

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006486 Admit Date : 03-Jun-2026 Admit Time : 12:33 PM UHID : HNH-00011999

Patient Details :

Patient Name : Master TIRTH TALAWAT Age : 0 Y 7 M 11 D
Guardian : Mr KAMLESH KUMAR TALAWAT DOB : 23-10-2025 06:30 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : H.NO: 5-2-566 Osmangunj Hyderabad Phone No : 9849669915/ 9849069915
Telangana INDIA 500012 E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : ER01 Ward Name : GF -EMERGENCY
Room No : ER01 Admission Type : First Visit

Contact Details :

Name : Mr KAMLESH KUMAR TALAWAT Relationship : Father
Contact Address : H.NO: 5-2-566 Osmangunj Hyderabad Phone No : 9849669915
Telangana INDIA 500012

Kamlesh

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :


Payment Mode : Cash Deposit Amount : 10000.00
Payor Name : CARE HEALTH INSURANCE LIMITED

10

10

ACTIVITY RECORD FOR BILLING

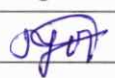
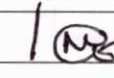
Name: **HNH-00011999 IP26-00006486**
Master TIRTH TALAWAT
23-10-2025 0 Y 7 M 11 D (M)
Dr. PRITESH NAGAR

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
3/6/26	1:20pm	ER	ward	 / 

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
8/6/20	Tr amula	1	3891	A.E
3/6/28	NHA	①	3939	[Signature]
cross checked done by [Signature]				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Rainbow[®] Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____

Pediatric Multiorgan History & Physical Examination

Name: Tirth Talawat

DOB 23/10/2025
Age/Sex 7 months

Informant Aunt

Reliability ok

Chief Presenting Complaints & Duration (Chronologically):

cf loose stools - 20 to 25 episodes: yesterday evening.
cf vomiting - 4 to 5 episodes: morning
cf cough - 2 to 3 days
old
Fever - yesterday (After immunisation)

History of present illness:

A 7 months old child presented c

cf → loose stools 2 to 25 episodes: yest evening.

↓
yellowish colour
water

foul smelling non blood stained.

cf → vomiting:

- non-bilious, non-blood stained.
- content - food,

cf cough - dry type, not a/w postnasal drip / noisy br.

old - sunning nose +

Fever - intermittent, post vaccination yest, ↓ on kv.

oral intake reduced. urine o/p ↓.

Pediatric Multiorgan History & Physical Examination

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

nil significant

Birth & Neonatal History :

FT NVD, Bwt - 3.2kg, CIAB, NO-NICU admission.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

uptodate,

Immunization History :

immunised uptodate

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 7.97kg (Centile _____)

0°C
Skin turgor +
Rehydration

On Examination :

Temperature : 100.4F Pulse Rate: 110/min Description wnl.

B.P. _____ SPO2 100% at RA

Resp. rate and type of breathing : 30/min shglmic.

Rash NO Signs of dehydration

Lymphadenopathy NO

Oedema : NO

Respiratory system :

Inspection (any s/o distress) : NUBS+, B/LAET, No added

Air entry & breath sounds : Sounds

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : S/S 2+, No added sounds

Heart Sounds : _____

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection Non distended, no scars

Palpation : Soft, Non-tender, no hbm

Auscultation : BS+

Spine: wnl. External Genitalia : normal

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : conscious GCS 15/15

Cranial Nerves : wnl

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : wnl

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR 3+

Superficials :

Plantars flexor

Sensory System :

wnl

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

Acute Gastroenteritis with dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Dehydration / shock

Desired goals of the treatment :

hydration, monitor v.o.

Planned Labs :

CBC
CRP
VBG

Planned Management :

- IV DNS @ 33ml/hr
+ ~~and keep~~

- ENTEROGERMINA
VIAL 1-0-1 x 3 days

- Zinc

- ONDASETRON

Please fill up the following details

- Name of the Referring Doctor : Dr. Bitesh
- Name of the Referring Hospital : _____
(Including the name of City)
- Contact number of the Referring Doctor : _____
(Preferring Mobile #)
- Name of the doctor in Rainbow Team _____ on
whose name the patient is being referred

Doctor's Signature Name

[Signature]
Dr. Pooja Nagar
Consultant Pediatrician & Intensivist
Reg. No. 187187

Date

3/6/26

Time

12:45
~~11:00~~ AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 12:45 pm	<p>C/S/B- Dr Prashanti Dr. Alekhya</p> <hr/> <p>Δ- Acute Gastroenteritis & dehydration.</p> <p>loose stools fever & sp. kst</p> <p>O/E</p>	<p>Advice</p>
	<p>HR- 100/min RR- 30/min BP- 100/60 mmHg.</p> <p>S/E</p> <p>PA soft, NT, no hem.</p>	<p>① IVF PlasmaLyte 33 me / hr.</p> <p>② Probiotic's</p> <p>③ Zinc.</p>
	<p>AST BS (WNL)</p>	<p><i>[Signature]</i></p>

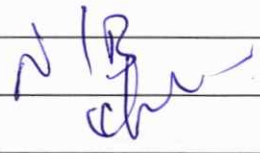


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/25 1:40 PM	S/B Dr-Sneeghen D AGF electrolyte	Plg
	VBA shows	- IV N bolus load over 1 hour
	pH - 7.27	
	pO ₂ - 33	- IVF PLASMAUF + load 2.5% Dextrose
	pO ₂ - 46	@ 33ul
	HCO ₃ - 15.8	
	Base - 11.6 etc	- Monitor Input/output
		- w/2 dehydrator
		- Trace reports
		P 12-500
		@ 1B of protocol



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 5:30 PM	<p>S/B Dr Pritesh</p> <p>△ AGE 6 c severe dehydration</p> <p>no fever spike</p> <p>Oral intake fair</p> <p>Loose stools + passing urine</p>	<p><u>Adm</u></p>
	<p>O/E GC fair</p> <p>Vitals stable</p> <p>Hydration -</p> <p>PA: Soft</p>	<p>1) U/o Monitoring</p> <p>2) CT IVF full fluids</p>
		<p>3) B₄ Nappynase (LABI)</p> <p>4) Add. Redotil</p>
		<p>N/B </p>

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No. 47184





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6 7:30 AM	<u>chs/BS Dr. Pranav / Dr. Tharini</u> <u>Δ' - Acute Gastroenteritis & Severe Dehydration</u> Loose stools (P)	
		Plan
	Fever ← 101.5°F @ 7pm No Vomiting 100.2°F @ 12:30pm Urine - Passed @ night Not since later	1) IVF - Full (M)
		2) Redotel socht. Inj Order.
	Baby Alert Vitals Stable R-S - B/LAE @ P/A - soft CRT < 3sec	3) Pro GG. Z KD.
		B4 Nappy dry 4) Monitor vitals
		5) Consult Virology to route U.O
		NIB apart. <u>Pranav</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/25	US/B de. Perterh	
9am	Acute UE c some dehydration	
	- multiple episodes of loose stools (+)	
	- fever spikes (+)	
	- cough (+)	
	O/E	Plan
	vitals : no tachypnea.	1) IVF - 2/3 main
	S/E :	2) ct. Kidney supportive care
	RS : BAE (+)	3) send comp ^{flu} panel now
	wheez (+)	4) reb c level in → 6th h.
		5) start I/O & output monitoring
		6) Rest ct. as per Rx chart
		N/B

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47184



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/25 3:00 pm	S/B Dr Prabhath.	
	Δ AGE - Severe dehydration	
	Loose stools frequency ↓	200 ml 5ml/kg/hr
	No fever since 2AM.	last skin.
	Cough +	Adv
	Oral intake - fair.	
	o/e vitals stable	① CT. IVP 2/3 Maintenance
	hydration - fair.	for now
	PA: soft.	② CT. Redotel
		③ Force flupanel
		④ CT. Nel Levolea 96+
		⑤ CT. I/O charting
		⑥ Post CT as per chart
	Drunk	
		S/B chart.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8 AM	d/s/by Dr Anuhe	
	AGE \bar{c} dehydrat	<u>Plan</u>
	leontods - (V) Intak Hydration } Good	✓ (P) glu panel
	<u>vital</u> stable	✓ <u>IV</u> fluids - stop
	<u>S/E</u> CRT \leq 3sec	✓ Monitor vitals
	(Rb) B/c AE (+) NURS (+)	✓ cl Redolil
	(P/A) soft	PROG G. ONIDEM.
	<u>Al</u>	N/B - Dystonia
		8:26 AM 5/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/24 9:15 AM	SIB Dr. Pritesh	
	Δ A/C E dehydrated Hem	Plan
	Loose stools of	
	Atebric	- (2 x D drop) - 14 days
	Vibely stable	to be 1
	CVI - 5450	- Pro Gln drop ^{soche} - 3 days
	M - BK - A/C	Discharge
	PLA 304	- Flup on Monday
	conscious.	- Neb = Levoflo 8 th h x 2 days
		- By NAPP 1 Ga 2A x 3 days
		- SITZ bath - 3 days.

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist,
 Reg. No: 47184



REGULAR PRESCRIPTIONS

Weight. 7.97kg Ward.

Verified by
 Dr. Dhakshayani

DRUG : PROGU SACHET				Date/Time	3/6	4/6	5/6
Dose	Route	Frequency	Start Date				
1 SACHET	PO	BD	03/06				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

Verified by
 Dr. Dhakshayani

DRUG : SYD. ZINC.				Date/Time			
Dose	Route	Frequency	Start Date				
5ml	PO	OD	03/06				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

Verified by
 Dr. Dhakshayani

DRUG : SYD OXIDEM				Date/Time	3/6		
Dose	Route	Frequency	Start Date				
4ml	PO	TID	3/6				
Name & Signature of the Doctor Starting the Drugs:				STOP			
Additional Instructions:				3/6			
Daily Doctor's Endorsement by a Sign							

DRUG : Drip. 2KD				Date/Time	3/6	4/6	
Dose	Route	Frequency	Start Date				
2ml	one l	OD	3/6				
Name & Signature of the Doctor Starting the Drugs:				B. Singh			
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							



Sheet No:

REGULAR PRESCRIPTIONS

Weight 7.9 kg Ward

Verified by
 Dr. Dhakshayani

Signature

DRUG : INJ. ONDEN				Date/Time	2/6	4/6	5/6			
Dose	Route	Frequency	Start Dt.							
10mg IV	TID	3/6	6/25		X					
Name & Signature of the Doctor Starting the Drugs:				[Signature]						
Additional Instructions:				[Handwritten notes]						
Daily Doctor's Endorsement by a Sign				[Signature]						

DRUG : Bu NAPPI CREME				Date/Time	3/6	4/6	5/6			
Dose	Route	Frequency	Start Dt.							
10g	RD	3/6	6/25		X					
Name & Signature of the Doctor Starting the Drugs:				[Signature]						
Additional Instructions:				[Handwritten notes]						
Daily Doctor's Endorsement by a Sign				[Signature]						

DRUG : REDOTEL SACHET				Date/Time	3/6	4/6	5/6			
Dose	Route	Frequency	Start Dt.							
1 Sachet	PO	TID	3/6	6/25	X					
Name & Signature of the Doctor Starting the Drugs:				[Signature]						
Additional Instructions:				[Handwritten notes]						
Daily Doctor's Endorsement by a Sign				[Signature]						

DRUG : NERC LEVOLIN				Date/Time						
Dose	Route	Frequency	Start Dt.							
0.3mg	neb	Q.6th	4/6							
Name & Signature of the Doctor Starting the Drugs:				[Signature]						
Additional Instructions:				[Handwritten notes]						
Daily Doctor's Endorsement by a Sign				[Signature]						



MEDICATION RECONCILIATION FORM

Drug Allergies: No Not known any Drug Allergies

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

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

Shifting From: Dr 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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

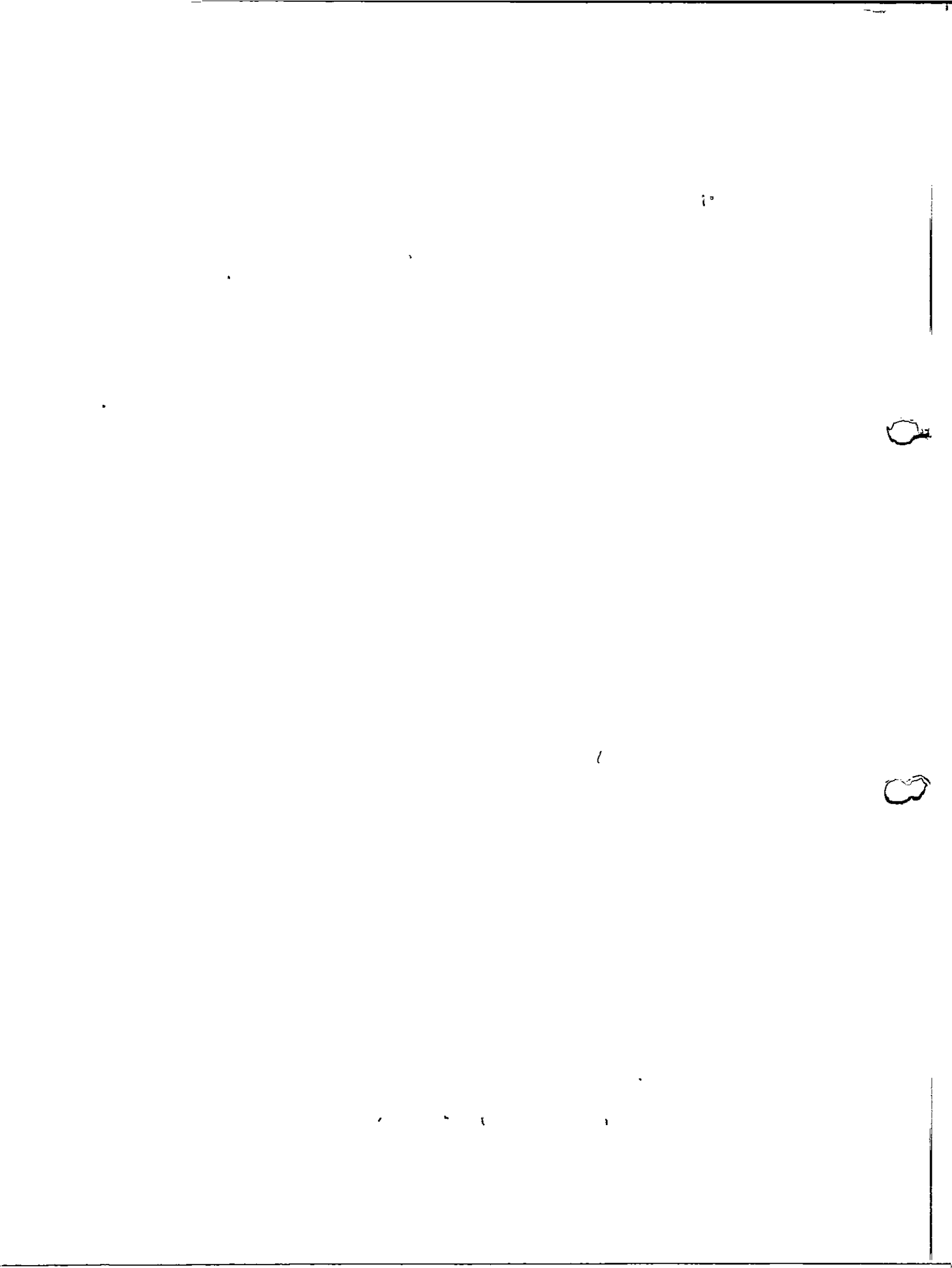
Doctor Name & Signature : Dr Prasanthi

Date & Time : 3/6/26 @ 12:20 PM

Nurse Name & Signature: Nyoni / VJO

Date & Time : 3/6/26 @ 12:22 PM

Docu. No. : RCH / FRM / GENERAL / 090



Date	Time	Input	Vibe	Motion
3/6/26	9-10pm 11pm	Subudana pms ORS		4 times 3 times
4/6/26	12:50am 4:30am 6:30am	ORS		1 times 1 time 1 time
	7:40am 7:44am 7:55am			1 time
				2 times
				1 times



Levolin - 6th hole

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

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

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00	Levolin (0.31mg) ①	afuske 20/10/25	Diksha
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00	Levolin	Not willing	Beansi
	17.00			
	18.00	Levolin ①	Sudha	Beansi
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

First of all,

Spring of 1944



Levofin 6th hourly



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
5/4/26	00.00	Levofin	(2)	<i>[Signature]</i>
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00		(3) Not willing	<i>[Signature]</i>
	07.00			
	08.00	Levofin	<i>[Signature]</i>	<i>[Signature]</i>
	09.00		4343 ✓	
	10.00			
	11.00			
	12.00			
	13.00			
	14.00	Levofin	(1) 4366	
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00011999 IP26-00006486
Master TIRTH TALAWAT
23-10-2025 0 Y 7 M 11 D (M)
Dr. PRITESH NAGAR



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RESULT SHEET

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

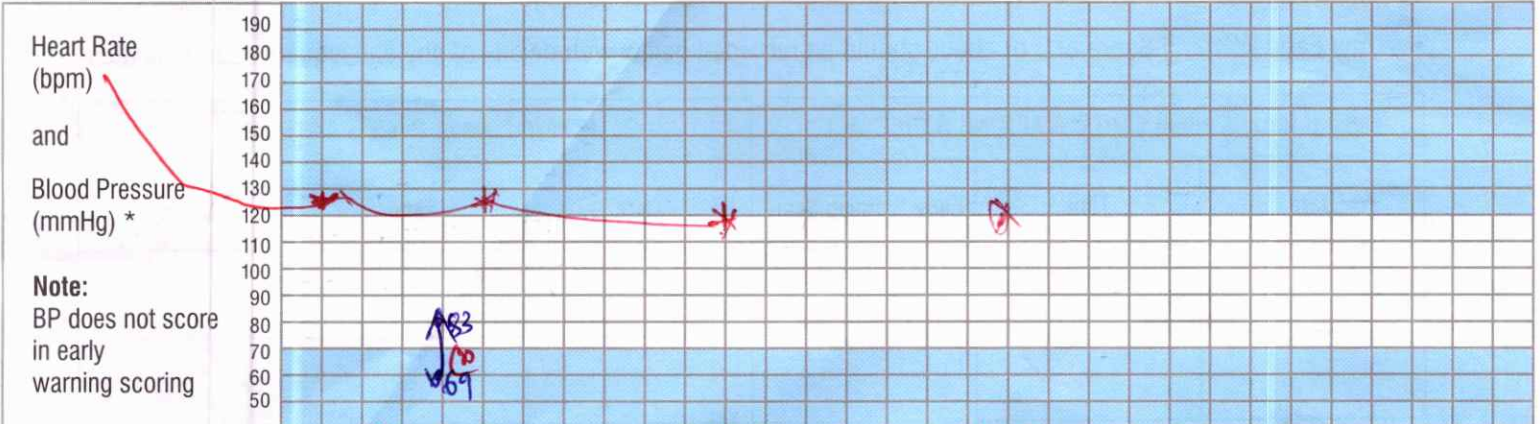
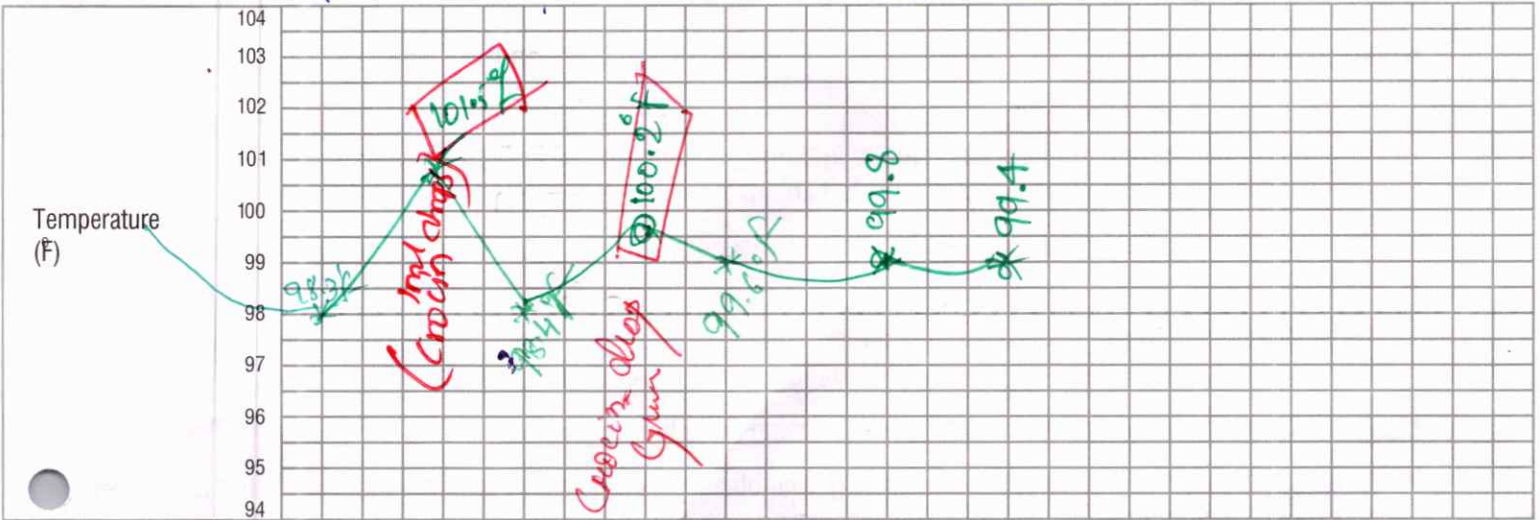
BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	3/5/26				
Time					
Hb	11.2				
PCV	32.2				
RBC	5.51				
WBC	8.81				
N/L	46.5/442				
Platelets	360				
CRP	6.0				
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					



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 9/16/26	Time: 2 AM	10	12:30 AM	2:15	4	6
Doctor / Nurse / Family Concern?	PM	PM	Am	AM	Am	Am



Heart Rate (Number)	129b/m	136b/m	126b/m	128b/m
Resp. Rate (bpm) (over 1 Minute)	20b/m	28b/m	32b/m	34b/m
Resp Mod/ Severe Distress				
Receiving O ₂ (l/min)				
O ₂ Saturations (%)	100%	100%	100%	100%
Conscious Level				
GCS *		15/15	15/15	15/15

TOTAL SCORE				
Number of shaded boxes	0	1	0	0
Pain Score	0	0	0	0
Observer's Initials	PN	PN	PN	PN

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

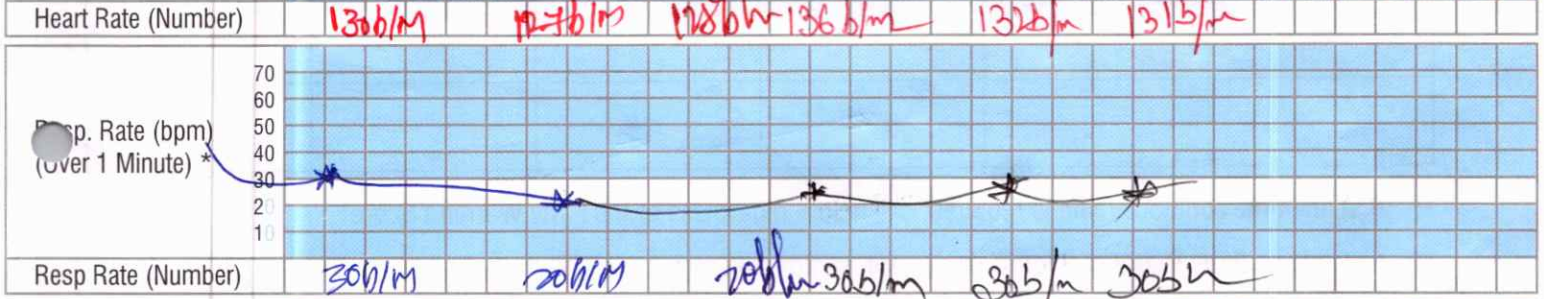
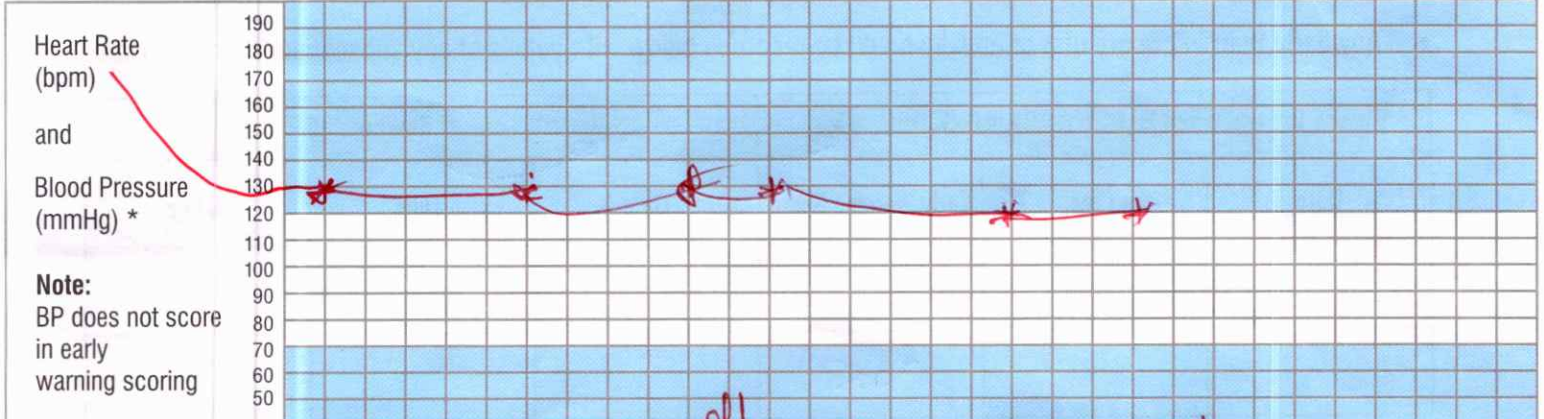
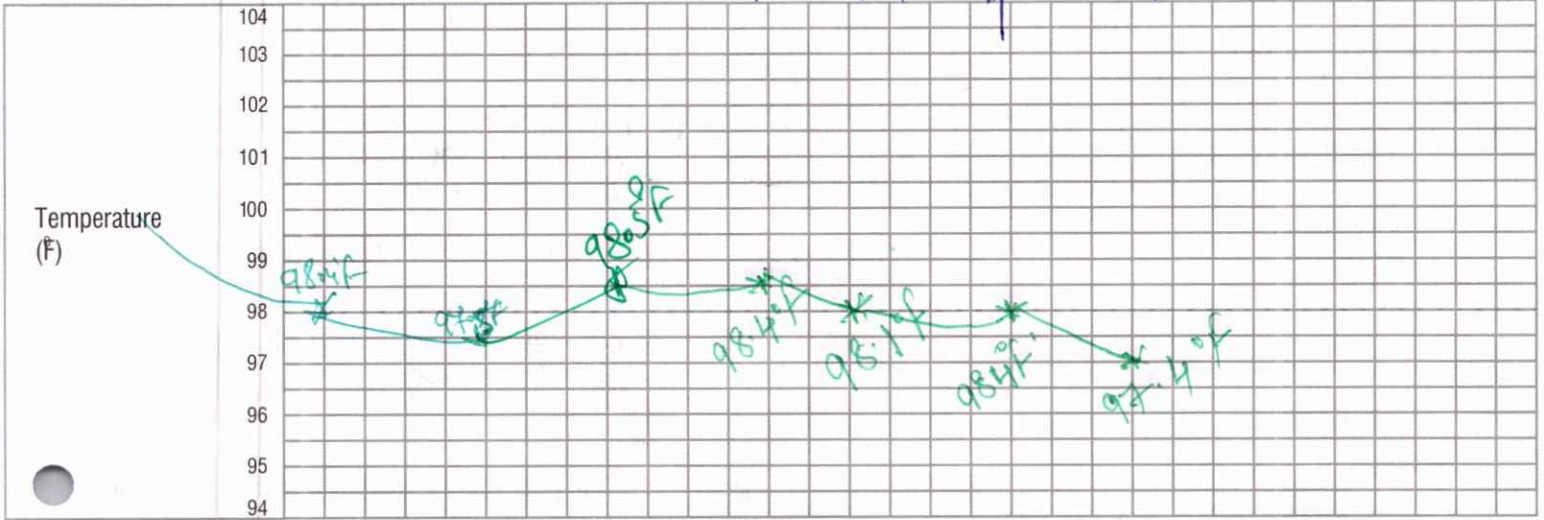
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ... 4/6/26	Time: 10 AM	2 PM	6 PM	10 PM	12 PM	2 AM	6 AM
Doctor / Nurse / Family Concern?	AM	PM	PM	PM	PM	AM	AM



Heart Rate (Number)	130b/m	127b/m	136b/m	136b/m	132b/m	131b/m
Resp Rate (Number)	30b/m	20b/m	20b/m	30b/m	30b/m	30b/m
Resp Distress	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild	None / Mild
Receiving O ₂ (l/min)	100%	100%	100%	100%	99%	99%
O ₂ Saturations (%)	100%	100%	100%	100%	99%	99%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
GCS *			15/15	15/15	15/15	15/15

TOTAL SCORE						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	PN	PN	PN	PN	PN	PN

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACKGROUND: 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)

FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm	plasmaLyte	⊕	32ml	0	0	✓	00	✓				
Total Intake :													
			Total Output :										
3/6/26	02:00 pm	plasmaLyte		32ml			✓	2.5ml					
	03:00 pm	plasmaLyte		32ml			✓						
	04:00 pm	plasmaLyte		32ml			✓		✓				
	05:00 pm	5% dextrose		32ml			✓						
	06:00 pm	5% dextrose		32ml			✓						
	07:00 pm			32ml						60ml			
Total Intake :													
			Total Output :										
3/6/26	08:00 pm	plasmaLyte		32ml			✓						
	09:00 pm	ORS		32ml			✓						
	10:00 pm	plasmaLyte		32ml			✓						
	11:00 pm	25% dextrose		32ml			✓						
	12:00 am			32ml			✓						
	01:00 am			32ml			✓						
Total Intake :													
			Total Output :										
4/6/26	02:00 am	plasmaLyte		32ml									
	03:00 am	plasmaLyte		32ml									
	04:00 am	plasmaLyte		32ml			✓						
	05:00 am	plasmaLyte		32ml			✓						
	06:00 am	25% dextrose		32ml			✓						
	07:00 am	25% dextrose		32ml			✓			220ml			
Total Intake :													
			Total Output :										

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
4/6/26			Mouth	I.V	N.G		✓ 3 Times						
	08:00 am	Plasmalyte + 25% Dextrose		25ml									
	09:00 am		milk	25ml									
	10:00 am			25ml			✓						
	11:00 am		ORS	25ml		NA	✓		NA	120ml			
	12:00 pm			25ml			✓			80ml			
01:00 pm	100ml 25% D			25ml					140ml				
Total Intake :						Total Output :							
4/6/26	02:00 pm	Plasmalyte + 25% Dextrose		25ml									
	03:00 pm		milk	25ml									
	04:00 pm			25ml		NA							
	05:00 pm		ORS	25ml		NA			220ml				
	06:00 pm			25ml			✓						
	07:00 pm			25ml									
Total Intake :						Total Output :							
4/6/28	08:00 pm	Plasmalyte + 25% Dextrose	Orts	-									
	09:00 pm			-					120ml				
	10:00 pm			-									
	11:00 pm		Milk	25ml									
	12:00 am			25ml									
	01:00 am												
Total Intake :						Total Output :							
5/8/28	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am								7.40ml				
	07:00 am								220ml				
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

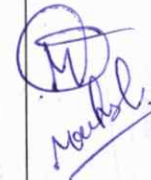
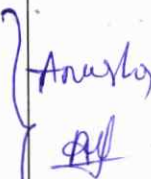
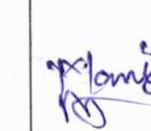


NURSING CARE RECORD

Date: 3/5/26

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	Nurse Name & Signature
Morning	8am	→ Assess the general condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication	8am	→ Assessed the general condition of pt. → Monitored vitals. → Maintained I/O chart. → Administered medication	pt stable	Re-assess vitals	 Anushka
	2pm		2pm				
Afternoon	2pm	→ Assess the pt condition → monitor the vitals → Maintain I/O chart → Administer medication as per drug chart	2pm	→ Assessed pt condition → monitored vitals → maintained I/O chart → Administered medication as per drug chart	Patient is stable	Re-checked vitals	 Anushka
	8pm		8pm				
Night	8pm	- Assess the pt condition - monitor the vitals - Maintain I/O chart - Medication given as per doctor order	8pm	- Assessed the pt condition - monitored the vitals - Maintain I/O chart - medication given as per doctor order	pt is stable	vitals is Normal	 Anushka

Master TIRTH TALAWAT
23-10-2025 0 Y 7 M 11 D (M)
Dr. PRITESH NAGAR

Patient Stick

NURSING CARE RECORD

Date: 4/6/26

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	Nurse Name & Signature
Morning	6am	<ul style="list-style-type: none"> → Assess the pt condition → Monitor vitals → maintain I/O chart → Administer medication as per drug chart 	6am	<ul style="list-style-type: none"> → assessed the pt condition → monitored vitals & recorded → maintained I/O chart → pt on soft diet → IV cannula present → medication as per drug chart 	→ pt is stable	→ checked vitals	D
Afternoon	2pm	<ul style="list-style-type: none"> → Assess the pt condition → Monitor vitals & records → maintain I/O chart → Give medication as prescribed by doctor → contd Nebulization 	2pm	<ul style="list-style-type: none"> → Assessed the pt condition → monitored vitals & records → maintained I/O chart → Given medication as prescribed by doctor. 	patient is stable now	Re-checked vitals	D
Night	8pm	<ul style="list-style-type: none"> → To assess the pt. condition → To check the vitals & record → To administer the medication as per drug chart → I/O chart maintain 	8pm	<ul style="list-style-type: none"> → To assessed the pt. condition → To checked the vitals & recorded → To administered as per drug chart → I/O chart maintained 	<ul style="list-style-type: none"> → Baby is stable → IV fluid contd. 	<ul style="list-style-type: none"> → re-checked the vitals → I/O → Contd Nebs 	Supriya



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AGE C Dehydration	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known						
	Surgery / Procedure:	If Yes Specify:						
BACKGROUND	Date	3/6/26 M6	3/6/26 E2	3/6/26 N1	4/6/26 M6	4/6/26 E2	4/6/26 N1	
	Shift							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Diet:						Soft	
	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<input checked="" type="checkbox"/> RA						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.4 F	98.2 F	98.6 F	98.4 F	97.8 F	98.1 F
		Res:	40b/m	40b/m	32b/m	30b/m	30b/m	32b/m
		SpO ₂ :	100%	100%	100%	99%	100%	100%
		Pulse:	170b/m	140b/m	138b/m	130b/m	140b/m	136b/m
		BP:	-	-	-	-	-	-
		LOC:	-	-	-	-	-	-
Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	0	0	0	0	-	0		
Skin Integrity	Good	Good	Good	Good	-	Good		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	Soft	
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	Dependent	-	-	-	-	-		
Post Operative Procedure Special Orders:								
Handed Over By Name :		Madhavi Anusha		Supriya Monica		Priyanka		
Signature / ID :								
Date:		3/6/26		4/6/26		5/6/26		
Time:		2PM		2PM		8AM		
Taken Over By Name :		Madhavi Anusha		Priyanka		Supriya		
Signature / ID :								
Date:		3/6/26		4/6/26		4/6/26		
Time:		8PM		2PM		8PM		

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



CHECKLIST FOR THROMBOPHLEBITIS

3/6/26 4/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 3/6/26			DAY-2 4/6/26			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	0	0	0	0	NA					
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	NA					
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	0	0	0	0	NA					
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	0	0	0	0	NA					
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	0	0	0	0	NA					
Signature of the Nurse					A	0		0					

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 :

HNH-00011999

IP26-00006486

Master TIRTH TALAWAT

23-10-2025

0 Y 7 M 11 D

(M)

Dr. PRITESH NAGAR



BRADEN 'Q' SCALE



Date : 9/6/25 3/16/26 3/16/24 16/26
 Time : 12 2 11 12

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	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4

TOTAL SCORE

Evaluator's Name

25 28 28 28
 (Signature) (Signature) (Signature) (Signature)

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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



BRADEN 'Q' SCALE



				Date :	4/6	4/6		
				Time :	52	NI		
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	3		
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
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	27		
				Evaluator's Name	[Signature]	[Signature]		

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
3/6/26	3pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NT	
3/6/26	6pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
3/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
4/6/26	6 Am	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
4/6/26	10am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
4/6/26	2pm	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
4/6/26	6pm	0/10	NA	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA	
4/6/26	10pm	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
5/6/26	6am	0/10	NA	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA	
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

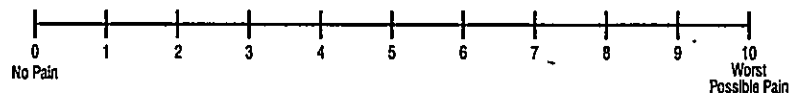
Re-assessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post-surgical patients, patients with chronic pain, patient with severe pain:
 a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
 c) Prior to pain-relieving intervention. d) Within 30 – 60 minutes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

PAIN ASSESSMENT TOOLS

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

Numerical Pain Scale (Obstetric and Gynecology)



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

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

Wong - Baker (Pediatrics) Above 7 Years





HUMPTY DUMPTY SCALE

3/6 4/6

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4/6		
	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	2		
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	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	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					
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			14	14	12		

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		X	X	X		
Other Intervention(s) Specify		X	X	X		
Nurse's Name:		Chauhan	Prakash	Singh		
Signature:		[Signature]	[Signature]	[Signature]		
Date:		3/6	4/6	4/6/25		
Time:		9pm	2pm	10p		

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 3/6/26 Time: 2pm

Weight: 9.97kg Centile: 25th

Height: Centile: -

Inference: well child

RDA: - Calories: 98 kcal/kg/d Protein: 1.6 gms/kg/d

Diet Recommendations: NAN pro 1:30ml dilution (Gastro diet)

Re-Assessment: stage (I) weaning foods & HEE advised

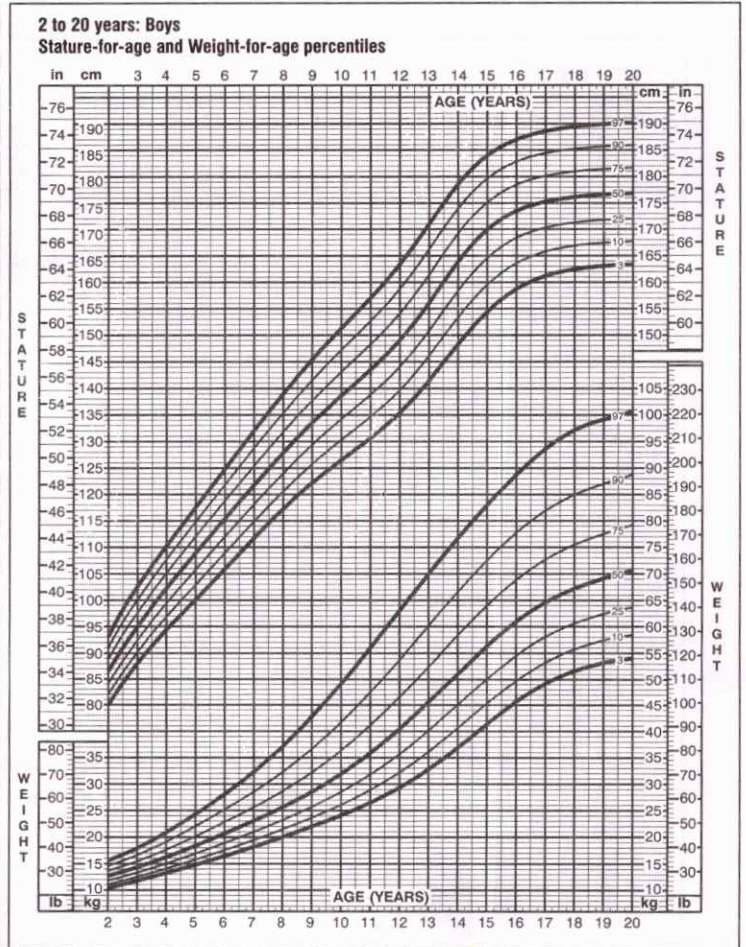
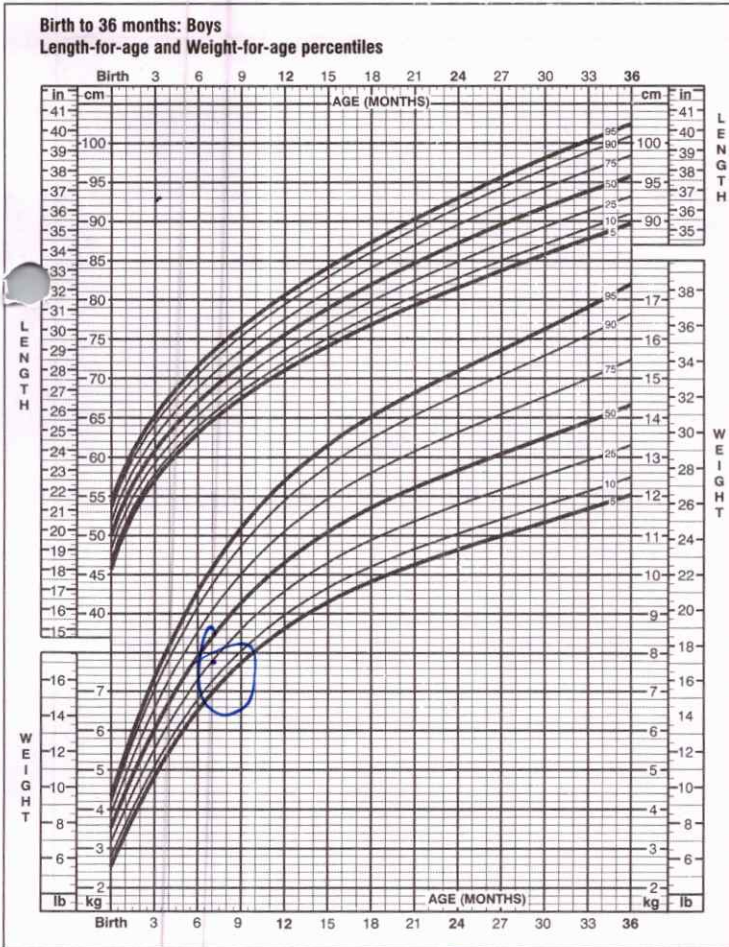
Food Allergies: No Veg/Non-veg veg

Diagnosis: AGE = dehydration

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Diksha


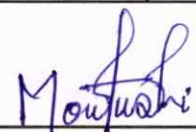
GROWTH CHART (BOYS)



Dietician's Name: Sathulka-G

Dietician's Signature: [Signature]

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00011999 IP26-00005486 Master TIRTH TALAWAT 23-10-2025 0 Y 7 M 11 D (M) Dr. PRITESH NAQAR 		Date & Time of Admission 3/6/26 @ 12:33 PM	Date & Time of Transfer Order 3/6/26 @ 1:20 PM
		Transfer Ordered by Dr. Prasanthi	Reason for Transfer Admission
From Unit ER	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films VB6 - 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis Jyoti Jyoti		Name of Person Ordered Transfer Dr. Prasanthi	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : @ 1:30 PM, 3/6/26			

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



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 31.12.26 Time of arrival : 12:14 PM
 Chief Complaints: LOOSE STOOL SINCE 1 DAY X VOMITING SINCE 1 DAY

Height : Weight : 7.96 kg Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

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

Character N/A Location — Frequency — Duration —

RISK FOR FALL:

If patient is < 6 years Yes No

If 'Yes' tick below fall risk intervention directly

If Patient is > 6 years

If 'Yes' Assess the below parameters

History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

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

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: No Significant Findings
 Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With family

Siblings in household Yes No (if yes How Many?) N/A

Time of Initial assessment completed by ER Nurse : 12:16 PM

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

Time	Nursing Notes
12:18pm	- Assess the pt condition - monitor vitals

Samples collected by: } *sufanda*
 Samples sent by : }

Time: }
 Time: } 12:40pm

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
<i>(A large blue diagonal line is drawn across the entire table body.)</i>					

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>139</i> BP: CFT: RR: <i>21</i> SPO2 at FiO2: <i>99%</i> GCS:..... Temperature : <i>99</i> Pain Score: Repeat RBS (if applicable):	Shift - out from ER to: <i>218</i> Time of Shift - out: <i>1:20 pm</i> Handover given to: <i>Moutsh</i> (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

IV Placement done

Name of the Nurse : *Jyoti*

Signature of the Nurse : *Jyoti*

Date & Time : *3/6/26 @*

DISCHARGE SUMMARY

Name	Master TIRTH TALAWAT	UHID	HNH-00011999
Father/Guardian	Mr KAMLESH KUMAR TALAWAT	Age/Gender	0 Y 7 M 11 D/ Male
Address	H.NO: 5-2-566, Osmangunj, Hyderabad, Telangana, INDIA, 500012		
IP No	IP26-00006486	Admission Date	03-06-2026
Ref Doctor	SELF		
Discharge Date	05.06.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	

History: Master TIRTH TALAWAT, 0 Y 7 M 11 D , old boy presented with history of loose stools (20-25 episodes/day) since 1 day, associated with 4-5 episodes of non bilious, non projectile vomiting since morning, cough and cold since 2-3 days, fever since 1 day, prior to admission. For the above complaints he was admitted at Rainbow Children's Hospital - Himayatnagar for further management.

Examination: He was febrile(100.4°F). Heart rate - 110/min and Respiratory

Name	Master TIRTH TALAWAT	UHID	HNH-00011999
IP No	IP26-00006486	Admission Date	03-06-2026

Rate - 30/min. On examination Signs of some dehydration were present, dry lips, oral mucosa and delayed skin turgor were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and no murmur. Abdomen was soft with no organomegaly. On neurological examination, he was conscious, alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 7.97 kilo grams.

Investigations: Enclosed reports.

VBG showed pH of 7.27, pCO₂ of 33 mmHg, pO₂ of 46 mmHg, HCO₃ of 15.8 mmol/L and BE of -11.6 mmol/L.

Initial hemogram showed Hemoglobin of 11.2 gm%, White Blood Cell count of 8810 cells/cumm, platelet count of 3.60 lakhs/cumm and C-Reactive Protein of 6 mg/l.

Management : Child was severely dehydrated on presentation in ER. A single NS bolus of 10ml/ kg was given. Later he was shifted to ward and was started on full maintainance fluids. He was treated symptomatically with antacids and antipyretics. In view of loose stools, he was administered probiotics and advised gastrodiet. In view of chest signs, Was started on levolin nebulizations.

He was regularly monitored for loose stool frequency and hydration status. His loose stools and other symptoms settled gradually. Fluids were tapered gradually and stopped.

Name	Master TIRTH TALAWAT	UHID	HNH-00011999
IP No	IP26-00006486	Admission Date	03-06-2026

He remained hemodynamically stable during the hospital stay. He improved with the above line of management and is being discharged with the following advice.

At the time of discharge : He is active, afebrile and hemodynamically stable.

Medication during hospital stay:

Pro-GG sachet
Z & D drops
Injection. Ondem
B4 Nappy cream
Redotil sachet
Nebulisation Levolin

Advice:

- * Diet as advised.
- * Sitz bath twice daily for 3 days

Name	Master TIRTH TALAWAT	UHID	HNH-00011999
IP No	IP26-00006486	Admission Date	03-06-2026

S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	PRO GG SACHET	1 SACHET	9am-9pm (after food)	For 3 days
2	Z & D drops (1ml/20mg)	1 ml	9am (after food)	For 12 days
3	NEBULISATION with Levolin (0.31 mg)	1 respule	8th hourly 8am-4pm- 12am	For 2 days
4	B4 nappy cream	for local application	thrice daily	For 3 days
5	Nasoclear nasal drops, 2 drops in each nostril SOS for nose block			

Plan : To collect flu panel report on follow up.

Fever Management

- * Crocin Drops (Paracetamol - 1ml/100mg) 1 ml after food as and whenever required, if temperature > 100 *F (maximum 4 times a day at 6 hour intervals).
- * Tepid sponging if fever > 101 *F.

Review consultation with Dr. PRITESH NAGAR on Monday(08.06.2026) at Himayatnagar in OPD with prior appointment (**Review consultation will be charged**).

Food instructions while taking medications:

- * By consuming your **probiotic** with food you provide a buffering system for

Name	Master TIRTH TALAWAT	UHID	HNH-00011999
IP No	IP26-00006486	Admission Date	03-06-2026

the supplement and ensure its safe passage through the digestive tract. Aside from protection, food also provides the friendly bacteria in your probiotic the proper food and nourishment to ensure it survives, grows and multiplies in your gut. It is recommended to take probiotics at the END of a meal. Concurrent administration of antibiotics could kill a large number of the organisms, reducing the efficacy of probiotics. Separate administration of antibiotics from probiotics by **atleast two hours**.

Follow up immediately in Emergency Room if high grade fever, vomiting, breathlessness or refusal to feed occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Name	Master TIRTH TALAWAT	UHID	HNH-00011999
IP No	IP26-00006486	Admission Date	03-06-2026

Pritesh



Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

Master TIRTH TALAWAT 9849669915
 0 Y 7 M 11 D HN26009263
 Male 03-06-2026 01:50 PM
 IP26-00006486 03-06-2026 01:50 PM
 HNH-00011999
 Dr. PRITESH NAGAR GF -EMERGENCY / ER01

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT ENTERED	
HEMOGLOBIN (Colorimetry)	11.2	g/dL	10.5 - 13.5
RBC COUNT (DC detection method)	5.51	10 ¹² /L	3.7 - 5.6
PCV/HCT (Calculated)	32.2	VOL%	33 - 49
MCV (Calculated)	58.4	fL	70 - 86
MCH (Calculated)	20.3	pg/cells	23 - 31
MCHC (Calculated)	34.8	g/dL	30 - 36
RDW-CV (Calculated)	14.0	%	11.5 - 16
PLATELET COUNT (DC Detection Method)	360	10 ⁹ /L	150 - 450
MPV (Calculated)	8.6	fL	6.5 - 10
WBC COUNT (DC Detection Method)	8.81	10 ⁹ /L	6 - 17
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	46.5	%	H 15 - 35
LYMPHOCYTES (Microscopy, Leishman stain)	44.2	%	45 - 76
MONOCYTES (Microscopy, Leishman stain)	8.6	%	4 - 12
EOSINOPHILS (Microscopy, Leishman stain)	0.5	%	1 - 7

Laboratory Report



Master TIRTH TALAWAT

9849669915

0 Y 7 M 11 D

HN26009263

Male

03-06-2026 01:12 PM

IP26-00006486

03-06-2026 01:41 PM

HNH-00011999

03-06-2026 07:00 PM

Dr. PRITESH NAGAR

GF -EMERGENCY / ER01

Investigation	Result	Unit	Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
CRP (Immunoturbidimetry)	6.0	mg/L	<10

Hafsa

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