BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

Rainbow® Children's Hospital
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ACTIVITY RECORD FOR BILLING

Name :_____

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

Date of Admission: _____ Time : _____Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/07/26	11:50pm	~~ICU~~	103	~~df~~

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
19/7/26	Blood cls, CBC, CRP	T25T5	
	Sr, calcium., S, Electrolytes		
	Sr. magnesium.		
20/07/26	CXG	240T5	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2017	infusion pump	11:57PM		960545	
		DC			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/7/2019	IV placement NHA	1 1	11693 24073	

ANY OTHER INFORMATION

.....

.....

.....

Nil

.....

.....

.....

Date : 21/7/26 Time : 9:30 pm Prepared By : Surekha

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sureklha	103		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176617 **Admit Date** : 19-Jul-2026 **Admit Time** : 10:59 PM **UHID** : BAH-00632647

Patient Details :

Patient Name	: Master MUTTUKONDU CHARANJITH REDDY	**Age**	: 1 Y 10 M 26 D
Guardian	: Mr MUTTUKONDU GOVARDHAN REDDY	**DOB**	: 23-08-2024 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: 8-2-293/81/16, ROAD NO 14 VENKATESHWARA NAGAR Banjara Hills Hyderabad Telangana INDIA 500034	**Phone No**	: 9940691289
		E-mail	: M.GOVARDHAN@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 103 **Ward Name** : 1F-VIBGYOR

Room No : SPVT 103 **Admission Type** : First Visit

Contact Details :

Name : Mr MUTTUKONDU GOVARDHAN REDDY **Relationship** : Father

Contact Address : 8-2-293/81/16, ROAD NO 14 VENKATESHWARA NAGAR Banjara Hills Hyderabad Telangana INDIA 500034 **Phone No** : 9940691289

Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00832647 IP5-00176617
Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

Patient Name: Charanjith

UHID ID: _____

Department: _____

Consultant: _____

BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex 1 yr 11 months / M

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Fever (↓ Morning) 9AM
Abnormal activity 9:45–10AM

History of present illness :

- Fever intermittent, not relieved on medication, 100.5°F, not associated ↓ chills, rashes.
- Abnormal activity - for 30–50 sec
  - loss of consciousness during episode
  - uprolling of eyes.
  - tightening of upper and lower limbs
  - postictal phase – 10 min (drowsy)
- N/H/O cough, cold, loose stools, vomiting
- N/H/O recent vaccination.
- H/O travel – from Banglore.

BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 27 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	20/7/26	
	Febrile illness	Send CUE
	c febrile seizure	temp control
	first episode	Frisium
		Low
		Dry jaw ++
		20/7/26
20/7	CHILD Resident	DR. UJJWALA DESAI Registration No: 90550
	D1+ Febrile Seizure	
	Max fever - 100.8°F (A)	Plan
	No fresh complaints	- Inj Ceftriaxone
	vitals - Stable	- Inj Frisium.
	Hemodynamically Stable	- Send CUE
		- monitor vitals
20/7 4PM	Seen by Resident.	Rep
	Advis - febrile Seizures	
	Ongoing fever spikes - 101.5°F.	Plan
	Poor oral intake	1. continue CEFTRIAXONE FRISIUM.
	hemodynamically stable	2. Trace CUE.
	chest clear	3. monitor vitals & inform SOS
	abdomen soft	
	hydration fair	Sahithi

BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH (M
23-08-2024 1 Y 10 M 27 D
Dr. UJJWALA DESAI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8:30 AM	Seen by Resident	
	Δ sio - Acute febrile illness c̄ 1st ep of febrile Seizures.	
		Plan
	Afebrile for 20 hrs.	1. Continue medications
	last spike 1PM 101.5°F.	2 R/V plan D/C today
	oral intake better.	
	No fresh issues	
	O/E	
	afebrile, alert	Savitri
	hemodynamically stable.	
	chest clear	
	abdomen soft.	
	ANB - (N)	IV Ceftriaxone
		1gm at 10am
	Discharge	From tomorrow
		Ziprax x 3 day
		Febrile seizure prophylaxis
		give frisium today & stop
		Review: Friday
		Desai
		Dr. Ujjwala Desai Registration No: [illegible]
		Dryj... qa.

BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH
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RESULT SHEET

Date	19/7/26					
Time						
Hb	11.9					
PCV	35.1					
RBC	4.64					
WBC	11460					
N/L	51.6/37.6					
Platelets	3.66					
CRP	17					
ESR						
PCT						
RBS	133					
Na	134					
K	3.9					
Cl	103					
Ca/Mg	10.1/1.8					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	20/7					
Time						
CUE - Alb	⊖					
CUE - Sugar	⊖					
CUE - Ketones	⊖					
CUE - PUS Cells	2-3					
CUE - RBC Cells	1-2.					
CUE nitrite	⊖.					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
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DRUG CHART

Date of Admission: 19/7/26 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 / 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.

[redacted]RSES
- 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 : Syrp CROCIN DS

Dose	Route	Frequency	Start Date	Date / Time
3.5ml	PO	SOS	19/7	
Doctor's Signature	**Valid Period**	**Pharm.**		
(signed)				

Additional Instructions: If temp ≥100°F

[redacted] **DRUG :** Syrp MEFTAL

Dose	Route	Frequency	Start Date	Date / Time
6ml	PO	SOS	19/7	20/7 2:30am (signed)
Doctor's Signature	**Valid Period**	**Pharm.**		
(signed)				

Additional Instructions: If temp ≥101°F

DC

DRUG :

Dose	Route	Frequency	Start Date	Date / Time
Doctor's Signature	**Valid Period**	**Pharm.**		

Additional Instructions:

VERIFIED BY : Name .... Signature

Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

REGULAR PRESCRIPTIONS

Weight. 13kg Ward.

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Date
650mg	iV	BD	19/7

Name & Signature of the Doctor Starting the Drugs: Dr Ramalinh

Additional Instructions:

Date/Time: 19/7, 20/7 — 10am X; 10pm 12:30 am Sona Sona Priyah

OD dod Lahithi 21/7/26.

Daily Doctor's Endorsement by a Sign

DRUG : Inj ESMOPRAZOLE

Dose	Route	Frequency	Start Date
15mg	iV	OD	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 19/7, 20/7, 21/7 — 6am 10:50 pm ER Sona Sona Priyah

Daily Doctor's Endorsement by a Sign

DRUG : TAB FERSIUM

Dose	Route	Frequency	Start Date
1/2 tab	Po	BD	19/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: Has - 5mg

Date/Time: 19/7, 20/7 — 10am X; 10pm 10:50 pm ER Sona Priyah

DC

Daily Doctor's Endorsement by a Sign

DRUG : ENTERODGERMINA

Dose	Route	Frequency	Start Date
1/2 resp	Po	BD	20/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time: 20/7 — 10am; 10pm Sona Priyah

Daily Doctor's Endorsement by a Sign

Dr. UJJWALA DESAI

Weight. ..... Ward. .....

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.	

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.	

Signature .....

VERIFIED BY .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7/26	9:30A	Inj CEFTRIAXONE	1g	IV		Mishty Sneha

25-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

IPS-00176617 BAH-00832647

I.V. FLUIDS CHART

Weight. 13kg 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
19/7	11:57 AM	DNS 2/3rd	iv	30	Py	Saraswathi	21/7	[illegible]	[illegible]
						Saraswathi			

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

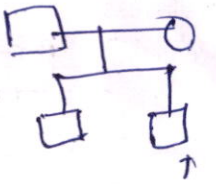
BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

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

Not - Significant

Birth & Neonatal History:



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

According to age

Immunization History :

Till date.

(P.T.O.)

BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 13kg (Centile _____)

On Examination :

Temperature : 100.4°F Pulse Rate : 143/min B.P. 94/74 (81) SPO2 98%

Resp.rate and type of breathing : 30/min

Rash –

Lymphadenopathy –

Oedema : –

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds : Clear

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S_1S_2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : (N)

Ausculation :

Spine : External Genitelia :

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

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Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Active

Cranial Nerves : WNL

Motor System:

Nutriton :

Tone: N Power 5/5

Co-ordinator :

Posture : supine

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars N

Sensory System :

Bladder / Bowel : regular

Clinical Summary & Diagnostic:

Febrile Seizure.

(P.T.O.)

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Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: complicehons

Desired goals of the treatment : Hemodynemic Stability

Planned Labs:

Blood c/s
CBC, CRP, Sr. Calcium
Sr. Electrolytes, Sr. Magnesium

NB
Bhavini
19/7/26

Planned Management

- IVF DNS
- Syp Crocin DS
- Inj Ceftriaxone
- Tab Fefisium.
- Inj Pantoprazole.

Signature of the Doctor: .....
Name of the Doctor: Dr Ramakrishna
Date & Time: 19/7/26

Signature of the Consultant: .....
DR. UJJWALA DESAI
Registration No: 90550
Name of the Consultant: Dr UJ
Date & Time: 20/7/26

BAH-00632647 IP5-00176617
Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 27 D (M
Dr. UJJWALA DESAI

Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/08/24 Time: 2 pm | 6 pm | 10 PM | 2 AM | 6 AM

Doctor / Nurse / Family Concern?

Temperature (F): 104 103 102 101 100 99 98 97 96 95 94
98.4°F | 98.4°F | 98.7°F | 97.5°F | 98.0°F

Heart Rate (bpm) and Blood Pressure (mmHg) * : 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

	100/69 (60)	104/79 (55)	105/77 (64)	90/71 (60)	98/64 (50)
Heart Rate (Number)	110 b/m	110 b/m	103 b/m	106 b/m	110 b/m

Resp. Rate (bpm) (Over 1 Minute) * : 70 60 50 40 30 20 10

Resp Rate (Number)	28 b/m	28 b/m	26 b/m	26 b/m	29 b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2 (l/min)					
O_2 Saturations (%)	99%	100%	100%	100%	99%
Conscious Level: Normal / Altered					
GCS *	15/15	14/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	1	1	1	1	1
Pain Score	0	0	0	0	0
Observer's Initials					

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

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

Patient Sticker

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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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Doc. No. : RCH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 20/7 Time: 2:00 AM 2:50 AM 3:50 AM 6:00 AM 10 am 11:40 AM 1:35 PM

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

99.3F 100.8F (Syp. Metchal) 99.0F 97.6F 98.9F 101.5F (Syp. Metchal)

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

Note: BP does not score in early warning scoring

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

91 (58) 59 — 99 (68) 57 — 98 (62) 54 — 100 (74) 60

Heart Rate (Number) 112 bpm 108 bpm 105 bpm 108 bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 28 bpm 28 bpm 28 bpm 28 bpm

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)		100% RA	100% RA	100% RA	99% RA
Conscious Level	Normal / Altered			
GCS *		15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1	1	1
Pain Score		0	0	0	0
Observer's Initials					

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

- 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

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am			30ml							0	
	01:00 am	DNS		30ml							0	
Total Intake :						**Total Output :**						
	02:00 am			30ml							0	
	03:00 am			30ml							0	
	04:00 am			30ml							0	
	05:00 am	DNS		30ml							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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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
20/07/26	08:00 am		Idly	30ml							0	
	09:00 am			30ml		NA	✓			–	0	
	10:00 am	DNS		30ml				NA			0	
	11:00 am			30ml						✓	0	
	12:00 pm	↑		–							0	
	01:00 pm			–	↓			↓			0	
Total Intake :						Total Output :						
20/07/26	02:00 pm	↑	Rice	30ml							0	
	03:00 pm			30ml			✓				0	
	04:00 pm			30ml		NA		NA			0	
	05:00 pm	DNS		30ml						✓	0	
	06:00 pm			–				↓		✓	0	
	07:00 pm	↑		–	↓					✓	0	
Total Intake :						Total Output :						
20/7	08:00 pm	↑		–							0	Priyanka
	09:00 pm			–							0	
	10:00 pm	DNS		30ml						✓	0	
	11:00 pm			30ml							0	
	12:00 am			30ml			✓				0	Priyanka
	01:00 am	↓		30ml	↓			↓			0	
Total Intake :						Total Output :						
21/7	02:00 am	↑		30ml						✓	0	Priyanka
	03:00 am			30ml							0	
	04:00 am	DNS		30ml							0	
	05:00 am			30ml							0	Priyanka
	06:00 am			–							0	
	07:00 am	↓		–	↓			↓		✓	0	
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: 19/7/26

Assessment: Pt having dul Acfety.

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
12Am	Assess the Pt General condition	12Am	→Assessed Pt General condition	Pt condition is normal.
2Am	→monitor Vital signs	2Am	→monitored Vital signs	
6Am	→maintain I/O chart	6Am.	→maintained I/O chart	
8Am	→Administer the medicat ions as per doctors oder	8Am	→Administered the medications as per doctors order.	

Re-Assessment: W:4

Special Notes:

Nurse Signature: Sri Nurse Name: Sravanthi Date & Time: 20/7/26 8Am

Docu. No: RCHBH /FRM / CLINICAL / 148

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 20/07/16

Assessment: pt having oral activity

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	* Assess the pt General condition	9am	* Assessed the pt General condition	
10am	* checke the pt all vitay	11am	* checked the pt all vitay	
12pm	* maintain IV line chart	1PM	* maintained IV line chart	pt is stable
3pm	* 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: CC/C sending

Nurse Signature: .....

Nurse Name: shanthi

Date & Time: 20/07/16 8pm

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 20/7/26

Assessment: Pyrexia

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8PM →	Assess general Condition of the patient.	8.10 pm →	Assessed general condition of the patient.	By done all implementation, as per doctor's order.
10PM →	Monitor vital signs.	10.10 pm →	Monitored vital signs.	
11pm →	Maintain I/O chart.	11pm →	Maintained I/O chart.	
5AM →	Maintain I.V fluid balance.	5.30 AM →	Maintained I.V fluid.	
→ 6AM	Administer medication as per doctor's order.	6.10 AM →	Administered medication as per doctor's order.	

Re-Assessment: Fever not Reduced

Special Notes: Trace Blood culture

Nurse Signature: PB Nurse Name: Priyanka Date & Time: 21/7/26 8AM

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☐ Night Date: .....

Assessment: .....

.....

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment: .....

.....

Special Notes: .....

.....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Ujjwala Desai Department: Paediatrics Date of Admission: 19/7

SITUATION	Diagnosis: Febrile seizures				Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	ER 11:30pm	1st Floor	2nd Floor 8PM-1st Floor 8AM			
	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	99 F	98.3 F	98.4 F	98.4 F		
	Res:	24 bpm	28 bpm	28 bpm	26 bpm		
	SpO_2:	100%	100%	99%	100%		
	Pulse:	112 bpm	112 bpm	110 bpm	107 bpm		
	BP:	90/52 (M)	95/54	100/60	101/67		
	Fall Risk Score:	14	14	14	14		
	Pain Score:	0/10	0/10	0/10	0/10		
Recommendations	Safety Needs:	NA	NA	NA	side rails		
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	NA	NA	NA	NA		
	Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	NA	NA	NA	NA		
Post Operative Procedure Special Orders:		NA	NA	NA	NA		
Handed Over By Name :		Kethan	Saraswathi	Shanthi	Priyanka		
Signature :							
Date:		19/7	20/7	20/07	21/7		
Time:		10pm	8pm	8 PM	8AM		
Taken Over By Name :		Saraswathi	Shanthi	Priyanka	Sweetha		
Signature :							
Date:		19/7/24	20/07	20/7	21/7/24		
Time:		10pm	8am	8pm	8am		

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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THE HUMPTY DUMPTY SCALE 19/7 21/7

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

Intervention : -Fall Risk : Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		yes	yes			
	Call device within reach		yes	yes			
	Wheels Locked		yes	yes			
	Room free of clutter		yes	yes			
	Adequate Lighting		yes	yes			
	Wheel Chair Support		NO	NO			
	Other Intervention(s) Specify		NO	NO			
	Nurse's Name :		Kabir	Priyanka			
	Signature :			P.S			
	Date :		19/7	20/7			
	Time :		10P	6A			

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BRADEN 'Q' SCALE

				Date : 20/7	21/7		
				Time : 6P	6AM		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	
"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	
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	
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	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	
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	
				TOTAL SCORE	28	28	
				Evaluator's Name	LP	Pmyan	

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

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

Patient Sticker

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PAIN ASSESSMENT FORM

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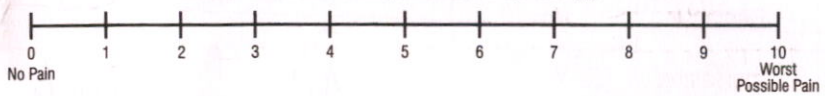
		...core ...)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/7	10p	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	[signature]
20/7	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/07	2PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/7	10PM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Priyanka
21/7	6AM	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	Priyanka
				☐ 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:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

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

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, SaO_2	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

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Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 26 D (M)
Dr. UJJWALA DESAI

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Lingam..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social & Rehabilitation Needs
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		
19/1/26		1	Infection control measure.	M	1	0	1	1	NA	
20/1/26	8am	9	soft diet	F	1	0	1	1	-	Nikitha

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
2. Physical Impairment
3. Emotional Barriers
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process/Cognitive limitations
8. Responsibilities at Home
9. Cultural Differences
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision/ or Hearing
13. Cultural/Religion Practice
14. Others (Specify .....

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

Patient Sticker

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnc

Da / Ti..			Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
19/7	☑ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Febrile seizure	Hemodynamic stability	IV fluids Meds	N.R.	☐ Nursing ☐ Others:
19/7 Top	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Seizure activity	Stability	IV fluids - fever Management	AJ	☐ Medical ☐ Others:
20/7/26 8am	☐ Medical ☐ Nursing ☐ Others: Dietician	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	febrile seizures	soft diet	RDA:- E:-1200kcal/d P:-20g/d	Nithya	☐ 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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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 (19/7/26)			DAY-2 (20/07/26)			DAY-3 (21/7)			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			
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		1	–	1	–	–	–			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		BR	–	–	–	–	–			
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		1	–	1	–	–	–			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			–	–	–	–	–			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			–	–	–	–	–			
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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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 cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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DISCHARGE PLANNING FORM

Nationality: .....

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

1. Anticipated Date of Discharge: as per doctors 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	Explain to mother
☐ Walking	☐ Yes	☐ No	
☐ Dressing	☐ Yes	☐ No	
☐ Toileting	☐ Yes	☐ No	

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: Sri

Nurse Name: Sravanthi

Date and Time: 19/7/26 06pm

Docu. No. : RCHBH /FRM / CLINICAL / 191

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Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 11:50pm Mode of Arrival: Wheel Chair. Admitting From: ☑ ER ☐ OPD ☐ Direct

Allergy / Adverse Reaction ..... Body Weight: 13 Kg

NO Allergical reaction Height: — cm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Family History: Nil

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

If yes please list, ...

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

.....

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

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

Observations: Weight: ..... Length: — Head Circumference (< 2 years): —

Temp.: 98.3F° HR: 115b/m RR: 26b/m BP: 85/59

Pain Score: — Specify Site: — (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 13 (Document in the Humpty Dumpty Sheet)

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

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

Character of Pain — Location — Frequency — Duration —

FUNCTIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

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

Social History: Lives With ..... family .....

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

All Information Obtained From ☐ Patient ☑ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand hygiene Explained: ☑ Yes ☐ No ☐ Others

Patient Rights & Responsibilities: ☐ Yes ☐ No

Information given to ..... mother .....

Nurse Signature: .....

Nurse Name: ..... Sravanthi .....

Date: ..... 20/7/26 .....

Time: ..... 12Am .....

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00832647 IP5-00176617 Master MUTTUKONDU CHARANJITH 23-08-2024 1 Y 10 M 26 D (M) Dr. UJJWALA DESAI	19/07 @ 10:59 pm	19/07/26 @ 11:50 pm
	Transfer Ordered by: Dr Preetiba	Reason for Transfer: Admission
From Unit: ER	To Unit: 103	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: -19-	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: Nil		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNS + Intrafix	1
2.	Inj: PCM	3
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Keerthana	Dr Preetiba.

Patient & Clinical Records Received by : Saraswathi

Date & Time of Patient Received : 20/7/26 12 Am.

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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Master MUTTUKONDU CHARANJITH
23-08-2024 1 Y 10 M 27 D (M)
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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/3/26 Time: 8am

Weight: 13 kgs Centile: >50th

Height: 87 cms Centile: >50th

Inference: well child

RDA: – Calories: 1200 kcal/d Protein: 20 g/d

Diet Recommendations: soft diet

Re-Assesment: Avoid spicy, chilled & outside foods.

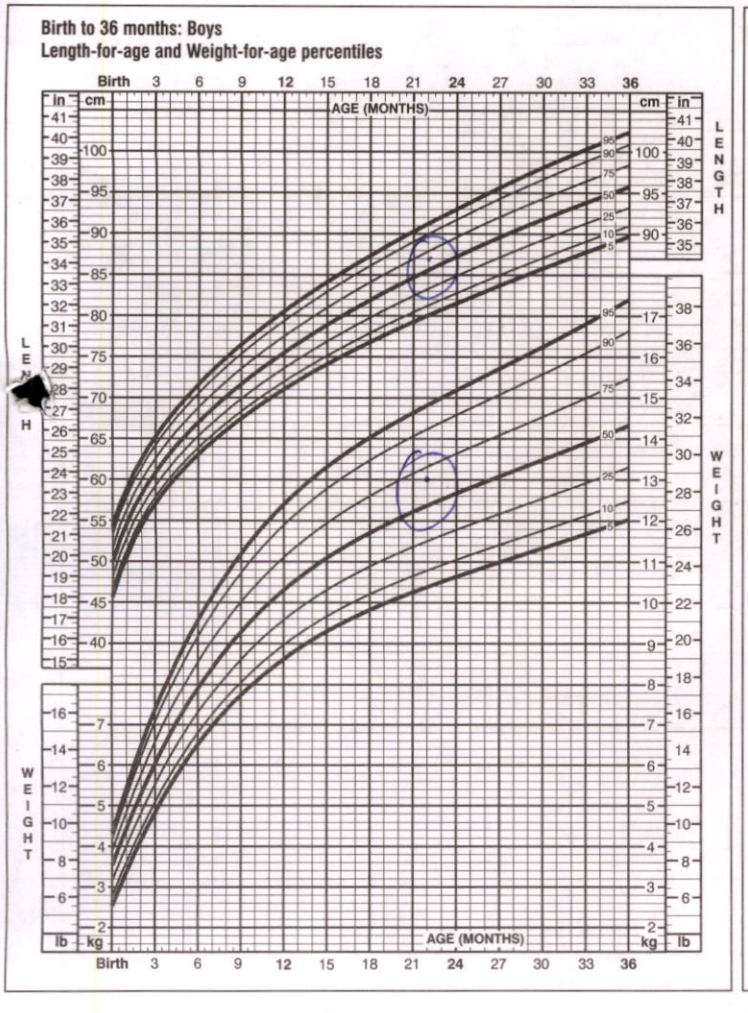
Food Allergies: NO Veg/Non-veg Non-veg

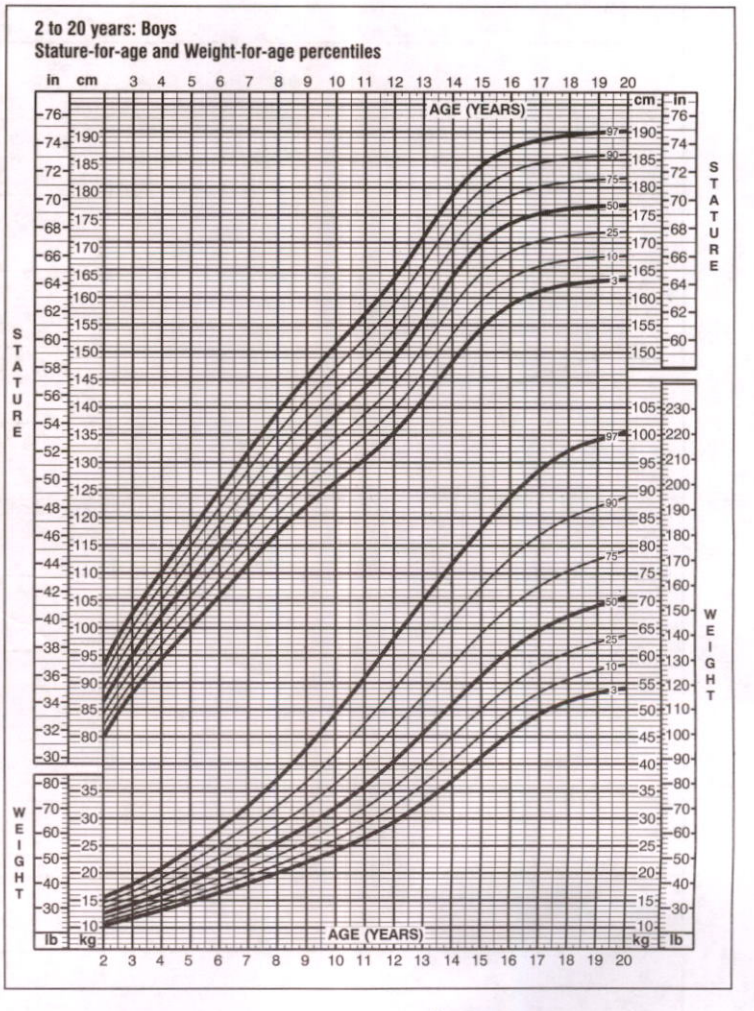
Diagnosis: Febrile seizures

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: M. Gyl

GROWTH CHART (BOYS)





Dietician's Name Nikitha Dietician's Signature Nikitha

Daily Notes: