient	9am	Assessed the general condition of the patient	Baby condition is good
10am	monitor the vitals signs	11am	monitored the vitals signs	
12am	maintain I/O chart	12am	maintained I/O chart	
1pm	Administer medication as per per as chart	2pm	Administered medication as per as chart	
5pm	Before food need to check RBS and to give insuline	6pm	Before food need to checked RBS and insuline as per as chart	

Re-Assessment:

Special Notes:

Before food need to check RBS

Nurse Signature: [Signature]

Nurse Name: Nikita

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

BAH-00414256 IP5-00175997
Baby CH.BLESSY
23-03-2015 11 Y 3 M 14 D (F)
Dr. ANUPAMA Y



NURSING CARE RECORD


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Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

BAH-00414256 IP5-00175997
Baby CH.BLESSY
23-03-2015 11 Y 3 M 12 D (F)
Dr. ANUPAMA Y



ISING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Anupama Y Department: PCU Date of Admission: 5/2/20

SITUATION	Diagnosis: <u>DMA</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:			
	Area	Shift Time	<u>CR</u> <u>11:20pm</u>	<u>1st floor</u> <u>up-8h</u>	<u>1st floor</u> <u>down-8am</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp:	<u>98.3°F</u>	<u>98.1°F</u>	<u>98°F</u>	
		Res:	<u>20b/m</u>	<u>25b/m</u>	<u>22h</u>	
		SpO ₂ :	<u>99%</u>	<u>98%</u>	<u>98%</u>	
		Pulse:	<u>78bpm</u>	<u>91b/m</u>	<u>109h</u>	
		BP:	<u>100/60/45</u>	<u>108/62</u>	<u>110/80</u>	
		Fall Risk Score:	<u>9</u>	<u>9</u>	<u>9</u>	
	Pain Score:		<u>02/10</u>	<u>01/10</u>	<u>01/10</u>	
	Recommendations	Safety Needs:	<u>side rails</u>	<u>up</u>	<u>yes</u>	
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		<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>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>Lachal</u>	<u>Appy</u>	<u>Nitisha</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>5/2/20</u>	<u>7/7</u>	<u>7/7</u>		
Time:		<u>11:20pm</u>	<u>8pm</u>	<u>8am</u>		
Taken Over By Name :		<u>Raj</u>	<u>Nitika</u>	<u>Shanthi</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>5/2/20</u>	<u>7/7</u>	<u>8/6/7</u>		
Time:		<u>11:20pm</u>	<u>8pm</u>	<u>8am</u>		

BAH-00414256
Baby CH.BLESSY
23-03-2015

IP5-00175997

Dr. ANUPAMA Y 11 Y 3 M 12 D (F)



BRADEN 'Q' SCALE

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BirthRight[™]
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Your Right to a Safe Delivery

					Date :	8/12	8/12	8/12	8/12
					Time :	11:20 PM	4 AM	8 AM	6 PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity 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									
Docu. No. : RCHBH /FRM / CLINICAL / 119									
					TOTAL SCORE				
					Evaluator's Name				
					28 28 28 28				
					[Signatures]				

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

PAIN ASSESSMENT FORM

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

Re-assessment Frequency:

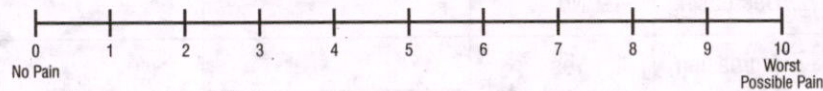
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

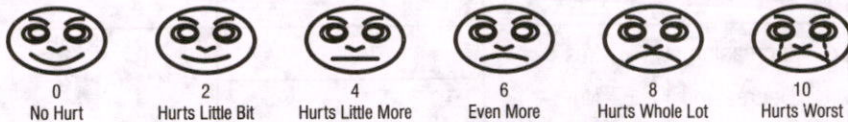
Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
5/7/26	11:20pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Quf
6/7/26	3:30am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pta
6/7/26	8am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pta
6/7/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pta
6/7/26	7pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Pta
7/7	12am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Aney
7/7	4am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Aney
7/7	8am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sindhu
7/7	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Sindhu
7/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	24/24

Re-assessment Frequency:

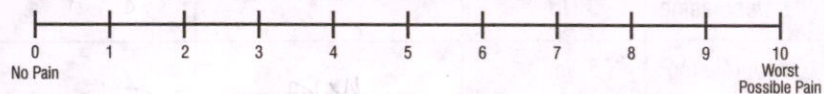
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain relieving intervention.
 - Within 30 – 60 minutes after pain relief intervention.

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

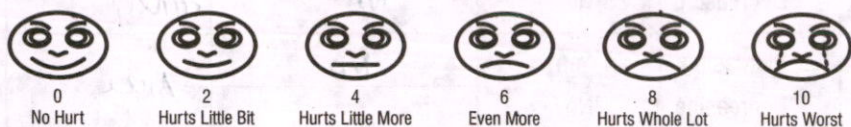
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Assessment Criteria	Sedation		Normal	Pain / Agitation	
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Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or 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





THE HUMPTY DUMPTY SCALE *5/2/20 6/7 7/8 8/2*

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	
	13 years old and above	1					
Gender	Male	2					
	Female	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					<i>1</i>
	Other Diagnosis	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	
	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	<i>2</i>	<i>2</i>	<i>2</i>	<i>2</i>	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	
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	<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>	
TOTAL			<i>9</i>	<i>9</i>	<i>9</i>	<i>9</i>	

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	<i>yes</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	
Call device within reach	<i>yes</i>	<i>✓</i>	<i>x</i>	<i>✓</i>	
Wheels Locked	<i>yes</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	
Room free of clutter	<i>yes</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	
Adequate Lighting	<i>yes</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	
Wheel Chair Support	<i>NO</i>	<i>x</i>	<i>x</i>	<i>NO</i>	
Other Intervention(s) Specify	<i>NO</i>	<i>x</i>	<i>✓</i>	<i>NO</i>	
Nurse's Name :	<i>Lalitha</i>	<i>Raj</i>	<i>Anu</i>	<i>Witi</i>	
Signature :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date :	<i>5/2</i>	<i>6/7</i>	<i>7/8</i>	<i>8/2</i>	
Time :	<i>11pm</i>	<i>4pm</i>	<i>6am</i>	<i>6am</i>	



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :

BAH-00414256 IP5-00175997
 Baby CH.BLESSY
 23-03-2015 11 Y 3 M 12 D (F)
 Dr. ANUPAMA Y



BED SIDE CHECK LIST FOR NURSES

Date:	6/7	7/7							
Doctor's Orders	followed	followed							
Carried out or not	carried	carried							
Bed Side	clean	clean							
Structured Handover done	yes	yes							
IV Site	yes	yes							
Central Lines	no	no							
Arterial Lines	yes	yes							
Feeding Catheter	no	no							
Urinary Catheter	no	no							
Skin Care	given	given							
Eye Care	given	given							
Mouth Care	given	given							
Sterillum Bottle, Stethoscope	bedside	bedside							
Suction Bottle (Should be clean & empty)	empty	empty							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	loaded	loaded							
Ventilator Tubing, (Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling, Correct Preparation)	yes	checked							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	Raj	Anu							

Checked & Handover given by

Name of the Nurse : Raj

Signature : [Signature]

Date & Time : 6/7/26 4am

Checked & Handover taken by

Name of the Nurse : Matthew T.?

Signature : [Signature]

Date & Time : 6/7/26 8am

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



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 5/7/26		Diagnosis : DKA		Surgery / Procedures :	
		Allergies : NO		Post OP Day :			
SITUATION & BACKGROUND	Date :	5/7/26	6/7/26	7/7/26	7/7/26		
	Area	PICU	PICU	PICU	PICU		
	Shift Time	Night	Day	Night	Day		
	Diet :	NPO	as per nutrition order	orally	orally		
	Ventilation (RA, NP, NIV, VENTI)	RA	RA	RA	RA		
INVASIVE LINES	1.	Cannula	Cannula	Cannula	Cannula		
	2.	②	②	②	②		
	3.	Arterial line ①	Arterial line ①				
	4.						
ASSESSMENT	Infusions / Transfusions		DNst	Bolus	ABD		
			SMKCL	2V	thru		
			10ml DNS				
			+SMKCL	choat			
			NS+5ml KCL				
	PU Prophylaxis		NA	NA	NA	NA	
			NA	NA	NA	NA	
	Vitals	BP	106/55	104/55	117/65	99/58	
		PR	76	82	91	89	
		RR	15	15	16	20	
		SpO ₂	99%	100%	100%	100%	
		Temp	98.4°F	98.4°F	98.2	98.3°F	
	Pain Score		0/10	0/10	0	0	
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert	Alert	Alert	
Skin Integrity (Intact / Bedsores / Any other condition)		Intact	Intact	Intact	Intact		
Restraints If any	Physical	NA	NA	NA	NA		
	Chemical	NA	NA	NA	NA		
Fall Risk (Vulnerable (Y/N) if yes score)		yes	yes	yes	yes		
(Ambulation, walking, moving with assistance, bed ridden)		moving	walking	moving	moving		
ADL (Dependent / Non-Dependent)		Dependent	Dependent	Dependent	Dependent		
Critical Lab Test / Values (if any)		NA	NA	Nil	Nil		

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

RECOMMENDATIONS	Investigations Procedures	Date :	5/7/26	6/7/26	6/7	7/7		
		Area Shift Time	PICU Night	PICU Day	AW Night	Paw Day		
	Ordered / Planned		followed doctor order	followed doctor's orders	followed doctor's orders	followed doctor's order		
	Due		NO Due	NO Due	no due	NO due		
	Reports Pending		B/C or urin c/s report Pending	Blood c/s	no reports pending	no reports pending		
	Referrals (If any)		NO Referral	NO Referrals	no Referrals	NO referrals		
Remarks (Special Interventions like, Drainage Tube flushing etc.)			NO Remark	NO Remarks	NO Remarks	NO remarks		
Handed Over By Name :			Raj	Mathew	Anur	Sandhya		
Signature :			[Signature]	[Signature]	[Signature]	[Signature]		
Date :			6/7/26	6/7/26	7/7/26	7/7/26		
Time :			8 AM	8 PM	8 AM	PM		
Taken Over By Name :			Mathew (-)	Anur	Sandhya	Appo		
Signature :			[Signature]	[Signature]	[Signature]	[Signature]		
Date :			6/7/26	6/7/26	7/7/26	7/7		
Time :			8 AM	8 PM	8 AM	8 PM		



CONSENT FOR IN PEDIATRIC

Name: Blum Age: 11 y 3 months Gender: Male ☐ Female ☒
UHID.No : BAH 00414256 Date: 05/07/26

I S/o, D/o, W/o, hereby
declare that our patient Master/Baby CH. BLESSY who is related to me as
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 05/07/26

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

diabetic ketoacidosis

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

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

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

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

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

Patient Attendant:

Signature: [Signature]
Name: Anupama Rao
Relationship with Patient: Father
Date & Time: 05/07/26 @ 11am

Witness :

Signature: [Signature]
Name: Raj
Date & Time: 5/7/26 11:30pm

Doctor (who is taking the consent) :

Signature: [Signature]
Name: Chand
Date & Time: 05/07/26 @ 11pm

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



రోగి పేరు వయస్సు లింగం ☐ పు ☐ స్త్రీ

యు.పి.ఐ.డి s/o. d/o. w/o.

నేను అనే బాలుడు / బాలిక యొక్క విశిష్ట మేరకు రెయిన్ బో వీల్లల అనుపత్తి లోని పిల్లల ఇంటర్నల్ కేర్ యూనిట్ తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

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

రెయిన్ బో బిల్డన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో చేరించి జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఉన్న సమయంలో ఆతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు నీర మరియు ధమనుల కాథెటర్ వంటి. పెరిఫెరల్ ఇన్ఫెక్షన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ఫర్షన్ మొదలైనవి.

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

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

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

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

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



CONSENT FOR SPECIAL PROCEDURES

Patient Name : CH. BLESSY Gender: ☐ Male ☒ Female
UHID No : BAH-00414256 Department : PICU Date : 05/07/26

I S/D/W/O /

Here by give consent for procedure of : Arterial line

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

- Infection Thrombosis, Bleeding

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

- Nil -

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure : Dr. Monish, D. Tyagi

Patient Attendant :

Signature : [Signature]
Name : Venugopal Rao
Relationship with Patient : Father
Date & Time : 05/07/26 @ 11 pm

Witness :

Signature : [Signature]
Name : [Signature]
Date & Time : 5/7/26 11.30 Pm

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Monish
Date & Time : 05/07/26 @ 11 pm

CONSENT FOR SPECIAL PROCEDURES

DATE: 11/11/11 TIME: 1:30 PM
PATIENT NAME: [illegible]
DOB: [illegible]

THE FOLLOWING SPECIAL PROCEDURES ARE BEING PERFORMED ON THE ABOVE NAMED PATIENT:
[illegible]
[illegible]
[illegible]

THE PATIENT'S PARENTS/GUARDIAN HAVE BEEN INFORMED OF THE NATURE AND PURPOSE OF THE ABOVE PROCEDURES AND HAVE GIVEN THEIR CONSENT FOR THE PATIENT TO UNDERGO THE SAME.

SIGNED: [illegible] DATE: 11/11/11

WITNESSED BY: [illegible] DATE: 11/11/11

Signature of Patient: [illegible]
Signature of Parent/Guardian: [illegible]
Signature of Physician: [illegible]

BAH-00414256 IP5-00175997
Baby CH.BLESSY
23-03-2015 11 Y 3 M 14 D (F)
Dr. ANUPAMA Y

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: As per doctor order

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☒ Transfer

Hospital Facility Notified (Person Contacted)

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

☐ Needs Assistance In:

Remarks

☐ Medication	☒ Yes	☐ No
☐ Bathing	☒ Yes	☐ No
☐ Eating	☒ Yes	☐ No
☐ Walking	☒ Yes	☐ No
☐ Dressing	☒ Yes	☐ No
☐ Toileting	☒ Yes	☐ No

} Explain to parents

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: personal Hygiene

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

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: Ann

Nurse Name: Anupama Y

Date and Time: 7.12.26 @ 05:00 PM

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00414256 IP5-00175997 Baby CH.BLESSY 11 Y 3 M 14 D (F) 23-03-2015 Dr. ANUPAMA Y 		Date & Time of Admission 5/7/26 10:57pm	Date & Time of Transfer Order 7/7/26 4pm
		Transfer Ordered by Dr. Anupama man	Reason for Transfer stable
From Unit PICU	To Unit 1st floor	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 90 above	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what?		Patient shifted with ID band: Yes ☒ No ☐ If No:
Number of Imaging Films			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Sindhuja		Name of Person Ordered Transfer Dr. Anupama	
Patient & Clinical Records Received by : Aparanjitha 11/7/26 @ 4pm			
Date & Time of Patient Received :			

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

- ☐ Unavailable Bed
 ☐ Nurse not Available
 ☐ Available Bed not ready



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 7/7/26 Time: 4pm

Weight: 35.4 kgs Centile: > 25th

Height: 144 cm Centile: > 25th

Inference: well child

RDA: — Calories: 1700 kCal/d Protein: 30 g/d

Diet Recommendations: Diabetic diet

Re-Assessment: Avoid spicy, chilled and outside food

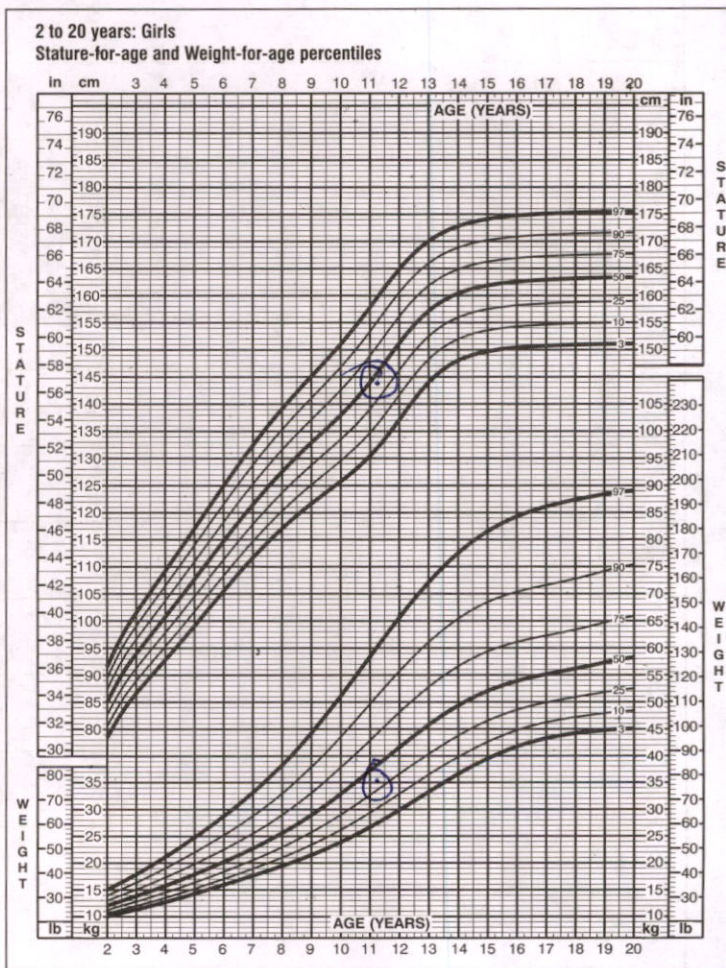
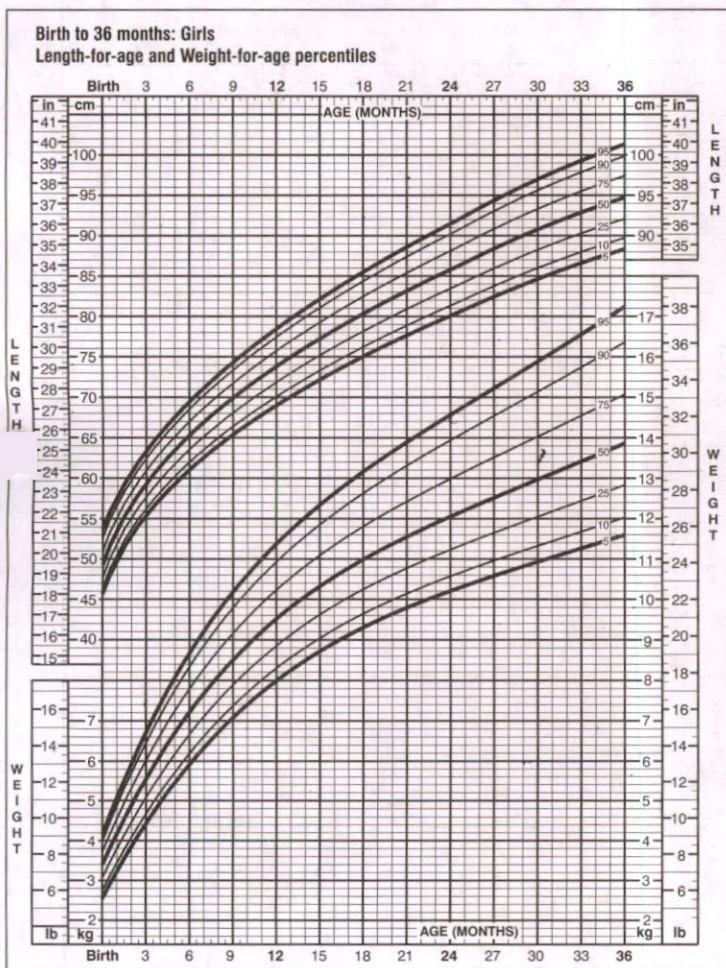
Food Allergies: NO Veg/Non-veg: non-veg

Diagnosis: T1DM / moderate Diabetic ketoacidosis

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Deep

GROWTH CHART (GIRLS)



Dietician's Name: Moulika

Dietician's Signature: Moulika

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: