

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No. : _____

Date of Admission: _____ Time : _____

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

BAH-00661902 IP5-00176519

Ms KHANSA AREEBA

29-11-2011 14 Y 7 M 18 D (F)

Dr. ABHISHEK RAVINDRA JAIN



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/12/16	2:30	ER	PJEE	Anneeb
17/12/16	5:40pm	PICU	ICU	ner

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sushma Reddy	20/7/26	29099367	Arung
2	Dr. Akhila Vemraj	20/7/26		
3				
4				
5				
6				
7				
8				
9				
10				

[illegible]

Date _____

Investigations

Order No.

Signature

17/7/26

CBP, CFP, ESP

17 32

Charan

LFT, RP2

17/2

CSF Analysis

26071 804

Ken

[illegible]

Date _____

Name of Equipment

Connecting Time

Disconnecting Time

Order No.

Signature

~~2/2~~

17/12 Marit 09
Inf 2 Comp

5 p.m.
STOP

970821



PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/7/16	EV placement	①	7700	Chen
17/7	lumbar Puncture conservative sedation	①	970024	T
18/7/16	VEP	①	35855	9
18/7	NHA	①	9710107	8

ANY OTHER INFORMATION

VEP Report - ①

Date : 21/07/26

Time : 10am

Prepared By : K. Sravanthi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
K. Sravanthi	A.W-I 121-D		

ADMISSION SHEET
Registration Details :


Admission No : IP5-00176519

Admit Date : 17-Jul-2026

Admit Time : 01:04 PM UHID : BAH-00661902

Patient Details :

Patient Name	: Ms KHANSA AREEBA	Age	: 14 Y 7 M 18 D
Guardian	: Mr MOHD ABDUL SHUKOOR	DOB	: 29-11-2011
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H.NO:1-3-55/5,MAQDOOM NAGAR, LANDMARK MECCA MASJID, Nizamabad Hyderabad Telangana INDIA 503001	Phone No	: 8886171739/ 8919989016
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW121 (D)

Ward Name : 1F-GENERAL WARD I

Room No : GW121 (D)

Admission Type : First Visit

Contact Details :

Name	: Mr MOHD ABDUL SHUKOOR	Relationship	: Father
Contact Address	: H.NO:1-3-55/5,MAQDOOM NAGAR, LANDMARK MECCA MASJID, Nizamabad Hyderabad Telangana INDIA 503001	Phone No	: 8886171739



Signature

Doctor Details :

Doctor Name	: Dr. ABHISHEK RAVINDRA JAIN	Specialisation	: PEDIATRIC NEUROLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAID



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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00661902 IP5-00178519
Ms KHANSA AREEBA
29-11-2011 14 Y 7 M 18 D (F)
Dr. ABHISHEK RAVINDRA JAIN


Patient Name: Khanza Areeba

UHID ID: _____

Department: Ped- Neurology

Consultant: Dr. Abhishek



Pediatric Multisystem History & Physical Examination

Name : Khanza Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

do pain in neck - since 2 weeks

the weakness left ul → since 6 days

↓

weakness left leg → since 3 days

History of present illness :

Child was apparently normal week back.
 Later she developed pain in neck - headache on onset, radiating
 to left shoulder.

↓

the weakness of left upper limb.

also do pain in neck

↓

the weakness of left lower limb

also do pain in neck

NO bowel, bladder involvement

↓

NO fever

NO neck rigidity

NO photophobia

↓

rest to do the history

↓

rest → longitudinal extensive spinal cord lesion

not (INHO spinal)

MOGAD

rest of the findings

Patient Sticker

BAH-00661902 IP5-00176519

Ms KHANSA AREEBA

29-11-2011

14 Y 7 M 18 D

(F)

Dr. ABHISHEK RAVINDRA JAIN

P



Physical Examination

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

Nil

Birth & Neonatal History:

PT / NVD / C/S

R-24 3kgs

unwell

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

single day

Developmental History :

Appropriate for age

Immunization History :

Vaccinated for new as per BAP schedule

Paediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 42 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate : 100 bpm B.P. 120/80 (90) SPO2 100%

Resp. rate and type of breathing : 20 bpm

Rash 0

Lymphadenopathy 0

Oedema : _____

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : RAS (+)

Air entry & breath sounds : _____

Any addes sounds : _____

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

Cardiovascular System :

Inspection of procordium : RAS (+)

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

Inspection soft

Palpation : non-tender

Ausculation : _____

Spine : _____ External Genitelia : _____

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

BAH-00661902 IP5-00176519
Ms KHANSA AREEBA
29-11-2011 14 Y 7 M 18 D (F)
Dr. ABHISHEK RAVINDRA JAIN

Peuratic m...

& Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

RT/RT

Cranial Nerves :

ECM - full

Motor System:

Nutriton :

Tone :

Brisk

Power

Co-ordinator :

Spontaneous & Left hemiparesis, gait abnormal

Posture :

Involuntary Movements :

Left ankle

Sustained clonus

Reflexes :

DTR

Superficials:

Plantars

Sensory System :

N

Bladder / Bowel :

N

Clinical Summary & Diagnostic:

Long cord myelitis,

Subacute onset left hemiparesis

2 MCGAN

Pediatric History & Physical Examination

Preventive aspects of the treatment: Cerebral palsy

Desired goals of the treatment: Prevention of movement
Stimulation of cerebellum

Planned Labs:

- CBP
 - CRP / ESR
 - ~~Serum electrolytes~~
 - LFT
 - ~~RF~~ RP-2

- CSF analysis

- serum MOG & NMO antibodies - AIMS Kochi

Planned Management

~~CRP~~ Adjuvant

Dr B Anub
 17/11/20

Signature of the Doctor: [Signature]

Name of the Doctor: B. Baly

Date & Time: 17/11/20 12:30 pm

Signature of the Consultant: _____

Name of the Consultant: Abhishek

Date & Time: 17/11/20 1:30 pm

DR ABHISHEK R JAIN
 Registration No: 2757

BAH-00661902
Ms KHANSA AREEBA
28-11-2011 14 Y 7 M 18 D (F)
Dr. ABHISHEK RAVINDRA JAIN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4:30 pm 17/7/26	<u>procedure Notes</u> [Dr. Adithi, Dr. Ravi]	
	Under strict aseptic precautions, LP was done and CSF lumbar puncture was collected & sent for analysis.	
	pre & post procedure vitals are stable	
	<u>Preprocedure vitals</u>	<u>post procedure vitals</u>
	HR: 92/min	HR: 94/min
	RR: 18/min	RR: 19/min
	SpO ₂ - 99.1% RA	SpO ₂ - 99.1% RA
	GRBS: 76mg/dl.	BP: 106/62 mmHg.
		Ad <u>CSF Analysis</u>
		2) Store other samples.
		3) Send <u>S. NMO-MOG</u> .
		noted by <u>meera</u> nrc 8pm



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IP5-00176519

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/E: → progression of weakness (+) in both UL & LL Issue: difficulty. No Bowel Bladder involvement so far. Child conscious. GCS - 15/15 HME - (N) No CN involvement. (RE) (LE) <u>Power</u> <u>Shoulder</u> Abd 3 4/5 3/5 Add. 4/5 1/5 flexion 4/5 1/5 extension 4/5 1/5 <u>Elbow</u> flexion 4/5 1/5 extension 4/5 1/5 <u>Wrist</u> dorsiflexion 4/5 2/5 plantar palmar 4/5 2/5 <u>LL</u> Hip Abd 4/5 3-1/5 Add. 4/5 2/5 flexion 4/5 1/5 extens 4/5 1/5	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Knee</u>	
	flexion	1/5
	extension	1/5
	<u>Ankle</u>	
	dorsi	1/5
	plantar	1/5
	<u>Sensory</u> : fine touch ↓, sensory perception on (L) upper limb & lower limb	
	Abdominal Reflex - Absent	
	DTR: exaggerated	
	No nystagmus	
	CSF Cells - 32 cells/mm ³	Adv
	Sug - 54 100% I.L.	① Discuss regarding PLEX → after 3 doses IVMP
	Glu prot - 41	② AFP surveillance
	⑥ Ophthal evaluation for fundus;	③ Trace CSF cell count
	DR ABHISHEK RAVINDRA JAIN Registration No: 2757	④ Continue Tri-MP and PLEX - 1st cycle
	Abhishek	⑤ S-NMO mOG, OCR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 9Am	C/S/B Neuroteam	
	Subacute long Onset long Cord Transverse myelitis ? MOGAD	
	Issues: improvement in weakness of Lowerlimb (+); weight bearing No new complaints	
	IVMP - D3	S. NMOMOG } sent on 18/7/26. CSF-OCB
	O/E: Child conscious GCS - 15/15 No CN involvement	→ CSF: prot - 41 (sugar - 54 32 cells/mm ³ (100-1.L) → VEP - (N)
	Tone - $\frac{N}{N} \mid \frac{\uparrow}{\uparrow}$	
	power: R L	
	Shoulder Abd - 4/5	14/5
	Add. 4/5	1/5
	Flex	1/5
	Ext	1/5
	Elbow	
	flexion	1/5
	extension	2-1/5
	Wrist D.F	2-1/5
	PF	2-1/5

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Lower limb</u> R	L
	Hip 4/5	3/5
	Abd 4/5	3/5
	Add 4/5	3/5
	flex 4/5	3/5
	ext 4/5	3/5
	<u>Knee</u>	
	ext 4/5	3/5
	flex 4/5	3/5
	<u>Ankle</u>	
	dorsi 4/5	3/5
	plantar 4/5	3/5
	Abdominal Reflex - Absent	
	DTR : exaggerated	
	<u>Sensory perception</u>	
	No nystagmus	Adm
		① continue IVMP
		② wff vitals
		③ plan ophthalmal examination

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 9am	CS/B Neuroteam	
	Subacute Onset long Cord Transverse myelitis (Isolated) ? MOGAD	
	Issues:	
	improvement in weakness of lower limb (+)	
	weight bearing (+)	
	No new complaints	
	O/E:	Adv
	Child conscious	① Complete 5 doses of IVMP
	E4V5M6	↓
	Afebrile	shift to Oral Steroids
	EDM - full	
	No CNS involvement	② Physiotherapy
	Tone - N ↑	③ These lymph's
	N ↑	
	R L	
	DTR: B +2 +2	
	T +3 +3	
	K +3 +3	
	A +3 +3	
	No nystagmus	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/1/26	del/b <u>Neuro exam</u>	
6:35am.		
	<u>Issues:</u>	
	①② Hemiparesis, UL > LL	
	Torsal weakness.	
	<u>Of:</u>	
	<u>Power</u>	
	UL- R L	
	Shoulder Abd 4 0	
	Shoulder strong 4 4	
	Elbow flexion 4 1	
	Wrist flexion 4 4	
	Finger flexion 4 2	
	Pronation 4 2	
	Supination 4 2	
	LL- R L	
	Hip Abd 3+ 2	
	Knee Flex 3+ 3- <i>→ Improving</i>	
	Knee Ext 3+ 3-	
	Knee flexion 3+ 3-	
	ADF 3+ 3+	
	APR 3+ 3+	

Date & Time	Progress Notes	Doctor's Order
	DTR - B +2 +2	
	T +3 +3	
	K +3 +3	
	A +3 +3	
	Sensory	
	Cerebellar Rombergs - negative	
	Gait - Circumduction	



CROSS CONSULTATION FORM

Doctor Name : Saheli Vemuganti Date : 20/7/26 Time : 11:30 am

Diagnosis : Sub acute onset long cord Leamenix Myelitis

Hospital : Atti-Bangara Mills

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:

Physiotherapy

Signature: _____

Findings and Recommendations :

S/S physiotherapy:

Sub acute onset long cord Leamenix myelitis

complaint of OT: gait → Ⓛ equinovarus def
Ⓛ scapular pain ↑ tone in Ⓛ UL ext.
→ able to elicit some movement in the Ⓛ UL.

→ movement in Ⓛ UL > Ⓛ UL.

Exercise protocol:

- ① AAROM ex's for Ⓛ UL
- ② pelvic bridge
- ③ stretches for Ⓛ arm.
- ④ OF strengthening ex's-
- ⑤ core massage for Ⓛ hand.

Consultant :

Name : _____ Signature : _____ Date & Time : _____

BAH-00661902 IP5-00176519
Ms KHANSA AREEBA
29-11-2011 14 Y 7 M 21 D (F)
Dr. ABHISHEK RAVINDRA JAIN




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CROSS CONSULTATION FORM

Doctor Name : Dr. Sushma Reddy Date : 20/7/20 Time : 4pm

Diagnosis : MUGAD

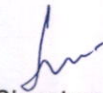
Hospital :

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

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


Signature:

Findings and Recommendations :

Thank for refer

✓ ffr

o/e

Ab: un

Pup: R/L/R

R/L
h OPD for sept
on flu

Normal fundus

CT-q

Indus: un

Consultant :

Name : Sushma Reddy Signature :  Date & Time : 20/7/20 2A

BAH-00661902
 Ms KHANSA AREEBA IP5-00176519
 29-11-2011 14 Y 7 M 18 D (F)
 Dr. ABHISHEK RAVINDRA JAIN

Patient


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RESULT SHEET

Date	17/12/26				
Time					
Hb	11.4				
PCV	33.5				
RBC	4.06				
WBC	9670				
N/L	58136				
Platelets	2.54				
CRP	5				
ESR	75				
PCT					
RBS					
Na	138				
K	3.9				
Cl	104				
Ca/Mg					
Phosphate					
Urea	28				
Creatinine	0.5				
ALP	88				
SGPT	12				
SGOT	19				
T.Bill/Conj	0.2/0.1/0.1				
T.Protein	8				
S.Albumin	4.5				
S.Globulin	3.5				
A/G Ratio	1.2				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L	Bicarbonate 22				

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

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI

 Others (ECG, Contrast Studies etc.,) :

BAH-00661902 IP5-00176519
 M^{rs} KHANSA AREESA
 29-11-2011 14 Y 7 M 18 D (F)
 Dr. ABHISHEK RAVINDRA JAIN

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: ICU

Shifted to: Ward

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

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. B. S. J.

Date & Time: 17/12/20 12:30 pm

Nurse Name & Signature: Annab

Date & Time: 17/12/20 2 pm

Pa

BAH-00661902
Ms KHANSA AREEBA
29-11-2011 14 Y 7 M 18 D
Dr. ABHISHEK RAVINDRA JAIN

IP5-00176519

(F)

msa Areeba.

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DRUG CHART

Date of Admission: 17/7/20 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG :				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:																			

BAH-00661902 IP5-00176519

M^{rs} KHANSA AREEDA

29-11-2011 14 Y 7 M 18 D (F)

Dr. ABHISHEK RAVINDRA JAIN

REGULAR PRESCRIPTIONS

Weight. 41 kg Ward.Date
Time

Dose Route Frequency Start Date

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj. METHYL PREDNISDate
Time

Dose Route Frequency Start Date

1gm IV OD 17/6Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Inj. ESMOPRAZOLEDate
Time

Dose Route Frequency Start Date

40mg IV OD 17/6Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : ATARAX antistich
dotionDate
Time

Dose Route Frequency Start Date

LA TID 18/7 6AM X ✓ XName & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

for local application
over neck rashes

Daily Doctor's Endorsement by a Sign

BAH-00661902 IP5-00176519
 M^{rs} KHANSA AREEBA
 29-11-2011 14 Y 7 M 18 D (F)
 Dr. ABHISHEK RAVINDRA JAIN



Weight. ... 27 kg Ward.

		Date Time	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.

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/11/20	12:30 PM	TAB. COMBIFLAM	1 tablet	PO	[Signature]	[Signature]
18/11/20	10 PM	Inj AVIL	22 mg (1ml)	IV	[Signature]	[Signature]

29-11-2011

14 Y 7 M 18 D

(F)

Dr. ABHISHEK RAVINDRA JAIN

I.V. FLUIDS CHART

Weight. Ward.

[illegible]

Signature _____

VERIFIED BY: Name



TEENAGE (12 + years)

Children's Observation & Early Warning Scoring Chart



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Date : 9/17 Time:

Doctor / Nurse / Family Concern?	from
----------------------------------	------

104
103
102
101
100
99
98
97
96
95
94

9524

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

Note:
BP does not score
in early
warning scoring

↑ 119
↑ (89)
↓ 78

11861m

70
60
50
40
30
20
10

26blm

100%

15/20

1

④

9

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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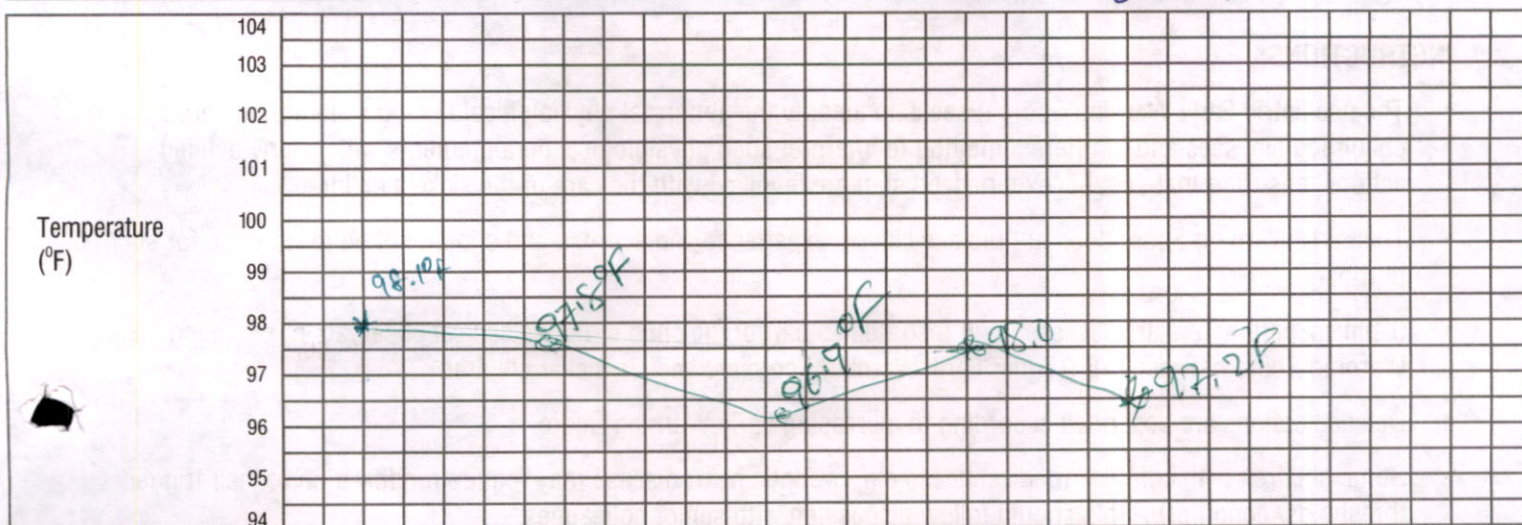
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TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/11/26 Time: 10am 1pm 6pm 10pm 2am
 Doctor / Nurse / Family Concern?



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

Note: BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
10am	90 bpm	112/68 (82)
1pm	96 bpm	108/65 (80)
6pm	88 bpm	106/60 (75)
10pm	132 bpm	114/68 (75)
2am	126 bpm	112/68 (82)

Resp. Rate (bpm) (Over 1 Minute)

Time	Resp. Rate (bpm)
10am	28 bpm
1pm	22 bpm
6pm	20 bpm
10pm	26 bpm
2am	26 bpm

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

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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- Score 2 : Shift in charge nurse to be informed and continue hourly observations
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BAH-00661902
 Ms KHANSA AREEBA
 29-11-2011 14 Y 7 M 19 D (F)
 Dr. ABHISHEK RAVINDRA JAIN

ic. No. : RCHB/ FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 12/07/11	Time: 10am	1pm	6pm	10pm	2am	6am	
Doctor / Nurse / Family Concern?							
Temperature (°F)	104						
	103						
	102						
	101						
	100						
	99						
	98	97.6°F	98.5°F	98.1°F	97.4°F	97.5°F	
	97						
	96						
	95						
94							
Heart Rate (bpm) and Blood Pressure (mmHg) *	190						
	180						
	170						
	160						
	150						
	140						
	130						
	120						
	110						
	100						
Note: BP does not score in early warning scoring	90						
	80						
	70						
	60						
	50						
	103	105	100	101	105	101	
	(76)	(75)	(71)	(83)	(73)	(70)	
	64	63	68	77	67	60	
	Heart Rate (Number)	92bpm	96bpm	98bpm	99bpm		
	Resp. Rate (bpm) (Over 1 Minute)	70					
60							
50							
40							
30							
20							
10							
Resp Rate (Number)		28bpm	28bpm	28bpm	28bpm	23bpm	22bpm
Resp Distress		Mod/ Severe	None / Mild				
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	100%	100%	100%	99%	99%	100%	
Conscious Level	Normal	Altered					
GCS *	15/15	15/15	15/15	15/15	15/15	15/15	
TOTAL SCORE							
Number of shaded boxes	0	0	0	1	1	1	
Pain Score	0	0	0	0	0	0	
Observer's Initials							

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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BAH-00661902
 Mrs KHANSA AREEBA
 29-11-2011 14 Y 7 M 18 D
 Dr. ABHISHEK RAVINDRA JAIN

IP5-00176519

IBH/ FRM / CLINICAL / 127

TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart

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Y WARNING SCORE: CHILDREN'S UNIT

Date: 8/07	10 am	2 pm	6 pm	10 PM	2 am	6 am
Doctor / Nurse / Family Concern?						
Temperature (°F)	98.5	98.5	98.5	96.5	97.5	98.5
Heart Rate (bpm)	100	100	100	102	101	99
Blood Pressure (mmHg) *	100/60	100/60	100/60	102/58	101/60	99/50
Heart Rate (Number)	100	100	100	102	101	99
Resp. Rate (bpm) (Over 1 Minute)	25	28	29	25	28	27
Resp Rate (Number)	25	28	29	25	28	27
Resp Mod/ Severe Distress None / Mild						
Receiving O ₂ (l/min) O ₂ Saturations (%)	007	008	100%	08/1	09/1	009/1
Conscious Level Normal / Altered						
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	1	1	1	1	1	1
Number of shaded boxes						
Pain Score	2	0	0	1	2	3
Observer's Initials						

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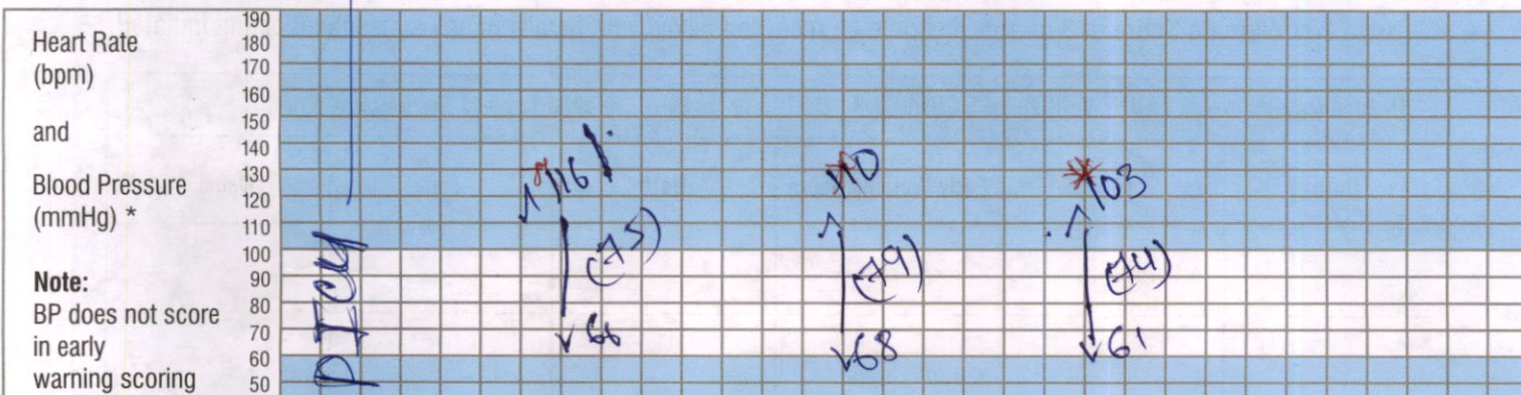
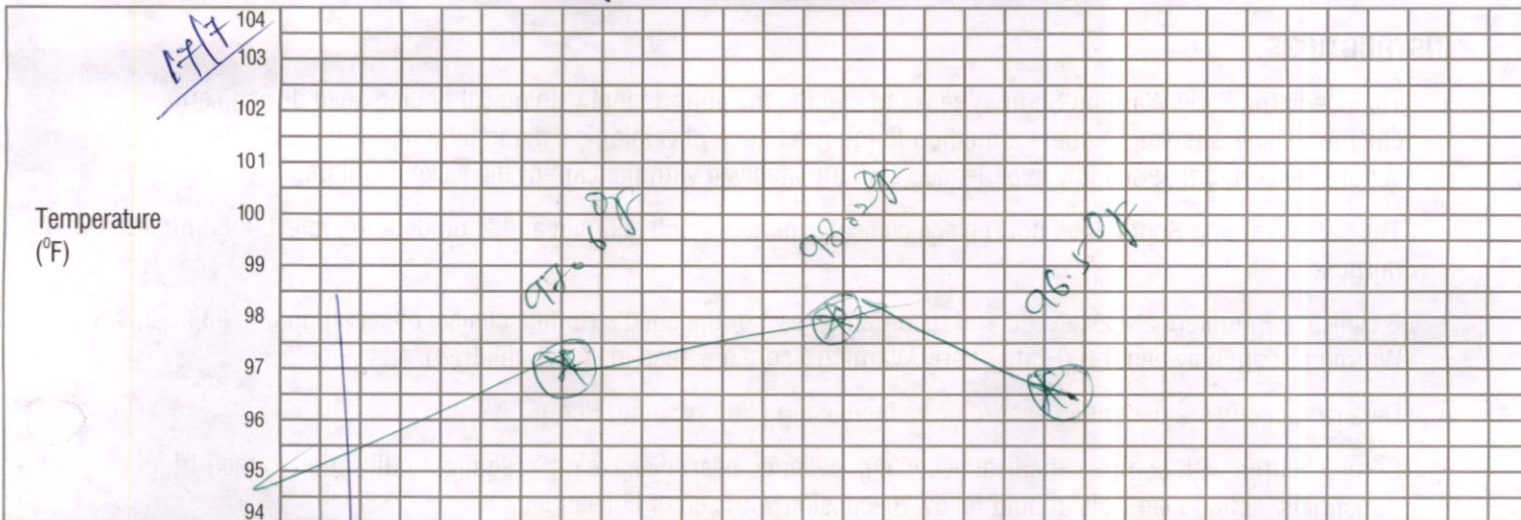
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time:

Doctor / Nurse / Family Concern?



Heart Rate (Number)



Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal Altered

GCS *

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

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BAH-00661902 IP5-00176519
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Patient Still

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FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	ABO										
	07:00 pm	Edly										
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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		Intake			Output					IV Site	Sign.
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	Nurse
18/6/16			Mouth	I.V	N.G						
	08:00 am										
	09:00 am										
	10:00 am										
	11:00 am										
	12:00 pm										
01:00 pm											
Total Intake :					Total Output :						
18/6/16	02:00 pm		Rice								
	03:00 pm										
	04:00 pm										
	05:00 pm										
	06:00 pm										
	07:00 pm										
Total Intake :					Total Output :						
18/7	08:00 pm										
	09:00 pm										
	10:00 pm										
	11:00 pm										
	12:00 am										
	01:00 am										
Total Intake :					Total Output :						
19/7	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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Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/11	08:00 am	↑	Wt.	↑	/	/	/	/	/	0	Merlin	
	09:00 am	↑	Wt.	↑						0		
	10:00 am	Wt.	Wt.	0								
	11:00 am	Wt.	0									
	12:00 pm	↓	0									
	01:00 pm	↓	0									
Total Intake :						Total Output :						
19/11	02:00 pm	↓	Rice	↓	/	/	/	/	/	0	Saw new cannula	
	03:00 pm	↓	Wt.	↓						0		
	04:00 pm	Wt.	↓	0								
	05:00 pm	Wt.	↓	0								
	06:00 pm	↓	↓	0								
	07:00 pm	↓	↓	0								
Total Intake :						Total Output :						
19/11	08:00 pm	↓	↓	/	/	/	/	/	/	0	Saw	
	09:00 pm	↓	↓							0		
	10:00 pm	Wt.	↓							0		
	11:00 pm	Wt.	↓							0		
	12:00 am	↓	↓							0		
	01:00 am	↓	↓							0		
Total Intake :						Total Output :						
20/11	02:00 am	↓	↓	/	/	/	/	/	/	0	Saw	
	03:00 am	↓	↓							0		
	04:00 am	Wt.	↓							0		
	05:00 am	↓	↓							0		
	06:00 am	↓	↓							0		
	07:00 am	↓	↓							0		
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



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		Intake				Output						IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score		
			Mouth	I.V	N.G								
20/7	08:00 am	1	dry			/	✓		/	✓	0	Arora	
	09:00 am	1				/			/		0		
	10:00 am	NO				NA			NA		0	Arora	
	11:00 am	NO				/			/		0		
	12:00 pm	NO				/			/		0	Arora	
	01:00 pm	1				/			/		0		
Total Intake :						Total Output :							
20/7	02:00 pm	1	rice			/			/	✓	0	Arora	
	03:00 pm	1				/			/		0		
	04:00 pm	NO				NA	NA		NA		0	Arora	
	05:00 pm	NO				/			/	✓	0		
	06:00 pm	NO				/			/		0	Arora	
	07:00 pm	1				/			/		0		
Total Intake :						Total Output :							
20/7	08:00 pm	1				/			/		0		
	09:00 pm	1				/			/		0		
	10:00 pm	NO	Meals			/	✓		/	✓	0	(P)	
	11:00 pm	NO	water			/			/		0		
	12:00 am	NO				/			/		0	(P)	
	01:00 am	1				/			/		0		
Total Intake :						Total Output :							
21/7	02:00 am	1				/			/		0	(P)	
	03:00 am	1				/			/		0		
	04:00 am	NO				/			/	✓	0	(P)	
	05:00 am	NO				/	NA		/		0		
	06:00 am	1				/			/		0	(P)	
	07:00 am	1				/			/		0		
Total Intake :						Total Output :							
Total 24 hrs. Intake		Total 24 hrs. Output											

BAH-00681902
 Ms KHANSA AREEBA IP5-00176519
 29-11-2011 14 Y 7 M 18 D
 Dr. ABHISHEK RAVINDRA JAIN (F)

NURSING CARE RECORD

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 Hospital
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BirthRight
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Shift: ☐ Morning ☐ Night

Date: 17/12/16

Assessment: Baby having Discomfort & chills

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10pm	→ Assess the baby General condition, monitor vitals & record	11pm	→ Assessed the baby General condition, monitored vitals & recorded	By All this done pt condition is improved
10am	→ provide comfortable position	1am	→ provided comfortable position	
8am	→ Administer medication as per doctor order	4am	→ Administered medication as per doctor order	
6am	→ watch chills/ fever for	8am	→ watched for chills/ fever	

Re-Assessment:

Special Notes:

Nurse Signature: [Signature]

Nurse Name: Aparajita Meher (202065)

Date & Time: 18/12/16 8PM

2AH-00681902
Ms KHANSA AREEBA
28-11-2011
Dr. ABHISHEK RAVINDRA JAIN
IP5-00176519
14 Y 7 M 18 D
(F)

NURSING CARE RECORD

Assessment: ☒ Morning ☒ Afternoon ☐ Night
pt having some activity

Date: 18/07/16

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 pt General condition	9am	*Assessed the pt General condition	pt is stable
10am	*check the pt all vitals	11am	*checked the pt all vitals	
12pm	*maintain I/O chart	1pm	*maintained I/O chart	
2pm	*provide comfortable position	4pm	*provided comfortable position	
6pm	*administer all medication given as per doctor order	8pm	*administered all medication given as per doctor order	

Re-Assessment:

Special Notes: ... usp done opthal pending

Nurse Signature:

Nurse Name: shanthi

Date & Time: 18/07/16 8pm

BAH-00661902 IP5-00176519
 Ms KHANSA AREEBA
 29-11-2011 14 Y 7 M 19 D (F)
 Dr. ABHISHEK RAVINDRA JAIN

NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 18/7

Assessment:

Baby having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
7:00 PM	→ Assess the baby general condition	10:00 PM	→ Assessed the baby general condition	baby condition is normal
12:00 PM	→ Monitor the vital's	12:00 PM	→ Monitored the vital's	
4:00 PM	→ Provide Comfortable Position	4:00 PM	→ Provided comfortable Position	
6:00 PM	→ Administer medication as Per doctor orders	6:00 PM	→ Administered medication as Per doctor orders	

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time: 19/7 @ 8:00 PM



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
3am	Assess the general condition of the baby.	8:10 am	Assessed the general condition of the baby.	By doing all above procedure baby condition improving well.
10am	Administer medication as per doctor's order.	10:30 am	Administered medication as per doctor's order.	
12pm	Monitor vital signs	12:30 pm	Monitored vital signs	
2pm	Plan for ophthalmology consultation	2:30 pm	Planned for ophthalmology consultation	
6pm	Maintain good nutritional status	6:30 pm	Maintained good nutritional status	
8pm	Ensure the safety needs	8:10 pm	Ensured the safety needs	

Re-Assessment: Re assessment done

Special Notes: Nil

Nurse Signature: S. Suresh

Nurse Name: K. Sumanthi ID 607682

Date & Time: 19/07/20 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 19/12

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
10 PM	→ Assess the baby general condition	10:10 PM	→ Assessed the baby general condition	baby condition is normal
12 AM	→ monitor the vital's	12:10 AM	→ monitored the vital's	
4 AM	→ provide comfortable position	4:10 AM	→ Provided comfortable position	
6 AM	→ Administer medication as per doctor orders	6:10 AM	→ Administered medication as per doctor orders	

Re-Assessment:

Special Notes:

Nurse Signature: _____

Nurse Name: _____

Date & Time: 20/12 @ 8 AM

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 20/7/26

Assessment: Baby having discomfort

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Assess the general condition of the baby	8AM	Assessed the general condition of the baby	by done all these to improv. baby condition.
9AM	Dr. Abhishek sir advis. physiotherapy, opthamal opinion.	9AM	Dr. Abhishek sir advised Physiotherapy done, opthamal opinion done	
11AM	monitor vital sings & record	11AM	monitored vital sings & record	
2PM	Provid comfortable position	2PM	Provided comfortable position	
6PM	Administer medication as Per doctor orders.	6PM	Administred medication as per doctor orders.	

Re-Assessment:

Special Notes:

Nurse Signature: Aruna

Nurse Name: Aruna

Date & Time: 20/7/26 @ 8PM

BAH-00681902 IP5-00176519
 MR. KHANSA AREBA
 28-11-2011 14 Y M 21 D (F)
 DR. ABHISHEK RAVINDRA JAIN

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Assessment: Baby having Dull Activity

Date: 20/12/2016

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10:00	Assess the pt general condition & monitor the vital sign. 2:00 provide the comfortable position. 2:00 Administer the medication as per doctor order 4:00 Maintain the I/O chest	12:30	Assess the pt general condition & monitor the vital sign. 2:30 provide the comfortable position. 5:00 Administer the medication as per doctor order. 7:00 Maintain the I/O chest	Baby condition is improved.

Re-Assessment:

Monitor the vital

Special Notes:

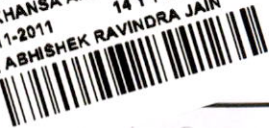
Nurse Signature: V. Paulina

Nurse Name: Flouring

Date & Time: 21/12/2016 @ 8:00am

BAH-00661902
 M^{rs} KHANSA AREESA
 29-11-2011 14 Y 7 M 21 D (F)
 Dr. ABHISHEK RAVINDRA JAIN

IP5-00176519



NURSING CARE RECORD

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Shift: ☒ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

Patient S

BAH-00661902 IPS-00176519

M^s KHANSA AREEBA

29-11-2011

14 Y 7 M 18 D

(F)

Dr. ABHISHEK RAVINDRA JAIN



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NOTHING BUT HAND OVER FORM - WARD

Treating Doctor: D. Abhishek Department: Neuro Date of Admission: 12/11/17

SITUATION	Diagnosis: <u>myocarditis</u>		Any Infection: ☐ Yes ☐ No ☒ Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	<u>CR</u> <u>2:30</u> <u>4</u>	<u>1st Floor</u> <u>8pm</u> <u>8pm</u>	<u>W4 Floor</u> <u>8pm</u> <u>8pm</u>	<u>W5 Floor</u> <u>8pm</u> <u>8pm</u>	<u>W6 Floor</u> <u>8pm</u> <u>8pm</u>	<u>W7 Floor</u> <u>8pm</u> <u>8pm</u>
	Medical Condition (Any special condition to be noted):		<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:		Temp: <u>98.1°F</u>	<u>98.4°F</u>	<u>98.8°F</u>	<u>98.4°F</u>	<u>98.3°F</u>	<u>98.0°F</u>
	Res:		<u>24b/m</u>	<u>26b/m</u>	<u>28b/m</u>	<u>29b/m</u>	<u>25b/m</u>	<u>26b/m</u>
	SpO ₂ :		<u>99%</u>	<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
	Pulse:		<u>101b/m</u>	<u>80b/m</u>	<u>82b/m</u>	<u>90b/m</u>	<u>99b/m</u>	<u>99b/m</u>
	BP:		<u>101/86</u>	<u>110/70</u>	<u>109/80</u>	<u>100/60</u>	<u>105/70</u>	<u>103/71</u>
	Fall Risk Score:		<u>08</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>
Recommendations	Safety Needs:		<u>Yes</u>	<u>side rails</u>	<u>side rails</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
	Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:		<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:		☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Other Special Orders / Medications:		<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:			<u>NO</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Handed Over By Name :			<u>Anush</u>	<u>Prinyanka</u>	<u>Apurajitha</u>	<u>Shanthi</u>	<u>Shobika</u>	<u>Merlen</u>
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:			<u>12/11</u>	<u>12/11</u>	<u>12/11</u>	<u>12/11</u>	<u>12/11</u>	<u>12/11</u>
Time:			<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>2pm</u>
Taken Over By Name :			<u>[Signature]</u>	<u>Apurajitha</u>	<u>Shanthi</u>	<u>Shobika</u>	<u>Merlen</u>	<u>[Signature]</u>
Signature :			<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:			<u>12/11</u>	<u>12/11</u>	<u>12/11</u>	<u>12/11</u>	<u>12/11</u>	<u>12/11</u>
Time:			<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>2pm</u>



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Abhishek Ravindra Jain Department: Ward Date of Admission: 17/02/12

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known				
	<u>Acute Long Cord Myelitis.</u>		If Yes Specify:				
BACKGROUND	Area	Shift Time	<u>1st floor 2pm-8pm</u>	<u>2nd floor 8pm-8am</u>	<u>1st floor 8am-8pm</u>	<u>1st floor 8pm-8am</u>	
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	<u>98.1°F</u>	<u>98.5°F</u>	<u>97.0°F</u>	<u>98.5°F</u>	
		Res:	<u>26</u>	<u>28</u>	<u>22b/m</u>	<u>26b/m</u>	
		SpO ₂ :	<u>100%</u>	<u>99</u>	<u>99%</u>	<u>98%</u>	
		Pulse:	<u>72</u>	<u>99</u>	<u>96</u>	<u>85b/m</u>	
		BP:	<u>102/72</u>	<u>111/65</u>	<u>110/70</u>	<u>112/72</u>	
		Fall Risk Score:	<u>09</u>	<u>09</u>	<u>9</u>	<u>9</u>	
	Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
	Recommendations	Safety Needs:	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
Others Specify:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :		<u>K. Srav</u>	<u>S. Sishu</u>	<u>Aruna</u>	<u>Ravindra</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>19/2</u>	<u>20/2</u>	<u>20/2</u>	<u>21/2</u>		
Time:		<u>@8pm</u>	<u>8am</u>	<u>8pm</u>	<u>@8am</u>		
Taken Over By Name :		<u>S. Sishu</u>	<u>Aruna</u>	<u>Ravindra</u>	<u>K. Srav</u>		
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>19/2</u>	<u>20/2</u>	<u>21/2</u>	<u>21/2</u>		
Time:		<u>8pm</u>	<u>8pm</u>	<u>@8pm</u>	<u>@8am</u>		

Patient Stn



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	1	1	1	1	
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	1	1	1	1	1	
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
TOTAL			8	8	8	8	

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	yes	yes	yes	yes
Call device within reach	yes	yes	yes	yes
Wheels Locked	yes	yes	yes	yes
Room free of clutter	yes	yes	yes	yes
Adequate Lighting	yes	yes	yes	yes
Wheel Chair Support	no	no	no	no
Other Intervention(s) Specify	no	no	no	no
Nurse's Name :	Anil	Sais	Sais	Ravi
Signature :	[Signature]	[Signature]	[Signature]	[Signature]
Date :	14/11/17	20/11/17	20/11/17	21/11/17
Time :	2pm	6am	6am	6am

BAH-00661902 IP5-00176519
 M^{rs} KHANSA AREEBA
 29-11-2011 14 Y 7 M 21 D (F)
 Dr. ABHISHEK RAVINDRA JAIN



BRADEN 'Q' SCALE

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				Date : 21/2			
				Time : 6:45			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:treimity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings 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		
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		
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	20	
Docu. No. : RCHBH /FRM / CLINICAL / 119					Evaluator's Name	ABHISHEK	

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

BAH-00661902 IP5-00176519
M^{rs} KHANSA AREEBA
29-11-2011 14 Y 7 M 18 D (F)
Dr. ABHISHEK RAVINDRA JAIN



BRADEN 'Q' SCALE

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

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

					Date :	14/11/17	19/11/17	20/11/17
					Time :	2pm	6pm	6pm
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. extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	9	4	9	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.	9	4	9	9
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.	9	4	9	9
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.	9	4	9	9
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	9	4	9	9
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.	9	4	9	9
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.	9	4	9	9
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23								
					TOTAL SCORE	28	28	28
					Evaluator's Name	Aud	Abnu	82

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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BAH-00681902
 M^{rs} KHANSA AREEBA IPS-00176519
 29-11-2011 14 Y 7 M 18 D (F)
 Dr. ABHISHEK RAVINDRA JAIN

PAIN ASSESSMENT FORM

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

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

Date	Time	(0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
17/11/20	2pm	0/10	10	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	no no	Amul
17/11	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Apply
18/11	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Apply
18/11	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	shub
18/11	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	SI
19/11	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	SI
19/11	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Brave
19/11	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	SI
20/11	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	SI
20/11	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Amul

Re-assessment Frequency:

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

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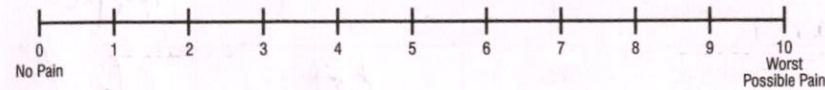
(PT.O)

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



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	20/7 DAY-1			21/7 DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
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				<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>							

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 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										
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										Cannula changed 18/07/16 7.30pm
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : Samar Name : Souvar

Signature of Ward In Charge :

Signature : Norcia Name : Norcia

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner 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		
12/7	2pm	10/10	Fall Risk Education	mother	1	oral	1	1	no	Amish
18/11/20	9am	9	normal diet	m	1	0	1	1	-	nikhilesh
20/11/20	11:40 am	5	Exercise to improve ROM, & tone.	m	1	0	1	1	-	Salma

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: <table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>									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	
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: <table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>									1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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
7/1/12	☒ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	central line	61 Stes	Cep	e	☐ Nursing ☒ Others:
17/1/12 2p	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	myelitis	11 Stes	ivc Cep	①	☐ Medical ☒ Others:
18/1/12 9am	☐ Medical ☐ Nursing ☐ Others:	☒ Initial ☐ Modified ☐ Per-Op ☐ Post Op	long cord myelitis subacute onset left hemi pareisis	Normal diet	ROA:- E:-1850kcal/d P:-33 g/d	Nicklas	☐ Medical ☐ Nursing ☒ Others:
20/1/12 4:30 am	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Decrease wound in @ UL; wound in @ U.	Improve strength & balance tone	Stretching ROM and strength training	Ashish	☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:



DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: 18/7/26

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:

☐ Medication ☒ Yes ☐ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

Remarks

Explain to Mother

NA

NA

NA

NA

NA

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: AB

Nurse Name: Pooja

Date and Time: 18/7/26 6pm

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Ms. KHANSA AREEBA Gender: ☐ Male ☒ Female

UHID No : BAH-00661902 Department : pediatric Neurology Date : 17/7/26

I S/D/W/O

Here by give consent for procedure of : lumbar puncture

For my patient, Named :

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

hypotension, bradycardia

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

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: Soujanya

Patient Attendant :

Signature : Paula

Name : Syeda Farhan Begum

Relationship with Patient: Mother

Date & Time : 17/7/26 @ 4PM

Witness :

Signature : Sheela

Name : Sheela

Date & Time : 17/7/26 @ 4PM

Doctor (who is taking the consent) :

Signature : Soujanya

Name : Soujanya

Date & Time : 17/7/26 at 3pm

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)



Patient Name: Areeba Gender: ☐ Male ☒ Female UHID. No: BAH-00661902 Age: 14

Date: In-Time: Out-Time: 4:30 PM

Doctor Performing Procedure: Dr. Pavi Doctor Giving Sedation: - Assisting Nurse: Dr. Mehta

SIGN IN	Time: <u>3 PM</u>
Patient is verified using two identifiers (Name & UHID)	Yes ☒ No ☐ NA ☐
All required documents, images, studies are available	Yes ☒ No ☐ NA ☐
NPO Status Checked from Patient / Patient Attendant	Yes ☒ No ☐ NA ☐
Consent is Signed	Yes ☒ No ☐ NA ☐
Any need for blood products	Yes ☐ No ☒ NA ☐
If Yes Comment:	
Any Risk of Hemodynamic Compromise	Yes ☐ No ☒ NA ☐
If Yes Comment:	
Any drug or food allergy	Yes ☐ No ☒ NA ☐
If Yes Comment:	
Correct Site of Procedure Marked	Yes ☒ No ☐ NA ☐
All resources required are correct, available and functioning	Yes ☒ No ☐ NA ☐
Signature of the Doctor: <u>[Signature]</u>	
Name of the Doctor: <u>Dr. Pavi</u>	

TIME OUT	Time: <u>4 PM</u>
Correct Patient	Yes ☒ No ☐ NA ☐
Correct Site	Yes ☒ No ☐ NA ☐
Correct Procedure	Yes ☒ No ☐ NA ☐
All the team members introduced	Yes ☒ No ☐ NA ☐
Signature of the Nurse: <u>[Signature]</u>	
Name of the Nurse: <u>Mehta</u>	

SIGN OUT	Time: <u>4:30 PM</u>
Name of the Surgical / Invasive Procedure is recorded	Yes ☐ No ☐ NA ☒
Instrument, Sponge and Needle Count Completed	Yes ☐ No ☐ NA ☒
Specimens are labeled	Yes ☒ No ☐ NA ☐
Any equipment problems are addressed	Yes ☒ No ☐ NA ☐
Signature of the Nurse: <u>[Signature]</u>	
Name of the Nurse: <u>Mehta</u>	

Any Adverse / Unexpected Events

No adverse effects/comp while procedure

EMERGENCY ROOM TRIAGE FORM

Patient's Name : Khansa Areeba Age : 14 yrs Gender: ☐ Male ☒ Female

Date : 12/12/20 Time of Arrival : 11:54 AM Triage Completion Time : 11:56 AM

Allergies: ☐ No ☐ Yes ☐ Food ☐ Medications ☐ Other (Specify): ☐ Not known any drug Allergies

Source of Information : ☒ Parents ☐ Others (Specify):

Mode of Arrival : ☒ Ambulatory ☒ Wheelchair ☐ Stretcher ☐ Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance ☒ Normal ☐ Sick Looking	Work of Breathing ☒ Normal ☐ Increased ☐ Decreased ☐ Gasping / Apnea	☒ Stable ☐ Unstable : ☐ Not - Life - Threatening ☐ Life - Threatening
Circulation / Colour ☒ Normal ☐ Abnormal ☐ Bleeding		

Initial Vital Signs: Temp: 98.1° PR: 102b/m BP: 120/73 (90) RR: 20b/m SpO₂: 100%

Chief Complaints: c/o pain in neck (L) x 2-3 days, weakness of (L) leg x 2-3 days

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☒ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON - URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.

All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☒ No
- Have you had cough or a rash in the past 2 weeks ☐ Yes ☒ No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☒ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☒ Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No
If yes, State Location:
- Are your parents / close contacts at home healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Shavai

Signature of Triage Nurse : [Signature]

Date & Time : 12/12/20 11:56 AM



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 17/7/2011 Time of arrival : 11:56 AM

Chief Complaints: Pain in Neck (C7) 2-3 days, Weakness of (C7) Leg x 2-3 days RBS: ✓

Height : ✓ Weight : 42 kg BMI : ✓ Head Circumference (<2 years) : ✓

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

If yes, identify : NO

Pain Screening: ☒ Yes ☐ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☒ FLACC ☐ Wong Baker

☐ Character : NO ☐ Location : NO ☐ Frequency : NO ☐ Duration : NO

RISK FOR FALL:

- ☐ If patient is < 6 years
tick below fall risk intervention directly

- ☒ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☒ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☒ No
- Uses furniture for support ☐ Yes ☒ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☒ No
- Weak ☐ Yes ☒ No
- Impaired ☐ Yes ☒ No

Mental Status: Forgets limitations ☐ Yes ☒ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- ☐ Escort while ambulating
- ☐ Assist Patient
- ☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☒ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☒ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☒ No Significant Findings

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

If Yes Consultant Notified: NY (Date/Time): NY

Social History: Lives With Family

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

Cultural & Spiritual Needs: ☐ Yes ☒ No if Yes specify NO Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse : 12:10 PM

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

Time	Nursing Notes
	Dr. Seen the pt and assist temp
	→ vitals are recorded
	→ IV placement done
	→ Sample collected and send to lab
	→ shift to plev

Samples collected by: Ann. Lsnal
 Samples sent by :

Time: 12pm
 Time: 2pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>124b/m</u> BP: <u>101/57</u> CFT: <u>20x</u> RR: <u>24b/m</u> SPO ₂ : <u>98%</u> GCS: <u>15/15</u> Temperature: <u>98.1x</u> Pain Score: <u>0/0</u> Repeat RBS (if applicable): <u>nt</u>	Shift - out from ER to: <u>plev</u> Time of Shift - out: <u>2:24</u> Handover given to: <u>Shush</u> (Nurse's Name)

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

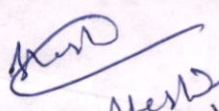
Procedures done with details (if any):

IV placement

Name of the Nurse : Anneeb Signature of the Nurse : [Signature]

Date & Time : 17/7/24

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00661902 IP5-00176519 Ms KHANSA AREEBA 29-11-2011 14 Y 7 M 18 D (F) Dr. ABHISHEK RAVINDRA JAIN 		Date & Time of Admission 17/7/2016 1:04 pm	Date & Time of Transfer Order 17/7/2016 2:30 pm
		Transfer Ordered by Dr. Nandan	Reason for Transfer Admission
From Unit ER	To Unit PSC	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 25	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If Yes, what? op fine	Patient shifted with ID band: Yes ☒ No ☐ If No:	
Number of Imaging Films			
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	1 packet EDTA	1	
2.	inj Adrenaline + Bactopred +		
3.	inj Atropine + 10ml Syringe (5) +		
4.	1 ml Syringe (5) + 5 ml Syringe (3) +		
5.	2.5 ml (1)		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Anand		Name of Person Ordered Transfer Dr. Nandan	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 17/7/2016 2:30 pm			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

* Inj Adrenaline — ①

+ Baetoprep — ①

+ Atropine — ①

* Syringe 10ml — 5

1 ml — 5

5 ml — 3

2.5 ml — 3

* ECG leads — ①

+ Face mask — ③

+ Met Rel 100mg — ①

+ Inj medetolam — ①

* 4x Niddle 22no — ①

+ NS 100ml — ①

+ O₂ mask — ①

+ potogrow 2 — ①

+ glove 6.5 — ②

7.0 — ②

7.5 — ②

* Spinal Needle 22no — ①

* Surgen Cap — ①

+ Troughone — ①

+ visiting room — ①

+ Inj ketamine — ①

Handover given to Mr ~~Somjai~~
digonto

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00651902 Ms KHANSA AREEBA 29-11-2011 Dr. ABHISHEK RAVINDRA JAIN (F) 14 Y 7 M 18 D IP5-00176519 		Date & Time of Admission 17/7/26 11:04 AM	Date & Time of Transfer Order 17/7/26 5:30 PM
		Transfer Ordered by Dr. V. Meeth	Reason for Transfer ward shift
From Unit PICU	To Unit ICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 36	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.	DNS	1	
2.	Inhaler (Used)	1	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☒			
Name & Signature of Person who is Transferring Bro. Sledy		Name of Person Ordered Transfer Dr. V. Meeth	
Patient & Clinical Records Received by : Priyanka			
Date & Time of Patient Received : 17/7/26 6 PM			

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

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



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 18/12/26 Time: 9am

Weight: 47 kgs Centile: >25th

Height: 159 cms Centile: >25th

Inference: well child

RDA: — Calories: 1850 kcal/d Protein: 33 g/d

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy & chilled & outside foods

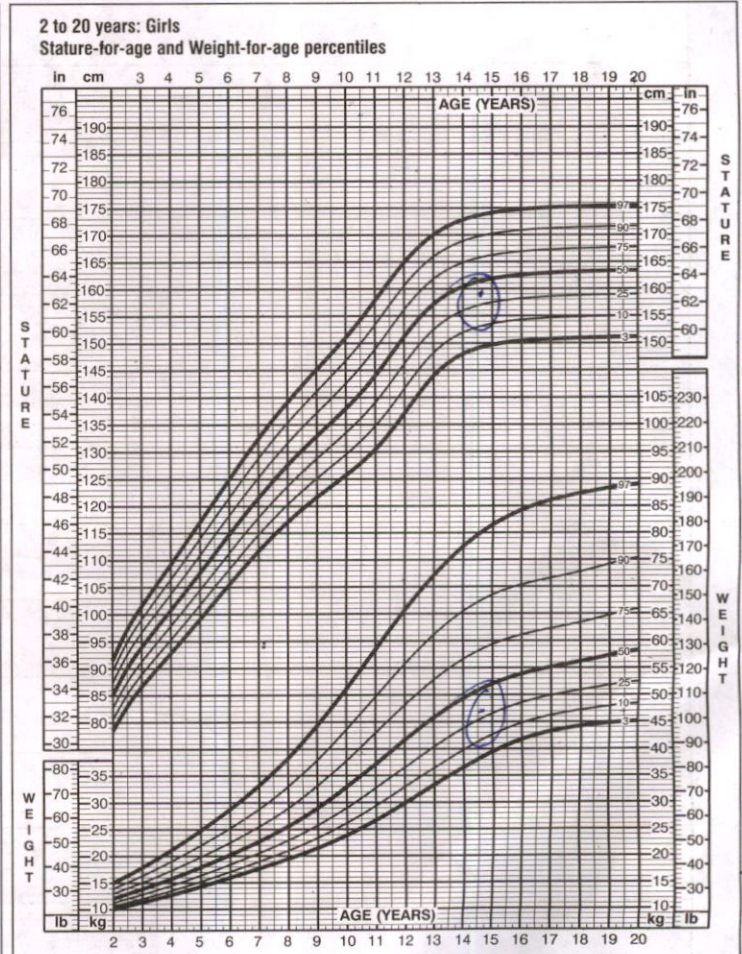
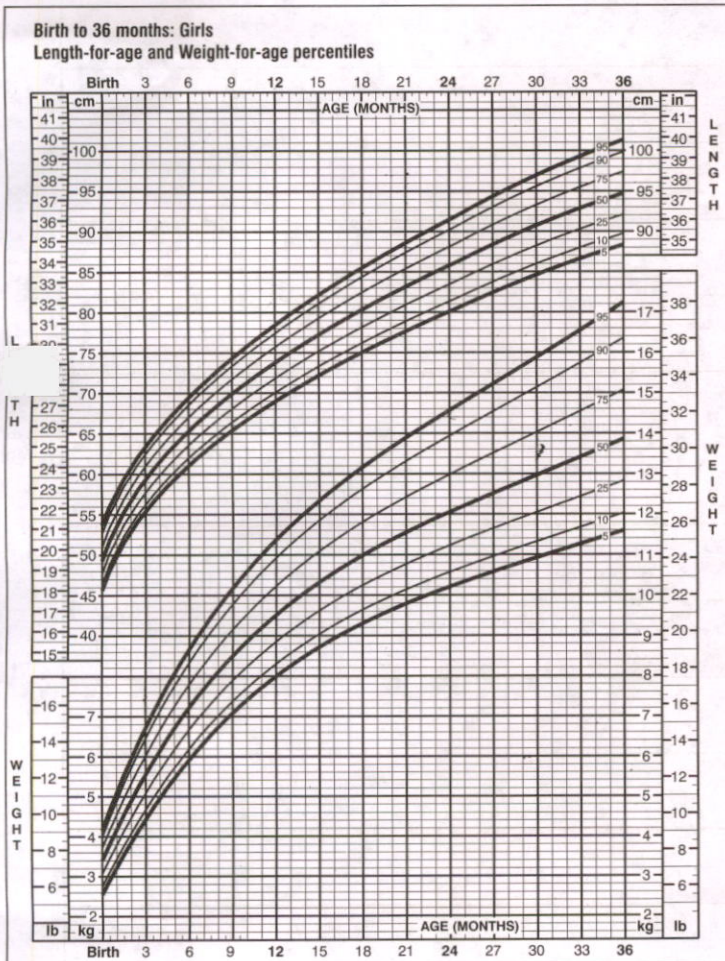
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: Long cord myelitis subacute onset left hemiparesis?

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Polu

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

19/7/2020
11AM

Child is stable Oral Intake is Better
Continue to Normal diet.

- NP/2020

20/7/2020
11AM

Child is stable Oral Intake is optimal
Continue to Normal diet.

- NP/2020