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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby KAVYA VALAVALA	**UHID**	FDH-00021147
Father/Guardian	Mr SRIDHAR	**Age/Gender**	1 Y 8 M 22 D/ Female
Address	E403,SEVEN HILLS APT., Kokapet, Hyderabad, Telangana, INDIA, 500075		
IP No	IP26-00006383	**Admission Date**	19-05-2026
Ref Doctor	SELF		
Discharge Date	21.05.2026		

Consultant:
Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

DIAGNOSIS	ICD CODE
ACUTE GASTROENTERITIS WITH DEHYDRATION	K52.9

History: Baby KAVYA VALAVALA is a 1 Y 8 M 22 D , old girl presented with history of loose stools since 2 days, fever, excessive cry, pain abdomen since 1 days prior to admission. For the above complaints she was admitted at Rainbow Children's Hospital - for further management.

Examination: She was febrile(101*F). Her heart rate was 120/min, blood

Name	Baby KAVYA VALAVALA	UHID	FDH-00021147
IP No	IP26-00006383	Admission Date	19-05-2026

pressure was 92/62 mmHg and RR - /min. On examination Signs of some dehydration were present, dry lips, oral mucosa, delayed skin turgor, decreased urine output were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. On neurological examination, she was conscious & alert. Pupils were bilaterally equal & reacting to light. There were no focal neurological deficits.

Weight on admission: 11 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 11.3 gm%, White Blood Cell count of 7090 cells/cumm, platelet count of 3.12 lakhs/cumm and C-Reactive Protein of 22 mg/l.

Complete stool examination shows

Name	Baby KAVYA VALAVALA	**UHID**	FDH-00021147
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COLOUR	YELLOWISH		
CONSISTENCY	SEMI FORMED		
pH	8.0	5 - 8.5	
MUCUS	PRESENT	ABSENT	
BLOOD	ABSENT		
UNDIGESTED FOOD	PRESENT+++	ABSENT	
HELMINTHES	NIL	NIL	
PUS CELLS	4 - 6		
RED BLOOD CELLS (Stool)	1 - 2	NIL	HPF
STARCH GRANULES	PRESENT+	ABSENT	
YEAST CELLS	NIL	NIL	
FAT GLOBULES	PRESENT+	ABSENT	
PROTOZOA	NIL		

Management: She was admitted in the ward and started on intra venous fluids .She was treated symptomatically with antiemetics, antacids and antipyretics. In view of loose stools, she was administered probiotics and

Name	Baby KAVYA VALAVALA	UHID	FDH-00021147
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advised gastrodiet.

She was regularly monitored for her loose stool frequency and hydration status. Her loose stools and other symptoms settled gradually.

She remained hemodynamically stable throughout the hospital stay and is being discharged with the following advice.

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

Medications given during hospital stay:
Zinc drops
Pro GG Sachet
Injection. Esomeprazole
Syp paracetamol

Advice:
* Diet as advised.

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S.No	MEDICATION	DOSE	TIMINGS	DURATION
1	PRO GG SACHET	1 SACHET	9am-9pm (after food)	For 3 days
2	ZINC DROPS (1ml/20mg)	1 ml	9am (after food)	For 12 days
3	Nasoclear nasal drops, 2 drops in each nostril **SOS** for nose block			

Fever Management
* Syrup. Crocin DS (Paracetamol - 5ml/240mg) 3.5 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. SANJAY SRIRAMPUR on Saturday(23.05.2026) 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 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.**

Name	Baby KAVYA VALAVALA	**UHID**	FDH-00021147
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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**

CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006383 **Admit Date** : 19-May-2026 **Admit Time** : 08:23 PM **UHID** : FDH-00021147

Patient Details :

Patient Name	: Baby KAVYA VALAVALA	**Age**	: 1 Y 8 M 21 D
Guardian	: Mr SRIDHAR	**DOB**	: 28-08-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: E403,SEVEN HILLS APT. Kokapet Hyderabad Telangana INDIA 500075	**Phone No**	: 8971405222/
		E-mail	: 8971405222@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER02 **Ward Name** : GF -EMERGENCY

Room No : ER02 **Admission Type** : First Visit

Contact Details :

Name : Mr SRIDHAR **Relationship** : Father

Contact Address : E403,SEVEN HILLS APT. Kokapet Hyderabad Telangana INDIA 500075 **Phone No** : / 8971405222

Signature

Doctor Details :

Doctor Name : Dr. SANJAY SRIRAMPUR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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28-08-2024 1 Y 8 M 21 D (F)
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RESULT SHEET

Rainbow® Children's Hospital
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Date	19/5/26					
Time						
Hb	11.3					
PCV	31.9					
RBC	4.38					
WBC	7.09					
N/L	52.1/36.3					
Platelets	312					
CRP	22					
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						

P.T.O.

Date	20/5/26					
Time						
CUE-Alb						
CUE-Sugar	NIL					
CUE - Ketones	Present					
CUE-PUS Cells	4-6					
CUE - RBC Cells	Nill					
CUE						
Epithelial cells	5-7					
Stool Pus Cell	4-6					
OVA/Cyst	Nill					
Occult Blood	Absent					

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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ACTIVITY RECORD FOR BILLING

FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

Name ----------

UHID ---------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5/26	8:30pm	ER	212	AP / ~~AD~~

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
19/5/26	CBP ✓	8444	
	CRP ✓		
19/5/26	CSE ✓	8446	
19/5/26	Blood C/S ✓	8448	
20/5/26	CUE ✓	8535	
	Cross checked by Sneha on 21/5/26 at 1		

Cross checked done by Sneha

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/5	Infusion Pump	10Pm	21/5/26 at 10am	0781	Smitha

Cross checked done by Smitha

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/5/26	IV canula	1	200754	AP
20/5/26	NHA	1	0896	A

Cross checked done by Sreeh
Sujatha on 21/5/26

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow® Children's Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F) Valavala
Dr. SANJAY SRIRAMPUR

Patient ID# :

Consultant : Dr. Sanjay

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Baby Kavya Valavala Age/Sex

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o loose stools since 2 days
c/o fever x 1 day
c/o excessive cry x 1 day
c/o pain abdomen x 1 day

History of present illness :

loose stools multiple episodes not blood tinged.

Fever since 1 day moderate grade not d/w chills / rigors.

c/o excessive cry for 1 day.

c/o pain abdomen episodic ↓

No c/o decreased oral intake.

No c/o decreased activity

Pediatric Multiorgan History & Physical Examination

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

Not Significant

Birth & Neonatal History :

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Normal

Immunization History :

Immunised till date

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 11kg (Centile _____)

On Examination :

Temperature : 101°F Pulse Rate: 120bpm Description _____

B.P. 92/62 SPO2 98% at _____

Resp. rate and type of breathing : _____

Nsrnd.

Rash _____

Lymphadenopathy _____ Sunken eyes

Oedema : _____ Dry oral mucosa ↓ skin turgor delayed ↓ decreased urine output. Signs of dehydration ++

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : Nsrnd.

Any addes sounds : _____

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

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1S2 +

Any murmur : _____

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

Per Abdomen :

Inspection _____

Palpation : Soft

Ausculation : _____

Spine: _____ External Genitelia : _____

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : Normal.

Motor System :

Nutrition :

Tone : Power

Co-ordinator : Normal.

Posture :

Involuntary Movements :

Reflexes :

DTR Normal. **Superficials :**

Plantars

Sensory System :

Normal.

Bladder / Bowel :

Clinical Summary & Diagnostic :

Acute gastroenteritis & dehydration.

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

CBC
CRP
CUE
Blood Culture - w/L
stool examination.
USG Abdomen & Pelvis.

noted by Anupam

Planned Management :

(1) IVF PLASMALYTE 2/3 rds
(11) Prophylaxis
(w) Syp. -2 inc.
(w) ONS Prophylaxis.

noted by Anupam

Please fill up the following details

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

Doctor's Signature Name _____ Date _____ Time _____

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	C/S/R - Dr. Pranav	Dr. [illegible]
8 am		
	Case of acute GE	
	fever spikes - No spikes	(i) Make ½ maintenance fluid after rounds
	Loose stools - one episode	
	O/E -	(ii) Continue Probiotics; Zinc OD.
	Vitals stable.	
	S/E	(iii) Monitor vitals.
	CVS - S1S2	
	RS - B/L NVBS	(iv) Trace Cultures
	P/A - S/NT	
		(v) Continue Antibiotic
		(vi) USG Abdomen Pelvis today.
		NB Sruthi C SR

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/8/26 9am	CKD - Dr. Rathan.	
	2 episodes of loose stools	Advise:
	No fever spikes.	(1) Send CUE
	O/E - Vitals stable.	(2) Trace Stool examination
	(3) CVS - S1S2 RS - BL NVBS P/A - SOFT	(4) Make fluids V2 maintenance
		(5) Plan to stop antibiotics.
		(6) To decide on USG Abdomen after rounds.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/8 10:00 Am	C/S/O Dr. Sanjay	
	2 episodes loose stools (+)	Plan
	No fever	
	Vitals - Stable	- Cont Pro GG, zinc
		← (1) Stool examination
	P/A - soft, NT	- Send CUE
	> Same as	- Cont 1/2 M.
		- Monitor vitals
		D&C
		N.B Amount the c/o Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 3pm.	c/s/by. Ds. Anuha / Ds. Thanvi	
	Age ī dehydration.	
	roe - 4-6 pus cell	
	Stools - 4-6 pus cells	
		Plan.
	Loomtools - (+).	
	Activity. -	
		- ct ½ M
	vital stable.	- ct prog 3INC
	s/e	
	CVS - S1L2 (+)	- Monitor (U/o.)
	(RS) B/L AE (+)	↳ vitals.
	AIVBS (+).	
	A/	N/B ofwork

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8:30pm 20/05/26	S/B Dr Prdesh Stable No issues	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 7:50 AM	S/B. Dr Prabhath / Dr. Shreyhan.	
	△ AGE c dehydration	
	Loose stools - ↓	
	Oral intake - fair	Adv
	activity - fair	
	Hydration - fair	CT. IVF 1/2 M
	O/E Gc fair	CT. Inj 99 Zinc.
	Vitals stable	
	Dy: BAE +	Monitor 4 O.
	PA Soft.	
		- Encourage orals
		M.B. Monitoring 8AM.

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/8/24 11am	c/s/o Dr. Sanjay.	
	Acute GE ~ Dehydration.	(1) Inj Oct Syp Zinc. ORS Prolyte.
	No loose stools. Tol oral intake. Activity - good.	(2)
	O/E - Vitals stable.	(3) Discharge today.

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Date & Time	Progress Notes	Doctor's Order

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DRUG CHART

Date of Admission: 19/5/26 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.

11kg

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG : SYP. PARACETENOL				Date / Time
Dose	Route	Frequency	Start Date	
3.5ml	PO	SOS	19/5	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: (240mg/5ml)				

DRUG : SYP. ONDEM				Date / Time
Dose	Route	Frequency	Start Date	
5ml	PO	SOS	19/5	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions: (2mg/5ml)				

Verified by Dr. Dhaksayani

Verified by Dr. Dhaksayani

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Dr. SANJAY SRIRAMPUR

REGULAR PRESCRIPTIONS

Weight. 11kg Ward. .....

DRUG : ZINC DROPS

Dose	Route	Frequency	Start Date
1ml	PO	OD	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(20mg 1ml)

Daily Doctor's Endorsement by a Sign

Date / Time	19/5	20/5
	10Pm	
	6Pm	

Verified by Dr. Dhakshayani

DRUG : PROLIV SACHET

Dose	Route	Frequency	Start Date
1 SACHET	PO	BD	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/5	20/5	21/5
	10Am		
	10Pm		

Verified by Dr. Dhakshayani

DRUG : INJ. ESMOPRAZOLE

Dose	Route	Frequency	Start Date
11mg	IV	OD	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	19/5	20/5	21/5
	6Am		
	6Pm		

Verified by Dr. Dhakshayani

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Date
1.1gm	IV	OD	19/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(100mg 1kg/day)

Daily Doctor's Endorsement by a Sign

Date / Time	20/5
	6Pm

STOP

FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

Weight. 11kg Ward. .....

		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

VERIFIED BY ..... Signature

FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

I.V. FLUIDS CHART

Weight. 11/9 Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/5/26	9 PM	IUF PLASMALYTE (2/3rds maintenance)	IV	28 ml/hr					
20/5/26	9:30 am	IUF PLASMALYTE (1/2 maintenance)	IV	20 ml/hr					

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

Patient Sti

FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

ICAL / 124

1-5 year

INFANT (~~< 1 year~~)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/5 Time:

Doctor/Nurse/Family Concern?	10 PM	2 AM	6 AM	10 PM	

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.1°F, 97.7°F, 97.1°F

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	120bm	123bm	112bm

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

70 60 50 40 30 20 10

Resp Rate (Number)	25bm	30bm	30bm
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	99%	98%	97%
Conscious Level: Normal / Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

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

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

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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)

FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

Patient

CLINICAL / 124

INFANT (~~≤ 1 year~~) 1-5 year
Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/5

Time:	10 AM	2 pm	6 pm	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.2°F	97.3°F	98.6°F	97.6°F	97.1°F	97.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	100/60 (71)	101/59 (71)	109/64 (82)	113/76 (86)		93/60 (70)
Heart Rate (Number)	126 b/m	129 b/m	126 b/m	100		91 b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	29 b/m	30 b/m	30 b/m	30 b/m		30 b/m
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	98%	100%	100%	99		97%
Conscious Level — Normal						
Conscious Level — Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0		0
Pain Score	0	0	0	0		0
Observer's Initials	R	A	B	K		K

Temperature scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate / Blood Pressure scale: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate scale: 70, 60, 50, 40, 30, 20, 10

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 22 D (F)
Dr. SANJAY SRIRAMPUR

1 / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

Date: 2/1/25 Time:

Doctor/Nurse/Family Concern?

Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
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
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10
Resp Rate (Number)	
Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:		
Doctor/Nurse/Family Concern?		
Temperature (°F)	104	
	103	
	102	
	101	
	100	
	99	
	98	
	97	
	96	
	95	
	94	
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	
Heart Rate (Number)		
Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)		
Resp Distress: Mod/ Severe		
Resp Distress: None / Mild		
Receiving O_2(l/min)		
O_2Saturations (%)		
Conscious Level: Normal		
Conscious Level: Altered		
GCS *		
TOTAL SCORE Number of shaded boxes		
Pain Score		
Observer's Initials		

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FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :								**Total Output :**				
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :								**Total Output :**				
19/5	08:00 pm										0	
	09:00 pm										0	
	10:00 pm		Phirchidi	28 ml							0	
	11:00 pm	Plasmalyte		28 ml		NP		NP		—	0	
	12:00 am		H2O	28 ml							0	
	01:00 am			28 ml							0	
Total Intake :								**Total Output :**			U-1 m-1	
20/5	02:00 am			~~28 ml~~							0	
	03:00 am			~~28 ml~~							0	
	04:00 am	Plasmalyte	H2O	28 ml		NP		NP			0	
	05:00 am			28 ml							0	
	06:00 am		H2O	28 ml							0	
	07:00 am			28 ml							0	
Total Intake :								**Total Output :**			U-0 m-0	

Total 24 hrs. Intake		Total 24 hrs. Output	

FDH-00021147 IP26-00006383
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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							
20/5	08:00 am	Plasmalyte		22 ml						✓	0	
	09:00 am			22 ml			✓				0	
	10:00 am		Idly	22 ml		NA		NA			0	
	11:00 am		+	22 ml	NA					✓	0	
	12:00 pm		Soup	22 ml							0	
	01:00 pm			22 ml							0	
Total Intake : Taken						**Total Output :** M-0 U-2						
20/5	02:00 pm	Plasmalyte		21 ml								
	03:00 pm			21 ml			✓			✓		
	04:00 pm		Khichdi	21 ml		✓						
	05:00 pm		+	21 ml				NA			0	
	06:00 pm		+H2O	21 ml	NA			✓		✓		
	07:00 pm			21 ml								
Total Intake :						**Total Output :** U-2 M-1						
20/5	08:00 pm			21 ml								
	09:00 pm		+ H2O	21 ml			✓					
	10:00 pm	Plasmalyte		21 ml		NA				✓		
	11:00 pm		Rice	~~21 ml~~				NA			0	
	12:00 am			~~21 ml~~								
	01:00 am			—								
Total Intake :						**Total Output :** U-1 M-1						
21/5	02:00 am			21 ml								
	03:00 am			21 ml								
	04:00 am	Plasmalyte	H2O	21 ml							0	
	05:00 am			21 ml		NA		NA				
	06:00 am			21 ml								
	07:00 am			21 ml								
Total Intake :						**Total Output :** U- M-						

Total 24 hrs. Intake		Total 24 hrs. Output	

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	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 20/4	20/5	2015	20/5
					Time : 8PM	MG	E2	N1
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.	3	3	3	3
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
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	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	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	27	27	27	27
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

BRADEN 'Q' SCALE

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				Date :				
				Time :				
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.				
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				TOTAL SCORE				
				Evaluator's Name				

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
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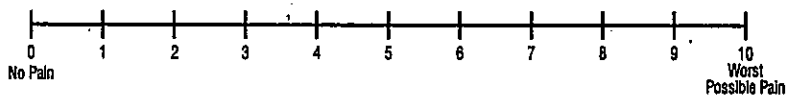
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/5	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	10Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	2pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	8pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
20/5	10Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/5	2Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
21/5	8Am	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	
				☐ 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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NURSING CARE RECORD

Date: 19/5/26

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				ED			
Afternoon							
Night	8Pm 10 8Am	Assess the Pt condition Monitor vitals record Maintain I/O chart Provide the comfortable position. Medication given per os doctor order.	8Pm 10 8Am	Assessed the Pt condition monitored vitals record maintained I/O ch. Provided the comfortable position medication given as per os doctor order	Pt is stable vitals norm.	monitor v/m. maintained I/O chart	Srch

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Patie

NURSING CARE RECORD

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Date: 20/5/26

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	Re-Assessment	Nurse Name & Signature
Morning	8 AM | | 2 pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintain	8 AM | | 2 pm	→ Assessed the pt condition → Administrations & medication given as per doctor orders	→ pt is stable	→ Re-checked vitals	Anusha
Afternoon	2pm to 8pm	=> Assess the pt condition => Monitor the vitals => Maintain the I/O chart => Administer medication as per drug chart	2pm to 8pm	=> Assessed pt condition => monitored vitals => Maintained I/O chart => Administered medication as per drug chart	Patient is stable	Re-checked vitals	Anusha
Night	8pm to 8Am	Assess the pt condition monitor vitals & record. Maintain I/O chart. Provide the comfortable position. medication given as per as doctor order	8pm to 8Am	Assessed the pt condition. Monitored vitals & maintained I/O chart. Provided the comfortable position medication given as per as doctor order	→ pt is stable → vitals norm.	→ monitor vitals → maintain I/O charts	Sneh

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NURSING CARE RECORD

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Date: 21/5/24

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
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- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
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	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: AHF				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	19/5 N1	20/5 M6	20/5/26 E2	20/5/26 N1		
	Medical Condition (Any special condition to be noted):	AHF	AHF	AHF	/		
	Diet:	Soft	Soft	Soft	/		
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	/	-	-	/		
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.1F	98.4F	98.3F	98.2F		
	Res:	30b/m	30b/m	28b/m	28b/m		
	SpO_2:	99%	100%	100%	99%		
	Pulse:	132b/m	136b/m	128b/m	127b/m		
	BP:	99/59	101/60	100/62	101/62		
	LOC:	-	-	-	-		
	Fall Risk Score:	-	-	-	/		
	Pain Score:	-	-	-	/		
	Skin Integrity	-	-	-	/		
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	/	-	-	/		
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	/	-	-	/		
	Critical Lab Test / Values:	/	-	-	/		
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	/	NA	-	/		
Post Operative Procedure Special Orders:		VSN Abd	NA	-	/		
Handed Over By Name :		Sneha	Amoutha	Anusha	Sneha		
Signature / ID :							
Date:		19/5	20/5/26	20/5/26	21/5		
Time:		8 PM	2 pm	8 pm	8 AM		
Taken Over By Name :		Amoutha	Anusha	Sneha			
Signature / ID :							
Date:		20/5	20/5/26	20/5			
Time:		8 Am	2 pm	8 pm			

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26-08-2024 1 Y 8 M 21 D (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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:							

FDH-00021147 IP26-00006383
Baby KAVYA VALAVALA
28-08-2024 1 Y 8 M 21 D (F)
Dr. SANJAY SRIRAMPUR

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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: 212

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ankeya

Date & Time : 19/5/26 @ 8:20 Pm

Nurse Name & Signature: Anupam

Date & Time : 19/5/26 @ 8:25 Pm

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Wt - 11 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Kavya Valavala Age : 1 year **Gender:** ☐ Male ☑ Female

Date : 19/5/26 Time of Arrival : 6:30 PM

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: ..... PR: ..... BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: c/o loose mat stools and fever since 2 days.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

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

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 6:35 PM

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Prabin

Signature of Triage Nurse : .....

Date & Time : 19/5/26 @ 6:35 PM

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 19/5/26 Time of arrival : 6:30 PM

Chief Complaints: c/o loose stools and Fever since 2 days RBS: .....

Height : ..... Weight : ..... BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

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

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Family

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

Time of Initial assessment completed by ER Nurse : 6:37 PM

(P.T.O.)

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

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ Given medication to the pt
	→ IV placement done

Samples collected by: / Time: /

Samples sent by : / Time: /

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
6:55 pm	Corein	PO	3.5 ml		

Condition of patient at time of shift - out :	Details of Shift - out
HR: 122 b/m BP: ..... CFT: 2 sec	Shift - out from ER to: 212
RR: ..... SPO_2 : 98%	Time of Shift - out: 8:50 pm
GCS: 13/15 Temperature : 100.1°F	Handover given to: Sneha
Pain Score: 10	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Prabin Signature of the Nurse : .....

Date & Time : 19/5/26 @ 6:32 pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00021147 IP26-00006383 Baby KAVYA VALAVALA 28-08-2024 1 Y 8 M 21 D (F) Dr. SANJAY SRIRAMPUR	19/5/26	19/5/26 @ 10 Pm
	Transfer Ordered by Dr. Alekhya	Reason for Transfer Admission
From Unit ER	To Unit 2N	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ 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 ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anupam	Dr. Alekhya.

Patient & Clinical Records Received by : Sneha 19/5/26 @ 10Pm

Date & Time of Patient Received :

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

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

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 20/5/26 Time: 10:00 am

Weight: 11.4kg Centile: 50th

Height: — Centile: —

Inference: Malnourished child

RDA: — Calories: 1200 Kcal/day Protein: 20gms/day

Diet Recommendations: Gastrodiet Can have :- ORS (WHO), Coconut Water, Sago Water, Rice Kanji

Re-Assesment: Avoid :- Ragi, Milk, Oats, Egg, Citrus, Sugar

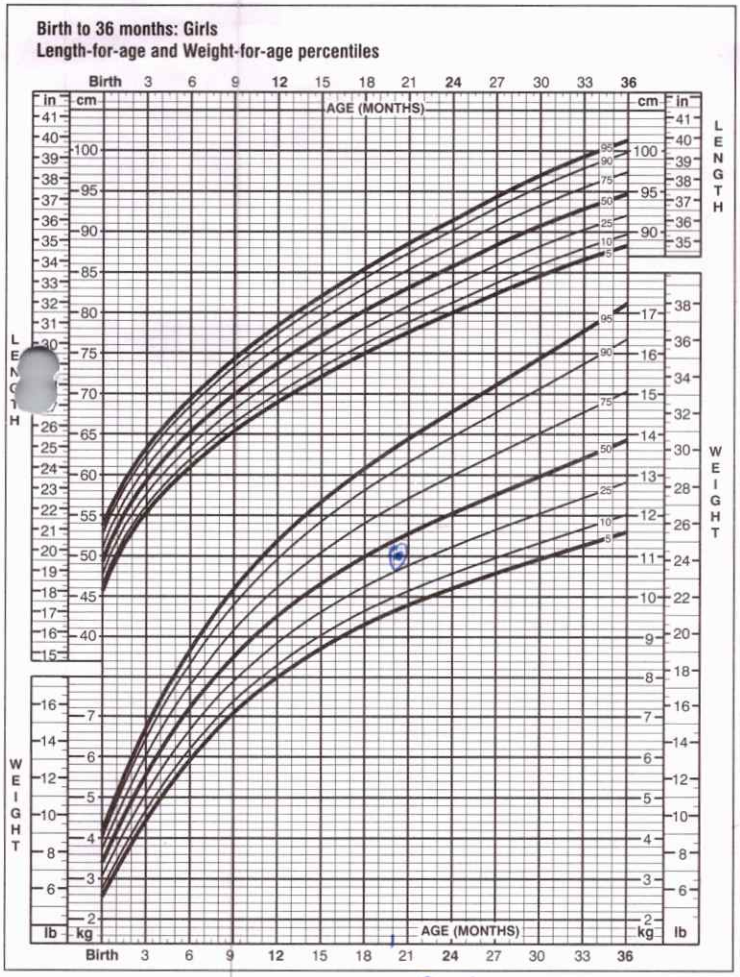
Food Allergies: NO FA Veg/Non-veg Non veg

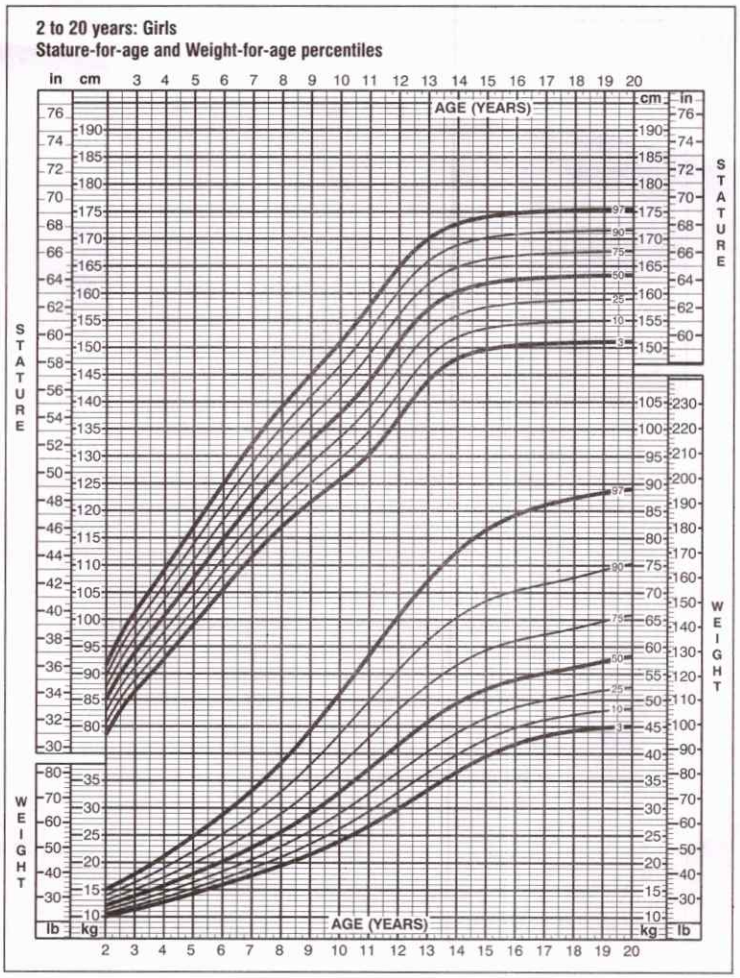
Diagnosis: Acute gastroenteritis & dehyd

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: Pratyusha

GROWTH CHART (GIRLS)





Dietician's Name Syeda Sobiya Zaheer

Dietician's Signature Sobiya

Daily Notes: