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 : IP5-00176036 **Admit Date** : 06-Jul-2026 **Admit Time** : 02:06 PM **UHID** : BAH-00389935

Patient Details :

Patient Name	: Master MANDAPATI SAI ARAVIND REDDY	**Age**	: 8 Y 3 M 9 D
Guardian	: Mr MANDAPATI NAGENDRA BABU	**DOB**	: 27-03-2018
Gender	: Male	**Religion**	: Hindu
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 1-399/1/A/1, PADMAVATHI COLONY, ROAD NO. 01 Stn Jadcherla Ho Mahabubnagar Telangana INDIA 509301	**Phone No**	: 8091682441/ 7018402581
		E-mail	: MANDAPATI.NREDDY@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 121 B **Ward Name** : 1F-GENERAL WARD I

Room No : GW 121 B **Admission Type** : First Visit

Contact Details :

Name : Mr MANDAPATI NAGENDRA BABU **Relationship** : Father

Contact Address : H NO 1-399/1/A/1, PADMAVATHI COLONY, ROAD NO. 01 Stn Jadcherla Ho Mahabubnagar Telangana INDIA 509301 **Phone No** : 8091682441

Signature

Doctor Details :

Doctor Name : Dr. VENKATA LAKSHMI A **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

Name :_____

BAH-00389935 IP5-00176036
Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

UHID No. : _____ IP N _____ t: _____ Dept : _____

Date of Admission: _____ ischarge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	3:30pm	ER	121 B	

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
6/7	CBP, CRP, RP2, RBS, Blood c/s,	67643.	[signature]
	CXR, USG Abdomen	33549.	[signature]
6/7	CUE	06521	[signature]
6/7	5 Viral panel	26067681	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/7/24	S Infusion Pump	5:40pm	Stop	9890781	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/7/26	IV placement	(1)	90305	
6/7/26	NHA		9690782	

ANY OTHER INFORMATION

1. chest x-ray
2. USG abdomen

Date : 8/07/26 Time : 10:00am Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Gen-1 / 12-B		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: SAI ARAVIND REDDY

UHID ID: _____

Department: _____

Consultant: _____

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Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

BAH-00389935 IP5-00176036
Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

Pediatric Multi... History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

fever, vomitings
Poor oral intake
cough, cold / 2 week

History of present illness :

H/o Abdominal pain ⊕
H/o Headache ⊕
H/o ~~Backache~~ Bodypains ⊕.
H/o vomitings ⊕ — 2 episodes / day,

c/o dysuria x 2 weeks.
high coloured urine ⊕

BAH-00389935 IP5-00176036
Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Normal neonatal transition

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal for age

Immunization History :

Immunized till date

(P.T.O.)

Bladder / Bowel :

Clinical Summary & Diagnostic: ? UTI.

(P.T.O.)

Patient Sticker

BAH-00389935 IP5-00176036
Master MANDAPATI SAI ARAVIND (M)
27-03-2018 8 Y 3 M 9 D
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 30.85 (Centile ________)

On Examination :

Temperature : 100.3°F Pulse Rate : 105/min B.P. 101/59 (68) SPO2 98% C RA

24/min

BAH-00389935 IP5-00176036
Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Infection

Desired goals of the treatment : Resolution of symptoms

Planned Labs:

- CBP, CRP
- RFT
- WE, RBS
- Chest X Ray
- USG abdomen
- Blood C/S

N/B
[signature]

Planned Management

- IV Fluids
- Cefotax
- Meftal
- Antibiotic – plan after reports

Signature of the Doctor: N. Pra

Name of the Doctor: N. Peadiatrician

Date & Time: 06/7/26, 7:40pm

DR. VENKATALAKSHMI A
Registration No: 50115

Signature of the Consultant: ....

Name of the Consultant: [signature]

Date & Time: 6/7/26

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Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/3/18 4:15pm	C/S/B Resident	
	Δ: AFI (D7) + suspected UTI	
	fever spikes (+) poor intake	Adv.
	O/E: alert/dull look stable vitals chest clear. abdomen soft some dehydration (+)	1.) Send 5 viral panel 2.) Fever management 3.) Monitor vitals 4.) Full IVF to cont maintainee
		Akhila

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Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 9:15 AM	Seen by Resident	
	Δsis - ~~URTI~~ AFI (D8)	
	Afebrile since admission	
	oral intake - better.	Plan
	vomitings - None	1. Trace 5 viral panel
	cough - better	2. ~~R/v mycoplasma IgM~~.
	O/E	3. Trace blood c/s.
	child asleep, afebrile	4. IV fluids - @1/2 maint
	Hemodynamically stable.	5. Start Augmentin
	CVS - S1S2 ⊕	
	RS - BAE ⊕, equal, no added sounds	Sahithi
	P/A soft. NT	
CUE - Ⓝ		
USG - mesenteric LN		
Xray - Ⓡ paracardiac haziness		
7/7/26 3:20 PM	Seen by Resident.	
	Δsis - Influenza A illness	
	child afebrile, on room air	Plan.
	oral intake improving	1. Add Syp OSELTAMIVIR.
	hemodynamically stable	2. monitor vitals & inform SOS
	Chest clear	
	abdomen soft.	3. Trace blood c/s.
		Sahithi

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27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/2/20 8:20 AM	Seen by Resident.	
	D/s - Influenza A illness.	Plan
	Afebrile	1. Continue medications
	Oral intake fair	2. Plan D/C today
	no fresh issues	Oseltamivir.
	~~O2~~ On room air	Laxzol.
	Chest clear	R/V -
	abdomen soft.	
		Sahithi
	C/1/B Dr. VL mam	
8/2	D: Influenza A illness.	
		plan
		- NS drops (nasivion - P)
		- Oseltamivir
		- cough syrup. (Ascoril plus)
		- Tab Lenzol.
		R/w After 3 days.
		[signature]

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27-03-2018 8 Y 3 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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RESULT SHEET

Date	6/7					
Time						
Hb	12.8					
PCV						
RBC						
WBC	4210					
N/L	60/33					
Platelets	2-11 L					
CRP	5					
ESR						
PCT						
RBS	79.					
Na	134					
K	4.6					
Cl	104					
Ca/Mg						
Phosphate						
Urea	24					
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L HCO_3^-	21					

Date	6/7/26					
Time	3 Pm.					
CUE - Alb	(+)					
CUE - Sugar	⊖					
CUE - Ketones	⊖					
CUE - PUS Cells	2-3.					
CUE - RBC Cells	5-6.					
CUE granular cast (+).						
hemolysed blood trace.						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : Blood C/S - N.G

5 Viral panel - Flu A (+)ve. Flu B, RSV, COV - Neg.
Adeno - ⊖

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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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: 121

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
						☐ 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 : N. Pratusha. N. Dr

Date & Time : 6/7/26, 1:40 pm.

Nurse Name & Signature: Nr. Susmita

Date & Time : 6/7/26 @ 2:37 pm

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DRUG CHART

Date of Admission: 6/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

DRUG : SYP. CROCIN DS — Date / Time

Dose	Route	Frequency	Start Date
10ml	PO	SOS	6/7

Doctor's Signature: N.P | Valid Period | Pharm.

Additional Instructions: (5ml/240 mg) IF Temp ≥ 99.9°F max 6th hourly

DRUG : SYP. MEFTAL-P — Date / Time

Dose	Route	Frequency	Start Date
12ml	PO	SOS	6/7

Doctor's Signature: N.P | Valid Period | Pharm.

Additional Instructions: IF Temp. ≥ 101°F max 8th hourly

DRUG : — Date / Time

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Signature

VERIFIED BY : Name .....

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Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

REGULAR PRESCRIPTIONS

Weight. 30/85 kg Ward. ....

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

	Date / Time	7/7	8/7
DRUG: Inj AMOXYCILLIN CLAVULANATE			
Dose: 900 mg | Route: IV | Frequency: T/D | Start Date: 7/7			
	6am		10am
Name & Signature of the Doctor Starting the Drugs: Sahitri			
	2pm	4pm	
Additional Instructions:			
	10pm		
Daily Doctor's Endorsement by a Sign			

	Date / Time	7/7	8/7
DRUG: Syp OSELTAMIVIR			
Dose: 5 ml | Route: PO | Frequency: BD | Start Date: 7/7			
Name & Signature of the Doctor Starting the Drugs: Sahitri	6AM	X	
		4:10pm	
Additional Instructions: 5 ml | 60 mg	6pm		
Daily Doctor's Endorsement by a Sign			

	Date / Time	7/7	8/7
DRUG: Inj ESOMEPRAZOLE			
Dose: 30 mg | Route: PO | Frequency: OD | Start Date: 7/7		4:10pm	
Name & Signature of the Doctor Starting the Drugs: Sahithi	6AM		
Additional Instructions:			
Daily Doctor's Endorsement by a Sign			

27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

Weight. 30.85kg 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
6/7/26	2:52 pm	Tab MEFTAL FORTE	1tab	PO		Susmita Israil

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

27-03-2018 8Y3M9D (M)
Dr. VENKATA LAKSHMI A

I.V. FLUIDS CHART

Weight. 30.85 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
6/7/26	3:40pm	DNS	IV	60	N.Pre	[signature]	7/7	[signature]	[signature]
7/7	7am	DNS @ 50% maint	IV	30	[signature]	[signature]	7/7	[signature]	[signature]

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

BAH-00389935 IP5-00176036
Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 10 D (M)
Dr. VENKATA LAKSHMI A

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 27/3 Time: 2am 6am

Doctor / Nurse / Family Concern?

Temperature (F)

104 103 102 101 100 99 98 97 96 95 94

98 F 98 F

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

101 96 32 80 69 70

Heart Rate (Number) 112bm 103bm

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

70 60 50 40 30 20 10

Resp Rate (Number) 22bm 22bm

Resp Distress	Mod/ Severe		
	None / Mild		
Receiving O_2(l/min)			
O_2Saturations (%)		99%	99%
Conscious Level	Normal		
	Altered		
GCS *		15/15	15/15
TOTAL SCORE Number of shaded boxes		1	1
Pain Score		0	
Observer's Initials			g

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)

BAH-00389935 IP5-00176036
Master MANDAPATI SAI ARAVIND (M)
27-03-2018 8 Y 3 M 9 D
Dr. VENKATA LAKSHMI A

No. : RCHBH/ FRM / CLINICAL / 126

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 07/07/26 Time:	8am	6am	12 Pm	3:30pm	6 pm	10pm
Doctor / Nurse / Family Concern?						
Temperature (F) (104–94)	97.8°F	97.9	96.7F	99.2°F	99.4°F	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)	98/62 (71)	100/56 (71)	97/63 (70)		100/60 (69)	100/66 (77)
Heart Rate (Number)	76bpm	78bpm			110bpm	86b/m
Resp. Rate (bpm) (Over 1 Minute) * (70–10)						
Resp Rate (Number)	26bpm	28bpm	30bpm		28bpm	26b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild						
Receiving O_2(l/min)						
O_2Saturations (%)	100%	100%	97%		100%	100%
Conscious Level — Normal						
Conscious Level — Altered						
GCS *	15/15	15/15	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						

Note: BP does not score in early warning scoring

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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Your Right to a Safe Delivery

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)

BAH-00389935 IP5-00176036
Master MANDAPATI SAI ARAVIND
27-03-2018 8 Y 3 M 9 D (M)
Dr. VENKATA LAKSHMI A

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

SCHOOL AGE (5-12 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 8/7/16 Time: 10 pm

Doctor / Nurse / Family Concern? 6pm

Temperature (F)
104 103 102 101 100 99 98 97 96 95 94
98.3 98.5

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
199 (42) 60 102 95 83

Heart Rate (Number) 111b/m 98bm

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

Resp Rate (Number) 27b/m 23m

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

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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										0	
	03:00 pm										0	Cleaned
	04:00 pm	DNS		60ml						✓	0	
	05:00 pm	DNS		60ml							0	Cleaned
	06:00 pm			60ml							0	
	07:00 pm			60ml							0	Cleaned
Total Intake :						**Total Output :**						
6/7	08:00 pm			60 ml							0	
	09:00 pm			60 ml			✓			✓	0	Nibh
	10:00 pm	DNS		60 ml							0	
	11:00 pm	DNS		60 ml							0	
	12:00 am			-							0	
	01:00 am			-							0	Nibh
Total Intake :						**Total Output :**						
7/7	02:00 am			-							0	
	03:00 am			60ml							0	Nibh
	04:00 am	DNS		60ml							0	
	05:00 am			60ml							0	
	06:00 am									✓	0	
	07:00 am										0	Nibh
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							
7/07/26	08:00 am	1	60ml	60ml	1						0	
	09:00 am		60ml	60ml	1						0	
	10:00 am	DNS iv fluid	60ml	60ml	NPO						0	Jaanavee
	11:00 am		60ml	60ml							0	
	12:00 pm	1	60ml	60ml	1						0	
	01:00 pm											
Total Intake :						Total Output :						
7/07/26	02:00 pm	1	NPO RICE								0	
	03:00 pm										0	
	04:00 pm	DNS NO INF			NPO						0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output :						
7/7/26	08:00 pm	1									0	
	09:00 pm	NO DNF									0	Priyanka
	10:00 pm										0	
	11:00 pm										0	
	12:00 am										0	Priyanka
	01:00 am	1									0	
Total Intake :						Total Output :						
8/7/26	02:00 am	1									0	
	03:00 am										0	Priyanka
	04:00 am	NO DNF					NP				0	
	05:00 am										0	
	06:00 am						1				0	Priyanka
	07:00 am	1									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: 06/07/2026

Assessment: Baby having dull activity & sneezing

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the baby general condition and monitor the vitals and record.	8:10 pm	Assessed the baby general condition and monitored the vitals and recorded.	By doing all above procedure baby condition improving well.
10pm	→ Doctor advice continue DNS @ 60ml/hr.	10:10 pm	→ Doctor advised continued DNS @ 60ml/hr.	
12am	→ Plan for antibiotics by seeing reports.	12:10 am	→ Planned for antibiotics after seeing the reports.	
2 am	→ Provide comfortable position	2:30 am	→ Provided comfortable position	
4am	→ Encourage nutritional diet.	4:10 am	→ Encouraged nutritional diet	
8am.	→ Ensure the safety needs	8:10 am	→ Ensured the safety needs	

Re-Assessment: Re assessment done

Special Notes: Trace reports

Nurse Signature: Sravanthi Nurse Name: K. Sravanthi I.D. 607682 Date & Time: 07/07/26 @ 8pm

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NURSING CARE RECORD

Shift: ☑ Morning ☐ Afternoon ☐ Night Date: 07/07/26

Assessment: Pt having ... activity

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	=> Assess the pt general condition	8:30 am	=> Assessed the pt general condition	
9am	=> vitals monitore	9:30am	=> vitals monitored	pt is stable
10am	=> maintain comfortable position.	11am	=> provided comfortable position	
12pm	=> medication given as per doctors order.	2pm	=> medication given as per doctors order	

Re-Assessment: ...

Special Notes: Trace reports.

Nurse Signature: Jamuna Nurse Name: Jamuna Date & Time: 7/7/26 @ 2pm

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NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 07/07/26

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
2pm	* ASSess The pt General condition	2:30 pm	* ASSessed The pt General condition.	pt is stable
3pm	* Check The pt all vitals	3:30 pm	* checked the pt all vitals	
4pm	* maintain I/o chart	5pm	* maintained I/o chart	
6pm	* provide comfortable position	6pm	* provided comfortable position.	
7pm	* administer all medication given as per doctor order.	8pm	* administered all medication given as per doctor order	

Re-Assessment: .....

Special Notes: NA

Nurse Signature: ..... Nurse Name: shanthi Date & Time: 07/07/26 8 pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 7/7/26

Assessment: poor oral intake

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

Time	Plan of Care	Time	Implementation	Evaluation
8PM →	Assess general condition of the patient.	8:10 pm →	Assessed general condition of the patient.	By done any implementation, as per doctor's order.
10pm →	Monitor vital Signs.	10pm →	Monitored vital signs.	
11pm →	Maintain I/O chart.	11pm →	Maintained I/O Chart.	
6AM →	Administer medication as per doctor's order.	6AM →	Administered medication as per doctor's order.	
7AM →	Provide Side rails.	7AM →	Provided Side rails.	

Re-Assessment: Re-Assessment done by checking vitals.

Special Notes: Trace Blood culture Reports.

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

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Venkata Lakshmi A Department: 121 Date of Admission: 6/7/26

SITUATION

Diagnosis: ?. UTI

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	ER 3:30 pm	1st floor 3:30pm Sh	1st floor 8pm to 8am	1st floor 8am to 2pm	1st floor 2pm to 8pm	1st floor 8pm-8am
Medical Condition (Any special condition to be noted):	Nil	NA	NA	NA	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:		98.3F	98F	98.4F	98.4F	98.4F
Res:	24b/m	26b/m	22m	18bm	18bm	27b/m
SpO_2:	97%	98%	99%	100%	99%	100%
Pulse:	108b/m	101b/m	102m	120m	110bm	106b/m
BP:	101/59(68)	98/60	109/69	100/60	110/62	103/71
Fall Risk Score:	10	10	10	10	10	10
Pain Score:	0	0/10	0/10	0/10	0/10	0/10

Recommendations

Safety Needs:	yes	yes	yes	yes	yes	side rails
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	Nil	NA	NA	NA	NA	NA
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	Nil	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:	Nil	NA	NA	NA	NA	NA
Handed Over By Name :	Sushmita	Chandan	Sravanthi	Jamuna	Shanthi	Prayanka
Signature :						
Date:	6/7/26	6/7/26	7/7/26	7/7/26	7/7/26	8/7
Time:	3:30 Pm	@8pm	8am	2pm	8pm	8AM
Taken Over By Name :	Chandan	Sravanthi	Jamuna	Shanthi	Prayanka	Shanthi
Signature :						
Date:	6/7/26	6/7	7/7/26	7/7/26	7/7	7/7/26
Time:	@5:30p	8pm	@8am	2pm	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 6/7/26 2/7 8/7

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	2	2	2		
	13 years old and above	1					
Gender	Male	2	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	1		
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own Ability	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		
	Outpatient Area	1	7				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	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		
	TOTAL		10	10	10		

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

	Bed in low position			Yes	Yes	
	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	NO	
	Other Intervention(s) Specify		NO	NO	NO	
	Nurse's Name :		Sushmita	Sravani	Pooja	
	Signature :				P.B	
	Date :		6/7/26	7/7	8/7	
	Time :		2:44 pm	6am	6:41am	

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BRADEN 'Q' SCALE

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					Date : 6/7/24	7/7	8/7	
					Time : 2:40pm	6am	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	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	
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.	1.	1	1	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	
				TOTAL SCORE	25	25	25	
				Evaluator's Name	Sushmita		Poojari	

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

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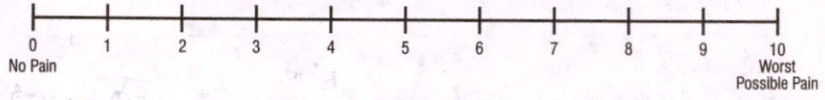
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
6/7/26.	2:40 pr	2	Abdominal Abd	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	[illegible]	[signature]
6/7	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	~~☐ Yes~~ ☐ No	NA	Nihi
7/07	6am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
7/07/26	2pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA NA	[signature]
8/7	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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CHECKLIST FOR THROMBOPHLEBITIS

07/07/26 08/07/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0			
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				Sraa	SG		Priya				

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 : Anirban Name : Anirban

Signature of Ward In Charge :

Signature : Neeraja Devi Name : Neeraja Devi

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: Telegu 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		
6/7/26	3pm	7.	Infection control measures	M	4	O	1	1	—	
6/7/26	3:30 pm	9	Normal diet + plenty of liquids	F	1	O	1	1	—	Maanasa

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

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
6/7/26 @ 2:55 pm	☑ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	? UTI	Hdynamic stability	IV medications		☐ Nursing ☐ Others:
6/7/26 @ 2:55 pm	☐ Medical ☐ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	? UTI	H. stabl	Iv medicatio		☐ Medical ☐ Others:
6/7/26 3:30 pm	☐ Medical ☐ Nursing ☑ Others: Dietician	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	? UTI	Normal dPet-t Plenty of liquids	RDA E:- 1550kcals/d P:- 27g/d	Nanda	☐ 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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DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: as per doctor Order

2. Destination Post Discharge: ☑ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

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

☐ Needs Assistance In:

			Remarks
☐ Medication	☑ Yes	☐ No	
☐ Bathing	☐ Yes	☑ No	
☐ Eating	☐ Yes	☑ No	
☐ Walking	☐ Yes	☑ No	Explain to Parents
☐ 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: Hand hygiene

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

☐ Patient ☑ Family Member ☐ Others: .....

Nurse Signature: .....

Nurse Name: Chandan

Date and Time: 6/8/16 @ 3pm

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121B

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 6/7/26 Time: 3:30pm

Weight: 30.85 Centile: 75th

Height: 126 cms Centile: 75th

Inference: Overweight child

RDA: — Calories: 1550 kcals/d Protein: 27g/d

Diet Recommendations: Normal diet & plenty of liquids

Re-Assesment: Avoid spicy, chilled and outside foods

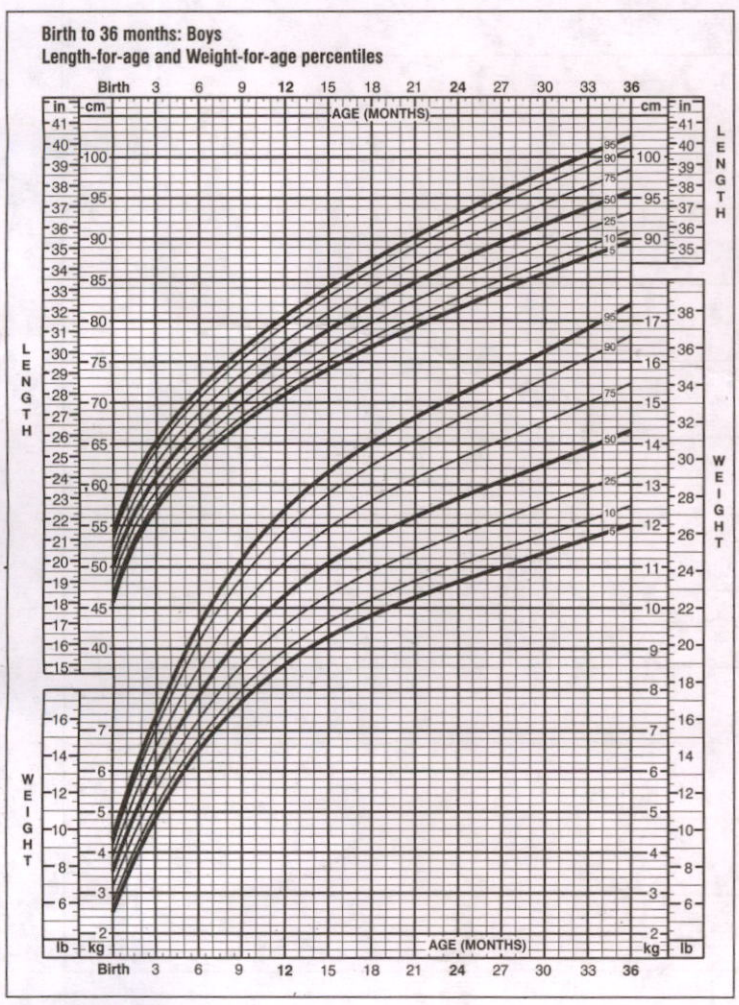
Food Allergies: NO Veg/Non-veg non-veg

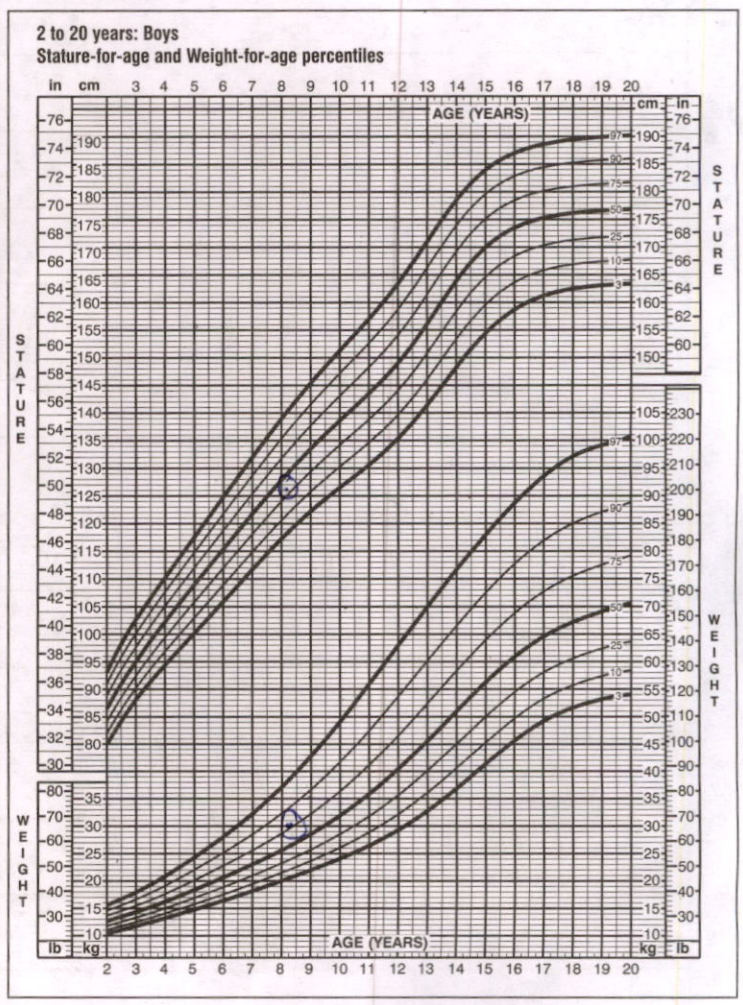
Diagnosis: ? UTI

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Mounica Dietician's Signature Mounica

Daily Notes:

7/7/26 10:30 Am Child is stable Oral intake is Better

Continue c̄ Normal diet c̄ plenty of liquids - [illegible]