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ACTIVITY RECORD FOR BILLING

VIH-00162503 IPS-00176769
Master RUDHVIK PANDUGA
05-05-2023 3 Y 2 M 17 D (M)
Dr. SANDHYA VADDADI

Name :_____

UHID 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
22/7/26	1:50pm	ER	ONO (IST)	Abhishek

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/7/26	RBS	26073636	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/7	Infusion pump	1	6pm	9716746	Dy

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/7/26	Chemotherapy	1	9716749	

ANY OTHER INFORMATION

Date : 22/7/26 Time : 5pm Prepared By : Neethu

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Nasheep	Oncology		

VIH-00162503 IP5-00176769
Master RUDHVIK PANDUGA
05-05-2023 3 Y 2 M 17 D (M)
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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	1			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk	1			
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1 e 1			
32	Investigation Values (result sheet)				
33	Nebulization chart	1			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Entire	6			
	Total No. of Pages	25			

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

Signature and Date :

22/7/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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 : IP5-00176769 **Admit Date** : 22-Jul-2026 **Admit Time** : 01:31 PM **UHID** : VIH-00162503

Patient Details :

Patient Name	: Master RUDHVIK PANDUGA	**Age**	: 3 Y 2 M 17 D
Guardian	: Mr PANDUGA GOUTHAM KUMAR	**DOB**	: 05-05-2023
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 11-2-473/2, UPPER BASTI Namala Gundu Secunderabad Telangana INDIA 500061	**Phone No**	: 8885827267/ 8019627267
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : FOUR SHARING **Bed No** : FSW 137 **Ward Name** : 1F-HEMATO-ONCOLOGY

Room No : FSW 137 **Admission Type** : First Visit

Contact Details :

Name : Mr PANDUGA GOUTHAM KUMAR **Relationship** : Father

Contact Address : H NO 11-2-473/2, UPPER BASTI Namala Gundu Secunderabad Telangana INDIA 500061 **Phone No** : 8885827267

M. Goutham
Signature

Doctor Details :

Doctor Name : Dr. SANDHYA VADDADI **Specialisation** : HEMATO ONCOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00162503 IP5-00176769
Master RUDHVIK PANDUGA
05-06-2023 3 Y 2 M 17 D (M)
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ADMISSION CRITERIA – ONCOLOGY

Admission / Transfer from:

☑ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

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

- ☐ For Chemotherapy-Day Care or IP Admission as per the Type of Chemotherapy
- ☐ Febrile Neutropenias (ANC <500 cells / mm3)
- ☐ Netropenic Enterocolitis
- ☐ Mucositis Induced Significant Diarrohea or Pain
- ☐ Neurological Complications (like Seizures, Bleeding, Thrombosis) that can arise while on Chemotherapy Treatment or at the Time of Presentation and also for other Systemic Problems like Pancreatitis during Chemotherapy
- ☐ Management of Oncological Emergencies
- ☐ Bleeding Problems (where it is indicated)
- ☐ Evaluation and Management of Severe Anemias
- ☐ Day Care Admissions for PRBC Transfusions
- ☐ Evaluation and Management of Sick Children who come with Hematological Problems like Severe Anemia like Autoimmune Hemolytic Anemia/ Bleeding/ Others
- ☐ Primary Immunodeficiency Disorders with Infections that Warrants Hospitalisation
- ☐ Management and Evaluation of Hemophagocytic LymphoHisticytosis
- ☐ Any Systemic Disorders with Significant Hematological issues like JRA / SLE with Secondary HLH

Signature of the Doctor: .....

Name of the Doctor: Dr. Sravani

Date & Time: 22/7/26 @ 2pm

Patient Sticker

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DISCHARGE CRITERIA – ONCOLOGY

Discharge to:

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

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

- ☐ Completion of chemotherapy, with no debilitating side effects.
- ☐ Resolution of febrile episode, with no fever>24hrs and Absolute Neutrophil count (ANC)> 500cells/mm3.
- ☐ Admitted patients - Once the admitting problem gets resolved or made a plan to manage further on out-patient basis.

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

VIH-00162503 IP5-00176769
Master RUDHVIK PANDUGA
05-05-2023 3 Y 2 M 17 D (M)
Dr. SANDHYA VADDADI

(1)

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-hvik pandugs

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 1:20pm	C/S/B Dr Ramya Sammeta ER Resident	
	K/C/O T cell ALL high course / CNS -ve / GPR	
	came for chemotherapy	
	No H/o fever, cough, cold	
	O/E child active	Rx
	C/C	→ plan for chemotherapy
	Temp - 98.4°F	- Inj ondansetron
	HR - 122bpm	- Syp Domstal
	BP - 111/72 (82)	- Inj. Bortezomib tomorrow
	RR - 20/min	- vitals monitoring
	SpO2 - 100% ERA	
	CVS - S1S2+	AIB Savitri @ 3pm
	Res - BAE+	
	P/A soft	
22/7/26	non tender	
	CBP - Hb% 11.4	
	WBC - 4090	
	Neut - 59.8%	
	Platelet - 484x10⁹/µL	

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/23 3pm	Evening rounds	
	TUM ALL / High count / CNS ⊖ / GPR.	
	No fever	Adv.
	Vomitings -	1) Chemo as per chart
	Vitals (N)	2) D/C T/m
		3) F/u →
	S/E - SWS	
	Mg / (V) P/D	NB Savitri @ 4pm
		Dhanthela

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 14.8 kg Ward .....

DRUG : TAB. LANSOPRAZOLE

Dose	Route	Frequency	Start Dt.
20mg	PO	OD	22/12

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	22/12																
Time	6am	X															

DRUG : SYP UPRISED D3 ₹6

Dose	Route	Frequency	Start Dt.
60K	PO	OD	22/12

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	22/12																
Time	8pm																

DRUG : SYP SEPTRAN

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	22/12

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	22/12																
Time	9pm																

DRUG : SYP Calcium

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	22/12

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	22/12																
Time	8pm																

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

VIH-00162503 IP5-00176769
Master RUDHVIK PANDUGA
05-05-2023 3 Y 2 M 17 D (M)
Dr. SANDHYA VADDADI

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 14.8 kg Ward OPD

DRUG : Syp Zincovit

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	22/7/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
22/7	
8pm	

DRUG : TAB. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
4mg	Po	12H.	22/7/26 8am

Name & Signature of the Doctor Starting the Drugs: N. Pearlish

Additional Instructions: 1tab. fn morning.

Daily Doctor's Endorsement by a Sign

Date / Time	
22/7	
8pm	X

DRUG : T. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
	Po	12H.	22/7/26 6pm

Name & Signature of the Doctor Starting the Drugs: N. Pearlish.

Additional Instructions: 4mg → ½ tablet in the night.

Daily Doctor's Endorsement by a Sign

Date / Time	
~~22/7~~	
6pm	X

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

VERIFIED By: Name Signature

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Master RUDHVIK PANDUGA
05-05-2023 3 Y 2 M 17 D (M)
Dr. SANDHYA VADDADI

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DRUG CHART

Date of Admission: 22/7/26 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.

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 :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date ▸ / Time ▾														

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date ▸ / Time ▾														

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature	Valid Period	Pharm.

Additional Instructions:

Date ▸ / Time ▾														

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

05-05-2023 3 Y 2 M 17 D (M)
Dr. SANDHYA VADDADI

REGULAR PRESCRIPTIONS

Weight. 14.81 kg Ward. ....

DRUG : INJ ONDANSETRON

Dose	Route	Frequency	Start Date	Date/Time	22/7
3mg	IV	12hrly	22/7/26	6am	X
				9pm	[illegible]

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : ~~SYP DOMPERIDONE~~

Dose	Route	Frequency	Start Date	Date/Time
~~5mg~~				

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : SYP DOMPERIDONE

Dose	Route	Frequency	Start Date	Date/Time	22/7
3mg (3ml)	PO	12hrly	22/7/26	8am	X
				8pm	

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : TAB DE~~XAME~~THASONE

Dose	Route	Frequency	Start Date	Date/Time
4mg	PO	12hrly	22/7/26	

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

Additional Instructions:
1tab at 8am
1/2 tab at 10pm

Daily Doctor's Endorsement by a Sign

Dr. SANDHYA VADDADI

IP5-00176769

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

I.V. FLUIDS CHART

Weight. ..... 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

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

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Master RUDHVIK PANDUGA
05-05-2023 3 Y 2 M 17 D (M)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER Shifted to: 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	TAB DEXAMETHASONE	4mg 1 1/2 tab	PO	12hrly	22/7/26	☑C ☐DC
2	TAB RANSOPRAZOLE	20mg 1 tab	PO	24hrly		☑C ☐DC
3	SYP. UPRISE D_3 (60K)	5ml	PO	OD		☑C ☐DC
4	SYP SEPTRAN	5ml	PO (Monitored for)	BD	24/7/26	☑C ☐DC
5	Syp. Calcium	5ml	PO	BP		☑C ☐DC
6	Syp. Zincovit	5ml	PO	OP		☑C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ramya Sammeta

Date & Time : 22/7/26 1:30pm

Nurse Name & Signature: .....

Date & Time : .....

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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											
	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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FLUID CHART

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BirthRight™ BY RAINBOW HOSPITALS
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Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am			ER								
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm			100ml					150ml			
	05:00 pm			60ml								
	06:00 pm			60ml								
	07:00 pm			60ml								
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	

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

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CONSENT FOR CHEMOTHERAPY

Patient Name : Rudhvik Pandiga Age : 3yr Gender : Male ☑ Female ☐

UHID No : VIH - 00162 Department : PNO. Date : 22/7/26

Type of Chemotherapy : Intravenous

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

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

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

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

Patient Attendant :

Signature : P Gautham Kumar

Name : P. Goutham Kumar

Relationship with Patient: Father

Date & Time : 22/7/26 @ 4pm

Witness :

Signature : P Gautham Kumar

Name : P Goutham Kumar

Date & Time : 22/7/26 @4pm

Doctor (who is taking the consent):

Signature : d

Name : Eravani

Date & Time : 22/7/26 3pm

VIH-00162503 IPS-00176769
Master RUDHVIK PANDUGA
05-05-2023 3 Y 2 M 17 D (M)
Dr. SANDHYA VADDADI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE 22/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4					
	3 to less than 7 years old	3	3				
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	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				
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	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				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	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				
	TOTAL		11				

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

	Bed in low position		✓				
	Call device within reach		✓				
	Wheels Locked		✓				
	Room free of clutter		✓				
	Adequate Lighting		✓				
	Wheel Chair Support		✓				
	Other Intervention(s) Specify		✓				
	Nurse's Name :		Abhishek				
	Signature :		Abhi				
	Date :		22/7				
	Time :		1:20pm				

Docu. No. RCHBH / FRM / CLINICAL / 005